

# Missed journeys: The importance of discretionary and social travel

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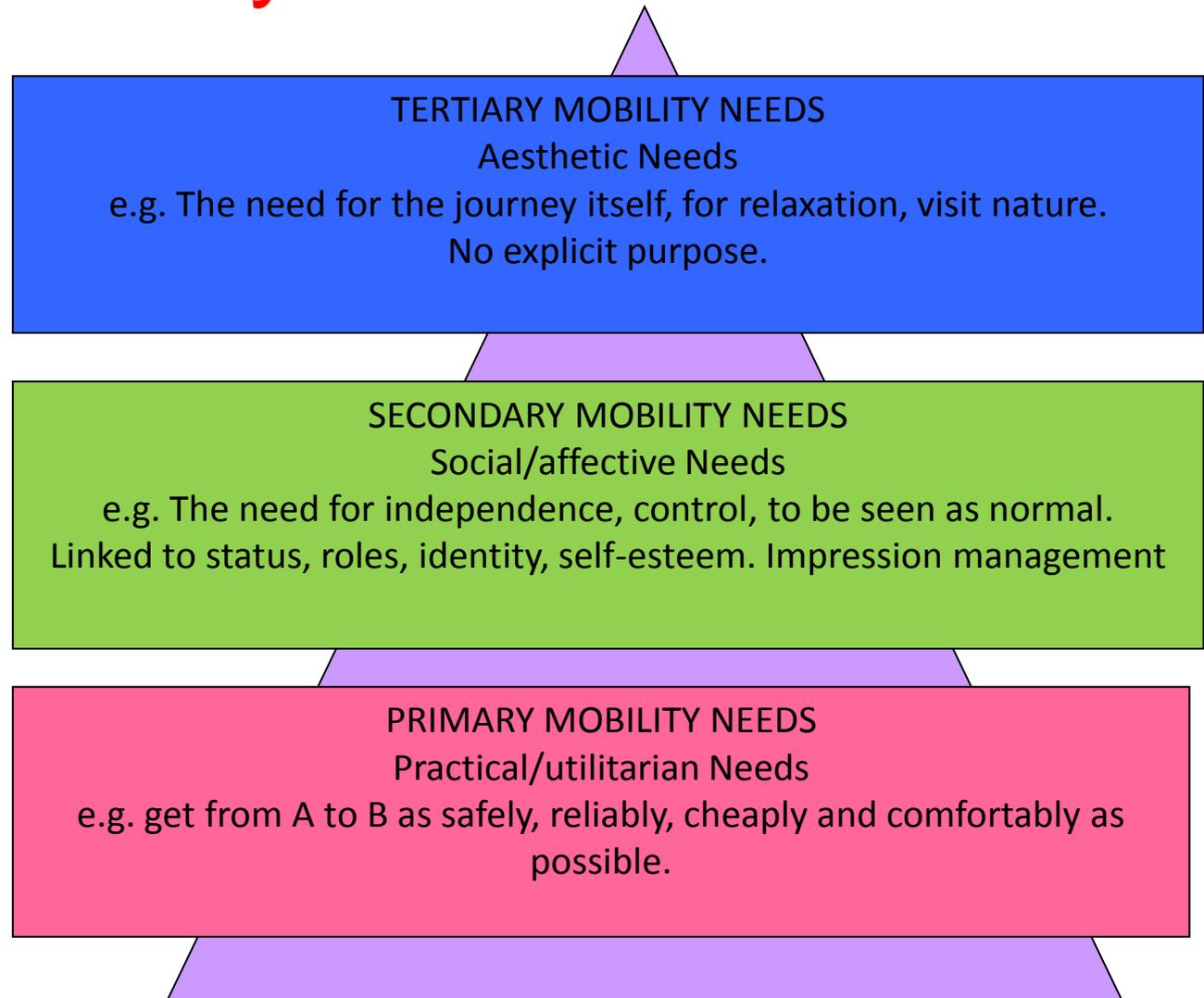
# Agenda

- Driving cessation
- Needs for mobility – travel
  - Mobility and activity
- The move to ‘shared mobility’
  - Mobility options
- Evidence from a case study
  - The ability to make discretionary journeys
- Conclusions
- Questions

# Driving cessation

- Most likely in early – mid 70s?
  - aged 72 (UK) (Rabbit et al 1996),
  - significant reduction from 75 (Sweden) (Rimmö & Hakamies-Blomqvist 2002),
  - Mid to late 70s (Norway) (Hjorthol 2012)
- Health main reason for giving up driving – most frequently related to vision
- Self-regulation, drivers reduce distance driven over time,
  - quieter roads, not after dark, bad weather etc

# Needs for mobility



*"You can't ask other people to take you out for "a drive". They'd think you'd lost their senses. Anyway they have got better things to be doing with their time, then ferrying me about just for the sake, like"*  
(female, gave-up driving at 80)

*"It's hard to explain I suppose. You just don't seem like you belong. I suppose yes there are feelings that you might be ready for the scrapheap now. The first step to it, you know"*  
(Male, given-up driving at 76)

*"Well Dorothy and David from number 3 take me shopping every week, we all go, we have a bit of a time of it you know, it's a kind of outing. I never expected that. "* (Female, gave-up driving at 80)

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

### TERTIARY MOBILITY NEEDS

#### Aesthetic Needs

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

On giving-up driving this level of needs is adversely affected  
Not so easy to ask for discretionary travel

### SECONDARY MOBILITY NEEDS

#### Social/affective Needs

The need for independence, control, to be seen as normal. to status, roles, identity, self-esteem. Impression management

On giving-up driving this level of needs is adversely affected  
Isolation, no longer part of society, no longer feel normal

### PRIMARY MOBILITY NEEDS

#### Practical/utilitarian Needs

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

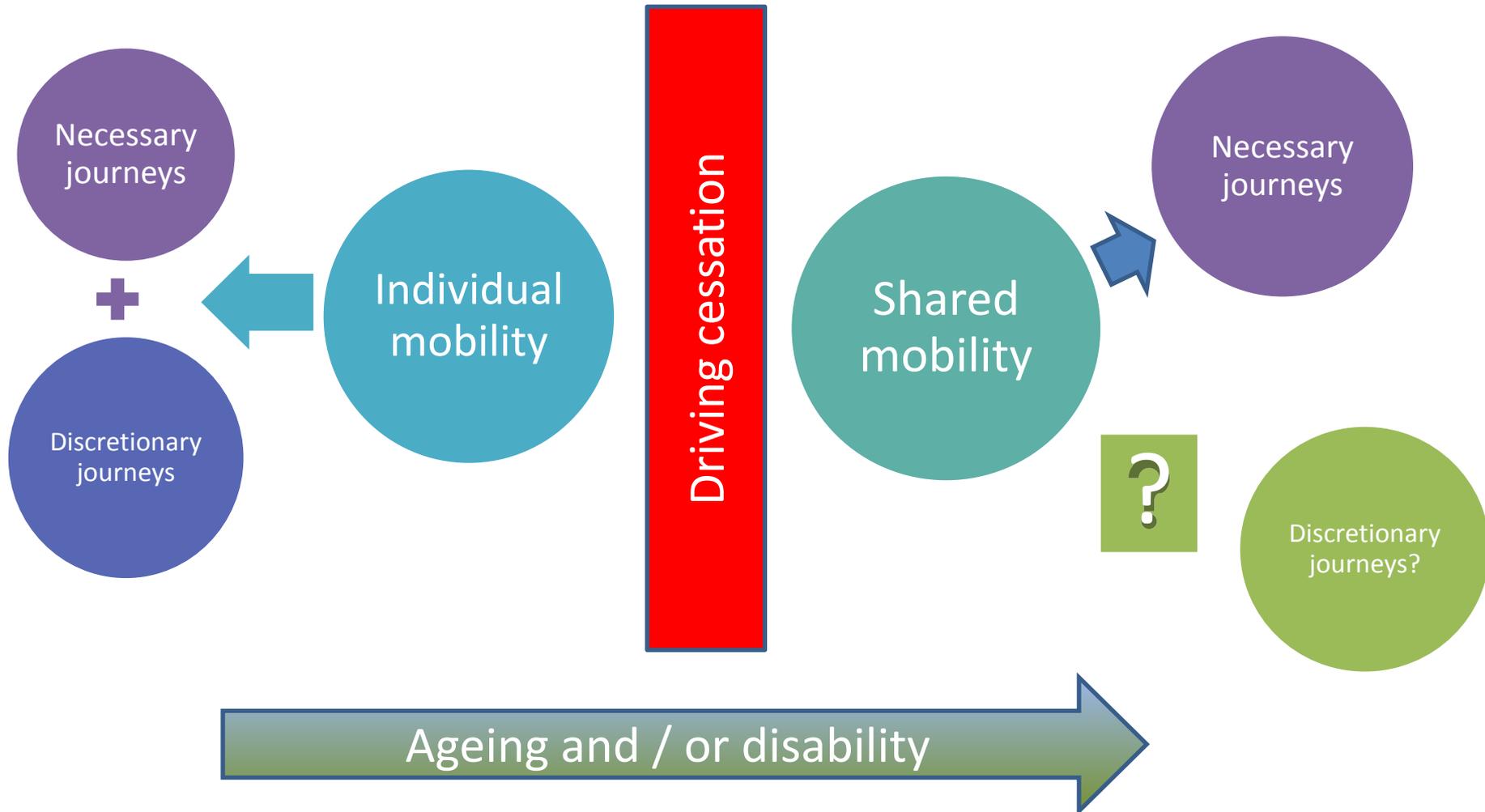
On giving-up driving – this level of need can be met

- friends
- accessible transport
- public transport
- teleshopping?

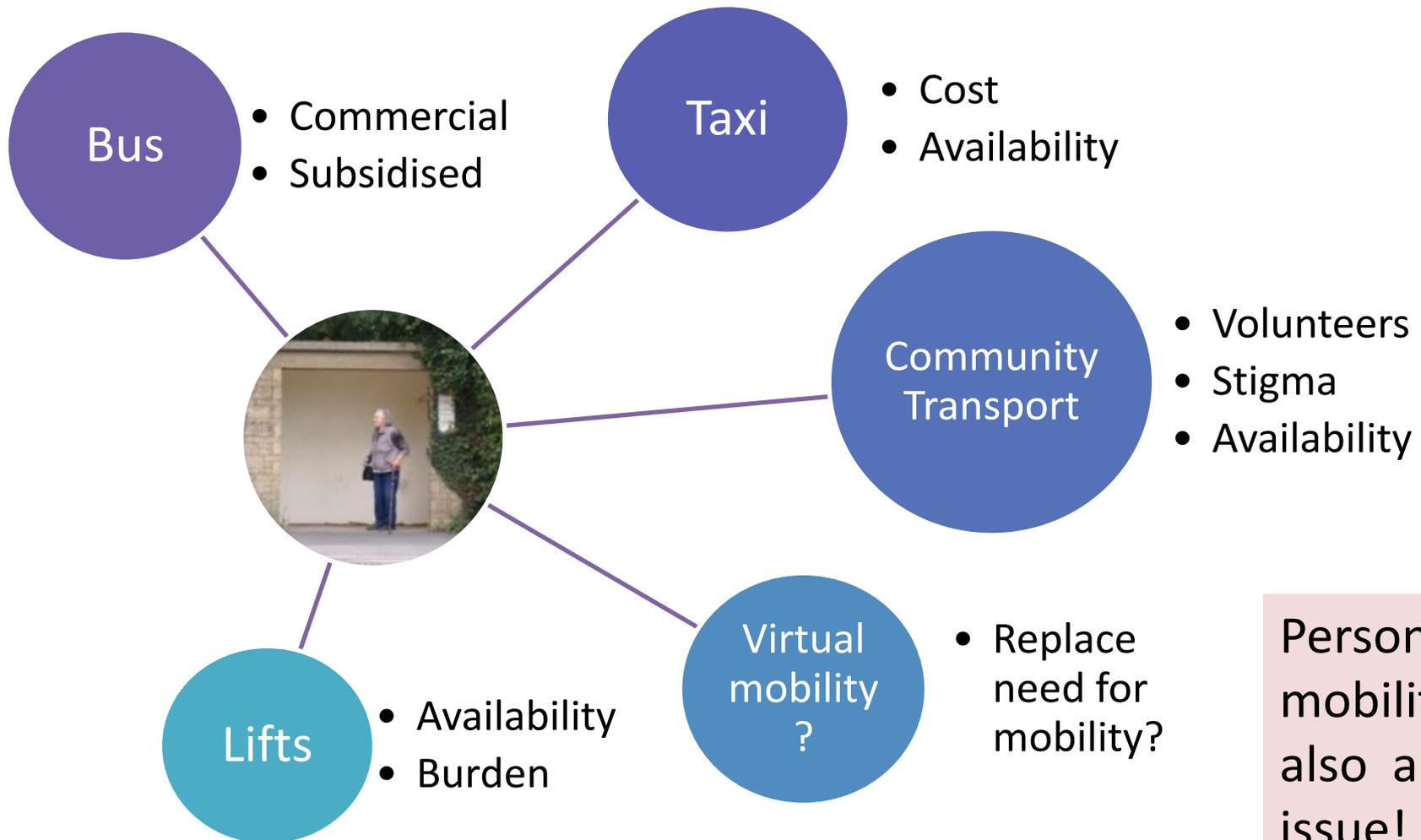
# The role of mobility in 'activity'

- Individual 'wellbeing'
  - 'Activity theory', role replacement (e.g. volunteering)
  - Informal, formal and solitary activity
  - Informal activity (with 'familiar' people) has most affect on wellbeing, more so for women (Ritchey et al 2001, Warr et al 2004)
- Social sustainability of communities
  - Social capital, greater social cohesion, reduced exclusion, stronger communities (Field 2003, 'Stanley et al 2010)
  - *'Repeated social interactions between individuals and groups'* creates social capital (Lee et al 2005)
- Activity needs mobility

# From individual to shared mobility

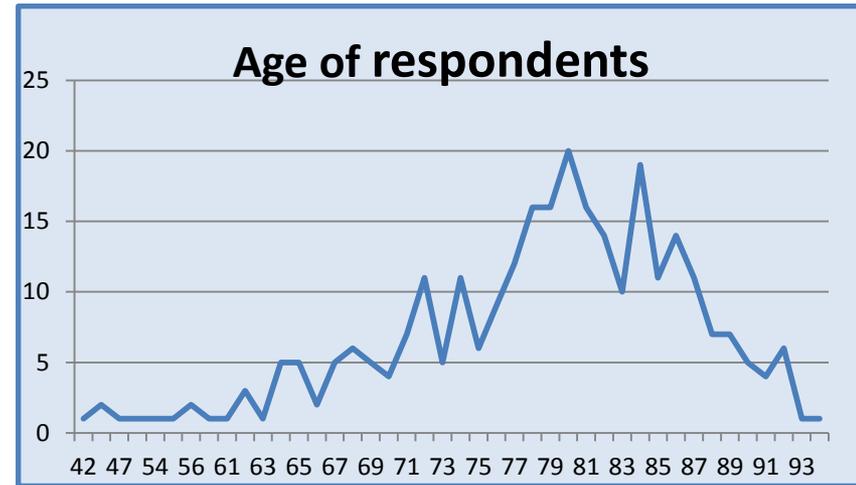
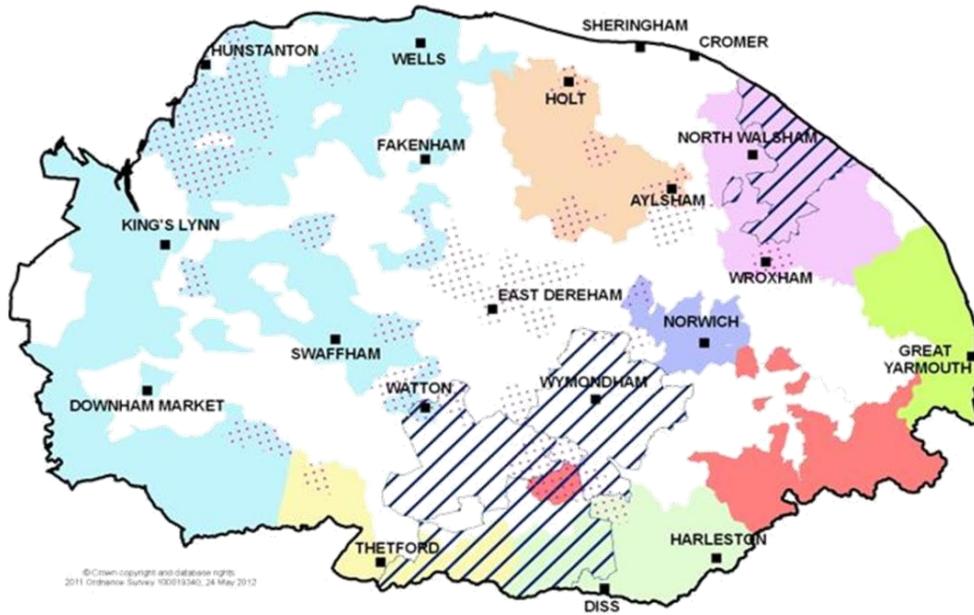


# Options for (shared) mobility?



Personal mobility also an issue!

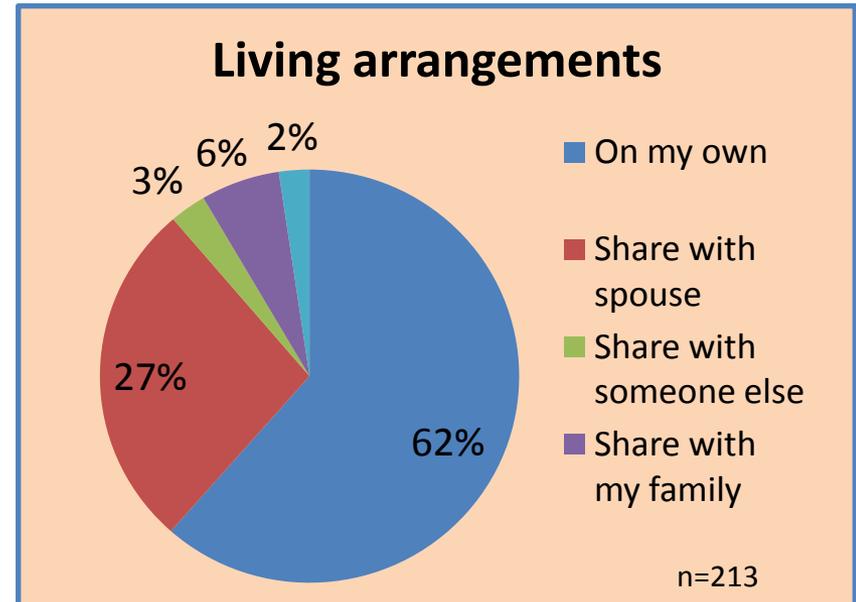
# Case study – community transport



303 Passengers completed survey

87% said they did not have household access to a car (250 out of the 287 who answered the question.)

82% were female (241 out of the 295 who answered this question.)



# Community transport - benefits

- Mobility for those that wouldn't otherwise have it?
  - 'Independence' a key benefit

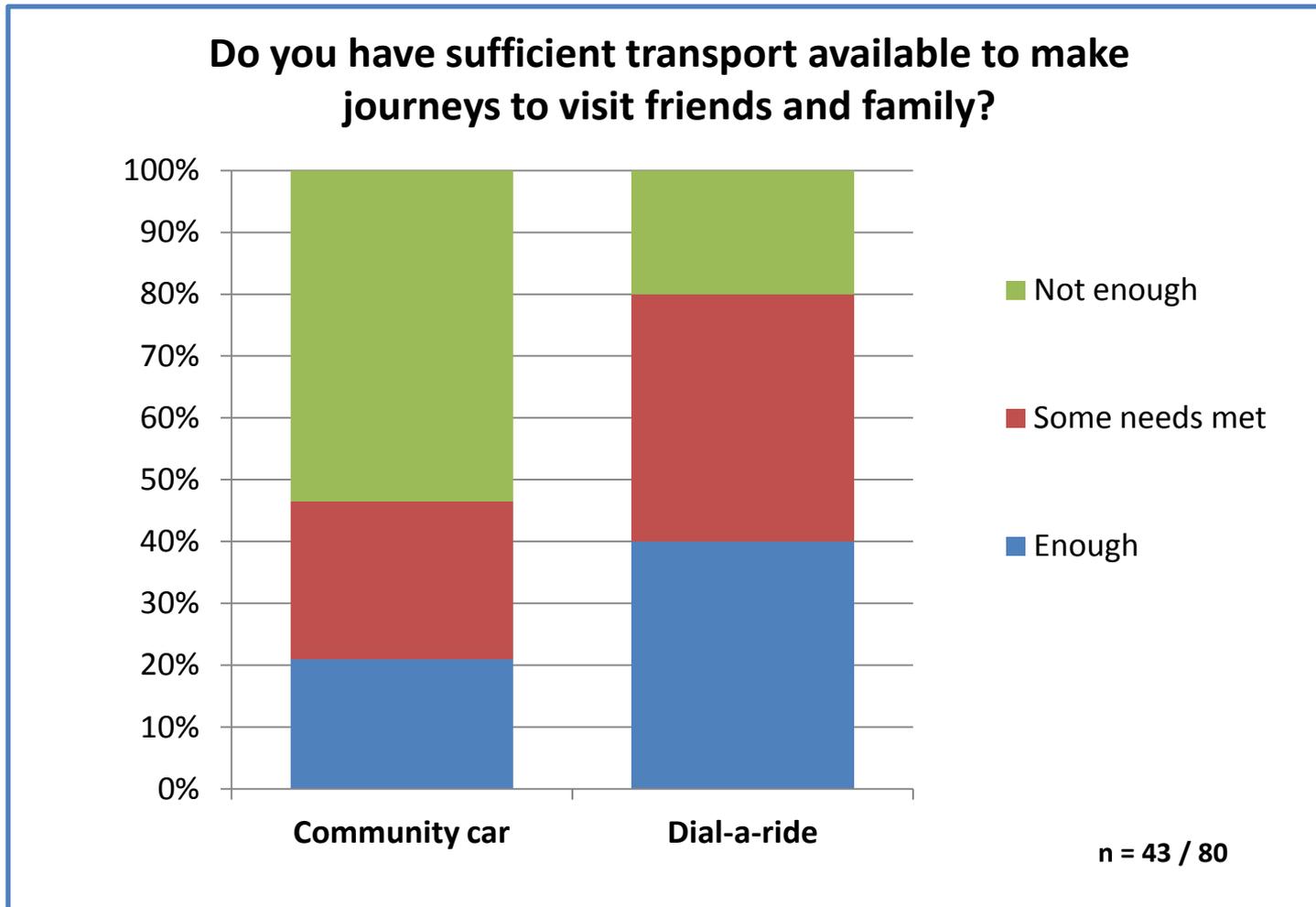
*"The (community) bus enables me to get a whole weeks shopping, I don't know what I should do without it"*

*"Community transport here is essential to someone like me - a non-driver. Getting to the surgery or hospital would be difficult or impossible by a certain time otherwise"*

*"Without dial-a-ride I would be completely housebound"*

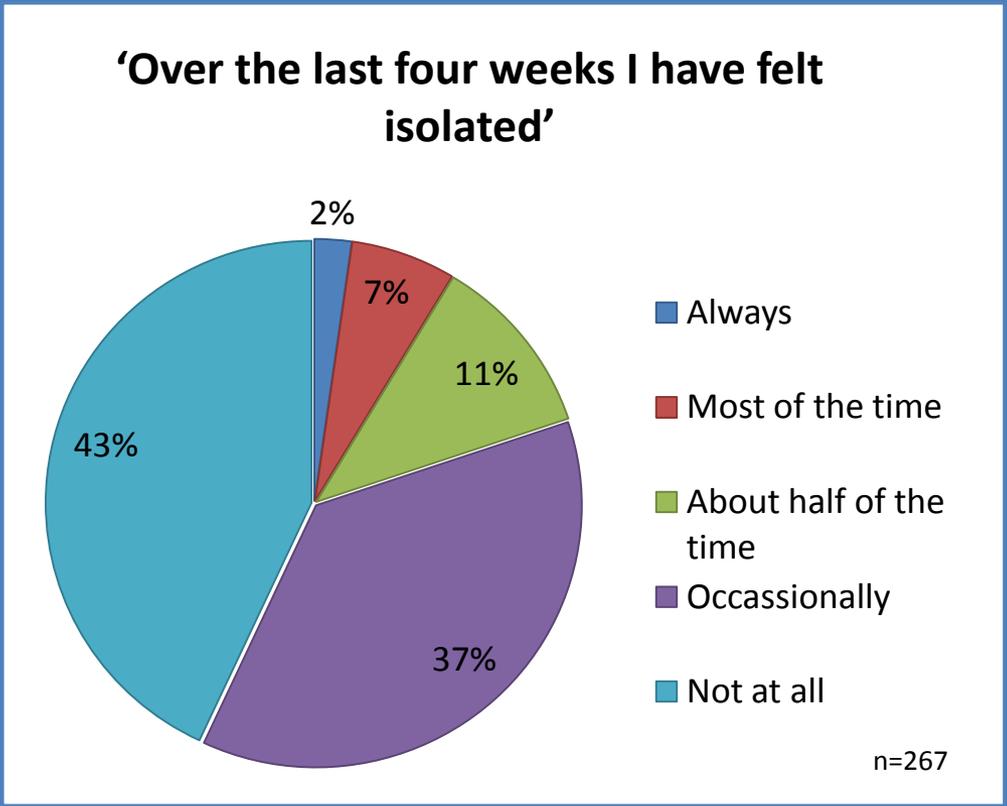
- Social contact with other passengers / drivers
- Role for oversight / checking on people

# Ability to make 'discretionary' trips?



# Evidence of Isolation?

- Evidence of isolation from survey questions...



	Very isolated	Some isolation	Very Socially Connected
Car scheme users (n=33)	9%	33%	58%
General population 60+ years old	5%	8%	87%

**Comparison of scores on the 'Friendship Scale'**

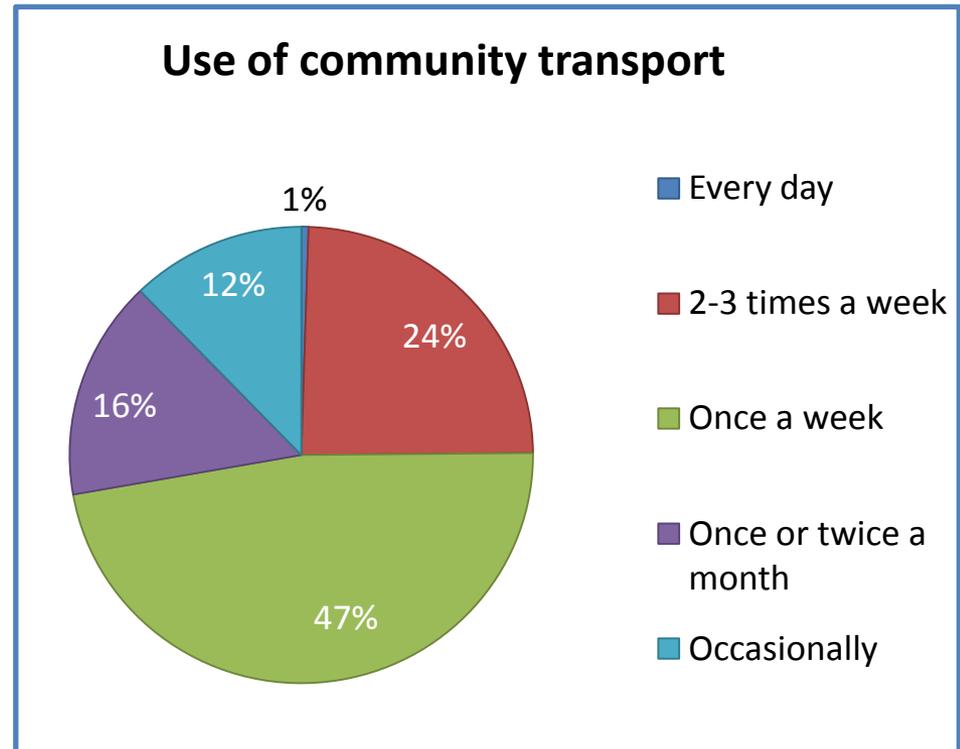
# Discretionary and social trips?

*“I have no social life since my widowhood ... and would like reasonable transport evenings to go out to theatre, or dances,... or going to pub to meet friends and socialise”*

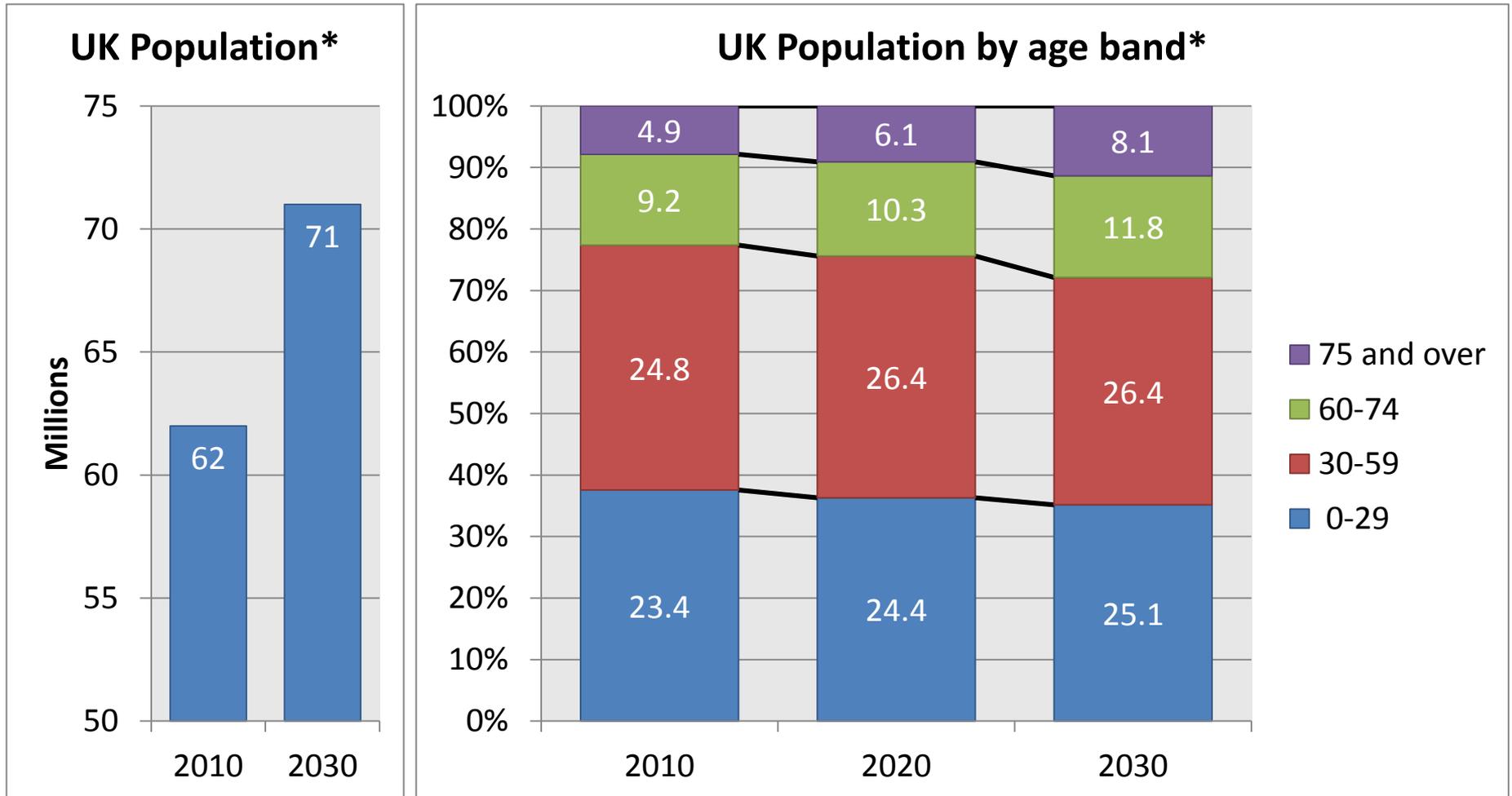
*“I have friends in the village who it would be nice to have lunch with sometime and none of us has a car and we are too far away to walk to and far too expensive to get a taxi... so all we can do is phone each other”*

# Constraints on mobility?

- Operating hours?
- Availability of volunteers
- Needs of other users
- Resources



# Important because... ageing UK



\*Office for National Statistics (ONS), 2011. 2010-based national population projections - principal projection and key variants.

# Conclusions

- Loss of individual mobility inevitable for many older people through driving cessation
- ‘Shared’, community transport can be a lifeline
- But the focus on meeting necessary journeys could restrict discretionary travel, and ‘activity’
- Implications for individual wellbeing and for social capital in communities
- If this is the case, then this has implications for policy and planning

# Any Questions?

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# References

- **Field, J.**, 2003. Social capital, key ideas. London: Routledge.
- **Fonda, S. J., Wallace, R. B. and Herzog, A. R.** 2001. Changes in driving patterns and worsening depressive symptoms among older adults. *Journals of Gerontology: Psychological Sciences and Social Sciences*, 56B, 6, S343–51.
- **Hjorthol, R.** 2012. Transport resources, mobility and unmet transport needs in old age. *Ageing and Society*, 33(07), 1190–1211.
- **Lee, J., et al.**, 2005. Networking: social capital and identities in European rural development. *Sociologia Ruralis*, 45 (4), 269\_283.
- **Marottoli, R. A., Mendes, C. F., Glass, T. A., Williams, C. S., Cooney, L. M., Berkman, L. F. and Tinetti, M. E.** 1997. Driving cessation and increased depressive symptoms: prospective evidence from the New Haven EPESE. *Journal of American Geriatrics Society*, 45, 2, 202–6.
- **Musselwhite, C. and Haddad, H.** 2010. Mobility, accessibility and quality of later life. *Quality in Ageing and Older Adults*. 11(1), 25-37.
- **Rabbit, P., Carmichael, A., Jones, S. and Holland, C.** 1996. When and Why Older People Give Up Driving. AA Foundation for Road Safety Research, University of Manchester, Manchester, UK
- **Rimmö, P.-A. and Hakamies-Blomqvist, L.** 2002. Older drivers' aberrant driving behaviour, impaired activity, and health as reasons for self-imposed driving limitations. *Transportation Research Part F: Traffic Psychology and Behaviour* 5, 1, 47–62.
- **Ritchey, L. H., Ritchey, P. N. and Dietz, B. E.** 2001. Clarifying the measurement of activity. *Activities, Adaptation and Aging*, 26, 1, 1–21
- **Stanley, J., et al.**, 2010. The place of transport in facilitating social exclusion via the mediating influence of social capital. *Research in Transportation Economics*, 29 (1), 280\_286.
- **Warr, P., Butcher, V. and Robertson, I.** 2004. Activity and psychological well-being in older people. *Ageing and Mental Health*, 8, 2, 172–83.