Towards a Critical Geromobilities Approach: Combining Critical Gerontology and Mobilities to investigate the mobility of older people

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Abstract

The population across the world is ageing, in terms of actual numbers and the share of older people within populations. As a result, ageing issues are an increasingly important focus within transport and mobility studies Critical gerontology questions what opportunities older people might have to choose 'successful ageing' within the structures of a fundamentally ageist society. Similarly, the mobilities paradigm highlights the complex influences and perhaps unexpected repercussions of mobility systems on social relations, equality and power relations, resulting in marginalisation or exclusion of certain groups. This paper will investigate how bringing mobilities and critical gerontology together can create a novel way of addressing older people's mobility and transport behaviour, especially when understanding the transport and travel behaviour of traditionally marginalised groups. As a particularly marginalised group in transport terms, the transport exclusion of older people using mobility aids, will be explored through a mobilities and critical gerontology lens. Much literature has concluded that people who use mobility aids feel socially excluded but has yet to understand precisely the nature of such barriers to inclusion. Examination of transport behaviour, mobility needs and barriers to social inclusion of older people using mobility aids will be reported from early findings of a study using walking interviews. Walking interviews provide an opportunity to gather data from individuals whilst situated in their social context, carrying out day-to-day embodied practices. Maps of routes taken during interviews will allow rich qualitative data of discussions and interviews to be complemented with quantitative data from public records such as income distribution or public transport routes.

Introduction

Both Critical Gerontology and the Mobilities paradigm have been designed to address power differences in systems, systemic procedures, society and even discourses. A synthesis of knowledge on the mobilities of people of all ages with a relational approach to age and place presents new and boundless opportunities (Murray, 2015). As a result of rising numbers older people within populations, ageing issues are an increasingly important focus within transport and mobility studies (Murray 2015; Schwanen & Paez, 2010). International initiatives encourage 'age friendliness', a term encompassing the gamut of attitudes, infrastructure and practice which all lead to improved lives for older people, such as by the World Health Organisation age friendly cities initiative (WHO, 2007). Critical engagement with the WHO initiative, however, questions the suitability of a checklist for the diverse spaces and cultures that make up cities around the world, (Murray, 2015) or the fact that spaces are co-constructed by and are made and remade by the people who inhabit them (e.g. Cheshmehzanghi, 2014; Johnstone, 2012). The movement of people, ideas, objects and knowledge shape relationships; communication can shape generations. Relations between generations are dynamic, complex and multifaceted. Generation itself is a social category that is embodied and experienced, lived, in time and space (Murray, 2017). Active participation holds a central position in ageing policy and research, despite it being a difficult concept to articulate lived and embodied meaning to (Raymond et al, 2014). Rarely are there any visible signs of physical tools such as wheelchairs, walking sticks or walkers in

active ageing research (Larsson, 2013). Social exclusion incorporates more than simply financial poverty; there are multi-dimensional indicators of health and social well-being involved. Constraints can be external to the individual's travel behaviours, or even travel provisions themselves. For example, people who live in social housing are fixed in one place, limiting opportunities for employment, healthcare and other travel possibilities (Lucas, 2011). Environments that do not incorporate planning for mobility aids and disabilities limit access for older people (Newton et al, 2010), thus features of transport [and planning] that can contribute to exclusion include physical, economic and space factors. (Lucas, 2011's). Mobility technology, in the form of mobility aids and access, enable participation (Hamraie, 2017; Larsson, 2013). Modern technology and different approaches to asking mobility aid users can change accessibility and participation for the better (e.g. Larsson, 2013, Raymond et al 2014).

Critical Gerontology

As an inter-disciplinary sub-field formed of mainly humanities and social sciences, critical gerontology challenges assumptions of mainstream gerontological theories and biomedical models of ageing. The approach engages in a critique that looks beyond the status quo to uncover hidden methodological value assumptions (e.g. Katz, 2015; Minkler 2007). The dynamic interactions between individuals and constructions of society are explored from the critical gerontology standpoint, with focus on the variety of life trajectories that may be available to or forced on individuals. Different life courses and social factors create disparities in access to healthcare, employment, goods, environmental and psychological factors and thus implications for ageing (Holstein & Minkler, 2007; Phillipson 2005; Raymond, Grenier & Hanley, 2014). There is a complex interplay between freedom to choose a life path and other systemic, cultural, gendered or socially constructed constraints. These differences will influence the ability to save for later life, general stress levels, health and housing, all of which will influence the ageing process and attitudes towards it (Luborsky & Sankar 1993; Raymond et al, 2014).

The structure of society is crucial for understanding how individual are positioned throughout their lifecourse. Critical theorists question how much agency is available to individuals to make life choices and critical gerontology follows in this vein. Ageing cannot be studied in isolation from other life stages, societal forces or phenomena (Holstein & Minkler, 2007). In Western societies, there is a general failure to value older people, which is demonstrated by older people avoiding identification with an 'older' identity. A language and expectation of active participation as people age has brought about a culture which not only outlaws terms like elderly and frail, but also fails to value the wisdom, tradition and memory that ageing brings. When ageing is not valued, the poverty and disability that is often associated with ageing also fail to be recognised; individuals are blamed for failing to participate in their own empowerment with no account for the practical or social factors that may have been involved (Katz, 2015). This societal outlook fails to address differentiating factors such as gender, race, lifelong or acquired disability and many others (Holstein & Minkler 2007; Katz 2015, Raymond et al, 2014).

Discourses of ageing and socio-political positioning are vital considerations to studying ageing. The traditional social gerontological approach to successful ageing uses this idea of active participation as a means of support and satisfaction for older people. The outlook has been perceived within political circles as a win-win situation whereby taxpayers and government win via economic and social contributions from older people, and older people feel better about themselves because they continue to contribute (van Dyk, 2014; Raymond et al, 2014). However, critical gerontology theorists question the reduction of 'success' as a subjective notion into a universally idealised concept (Holstein & Minkler, 2008). The concept of successful holds elements of personal interpretation, which will also be affected by social and cultural influences (Luborsky & Sankar, 1993). From a critical perspective, traditional theories conceptualise individuals as a sum of their family, community and working roles (Luborsky & Sankar, 1993). There are value judgements underlying the successful ageing approach, then, with a failure to address power differentials within social strata (e.g. van Dyk, 2014; Holstein & Minkler, 2007; Katz, 2015; Luborsky & Sankar, 1993; Raymond et al, 2014). Furthermore, the context of participation within policy and academic discourses is

questionable because participation is not simply a matter of choice or barriers within either ageing or disability research. Participation is dependent upon how 'participation' is constructed and understood (Raymond et al 2014).

Critical gerontology is rooted in the political and economic crises emergent in Western societies during the 1970s and 1980s (Phillipson, 2006). By exploring the socio structural forces that affect how older people are viewed, and how they view themselves, critical gerontology explores the role of state and systems in reproducing life chances for people throughout the life course and how this ultimately impacts on ageing for individuals and society. Differences in access to goods and services bring into focus the power of cultural dimensions and socio-political outlooks, leading to research into the political economies of ageing. Research into, and theories of ageing can be used to control populations as much as emancipate them (e.g. Burghardt, 2013; Holstein and Minkler, 2007; Luborsky & Sankar, 1993; van Dyk 2014). Research outcomes depend on the cognitive interest of the study; interest in understanding people results in emancipation whereas scientific study tends to lead to classification and control even when the study is purported to be an intervention for desirable changes (Burghardt, 2013; Luborsky & Sankar, 1993). Traditional theories of ageing conform to political and social agendas of control; older people are considered in terms of cost to society. With equal significance, pension and welfare provision are questioned as being demeaning to the ageing population (Phillipson, 2006). While there is some debate regarding the depth of critique of macro level conditions from some critical gerontologists, it is agreed that ageing comes with an expectation to age successfully, and critical gerontology questions this neoliberal outlook (van Dyk, 2014).

Mobilities

Mobilities covers anything that is mobile; people, information, status, ideas, communication, objects. Humans are so used to mobilities that most aspects are considered almost natural and certainly taken for granted in the West. A path, electricity, a bridge, mobilisation of an idea in the form of a protest, banks to mobilise money; computers mobilise data and computers themselves become mobilised in the form of laptop computers, tablets and mobile phones that mobilise the technology that mobilise the data. Within the various constructions of actual or potential movements, however, are complex interacting systems which not only provide access to movement, but also direct and constrict movement. In this hyper-mobile world, people can commute to work on trains whilst carrying out banking tasks and social activities on their mobile phone or tablet. However, one can only travel on a train to a station that is in situ, on a line that is static. One can only choose a bank account with a bank that exists and cannot just set up a bank due to the rules and regulations surrounding such things (Urry 2007). Mobilities research focuses on a politics of mobility, whereby mobilities are both produced by and productive of social relations. Complex social structures are highlighted within the constant motion and flux of social lives, with mobilities not just emerging from social conditions, but pivotal to their construction (Smith & Hall, 2016; Murray, 2017; Urry 2007). In the same way as critical gerontology questions the opportunity for choice within the structures of society, the mobilities paradigm highlights the complex influences and perhaps unexpected repercussions of mobility systems on social relations, equality and power relations (Urry, 2007).

The flow of human life is thus enabled by systems which are in turn reliant on other systems (Urry, 2007). Speed of living, consumption and moving accelerate not only culture but also affluence because of the tools required to accomplish and maintain it. This leads to segregation and marginalisation. Mobilities research seeks to expose ways in which mobilities are produced and productive of social relations and constructions. An intergeneration approach could provide understanding of how age is produced and experienced in place (Murray, 2017). The movement of people constantly revises delineations, borders and thus attitudes surrounding what is inside or outside of those borders, both physical and metaphorical (Smith & Hall, 2016). The identity of people and place are co-constructive (Chesmehzangi, 2014; Johnstone, 2012) and knowledge of space and place is not just a psychological exercise but an embodied practice (Smith & Hall, 2016). The circulations of people can thus be responsible for generating politics of power and inequality (Smith & Hall, 2016). Within these conditions people on the extremes tend to be relegated to the edges of normative mobilities. Those favoured are not too old, not too

young, not too slow (Murray, 2017). While transport and mobility have investigated age and ageing as an area of interest, it tends to focus on discrete age groups of older adults or children, thus not exploring a cohesive mobility picture. The focus of research on older populations tends to be accessibility, giving rise to mainly quantitative research methods which fail to acknowledge to the more complex meanings, context and aspirational qualities of mobility (Murray, 2015; Musselwhite, in press; Musselwhite and Haddad, in press).

One way in which older people are categorised outside of a boundary of normal is the medicalisation of the ageing body (Katz, 2015). Mobilities research tends to focus on well-being, which investigates maintaining social networks and accessing direct or indirect therapeutic spaces (Murray, 2015) which could be said to uphold or compound the categorisation, or at least omit the emotional and affective aspects of potential mobilities (Kaiser, 2009). While obstruction to mobility is considered a restriction of freedom and liberty (Doughty & Murray, 2016), implementation of policy is, according to critical gerontological approaches, problematic because of the lack of consideration of lived experience. Failing to consider ageing and older people as part of a flow of life, older age is instead treated as a discrete category within initiatives and policies. This fails to incorporate the lifecourse, the variety of relationships people have across age groups and outside of families, a gradual ageing process, and does not address the complexity of issues related to ageing (Murray, 2015). As the lifecourse perspective highlights, ageing itself is a lifelong process and people do not just cross a line to become old. However, interventions aimed at mobility improvement for older people tend to remain focused on medical, reductionist models of embodied ability (Musselwhite et al 2015)

Critical Geromobilities

Critical gerontology questions an assumed ontological interpretation, suggesting a multidisciplinary approach is required to understand how much choice the individual has within the parameters of their life and social situations, socio-economic status, family and religious background and so forth. Knowledge itself has cultural dimensions and sociocultural outlooks tend to limit lifecourse trajectories, along with social structures (Luborsky & Sankar, 1993).
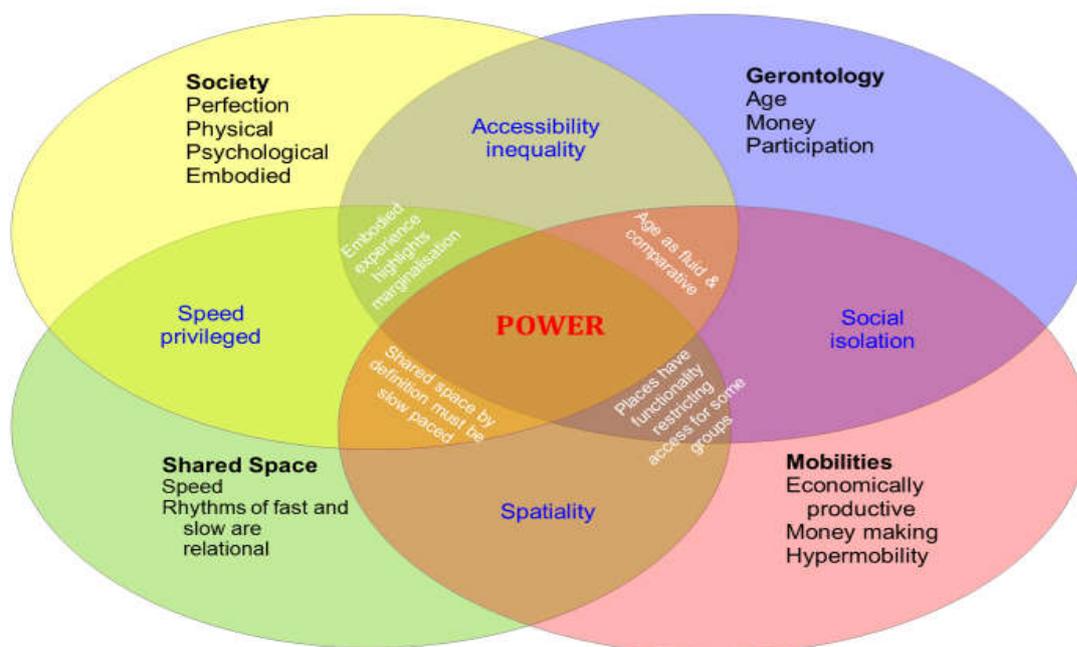

Figure 1. Intersections of power through ageing and mobility lenses

People tend to be defined as a sum of their work family and community roles, so any perceived reduction of any of these roles through ageing or any other processes could lead to destabilisation of identity. Moreover, reduction in role leads to altered perception and categorisation by external agencies, and even family and friends, be it positively or negatively (Luborsky and Sankar, 1993). The role of intergenerational familial relationships is a factor in mediating mobility and autonomy (Gilroy, Attuyer, Bevan, Croucher, & Tunstall, 2017). Changes in role, along with physical and social transitions, are more significant to generational change than chronological age. Mobility is incumbent on social events, commitments and needs. Meanings and power relations are constructed and reproduced within social settings, but mobilities ascertains how the movements of people and groups accomplish boundaries that provide meaning and produce power in the first place (Smith and Hall, 2016). Interdependencies exist between travel and social networks, so any study of one must incorporate the other. Routine and perpetual work are needed to sustain day to day contact and social activity. Understanding and building relationships with others, social synchronicity, is achieved only by proximity and communication (Hodgson, 2011). Power is played out in everyday lives through relationships, shared spaces, planning and design and transport provision (e.g. Bromley & Mattthews, 2007; Smith & Hall 2016; Hamraie, 2017; Holstein & Minkler 2007; 2016 Kaiser, 2009). Bringing together studies of ageing and mobility from various disciplines better enables a coherent picture of how power can be distributed and interlinked in spaces and relationships (see Figure 1).

The environment, its form, fabric, history and use, is read by people to make informed decisions about how to interact with a given space (Hodgson, 2011). The environment also active in shaping human behaviour so research and planning needs to be conducted with accumulated knowledge from all those invested the use of places, including all aspects of community and industry, to gain critical insights (e.g. Belon, Nieuwendyk, Vallianatos & Nykiforuk 2014; Cheshmehzangi 2014; Edwards 2003). Recursive relationships between space and place, personal and collective identities are influential in how included or excluded people feel. While much of mobility research focuses on the governing of mobilities, societies are often governed through mobilities (Doughty & Murray, 2016; Kaiser, 2009; Newton et al 2010). End users, care-givers and health professionals should be at the centre of design innovations (Tsang, 2012), but mobility justice is regarded as peripheral, and more problematic for equality, subordinate to normative rhetoric of mobility (Doughty & Murray, 2014; Hodgson, 2011). Changes made to accommodate disability are determined by governments and authorities with a lack of input from people living with disabilities. Ableism of environments is linked to the everyday stigmatisation, patronising and demeaning social acceptance of differently abled people not just through discourse, but also design and planning (e.g. Hamraie, 2017; Hansen & Philo, 2007). This can occur just via interpretation of standardisation and compliance in design. The pedagogy within architecture and planning is historically adherence to standards, but not necessarily to approach design with the idea of inclusion (Hamraie, 2017). Reasonable accommodation is all that is required legally. Reasonable accommodation is code for minimum, and disability features do not seem integrated into plans in the first instance. Spaces for disabled people thus become provisional, and disabled people become provisionally included (Hansen & Philo 2007).

Provisional inclusion or exclusion through embodiment can be seen especially well when viewed through a life-course perspective. Individuals are living through historical contexts within their own personal experiences so mobilities intersects with social, political, cultural and spatial constructions of identity (Murray, 2015). Historical-social construction of place and national identity are fundamental to shaping notions of idealised embodiment. This becomes not just an exercise in national pride, but privileges the notion of an idealised bodily form that celebrates some, but ostracises those who do not fit the criteria (Hastings & Thomas, 2006). The word 'disabled' acts as a foil for moral and social superiority of 'able'; the reference point against which normality is valued. Construction of 'normal person' subsequently problematises disability (Davies 2013; Imrie, 2000; Hamraie, 2017). Word "normal" entered English language around 1840. Previously a norm was a carpentry tool that gauged perpendicular. Normal weight and height measured emerged from the study of eugenics. Frances Galton (cousin of Darwin) took the statistical term and calculation of probable error used in astronomy scenarios to eradicate extremes. Galton did not use the middle of the bell curve in his calculations, however, he sought perfection and the higher end of the bell curve. Through a gradual transition to the usage of the terms standard deviation

and normal distribution emerged (Davis, 2013). Conceptualisations of normal bodies automatically bring concept of deviance, then, not only in terms of embodied reality, but discourse, scientific and medical categorisations, and social ideas of identity (Davis, 2013; Doughty & Murray, 2016; Hastings & Thomas, 2005).

Incorporating different embodiment realities

Imrie and Edwards (2007) are critical of the lack of reflection on disability in the mobilities paradigm. Disability issues are not necessarily incorporated as a salient issue within critical gerontology either (Raymond et al, 2014). For example, a grounded theory study of ageing in Korea noted that 13 of 18 participants had chronic illnesses, but did not address how these illnesses might impact perceptions of the ageing process (Chung et al 2008). Moreover, the term mobility is couched in different implications and meanings within different areas of study. Historically embedded in transport and engineering understandings, traditional studies of mobility do not necessarily encompass the semantic implication that mobility can mean the potential which could be realised under certain social, psychological or emotional conditions (Doughty & Murray, 2016; Kaiser, 2009). Indeed Kaiser (2009) explores the semantic meaning of the word mobility to not just actual, but potential for movement linked to social, emotional, psychological and affective circumstances. Mobility needs are more than just the need to run errands or attend medical appointments. Discretionary travel, which is incorporated in the uppermost, aesthetic level of Musselwhite and Haddad's (2010) model of travel needs, is the manifestation of potential to reality.

Participation holds a central position in ageing policy and research. The idea of active ageing discussed in traditional ageing theories conceptualises participation in social activity as a means of independence and life satisfaction (Raymond et al, 2014). This leads to the portrayal of active ageing requiring an absence of disease or impairment. Within academic accounts, never mind policy and planning, the actively ageing person tends to be portrayed as non-disabled (Kaiser,2009; Larsson, 2013). The inability to participate in normal relationships available to most of the people in society is an indicator of social exclusion. Lack of access to community participation and transport are recognised as significant factors in social exclusion (e.g. Lucas, 2011; Newton et al 2010; Raymond et al, 2014). Street design with mobility aid users in mind is essential to ensuring older people can access the environment (Newton et al, 2010). Disability is often overlooked in ageing studies (Raymond et al, 2014), despite being a risk factor of social exclusion (Lucas, 2011; Raymond et al, 2014). Unlike transport inequality, research into transport and social exclusion identifies the consequences of being unable to participate in life enhancing situations and events such as employment, healthcare, education and social networks (Lucas, 2011).

Social exclusion does not seem to be a high priority for the current government but the latest governmental definition for social exclusion seems to be as follows: -

"Social exclusion is about more than income poverty. It is a short–hand term for what can happen when people or areas have a combination of linked problems, such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime and family breakdown. These problems are linked and mutually reinforcing. Social exclusion is an extreme consequence of what happens when people don't get a fair deal throughout their lives, often because of disadvantage they face at birth, and this disadvantage can be transmitted from one generation to the next" (nationalarchives.gov.uk 2009).

Social exclusion incorporates more than simply financial poverty (Lucas, 2011). Money, transport and health are related to reduced social contact, meaning getting the correct infrastructure in place to support those with mobility issues is imperative to ensuring economic, social and cultural engagement (ELSA, 2010). People with disabilities are left out of places of privilege and power, which hinders contribution to communities and reduces citizenship (Langdon, 2017). Critical Geromobilities could and should coordinate different approaches, disciplines, and ultimately the voices of unheard social groups into a set of coherent solutions. A new approach to social exclusion through policy and design is one facet of ageing that both can be co-ordinated and explored through a multi-disciplinary critical geromobilities.

Researching social exclusion within hypermobile societies

Active participation holds a central position in ageing policy and research, despite it being a difficult concept to articulate lived and embodied meaning to (Raymond et al, 2014). Exclusion is the result of constraints on participation, and the more mobile a society becomes, the more disproportionately impacted excluded groups become (Lucas, 2011). In an increasing hypermobile society, lack of access to a car is considered socially disadvantageous (Kaiser, 2009; Musselwhite, 2017). Not only does access to a vehicle provide for utilitarian needs such as shopping and attending medical appointments, it also facilitates psychosocial needs such as independence and identity management (Musselwhite and Haddad, 2010). Vehicles and driving are dominant in mobile societies (Musselwhite, 2015; 2017) and mobile is usually understood as motorised (Kaiser, 2009). Within the ageing successfully dialogue, mobility, with an underlying assumption of automobility in some form, are considered essential to autonomy and independence. There is an assumption within engineering research that those who are not immediately mobile cannot live without support. This assumption is transferred to the realms of transport, engineering, architecture, urban planning in their attempts to provide solutions to mobility problems associated with ageing (Kaiser, 2009). Potential travel does not necessarily have to be in the form of traffic however. Enabling older people to carry out activities in their locale such as walking or socialising are associated with increased health and wellbeing (e.g. Musselwhite, 2015; Raymond et al, 2014).

Ageing studies that do focus on mobility issues and disability are usually associated with chronic illness and age, while disability research tends to overlook ageing (Raymond et al, 2014). There seems to be little research regarding the practicalities of using mobility aids themselves. Mobility technology outcomes have traditionally been measured and framed in terms of independence for user, but the impact of functionality is not a consideration (Hammel et al 2013). Providers of transportation services treat disability as 'different' 'special' or even 'burdensome', showing difference, which is used to justify unequal treatment (Imrie, 2000). Although legislation is in place to promote and protect the rights of disabled people, issues of policy salience and intersectionality inform notions of inclusion or exclusion (Chaney, 2013). Contrary to advancing equality, the lack of intersectionality tends to produce a political policy discourse of disabled people as a reduced category. This in turn leads to policy and discourse that does not meet the needs of multiple individuals (Chaney, 2013).

Using Critical Geromobilities as a theoretical backdrop

Critical Geromobilities could and should coordinate the unheard voices of social groups into a set of coherent ideas. Situation and settings both emerge from and are the product of intersecting mobilities or immobilities (Smith and Hall, 2016). Likewise, social interactions and practices are not only influenced by surroundings but can be can be shown to be constitutive of the settings and limits in which they operate: people construct the identity of place by practising mobility (Smith and Hall, 2016). A rich critical gerontology involves what Holstein and Minkler (2007) refer to as a methodological bricolage. Ideas have a life of their own and do not remain within boundaries, expectations or disciplines. Criticality brings reflexivity and questions the concept of successful ageing in terms of social and physical structure (Katz & Calasanti, 2014). Using this framework, a walking interview and mapping technique is being employed in a current study. The engagement of individuals in walking interviews provides data that is situated in the environment, with participants engaged in an embodied practice. Just asking participants to show the researcher around their locale provides an ethnographic approach to gathering information, gaining understanding of the environment from the perspective of each individual participant (Hodgson, 2011).

The intersections of local empirical and pedestrian research are a way of knowing and critically engaging which can be married with the mobilities paradigm to enable social and sociological inquiry to illustrate how mobilities might shape and reshape social order (Smith & Hall, 2016). Mapping in an ethnography context allows rich qualitative data to be complemented with qualitative data from public records such as income distribution or crime statistics. Further data can be added about perception of space analysis gained from interviews while physically sharing the space with individuals, providing rich information about use of space, and shared knowledge. Visual information can be added by using photography to illustrate spaces and frequency or dynamics of space addressed using public

statistical analyses. The overall result provides an enhanced but in-depth narrative to aid understanding of the relationships between individual practices and structural processes (Hodgson, 2011).

Early Findings

As an example of brining the geromobilities theory into practice, my current PhD research examines participants experiences of mobility in their local area. Participants must use, or need to use a mobility aid to help them be mobile. It is the mobility aid that is the focus rather than the disabling condition. Participants have been engaged in walking interviews in a small rural town in South Wales, and in a city in South Wales. Each participant has been interviewed prior to the walking interview to understand any risk that might be involved and understand if they have any care situation. Carers and family members are also of interest to the study to understand how much impact the use of mobility aids impacts on relationships within family dynamics. Each individual participant has different mobility requirements and differing attitudes to their changing embodiment and mobility aid requirements.

Bret, an 83-year-old man living in a small town, allowed me to accompany him while he took his dog for a walk around the outskirts of town. Not only does Bret use a walking stick, but his late wife was a wheelchair user, so he knows the situation from both the mobility aid user and carer point of view. He did not overtly complain at all, in fact he made a point of saying

Figure 2. The route to wheelchair access at the bank

How one "mustn't grumble". However, there were mentions of ways in which his life had been impacted. As we walked along a river bank he mentioned that he used to love fishing in that spot. He couldn't now, he said, as that section is now for juniors. He had never seen a junior fishing there in all the time it had been deemed a junior section. Even though he still drives, he felt it was too much effort and too far away from home to go further afield to fish. Bret also talked about local banks and amenities. He talked of the fact that the entrance to his bank has two high steps, so when his wife was alive he would have to wheel her all the way to the back entrance of the bank (figure 2) and be let in a special ramp entrance with her.

Teresa 85, uses a mobility scooter to get around town. She calls it her bike. Before Teresa can even go about her business she has to use her walking stick to get past her neighbour's bungalow to access her garage. The garage is the only space she has to keep her 'bike'; she has no shed and no accessibility into her bungalow. She informed me that the local authority had to put a drop-down kerb at the end of the pavement, so she could get out, as there wasn't one before she moved in. As we went about her daily routine, we decided to go for a coffee. There are a few coffee shops in the town, but the one she decided upon was situated along a very slim path next to a busy road. To access it, Teresa had to park her 'bike' next a

shop and then walk to the café along a broken-up pavement (photo & map Figure 3). As we walked, Teresa was very slow. On asking her if she was okay, she commented on how careful she needed with such an uneven pavement.

Figure 3 The broken pavement and the route taken by Teresa on foot to cafe

These are just two examples of people who do not complain about provision, but still mention situations that make their lives more difficult and reduce their chances of social inclusion. Bret did not complain that he could no longer go fishing, or that he had to take his wife on a circuitous route to attend the bank. However, Bret's late wife found the trip so bothersome that she stopped making it. She just asked Bret to do all the banking. Teresa didn't complain either, about her bike being stored so far away from her door, or the fact that it didn't go along the path to the café. She did worry what would happen when she could no longer manage the pain of walking though.

Constructions of power are demonstrated in the everyday lives of these two older people. The planning and economic resources, even historic and aesthetic reasons for the bank not providing a better entrance. The shared space of the riverbank being apportioned to a specific group, segregating it by age. The design of the town which means a very narrow path is next to an A road and pedestrians are excluded by age and ability, including older people with mobility aids. These are the factors that can lead to social isolation and social exclusion, yet do not seem to be addressed as a cohesive whole. Critical geromobilities addresses this lack of cohesion.

Conclusion

A critical geromobilities would approach ageing by addressing social interactions and relationships in terms of mobility capital; how well people's mobility needs are catered for. How people view their social life, quality of life and equality in terms of how they are enabled to interact with others. How well society provides for them to move around, communicate, be accepted as valid participants, interact as equals, and perform daily routines and tasks. This approach provides a way to investigate the interaction between individuals and the systems that provide social structure as they age. Mobilities approach social structures as a complex mesh of interacting systems indicating that social lives are not static, and cannot be researched as such. Critical Geromobilities will provide a tool to understand the dynamic interaction between the individual and the complex social structures (in perpetual flux as social structures are both assisted and constricted by systems) that are in place for navigation of society. According to Urry (2007), human nature does not exist without mobilities, and ageing needs to be understood within this context.

According to both critical gerontology and mobilities approaches, age does not delineate behaviour activity levels as much as social expectations, social relationships, gender, health and socio-economic status (e.g. Gilroy et al, 2017, Urry 2007). A critical mobilities gerontology paradigm aims to link notions often presented as disparate, but essentially all separate parts of the same ageing experience and process. Shortcomings in social, cultural, geographical and political provisions (Schwanen and Páez, 2010) should also be addressed. Murray, recently discussed an emerging focus on gerontology which situates ageing in spatial (2015) and temporal (2017) contexts. A more multidisciplinary approach within the broad areas of gerontology, sociology and geography is viable to exploit the rich and wide-ranging data available from these fields. It is possible to conceptualise the liveability of cities across all ages with a broad relational approach. There are gaps in the current knowledge of mobilities and ageing, there is also a failure to link known information from seemingly disparate fields. (Murray, 2015).

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