British Society for Gerontology Conference
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The role of transport and mobility in maintaining independence, health and wellbeing in later life

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Overview

• Introduction: Transport and health and wellbeing

• paper 1: Musselwhite: Positive experiences beyond the car

• paper 2: Sally Edge – Accessing transport information

• paper 3: Ian Shergold – Community transport and health

• paper 4: Graham Parkhurst – The mobility continuum

• Conclusion and discussion
Introduction
Health and wellbeing and mobility
Transport behaviour

• Older people are more healthy and active as a cohort than ever before and as such are also more mobile (Tomassini, 2004).

• Increasing hypermobile society, where services, shops, work and families are increasingly dispersed

• Most of the increase in travel amongst older people is as a car driver.
  – 4 million hold drivers licence over 70 in the UK
  – 54% of population over 70 hold driving licence (compared to 15% in 1975) (but 66% of single people do not have access to a car, compared to 20% of couples)
  – 200% increase in male drivers over 65; 600% increase in female drivers over 65 in past 35 years

• Driving more miles than ever before

• Increase is higher than other age groups
Older people as Car drivers

Growing % of licence holders

Av, Miles driven per person per year by age in GB

<table>
<thead>
<tr>
<th>Age</th>
<th>1995/97</th>
<th>1998/00</th>
<th>2002</th>
<th>2005</th>
<th>2010</th>
<th>95-10 % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>3106</td>
<td>3327</td>
<td>3767</td>
<td>4068</td>
<td>3925</td>
<td>26</td>
</tr>
<tr>
<td>70+</td>
<td>1103</td>
<td>1326</td>
<td>1562</td>
<td>1828</td>
<td>1767</td>
<td>60</td>
</tr>
<tr>
<td>All ages</td>
<td>3623</td>
<td>3725</td>
<td>3661</td>
<td>3682</td>
<td>3416</td>
<td>-6%</td>
</tr>
</tbody>
</table>

More miles driven per person

Growing % of journeys as driver

Growth in car use

- Predicted growth
  - More older people but also...
  - More fit, more active, work later in life.
  - More habitual car users.
  - Hypermobile society geared around the car
  - Family and friends dispersed

- We will see 10,000,000 drivers over 70
Difficulty in accessibility

• In 2009, in Great Britain, 39% of individuals aged 70 or over had problems walking or using a bus, compared with 4% of those aged 16-49 (DfT, 2010a).

• Among people aged 70 and over, those with mobility difficulties make around a third fewer trips than those without difficulties (DfT, 2010a).

• About ¾ of older people live in urban areas.

• Availability of services: 63% take up statutory bus concession (48% in rural areas)

• Knowing there are services available

  • A reduction in mobility can result in an increase in isolation, loneliness and depression and an overall a poorer quality of life.
Needs for travel

**PRIMARY MOBILITY NEEDS**
Practical/utilitarian Needs

e.g. get from A to B as safely, reliably, cheaply and comfortably as possible.

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**SECONDARY MOBILITY NEEDS**
Social/affective Needs

linked to status, roles, identity, self-esteem. Impression management

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**TERTIARY MOBILITY NEEDS**
Aesthetic Needs

e.g. The need for the journey itself for relaxation, visit nature, use and test cognitive skills

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Overview

• Charles Musselwhite: Successfully giving-up driving

• Sally Edge: Knowledge of services and understanding how to get out and about

• Ian Shergold: The health and wellbeing benefits of community transport

• Graham Parkhurst: Bringing all of this together with a conceptual framework
Successfully giving-up driving: Positive experiences beyond the car

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Overview

Motivations to continue to drive
• Giving-up driving and health and depression
  – Why give-up driving?
    • Moral
    • Safety

Successful and unsuccessful stories

Self-awareness
• How to give-up driving successfully
  – Self-regulation
  – Raise into consciousness
    • Friends/family
    • Popular culture
    • Healthcare
  – Alternatives

Alternatives
• Public transport
• Walking and cycling
• Reducing or replacing the need to travel
  • Closer to home
  • Narration
  • Virtual travel

• Conclusion
Motivations to continue to drive
Mobility Deprivation

- Always driven – car based society

- Increasing level of services moving out of town centres and residential zones

- Sense of control over environment

- Driving increases self-confidence, mastery and self-esteem and feelings of autonomy, protection and prestige (Ellaway et al, 2003)

- Giving up driving is associated with an increase in depressive symptoms (Ra et al, 1997)
Motivations for travel

• Especially by car

A reduction in mobility can result in an increase in isolation, loneliness and depression and an overall a poorer quality of life.

**PRIMARY TRAVEL NEEDS**
Practical Needs
Make appointments, access shops and services, work

**SECONDARY TRAVEL NEEDS**
Psychosocial Needs
The need for independence, control, status, roles, normalness

**TERTIARY TRAVEL NEEDS**
Aesthetic Needs
The need for travel for its own sake, to visit nature, for relaxation

On giving up driving – this level of need is usually met
- friends
- accessible transport
- public transport
- teleshopping?

On giving up driving this level of needs is adversely affected

Not so easy to ask for discretionary travel

Isolation, no longer part of society, no longer feel normal

How safe are older drivers?

- Taking into account miles driven, there is a slight increase at around 65 years, which rises sharply from 80 years +
Low mileage drivers a problem

Figure 4.1 Accident involvement (all severities) per million driver kilometres

Accidents and older drivers

• Older drivers are involved in collisions that generally occur in daylight, at intersection and at low speeds (DfT, 2001; McGwin and Brown, 1999).

• Less likely to be involved in single-vehicle collisions (DfT, 2001).

• Have difficulty in making critical decisions under time pressure and dealing with immense traffic conditions.
  – overloaded with information when performing manoeuvres (Brendemuhl, Schmidt and Schenk, 1988),
  – merging onto roads (Schlag, 1993)
  – junctions and intersections, especially those with no traffic control (e.g. traffic signals and lights) and those that involve right hand turns (in the UK – i.e. across the oncoming traffic) (Hakaimes-Blomqvist, 1988; Maycock, Lockwood and Lester, 1991; Presusser, Williams, Ferguson, Ulmer and Weinstein, 1998).
  – Research suggests inappropriate gap selection, high task complexity and distraction from other road use as underlying factors that contribute to intersection and turning crashes (Oxley, Fildes, Corben and Langford, 2006).
A moral argument for less driving

Driving contributes towards:-

• a huge growth in pollution which effects physical health of the population and contributes to climate change,

• a severance of society - people do not know their neighbours or explore their neighbourhood and services and shops move away from local areas

• increased safety fears and risks for all users, especially for pedestrians and cyclists

• less use of active modes of travel – less walking and cycling contributing to the negative health of individuals.
Successful and unsuccessful stories of giving up driving
Successful

• More females than males

• No noticeable rural or urban differences

Those who successfully give-up driving
  • Planned over long period of time
  • Trigger is often a social event not directly related to health or driver behaviour i.e. retirement
  • Find alternatives whilst still driving
  • Trial and error with alternatives
  • Have close family and friends
    • who can tell them to consider giving-up
    • Reciprocation for lifts
    • Emotional and practical
  • Willing to alter their travel behaviour
  • Find things closer to home

“I can’t remember why I originally thought of giving-up. I suppose it just came about. Came about really from retirement, then your children live away from home. The time is right. I don’t really need to do it really.”
(female, aged 78)

“My daughter told me I had to give-up. It came as a surprise she said that to me. Big surprise. I hadn’t realised I’d got that bad. Well, she said it with tears in her eyes, so I think I thought she’s being really genuine here” (Male, aged 78)

“My husband told me to give-up. He said I wasn’t any good. But then he’s always said that since I could drive at 21” (Female, aged 78)

“I’ve re-discovered my local area. Which is great. I forgot what the village has to offer. In fact I think it is better than a few years ago. But not using the car has forced me to use more local things.”
(female, aged 75)

“The bus out is a real bit of fun. I go on it with friends... and we have a day out” (female, aged 70)
Unsuccessful

• Told to stop by someone else

• View that alternative transport is not for them

• Unwilling to alter travel behaviour
  – Still trying to do previous behaviour but on new mode
  – Or give-up previous locations altogether

“The doc gave his diagnosis, right, I agree that I’m not as good as I used to be, but I’m not as bad as some of the youngsters on the road. It’s not fair!” (Male, giving-up driving at 78)

“That’s the bus for old people who can’t drive. I can. I don’t have a licence – that’s different. It’s really for the really old. Those who really are ill and disabled. I can’t use it. I’d be laughed off it.” (male, aged 81)

“I don’t go to football no longer. I’d need to change buses and can’t be doing with the palaver” (male, aged 85)
Not as big an issue as expected

- Actual provision of services
- Perception of what is available
- Perception of ability to change travel behaviour

- Key is self-awareness of the need to give-up driving and associated planning
Self-awareness and assessment
Assessing Driving Performance

- Drivers already feel they are aware of their driving behaviour and adapt and compensate for alterations caused by ageing
  - Experience
  - Drive slower
  - Drive with greater headway
  - Avoid motorways
  - Avoid merging
  - Avoid night time driving
  - Avoid busy times

- But almost all consider themselves to be better than average!
- Almost all consider themselves better than when they were younger (Musselwhite and Haddad, 2010a)

- Lack of noticing feedback (Musselwhite and Haddad, 2010a)
  - Different quieter cars
  - Physiology of just noticeable difference JND

- Welcome assessment and re-learning (Musselwhite and Haddad, 2010a)

- Previous research suggests they are not good at self-assessment (Charlton et al. 2001; Cushman, 1996; Marattoli and Richardson, 1998), but maybe this can be altered through refection-on-action (Musselwhite and Haddad, 2007, 2010a)
Interventions to improve driver safety

**Embedded**
(do not require awareness)

- Infrastructure
  - for all drivers
  - for all road users?

- Driving test
  - No evidence it works
  - Fit for purpose?

  *Box et al. (2010)*

**Voluntary**
(require awareness)

- In-vehicle technology
  - Lack of acceptance
  - Barrier to use

  *Musselwhite and Haddad (2010a)*

- Driver awareness course
  - Lack of evidence

  *Korner-Bitensky, et al. (2009)*
Raising Awareness

• Social environment
  – Social norms: Comparison to others
  – Societal norms: What should I be like at this lifestage?
  – The role of family and friends
  – How to improve?
    • encourage discussion amongst family+friends
    • mainstream media

• Event
  – Retirement
  – Health
  – (Near)miss or accident
Provide practical and emotional support

FAMILY
- Help appropriate giving up of driving
- Help bring into consciousness
  - Practical
  - Emotional

Alternative transport
- Lifts
- Bus
- Community transport

Discretionary travel

Information

EMOTIONAL
- Affective elements of giving-up driving
- Youthfulness
- Norms
- Independence
- Freedom
Making alternatives better
Street Problems

Problems walking in urban environments

- Issues with other people’s use of pavement space
  - “They probably won’t harm you, but they look so threatening. They march up the road and ride the bicycles up and down the pavement.” (I’DGO, 2007)
  - “People are in such a rush these days. You feel like a skittle walking along the road most of the time!” (Musselwhite & Haddad, 2007)

- Issues about sharing pavements
  - “I don’t like cycle tracks. They suddenly stop and cyclists may come around where you are walking” (I’DGO, 2007)

- Issues with condition of pavements
  - “Maintenance of pavements and roads: they are diabolical around here.” (I’DGO, 2007)
  - “It’s not always level, smooth, and safe to walk on. You can be very unstable.” (I’DGO, 2007)
Street Problems

Problems walking in urban environments (cont.)

• Lack of Public Conveniences
  – “[Getting to] a toilet is a big problem… I’ve got to plan where the next toilet is.” (I’DGO, 2007)

• Lack of benches
  – “I’ve got a bad back. I can’t walk the same as I used to be. I’ve got to have a seat.” (I’DGO, 2007)
  – People need “Benches here and there to have a rest and to sit down.” (I’DGO, 2007)

• Layout of streets themselves makes them inapproachable:
Walking environment

**PRIMARY TRAVEL NEEDS**

**Practical Needs**
Large, open, un-crowded, low level of noise. Lack of nuisance. Well maintained paths for movement. Facilities and amenities.

**SECONDARY TRAVEL NEEDS**

**Social Needs**
A place to make a statement and interact e.g. suitable spaces to socialize. Inter-generational community important.

**TERTIARY TRAVEL NEEDS**

**Aesthetic Needs**
Pleasantness of neighbourhood open spaces (trees, plants, waterscapes).
Public or community transport

- Consider practical accessibility issues
- Consider social and aesthetic elements
- Need to know the norms of travel — informal

Older people’s concerns with bus travel (after Musselwhite 2010; Musselwhite and Haddad, 2007)

<table>
<thead>
<tr>
<th>Problems</th>
<th>% 70yo+ who agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal security in evening &amp; night</td>
<td>79.8</td>
</tr>
<tr>
<td>Public transport running late</td>
<td>68.3</td>
</tr>
<tr>
<td>Having to wait</td>
<td>68.0</td>
</tr>
<tr>
<td>Difficulties carrying heavy loads</td>
<td>66.3</td>
</tr>
<tr>
<td>The possibility of cancellations</td>
<td>66.0</td>
</tr>
<tr>
<td>Behaviour of some passengers</td>
<td>63.5</td>
</tr>
<tr>
<td>Lack of cleanliness</td>
<td>53.8</td>
</tr>
<tr>
<td>Having to be out in bad weather</td>
<td>53.8</td>
</tr>
<tr>
<td>Having to change transport</td>
<td>53.3</td>
</tr>
<tr>
<td>Difficulties travelling where I want to</td>
<td>50.0</td>
</tr>
<tr>
<td>Difficulties travelling when I want to</td>
<td>49.1</td>
</tr>
</tbody>
</table>

Ten most frequent barriers for respondents aged over 70 years, with the proportion of that age group who reported each as a ‘problem’ (after Gilhooly, et al. 2002)
Virtual Mobility

**PRIMARY TRAVEL NEEDS**
**Practical Needs**
- Make appointments, access shops and services, work

**SECONDARY TRAVEL NEEDS**
**Social Needs**
- The need for independence, control, status, roles

**TERTIARY TRAVEL NEEDS**
**Aesthetic Needs**
- The need for relaxation, visit nature, test cognitive skills

- Social networking
- Shopping online
- E-health
- Tele-working

Least awareness

Most awareness
Virtual Mobility

Potential
• Increase in technology and networking
• Increased accessibility
• Increased use – buying, talking, making friends, “visiting”, watching, interacting
• Own time

Challenges
• What is missing from the “virtual” world compared to “reality”?
  – Touch, smell, sense, continuity, impression managed, staged
  – Informal, random, chance meetings
• Equal access?
Conclusion
Conclusion

• Recognise the importance of travel beyond the need to get from A to B for health and wellbeing
  – Social and aesthetic issues are important

• Recognising the importance of considering early-on in life and giving-up driving gradually
  – Role for family and friends
  – Role for media
  – Provision of information is enough? Need something more active?

• Keeping the locus of control over the decision to stop driving with the person themselves
  – Encouraging trial of alternatives

• Creating alternative transport and infrastructure that is more in tune with the needs of older people
  – Intuitive
  – Norms
  – Consider social and aesthetic needs
  – Reduce or replace the need for travel
Many thanks to my participants, to Hebb Haddad and Ian Shergold my Researchers working with me on all of this, to Verity Smith and Peter Lansley for interest and dedication on the SPARC project and my current steering group.

Further reading:


Further information
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Accessing transport information for older people in rural Dorset

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The role of community transport in maintaining independence, health and wellbeing in later life

British Society for Gerontology Conference
Keele University, July 2012

Ian Shergold
Centre for Transport & Society
Department of Planning & Architecture
Contents

• Community transport
• Wellbeing and mobility context
• Case study: Community transport in (rural) Norfolk
• Findings from current research
• Conclusions
• Questions
Community transport

- Community based, volunteer drivers and organisers
- Passengers must pre-register, pre-book
- Range of minibus and car-based schemes (some both)
- Focus is on trips to healthcare, but also shopping, leisure, other transport
- Over 1,700 schemes in England (small to large)
- 15m journeys in 09/10
Wellbeing and mobility

**Having**: income, housing standards, employment, health and education

**Loving**: relations with family, friends and other social relationships

**Being**: self-esteem, leisure activities, social reputation, political resources

Allardt (1975) in Hjorthol 2012
Wellbeing and mobility

**Having:** income, housing standards, employment, health and education

**Loving:** relations with family, friends and other social relationships

**Being:** self-esteem, leisure activities, social reputation, political resources

Allardt (1975) in Hjorthol 2012
“Transport can be seen as having direct impacts on the long-term overall goals of high well-being and good health, but it also impacts on other areas – economic, social and environmental systems – which in turn determine well-being” *

*The road to wellbeing. Reardon et al, NEF,(2012)*
Mobility context for later life

- Demographic change (+rural perspective)
- Older old fastest growing group (health?)
- Public transport
  - Economic factors leading to retrenchment in conventional public transport
  - Declining state support for public transport
  - Accessibility: physical, time, capacity, cost - 38% of individuals aged 70+ had problems walking or using a bus in 2010*
- Personalisation agenda in social care?

* DfT 2011, National travel survey 2010
The car not always the answer

Full car driving licence holders by age and gender: Great Britain, 1975/76 to 2010

DfT 2011, National travel survey 2010
Growing demand for Community transport

“Voluntary and community transport schemes meet many essential travel needs which would otherwise remain unmet: those of people who would otherwise find themselves excluded from activities which most people take for granted” (DETR 2005)
The Norfolk Case Study

Looking to quantify health and wellbeing benefits of community transport
Research approach

Social Return on Investment Methodology (Cabinet Office and NEF (2008/9))

‘Lighter-touch’ ROI approach for Norfolk

Looking specifically to quantify health and wellbeing benefits

Testing validity of approach
**Research method**

**Stakeholder interviews**
- From health, local govt, operators, voluntary sector etc

**Operator Survey**
- 40+ Schemes
- Minibus and car
- Across Norfolk

**Focus group(s)**
- Users of minibus scheme
- Non-users

**User survey**
- 250 passengers
- Across 12 schemes (car and minibus)
- Across Norfolk

**ROI with Community car scheme**
- 25 volunteer drivers

250 Users (passengers) + 25 volunteer drivers = 5750 trips in 2011/12 (mainly medical)
Profile of survey participants

Almost 80% of the 141 car scheme respondents who answered were women (112), whilst the figure was 89% for minibus passengers.

83% of car scheme respondents said they did not have access to a car in their household (115 out of 139 who answered), compared to 87% for minibus passengers.
Framing the study

- Community transport provides access to health service (GP, hospital etc)

“...voluntary sector providers often provide a vital service which enables people who are not able to use or access public transport and are not eligible for PTS to get to their healthcare appointment or social care service” (Audit Scotland 2011)
Framing the study: stakeholder/focus group input

- Physical and mental health benefits
- Supports independence,
- Avoids isolation
- Reduces stress / worry
- Minimises costs of mobility

- Focus for ROI work:
  - Missed appointments
  - Isolation
Missed Appointments

- Widespread perception amongst stakeholders that community transport plays an important role
- Missed appointments are an issue for GPs, real costs - £17?
- Hospitals, 6-7% ‘did not attend’ (DNA), real costs - £75+
- But: In other studies patients only report transport as a minor cause?
- Are ‘time’, ‘location’, ‘cost’ also transport-related?
Missed appointments

• 1,300 missed appointments in 2011 in ROI GP surgery (8000 patients)

• How do we cost longer term health outcomes?
Isolation

“It is the only day I go out, and I look forward to see the other people and the driver”

“Without dial-a-ride I would be completely housebound”

”Being disabled...and more or less housebound the community transport enables me not only to be able to get my weekly shopping but to meet other people”
Isolation

• Evidence of isolation from survey questions

• Community transport does make some ‘isolated’ users feel better though

• ROI analysis using tools such as ‘Friendship scale’

• ‘Befriending service charge’ - Costing driver time

<table>
<thead>
<tr>
<th></th>
<th>Very isolated</th>
<th>Some isolation</th>
<th>Very Socially Connected</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROI Car scheme (n=33)</td>
<td>9%</td>
<td>33%</td>
<td>58%</td>
</tr>
<tr>
<td>Population 60+ years</td>
<td>5%</td>
<td>8%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Comparison of scores on the ‘Friendship Scale’
ROI Conclusions

• Quantifiable benefits across range of health and wellbeing factors
• Positive benefit ratio
• Consistency with other SROI findings
• Other areas also merit attention
  – Health impacts of missed appointments?
  – Timely appointments / presentation?
  – Wellbeing, mental health?
Wider Conclusions

• Stakeholders and participants across the study perceive health and wellbeing benefits
• Some Health and wellbeing results can be quantified
• Will provide evidence to potentially broaden funding base
• But do restrictions on trip purposes cause wellbeing issues? (i.e. no shopping)
Any Questions?

Contact details:
Ian Shergold: Ian2.Shergold@uwe.ac.uk
References

Allardt, E. 1975. Att Ha At Älska At Vara –Om välfärd i Norden [Having, Being and Loving – on Welfare in Scandinavia]. Argos förlag AB, Lund, Sweden


A continuum of mobilities for understanding connectivity amongst older people

Symposium 134: The role of mobility in maintaining independence, health and wellbeing in later life, Keele University, 12 July 2012

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Overarching Aims

- Increase understanding of the needs of older people in rural areas
- Redress the lack of research on older people’s participation in and contributions to rural community life
- Consider the well-being benefits of civic engagement in later life
- Older people’s civic engagement as a source of social capital
GPL Project Work Packages

WP1: The connectivity of older people in rural areas
WP2: Older people’s participation in cultural and leisure activities in rural areas
WP3: Rural transport and mobility
WP4: Experiences of rural living and identity
WP5: The well-being and welfare of older people in low-income households
WP6: Connecting rural stakeholders/digital inclusion of older people in rural areas

PI Prof. Catherine Hennessy (Plymouth)
DPI Prof. Robin Means (UWE)
WP3: Overview

• Need for a holistic approach to understanding mobility (i.e. transport)
  – Particularly for older people

• Note on methods
  – Quantitative survey, in-depth interviews, phenomenological interviews

• Development of a continuum of mobilities
  – literal, virtual, potential, imaginative

• Practical implications and future questions
WP3 Team

• UWE
  – Prof. Graham Parkhurst (Lead), Dr Charles Musselwhite, Mr Ian Shergold

• Bournemouth
  – Prof. Kate Galvin (now Hull), Prof. Les Todres

• Swansea
  – Prof. Judith Phillips
Traditional Categorisation of Trip Purposes

Essential

Travel for Utility
- Time wasted: to be minimised
- Distance to be overcome
- Destination-focussed
- Routine
- Often Essential, Productive

Discretionary

Travel for Tourism
- Novel
- Enriching
- Less destination focussed

Utility

Not 'Transport'

Economic Priority

Tourist

Discretionary

Traditional Categorisation of Trip Purposes

Essential

Travel for Utility
- Time wasted: to be minimised
- Distance to be overcome
- Destination-focussed
- Routine
- Often Essential, Productive

Discretionary

Travel for Tourism
- Novel
- Enriching
- Less destination focussed

Utility

Not 'Transport'

Economic Priority

Tourist
Implications for older people

Trip Centres of Gravity:
- Older people
- Middle-aged
- Younger people

Essential

Low priority for
- Travel for volunteering, social trips
- Long-term benefits e.g. Of exercise, avoiding isolation
Holistic conception of mobility

• to be mobile is to participate in society
• movement may not have an explicit, conscious purpose
• there are physical and mental health benefits to maintaining active travel and passive transport
• All of these are important to quality of life and wellbeing
Research locations

- Three degrees of rurality
- Isolated dwellings up to settlements of a few thousand people
Quantitative Sample (n=920)

- **Age of respondents**
  - 60-69: 43%
  - 70-79: 36%
  - 80-89: 18%
  - 90-99: 3%

- **Gender**
  - Male: 59%
  - Female: 41%

- Stratified, random sampling
- Face-to-face interviewer-completed questionnaires
- Slight over-representation of women and 60-69 group
Key questionnaire themes

- travel patterns and behaviours
- mode choice (including over time)
- exclusion from, or engagement with, the local community
- health and welfare
45 Semi-structured interviews

• Selected from quantitative participants for modes used, gender, age, location
  – Ended driving careers / motorists
  – Public transport/cycle/mobility scooter users
• Themes explored in 1hr interviews
  – meaning and importance of mobility
  – benefits/dis-benefits of mode(s) of travel
  – personal mobility biographies
  – forward-looking perspectives
• Content-driven analysis assisted with Nvivo
10 Phenomenological interviews

- Similar themes to SSIs but applying
  - “‘phenomenological attitude’… free of value judgements from an external frame of reference and instead focuses on the meaning of the situation purely as it is given in the participants’ experience” (Wertz, 2005, p. 172).

- Selection according to reported wellness/poor health and good/limited access to transport
  - Some with restricted mobility or homebound
Continuum of Mobilities

Literal ↔ Virtual ↔ Potential ↔ Imaginative

Physical → Ideational
Ways of Being Literally Mobile

When did you last....?

- Ride a bicycle
- Use a public or community transport bus
- Use a taxi
- Use a mobility scooter
- Drive a car, motorbike or moped
- Walk*

*for 15 minutes or more for leisure, health or just to get somewhere

In the last year
In the last month
In the last week
Literal mobility unproblematic for most ‘essential’ and ‘discretionary’ purposes

Some problems
Quite difficult
Very difficult

Number of responses

Destination Facilities & Services

(n=920)
For social and community activities many of the distances travelled were short.
...although significantly greater problems for the oldest old

\( X^2 = 41.670, \text{ df}3, p<.001 \)

Respondents

Difficulty reaching at least 1/20 destinations by age group

- Did not report very difficult
- Reported very difficult

- 60-69:
  - 345
  - 49

- 70-79:
  - 280
  - 45

- 80+:
  - 132
  - 59

n=910
High Car Availability Except for 80+ Groups

Do you, or does your household own or have the use of a car or other motor vehicle? (n = 859)

C.f. UK rural average 91% of households with a car
Constraints very real for specific individuals

“…everything that I need is outside of this village, so if I can’t get out for any reason then I am really stuck”. (Female, in 70s)

“It would be nice to have hospitals closer. I did worry when I first had the heart thing that I might die in an ambulance on the way…” (Male, aged in 60s)
And Car Availability May Have Peaked...

“...the cost of the car is high because of the petrol prices at the moment. I mean motoring is expensive... we are limited in our income and so there’s a limit to how much we can get out and about and go places.” (Female, Dorset, 70s)

“...my husband used the car to go to his meditation group on a Friday night, and it was the night there was a dance club that I really wanted to get to but couldn’t.” (Female, Cornwall, aged in 60s)

“I don’t like driving far I’m afraid. I once had a panic attack on a motorway which has worried me ever since. I am happy on minor roads: that’s why we don’t go far to be honest...” (Female, Monmouthshire, aged in 80s)
Retirement as a time to ‘get out and about’

“It certainly is absolutely vital for my wife and I”. (Male 70s)

“Yes I mean there’s no point in living in the country if you don’t enjoy it...” (Male 60s)

“....it is the first time when you are an older person that you have got time to go and see these places”. (Male late 60s)

“I worked for forty odd years, you want to use the next few years for pleasure don’t you”. (Male 60s)
Virtual Mobility: access to computers and internet

- Broadband connection to the Internet: 51%
- Dial up connection to the Internet: 9%
- Have a computer, but not connected to the Internet: 4%
- No computer: 36%

N=910
Reported internet activities by age cohort

Responses (multiple possible)

- Emailing
- Shopping
- Online banking
- Travel
- Financial information
- Hobbies

Age cohorts:
- 60-69
- 70-79
- 80+
Virtual mobility for physiological and social needs

“I will order stuff on the Internet rather than going to town to buy it, so I don't make that journey and it is just so much simpler on the Internet. Somebody else comes and drives and delivers it to your door” (Male 60s)

“Well we’ve got family in Sussex.... and we talk to them regularly on the phone, internet, Skype and things” (Male 70)

“I certainly see more of my grandson because of Skype” (Female 60s)

“I now use Facebook....my youngest granddaughter has her own Facebook....so we access that” (Male late 70s)
Importance of potential mobility to wellbeing...

...even though desire is not expressed

• Metz (2000: 150)
  – “potential travel - knowing that a trip could be made even if not actually undertaken” is an important element of mobility.

• Davey (2007: 50)
  – the possible need to travel at short notice to respond to family emergencies, or “journeys ‘on a whim’ for pleasure or aesthetic enjoyment”.

[Image] Centre Transport Society
Cars important, but also other modes

I kept my driving licence, there is no reason why I shouldn’t…. but I consider that my reflexes aren’t good enough for driving, *I don’t need to drive, she can drive, but I kept my driving licence in case there was an emergency and I had to drive*” (Male 80s – mobility scooter user)

“….it is actually a social thing because you meet up with people and you can sit there and admire the view on the way. It's like being chauffeur-driven on the bus. You can stop for coffee and sandwiches… *I haven’t done it myself*. (Male late 60s)
Imaginative mobility

• Achieving a psychological mobility experience through imaginative activities
  – where physical/virtual/potential mobility no longer possible/desired/realistic

• Through reported mobile experiences of co-present others e.g. visitors

• Or recall of past mobile experiences e.g. Trips to pubs replaced by recalling memories of significant pub outings
  – Maybe aided by recall media (photographs, TV, music)
Natural and social worlds important in experiences

• “....so I'm not worried if I don’t get to shopping or the sea because I know that as regards shopping it will be done for me by my lovely neighbours, and the sea is always going to be there” (Male late 70s)

• “look out my window don't you think I am very privileged.... people have got pictures like that hanging on their walls...I sit by here and I see the changing seasons and the sunrise on it....” (Female 80s)
In some cases a sense of...

• “As far as I am concerned, I have spent 40 years of my life overseas anyway so I have no desire to go to these places or to move around” (Male Dyfed)

• “We don’t go anywhere that far these days … I did a lot of travelling when I was working, from South Africa up to all over the place… this is where I lived before I moved out to work overseas”. (Male)
Concluding thoughts...

• Continuum approach better able than traditional approach to reflect:
  – the importance of mobility for social and environmental connectivity
  – how the nature of being ‘mobile’ varies between individuals and across the lifecourse

• Avoids the premise that lack of literal mobility is necessarily a ‘problem’
Practical implications

• Emphasis on ‘good’ (legible, memorable) design of the built environment to enhance imaginative mobility

• More flexible public and community transport services to enable people to give up cars retained for potential mobility ‘insurance’ purposes
Questions for future research

• How far will the cohort effect of increased ICT literacy mean virtual mobility enriches/replaces the need for imaginative mobility?

• Will greater virtual mobility place greater emphasis on maintaining literal mobility for connectivity rather than physiological needs?

If I couldn’t get to places..., although I’ve got a computer, I would stagnate. Because I like the social aspect of things. And I like the different characters you come across and it stimulates your thinking and makes life worthwhile to be able to go out and meet others (Male 70s)
Thank you! Questions?

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Project website
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