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Older peoples' experiences of informal support after giving up driving

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Abstract

Using a phenomenological approach, this study explored people who have given up driving's experiences of informal support following driving cessation based upon individual, semi-structured in-depth interviews with seven individuals who had retired from driving (n=7). Findings highlight the complex nature of informal support as an alternative to driving in later life for older adults, showing there is no clear cut, linear process which occurs relating to this type of support. Retired older driver's experiences of informal support are multi-faceted, which include a broad range of practical and psychosocial factors. Informal support was usually provided in very practical terms but the receiver would often also need psychosocial and social support. Motivation for informal support stemmed from ill health, health concerns and was often coupled with living in an area with poor bus service. It was common for the participants to feel a burden on others and use strategies to reduce that feeling including rationing, trip chaining and providing reciprocation through gifts. The findings suggest the need for novel interventions which recognise the changing face of informal support, ensuring this is not the only viable alternative to driving in later life.

Highlights

- The nature of informal support for people who retire from driving is under researched
- This study looks in-depth at 7 retired drivers' experiences of using informal support
- Informal practical and emotional support is important for people who give up driving
- Informal support is most needed for retired drivers those who suffer ill health and live away from bus routes
- People can feel a burden when they rely on informal support, so they ration it, reciprocate and trip chain.

Keywords: Aging, transport, giving-up driving, modernisation theory, informal support, social capital.

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1. Introduction and literature review

Driving cessation has been highlighted as a major later life transition amongst older adults, resulting in outcomes similar to bereavement and retirement. A large body of the research undertaken which has explored the consequences of giving up driving has highlighted negative outcomes for older people, including a decrease in wellbeing and an increase in depression along with other related health problems, including feelings of stress, isolation and also increased mortality (*Edwards et al., 2009; Fonda et al., 2001; Ling and Mannion, 1995; Marottoli, 2000; Marottoli et al., 1997; Mezuk and Rebok, 2008; Musselwhite and Haddad, 2010, 2018a,b; Musselwhite and Shergold, 2013; Peel et al., 2001; Ragland et al., 2005; Windsor et al. 2007; Ziegler and Schwannen. 2013*).

Naturally, much of the research centres around problems of not achieving day to day mobility, of accessing shops, services, hospital appointments and not being able to visit friends and family. Losing the ability to drive has been related to feelings of loss; the removal of a practical, often lifelong skill, and accompanied deep rooted, psychosocial meanings of that practice including losing independence, choice, control and personal identity (*Sandford et al, 2018*). Musselwhite and Haddad (2010, 2018a,b) place the different levels of need associated with transport and mobility in a hierarchy. At the bottom level are practical needs that transport affords, followed by psychosocial or affective needs of independence and freedom, status and roles. A top level is mobility for its own sake, to get out and about and to see the world for no other explicit purpose than the journey itself. Musselwhite (2018) suggests that the car fulfils all three levels of need better than any other mode of transport, hence giving-up driving is hard as needs, especially around psychosocial and aesthetic levels, can go unmet.

Research examining reducing the negative effects of giving up driving tends to centre on changes to provision of services or changes to make the infrastructure more age-friendly, for example providing specialised services such as community transport or improving the public realm to make it more conducive to walking for older people (*Broome et al., 2010; Musselwhite, 2017*). Modernization theory (*Cowgill and Holmes, 1972*) suggests an increasingly individualised society (*Aboderin, 2004*) and it is not surprising that many approaches also centre on the individual, providing travel training or buddying systems to help older people get used to using public transport, for example (*Musselwhite, 2011*), or centre on helping older people prepare for life without a car (*Musselwhite and Shergold, 2013*). However, there is less research examining in detail the role that other people can play in supporting giving up driving. Older people, on the whole, would welcome more involvement of healthcare professionals, especially the General Practitioner (GP) and opticians in deciding whether they should or should not drive (*Berry, 2011; Coughlan et al., 2004; Musselwhite and Shergold, 2013; Parker et al., 2003*). However, healthcare professionals are reluctant to be involved and very few give advice on driving cessation and when they do it is almost exclusively to order someone to

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give-up driving, rather than just raise the thought into the conscious (Berry, 2011; Hawley, 2010; Musselwhite and Shergold, 2013). Musselwhite (2018) suggests informal support, a form of social capital involving family, friends, neighbours and community for help in achieving mobility, could provide both practical and emotional support for older people going through the driver cessation process. Zarit and Edwards (1999) suggest family counselling could provide an effective approach to driver cessation. However, discussions with family are not always positive. As Coughlan et al. (2004) point out that although almost 60% followed the advice given by family members, over half of these were upset by the decision. An alternative can be peer support, as evidenced in group sessions (Gustafsson et al., 2011; Liddle et al., 2007, 2008, 2014).

It seems the nature and type of informal support can be vital to giving-up driving; Johnson (2008) found that people who had given up driving who did not have access to informal support often returned to driving, through fear of their personal survival and maintenance of personal needs. Johnson used semi structured interviews with 75 individuals and detailed analysis is difficult with such large numbers. A recent Japanese study by Ichikawa et al (2016) found older adults who were most likely to give up their driving licenses within their sample were those who were sure there was someone available to provide them with transport when they needed it. Personal convenience was highlighted as an important factor relating to this practical type of informal support. The authors also found the availability of public transport alternatives as an unimportant factor in the decision to give up driving. These findings were based upon questionnaires, which did not explore why having someone provide transport was important, aside from the element of personal convenience (Ichikawa et al, 2016). A qualitative methodology exploring informal support in more depth would ensure this phenomenon is unpacked, in order to provide a more detailed understanding of informal support as an important factor in the event of driving cessation. An earlier study by Hanson & Hildebrand (2011) found that amongst participants who were asked how they would complete their out of home trips if they did not have access to a vehicle, respondents stated that 52% of all trips would be taken with friends or family. However, the research did not examine whether friends or family of older drivers would actually be in a position to accommodate the replacement trip-making needs. The present study addresses this gap by exploring older adult's experiences of informal support in depth, focusing upon the type of support which is received following driving cessation, along with what motivates or de-motivates retired drivers to use informal support.

Musselwhite and Shergold (2013) tracked older people as they went through giving-up driving through a series of interviews, focus groups and diaries over a period of a year. Although they found social support of family and friends to be important in more positive examples of giving up driving, they did not concentrate on this aspect, offering little detail as to what constituted such support above and beyond providing emotional and practical detail. Musselwhite (2017) found older people receiving lifts from family and friends could feel a burden and often reduced this feeling by reciprocating with gifts, but did not examine this within the wider context of giving-up driving.

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Other than the above examples, there is little research which has focused solely on informal support as an aspect of driving cessation, with informal support largely being something which is simply referred to as being part of the driving cessation landscape. In order to give detail and meaning to this gap in knowledge, this research uses an in-depth exploratory framework of phenomenology to examine the meaning of this important part of the giving up driving process. Phenomenology is an example of an approach that can give detail and meaning to an area that previously has had scant attention. Phenomenology usually involves in-depth exploration of a phenomenon utilising only a very small number of participants, championing depth over breadth. In addition, it places feelings, emotions and subjective responses of participants as centrally important to understanding the phenomenon. Given the background of transport is in economics and engineering, it is unusual to take this approach in transport research, but it does come with precedence (*see for example Parkhurst et al., 2014*).

The research reported in this paper therefore uses a phenomenological approach to investigate in more detail the nature of informal support for older people who have retired from driving.

2. Methodology

Research approach and design

The study has adopted a wholly qualitative approach. The aim is to gain rich, in-depth insights into retired older driver's perceptions and lived experiences of informal support, following driving cessation. The key focus of enquiry is to explore and understand the subjective accounts of each participant, encouraging each individual to depict their experiences in their own words (*Grosvenor, 2000*). Specifically, a phenomenological approach has been undertaken, which suggests human beings create their own meaning and reality, which cannot be measured objectively (*Bryman, 2016*). Phenomenology allows the researcher to focus on "*the subjectivity of reality... on how humans view themselves and the world around them*" (*Willis, 2007, p. 53*).

Sampling and recruitment

Participants

Eligible study participants were those aged over 60 years of age, living in South Wales, United Kingdom, and who had given up driving within the previous 6 years. It was perceived that older adults who had given up driving for longer than 6 years may have different experiences in terms of adaptation, and may not be able to recall the process as well. Additionally, previous research used between 5 and 7 years as an average parameter for giving up driving amongst older participants (*Marottoli et al, 2000; Dellinger et al, 2001*). An age threshold of 60 years was chosen to capture people who had had to give up driving at a relatively young age and hence capture the experiences of someone for whom it was not the norm and possibly had had less chance to prepare for the change, while also including older people for whom giving up driving might be more expected. Recruitment

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resulted in 5 people between 60 and 70 years of age, and 2 above 80 years of age, resulting in both those for whom giving up driving was less the norm and for those for whom it was more expected. A total of seven participants took part (5 female, 2 male) with an average age of 70 years. Two lived with a spouse, and five lived alone due to widowhood, divorce, and separation.. Two participants gave up driving based on the fact they 'wanted' to, termed "voluntary" cessation. They made the decision themselves through their preferred personal choice, rather than a third party i.e. family & health professionals intervening. For the remaining five participants, they were classed as giving up involuntarily, due to the decision being influenced by health professionals and family members (due to deteriorating or complete sight loss & epilepsy). These five participants 'wanted' to give up driving, it was more of a case of the decision being forced upon them.

Participants' residential areas ranged from rural to urban settings. Time since giving up driving ranged from 8 months to 6 years (*see table 1*).

Participant	Age	Marital Status	Living Arrangements	Type of residential area	Alternative transport options available within residential area, & participant usage (excluding informal support)	Reason for driving cessation	Self-rated health status	Length of time since driving cessation
Alice	61	Married	Resides with spouse	Urban	<p>. Bus – Regular service available & bus stop less than 1-minute walking distance. Free bus pass holder. Service never used - eyesight/arthritis as barriers</p> <p>. Taxi - Occasional taxi (once a month) to & from workplace - only if no other source of informal support available</p> <p>. Train – Train station located 1.5 miles away from participant's home. Service only used for leisure based days out, less than once a year</p> <p>. Community transport <i>e.g.</i> <i>Dansa</i> – Never used, unaware of how service operates/never looked into this</p> <p>. Walking – Never</p>	Deteriorating eyesight & arthritis	Poor	1 year

					undertaken to meet mobility needs			
Belinda	84	Married	Resides with spouse	Semi-rural	<p>. Bus – Regular service available, bus stop within 5-minute walking distance. Free bus pass holder. Service never used – eyesight as barrier & informal lift provision always available through spouse</p> <p>. Taxi – Never used</p> <p>. Train – Never used</p> <p>. Community transport - Never used. Unaware of how service operates/never looked into this</p> <p>. Walking – Never undertaken to meet mobility needs – Eyesight problems as barrier</p>	Deteriorating eyesight	Poor	2 years
Patricia	66	Separated	Lives alone	Semi-rural	<p>. Bus – Regular service available, bus stop within 1-minute walking distance. Free bus pass holder. Service used once a fortnight</p> <p>. Taxi – Used approx. twice a year for carrying heavy shopping from nearest city centre</p> <p>. Train – Never used</p> <p>. Community transport - Never used – aware of a service within the local area <i>i.e. Greenways</i></p> <p>. Walking – Undertaken on a daily basis to meet mobility needs – Participant lives in walking distance to local services; high level of physical mobility</p>	Voluntary	Good	5 years
Ernest	63	Married	Resides with	Rural	. Bus – Irregular service available – rural area. Bus stop within 10-minutes	Epilepsy	Average	8 months

			spouse		<p>walking distance. Free bus pass holder. Service used very occasionally (once every 3-4 months) – informal lift provision mostly always available with spouse/irregular service not practical</p> <p>. Taxi – Never used. Issue of 'dead mileage' in rural area</p> <p>. Train – For occasional work purposes only (approx. once a year)</p> <p>. Community Transport - Never used – unaware of how service operates/never looked into this</p> <p>. Walking - Never undertaken to meet mobility needs – Local services in rural context too dispersed & health concerns as barriers</p>			
Christopher	67	Widowed	Lives alone	Urban	<p>. Bus – Regular service available. Free bus ass holder. Service never used – complete sight loss as barrier</p> <p>. Taxi – Frequent usage, 2/3 times a week</p> <p>. Train – Never used</p> <p>. Community transport – Unaware of any services within area, although occasionally uses transport provided by RNIB for social outings (once every 6-8 weeks)</p> <p>. Walking – Never undertaken to meet mobility needs</p>	Eyesight loss	Poor	18 months
Penelope	64	Divorced	Lives alone	Urban	<p>. Bus – Frequent service available. Lives within 2- minutes of bus stop. Free</p>	Voluntary	Good	6 years

					<p>bus pass holder. Service used on a daily basis</p> <p>. Taxi – Occasionally for leisure purposes only in local area (e.g. sharing with friends)</p> <p>. Train – Never used</p> <p>. Community transport – Never used – aware of one service operating within local area – never looked into this</p> <p>. Walking – Daily basis. Participant lives in walking distance to local services & informal network; good level of physical mobility as enabler</p>			
Brenda	82	Widowed	Lives alone	Urban	<p>. Bus – Frequent bus service available within area, nearest bus stop within 5 minutes walking distance. Free bus pass holder. Service never used due to frailty creating physical mobility barriers</p> <p>. Taxi – Never used</p> <p>. Train – Never used</p> <p>. Community transport – Never used, unaware of any available service. Never looked into this</p> <p>. Walking – Never undertaken to meet mobility needs – Lives within walking distance to shops & services, although limited physical mobility means participant requires support when leaving home</p>	General health decline including frailty	Poor	3 years

Table 1: Background details of the participants who took part in the research

The researcher employed an inclusion and exclusion criteria, to ensure the set of participants was relevant to the studies aims and objectives. Participants were initially identified through the

researcher's personal network, hence a purposive sample was constructed of people who had given up driving and wished to take part. The emphasis was on support from people the participant knew in their family or friends network (termed network members), but they didn't have to have network members readily identified to take part in the research, in fact 2 people were unable to name a family member, friend or neighbour who supported them. Their findings were just as useful in terms of both why informal support was not available and associated outcomes of this. A process of Inductive thematic saturation (*Saunders et al., 2017*) took place where no new participants were sought when no new sub-themes were identified.

Ethical considerations

Each participant completed an informed consent form prior to the commencement of each interview. Confidentiality and anonymity were ensured throughout the research. Each participant has a pseudonym and all identifiable information including places and locations are withheld. All participants could withdraw at any time. Ethical permission was given from the university college ethics committee.

Data collection

Individual semi-structured interviews were undertaken with 7 participants in total. An interview topic guide was utilised as part of each interview. Guides consisted of three key areas; the meaning of driving, the meaning of driving cessation, and the importance and nature of informal support. Each section was developed from examining previous literature. This was useful for keeping the researcher and participant 'on track' during data collection. All interviews were recorded using a reliable device, alongside a backup device, to eliminate the risk of technical failure. Alongside recording devices, which ensure that every aspect of verbal communication is captured, the researcher wrote her own written notes. Researchers are advised to adopt skills of transparency and reflexivity, referring to the process of reflection where the researcher consistently bares in mind the aims and objectives of the study and is aware of any potential personal bias (*Jootun et al, 2009*). Therefore, a constant self-assessment should be undertaken on behalf of the researcher to ensure these issues are addressed at all times (*Cassel and Symon, 2011*). In order to address these issues in the present research, the researcher used a field work diary, noting any comments or follow up actions, which were cross-compared to the interview recording, to marry up these pointers, adopting a rigorous research approach.

Data analysis

A thematic analysis was carried out on the data to identify key themes following processes identified by Braun & Clarke (2006) and included a mixture of deductive coding (what is expected to be found given previous research) and inductive coding (what is found when reading the texts themselves). Given, the phenomenological approach it was important to take into account the researcher's subjectivity during the analysis process which can also affect the validity of the investigation. As a

result, bracketing techniques were used to exclude the researcher's presuppositions, and to "mitigate the potentially deleterious effects of preconceptions that may taint the research process" (Tufford and Newman, 2012: 81).

Additionally, during the data collection process, the researcher wrote memos as a form of reflection on how involved one gets into the interview process (Creswell, 2013). A key point of reflection was whether the participant was allowed to freely express their feelings without the imposition of the researcher's insights. The researcher also kept a reflexive journal of hunches on the participants' descriptions. By identifying these presuppositions upfront (i.e. agreements and disagreements) the researcher was able to include only the participants' descriptions in emerging themes (Ahern, 1999; Creswell, 2013).

3. Findings

Analysis revealed a number of diverse experiences of informal support amongst older adults following driving cessation. Three main themes were identified following an in-depth thematic analysis of the data. These included; *reasons for using informal support, social outcomes of using informal support, reasons for not using informal support, and coping strategies*. Each theme was formed based upon each participant's perceptions and lived experiences of informal support. The research found that although participants talked about key reasons and triggers for using informal support, this type of support was not always something which necessarily created positive outcomes for retired drivers.

Reasons and triggers for using informal support

There were a set of findings which highlighted the motivations for using informal support, surrounding family and other network members offering support, changing physical needs and limited opportunities to use public transport.

Informal support network members 'offering' support

A trigger point for using informal support amongst retired drivers tended to come from family, friends and neighbours 'offering' support, rather than the older adult actively asking for help. Asking for help was something which was related to feeling like a burden, and was something which was largely avoided:

"They [family, friends & neighbours] are all pretty good at offering me support. My son constantly asks what my plans are and whether I need a lift or anything, I say no because I know it's putting him out, but it's nice to be offered" (Patricia)

Another retired female driver described how a slightly different tactic is used in terms of using her informal network to meet her mobility needs. In this case, the participant talked about how she will often talk outright about what her needs are, which often triggers those around her to offer support:

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"The other day I was panicking because I realised my friend's daughter was 30 and I had completely forgotten. I told my neighbour how worried I was about getting a card and stamp on time, and she offered to go and pick them up for me thank god" (Alice)

Limited personal mobility

Limited personal mobility was drawn upon as a direct reason for utilising informal support as an alternative to driving, once participants had lost the ability to drive their own cars. Many of the retired drivers talked about physical health problems being the primary reason for giving up driving, which have also prevented the ability to walk or use public transport systems. The element of personal assistance and the accommodation of retired drivers physical mobility needs were recognised as important factors when receiving lifts from family, friends and neighbours:

"I can't use the bus or walk, I need door to door transport because I can't see anything at all now, my vision has completely gone, so I need door to door help" (Christopher)

A retired female driver reiterated this point, and noted that feeling safe with her niece as her primary transport provider was something which was highly valued. This was even more significant for this participant, as previously experiencing a fall whilst out walking had impacted upon her levels of confidence when using other forms of transport:

"[Network member] is the only person I normally go out in the car with, I had one heck of a fright a few years back because I fell on the pavement when I was out posting a card, I ended up in hospital too... that really rocked me" (Brenda)

Public transport limitations

Some participants drew upon restrictions relating to public transport as important triggers for using informal support following driving cessation.

The implications of living in a rural area were drawn upon by two respondents, resulting in a very limited bus service. The infrequency of the bus service, combined with restricted operating times contributed to the bus being an unfeasible alternative to driving. In this case, the participant travels to most places with his spouse in order to try and meet his mobility needs. However, although recognising the paramount importance of this form of transportation, the participant talked about how this also results in feelings of frustration and un-fulfilment:

"To my wife, taking me to {named DIY stores} to get what I need is trivial, but to me, being able to do that is everything! She doesn't think going down the hairdressers and gassing for 2 hours is trivial!" (Ernest)

However, a retired female driving living in a more urban context provided a conflicting account, reporting a frequent bus service and the advantage of living within a 2-minute walk of the bus stop. This along with the participant's physical ability to use the bus meant that informal support was drawn upon far less often:

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'The bus stop is right outside practically, and the bus runs often.. I use the bus every day unless there's a reason I can't go out' (Penelope)

Nevertheless, other retired drivers also living in more urban contexts talked about barriers relating to public transport, contributing towards their usage of informal networks in order to meet mobility needs. For one participant who gave up driving due to declining eye sight, the practical requirements of using a bus were drawn upon as problematic, which also resulted in more negative psychological barriers:

"I can't see bus numbers if a bus is coming from a distance, or read bus information in the [named bus station]. It's the not seeing and the not knowing whether you are on the right bus, or if you are travelling on the correct route which frightens me, I feel really stupid" (Alice)

Social outcomes of using informal support

A major outcome of using informal support was the social aspects, which could both be positive in creating space for social engagement which otherwise would not happen, but also negative in changing the dynamics of existing social interactions.

Creating space for social engagement

An important aspect of informal support drawn upon by all retired drivers was the social interaction and engagement which normally came along with this type of support. For the following participant, having lifts with her daughters provided an opportunity to fulfil her psychosocial need for social engagement, acting as a positive motivator for using informal support:

"I don't see them [daughters] both as much anymore because they've moved out, so at least I get to see them when they come to get me to go shopping or whatever it is we do!" (Alice)

Aside from the instrumental role of informal support, such as the provision of lifts, the same participant talked about how informal support was utilised in a more psychosocial sense following the driving retirement transition. The respondent drew upon her best friend's ability to listen and support her on an emotional basis as being of crucial importance to her, which also acted as a trigger for utilising this type of support:

"I have leaned on him so much throughout it all, he listens and he understands me when I feel low, and isolated, and trapped.. which I often do these days. I know I can pick up the phone and ask him to call over or have a chat with him which means a lot to me" (Alice)

Changing dynamics of social engagement

However, the social interaction associated with transport provided by family members was experienced differently for another retired female driver. In this case, the participant occasionally had lifts from her husband to meet her mobility needs, sometimes travelling to places where the participant previously visited when able to drive, such as the nearest town centre. However, this trip

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used to include other female relatives and friends, which the participant would pick up on her journey into the town centre. The participant's spouse trying to mirror or recreate this trip has not had the same outcomes for the retired driver, in terms of providing an opportunity for social interaction and engagement:

"I used to go into town twice a week with my cousin and my friend I'd pick up on the way.. we'd always have a coffee and have a look around, take our time.. now when he takes me he waits in the car for me because he hates shopping.. so I don't bother going anymore because I've only got to rush back" (Belinda)

Reflecting the perhaps less positive outcomes of utilising informal support in relation to participant's psychosocial needs, the experiences of a retired male driver further illustrated this issue. A participant recognised the importance of accepting a lift and going out with a friend on a weekly basis in terms of maintaining a connection to the social world. However, although providing the opportunity for social contact, this outing is not something which actually provides the participant with much social interaction, although he continues to go to feel like he is still part of society:

"Well an old mate of mine he comes to get me once a week on a Thursday and we go down the [named] social club for a pint, it's alright down there – but it's very clicky, I just go to get out of here to be honest, otherwise I wouldn't go anywhere or so anything" (Christopher)

Reasons or barriers for not using informal support

There were people who did not use informal support and reasons for this were either practically forced upon them through breakdowns in relationships and not having someone to turn to, or psychological through wanting to stay independent and through not wanting to be a burden.

Relationship breakdown

A retired male driver who had given up driving due to the sudden loss of his eyesight drew upon the fact that although informal support was desirable and would be the most appropriate alternative to driving, this sadly was not an option. The respondent talked about losing his spouse several years ago, along with a complete relationship breakdown with his daughter and granddaughter::

"I'm on my own, I don't have nobody to turn to.. I lost my wife 5 years ago, and my daughter.. well, she's another story! And my granddaughters the same" (Christopher)

Protection of independence

Two female participants shared similar experiences in terms of why informal support is not something which is drawn upon very often as an alternative to driving. In this case, both respondents talked about independence being something which was highly valued and protected, resulting in a self-reliant attitude which does not require help or support from others. However, the

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following comment from another participant does acknowledge that independently meeting her needs is something which is only possible because her current health and mobility status allows this:

“At the moment, I don’t need any help.. I’m physically OK.. I’m not saying that won’t change as I get older, but I want to be as independent as I can, for as long as I possibly can!” (Patricia)

This participant also talked about the advantage of living in very close proximity to shops, services and friends within her local area, which allows her to continue to be self-sufficient to meet her mobility needs:

“I meet my friends once a week for coffee, we go to [coffee shop name] over the road or sometimes they come to mine for a coffee depending on the weather.. it’s lovely to meet up and catch up with them” (Patricia)

This approach to meeting personal needs was also shared by another participant, although this participant did state the occasional form of instrumental support is received from her son at particular times of the year, when there is a ‘need’. She talked about asking her son to provide her with a lift to get shopping at Christmas time only, when there are heavy items to carry home from the city centre:

“I do ask [son] to give me a lift on a Christmas time when I try and do one big shop to get the majority of gifts out of the way, the car is needed for that. I couldn’t get everything home on the bus” (Penelope)

Being a burden

A common theme in terms of reasons for not using informal support as an alternative to driving was not wanting to be a burden to network members. Most retired drivers talked about this being something which they experienced, acting as a complete deterrent for some people utilising this type of support. For example, although the grandson of one participant frequently calls and offers support, the participant talked about not wanting to accept any type of instrumental or practical help because he would prefer his grandson to focus on his career, rather than becoming a burden to him:

“I don’t like to ask, he offers to help, but I don’t like to put upon him.. he’s working hard trying to get a career and earn a living.. I’d always rather do things myself like” (Christopher)

This point was reiterated by a retired female driver, who recognised that lifts are needed and desirable at particular times. However, this is something which the participant will not actively act upon or ask her son for, despite providing childcare for her grandchildren on a regular basis:

“There are lots of times throughout the week where I may need a lift home from [son’s name] after babysitting the children all day, particularly when it’s getting late or its dark and raining, but I won’t ask because I know it would put him out and cause stress there” (Penelope)

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Based upon experiences of using informal support as an alternative to driving, one participant talked about how she feels like a complete burden and an inconvenience to those around her, recognising that family and friends have already busy lives. However, although this feeling is a particularly negative aspect of utilising informal support, the participant continues to rely upon her informal network for the majority of her mobility needs, due to having no other suitable transport options:

"I feel like I'm a massive burden to them, I know how busy they are already without having me to contend with.. I always feel like a nuisance to people.. When I ring them I can imagine them rolling their eyes thinking, what does she want again!" (Alice)

Coping Strategies associated with usage of informal support

A number of retired drivers talked about employing coping strategies as a way of offsetting some of the negative aspects of using informal support as an alternative to driving.

Rationing support

A retired female driver talked about how she *limited* her sources of informal support, meaning that there was a maximum amount of support which the participant would request or use each member of her informal network for, something the research team named rationing. This was talked about as a way of reducing the chances of exhausting individual channels of support, ensuring each support provider did not become overwhelmed:

"I try and ask both my daughters to take it in turns to take me food shopping, or into town, whatever.. I also try and pick things up when I'm with my friends if we are out and about, to save the girls taking me.. otherwise, that's when the stress starts!" (Alice)

Another participant also talked about how she feels the need to place limits on the amount of support which is received from her niece, as her only source of informal support. In this case, the participant tries to ensure she is as prepared as possible when seeing her niece, to get as many needs met at once:

"If I know [niece] is coming here, I try and get as many things done that I need to. I ask her to pick me up what I need because I know that once she's gone back to [home], she wouldn't be happy if I rang again for things" (Brenda)

Rationing informal support was something which was not possible for all participants as a way of managing or sustaining this type of support. A participant talked about how he only draws upon his spouse for all transport and mobility needs, despite both sisters offering support. Therefore, the option is not there to limit or share out informal support:

"They offered to take me and pick me up from my opticians appointment which was in [name of town], but I wouldn't want them to take me. [Wife] takes me everywhere I need to go" (Ernest)

Pragmatism

Participants talked about how they tried to adopt a pragmatic approach to utilising informal support. For example, although one participant is mostly independent in terms of meeting her mobility needs, the occasional lift to places which are a bit more difficult to get to is required. For example, she attends church every week, although the reduced frequency of public transport on a Sunday, as well the church being located a fair distance from her home means that a lift is required. She talked about accepting a lift from a fellow church member after assessing the ease of lift provision:

“Well I do need a lift to and from church on a Sunday.. so when [church member] offered, I said yes because I know she lives nearby and I am on the same route she takes to get there, I don't feel so bad then” (Penelope)

Accepting lifts from work colleagues who live nearby was something which was also echoed by another participant, who only has a lift to and from work by those who either live nearby, or who are passing her residential area on their commute to work:

“I get a lift with [work colleague 1] or [work colleague 2] because [1] lives a few streets away, and [2] passes my house on her way to work” (Alice)

Expressing gratefulness & gratitude

Some retired drivers talked about the importance of expressing their appreciation for the support provided by their informal network members. This was stated as a way of making sure the support provider feels appreciated and valued, as some participants recognised this type of help isn't something which all older adults have access to:

“She's good as gold to me she is, I always tell her that as well, I say [daughter's name].. 'I don't know what I'd do without you'.. I don't know what I'd do without any of my children. Some poor people haven't got that see, I'm lucky!” (Belinda)

Reciprocation

Reciprocation was drawn upon by retired drivers as something which is employed in relation to utilising informal support as an alternative to driving in later life.

A retired female driver talked about reciprocation as something which is heavily employed as a coping mechanism for using informal support. The participant stated that reciprocal strategies are employed to all network members who are drawn upon, particularly for those who play an instrumental role in terms of meeting her mobility needs. In this case, an example was provided relating to lifts with a work colleague, in order to successfully complete the commute to and from the workplace. The participant felt it was important to pay back the lift provider:

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“Neither of them will ever accept petrol money, so I make sure I always buy them nice things for Christmas and their birthdays. Also [work colleague] had her first grandchild a few months back, and I made sure I bought a little something for the baby. It’s the only way I can think of to thank her” (Alice)

Aside from practical and tangible forms of reciprocation, the same respondent stated she also plays a psychosocial role in terms of the help and support she provides back to those who support her. The participant recognised that although instrumental support is no longer possible, such as the provision of lifts, there is still an emotional, caring role which can be undertaken:

“I know I can’t really ‘do’ anything for people anymore, but I try and ‘do’ in other ways. I always try and make sure I am here for people, like on Christmas morning, my best friend called to say he was upset because of a family row that had gone on, so I made sure I reassured him and tried to make him feel better” (Alice)

Trip chaining

Trip chaining was a strategy employed by the majority of retired drivers, when accepting lifts from family, friends and neighbours. This refers to visiting several places, or meeting several needs during one car trip. For example, a participant spoke about how he ensures his wife takes him to a number of DIY (Do It Yourself) stores and builder’s merchants when he knows there is a trip planned:

“Well if we are going to [named DIY store] or something, I always make sure I go to any other places which maybe nearby that I have to go to, to save us going out and doing that again” (Christopher)

Another participant who also employed trip chaining as a strategy to try and meet her mobility needs drew upon an important point, which recognises that although this idea is sensible in theory, it is not always possible due to informal network members often having a limited amount of time which they can spend providing transport:

“I try and pick up as much as I can when I go shopping with them. If I’m going to [shop name] I try and go to other shops nearby ... to get other things. They [daughters] are not always able to take me though because they are always rushing back for something” (Alice)

Suggesting and recommending trips to network member

A participant talked about how she sometimes uses financial or positive incentives of visiting a certain place based upon information which she has to encourage an outing to a particular place for her daughters, which the participant can go along to:

“If I’ve seen something online or say I’ve seen good buy on the weekly magazine from Lidl or something, I tell the girls about it and go along with them then” (Alice)

4. Discussion

The findings suggest older people who have retired from driving use informal support in a variety of different ways. Informal support for the driver is important to the individual as noted in previous research (*Ichikawa et al., 2016; Johnson, 2008; Musselwhite, 2017; Musselwhite and Shergold, 2013*), but this is not as straightforward as might be perceived. Often participants justify their use and non-use of support through extensive narratives explaining why they do or do not use support. It is most common for the person to have been approached by the support giver, rather than to reach out to someone to ask for support. Support was accepted, often taking into account an evaluation of the support provider's lifestyle, including other caring or work responsibilities, and in some cases, if they lived nearby. Motivation for informal support was often thrust upon the individual through ill health, health concerns and often coupled with living in an area with poor bus service, especially making informal support more vital in rural areas where there is less public transport services (*Parkhurst et al., 2014*).

There are those who use informal support to meet both practical and psychosocial means, not just using the support to get practically from A to B, but also to fulfil social needs and bring themselves closer to family and friends, which also helps with feelings of safety and wellbeing in later life. This shows the importance of social support in practical but also emotive terms as has previously been hinted at amongst other research (*Musselwhite, 2017; Musselwhite and Haddad, 2010, 2018a,b; Musselwhite and Shergold, 2013*). It is interesting to note that the informal network member tends to prioritise the importance of the practical aspect of the journey over the social, yet retired drivers saw them as equally as important. Finally, it is common for the participants to feel a burden on others and use strategies to reduce that feeling (*Musselwhite and Shergold, 2013; Musselwhite, 2017*). In addition to offering reciprocal gifts to thank the informal supporter, retired drivers might ration lifts to a certain number and only choose certain relationships to draw upon what they feel comfortable and safe with. They also may also trip chain so as not to be additional burden on people, building in several destinations to one journey.

To aid support in this area it is suggested that social capital in local areas is pooled and community and neighbourhood transport schemes are properly resourced to support the gaps in transport provision provided by public transport. The support must not only provide practical but also emotional support as people give-up driving. Peer support is important, especially where familial support is unavailable or is lacking, and it is suggested peer group support sessions are an important way forwards for some individuals (*Liddle et al., 2015*). Reciprocation is important and quite often people are willing to contribute something for the support given and this should be encouraged and can be generalised to other transport offerings, for example charging for using community transport. With the rise of formalised support for older people to reduce isolation and loneliness with clubs and societies, providers of these interventions need to make sure transport is coordinated for people to be able to access them.

Although informal support is an important factor throughout the driving cessation process, as previously outlined, Aboderin (2004) draws upon the changing nature of informal support in westernised countries. The abandonment of older adults in terms of the diminishing face of familial care and support has been previously highlighted, drawing upon the theory of modernisation (Cowgill & Holmes, 1972), which suggests the decline in informal support for older people is the result of the breakdown of the traditional extended family - with the emergence of the isolated nuclear family. This theory suggests that older peoples roles and status' are therefore undermined, and older people become trapped in a 'role-less' role, with adult children and relatives no longer ready to pay them as much attention, or indeed, offer support. The findings from this research suggests many older people still have close familial ties, where older people receive help with their mobility and this can have positive relationships among family members increasing social opportunities and where older people are often involved in helping out with the family, with looking after grandchildren for example. But, Aboderin (2004) warns this might change, with a decreased willingness of family members providing support for ageing parents could be due to the erosion of familism (where filial obligation and responsibility are deemed an integral part) whereby increasing secularisation and the growing influence of 'modern' values which are underpinned by values of individualism. Coupled with this are increasing numbers of people ageing without children. The number of people over 65 without adult children is set to rise from over 1.2 million at the present time to 2 million by 2030 (see Pickard, 2015).. There is evidence from the findings that, in line with rising individualism, independence is often highly prized, but the void in abandonment can be met through friends and neighbours, suggesting the presence of social capital in terms of support. However, the presence of social capital is not always straightforward. With individualism being such a strong value in society, it is unsurprising that individuals would prefer to undertake journeys on their own, and to seek to minimise the feeling they are a burden on others. At best this is done through reciprocation and rationing, although in some instances, this means refusing any help at all. This increases the chances of loneliness and isolation and the devastating negative affect that is associated with giving-up driving (Ichikawa et al., 2016; Johnson, 2008). The findings show that the individualism affects the ability for individuals to seek social support when giving up driving. First, people are reluctant to ask for help themselves, waiting to receive it from others which in an increasingly individualistic society is less likely than ever before to be forthcoming as people lead busy, individual lives. Second, even if the help is offered, people are likely to feel a burden which reduces their use of help and people ration their use of it. Importantly, the support needs to be both practical and emotional and can come from a variety of sources and not always familial.

There is also a notion towards gendered spaces that mobility affords. This is clear in the older man who had given up driving who often gets his wife to take him to the DIY (Do It Yourself) store relating it to his wife's time spent at the hairdressers. The DIY store being a traditional masculine space compared to the feminine space of the hairdressers and how journeys allow people to access

such spaces. The journey itself is also seen to support gender differences. There is evidence that giving up driving reduces the ability for people to maintain close social events with people of the same sex as noted in the female who misses her all-female trips to the shops now her husband has to drive her. Although these events still happen, the dynamics have changed. In addition, there is also tentative findings that males do not like to rely on females for lifts, feeling they should be the providers of help, especially within families, as shown with the older gentleman who won't allow his sisters to give him lifts and finds it hard to even ask his wife. Hence, changes in social structure that occurs with giving up driving and reliance on others can affect relationships with others and ability to indulge with gendered space (Wharton, 2018). Gendered space, especially for women, has long been important in identity and power relationships (see Spain, 1993 for an excellent overview) and this study suggests mobility is important in shaping access to such space and how changes in mobility independence affects ability to access it.

Limitations

It was useful to carry out in-depth study of this nature in order to reveal the complexity of the relationship between informal support and retired drivers, but future research could now begin to add breadth to the findings by involving a wider sample of participants. Although we had both younger-old people (five aged between 60 and 70 years) and older-old people (2 aged over 80 years), having participants across the range, including those between 70 and 80 years and those 90 years and above, would also have been useful to include. In addition, the seven individuals were from the researcher's personal network and although not all knew the researcher well, there may well be an element of homogeneity between participants that would require a wider sample to add further breadth to the findings. The nature and complexity of the relationships may emerge into a series of clusters or patterns that could lend themselves to quantitative analysis. It would also be useful to carry out interviews with individuals comprising the informal support network and examine this in relation to the interviews with retired car drivers.

5. Conclusion

This study shows the nature of informal support that stems from family and also from neighbours and the wider community. It suggests that while older people face increasing difficulties when giving-up driving that both practical and emotional support can stem from family and friends and wider social capital. The findings are relevant for the study site that involved urban and rural participants in the United Kingdom. However, the context specific nature of transport provision and support may mean it is hard to generalise to other populations. Hence, recommendations are made for further research to examine in more breadth the findings presented here. Also, the changing nature of society may mean the findings could change moving forwards; will families and communities be able to give the same level of support in increasingly individualised societies..

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