

# Active travel and mid-life

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Understanding the  
barriers and enablers  
to active travel

August 2021



In partnership with:

# About us

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## **Centre for Ageing Better**

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

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## **Sustrans**

Sustrans vision is a society where the way we travel creates healthier places and happier lives for everyone. Our mission is to make it easier for people to walk and cycle.

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# Executive summary

Keeping physically active in mid-life helps to delay the onset and progression of many age-related health conditions and plays an important role in helping to manage the impact of health conditions once we develop them. Despite its importance, levels of physical activity begin to drop in mid-life. This is also true for active travel – that is, walking and cycling for everyday journeys. Although it is one key approach to building regular physical activity into daily life, people in mid and later life are less likely to participate in active travel than younger age groups.

The Centre for Ageing Better commissioned Sustrans to carry out research to understand the barriers and enablers to participating in active travel in mid to later life, including evidence reviews of the existing literature and primary qualitative research to address gaps identified in those evidence reviews. This interim report provides a summary of the evidence reviews on a) attitudes to active travel among people aged 50-70 and b) the role of the built environment in facilitating or impeding active travel in this age group.

# Key findings

The evidence review on attitudes to active travel identified the following motivators and barriers to active travel among people aged 50-70 in the UK:

Active travel – general	
Motivators and enablers	Barriers
<ul style="list-style-type: none"> <li>- Health benefits of physical activity</li> <li>- Mental health benefits (relaxation and stress reduction)</li> <li>- Enjoyment of the outdoors – enjoying fresh air, being in the community and seeing what’s going on</li> <li>- Feeling independent and in control</li> <li>- Preparing for an active retirement</li> <li>- Changes in personal circumstances, such as moving home or changes in employment</li> </ul>	<ul style="list-style-type: none"> <li>- Distances too great in rural areas</li> <li>- Lack of motivation/lack of priority</li> <li>- Weather</li> <li>- Personal safety or feeling unsafe</li> <li>- Lack of an active travel habit</li> <li>- Declining health or disability</li> </ul>

In addition, the following cycling-specific motivators, enablers and barriers were identified:

Active travel – cycling-specific	
Motivators and enablers	Barriers
<ul style="list-style-type: none"> <li>- Having cycled in earlier life</li> <li>- Feeling an identity as a cyclist and part of the cycling community</li> <li>- Understanding and valuing the tangible benefits of cycling, such as predictable journey times and no traffic jams</li> <li>- Developing resilience and coping strategies to overcome unsupportive cycling environments</li> </ul>	<ul style="list-style-type: none"> <li>- Fear of motorised traffic</li> <li>- Lack of confidence</li> <li>- Poor cycle infrastructure</li> <li>- Prevailing car culture, including poor driver behaviour</li> </ul>

The evidence review on the built environment identified the following as characteristics of places where levels of active travel are high<sup>1</sup>:

### **Supportive infrastructure**

Supportive infrastructure means continuous routes for the duration of a journey, whether on foot or by bicycle, with low perceived and real danger posed by motorised traffic and other risks and obstructions. This usually means walking and cycling paths that are physically separated from motorised traffic. Good street lighting is also important.

### **Connected street networks**

Connected street networks create shorter and more direct routes to key local destinations via walking or cycling compared to driving. Features include having a high density of intersections, crossings along junctions or along street sections that are safe and easy to use, minimal dead-ends (cul-de-sacs) and traffic calming measures such as low speed limits.

### **High population density and mixed land uses**

Environments that promote active travel often have a high population density and mixed land use, meaning shops, housing, workplaces and other amenities are close together so that journey distances are short and therefore more amenable to walking and cycling (such environments have been given the name “20-minute neighbourhood” or “15-minute city”).

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## **Implications for policy and practice**

In order to increase uptake of active travel policymakers and practitioners should:

### **Invest in walking and cycling infrastructure**

This includes investing in and maintaining pavements for pedestrians and improving deteriorating surfaces and making them smooth, fixing potholes and clearing debris and overhanging vegetation for cyclists, investing in and maintaining cycle lanes that are physically separate from motorised traffic, installing cycle parking and pedestrian and cyclist bridges and implementing traffic calming measures such as reduced speed limits.

- For cycling specifically, design and investment should be made at the town or system level as opposed to making piecemeal changes.
- Neighbourhood street networks should dovetail with ‘whole town/city’ networks.

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<sup>1</sup> Levels of active travel (or of walking or cycling) refers to the proportion of all journeys undertaken by means of active travel (or walking or cycling).

### **Design and re-design street networks to provide connectivity**

Invest in street networks that start from the doorstep and are connected to key local destinations, maximising accessibility and allowing pedestrians and cyclists shorter, more direct trips than car users.

### **Emphasise safety**

Fear of motorised traffic, whether real or perceived, is a key barrier among people as they grow older, so emphasis should be made to increase and improve infrastructure and crossing facilities to increase connectivity, accessibility, convenience and segregation for those on bicycles.

### **Invest in aesthetic improvements**

Seating, planters or community parks add to a greater sense of aesthetics which is, in turn, associated with increases in walking.

### **Aim for longer-term plans to increase population and housing density**

Increased density, alongside mixed land use supporting diverse local amenities, services and facilities – consistent with the principles of the 20-minute neighbourhood (or 15-minute city) – will help to ensure that distances to be travelled are short and therefore more amenable to walking and cycling.

### **Recognise the role of public transport**

The availability and accessibility of public transport can increase walking (and, to a lesser extent, cycling). Street networks should be designed with direct access to numerous bus stops and a convenient and extensive network of bus routes.

However, it is important to note that while environmental interventions alone have been sufficient to lead to changes that have public health benefits, combining environmental interventions with behaviour change approaches are likely to lead to even greater impact.

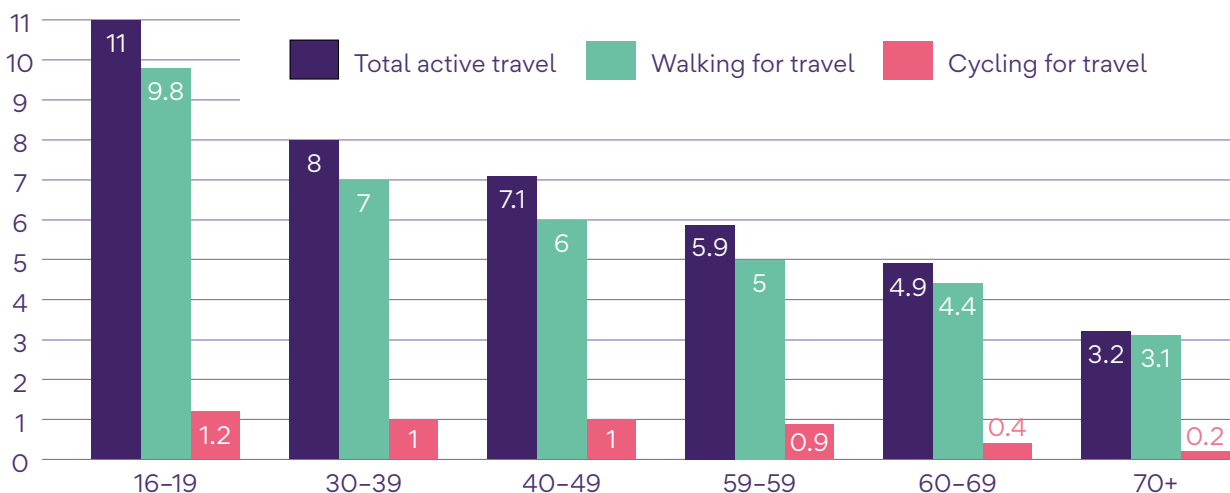
# Introduction

Being physically active helps to prevent and delay the onset and progression of many age-related diseases and conditions that cause disability in later life. For individuals who have already developed a health condition, physical activity can help them manage their condition and maintain their functional ability, their independence and their quality of life as they grow older.<sup>2</sup>

Yet the proportion of people who are physically inactive generally increases with age, with activity levels beginning to drop in people around the age of 50. The latest data estimates that about a quarter of adults aged 55-74 are currently inactive, meaning they are doing less than 30 minutes of physical activity per week. This rises to nearly half of all adults aged 75 and over.<sup>3</sup>

Active travel – walking or cycling for everyday journeys that get us from place to place – is one key approach to increasing levels of physical activity. Active travel offers a convenient and accessible way to build routine physical activity into our lives outside of our leisure time. Yet people in mid and later life are less likely to participate in active travel compared to younger age groups, and this trend becomes more pronounced with age as shown by the following charts.

## Frequency of active travel in the previous 28 days by age group



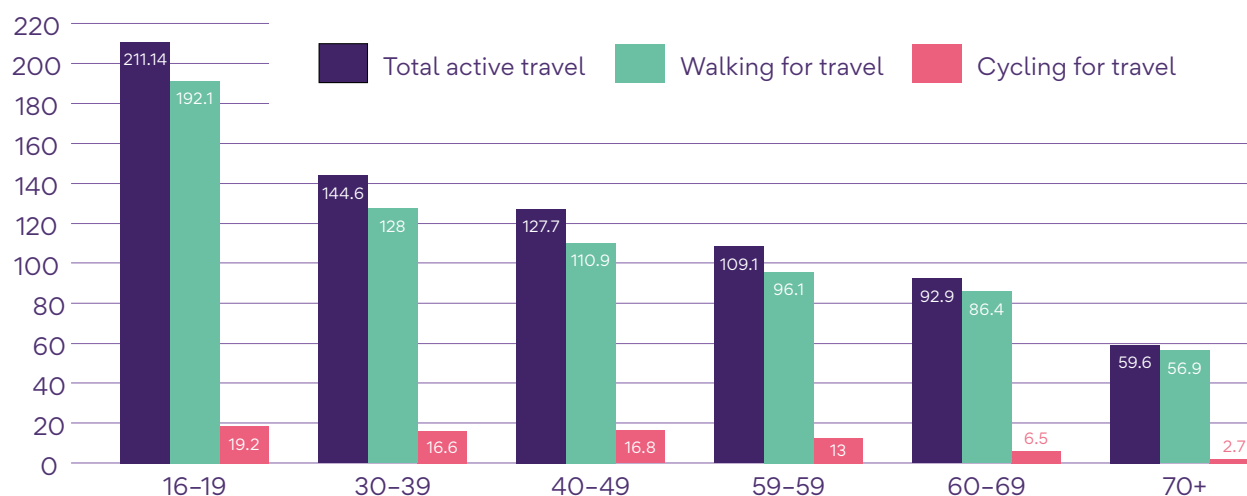
Source: NatCen analysis of data from the Active Lives survey 2018/19. Frequency of total active travel and of walking and cycling for active travel statistically significantly different in every age group compared with the 50 to 59-year age group.

<sup>2</sup> Department of Health and Social Care (2019), 'UK Chief Medical Officers' Physical Activity Guidelines'. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf)

<sup>3</sup> Sport England (2020), Active Lives Adult Survey May 2019/20 Report. Available at: <https://www.sportengland.org/know-your-audience/data/active-lives>



## Total time (minutes) spent on active travel per week by age group



Source: NatCen analysis of data from the Active Lives survey 2018/19. Frequency of total active travel and of walking and cycling for active travel statistically significantly different in every age group compared with the 50 to 59-year age group.

Much of the existing literature on active travel and age focuses on people already in later life – often people aged 65 and over – but there is limited research looking at active travel and its potential to increase levels of physical activity among those approaching later life (those aged approximately 50-70). This is why Ageing Better commissioned Sustrans to carry out a research project to understand what the barriers and enablers are to participating in active travel in mid-life.

This report provides a summary of the first phase of the project, which comprises two evidence reviews summarising the existing literature on a) attitudes to active travel among people aged 50-70 and b) the role of the built environment in enabling or impeding active travel in this group.

The second part of this project will consist of primary research to fill some of the gaps identified from the evidence reviews and the findings of that project are due to be published in September 2021.

# Attitudes to active travel among people aged 50-70

The first evidence review looked at psychological, social and cultural factors influencing active travel behaviour among people aged 50-70 in the UK. After reviewing and synthesising the existing literature, the reviewers identified a number of key motivators and barriers to active travel among this age group.

## Methodology

### Research question

What are the psychological, social and cultural factors that are (or might be) antecedents of active travel in people aged 50-70 in the United Kingdom? (These include issues such as attitudes, habits, barriers, motivations, experiences, preferences, trigger points, life-stages etc.)

### Inclusion criteria

- adults aged 50-70 in the UK
- primary qualitative studies and reviews of qualitative studies of attitudes to active travel published in academic or 'grey' literature between 2000 and 2020
- active travel defined as walking, cycling, wheeling of any intensity for the purpose of transport

### Number of studies included

After screening and examination of 2009 references from peer reviewed and grey literature\*, 15 papers met the inclusion criteria.

\* Grey literature refers to a wide range of publications (for example, reports, working papers, government documents, white papers and evaluations) that are not books and are not journal articles produced by traditional commercial or academic channels.

## **Motivators and enablers for active travel**

### **Health benefits**

The physical and mental health benefits gained from walking and cycling were identified as the most important motivator for partaking in active travel. However, health benefits were viewed in more general terms, such as ‘getting exercise’, ‘getting the blood rushing’ or ‘helping the weight’, rather than to specifically reduce the risk of developing certain health conditions. There were also some references to health benefits in terms of reducing the impact of existing health conditions.

Participants were almost as likely to identify mental health benefits as they were to identify physical health benefits, particularly in relation to stress reduction in citing factors including ‘taking off the work hat and putting on the home hat’ when commuting home and it being ‘good for the mind... hearing the birds’.

### **Enjoyment of the outdoors**

The enjoyment of being outside when walking and cycling was also a strong motivator for participating in active travel. This included being in green space, getting fresh air, being away from domestic or work constraints, feeling free, being open to social contact and feeling part of the community by bumping into people while out and about.

While being outside and enjoying nature and the outdoors was identified as a motivator for people aged 50-70, protecting the environment by choosing to walk and cycle instead of travelling by car was not. In fact, there were very few references to ‘saving the planet’ or ‘reducing carbon’.

### **Feeling independent and in control**

Walking and cycling were often associated with feelings of freedom, independence and control. This could mean independence from cars in terms of not having to worry about where to park, or freedom from having to rely on a lift to get somewhere.

For cyclists in particular, this independence meant being free from traffic jams, being able to choose traffic-free side streets and being free to lock their bike wherever was most convenient for them.

For many shorter journeys, walking and cycling were seen as quicker and more predictable than car travel.

### **Changes in personal circumstances**

Many participants interviewed in the literature identified key periods in their lives when changes in areas like family, career and moving home led to changes in travel patterns. These could be seen as enabling active travel as opposed to

motivating it. However, those aged 50-70 have quite stable travel habits as relevant changes that might affect active travel habits tend to be rarer in mid-life than in earlier periods.

One key study found that adults in mid to later life were less likely to take up walking and cycling compared to younger adults. However, adults in mid-life were also less likely to give up walking, cycling and using public transport during the study period. This suggests that active travel habits are set in mid-life and highlights the importance of establishing healthy travel habits early on in life.

### **Transitioning to retirement**

One key exception to the relative stability and lack of changes in personal circumstances in the years from 50 to 70 is retirement, which, like house and job moves, can enable changes in active travel habits. Many people make a deliberate choice to become more active on retirement, likely because they find themselves with more time. Some participants interviewed in the literature referred to walking more for this reason. However, a more common change on retirement was the take-up of cycling, perhaps because it is a more significant behaviour change than walking more and people view the period as a time to make big changes. It is possible that an uptake in cycling on retirement, and in this age group more generally, will be enabled by the increasing availability of e-bikes, which can help to overcome barriers such as hills and distance.

### **Enablers specific to cycling**

There are a number of enablers specific to cyclists, and in particular to the small minority of people who have become regular cyclists. They provide interesting insights into how they have built resilience and overcome environments that many others perceive to be unsupportive to cycling. Factors that enabled people in mid-life to use cycling for transport are:

- Having cycled earlier in the life-course: Regular cyclists often referred to a previous period when cycling was a routine part of their lives.
- Identifying as a cyclist: In the UK, cycling is still a minority pursuit, so many cyclists develop a specific identity and community linked to their enjoyment of cycling and their ability to overcome the barriers. This is exemplified by the remark ‘We cyclists do it this way’.
- Understanding the tangible benefits of cycling: These include predictable journey times, ease of parking, being able to avoid traffic jams and lower costs than driving.
- Developing resilience and coping strategies: Experienced cyclists develop strategies to overcome unsupportive cycling environments by, for example, finding quieter routes, knowing back lanes and short cuts, riding defensively and assessing risk realistically.

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## Barriers to active travel

### Personal safety

Many participants cited feeling safer in a car than on the street. This was related to the time of the day (being out after dark) and to settings that feel unsafe (for example, being in proximity to groups of young men). Among those living in more deprived urban environments, participants described walking infrastructure that was harder to navigate because of obstacles and hazards, which was particularly an issue for those with mobility needs.

### Lack of an active travel habit

People who had stopped their active travel habits or had not continued with them after a period of absence cited this as a barrier to taking active travel up again.

### Declining health and/or disability

Living with a disabling health condition can act as a barrier to taking up active travel. One study found that people living with a disability are less likely to regard walking or cycling as viable alternatives to short car journeys. This is particularly important for those in mid to later life because the proportion of people living with one or more long-term health conditions increases with age: of people aged 50-64, 45% are living with one or more health conditions and this increases to 50% of those aged 65 and over.<sup>4</sup> Even in the absence of a health condition or disability, levels of physical activity – including walking and cycling – decline with age. This can be caused by a fear of injury or of exacerbating health conditions, but it may also be the outcome of ageist views that make people believe they're too out-of-shape or old to exercise.

### Prevailing car culture

In England, the car is commonly viewed as the 'normal' mode of transport, including among people aged 50-70. This is an attitude that acts as a barrier to active forms of travel. Older participants suggested that using the car had become habitual and was linked to lifestyle. In rural areas, the car was seen as essential for transport to the extent that active travel was hardly mentioned other than through discussion of barriers to it.

### A matter of priorities

A lack of motivation or desire to prioritise active travel is likely to be a key barrier for many, but few participants in the literature admit to this outright. Instead, they talk about not having the time (even though, for those who cycle rather than use

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<sup>4</sup> ONS (2020), 'Proportion of adults with health conditions by NUTS 2 region and age group, UK, 2004 to 2019'. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/adhocs/12503proportionofadultswithhealthconditionsbynuts2regionandagegroupuk2004to2019>

the car, time saving is a motivator for their active travel habit) or that the journeys they need to make are too far to walk or cycle. Additionally, participants in some studies have cited bad weather as a reason not to walk or cycle. While distance is particularly an issue for people living in rural areas, for others, the reasons given could suggest an unwillingness to prioritise active travel over what they perceive as more convenient ways to travel. Whatever the reasons given, this likely reflects a process of prioritisation in which the pros and cons of various options are weighed up, reducing motivation to engage in active travel.

### **Barriers specific to cycling**

Barriers to cycling came across much more strongly than barriers to walking in the review. The main barrier cited by participants was fear of motorised traffic and the perceived risk of being knocked off their bike. Participants referred to:

- Heavy traffic
- High-speed traffic
- Negative attitudes of car drivers
- Lack of confidence to cycle on the road or in traffic

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## **Motivators and barriers that are particularly relevant to the 50-70 age group compared to others**

Based on their knowledge of the active travel literature, the authors of the evidence reviews identified the following factors as particularly relevant to the 50-70-year age group compared to others:

### **Motivators**

- Health benefits and wanting to reduce the impact of existing health conditions
- Mental health benefits, in particular stress reduction
- Enjoyment of the outdoors
- Preparing for an active retirement, notably through a resolution to walk more. In a tiny minority of cases, transitioning to retirement might lead to buying a bike (if a lapsed cyclist) or an e-bike (if a cyclist who is finding activity difficult due to health reasons)

### **Barriers**

- Stability of lifestyle and fewer opportunities for change, such as switching jobs or moving home
- Lack of an active travel habit in earlier life
- Higher levels of car use compared to younger age groups and car use being perceived as the normal mode of travel
- Being more likely to live in rural locations than younger age groups, making journey distances too great
- Fear of traffic (among cyclists)

# The built environment

## The role of the built environment on active travel among people aged 50-70

The second evidence review examined the role the built environment plays in encouraging or discouraging active travel and sought to identify the characteristics of places where participation in active travel is high. It included studies among adults of all ages, on the assumption that active environments that support active travel in adults of any age are highly likely to be applicable to this age group. The reviewers found literature that referenced the positive impact the environment had on walking and cycling among older people (aged 65 and over or 70 and over) and believe these findings are also applicable to people aged 50-70.

### Methodology

#### Research questions

- What role does the built environment play in encouraging or discouraging active travel for those aged 50-70?
- What are the characteristics of the places where participation in active travel is high?

#### Inclusion criteria

Meta-analyses and systematic reviews of studies which covered the environment and its relationship to active travel published in peer-reviewed journals between 2010 and 2020 (all studies quantitative in nature and could include intervention or cross-sectional studies)

- Adults aged 18 and over
- Geography: global

#### Number of studies included

After screening and examination of 622 references from peer-reviewed literature, 22 papers met the inclusion criteria.

This review found that places where levels of active travel are high are more likely to have the following characteristics:

### **Supportive infrastructure**

A key feature of environments that support active travel are continuous routes to travel along for the duration of a journey, whether on foot or by bicycle, with low perceived and real danger posed by motorised traffic and other risks and obstructions. For cyclists in their fifties and sixties, fear of traffic and the perceived risk of being knocked off one's bike is a key barrier. Segregated cycle paths can help to address both real and perceived danger posed by motor vehicles. Supportive infrastructure also requires good streetlighting.

### **Connected street networks**

Environments that promote active travel tend to have street networks that are connected and create shorter and more direct routes to key local destinations by walking or cycling compared to driving. Features include having a high density of intersections, crossings along junctions or street sections that are safe and easy to use, minimal dead-ends (cul-de-sacs) and traffic calming measures, such as low speed limits.

### **High population density and mixed land uses**

Environments that promote active travel often feature high population density and mixed land use – shops, housing, workplaces and other amenities are therefore close together meaning journey distances are short and are more amenable to walking and cycling.

A more detailed summary of key aspects of the environment that support walking and cycling is provided in the tables below. They present the strength of evidence depending on the type of study conducted and the applicability of the evidence to the UK context as follows:

### **Evidence from intervention studies or natural experiments**

This is the strongest type of evidence as it measures the impact of changes to the environment on walking and cycling and compares it to areas where there were no changes. Good, Moderate and Weak are the reviewers' assessment of the strength of this evidence.

### **Evidence from correlates studies**

This type of evidence only shows that the aspect of the environment being considered is related to levels of walking and cycling. This does not determine causality (for example, people who like walking may move to walkable neighbourhoods). Good, Moderate and Weak are the reviewers' assessment of the strength of this volume of evidence.



### **Applicability to the UK**

Good, Moderate and Weak are reviewers' assessment of the extent to which this evidence can be applied to the UK, including the proportion of evidence that comes from UK studies.

**Walking: Summary of the evidence on key aspects of the environment**

Environment themes	Examples	Strength of evidence from		Applicability to the UK	Impact on specific population groups
		Intervention studies or natural experiments Correlates studies	Correlates studies		
Walkability	Improving the walking environment. Making streets more connected, creating shorter and more direct routes. Improving quality of pavements and paths. Making destinations more accessible. Improving safety.	Good	Good	Moderate	Walkability and walking associated in people aged 65 and over.
Density	Making places more dense – meaning more local destinations and amenities are concentrated in a smaller area, making them more accessible on foot.	Moderate	Good	Good	Women reported more walking in less dense neighbourhoods.
Mixed land uses	Typically urban centres with housing near to shops and workplaces.	Good	Good	Good	Land use mix-diversity and presence of sitting facilities were associated with transport walking among older people (≥75).
Safety	Creating safe places to walk, including protection from traffic. This also includes perceptions of crime-related safety.	Moderate	Moderate	Good	A strong relationship was found between the walking behaviours of older adults (70+) and personal safety in males but not females, yet perceived safety from crime was related to walking for transport in older females but not males.
Walking infrastructure	Building specific walking infrastructure that is maintained (for example, footpaths).	Moderate	Moderate	Moderate	Much less research on the impact of specific walking infrastructure compared to cycling infrastructure. Yet where new walking for transport routes exist there are significant increases in walking.
Aesthetics	Making places more pleasant. Includes street design, painting and greenery.	Moderate	Moderate	Moderate	Higher sense of aesthetics associated with improved physical activity, including transport walking, and among those aged 65 and over.

**Cycling: Summary of the evidence on key aspects of the environment**

Environment themes	Examples	Strength of evidence from		Applicability to the UK	Impact on specific population groups
		Intervention studies or natural experiments Correlates studies	Correlates studies		
Cycle infrastructure	Building new bike lanes and paths; installing features such as advanced stop lines, bike crossings, traffic-free bridges; improving deteriorating surfaces and clearing debris and overhanging vegetation from paths.	Good	Good	High	Limited evidence addressing specific groups, but notable focus on commute cycling.
Improving the quality of the cycling environment	Improving cycling connections to destinations (for work, for example), improving directness e.g. making routes shorter, reducing danger from traffic e.g. physically separating cycle paths from traffic.	Good	Good	High	Correlates studies show males more likely to cycle.
Creating town or city-wide cycle networks	Improvements for cycling implemented at scale across whole towns or cities.	Good	Good	High	
Improving personal safety through separation from traffic	As above, but specifically creating bike routes away from traffic.	Moderate	Moderate	High	
Improving accessibility	Making places easier to reach by bicycle.	Moderate	Moderate	Moderate	
Population density	Making places more dense – meaning more local destinations and amenities are concentrated in a smaller area, making them more accessible by bike.	Weak	No evidence	Moderate	1.54 higher likelihood of taking up transport-related cycling among women who moved to neighbourhoods with a higher population density.

# Conclusion

Physical inactivity is one of the most important risk factors for the development of long-term conditions that cause disability from mid-life onwards. Interventions that lead to an increase in levels of physical activity will delay the onset and progression of those age-related health conditions. It will also help individuals with health conditions to maintain their functional ability, independence and quality of life as they age.<sup>5</sup> Active travel is one way to improve levels of physical activity.

To help identify approaches to increasing participation in active travel among people aged 50-70, we commissioned two evidence reviews to bring together what is already known about active travel in this age group. These reviews considered two distinct aspects of the factors that influence participation in active travel – first the psychological, social and cultural factors and second the impact of the built environment.

The key psychological, social and cultural factors motivating or enabling those aged 50-70 to engage in active travel identified included: physical and mental health improvement, being outdoors, feeling independent and in control, preparing for an active retirement, identifying with cycling and understanding its benefits. Distances that are too great, bad weather, issues around safety, fear of traffic, a lack of confidence, declining health and/or disability and the lack of an active travel habit were among the factors that act as barriers to people in this age group. The review of the built environment identified infrastructure, connectivity, high population density and mixed land use as the primary physical characteristics of places where levels of active travel are high. Such places, where people can meet their everyday needs within a short walk or cycle, have become known variously as 20-minute neighbourhoods or 15-minute cities and are of increasing interest as ways to boost not only levels of physical activity but also local economies, while at the same time tackling climate change.

While the evidence shows that environmental interventions do produce public health benefits through their impact on the uptake of active travel,<sup>6</sup> they alone are not sufficient. The findings from our two evidence reviews highlight how the built environment influences attitudes – and vice versa. For example, fear of traffic, lack of confidence and concerns about personal safety that emerged as barriers to active travel in our evidence review on attitudes are likely a reflection of aspects of the built environment, including cycling and walking infrastructure

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<sup>5</sup> UK Chief Medical Officers' Physical Activity Guidelines (2019). Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf)

<sup>6</sup> Sustrans (2017). The Role of Active Travel in Improving Health Toolkit Part 1: How active travel can improve health and wellbeing in the workforce. Available at: <https://www.sustrans.org.uk/media/4471/4471.pdf>

and safety from crime and traffic. Hence combining environmental interventions with behaviour change approaches is likely to have an even greater impact on uptake of active travel than environmental interventions alone. Addressing environmental barriers as well as individual attitudes can have an important and meaningful impact both for individuals and for the health of our population.

The reviews have provided insights into the barriers and enablers of active travel among people aged 50-70. However there is a paucity of evidence available both on aspects of active travel – attitudes and the built environment – among adult populations of ethnic minority backgrounds and among those living with health conditions and disabilities. We will seek to address these evidence gaps in the next stage of this project – primary research among people aged 50-70 from a range of ethnic and socioeconomic backgrounds and geographic locations (urban and rural), as well as with different health states. We hope that this will provide a more complete evidence base with which to design and implement interventions to increase levels of active travel in people approaching later life, helping them to become more active so that can spend more years healthy and free from disabling health conditions.

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## Implications for policy and practice

Through Ageing Better’s work with local areas, we have received anecdotal accounts that many local authorities, local transport authorities, directors of place and health leaders have not given specific consideration to those approaching later life when designing active travel schemes.

It is our hope that these evidence reviews and the primary research that follows will help to highlight some of the key motivators and barriers specific to people aged 50-70 and how the built environment, along with behavioural interventions, can promote active travel among this age group.

In order to increase uptake of active travel policymakers and practitioners should:

### Invest in walking and cycling infrastructure

This includes investing in and maintaining pavements for pedestrians and improving deteriorating surfaces and making them smooth, fixing potholes and clearing debris and overhanging vegetation for cyclists, investing in and maintaining cycle lanes that are physically separate from motorised traffic, installing cycle parking and pedestrian and cyclist bridges and implementing traffic calming measures such as reduced speed limits.

- For cycling specifically, design and investment should be made at the town/ system level as opposed to making piecemeal changes.
- Neighbourhood street networks should dove-tail with ‘whole town/city’ networks.

### **Design and re-design street networks to provide connectivity**

Invest in street networks that start from the doorstep and are connected to key local destinations, maximising accessibility and allowing pedestrians and cyclists shorter, more direct trips than car users.

### **Emphasise safety**

Fear of motorised traffic, whether real or perceived, is a key barrier among people as they grow older, so emphasis should be made to increase and improve infrastructure and crossing facilities to increase connectivity, accessibility, convenience and segregation for those on bicycles.

### **Invest in aesthetic improvements**

Seating, planters and community parks add to a greater sense of aesthetics which is, in turn, associated with increases in walking.

### **Aim for longer term plans to increase population and housing density**

Increased density, alongside mixed land use supporting diverse local amenities, services and facilities – consistent with the principles of the 20-minute neighbourhood (or 15-minute city) – will help to ensure that distances to be travelled are short and therefore more amenable to walking and cycling.

### **Recognise the role of public transport**

The availability and accessibility of public transport can increase walking (and, to a lesser extent, cycling). Street networks should be designed with direct access to numerous bus stops and a convenient and extensive network of bus routes.

However, the findings from our evidence reviews highlight that interventions to improve active travel must take account of wider attitudes, beliefs and motivations, as well as improving the built environment. Combining environmental interventions with behaviour change approaches is likely to lead to even greater impacts for people and places.

Let's take action today for all our tomorrows.  
**Let's make ageing better.**



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