

Co-Motion

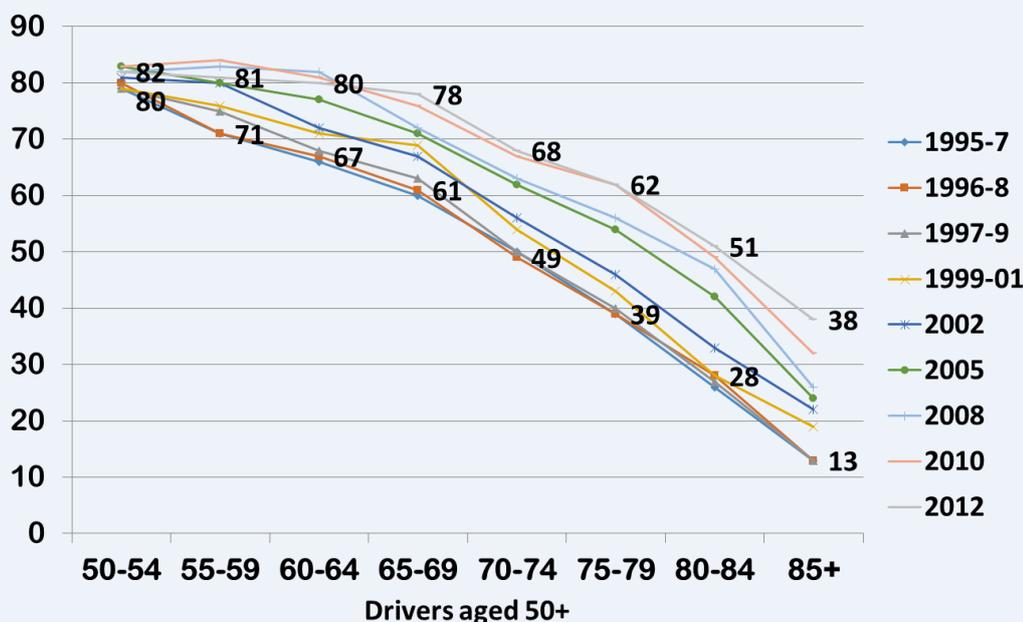
Summary: The impact of driving cessation on mobility and well-being in later life

Background

Co-Motion was a three year project that investigated the links between mobility and wellbeing amongst older people. The project aimed to explore mobility and well-being for older people going through critical but common life transitions. In the work on driving cessation, workshops were held with stakeholders. The first stakeholder workshop was drawn from planners, public health, the community transport sector and driving assessment centres. A further two were held with older people which drew in Co-Motion participants and those who were new to the research. These findings draw from all research strands.

The normative experience of auto-mobility

As statistics demonstrate we are increasingly a nation of car drivers with 90% of men and 75% of women holding a driving licence. ¹



Under the current legislation the driving licence expires at 70 years of age and at that age and thereafter every three years it must be renewed with a self-completed confirmation that a person is fit to drive. Statistics reveal that while women give up their licence at all ages, for men the peak time is in their 80s ².

Giving up driving has repeatedly been shown to relate to a decrease in well-being and an increase in depression and related health problems (Musselwhite and Shergold 2013) ³. Relevant factors are: a reduction in activities beyond the home; missing health care appointments; lessening frequency of physical and social activities leading to a shrinkage of social networks. Giving up driving is also associated with loss of psychological well-being arising from a feeling of increased dependency on others, feelings of being out of step with the norm of using a car, a perceived loss of independence, and an association of car use with being young and fit. Ziegler and Schwanen (2011) ⁴ conclude that driving cessation constitutes a major life event for older people with similar long-term or lasting consequences for well-being as losing one's spouse or losing one's job.

The participants

In line with the normative expectation of driving almost all longitudinal research participants were drivers or had a driving partner or at one time were in these groupings.

- 21 participants came into the research declaring they had given up driving within the last 12 months or so
- 30 made changes/further changes to their driving or stopped during the research period or considered stopping
- 4 had given up some time ago but continued to reflect on the impact on their quality of life.

The meaning of driving to older people

In line with other findings, having a car was associated strongly with freedom and spontaneity.

Theo: I do miss - since I've lost my sight, I do miss the independence, especially driving. I might turn round and say, 'Oh, it's a nice day. Let's go out for a drive.' Can't do that now. As I say, Connie doesn't like driving... So, yes, I think my world has shrunk, so to speak, to almost the local area. ⁵

Those who had given up driving said that while being a pedestrian or a public transport user might be cost free in financial terms, but it was costly in time and effort.

A significant number of people valued their car for its role in enabling them to fulfil care practices which varied from being able to take their friends to lunch in hard to reach venues to performing the role of husband, grandparent or child as this gentleman explains:

I've got a 91 year old father who lives in Bradford that I care for and I drive over there four times a week and run him to his clubs and appointments, so I really need the car (workshop)

So the car was necessary not only in travelling to see his father and accompanying his father who was unable to travel very easily by himself so the car became an enabler. Another participant who lived with a serious condition which limited his mobility also reflected on the importance of his car not only for his own mobility, but also in being able to support his family,

Jack:.driving really it's very important to me because it gives me a sense of myself and it also makes me, I'm my own master of my own destiny while I'm driving and going through a to b because I have that purpose and I can set all my stuff up. I can have a first aid kit, I've always got a first aid kit and all the necessary things. I'll have a mobile base then to do those things. If anything happens I can make provision for it. So that's where the driving really comes in and of course it makes me mobile. It might not seem a lot, but I can pick [partner] up from work one day ... I could pick her up and just bring her home and she could have her tea and then go home or whatever. Just that little something that without the car you can't do it.

These narratives were commonly heard and those who were no longer driving expressed regret that their ability to support those who were unable to get out very much themselves was compromised. The relational aspects of driving needs further investigation.

Giving up: The diversity of the experience

While there were participants who had given up abruptly prompted by an accident/ "near miss" or sudden health reversal, there were many others who conscious of their decline in confidence or poorer health were driving less. Avoiding poor weather, night driving, motorways, unfamiliar routes, rush hour and city centres

were all mentioned as strategies for keeping going longer in safety in common with the findings of other research (Bladock et al ⁶; Charlton et al 2006 ⁷). For a small group of participants there was an increase in driving or an increase in long distance driving often brought about by the loss of the primary driver through loss of licence or death.

Those who were living in more rural settings (typically villages near the large cities of York and Leeds though not the rural market town of Hexham) were most dependent on their car for everyday life connectivity. Those who were still driving and those who had given up spoke of using a blend of options. Jacob was typical in mixing the transport modes depending on his destinations and companions.

Jacob: I like to shop for bargains and have particular places I go to for food shopping. I go to the market at least once a week on the bus and I go to local supermarkets and so on either on foot or by bus. I drive and sometimes uses the car for out of town shopping or to visit somewhere for the day. I generally have at least one trip a week further afield to meet a friend who I regularly go to places such as Halifax, Harrogate or York – sometimes we go by car but I like the train or the bus.

One of the clear truths emerging from the research is that how we approach change is as individual as we are and the route ways to change are very different in their quality and impact. So Benjamin, who gave up voluntarily, had dreaded the day when he might no longer be able to drive but found it a much less difficult transition. He had his bus pass that he described as “as good as a credit card”; he was able to afford taxis with the money saved and towards the end of the research period he acquired a mobility scooter.

Benjamin: I used to like driving. When we were in Eastbourne I thought nothing of getting the car out early in the morning and going up to Berwick at one hop. Those times did change, but one of the things I thought, oh when the times comes or if the time comes when I have to give up driving I shall be paralysed. But it wasn't like that at all.

For Michelle her sight loss led to her sudden and involuntary loss of licence but this was caused by a serious illness that might also shorten her life. Stopping driving was another loss to be confronted.

Michelle: I was devastated to begin because I always thought I'd get my licence back. I really did think I would be able to drive but then I realised I'd

been driving with limited sight anyway before then without blacking out.... So, I just accept it, what more can I do? ...When you've been through lots of things, which it's not relevant to this brain tumour, left to get on with it, you soon have to stand up for yourself and make your own way. It's necessity, survival.

Using public transport: double jeopardy

In cases where health grounds or increasing sight loss had led to driving cessation, those participants found themselves suffering a double jeopardy in that getting to the bus stop; determining which bus to flag down and accessing vehicles were problematic.

Tess: [on trying to working out the right bus] "Just ask." they say and I say, "Yes, it's all right asking, but it's sometimes the attitude of people when you ask."

Powerful testimony from visually impaired participants and from a third sector stakeholder affirmed that while the bus fleet may be more accessible this is a narrow response to the issues of motor impairment. For those who have to contend with a sensory impairment there is much to be done in progressing a more barrier free environment

Where the [blind] person's difficulty lies is completely individual to them. Some people, it may be identifying where the bus stop is. It may be identifying when a bus is approaching. It may be the number of the bus. It may be the volume of buses that stop at that bus stop so they'll have to ask each one. It may be then getting onto the bus and using the facilities on the bus; using payment, accepting a ticket, finding a seat, getting the bus to wait until they've found a seat and being comfortable with the other people that are on the bus around them and the noises involved in that. Then finding the right bus stop to get off, feeling confident to be able to ask the question whether they can stop at a certain bus stop or rely on the fact that this bus stop, I know it's four stops. So if I count four stops, will I get off at the right bus stop? If another bus is parked up in their allocated slot, has the bus stopped with the pavement or is there a bigger drop? (Third sector disability org).

The view from the stakeholders: are we doing enough- could the offer be different?

For those who were urban dwellers there was often an acceptable frequency of public transport taking people to preferred destinations. Those who had given up driving in more rural localities such as Hexham commented that they travelled to the places they could get to rather than they went to the places they wanted to reach. Transport planners in these localities were aware of the responsibility laid on them to keep older people connected to everyday life amenities and the difficulty in meeting this in times of public austerity,

We are not providing services to meet all requests because central government does not provide enough money to provide services for all. So people who live in rural areas who are in danger of becoming more isolated because of changes that you describe end up having to struggle on in their place with few/no transport options or have to leave the community in which they are known to live in somewhere with which they have no connection. This becomes part of the understanding of what growing older in rural places is about. It is a disappointment to us that we cannot always make interventions, so rural areas become ghettos for the wealthy and able bodied. (Local Planner).

The final point is a sobering reminder that a failure to invest in transport networks has profound implications for the demography and socio-economic future of our rural settlements.

For providers and policy makers in both urban and rural localities there was an understanding that providing bespoke transport options for those whom public transport was a poor fit was expensive and difficult to sustain in times of cuts to municipal and third sector bodies. One officer reflected that a more radical approach was called for based on community networks that might be less costly to set up and maintain though the lead in time to impact was longer.

Where you get these door-to-door transports, they're expensive, or even when you've got public transport, you might be going to your GP which is half a mile away, but the only way you can get there by bus is to get a bus into town and bus out again, it takes 50 minutes and I would be really interested if we could develop some small, local community-based transport, but that takes significant investment at the moment and how would it pay for itself? What we do is pump prime a bit of support for those older drivers who want

to get involved. We do a lot of door knocking, making contact with existing neighbourhood groups. A lot of people know someone who isn't getting out as much. A bit of work underneath as it were working at the community level is much more sustainable than overlaying a taxi voucher scheme. Investing £50k in community development might be a lot better than putting that money into another bus. It's not an overnight thing but it does lead to a reduction in costs (Public Health Officer)

Conclusions

Given the significance of older people keeping mobile by whatever means it seems clear that as a society there is a need to reconceptualise driving cessation as more than a private or family matter but one that has profound health, economic and social consequences. Some of our participants emphasised that dealing with stopping driving was part of a wider process of coping with change in their lives, often around the onset of health conditions and/or impairments. In short there is a societal challenge to keep older drivers going as long as they may safely do so; to encourage and enable older people to blend the private and public transport options and make transition if they need to away from driving and finally to ensure that older people's quality of life is not impaired by driving cessation.

The issues around keeping older people mobile are complex and demand a range of solutions that meet older people's preferences; are culturally acceptable and pay attention to the diversity of place and service infrastructure. We need to think more deeply about the public transport offer, supporting the role of voluntary and community schemes, and consider the public health implications of changes rather than simply the economic arguments around cost of provision.

About this Study

Led by the Centre for Housing Policy, the research Consortium includes the Departments of Computer Science and Health Sciences and the Stockholm Environment Institute at the University of York, as well as partners at the University of Leeds; Newcastle University; Northumbria University; and the Bradford Institute for Health Research. The Co-Motion project commenced in 2013 and finished in January 2017.

Notes

1. Department of Transport (2015) National Travel Survey.

2. Kit Mitchell (2015) Best estimate based on tracking cohorts of age groups, but not individuals, through the National Travel Survey.
3. Musselwhite, C.B.A. and Shergold, I. (2013). "Examining the process of driving cessation in later life". *European Journal of Ageing*. 10(2), 89-100
4. Ziegler, F. and Schwanen, T.,(2011). "I like to go out to be energised by different people: an exploratory analysis of mobility and wellbeing in later life". *Ageing and Society*, 31(5), p.758.
5. All participants in the longitudinal research were anonymised through an identifier letter and number coding system and in the dissemination of the research are further anonymised by randomly assigning first names.
6. Baldock MR, Mathias JL, McLean AJ, Berndt A. (2006) Self-regulation of driving and its relationship to driving ability among older adults. *Accident Analysis Prevention*. Sep; 38(5):1038-45.
7. Charlton J. L., Oxley J., Fildes B., Oxley P., Newstead S., Koppel S. (2006). Characteristics of older drivers who adopt self-regulatory driving behaviours. *Transport Research Part F Traffic Psychol. Behaviour*. 9 363–373.