The Senior Citizen’s mobility seen from the Expert's eyes: An application of the SIZE-Interview Method in Spain.

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Abstract

As part of the “SIZE” research project within the 5th Framework Program of the European Union, a study was carried out on the evaluation of the current mobility conditions for people over 65 years of age in 8 European countries (A, Cz, D, E, Irl, Pl, S). More than 14 institutions participated in this project, among them research centres and retirement associations. The data gathering process combined qualitative, quantitative and heuristic methods.

In this report we are going to describe some aspects of the Project specifically related to its qualitative methodology, that is, the interview method and its results in Spain. In order to explore and understand these aspects, the point of view of the elderly was contrasted with that of the experts (technicians, social scientists/social workers, advisors, politicians), with regard to both the analysis of proposed objectives and solutions stemming from the interviews.

This report will deal in a more specific way with the point of view of the experts. There will be a discussion of some aspects related to the conceptualization of “the experts”, and some suggestions for future research will be made.

1.- Introduction

SIZE is the acronym for “Quality of Life of the elderly with regard to their mobility conditions”. This is a project from the 5th Framework Program of the EU. This Project was carried out during a period of 3½ years, and it involved 9 research centres and 5 retirement associations from 8 different European countries.

The main objective of SIZE was to explain and describe the situation of mobility and transportation of elderly people, their problems, needs and wishes, from their own point of view compared to the perspective of the experts. In this context, what we refer to as the “sample of experts” covered a wide range of responsibilities (sociologists, psychologists, experts in traffic, experts in gerontology, urban designers and architects, urban planners, politicians, legislators, etc.).

One collateral effect of pursuing this main objective was a desire to motivate action on the part of the authorities and other relevant social groups that were or felt responsible in this area; another was to identify solutions for the existing problems and provide guidelines for establishing and implementing norms directed toward keeping elderly people on the go.

These objectives involve an approach oriented toward the user. The user oriented approach requires, first of all, an analysis of how the elderly perceive the preconditions of transport and mobility. In order to obtain this information, an initial qualitative investigation was
designed (Focus Group or individual interviews and narratives) followed by a quantitative investigation (standardized interview). These survey tools were also used to obtain opinions about elderly mobility from experts in transportation, urban designers and people who work in municipal corporations and have the authority to make decisions.

In this report we will focus on the part of the SIZE research carried out in Spain that corresponds to the qualitative studies, mainly focusing on the interviews with the experts.

2.- Objectives

For the Spanish sample, the same objectives were established as for the rest of the countries participating in the SIZE project.

In general terms, the objectives were to find out:

a) what the experts in Spain think about the current mobility conditions of the elderly, and
b) how the experts think these people manage to meet their mobility needs.

These general objectives are complemented by four more specific objectives: To find out the opinion of the experts about ...

1) ...what improves the mobility of elderly people.
2) ...what limits the mobility of elderly people.
3) ...what measures are necessary to improve the situation.
4) ...what prevents the measures they consider useful from being implemented.

3.- Methodology

The methodology for gathering the information was of a qualitative nature, and it was based on the application of both group, “Focus Group” (FGI), and individual, “In-Depth Interviews” (I-DI), interview techniques.

It should be pointed out that an FGI is not a group discussion or a problem-solving session. It is an interview directed by a moderator with a small group of people on a specific topic. Generally, the FGI are held with people who do not know each other beforehand. As a result, these FGIs must yield the concepts that are relevant from the different perspectives of the experts and decision-makers, on the one hand, and the elderly, on the other.

More details can be found about methodologies applied to the study of transport and mobility behaviour, such as those used by Clifton and Handy (2001), Coughlin (2001) and Grosvenor (1997). The guidelines for leading the FGI were based on Butler, Dephelps and Howell (1995), Dawson, Manderson and Tallo (1993) and Krueger (1993, 1994). The in-depth interviews were based on the guidelines by Berry (1999) and Spradley (1979). The logic of this qualitative approach is that a later elaboration of the concepts that emerge from the FGI is necessary. This elaboration is achieved much better with the aid of the narrative interviews (I-DI). Their purpose is to complete the range of arguments gathered in the FGI, and better specify and understand points of view about current mobility problems.

Thus, in this study, just as in all the countries participating in the SIZE Project, there were consecutive phases established:

a) a series of group interviews (FGI) with different representatives of experts focusing on the guiding questions represented by the objectives described, and

b) a series of individual interviews (I-DI) with the same experts, once the FGI was finished. This strategic objective was designed to allow the possibility of adding explanations, exploring and delving more deeply into the information gathered during the group interview phase (FGI).
3.1.- Sample:

In all cases, samples were used that were available in the administrations, mainly local, of the city or towns selected. This selection was performed based on the current census of Spanish towns and/or cities. The following criteria were used so that experts were represented from the four urban sizes:

- A large city (population of more than 1.5 million),
- A medium-sized city (360,000 pop.),
- A small city (80,000 pop.), and
- A semi-rural population (16,000 pop.).

In all, 31 Spanish experts participated, 12 women and 21 men.

This sample was recruited from experts belonging to the sectors of urban planning, traffic engineering and other functions in the area of transport. Specifically, its distribution by professional activity sector was, approximately, the following:

- 26% politicians/decision makers (authority in state, autonomic or local administration, city council member,...).
- 41% technicians (engineer, municipal architect, urban planner, transport manager,...).
- 33% advisors (advisor, consultant, assessor in legal, technical or scientific matters).

3.2.- Procedure

All of the subjects, previously divided into groups of approximately 12 people, participated in one of various FGI that lasted approximately one hour and forty-five minutes. They later participated in an I-DI that lasted approximately 45 minutes. In all, four FGI and thirty-one I-DI took place.

The same interview guide was used by the different coordinators and, in the case of the FGI, the coordinators were assisted by two observers. The comments and transcriptions were written immediately after the interviews.

These were the guiding questions, corresponding to the objectives established for this study or this part of the project:

- What do you think about the current mobility conditions for the elderly?
- How do you think the elderly deal with the current mobility conditions?
- What improves the mobility of elderly people?
- What limits the mobility of elderly people?
- What measures are needed to improve the situation?
- What prevents measures that are considered useful from being implemented?

4.- Results.

Based on the guiding questions and following the progression of the interview guide, these are the main topics that arose from the FGI and later in-depth discussions in the I-DI. In italics and between quotation marks, the reader will find the original expressions. The reason for offering original expressions has to do with the methodological soundness of the qualitative approach. Qualitative research is characterized by seeing things from the point of view of the people who are being studied. In this way, the role of the researchers is to understand and interpret what is occurring. However, scientific communication imposes a methodological rigour that, in the quantitative case, involves the reliability and validity of the data and, in the qualitative case, has to do with the “credibility”, the “confirmability” and the “transferability” of the information (Castillo & Lucia, 2003; Lincoln & Guba, 1985). The
“credibility” is achieved when the findings of the study are recognized as «real» or «true» by the people who participated in the study and by those who have experienced or been in contact with the phenomenon under investigation. The “confirmability” refers to the neutrality of the interpretation or analysis of the information, which is achieved when other researchers can follow «the track» of the original investigator and reach similar results. The “transferability” consists of the possibility of transferring the results to other contexts or groups.

**4.1.-What do the experts think about the current mobility conditions of the elderly?**

**Mobility needs of the elderly:**

The experts in the large cities tend to distinguish between “obligatory” and “non-obligatory” mobility.

According to these experts, the elderly would have a “non-obligatory” mobility: “for the elderly there is a change in lifestyle, they do other things, they don't have obligations anymore, and they don't have the stress of working”.

In general, elderly people are perceived as active people, who like to get around... “They do exercise; the majority walk one to two kilometres per day”. "The old person knows where he is going when he goes out and he controls the route. He has it all figured out. He goes to take a walk around the park and always goes to the same park”.

According to the observations of some experts from the Local Police, the reasons the elderly go out and their habits depend on their prior occupation. “Those who did manual jobs or worked as farmers or in the industrial sector spend a lot of time outside; they look for fresh air, they want to be in contact with nature and they like to travel in groups. Those who worked in more intellectual jobs generally go to cultural centres and seek out the company of people with the same interests, but they prefer to travel alone”.

**Driving habits of the elderly:**

One of the characteristic habits of the elderly that was identified by the experts is their preference for driving through low traffic areas, like in the outskirts of the city. From a gender perspective, the older women make shorter trips than the men, and some male experts agreed that elderly women drive with less skill. Various experts suggest the idea that the elderly do not keep up to date with or learn the changes in the traffic norms. Likewise, various complaints are included in the sense that elderly people are not more disciplined than other drivers, that they are more passive than the young drivers, and that although they are not reckless, they are very slow and these conditions seem to interfere with the normal flow of traffic.

**Habits of elderly people as pedestrians.**

In some of the groups interviewed, there were complaints about the way elderly people behave at crosswalks. “Old people have an acquired habit and therefore do not respect the crosswalks. They have lived in other traffic situations and so have acquired this habit. They have trouble adapting to the current reality; they have very firmly established habits.”

**Fears related to mobility:**

The experts recognize that the elderly constitute a vulnerable group as far as their safety on the public roads is concerned. They feel less secure in unfamiliar, poorly lit areas and during the hours near sunset.

They also present claustrophobic fears in the subway tunnels or they feel disoriented by the underground subway system.
Another source of fear is falls. “I think they are more afraid of the possibility of having a fall or tripping than of being run over”, pointed out one road engineer.

It seems they also fear technological advances like the ticket vending machines, machines for recharging travel cards, computers, Internet, etc...

**General limitations that affect the elderly with regard to their mobility conditions:**

The experts, some more than others depending on their area of knowledge, identify some aspects that affect the mobility of the elderly, including those related to the progressive loss of functions, reduction of the visual field, hearing loss, difficulty in evaluating the distance and speed of approaching vehicles, difficulty in selecting the relevant information around them, and difficulty making decisions in complex situations. There is also an increase in physical vulnerability and, therefore, a greater risk of injuries and complications in case of accidents and a greater incidence of chronic disorders.

More common is the point of view directly related to mobility that elderly people will have problems lifting their feet off the ground, problems with reflexes and problems with movement. “They are very slow at catching a taxi, getting on the bus”. The experts have knowledge about the problems associated with aging, but as one technician recognized “It is a development that technicians do not understand easily”.

**Attitudes, conflicts and prejudices.**

While the attitude of the general population toward the elderly as walkers is respectful, kind and affectionate, as drivers they arouse more negative attitudes: “They change their way of behaving. All those who were once drivers, but are no longer, forget the norms of traffic safety. They feel free from these norms”; “They are one of the main infringers of norms on the public roads”; “As drivers the elderly are stubborn, they are limited by their age, they get scared, they drive slowly, they slow traffic down, and they don’t realize that they can no longer drive”.

Some experts favour restrictions: “They go very slow on the motorway”; “They are overly cautious”; “The elderly should realize that they are not in condition to drive and accept it. They are just like children, you can’t let them drive by themselves”; “If they go around causing accidents, they have to be taken off the road”; “You can’t forget that you are getting older.”

Others are less restrictive: “You can’t exclude people because of their ability. There are psychophysical limits, but there are also limits of behaviour for people; if an elderly person is rushed, it causes problems.”; “The elderly do not have more accidents than other drivers; they are more careful. They have a different driving pattern”; “Yes, in the case of losing faculties, but taking away his driving license puts his balance in danger”.

One expert brought up the dilemma between autonomy and self-regulation, referring to the elderly driving cars: “I think there should be some type of control because that person who still has some option of being autonomous should receive help. However, this social aid has a price; give up driving or limit it. There has to be a balance”.

One expert pointed out that there were no indicators that the elderly drive worse than other groups, in spite of their limitations and the prejudices. According to a person in charge at a Local Police department, “Older people are passive victims of being run over. However, their responsibility in car accidents has not been shown”. On the other hand, they know their own limitations, but they do not meet the expectations of the drivers from other groups. “They know how long it will take them to cross the street, but the drivers don’t”.

Another source of conflict for the elderly drivers comes from the stress suffered by other drivers who bother them or insult them for driving slower. “It is the stress of the other drivers that produces conflicts”.
Conflicts with the drivers of public transportation: There is some conflict between bus drivers and elderly people. One person in charge of a large bus company attributed it to the contradiction that exists between the lifestyle of the working young people—more active, faster—and the lifestyle of the elderly. The company has to provide a service to the general population, so that each route has assigned times. The drivers try to maintain a productive pace, and the elderly complain about the lack of sufficient attention.

Other mobility problems specific to elderly people:
Two problems are described by the experts with regard to large cities or those with a strong tendency toward expansion: 1) The absence in the city centre of services that meet the needs of the elderly, so that they are forced to travel to points far from their homes, thus being at the mercy of the transport system that, for better or worse, this particular city has. 2) The elderly people residing in buildings that are not adapted to the growing limitations produced by their age: blocks of flats without elevators, narrow, steep stairways, not enough hand railings, etc.

Other experts point out as specific problems of the elderly the fact that: “They need more time to do the same physical and mental processes”, so that they have special problems with the time to cross the crosswalk and with the signals; On the other hand, the sensorial, motor and cognitive difficulties combined with the obstacles in the environment make a companion an urgent necessity in many cases, especially at very old ages.

The problem with getting around on foot leads us, necessarily, to a gender-based posture. According to one expert, “the majority of elderly women do not drive, and there are more women than men”. Collective public transport does not provide an adequate solution to the mobility needs of the very elderly; as their activity becomes reduced they use the available means of transport less. The taxi is a good alternative recourse. However, for the economy of retired people, the taxi is an expensive option.

4.2.- What do the experts think about how elderly people deal with their current situation with regard to mobility?

When the experts talk about their experiences with retired people with regard to mobility, the expressions “resignation” and “they don’t complain” are predominant: “They prefer not to say anything and to just stop doing things”.

In the opinion of some experts, the elderly respond with resignation to their limitations: “In my opinion, they think they are old and that no one listens to them,” “They don’t manifest their problems because they feel defenceless” “Perhaps, they themselves think they are the problem, not the victims”.

Regarding the question of their non-demanding attitude about their mobility needs, one architect pointed out that it is quite probable that the elderly have no answer. “I think if you surveyed them, all the specific problems we have talked about in this meeting would not be mentioned because for them it is difficult to admit they have problems. And I think that is why many things are left undone.”

4.3.- According to the experts, what contributes to improving the mobility of elderly people.

For drivers:
Respect, patience, especially at the traffic circles, and signs that are easy to locate and read.
For pedestrians:
- Pavement that is in good condition and continuous:

- Crosswalks:

The following comment by an expert in accessibility is interesting: "The implantation of lowered curbs at crosswalks has helped to reinforce the habit of using the crosswalks, as they are now easier to use."

For public transport users:

The advantage of travelling by bus compared to the underground subway is described by an expert: "It is the philosophy of the bus. You can see the city while you travel, it is better connected, and it is more flexible."

Social programs:

The experts from the social areas pointed out some programs on healthy aging (control of enuresis). Belonging to associations, companion programs, etc., are some of the most valuable ways to stimulate the mobility of elderly people.

4.4.- According to the experts, what contributes to limiting the mobility of elderly people.

For drivers:

“The traffic circles make them feel insecure because they have difficulty judging the distances”. "The small traffic circles don't function well at all for elderly people, for novice drivers and for those who don't drive very much."

Some experts are against allowing the drivers whose driving licenses were not renewed due to age to drive small vehicles they don't need a license for. “These vehicles are just as dangerous as the others, as they don't resolve the problem of traffic safety for others or for the driver himself.”

For pedestrians:

“The crosswalks on the traffic circles are terrible! “The old people cross through the middle of the circle.”

“Those who need some type of assistance, wheelchair, canes or companion, feel more affected by the large number of vehicles parked on the street so close to each other”.

There is also the noise, toxic fumes and pollution. The experts point to the elderly as among the groups most vulnerable to these things.

High sidewalks, loose tiles or stones and other defects that “Force you to walk in the middle of the street”. 

The obstacles on the sidewalks are quite bothersome. “However, the exterior ornaments don't bother them. The pots with flowers don't bother them even though they are in the middle of the sidewalk. They seem to like things with flowers”.

For public transportation users:

Public transportation has an important and unavoidable inconvenience for people who have lost agility and balance, as they have to be seated and that is not easy at prime traffic hours. “Public transport requires stability, and people who have lost it need to be seated and that is a problem”. In general, masses of people are problematic for the elderly. “It is hard for them to climb the steps, they need time to get off, to see whether it is the right bus..."
For the experts, the elderly use the subway less than the bus due to the difficulty of the platforms, the fact that the transfers between lines are quite long, the claustrophobic feeling in the tunnels, confusion about using the network, fear of being held up, robberies,...

One of the reasons pointed out by one of the experts for the use of the bus more than the subway is that the latter is inaccessible because the escalators are only automatic going up, and going down stairs is just as hard or harder for the elderly as going up. The access is also difficult for elderly people with wheeled shopping trolleys, etc. in those stations where there is no elevator.

**The Traffic system in the city:**

“Cities are for people who can react quickly, and this dynamic of hurrying seriously affects elderly people”.

With regard to accidents, one expert points out that during the hours of so-called “non-obligatory” mobility, the limits are less strict, which gives rise to a more erratic type of traffic and a greater risk of accidents.

4.5.- **According to the experts, the measures that would be necessary in order to improve the mobility of the elderly.**

*For drivers:*

Reduce the driving speed. “Driving slowly, the older drivers are safer than the younger ones”. However, the experts think it would be difficult to implement measures that would apply only to the elderly.

*For elderly pedestrians:*

Improve the systems for crossing: longer crossing times, pedestrian bridges and crossings level with the curb, visibility of the optical crossing signals, sign posts at intersections, etc.

Create pedestrian routes, comfortable for walking, safe, aesthetic, connecting significant points for the elderly... “We know that the elderly usually use the same routes”.

*For public transportation users:*

There is a general opinion that it is not easy to coincide with the schedules and routes of the elderly for economic reasons but: “There is a clear need for improvements in the shelters and bus stops, providing the elderly person with a comfortable seat while waiting, protection from the sun, wind, rain...”

4.6.- **What prevents the measures considered useful from being implemented, according to the experts.**

**Administrative conflicts:**

One example would be the conflicts between the ambulance companies, INSALUD services (National Institute of Health) and the adapted taxis in providing rehabilitation services. “Social Security wants the elderly to use their services, their ambulances, and they refuse to pay taxi fares in cases where transport by taxi would be sufficient (rheumatism, a broken arm, etc.)”.

The adaptation is the most difficult for the subway stations. One representative of a metropolitan transport company said: “The problem is that it is the domain of the Autonomic Government, so that the company manages, but it cannot develop a strategy that is independent from the institutional political decisions.”
Conflicts between groups:

“Shop owners want vehicles to have access to the doors of their shops; However, once the restriction measures are in place, they realize that they not only are not hindered by them, but their businesses benefit in most cases.”

The administrations usually dictate measures, but it is necessary to have a collective that supports and promotes them. Often the measures that support pedestrian access go against motor cycle and car drivers. The experts think it is necessary for the pedestrian groups to defend and support these measures. “Otherwise, the groups of drivers, for example, will defend and claim the right to travel freely by car. Each group should defend its interests and democratically reach an agreement with the others”.

Some implementations are not able to overcome the distortion between the speed with which people live and the slowness with which the elderly move. “They are two different speeds, where they cannot adapt to us, and we don’t do anything to adapt to them”. “Sometimes we have had falling accidents because while the elderly person looked for the exact change, found it, identified it, the bus driver had already started to drive ...”

The experts point out the existence of a dominant implicit idea in society that for a city to function what has to work is private traffic. And if this tendency does not change, it will be difficult to apply measures. “Underlying everything you do, in the background there is an implicit order: special attention has to be paid to the car”. According to a municipal engineer, among the experts there is the idea that “local governments still don’t have enough power to oppose a group of neighbours who demand parking spaces on public roads.” Another municipal expert said: “in spite of the fact that, in this city, policies of this type had already been proposed...the implementation went no further than a couple of pretences and even then not to the extent that was proposed in the General Plan”.

Lack of information:

One person in charge of communication pointed out that the majority of elderly people do not know what is being done for them because they can’t read the information or it doesn’t reach them for some reason. “The overly long explanations do not reach them”.

Lack of political pressure:

There is noteworthy agreement among the participating experts about the fact that the elderly do not complain enough. “They only ask for trips and residences“. They are not politically active so that the experts are not aware that they constitute a disadvantaged group. The attention of the technical experts is focused on the problems of the handicapped, a much more reduced social group but much more politically active. “The problem is the lack of demands. The voters who demand their rights are responded to, and those who don’t are not. They only demand trips, social centres, etc.”

Elderly people’s lack of voice is not the only explanation for the void regarding the problem of elderly mobility. One traffic technician expressed the lack of political will in this way: “There is a dynamic that is not being dealt with: the car is still the boss in the city.”

In a small city in the interior, one expert commented: “There is not enough participation in the demands. There are no facilities to present them or information about the places where there are OMIC (Consumer Rights Offices), complaint forms, etc... Mobility is not only physical, but psychological as well”.

The idea of granting greater participation to the elderly is a controversial one, according to some experts with experience in this initiative. “The retired people would be happy to do municipal service and they would want to make the improvements that they encounter but, from there, we easily move on to the “idyllic”, to wanting the impossible: cut down this tree because... which would lead us to a debate about each and every measure to be taken”... “They have a vision that is quite focused on their own needs”.

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Lack of quality or insufficient measures.

“If it’s not well done, it won’t work” (a municipal architect). “There are a lot of crosswalks that are not perfectly designed, perfectly painted, with an acoustic signal, where you can see the lighted sign well; all this should be improved”.

“If we analyze the routes the elderly follow as far as accessibility is concerned, to be effective they must be integral, otherwise the itinerary is not accessible. The differentiated surfaces are a big problem for people who have some kind of visual deficiency”.

5.- Discussion.

The part of the research presented here may seem broken up in the sense that the experts interviewed belong to fields with heterogeneous knowledge and different responsibilities, and a strict question-answer structure was not imposed. Instead, the methodological approach followed favours the generation of new points of view and the expression of the individual potential of the interviewees, each with his own model or ideas about mobility and about the needs of the elderly. The presentation of the Project itself has meant for the participants a change in the perspective with which they analyze the daily problems related to mobility. Where before they only took into account the problem of wheel chairs, now they are thinking about sensorial problems, and tomorrow it will be the habits or the fears or the needs of the elderly.

The SIZE project has generated more qualitative research in Spain with regard to the question guidelines followed in this report. Unfortunately, space restrictions make it impossible to deal here with the responses obtained in the FGI and I-DI interviews held with the elderly people and their later qualitative analysis when comparing them with those of the experts. This will be the topic of future reports.

The responses of the experts, most of them brimming with knowledge and others with some type of slant, including that of the observers, should constitute a point of reference for those investigators who attempt to find out the real impact that the research on elderly mobility has on the knowledge of the experts and the new directions they should follow.

From the results offered, the reader can choose the elements preferred for discussion. However, we would like to make some contributions along the lines of the guiding questions:

What do the experts think about the mobility conditions of the elderly?

Obligatory mobility is understood to be all those trips whose destination is the place of work or study and the return home. Non-obligatory mobility corresponds to trips to places other than the place of work or study, and it is characterized by having a frequency and destination that is not necessarily daily or fixed. These are trips with the objective of shopping, obtaining services and partaking in leisure activities (Parrado, 1999). According to Miralles and Tullá (2000), this description is an arbitrary one because there are other reasons apart from work and study that can be considered obligatory, such as doing the shopping or picking up the children at school.

Based on our recent studies in this field (Monterde i Bort & Moreno, 2003), we have shown that the mobility patterns of the elderly are somewhat more complex, and we can differentiate between at least three types of mobility demands according to the type of activity:

a) Those related to visits to medical clinics and other assistance centres, activities for which public transport is usually used, especially the bus.

b) Those that the elderly can perform near their homes, mainly on foot.

c) And those carried out by very elderly people whose mobility needs require the help of another person or special vehicles for their trips; ambulance, taxi, private vehicle, etc.
**Fears of the elderly with regard to mobility:**

This is a topic that hasn’t been discussed much, and is more likely to appear in places where the population over 65 years of age has an important presence. It is a well-known fact that anxiety disorders have a greater prevalence among the population over 65 (Montorio, Nuevo, Losada & Márquez, 2001). Agoraphobia is the most common disorder among the elderly, especially in women over 65 (Martínez, 2003). We believe that this situation should receive more attention from researchers.

**Specific problems of the elderly:**

The age-related mobility problems have obvious gender implications. 91% of elderly women say they travel exclusively on foot, while only 41% of elderly men say they do so (Area del Transport Metropolità, 2003).

**What improves the mobility of the elderly according to the experts.**

In Spain, after passing the Dependence Law (2006) together with Royal Decrees 505 (2007), 62 (2006) and Law 51 (2003), social programs have recently been put into place. It is also important to take into account the different norms that have appeared at the regional and autonomic levels, all of them directed toward conditions of accessibility to buildings and public places, including public transport and the traffic system. In any case, it must be stated that the object of interest in all this legislation is not so much people over 65 years of age as the collective of handicapped people. It is assumed, however, that what is beneficial for the handicapped is beneficial for everyone.

**What measures do the experts say are necessary to improve the situation.**

The experts agree that the reduction of speed would be the best and most successful traffic measure for the elderly. Unfortunately, the commercial speed cannot be reduced without expecting an undesired effect in exchange.

With regard to elderly pedestrians, it seems good news that the experts have pretty exact knowledge about their walking routes and habits, so that improvements should be expected in the near future.

With regard to public transportation, the main difficulty in attending to the routes and schedules demanded by the elderly is that extra units would be required for only a few users, and so these units would have to spend a lot of time parked. This is not profitable.

**What prevents the measures from being implemented that are generally thought to be useful.**

Different types of conflicts could explain why some measures have not been well implemented. There are conflicts of interests, organizational conflicts, but the majority can surely be attributed to the differences between different groups of users. There are different space and time needs. The shopkeepers have different expectations from the elderly walkers with regard to the use of the street. In fact, we can find conflicts between any two groups of users if they can be conceptualized in different ways. One example of this is the conflict between drivers and pedestrians when the drivers also become pedestrians.

A lack of political will or a small budget often explains the absence of some implementations. But the technicians who work near the politicians and decision-makers seem to lean towards the idea that the elderly do not exert enough pressure as a group. Exactly the opposite occurs with the collective of handicapped, which the experts consider to be an energetically active group. As a result of this activity, their demands receive more attention than those of the elderly. On the other hand, it should be carefully analyzed whether the handicapped as a group share the same needs with regard to mobility as the elderly as a group. Among the experts, there were some timid questions posed about this:
Those experts who considered the possibility that the elderly were a qualitatively different group from the handicapped identified some limitations and characteristics, such as delayed behaviours, slower reflexes, reduced attention, reduced general physical stamina, less motivation and desire to overcome obstacles.

In their arguments, those who held this opinion pointed out the fact that the young handicapped suffer very specific disabilities that usually affect specific and localized skills, while the elderly (especially the very old) suffer from a global degenerative process.

We don’t know right now whether one approach would be more practical than another. In any case, we must recall that the young handicapped also get older, and many elderly people may consider themselves legally “handicapped”.

In a lax sense, many of the conflicts have to do with some form of analysis—normally in economic terms—of the elements involved, but it often does not seem possible to predict the results that will be obtained once the implementation takes place. The price to pay is usually not only economic but also political. It is for this reason that, from a social-scientific point of view, we feel it is a healthy practice for those institutions to convocate social agents and authorities to negotiate the future implementation of measures affecting the mobility of different groups that share the same space. Here we are referring to the so-called “Pacts for Mobility”, to mention one interesting example.

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