Everyday life, policy and research: Older people and social exclusion

Dr Philip Corran, Tavistock Institute of Human Relations
What I am going to talk about

- Reconciling different perspectives / systems of meaning based around taken-for-granted assumptions about what the world is
- Some broader challenges for researchers/evaluators/professionals trying to engage with policy and with everyday life
- Ageing, illness, impairment, disability, and social exclusion/inclusion
Mobility, health & wellbeing

- Physical activity
  - The majority of Londoners that meet their advised level of physical activity do so through ‘active travel’
- Wellbeing/quality of life
  - “state of positive mental and physical health and welfare”
  - Avoiding social exclusion
  - Avoiding loneliness/social isolation
In public health terms....

Mobility (everyday travel) is crucial to maintaining health, wellbeing, and quality of life. Especially in later life.

Being unable to travel, or having your ability to travel limited, is very negative.
Mobility, health, wellbeing, & ageing

- The older you are, the more likely you are to be chronically ill or disabled
  - 45% of people over state pension age report having a disability (DWP, 2018)
- Driving is difficult in London, older people often have to give up driving at some point and public transport etc. requires more physical movement
  - Mobility is therefore more difficult?
- Greater numbers of older people in UK population
  - Over 65’s will make up a quarter of the UK population in 15 years (ONS, 2017)
  - By 2031, an additional 150,000 people reporting disability will be living in London (London Councils, 2015)
Relative propensity to stay at home all day: Age

Source: London Travel Demand Survey 2005-2015
Relative propensity to stay at home all day

Source: London Travel Demand Survey 2005-2015
Why do you think this is the case? Have a 5 minute discussion with your neighbour
Why stay at home? (60-69 year olds)

- Unwell/Housebound: 3.74
- Weather conditions: 19.06
- Study at home: 12.81
- Caring/Babysitting: 3.96
- Leisure at home: 6.19
- Working at home: 50.94
- Household jobs: 3.24
- Other: 5.14

Total: 100%
Why stay at home? (70-79 year olds)
Why stay at home? (80+)

- Unwell/Housebound: 42.77%
- Weather conditions: 43.7%
- Study at home: 4.01%
- Caring/Babysitting: 1.5%
- Leisure at home: 4.8%
- Household jobs: 2.87%
- Working at home: Other
What is travel?

- Leisure at home vs leisure outside of home?
- ‘Non-corporeal’ travel?
- A broader definition of mobility?
'Experiential' transportation

I explained to Helen that I was trying to take a more holistic approach to mobility and account for what people are doing when they spend all day at home. She said she really does despair for people who aren’t given the type of education that gets them into the habit of reading or teaches them how to read for pleasure, because she finds that she will start reading and before she knows it a few hours have passed, and she comes to and she’s “miles off”, i.e. miles away. When she was a child she used to go to the library and her parents started her off reading young and she was saying how she feels sorry for people who are unable to do that and who can’t experience the kind of transportive... the effect that reading has where it’ll completely absorb you within the book and take you to another place...(Fieldnote 29/6/2017)
Steve: yeah there’s one game on there that you’d probably like. It’s not all that easy, but it gives you some idea. It’s called The Room.

Interviewer: The Room? Is that where you have to get out of the room?

Steve: yeah, it’s got all these devices in the room you gotta do...

Jenny: yeah, we had a friend and he was doing the same, unfortunately he died a couple of years ago so, although they used to phone each other and say ‘did you work this out?’ to see how they’d done it

Steve: yeah there’s so many clues you’ve gotta work out in it it’s quite an interesting game really. In fact, I might even play it again [chuckles]. Except I know most of the clues now

Interviewer: I think there might be a second one?

Steve: yes, there was, Room 2. I think I might have done that one as well.
The Room
How to reconcile this with public health concerns?

- Valuing the perspectives of those rooted in the everyday
- Harder to quantify
- The need to resist the ‘correct’ advice
  - Demonstrating value, resisting marginalisation, maintaining self-identity
- “Disability paradox” (Albrecht, G.L. and Devlieger, P.J. 1998)
Social exclusion

- Social exclusion
  - What everyday travel facilitates
  - Lack of transport access/accessibility = social exclusion, and vice versa
  - Transport barriers

- What does this look like in practice?
Fears about your physical safety

- Falling
- Fear of fatigue and injury
- “I’m not really nervous about falling except that I know that so many people do at my age and you know, people seem to expect me to.” (Pamela, 91, COPD/arthritis)
- “You don’t get no warning, it just happens. I remember I was tired, and one day I hurt myself, I fell. And a man saw me, and he said, “oh my god”, picked me up like a feather and he put me by the bus stop, under the shelter. And I couldn’t stop the tears from coming down my cheeks. I said thank you, I just couldn’t talk.” (Elcena, 66, back injury/chronic pain)
Difficult forming routine and structuring your life

- “When you retire you have got no structure. And I like the structure. So that’s when I volunteered. Because I thought well I can’t be in all day long so I did volunteering you know.” (Joyce, 81, COPD/CVD)

- “[My weekly schedule] is nothing, nothing very exciting. In fact it’s very boring. And every day I say to myself I should make time to do something to go out.” (Lorraine, 72, COPD/arthritis)

- The need for everyday travel to be predictable and mundane
It's stressful - Sense of insecurity

- Fear of getting stranded or not being able to get home
- Fear of losing independence

- "I worry about getting stuck somewhere and not being able to get home on my own. That kind of thing I worry about." (Pamela, 91, COPD/Arthritis)

- "a train... ohhh my god. That sort of petrifies me. I'd rather not go. I suppose I'm not in control of the situation, and you're reliant on [the assisted travel service]; are they going to find you? If they're not on time, you think 'what will I do?'" (Joyce, 81, COPD/Arthritis)
SO:

- Generally, their concerns were less structural
  - Not being able to reach the local M&S was the worst complaint people had about not being able to access goods or services
- Anxiety, fear, uncertainty, sense of precariousness
- Changing sense of self and identity
- Social exclusion as a process
“The Mayor, through TfL and the boroughs, and working with stakeholders, will seek... to enable disabled and older people to more easily travel spontaneously and independently, making the transport system navigable and accessible to all.”

(Mayor’s Transport Strategy, 2018, p. 143)
Independence?

• “Dial-a-Ride [a door-to-door bus service] comes any time from half past 11 til 12 o clock... I don’t find that acceptable. It just doesn’t suit me and I can’t bear hanging around. But it doesn’t arise now with the mobility scooter I’m so entirely independent. Although sometimes I’d say well it’s probably quicker on Dial-a-Ride, I feel happier to be independent and to know that... if it’s a nice day I can stop and have a coffee on the way back.” (Annette, 82, arthritis)
Framing the mismatch

- Pierre Bourdieu – Practice theory
  - Habitus
  - Doxa
  - Both are adaptive

- Hermeneutic injustice
  (Miranda Fricker, 2006)
Reflections

- Problematising vs adapting vs rejecting
- Negotiating the different understandings of the world with respect
  - Ethical considerations
  - Responsibility of the researcher?
- Individual experience vs aggregated experience
  - The sensitivity qualitative research must have to nuance, individual perspectives and unravelling broader generalisations
- The complexity and contradictions present in many policies & recommendations and research... how they fall down.
- Any other examples people would like to share?
My PhD

- Londoners over the age of 60 experiencing chronic illness, impairment, or disability
  - Stroke survivors, lung disease, arthritis, dementia, Parkinson’s, multiple sclerosis etc.
  - Focus on impacts of travel being difficult & disability in general, rather than the particular conditions themselves.
- Bus drivers, station staff, Dial-a-Ride drivers
- Mobility – everyday travel. Any movement from point A to point B. Walking, cycling, bus, train, etc.
• “I still enjoy getting out the house and going to these places but it’s that anxiety about what I’m gonna be facing to get there. I wouldn’t not go, you know I’m stubborn like that I’ll put up with it. But it does put you off, let’s put it that way.”

  (Andy, 64, carer to her husband John, 82, who has Parkinson’s disease)

• These challenges can mean leaving the house, being in public spaces, and using public transport generate anxiety, fear, and uncertainty

• These emotional impacts