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Exploring the importance of discretionary mobility in later life

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Exploring the importance of discretionary mobility in later life

Working with Older People

Abstract

Purpose

Travel and mobility for older people has typically focussed on the practical benefits to the individual, for example, in meeting utilitarian needs of shopping, appointments and staying connected to family and friends. However, research has hinted that travel for its own sake, to get out and about and feel and experience mobility, may be just as important for older people and is especially missed when individuals give-up driving.

Design/methodology/approach

This paper examines travel for its own sake, usually referred to as discretionary travel, interviewing 20 older people in each of three different contexts: for drivers, for community transport users and for non-drivers who receive lifts from family and friends.

Findings

Older people not only enjoy discretionary travel, but also feel it is beneficial to their health and wellbeing. The car and especially driving, is seen as the best way to fulfil discretionary travel. Community transport users do fulfil discretionary travel needs but these are over formalised and lack spontaneity affecting feelings of control and identity. Receiving lifts from family and friends can often result in older people feeling a burden to the providers of the lifts especially when travel is viewed as discretionary.

Practical implications

More needs to be done to ensure discretionary travel needs are met for those without cars, highlighting the importance of such travel to community transport providers and helping reduce the feeling of being a burden to family and friends.

Originality/Value

Policy, practice and research has tended to focus on transport as a means to an end. However, older people themselves value mobility just as much for its own sake and just to view nature. Such discretionary reasons for mobility are actually very important for health and wellbeing of older people and need more attention.

Keywords

Mobility; transport; older drivers; community transport; wellbeing; health

Introduction

Transport is more important to older people than ever before. We live in a 'hypermobility' society where high levels of mobility are needed in order to stay connected to communities, friends and family and to access shops and services which have become dispersed across space. Being mobile is linked to quality of life (Schlag *et al.*, 1996). In particular, giving up driving in later life has repeatedly been shown to be related to a decrease in wellbeing and an increase in depression and related health problems and feelings of stress, isolation and also increased mortality (see AA Foundation, 2015 and Ormerod *et al.* 2015 for overviews). Recent figures from Great Britain suggest around 342,000 over 75 year olds 'feel trapped' in their own homes through lack of suitable transport after giving up driving (WRVS, 2013).

Musselwhite and Haddad (2010) propose a three tier model to explain older people's motivations for mobility and travel in later life. At the primary level, called the utilitarian level, mobility fulfils practical needs, the need to travel to and from places in order to fulfil obligations at these locations, to visit friends, family, to use services and shops, to visit hospitals. This level also notes the importance of achieving this mobility as cheaply, comfortably and with minimal exertion as possible. Once this has been satisfied, people are motivated by psychosocial needs associated with mobility, for example, by the need for independence, identity, roles and impression management; that being mobile can define something about the person themselves. Finally, a third level, sees older people's mobility motivated by aesthetic needs, for example the need to visit somewhere simply to see, sense, feel or experience mobility or travel itself and be mobile for its own sake, in that there is no direct tangible outcome other than pleasure. Because it is seen as non-vital travel, this level of need is often referred to as discretionary mobility or travel (Parkhurst *et al.*, 2014). However, research has hinted that such discretionary travel is very important for health and wellbeing and actually is far from discretionary (Musselwhite and Haddad, 2010; Musselwhite and Shergold, 2013).

This aim of the research presented in this paper, was to examine in more detail Musselwhite and Haddad's (2010) tertiary level of mobility need, examining discretionary travel, and how older people can have this level of need satisfied in three contexts: (1) through driving themselves; (2) through using community transport and; (3) from lifts from friends and family. It explored therefore how community practice based solutions could aid such needs.

The car has become central to a hyper-connected world. Society has become so based around the use of the car and access to all parts of the community is significantly improved for those who have access to a car compared to those who don't who are often at a disadvantage (WRVS, 2013). Yet, despite the car being seen as central to mobility in later

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3 life, research has suggested that transport needs can be met, albeit with varying levels of
4 difficulty, without having to drive. Older people without a car can maintain links to
5 communities, access services and shops and stay connected. Musselwhite and Shergold
6 (2013) followed a group of older people as they gave up driving and found those who
7 successfully gave up (i.e. those whose self-described quality of life did not reduce) tended to
8 be those who had planned to give-up driving well in advance of actually doing so, had
9 friends and family support (not just for lifts or practical support but for emotional support),
10 were happy to visit new places (for example local shops they could walk to or that were on a
11 bus route) and those who had been more multi-modal throughout life (i.e. used many
12 different modes of transport). On the whole, anxieties about not getting practical level of
13 needs met after giving-up driving are often unfounded; older people do get their shopping
14 done, they are able to visit their doctors and stay connected to family and friends, though it is
15 often harder than when they drove. However, the psychosocial and aesthetic level of needs
16 appear to be largely unmet when people give-up driving. For example, older people feel they
17 lose their identity and their roles along with reduced independence when they are unable to
18 drive and they feel unable to ask for lifts to enjoy a day out and lament being able to travel
19 for its own sake (Musselwhite and Haddad, 2010; Musselwhite and Shergold, 2013). So, in
20 terms of discretionary travel, it can be proposed that the car is very important in meeting such
21 needs.
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33 Community transport is the provision of off-timetable services for a specialist population
34 (typically those who don't have ordinary access to the bus because of difficulty in accessing
35 conventional bus services) and has grown in prominence over the past 25 years and can be
36 anything from an individual with a car through to large enterprises with 50 or so minibuses.
37 Journeys typically suit the practical level of need, providing transport to shops, services and
38 doctors and hospitals, but increasingly "discretionary" journeys are being provided by some
39 more enlightened organisations.
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44 Lifts from family and friends can often replace driving oneself and can deter negative affect
45 from mobility loss when giving-up driving (Davey, 2007; Musselwhite and Shergold, 2013).
46 Reciprocation is problematic, however, and there are feelings of guilt for asking for lifts, even
47 when the journey is not seen as discretionary (Davey, 2007; Gilhooly et al., 2003;
48 Musselwhite and Shergold, 2013).
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53 This paper reports on a study exploring the gap in knowledge about how older people view
54 travel for its own sake. It aims to examine how important such travel is for older people and
55 how far such travel can be met across three different contexts. First of all older drivers use of
56 such travel will be examined, with the idea that it is easy to continue to do discretionary
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3 travel, when and where a person wants to, when they have their own car and are able to
4 drive it. Two other categories where discretionary travel is likely to be more restrictive is also
5 examined, community transport users and older people relying on lifts from family and
6 friends where freedom over choice over discretionary travel will be harder.
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9 10 **Methods**

11 12 ***Design***

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14 Individual semi-structured interviews were conducted with 60 participants to explore the
15 aesthetic purposes of travel. The research included three different groups: (1) older people
16 who still drive; (2) community transport users and; (3) non-drivers who regularly rely on
17 friends and family (outside the immediate household) to give them lifts. . ***Participants***
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21 Participants were sought through the research network of older people answering an advert
22 for people in the three categories. In each case the advert stressed that the project wanted
23 to recruit people who enjoyed travel for its own sake or to visit or see nature. Participants
24 volunteered and a cut off of 20 people in each category was sought. A total of 60 participants
25 took part (see table 1) with an average age of 74 years, 32 were cohabiting with a partner,
26 22 lived alone and 4 lived in a residential care home (3 in an extra care facility, 1 care home)
27 and 2 lived with their family (both with their children). They were asked to self-report their
28 health on a scale from 1 very poor to 9 very good. An average of 7 on the scale was found
29 overall with the highest average, indicating best average health, among the drivers and
30 lowest among the community transport user group.
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42 ***Procedure and tools***

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44 Interviews took place in participant's home or at an agreed public location (e.g. coffee shop,
45 pub, community centre, church hall). Interviews lasted approximately one hour. Participants
46 gave consent to take part, were allowed to leave at any time, including up to analysis taking
47 place and were assured of their confidentiality and anonymity. Data was recorded and
48 transcribed verbatim.
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53 The interview was semi-structured allowing the participant to freely talk around set themes
54 and questions. The interview schedule consisted of general background details being
55 collected followed by apprenticing and abstraction questions about discretionary journeys.
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3 Apprenticing (Robertson and Robertson, 1999) allows the participant to describe their
4 experience around phenomena and take the interviewer through such an experience, as if
5 they were there and as if the interviewer is to repeat the experience themselves. In this case,
6 the apprenticing got the participant to describe an example of mobility for aesthetic purposes
7 by asking the participant to “take me through a recent trip you went on for no particular
8 purpose, just to see the world passing by”.

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12 Abstraction (Robertson and Robertson, 1999) is the process of taking the participant out of
13 their current practice to ask them what would happen if their world was different. It involves
14 two styles of questioning, counterfactual detail, to ask participants what if they themselves
15 were different (for example if they were older, less mobile or less healthy) and scenario
16 testing (presenting the scenario of the other two contexts, so, for example, for those using
17 community transport, individuals were presented with two scenarios, one for driving, one for
18 relying on family and friends for lifts).

23 24 **Analysis**

25
26 Data was transcribed verbatim. Each transcript was read and key themes highlighted. A
27 thematic analysis utilising etic (stemming from themes derived from the literature) and emic
28 (stemming from the analysis of the data itself) coding was employed on the data. Etic
29 themes included the importance of discretionary travel to the individual, the role of the car in
30 meeting discretionary travel needs, perceptions of community transport, burden of using
31 family and friends and associated psychosocial issues across all three modes. Emic codes
32 were noted where previously un-thought of themes came from interpretation of the data
33 itself.

34 35 36 37 38 39 40 41 42 **Findings**

43
44 The findings are reported in terms of themes that were generated in the analysis. The
45 overarching importance of discretionary travel is discussed first, across all modes. Then how
46 this type of travel is met or not across the three different contexts in terms of car use,
47 community transport and lifts with others is discussed. Finally a separate theme examining
48 the psychological and affective issues across all modes is discussed.

49 50 51 52 **The need for discretionary travel**

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55 Universally participants talked about the importance of discretionary travel,
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3 “Oh it's life isn't it. It's what it's all worth fighting for. There's that quote isn't there from
4 Winston Churchill on providing money for the arts over giving it all to the war effort,
5 you know what's the point in fighting for a world without art and beauty, well that's
6 how I feel about just getting out and about. Just getting to see the trees, drive up the
7 valley, it's beautiful and it changes so often. It's never the same twice. I've spent my
8 life working and missing these things, now I want to see it” (male, driver)
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13 “It's about seeing the world going on. Seeing it in all its beauty and otherwise”
14 (female, community transport user)
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17 And related it on occasion for their own mental health and wellbeing, as well as quality of life,
18

19 “Makes me feel better about everything, just the drive through the woods does ”
20 (male, driver)
21

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23 “Can take a headache away driving along that road. Isn't often you can say that but
24 it's so gorgeous up there” (female, driver)
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29 **Car use for discretionary travel needs**

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31 Even among those who no longer drove, there was almost universal view among the
32 participants that the car more than any other mode enables you be mobile for its own sake,
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35 “That's what the car does you see. Takes you where you don't need to go, you see.
36 And for me that's life”. (male, driver)
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39 The potential for being able to do this, without always doing it, was cited as a reason for the
40 car being better than other modes,
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43 “You can just wake up and decide yeah today's a nice day, let's go out for a drive,
44 see the sea. Community transport is timetabled see. Takes away the... spontaneity.
45 Not sure I was every that spontaneous, but you know, I could be if I wanted to be! ”
46 (male, community transport user)
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50 “I can just go on a whim with my car. You know it's a nice day. Or I'll suddenly get an
51 urge to see the Downs or the sea, perhaps I would have been reminded by
52 something I saw on tv or a memory coming back to me. Wonderful to be able to do
53 that. To just go where and when you want” (male, driver).
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3 It was also this spontaneity that meant using mobility in this way could improve mental health
4 and quality of life
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7 “You see, you can’t just go out. A walk is good for your health but only if you’re fit
8 enough. I used to just go for a drive to empty my mind but I can’t do that now.”

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10 (male, lift from family and friends)
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12 This was related also to the notion of privacy that driving enabled that the other two contexts,
13 community transport and having a lift with family and friends does not allow,
14

15
16 “Going for a drive to sort of relax was a private thing, a bit of time to yourself, that’s
17 not there when doing the same on community bus or when your whole family is
18 there. Sometimes it’s nice on your own” (male, car driver)
19

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21 The car also allows flexibility in choosing somewhere to drive to and drive past and this
22 choice can be made at any time,
23

24
25 “So if it looks like rain you choose a different place to stop than when it’s sunny and
26 vice versa” (female, car driver)
27

28
29 People combined functional trips with a discretionary journey with the car and this wasn’t
30 mentioned with other modes,
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33 “On the way home from visiting the dentist you can de-stress yourself by driving the
34 long way back through the woods” (male, car driver)
35

36
37 Very little was discussed by the participants negatively with regards to car use. Only two
38 participants felt cars were negative as they damaged the environment and related that to the
39 non-necessity of discretionary journeys,
40

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42 “I guess there is a little guilt. Now we know about pollution and climate change and
43 you know taking a journey just for fun, for the sake of it, you know it doesn’t quite sit
44 well that” (female, car driver)
45

46
47 Others acknowledged this but defended this by stating they did not contribute hugely as they
48 did not drive many miles or drove only infrequently,
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51 “Yeah I hear the arguments for climate change and I know cars contribute to that but
52 I’m not using it that much am I. I’m not like driving miles and miles” (male, car driver)
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58 Perceptions of community transport
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3 Community transport tended to have a negative image, almost exclusively from non-users,
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5 "Well it sort of isn't for me is it. It's for you know those less well off. Those who can't
6 get about." (male, car driver)
7

8
9 "I'd feel a fraud actually I would using it [community transport]" (male, car driver)
10

11 But community transport had a very positive image among its users, with people very
12 grateful for its existence,
13

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15 "Being disabled...and more or less housebound the community transport enables me
16 not only to be able to get my weekly shopping but to meet other people" (male,
17 community transport user)
18
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20 This makes it hard sometimes for people to be objective about limitations,
21

22
23 "I wouldn't change it at all. I really wouldn't. I mean where would I be without it. I don't
24 want to think about it to be honest" (female, community transport user)
25
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27 Ultimately, the car gave more freedom, but the freedom was still there for users,
28

29
30 "Of course you miss the freedom the car gives you, but I've still got some freedom
31 with this" (male, community transport user)
32

33 Using community transport instead of taking lifts from family and friends was positive among
34 the users of community transport as it reduced feelings of placing a burden on family,
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37 "I'm not a burden to them this way. They're busy they wouldn't be able to take me
38 about you see" (female, community transport user)
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43 Community transport can provide mobility for its own sake both directly and deliberately,
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46 "we do get to go on days out. We sign up. It's wonderful, places I haven't been to for
47 ages, quite a long way too and you don't have to worry about parking or doing all the
48 driving. Personal chauffeur!" (female, community transport)
49
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51 Community transport can also provide experiences of mobility by chance,
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54 "getting out and about you still see things. You see life going on around you. You
55 don't experience or feel that at home" (female, community transport).
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Sharing discretionary travel with others

The social element of community transport was discussed among users and was seen very positively,

“It’s a weekly catch up with friends basically! I really look forward to a good chinwag on the bus” (female, community transport)

People who used family and friends for their discretionary journeys talked a lot about the importance of the social bonding that occurred between individuals sharing the experience,

“It’s really nice. The grandchildren come too and we make a real event of it. A whole day out. Actually me giving-up driving has meant we’re closer. I’m seeing more of the family than I ever did before” (female, lift from friends and family)

But there were feelings of being a burden when using others for a lift,

“I do feel a burden to them. I mean they say ‘no no you’re no problem’ but I can see the stress on their faces sometimes. I mean they’re so busy with everything, with their lives so they could do without this I guess, but they don’t say that directly but I know” (female, lift from friends and family)

Some participants discussed how they reduced such feelings through reciprocation, providing something back to the individual,

“I know it must be a pain taking me out every week but you know actually I think they enjoy it mostly and to make sure I say thanks properly I’ll pay for some lunch we might have or I bake them a cake to take with us or for them to take home, you know”

Psychological and affective issues

Freedom was felt differently across all three contexts. The car was certainly perceived as having the most freedom which is lost on the other two modes, especially with regards to choosing routes and journeys,

“I do still feel sort of in-charge with a car I do” (male, car driver)

“I don’t feel I have the freedom that I do with the community transport as I did with a car” (male, community transport user)

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3 "I am taken places. It's nice but I miss the freedom to choose, the journey, how long
4 we stay and so on" (female, lift from friends and family)
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6 Identity was more positive for drivers than it was for the other two modes too,
7

8
9 "Yes, the car is a symbol of my freedom and my ability still to be in control" (male, car
10 driver)
11

12
13 "I mean you do still feel able to be someone on the bus. You chat, but there is a
14 sense of now being supported rather than being in-charge or in control of things. Not
15 all awful, but a change nonetheless" (female, community transport user)
16

17
18 "It's nice to be near the family, but who I am has changed. I don't feel so strong or
19 head of the family now" (male, driven by friends and family)
20

21
22 Much was made of the role of passing on history or stories about the area and how
23 discretionary journeys allow for this and this was seen in both a driver and a lift from friends
24 and family context. This was not evident in community transport users.
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28 "I have always been the one to tell my children and now my grandchildren all about
29 the town, the Downs and the hills. I used to drive them around and tell the stories
30 now I still do that now, on our journeys, they like hearing the stories" (male, driven by
31 friends and family)
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34 "Driving helps me help the family. Helps my children with theirs. Pick them up from
35 school or cubs or brownies. I'm helping out and I get to see them. I'd take them the
36 long way round and tell them about the past. I'd miss that if I couldn't drive" (female,
37 car driver)
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43 Discussion

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46 The findings suggest that discretionary travel is important to older people. The need to get
47 out and about, to be mobile and simply to see parts of the world is also perceived by older
48 people to have benefits for their health and wellbeing. The car is viewed as the easiest way
49 to do this and it is easiest when the older person can drive themselves, though getting lifts
50 from close family and friends can be a good substitution if feelings of burden can be
51 alleviated. The car is seen as vital for discretionary activity as it adds to the ability for the
52 travel to be unplanned, to occur on the spur of the moment depending upon an individual's
53 preference at that moment, perhaps due to the weather or simply a need to just get out and
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3 about. The idea of the car being there ready to be used to go where and when someone
4 wishes is vital in the relationship between individuals and their mobility and has been
5 discussed in previous research and is found right across the lifecourse, but is very prevalent
6 in later life (Ellaway et al., 2003; Musselwhite and Haddad, 2010; Musselwhite and Lyons,
7 2009). In this way, mobility in this manner adds to the sense of freedom and independence
8 so championed in life, especially in later life through discourses of active and healthy ageing,
9 for example. The mobility as freedom concept is exemplified in that the car is seen as
10 important *just in case* the driver wishes to use it and in fact doesn't have to use it at all; that it
11 is there as potential for travel (Metz, 2000). Public and community transport or taking lifts
12 doesn't have this potential.
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19 The sense of performing discretionary mobility for oneself is important to individuals. There
20 was a real sense of "being a burden" to other individuals when going on such journeys,
21 especially in contrast to journeys for something more utilitarian, such as shopping or a health
22 appointment at the doctors or hospital, for example. The element of feeling a burden is
23 linked to the travel not being perceived (even by the individual themselves) as of importance.
24 Yet this research suggests individuals do feel it important to them. On the positive side it can
25 enhance family relationships and can even be seen as an advantage of giving-up driving in
26 that it brings family closer together and they see one another more often. On the negative
27 side the element of being a burden is rife. This can be mitigated through forms of
28 reciprocation including payment or providing or paying for food. More research into the
29 relationships between family (and to a lesser extent friends) providing these lifts, sense of
30 burden and reciprocation is needed. It was often stated that people *felt* a sense of being a
31 burden or even a sense of guilt for families and friends giving discretionary journeys. But
32 how far this is sensed by the family or friends themselves is not known in this instance.
33 Further research examining the perspective of providing these journeys from the family or
34 friends who provide the journeys themselves is needed alongside older people experiencing
35 the lifts.
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46 Community transport suffers from an image problem from non-users, who view it as
47 transport as the last resort and something not really for younger fitter older people. However,
48 those who do use it, by contrast, are overwhelmingly supportive of it, stating how they could
49 not live without it and how it fulfils a multitude of their needs, including simply just getting out
50 and about and acts to meet social needs too. The importance of the journey itself and of the
51 social nature of the journey is worthy of note for community transport providers; a timely
52 reminder of the need to plan and provide for such journeys. The quality of the journey is
53 therefore vital; the vehicle itself must be of good quality, allow for good vision outside, be
54 comfortable and allow for conversation among the users. Services must be planned in terms
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3 of the quality of the route and allow for discretionary travel where possible. The
4 overwhelming support for “days out” style journeys via community transport was notable,
5 including the willingness to contribute payment for these. The social importance of
6 community transport, itself a community of users who engage with one another, is
7 highlighted by users. This has been found in older people’s use of public bus services before
8 (Andrews, 2012; Musselwhite, 2011) and is similarly found here in community transport
9 users. As a slight word of caution, the need for the community transport could be creating a
10 dependency which masks perhaps some of the negative aspects of provision; users were
11 reluctant to talk about negative experiences on community transport, for example, for fear of
12 losing the service altogether. This must be taken into account in any community transport
13 evaluation or surveys and ways of collecting such data while assuring users will not lose
14 their service is needed.
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22 Musselwhite and Haddad (2010) and Parkhurst et al (2014) discuss the potential of virtual
23 mobility satisfying mobility needs of older people. There is no need for people to actually
24 literally be mobile if the needs of being mobile are seen as non-mobility but what mobility can
25 bring individuals. For example, e-shopping and telehealth mean trips to the shops or even to
26 the doctors are unnecessary. In terms of discretionary travel, literal mobility could be
27 replaced by bringing the world to the individual, perhaps in real time, for example through
28 webcams or windows on the world, perhaps allowing a sense of mobility, as can be found
29 through scrolling along in Google’s Streetview. However, older people do not seem as
30 satisfied with these concepts that seem static and hard to “experience” or “feel” the mobility.
31 Perhaps we have an innate need for mobility, perhaps linked to the need for survival to know
32 our land, originally linked in human evolution to seek out enemies or to forage for food.
33 There is the random chance encounters that mobility brings, with people, with nature, that
34 static pictures or videos can’t bring. There is the control that literally being mobile brings in
35 moving through an environment a webcam cannot yet recreate and then there is the
36 experience of feeling and sensing that moving environment, something written about in
37 terms of cycling (see Clayton and Musselwhite, 2013, for example) but maybe just as
38 important in a vehicle.
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49 In terms of the Musselwhite and Haddad’s (2010) model of mobility needs it shows that
50 journeys for their own sake are important to individuals and highlights the need for the third
51 tier on the model. The end purpose of the journey is immaterial to the journey itself, older
52 people talked of discretionary routes taken on the way to and from the shops, bank or
53 hospital, for example, but more often than not a discretionary journey also involves a visit to
54 a place for discretionary purposes at the end of it; just to visit a place and see and
55 experience it. Hence a journey motivated by the need to get to and from the doctors, may
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3 also involve the secondary level of needs in providing independence, status, roles and a
4 social space for older people, but may also involve the tertiary level of the importance of the
5 journey itself for enjoyment and to experience mobility.
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8 **Conclusion**

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10 In Western Society there is a need to reduce the impact of driving on air pollution, road traffic
11 casualties and severance of communities. Coupled to this, older people are the group most
12 likely to give-up driving. Hence, there is a need to think about mobility beyond the car. This
13 research suggests there is a need for mobility without a car to provide mobility for its own
14 sake. Community transport providing days out or interesting routes back from a utilitarian trip
15 to the shops or doctors might help this. Family and friends need to recognise the importance
16 of the journey and provide such experience for older people they know.
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20 Overall, there needs to be a greater recognition of the need for discretionary routes and
21 journeys. To aid this, research examining relationship of such trips or journeys to health and
22 wellbeing, potentially with cost-effectiveness being included is needed. In a society that
23 plans around reducing trip length, as it is seen only as a cost, largely stemming from
24 reducing transport costs to business, it is a challenge to get planners and policy makers to
25 think differently, but this needs to happen.
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	n	Age range (average)	Living arrangement	Health (self-score 1=poor to 9 =good)
Context 1: Drivers	20	63-87 (73.5)	In couple, = 14 On own=6	7.5
Context 2: Community Transport users	20	65-90 (72.9)	In couple = 12 On own = 6 Residential home = 2	6.5
Context 3: Lifts from family and friends	20	72-86 (75.5)	In couple =6 On own = 10 With family = 2 Residential home = 2	7
Total	60	63-90 (74)	In couple =32 On own = 22 With family = 4 Residential home = 2	7

Table 1: Background of the participants