This is an author produced version of a paper published in:
*Working with Older People*

Cronfa URL for this paper:
http://cronfa.swan.ac.uk/Record/cronfa32126

**Paper:**
http://dx.doi.org/10.1108/WWOP-12-2016-0038

This article is brought to you by Swansea University. Any person downloading material is agreeing to abide by the terms of the repository licence. Authors are personally responsible for adhering to publisher restrictions or conditions. When uploading content they are required to comply with their publisher agreement and the SHERPA RoMEO database to judge whether or not it is copyright safe to add this version of the paper to this repository.  
http://www.swansea.ac.uk/iss/researchsupport/cronfa-support/
Exploring the importance of discretionary mobility in later life

<table>
<thead>
<tr>
<th>Journal:</th>
<th>Working with Older People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuscript ID</td>
<td>WWOP-12-2016-0038</td>
</tr>
<tr>
<td>Manuscript Type:</td>
<td>Research Paper</td>
</tr>
<tr>
<td>Keywords:</td>
<td>Mobility, Transport, older people, Community transport, well-being, ageing well</td>
</tr>
</tbody>
</table>
Exploring the importance of discretionary mobility in later life
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 ‘hypermobile’ 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
life, research has suggested that transport needs can be met, albeit with varying levels of
difficulty, without having to drive. Older people without a car can maintain links to
communities, access services and shops and stay connected. Musselwhite and Shergold
(2013) followed a group of older people as they gave up driving and found those who
successfully gave up (i.e. those whose self-described quality of life did not reduce) tended to
be those who had planned to give-up driving well in advance of actually doing so, had
friends and family support (not just for lifts or practical support but for emotional support),
were happy to visit new places (for example local shops they could walk to or that were on a
bus route) and those who had been more multi-modal throughout life (i.e. used many
different modes of transport). On the whole, anxieties about not getting practical level of
needs met after giving-up driving are often unfounded; older people do get their shopping
done, they are able to visit their doctors and stay connected to family and friends, though it is
often harder than when they drove. However, the psychosocial and aesthetic level of needs
appear to be largely unmet when people give-up driving. For example, older people feel they
lose their identity and their roles along with reduced independence when they are unable to
drive and they feel unable to ask for lifts to enjoy a day out and lament being able to travel
for its own sake (Musselwhite and Haddad, 2010; Musselwhite and Shergold, 2013). So, in
terms of discretionary travel, it can proposed that the car is very important in meeting such
needs.

Community transport is the provision of off-timetable services for a specialist population
(typically those who don’t have ordinary access to the bus because of difficulty in accessing
conventional bus services) and has grown in prominence over the past 25 years and can be
anything from an individual with a car through to large enterprises with 50 or so minibuses.
Journeys typically suit the practical level of need, providing transport to shops, services and
doctors and hospitals, but increasingly “discretionary” journeys are being provided by some
more enlightened organisations.

Lifts from family and friends can often replace driving oneself and can deter negative affect
from mobility loss when giving-up driving (Davey, 2007; Musselwhite and Shergold, 2013).
Reciprocation is problematic, however, and there are feelings of guilt for asking for lifts, even
when the journey is not seen as discretionary (Davey, 2007; Gilhooly et al., 2003;
Musselwhite and Shergold, 2013).

This paper reports on a study exploring the gap in knowledge about how older people view
travel for its own sake. It aims to examine how important such travel is for older people and
how far such travel can be met across three different contexts. First of all older drivers use of
such travel will be examined, with the idea that it is easy to continue to do discretionary
travel, when and where a person wants to, when they have their own car and are able to drive it. Two other categories where discretionary travel is likely to be more restrictive is also examined, community transport users and older people relying on lifts from family and friends where freedom over choice over discretionary travel will be harder.

Methods

Design

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

Procedure and tools

Interviews took place in participant’s home or at an agreed public location (e.g. coffee shop, pub, community centre, church hall). Interviews lasted approximately one hour. Participants gave consent to take part, were allowed to leave at any time, including up to analysis taking place and were assured of their confidentiality and anonymity. Data was recorded and transcribed verbatim.

The interview was semi-structured allowing the participant to freely talk around set themes and questions. The interview schedule consisted of general background details being collected followed by apprenticing and abstraction questions about discretionary journeys.
Apprenticing (Robertson and Robertson, 1999) allows the participant to describe their experience around phenomena and take the interviewer through such an experience, as if they were there and as if the interviewer is to repeat the experience themselves. In this case, the apprenticing got the participant to describe an example of mobility for aesthetic purposes by asking the participant to “take me through a recent trip you went on for no particular purpose, just to see the world passing by”.

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

**Analysis**

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

**Findings**

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

**The need for discretionary travel**

Universally participants talked about the importance of discretionary travel,
“Oh it’s life isn’t it. It’s what it’s all worth fighting for. There’s that quote isn’t there from Winston Churchill on providing money for the arts over giving it all to the war effort, you know what’s the point in fighting for a world without art and beauty, well that’s how I feel about just getting out and about. Just getting to see the trees, drive up the valley, it’s beautiful and it changes so often. It’s never the same twice. I’ve spent my life working and missing these things, now I want to see it” (male, driver)

“It’s about seeing the world going on. Seeing it in all its beauty and otherwise” (female, community transport user)

And related it on occasion for their own mental health and wellbeing, as well as quality of life,

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

“Can take a headache away driving along that road. Isn’t often you can say that but it’s so gorgeous up there” (female, driver)

**Car use for discretionary travel needs**

Even among those who no longer drove, there was almost universal view among the participants that the car more than any other mode enables you be mobile for its own sake,

“That’s what the car does you see. Takes you where you don’t need to go, you see. And for me that’s life”. (male, driver)

The potential for being able to do this, without always doing it, was cited as a reason for the car being better than other modes,

“You can just wake up and decide yeah today’s a nice day, let’s go out for a drive, see the sea. Community transport is timetabled see. Takes away the… spontaneity. Not sure I was every that spontaneous, but you know, I could be if I wanted to be!” (male, community transport user)

“I can just go on a whim with my car. You know it’s a nice day. Or I’ll suddenly get an urge to see the Downs or the sea, perhaps I would have been reminded by something I saw on tv or a memory coming back to me. Wonderful to be able to do that. To just go where and when you want” (male, driver).
It was also this spontaneity that meant using mobility in this way could improve mental health and quality of life

“You see, you can’t just go out. A walk is good for your health but only if you’re fit enough. I used to just go for a drive to empty my mind but I can’t do that now. "
(male, lift from family and friends)

This was related also to the notion of privacy that driving enabled that the other two contexts, community transport and having a lift with family and friends does not allow,

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

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

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

People combined functional trips with a discretionary journey with the car and this wasn’t mentioned with other modes,

“On the way home from visiting the dentist you can de-stress yourself by driving the long way back through the woods” (male, car driver)

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

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

Others acknowledged this but defended this by stating they did not contribute hugely as they did not drive many miles or drove only infrequently,

“Yeah I hear the arguments for climate change and I know cars contribute to that but I’m not using it that much am I. I’m not like driving miles and miles” (male, car driver)

Perceptions of community transport
Community transport tended to have a negative image, almost exclusively from non-users,

“Well it sort of isn’t for me is it. It’s for you know those less well off. Those who can’t get about.” (male, car driver)

“I’d feel a fraud actually I would using it [community transport]” (male, car driver)

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

“Being disabled…and more or less housebound the community transport enables me not only to be able to get my weekly shopping but to meet other people” (male, community transport user)

This makes it hard sometimes for people to be objective about limitations,

“I wouldn’t change it at all. I really wouldn’t. I mean where would I be without it. I don’t want to think about it to be honest” (female, community transport user)

Ultimately, the car gave more freedom, but the freedom was still there for users,

“Of course you miss the freedom the car gives you, but I’ve still got some freedom with this” (male, community transport user)

Using community transport instead of taking lifts from family and friends was positive among the users of community transport as it reduced feelings of placing a burden on family,

“I’m not a burden to them this way. They’re busy they wouldn’t be able to take me about you see” (female, community transport user)

Community transport can provide mobility for its own sake both directly and deliberately,

“we do get to go on days out. We sign up. It’s wonderful, places I haven’t been to for ages, quite a long way too and you don’t have to worry about parking or doing all the driving. Personal chauffeur!” (female, community transport)

Community transport can also provide experiences of mobility by chance,

“getting out and about you still see things. You see life going on around you. You don’t experience or feel that at home” (female, community transport).
**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)
“I am taken places. It’s nice but I miss the freedom to choose, the journey, how long we stay and so on” (female, lift from friends and family)

Identity was more positive for drivers than it was for the other two modes too,

“Yes, the car is a symbol of my freedom and my ability still to be in control” (male, car driver)

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

“It’s nice to be near the family, but who I am has changed. I don’t feel so strong or head of the family now” (male, driven by friends and family)

Much was made of the role of passing on history or stories about the area and how discretionary journeys allow for this and this was seen in both a driver and a lift from friends and family context. This was not evident in community transport users.

“I have always been the one to tell my children and now my grandchildren all about the town, the Downs and the hills. I used to drive them around and tell the stories now I still do that now, on our journeys, they like hearing the stories” (male, driven by friends and family)

“Driving helps me help the family. Helps my children with theirs. Pick them up from school or cubs or brownies. I’m helping out and I get to see them. I’d take them the long way round and tell them about the past. I’d miss that if I couldn’t drive” (female, car driver)

Discussion

The findings suggest that discretionary travel is important to older people. The need to get out and about, to be mobile and simply to see parts of the world is also perceived by older people to have benefits for their health and wellbeing. The car is viewed as the easiest way to do this and it is easiest when the older person can drive themselves, though getting lifts from close family and friends can be a good substitution if feelings of burden can be alleviated. The car is seen as vital for discretionary activity as it adds to the ability for the travel to be unplanned, to occur on the spur of the moment depending upon an individual’s preference at that moment, perhaps due to the weather or simply a need to just get out and
about. The idea of the car being there ready to be used to go where and when someone
wishes is vital in the relationship between individuals and their mobility and has been
discussed in previous research and is found right across the lifecourse, but is very prevalent
in later life (Ellaway et al., 2003; Musselwhite and Haddad, 2010; Musselwhite and Lyons,
2009). In this way, mobility in this manner adds to the sense of freedom and independence
so championed in life, especially in later life through discourses of active and healthy ageing,
for example. The mobility as freedom concept is exemplified in that the car is seen as
important just in case the driver wishes to use it and in fact doesn't have to use it at all; that it
is there as potential for travel (Metz, 2000). Public and community transport or taking lifts
doesn't have this potential.

The sense of performing discretionary mobility for oneself is important to individuals. There
was a real sense of “being a burden” to other individuals when going on such journeys,
especially in contrast to journeys for something more utilitarian, such as shopping or a health
appointment at the doctors or hospital, for example. The element of feeling a burden is
linked to the travel not being perceived (even by the individual themselves) as of importance.
Yet this research suggests individuals do feel it important to them. On the positive side it can
enhance family relationships and can even be seen as an advantage of giving-up driving in
that it brings family closer together and they see one another more often. On the negative
side the element of being a burden is rife. This can be mitigated through forms of
reciprocation including payment or providing or paying for food. More research into the
relationships between family (and to a lesser extent friends) providing these lifts, sense of
burden and reciprocation is needed. It was often stated that people felt a sense of being a
burden or even a sense of guilt for families and friends giving discretionary journeys. But
how far this is sensed by the family or friends themselves is not known in this instance.
Further research examining the perspective of providing these journeys from the family or
friends who provide the journeys themselves is needed alongside older people experiencing
the lifts.

Community transport suffers from an image problem from non-users, who view it as
transport as the last resort and something not really for younger fitter older people. However,
those who do use it, by contrast, or overwhelmingly supportive of it, stating how they could
not live without it and how it fulfils a multitude of their needs, including simply just getting out
and about and acts to meet social needs too. The importance of the journey itself and of the
social nature of the journey is worthy of note for community transport providers; a timely
reminder of the need to plan and provide for such journeys. The quality of the journey is
therefore vital; the vehicle itself must be of good quality, allow for good vision outside, be
comfortable and allow for conversation among the users. Services must be planned in terms
of the quality of the route and allow for discretionary travel where possible. The overwhelming support for “days out” style journeys via community transport was notable, including the willingness to contribute payment for these. The social importance of community transport, itself a community of users who engage with one another, is highlighted by users. This has been found in older people’s use of public bus services before (Andrews, 2012; Musselwhite, 2011) and is similarly found here in community transport users. As a slight word of caution, the need for the community transport could be creating a dependency which masks perhaps some of the negative aspects of provision; users were reluctant to talk about negative experiences on community transport, for example, for fear of losing the service altogether. This must be taken into account in any community transport evaluation or surveys and ways of collecting such data while assuring users will not lose their service is needed.

Musselwhite and Haddad (2010) and Parkhurst et al (2014) discuss the potential of virtual mobility satisfying mobility needs of older people. There is no need for people to actually literally be mobile if the needs of being mobile are seen as non-mobility but what mobility can bring individuals. For example, e-shopping and telehealth mean trips to the shops or even to the doctors are unnecessary. In terms of discretionary travel, literal mobility could be replaced by bringing the world to the individual, perhaps in real time, for example through webcams or windows on the world, perhaps allowing a sense of mobility, as can be found through scrolling along in Google’s Streetview. However, older people do not seem as satisfied with these concepts that seem static and hard to “experience” or “feel” the mobility. Perhaps we have an innate need for mobility, perhaps linked to the need for survival to know our land, originally linked in human evolution to seek out enemies or to forage for food.

There is the random chance encounters that mobility brings, with people, with nature, that static pictures or videos can’t bring. There is the control that literally being mobile brings in moving through an environment a webcam cannot yet recreate and then there is the experience of feeling and sensing that moving environment, something written about in terms of cycling (see Clayton and Musselwhite, 2013, for example) but maybe just as important in a vehicle.

In terms of the Musselwhite and Haddad’s (2010) model of mobility needs it shows that journeys for their own sake are important to individuals and highlights the need for the third tier on the model. The end purpose of the journey is immaterial to the journey itself, older people talked of discretionary routes taken on the way to and from the shops, bank or hospital, for example, but more often than not a discretionary journey also involves a visit to a place for discretionary purposes at the end of it; just to visit a place and see and experience it. Hence a journey motivated by the need to get to and from the doctors, may
also involve the secondary level of needs in providing independence, status, roles and a
social space for older people, but may also involve the tertiary level of the importance of the
journey itself for enjoyment and to experience mobility.

Conclusion

In Western Society there is a need to reduce the impact of driving on air pollution, road traffic
casualties and severance of communities. Coupled to this, older people are the group most
likely to give-up driving. Hence, there is a need to think about mobility beyond the car. This
research suggests there is a need for mobility without a car to provide mobility for its own
sake. Community transport providing days out or interesting routes back from a utilitarian trip
to the shops or doctors might help this. Family and friends need to recognise the importance
of the journey and provide such experience for older people they know.

Overall, there needs to be a greater recognition of the need for discretionary routes and
journeys. To aid this, research examining relationship of such trips or journeys to health and
wellbeing, potentially with cost-effectiveness being included is needed. In a society that
plans around reducing trip length, as it is seen only as a cost, largely stemming from
reducing transport costs to business, it is a challenge to get planners and policy makers to
think differently, but this needs to happen.

References

AAA (American Automobile Association) Foundation (2015) Driving Cessation and Health
Outcomes in Older Adults Washington DC: AAA Foundation. Available at
https://www.aaafoundation.org/sites/default/files/DrivingCessationReport.pdf (last accessed
17th November 2016)

Clayton, W. And Musselwhite C.B.A. (2013). Exploring changes to cycle infrastructure to
improve the experience of cycling for families. Journal of Transport Geography, 33, 54-61

Davey, J. A. (2007). Older people and transport: coping without a car. Ageing and Society,
27, 49 - 65.

Ellaway, A., Macintyre, S., Hiscock, R. & Kearns, A. (2003). In the driving seat: psychosocial
benefits from private motor vehicle transport compared to public transport. Transportation
Research Part F. 6, 217 - 231.

Life for Older People via Public and Private Transport. ESRC End of Project Report.
Paisley: University of Paisley. Available at
http://bura.brunel.ac.uk/bitstream/2438/1312/1/PDF%20ESRC%20Transport%20Final%20Report.pdf (last accessed 17th November 2016)


<table>
<thead>
<tr>
<th>Context</th>
<th>n</th>
<th>Age range (average)</th>
<th>Living arrangement</th>
<th>Health (self-score 1=poor to 9 =good)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context 1: Drivers</td>
<td>20</td>
<td>63-87 (73.5)</td>
<td>In couple, = 14</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>On own=6</td>
<td></td>
</tr>
<tr>
<td>Context 2: Community Transport users</td>
<td>20</td>
<td>65-90 (72.9)</td>
<td>In couple = 12</td>
<td>6.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>On own = 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Residential home = 2</td>
<td></td>
</tr>
<tr>
<td>Context 3: Lifts from family and friends</td>
<td>20</td>
<td>72-86 (75.5)</td>
<td>In couple = 6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>On own = 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>With family = 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Residential home = 2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>63-90 (74)</td>
<td>In couple =32</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>On own = 22</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>With family = 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Residential home = 2</td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Background of the participants