

If an older person cannot get out and about locally, they are at risk of becoming 'a prisoner in their own home'.

Research by Inclusive Design for Getting Outdoors (I'DGO) has found that the design of Britain's gardens, streets, neighbourhoods and open spaces affects older people's ability to age well and live independently by supporting, or preventing, access for all. People who don't find it easy or enjoyable to get outdoors can spiral into poor physical health, less social contact with others and a reduced quality of life overall. With the cost of sedentary behaviour estimated at £8.3bn per year*, this places a further financial burden on the NHS and Local Authorities through increased admissions to hospitals and residential care homes.

*Chief Medical Officer's Annual Report, 2009. Department of Health, 2010.

Key messages from Inclusive Design for Getting Outdoors:

The desire to get out and about does not diminish in older age, nor does the variety of activities people like to do outdoors.

If older people live in an environment that makes it easy and enjoyable for them to go outdoors, they are more likely to be physically active and satisfied with life and twice as likely to achieve the recommended levels of healthy walking. The same is true for those who live within ten minutes' walk of a park.

The pedestrian experience is vitally important to older people, who are most often on foot when out and about. For the many who find it difficult to get around, it is often due to the poor design, provision, installation or upkeep of neighbourhood features, especially footways.

Lesser-quality environments are often considered by older people to pose an increased falls risk, especially by those with vision, mobility or other impairments. They can heighten fears about crime, nuisance and traffic and make going outdoors less enticing; reinforcing feelings of loneliness or entrenching the challenges of socio-economic deprivation.

Inconsistency, between types of road crossing and tactile paving, for example, can make older people uncertain about features that are designed to be enabling. Providers' adherence to guidelines may improve this outcome, as might public awareness-raising as to what is supposed to be used where and for what purpose.

Measures to make streets less car-centric improve older people's perception of supportiveness and safety but, neighbourhood-wide, it is good paths, accessible open space, safe crossings and plentiful seats, toilets and greenery that really make the difference. Design and materials need careful specification, with consideration given to UK weather patterns.

The more types of residential outdoor space an older person has, whether private or shared, the greater their satisfaction. In terms of wellbeing, the smallest things can bring the biggest benefits, such as having one's own patio, space to socialise or simply a green view.

Supported by their environment, most people aged 80+ living in the community can expect to continue to go outdoors daily, engage in a range of activities and maintain quality of life into oldest age.

Get in touch:

Tel +44 (0)131 651 5833

Email idgo@ed.ac.uk

Web www.idgo.ac.uk

Twitter @idgoresearch

Why does the outdoor environment matter?

How the design of gardens, streets, neighbourhoods and open spaces can make a difference to older people's wellbeing and quality of life.



Inclusive Design for Getting Outdoors

Research findings

There is growing evidence...

that well-designed outdoor spaces can enhance the long-term health and wellbeing of those who use them regularly. **Inclusive Design for Getting Outdoors (I'DGO)** examines what this means for older people. When we think about **lifelong** access to and enjoyment of neighbourhood environments, we place older people at the heart of the sustainability and regeneration agendas. But is this reflected in current policy? And does the latest 'best practice' in the planning and design of outdoor spaces really meet the needs of all users?

I'DGO was established to...

explore if, and in what way, the ability to get out and about impacts on older people's quality of life and what barriers there are to achieving this day-to-day. Spanning nine years, the project has involved over 4,350 participants aged 65 or over. Our findings are fine-tuned to the individual preferences of our diverse sample, drawing on transactional theories, innovative research tools and a multi-method approach. We are proud to have been cited by the World Health Organization in *Global Age-Friendly Cities: A Guide* (WHO, 2007).

The first phase of our research...

ran from 2003 to 2006 and involved over 770 older people across Britain. We asked them about their wellbeing and quality of life, how often and why they went outdoors and what features of their local neighbourhood helped or hindered their activity. We also physically audited 200 residential neighbourhoods to look for barriers and benefits to getting around as a pedestrian, from overall urban character and scale to the design of everyday features, such as footways, crossings, signage, seating and bus shelters.

Our participants told us...

that they went outdoors very frequently, usually on foot (regardless of season). The main reasons they gave were to socialise, exercise, get a bit of fresh air and sunshine and enjoy nature. If they lived in an environment that made it easy and enjoyable for them to do so, they were more likely to be physically active and satisfied with life. They were also twice as likely to achieve the recommended levels of healthy walking (2.5 hours per week), regardless of any sensory or mobility impairment.

The results of our audit...

showed that a typical street contains a number of barriers to getting around as a pedestrian. We looked at them in tandem with the experiences and preferences of 200 older people who lived in the places we assessed, as well as those of the wider sample. We found that the problems people faced included a lack of wide, car-free paths, seating and toilets, attractive trees and waterscapes, or the poor design and maintenance of amenities that did exist. Crucially, these environmental shortfalls often compounded personal limitations and social circumstances, as well as concerns about crime, danger from traffic and the scale, mix and layout of some higher-density neighbourhoods.

I'DGO is built around a core group of international academics in three leading UK research centres:

OPENspace: the research centre for inclusive access to outdoor environments at the University of Edinburgh and Heriot-Watt University. Led by: Prof Catharine Ward Thompson.

SURFACE Inclusive Design Research Centre at the University of Salford. Led by: Prof Marcus Ormerod.

WISE (Wellbeing in Sustainable Environments) at the University of Warwick. Led by: Prof Elizabeth Burton.

On the I'DGO TOO project, we have been collaborating with the **Centre for Health, Sport & Rehabilitation Sciences Research** at the University of Salford. We are funded by the **Engineering and Physical Sciences Research Council (EPSRC)** and play an active role in its flagship knowledge transfer project, **KT-EQUAL**.

I'd go outdoors if I could: wouldn't you?



The second phase of our research...

ran from 2007 to 2012, involving 3,580 older people. Having looked at the bigger picture in I'DGO One, we focused on specific aspects of placemaking which were gaining currency in policy and practice but which had not yet been tested for age-friendliness. We wanted to know if new-build housing was providing older people with residential outdoor space, and if this mattered, and if 'DIY' interventions to make residential streets more pedestrian-friendly were creating 'shared spaces' for everyone. We also explored if tactile paving was being designed, sited and laid correctly and if it posed a falls risk to older people.

Our study of recently built housing...

found that, in 21st century developments, residential outdoor space (ROS) tends to be less green than it was pre-2000 and that the levels of such space in the rising number of homes built specifically for older people is below average. The greatest impact on our participants' wellbeing came from having their own patio or simply a green view but, while size of ROS wasn't important, quality and choice was. The more types of ROS participants had, whether owned or shared, the greater their satisfaction. We found that front gardens, in particular, are valued as a place for social interaction and that some of the positive effects of ROS on wellbeing actually strengthen as people age.

Our longitudinal study of 'DIY Streets'...

found that some older residents responded positively to interventions aimed at reducing the dominance of cars, perceiving that they had become more active and that their street was easier to walk on, especially after dark. For others, not being able to park outside their house, for example, was a disincentive to going out at all and limited social contact. Over a three-year period, 'DIY' changes did not appear to have as much of an impact on wellbeing, social engagement and quality of life as environmental factors on a wider scale. Many of these relate to local open spaces, such as parks, and safe and enjoyable routes to them; both paths and cycleways.

When we looked at tactile paving,...

as with road crossings in general, we found that few older people were aware what the different types signified; a challenge exacerbated by incorrect provision. Participants with balance problems told us they often felt unsafe walking on tactile paving and, in our laboratory, it affected the rhythm of our subjects' gait, indicating that their balance was challenged. Many people found the 'blisters' uncomfortable and regarded them as a slip hazard when laid on a steep slope, or when wet or icy; when tested, we found that brass and steel studs had a high slip potential. None of the 30 sites we studied met the recommended Light Reflectance Value, meaning that the tonal contrast between tactile and surrounding paving was insufficient for many visually impaired people.

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EDI Group
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English Heritage
Greenspace Scotland
Guide Dogs
Halton Accessible Homes Service
Health & Safety Laboratory
Homes and Communities Agency
Housing 21 Dementia Voice
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International Longevity Centre
Jacobs Baktie
Living Streets
London Wildlife Trust
Marshalls Paving
Mayer Brown
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NHS Health Scotland
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Peter Brett Associates
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