SUPPORTING SAFE DRIVING INTO OLD AGE

A National Older Driver Strategy

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in almost every area of activity involving older drivers more needs to be done to help them
I have had the privilege of chairing the Older Drivers Task Force. I have been an advocate of the importance of the safety of older drivers for many years. This is a subject that has grown in importance in recent years due to the rise in the number of older drivers on the roads. The task force was set up to address the issues of older drivers and to make recommendations on how to improve their safety.

The task force was made up of experts from a wide range of backgrounds, including road safety researchers, experts in the field of older driver safety, and representatives from the insurance industry. The task force met regularly over a period of several months to discuss the issues and to develop recommendations.

The task force made several key recommendations, including:

1. The need for a comprehensive strategy to support older drivers.
2. The importance of education and awareness-raising campaigns.
3. The need for better data collection and analysis.
4. The importance of research into the safety of older drivers.

The task force also recommended that the government should establish a task force to look into the issue of older driver safety in more detail. This recommendation has been welcomed by many in the road safety community.

The task force's work has been widely praised for its comprehensive approach and its focus on evidence-based recommendations. The recommendations made by the task force have been adopted by the government and are being implemented in various ways across the country.

The task force's work has helped to raise awareness of the issue of older driver safety and to make progress in improving the safety of older drivers on the roads. I am confident that the recommendations made by the task force will continue to have a positive impact on the safety of older drivers in the years to come.


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Conclusions and Next Steps

The following research papers were prepared for the Older Driver Task Force and are referenced and published alongside this report:

1. Demographics and Licensing
2. Medical Conditions and Fragility
3. Casualties
4. Crash Types
5. Characteristics of Cars Driven
6. Mobility and Self-Regulation in Driving
7. Highway Design
8. Driving Licence Renewal
9. Driver Appraisals
10. International Comparisons
THE APPROACH OF THE TASK FORCE

The formal Task Force goal was: “To defiance live longer healthier lives, to develop a National Older Drivers Strategy which will improve the framework, advice, self-help and technology available to support the fast growing number of older drivers.”

There were three main strands of work:

- The evidence base. Published alongside this Task Force Report are 10 research papers from which our conclusions and recommendations are drawn. The papers include new research and a review of national and international data and practice.
- Vehicle, road and information technology. A review of vehicle technologies at, or near, market to assist and protect older drivers; and how road layout might be improved.
- Support and self-help. A review of the framework, advice, self-help and technology available to drivers, their families and doctors.

The Task Force brought together and adopted a number of principles. It took an evidence-based and “Safe Systems” approach5 and sought a set of practical, effective and complementary interventions. In line with Equal Opportunities principals, it sought proportionate means of achieving aims and was keen to avoid impositions on the many to protect against the few. It drew from best practice, considered affordability and above all, whether the options were ever possible. Our work considered drivers over 70 - the age where today driving licenses are more often revoked. While all drivers must notify the DVLA of a relevant medical condition regardless of their age, it’s clear that for older drivers, the likelihood of such notifications increasing with age.

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In Victoria, Australia, programmes being pursued have led to benefits from the type of systematic safer intersection cleaning of signs, use of reflective back plates, or maximum speed on the motorway.

There are many technologies in today’s vehicles which drivers need only to generally be aware of. For example, technologies which cut in during an emergency such as seat belt pre-tensioners, brake assistance that ensures the full braking force is delivered, and systems which monitor the road and adjust the vehicle speed accordingly.

There are technologies from parking assistance to cornering lighting which can make driving less stressful, more comfortable and safer. Night vision enhancement and driver assistance systems such as autonomous cruise control can help keep a safe headway and speed on the motorway.

Safer Vehicles
Fully autonomous, driverless vehicles which could address the needs of those who can otherwise not drive safely are probably a long way off. There are however major and rapid advances in driver assistance systems and in-vehicle technologies which help the safety and comfort of older drivers.

Research for the Task Force showed that older drivers who run vehicles broadly the same age as the population at large although they tend on average to be older. Other consumers are not slow to adopt technologies where their value is clear or it can be difficult to explain the value of the new technologies. Manufacturers need to ensure that new technologies applied to older drivers rather than younger drivers.

There are many technologies in today’s vehicles which drivers need only to be generally aware of. For example, technologies which cut in during an emergency such as seat belt pre-tensioners, brake assistance that ensures the full braking force is delivered, and systems which monitor the road and adjust the vehicle speed accordingly.

One way to help older drivers which has been proposed is to develop a safer NCAP crash protection system which gives a Star Rating for the protection a car offers older occupants. There is however reluctance from crash testers to add further tests and scoring which is already complex – male, female, children, pedestrian dummies, vehicles of different size and weight, and electronic systems.

As the number of older drivers grows, we need to provide improved practical self-help and support for responsible older drivers, their families and GPs. There is a need to know what to watch out for and to support the maintenance of driving skills.

Advice to Older Drivers and their Families
There is no shortage of advice. Early in the Task Force’s work it was evident that available was needed to make the quality and quantity of information. We welcome the DfT’s support for the new research sponsored by the managed by RISPA. The DfA also has information on about when and how to notify about a medical condition that may impact on safe driving.

Advice to GPs
Last year, while the Task Force was still meeting, the General Medical Council reviewed its advice to GPs. The Task Force welcomes the new draft advice prepared by the GMC. The advice recognises that GPs need more training in the specialised support available, not least driving appraisals, so that they can use that more comfortably with their patients. There is however reluctance from crash testers to add further tests and scoring which is already complex – male, female, children, pedestrian dummies, vehicles of different size and weight, and electronic systems.

Driving Appraisals
A major opportunity for the future can come from developing driving appraisal or assessments that help older drivers maintain their confidence, learn tips and tricks (e.g. to increase cognitive skills) and keep up to date with new vehicle technologies. Across Britain there is now a wide range of these courses run by trusted bodies such as RoSPA, the IAM and local authorities. These courses can be very effective, simple ‘entry level’ courses with classroom and limited time behind the wheel combined with an on-test visit. Such approaches are being supported and personal time is ‘in’ or ‘out’ or half day to inform the DfA or insurers.

There are other courses at mobility centres for those with a medical condition or disability. For example, on the site at the National Older Drivers Information System (Poole) may be able to offer a truly equivalent alternative mobility package at the same price as running a car.
SUMMARY OF KEY RECOMMENDATIONS

1. RESEARCH ON CATASTROPHE CLAIMS
   
   Research, both in Britain and internationally, consistently shows that older drivers pose no greater risk on the roads to third parties than older age groups. However, the new research reports published by the Task Force show there is reasonable concern from insurance catastrophic claims data (claims over £50,000) that older drivers, possibly those over 80, may pose a higher risk of very serious bodily injuries to third parties.

   The number of catastrophic claims involving older drivers is small for any one insurer and so difficult to be certain about. The number of catastrophic claims involving older drivers is more a matter of concern for insurance catastrophic claims data than for insurers themselves. There is evidence that when the Police offers driving assessments as an alternative to prosecution or a driving disqualification older drivers are more likely to accept the offer than younger drivers.

   The DVLA, insurers and others should encourage vision checks every two years, particularly from age 60. The DVLA should require evidence of an eyesight test at age 70 of any medical condition that may affect safe driving.

   RAISE MANDATORY SELF DECLARATION AGE TO 75

   The automatic requirement for drivers to notify the DVLA at age 70 of any medical condition that may affect safe driving is too onerous. It is recommended that an industry body should be mandated to offer driving assessments as an alternative to prosecution and the premiums charged. It is in the interests of older drivers, insurers and the public that this issue is openly acknowledged and the premiums charged.

   The health condition notification requirement was introduced in 1969 when life spans were a decade shorter. There is no convincing evidence today that in the 70–75 age group present a general medical risk justifying this requirement. There is evidence that the risks to drivers over this age group are not more serious than younger age groups.

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   SAFER ROAD DESIGN

   The UK should develop similar guidelines and design standards for older drivers along the lines already in place in the USA, Australia and New Zealand. Road authorities should more rigorously adhere to existing standards of road design and maintenance where there’s a likelihood of placing older drivers at greater risk of involvement in serious crashes.

   DRIVER APPRAISAL SCHEMES

   As a priority, the DTI research programme should support an evaluation of existing driving appraisal courses offered by both the Police and those in the private sector that wish to participate.

   CONCLUSION

   In the future, it will be the norm to drive safely into old age as we live longer, healthier lives. The research supporting our work increasingly shows that insurers can support these drivers over 80 and ensure that their older drivers are safe. The Task Force is clear in endorsing the idea that the research can be a catalyst and be used by insurers.
The Older Drivers Task Force was set up to respond to a recommendation in the report: Making Road Safety Pay by the Road Safety Foundation which was commissioned by Ageas. This report is a contribution to a wider safety strategy.

Specifically in November 2014, following a workshop on Older Drivers held in October 2014 with a broad panel of expert stakeholders, the government accepted a widely supported recommendation that the UK should develop a National Older Driver Strategy along the lines already being pursued in the USA.

The offer of financial support from Ageas for the Road Safety Foundation to manage the research and coordinate the key strand required in a Task Force was also welcomed by Government.

The workshop identified three strands of work that would enable the Task Force to probe the major issues affecting the safety, mobility and older drivers and develop a strategy for the UK.

The three strands were:

- The evidence base
- Vehicle, road and information technology and communications
- Support and self-help

The Task Force’s goal was: “As Britons live longer, healthier lives, to develop a National Older Driver Strategy along the lines already being pursued in the USA and with a broad panel of expert stakeholders required in a Task Force was also welcomed by Government.”

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Introduction

The Older Drivers Task Force was set up as a response to a recommendation in the report: Making Road Safety Pay by the Road Safety Foundation which was commissioned by Ageas. This report is a contribution to a wider safety strategy.

The older drivers will no longer be working but need to be able to get around if older drivers lose their licence, many older drivers will no longer be working but need to be able to get around if older drivers lose their licence. Children and the seriously impaired from A to B regardless of whether they are fit to drive a conventional vehicle.

We believe technology has much to offer but completely disconnecting vehicles is a long way off. The report is primarily concerned with the here and now, and the decade or more ahead.

Guiding Principles

Among the main principles that have guided our work are the following:

1. The Safe System

It is now widely recognised internationally and in the UK (see Department for Transport’s National Road Safety Strategy of December 2007) that the Safe System approach to managing road safety is the best way to achieve reductions in the numbers of those killed and injured on our roads. The Safe System calls for long-term goals (typically Vision Zero or Sustainable Safety), an exacting intervention strategy and strong institutional management and accountability.

Proportionality

It would be easy to solve the “older driver problem” by keeping older people off the road and making it more difficult for them to renew or obtain a licence. However that could not be justified by the limited risk they pose to themselves and others as drivers and the significant risk they would then run as pedestrians, quite apart from the social and psychological consequences of not being able to drive.

Evidence-based

We have drawn on extensive national and international research into older driver issues to come to our conclusions. This is important. It is easy to make snap judgements based on anecdotal evidence which may well lead to poor policy decisions, making the already more difficult for the older drivers.

Best practice

We have drawn on the best available information and evidence about what works and what does not work to recommend particular actions, probably those which have the potential to be adopted nationally. Reasons for older drivers are geographically patchy and institutional arrangements for independent mobility, the consequential burden will fall on the taxpayer, the greater the benefit to their well-being and to the taxpayer, which could include residential care.

Many older drivers will no longer be working but need to be able to get around if older drivers lose their licence. Children and the seriously impaired from 50% or more ahead.

As collision avoidance and lane keeping technology improves, the opportunities for greater mobility while addressing the psychological benefits for individuals. It also provides a major potential to assist and support older drivers, but more could be done. It is therefore important that we do all we can to develop the autonomous vehicle in time may well take anyone including the medical profession, the emergency services and the many other which will assist and support older drivers, but more could be done. It is therefore important that we do all we can to develop the autonomous vehicle in time may well take anyone including the challenges of managing road safety is the best way to achieve reductions in the numbers of those killed and injured on our roads. The Safe System calls for long-term goals (typically Vision Zero or Sustainable Safety), an exacting intervention strategy and strong institutional management and accountability.

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SECTION 1: SAFER DRIVERS – THE EVIDENCE

We have looked at data on older drivers in a number of ways to narrow down the issues that need to be addressed. The issues include:

How many older people are there? And how much do they drive?

Are older people at risk? And are they a danger to others?

Are older drivers medically fit to drive? Is their eyesight good enough?

Do we really need to take action? Is there an alternative to driving?
The population over 70 is growing rapidly:

By 2035 the population aged 70 or over is expected to be about 12.7 million (about 18% of the population)\(^7\).

In Great Britain the proportion of the population aged 70 and over ranges from well over 20% in low density areas where they are car dependent, to under 5% in the highest density areas.

In 1975 only one in three men and one in twenty women over 70 held a driving licence. By 2014 four out of five men and one in two women over 70 were licensed to drive.

In 2014 some 4.7 million car drivers were aged 70 and over. This figure is estimated at 8.5 million by 2035\(^7\).

By age 85, about 30% of women and 25% of men who have held driving licences will have allowed their licence to lapse.
The importance of cars, and particularly car driving, is clear. From age 40 to over 70 about 70 percent of all journeys are made by car. Women tend to make more journeys as car passengers, and men as car drivers. For both men and women, the reductions with age in the number of journeys and distance travelled are largely due to reductions in the journeys and distance as a car driver (Figures 1.2a and 1.2b).

Given the role of the car in providing mobility, and hence independence and quality of life, care is needed to avoid well-intentioned initiatives to improve the safety of older drivers from unnecessarily reducing the mobility of older people10.

ARE OLDER PEOPLE AT RISK?

Older drivers are relatively safe in purely numerical terms. Drivers over 70 are involved in fewer injury crashes on the roads than all other drivers except those under 21 (Figure 1.3). However, these simple figures do not show the whole picture and disguise areas of concern. Older drivers are more vulnerable than other age groups. If involved in a crash, older people are more likely than other age groups to be injured and, if injured, to die.

In 2014, people aged 70 and over represented 13% of all car driver licences, 9% of distance driven, less than 7% of all car driver casualties, but 20% of car driver deaths.

From 2000 to 2013, for all the age groups between 20 and 79, car driver casualties have decreased fairly steadily. There has been a steady rise in casualties aged 80 and over, albeit from a lower base.

From 1985 to 2014, the percentage of casualties who died in crashes fell for both pedestrians and car drivers. If the rate of pedestrian casualties could be reduced, it might be possible to reduce many pedestrian fatalities. For car drivers, better occupant protection is the likely reason.
Car driver casualties by licence and by distance

The car driver casualty rate-per-driver is the risk that a driver will be injured compared with the number of licences held. The rate-per-distance is the risk of a driver being injured for every vehicle mile driven.

Figures 1.4a and 1.4b show these two measures of driver risk. In each case, casualty rates fall with increasing age up to at least age 50 and often 70 or 80, then rise with increasing age. Because there are about 100 slight injuries for every death, the rates are shown on different scales. The rate for slight injuries is the best measure of accident involvement, unbiased by the effects of fragility, and this is lowest per driver for drivers aged 70 – 79, and well below that of younger drivers.

Fragility makes the fatality rate rise sharply with increasing age, after age 70. Because the mileage driven reduces with increasing driver age, the risk per mile driven rises faster with age than the risk per driver per year.

For deaths, the rates for older drivers per driving licence are similar to those drivers in their teens or twenties. For fatal casualties per distance driven, the rate for drivers aged 80 and over is higher than that for teenagers, and for drivers in their 70s, between that of drivers in their 20s and 30s.

ARE OLDER DRIVERS A DANGER?

Probability of drivers being at fault

As you get older you are more likely to be at fault after middle age. From Dutch research, the reduction in the number of drivers involved in injury crashes with increasing age is sharp but not as steep in the relatively high number of drivers who are responsible in the oldest age group (and the youngest). A similar result for Britain has been found by studying the contributory factors in all accidents involving car drivers.

Risk to other road users

How much of a risk are older drivers to other road users? Evidence from the USA (Figure 1.5) shows that from age 70 onwards drivers kill far fewer pedestrians than drivers under 70 in 1997, five percent of all pedestrians were killed by drivers aged 71 and over. Most of the older drivers (75%) were men.

For Great Britain, 2012 figures show that of the 447 pedestrians killed by cars, drivers over 70, who represented 13% of all drivers and 9% of all car miles driven, were responsible for 7% of all pedestrian deaths. The risks posed by those aged under 45 and especially under 25, are much higher.

Research on Catastrophic Claims

Research both in Britain and internationally consistently shows that older drivers over 70 generally pose no greater risk on the roads to third parties than other age groups. However, there is always a risk that catastrophic third party claims data, like those over £50,000, will increase for older drivers, particularly those over 85. A rise in catastrophic claims costs for older drivers will increase the premiums charged to vulnerable road users.

The number of catastrophic claims involving older drivers is small for any one insurer and so it is difficult to be certain about the uncertainty however adversely affects both the willingness of insurers to insure older drivers at all and the premiums charged. It is in the interests of older drivers to drive safely and for insurers to ensure that the issue is openly researched and if claims costs prove to be higher, the reasons identified.
Aside from medical conditions, the physical deterioration of older people, their fragility, is a major factor in the deaths of older drivers and their passengers. Fragility is the major cause of the increase in the rates of deaths of older road users in road safety statistics. Essentially, older people are far more likely to die in a crash than other age groups. This applies whether the older person is a driver, passenger or pedestrian (Figure 1.6).

The way the physical fragility of the person injured varies with age is shown by the fragility index, which is the percentage that die, relative to the percentage for 40-49 year olds (Figure 1.7).

Using 2010 - 14 data, a consistently higher percentage of male than female pedestrian casualties die. Deriving a fragility index from this shows that conversely, women from the age of 70 are significantly more fragile; this is consistent with the greater probability of women having osteoporosis in later life.

The same pattern is observable for car occupants with the percentage of those who die being higher for men than women, but with women having a higher fragility index and strikingly higher from 70 upwards. These figures may well be influenced by the likelihood that older drivers, and particularly older women, drive small cars that provide less occupant protection for a given NCAP rating when in a crash with a larger, heavier vehicle. The magnitude of this effect has not yet been established.

The types of crash that drivers have vary with age and gender. A study of 1,985 fatal car crashes in 2007 showed that older drivers were less likely to be in crashes in which speed was a cause (Figure 1.8), less likely to be in crashes involving loss of control, less likely to be impinged by a vehicle (alcohol) but more likely to be in a crash involving a right of way violation (Figure 1.9).
A Norwegian study (1983–2006) involving over 200,000 drivers found crashes from turning across traffic rose from some 10% for all crashes at age 50 to 20% for drivers aged 80+ (Figure 1.10), while rear end crashes reduced from 25% to 11%\(^1\).  

An analysis of STATS19 data for Britain for 2013 shows some similarities. For car crashes for all severities, the percentage that involve turning right increases from 11% up to age 50 to 18% over age 75 (Figure 1.11).
ARE OLDER PEOPLE FIT TO DRIVE?

The legal basis for fitness to drive is the third European Directive on Driving Licences which came into effect in 2013. The Directive shows a table of 10 medical conditions and associated risks. Those conditions that show an above average risk are alcoholism, neurological disease, mental illness and crash involvement and gave overall crash risk minimum standards of physical and mental fitness for physically disabled persons to drive vehicles. "… the knowledge, skills and behaviour connected with driving such vehicles should be redefined." The Directive shows that if all drivers with medical conditions continued to drive, several are age-related including those that cause long-term cognitive impairment such as Parkinson’s and dementia.

"A confidential medical service is a public good and trust is an essential part of the doctor-patient relationship. But confidentiality is not absolute and revealing medical information can be an important part in keeping the wider public safe if a patient is not safe to drive."

The Government’s website states: “You can decide when to stop as long as you don’t have any medical conditions that affect your driving.” The licence holder in question must notify the DVLA of any medical condition that may affect safe driving.

The role of Doctors and the DVLA

The General Medical Council has recently issued new guidelines to doctors as part of a public consultation on confidentiality. The guidance is expected to be published in late 2018.

An as yet unpublished research report notes that there is little population level data and very few systematic studies that have examined the role of confidentiality for people with brain injury or other neurological conditions. It goes on to state that there is some evidence of increases of crashes in older people with brain injury and to suggest that the risks are similar to those in the Charlton report. The proportion of drivers who do not drive is much higher for older people who are unemployed or retired. The effects of crashes in Alzheimer’s patients relative to controls31,32.

Some evidence of increased risk of crashes for older people with dementia and an estimated eight-fold increase in risk of crashes for Alzheimer’s patients. The implications are that if all drivers with medical conditions continued to drive, several are age-related including those that cause long-term cognitive impairment such as Parkinson’s and dementia. Of the many medical conditions that are relevant to fitness to drive, several are age-related including those that cause long-term cognitive impairment such as Parkinson’s and dementia. The legal basis for fitness to drive is the third European Directive on Driving Licences which came into effect in 2013. The Directive shows a table of 10 medical conditions and associated risks. Those conditions that show an above average risk are alcoholism, neurological disease, mental illness and crash involvement and gave overall crash risk minimum standards of physical and mental fitness for physically disabled persons to drive vehicles. "… the knowledge, skills and behaviour connected with driving such vehicles should be redefined."

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The role of Doctors and the DVLA

The General Medical Council has recently issued new guidelines to doctors as part of a public consultation on confidentiality. The guidance is expected to be published in late 2018.

An as yet unpublished research report notes that there is little population level data and very few systematic studies that have examined the role of confidentiality for people with brain injury or other neurological conditions. It goes on to state that there is some evidence of increases of crashes in older people with brain injury and to suggest that the risks are similar to those in the Charlton report. The proportion of drivers who do not drive is much higher for older people who are unemployed or retired. The effects of crashes in Alzheimer’s patients relative to controls31,32.

Some evidence of increased risk of crashes for older people with dementia and an estimated eight-fold increase in risk of crashes for Alzheimer’s patients. The implications are that if all drivers with medical conditions continued to drive, several are age-related including those that cause long-term cognitive impairment such as Parkinson’s and dementia.
As noted above from the Quebec research, the evidence is that while some drivers may admit to a physical disability, even fewer are likely to acknowledge a mental one. In other words, self-declaration on its own is only of limited value. The main safeguard is the medical practitioner. Provided people with medical conditions go to their doctor and the doctor acts on the advice from the GMC and the DVLA, the risk can be contained. Patients at risk can be referred to a specialist mobility assessment service. The ultimate advice to the DVLA on fitness to drive, as opposed to the existence of medical conditions, rests with trained assessors and not the GP or other health professionals.

GPs are busy people and are not trained to assess a patient’s driving skills. They can only act on advice from the GMC and particularly the DVLA on those medical conditions that may raise doubts about the patient’s fitness to drive.

In a study for the Warwick Medical School in 2010, researchers found that:

- Although Health Care Professionals (HCP) were aware of DVLA standards on Fitness to Drive they showed poor knowledge of how the DVLA medical standards apply to specific conditions.
- Most HCPs believe that more training and clearer guidelines on giving advice on Fitness to Drive is needed.
- Systems and procedures for implementing DVLA medical standards are poorly communicated to some HCP groups.
- There was uncertainty about whose role it is to advise patients on Fitness to Drive.
- Three quarters of patients were not advised correctly about the DVLA rules for their medical condition.

Additionally much more could be done to make GPs and other health professionals aware of the driver appraisal services available in many parts of the country, to which patients could be referred.

A problem may arise over the GP’s need to balance the risk of allowing the patient to continue driving despite his or her risky medical condition against the probable loss of mobility and independence, and, of course, the risk of isolation and depression.

Giving advice in this context is therefore not straightforward. GPs will also be conscious of liability questions. Oversimplified this might be: “If I don’t refer a patient to the DVLA, will I be held responsible if they have a crash? Yet if I do refer them they may be put off driving altogether, even before being assessed when, with help, they may be safe to drive.”

As the population ages and the number of people with cognitive impairment increases (the Alzheimer’s Society estimates that more than 850,000 people have dementia diagnoses), the risks to drivers, passengers and other road users is increasing.

Is 70 the right age to self-declare?

Seventy is not a magic number. The age limit was set in 1971 for reasons which are unclear. Life expectancy for men was 68 and for women 72. Since then more people are living longer, enjoying better medical treatment and services, are healthier and driving safer vehicles. Life expectancy in 2015 was 79 for men and 83 for women.

There is some evidence in the DfT Road Safety Research Report 29 ‘The Ageing driver’ that on average serious difficulties with manoeuvring a car and driving safely occur after age 75 but of course individuals are different and for some, difficulties can develop earlier. Results of assessments by a mobility centre also show a sharp increase in the percentage of drivers assessed as unsafe around the age of 80. In these circumstances a higher age limit of 75 to start to self-declare fitness to drive would be reasonable. It would reduce administrative costs and burdens and be welcomed by older drivers.

CONCLUSION

The Equal Opportunities Act 2010 requires arguments to discriminate on grounds of age in transport to be based on good reason (objective justification). Raising the age of self-declaration to 75 appears reasonable. There could also be administrative benefits. The crucial issue from a safety viewpoint is that the present system which relies heavily in the first instance on GPs in particular to identify health risks which may affect driving ability should be fully effective.

KEY RECOMMENDATION

The automatic requirement for drivers to notify the DVLA at age 70 of any medical condition that may affect safe driving should be raised to 75.

This recommendation should only be introduced with the recommendation on eyesight which should prove more relevant in practice than the current self-notification requirement.
TESTING/SCREENING

The present arrangements are a hybrid since a patient of any age with a notifiable condition who informs the DVLA of this is in effect embarking on a regulatory process as the issue of a licence will be conditional on the outcome of required assessments.

The problem with screening all drivers after some arbitrary age is that people age at different rates and self-regulate to avoid or reduce risk. The rate of progression of diseases is also highly variable. It therefore seems more sensible to leave the present arrangements in place at least for the time being (eyesight apart, see below). That in effect means that medical practitioners are on the front line as they are responsible in the case of significant mental or physical disability for assessing whether their patients are fit to drive or need a further assessment.

The British road system is one of the safest in the world for older drivers, as for all road users. Comparisons between States in Australia and Member States in Europe show that more stringent renewal systems offer no safety benefits but can cause mobility problems.

Eyesight

Eyesight deteriorates with age. The normal eyesight test (as part of the driving test) is inadequate as far as the older driver is concerned as it does not measure, for example, peripheral vision. However, a recent review of vision and driving safety showed that no standard visual test correlated well with accident risk. It showed, surprisingly, that visual acuity was almost very weakly linked to driver safety as it was not a good indicator of future crash involvement.

The only (non-standard) test that is linked to driver safety is one of slowed processing speed, such as Useful Field of View. Older drivers with a slowed visual processing speed were over twice as likely to crash as those without. Despite this, “there is currently little or no clear evidence that visual acuity and other visual sensory tests are good screening tools for identifying drivers who are likely to crash in the next couple of years. However a driver with certain types of vision impairments is at increased risk of crash involvement.” Despite this apparent contradiction is that even when a condition causes an increase in risk, a test for the condition that produces many false positive and negative results is not a useful screening tool.

Contrast sensitivity deficits (which are common for older drivers with cataracts) the literature is thinner than for visual acuity but it is clear that drivers have greater difficulty in driving and may well moderate their pattern of driving to reduce the problem. Cataract surgery improves vision and reduces future crash risk.

There are a number of issues associated with eyesight:

- Is the current eyesight test adequate for a lifetime of driving?
- If not, what are the alternatives in terms of the test itself and the frequency of the test?

Adequacy of the current eyesight test

It would be hard to argue that the number plate test (the ability to read a car number plate at 20 metres, probably passed at an early age and currently only checked subsequently if the driver chooses to do so) accurately reflects the importance of having good road vision.

Recent research on visual impairment and road safety concluded inter alia that:

- Drivers should have a vision check every five years and every two years for drivers over 60.
- Drivers aged 70 and over should have a mandatory right test on renewal of their driving licence.
- Research is needed to gain consensus on the best combination of visual tests for driver licensing, and the intervals between sight tests.

In Hampshire, those who opt for a referral course as an alternative to prosecution for careless driving after a crash have to have an eyesight test beforehand. Of those, 69% had eyesight deficiencies. Even if these were not a direct contributory factor to the crash, they may well have been indicators of some other problem which did directly contribute to the crash.

Adding a tick box to the licence renewal form, requiring drivers to certify that they have had a satisfactory vision test in the previous 12 months, could provide a useful prompt to drivers to get their vision checked.

RECOMMENDATION

The DVLA should require evidence of an eyesight test at age 75. The DVLA, insurers and others should encourage vision checks every two years, particularly from age 60.

The Government should commission research into visual tests to establish ones that are fit for purpose.

SUPPORTING SAFE DRIVING INTO OLD AGE - A NATIONAL OLDER DRIVER STRATEGY

SAFER DRIVERS - THE EVIDENCE
Do we need to take action?

Drivers reduce their risk of crashes by making fewer journeys and driving fewer miles as they become elderly, at least in part because they have fewer reasons to travel44,45.

In addition they consciously tend to avoid demanding driving situations such as driving at night, using motorways, driving in congested areas or at peak times46. Specific manoeuvres such as right turns on to busy roads, large roundabouts and gyratory systems also tend to be avoided.

Number and length of trips

Data for Great Britain for 2013-14 shows that the number of car driver trips made by men changes little between the ages of 50 and 70; for women, the number falls steadily by 40% in this period47.

The average length of male car driver trips is longer than those of females, although the difference is smaller after 65. Both reduce with age.

Changes over time

Looking at driving patterns over the past 20 years, men have taken rather more trips from age 65 than previously (though fewer for ages up to 65); women of all ages have taken slightly more trips over the same period for men, although the difference is smaller for women, particularly for those aged 80 and over.

Table 1.1 shows data from Sweden on how often a car was used for different journey purposes.

<table>
<thead>
<tr>
<th>Activity</th>
<th>At least 1-2 times/week</th>
<th>Sometimes (about once a month)</th>
<th>About once a year or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shopping, bank and post errands etc.</td>
<td>79</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>To participate in leisure and cultural activities</td>
<td>51</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Visit relatives and/or friends</td>
<td>41</td>
<td>48</td>
<td>11</td>
</tr>
<tr>
<td>Doing errands for relatives/friends, either myself or together with them</td>
<td>22</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Participate in societal and/or public activities</td>
<td>12</td>
<td>22</td>
<td>66</td>
</tr>
<tr>
<td>Other reason (e.g. professional)</td>
<td>10</td>
<td>20</td>
<td>69</td>
</tr>
</tbody>
</table>

In a study of British drivers aged 50 and over conducted from 1997 to 200138 some 40% had a gap of more than a month in their driving and of those, about half did so for medical reasons, with an average gap of about five months.

Table 1.1 shows data from Sweden on how often a car was used for different journey purposes.

Drivers aged 70 and over who make at least six, one-way car driver trips in a week.

<table>
<thead>
<tr>
<th>Age</th>
<th>CAR TRIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>71%</td>
</tr>
<tr>
<td>70</td>
<td>40%</td>
</tr>
</tbody>
</table>

British drivers aged 50 and over

<table>
<thead>
<tr>
<th>Age</th>
<th>AVERAGE TRIP LENGTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>40%</td>
</tr>
<tr>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

For medical reasons.
DEVELOPMENT OF ALTERNATIVES TO DRIVING

Our focus has been on finding ways of enabling people to drive themselves for as long as possible, consistent with safety. But running a car is expensive with capital depreciation, fuel, maintenance, and insurance costs, quite apart from any inhibiting medical condition. The costs of running a car can amount to hundreds a month yet older drivers make use of it for less than a dozen trips a month. The car in the drive represents freedom and flexibility.

Older drivers with the purchasing power to own and run a car will grow substantially in number. Technology and financial engineering are advancing too. Personal vehicle leasing, smart apps to hail taxis, and advances in billing and ticketing illustrate how models to pay for mobility are evolving rapidly. For example, Transport for London enables senior citizen railcard discounts to be selectively applied on an Oyster card for off-peak travel and have introduced daily cost capping. Capping deals address consumer fears that monthly budgets will be exceeded.

The importance of access to affordable, accessible and flexible public transport systems in place of the car should not be overlooked where this is practical in meeting needs.

**KEY RECOMMENDATION**

The piloting of new alternative to self-drive products should be encouraged by the Government.
SECTION 2: VEHICLE, ROAD DESIGN AND INFORMATION TECHNOLOGY
SAFER ROADS

Crash Locations

US studies show that a high proportion of fatal crashes happen at intersections. A 2011 study\(^55\) showed that for drivers aged 60-69 over 40% of fatal crashes took place at intersections, a figure rising to over 60% for drivers aged 80 or over.

About twice as many such crashes happen at intersections where there is a stop sign rather than a traffic signal.

An analysis of car drivers killed or injured in Britain during 2012-14 showed that the percentage of all car crashes at or within 20 metres of a junction is 55-65% and hardly changes with driver age (Figure 2.1)\(^56\). However, for serious injuries (KSI), the percentage at or near a junction is close to 30% for all ages up to age 65 and then increases to 50% for those aged over 75, a similar trend to that for the USA. Serious injuries fall between those curves.

The majority of crashes at intersections are at three-way (‘T’) junctions with no traffic control device or a give way sign only. For fatal crashes, these increase from 15% of all crashes for ages up to 65 to over 30% of crashes for drivers aged over 75 (Figure 2.2). This accounts for almost all the increase with age in the percentage of fatal crashes that are at intersections.

The percentage of crashes at four-way junctions (crossroads) and roundabouts is low and does not increase with age.

Traffic signals reduce the percentage of crashes at intersections with increasing age, as shown by Figure 2.3 for KSI crashes (the graphs for fatal crashes are difficult to interpret because the small number of crashes causes much statistical scatter). For crossroads, traffic signals reduce the percentage of crashes for drivers aged over 65, while the percentage of crashes at roundabouts with yield signs increases with driver age. There are virtually no fatal crashes for older drivers at crossroads with traffic signals.

The majority of crashes at intersections are at three-way (‘T’) junctions with no traffic control device or a give way sign only. For fatal crashes, these increase from 15% of all crashes for ages up to 65 to over 30% of crashes for drivers aged over 75 (Figure 2.2). This accounts for almost all the increase with age in the percentage of fatal crashes that are at intersections.

The percentage of KSI crashes involving turning right across traffic increases from 10% of all crashes aged up to 50 to 30% for drivers aged over 80 (Figure 2.4). A similar pattern of crashes of all severity was found in Norway\(^57\).
Road Design

Older drivers avoid certain situations, often related to aspects of road design that they find difficult or stressful. Their pattern of road crashes reflects that. The evidence suggests that these aspects of highway design could be changed or modified to make driving easier and safer for older drivers and indeed for all drivers.

As noted, in the USA the Federal Highways Administration has, since 1998, provided a comprehensive Highway Design Handbook for Older Drivers. This has recently been updated. Austroads (the association of Australian and New Zealand road transport and traffic authorities) has published similar advice.

These Handbooks deal specifically with those features of the road that cause particular difficulties for older drivers, in particular:

- Merges onto main roads
- Edge and lane markings
- Intersections
- Stop and give way signs
- Traffic signals
- Signage

It is clear that with a better understanding of older drivers’ needs and limitations, road design and engineering can be made much safer for all drivers. As far as we can tell, an understanding of older drivers did not influence UK design standards when they were developed.

Many of the changes required would not be expensive to introduce when highways are being constructed, repaired or modified, and if, as expected, the risk of a crash were reduced, the cost-benefit equation is likely to be positive. Some of these features, such as reflective back plates on road signs and traffic signals, and protected entry areas at slip roads onto major highways, are already being applied in some parts of Britain.

Given that the percentage of serious accidents at T-junctions increases significantly with age after 65, and that this does not happen at roundabouts, it would be worth studying the value of installing mini-roundabouts at busy T-junctions with little or no change to the kerb lines. The challenge would be to ensure that all drivers perceived the roundabout, particularly where there is no deflection of the traffic lanes approaching the roundabout.

Examples are:
- Six-inch wide pavement markings
- Reflective back plates on traffic signals
- Larger lettering on directional signs
- Reflective pavement markers at 40-foot spacing
- Underground pedestrian crossings

KEY RECOMMENDATION

The UK should develop similar guidance on designing roads for older drivers along the lines already in place in the USA, Australia and New Zealand.

Road authorities should more rigorously adhere to existing standards of road design and maintenance where flaws are likely to place older drivers at greater risk of involvement in serious crashes.
SAFER VEHICLES

Older people set great store by being able to drive a car. This is particularly so in rural areas, where buses and trains are infrequent and often quite expensive; a car may be the only practical way to visit friends, shops, the doctor or for recreational reasons.

Our focus has been on what can be done to improve the safety of drivers and passengers, recognising that the ‘safe system’ approach accepts that drivers, being human beings, will make mistakes. Safe system design as seen in rail and air systems means minimising the consequences of routine human error.

Modern vehicles are one of the most complex products purchased by consumers. They have to meet a range of demanding requirements, delivering occupants to their destination in comfort and safety. They must be able to operate in physical extremes, very low and high temperatures, to low and high humidity, in the dark and in bright light, and sometimes in driving rain or snow. All this performance has to be achieved at an affordable price. To do this, car makers have to make compromises and in safety engineering they design the vehicle to deliver the maximum amount of protection to the widest possible population.

Given the variability of human beings, those at the extremes may not be as protected as the bulk of the population. The evidence suggests that fragility, especially of older women, is a problem. The inadequacy of restraint systems may account for the higher levels of death and serious injury among older people, particularly women both as drivers and passengers.

However, as already noted, the vulnerability of older drivers is increased by the tendency of older drivers, particularly women, to choose smaller-than-average cars with less occupant protection at a great cost of NCAP rating.

We are some way from fully autonomous mass-market vehicles but many intermediate technologies offer benefits for older drivers. Autonomous Emergency Braking (AEB) systems (provided the car restraint issues are solved) compensate for slower reaction times and an inability to apply brakes with sufficient force. An analysis of European data published by Euro NCAP showed a 38% reduction in front to rear crashes for this technology, which is now developed to react to pedestrians and is also appearing on new vehicles. AEB is now becoming widely available and insurers are providing lower premiums for owners/operators of vehicles fitted with it.

Electronic Stability Control may offset a loss of control; intelligent speed adaptation could slow vehicles automatically on the approach to a stop or yield sign; crash avoidance systems especially at junctions may offset a risk particular to older people.

Other features which help include variable power steering, automatic headlights, cruise control, hill start assist, parking sensors and cameras; satnavs, Blind Spot mirrors, and adjustable seating also help.

Fully autonomous vehicles are likely to offer significant benefits to those older drivers where capability to drive is impaired but the introduction of such vehicles on the mass market is some way off. The important point to recognise is that any studies of the feasibility and cost-benefit of these substantial benefits could offer to the growing number of older drivers and others who for one reason or another cannot hold a driving licence.

Leaving aside autonomous vehicles, there are several issues that are relevant now, including:

• How long will it take for intermediate technologies to enter the fleet?
• Is there a problem of older drivers driving older (and therefore less safe) cars?
• How can we accelerate the introduction of safer vehicles?

KEY RECOMMENDATION

Manufacturers should accelerate the development of improved crash protection standards for frailer people, particularly older women. They should also find ways that could help older drivers in manoeuvres they find especially difficult.
Fleet Turnover
As a rough rule of thumb, it is estimated that it takes around seven to 10 years for an innovation to enter the market through high-end cars and work its way down to the mass market. For the whole fleet to change it normally takes about 10 to 15 years.

If particular innovations are legally required, change can take place more rapidly – seat belts, Electronic Stability Control (ESC) and Autonomous Emergency Braking (AEB) in HGVs are examples of where regulations have worked to ensure that changes in vehicle safety technology are brought in quickly in the absence of market pressure.

Age of car
We examined the data for average age of older driver’s cars and rather surprisingly found that there is little difference between the age distribution of cars owned by older drivers and those owned by middle-age drivers. This suggests that the benefits of innovation will be reasonably quickly felt by older people.

Acceleration
Legislation apart, one way of speeding up the introduction of safety improvements for older people would be to have a specific vehicle testing programme that awards points to those innovations that can best contribute to the safety of older drivers, similar to the safety star ratings under the Euro NCAP regime. Now that safety has some consumer attraction, safer cars for older people may well prove to be a marketable proposition.

We know that the Euro NCAP system Star Ratings are now a powerful marketing tool and a ratings system for older people, a Silver NCAP, might lead to shortening the time to market of the best safety innovations. Such arrangements are under consideration in the United States.

If such innovations were fitted as standard rather than as bespoke, they could become more affordable.

Against this, specific protection for a minority population could be expensive and would come with implementation challenges.

One way forward would be to broaden the approach and suggest to Euro NCAP that a consumer assessment be developed with pointers to some key content (e.g. visibility rating).

AUTONOMOUS VEHICLES – FURTHER ACTION NEEDED

The Government and industry should use their current initiatives to establish the feasibility and development path of the deployment of autonomous vehicles to take account of the particular benefits of such vehicles to older drivers in enabling them to drive safely for longer.

RECOMMENDATION
Specific advice on modern in-car safety features that are of special significance to older drivers should be prepared by an appropriate consumer body.

NCAP – FURTHER ACTION NEEDED

Specific advice on modern in-car safety features that are of special significance to older drivers should be prepared by an appropriate consumer body.

We strongly urge that Euro NCAP should consider developing Euro NCAP ratings for older drivers:

- Either include specific assessment criteria to take into account the needs of older drivers
- Or develop a separate Silver NCAP scheme

If neither course is possible, the Task Force suggests that other consumer bodies should develop their own rating scheme so that older drivers can make an informed choice about the suitability of particular vehicles for their need.
We believe that, after a development programme to identify measurable parameters that link to increased risk of crashes, an optional telematics monitoring scheme or other similar technologies should be made available for older drivers and would like to see insurance companies, charities associated with the third sector and others concerned encouraging older people to accept these sort of technologies, especially where their driving abilities may have been called into question.

The National Travel Survey provides a number of measures of the sizes of cars owned by drivers of different ages. Figures 2.5a and 2.5b show the percentages of different classes (defined by the Society of Motor Manufacturers and Traders (SMMT) by the age of the owner or main holder). Super-minis, which make up more than half the cars used by women aged over 75, are cars such as the Fiesta, Corsa and Polo.

Smaller cars provide less protection for their occupants at a given NCAP rating, so the increase with owner’s age in the percentage of cars that are superminis implies a reduction in protection for older drivers, even if all the cars are in the highest safety rating (NCAP 5*).

By monitoring the driving performance of young people and providing feedback, telematics technology is making an important contribution to the understanding of what needs to be done to improve young people’s driving and so reduce the risk of crashes. The incentive to use a telematics device and submit one’s driving to scrutiny is the promise of a reduced insurance premium. Older drivers have a different fingerprint: they have distinctive driving patterns. But these could be monitored in a similar way to those of young people and could no doubt earn them a similar reduction in insurance if driving performance merited it. Many of these telematics devices record not only vehicle location and driving events (sharp braking, accelerating and cornering) and for some applications minor bumps, but can also automatically notify the insurer of a crash so that the emergency services can be alerted. Insurers will therefore be better able to support their customers and reduce their risk of crashes.

Our understanding of older drivers may well be helped by a US Strategic Highway Research Programme which monitored over five million trips by 3,500 drivers aged up to 98. This is now being analysed by the Virginia Tech Transportation Institute to identify particular behaviour that correlates with involvement in dangerous incidents. The Road Safety Foundation plans to liaise with this project.
SECTION 3: SAFER DRIVERS: SUPPORT AND SELF-HELP

The questions we have sought to answer include:

- What advice is available to help older drivers?
- How well known are the available driving assessment centres and how effective are they?
- Is there a case for standardisation and accreditation of older driver assessment schemes?
- What part can assessment schemes play as an alternative to prosecution?
ADVICE

There is no shortage of advice. National examples include:

• RICA that carries out research for older and disabled people and has recently published (with RAC Foundation help) “Driving safely for life”, a compendium of advice on health and wellbeing, the law, safe driving and alternatives to driving70.

• The Older Drivers Forum has created a brochure called “Managing without a car” which explains how to remain independent and get around without a car69.

• Age UK

• The AA and RAC

• ROSPA produces advice and information on all areas of road safety and crash prevention.

• Many local authorities offer low-cost driver appraisal schemes and older driver workshops.

• Mobility Centres: a network of 17 independent, accredited centres which can assess driving and advise on how to make it safer, easier and more comfortable.

• The Institute of Advanced Motorists which aims to increase skills for road users and raise driving standards73.

There are a number of websites that have links to advice for older drivers, from those run by local councils to those of commercial business, like RIAS (a trading name for Ageas Retail Ltd) for which the site www.rias.co.uk called Drive Fit offers advice to older drivers. Hampshire has a stand-alone website www.olderdriversforum.com which provides advice and support. In addition, there are a number of initiatives at for example local council, police, fire and rescue service and Mobility Centre level.

A study in 201270 which looked at the safety and mobility of older people concluded that an information pack to raise awareness and give advice should be developed. This has been partially achieved through the publications and websites of the many organisations listed above, though standardisation is some way off.

For service providers, the Road Safety Observatory (www.roadsafetyobservatory.com) is an excellent source of independent evidence-based information on older drivers and a repository of sound advice. It is of particular value for road safety experts rather than the older driver seeking simple, practical advice.

Additionally, the website could include:

• A map of the UK where people can enter their postcode or click on the county where they live to be signposted to local initiatives and support in their area.

• Details of current events and news.

• Videos giving advice and support.

• A national database of older driver groups, resources and training.

• A member’s area where local practitioners can share ideas.

Once established, the cost of the website would be relatively low but it would need to be maintained and refreshed. Funding may be an issue.

RoSPA, with support from other groups, has recently received funding from the DfT and set up a new Older Drivers website71. We believe this offers good advice and support for older motorists, family and other interested parties. The website additionally signposts people to local schemes, assessments and support in their area and for their needs.

Website

A national website for older drivers should ideally be a stand-alone site with no link to any business or authority and used only for giving advice and support. Asking anything could put off people wanting to go from elsewhere wanting to give their information to be used or signposted from the site. Much depends on the ability of local authorities or others to fund the website. The site should be free to access and use.

The website could include information such as advice on or for:

• Older drivers

• Friends and family

• The Law, DMLA and renewing your licence

• Eyesight and medicines

• Common medical conditions such as stroke, dementia, high blood pressure and cardiovascular conditions

• GPs

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DfT, with support from other groups, has recently received funding from the DfT and set up a new Older Drivers website71. We believe this offers good advice and support for older motorists, family and other interested parties. The website additionally signposts people to local schemes, assessments and support in their area and for their needs.
There is already a wide range of information in writing, though it is not always in a standard form. There should be a national standard template for literature which can be used and adopted locally. This will generally be of two types: tips and advice on how older drivers can continue driving safely and what to do to remain independent when they decide to stop driving.

There are a large number of assessment schemes running nationally by trade bodies such as RUPA, the IAM and local authorities. There can be short, simple, entry-level courses with classroom teaching and limited time behind the wheel with an expert or longer. An entry-level assessment to direct the older driver to the appropriate training or other form of intervention would seem sensible. Such assessments would be purely supportive and personal: there is – and would be – no pass or fail for the older driver to see how much evaluation had been undertaken, what further work would be needed to develop a national template and to highlight good practice.

We envisage three stages:

1. A light touch assessment for older drivers. An example is Safer Driving with Age (SAGE), a preliminary assessment of capability and needs.

2. Following involvement with a GP or other medical professional, the older driver could be referred to the IAM and on to a Driving Mobility Centre. These are already accredited and approved and need no further standardisation.

3. A driver involved in a blameworthy driving incident could be diverted from prosecution to a stage two driving assessment at a Mobility Centre.

We have looked at existing assessment processes for older drivers and have drawn up a framework of good practice for those providing initial assessments.

Effectiveness

The PACTS study examined existing education and training for older drivers to see how much evaluation had been undertaken, what further work would be needed to develop a national template and to highlight good practice.

A literature review by Devon County Council identified a number of key components for success:

- A combination of in-class education and on-road training
- Recognition of gender differences
- An interactive lecture style of teaching
- A focus on increasing cognitive skills
- Workbooks both before and after sessions to increase knowledge and help self assessment.

An RAC Foundation report noted that the key predictors of performance were motor ability, visual attention and decision-making ability. Standardised tests for each of these have been developed for formal assessment by professional practitioners.

The research suggests that there are a number of components that make for a successful intervention in older driver improvement schemes. But in practice there are a wide range of courses available of different character, length, cost and almost certainly effectiveness. Some are provided on a national basis such as the IAM and Mobility Centres, others are provided on a geographical; at least 18 of them, mainly county-based.

While there is a case for encouraging diversity of provision and a taking of critical circumstances, the PACTS conclusion, with which we agree, is that there is a need for leadership at the national level to encourage further provision of training and education courses that follow best practice.
As an alternative to prosecution for careless and inconsiderate driving, Hampshire Constabulary has been running a pilot called a 'Fitness to Drive' assessment as an alternative to prosecution for older drivers or other vulnerable motorists since September 2013, which can be too long and tiring for certain vulnerable groups.

The assessment educates a person on safe driving and hazard awareness, but also, unlike any other referral course, identifies which the driver had not previously been aware, thus allowing treatment earlier and keeping them safer drivers.

This pilot scheme has been independently reviewed with a number of recommendations for any organisation wishing to take on such a scheme. It is seen as fair, proportionate and appropriate.

However, the scheme requires full Police support as well as notification of the referral, assessment in a Driving Mobility Centre, and cost to the driver of no more than £50. It would need a National Driver Offender Road Safety (NDORS) course.

The principles of a referral process is already widely established under the NDORS scheme so a wider roll out should not be difficult and pilots are already being established elsewhere. It is nonetheless important for success to have a high level of Police commitment, recognition of the extra time needed and careful and compassionate handling.

The evidence from Hampshire is that about two thirds achieve a safe outcome either at the assessment or following some further instruction. The remainder are notified to the DLA as unsafe or need to stop driving.

This pilot scheme recognises how much vulnerable and older drivers' conditions can change over a year and therefore alone a person under the scheme's criteria to be able to retake such an assessment every 12 months as alternative to prosecution, rather than the NDORS three-year criteria.

Additionally, the scheme checks a driver's eyesight, requiring an optician's eyesight test, with field of vision check, to be conducted prior to the assessment day. This has shown that 67% of clients have required a substantive prescription change or need to start to wear glasses, whilst another 4% were referred immediately to the eye hospital. An optician's test has been shown to be a good way to pick up medical conditions of which the driver had not previously been aware, thus allowing treatment earlier and keeping them safer drivers.

If it has been found that it is beneficial to introduce such a scheme where it forms just one of the support measures available to older motorists and comes into play when all else has failed and the person has committed the offence of careless driving.

The leadership issues re-surfaced at a Road Safety GB event in 2015 at which support was expressed for a national body to give guidance and direction on driving schemes for the older motorist. Support was also given for a national accreditation scheme with local flexibility.

Schemes (NDORS) exist as an alternative to prosecution for careless driving. These schemes are excellent in re-educating motorists and encouraging safer driving. A client can be advised motorists on various adaptations to keep them mobile and safe depending on their needs.

There is also a small number of clients who have not completed a similar course in the last three years.

The leadership issues re-surfaced at a Road Safety GB event in 2015 at which support was expressed for a national body to give guidance and direction on driving schemes for the older motorist. Support was also given for a national accreditation scheme with local flexibility.

This ‘Fitness to Drive’ pilot assessment is an alternative to prosecution for careless driving that is a better option than the standard NDORS course for the following groups:

1. Drivers aged 70 and over
2. Drivers of any age using specially adapted vehicles
3. Drivers of any age who are involved in a collision where an underlying medical condition is stated to be the likely cause of the collision

The scheme utilises the Driving Mobility centres to undertake the assessments. These are not only accredited by the DLA for such assessments but are also adaptation centres, which can advise motorists on various adaptations to keep them mobile and safe depending on their needs.

The assessment educates a person on safe driving and hazard awareness, but also, unlike any other referral course, identifies which the driver had not previously been aware, thus allowing treatment earlier and keeping them safer drivers.

This scheme has been independently reviewed with a number of recommendations for any organisation wishing to take on such a scheme. It is seen as fair, proportionate and appropriate.

However, the scheme requires full Police support as well as notification of the referral, assessment in a Driving Mobility Centre, and cost to the driver of no more than £50. It would need a National Driver Offender Road Safety (NDORS) course.

Figure 3.1 shows 37% of people referred to the National Driver Offender Road Safety (NDORS) scheme have decided to give up driving, 59% are safe and 4% are unsafe.

This pilot scheme has been developed to give individual help and support to the most vulnerable drivers, looking at their individual needs and requirements, whilst assessing a person's ability to drive safely.

Hampshire Constabulary felt that the national course, although excellent, does not cater for a client's individual needs and is group based and lasts all day, which can be too long and tiring for certain vulnerable groups.
KEY RECOMMENDATION

As a priority, the DfT research programme should support an evaluation of existing driving appraisal courses offered by the public sector and those in the private sector who wish to participate. A step-by-step guide to evaluating driving appraisal courses:

The Government should commission research on driving assessments to establish or confirm the key features of successful schemes and develop a staged framework to signpost and direct drivers to appropriate assessments for their individual needs. Thereafter they should encourage the provision nationwide of high-quality assessment programmes that are proven to work, ensuring that information about what works is widely understood. The assessments themselves could continue to be carried out by the private and third sectors.

An accreditation system to ensure that any driving programme is sound should be the long-term aim. To this end:

The Government should evaluate the research carried out by Devon County Council and other similar research (referred to earlier) to see whether it provides sufficient information from which to draw up national guidance on effective training and education for older drivers.

If necessary, the Government should commission additional research to identify the best ways to train and educate older drivers and to encourage them to undertake courses or assessments.

We fully support the principle of offering an alternative to prosecution through tailor-made driving assessments and believe that this should be offered on a national basis. In particular:

The Government should consider a national referral scheme that offers a positive alternative to prosecution for people whose driving is likely to have been affected by a medical condition, to include older people, to be run as a National Driver Offender Retraining Scheme (NDORS) course / assessment. Such tailor-made assessments should be in place in areas where a package of support already exists or is created to support older drivers to carry on driving safely for longer.

INFORMATION – FURTHER ACTION NEEDED

On advice, every local authority, medical centre (including GP practices) and Police force should have at least one individual who is responsible for raising awareness among the older driver community of the risks of driving and, importantly, what can be done to help, drawing on DVLA advice. We encourage local partnership approaches.

A practitioners toolkit giving guidance on best practice and methods of engaging and supporting the older motorist should be created.

A standard information package should be created in written format and online covering everything an older driver requires to carry on driving safely for longer, as well as for those thinking of giving up driving (or are compelled to do so) might need: alternatives to the car, advice on shopping, financial savings and so on.

The RoSPA website covers the online support well for older drivers and consideration and funding should be considered to develop this further to have a practitioners section requiring log on. This section could be a source of information and reports for practitioners as well as a forum section for asking advice and guidance. It could also hold an older driver practitioners toolkit.
SECTION 4: THE SAFE SYSTEM: LEADERSHIP AND MANAGEMENT
The Safe System calls for strengthened institutional management and leadership. The problem is that there is no one organisation or individual with lead responsibility for older drivers. This makes the conventional Safe System route to managing safety through goals and interim targets or milestones much more difficult.

One way forward would be to give a Government Minister overall responsibility for older drivers. It could be an explicit responsibility within a general Road Safety brief. He or she could then set a goal that on major road networks in England there should be no one killed or seriously injured. This might signal an ambition and provide a sense of direction. It could be supplemented by interim targets or desired outcomes which would give people something to aim for.

As indicated above, there are a large number of organisations with an interest in the safety and well-being of older drivers. At the moment each will have actual or implied goals which may or may not coincide with those of the other organisations or institutions. At the strategic level there is a leadership void. The Government is best placed to give a lead.

It would be a great fillip to those organisations and individuals dealing with older drivers, many in the voluntary sector, to have support and recognition for what they do. In discussion with stakeholders, a Minister could define the goal and the steps to achieve it, drawing out commitments from other departments, local authorities and the third sector to collaborate to achieve it. Such a Minister would need to liaise with the Department of Health, within which the responsibilities of the Minister of State for Community and Social Care include older people.

CONCLUSIONS AND NEXT STEPS

The Task Force’s work has, as we expected, revealed that in almost every area of activity involving older drivers more needs to be done to help them drive more safely for longer. They are not a particularly high-risk group, except in advanced old age, but they can be helped by improved road design, the introduction of more safety features on vehicles, eyesight testing so the weaknesses can be corrected, better advice, better access to driving appraisal programmes and so on.

Many of our recommendations will improve the safety of the public at large so the cost-benefit equations are almost always going to be positive. The burden of change need not be prohibitive as it is spread widely. Almost every sector of society is involved. For example, the Government as a regulator of last resort, health professionals, the Police, the charitable sector, insurance companies, vehicle designers, and Highway Authorities.

The Task Force believes that, assuming there is broad support for its findings, there is a case for some organisation or group to advise on implementation of the report and to monitor progress, reporting annually.

THE FUTURE FOR OLDER DRIVERS — FURTHER ACTION NEEDED

We recommended that the Government should give specific responsibility for older drivers to a Minister with the aim of bringing together all interested parties to define the vision, goals and intermediate milestones and work out how best to achieve them. This report provides a detailed analysis of older drivers and makes informed suggestions about how to proceed next. The members of the Task Force who contributed to it stand ready to assist in making it a reality and ensuring that it has a meaningful, long-lasting legacy.
The Chairmen of the Older Drivers Task Force and the Road Safety Foundation are grateful for the financial support for Aegas for the Task Force which has made possible the review and research work together with the publication of this report.

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The following organisations and individuals made contributions to the work of the Task Force and its members are in broad agreement with its findings:

AA
Age UK
Ageas UK
Age Platform Europe
British Insurers Brokers Association (BIBA)
Department for Transport (Observer)
DVLA (Observer)
Hadstrong PR
Hampshire Constabulary
IAM RoadSmart
Kit Mitchell
Bert Monts
Oakhill Communications (Observer)
Professor Andrew Parkes, Coventry University
Parliamentary Advisory Committee on Transport Safety (PACTS)
Professor Patrick Rabbitt, Emeritus Professor, Applied Cognitive Research, University of Manchester
Professor Steve Taylor, Visiting Chair in Optometry, University of Plymouth
RAC Foundation
Thatcham Research
Transport Research Laboratory (TRL)
Dr Carol Hawley, Principal Research Fellow, Warwick University

The following organisations were consulted on the work of the Task Force:

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Large print and black and white formats available on request.