



Mobility beyond driving

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Title

Mobility Beyond Driving

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Abstract

Older people who are unable to drive need access to reliable, efficient, and effective transport options to enable them to meet their essential needs and undertake social and recreational activities. However, often the transport services available are inadequate, resulting in an inability to perform certain tasks which were previously undertaken easily as a driver. This can have a significant impact on a person's well-being. Older people are also unlikely to plan for non-driving unless they are forced to do so by changes in circumstances. Many of these issues tend to be magnified among people with limited support networks and those living in rural or remote areas.

RACV commissioned this report to gain a better understanding of the issues that older people face when they can no longer drive, and the extent to which older drivers are supported in their transition from driver to non-driver. The project included a scan of the literature; thirty interviews with older drivers, older former drivers and carers of older people who had ceased driving; and an online survey and paper questionnaires.

Key Words

Mobility; driving; older drivers; fitness to drive; transport; road safety; carers; self-regulation;

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Executive Summary

The transition to non-driving for older people occurs either progressively over a number of years or abruptly as a result of a significant event such as an illness, injury or accident. Those who transition gradually into non-driving begin with increased care and mindfulness, followed by a general reduction in driving, through to eliminating driving at certain times or in certain situations. The decision to cease or limit driving is generally made by the older person themselves often in conjunction with advice from family or health professionals.

Older people want to retain their dignity and self-esteem when transitioning to non-driving and this can be achieved through maintaining control over the decision and process. The time when older people are transitioning to non-driving or have just ceased driving is the most important time for giving them support and reassurance and to provide information about alternative transport.

Key benefits of ceasing driving are:

- A reduction in the older person's and carer's stress and anxiety associated with driving.
- Empowerment and dignity if the decision was made by the older person.
- More time spent with family if they are providing assistance with transport.
- An opportunity to discover new ways of travelling, such as a mobility scooter, which is fun, cheap and easy to park.
- New social activities if non-driving results in participation in council/community health transport and community activities.
- Positive impact on the environment.

The key negative impacts of ceasing driving are:

- Loss of independence.
- Difficulty getting to and from appointments.
- Feelings of loss of control of life and helplessness.
- Social isolation.

Negative impacts were greatest among those living in rural areas and living alone, who had less access to alternative transport. For some people, limiting or ceasing driving resulted in lifestyle changes, however these were not necessarily positive or negative. Good planning and awareness of alternatives appears to be crucial factors in avoiding negative impacts of not driving.

Nearly all current and former drivers believed that their transport needs are fully or partially met. Key concerns about alternative transport options are:

- Limited availability of accessible bus services.
- Problems with connections between buses and trains, particularly but not limited to some rural/regional areas.
- Poor behaviour of taxi drivers, and lack of knowledge about taxi concessions and how to access these.

There was also very little interest from the participants in services that reduced the need for mobility as most wanted to go out, socialise and reduce isolation.

This research has identified the following opportunities to further assist older people as they transition to non-driving and when they no longer drive.

1. Encourage older people to limit driving to situations in which they feel comfortable.
2. Promote services where older drivers can be assessed by a driving instructor or occupational therapist who can help them determine their driving competence and appropriate driving situations.
3. Encourage voluntarily relinquishing a licence in conjunction with promoting benefits of non-driving such as reduced stress for driver and family, being good for environment, meeting other people in similar situations through alternative transport and activities in which transport is provided. Positive case studies could be used.
4. Improved public bus services for older people, including accessible buses, SmartBuses and increased services.
5. Better connections between various public transport modes, particularly in regional and rural areas.
6. Greater provision of community transport, including mini buses and volunteer drivers for shopping and social outings.
7. Better taxi services for older people, perhaps through a training/endorsement program to develop a pool of taxi drivers or a specific taxi service with drivers who are skilled and able to assist older people getting from door to door.
8. Better footpaths in urban fringe and rural areas to allow older people to use mobility scooters safely.

9. Provision of parking permits for carers of older people who no longer drive.
10. Consideration could be given to advocating for improved local transport and mobility services in regional Victoria. An option would be to commence the project with local case studies.
11. Information needs to be targeted at those people who have most recently stopped driving, in particular those aged 65-74 years.
12. Disseminate more widely, particularly to families and carers of older people and those who have recently stopped driving (e.g. through local government) information about the transition to non-driving (including public transport and other transport options), such as the RACV publication Transport Options for Seniors.
13. Provide information and guidance to GPs to assist older people to voluntarily cease driving and find suitable alternatives.
14. Include information about transport concessions (including taxi concessions) in the above information.

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1 Introduction

Reliable, efficient and effective mobility is essential for the well-being of all Australians. Good transport and mobility allows people access to essential services, to participate in social and recreational activities and to have some level of engagement with their community (Harris & Tapsas, 2006). The primary mode of transport used by most people is the private car. Previous research has identified that transport services available to older people who are unable to drive are inadequate (RACV, 2002; RACV, 2008). This can result in an inability to undertake essential trips like buying groceries, getting to medical appointments and missing out on social interactions. Inability to perform these sorts of tasks, which were previously undertaken easily as a driver, can have a significant impact on a person's well-being.

Older people may utilise various alternative transport options available to them, such as taxis, mobility scooters and buses or they rely on family and friends for transport. However, many older people report experiencing difficulties using these options, while some older people are not aware of the options available. Additionally, it appears relatively uncommon for older people to actively contemplate and plan for non-driving unless they are forced to do so by changes in circumstances like health, financial status and living arrangements. These issues tend to be magnified among those former drivers with limited support networks of family and friends, and those living in rural or remote areas.

This research was commissioned to develop a greater understanding of the issues older former drivers face, including their knowledge, beliefs and issues about their transport options. It will also help to generate an understanding of transport strategies used as a result of ceasing driving and ways to assist older former drivers to stay mobile to meet their daily and social needs. This improved understanding will be used to encourage the development of more innovative programs to support older Victorians in maintaining their mobility beyond driving.

1.1 Project aims and scope

RACV commissioned Kerryn Alexander Research to undertake a project to:

- Identify the issues older former drivers face.
- Explore the transition experience from driver to former driver, how the decision to cease driving is made and barriers and concerns in relation to limiting or ceasing driving.
- Understand what support, if any, older former drivers need.
- Determine what transport services older former drivers use, how well these are meeting their needs, and identify any transport gaps, both geographically and demographically.
- Determine what barriers former drivers face when trying to access alternative transport.
- Determine what other services could be offered to assist former drivers, including services at the local level.

1.2 Background

This section provides key issues identified from a brief scan of recent research literature in relation to older drivers transitioning to non-driving. A summary of the research and websites reviewed can be found in Appendix B and C.

It is common for older people to self-regulate their driving to reduce crash risk (e.g. time of day, local area) prior to ceasing driving completely. Rather than being told they can no longer drive, older people prefer to decide when they should stop driving themselves. However, they are prepared to accept advice from family and health practitioners. This decision is typically driven by the older person's loss of confidence in their capacity for safe driving, often due to health issues (Congiu & Harris, 2008; Musselwhite & Shergold, 2012).

It is important for older people to maintain their independence and to continue to be socially active when they cease driving (Harris & Tapsas, 2006). Few older people actively contemplate and plan for non-driving prior to ceasing driving, hence few are aware of alternative transport services in the period immediately after they stop driving (Orima Research, 2008).

Older people mainly report negative impacts associated with ceasing driving, and that stopping driving can lead to changes in behaviour, but these changes do not necessarily adversely affect quality of life (Musselwhite & Shergold, 2012). The impacts of non-driving appear more likely to be negative when the older person is forced into driving cessation by external forces (e.g. family interventions, acute health episodes) and thus has little opportunity to plan for or take control of the situation. In addition, negative impacts can be experienced if the former driver has a limited support network of family and friends and available modes of transport or if cessation of driving leads to restrictions on a previously active social life (Congiu & Harris, 2008).

However, impacts of non-driving are less likely to be negative when the former driver has good personal mobility, good health, has a strong support network of family and friends, and there are various modes of transport available (Congiu & Harris, 2008). Problems tend to be magnified among older people who have ceased driving who live in rural or remote areas (therefore with fewer transport alternatives) and who live alone.

Older people who are central to the decision to cease driving are happier and have more positive outcomes. Those who are in control of the process of ceasing driving and are able to plan for life post-driving are far more likely to report an unaffected quality of life than those who are forced to give up driving through the intervention of others (Musselwhite & Shergold, 2012). Many older people are not aware of alternative transport options when they stop driving and their health professionals do generally not discuss their options with them (Harris et al, 2015). This indicates the importance of planning for the eventual cessation of driving (e.g. experimenting with different modes of transport) and the importance of creating a support network (e.g. family and friends) to assist with the transition to non-driving.

Some positive impacts of non-driving include development of closer connections to local community and family, and experimentation with new modes of transport. While negative impacts include loss of independence; social isolation; inability to undertake travel spontaneously; exacerbation of feelings of 'being old'; threat to identity and independence – for males there is also a threat to masculinity; and feelings of frustration, anger, stress and depression (Orima Research, 2008; RACV, 2008; Congiu & Harris, 2008; Musselwhite & Shergold, 2012; Harris et al, 2015).

Assistance with transport is consistently identified as one of the key areas in which older former drivers require assistance from carers (Alzheimer's Australia Vic, 2014; Lai, 2012), in particular, assistance to attend medical appointments (Bellamy et al, 2014). As a result transport can be a significant time and financial expense for carers (Lai, 2012) and a small percentage of carers are themselves unable to drive (Walbank, 2013). These issues are exacerbated when there is lack of access to or availability of public transport.

Older Victorians and their families/carers need and want more information, encouragement and support to consider and plan for future mobility options post-driving (Harris et al, 2015). These services should address maintenance of independence, social connection and mobility, in addition to focusing on local mobility support and transport options.

2 Methodology

2.1 Literature scan

A brief scan of relevant research was undertaken to identify any emerging issues and considerations for the current research. This included reviewing previous research on older drivers and the transition to non-driving commissioned by RACV in 2008 as well as key recent published and unpublished research with a focus on the transition to non-driving. Additionally, relevant websites relating to older drivers and transport use in Victoria were also reviewed.

2.2 Research design and audience

A qualitative and quantitative phase of the project was designed. Participants were required to meet the criteria of one of the following segments:

- Older non-drivers (65+ years) who have ceased driving completely.
- Older former drivers (65+ years) who have very recently completely ceased driving (last 6 months) (to identify the triggers, decision making process and transition experience).
- Older drivers (75+ years) who have reduced or limited their driving, but not totally ceased driving (to better identify the barriers to giving up driving completely).
- Older drivers (75+ years) (to better identify the decision – making process and barriers to giving up driving completely).
- Carers/family of older former drivers (75+ years) (to identify the impact on carers and family).

2.3 Qualitative phase

Thirty depth interviews were undertaken with older drivers, older former drivers and carers of older people who had ceased driving. The interview length ranged from 30 minutes to over 60 minutes in duration. The interviews covered a good geographical spread of Victoria, including inner/mid Melbourne, outer Melbourne, regional centres and rural areas, as shown in Table 2.1. There was also a good mix of females (n=18) and males (n=12), single and partnered people and those living independently and in supported accommodation. Further information about the interview participants' location, gender, age and living arrangements can be found in Appendix C.

Table 2.1

Qualitative sample design

| Segment | Melbourne inner/mid | Melbourne outer/fringe | Regional centre | Rural | TOTAL |
|--|---------------------|------------------------|-----------------|----------|-----------|
| Older former drivers (65+ years) who have ceased driving completely | 3 | 1 | 2 | 1 | 7 |
| Older former drivers (65+ years) who have ceased driving completely (last 6 months) | 3 | 0 | 0 | 1 | 4 |
| Older drivers (75+ years) who have not limited or reduced driving | 2 | 1 | 3 | | 6 |
| Older drivers (75+ years) who have limited or reduced driving | 2 | 2 | 1 | 2 | 7 |
| Carers/family of older former drivers who have ceased driving completely (65+ years) | 1 | 1 | 2 | 2 | 6 |
| TOTAL | 11 | 5 | 8 | 6 | 30 |

2.3.1 Recruitment

Participants were recruited through a mix of methodologies to ensure a broad range of older people and carers were included. Recruitment strategies included:

- Older people’s support associations and community health services
- Aged care facilities
- Kerry Alexander Research databases
- Snowballing techniques

2.3.2 Incentives

A financial incentive of \$30 was provided to each of the participants interviewed and donations were made to organisations that assisted in the organisation process.

2.3.3 Interview method

Interviews were conducted in people’s homes, aged care facilities, community centres and by telephone to ensure that both active and non-active people who are more isolated were included. Of the 30 interviews conducted, 19 were conducted face to face and 11 were conducted by telephone. All the telephone interviews were with older people in rural and Melbourne fringe locations. Interview summaries for each of the 30 interviews have been provided separately to this report.

2.4 Quantitative phase

The quantitative stage involved a mixed methodology using an online survey and paper questionnaires. As no sampling frame was available from which to select a sample of older drivers, former drivers and carers, survey participants were recruited to complete the questionnaire via a range of methods. These included:

- References to the online survey in the mid-October edition of RACV’s eNews, and via e-news and social media from other older people’s support associations, and community health services in Melbourne and regional Victoria.
- Distribution of paper questionnaires to survey participants via various local councils, retirement villages, aged care facilities, community health services, planned activity groups for older people and carer support networks – questionnaires were mostly distributed by a nominated staff member who also collected and returned completed questionnaires.

A key challenge for the survey was obtaining sufficient feedback from older former drivers. Initial feedback from various aged persons service providers indicated that those people who were no longer driving often did not have the capacity to complete a questionnaire. To address this challenge we were fortunate to be able to attend various planned activity groups where we were able to assist older former drivers to complete their questionnaires by interviewing them.

Table 2.2 shows the number and percentage of current drivers, former drivers and carers who completed the survey using online and paper-based questionnaire. Of note, a considerably higher proportion of former drivers completed the survey using a paper questionnaire.

Table 2.2

Questionnaire completion methodology by segment

| Segment | TOTAL | Paper | Online |
|--------------------------|-------|----------|----------|
| Carers of former drivers | 38 | 20 (53%) | 18 (47%) |
| Older current drivers | 133 | 35 (26%) | 98 (74%) |
| Older former drivers | 132 | 96 (73%) | 36 (27%) |

A total of 303 usable questionnaires were included in the analysis. The achieved sample structure is shown in Table 2.3. Survey participants included current and former drivers who lived alone or with a partner in their own home or unit, or with a carer, or in retirement living as well as people living in supported aged care facilities.

- 52% of current drivers and 29% of former drivers live with their spouse or partner in their own home or apartment.

- 35% of current drivers and 27% of former drivers live alone in their own home or apartment
- 15% of former drivers live alone or with a partner in a retirement village
- 12% of former drivers live in a supported aged care facility or a nursing home

The sample of carers included spouses and partners, parents and in-laws, other relatives and friends who care for former older drivers (former drivers aged 65+). While 45% of carers lived with their care recipient, 19% lived in the same neighbourhood or close by and 37% of carers lived more than five kilometres from their care recipient.

Table 2.3

Achieved survey sample

| Segment | Achieved sample | Percentage of total sample |
|-------------------------------------|-----------------|----------------------------|
| Carers of former drivers | 38 | 12% |
| Older current drivers | 133 | 43% |
| No change to driving | 68 | 22% |
| Reduced driving in last 5 years | 67 | 21% |
| Older former drivers | 132 | 45% |
| Inner Melbourne | 35 | 12% |
| Middle Melbourne | 132 | 44% |
| Outer Melbourne | 58 | 19% |
| Regional Victorian centre | 25 | 8% |
| Elsewhere in regional Vic. | 39 | 13% |
| Not established | 14 | 5% |
| Males | 135 | 45% |
| Females | 152 | 50% |
| Not established | 16 | 5% |
| Carers | 38 | 13% |
| Aged 65 to 74 (former drivers only) | 20 | 7% |
| Aged 75 to 84 | 165 | 55% |
| Aged 85+ | 67 | 22% |
| Not established | 13 | 4% |
| Completed Year 10 or less | 72 | 24% |
| Completed Year 11 or 12 | 60 | 20% |
| Trade certificate | 71 | 23% |
| University degree | 80 | 26% |
| Not established | 20 | 7% |

3 Qualitative research findings

The following section details the qualitative research findings based on themes. Additional verbatim comments for each section can be found in Appendix D.

3.1 Transition to non-driving

Amongst older people who had ceased or limited driving there was generally a gradual transition to non-driving, with older people initially giving up driving at night and in areas they were unfamiliar with. Some drivers also avoided the city, busy roads or freeways or driving with passengers.

Most older people who were still driving indicated that, while they had not changed the type of driving they engaged in, they did drive more carefully and/or have more breaks if travelling long distances. Family and medical practitioners were instrumental in suggesting that older people limit their driving. Those who had limited or ceased driving (average age 84) were older than those who had not changed their driving (average age 78). Some typical responses given during the qualitative research included:

"I'm aware that there is more traffic, and this has changed my awareness of my driving, but not where or when I drive." (current driver, female)

"I didn't want to go anywhere I didn't know, and I didn't drive at night." (ceased recently, female)

3.2 Triggers for limiting or ceasing driving

All the older people interviewed who had stopped driving had done so either voluntarily or at the strong suggestion of their family. While none had undergone a VicRoads driving assessment, one participant indicated that they had been 'forced' to stop driving, although the circumstances were unclear. Triggers for limiting or ceasing driving included:

- Physical health issues, particularly related to eyesight
- Anxiety associated with driving
- Concern about the potential of crashing and harming others
- A desire to be 'in control' of the process of ceasing driving and to stop driving 'with dignity'

For some people, physical health issues and ceasing driving were associated with a move to a supported living facility. It appears that some older people living in regional and rural areas with limited access to alternative transport may continue driving for longer than they feel comfortable doing so. In several cases, the older person thought they should stop driving but medical practitioners and family encouraged them to keep driving, albeit with limitations. The following experiences were typical:

"Both my GP and surgeon said that I could drive, but I didn't feel comfortable." (ceased driving, female)

"If my children said to me that they believed I was becoming dangerous on the road, I would want them to tell me, and that would stop me driving." (current driver, male)

3.3 Impacts of limiting or ceasing driving

The impacts of ceasing driving appear to follow a pattern as shown in Table 3.1. A key driver of satisfaction with the transition to non-driving appears to be the feeling of 'being in control'. When the older driver has personally implemented some changes or limitations on their driving, most feel in control and generally satisfied with their situation.

The greatest time for dissatisfaction/negative impact is immediately following ceasing driving completely. In the first few months after ceasing driving it appears that the older person is still discovering other transport options and some are unsure where to go for assistance. This can be exacerbated by a desire to remain or appear to be independent and therefore reluctant to seek help.

The period of time immediately following ceasing driving is also when most information and assistance is required to assist with finding suitable transport alternatives and also maintaining dignity and self-esteem. However, once older people have stopped driving and have other transport options in place, most are reasonably satisfied with their mobility.

Table 3.1
Summary of driving status, impacts and issues

| Driving Status: transition to non-driving | Average Age | Impacts and Issues |
|---|-------------|---|
| Older drivers (75+ years) who have not limited or reduced driving | 78 | Appears people more likely to continue some level of driving if living in regional and rural areas |
| Older drivers (75+ years) who have limited or reduced driving | 84.7 | Minimal impact: Most implemented changes themselves, to keep 'in control' |
| Older former drivers (65+ years) who have ceased driving completely (last 6 months) | 84.3 | Greatest time of dissatisfaction due to recent loss of independence sometimes associated with changes to living arrangements. Many have not yet discovered alternative transport arrangements |
| Older former drivers (65+ years) who have ceased driving completely | 83.4 | Most have come to terms with reduced mobility and have other transport arrangements in place |

3.3.1 Positive impacts of ceasing driving

A number of positive impacts of ceasing driving and no longer driving were reported. In particular, participants reported a sense of empowerment and dignity if the decision was made by themselves, rather than waiting until something bad happened (e.g. crash or forced loss of licence).

It was common for participants to report a reduction in anxiety associated with driving, which appeared to be accompanied by relief of family members. Subsequently, more time could then be spent with family if they are providing assistance with transport. Non-driving also had the potential to allow for participation in new Council/Community Health transport and community activities.

Some participants also viewed non-driving as an opportunity to discover new ways of travelling, such as using a mobility scooter, which was considered fun, cheap and easy to park. Additionally, participants discussed the positive impact non-driving can have on the environment.

For some, a financial saving of not running a car was highlighted. However, this saving was often used for taxis or petrol for family members who undertook driving for them (e.g. if they drove the participant in their own car). Typical responses included:

"It's very good for my nerves, it was getting to the point that I would worry if I was going somewhere." (limited driving, female)

"I don't really mind, it doesn't worry me. The freedom of the scooter is more than enough! I think the scooter now is more use to me than a car would be- the scooter has a lot of advantages." (ceased driving, male)

3.3.2 Negative impacts of ceasing driving

There were a number of negative impacts of ceasing driving and no longer driving reported, including a loss of independence, feelings of loss of control of life, helplessness, and social isolation. As discussed previously, negative impacts were most prevalent during the period when the older person had just ceased driving and they appeared to be greatest among those living in rural areas and/or living alone, who had less access to alternative transport. Some typical responses included:

"I feel if you can't drive, you are almost locked up in jail." (ceased recently, male)

"I would just drive around and drop in on people, I don't do that anymore." (limited driving, female)

3.3.3 Lifestyle changes

For some people, limiting or ceasing driving resulted in lifestyle changes, although these were not necessarily positive or negative. Good planning and awareness of alternatives appear to be crucial factors in avoiding negative impacts of not driving. Some experiences include:

"We're all learning to adjust together." (carer of wife, male)

"It's been fine. I use public transport and the only change was that I had to plan a little bit more." (ceased driving, female)

3.4 Impact on carers

3.4.1 Positive impacts

Carers reported that ceasing driving resulted in more opportunities for them to spend time with the older person (e.g. who was usually a parent or spouse). In addition, carers also appreciated the gratitude that was provided to them by the older person.

3.4.2 Negative impacts

Clearly the greatest negative impact on carers of older people who did not drive was the time required to provide for their needs, and hence the reduced time to spend on their own needs. For some, the caring role came at a time when the carer was retiring from work and had hoped to spend time on travel and hobbies.

While social activities were often provided by supported living facilities or local community organisations, medical and personal shopping needs were usually left to carers. Subsequently these activities required the greatest time commitment from carers.

Some carers reported that the older person did not want to use alternative transport, placing the entire burden on the carer. The time commitment for carers was partially dependent on how close the carer lived to the older person, and the distance to medical appointments and shops.

Travel distances tended to be greater for those living in rural areas and outer Melbourne, while those living in regional centres tended to have the lowest time impact as the carer, older person shops and medical facilities were generally close to each other.

3.4.3 Strategies to reduce time impacts

Carers reported that careful planning and time management was required to reduce or manage time impacts and to maximise the positive impacts of spending time with the older person. This included allocating particular days (e.g. one day per week or fortnight) to spend a whole day with the older person, to coordinate activities and spend time together. Carers would also assist with organising meal delivery, purchasing pre-prepared frozen meals, and undertaking the older persons banking and bills payment. The following responses were typical from carers:

“We’ve set a routine (one day a fortnight), which makes it really nice to spend that time with mum.” (carer of mother, female)

“You felt very needed. You felt like you were really helping.” (carer of mother and in-laws, female)

3.5 Use of alternative transport

As the quantitative research provides data on use of various transport types, this section has focussed on key issues and themes, summarised in Table 3.2.

Table 3.2

Alternative transport, summary of issues and concerns

| Transport type | Issues and concerns |
|-------------------|--|
| Trains | Not able to use alone if have mobility issues (walker or wheelchair) or poor eyesight. Lack of synchronisation of bus and train services in some rural areas is a problem. |
| Metro and V-Line | Not able to use alone if have mobility issues (walker or wheelchair) or poor eyesight. |
| Trams | An option for some older people with mobility and eyesight issues if have lower stairs for ease of access, location to carry walkers and wheelchairs, driver assistance. Smart buses a great option to reduce travel times. |
| Buses and coaches | Generally too expensive as a regular transport option unless have concessions. Some people who have recently ceased driving not aware of taxi concessions or how to obtain. Assistance provided by drivers extremely variable. Some assist older people to get into their homes, others leave them on the footpath in the dark (including a blind woman). Some concerns about personal safety, drivers not knowing directions, long waits. |
| Taxis | Excellent option. Older people feel comfortable and safe. Suggestion to increase this service to local areas, not limited to health appointments. |
| Volunteer drivers | Excellent option. Older people feel comfortable and safe. Suggestion to increase this service to local areas, not limited to health appointments. |
| Uber | Very little interest. Concerns about negative publicity, personal safety, need to use online facilities and credit cards. |
| Scoters | Not able to use if have eyesight problems |

4 Quantitative research findings

4.1 Overview

The quantitative research findings are based on the following groups:

- 132 former drivers aged 65+.
- 133 current drivers aged 75+.
- 38 carers of older former drivers.

The detailed age distribution is shown in Table 4.1, while the gender distribution is shown in Table 4.2. All three samples included representatives from Melbourne and regional Victoria, although as shown in the Table 4.3 the former driver survey did not include anyone from regional Victorian centres.

Table 4.1

Age by driver type

| Age | Current drivers | Former drivers |
|-------------------------|-----------------|----------------|
| 65 to 74 | N/A | 15% (n=20) |
| 75 to 84 | 84% (n=112) | 40% (n=53) |
| 85+ | 21% (n=21) | 35% (n=46) |
| Age >65 not established | N/A | 9% (n=13) |

Table 4.2

Gender by driver type

| Gender | Current drivers | Former drivers |
|------------------------|-----------------|----------------|
| Male | 60% (n=80) | 38% (n=50) |
| Female | 40% (n=53) | 52% (n=68) |
| Gender not established | N/A | 10% (n=24) |

Table 4.3

Location by driver type

| Location | Current drivers | Former drivers | Carers |
|--------------------------------|-----------------|----------------|------------|
| Inner Melbourne | 4% (n=5) | 17% (n=23) | 18% (n=7) |
| Middle Melbourne | 43% (n=57) | 47% (n=62) | 34% (n=13) |
| Outer Melbourne | 20% (n=26) | 21% (n=28) | 11% (n=4) |
| Regional Centre | 16% (n=21) | 0% (n=0) | 11% (n=4) |
| Elsewhere in regional Victoria | 18% (n=24) | 5% (n=7) | 21% (n=8) |
| Location not established | N/A | 9% (n=12) | 5% (n=2) |

4.2 Transition to non-driving

4.2.1 Reducing or changing driving

Current drivers were asked whether they have reduced or changed the way they drive, the responses are outlined in Figure 4.1. Overall, 50% (n=67) of current drivers indicated that they had reduced their driving or changed the way they drive in the last five years – 46% of those aged 75 to 84 and 71% of those aged 85+. Overall, females (53%) were slightly more likely to reduce or change their driving compared to males (49%).

Survey participants who live outside Melbourne or a regional centre were least likely to reduce or change their driving (38%). Most current drivers aged 75+ had only recently (within the last two years) reduced or changed their driving – 19% within the last year and 48% within the last two years.

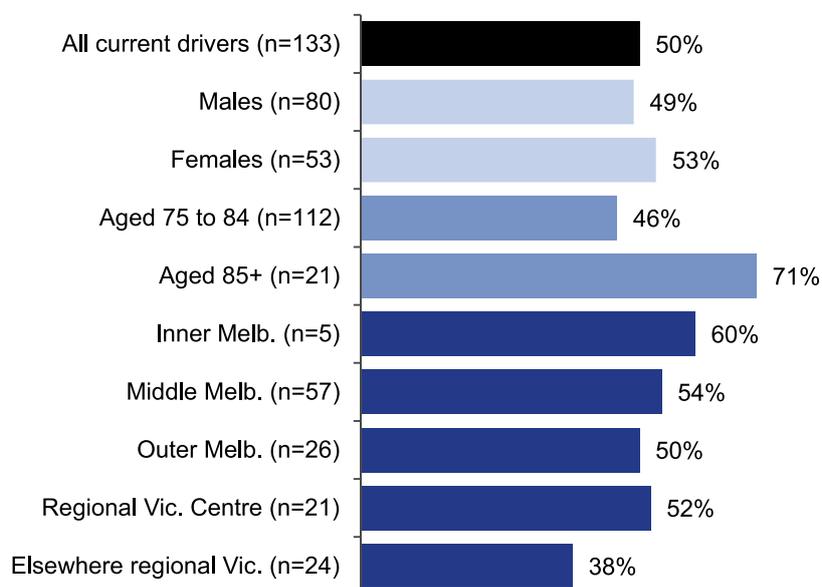


Figure 4.1

Current drivers who have reduced or changed their driving

Survey Question: *In the last five years have you reduced your driving or changed the way you drive?*

4.2.2 Concerns about driving

Current drivers were asked if they have any concerns about their driving. Fourteen percent of current drivers indicated that they had concerns (24% of those aged 85+).

The main concerns identified by current drivers were:

- Less confidence in general (39% of those with concerns).
- Other drivers (33% of those with concerns).
- Deteriorating sight (11% of those with concerns).
- Loss of concentration/slower reaction times (11% of those with concerns).

Only 14% of those with concerns about their driving had talked to anyone about giving up driving.

4.2.3 Ways in which older people changed their driving

Current drivers who reduced their driving were asked to indicate how they had reduced or changed their driving. Figure 4.2 shows the main ways in which those older current drivers have changed their driving. Most commonly, older drivers reported that they are more mindful or careful when driving (63%), there had been a general reduction in the amount of driving (54%) and some indicated that they are no longer driving at night (54%).

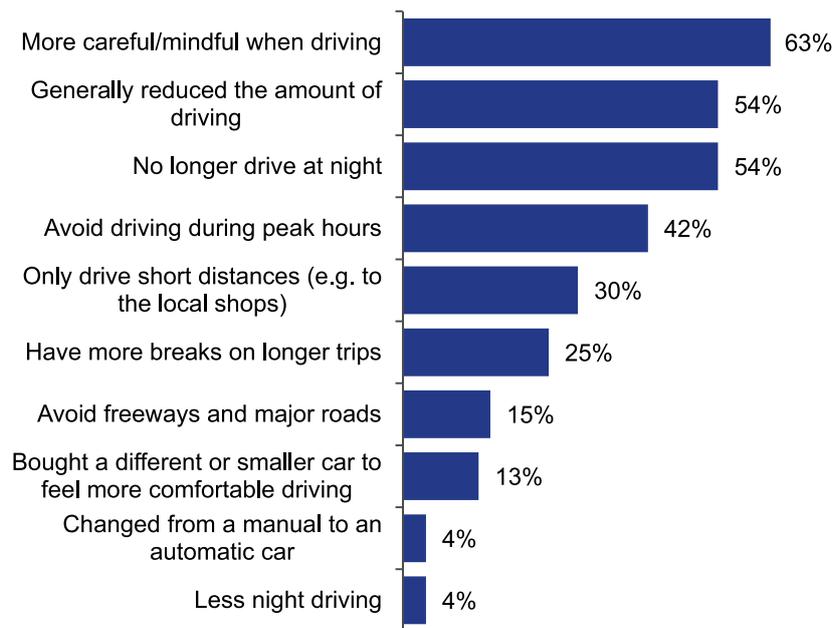


Figure 4.2

Main ways in which older drivers have changed or reduced their driving
 Survey Question: *How have you changed your driving?* (n=67)

4.2.4 Ways in which older drivers changed their driving

The ways in which older drivers reduced or changed their driving were generally similar for males and females but varied considerably by age. The results in Table 4.4 highlights how the transition to ceasing driving begins with increased care and mindfulness and a general reduction in driving to eliminating driving at certain times or in certain situations (e.g. eliminating night driving, long distance driving or driving during peak hour).

Table 4.4

How older drivers reduced or changed their driving

| | TOTAL (n=67) | Aged 75 to 84 (n=52) | Aged 85+ (n=15) |
|---|---|---|---|
| 1 | More careful/mindful (63%) | More careful/mindful (60%) | Generally reduced the amount of driving (80%) |
| 2 | No longer drive at night (54%) | No longer drive at night (48%) | More careful/mindful (73%) |
| 3 | Generally reduced the amount of driving (54%) | Generally reduced the amount of driving (46%) | No longer drive at night (73%) |
| 4 | Avoid driving during peak hours (42%) | Avoid driving during peak hours (42%) | Only drive short distances (47%) |
| 5 | More breaks on longer trips (25%) | More breaks on longer trips (29%) | Avoid driving during peak hours (40%) |

4.2.5 Ways in which older people changed their driving

Figure 4.3 shows the main factors that contribute to the decision to reduce or change driving behaviour. Most notably is a loss of confidence, and the likelihood that this is the reason for reduced or changed driving patterns increases with age:

- Mentioned by 28% of those aged 75 to 84.
- Mentioned by 40% of those aged 85+.

Females who had reduced or changed their driving were also more likely to mention loss of confidence than males (43% of females compared to 22% of males). Males were more likely to mention that they reduced or changed their driving because they were “being wise” or “sensible” given their age compared to females (32% of males; 21% of females). Only 4% of current drivers who had reduced or changed their driving behaviour had undergone a VicRoads driving assessment – they were all aged 84 or under and most commonly lived in middle Melbourne.

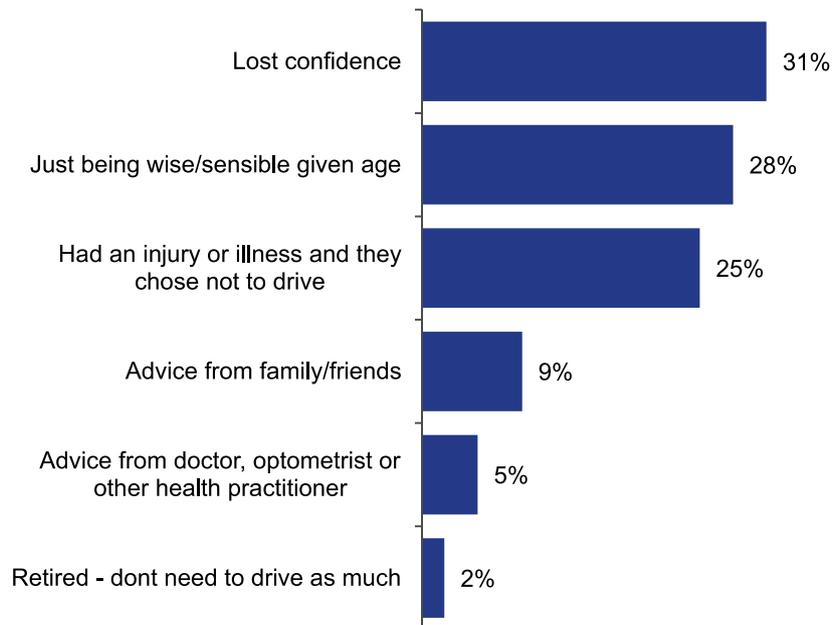


Figure 4.3

Main reasons for reducing or changing driving behaviour

Survey Question: Why did you reduce or change your driving? (n=67)

4.3 Stopping driving

Former drivers were asked to indicate the number of years they have stopped driving. Overall among the sample of former drivers:

- 33% had stopped driving in the last year.
- 24% had stopped in the last two years.
- 34% had stopped more than two years ago.
- The remainder could not recall when they stopped driving.

Carers were also asked to indicate the number of years that the person they care for has stopped driving. Among the sample of carers:

- 42% were caring for someone who had stopped driving in the last year.
- 18% were caring for someone who had stopped driving in the last two years.
- 37% were caring for someone who had stopped driving in more than two years ago.

Former drivers were asked to indicate why they stopped driving. Likewise carers were asked why the person they care for stopped driving. The main reasons provided by former drivers and carers are shown in Figure 4.4. The largest proportion of older former drivers indicated that they stopped driving by choice as a result of an illness or injury (36%), followed by advice from a doctor, optometrist or other health practitioner (24%). The largest proportion of carers (42%) believed that the person they care for stopped driving because of advice from a doctor, optometrist or other health practitioner.

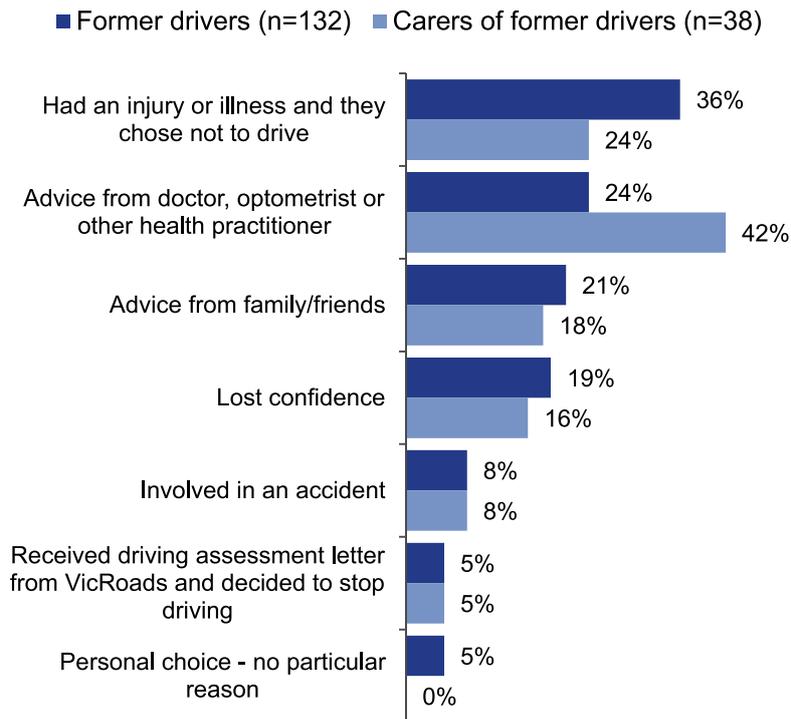


Figure 4.4

Main reasons for stopping driving

Survey Question: Why did you stop driving?

The following were considerably more likely to be cited by female former drivers than male former drivers as reasons they stopped driving:

- Loss of confidence (25% of females compared to 14% of males).
- An injury or illness (41% of females compared to 32% of males).

The following were considerably more likely to be cited by male former drivers than female former drivers as reasons they stopped driving:

- Advice from family/friends (34% of males compared to 13% of females).
- Advice from a doctor, optometrist or other health practitioner (34% of males compared to 16% of females).

Notably, 53% of carers indicated that the person they care for talked to them about giving up driving before they stopped.

4.4 Benefits of giving up driving

Current drivers were asked to identify any perceived benefits if they gave up driving, while former drivers and carers were asked to identify the actual or perceived benefits of giving up driving. Few current drivers (both those who had and had not reduced or changed their driving) were able to identify any benefits of giving up driving - 74% of current drivers did not identify any benefits. Overall 63% of former drivers and 66% of carers identified some benefits of giving up driving. As shown in figure 4.5, the benefits associated with giving up driving varied among current and former drivers and their carers.. In particular,

- Former drivers were most likely to mention that they were less stressed / less worried since giving up driving (31%).
- Carers were most likely to mention that they were less stressed or worried (47%).
- Current drivers were most likely to identify a financial benefit of giving up driving (18%).

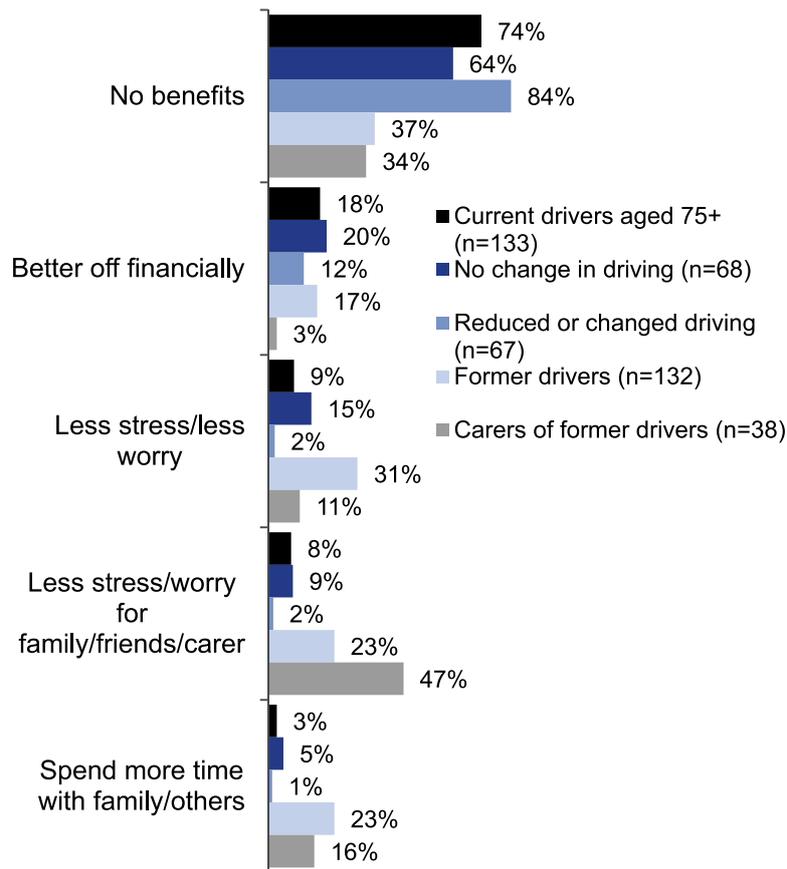


Figure 4.5

Benefits of giving up driving

Survey Question: What are the benefits, if any, of giving up driving? / What are the benefits, if any, for you and the person you care for since they gave up driving? / What do you think the benefits would be, if any, if you stopped driving?

4.5 Issues with stopping driving

Current drivers were asked to identify any perceived issues if they gave up driving while former drivers and carers were asked to identify the actual or perceived issues of giving up driving. All current drivers (100%) identified issues with giving up driving. Overwhelmingly, and as shown in Figure 4.6, the most commonly mentioned perceived issue for current drivers was “less independence”, mentioned by 87% of current drivers. This was followed by “difficulties getting to and from appointments” (mentioned by 81% of current drivers).

Larger proportions of current drivers identified issues with stopping driving than former drivers. For example, 81% of current drivers identified “difficulties getting to/from appointments” as an issue compared to 27% of former drivers. Additionally, 65% of current drivers identified “taking longer to get to places” as an issue compared to 28% of former drivers. These findings suggest that the anticipated issues associated with no longer driving are greater than any real issues faced by former drivers.

Carers views were between those of current and former drivers for most but not all issues. Fewer carers identified “takes longer to get to places” as an issue than did current or former drivers, while more carers identified “having to rely on others for transport” as an issue.

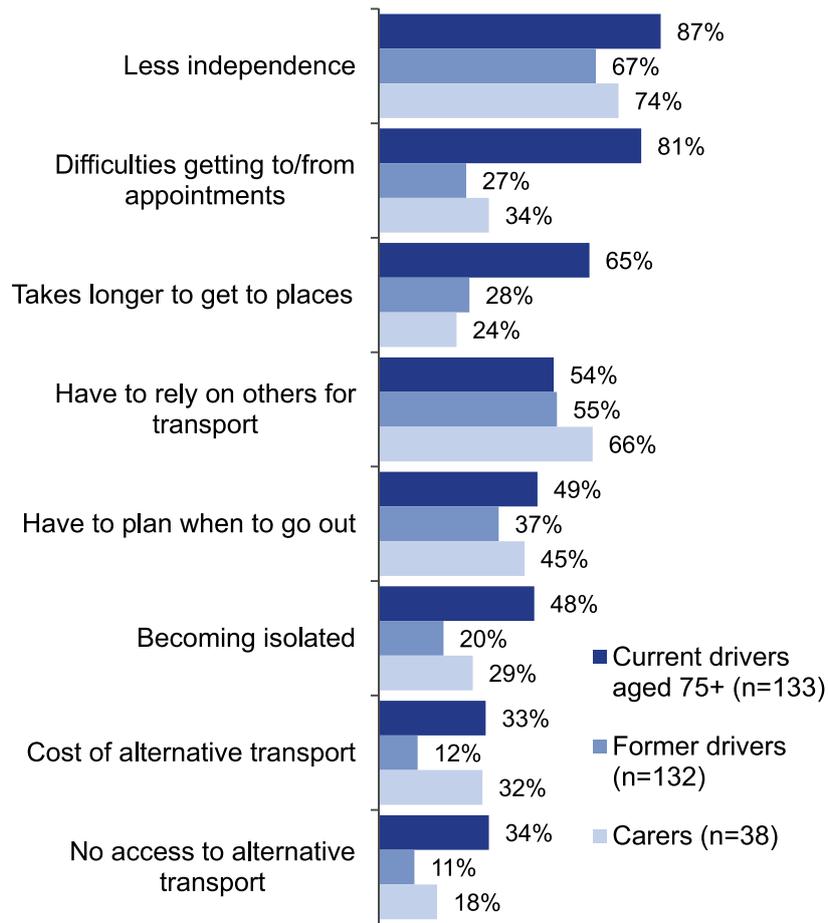


Figure 4.6

Issues associated with giving up driving

Survey Question: What are the issues, if any, of giving up driving? / What are the issues, if any, for you and the person you care for since they gave up driving? / What do you think the issues would be, if any, if you stopped driving

4.5.1 Perceived issues associated with stopping driving

Although across all groups the most commonly mentioned issue was the loss of independence, the significance of other issues associated with stopping driving varies by gender, age and location. Table 4.5 compares the top three issues for males and females, across age groups and locations. Overall the results show that regardless of gender, age or location the key issue is less independence, followed by difficulties getting to/from appointments. Becoming isolated and having no access to alternative transport is a more important issue for those living outside Melbourne in regional centres or elsewhere in Victoria.

Table 4.5

Key issues with stopping driving - current driver groups

| Group | Most commonly mentioned issue | Second most commonly mentioned issue | Third most commonly mentioned issue |
|------------------------------|-------------------------------|---|--|
| Males (n=80) | Less independence (85%) | Difficulties getting to/from appointments (83%) | Takes longer to get to places (59%) |
| Females (n=53) | Less independence (91%) | Difficulties getting to/from appointments (79%) | Takes longer to get to places (68%) |
| Aged 75+ (n=133) | Less independence (87%) | Difficulties getting to/from appointments (80%) | Takes longer to get to places (62%) |
| Aged 75 to 84 (n=112) | Less independence (87%) | Difficulties getting to/from appointments (80%) | Takes longer to get to places (64%) |
| Aged 85+ (n=21) | Less independence (90%) | Difficulties getting to/from appointments (86%) | Takes longer to get to places and having to rely on others (62%) |
| Inner Melbourne (n=5) | Less independence (100%) | Difficulties getting to/from appointments (40%) | Takes longer to get to places (60%) |
| Middle Melbourne (n=57) | Less independence (84%) | Difficulties getting to/from appointments (82%) | Takes longer to get to places (68%) |
| Outer Melbourne (n=26) | Less independence (88%) | Takes longer to get to places (85%) | Difficulties getting to/from appointments (81%) |
| Regional Centre (n=21) | Less independence (90%) | Difficulties getting to/from appointments (81%) | Becoming isolated (57%) |
| Elsewhere in Victoria (n=24) | Less independence (88%) | Difficulties getting to/from appointments (88%) | Becoming isolated and no access to alternative transport (71%) |

4.5.2 Actual issues associated with stopping driving

Although a loss of independence is the key issue for former drivers, by gender, age and location, smaller proportions are concerned about their loss of independence when they stop driving (compared to their expectations while they are still driving). This issue is relatively more significant for younger former drivers (aged 65 to 74) than those aged 75+. Across all groups a need to rely on family/friends for transport is the second most important issue, with little variability between groups. These results are shown in Table 4.6.

Table 4.6

Actual issues associated with stopping driving across gender, age and location groups (former drivers)

| Group | Most commonly mentioned issue | Second most commonly mentioned issue | Third most commonly mentioned issue |
|-----------------------------|-------------------------------|--|--|
| Males (n=50) | Less independence (74%) | Having to rely on friends/family for transport (56%) | Have to plan when to go out (42%) |
| Females (n=68) | Less independence (71%) | Having to rely on friends/family for transport (57%) | Have to plan when to go out (38%) |
| Aged 65-74 (n=20) | Less independence (80%) | Having to rely on friends/family for transport (65%) | Have to plan when to go out (55%) |
| Aged 75 to 84 (n=53) | Less independence (70%) | Having to rely on friends/family for transport (53%) | Have to plan when to go out (30%) |
| Aged 85+ (n=46) | Less independence (72%) | Having to rely on friends/family for transport (59%) | Have to plan when to go out (43%) |
| Inner Melbourne (n=23) | Less independence (70%) | Having to rely on friends/family for transport (52%) | Have to plan when to go out (43%) |
| Middle Melbourne (n=62) | Less independence (66%) | Having to rely on friends/family for transport (58%) | Takes longer to get to places (44%) |
| Outer Melbourne (n=28) | Less independence (86%) | Having to rely on friends/family for transport (61%) | Have to plan when to go out, difficulties getting to/from appointments and takes longer to get to places (62%) |
| Regional Centre (n=0) | N/A | N/A | N/A |
| Elsewhere in Victoria (n=7) | Less independence (71%) | Having to rely on friends/family for transport (43%) | Various |

4.6 Current transport

Current and former drivers were asked to indicate their main method of transport for shopping, medical and health appointments, and social activities during weekdays, evenings and on weekends. Carers were asked a similar question in relation to the person they care for. Table 4.7 shows that regardless of the situation, most current drivers mainly drive themselves, although they are less likely to drive themselves to attend evening social activities. Former drivers use a range of methods, but most commonly they rely on a family member or friend for transport, regardless of the situation.

Carers reported that they usually drive the person they care for regardless of the situation. Reliance on a carer / family member or friend is greatest for transport to attend weekend social activities. The analysis of these results focuses on the following:

- Situations in which older people still drive.
- Situations in which older people rely on family and friends.
- Situations in which older people use taxis.
- Situations in which older people use community transport.
- Use of other methods of transport.

Table 4.7

Main method of transport by situation

| Situation | Current drivers aged 75+ (n=133) | Former drivers (n=132) | Carers' perspective (n=38) |
|--------------------------------------|-----------------------------------|--|----------------------------|
| Shopping | Older person usually drives (82%) | Family member/ friend usually drives (44%) | Carer usually drives (39%) |
| Medical and health appointments | Older person usually drives (86%) | Family member/ friend usually drives (44%) | Carer usually drives (55%) |
| Weekday social activities (day time) | Older person usually drives (75%) | Family member/ friend usually drives (34%) | Carer usually drives (29%) |
| Evening social activities | Older person usually drives (66%) | Family member/ friend usually drives (39%) | Carer usually drives (34%) |
| Weekend social activities | Older person usually drives (77%) | Family member/ friend usually drives (51%) | Carer usually drives (50%) |

4.6.1 Situations in which older people still drive

As shown in Table 4.8, most older drivers drive in most situations. This ranges from 82% who mainly drive themselves to go shopping to 66% who mainly drive themselves to attend evening social activities.

In all situations, males were slightly more likely to mainly drive themselves than females. Males were significantly more likely to drive themselves to attend evening or weekend social activities.

Table 4.8

Situations in which driving is the main method by gender

| Top method | All current drivers (n=133) | Males (n=80) | Females (n=53) |
|--------------------------------------|-----------------------------|--------------|----------------|
| Shopping | 82% | 83% | 81% |
| Medical and health appointments | 74% | 76% | 72% |
| Weekday social activities (day time) | 75% | 78% | 72% |
| Evening social activities | 66% | 73% | 57% |
| Weekend social activities | 77% | 81% | 70% |

4.6.2 Situations where older people drive by age group

Figure 4.7 shows how as age increases, older drivers are less likely to drive themselves, particularly to attend evening social activities, with only 38% of older drivers aged 85+ indicating that they mainly drive themselves to attend evening social activities compared to 71% of current drivers aged 75 to 84.

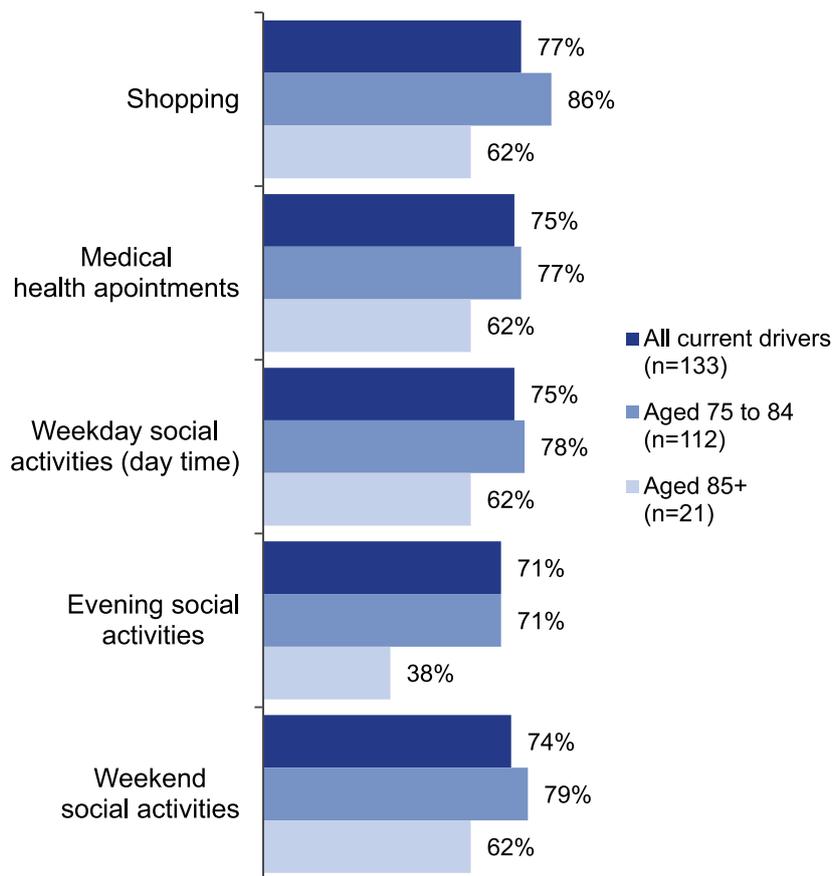


Figure 4.7
Situations in which older people drive by age group

4.6.3 Situations where older people drive by location

Where older people live also has a bearing on the likelihood that they mainly drive. As shown in Figure 4.8 those living in outer Melbourne or in a regional Victorian centre were most likely to drive

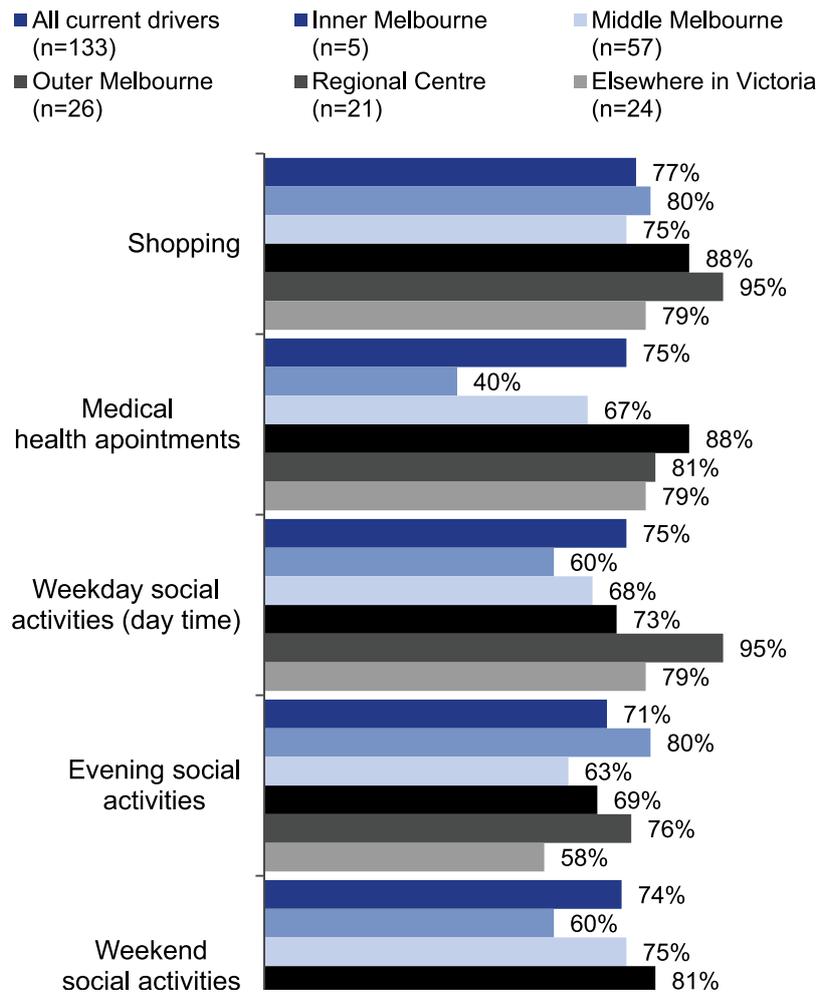


Figure 4.8
Situations in which older people drive by location

4.6.4 Situations in which older people rely on family and friends or a carer for transport

As shown in Figure 4.9 few current drivers rely on family, friends or a carer for transport (although 14% rely on them to attend evening social activities). When an older person no longer drives, their reliance on others increases significantly. The carer results also highlight the importance of the carer as a primary provider of transport.

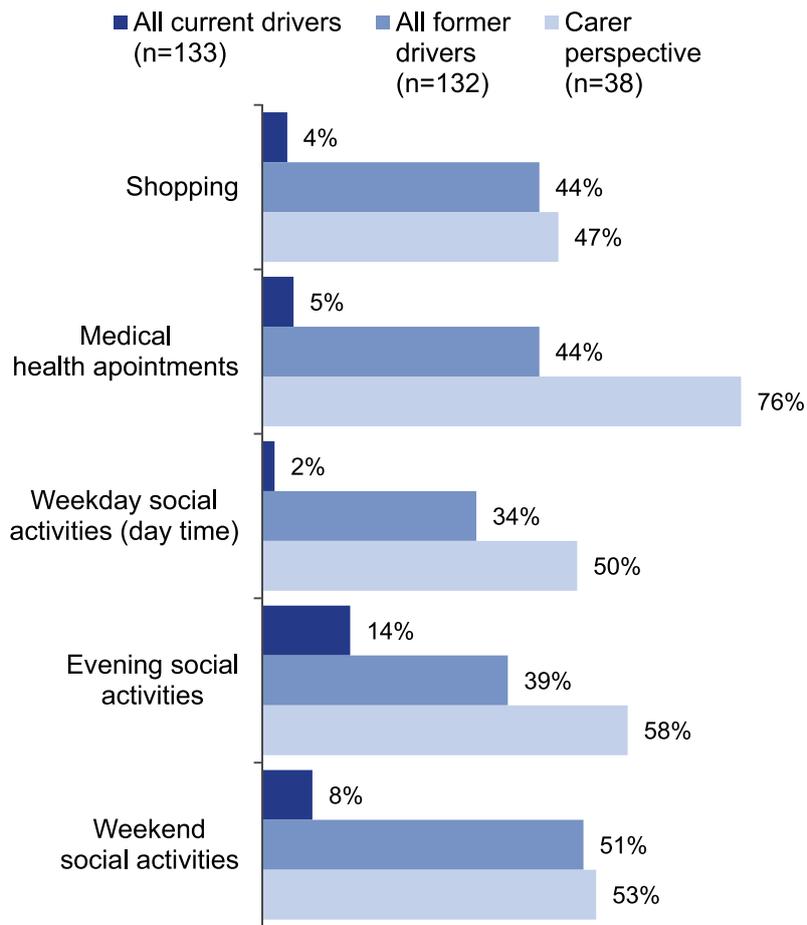


Figure 4.9

Situations in which a family member/friend or carer is the main source of transport

4.6.5 Situations in which older people use taxis

As shown in Figure 4.10, taxis become a main source of transport for a small proportion of former drivers, particularly to attend medical and health appointments.

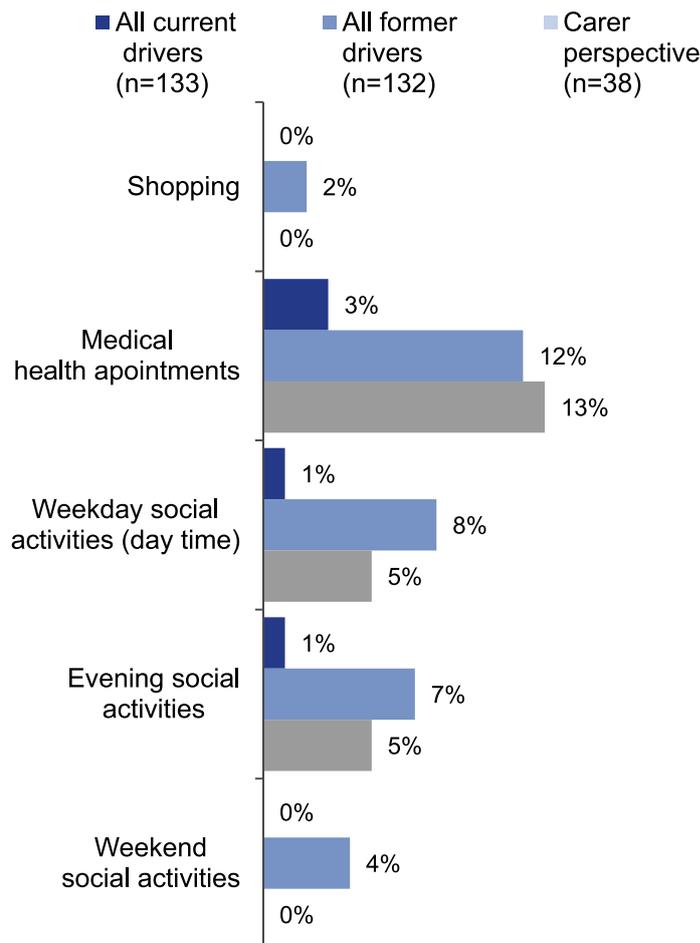


Figure 4.10

Situations in which taxis are the main method of transport

4.6.6 Situations in which older people use community transport

Former drivers were unlikely to use community transport in any situation and current drivers even less so. For example, only 2% of former drivers mentioned that they mainly use a community bus and 2% mentioned that they mainly use a council/community health service or other driver for shopping. Similarly, only 1% of current drivers mentioned that they mainly use community transport to attend weekday social activities, in association with other methods.

However 8% of former drivers indicated that they mainly use a community bus service to attend weekday social activities (15% of former drivers aged 85+). Inner and middle Melbourne former drivers were the only groups who mentioned community buses as a main source of transport for weekday social activities. One percent reported that they mainly use a community bus and 1% mentioned that they mainly use a council/community health service or other driver for weekend social activities.

The survey of carers suggested greater use of community transport with 14% reporting that the person they care for mainly uses a community bus or a council/community health service or other driver for shopping. Additionally, 11% reported that the person they care for mainly uses a community bus or a council/community health service or other driver for weekday social activities.

4.6.7 Use of public transport

Use of public transport was low among former drivers with 1% using Metro trains, 1% using trams and 1% using local buses as their main method of transport for shopping, social activities during the day and on weekends. None of the former drivers who were surveyed mentioned V/Line trains as their main method of transport in any situation. Only 3% of current drivers mentioned that they mainly use public transport (trams or buses only) to attend medical appointments or social activities. Three percent of current drivers indicated that they sometimes use public transport in combination with other methods (such as walking). V/Line trains were used by 2% of current drivers to attend weekday social activities.

4.6.8 Other methods of transport

Other methods of transport identified by a small proportion of former drivers included walking (5% as the main transport method for shopping; 3% as the main method for medical and health appointments; 2% for weekday social activities and 1% for evening and weekend social activities); mobility scooters (3% as the main transport method for shopping; 2% for medical and health appointments, 5% for weekday social activities and 1% for evening social activities; and 4% for weekend social activities); and Uber ride sharing (1% as the main transport method for weekday and evening social activities).

Other methods identified by a small proportion of current drivers included walking (1% as the main transport method for shopping; 3% as the main method for medical and health appointments and 2% for weekend social activities); mobility scooter (1% as the main transport method for shopping, weekday and weekend social activities), and Uber ride sharing (4% as the main transport method for weekday social activities).

4.6.10 Multiple methods of transport

Although the survey focused on recording the main method of transport used in different situations, up to 26% of former drivers and 11% of current drivers indicated that their main method of transport either varies within the situation (e.g. a small shop versus a large shop, or the location of the appointment or activity).

The most common combinations were:

- Family/friend or carer or community bus for shopping and social activities.
- Walking and local bus/metro trains for shopping (depending on the type of shopping).
- Community bus or taxi for shopping and social activities.
- Family/friend or carer or taxi for medical and health appointments.

4.7 Transport concessions and services

4.7.1 Awareness

Current and former drivers and carers were asked to indicate their awareness of the following concessions and services for older Victorians

- Seniors Card
- Multi-Purpose Taxi Program
- Door-to-door community transport buses
- Transport organised by local government including HACC services and planned activity groups

Table 4.9 shows the proportions of survey participants who indicated awareness of each of the available concessions/services. In particular, most older Victorians (regardless of their driving status) and carers are aware of the Seniors Card, although awareness is lower among former drivers. However, former drivers are more likely than current drivers to be aware of the Multi-Purpose Taxi Program, community transport and local government transport.

Table 4.9

Awareness of transport concessions and services

Survey Question: Which of the following transport concessions/services are you aware of for older Victorians?

| Percentage aware | Current drivers (n=133) | Former drivers (n=132) | Carers (n=38) |
|--|-------------------------|------------------------|---------------|
| Seniors Card | 89% | 61% | 82% |
| Multi-Purpose Taxi Program | 43% | 51% | 63% |
| Door-to-door community transport buses | 7% | 20% | 34% |
| Transport organised by local government groups | 9% | 27% | 45% |
| None of the above/no response | 9% | 23% | 5% |

4.7.2 Use of transport concessions

Current and former drivers who indicated they were aware of concessions and services were asked whether they used any of them. Overall, 49% of former drivers indicated that they use transport concessions, while 65% of current drivers indicated that they use transport concessions.

Carers were also asked if the person they care for is eligible for transport concessions – 66% of carers indicated that the person they care for is eligible for transport concessions. Among current drivers, those most likely to use transport concessions lived in inner or middle Melbourne (80% and 75% respectively). In contrast only 66% of outer Melbourne residents and 57% of regional Victorian residents used transport concessions. Current drivers aged 75 to 84 were more likely to use concessions than those aged 85+ (68% compared to 52%)¹.

4.8. Meeting transport needs of older people when they no longer drive

4.8.1 The extent that transport needs are met

Current and former drivers were asked to indicate the extent that their transport needs are currently met, the results are shown in Figure 4.11. Carers were asked to indicate the extent that the transport needs of the person they care for are met.

Most current drivers (72%) believe that their current transport needs are fully met. In contrast only 32% of former drivers believe their transport needs are fully met, and only 24% of carers believe that the transport needs of the person they care for are fully met. Notably, older current drivers aged 85+ are less likely to believe their transport needs are fully met – 62% of those aged 85+ compared to 75% of those aged 75 to 84.

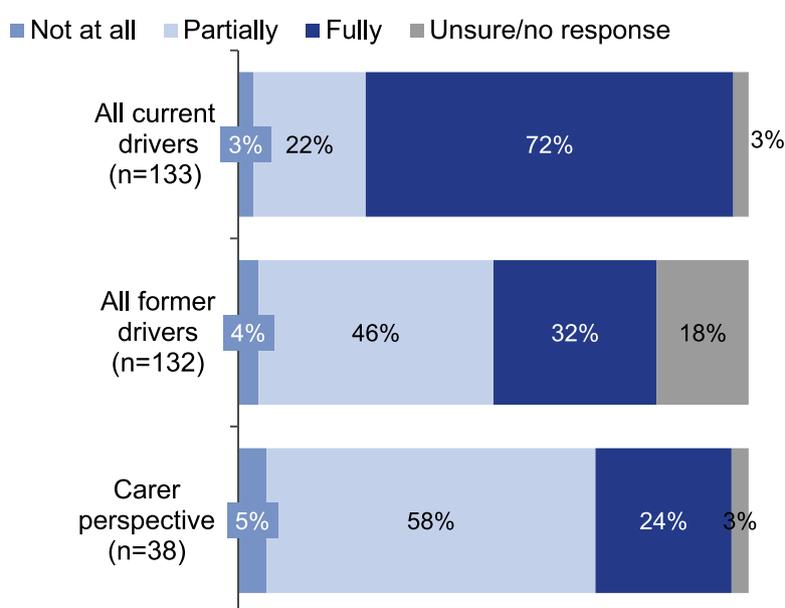


Figure 4.11

Extent that the transport needs of older Victorians are met

Survey Question: To what extent are your transport needs currently met? / To what extent do you think the transport needs of the person you care for are currently met?

4.8.2 Suggestions to better meet transport needs

All current and former drivers were asked to provide suggestions as to how the transport needs of older people could be better met when they no longer drive. Overall, 62% of current drivers, 43% of former drivers and 53% of carers provided suggestions to better meet the transport needs of older people. The suggestions were categorised and the most frequently mentioned suggestions are presented in Figure 4.12. Importantly, the most common suggestions for all three groups related to the provision of transport services, rather than information about services.

¹A key explanation for the lower use of transport concessions in outer Melbourne and regional Victoria is the lack of transport on which to use concessions in these locations.

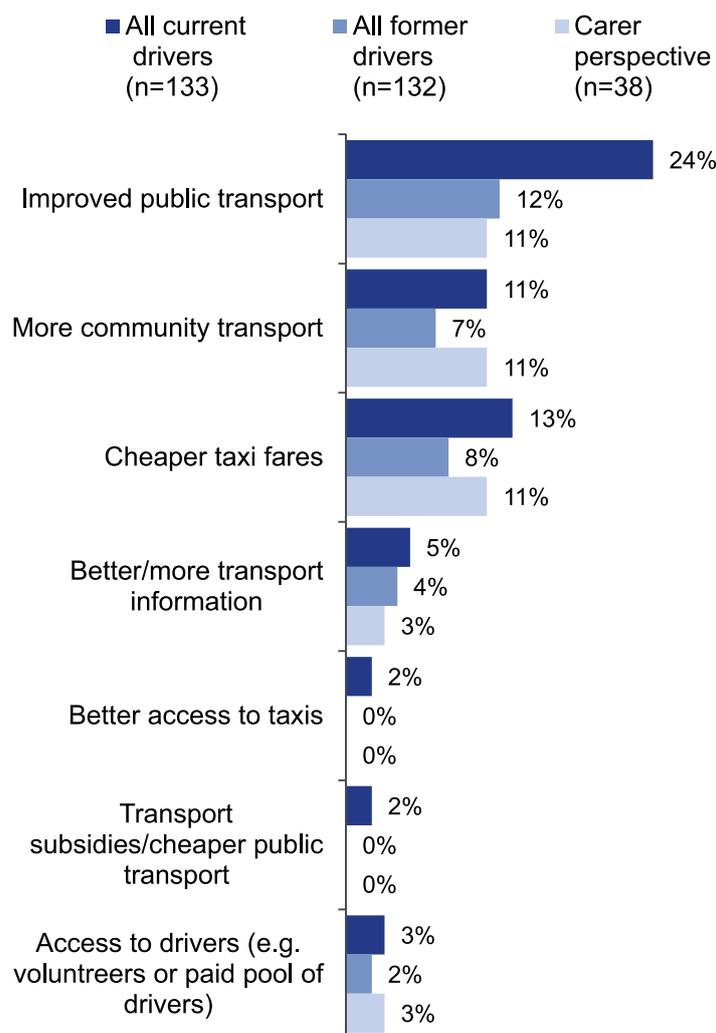


Figure 4.12

Suggestions to better meet the transport needs of older people

4.9 Interest in mobility initiatives

Current and former drivers were asked to indicate their interest in four mobility initiatives suggested. The responses are shown in Table 4.10. There is moderate interest in a local flexible bus/minibus service and increased community transport, but limited interest in printed or practical public transport information.

Interest in a local flexible bus/minibus service is greatest among the following former drivers:

- Males (48%).
- Former drivers aged 75 to 84 years (55%).
- Middle Melbourne residents (50%).

Interest in a local flexible bus/minibus service is greatest among the following current drivers:

- Females (57%).
- Those aged 85+ (57%).
- Residents of regional centres (62%).

Interest in increased community transport is greatest among the following former drivers:

- Males (34%).
- Those aged 65 to 74 (45%).
- Outer Melbourne residents (39%).

Interest in increased community transport is greatest among the following current drivers:

- Those aged 75 to 84 (38%).
- Residents of regional Victoria (50%).

Table 4.10

Interest in mobility initiatives

Survey Question: Which of the following services would help you if they were available? / Which of the following services would help the person you care for if they were available?

| Percentage aware | Current drivers (n=133) | Former drivers (n=132) | Carers (n=38) |
|--|-------------------------|------------------------|---------------|
| A flexible bus/minibus service around your local area that can be pre-booked | 50% | 39% | 47% |
| Increased community transport | 38% | 26% | 44% |
| Printed information on how to use public transport and other transport options | 26% | 17% | 11% |
| Practical information sessions about how to use public transport | 11% | 8% | 8% |
| None of the above/ | 8% | 26% | 0% |
| Unsure/no response | 21% | 23% | 42% |

4.10 Current information sources about transport for older Victorians

All current and former drivers and carers were asked where they would go for information about transport and related services for older Victorians. The most popular information sources for former drivers, current drivers, and carers are shown in Figure 4.13.

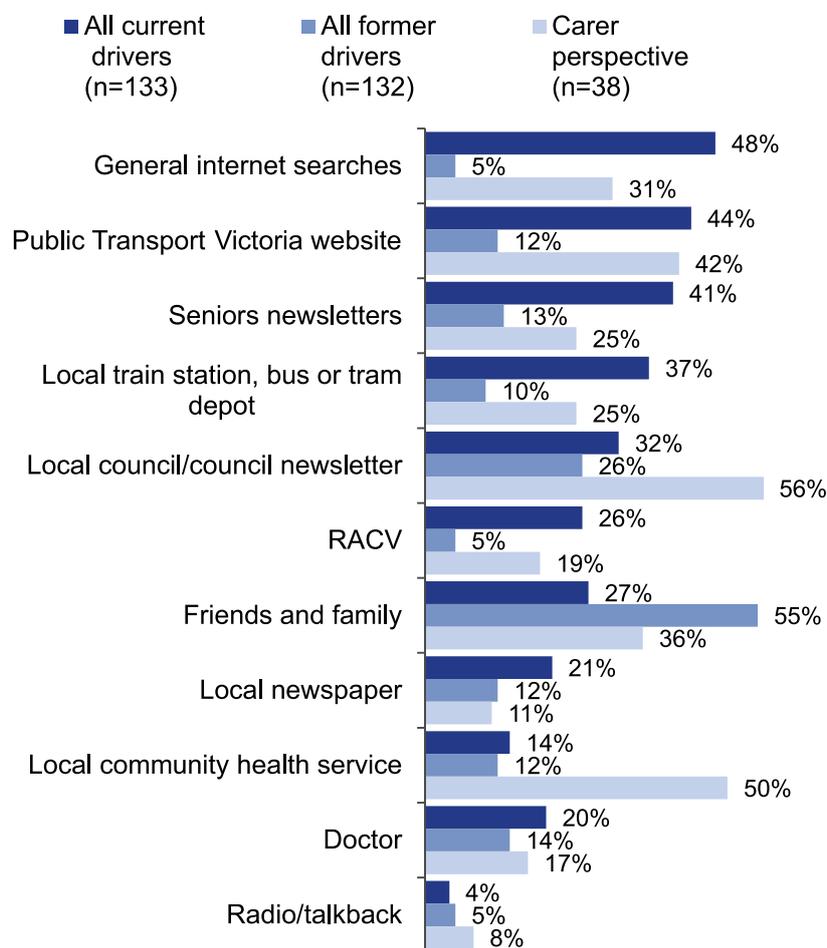


Figure 4.13

Transport information sources

Survey Question: Where would you go for information about transport and related services for older Victorians?

4.11 Use of services to help with reduced mobility

Current and former drivers and carers were asked to indicate whether they use any services that could help them reduce their need to be mobile and support their wellbeing. Figure 4.14 shows the services used by current and former drivers and carers.

Former drivers were far less likely than current drivers to use online services overall. This finding is likely to be associated with two key issues. Firstly, former drivers are more likely to be generally incapacitated and therefore less likely to use online services irrespective of their age. For example, for those aged 75-84 years, 52% of current drivers and 21% of former drivers used online banking. The discrepancy was greater at 85+ years where 21% of current drivers and 4% of former drivers used online banking. Similarly, for those aged 75-84 years, 62% of current drivers and 36% of former drivers used online or automatic bill payment. At 85+ years 57% of current drivers and 26% of former drivers used online banking. Secondly, it was more difficult to find former drivers who used online technology (and therefore a considerably larger proportion of this segment completed the survey using paper questionnaires). Former drivers had a higher incidence of using home delivery for pharmacy, groceries and meals, consistent with their lack of driving.

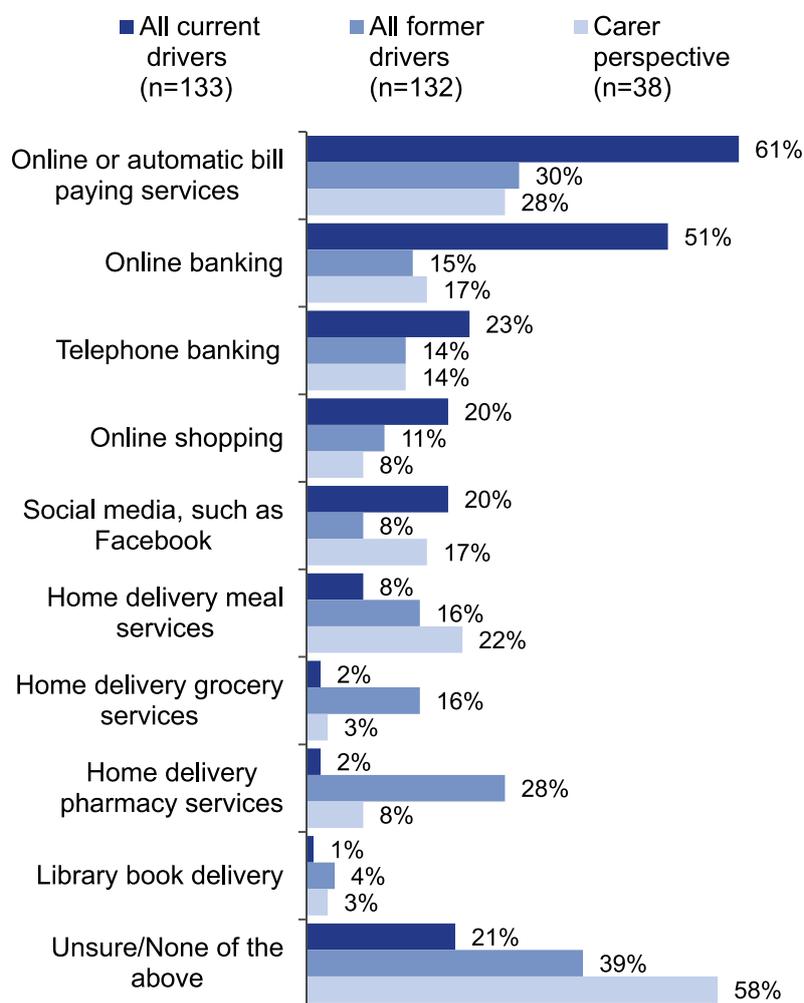


Figure 4.14

Services used by older people to help reduce the need to be mobile

Survey Question: Which of the following services do you use? / Which of the following services does the person you care for use?

5 Summary and recommendations

5.1 Summary of key findings

5.1.1 The transition experience from driver to former driver

The shift to non-driving for older people occurs in two main ways, progressively over a number of years as a result of a personal decision associated with loss of confidence, an illness or injury, or advice from others; and as a result of a significant event such as an illness, injury or accident with no transition period.

Those who transition gradually into non-driving begin with increased care and mindfulness, followed by a general reduction in driving, through to eliminating driving at certain times or in certain situations (e.g. eliminating night driving, long distance driving or driving during busy times).

The decision to cease or limit driving is generally made by the older person themselves often in conjunction with advice from family or health professionals. Feedback from older people during this research project suggests that medical practitioners are reluctant to advise older people to stop driving completely, however they often suggest limitations to driving.

Few research participants had undergone a formal driving assessment. However a small proportion of survey participants mentioned that they had undertaken the *Wiser Driver Program*, which helped inform their decisions about their driving.

5.1.2 Key issues in the transition to non-driving

Older people want to retain their dignity and self-esteem when transitioning to non-driving and this can be achieved through maintaining control over the decision and process. The time when older people are transitioning to non-driving or have just ceased driving is critical for giving them support, reassurance and to provide information about alternative transport.

5.1.3 Positive impacts of non-driving

Few older current drivers could identify any perceived benefits of giving up driving; however when older people do stop driving they are more likely to realise the benefits. Key benefits of ceasing driving are:

- A reduction in the older person's stress and anxiety associated with driving.
- Family and carers are also less stressed or worried and report considerable relief.
- Empowerment and dignity if the decision was made by the older person, rather than waiting until something bad happened, such as a crash or forced loss of licence.
- More time spent with family if they are providing assistance with transport.
- An opportunity to discover new ways of travelling, such as a mobility scooter, which is fun, cheap and easy to park.
- New social activities if non-driving results in participation in council/community health transport and community activities.
- Positive impact on the environment.

For some, a financial saving of not running a car was a benefit, however this saving was often used for taxis or petrol for family members who undertook driving.

5.1.4 Negative impacts of non-driving

Negative impacts were greatest among those living in rural areas and living alone, who had less access to alternative transport. The key negative impacts of ceasing driving and no longer driving included:

- Loss of independence
- Difficulties getting to and from appointments
- Feelings of loss of control of life and helplessness
- Social isolation

Again, these concerns were perceived to be greater among current drivers than they were among former drivers, with the critical time of concern being when the older person had just stopped driving.

A number of practical challenges are perceived by current drivers, if they stopped driving, in particular, difficulties getting to/from appointments and greater time required to get to places. However for former drivers these issues are not as significant as having to rely on family or friends for transport or having to plan when to go out.

5.1.5 Lifestyle changes

For some people, limiting or ceasing driving resulted in lifestyle changes, however these were not necessarily positive or negative. Good planning and awareness of alternatives appear to be crucial factors in avoiding negative impacts of not driving.

5.1.6 Use of alternative transport: barriers and gaps

Nearly all current and former drivers believed that their transport needs are fully or partially met. The predominant method of alternative transport for older drivers and former drivers is another family member, friend or carer, with limited use of taxis, community transport and public transport.

Most current and former drivers and carers are aware of the Seniors Card, and some are aware of the Multi-Purpose Taxi Program, however awareness of community transport options is much lower. Transport concessions are used by older current and former drivers, although they are mainly used by those aged under 85 and those who live in inner or middle Melbourne where transport is available.

Older people were concerned about the limited availability of accessible bus services. In addition, older people reported problems with connections between buses and trains, particularly but not limited to some rural/regional areas, including limited availability of SmartBuses, which connect with trains to make travel more efficient. There was also a lack of knowledge about taxi concessions and how to access these.

The main suggestions to better meet the transport needs of older people related to the provision of transport services, rather than information about services; in particular increased access to public transport and community transport.

5.1.7 Alternative services to reduce need for mobility

Older people were generally not interested in services that reduced their need for mobility as most wanted to go out, socialise and reduce isolation. For example, there was a strong preference to personally go shopping to choose their own items rather than purchase them online or have others shop for them. However, those using alternative services generally used shopping delivering services (e.g. after personally selecting items), meals delivery (mainly among older men), and visiting services (e.g. hairdressers).

5.1.8 Information services

Current and former drivers and carers use a range of information sources to find out about transport for older Victorians; overall the key sources are:

- General internet searches (current drivers)
- The Public Transport Victoria website (current drivers)
- Local council newsletters (carers)
- Local community health service (carers)
- Friends and family (former drivers)

5.1.9 Transport needs and issues – summary of geographic differences

Reduced independence and lack of access to alternative transport is a key issue for older people who live beyond inner Melbourne and especially those who live in regional Victoria outside regional centres. The main geographic differences for current drivers in relation to transport issues associated with stopping driving are between older people who live in inner Melbourne and older people who live anywhere else. Current drivers who do not live in inner Melbourne are considerably more likely to be concerned about the following if they gave up driving:

- A loss of independence
- Becoming or being isolated
- No access to alternative transport
- Difficulties getting to and from appointments
- Relying on friends and family for transport

Current drivers who do not live in inner Melbourne are considerably more likely to drive themselves to shops, appointments and social activities than those who live in inner Melbourne. It appears that older people are less likely to stop driving completely if they live in an area not adequately serviced by other transport options.

Awareness of the Seniors Card is high among older current drivers across Victoria, and less so among former drivers while awareness of the Multi-Purpose Taxi Program and local community bus services is greater among Melbourne residents. Additionally, use of transport concessions is greatest among current drivers who live in inner or middle Melbourne or in a regional centre.

Location does not appear to be related to the extent to which the transport needs of current and former drivers are met, as friends and family tend to fulfil this role when mobility becomes an issue. Likewise better access to transport, in particular local community transport, is important regardless of location.

5.1.10 Transport needs and issues – summary of demographic differences

The main demographic differences for current and former drivers are aged based; in particular the survey findings suggest that many issues and needs are different for older people aged 85+. Those aged 85+ are less likely to be concerned about:

- A loss of independence
- Becoming or being isolated
- No access to alternative transport
- Difficulties getting to and from appointments

Current drivers aged 85+ are also more likely to be less stressed or worried if they gave up driving than younger current drivers, whereas those aged 65 to 74 who have ceased driving realise that they are less stressed or worried after giving up driving. Younger former drivers (aged 65 to 74) rely heavily on family members, friends or relatives to drive them, this may be because they are more likely to have stopped driving recently and have yet to identify other options. Despite this, older current drivers (aged 85+) are even more likely to rely on another family member, friend or relative to drive them than younger current drivers.

The survey results also indicate that older former drivers (aged 75+) are more likely to use taxis or multiple methods of transport than younger former drivers – awareness of the Multi-purpose Taxi Program is also greater among this group. Use and awareness of concessions is consistent across age groups. Older former drivers (aged 85+) are most likely to have their transport needs fully met – whereas the transport needs of most younger former drivers (aged 65 to 74) are more likely to be only partially met.

Younger former drivers are most interested in printed information on how to use public transport and other options as well as increased community transport, whereas, few older former drivers appear to show interest in increased community transport.

² The geographic differences reported here primarily focus on the findings for current older drivers as, despite considerable effort, it was difficult to find a large enough number of former drivers who live in regional and rural Victoria. As stated elsewhere in the report, it appears that older people are more likely to continue to drive to some extent when they live in areas which are not adequately serviced by other transport options. This finding was supported by feedback received from various organisations in regional and rural Victoria that assisted us with this research.

5.2 Recommendations

This research has identified the following opportunities for RACV to further assist older people as they transition to non-driving and when they no longer drive.

5.2.1 Encourage and support older people to transition to non-driving with dignity

- Encourage older people to limit driving to situations in which they feel comfortable.
- Promote services where older drivers can be assessed by a driving instructor or occupational therapist who can help them determine their driving competence and appropriate driving situations.
- Encourage voluntary relinquishing of a licence in conjunction with promoting benefits of non-driving such as reduced stress for driver and family, being good for environment, meeting other people in similar situations through alternative transport and activities in which transport is provided. Positive case studies could be used.

5.2.2 Advocacy in relation to local transport and mobility services for older people

- Improved public bus services for older people, including accessible buses, SmartBuses and increased services.
- Better connections between various public transport modes, particularly in regional and rural areas.
- Greater provision of community transport, including mini buses and volunteer drivers for shopping and social outings.
- Better taxi services for older people, perhaps through a training/endorsement program to develop a pool of taxi drivers or a specific taxi service with drivers who are skilled and able to assist older people getting from door to door.
- Better footpaths in urban fringe and rural areas to allow older people to use mobility scooters safely.
- Provision of parking permits for carers of older people who no longer drive.
- Consideration could be given to advocating for improved local transport and mobility services in regional Victoria. An option would be to commence the project with local case studies.

5.2.3 Information

- Information needs to be targeted at those people who have most recently stopped driving, in particular those aged 65-74 years.
- Disseminate more widely, particularly to families and carers of older people and those who have recently stopped driving (e.g. through local government) information about the transition to non-driving (including public transport and other transport options) such as the RACV publication Transport Options for Seniors.
- Provide information and guidance to GPs to assist older people to voluntarily cease driving and find suitable alternatives.
- Include information about transport concessions (including taxi concessions) in the above information.

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A Appendix A

Summary of recent relevant literature

Experiences of former drivers in Victoria: RACV Research Report (2009)

Methodology

- Older (aged over 65) drivers (interviewed between October 2007 and March 2008)
- 225 former drivers over 65 were interviewed through CATI
- 12 former drivers over 65 were interviewed in depth face-to-face

Key Findings

- Inability to drive can significantly impact wellbeing.
- Lack of available transport can function as instrument of social exclusion.
- For older drivers, loss of independence and spontaneity cited as most common drawbacks to non-driving.
- Cessation of driving commonly associated with gradual decline in quality of life.
- Problems tended to be magnified among those former drivers living in rural or remote areas.

Implications

- Community programs involving former drivers or programs attempting to prolong the capacity to drive of all drivers should be considered as a means of preventing social exclusion.
- Accessibility, frequency and reliability must be improved throughout transport services.
- Policy responses at all levels of government are needed to address issue of limited transport and mobility for former drivers.
- Disabled former drivers, elderly former drivers and former drivers living in rural areas should be specifically focused on.

RACV Mobility Study: Qualitative and Quantitative Research Presentation (DBM Research Presentation to RACV 2008)

Key Findings

- Two-thirds of those who stopped driving did so totally of their own volition.
- Cessation of driving linked to loss of independence and isolation and feelings of frustration, anger, stress and depression.
- Negative impact of cessation increased if:
 - Former driver has limited support network of family and friends and available modes of transport
 - Cessation of driving leads to restriction of previously active social life
- Negative impact of cessation decreased if:
 - Former driver has good personal mobility and good health
 - Former driver has strong support network of family and friends and available modes of transport

Developmental research for the 'Maintaining Mobility' campaign, conducted by Orima Research (2008)

Methodology

- 109 people, mainly men and women between 55 and 85, were interviewed in 11 focus groups conducted from 2-9 September 2008 in Victoria.

Key Findings

- Social activity and personal independence were seen as critical to remaining healthy and happy.
- Research also evinced a strong positive relationship between social connection and mobility.
- Participants were typically aware of different modes of public transportation (e.g. trams, taxis) and had varying patterns of usage of these different modes.
- Most were not completely aware of council transport services.
- Most participants expressed preference for travelling in their own car because of the independence this bestows.
- Public transport was not seen to be as accessible and readily available as cars.
- Many participants believed that the government could offer specific support and services to those transitioning from driving to non-driving and those questioning ability to continue driving.
- Very few participants had actively contemplated and planned for non-driving and those who had thought about it had been forced to do so by changes in circumstances like health, financial status and living arrangements.

Implications

- Older Victorians and families need and want more information, encouragement and support to consider and plan for future mobility options.
- Campaign should focus on helping ageing Victorians understand various options for maintaining mobility and help them plan for eventual utilisation.
- Campaign should address maintenance of independence and mobility for former drivers.

Harris, A. Pereira, N and Clarkson E. Older Road user Safety – Identifying Needs And Gaps In Health Professionals' Communications With Older Patients About Fitness To Drive. ACRS Conference, Gold Coast October 2015

Methodology

- Research was conducted from late 2014 to early 2015 throughout Australia
- Methods involved:
 - Consultations with 9 health professional representative groups (e.g. the Royal Australian College of Royal Practitioners)
 - Consultations with organisations supporting individuals with diseases that impair driving (e.g. Alzheimer's' Australia)
 - Consultations with five general practitioners
 - Two in-depth interviews with experienced GPs working in rural Victorian who were board members of RAGCP
 - Small focus group of 3 metropolitan GPs

Key findings

- Across all health professional groups, information was needed about process of reviewing a patient's fitness to drive and responsibilities of certain health professionals in administering this review.
- Beyond the Assessing Fitness to Drive guidelines produced by AustRoads, very few other resources were utilised by any of health professional groups consulted.

- No GPs interviewed had undertaken any training or specific education on fitness to drive and did not consider themselves proactive in discussing fitness to drive with patients.
- The key groups of health professionals to target with information about assessing fitness to drive are GPs, optometrists and ophthalmologists.
- These professions tend to play primary role in assessing a person's fitness to drive.

Implications

- Greater system of communication and education is needed to improve the knowledge of health professionals about assessing fitness to drive.
- Professional associations or colleges could disseminate relevant professional information.
- Professionals could be educated at an undergraduate or postgraduate level or through profession-specific programs about fitness to drive.

Musselwhite C. and Shergold I. 2012, 'Examining the process of driving cessation in later life', *European Journal of Ageing*, 10 (2). pp. 89-100

Methodology

- Study took place from March 2010 to December 2010 in England
- Methods involved:
 - 21 in-depth interviews with participants aged between 65 and 89 at beginning and end of study
 - Assessment of completed travel diaries (over one month)
 - Three focus groups convened at end of study

Key findings

- Decision to stop driving typically driven by loss of trust by individual in capacity for safe driving.
- Often this loss of faith was vindicated by comments of those around individual (e.g.:comments by family, feedback of doctor).
- Cessation of driving led to changes in behaviour – but these changes did not necessarily adversely affect quality of life.
- 15 of 21 participants believed cessation of driving had not reduced their quality of life. Believed cessation helped connect them more closely to local community and allowed them to experiment with new modes of transport.
- 6 of 21 participants did feel that the cessation of driving adversely affected their quality of life. These 6 participants all had been forced into cessation by external forces (e.g. family interventions, acute health episodes) and thus had little opportunity to plan for the cessation.
- All 6 felt disadvantaged by non-driving and often drew link between non-driving and the stage of their life (e.g. feeling old, loss of independence).

Implications

- Where the locus of control lay in the process of driving cessation was crucial to individual's reaction to life post-cessation of driving.
- Those who were in control of the process and were able to plan for life post-driving were far more likely to report an unaffected quality of life than those who were forced to give up driving by the intervention of others.
- This indicated the importance of planning for the eventual cessation of driving (e.g. experimenting with different modes of transport) and the importance of creating a support network (e.g. family and friends) to assist with transition.

B Appendix B

Summary of relevant websites

VicRoads website: www.vicroads.vic.gov.au

- Provides information for older drivers who want to continue driving safely and be alert to health changes that may make it unsafe to drive.
- Includes a checklist and information to encourage older drivers to monitor their driving.
- Provides information for older people about how they can get around without a car.
- Provides information and advice for the family and friends of older drivers, whose driving ability may be deteriorating.
- The VicRoads Victorian Older Drivers' Handbook aims to help older drivers to continue driving safely and to alert them to changes that may make it unsafe to continue driving.
- The information in the handbook helps people to understand the changes that may be occurring as part of ageing. Along with lifestyle factors, this information is important when considering your future or current needs as an older driver, or when considering the needs of an older relative or friend.

TAC website: www.tac.vic.gov.au

- Provides statistics on older driver safety.
- Provides information about driving and prescription medication.
- Provides information about the Community Mobility for Older People (CMOP) program:
- The TAC and La Trobe University have put together a community health program for senior road users which provides information on road safety issues and ways to safely keep mobile around your community.
- Includes road safety tips for older drivers.
 - Fatigue: do not drive at times when you would normally be asleep.
 - Alcohol: plan ahead. Avoid driving if you are going to be drinking alcohol.
 - Medications: alcohol can also cause adverse reactions with some medications. If you are unsure, do not drive and consult your doctor or pharmacist for more information.
 - Distance behind the vehicle in front: as we get older our reaction times get slower. Leave at least a two second gap between the car ahead and your own. In wet weather, when driving at night or in low visibility, allow a four second gap.
 - Use daytime running lights: this makes it easier for your car to be seen by other drivers and will make it easier for you to see on a dull day.
 - Head checks: it is important to turn your head to check for vehicles in your blind spot, especially when merging, changing lanes or before moving off at an intersection. Try turning from the waist to make this easier.
 - Take your time: it is easy to feel pressured to increase speed if there is a line of traffic behind you, or a car tailgating. Pull off the road to let them pass if you need.
 - Heavy traffic: avoid driving in peak hour traffic if possible.
 - Long trips: make sure you have a good night's sleep before you leave and plan regular rest and refreshment breaks during the journey.
 - Road rules: keep up to date. Road rules are also highlighted in VicRoads Older drivers Handbook

The Victorian Community Transport Association <http://www.vcta.org.au>:

- The Victorian Community Transport Association (VCTA) is the peak body representing community transport providers in the State of Victoria. It leads advocacy for improved community transport across the State in accordance with its vision of community transport as an essential component of an integrated transport system.
- It is the voice of community transport in Victoria, representing members and supporting them to provide excellent service.
- Members are organisations and people who provide community transport options or other associated services to assist people to participate in daily activities and community life.
- The services target people who are disadvantaged in accessing transport, and support people with their mobility.

Victorian Patient Transport Assistance Scheme website

<https://www2.health.vic.gov.au/hospitals-and-health-services/rural-health/vptas-how-to-apply>:

- The Victorian Patient Transport Assistance Scheme is funded by the Victorian Government Department of Health.
- The scheme subsidises the travel and accommodation costs incurred by rural Victorians and an approved escort(s) who have no option but to travel more than 100 kilometres one way or an average of 500 kilometres a week for one or more weeks to receive approved medical specialist services or specialist dental treatment.

Seniors Online Victoria: <http://www.seniorsonline.vic.gov.au>

- Seniors Online is an online community established by the Victorian Government. It aims to be the first port of call online for older Victorians.
- The website provides a range of mobility related information for older Victorians, such as information about the Seniors Card program, public transport information especially for older people and tips on how to use the Seniors Card to obtain transport concessions.

Travellers Aid Australia: <https://www.travellersaid.org.au>

- Travellers Aid Australia is a not-for-profit organisation that supports travellers by providing simple, practical travel-related support and aid that helps them travel independently and confidently.
- In Victoria, Travellers Aid assists people with general enquiries and travel information, buggy rides and other mobility equipment for people with mobility issues, storage of luggage, and provided medical companions for people attending medical appointments in Melbourne and a range of other services.



Appendix C

Qualitative interview participants by location gender age and living arrangements

| Group | Interview | Location group | Region | Location | Gender | Age | Living arrangements |
|--|--------------|----------------|-------------------|-------------------|--------|-----|--|
| Older former drivers ceased driving aged 65+ | Interview 9 | Melbourne | Melb. inner/mid | East Malvern | Female | 92 | Own home - alone |
| | Interview 4 | Melbourne | Melb inner/mid | Balwyn | Male | 93 | Aged care facility |
| | Interview 5 | Melbourne | Melb inner/mid | Balwyn | Male | 79 | Aged care facility |
| | Interview 12 | Melbourne | Melb outer/fringe | Brighton | Male | 83 | Own home (apartment) - alone |
| | Interview 25 | Rural Victoria | Regional Centre | Ballaarat | Female | 79 | Own home with husband |
| | Interview 27 | Rural Victoria | Rural | Maffra | Female | 78 | Own home - alone |
| | Interview 24 | Rural Victoria | Regional Centre | Benalla | Female | 79 | Own home - alone |
| | Interview 2 | Melbourne | Melb inner/mid | East Brunswick | Female | 79 | Own home - alone |
| | Interview 6 | Melbourne | Melb inner/mid | Balwyn | Male | 91 | Aged care facility |
| | Interview 15 | Melbourne | Melb inner/mid | Balwyn | Female | 79 | Aged care facility |
| Older former drivers ceased driving last 6 months | Interview 30 | Rural Victoria | Rural | Maffra | Female | 88 | Aged care facility - independent living unit |
| | Interview 14 | Melbourne | Melb inner/mid | Albert Park | Male | 85 | Own home with wife |
| | Interview 3 | Melbourne | Melb inner/mid | Rosanna | Female | 79 | Own home (apartment) alone |
| | Interview 1 | Melbourne | Melb outer/fringe | Narre Warren | Female | 80 | Granny flat with daughter |
| | Interview 29 | Melbourne | Melb outer/fringe | Emerald | Female | 86 | Own home - alone |
| | Interview 16 | Rural Victoria | Rural | Swifts Creek | Female | 88 | Own home - alone |
| | Interview 23 | Rural Victoria | Rural | Ararat | Female | 91 | Own home - alone |
| | Interview 21 | Rural Victoria | Regional Centre | Stawell | Male | 84 | Own home - alone |
| | Interview 11 | Melbourne | Melb outer/fringe | Brighton | Female | 83 | Own home - husband lives next door |
| | Interview 7 | Melbourne | Melb inner/mid | Balwyn | Male | 79 | Retirement living unit with wife |
| Older drivers who have NOT limited or reduced driving aged 75+ | Interview 8 | Melbourne | Melb inner/mid | Balwyn | Female | 77 | Retirement living unit with husband |
| | Interview 26 | Rural Victoria | Regional Centre | Ballaarat | Male | 76 | Own home with wife |
| | Interview 28 | Rural Victoria | Regional Centre | Sale | Female | 75+ | Own home - alone |
| | Interview 22 | Rural Victoria | Regional Centre | Stawell | Male | 75 | Own home (apartment) - alone |
| | Interview 10 | Melbourne | Melb inner/mid | Ashburton | Female | | Own home - 10 mins from mother |
| | Interview 13 | Melbourne | Melb outer/fringe | Hampton | Female | | Own home - 20 mins from mother and in-laws |
| | Interview 17 | Rural Victoria | Rural | Maffra | Female | | Own home - mother in Melb, father in Sale |
| | Interview 18 | Rural Victoria | Rural | Stawell Outskirts | Male | | Own home with wife |
| | Interview 19 | Rural Victoria | Regional Centre | Stawell | Male | | Own home with wife |
| | Interview 20 | Rural Victoria | Regional Centre | Stawell | Male | | Lives alone cares for mother - 10 mins away |
| Carers | Interview 10 | Melbourne | Melb inner/mid | Ashburton | Female | | Own home - 10 mins from mother |
| | Interview 13 | Melbourne | Melb outer/fringe | Hampton | Female | | Own home - 20 mins from mother and in-laws |
| | Interview 17 | Rural Victoria | Rural | Maffra | Female | | Own home - mother in Melb, father in Sale |
| | Interview 18 | Rural Victoria | Rural | Stawell Outskirts | Male | | Own home with wife |
| | Interview 19 | Rural Victoria | Regional Centre | Stawell | Male | | Own home with wife |
| | Interview 20 | Rural Victoria | Regional Centre | Stawell | Male | | Lives alone cares for mother - 10 mins away |

D Appendix D

Verbatim comments

Transition to non-driving

I think I've become more aware of cars around me. I take things for granted less so. (current driver, male)

I am aware that there are a number of things that I can do that will reduce my chances of having an accident. (current driver, male)

We wouldn't drive more than 400km in a day, which would always include a break. (current driver, male)

I'm aware that there is more traffic, and this has changed my awareness of my driving, but not where or when I drive. (current driver, female)

I am concerned that older drivers aren't always aware of what's happening on the road. (current driver, male)

It made me feel more comfortable not to have the grandchildren with me. (limited driving, female)

It's important for me that if I need milk and bread or anything else like that, that I go out and get it myself. (limited driving, female)

I'm getting less and less keen to drive at night, but I still do. (limited driving, male)

To go any further than 2km, I have to concentrate very hard and I don't feel very safe. (limited driving, female)

I didn't want to go anywhere I didn't know, and I didn't drive at night. (ceased recently, female)

[My family] don't like me going (driving long distances). (limited driving, male)

My doctor said you can't be driving to Geelong like you used to. (limited driving, female)

Triggers for limiting or ceasing driving

Both my GP and surgeon said that I could drive, but I didn't feel comfortable. (ceased driving, female)

I considered giving it up, but everyone told me to stick at it. (limited driving, female)

It was my own decision to stop driving. I just felt it was not right. (ceased driving, female)

I decided, when my vision was failing, I thought 'this is it'. (ceased driving, female)

I decided myself, even though I had a little bit of time left before licence expiration. (ceased driving, female)

The main thing was that my two daughters knew what was best - according to them! (ceased driving, male)

I had a minor smash. My family thought it was time I stopped, and I agreed. (ceased recently, female)

I lost my licence - when it came to the time to renew, someone decided I shouldn't be driving because I was too old. That was it. One particular person at VicRoads determines who should drive or not. (ceased driving, male)

They told me I'm not allowed to drive anymore. I'm having a medical assessment tomorrow, which is partly to do with VicRoads, but I don't know why because I'm not allowed to drive any more. (ceased recently, male)

If my reactions went, I would look more closely at whether I should be driving. (limited driving, male)

If my children said to me that they believed I was becoming dangerous on the road, I would want them to tell me, and that would stop me driving. (current driver, male)

If you don't feel comfortable well of course you should give it up, because you become a danger- I shall give it up when I realise that I am not competent. (limited driving, male)

I mean you can't expect your reflexes and everything else to be as quick as they were years ago. (limited driving, female)

I became more aware of my anxiety. I think if I lived in a little country town I would still be driving. (ceased recently, female)

I had never had any great eagerness to drive, then I just got to the stage where I felt like I couldn't do it anymore. I felt like a danger to myself and other people. (ceased driving, female)

We were driving from Adelaide to Stawell, and my wife forgot where the windscreen wipers were. That's when I decided she shouldn't be driving. (carer of wife, male)

We wouldn't let her go down by herself, not the way her memory is. The doctor just said, "no more driving." (carer of mother, male)

Mum was very worried about the shame of having her licence taken away. It was something that concerned and embarrassed her. We started talking to her about doing it voluntarily, so she had some control over it. Suddenly she said "oh, I can do that!" (carer of mother, female)

That [crash] was an unfortunate way for him to have to give up driving. I think he was unsafe on the road for 10 or more years. (carer of father, female)

Impacts of limiting or ceasing driving

Positive impacts

It's like a way of retaining dignity (voluntary relinquishment of licence). (carer of mother, female)

I wasn't confident and I thought that I wasn't as good a driver as I used to be, and I don't want to be one of those old people who was a danger to anyone. (ceased recently, female)

I approve of me giving up driving... before I did something wrong, or someone told me I shouldn't drive. (ceased recently, female)

I looked at the possibility for a number of reasons a few years ago - there are economic, environmental and health reasons. They are three good reasons to not use a car. (current driver, male)

It's very good for my nerves, it was getting to the point that I would worry if I was going somewhere. (limited driving, female)

I'm always asking for a lift! I must have a very good team (family), I don't have too many troubles. (ceased driving, female)

With my little machine (mobility scooter) I can get the shopping and other things done. (ceased driving, male)

I don't really mind, it doesn't worry me. The freedom of the scooter is more than enough! I think the scooter now is more use to me than a car would be- the scooter has a lot of advantages. (ceased driving, male)

Negative impacts

I feel if you can't drive, you are almost locked up in jail. (ceased recently, male)

It's been terrible, you lose your independence. They (taxis) are all right, but they're not as reliable as you in your own car. (ceased driving, male)

Its dreadful (not driving), you feel so useless! Its awful having to ask people. I was such an independent person. (ceased recently, female)

I'm just getting used to it, the disadvantage, you cant just get in your car and go. It affects your social life...and you need a social life to keep your mind going. Losing that social contact is really bad. (ceased recently, female)

Can't just hop in the car and go where you want! If you drive a car you're a free agent. (ceased driving, female)

I would just drive around and drop in on people, I don't do that anymore. (limited driving, female)

I was very upset and disappointed because it (driving) is my way of getting around. Now I rely on people to take me - taxis or whatever - and I'm not very comfortable with it. It's a change of lifestyle for me. (ceased recently, male)

There is no transport at night (Sale). (ceased driving, female)

She likes to be a part of the social activities, she can be crestfallen if she's not. Not being able to drive has had a big impact on her personally. It's worse being in the country because you can't just walk to the shops. (carer of wife, male)

Lifestyle changes

Perhaps a loss of freedom, but can't think of any too dramatic. (current driver, male)

I don't think all of my problems are solved, but I'm not wishing I hadn't got rid of my car. (ceased recently, female)

It's been fine. I use public transport and the only change was that I had to plan a little bit more. (ceased driving, female)

I would say my needs are fully met, because I've never been prevented from doing anything. (ceased driving, female)

We're all learning to adjust together. (carer of wife, male)

I know that if I did have to give up driving, then there are alternatives. (current driver, female)

Impact on carers

We've set a routine (one day a fortnight), which makes it really nice to spend that time with mum. (carer of mother, female)

The gratitude felt is lovely. (carer of parents, female)

You felt very needed. You felt like you were really helping. (carer of mother and in-laws, female)

Things just require more planning! (carer of mother, female)

They had so many appointments! It (the impact on me) was huge. It became a big part of our lives. (carer of mother and in-laws, female)

It was pretty full on and it was pretty emotionally draining. It was exhausting. (carer of mother and in-laws, female)

It was really a feeling like you had babies again, like looking after children. (carer of mother and in-laws, female)

My (carer) capacity is entirely reliant on being able to drive a car. I haven't considered what happens then (when he can't drive). (carer of wife, male)



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