A coordinated approach to creating cities that are accessible to older people

Policy brief

The problem

Australia's population is rapidly ageing with the number of people aged 65 and over growing to around a quarter of the population by 2050. Making cities and communities age-friendly is essential in efforts to ensure that older people can easily get out and about. Such mobility is good for their health and quality of life and helps them contribute to society.

Research from UNSW School of Population Health shows that if policy-led initiatives to support older people's mobility, such as better public transport and more footpaths, are implemented in silos without consideration of other initiatives, they will not work. Ultimately, a silo approach will prevent older people, and the wider community, from easily getting out and about and living healthier lives.

Recommendations for action

1. Coordinate plans for residential and public transport development

Land use strategies can support older people's access to existing public transport and create demand for new public transport services. These strategies often target population density, but population density needs to reach a certain level before investments in public transport are viable. This can lead to inadequate initial public transport infrastructure, which can have domino effects such as increasing car dependence. This can exclude those without cars from participating in society. Coordinating plans for residential and public transport development will help ensure that public transport supply is adequate for the needs of growing communities.

2. Establish key performance indicators (KPIs) for creating and funding new footpaths

Efforts to create new footpaths and improve existing footpaths can help older people to get out and about. Unfortunately, cosmetic quick fixes to existing footpaths are more common than projects to create new footpaths because quick fixes are less costly. By creating a perception that the pedestrian environment is adequate, these quick fixes reduce the pressure to expand the network of footpaths, making it less likely that new footpaths will be created. Establishing KPIs for footpath creation, separate from KPIs for improving or maintaining existing footpaths, will help ensure footpath creation is prioritised and funding made more available.

3. Improve cross-sector information flow

Community transport providers' efforts to increase their capacity to serve Aged Care clients are hampered by contractual constraints. These constraints limit the operational autonomy of community transport providers, preventing them from growing their service. This means that providers either cannot take new clients or can take new clients but at the cost of providing fewer trips to each. This is problematic given the ageing of the population. Improving information flow from community transport providers to the government funder and funding administrator will help ensure that providers' contractual arrangements support their operations.

4. Increase the predictability of funding for health and social care transport services

Transport services for older people to attend health and social care appointments may depend on time-limited, external funding. Managing costs to stay within budget and maintain funding may require service model changes. However, these changes, such as using a different service provider, may compromise the ability to meet client needs. More predictable funding will help ensure that service model changes, when necessary for efficiency, can be made with greater agility, without sacrificing client needs. This will help ensure the long-term viability of providing transport to older health and social care clients.

About this research:

Between October 2019 and February 2020, UNSW School of Population Health researchers conducted in-depth interviews with government agencies, service delivery organisations, and peak bodies who are involved in providing space, infrastructure, or services that affect how older people get around Western Sydney. Interview data were analysed using a 'systems thinking' tool called Causal Loop Diagrams (CLDs), which is an established research tool for identifying the interdependencies and connections between parts of a system. The 'system' of interest in this study is the universe of influences and interventions on older people's mobility, as indicated by interviewees. Different parts of a system may interact in ways that changes the trajectory of outcomes, and these outcomes can be unexpected and unwanted. CLDs help tease out these key interactions.

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