



Foundation
for Road Safety
Research

Motoring and the Older Driver

AA
Foundation
for Road Safety
Research

An ageing population and continued greater dependence on the private car for personal mobility means that the number of older drivers on the roads is increasing every year.

But little is known about the problems faced by older drivers in coping with today's traffic conditions, about their driving behaviour, their health, or how they cater for possible declining ability behind the wheel.

It was for that reason that the AA Foundation for Road Safety Research commissioned an in-depth study of older drivers, the findings of which are contained in this report.

Contents

The AA Foundation	1
Research Objectives	3
Methodology	4
Summary of Findings	5

Section A – The Car

1 Importance of a car	
a) Residence	7
b) Family	7
c) Importance of car for specific uses	7
d) Car in relation to way of life	8
e) Attitudes to public transport	9
(i) Availability of public transport	9
(ii) Use of public transport	9
f) General comment	9
2 The car and its use	
a) Mileage	10
b) Make of car	11
c) Engine size	11
d) Importance attached to specific features of cars	11
e) Features of cars giving difficulty	12

Section B – Traffic

1 Speed	
a) Speed in comparison with general flow of traffic	13
b) Speed in comparison with official speed limits	13
c) Opinion on speed limits	14
2 Overtaking	14
3 Road signs	14
4 Junctions	15
5 Night driving	16

Section C – The Driver

1 Driving experience	
a) Frequency of driving	18
b) Who else drives	18

Section C – The Driver
continued

c) Length of driving experience	18
d) Age when started driving	19
e) Driving test	19
f) Insurance claims	20
g) Licence endorsements	20
h) Accident involvements	20

2 Driving changes since 50 years of age

a) Changes in general approach to driving	21
b) General attitudes to driving	22
c) General comment	24

3 Tiredness

24

4 Driving and alcohol

25

5 Eyesight

26

6 Health aspects

a) Changes comparing self with when 50 years old	27
b) Medical conditions	27
c) Contact with doctor	29
d) Medication	29
e) Advice on side-effects	29

7 Giving up driving

a) Reasons	30
b) Who decides	31
c) Factors in giving up	31
d) Age – when ceasing to drive should be considered	31
e) Checks on older drivers	32
f) Alternatives to current UK 'after-70' procedure	33
g) General comment	34

Section D – Areas for Action

36

Appendix

General characteristics of older drivers

a) Groups with common characteristics	39
b) In terms of change in driving ability and behaviour	39
c) In terms of general attitude to driving	39
d) Projective tests	40

The AA Foundation

The AA Foundation for Road Safety Research was formed by the Automobile Association in December 1986 as part of its continuing efforts in the road safety field and as a major contribution to European Road Safety Year.

Registered as a charity, the objectives of the Foundation are:

To carry out, or procure, research into all factors affecting the safe use of public roads;

To promote and encourage the safe use of public roads by all classes of users through the circulation of advice, information and knowledge gained from research; and

To conceive, develop and implement programmes and courses of action designed to improve road safety, these to include the carrying out of any projects or programmes intended to educate young children or others in the safe use of public roads.

Control of the Foundation is vested in a Council of Management under the Chairmanship of the Chairman of the Automobile Association, Sir Ralph Carr-Ellison.

Support for the Foundation in its sponsorship of research projects is encouraged from companies and other bodies that have a concern for and interest in road safety. At the time this report was commissioned, the Foundation was supported by:

British Petroleum, Esso, Godfrey Davis Europcar, The Caravan Club, Private Patients Plan and the following insurance companies: Guardian Royal Exchange, Bishopsgate, Municipal Mutual, AA Motor Policies at Lloyd's, Orion, Cornhill, Minster, Excess, Sphere Drake, Provincial, Sun Alliance, Eagle Star and Sentry.

Motoring and the Older Driver

Research Objectives

Car ownership and usage is increasing every year and each generation is more car-orientated than that preceding. People are now living longer and the proportion of older drivers in the car population will, inevitably, continue to grow. There has been only limited research in the United Kingdom into the problems perceived by older drivers and the Foundation Council decided that a study was appropriate. A relevant fact is that the ageing process results in changes that can affect the ability to drive.

The study was not intended to explore accident risk. The intention was to provide insight into the problems faced by older drivers from their point of view, and to examine to what extent they recognised changes in their abilities or in their driving behaviour.

The initial objective was to interview a large and statistically robust sample of older drivers and to collect detailed information from them in the following areas:

- i) the importance of a car
- ii) current driving habits
- iii) problems experienced
- iv) self-assessment of their own driving ability and changes in this ability or in actual driving behaviour since 50 years of age
- v) attitudes towards giving up driving and the possibility of re-testing
- vi) areas where advice is needed or sought and the expected sources for this advice.

The second objective was to identify, from the information obtained, areas in which advice and guidance could be developed.

The main study and original analysis of data was carried out by Bill Schlackman and Paul Winstone of Schlackmans Consultants. The Foundation is grateful to Dr John Bull (Chairman, Transport Committee of the Medical Commission on Accident Prevention), Dr James Bevan (Senior Medical Consultant, Automobile Association) and Miss Barbara Sabey (Consultant to the Foundation) for assistance in the preparation of this report.

The report is in four main sections: The Car, Traffic, The Driver, Areas for Action. Wherever practicable, data is divided into three age groups: 55-64, 65-74 and 75-plus.

Methodology

i) Sample

A total of 996 self-completion questionnaires was collected from the 1076 questionnaires originally placed with drivers aged 55 years and over. Some fall-out occurred, as expected, from the placement sample due to the scale of the self-completion interview task, but this fall-out was maintained at a low level. The 996 questionnaires showed very thorough completion.

The sample was a quota sample of drivers aged 55 years and over, with quota controls set to reflect the known sex and age profiles of older drivers based on available published statistics. The quotas set and achieved are presented below:

	Quota set	Quota achieved
Age		
55-64	60%	59%
65-74	25%	29%
75+	15%	12%
Sex		
MALE	50%	52%
FEMALE	50%	48%

Fieldwork was conducted on 13-17 November 1987 by fully trained Schlackmans personnel, under the quality control provisions upheld by the MRS Interview Card Scheme Membership.

Interviewing was spread nationally across a set of 119 sampling points, distributed regionally to reflect the profile of older drivers.

ii) The questionnaire

The questionnaire contained 86 questions, most with sub-questions, and some projective tests:

A self-completion interview technique was adopted employing personal recruitment and placement of questionnaires and the personal collection and checking of completed questionnaires by interviewers.

This technique was adopted in view of the enormous amount of information required, and also because of the sensitive nature of some of the questions posed. Personal recruitment and placement allowed trust to be developed, the purpose of the study to be explained and reassurance to be given to an older sample group who can otherwise be cautious about doorstep approaches.

The self-completion technique, the questionnaire itself and the letter of introduction were first piloted to identify any problems with comprehension, routing through the questionnaire or with sensitivity of the issues raised. Following the pilot several minor amendments were made to resolve problems identified. In general, questionnaires were well filled out. This was the subsequent experience in the main study.

For some respondents the questionnaire took up to three hours to complete. The only incentive given was a small gift. Most respondents were appreciative and reported that they found the study interesting and involving, which explains the thorough completion of what was, by any standards, a very lengthy questionnaire.

Summary of Findings

Note The references are to the relevant section of the main report

- 1 The car is of great importance to older persons and is seen as necessary to maintenance of lifestyle. (A1)
- 2 Giving up driving can have a considerable effect on lifestyle, and the possibility needs to be recognised, and plans made accordingly. (A1)
- 3 There could be a niche in the market for the car having features rated as important by older drivers. (A2)
- 4 In general, older drivers feel that current speed limits are about right, but a significant proportion feel that the 60 mph limit on all-purpose roads should be reduced. (B1)
- 5 Road signs give rise to some problems. (B3)
- 6 Junctions represent a risk to older drivers that is not recognised by them. (B4)
- 7 Headlamp glare is a significant problem and deters many from driving at night. More needs to be done to reduce glare and to provide more visual clues for night driving. (B5)
- 8 Older drivers, while maintaining that their driving performances have not declined since they were 50 years of age, make adjustments in actual driving behaviour to compensate for changes. (C2)
- 9 Coping with tiredness when driving is of importance. (C3)
- 10 Older drivers should be alert to the effects of alcohol. (C4)
- 11 The optician is a regular point of contact and represents a channel of communication. (C5)
- 12 Although health and movement difficulties are common, they do not appear to be a consideration when personally assessing ability to drive. (C6)
- 13 Doctors have high contact with older drivers, the majority of whom take medication without any great awareness of possible adverse effects on driving ability. (C6)
- 14 Health, doctor's advice and not being able to afford the cost of motoring were envisaged as the main reasons for ceasing to drive. (C7)
- 15 The decision to give up is held to be a personal decision but with strong influence from the doctor. (C7)

- 16** Most older drivers think skills will have deteriorated by age 75 to the point that ceasing to drive should be considered. (C7)
- 17** The United Kingdom 'after-70' procedure for driving-licence renewal is generally acceptable and more stringent requirements are rejected. (C7)
- 18** More advice and guidance about ceasing to drive, and on adapting driving behaviour to compensate for the effects of ageing, are strongly desired. (C7)
- 19** Any counselling or guidance to older drivers needs to be presented in a constructive and positive manner if it is to be accepted. (C7)
- 20** A number of areas for further action are suggested by the study. In the main, these relate to generating more awareness of the effects of ageing on driving ability, and information on how to mitigate these effects by planning to reduce the stress of driving. The medical profession has a role to play, especially in relation to guiding drivers when the time comes to consider ceasing to drive. The study also suggests that older drivers need to be made aware that, to them, junctions represent above-average hazards. (Section D)

Section A – The Car

1 Importance of a Car

a) Residence

Almost two-fifths of respondents lived in rural areas (38%). The remainder lived in generally urban or suburban surroundings.

When asked whether they could live where they do without a car, roughly half the sample felt that they could (52%), though this proportion was significantly lower among those living in rural areas or doing higher than average mileages. Age did not appear a factor.

Table 1 – Do you feel you could live where you do without owning and driving a car?

	Total 996	Urban 603	Rural 380
Base: All	%	%	%
Yes	52	61	38
No	47	38	62

b) Family

Almost three out of four respondents lived with wives or husbands, with or without children and/or other relatives. In total, only 20% lived alone, but higher incidence of solitary residence was found among women and those aged over 75.

Table 2 – With whom do you live?

Base: All	Total 996	Age			Sex	
		55-64 591	65-74 286	75+ 119	Male 520	Female 476
No one	20	12	27	39	9	31
Spouse	72	79	68	45	86	57
Children	17	24	6	6	20	13
Other relatives	5	6	4	5	3	7
Live in a residential home	1	1	1	3	2	–

c) Importance of car for specific uses

Respondents were asked to rate the importance of a car to themselves ('Essential' through to 'Not at all important') for various activities. A car was rated as essential or very important by more than half the sample for visiting friends and relatives, getting to appointments, for grocery and other shopping and for holidays. It was also essential or very important for getting to health services and for day trips for two-fifths of the sample.

With the exceptions of holidays, day trips and getting to/from work, women were more likely than men to rate the ability to drive as essential to very important.

Table 3 – Proportion of respondents rating car as essential or very important for following occasions

	Total 996	Age			Sex	
		55-64 591	65-74 286	75+ 119	Male 520	Female 476
Base: All	%	%	%	%	%	%
Visiting friends/relatives	65	64	68	61	61	70
Getting to appointments	56	58	56	47	49	64
Grocery & other shopping	52	51	57	50	43	62
Holidays	52	55	52	34	62	41
To get to health services	43	43	44	43	40	47
Day trips	42	46	44	22	47	38
Attending meetings or evening classes	33	37	28	24	25	42
Voluntary work/giving lifts to others	27	27	28	24	19	36
Getting to and from work	26	37	11	5	32	20
Going to church	15	14	14	20	10	20

d) Car in relation to way of life

In overall terms, having a car was perceived as essential or very important to respondents' way of life by 77% of the sample (49% and 28% male/female respectively). Importance was especially stressed among those in rural areas, drivers doing higher mileages (more than 80 miles per week) and among the ABC1 social groups.

Driving was perceived as of importance for keeping in touch with friends and relatives, independence, and coping with everyday tasks such as shopping.

Table 4a – Importance of driving to respondent and way of life

	Total 996	Age			Sex		Social class	
		55-64 591	65-74 286	75+ 119	Male 520	Female 476	ABC1 648	C2DE 348
Base: All	%	%	%	%	%	%	%	
Essential	49	52	45	47	48	51	52	46
Very important	28	27	31	26	29	28	30	26
Quite important	17	17	17	18	17	17	15	21
Not very important	4	3	5	5	4	3	3	6
Not at all important	1	1	1	1	1	1	1	1

Table 4a – continued

	Residence		Driving experience (yrs)		
	Urban 603	Rural 380	Under 21 150	21-40 551	41+ 289
	%	%	%	%	%
Essential	44	58	43	51	52
Very important	30	25	22	30	28
Quite important	20	12	26	15	15
Not very important	4	3	5	3	4
Not at all important	1	1	3	—	1

e) Attitudes to public transport*i) Availability of public transport*

97% of the sample (95% in rural areas) felt that they had ready access to some form of public transport.

Table 5 – Availability of public transport

	Total 996	Residence	
		Urban 603	Rural 380
Base: All			
	%	%	%
Bus	91	93	89
Taxi	59	65	51
Train	48	55	37
Mini-bus or Hoppa	25	29	21
Coach	23	28	15
Tube/Underground/Metro	12	17	4
Other	2	2	2
None readily available	3	1	5

ii) Use of public transport

Nearly half (47%) made no use of public transport on a monthly basis, with only bus transport showing marked usage (by 25% at least once a month).

Table 6 – Use of public transport in previous month

Base: All with availability of public transport	Total 957	Residence	
		Urban 590	Rural 358
	%	%	%
Bus	25	33	13
Train	9	10	8
Tube/Underground/Metro	6	8	1
Mini-bus or Hoppa	5	6	2
Taxi	5	6	3
Coach	2	2	1
Other	1	1	–

f) General comment

In terms of preference of public transport types, bus services were most preferred (by 43%), followed by trains (22%), mini-buses or Hoppa services (12%), taxis (9%), Undergrounds (8%) or coaches (5%). However, almost a fifth stated that they preferred not to use public transport and, in reality, the level of actual non-users was higher.

When asked who was most likely to use public transport, the key associations were with groups such as those who cannot drive, retired people, old people and people with less money (all mentioned by more than half the sample). However, when asked how they themselves preferred

to get around, the overriding preference of respondents was to drive themselves (92%), or have someone drive them (40%), followed by walking (32%) and only then by public transport (22%).

The survey shows that two-fifths of respondents lived in rural areas, with the remainder in urban/suburban surroundings. Some 62% of those in rural areas, and 38% of those in urban, considered that they could not reside at their present address without the use of a car.

The car is highly important for social/leisure activity and for personal business, eg shopping and health services. Overall, only 5% rated the car not important to their way of life.

In general, four out of five respondents always or usually drove themselves. Half of those who travelled as passengers were driven by their spouse, with the husband the more likely to be the principal/only driver.

Most could envisage that no longer being able to drive would have a dramatic impact on their quality of life, women expressing this view more strongly than men.

In general, women tend to live longer than men, who tend to be the main or only driver in the household. Thus, a widow may find that she has neither the ability to drive, nor the experience in modern traffic, required to maintain lifestyle, especially if living in a rural area.

In planning for the future, due attention should be given to the access transport (particularly in rural areas), and to ensuring that if satisfactory public transport is not available both husband and wife not only hold a full driving licence but each regularly takes the wheel. Due note should be made that rural public transport may not always provide, in the future, the same standard of service as at the present time.

2 The Car and its use

a) Mileage

The average claimed weekly mileage was close to 90 (88.5 miles), though this was higher among men and those for whom driving was rated as important. Average mileage declines with increasing age.

Table 7 – Miles driven in an average week

Base: All	Total	Age		
	996	55-64 591	65-74 286	75+ 119
	%	%	%	%
Less than 20 miles	8	7	8	11
20-39	20	19	17	29
40-79	31	27	35	39
80-149	25	26	28	13
150-199	8	6	3	12
200-269	4	5	3	1
270 miles or more	4	5	3	3
Average weekly mileage	88.5	96.0	83.7	62.2

b) Make of car

The most common makes of car driven by respondents were Austin-Rover (30%), Ford (18%) and Vauxhall/General Motors (12%). The incidence of Austin-Rover cars was especially marked among those aged over 75 (47%).

Table 8 – Make of car driven most often

Base: All	Total 996	Age		
		55-64 591	65-74 286	75+ 119
	%	%	%	%
Austin-Rover	30	29	27	47
Ford	18	19	19	10
Vauxhall/General Motors	12	13	12	11
Japanese	12	13	12	10
French	8	7	9	8
West German	5	6	5	3
Italian	3	3	6	1

c) Engine size

About half the sample had cars in the 1000-1400 cc range, and a quarter in the 1400-1800 cc range. Those with large engine sizes tended to attribute relatively greater importance to driving a car. Women were more likely to drive a car with a smaller engine size (69% under 1400 cc).

Table 9 – Engine size

Base: All	Total 996	Age			Sex	
		55-64 591	65-74 286	75+ 119	Male 520	Female 476
	%	%	%	%	%	
Under 1000cc	9	9	9	10	6	13
1000-1399cc	49	46	53	53	43	56
1400-1799cc	25	26	22	24	30	19
1800-1999cc	5	5	4	4	7	2
2000cc plus	8	9	7	4	10	5

d) Importance attached to specific features of cars

Respondents were asked to imagine they were buying a car. They were presented with a list of features and asked to rate them in degree of importance. A score of 10 indicated that the feature was considered very important, a score of 1 rated the feature unimportant. The following table is the rank order of importance attached to these features. The mean score for all respondents is given.

There was a wide range of importance, with a dominant interest in safety, economy/durability, comfort and ease of use.

Performance and styling – which arguably have a dominant influence on model choice in the mass market – were lowly ranked. With the increasing number of older drivers, this suggests that the older driver has potential as a discrete niche market for the motor industry.

Table 10 – Rank order of importance

	Mean Score
A very well engineered car to protect the driver in an accident	9.46
A car with maximum protection against depreciation, rust etc	9.38
A car with good all-round vision	9.33
A comfortable driver's seat with good support	9.25
Anti-lock, non-skid braking system	8.90
Comfortable suspension or ride	8.80
A car with low repair costs	8.69
Clear, well laid-out instrument panel	8.40
A car which claimed high miles per gallon	8.33
A car which is easy to park	8.33
Easy loading for luggage – no lifting of luggage over a high boot sill	8.00
Air conditioning – heating and cooling	7.85

e) Features of cars giving difficulty

A quarter (24%) of respondents mentioned being affected by painful or stiff joints. But specific difficulty of entry to and exit from the car was found to give relatively few problems (6% somewhat difficult).

Car features giving difficulty were relatively few. Car seatbelts (14%), loading the boot (7%) and operating the heater (5%), radio (3%), emergency flashers (3%) or headlight switch (2%) attracted some mention on prompting. In all cases, this was primarily blamed on car design, not personal mobility, though personal size and build were stated as contributory factors leading to problems with seatbelts and boot loading, particularly among women.

Section B – Traffic

1 Speed

a) Speed in comparison with general flow of traffic

While the large majority (72%) of respondents claimed that they drive at about the same speed as the general flow of traffic, more respondents claimed to drive slower than claimed to drive faster. Thus, on average, respondents tended to see themselves as driving very slightly on the slow side. Those aged 75 and over were particularly likely to claim to drive somewhat slower.

Table 11 – Usual driving speed in comparison with general flow of traffic

Base: All	Total	Age		
	996	55-64	65-74	75+
	%	%	%	%
Much faster	–	–	1	–
Somewhat faster	6	8	5	1
About the same	72	76	69	60
Somewhat slower	19	15	23	33
Much slower	1	1	1	3

b) Speed in comparison with official speed limit

In general, respondents claimed to drive at or about official speed limits (59%), the numbers claiming to drive a little over the limit and a little under the limit being equal. Only a few isolated respondents claimed (or admitted) to driving *well over the limit*, and only 2% *well under* the limit. A tendency to drive at speeds under the limit was apparent in rural areas, among those aged over 65 and those who attached little importance to driving a car.

Table 12 – Driving speed compared with official speed limit

Base: All	Total	Age			Residence	
	996	55-64	65-74	75+	Urban	Rural
	%	%	%	%	%	%
Well over speed limit	–	–	–	–	–	–
A little over the speed limit	19	24	15	6	22	15
Roughly at speed limit	59	60	59	51	57	62
A little under the speed limit	19	15	21	34	19	19
Well under speed limit	2	1	3	7	1	3

c) Opinion on speed limits

A majority of respondents expressed themselves in favour of the status quo – viz 69% for 70 mph on motorways and dual carriageways, 54% for 60 mph on ordinary roads, and 82% for 30 mph in built-up areas. It is indicative of an increasingly defensive attitude to driving among the elderly that on motorways, dual carriageways and ordinary roads, more respondents felt that speed limits should be lowered rather than raised – and particularly noticeable with the 60mph limit on all-purpose roads.

Table 13 – Opinion on speed limits

Base: All	70 mph on motorways and dual carriageways 996	60 mph on ordinary roads 996	30 mph in built-up areas 996
	%	%	%
Speed limit is just right	69	54	82
Speed limit should be increased to allow faster speeds	13	3	10
Speed limit should be lowered to reduce speeds	16	39	5

2 Overtaking

While 68% claimed to overtake 'sometimes', 25% claimed to do so only 'seldom' or 'never', and only 5% claimed to do so 'frequently'. Overtaking would appear to be especially infrequent among those aged over 75, those with relatively brief driving experience (fewer than 21 years) and those who attach little importance to driving a car.

Table 14 – How often overtake other cars

Base: All	Total 996	Age			Driving experience (yrs)		
		55-64 591	65-74 286	75+ 119	Under 21 150	21-40 551	41+ 289
	%	%	%	%	%	%	%
Frequently	5	7	5	1	4	6	5
Sometimes	68	70	66	58	57	71	69
Seldom	24	22	26	34	35	23	24
Never	1	—	2	3	1	1	2

3 Road signs

When asked about difficulty in reading traffic signs, only 7% found difficulty 'sometimes', and 26% 'seldom'.

Table 15 – Difficulty reading traffic signs

Base: All	Total 996	Age		
		55-64 591	65-74 286	75+ 119
	%	%	%	%
Frequently	—	1	—	—
Sometimes	7	6	7	8
Seldom	26	25	26	34
Never	66	68	67	56
Not stated	1	1	—	2

When prompted, those never having difficulty remained much the same, except for the 75+ group, who appeared to claim less, perhaps because of lower mileage and mostly local driving. The nature of the difficulties experienced is illustrated in the following table. The principal problems arise with positioning of signs at the roadside, too much information and amount of advance warning.

Table 16 – Difficulties experienced with traffic signs (prompted)

Base: All	Total	Age		
	996	55-64 591	65-74 286	75+ 119
	%	%	%	%
Position on roadside	18	20	17	13
Size	4	4	3	3
Shape	1	—	1	2
Colour	1	1	1	2
Clarity (of lettering)	6	6	5	9
Message	6	6	6	5
Amount of information on single sign	16	16	14	18
Amount of advance warning	16	18	16	9
No difficulty	64	63	65	65
Not stated	2	1	2	3

Asked about the type of road on which problems were experienced, these were shown as follows:

Motorways	7%
Dual carriageways	3%
Other main roads	11%
City streets	34%
None of above	55%

Rural roads did not appear to give rise to problems, presumably because of lower traffic speeds and because only familiar minor roads are likely to be used.

The difficulties reported by older drivers may well be under-estimated and may also be experienced by drivers generally. (Other AA surveys show that signposting in urban areas gives cause for most complaints among drivers.)

Poor signing, especially poor direction signing, can be an obvious source of stress and further study of this aspect and the relationship with signing standards could be beneficial.

4 Junctions

Junctions were not particularly mentioned by respondents as causing them problems. Only 12% of the total sample tried to avoid busy junctions, and only 7% felt that they were now less quick at decisions, such as deciding when to turn out from a junction. The majority felt that their ability at coping with junctions and roundabouts was much the same as when aged 50.

When specifically asked about reaction times when driving – eg at junctions – most (90%) rated themselves as good or excellent. The remainder rated themselves as fair.

Respondents were asked about difficulty in turning to look over the shoulder. This is a common physical limitation of the older person which can make it difficult for a driver to see traffic from the side, particularly when the angle is greater than 90 degrees. Some difficulty was reported, with 12% finding it 'somewhat difficult' and 28% 'not very difficult'.

The involvement of older drivers in accidents at junctions increases with age, and is greater in rural areas (TRRL Report RR135 1988: The Variation of Car Drivers' Accident Risk with Age). The responses in The Foundation study suggest that there is a lack of appreciation of the increasing danger to older drivers at junctions. Consequently, the lack of readiness to concede declining ability (or the lack of awareness that they have any) is of direct interest.

There is a need for further specific research into the problems faced by older drivers at junctions, and how they might be eased, from which sound advice can be developed. An immediate need seems to be to alert older drivers to the dangers.

5 Night Driving

Most respondents undertook some night driving (83%) but for the majority it comprised less than a quarter of their total driving (63%). No night driving at all was undertaken by 16%, with women and those over 75 years being more likely to avoid or never undertake night driving.

Table 17 – Amount of driving done at night

	Total 996	Age			Sex	
		55-64 591	65-74 286	75+ 119	Male 520	Female 476
	%	%	%	%	%	%
None	16	16	17	23	13	20
Up to a quarter	63	63	62	58	65	60
A quarter to a half	16	16	16	14	17	14
Half to three-quarters	3	3	4	3	3	3
Three-quarters or more	1	—	1	—	—	1

Of those who drove at night, 39% of respondents did not experience difficulty in seeing the road, with the remainder sometimes or seldom experiencing problems.

Glare was mentioned as a problem by 28% of those with any preference against driving at night. The main reasons given are noted in the following table. Other, less tangible reasons – eg other traffic too fast; oncoming traffic confuses or unnerves; cannot see signs clearly; lack of white lines; strains the eyes – add to the impression that lack of visual clues at night makes driving difficult and stressful for the older driver.

Table 18 – Principal reasons for preferring not to drive at night

Base: All with some preference against	Total	Age		
	493	55-64 244	65-74 169	75+ 80
	%	%	%	%
Dazzle/glare	28	30	27	25
Poor visibility	8	11	4	5
Don't like it (etc)	7	6	10	6
Poor lighting	7	8	6	6
Requires more concentration	6	9	6	1
Safer in the day	5	5	3	9
More risk of accident	5	5	5	5

The problem of glare is not confined to older motorists, and clearly more should be attempted, both in the design and the standard maintenance of headlights, to reduce glare. The improvement of visual clues at night (to aid all drivers and particularly older drivers) should be explored. Street lighting, especially at junctions, and greater use of edge-lining on unlit roads, are two possibilities.

Section C – The Driver

1 Driving Experience

a) Frequency of driving

Four out of five respondents claimed that they always or usually drove themselves; only 4% that they usually travelled as passengers. The incidence of those claiming that they always drove themselves was especially high among men (52%) and those who drive higher mileages.

Table 19 – How often drive/travel as a passenger

Base: All	Total 996	Age			Sex	
		55-64 591	65-74 286	75+ 119	Male 520	Female 476
	%	%	%	%	%	%
Always drive myself	42	36	52	45	52	30
Usually drive myself	37	41	30	36	41	33
Roughly half and half	16	18	13	11	5	27
Usually travel as a passenger	4	5	4	3	–	9

b) Who else drives

Rather more than half (58%) of the 571 respondents who ever travelled as passengers were driven by their spouse. 65% of women were driven by their husbands compared with 49% of men being driven by their wives. Children drive for 28% of these respondents, 10% were driven by other relatives and 18% by friends. These results suggest that, in practice, the large majority of those who ever travelled as a passenger were reliant on a single other member of the household.

Table 20 – Who else drives

Base: All who ever travel as passenger	Total 571	Age			Sex	
		55-64 378	65-74 134	75+ 59	Male 245	Female 326
	%	%	%	%	%	%
Spouse	58	66	49	27	49	65
Children	28	29	25	34	33	25
Other relatives	10	6	16	25	9	10
Friend	18	17	18	27	19	17
Other	2	2	–	5	3	1

c) Length of driving experience

On average, respondents had been driving for almost 35 years (33.6). Length of driving experience varied with age from 29 years among 55-64 year-olds to 46 years among those aged 75 and over. Men tended, on average, to have been driving longer than women: 39 years and 28 years respectively.

Table 21 – How many years have you been driving

Base: All	Total 996	55-64 591	Age		Sex	
			65-74 286	75+ 119	Male 520	Female 476
	%	%	%	%	%	%
1-10 years	4	6	2	–	1	8
11-20 years	11	14	7	5	2	20
21-30 years	26	32	20	12	17	36
31-40 years	29	34	25	17	37	21
41-50 years	18	14	28	17	26	10
51-60 years	9	–	17	34	13	5
61+	2	–	–	12	3	–
Average experience	33.6	29.3	37.5	45.8	39.1	27.6

d) Age when started driving

On average, respondents started driving at the age of 30. This was consistent across the age groups, but there was a difference between men and women. Starting-age ranged widely up to age 44, but 11% claimed to have started driving aged 45-59. None claimed to have started driving aged over 60.

Table 22 – Age when started driving

Base: All	Total 996	55-64 591	Age		Sex	
			65-74 286	75+ 119	Male 520	Female 476
	%	%	%	%	%	%
Up to 17	13	10	18	17	18	7
18-20	16	15	15	18	23	8
21-24	14	15	12	12	18	8
25-29	13	16	9	10	15	12
30-34	15	16	14	10	12	17
35-44	17	18	16	13	8	26
45-59	11	9	13	14	5	8
Average age	29.2	29.2	29.3	29.0	25.2	33.7

e) Driving test

Overall, 85% claimed that they had had to pass a driving test. Those aged over 75 (50%), or those who had been driving for more than 40 years (57%), were much less likely to have taken a test. A greater proportion of women (91%) than men (80%) had passed a test.

Table 23 – Had to pass a driving test

Base: All	Total 996	55-64 591	Age		Sex	
			65-74 286	75+ 119	Male 520	Female 476
	%	%	%	%	%	%
Yes	85	93	83	50	80	91
No	14	7	15	46	19	8

f) Insurance claims

A quarter of respondents had made an insurance claim in the past 5 years. Incidence of claims within this period was especially low among those aged over 75, men, those with lower mileages (fewer than 80 miles per week) and C2DE classes.

Of those who had made claims in the past 5 years, the large majority (81%) had made a single claim, and only 2% more than two claims. The average number of claims made was 1.20.

Table 24 – Insurance claims in past 5 years

	Age			
	Total	55-64	65-74	75+
Base: All	996	591	286	119
	%	%	%	%
Yes	25	27	24	18
No	74	73	74	79

In just over half the claims made (most recent claim in past 5 years), the claim arose out of an accident while the car was being driven by the respondent (59%). In most other cases, the claim arose from some non-driving incident (theft, accident to car while parked etc).

Table 25 – What most recent claim was for

	Total
Base: All claiming in last 5 years	249
Accident to car while being driven by self	59%
Accident to car while parked	14%
Accident to car while being driven by other driver	11%
Theft of car or contents	4%
Vandalism of car or contents	4%
Other	6%

g) Licence endorsements

Only 3% of respondents admitted to having had their licences endorsed in the past 5 years, and only a few isolated respondents admitted to having received more than a single endorsement during this period.

Of only 33 endorsements for which respondents reported details, 45% were for speeding, 21% were for driving without due care and attention, and 6% each for not heeding traffic signs and drinking and driving.

h) Accident involvements

Reports of accidents sustained by respondents as drivers in the past 5 years were closely in line with their reports of insurance claims made. Almost four out of five respondents claimed not to have been involved in any accident during this period, 17% to have been involved in a single accident, and only 3% in two or more accidents. Incidence of an accident-free record was especially high among women and lower mileage drivers (fewer than 80 miles per week).

2 Driving – Changes since 50 years of age

Some worsening of driving ability compared with when they were 50 was admitted by some respondents, the highest being in relation to headlamp glare, long-distance driving, night driving, driving when tired or upset and poor weather conditions.

In general, the deterioration admitted was slight, as the mean score column of the following table indicates older drivers, 75+, were more likely to admit a worsening (Much worse = -2; A little worse = -1; No change 0; Better = +1).

Table 26 – Driving ability compared with when 50 years old

Base: All driving at 50	Mean Score	Total 951	Age		
			55-64 570	65-74 272	75+ 109
		%	%	%	%
Headlamp glare	- 0.4	36	32	43	44
Long-distance driving	- 0.2	26	22	32	35
Night driving	- 0.2	23	18	32	28
When tired/upset	- 0.2	22	—	—	—
Snow	- 0.2	21	15	28	31
Icy roads	- 0.2	20	15	26	30
Rain/fog	- 0.2	19	14	24	28
Rush-hours	- 0.2	18	15	22	26
Heavy traffic	- 0.2	17	13	22	27
Motorways	- 0.1	12	9	15	18
Urban streets	- 0.1	12	10	13	17
Parking	- 0.1	10	8	13	17
Judging narrow gaps	- 0.1	10	7	11	22
Wet roads	- 0.1	7	4	8	14
Overtaking	- 0.1	7	—	—	—
Junctions	- 0.1	5	—	—	—
Roundabouts	- 0.1	5	3	8	12
Hills	- 0.1	3	—	—	—

a) Changes in general approach to driving

Respondents were asked what changes they had noticed in their general approach to driving since they were 50. Only 19% claimed to have made no general change, and adjustments were more common in 75+ respondents. It is a reasonable assumption that changes are prompted by driving conditions found difficult, such as those listed in the preceding table.

Table 27 – General changes in approach to driving compared with when 50 years old

Base: All driving at 50	Total	Age		
	951	55-64 570	65-74 272	75+ 109
	%	%	%	%
Leave more distance from vehicle in front	49	43	56	60
More cautious	44	39	49	57
Avoid rush-hour/heavy traffic	38	29	50	50
Avoid night driving	30	21	42	46
Avoid long trips	28	20	38	50
More frequent breaks	28	26	30	28
Drive slower	25	20	28	46
Avoid motorways	18	12	25	33
Reduce driving	12	6	18	31
Avoid busy junctions	12	8	16	21
Use other transport mode whenever possible	5	3	6	12
Other	2	2	2	—
No changes	19	25	12	3

b) General attitudes to driving

General attitudes towards driving were explored, in terms of agreement or disagreement with a series of statements 'made by other drivers'. The statements are listed in order of the degree of agreement generated from respondents.

Table 28 – Remarks which express own point of view

Base: All	Total	Age		
	996	55-64	65-74	75+
	%	%	%	%
Driving my car is still a real source of pleasure	61	57	64	67
Older drivers compensate for loss of some physical skills with greater care and caution	58	51	67	74
The modern car is easier to drive for people like myself	51	48	56	55
Older people don't have any more problems than middle-aged drivers	42	33	52	59
A time comes when you get less and less inclined to go on long journeys	42	36	49	56
It's other people's driving that worries me, not my driving	41	43	39	36
Though your physical skills are not as sharp, the older driver has greater knowledge and experience on the road	40	33	48	57
At some age, drivers ought to have to take some sort of special test	34	38	29	22
The only problem any older driver has is caused by the bad driving that is so common nowadays	33	30	37	38
A time comes when you get more anxious and lose confidence	29	30	27	29
I'll go anywhere but I do try and keep off the motorways	21	15	27	34
Car manufacturers should take more notice of the needs of older drivers	21	18	25	23
I now deliberately avoid some driving conditions which I used to cope with quite happily	17	12	23	29
Family and friends worry more about you driving when you get older	13	11	14	22
If you get involved in any trouble, people say or think, 'He's too old to drive'	10	8	10	18
Cars today are designed for young drivers	7	6	8	7
I wouldn't drive at all, except in my circumstances I've just got to have a car	7	6	7	9

c) General comment

Deterioration in dealing with specific traffic problems since age 50 was admitted in a number of respects by respondents. Bearing in mind that there is a natural resistance to recognition of such matters, the proportions are likely if anything to represent an under-reporting.

The perceived problems caused a variety of changes in approach to driving, adjustments that were more common in older groups, especially 75+. Only 19% claimed not to have made some adjustment of this type.

Most drivers judged that their reaction times, ability to make quick decisions and ability to absorb information while driving were excellent or good. Four-fifths of respondents held this view. Most thought that their driving ability, compared with that at age 50, was about the same or better.

These responses tend to conflict with the changes that older drivers make in their driving behaviour in the direction of greater caution; changes without which driving might become an unacceptable task. It seems that the human capacity for rationalisation allows older drivers to be less able to recognise, or more able to deny, their personal deterioration in physical abilities and skills related to driving.

It is possible that a productive approach could be to seek to advise and guide older drivers by encouraging them to examine not the psychological changes experienced but the changes in driving behaviour they themselves have adopted and what these represent. Such an approach would be likely to encourage greater insight into their changing abilities and capacities.

3 Tiredness

Half the respondents reported some incidence of becoming tired while driving, although the frequency was not high – ‘sometimes’ or ‘seldom’.

Reasons for tiredness were varied, long journeys (36%) being the main one mentioned. Getting older/physical reasons, general stress of driving, motorways, bad weather and congestion were also mentioned.

Table 29 – Getting tired when driving

	Total 996	Age		
		55-64 591	65-74 286	75+ 119
Base: All	%	%	%	%
Frequently	–	–	1	–
Sometimes	18	21	14	9
Seldom	33	32	37	29
Never	47	45	45	59
Not stated	2	1	2	3

Table 30 – Reasons for tiredness when driving

Base: All who ever get tired when driving	Total 511	Age		
		55-64 316	65-74 150	75+ 45
	%	%	%	%
Length of journey	36	35	37	36
Getting older/physical reasons	16	15	15	22
General stress of driving	10	10	11	2
Motorway driving	10	12	9	–
Congestion	8	29	9	3
'Heavy' day	7	9	3	2
Boredom	7	8	7	4

Table 31 – Action taken when aware of tiredness when driving

Base: All who ever get tired when driving	Total 511	Age		
		55-64 316	65-74 150	75+ 45
	%	%	%	%
Wind down window	64	71	56	44
Have a cup of tea/coffee	60	64	57	42
Take a walk	39	40	34	51
Take a rest by roadside	30	26	33	47
Plan rest-stops on trips of more than 1 hour	29	26	34	31
Turn on radio, talk, sing	26	28	25	16
Change driver	19	20	19	16
Press on	3	3	2	4
Other/not stated	6	6	7	9

Against the background of declining physical powers and of other responses in this study which suggest that driving can be stressful and therefore tiring, the reporting of tiredness is low. There may be some concealment but it seems more probable that behaviour adjusts accordingly. The actions taken if tiredness is experienced are popular, although there is no quantified data as to their actual benefit, in terms of improvement of driving performance.

The development of advice and guidance on the recognition of impending tiredness, prevention and effective remedies would be of benefit to all drivers. For the older driver, however, coping with tiredness when driving is of especial importance.

4 Driving and Alcohol

A third of respondents (34%) said that they did not drink alcohol. Of those who did, other people's homes, hotels or restaurants, public houses and clubs were usual venues.

Frequency of drinking was modest. Only 20% claimed to drink any alcoholic beverage more than once or twice a week, and 17% claimed to do so only once or twice a month.

The average number of drinks reported to be consumed on each occasion was 2.6, with 8% admitting to more than 4 drinks. The heavier social drinkers tended to be found among men, C2DE classes and those who drive more.

Half of those who drank out (31% of the total sample) claimed to drive themselves home, most commonly men (55%) and those who drive more (55%).

Table 32 – Usual method of getting home after going out for a drink

Base: All who drink out	Total 640	Age		
		55-64 409	65-74 182	75+ 49
	%	%	%	%
Drive myself	49	48	49	55
Get a lift	27	28	25	18
Walk	20	21	19	12
Taxi	12	12	13	12
Bus	3	3	5	4
Other/not stated	13	12	12	14

Alcohol is a depressant with adverse effects on perception and reaction, which is why drinking and driving do not mix. The process of ageing itself results in a deterioration of these functions and it is unwise to risk further depression, through alcohol, of faculties that are directly relevant to modern traffic. While alcohol education remains a great need, the older driver should be particularly alert to the effects of alcohol.

5 Eyesight

Aspects of vision were noted earlier, in Section B under Road Signs, Junctions and Night Driving.

The majority (80%) of respondents had taken an eyesight test in the previous 24 months, and half of these within the last year. The average period since the last test was 1.6 years. The older the driver, the more likely was an eye test to have been taken within the last year.

Glasses or contact lenses were worn for driving by 57% and for reading by most (92%). In the 75+ group, glasses or contact lenses for driving rose to 70%.

As with the doctor, the optician is a regular point of contact with older drivers, and represents a channel for communication with them.

Table 33 – Proportion wearing glasses or contact lenses

Base: All	Total	55-64	Age	
	996	591	65-74	75+
	%	%	%	%
For driving	57	52	63	70
For reading	92	90	95	90

6 Health Aspects

a) Changes comparing self with when 50 years old

The average change was assessed at rather less than 'a little worse'. Changes noted included changes to eyesight, to night vision, in hearing, stiffness/pain in joints, heart disease and high blood pressure.

Prompted with problems experienced by other drivers since age 50, responses were as shown in the table below.

Table 34 – Agreement with prompted changes since 50 years old

Base: All driving at 50	Total	55-64	Age	
	951	570	65-74	75+
	%	%	%	%
No changes	50	54	49	29
Tire easier	28	26	31	33
Driving more stressful	21	16	28	26
Slower reactions	16	12	20	27
Less good at absorbing information	11	9	13	16
Less confident as a driver	9	7	11	13
Frightened in heavy traffic	7	6	8	9
Slower in making decisions	7	5	5	17
Poorer judgement of distance	3	2	3	8
Poorer concentration	3	2	3	1

b) Medical conditions

All respondents were asked which, if any, specified medical conditions they suffered from.

Table 35 – Medical conditions suffered

	Total 996	Age		
		55-64 591	65-74 286	75+ 119
Base: All				
	%	%	%	%
Arthritis	20	19	23	23
Cataract(s)	1	—	1	6
Diabetes	3	2	3	4
Epilepsy	—	—	—	—
Glaucoma	1	1	5	2
Hearing loss	7	5	10	6
Heart disease	4	4	4	2
High blood pressure	11	11	12	8
Poor eyesight (even with corrective lenses)	1	2	1	2
Rheumatism	9	8	10	11
Blackouts	—	—	—	—
Painful or stiff joints/ability to drive (see note below)	7	6	7	8
None of above/not stated	54	58	47	48

In response to specific questions on difficulty in entering a car or turning the head, the following responses were received from the same sample size. It is noted that, as might be expected, the 75+ group found more difficulty in turning the head.

Table 36 – Difficulty or discomfort with specific movements

	Total 996	Age		
		55-64 591	65-74 286	75+ 119
Base: All				
	%	%	%	%
Turning head to look back				
– very difficult	1	1	1	—
– somewhat difficult	11	9	12	25
– not very difficult	28	27	29	31
Getting in or out of car				
– very difficult	—	—	—	—
– somewhat difficult	6	4	7	11
– not very difficult	25	21	31	30
Discomfort pain if driving for long periods				
– experienced by	16	18	16	10

The relatively high incidence of difficulties, coupled with the responses related to driving ability (Table 26), tend to suggest that difficulties in movement are not generally held to be a consideration in personal assessment of ability to drive – an attitude that may be relevant to other medical conditions (and to other age groups).

c) Contact with doctor

67% of respondents claimed to have consulted a doctor in the past year, 20% in the past month. The results are not subject to marked age variation.

Table 37 – When doctor last consulted

Base: All	Total	Age		
	996	55-64 591	65-74 286	75+ 119
	%	%	%	%
In last month	20	20	20	18
In last 2-3 months	21	19	23	24
In last 4-6 months	13	13	13	16
In last 7-12 months	13	12	14	16
In last 1-2 years	15	17	14	10
In last 3-4 years	6	7	5	3
Longer ago	11	12	10	8
Not stated	2	1	1	5

d) Medication

A considerable proportion of respondents were currently receiving medication, 45% having taken pills or medicine in the previous 4 weeks. The incidence of medication was slightly higher among those aged over 65 but age variation was not marked.

The majority (91%) of those who had taken medication in the past 4 weeks obtained the pills or medicine on prescription; 8% had bought over the counter without prescription; and 1% from other sources.

e) Advice on side-effects

Of the 449 respondents taking medication in the past 4 weeks, 61% received no advice regarding adverse effects on driving ability; 8% were told that it 'would' or 'might' have adverse effects; and 30% that it would not have any effects. Of the respondents taking medication, only 2% experienced effects that made them think that they should not drive.

Table 38 – Whether advised that medication might adversely affect driving ability

Base: All who had taken medication in the last 4 weeks	Total	Age		
	449	55-64 251	65-74 140	75+ 58
	%	%	%	%
Was told it would adversely affect driving	1	1	2	–
Was told it might adversely affect driving	7	8	6	3
Was told it would not adversely affect driving	30	31	33	22
Was told nothing of its effect on driving ability	61	60	58	74
Experienced side-effects	2	1	3	2

Although many respondents were taking medication, only a few had been told that driving ability would be affected, or that ability might be affected. Rather more were told that driving would not be affected. Those who reported experiencing adverse effects were low, however.

These findings compare with AA surveys in 1984 and 1986, when much the same situation with drivers generally was identified.

Although labelling of drugs has advanced considerably over recent years, the re-inforcement of warnings of possible side-effects appears to remain an area for attention.

Medical authorities and general practitioners should make every effort always to advise patients in relation to side-effects. Drivers, who require constant reminding, and especially older drivers, should specifically seek assurance from their doctors, if the advice is not forthcoming.

7 Giving up Driving

a) Reasons

The study explored with respondents a number of aspects of giving up driving.

Initially, they were asked what they thought were the main reasons for experienced drivers giving up driving. Respondents were asked to rate, by giving a score between 1 ('not true') and 10 ('very true'), a series of statements.

Agreement was strongest that deterioration in health, doctor's advice and 'unable to afford' were reasons for giving up driving. Harassment from other drivers and 'nowhere to go' attracted least agreement. There were only minor differences between age groups, with all statements tending to receive marginally stronger support from the 75+ group.

Table 39 – Reasons why experienced drivers give up driving

Base: All	Mean score (Very true = 10, Not true = 1)
Health deterioration	7.94
Doctor's advice	7.90
Cannot afford any longer	7.06
Difficult to buy a car for their need at a reasonable price	6.20
Reactions slower	6.14
Bad driving experience (eg accident or near-accident)	6.12
Loss of self-confidence	6.03
Traffic conditions too difficult	5.98
No pleasure in driving	5.96
Cannot control car quite as well as before	5.53
Pressure from family/friends	5.00
Cannot be bothered to maintain a car properly	4.97
Harassment from other drivers	4.84
Nowhere to go in a car	4.46

Overall, the responses suggest that there is considerable acceptance that situations will arise that will cause driving to cease. However, it clearly is a sensitive subject, demonstrated by considerably more (42%) thinking that driving was a right rather than a privilege (27%). Differences in view according to age were marginal, with the 75+ group tending to be less sure that driving was a right.

b) Who decides

Table 39 emphasised that the doctor is expected to be a source of advice on driving capability, and this was confirmed when respondents were asked who should make the decision to give up. The majority felt that it should be themselves, with a strong expectation of input from the doctor. Variations between age groups were not significant.

Table 40 – Who should make decision about giving up

	Total 996
Base: All	
Driver himself/herself	80%
Doctor	71%
DVLC/Motor Vehicle Licensing Centre	11%
Family member(s)	8%

c) Factors in giving up

Views on the factors that should determine, or be considered in, giving up driving were sought. Health was the strongest element. Need for mobility was important and this factor tended to be stressed more by women and the 75+ group. The older the driver, the more likely was there to be disagreement that age was a good basis.

Table 41 – Factors in giving up driving

	Total 996	55-64 591	Age 65-74 286	75+ 119
	%	%	%	%
Base: All				
Age a good basis				
– Yes	28	32	25	18
– No	69	67	71	76
Driver's health	94	94	94	89
Accident record	69	70	70	61
Need for mobility	28	25	30	39
Availability of other transport	16	13	20	20

d) Age – when ceasing to drive should be considered

Respondents' views were sought on the age after which various skills and abilities were likely to have deteriorated to the extent that the average person should consider not driving. The views indicated that by age 70-75 giving up driving is likely to have been considered, with night driving abandoned. By 80, the great majority are of the opinion that giving up driving requires serious consideration, coping with stress being the main factor.

Table 42 – Age after which various skills are likely to have deteriorated to extent that giving up driving should be considered

Base: All	Total 996	Age					
		60-64	65-69	70-74	75-79	80-84	85+
(Respondents views in Cumulative percentages)							
		%	%	%	%	%	%
Coping with stress		6	22	54	86	97	100
Eyesight		8	22	48	72	86	92
Night vision		12	32	62	82	89	91
Absorbing road information		5	21	54	75	86	91
Reactions		9	27	58	78	87	90
Decision-taking		6	27	57	76	87	90
Distance judgement		6	22	52	75	85	90
Agility		9	25	55	75	85	89
Concentration		6	20	53	75	85	89
Strength		7	23	50	72	83	89
Hearing		7	19	46	68	81	86

e) Checks on older drivers

Respondents were then asked what checks they would suggest for older drivers if a scheme of periodic re-examination of drivers were started, and which aspects of any such re-examination might make them personally anxious.

Most suggested an eyesight test (78%), and just over half a total physical examination (56%). Marginally fewer (52%) supported a road test. Rather fewer (16%) mentioned a written test, about which most anxiety was likely to arise.

Table 43 – Suggested checks for older drivers

Base: All	Total 996	55-64 591	Age	
			65-74 286	75+ 119
	%	%	%	%
Eye-test	78	80	80	68
Total physical examination	56	57	57	50
Written test	16	15	20	15
Driving (road) test	52	52	55	40
All above	14	14	13	14
None of above	7	6	6	10
Not stated	7	5	7	14

Table 44 – Types of check for older drivers that might cause anxiety

Base: All	Total 996	55-64 591	Age	
			65-74 286	75+ 119
	%	%	%	%
Eye-test	5	6	5	5
Total physical examination	9	8	8	11
Written test	23	22	23	29
Driving (road) test	14	15	14	13
All above	4	3	2	7
None of above	30	30	31	26
Not stated	32	31	34	32

f) Alternatives to current UK ‘after-70’ procedure

The general views of respondents, as noted earlier, suggest that the current practice in the UK of a licence valid until 70, after which renewal is required at a maximum of three-yearly intervals, is acceptable to older drivers. Renewal is dependent on medical aspects, in relation to which the onus is on the individual to make an unwitnessed statutory declaration. This again accords with views on who should take the decision to cease driving.

Views on alternative procedures (to the current UK ‘till-70’ procedure) were explored. The maintenance of the status quo is the most widely accepted, followed by medical tests with feedback and greater advice from doctors and opticians. A series of periodical full medical checks, leading to disqualification if failed, attracted some approval. There is clear rejection of any system having broader medical screening at earlier (55+) age, any incidence of police intervention, the inclusion of a road test with a medical test, and any system involving financial penalty through insurance. The older age groups were more likely to reject any system involving disqualification on health grounds.

While there is a recognition of the problems that may arise, there is a rejection of any *statutory system* of periodic examination that could result in the withdrawal of the right to drive. It is equally apparent that there is a desire for advice and guidance, from which the individual can make a personal decision on whether to continue driving.

Without evidence that clearly defines the age at which risk of accident involvement becomes too high to be acceptable, resistance to moves from present driving licence procedures to more stringent statutory procedures would be immense. Development of voluntary arrangements, supported by advice and guidance – particularly from doctors – would not attract strong resistance.

Table 45 – Acceptability of various schemes for checks on older drivers

Base: All	Total	Age		
	996	55-64	65-74	75+
	%	%	%	%
No change from present system				
– Acceptable	70	68	72	78
– Not acceptable	20	24	16	12
Two-yearly full medical 70 onwards with loss of licence if failed				
– Acceptable	62	68	58	44
– Not acceptable	31	27	33	47
Two-yearly full medical 70 onwards with voluntary decision on driving				
– Acceptable	68	70	64	64
– Not acceptable	23	23	24	26
Insurance medical, higher premiums perhaps but voluntary decision				
– Acceptable	37	38	34	39
– Not acceptable	54	55	53	48
Two-yearly full medical with driving test from 70, both to be passed				
– Acceptable	40	46	36	23
– Not acceptable	49	45	50	61
Five-yearly medical 55 onwards, offering advice only				
– Acceptable	53	55	52	45
– Not acceptable	37	37	35	38
Doctors/opticians to provide fuller advice				
– Acceptable	66	65	67	68
– Not acceptable	22	25	17	17
Medical at police request following driving offence, disqualification if failed				
– Acceptable	53	52	56	51
– Not acceptable	39	41	34	37

g) General comment

Most respondents recognised that at some point in time, well ahead of their own age, consideration of giving up driving would arise. Financial situation, health and doctor's advice were envisaged as the main reasons that would prompt a decision.

The expectation that the doctor should be a major source of advice was reinforced by the fact that, while the majority felt the decision must be theirs, an input from the doctor was *expected*. Whether this input should be from the family doctor or another, independent, doctor was not explored in the study but is an aspect to be considered.

As noted elsewhere in this report, advice from doctors on driving and medication is not at a high level. It is also to be expected that many family doctors might be reluctant to advise a patient to cease to drive when the impact on lifestyle can be significant.

Overall, there is a rejection of any stronger system of periodic statutory examination. Older drivers are likely to be receptive towards greater information, advice and guidance about giving up, from which a personal decision can be made.

There is an apparent unfulfilled need for advice and guidance, primarily from doctors, with a procedure for ensuring that it is readily available. Advice given needs to be constructive and positive, to avoid generating resistance, and whether this responsibility should be that of the family or an independent doctor needs consideration.

Section D – Areas for Action

The study is, as far as can be established, the first structured examination of the views of older drivers in the UK. It has produced, from nearly 1000 respondents, a mass of data for further analysis and interpretation.

This section highlights some areas for action that might usefully be progressed.

- 1** The older driver should be aware that abilities will decline. Adjustments in driving habits may mask the decline. Personal characteristics may lead to a rejection that this is so, but the fact remains. Decline in ability does not mean stop driving, but recognition of decline will enable less guilt about continuing to drive, positive adjustment and less stress.
- 2** The older driver should assess the extent of dependance on the car for continuation of lifestyle. Assessment should first be made when considering retirement, and updated from time to time.
- 3** Older drivers should be aware that if their household has only one driver, repercussions on lifestyle if driving ceases can be considerable. Planning to reduce dependance on the car can reduce stress, through avoidance of 'having' to drive. It is of considerable benefit if the partner maintains regular driving experience.
- 4** Older drivers need to be aware that junctions represent above-average hazards for them. The survey suggests that most do not recognise this fact, nor that the perceptual skills that are most important to safe negotiation of junctions will not be as good as when younger.
- 5** The older driver could benefit from advice on adjustments to be made to reduce the stress of driving. At some time more consideration should be given to ceasing to drive and advice should be sought. (Most respondents thought 70-75 years, with specific serious consideration by 80 years.)
- 6** All drivers taking medication should ask the prescribing doctor about side-effects that may affect driving ability. If the side-effects occur, they should not drive (nor should they stop the medication in order to drive). Older drivers are more likely to be taking medication and consequently need to be especially alert to possible side-effects. With many drugs, alcohol increases side-effects. Alcohol should never be taken if driving, and even less so if taking medication.
- 7** On its own, relatively small amounts of alcohol can slow reactions, reduce concentration and impair judgement. These skills are already in decline in the older driver. The older driver, therefore, needs to be particularly alert to the effects of alcohol.

8 A variety of changes in driving behaviour with age were reported by many respondents, but by no means all older drivers adopted these changes. More positive, conscious planning of car journeys could be made by many. Planning to travel in off-peak periods and in daylight, with regular breaks in a long journey, for example.

9 Recognition of those conditions that result in personal stress, and then planning to avoid them, is an important skill for the older driver to acquire.

10 The study provides a number of pointers for action by others. Some research into siting and clarity of road signs, and the relationship with driver-stress, could be beneficial. More important, the apparent conflict between junction accident data and older drivers' unawareness of hazards at junctions requires exploration and further analysis, as does the accident exposure of older drivers generally.

11 The formulation of constructive advice and guidance to older drivers on all aspects of driving is required. Authorities such as the Medical Commission on Accident Prevention and the British Medical Association, are well placed to develop and publish such guidance.

12 Doctors, because they are a major contact with the older person, have to be the primary means of communication of this advice and guidance. They should fully adopt the role and, as advice and guidance develops, constructively and objectively inform and guide older drivers who seek their advice, and always when medication is prescribed.

13 When providing guidance, note needs to be taken of the differing characteristics of older drivers. Guidance should be provided in a positive way that avoids the negative approach of 'remedial measures'. Identifying and projecting the changes that must be adopted, so that driving may continue with minimum difficulty and stress, will be more productive and more acceptable.

14 The current United Kingdom practice of limited renewal of a driving licence after age 70 is reached is generally accepted. The survey suggests that many are likely to have considered or given up driving by the age of 80. Before any tightening of the current procedure can be justified, clearer evidence of accident involvement is needed. The views expressed by the respondents suggest that older drivers would accept formal voluntary procedures of assessment and guidance on continuing to drive, provided that the final decision is voluntary.

Appendix

General characteristics of Older Drivers

a) Groups with common characteristics

Analysis of respondents' patterns of response to questions about changes in their driving abilities, their approach to driving and their general attitudes to driving (Table 26, Table 27 and Table 28) suggests that older drivers can be grouped in clusters, with common characteristics, within either of two independent typologies. The differing characteristics of these clusters within the two groups, their relative incidence and their profiles in terms of the demographic, behavioural and attitudinal variables by which the survey data has been analysed, are given below. The descriptive terms by which the clusters are named are essentially for purposes of identification. The labels have no other significance and are without prejudice to possible alternative constructions that may be placed on the characteristics of the groups. Their face validity is, nevertheless, apparent.

Note: The percentages relate to relative incidence within total sample of older drivers (996).

b) In terms of change in driving ability and behaviour

- | | |
|---------------------------|--|
| Unaware (41%) | – declining abilities are not acknowledged, and they tend also not to admit attempts to modify driving behaviour. (Most frequent in 55-64 age group, among women and those with relatively little driving experience.) |
| Compensatory (22%) | – declining abilities are not acknowledged but they have made compensatory adjustments in driving behaviour. |
| Hazardous (4%) | – acknowledge confusion and/or impairment of judgement but have made no compensatory adjustments in driving behaviour. |
| Cautious (9%) | – acknowledge loss of confidence and only drive as a last resort (most frequent in those over 75 years, and among those who attach relatively little importance to driving a car). |

c) In terms of general attitude to driving

- | | |
|----------------------------|---|
| Inconsiderate (23%) | – only drive out of necessity but do so regardless of other factors (high in 55-64 age group, and in those who attach little importance to a car). |
| Minimiser (28%) | – minimise the effects of age handicap, claiming compensatory changes in driving (particularly high in 75+ age group and those with long driving experience). |

- Impressionable (10%)** – sensitive to personal image as an older driver, and influenced by the opinions of others (high in 75+ age group, and those recording low mileages).
- Prudent (13%)** – avoid difficult driving conditions (high in 75+ age group, and those recording low mileages).
- Compulsive (26%)** – enjoys driving, and does so regardless of other factors (high in those driving high mileages, and among those attaching greater importance to a car).

d) Projective tests

Additional examination of characteristics was undertaken during the study by the use of projective tests. In these, respondents were asked to study cartoons of various situations – a road-safety class, a 'near miss' on the road, and a doctor's surgery – and then allocate, from a list of statements, what they considered each of the two parties depicted was (a) saying and (b) thinking.

The results of these tests are open to interpretation but suggest that respondents fell into two main groups, of about 50% each:

- (A) The responsible driver and
- (B) The 'blamer'

Group A tends to take some responsibility for themselves in relation to their driving and their capacity to cope with driving. Group B, however, does not and will blame other people for problems. Group A will be more receptive to, and act on, information and may well act on their own initiative. Those in Group B, particularly those at the extreme, will be most resistant to any form of modification of their living behaviour or advice thereon.

Throughout the projective tests, there was the understandable, clear indication that the older driver anticipates prejudice towards him/herself, with some indication that this feeling relates to their own feeling of guilt about their driving. (It is, however, not possible to establish the influence of the prejudice against age in society as a whole.)

The projective tests again suggest that it is very important, in presenting training or counselling to older drivers, to ensure that it is put in a constructive light. It must not be seen as criticism of their driving.

£100.00

AA Foundation for Road Safety Research
Fanum House, Basingstoke, Hampshire RG21 2EA