

A REVIEW OF *WALK-WITH-CARE*:  
AN EDUCATION AND ADVOCACY PROGRAM  
FOR OLDER PEDESTRIANS

by

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April, 1997

Report No. 109

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MONASH UNIVERSITY ACCIDENT RESEARCH CENTRE  
REPORT DOCUMENTATION PAGE

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Report No.	Date	ISBN	Pages
109	April 1997	0 7326 0689 6	70

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**Title and sub-title:**

A Review of *Walk-With-Care*:  
An Education and Advocacy Program for Older Pedestrians

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**Sponsoring Organisation(s):**

This project was funded through the Centre's Baseline Research Program for which grants have been received from:

Department of Justice	Roads Corporation (VicRoads)
Royal Automobile Club of Victoria (RACV) Ltd	Transport Accident Commission

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**Abstract:**

*Walk-With-Care* is a VicRoads initiative developed between 1990-92 to identify and reduce the dangers to older pedestrians through a combination of educational and engineering countermeasures. The program has relied on strong local government involvement and targeted municipalities with a high incidence of older pedestrian accidents. It was timely to review the administrative structure and the content and format of the educational sessions, given recent changes within the authority and local government. The review process comprised the examination of the available literature on older pedestrian safety, attendance at one of the educational sessions and extensive discussions with *Walk-With-Care* administrators, experts in the field of disability studies, and a road safety educational consultant. The review highlighted a number of problems with the way the program is currently staffed and implemented and barriers to achieving the objectives of the educational sessions. It also identified new messages for inclusion in the program and simpler and more effective ways to convey the existing ones. Recommendations include changes in staffing, implementation, promotion, resources, messages, format and evaluation. The basic thrusts of the changes proposed will ensure that the program reflects current road crash statistics and research, that the issue of older pedestrian safety is raised to a higher level in the community consciousness, and that the program is implemented with maximum efficiency, accountability and quality control.

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**Key Words:**

Pedestrian, elderly, education programs, advocacy, road crossing

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## Acknowledgements

The Authors would like to express their thanks and gratitude to the following people for their invaluable assistance during the course of this review:

- Rob Klein, from YicRoads for his carefully considered ideas regarding changes to the program.
- Staff from the School of Disability Studies at Deakin University, namely Dr. Judith Charlton, Professor Ross Day, Dr. Elfriede Ihsen, and PhD student, Jennie Oxley, for their substantial assistance with identifying and formulating the key messages for the program.
- Mary Robbins, David Sweeney, Sarah McColl and Sharon Wishart, the Pedestrian Advocates from YicRoads, for providing essential background information on the history and current status of the Walk- With-Care program and additional resources as required.
- The Project Advisory Committee of this study comprising Rob Klein and Corinne Leadbetter (YicRoads), Samantha Cockfield (TAC), Ann Harris (RACY), Ted Hart (Victoria Police), Rob McDonald (Dept. of Justice), Dr. Judith Charlton (Deakin University), Rosemary Calder (Dept. of Human Services) and Peter Cecil (City of Port Philip). Their support and helpful advice throughout the course of the project was greatly appreciated.
- Barry Elliott, Road Safety Educational Consultant, for his helpful comments regarding the most effective educational format for the program.



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# EXECUTIVE SUMMARY

## INTRODUCTION

Crash statistics indicate that people aged 60 years and over are over-represented in fatal and serious injury pedestrian accidents per head of population compared to younger adults. Their increased risk stems from a number of factors, such as declines in their vision, hearing, mobility and cognitive functioning. Behavioural factors, too, seem to play a part in their crashes, especially while crossing the roadway.

A program to counteract the over-involvement of older people in pedestrian accidents was first introduced in 1991 by VicRoads. The program, *Walk-With-Care*, aims to identify and reduce dangers to older people through a combination of promotional, educational and engineering countermeasures. The program has involved strong local government participation and has typically been run in municipalities with a high incidence of older pedestrian accidents. The key features of the program are a public awareness campaign, interactive sessions among small groups of the elderly community involving discussion of local pedestrian issues, and engineering improvements to local problem sites.

## PROJECT OBJECTIVES AND TASKS

No formal full evaluation of the *Walk-With-Care* program has been conducted since its inception. In addition, many of the messages contained in the program need to be updated in the light of more recent knowledge and infrastructure changes. The aim of the current study, therefore, was to review the structure, content and format of the program and to develop a set of recommendations for change.

The review incorporated three main tasks. First, a review was undertaken of Australian and overseas literature on older pedestrians as a basis for reviewing the existing messages of the program and for suggesting new messages. Second, the various components of the program were reviewed involving discussions with relevant implementation personnel, a small evaluation of a single *Walk-With-Care* discussion session, a series of meetings with a panel of specialists in education and ageing, and consultations with a Road Safety Educational Consultant. Written reports pertaining to the program were also gathered and reviewed. The final task was to incorporate the information from all the above sources into a final report with recommendations for changes and suggestions for future evaluation of the program.

## REVIEW OF STRUCTURE AND PROCESS

This component of the review examined the administrative structure and process for implementing the *Walk-With-Care* program within Victoria. The main issues identified related to restructuring, staffing, and evaluation.

A number of infrastructure changes within VicRoads and local government have all impacted on the *Walk-With-Care* process. These include administration restructuring, compulsory competitive tendering and the trend toward outsourcing so that it no longer dovetails neatly with the current modes of operation. These changes have also reduced the time and resources available to implement *Walk-With-Care*.

Other problems were identified such as the changing role of the program leader, a council employee responsible for guiding and monitoring implementation of the program at the

local level, and the discussion group leader (a volunteer older person drawn from the local community). Program leaders today invariably have other tasks within council with less time and resources to devote to promoting or implementing the *Walk-With-Care* program as intended. Problems with the discussion group leaders related to reliability, commitment and group presentation skills. It was evident that recruiting, training and maintaining the enthusiasm of older people to act as group leaders was hampered by health problems, frequent vacations and the voluntary nature of the work.

The review also highlighted the lack of a formalised mechanism for ongoing evaluation of personnel, process and outcomes resulting in sparse or incomplete records of activities, and educational discussion sessions of mixed quality.

Recommendations arising from this component of the review included:

- retaining strong links with local government as the key vehicle for program implementation to ensure that local issues of concern are identified and addressed;
- maintaining the existing program phases, namely *Planning, Education and Advocacy*;
- outsourcing the roles of *Program Leader* and *Discussion Group Leaders* as contract positions to ensure higher levels of commitment, knowledge and technical expertise (it was recommended that Discussion Group Leaders still be sourced from the older age category);
- instituting regionally based *Management Facilitators* at VicRoads to assess problem areas, identify a need for the program, and monitor its implementation via liaison with the Program Leader;
- instituting thorough, professional training and routine evaluation of all contract staff,
- setting up a mechanism for future evaluation of behavioural outcomes once the revised program is in place and operating smoothly;
- developing a more extensive and structured promotional campaign with the aim of raising the general level of community consciousness of pedestrian safety issues pertaining to the elderly and generating greater interest and demand for the educational group discussion sessions among the elderly community.

## REVIEW OF CONTENT

The content of the *Walk-With-Care* program was reviewed using the most recent research on ageing and pedestrian behaviour to determine if the messages were still appropriate and relevant. This included an examination of the wording and format of the messages to ensure they are communicated effectively to the target audience.

The material examined identified a need to provide a greater focus on strategies for crossing the road in complex situations (e.g., undivided roads and roundabouts); strategies for anticipating unexpected events; and knowledge of confusing road situations (e.g., light cycles, traffic management devices).

The way that messages are presented also needs to be sensitive to a number of relevant issues for older people. These include avoiding trite, obvious or offensive messages and stereotypes of the elderly; stressing the benefits of pedestrian mobility for health and

independence while downplaying the emphasis on ageing and crash involvement; couching messages and rationales in positive terms; avoiding jargon or overly technical terms, and providing explanatory diagrams wherever possible.

A basic framework for the messages of the *Walk-With-Care* program was proposed which included:

- presenting "The Facts" (simple up-to-date crash statistics presented in a non-threatening way);
- how to make road crossing easier & safer;
- reducing time on the road;
- making pedestrians more visible (day and night);
- anticipating unexpected events; and
- understanding right-of-way at confusing traffic situations.

Important messages within each of the above categories were identified along with a subset of key messages for use in annotated promotional material such as brochures or posters (these are detailed in Table 4.1 and Appendix 3).

It was also apparent that the educational video, used in the discussion sessions to reinforce the key messages was a little outdated, especially in terms of its style and content. A revised version would allow for the inclusion of current messages and presentation techniques. Market testing would be required to help determine its acceptance and impact among the older community.

## **REVIEW OF FORMAT**

This component of the review examined the format of the educational group discussion sessions to determine if they are an effective vehicle for conveying the messages of the program. The format of the program's promotional campaign was also included in this stage in order to determine its effectiveness in raising awareness and as a means of recruitment for the discussion sessions.

Main problems identified with the current discussion group format included large group sizes (up to 50 in some instances); the lack of appropriate group presentation and facilitation skills on the part of the Discussion Group Leaders; too much information dissemination and not enough interactive discussion or role plays; or lack of features which adequately capture the interest or imagination of the older audience.

***Interactive Workshops.*** Findings embraced the concept of interactive workshops involving small groups of between 10 and 12 people as prescribed in the existing guidelines, and suggested ways of achieving this in practice, for example:

preface the interactive small group component with a brief information session designed to act as a stimulus for discussion (this session could be conducted with a larger group if necessary and could incorporate a slide presentation and the video screening);

schedule the interactive discussion session in small groups immediately after the information session (with multiple facilitators) or as a follow-up activity at a later date (single facilitator);

use professional presenters, trained in group dynamics and with an adequate knowledge of road safety issues, to facilitate the information and interactive sessions.

Other suggestions were made to enhance the effectiveness of the interactive session in exploring relevant issues, such as increased use of role plays or demonstrations in simulated environments to convey key issues such as speed/distance judgements or walking speed; an interactive format which is flexible enough to allow group members to raise relevant issues and share personal experiences; and follow-on group activities such as route trialing and local pedestrian safety audits to enthuse and empower group participants and to identify issues for the advocacy phase.

**Promotional Support.** The review of the format of the current promotional campaign highlighted the need for methods which are more effective at raising the general level of public awareness of the issues and at generating demand and interest for the workshop sessions among the elderly community. Suggested modifications to the format of the promotional campaign included:

- extension of the media campaign to include mass media widely utilised by the elderly (e.g., daily newspapers, women's magazines, and lifestyle-centred television programs);
- targeting the elderly community through direct means like rates notices or in-situ at places such as shopping centres or churches;
- targeting the elderly indirectly through family or carers who are influential in directing health-related attitudes or behaviours;
- utilising the police to endorse the program and its messages through community consultation committees or safe living programs such as *Confident Living* or *Neighbourhood Watch*.

## CONCLUSION

A revision of the current *Walk-With-Care* program would seem warranted given the findings of this review. While the review concluded that the workshop approach generally is still a relevant and suitable medium for delivering the program, a number of critical format, content and presentation changes have been highlighted for inclusion in the revised program. In addition, the infrastructure for delivery of the program, too, needs to be revised in line with current VicRoads and local government methods of operation.

Three recommendations for additional research and/or development were identified during the review and these are listed below.

1. The current *Walk-With-Care* video, "Gabby Gets It Right" is now seven years old and would benefit from being upgraded. In developing a new version, market research is required to determine its acceptance and impact among the older community.

2. The proposed interactive workshop needs to be trialed to demonstrate its likely effectiveness and any associated problems or difficulties with its format or presentation style.
3. A full evaluation be undertaken of any revised *Walk-With-Care* program to ensure that it meets the needs of the program participants, is optimal in terms of getting critical messages across and, to the degree that is possible, maximise its road safety benefits.



## 1. INTRODUCTION

In 1990, VicRoads completed an investigation of predisposing factors in pedestrian casualty accidents, recognising that these represent a significant and growing road safety problem (Alexander, Cave & Lyttle, 1990). This study identified three high risk groups, children (0-14 years), the intoxicated (> .05 BAC), and the elderly (60+ years), and three characteristics common to each group: social vulnerability, reduced road use skills and mobility, and involvement in accidents occurring in familiar surroundings close to home.

The study report recommended that road safety programs be developed to counteract the incidence and severity of pedestrian accidents to these target groups. The recommendation stated that such programs should enhance the road use skills of the target groups, generate community awareness of the problem, and identify and advocate local improvements.

In response to these recommendations, VicRoads initiated two road safety programs in 1991 Safe Routes to Schools, targeting primary school-aged children, and *Walk-With-Care*, targeting older pedestrians. The original concept of these programs was that they be community based with strong local government involvement in the implementation process.

### 1.1 WALK-WITH-CARE PROGRAM

*Walk-With-Care* is a pedestrian safety program which aims to identify and reduce road dangers to older pedestrians through a combination of public awareness, educational, and engineering countermeasures. The program is a joint initiative between VicRoads and local government.

At the outset, local government municipalities are targeted for inclusion in the program on the basis of a high incidence of older pedestrian accidents. The process involves three stages planning, education and advocacy. In the planning stage local government and VicRoads representatives meet to identify local issues and older people's networks and to determine an implementation plan. The educational stage of the program is two-pronged involving (1) public awareness via a media campaign, a pedestrian survey and distribution of promotional material, and (2) conducting interactive discussion sessions on local pedestrian issues among the elderly community. Finally, in the advocacy phase, on-road engineering treatments are prioritised and actioned following identification of local problem areas in the earlier phases of the program.

The program manual outlines the objectives and process for participating municipalities. The kit, intended for use by the discussion group leaders, contains guidelines for discussion group leaders, cue cards and photographic prompts to guide the discussion, promotional safety accessories, brochures and questionnaires, and an educational video.

### 1.2 BACKGROUND

At the outset, *Walk-With-Care* was run as a pilot program in three municipalities, one corresponding to each of the VicRoads regions (Dandenong and Springvale in the South-East, St. Kilda in the central district, and Brunswick in the North-West). These municipalities were chosen on the basis of their high incidence of older pedestrian accidents. A VicRoads appointed pedestrian advocate was assigned to each region to develop the process in its formative stages in conjunction with local government. Given

that the *Walk-With-Care* program was intended to be primarily a local government initiative with guidance from VicRoads, the pedestrian advocate initially maintained a close liaison with local government in order to provide support and to ensure their maximum input into process and resource development. Council personnel from the community service or engineering areas were appointed to implement the program at the local level. In the early stages of the program, these council employees were responsible for most aspects of the implementation process including leading the group discussion sessions, although recruitment for these sessions was also handled by the pedestrian advocates.

Recent changes to the VicRoads infrastructure and mode of operation as well as the recent restructuring of local government have significant implications for the staffing and implementation of the *Walk- With-Care* program. These are discussed in more detail in Chapter 3. Moreover, recent research has uncovered additional material not presently included in the *Walk-With-Care* program.

Since its inception, *Walk-With-Care* programs have been run in 12 municipalities in Metropolitan Melbourne and a few in outlying rural areas. In several other municipalities, the *Walk-With-Care* programs have been interrupted by the restructuring process. While a thorough cost-benefit analysis of the *Walk-With-Care* program has never been undertaken, the Victorian government in its recent road safety strategy - Safety First -has pledged its continuing commitment to pedestrian safety programs. This is in recognition of the fact that while the road toll has generally decreased during the late 1980s and 1990s, pedestrians still represent a significant proportion of road trauma (20% c.f. 21% in the 1980s). Further, pedestrian fatalities rose by 28% in 1995 by comparison with the previous year. Children, older people and the intoxicated remain the most vulnerable groups in terms of pedestrian accidents, with the involvement of alcohol in pedestrian fatalities becoming an increasing and disturbing trend. For the 1996-97 financial year four *Walk-With-Care* programs, six Safe Routes to Schools programs and a pilot program Responsible Serving and Consumption of Alcohol will form the basis of the pedestrian safety strategy (VicRoads, 1996). .

### **1.3 OBJECTIVES**

It was timely to review the *Walk- With-Care* program since it has been in existence since 1991, that there is strong commitment to its continuance, and that no formal review or evaluation has been undertaken to date. The prime objectives of the current study were to:

1. review the program structure and process in order to determine if they are appropriate given recent changes to the infrastructure of both VicRoads and Local Government;
2. critically examine the content of the educational component of the program in order to see whether the messages are still appropriate, meaningful, and reflect current research findings; and
3. analyse the format of the educational component of the program to ensure that the discussion session concept and the promotional media are appropriate and effective vehicles for delivering the messages.

The review material was then incorporated into a set of general recommendations or options for changes to the existing program in each of the three main areas (structure,

content, format). It was not within the scope of this review to redesign the *Walk-With-Care* program in specific detail.

## **1.4 STUDY TASKS**

The review process involved three main tasks, namely a literature review, a detailed review of the program's structure, content and format, and preparation of a report describing the findings of the project and including recommendations for its improvement. These are described below in more detail.

### **1.4.1 Literature Review**

A brief review of the literature (Australian and overseas) on older pedestrian safety was conducted to provide a background for reviewing the existing messages in the *Walk-With-Care* program, for suggesting additional messages and the best ways to convey these effectively to the target audience. The review focussed on the extent and nature of the older pedestrian crash problem, sensory, cognitive and motor effects of ageing, effective strategies for communicating with the elderly, older pedestrian perceptions and behaviour, and any existing research on the effectiveness of the existing *Walk-With-Care* program.

### **1.4.2 Review of Program Structure, Content and Format**

In order to review the structure, content and format of the Walk- With-Care program, a number of sub-tasks were undertaken, including:

- discussions with the Pedestrian Advocates from VicRoads to ascertain their perceptions about the implementation of the program;
- discussions with other staff on methods of dovetailing the program within the new structures and procedures operating within VicRoads and local government;
- collection of relevant materials pertaining to the program, including evaluation reports prepared by municipalities at the conclusion of the program, other program or process evaluations, and conference or seminar papers;
- an evaluation of one *Walk-With-Care* discussion session covering aspects of the format and content;
- various consultations with staff from the School of Disability Studies at Deakin University;

and

- a meeting with Mr Barry Elliott, an experienced road safety educational consultant, to examine the suitability of the existing presentation format and explore alternative approaches.

### **1.4.3 Report & Recommendations**

The final task was to incorporate information from all the above sources (including the literature review) into a final report with a series of recommendations for changes to the

structure, content and format of the *Walk-With-Care* program and suggestions for future evaluation.

## **1.5 PROJECT ADVISORY COMMITTEE**

As this project formed part of the Centre's baseline research program a Project Advisory Committee was formed to oversee progress with the review and to provide an additional source of input. The PAC met on three separate occasions throughout the *Walk-With-Care* review. The committee comprised representatives of each of the sponsoring organisations (RACV, TAC, VicRoads, Victoria Police, Department of Justice), a *Walk-With-Care* representative from VicRoads, a representative from the Deakin University School of Studies in Disability, and the principal investigators from MUARC. The committee reviewed the objectives and scope of the project and made a valuable contribution to the review of each of the key elements of the Walk- With-Care program.

## 2. LITERATURE REVIEW

### 2.1 EXTENT OF OLDER PEDESTRIAN TRAUMA

Crash statistics in Victoria and Australia clearly identify the elderly (those aged 60 years or older) as over-involved in pedestrian accidents and a significant "at risk" group. For example, the Safety for Seniors Working Group (1989) reported that pedestrians over 60 account for 40% of annual pedestrian fatalities even though they represent only 15% of the population, while Fildes, Corben, Kent, Oxley Le and Ryan (1994) showed that people aged 65 and above accounted for more than 27% of all pedestrian casualties. In a case-control study looking at age as a predisposing factor in pedestrian accidents with serious injury outcomes, Alexander, Cave and Lyttle (1990) claimed that older pedestrians had twice the risk of crash involvement to that of their younger adult counterparts.

In 1995 in Victoria, older people (60 years or over) accounted for 42% of total pedestrian fatalities and 19% of pedestrian accidents resulting in serious injury, representing a sizeable involvement in pedestrian accidents (database of police reported casualty crashes, VicRoads, 1995). By comparison, children 16 years or under, the other significant at risk group of pedestrians, comprised only 12% of fatalities but 27% of serious casualties (the most likely reason for the difference in fatalities is the increased frailty of the elderly, which predisposes them to fatal outcomes in the event of an accident). While the trend in older pedestrian fatalities and serious casualties has shown a small decline over the past three years (1993-95), the size of the problem is likely to increase in the years ahead as the numbers and proportion of older people in the community increase.

### 2.2 RISK FACTORS

Older people face major problems as pedestrians, and the accidents they have may occur as a result of age-related declines in sensory, cognitive and motor abilities relevant to the road crossing task. These include visual and auditory acuity, depth and motion perception, memory capacity, reaction time and information processing ability, and physical mobility and stability.

#### 2.2.1 Sensory Capacities

**Vision:** Visual acuity, the ability to discriminate fine details, declines rapidly between the ages of 60 and 90 (Verillo & Verillo, 1985) and can cause difficulties in discriminating vehicles from the rest of the optic array and in depth perception. Further, with increasing age, people tend to experience a contraction in their field of view and increased susceptibility to the effects of glare, particularly at night (Scheiber, 1992).

**Hearing:** The incidence of hearing impairment rises sharply with age, from 24% of 65- 74 year-olds to 39% of those over 75 (Committee for the Study on Improving Mobility and Safety for Older Persons, 1988). Hearing impairments may cause problems in localising sounds (e.g., the direction of an approaching vehicle) or in detecting the audio-tactile signals at traffic lights.

**Depth Perception:** Age-related decreases in the ability to perceive depth (Verillo & Verillo, 1985) may affect pedestrian activities such as judging the distance of an oncoming vehicle or the distance of a step from the ground. It has been suggested that depth

misperceptions are contributing factors to the increased incidence of postural instability found among older adults (Kausler, 1991).

***Motion Perception:*** Motion perception is dependent on estimating distance travelled and speed of travel. Decline in information processing efficiency with age is thought to lead to difficulty in estimating distance and speed, particularly at dusk and in darkness (Wounters & Welleman, 1988). Gap acceptance (judgement of the gap between oncoming vehicles) and "time of arrival" judgements (a person's estimate of how long it will take an object moving at a constant speed to reach a specified point) are crucial to safe road crossing and involve motion perception decisions. Simulation studies (Kline, 1986 - cited in Transportation Research Board, 1988) found that older adults overestimate the speed of oncoming vehicles, but not enough to compensate for their tendency to underestimate the distance between themselves and the vehicle.

### **2.2.2 Cognitive Capacities**

***Reaction Time:*** Reaction time for perceptual, motor and cognitive processes slows with increased age so that acquiring and processing information, and selecting and executing responses takes longer (Lerner, 1991). Of particular relevance to the road crossing situation is the finding that reaction times for complex decision making are disproportionately slow among older people, compared with reaction times for simple choice tasks (Birren & Renner, 1977).

***Attention:*** Older people have greater difficulty selectively attending to the most important stimuli and are more easily distracted by irrelevant stimuli (Transportation Research Board, 1988). Further, research has shown that ability to prioritise the appropriateness of multiple sources of information and to shift attentional emphasis accordingly declines with age (Korteling, 1994).

***Information Processing:*** A general slowing of information processing ability with increasing age, in particular the ability to simultaneously process multiple sources of information, is well documented in the literature (Transportation Research Board, 1988; Wounters & Welleman, 1988; Kausler, 1991; Stelmach & Nahom, 1992; Triggs, Fildes & Koca, 1994). This has implications for the road crossing task where decisions involve the simultaneous processing of incoming perceptual information from a number of competing sources.

### **2.2.3 Motor Capacities**

The mobility of older pedestrians is progressively impaired by deteriorating balance and postural mechanisms, greater muscle weakness, reduced flexibility, gait changes and reduced cardio-respiratory capacity. These factors contribute to a marked slowing with age of movement patterns such as walking, making the older person particularly vulnerable when crossing the road (especially at traffic lights where the phases are timed to account for the average adult's walking speed). Reduced flexibility (particularly in the neck) may also lead to difficulties in efficiently scanning traffic while crossing the road.

An increase in body sway and a decrease in righting reflexes after age 60 place the older person more at risk of a fall, especially when they are mobile. Deteriorating balance mechanisms may lead to hesitation and prolonged decision making especially when confronted by fast-moving traffic (Stelmach & Nahom, 1992). Further, gait changes resulting in decreased foot pickup, toe clearance and stride length have implications for

negotiating uneven pavements, high kerbs and time taken to cross the road (Kallman & Kallman, 1989).

In summary, age-related declines in various sensory, cognitive and motor capacities place older people at greater risk than their younger adult counterparts when crossing the road. Older people walk more slowly, they have more difficulty in accurately processing visual and auditory information and in accurately judging vehicle distances and speeds, they experience cognitive confusion in complex situations with multiple sources of competing information, they take longer to react to danger and to take avoidance or corrective action.

### **2.3 CHARACTERISTICS OF CRASHES TO OLDER PEDESTRIANS**

The VicRoads pedestrian accident project referred to above (Alexander et. al., 1990) also included a detailed analysis of road and environmental characteristics of the serious injury crashes in which elderly pedestrians were involved. The results indicated that 3/4 of these crashes occurred during the road crossing with slightly more near-side (41%) than far-side (35%). More than half (57%) occurred at intersections and 43% occurred at signalised crossings. The main attributable causes of crashes at formal crossings were failure to complete the crossing in the allotted time, and failure to perceive or anticipate unexpected vehicle movements or to take avoidance action. Crashes involving elderly pedestrians also occurred mainly during daylight hours, in fine weather conditions and close to the victims, homes (63% occurred within 1 km).

A further study by MUARC (Fildes et al., 1994) set out to determine the detailed road and environmental characteristics of crashes involving both older drivers and pedestrians (65+ years). Detailed analysis of the VicRoads data base of police-reported casualty crashes occurring between 1990 and 1992 was performed in order to determine crash characteristics where older drivers and pedestrians are over-involved by comparison with their younger counterparts. Analysis included calculating actual and expected values for crash involvement for a range of crash variables, and percentages to reflect the extent of a given problem for all age groups compared with the older age group.

The results for older pedestrians indicated that by comparison with their younger counterparts, they were over-involved in both near and far-side road crossing crashes (73% c.f. 64%) implicating factors other than reduced mobility. Older pedestrians were also over-involved in crashes occurring in 60 km/h speed zones (95% c.f. 91%), during daylight hours (84% c.f. 70%) and between the hours of 9 a.m. and 3 p.m. (54% c.f. 31%). Further, older pedestrians were over-represented in fatal or serious injury outcomes (58% c.f. 47%). Crashes while crossing driveways, although not great in number, were also more common among older than younger pedestrians. One limitation of the analysis performed in this study was the lack of available exposure data needed to differentiate actual crash risk from over-exposure. Thus, the authors caution that while the findings may suggest areas of risk, they may also simply reflect exposure patterns, especially those relating to time of day and day of the week.

Further analysis of near and far-side crashes was conducted as part of an investigation of older pedestrian road crossing behaviour by Oxley, Fildes, Ihsen, Day and Charlton (1995). The analysis was based on a series of accident histories from 1987 to 1995 for a number of "blackspot" sites in the Melbourne metropolitan area comprising sites in busy strip shopping centres on two-lane undivided arterial roads. Results of the analysis indicated that almost half of the crashes involving older pedestrians occurred in the near-side lane as they stepped off the kerb, usually from behind parked cars. However, approximately one-

third of older pedestrian crashes occurred in the far-side lane, often from vehicles turning right into the intersection. These results confirm the finding of the earlier MUARC study (Fildes et. al., 1994) that older pedestrians are vulnerable in both the near and far-side lanes while crossing the road, and suggest that older pedestrians have difficulty in accurately processing near and far-side information simultaneously. The findings also suggested that anticipating unexpected events such as cars reversing out of driveways or from car-parks is a greater problem for older than younger pedestrians.

## **2.4 OLDER PEDESTRIAN ROAD CROSSING BEHAVIOUR**

An investigation of the problems and difficulties facing older pedestrians was carried out in Sydney and Canberra by Fildes, Lee, Kenny and Foddy (1994). The study included a half-day workshop among a small group of interested older pedestrians to identify common issues and problems which were then developed into a survey questionnaire administered to approximately 800 older and younger pedestrians in shopping centres in these locations.

The main areas identified as causing problems or difficulties for older pedestrians seemed to be associated with aspects of the ageing process (reduced eyesight, hearing, cognitive capacity, mobility and reaction time). These included knowing when to cross the road, judging the speed of oncoming traffic, crossing roads without centre refuges, and knowing who has right of way at roundabouts. While most of them reported seeking pedestrian crossings to cross the road, they still experienced difficulties at these crossings with light cycles that were too short, cars not giving way, and a lack of refuge areas. A number of roadside difficulties were also encountered such as uneven footpaths, overhanging trees and branches and difficulties reading road and roadside signs. They also reported reducing or avoiding walking at night or at peak traffic times.

An extensive study of older pedestrian road crossing behaviour has recently been conducted in the U.K. by Carthy, Packham, Salter and Silcock (1995). The aim of this study was to investigate the problems faced by the older pedestrian and to recommend ways of alleviating these. Information on lifestyles, pedestrian attitudes and experiences was obtained from a structured interview and a postal questionnaire. The road crossing behaviour of older pedestrians was observed by video filming at two sites, one with and the other without pedestrian crossing facilities. Additionally this study developed and tested a technique for measuring older people's judgement of speed and distance.

The interview and questionnaire data revealed that the majority of older pedestrians reported journeys involving walking in or near traffic on most days. Two-thirds of outings were to shops. The main concerns expressed by elderly pedestrians were, speeding traffic, having to interact with traffic to cross, and the state of the pavements.

The observational phase of the study found that older pedestrians were over-involved in potentially unsafe crossings by comparison with their younger counterparts. Specific features of older pedestrian behaviour which were observed were indecision or panic reactions in complex road settings, difficulty in dividing attention between a number of interacting events, and a lack of understanding of light phases at pedestrian crossings. The authors report that on 2-way roads without a refuge, older pedestrians made judgements on the near-side traffic and commenced to cross without consideration of the far-side traffic, often needing to interact with the traffic in the middle of the road.

Recommendations of this study included engineering countermeasures such as greater use of kerb extensions to narrow crossing places and refuges to enable a two-stage crossing

with attention focussed in only one direction at a time. Recommendations for behavioural countermeasures focussed on the need to equip older pedestrians with strategies for maximising available information (e.g., avoiding obstacles which screen traffic) and improving anticipation of unexpected events (e.g., vehicles turning and reversing). The report also advocated the need to hone distance judgement skills among the elderly, focussing on walking pace, traffic speed and road width.

An Australian observational study of road crossing behaviour has been conducted at the Monash University Accident Research Centre (Oxley et al., 1995) to determine whether the behaviour of older pedestrians differs significantly from that of younger adult pedestrians when crossing the road. Observations of road crossing behaviour were collected by unobtrusive filming at selected strip shopping centre sites. Filming was done from a van parked on the side of the road and set up with two cameras to provide simultaneous video images of oncoming traffic and pedestrian movements. In addition to age effects, this study also investigated the issue of road complexity by comparing two-way undivided roads and one-way divided roads. Measures of crossing behaviour included kerb delay, time to cross, directional looking behaviour, head/body movements, and gap acceptance judgements.

This study found that on one-way divided roads older pedestrians behaved similarly to their younger counterparts, although they still took longer to cross and spent more time looking down at the road during the crossing. However, on two-way undivided roads, considered to be relatively more complex, older pedestrians exhibited more "risky" crossing behaviour than their younger counterparts. Specifically, they spent more time waiting at the kerb and assessing traffic before crossing, and they took longer to leave the kerb once the rear of the last vehicle had passed. During the crossing they spent more time looking down at the road, less time scanning traffic around them, and more time interacting with traffic (particularly far-side traffic). Significantly, older pedestrians sometimes accepted gaps in the traffic which were too short to compensate for their slower walking speed, thereby risking collision with oncoming traffic.

On one-way divided roads, considered to be less complex, the behaviour of older and younger pedestrians was more similar. They spent less time looking at far-side traffic appearing to cross one road first and then the other, and were more able to judge when to cross safely. Further, there were fewer differences between slower and faster older pedestrians in judging safe gaps for crossing on divided roads, demonstrating the benefits of simplifying the road crossing task.

The results of this study suggested a need to educate older pedestrians about safe crossing practices and risk perception. The report also advocated greater provision of median refuges and kerb extensions and longer walk cycles at pedestrian crossings to aid older pedestrians.

The key issue for the Walk- With-Care program which was highlighted by this study was the need to extend the content to cover specific behavioural strategies such as judging the speed and distance of approaching vehicles, making decisions in complex environments, simplifying the road-crossing task and more effective looking strategies.

## **2.5 PERCEPTIONS OF AGEING**

A research study by Sabey (1988) indicated that older people are generally unaware of the changes in their abilities which affect their safety as a pedestrian, thereby accentuating

their risk. She reported that knowledge and judgement of age-related declines in sensory, cognitive and motor capacities was poor among these people and that they were less able to react to these changes in their behaviour than their reduced abilities would dictate.

Older peoples' perceptions of the ageing process and its effects on driving ability was investigated in an extensive qualitative research study spanning three states of Australia (New South Wales, Victoria and Queensland) (Elliott, Elliott & Lysaght, 1995). The methodology of the study included focus group discussions with small groups of older drivers and in-depth interviews with individual older drivers, and people who have "key influence" over the views of older people (e.g., doctors, representatives of older peoples' associations and motoring associations). Their results indicated that older people are aware of the age-related decline in sensory, cognitive and motor abilities but do not link these specifically to their driving ability. Problems with driving are often externalised and attributed to other drivers or environmental factors.

An earlier qualitative study by Elliott & Shanahan Research (1993) into older people's perceptions of ageing and its effects on performance also found that older people do not readily admit to the negative effects of ageing on pedestrian behaviour, despite adopting compensatory behaviours. Further, they commonly perceive road users younger and those older than themselves to be more at risk, believing that they show extra experience and care which compensate for physical limitations.

An international report on Traffic Safety of Elderly Road Users (OECD, 1985) claimed that elements such as fatalism, pessimism, and suspicion feature strongly in the views of older people. For example, older people may accept difficulties encountered in a traffic situation as an inevitable result of the ageing process and may perceive efforts to alleviate such problems as a waste of time. Further, they commonly attribute problems to the younger age groups and view educational interventions as an attack on their independence and integrity. These results have significant implications for programs such as Walk- With-Care which use educational and communication techniques to change the thinking and behaviour of older people.

## **2.6 COMMUNICATING WITH OLDER PEOPLE**

The firmly entrenched attitudes and thinking of older people make communicating with this group more difficult and challenging. Literature by Davis (1981), Elliott and others (1995), Kanouse (1988), Milone (1985), and Winter (1985) collectively suggests that educational and/or informative initiatives directed at older people should:

- take place in a comfortable environment which allows mutual trust and respect;
- encourage audience participation in the learning experience;
- provide information which is meaningful, relevant and builds on the audiences' existing motivations;
- present information in an uncomplicated way and provide rationales for suggested solutions; and
- incorporate a number of teaching methods such as films, pamphlets, handouts, discussion, and lectures.

Several authors warn against alienating the older audience by focussing on the ageing process and its effects on crash risk and stress the importance of couching communications (especially those dealing with road safety issues) in positive terms which are motivating and empowering (Bartos, 1989; Hauer, 1988; Kanouse, 1988; Malfetti & Winter, 1991).

A survey of attitudes to ageing and well-being (Elliott & Shanahan, 1994) suggested that the key media which should be targeted in communications directed at the elderly are daily newspapers, suburban newspapers and mainstream women's magazines, as these were the significant information sources for people in the 55- 75 year age group.

This study also suggested that targeting the elderly indirectly through family, friends and health practitioners would be useful, as these groups were reported to have a strong influence on health related attitudes and behaviours.

## **2.7 WALK-WITH-CARE EVALUATIONS**

Although there have been no detailed or ongoing evaluations of the *Walk-With-Care* program since its inception in 1991, there have been two partial evaluations performed by VicRoads.

### **2.7.1 Evaluation of Training Session**

The first of these was a formative evaluation of the training session for discussion group leaders, completed during the pilot phase of the program (Addicoat, 1991). The aims of this evaluation were to ensure the training session was fulfilling its role, and provide feedback prior to the production of the discussion leader's manual.

Questionnaires were mailed to the 29 discussion leaders who participated in the first three training sessions for the pilot programs. Additionally, structured interviews were conducted among the VicRoads personnel responsible for designing and coordinating the training sessions. Responses indicated that trainees generally viewed the content, presentation and resources of the training session positively. They felt that the information provided was useful and relevant and provided them with knowledge of safe walking strategies. However, there were some requests for the session to include more information on sensory loss, crossing midblock, and vehicle stopping distances and more demonstration role plays.

The five *Walk-With-Care* staff involved with the training sessions viewed the conduct of these sessions less positively, the majority of them feeling that the session lacked structure and did not adequately train participants to facilitate a discussion session, practice using cue cards or lead a role play. The training sessions were criticised for focussing on information delivery rather than skills training.

The report recommended that achievement of a sufficient level of skill at facilitating discussion and leading role plays should be the focus of the training session and that training personnel should seek quality rather than quantity in committed leaders. It was also suggested that the training session should provide leaders with alternative strategies for promoting the *Walk-With-Care* messages if the discussion session concept is not embraced by the elderly community.

### 2.7.2 Evaluation of Outcomes-Crash Reduction

An outcome evaluation was attempted by VicRoads in 1993 to determine the effectiveness of the Walk- With-Care and Safe Routes to Schools programs in reducing the level of casualty crashes among the target groups, namely older pedestrians and children (Tziotis, 1994). The study examined pedestrian accidents on a "before" and "after" basis in municipalities where the *Walk-With-Care* program had commenced.

Unfortunately, in the case of *Walk-With-Care*, only one municipality had a sufficient post-program implementation period to be considered suitable for the "before-and-after" comparison, hence the number of cases was too small for statistical analysis. Further, no exposure data was collected to control for possible changes to the level of pedestrian activity over the period in question.

Cognisant of its limitations, this study recommended that an observational study of "before-and-after" behaviours using discrete video recording be undertaken no earlier than March 1995 (to ensure statistically valid "after" periods). This would provide a more comprehensive assessment of the effectiveness of the *Walk-With-Care* program in terms of accident reduction, accident type and severity. The report also recommended that the nature, timing and costing of the educative and engineering components of Walk- With-Care need to be better documented (by the VicRoads regions) in order to determine the economic worth (cost-benefit ratio) of the program.

## 2.8 SUMMARY

This review of the literature showed that relative to their numbers in the population, older pedestrians are over-represented in pedestrian casualties and fatalities and, along with children, are the most at-risk group of pedestrians. Age-related declines in vision, hearing, information processing, reaction time and mobility place older people at a disadvantage when crossing the road.

The majority of accidents involving older pedestrians occur while they are crossing the road, during daylight hours and in low speed zones (60 km/h). A significant proportion also occur at signalised crossings as a result of insufficient crossing time or failure to anticipate turning vehicles.

Observations of the crossing behaviour of older pedestrians indicates that they have problems with complex traffic situations (e.g., crossing undivided roads, roundabouts) where there are multiple sources of incoming information, and often adopt less efficient or safe crossing strategies than their younger counterparts in these situations.

Older people are more likely to attribute difficulties experienced as a driver or pedestrian to the environment or to younger road users rather than to self -confessed declines in sensory, cognitive or motor abilities. Older people also exhibit more rigidity of thought and behaviour which has implications for any educative programs aimed at them.

### **3. REVIEW OF STRUCTURE AND PROCESS**

#### **3.1 OBJECTIVE**

The aim of this component of the review was to examine the administrative structure and process of the *Walk-With-Care* program in the light of recent infrastructure changes at both VicRoads and local government.

#### **3.2 HISTORY OF WALK-WITH-CARE**

In 1990 following release of the VicRoads Pedestrian Accident Investigation report, a pedestrian safety strategy was prepared which recommended the appointment of a pedestrian advocate to each of its then three Metropolitan regions. The pedestrian advocate had the role of developing and implementing pilot pedestrian safety programs at the local community level in partnership with local government. Three groups of at-risk pedestrians were targeted from the accident study, namely children (0-14 years), the intoxicated, and the elderly (60 years and over).

The Central Metropolitan region pedestrian advocate had the responsibility for developing a responsible serving of alcohol training program and to assist in the development of the *Walk-With-Care* program. The pedestrian advocates in both Metropolitan South-East and North-West had the prime responsibility for developing and implementing both Walk-With-Care and Safe-Routes-to-Schools in conjunction with local government.

In the *Walk-With-Care* formative stages, the pedestrian advocate was located in each of its participating municipal offices for at least 2 days per week in order to develop strong working relationships, rapport, and on-going involvement and commitment from local council. During this time, the pedestrian advocate took overall responsibility for managing and implementing the program. In this role, the pedestrian advocate would undertake the planning and advocacy of the program and liaise with key engineering staff at both VicRoads and council to ensure that the improvements identified in the program were implemented.

While in the initial phases of the *Walk-With-Care* program it was desirable to locate the pedestrian advocates in the Council's offices, as time progressed, it became difficult and unmanageable. Thus, the pedestrian advocates subsequently re-located to the VicRoads regional offices on a full time basis with on-going liaison with the municipal offices.

During the first year of the program, the pedestrian advocate was the focal point for delivery of the program and for managing its development. This proved to be too restrictive for efficient implementation. The pedestrian advocate was seen as an outsider to the local community, whereas aged social workers or the aged care coordinator were more able to gain access to the target audience groups. Thus, with time, the pedestrian advocate became more of a support officer to the Council coordinator usually appointed from within the aged care service area. The Council coordinator therefore assumed responsibility for the overall implementation of the program while the advocate adopted a more supportive role.

In the early stages of *Walk-With-Care*, the Council program coordinator took responsibility for identifying and coordinating the discussion leaders. Emphasis was placed on using trained professional care workers to lead the discussions. However, in more recent times,

volunteers from within the wider community have been trained to present the workshop sessions. These people are usually all older people themselves to ensure greater empathy with the group.

There have been differences in administration of the *Walk-With-Care* program between regions and different Councils, depending on available resources and other local considerations. However, the training has always been undertaken by the VicRoads pedestrian advocates who have readily agreed to provide any necessary support to the program leader or the discussants.

The need for the review to encompass the structure and process of *Walk-With-Care* was identified by the Project Advisory Committee and later endorsed by VicRoads. This component of the review was considered necessary given that local government has recently undergone a process of restructuring and outsourcing of services. Further, infrastructure changes at VicRoads have affected staffing and management of road safety programs, resulting in an increasing trend toward outsourcing the delivery of these programs.

### **3.3 METHOD**

In order to obtain material for this review, discussions were held with current and past pedestrian advocates, with program leaders from Councils currently running *Walk-With-Care* programs, and with senior management at VicRoads. Evaluation reports prepared by municipalities at the end of the *Walk-With-Care* process were also studied for relevant comments. The review presents a description of the current administrative structure and process, outlines the relevant issues identified through discussions and presents a series of alternatives for staffing, program implementation and resourcing.

### **3.4 CURRENT STRUCTURE**

#### **3.4.1 Process**

*Walk-With-Care* is a three-stage process comprising a planning phase an education phase (combining publicity and discussion sessions) and an advocacy phase.

Municipalities are identified for inclusion in the program on the basis of a high incidence of older pedestrian accidents and a willingness to participate. The planning phase entails establishing links with the proposed municipality, appointing a program leader to take responsibility for implementation, identifying local problem areas for pedestrians, setting the parameters for the program and tailoring it to suit local needs. The identification of local problem areas is done using pedestrian accident location maps which are overlaid onto street maps to give a graphic depiction of the accident situation in relation to local areas, arterial roads, etc. Specific problem areas are further identified through a pedestrian survey produced and distributed by the municipality.

The principal aim of this survey is to increase general awareness and provide the program leader with detailed local knowledge of older pedestrians and their concerns. However, the surveys also serve as a means of recruiting discussion session participants, and as a basis for targeting areas for engineering works in the advocacy phase.

The public awareness component of the education phase involves publicising the program at a local level (a) in order to raise community awareness of the pedestrian safety issue,

and (b) as a further avenue for recruiting older people to participate in a group discussion session.

Media publicity is sought in local newspapers and on community radio. Posters, brochures and information bulletins are displayed in prominent places frequented by older people such as libraries, senior citizens centres and community health centres. In particular, doctors, pharmacies, dentists and hospitals are targeted for a mailout to publicise the program and its messages and to recruit older people to participate.

The second component of the education phase involves the organisation and running of discussion sessions among small groups (10-12) of older pedestrians, during which local issues of concern are canvassed. These groups are generally facilitated by an older person who has volunteered their services and been trained (see section 3.2.2 for more details). The sessions are held at places where the older people reside, or gather to participate in group activities (e.g., retirement villages, senior citizens clubs, sporting clubs, community health centres). The discussion session includes role plays, the screening of a video expounding the main messages of the program, and the distribution of Issues for Advocacy Sheets on which participants identify local pedestrian problem areas for consideration in the advocacy phase (more details of the discussion session format are given in Chapter 5).

The advocacy phase prioritises and implements recommendations and action plans for engineering works based on the issues identified by local residents in the earlier phases of the program. Program reports and discussions with *Walk-With-Care* personnel indicate that this is a very important phase of the program as it provides an enticement to participation, it gives participants a sense of power to affect positive change, and it provides tangible benefits in the form of road improvements. The three phases of the *Walk-With-Care* process are outlined in more detail in Figure 3.1 below.

### **3.4.2 Personnel**

*Walk-With-Care* programs are initiated and coordinated by pedestrian advocates who work for VicRoads and are based in the metropolitan regions. Currently there are two pedestrian advocates, however when the program first began there were three regions and hence three pedestrian advocates. Over the years the pedestrian advocates' role with regard to *Walk-With-Care* has expanded to include additional responsibilities for implementing pedestrian strategies across a broader spectrum (e.g., engineering countermeasures in high-accident strip shopping centre locations, and pilot programs for the responsible serving and consumption of alcohol).

The specific role of the pedestrian advocate with regard to *Walk-With-Care* is to identify high risk municipalities from accident statistics, seek municipal participation and commitment, develop an implementation plan in conjunction with the municipality, provide the necessary resources, train the discussion group leaders, and participate in the advocacy phase.

Implementation of *Walk-With-Care* programs is the responsibility of a local government appointed program leader (usually someone from the aged care or engineering area). The program leader will normally have other council responsibilities in addition to implementing *Walk-With-Care* program. The specific role of the program leader with regard to *Walk-With-Care* is to liaise with the pedestrian advocate regarding the implementation plan, to publicise and promote the program (identifying distribution networks), to facilitate the discussion group process (including recruitment of participants

and leaders) to monitor the program against predetermined objectives, to be involved in the advocacy phase and reporting of outcomes to the local community.

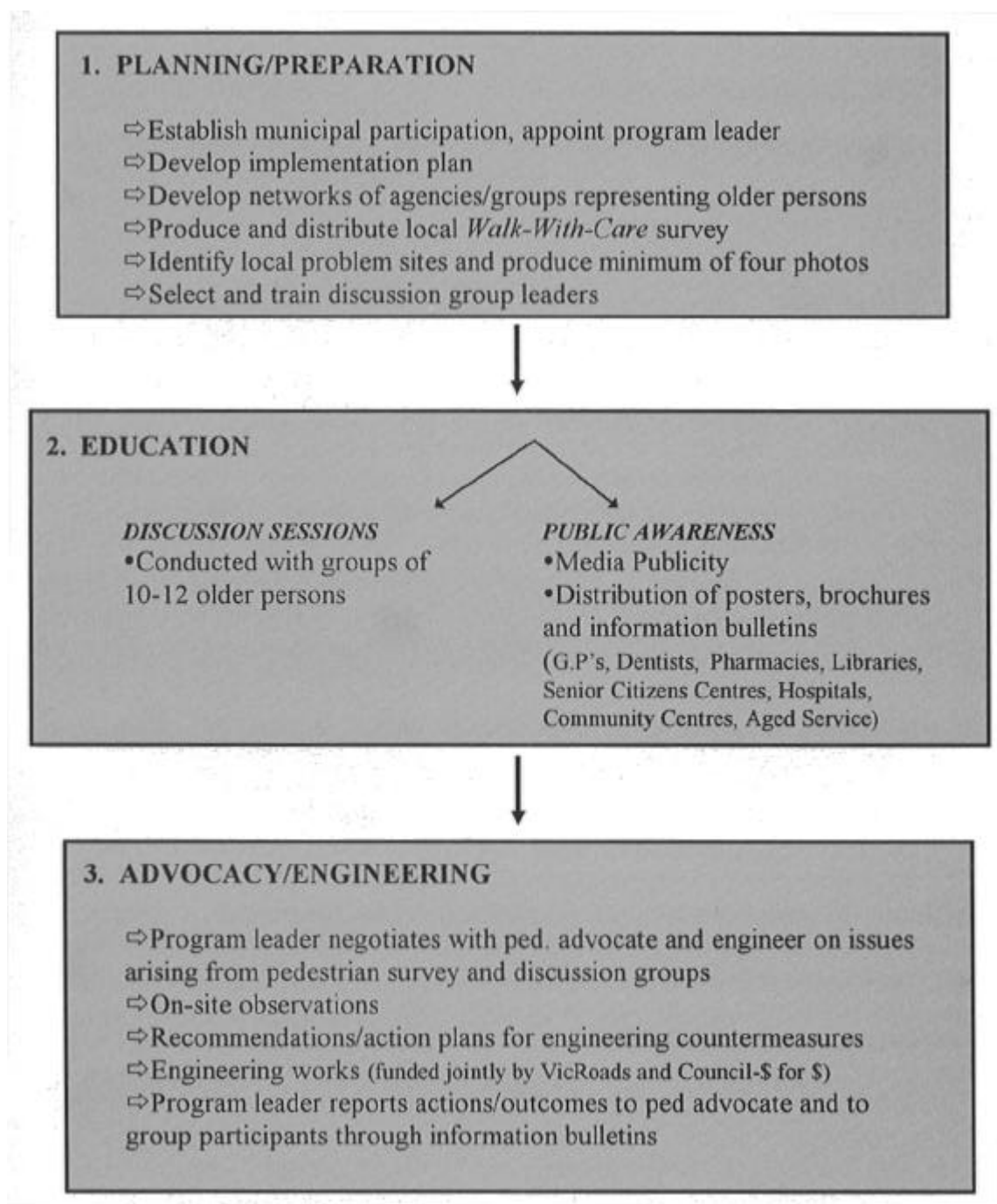


Figure 3.1 Outline of the Walk-With-Care Program

During the early years of the *Walk-With-Care* program, the program leaders (and sometimes councillors) were also responsible for leading the group discussion sessions and this is still the case in some regions today. The concept of having older persons run these sessions came later, when it became apparent that group members were less receptive to leaders that they perceived as bureaucrats, particularly if they were considerably younger in age.

Information dissemination and facilitation of discussion on local issues in the educational phase of the program is performed by the discussion group leaders, usually volunteer older people trained by the pedestrian advocate. These leaders are trained to facilitate interactive discussion and role plays about local issues within a small group (no more than 10-12). They are also given requisite pedestrian safety knowledge and an understanding of the statistics relating to older pedestrian accidents. The training session usually takes 1/2 day and is supported by a "Train the Trainers" video and a manual of guidelines. A common source for recruiting people to facilitate discussion groups is an executive comprising representatives of the various older persons clubs and groups in a given municipality. Recruitment and training is often hampered by illness or other commitments, in which case discussion groups are taken by the program leader, the pedestrian advocate or a representative of some aged care agency. The administrative structure for the *Walk-With-Care* program is depicted in Figure 3.2.

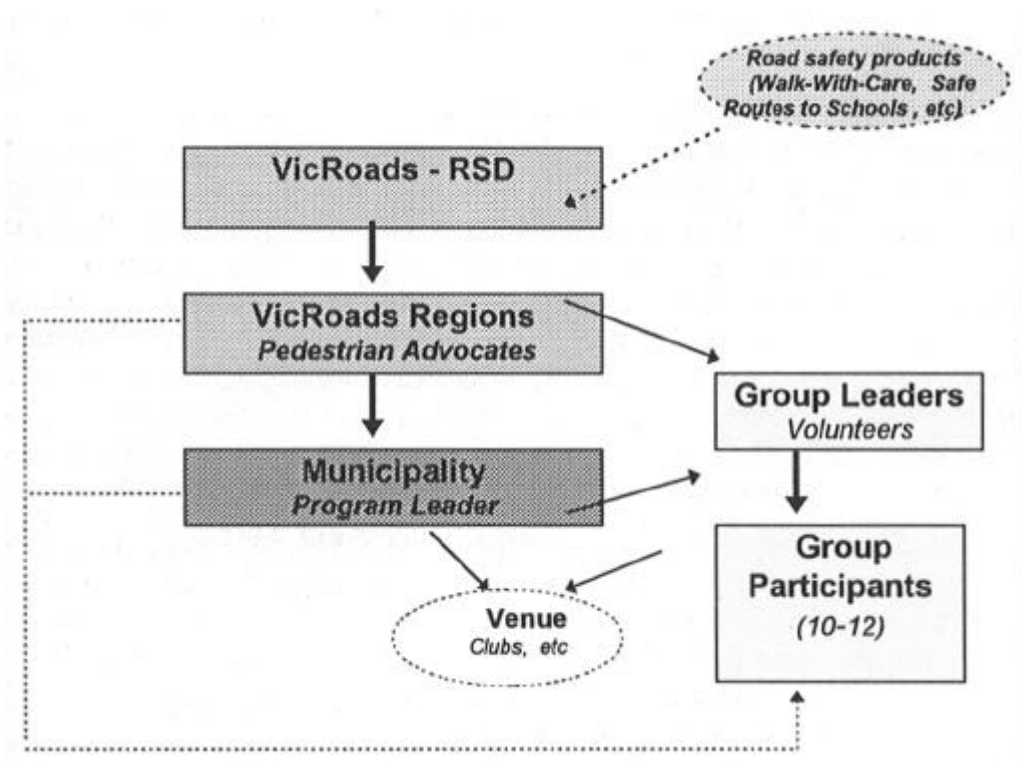


Figure 3.2 *Walk-With-Care* administrative/personnel structure

### 3.4.3 Resources

The main resources for the *Walk-With-Care* program are: (a) the Guidelines for Municipalities manual (prepared by VicRoads) which gives a detailed outline of the objectives and stages of the program and provides sample documents; and (b) the *Walk-With-Care* kit supplied by VicRoads to participating municipalities for use by the leaders in the discussion sessions.

The kit contains a manual of guidelines for leaders, cue cards and photographic prompts to guide the discussion, brochures and advocacy sheets, promotional safety accessories and an educational video. The history and content of the video are detailed in Chapter 5.

Additional resources for the public awareness component of the program in the form of posters, brochures and information bulletins are also supplied by VicRoads. This material

can be produced in other languages where the ethnic mix of a given municipality requires it.

Special mailouts attempting to recruit older people to participate in a group discussion session or complete a pedestrian survey are produced and distributed at the council's expense.

### **3.5 ISSUES ARISING FROM THE REVIEW**

Material obtained from discussions with *Walk-With-Care* personnel and municipal evaluation reports revealed that certain objectives are not being achieved due to staffing and implementation issues which are affecting the program's efficiency and efficacy.

#### **3.5.1 Process**

***VicRoads Restructuring:*** Infrastructure changes within VicRoads, most notably the rationalisation to two metropolitan regions and fewer human resources, have had implications for the *Walk-With-Care* process. The pedestrian advocates now have more municipalities within their jurisdiction and are also responsible for other pedestrian strategy programs other than *Walk-With-Care* and Safe Routes to Schools.

***Local Government Restructuring:*** *Walk-With-Care* has received very little attention at the local government level in recent years, as council amalgamations and compulsory competitive tendering requirements have taken precedence and have overwhelmed employees to the extent that they have less time to devote to the implementation of community programs. The massive restructuring of local government has caused a one and a half to two year hiatus in the *Walk-With-Care* process. For example, in the South-East region negotiations and program establishment had begun in four municipalities prior to amalgamations. Since resumption of the process this year, however, two of these municipalities have decided not to continue due to lack of resources. Negotiations and program establishment at the two remaining municipalities have been further hampered by the compulsory competitive tendering process and the massive staff changes which seem to have occurred within local government.

***Recruitment Difficulties:*** One of the most commonly mentioned problems in the municipal reports prepared at the end of the program is the difficulty in gaining the agreement of older people's clubs to participate in a group discussion, or in finding a suitable time. This they claim is due to the fact that the *Walk-With-Care* process is "driven by statistics, not demand", and attempts to intervene in an ongoing group process where the groups already have a full agenda of activities. The inevitable result of this is fewer groups, or groups larger than the specified 10-12 participants. It would appear from the reports that when the groups are run with large numbers they become information dissemination sessions rather than sessions involving role plays and interactive discussion of issues important to group members. This outcome was confirmed at the discussion session attended as part of this review (see Chapter 5 for more details).

#### **3.5.2 Personnel**

**Program Leader:** The allocation of a program leader funded totally by local government seems to be a further hurdle, as councils either do not have sufficient resources to devote someone to this role or else the appointed person does not have sufficient time to devote to implementing the program on a broad scale. The program leader is often someone who

takes on *Walk-With-Care* as an added responsibility and therefore affords it a lower priority. Some of the perceived implications of these time constraints placed on implementation of *Walk-With-Care* are that:

- the public awareness campaign may not be as pervasive as intended;
- the program is not implemented in a consistent fashion;
- the number of discussion sessions held does not represent a good coverage of the elderly community in a municipality (sometimes less than 10 compared with up to 50 in the pilot programs);
- continuation of the education or advocacy role of council beyond the time agreed for implementation of the program does not occur; and
- *Walk-With-Care* objectives often do not feature in 3-year Municipal Public Health Plans.

**Discussion Group Leaders:** Recruiting, training, and maintaining the enthusiasm of older people to act as discussion group leaders also appears to be difficult and results in leaders of mixed quality. Health problems, frequent vacations and the lack of monetary reward for service, seem to be the main barriers to developing a reliable and committed team of discussion group leaders. Councils report sometimes using paid community service workers instead of volunteer older persons to run groups, for the reasons stated above.

Discussions with one pedestrian advocate also suggested that the brevity and format of the training session is not sufficient to instil the necessary skills or confidence required to effectively facilitate an interactive session, given that the majority of older volunteers have no prior experience in running groups. The crux of the problem regarding group leaders appears to be their relatively low level of skill attainment rather than their age, as it would seem desirable to have groups led by people of a similar age to the participants in order to ensure empathy and rapport.

### 3.5.3 Evaluation

Discussions with the pedestrian advocates and program leaders, as well as the review of the municipal reports, highlighted the lack of a formalised mechanism for ongoing evaluation of personnel, process and outcomes. A mechanism for gathering some process evaluation material exists in the form of (a) the records of promotional, group discussion and engineering activities to be completed by the program leader, and (b) the discussion session questionnaire to be completed by group participants.

However, the review revealed that the records of activities are sometimes not kept, irregular or rather sketchy, due to competing time demands on the program leaders. Further, the discussion session questionnaire is not included in the discussion leaders' kit, appearing only as a sample in the "Guidelines for Municipalities" manual, and so it is rarely distributed to group participants as its existence is not commonly known. *Walk-With-Care* personnel also suggested that leaders may omit distributing the questionnaire rather than extending the duration of the session more than is necessary.

## 3.6 SUGGESTED STRUCTURE AND PROCESS ALTERNATIVES

The review highlighted the need for the administrative structure of *Walk-With-Care* to have a stronger emphasis on outsourcing of services in order to dovetail with the current modes of operation at VicRoads and Local Government. It also highlighted the need to instil a greater degree of accountability and quality control in the areas of staffing and implementation.

### 3.6.1 Process

It is important for local government to remain a key player in the implementation process since the majority of accidents involving older pedestrians occur close to their home and on local streets. Local government involvement would also ensure that relevant local issues are identified and addressed. The implementation process must be able to dovetail with compulsory competitive tendering which is now a key feature of service delivery by local government.

The essential components of the *Walk-With-Care* process, namely planning, promotion, education, advocacy, and engineering, appear to be sound although they need to be more tightly structured and monitored than currently. The implementation process outlined in the program manual needs to be an orchestrated schedule of events with time frames, outcomes and quality standards applied to each.

**Promotion:** The key objectives of the promotional component of the program should be to (a) raise the general level of awareness among the community of the issue of elderly pedestrian safety, and (b) generate stronger demand for group discussion sessions among older persons, thereby ensuring a more receptive audience.

One way of achieving these objectives may be to extend the public awareness campaign to mass media in addition to community-based media. Daily newspapers and mainstream women's magazines would be a good target as these have been shown to be important sources of information for older people (Elliott & Shanahan Research, 1994). Magazine-type television programs could also be targeted for conveying human interest stories or anecdotes about pedestrian safety. It was also felt that human interest stories in all media forms, prefaced by some non-threatening crash statistics, may be more useful in generating interest and demand for the *Walk-With-Care* program than pure advertising, and would possibly be more cost effective. Examples of human interest stories could be included in the *Walk-With-Care* kit. (See Appendix 7 for full summary of meeting with Barry Elliott from which the above suggestions are drawn).

Financial support for a mass media campaign would need to be sought from interested bodies such as the Council on the Ageing, Department of Human Services, Transport Accident Commission (TAC), or VicHealth. Financial support could be elicited on the basis that older people in Victoria account for 27% of pedestrian casualties and 14% of the associated costs (Fildes et al., 1994). Moreover, with an ageing society, the incidence and costs are expected to increase dramatically in the years ahead.

Perhaps an annual "**Pedestrian Awareness Week**", focussing on road safety issues for older pedestrians (or pedestrians of all ages) could increase the momentum amongst the community for *Walk-With-Care* programs. This concept would require a coordinated effort from all relevant agencies (VicRoads, Police, Local Government) and extensive media coverage.

The success of recent advertising campaigns targeting speeding and drink-driving in lowering the road toll have convincingly demonstrated the value of backing any promotional campaign (especially those focussing on behavioural change) by enforcement of targeted illegal behaviours. However, the value of enforcement to support the messages of Walk-With-Care may be tempered by the following: (a) the number of illegal behaviours to target is relatively small (i.e., crossing against the red walker and crossing within 10-20 metres of signals), (b) enforcing illegal pedestrian behaviours compared with illegal driver behaviours is generally difficult, and (c) the perception that illegal pedestrian behaviours are relatively minor in terms of potential harm compared with illegal driver behaviours.

**Education:** Suggested improvements to the educational component of the program, namely the content and format of the discussion session are detailed in Chapter 5.

**Advocacy:** The advocacy and engineering phase of the program appears to run smoothly, with no major problems being identified during the course of this review. This phase is very important from a public relations point of view as it represents a tangible cost benefit of the program and is a means of empowering the local elderly community as agents of change. Funding for engineering works should remain a joint responsibility of VicRoads and the Municipalities.

### 3.6.2 Personnel

A revised model for the administrative and personnel structure of the *Walk-With-Care* program based on the key staffing issues identified earlier, is outlined in Figure 3.3.

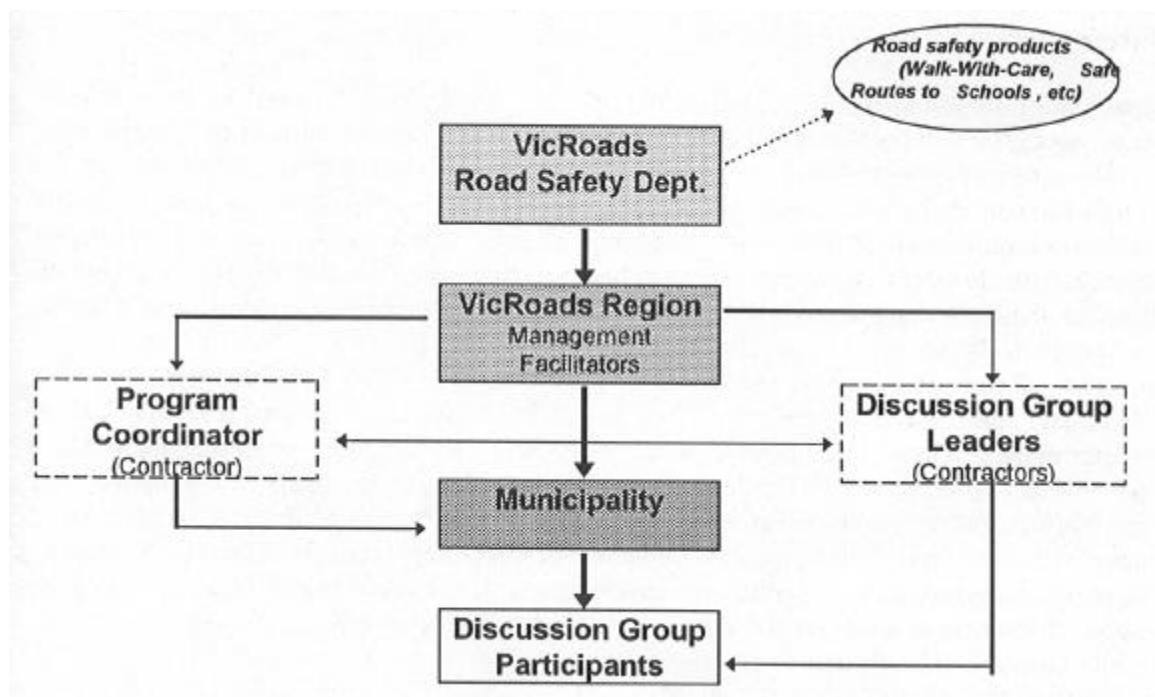


Figure 3.3 Proposed administrative and personnel structure for the Walk-With-Care program

The key feature of the proposed model is a greater emphasis on contract staff in the vital areas of program implementation and facilitation of discussion groups. The roles of the

program coordinator and discussion group leader are critical roles targeted for outsourcing since these were identified as problem areas under the current model.

**Program Coordinator:** Outsourcing the role of the program coordinator would create the opportunity for someone with a broader knowledge base to fill the position (e.g., knowledge of road safety and aged care networks), and would ensure that the person has sole responsibility for program implementation, thereby providing greater focus on achievement of the program's objectives. The use of contract staff in this position would also allow for performance assessment (e.g., achievement of set outcome criteria in the core areas of promotion, education, and engineering countermeasures) as a condition of contract renewal, thereby introducing a greater degree of quality control. The program coordinator's tasks would remain essentially the same as currently, the major difference being more time and commitment to devote to the role.

A good knowledge of the local area in which the program is to be run would be a definite advantage for the program coordinator, as this would enable them to tailor the program to particular problem sites in the municipality. The program coordinator could also be responsible for developing links with the local Community Road Safety Council, thereby streamlining the road safety educational effort. The program coordinator position could be funded jointly by VicRoads and local government so that both parties have input into the selection and evaluation process.

**Discussion Group Leader:** The review strongly highlighted the need to build greater consistency, commitment and technical expertise in to the role of the discussion group leader.

It is suggested that these positions also be filled by paid contract staff attached to one of the VicRoads regions or VicRoads Road Safety Department. Two aspects of the role which this review identified as critical were: (a), professional qualifications and well developed presentation skills (e.g., a teacher), and (b) being relatively old themselves. This is important for establishing a rapport and having empathy with group members of a similar age (Malfetti & Winter, 1978).

Discussion group leaders would best be trained by professional trainers from the human resources area as they would be able to impart the necessary skills for generating and guiding effective group discussion. The leaders' training would also include specific knowledge of the *Walk-With-Care* product and of relevant areas such as current road rules. Additionally, these leaders could be trained to deliver a variety of road safety products offered by VicRoads.

Ongoing monitoring of presenters in accordance with set performance criteria, would be essential in order to ensure that the objectives of the discussion session are being met. This evaluation could also form the basis for contract renewal.

Under the revised model proposed in Figure 3.3, the VicRoads Road Safety Department would have greater involvement in the *Walk-With-Care* program than currently as they would be responsible for the selection and training of contract staff in addition to development and technical support of the product. In order for the training to be successful in building the confidence and skills of the group presenters/facilitators, it needs to be intensive and conducted by professional trainers.

**Management Facilitator:** The *Walk-With-Care* process would need to be guided and monitored at the regional level to ensure it delivers the full range of road safety products. A management facilitator would become more generic than the current pedestrian advocate, since the introduction of a contract program coordinator and the centralisation of the training function would remove some of the former responsibilities of the pedestrian advocate. One of the key functions of the management facilitator would be to monitor the accidents statistics in order to identify areas with the strongest need for the program. The management facilitator would be one of the key players in the advocacy phase along with the program coordinator, discussion group leader(s), and the Municipal Engineer.

### **3.6.3 Resources**

**Brochures:** While the value of brochures is uncertain, they are useful as promotional tools, and for reinforcing the messages conveyed in the group discussion sessions. Elliott, Elliott and Lysaght (1995) report that older people generally find brochures appealing, as long as they have a simple layout and limited information content requiring a relatively small time investment. These are important criteria to consider when designing promotional or educational material for older people. Further, the current brochure would need to be updated to incorporate the most current crash statistics for older pedestrians and the revised messages recommended in this report (with explanatory diagrams where necessary). The current network for distribution of *Walk- With-Care* brochures would seem to be appropriate.

**Information Bulletins:** The information bulletins distributed at regular intervals throughout the course of a *Walk-With-Care* program may be too wordy to attract the interest of older people. A colourful, punchy brochure is probably sufficient to promote and reinforce the messages of the *Walk-With-Care* program.

### **3.6.4 Evaluation**

There is a clear need for more formalised evaluation mechanisms to be built into the revised program to provide greater accountability and quality control. In particular, more stringent accountabilities need to be developed in order to provide a mechanism for immediate and ongoing monitoring of program staffing and implementation.

Evaluation of the behavioural outcomes should be undertaken about two years after the revised features of the program have been put in place. Behavioural outcomes following exposure to the program could be assessed by survey methods and/or videotaping of actual behaviours at locations highly frequented by older pedestrians. Behavioural monitoring could be done at pre-determined intervals during and after the *Walk- With-Care* program to determine the extent and durability of any change. Behavioural monitoring is an important evaluation tool as it can highlight tangible cost benefits and potential problems that need to be addressed.

## **4. REVIEW OF PROGRAM CONTENT & MESSAGES**

### **4.1 OBJECTIVE**

One aim of the review was to determine if the current messages included in the *Walk-With-Care* program are still appropriate and relevant in the light of current research on ageing and older pedestrian behaviour and whether they are communicated effectively to the target audience. This was to include both written materials as well as the accompanying video "Gabby Gets it Right".

### **4.2 METHOD**

A series of sub-tasks were undertaken as part of the review of the program's content and messages.

#### **4.2.1 Research Literature**

The first task was to undertake a critical review of all the relevant research on ageing, older pedestrian perceptions and behaviour, and communication strategies. This was to throw light on current issues, problems and difficulties facing older pedestrians for use in identifying relevant messages.

#### **4.2.2 Expert Group Meetings**

The next task involved a series of meetings with teaching staff from the School of Disability Studies at Deakin University who have expertise in the area of education and ageing. Three meetings were held in total to (1) acquaint Deakin staff with the *Walk-With-Care* program and its resources, (2) to re-work the themes and messages of the program in the light of relevant knowledge and research, and (3) to rank the existing messages according to their value, considering the various issues canvassed in the preceding discussions. The combined rankings were then used to guide the development of a revised list of important messages (see Appendix 3). Discussions with the Deakin group also touched briefly on the most appropriate format for the educational component of the program.

#### **4.2.3 Evaluation Study**

A MUARC staff member attended a workshop session in order to observe and record firsthand how a session was conducted and to assess various aspects of the presentation. The same staff member returned two weeks later to assess participants' memory for the content of the session using six aided-recall questions (see Appendix 2 for details of the results of this assessment). Other municipal evaluation reports and comments from the Project Advisory Committee were also studied for pertinent comments on the positive and negative aspects of the existing content.

#### **4.2.4 Educational Consultant**

A meeting was convened with Barry Elliott, Road Safety Marketing and Educational Consultant, the expert group from Deakin and the project research staff to discuss the program content and messages as well as the most effective ways of communicating these messages to an older audience. The video was also evaluated during this meeting.

### 4.3 CURRENT CONTENT/MESSAGES

All of the pedestrian safety messages contained in the *Walk-With-Care* program currently were extracted by examining each of the various media in which they are contained (i.e., information bulletins, brochures, posters, cue cards for discussion sessions and the video). A list of these messages and the media in which they are conveyed is provided in Appendix 1.

Not all messages appear in each medium, and some (but not all), are presented with supporting rationales.

As can be seen from Appendix 1, the messages may be broadly grouped into one of five content areas, namely:

- Traffic Lights/Pedestrian Signals
- Crossing Midblock/Refuges/Kerb Extensions
- Visibility
- Roundabouts
- Public Transport

Messages of a more general nature are also included, and these pertain to:

- Road Crossing
- Ageing

**Video:** The video "Gabby Gets It Right" is one of the key vehicles for conveying the messages of the program. The central theme of the video is the interaction between a grandmother and her grand-daughter as they walk through suburban streets highlighting potential dangers, safe road crossing strategies and differences between the older and younger generations. The video was produced by the Heidelberg City Council with funding from a federal grant to develop pedestrian safety initiatives. Development of the script and early production actually occurred prior to the initiation of the *Walk-With-Care* program and was overseen by a consultative committee comprising a representative of the elderly community, two council representatives from the elderly services area, the city engineer and Mr. Rob Klein from VicRoads. No formal market testing of the script was conducted prior to final production. VicRoads decided to include the video in the educational component of the program as the issues were seen to be of direct relevance. In order to gain usage rights, VicRoads contributed to the final production costs.

### 4.4 ISSUES ARISING FROM THE REVIEW

#### 4.4.1 Research Implications

Based on the findings of recent research reported in Chapter 2, it was clear that the messages in the *Walk-With-Care* program should focus on a limited number of strategies critical for enhancing pedestrian safety, namely:

- strategies for crossing the road, since 3/4 of older pedestrian accidents occur while performing this activity;
- safe strategies for crossing in complex situations such as undivided roads and roundabouts where older pedestrians typically demonstrate more risky behaviour than younger ones;
- strategies for maximising available information and improving anticipation of unexpected events, as a significant number of intersection crashes involving older pedestrians are attributed to failure to anticipate turning vehicles;
- increasing knowledge of traffic management devices on the road and their operating principles and laws, since research indicates that older people are particularly confused about treatments such as speed humps, roundabouts, and traffic light cycles.

#### **4.4.2 Resolutions from the Discussions**

The various meetings held throughout the course of this review identified a number of key issues for consideration when developing a set of revised messages for the program, including a need to:

- simplify presentation of the pedestrian crash statistics, since these form the basic premise for the program's messages;
- reduce the number of messages (it was generally felt that there were too many messages in the current program and these should be reduced with priority given to the important messages and rationales identified from the recent research literature);
- simplify the presentation of messages so that several issues are not combined in the one message;
- focus on behavioural strategies for safe road crossing, incorporating information about 'route planning' and current road rules-
- present messages in a way that will motivate and involve an older audience, strengthening their critical self-consciousness without appearing patronising or insulting;
- develop an approach which couches messages in a positive context, provide rationales where possible, focuses more on the importance of mobility and less on overrepresentation in pedestrian crashes, and avoids trite, obvious messages and stereotypes about ageing.

Other recommendations were to reinforce important messages across media in a consistent way to enhance their impact, avoid technical jargon such as 'jaywalking' or 'kerb extensions' or append such terms with explanatory diagrams or photos, and consider deleting the messages on medications and walking (recent media advertising by the TAC has received negative feedback on these aspects).

#### **4.4.3 Comments On The Video**

The video "Gabby Gets it Right" was not viewed favourably by four of the five reviewers, who found it to be patronising and trite in its tenor and containing several inconsistencies

in presentation style. The fifth reviewer felt that, although not ideal, the video was not misleading or incorrect and had a commendable degree of humour and entertainment value, which would enhance its appeal to an older audience. Comments from the pedestrian advocates indicated that the video has been generally well received by the participants and is successful in generating discussion.

#### **4.4.4 Comments From Evaluation Reports**

Interviews with the 29 discussion group leaders from the pilot phases of the program (Addicoat, 1991), highlighted the need for more information on the stopping distances of vehicles, on age-related sensory loss, and on strategies for crossing the road between intersections and away from formal crossings. Comments from the municipal evaluation reports suggested that the messages of the Walk- With-Care program should pay special attention to the following issues which were most commonly mentioned as problematic for older pedestrians, namely:

- walk phases at signalised crossings;
- turning vehicles failing to give way;
- confusion over road rules (especially right of way at roundabouts and jaywalking);
- confusion over road treatments (especially the 'flashing red man' and speed humps).

#### **4.4.5 Recall of Content of Discussion Session**

Participants' responses to the six questions prompting their recall of the content of the Walk-With-Care discussion session attended two weeks earlier are presented in Appendix 2. Aided recall of the messages was fairly high, even after two weeks. Interestingly, the greatest number of incorrect responses were recorded on the questions relating to traffic light cycles and speed humps, adding weight to the earlier contention (from municipal reports) that traffic management devices in general are confusing for elderly pedestrians.

### **4.5 SUGGESTED ALTERNATIVES**

#### **4.5.1 Important Messages**

The literature reviewed in Chapter 2, and other comments from discussions and evaluation reports, clearly suggests that the messages for the *Walk-With-Care* program should broadly focus on: crossing the road, crossing in complex traffic situations, maximising available information, anticipating unexpected events and increasing knowledge of light phases and traffic management devices.

On the basis of these findings, a revised conceptual framework for the content/key messages of the *Walk-With-Care* program is suggested, as follows:

1. The Facts (Current Statistics on accidents involving older pedestrians)
2. Making Road Crossing Easier & Safer
3. Reducing Your Time on the Road
4. Making Yourself more Visible

5. Anticipating Unexpected Events
6. Understanding Confusing Traffic Situations

Material from discussions and meetings held throughout the review also revealed the need to:

(a) remove trite obvious messages, (b) reduce the emphasis on ageing, (c) incorporate more information about current road rules, (d) avoid technical terms or provide supporting explanations/diagrams, and (e) present behavioural strategies and rationales in a positive context.

The *key messages*, namely those which were rated as most important by the reviewers from Deakin and MUARC, are summarised in Table 4.1. The key messages are recommended for use in publicity material such as brochures, or posters, where there is a need for brevity, and should form the focus of the information component of the discussion session (see Chapter 5 for details of recommended discussion session format). In addition, there were several other messages which this review highlighted as being important for the Walk-With-Care program to convey. The complete list of suggested messages for use in the program is provided in Appendix 3 (messages requiring an explanatory diagram or photo are indicated in the list). Supporting material such as the video or other printed material would be the appropriate vehicles for canvassing the full range of important messages.

The wording of the messages is intended as a guide, and is by no means definitive. One of the challenges in rewording the messages will be in striking a balance between informing older people of the risks associated with pedestrian activity and of appropriate compensatory behaviours, while not deterring them from walking altogether. When developing educational or promotional material from this list it is important to give the communication a positive tenor- focussing on the importance of walking for physical and mental well being and independence rather than on older peoples' accident risk. This will heighten receptiveness to the messages and their positive impact on behaviour. Some wording along the following lines to introduce the messages is suggested: *“Walking is good for you, it enhances your sense of independence and well being. Here are a few tips on how to walk safely and still enjoy it.”*

#### **4.5.2 Video**

While the video seems to have general appeal to the older audience, the video was criticised as being a little patronising and trite. The video is now seven years old and some of the messages are really quite dated. The review presents an ideal opportunity to update it and incorporate the latest information and presentation style assuming sufficient resources are available (the issue of cost needs to be borne in mind as production of a new video would be a significant expense). Market testing of the existing video would be help to determine what aspects of the current material are effective in conveying safety messages to this target audience. This evaluation should incorporate qualitative research on the script, message recall, behavioural intentions, and emotional or attitudinal responses.

**Table 1 Key Safety Messages for the Walk-With-Care Program**

<b>Key Messages</b>
<b>Making Road Crossing Easier &amp; Safer</b> <ul style="list-style-type: none"><li>• Wherever possible, cross at traffic lights or on a marked pedestrian crossing.</li><li>• If you cannot cross at traffic signals or a pedestrian crossing, try to do so where there is a median strip or refuge area in the middle of the road.</li><li>• When crossing a road divided by a median strip or refuge, concentrate only on the traffic on the first half of the road; treat the second half as another road to cross.</li><li>• When crossing undivided roads (without a median or refuge), wait until there are sufficiently large gaps in the traffic in both directions to allow you to cross without weaving between the traffic or having to stop in the middle of the road.</li></ul>
<b>Reducing Your Time on the Road</b> <ul style="list-style-type: none"><li>• Cross the road by the shortest most direct route (not diagonally).</li></ul>
<b>Making Yourself More Visible</b> <ul style="list-style-type: none"><li>• Avoid crossing between or behind parked cars, on hills or on bends, as car drivers may not see you or you may not see them.</li><li>• Make eye contact with the drivers of approaching vehicles.</li><li>• Try to wear light or bright coloured clothing.</li></ul>
<b>Expect the Unexpected</b> <ul style="list-style-type: none"><li>• Keep looking around you while crossing, not just ahead or at the ground.</li><li>• When crossing at intersections, watch for cars turning across your path</li></ul>

## **5. FORMAT REVIEW**

### **5.1 OBJECTIVE**

This part of the review examined the format of the major component of the educational phase, namely the discussion sessions, to determine if it is an effective vehicle for conveying the educational messages of the *Walk-With-Care* program. A secondary part of this review was to examine the promotional methods for recruiting older people to participate in group discussion sessions and for raising the level of community awareness of older pedestrian issues.

### **5.2 METHOD**

The first task associated with the format review was a small evaluation of a discussion group session attended by a MUARC researcher (it was only possible to observe one session within the time frame and budget of this review). The same group was revisited two weeks after the original session and asked to complete the discussion session questionnaire and a few additional questions on recall of the content.

Another significant review task was a half-day workshop with Road Safety Consultant, Mr Barry Elliott and MUARC and Deakin researchers. This workshop explored the most appropriate format for the discussion session, promotion of the program, and the special requirements for communicating effectively with an older audience.

Other inputs to the review of the format of the Walk- With-Care program were gathered from meetings with the Deakin group, Project Advisory Committee meetings and from municipal evaluation reports.

### **5.3 CURRENT FORMAT**

#### **5.3.1 Discussion Sessions**

The discussion group sessions were the central component of the educational phase of the *Walk-With-Care* program. Within a given municipality groups such as senior citizens clubs, homes for the aged, ethnic clubs or sporting clubs are canvassed by the program leader for their willingness to hold discussion sessions, either within their normal group meeting time, or at a specially arranged time. The objectives of the discussion sessions are to, (a) heighten awareness among older pedestrians of their level of risk, (b) inform older pedestrians of safe walking strategies, and (c) identify local areas where action is required to reduce risk.

The sessions are intended to be small group discussions with no more than 10-12 older persons (60+) lasting for about one hour. The format of the session includes information dissemination on the five key content areas described in Chapter 4, role playing, interactive discussion of local issues, and the screening of a 15 minute video "Gabby Gets it Right". The usual running order of a discussion session is described in Appendix 4, although this varied slightly between discussion group leaders.

### 5.3.2 Promotion

As outlined in Chapter 3, promotion of the Walk- With-Care program aimed to raise community awareness of the pedestrian safety issue and recruit older people to participate in a group discussion session. Media promotion was usually confined to a local level, covering sources such as local newspapers and community radio. Additionally, posters, brochures and information bulletins were displayed in prominent places frequented by older people such as libraries, senior citizens centres and community health centres. Doctors, Pharmacies, Dentists and Hospitals were often targeted for a council mailout to publicise the program and its messages and to recruit older people to participate.

## 5.4 ISSUES ARISING FROM THE REVIEW

### 5.4.1 Evaluation of the Discussion Group Session

A MUARC representative attended a discussion group session at a Senior Citizens Club in May, 1996. This particular session involved approximately 50 participants and was led by one trained discussion group leader. The leader had previously facilitated two other discussion sessions and was well known to most of the participants. The group participants were seated at tables of 6-8 people. The number of participants was much larger than what was specified in the guidelines, although this appeared to be quite common among clubs with full agendas of activities planned for each meeting. The VicRoads Pedestrian Advocate also attended the session to provide moral support for the leader. A summary of the session including personal comments and observations made by the MUARC representative is presented in Appendix 5.

This session was not judged to be particularly successful since a number of the key objectives namely, role plays and discussion of local issues generated by group participants, were not achieved. Reasons for this included (a) the large group size, (b) the use of a volunteer leader who was familiar to the group, and (c) the general lack of receptiveness of the audience.

These are discussed in more detail below.

**Group Size:** As indicated in the discussion session notes (Appendix 5), the session was run with one large group of 50 participants seated at tables of around 6-8. The largeness of the group seemed to induce peripheral chatter and consequently, reduced attention to the leader.

Further, the photo prompts were too small to be seen by the group as a whole and had to be shown briefly to each table of participants. This also made it difficult to show photographs depicting contrasting situations simultaneously. Because the photo prompts were not constantly visible, they did not provide the necessary stimulus for discussion. Finally, the television monitor on which the video was screened was too small to be seen by participants sitting towards the back of the room.

**Volunteer Leader & Familiarity:** There was some suggestion from the behaviour of group participants that the familiarity of the leader also reduced their attention and that the leader's skills were not sufficient to effectively control a large group or to keep the discussion on track. For example, the initial discussion of why and where elderly people walk seemed to be too long and became irrelevant, detracting from the discussion of more key elements of the program. There were also occasions where the pedestrian advocate was

required to clarify particular road safety issues. In short, while the discussion leaders were positive and well meaning, a more professionally trained person would have likely provided a more meaningful outcome to this workshop.

**Audience Receptiveness:** Verbal asides made by group participants throughout the presentation suggested that their receptiveness was reduced by scheduling the discussion prior to the normal group activities (e.g., cards, bingo, carpet bowls). Further, distributing the pedestrian advocacy forms just prior to screening the video, rather than at the end of the session was distracting, as many of the participants were writing or discussing issues rather than watching the video. Neither the group leaders nor the pedestrian advocate were aware of the existence of the discussion session questionnaire. Consequently, it was not distributed at the end of the session as planned.

#### **5.4.2 Follow-up Assessment**

Participants were asked to complete the discussion session questionnaire two weeks after the original session when the group was revisited by the MUARC representative. Responses to these questions are given in Appendix 6. Responses to the questionnaire were generally positive although there was a noticeably high level of 'no response' to the open-ended probes which followed some questions. Further, analysis of the responses suggested that the wording of the questions evoked rather limited responses which were of little value in evaluation terms.

#### **5.4.3 Municipal Evaluation Reports**

Among the Municipal evaluation reports obtained in the review, the most frequently mentioned problem was difficulty in recruiting older people's clubs and groups to participate in a discussion session or to set a convenient time. Most available groups have meetings with numbers exceeding 50 and seem to be reluctant to restrict their numbers to only 10-12 and to cover the same topic over consecutive meetings. Additionally, groups usually have a full agenda of activities scheduled for each meeting and demonstrate a general reluctance to participate in educational rather than recreational activities. Material from the municipal reports suggests that the problems with recruiting and involving clubs in *Walk-With-Care* discussion sessions has several implications for the actual format of any sessions which are run, for instance:

- the time allocated to the discussion session may be limited, due to other scheduled activities;
- the session may be run as an awareness-raising session among a larger group (50-60) and does not include role plays or self-generated discussion among group members; and
- the audience is not necessarily present of their own free will, and may not be as receptive.

#### **5.4.4 Overview of Current Workshop Format**

The conclusions that can be drawn from the review of the format of the current workshop and from discussions with the educational consultant are summarised below.

Volunteer group leaders: Problems with the use of volunteer group leaders (e.g., variability of presentation styles, lack of quality control and lack of commitment) were consistently

raised during discussions with pedestrian advocates, program leaders and with the Project Advisory Committee. The fact that these volunteers are generally retired older people, while desirable in terms of credibility and reduced running costs, does create problems of limited availability (ill-health, holidays etc) and a lack of professionalism.

**Information dissemination:** Pure information dissemination in a large group is now generally regarded as an ineffective way of achieving behavioural change. Smaller groups and highly interactive sessions with discussion topics generated from within the group are likely to be more effective communication techniques. The group process needs to empower and motivate participants by providing opportunities for ongoing contact relevant to the safety issues discussed.

**Receptiveness of audience:** Older people are not a generally a captive audience for educational programs of this type because they tend to have entrenched attitudes and behaviours and may believe that the issues canvassed are not necessarily relevant for them, are misdirected, or are presented in a patronising way. Recommendations for the promotion and formatting of the *Walk-With-Care* program need to be cognisant of these facts.

**Role plays:** Role plays or simulated environments in which group members interact are likely to be powerful means of affecting behavioural change, however, these may not be universally accepted by older people, particularly those who are less mobile.

## **5.5 SUGGESTED ALTERNATIVES**

### **5.5.1 Workshop Discussion Session**

The following section outlines suggestions for achieving more effective and efficient workshop sessions, based on the review material described and the specific recommendations to arise from the meeting with the Educational Consultant (a detailed summary of his recommendations is provided in Appendix 7).

1. The concept of an interactive session with small groups, as prescribed in the existing program guidelines, has merit and is worth retaining. However, this concept is currently not working as intended, usually reverting to pure information dissemination to a large group. For the session to be truly 'interactive' the group must be small and the format flexible enough to be tailored to the dynamics of the group and local issues. A key requirement of effective group sessions is that participants should be given ample opportunity to raise issues of relevance to them and to share personal experiences.
2. A brief awareness-raising information session could precede the interactive component, purely for the purpose of stimulating discussion. The number of messages in this session should be kept to an absolute minimum so as to maintain optimal attention and not dilute the impact of the entire workshop. The video and a set of slide photographs projected onto a large screen (replacing the current poster-sized hand-held photographs) could form the basis of this session. The presentation should be specifically tailored to a particular locality so that it features local problem sites familiar to participants. To further enhance participants identification with the issues and to stimulate discussion, some slides could display key road-crossing behaviours which may pose problems for the participants.

3. Given that most pre-existing groups of older people (e.g., RSL, Probus, Senior Citizens, or Ethnic Clubs) hold meetings with numbers in excess of 50, it is logistically difficult to schedule Walk- With-Care discussion sessions for small groups of 10-12. Thus, the information session could be promoted as a stand-alone session with the interactive small group discussion component offered as an additional follow-on activity at a later date. Alternately, both components could be presented in the one session, the information component to the entire group, and the interactive component to smaller subsets (this latter option would require multiple facilitators for it to be maximally effective).
4. All sessions should be led by paid professional presenters with a sound knowledge and understanding of current effective teaching techniques, group dynamics and road safety issues.
5. The interactive component of the session could be enhanced by using innovative, integrated learning strategies such as incorporating the Walk- With-Care messages into games (e.g., Bingo), quizzes or other activities normally performed by the group. Greater use of covert learning strategies such as this would shift the mood of the session to recreational rather than educational and may increase participants' acceptance of the content.
6. Role plays in simulated road environments, focussing on issues like speed and distance judgements and walking speed, would be a powerful adjunct to the discussion of pedestrian issues. These could take the form of demonstration role plays by designated group members if there are less mobile older people in the group who could not actively participate.
7. Follow-on activities such as local pedestrian safety audits and route trialing are vitally important and should be built in to the program schedule. These activities would provide an important on-going link between group members, and would empower them by identifying engineering hazards to feed in to the all-important advocacy component of the program. Another useful follow-on activity would be in-situ demonstrations of safe road crossing strategies led by the group leader and/or a council representative, if these could be organised.
8. Repeat sessions at regular intervals are also desirable as this would ensure that the messages of *Walk-With-Care* are continuously reinforced and that all the issues raised by group members are covered.

### **5.5.2 Promotion**

The review further suggested the need for more supplementary activities to help promote the program for the purpose of awareness raising and group recruitment. These activities need to increase the perception among the older community that the issues canvassed are important and relevant to them. A number of complementary approaches are suggested in order to achieve this objective:

1. Promotion of the program could be expanded to include greater use of mass media, targeting in particular daily newspapers and women's magazines (see Section 3.5.2. for more details). Other useful sources may be publications of organisations such as Council on the Ageing, Pensioners and Superannuants Associations, and through the RACV.

2. A broader net needs to be cast in order to capture potential participants in the program, since enlisting the support of older people's clubs has proved to be problematical. For example the elderly could be targeted via a more extensive means such as the issuing of municipal rates notices, or they could be approached directly in places which they frequent (e.g., strip shopping centres, churches). Further, approaching the family, health providers or other carers to endorse the messages of the program and to encourage participation in the workshops would be extremely useful, since these groups have been shown to have a strong influence on the health-related attitudes and behaviours of older people.
3. Endorsement of the program's messages by enforcement agencies such as the police would also raise the profile of the program in the public domain. Police endorsement of *Walk-With-Care* could be achieved through Community Consultation Committees on which they are represented, or through community programs which they run such as *Confident Living for Older Victorians* and *Neighbourhood Watch*. *Confident Living* is a community safety program focussing on personal protection, safety, health and quality of life issues and is well structured and resourced to allow for a *Walk-With-Care* component to be easily inserted. Additionally, *Walk-With-Care* promotion or messages could form the basis of adjuncts to the routine business of *Neighbourhood Watch* meetings.

### 5.5.3 Evaluation

It is recommended that the suggested changes to the format of the discussion sessions be trialed before progressing with a full-blown revision of the program. If the revised format is successful, it will then be necessary to put in place a mechanism for ongoing evaluation. For this purpose, the discussion session questionnaire could be re-developed to cover the following areas:

- evaluation of **specific** features of the session's format (both the information and small group components);
- evaluation of the audio-visual aides;
- recall and understanding of the key messages;
- behavioural intentions;
- self-reported on-road behaviour;
- identification of other issues for inclusion in either the information or small group sessions (with a broad framework provided).

The use of rating scales or multiple-choice questions is suggested for the questionnaire as the evaluation of a discussion session carried out for this review revealed that older people find open-ended questions daunting. Further, multiple copies of the questionnaire should be available with the kit to ensure that they are routinely distributed by the leader at the end of the session, thus providing ongoing evaluation material.

## 6. CONCLUSIONS AND RECOMMENDATIONS

This chapter aims to bring together the findings of each component of the review, namely structure, content and format, in order to provide a broad overview of the problems identified with the current program, and suggested alternatives based on research and discussions with key personnel.

### 6.1 STRUCTURE AND PROCESS

This review identified several problems with the current administrative structure and implementation of the program, namely:

- the *Walk-With-Care* process does not dovetail with the current modes of operation at VicRoads or local government, as a result of restructuring and a trend towards outsourcing in both of these organisations;
- restructuring and compulsory competitive tendering within local government have diluted the focus on community programs and reduced the resources and time available to implement *Walk-With-Care*;
- using (older) volunteers, with limited experience, to act as group discussion leaders results in lower levels of commitment to the role, greater variability in presentation styles, and more limited availability due to health problems and frequent vacations;
- *Walk-With-Care* is not demand-driven and attempts to intervene in the ongoing group process of older people's clubs and associations leading to difficulties in gaining acceptance or time for running the educational discussion sessions;
- a lack of formalised mechanisms for routine evaluation of personnel, process or outcomes.

The three phases of the program, planning, education (including promotion) and advocacy are philosophically sound and should be retained. However, the following changes to program staffing and implementation are suggested in order to instil a greater degree of accountability and quality control:

- outsourcing the position of Program Coordinator aiming to ensure higher levels of commitment, technical expertise and a broader knowledge base;
- outsourcing the position of Discussion Group Leader to ensure higher levels of skill and training, and consistent presentation styles, but retaining the emphasis on using older persons (e.g., retired educational professionals) to ensure acceptance by the target audience;
- professional training and routine evaluation of contract staff;
- instituting the position of Regional Management Facilitator within targeted local councils to assess pedestrian problem areas, identify a need for the program, and to guide and monitor its implementation.

The review confirmed the need for the Walk- With-Care program to maintain strong links with local government. The program is better served by its focus on local or regional issues

and has a valuable community-based advocacy component which should ensure that local issues of concern are identified and addressed.

The review also highlighted the need for more effective ways of targeting and recruiting older people to participate in the educational phase of the program. A more extensive and structured promotional campaign is suggested in order to raise general community consciousness of pedestrian safety issues and of their importance to the elderly (this is detailed in Section 6.3.2).

## 6.2 CONTENT AND MESSAGES

The review indicated that many of the messages of the current *Walk-With-Care* program and the way in which they are presented need to be updated in the light of more recent knowledge.

Current literature on elderly pedestrian behaviour, and written reports on the current program indicated that the important issues for the messages of the *Walk-With-Care* program to address are:

- strategies for crossing the road with particular attention to complex situations such as undivided roads and roundabouts;
- anticipating unexpected events such as turning vehicles or those failing to give way;
- increasing knowledge of road situations which are potentially confusing such as light cycles or traffic management devices such as speed humps.

Accident statistics relating to the elderly form the basic premise for the program, however, they need to be updated and presented in a simple, non-threatening way which does not deter older people from walking. The suggested core areas upon which the messages of the *Walk-With-Care* program should focus are:

- the facts in easy and simple to understand statistics;
- making road crossing easier and safer;
- reducing time on the road (reduced exposure);
- making pedestrians more visible;
- anticipating unexpected events; and
- understanding confusing traffic situations.

The review also identified a need to revise the way in which the messages are worded and presented with particular attention to:

- avoiding messages which may be perceived as trite, obvious or offending, or presenting a stereotype of the elderly;
- supporting jargon or technical terms with explanatory diagrams;

- down-playing the emphasis on ageing and crash involvement by emphasising the benefits of pedestrian mobility while still stressing the need for greater safety;
- couching messages and rationales in positive terms to motivate and involve the audience.

A subset of key messages (identified in Table 4.1) could be selected for use in resource material such as brochures or posters where there is a need for information to be conveyed in a succinct and simple manner. The full range of important messages (detailed in Appendix 3) could be canvassed through vehicles such as the video or other supporting material.

It is recommended that the development of a new video be seriously considered, given that the existing one is now seven years old and that many of the messages need to be updated. A full evaluation of the existing video would provide valuable directions for areas where "Gabby Gets It Right " could be improved.

## **6.3 FORMAT**

### **6.3.1 Discussion Session**

The major problems identified with the current discussion group format were associated with:

- large group sizes;
- the use of unskilled volunteer presenters;
- an emphasis on information dissemination rather than interactive discussion or role plays;
- receptiveness of the audience.

The concept of an interactive workshop as prescribed in the existing guidelines is worth retaining, however modifications may be required in order for the session to be truly interactive and successful in achieving its objectives. The following suggestions are made:

- a brief information session (supported by a slide presentation and the video) followed by an interactive discussion session;
- small group sizes (maximum 10-12 participants);
- a flexible format which allows for group members to raise relevant issues and share personal experiences;
- adequate use of role plays ( or demonstrations in simulated environments) to convey key issues such as speed/distance judgements or walking speed;
- facilitation of the discussion by a professional presenter trained in group dynamics and with an adequate knowledge of pedestrian safety issues;

- supplementary group activities such as route trialing and local safety audits to enthuse and empower group participants, establish an ongoing social link and identify issues for the advocacy phase.

It is suggested that the proposed format above be trialed in order to evaluate its logistics and effectiveness, before launching in to full-scale revisions of the program.

### **6.3.2 Promotion**

The review highlighted the need for promotion of the *Walk-With-Care* program to have a broader scope in order to raise the level of public awareness of the issues and to generate more demand and interest for the workshop sessions. Suggested modifications to the format of the promotional campaign include:

- extension of the media campaign to include mass media such as daily newspapers, women's magazines, and lifestyle-centred television programs;
- targeting the elderly community through direct means like rates notices or in-situ at places such as shopping centres or churches;
- targeting the elderly indirectly through family or carers who are influential in directing health-related attitudes or behaviours;
- utilising the police to endorse the program and its messages or to enforce certain targeted illegal pedestrian behaviours.

### **6.3.3 Evaluation**

More stringent and formalised mechanisms for evaluating the program, particularly in the areas of staffing, resources and behavioural outcomes, are required in order to instil greater accountability, efficiency and quality control into the program process.

## **6.4 CONCLUSION**

While this report has made several recommendations for changes to the structure, content and format of the existing *Walk-With-Care* program, it may be necessary to undertake some qualitative research prior to launching in to a full-blown revision. For example, focus-group research canvassing the beliefs and views of the elderly community pertaining to pedestrian safety would provide useful insights in to why older pedestrians do not always behave in the safest most appropriate manner and would assist in the development of a revised program which is relevant and meaningful.

Further, it would also be informative and cost-efficient to trial some of the major changes prior to full-scale implementation to determine if they are workable and effective. In particular, it is recommended that the suggested discussion session format be trialed to determine if it is viable, and that the current video be market-tested to determine where changes are necessary.

Finally, in developing a revised program there is a need to remain cognisant of the significant ethnic component of our elderly community and to determine how well the current program caters for the needs of people from non-English speaking backgrounds.

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## APPENDIX 1 – SUMMARY OF CURRENT MESSAGES

Message	Rationale	Medium				
		Video	Info Bulletins	Disc. Group	Brochure	Posters
<p><b>GENERAL (ROAD CROSSING):</b></p> <ul style="list-style-type: none"> <li>• Be alert, watch and listen for traffic around you/make sure traffic has stopped before crossing</li> <li>• Try to cross at a pedestrian crossing or at traffic signals</li> <li>• Never jaywalk</li> <li>• Cross where there are gutter depressions</li> <li>• Beware of speed humps and other road slowing devices which may have markings similar to pedestrian</li> <li>• Plan your trip, considering time of day, weather conditions, and the safest route; avoid busy traffic</li> </ul> <p><b>TRAFFIC LIGHTS:</b></p> <ul style="list-style-type: none"> <li>• Be prepared for the lights to change, pick up bags etc.,</li> <li>• Start to cross as soon as the 'green man' appears</li> </ul>	<p>Safer, more visible to drivers</p> <p>Takes longer, back to traffic</p> <p>Flatter surface, no step down</p>	-	Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes	Yes
		Yes	Yes	-	-	-
		Yes	-	-	-	-
		Yes	-	-	-	-
		Yes	-	-	Yes	-
		Yes	Yes	Yes	-	-
	maximum time to cross	-	Yes	Yes	Yes	-

Message	Rationale	Medium				
		Video	Info Bulletins	Disc. Group	Brochure	Posters
<p><b>TRAFFIC LIGHTS (contd.):</b></p> <ul style="list-style-type: none"> <li>• Use refuge when necessary to cross in two stages</li> <li>• Finish crossing, <b>but do not start to cross</b>, when the 'flashing red man' appears</li> <li>• Never cross when the 'red solid man' is displayed</li> <li>• Try to cross with a group of other people</li> </ul>	cars have right of way more chance of being seen	-	Yes	-	-	-
<p><b>CROSSING MIDBLOCK/ REFUGES/ KERB EXTENSIONS:</b></p> <ul style="list-style-type: none"> <li>• If crossing away from lights, try to cross where there is a refuge or median</li> <li>• Before stepping off refuge, make sure traffic is at least 3 house blocks away (60km/h zone)</li> <li>• Avoid standing in the middle of a road without a median or refuge</li> <li>• Cross by the shortest, most direct route (e.g., kerb extensions)</li> </ul>	Can cross in two safer stages if necessary  kerb extensions mean less road to cross, more visible to drivers	Yes	Yes	Yes	Yes	Yes
<p><b>ROUNDABOUTS:</b></p> <ul style="list-style-type: none"> <li>• Avoid crossing at roundabouts</li> </ul>	busy, traffic from multiple directions, drivers have right of way and do not always indicate their intentions	-	Yes	Yes	Yes	-



Message	Rationale	Medium				
		Video	Info Bulletins	Disc. Group	Brochure	Posters
<p><b>PUBLIC TRANSPORT:</b></p> <ul style="list-style-type: none"> <li>• Wait for buses and trams on the kerb</li> <li>• Check that traffic has stopped before getting on or off a tram</li> <li>• Always alight buses of trams by walking straight to the nearest kerb</li> <li>• Wait on the kerb until bus or tram has departed before crossing</li> <li>• Do not enter a railway crossing until lights have stopped flashing, bells have stopped ringing, and the gates</li> </ul> <p><b>GENERAL (AGEING):</b></p> <ul style="list-style-type: none"> <li>• Eyesight, hearing and balance deteriorate with age</li> <li>• Slower mobility and reaction times, poorer concentration</li> <li>• Have hearing and eyesight tested regularly</li> <li>• Check with Doctor/pharmacist for side-effects of any medication which may affect walking/road crossing (e.g., dizziness, drowsiness)</li> </ul>		-	Yes	Yes	-	-
		-	Yes	Yes	-	-
		-	Yes	Yes	-	-
		-	Yes	Yes	-	-
		-	Yes	Yes	-	-
		-	Yes	Yes	-	-
		Yes	Yes	Yes	Yes	-
		Yes	Yes	Yes	Yes	-
		-	-	-	Yes	-
		-	Yes	Yes	Yes	-

**APPENDIX 2 – GROUP RESPONSES TO ‘CONTENT’ QUESTIONS  
(N=27)**

**APPENDIX 2 - GROUP RESPONSES TO ‘CONTENT’  
QUESTIONS (N=27)**

*(N.B. Correct answer indicated by box)*

1. When the “flashing red man” appears at traffic lights, this means:

*(Circle the correct answer)*

- |     |   |             |
|-----|---|-------------|
| (a) | Turn around and go back.                      | (0)         |
| (b) | Finish crossing but do not start to cross.    | <b>(21)</b> |
| (c) | Stop at the median in the middle of the road. | (4)         |
| (d) | Walk faster.                                  | (1)         |
|     | No Response                                   | (1)         |

2. The following road devices are designed to make it safer for pedestrians to cross the road *(Tick True or False for each)*:

	<b>True</b>	<b>False</b>	<b>No response</b>
Refuge/median strip	<b>(19)</b>	(3)	(5)
Speed humps	(4)	<b>(18)</b>	(5)
Roundabouts	(18)	<b>(2)</b>	(7)
Kerb extensions	<b>(21)</b>	(2)	(4)

3. How far away does a car travelling at 60km/h need to be in order to stop?

*(Circle the correct answer)*:

- |     |               |            |
|-----|---------------|------------|
| (a) | 2 houseblocks | (7)        |
| (b) | 3 houseblocks | <b>(9)</b> |
| (c) | 4 houseblocks | (9)        |
|     | No response   | (2)        |

4. If you need to cross the road after getting off a tram or bus, you should:

*(Circle the correct answer)*

- |     |   |             |
|-----|---|-------------|
| (a) | Walk to the nearest kerb and wait till the vehicle has left.                    | <b>(25)</b> |
| (b) | Walk around to the back of the vehicle and cross there                          | (0)         |
| (c) | Walk to the middle of the road and check for traffic in the opposite direction. | (1)         |
|     | No response   | (1)         |

5. Pedestrians have right of way at roundabouts *(Circle one)*.

**True** (0)    **False** **(24)**    **No Response** (3)

6. Drivers are more likely to see you if you:

*(Circle the correct answer)*

- |     |                                     |             |
|-----|-------------------------------------|-------------|
| (a) | Cross between parked cars           | (0)         |
| (b) | Cross away from traffic lights      | (0)         |
| (c) | Cross on a straight section of road | <b>(25)</b> |
|     | No response                         | (2)         |

## APPENDIX 3 – FULL LIST OF IMPORTANT MESSAGES

### THE FACTS

- Children (under 16 years) and older people (65+ years) are the most at risk of being involved in a pedestrian accident.
- Children's risk can be attributed to their impulsiveness and tunnel vision; Older people's risk can be attributed to the natural decline with age of vision, hearing, balance and walking speed and to the increased likelihood of using medications which may impair judgement or walking ability.
- Nearly 3/4 of the pedestrian accidents involving older people occur while they are *crossing the road*.
- While crossing the road, older pedestrians are more likely to be hit by traffic from the right (near-side) than by traffic from the left (far-side).
- Complex traffic conditions (e.g., two-way undivided roads) cause confusion and indecision for older pedestrians.

### MAKING ROAD CROSSING EASIER & SAFER

- Wherever possible, cross at traffic lights or on a marked pedestrian crossing (always cross at these if you use a walking stick or frame).
- If you cannot cross at traffic lights or a pedestrian crossing, try to do so where there is a median strip or refuge area in the middle of the road.
- When crossing a road divided by a median strip or refuge, concentrate only on the traffic on the first half of the road; treat the second half as another road to cross.
- When crossing undivided roads (without a median or refuge), wait until there are sufficiently large gaps in the traffic in **both** directions to allow you to cross without weaving between the traffic or having to stop in the middle of the road
- Do not assume that you have right-of-way over drivers.
- Plan your trip to minimise the number of road crossings and try to be home before 4 p.m.

### REDUCING YOUR TIME ON THE ROAD

- Cross the road by the shortest most direct route (not diagonally).
- Look for extensions of the footpath (especially in strip shopping centres) which narrow the amount of road you have to cross (*supporting diagram*).

## MAKING YOURSELF MORE VISIBLE

- Avoid crossing the road where car drivers may not see you or you may not see them, for example:
  - ⇒ between or behind parked cars
  - ⇒ on hills or bends
- Try to cross under a street light at night, dusk, or dawn-
- Make eye contact with the driver of an approaching vehicle.
- Try to wear light or bright coloured clothing, or use reflective aides at night.
- Try to cross with a group of other people.

## ANTICIPATE UNEXPECTED EVENTS

- Keep looking at what is happening around you while crossing the road, don't just look ahead or onto the ground-
- When crossing at intersections, watch for cars turning across your path.
- Watch for cars turning into or reversing out of driveways while walking on footpaths.

## UNDERSTANDING CONFUSING TRAFFIC SITUATIONS

- Most speed humps are not pedestrian crossings, although they might appear to have similar road markings. Speed humps that are pedestrian crossings will have alternate black and white strips (zebra crossing) and mayor may not have signs and flashing lights. (Supporting diagram/photo)
- Road inlays of bricks or contrast paving are not normally formal crossings. but rather advisory places to cross. You need to give way to traffic at these places unless they are marked as pedestrian crossings. (Supporting diagram/photo)
- To improve your safety when crossing at roundabouts:
  - ⇒ do not assume you have right-of-way over the traffic.
  - ⇒ be sure to cross where there are crossing reliefs (supporting diagram/photo).
  - ⇒ do not cross diagonally through the roundabout.
- Traffic light cycles for pedestrians can be confusing:
  - ⇒ when the **green** walker is displayed, you can cross the road;
  - ⇒ when the **flashing red** walker is displayed, you should continue on if you are crossing. but do not start to cross;
  - ⇒ when the **solid red** walker is displayed, you should not start crossing, but if you are already on the road, complete your crossing as quickly as possible (the lights will change within 2 or 3 seconds).

## APPENDIX 4 – DISCUSSION SESSION FORMAT

- Introductions and explanations of advocacy process
- Describe size and nature of the older pedestrian accident problem (Show statistics chart)
- Discussion of why and where participants walk and the general effects of ageing on walking-
- ***Role play: Time taken to cross the road (four-lane arterial)***. Discussion of time taken and judging speed.
- ***Show Visibility photo***. Questions/prompts
- ***Show Traffic Lights photo***. Questions/prompts/optional role play
- ***Role play (optional): Time taken to pick up bags and cross at traffic signals***. Discussion of strategies for saving time.
- ***Show Kerb Extensions photo***. Questions/prompts
- ***Show Roundabouts photo***. Questions/prompts
- ***Show Public Transport photo***. Questions/prompts
- Discussion of the safest place to cross
- **TEA BREAK**
- Screening of Video (11 mins.)
- Distribute "Issues for Advocacy" report sheets for participants to identify dangerous or problematic locations
- Distribute brochures, wrist bands and other publicity material

## APPENDIX 5 – SUMMARY OF WALK-WITH-CARE DISCUSSION SESSION

(Session Attended on the 17th May, 1996)

**Attendance:** 50 Club members, Discussion Leader, VicRoads Pedestrian Advocate, and MUARC Representative.

**Duration:** 60 mins

1. Welcome and introduction of personnel
2. Question: *Why do we walk?* (Discussion)  
Question: *Where do we walk?* (Discussion)  
Question: *What happens to us as we age?* (Discussion)
3. Shows bar chart of pedestrian casualties, explains that elderly pedestrians are at greater risk than other groups.
4. Shows **first photo (visibility)**
  - Question: *Is this a good place to cross the road?* (Discussion).
  - Question: *What is good about the woman (pictured)?* (Discussion).
  - Question: *Who would stand in the middle of the road?* (Discussion)
5. Demonstrates reflective wrist bands (offered free of charge)
  - Clarification of rules regarding school crossings (VicRoads representative).
6. Shows second photo (kerb extension and traffic lights).
  - Question: *What is the advantage of this?* (Discussion).
  - Question: *What do you do if crossing at traffic lights?* (Discussion).
  - Prompt: *Suppose you've got shopping bags etc., what do you do?* (Discussion).
  - Prompt: *What happens if green man becomes flashing red?* (Discussion).
  - Discussion of crossing on divided roads where there is an additional pedestal in the median (VicRoads representative).
7. Shows **third photo (crossing midblock, median, bus stop)**.
  - Question: *How long does it take a car travelling at 60km/h to stop?* (Discussion).
  - Question: *What do you do when you get off a bus?* (Discussion)
8. Shows **fourth & fifth photos (roundabouts-single and dual lane)**.
  - Discussion about safe crossing strategies at roundabouts.
  - Discussion about road rules re roundabouts (VicRoads representative)
9. Shows **sixth photo (railway line near traffic lights)**.
  - Question: *How would you get off a tram?* (Discussion).
  - Discussion about what to do at railway crossings (no discussion about traffic lights).
10. Shows **seventh and eighth photos (Visibility/Being Seen)**.
  - Brief discussion of photos

11. Shows **ninth photo (simple traffic island)**.
  - No discussion (designed to be shown in conjunction with photo 3 on medians)
12. Hands out Pedestrian Advocacy forms on which participants list problem areas for pedestrians in their locality. Explanation by VicRoads representative of the importance of filling out these forms and of the way in which engineering works are identified and funded.
13. Show video "Gabby gets it Right"
14. Selection of brochures and give-aways offered

***Evaluation:***

- *Large group (several tables of 6-8) towards end.*
- *Presenter familiar to group participants so less courtesy and attention shown.*
- *Some indication that overall attention span/receptiveness of audience adversely affected by scheduling discussion prior to other group activities (e.g. cards, bingo, carpet bowls).*
- *Initial discussion of why and where elderly people walk a bit long and pointless (doesn't provide a lead into discussion of key issues).*
- *Photos lost impact as stimulants for discussion because of their small size relative to the group size (required someone to walk around and show them briefly to each table of participants). Some photos were designed to be used together for contrast but this was not attempted given the logistics of showing as described above.*
- *Handing out Pedestrian Advocacy forms before screening video reduced attention to video as many participants were writing about or discussing issues while video was playing.*
- *TV monitor very small, very difficult to see video clearly from back of room.*
- *Presence of VicRoads pedestrian advocate (though not required) was beneficial in emphasising certain issues and clarifying others (particularly in relation to road rules).*
- *No role plays conducted, probably due to large group size; role plays a very powerful learning medium.*

## APPENDIX 6 – GROUP RESPONSES TO DISCUSSION SESSION QUESTIONNAIRE (N=24)

- 1 (a) Before this session, were you concerned about any of the issues discussed  
**YES (6)                      NO (16)                      NO RESPONSE (4)**  
 If YES, comment  
 • *Slowness at ped crossings*  
 • *uneven and dangerous surfaces*
- 1 (b) Are there other topics which should be in the session?  
**YES (1)                      NO (16)                      NO RESPONSE (7)**  
 If YES, comment:  
 • *Uneven pavements and overhanging branches*
2. Information about familiar streets in your local municipality was
- |               |      |
|---------------|------|
| 1 Very Useful | (6)  |
| 2             | (0)  |
| 3 Useful      | (16) |
| 4             | (1)  |
| 5 Not Useful  | (0)  |
| No response   | (1)  |
3. Do you know how to take pedestrian safety matters in your area to your municipality?  
**YES (16)                      NO (7)                      NO RESPONSE (1)**  
 If YES, comment:  
 • *VicRoads or Council (3)*  
 • *Write a letter (2)*
- 3 (a) Are you more aware of safer walking behaviour now than you were before the Discussion Session?  
**YES (20)                      NO (4)**  
 If YES, comment:  
 • *Right of way rules*
- 3 (b) The presentation of pedestrian information was:
- |              |      |
|--------------|------|
| 1 Very clear | (9)  |
| 2            | (1)  |
| 3 Clear      | (13) |
| 4            | (0)  |
| 5 Unclear    | (0)  |
| No response  | (1)  |
- 3 (c) Did you feel free to ask questions?  
**YES (22)                      NO (1)                      NO RESPONSE (1)**
4. Do you wish to comment about the suitability of this venue for the Session?  
**YES (6)                      NO (16)                      NO RESPONSE (2)**  
 If YES, comment:  
*Suitable (3)*

## **APPENDIX 7 – SUMMARY NOTES FROM MEETING ATTENDED BY BARRY ELLIOTT AND ADVISORY GROUP FROM DEAKIN UNIVERSITY**

(Meeting held at Deakin University on 9/8/96)

### **Format for Discussion Session**

- Brief awareness-raising introduction then break into smaller sub-groups.
- Raising issues themselves and the sharing of experiences are essential ingredients for the smaller group discussions.
- Needs to be flexible, tailored to the dynamics of the group and local issues.
- Role plays may be difficult for older people. Maybe target one outgoing group member for a demonstration role play before breaking into smaller groups.
- Follow-up activity, such as local safety audits, important.
- Presenters skilled in understanding group dynamics; need to be paid.

### **Video**

- Must be humorous and entertaining. Better to evaluate current one (including message playback) - cost of new one at least \$100,000.
- Should be shown at very beginning of the discussion session.

### **Mass Media Campaign**

- Important for raising awareness
- Target mass media relevant to older people or where older people's issues are canvassed (eg. magazine-type television shows)
- Local newspapers an effective medium - wide readership among the elderly.
- Promotional material should be human interest stories (with some crash stats), rather than advertisements. Include examples of some mass media stories in the kit.
- Ads could possibly be aimed at the families of older people.
- "Pedestrian Awareness Week" to increase momentum.
- Brochures of limited value, but probably necessary to reinforce messages from discussion session.

### **Problems**

- Older people have entrenched attitudes and behaviours - resistant to behavioural change.
- Older people not a voluntary or captive audience - c.f. children malleable minds more open to new ideas, institutionalised in schools providing good access.
- *Walk-With-Care* program intervenes in an ongoing process (e.g., club activities) which may create resistance.