



# MONASH University

## **Older drivers in Australia: Supporting safe driving through book-length journalism**

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B.A. (Hons)

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The thesis is fewer than the maximum word limit in length, exclusive of footnotes, tables, maps, references and appendices.

The journalistic output, the non-fiction book *Older Drivers: Mobility, Ageing and Fitness to Drive*, will be available as an open source document.

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## Abstract

This PhD research project explores the lived experience of older drivers to provide new insights into practices in the under-researched area of lifestyle journalism addressing issues related to ageing. The project employs narrative techniques and a constructive approach to make a significant contribution to public awareness of safe driving as people age.

The thesis consists of two parts: the project's journalistic output, *Older Drivers: Mobility, Ageing and Fitness to Drive*, and an exegesis. The non-fiction book synthesises the lived experience of older drivers with the results of scientific research from the fields of road safety and ageing. The book supplements, rather than replaces, mainstream journalism and communications from public health experts. Literary techniques are used to ease understanding and engage the audience. The book makes an original contribution to knowledge as the first book-length journalism on the effects of ageing on driving ability, specifically for an Australian audience.

The mixed-method project employs archival research and book-length journalism to understand and represent the lived experience of older drivers. Its fieldwork includes in-depth semi-structured interviews with older drivers from both metropolitan and regional areas, as well as adult children whose parents still drive, and professionals working in areas related to road safety and ageing. Several of the older drivers, defined as those aged 60 years and over, had parents who still drove or had recently given up driving. The researcher was also a participant observer in the driver assessment process.

The project uses discourse analysis methods to examine oral testimony collected through the interviews, to provide content for the non-fiction book. This includes anecdotes and role modelling, which are features of the lifestyle genre. The constructive journalism approach involves both critical analysis and presentation of positive stories in an entertaining way. The book presents first-hand accounts of how and why older people drive, as well as discussing assessment of fitness-to-drive, health conditions that may affect driving competence, and strategies to prepare for life post-driving.

This is important to promote planning, to enhance people's ability to remain mobile as they age.

The emphasis is on providing accurate information without contributing to negative stereotyping of older people.

The exegesis contextualises the research undertaken in the book's production. It also examines Australian newspaper representations of older drivers, using discourse and content analysis methods, the first such examination specifically focused on issues related to older drivers. The analysis reveals journalism's potential to contribute to stereotyping of the cohort, by oversimplifying issues, focusing on negative aspects of age and presenting a narrow range of older drivers.

The research project contributes to community understanding of issues related to ageing and driving through the three strands that combine to produce its outputs and contribution to new knowledge. Its journalistic output, *Older Drivers*, represents journalism *as* research. The newspaper analysis represents research *on* journalism. The project's final strand represents research *through* journalism. The journalistic process created new content and knowledge that is disseminated through the non-fiction book and analysed through the exegesis.

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## Declaration

This thesis is an original work of my research and contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature: .....

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Date: 28/5/2021

## **Publications during enrolment**

Harkin, J., Charlton, J., & Lindgren, M. (2018). Older drivers in the news: Killer headlines v raising awareness. *Journal of the Australasian College of Road Safety*, 29(4), 72-83.

[acrs.org.au/journals/nov-vol-29-no-4/](https://acrs.org.au/journals/nov-vol-29-no-4/)

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## 1. Introduction

Existing work in the areas of lifestyle or service journalism and the growing interest in the role of emotion in journalism will undoubtedly have an important and valuable influence, but given the overall paucity of empirical research dealing specifically with everyday life from a production and content perspective, opportunities for new theories and approaches abound.

Hanusch, 2020, p. 416

The ageing of the population in Australia and most western nations has focused attention on the effects of ageing on driving. The negative effects associated with giving up driving in older age add to the complexity of balancing road safety and the individual's need for mobility without adversely affecting public perceptions of older members of the community. As a result, authorities have called for communication campaigns to raise public awareness of issues related to ageing and driving (Organisation for Economic Cooperation and Development [OECD], 2001; World Health Organisation [WHO], 2015). This PhD research project – 'Older drivers in Australia: Supporting safe driving through book-length journalism' – responds to this need.

The project provides in-depth coverage over an extended timeframe of what are complex issues associated with the experience of ageing and driving, and print media portrayals of ageism. The project addresses gaps in scholarly research and journalism on age-related change and its effect on driving and the experience of drivers, in journalism's public service tradition. It identified a lack of research on Australian media's portrayal of older drivers and established a need for book-length journalism to provide in-depth coverage of issues relevant to safe driving as people age. These identified gaps in scholarly research and

journalism are redressed through the project's two outputs – this exegesis and the non-fiction book *Older drivers: Mobility, ageing and fitness to drive*. The book is written specifically for a non-specialist audience and reflects Australian conditions. It synthesises the lived experience of older drivers with academic research on road safety and ageing, giving a voice to older people. In this way it responds to the United Nations' [UN] call for older people to be included in 'shaping the policies that affect their lives' (2020, p. 4). The book demonstrates the role book-length journalism can play in providing a space to share information and personal experiences, to promote safe driving. Furthermore, the book component of this PhD project illustrates how long-form, in-depth journalism can counteract negative stereotypes by going beyond short news media reports, which commonly portray older drivers as incompetent or even dangerous.

Journalism performs a sense making role in society, providing the audience with reliable sources and verified content, sorting what is important from rumour and spin (Kovach & Rosenstiel, 2007, pp. 48-49). The discipline of verification is its essence (2007, p. 79), creating what Tuchman (1978b, p. 86) termed a 'web of facticity', amassing facts and quoting the opinions of sources to create a 'web of mutually self-validating facts' (1978b, p. 95). Scholarship on journalism has focused on its relationship with the political sphere (Hanusch, 2020, p. 406) but journalism reports on and influences diverse aspects of society, from politics to business and everyday life (Ahva & Steensen, 2020, p. 38). It has the potential to play an important role in enhancing awareness of health issues, including releasing public health messages, providing information in an easily understood form and creating outlets where people may share their stories (Phillips and Lindgren, 2010). Such personal stories, by engaging readers and listeners emotionally, 'can provide a more telling warning than impersonal health messages' (Phillips & Lindgren, 2010, p. 200). Such an approach provides an opportunity for older people to identify problems and solutions related

to retaining mobility as people age. It gives them a voice and recognises their knowledge and perspectives, which are ‘sometimes not sufficiently incorporated in policy-making, particularly on subjects where older persons are affected by the decisions under consideration’ (UN, 2020, p. 15).

Journalism, then, as a disseminator of information (Tuchman, 1978), has the potential to complement public health communications from experts in fields such as road safety and ageing. Looking at the experience of driving from an older person’s perspective is important, as the wealth of academic research in the fields of road safety and gerontology attests. The population of Australia is ageing, a trend that is occurring in most western nations. Most adults drive, particularly in car-dependent societies such as Australia, where access to public transport is unevenly distributed. This has focussed attention on the effects of ageing on driving. The task facing licensing authorities is complex. Continued mobility plays an important role in promoting healthy ageing (WHO, 2015) and ceasing to drive in older age is recognised as ‘a key determinant of declines in mobility’ (WHO, 2015, p. 180), particularly when alternative transport options may not necessarily be ‘available, accessible or safer than driving’ (Charlton et al., 2010, p. 557).

Researchers, however, have raised concerns about the potential for journalism to contribute to public misconceptions about the risk posed by older drivers (Langford, 2009; OECD, 2001). Their concerns relate to the high level of media attention on road fatalities involving this age group. Addressing these important issues has provided an opportunity for this research project to contribute to scholarly knowledge of journalistic processes and fairer representation of ageing drivers.

### 1. 1. Aims and Structure of the Research Project

The aim of the overall project is to examine how journalism can provide a voice and space for people’s experiences of driving and ageing, to give more nuanced accounts of what it can

mean to older Australians to drive – and not to drive. This is achieved in a novel way through a range of methodologies. The project combines media analysis; study of academic literature from the fields of road safety and gerontology; interviews with older drivers and relevant experts; ethnographic field work; writing a non-fiction book; and analysis of journalistic practice.

The project includes two outputs: the non-fiction book *Older drivers: Mobility, ageing and fitness to drive* (henceforth referred to in this exegesis as *Older drivers*); and this exegesis. The specific aim in creating the non-fiction book was to enhance public awareness of issues relevant to maintaining safe driving and mobility as people age, without promoting negative stereotyping of older people. The journalist as researcher provided a public service as well as peer-support, as a member of the older driver cohort. The objective was to synthesise the results of research from the fields of road safety and gerontology with the lived experience of older drivers, to create a new artefact.

The aim of the exegesis was to contribute to scholarly knowledge through analysis of Australian print media representations of older drivers and issues relevant to safe driving as people age; and analysis of journalistic practice through examination of the processes involved in creating the book, including data collection, source selection, interviewing and writing. The exegesis is an essential component of the project, detailing ‘the state of the field and appropriateness of the journalistic methodologies’ (Nash, 2013, p. 7). The project’s systematic evaluation of representations of older drivers in Australian print journalism is the first such examination specifically focused on issues related to this cohort. The book is the journalistic output, with practice-based research methods used to collect and write the stories. The book is a research outcome; the exegesis another, which provides a space for conceptual discussions about the research and analysis relating to the fields. The exegesis also contains reflections of the journalistic practice to contextualise the book. Its contribution is

particularly relevant to lifestyle journalism. The genre has been under-represented in academic research (Hanitzsch & Vos, 2018; Hanusch, 2020, 2019) but increased interest in the past decade has made its presence ‘more relevant for audiences, and thus for journalism scholarship as well’ (Hanusch, 2020, p. 406). Examination of lifestyle journalism specifically related to health issues affecting older people is a neglected area of academic study. Lifestyle journalism on issues related to older drivers is rare in mainstream print media in Australia, as this project’s newspaper analysis shows. These are important gaps that this project has addressed.

The study comprised four steps: a review of journalism scholarship and academic literature on ageing and driving; analysis of print media on older drivers; in-depth interviews with older drivers, family members, and professionals from the fields of road safety and ageing; and writing the non-fiction book *Older drivers*. The review of academic literature was essential to ensure the journalistic output presented fair and accurate reporting that did not omit relevant facts. The three strands contributed to both this exegesis and the production of the journalistic artefact, *Older Drivers*.

## 1. 2. PhD Design

To qualify as research, the project’s practical or journalistic output, *Older Drivers*, needs to communicate knowledge, insight and learning, and to contribute to human experience (Arnold, 2005). The project is an example of production-based research, which complies with the Australian Research Council’s [ARC] (2019) definition of research as:

the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative.

The book is based on semi-structured interviews with 28 older drivers, two adult children of older drivers and eight professionals from the fields of road safety and ageing, including three occupational therapy driver assessors. The older drivers include those with parents who still drive. The book encourages reflection on how and why older people drive; how the driver licensing system addresses medical and other impairments likely to affect safe driving; and the importance of preparing in advance for life post-driving.

The project explores two research questions:

- *How does book-length journalism provide a public service to shape understanding of social change, specifically in relation to the effects of ageing on driving?*
- *How is age understood and represented through journalism about older drivers?*

The non-fiction book, *Older Drivers* and the process of creating it respond to the first question, providing content that is analysed in this exegesis. The researcher-journalist needs to create the artefact (in this case the non-fiction book) but also to understand and communicate the practices involved in creating it. The concept relates to the ‘cognitive tradition in art’ (Frayling, 1984, p. 5), where the practitioner and researcher are the same person, standing both outside the artefact to communicate the thinking involved in making it but also standing ‘within it (to make it)’ (Frayling, 1984; Hope, 2016, p. 12). The journalist communicates through the exegesis what experimenting with the form (book-length journalism) revealed about the practice that created it. Self-reflection was used as a suitable vehicle for analysing development of the journalistic component.



The second question is addressed through the analysis of 11 Australian daily newspapers representing all state and territory capital cities, for the period 2010-2017 (inclusive) and 20 Victorian regional newspapers for the period 2010-2014. The analyses are described and discussed in this exegesis.

For this PhD project, the exegesis and the non-fiction book are intended to be read together. The book represents the results of the research process that created it, and illustrates differences in language and form between academic literature and journalism that synthesises it with interview-based material. The book is designed to stand alone. The exegesis may be read independently for its insights into Australian print media representations of older drivers and journalistic practice related to journalism on lifestyle issues affecting older people.

### 1. 3. Scope of the project

The project focuses on print journalism because of its political and social influence and important role in shaping opinions and setting agendas (Baker et al., 2013; Bednarek & Caple, 2012; Tuchman, 1978b). The print medium allows in-depth coverage of issues and opinions. Podcasts, radio, television and social media posts on older drivers were examined during the research but not formally analysed, as a detailed content analysis of such media was not feasible within the word limit of this thesis. None of the interviewees mentioned podcasts and only one mentioned social media. These may become fruitful sources for future analysis as older adults make greater use of digital media. This is not a full exploration of issues related to older drivers. It is a journalistic project based on the personal experience of drivers and relevant professionals working with them.

### 1. 4. Writing style adopted for the non-fiction book

The non-fiction book was designed as a resource for older drivers, families, health workers and those looking for an overview of issues related to road safety and ageing. Some may be 'time poor' or in the early stages of cognitive decline. The book needed to be inclusive, to act

as a conversation starter and to engage reader interest, while providing factual information consistent with the results of scientific research from the fields of road safety and gerontology. The sentences are shorter and more simply constructed than would be the norm for an academic publication. The exception is the more technical sections, where presenting the content accurately makes simple sentence structure more difficult.

Each chapter explores a specific topic or theme. Chapters are best read sequentially but some repetition has been included to facilitate exploration of topics in isolation if the reader prefers. The writing style was adopted in response to feedback from workshopping excerpts from the book with a non-specialist audience, as part of the project's fieldwork. This will be discussed in the methodology and analysis chapters of this exegesis. This exegesis uses in-text citations and APA (7<sup>th</sup> Edition, 2020) reference style. The book – *Older Drivers* – uses endnotes but footnotes have been used for this document to assist readers of this thesis. Excerpts in this exegesis are presented in italics when the source is the researcher-journalist's unpublished interview transcripts or self-reflections from digital journals kept during the research project and notes taken during and after interviews. This is to differentiate them from excerpts from published works.

#### 1. 5. Structure of the Exegesis

For the purpose of examination, this exegesis is best read chronologically. The next chapter locates the project within current literature and discourse in journalism research and research on road safety and ageing, and ageism. Chapter 3 outlines the project's methodology, establishing the relationship between the journalistic component and this exegesis. Chapter 4 evaluates the findings from the newspaper analyses. Chapter 5 presents the non-fiction book as a research artefact, and evaluation and analysis of the journalistic component and its contribution to knowledge. The final chapter, the conclusion, discusses the limitations of the project and suggests directions for future research.

## 2. Literature Review

### 2. 1. Introduction

The multi-disciplinary nature of this project has required the literature review to synthesise academic literature from diverse areas of scholarship. The project focuses on the use of lifestyle journalism to raise community awareness of issues related to road safety and ageing. Ageing is a natural process, associated with biological and psychosocial change but the changes are ‘neither linear nor consistent, and they are only loosely associated with age in years’ (World Health Organization, 2015, p. 25). The term ‘ageing’ may also refer to a negative identity based on comparison of an older adult’s abilities with those of a younger, fitter and more able norm. When used in this sense, ‘ageing’ refers to an ‘unquantifiable’ state of being, a ‘negated’ form of subjectivity and an ‘undesirable’ state of embodiment (Rodan et al., 2014, p. 8). Lifestyle journalism is a suitable genre for a non-fiction book to address such issues and misconceptions. It emphasises the provision of information to the audience (Hanitzsch & Vos, 2018; Hanusch, 2019) and its subgenres include those dealing with health, wellness and family (Hanusch, 2019).

Journalism exists on a continuum. Hard-news forms are at one end; more subjective forms, which focus on developing effective narrative and characterisation, are closer to the other. This research project’s journalistic output sits somewhere in between. The non-fiction book *Older Drivers* presents accurate information but also employs storytelling techniques to engage the audience. As an example of lifestyle journalism on a health-related issue, the book must accurately present information on safe driving and ageing. Producing the book *Older Drivers* combines journalistic theory and practice, requiring in-depth knowledge of both to discuss the journalism within theoretical frameworks from relevant areas of journalistic scholarship, such as frame theory and discourse analysis. Academic literature from the fields of road safety, ageing and ageism is also relevant, to ensure the accuracy of the book’s

content and understanding of the research methodologies of these fields. Oral history, ethnography and psychology use methods that also apply to journalistic practice, such as interviewing and sharing the stories of ordinary citizens. Hence, scholarly literature from such disciplines is relevant to analysis of journalistic practice.

The literature is synthesised under six main themes, which are critical to this PhD. The first discusses key concepts from the fields of road safety and ageing. The second provides an overview of scholarship on ageism, including its manifestation in the media. The third places lifestyle journalism within broader scholarly research on journalism. The fourth outlines models of journalism that are relevant for this project. The fifth reflects on storytelling, interviewing, the use of emotion in journalism and related ethical considerations. The final theme examines qualitative and quantitative research methodologies used in studies on journalism. This project combines both approaches to overcome any shortcomings in the methodological approaches and to promote sound interpretation and explanation of the data analysed (Baker, 2006). Journalism is an interdisciplinary activity (Nash, 2013) and reports on a range of specialist fields, including road safety. To do so reliably, it has to be:

familiar with the structure and processes of that field, and the criteria and procedures for verification of truth claims made in that field or discipline (Nash, 2013, p. 7).

Production of the journalistic output for this research project, therefore, began with an extensive review of academic literature on road safety and ageing.

## 2. 2. Studies on road safety and ageing

The first step of the project involved reviewing scientific articles and books on the effects of age-related change on driving ability. A key text in the field of road safety and ageing was Odell's *Older Road Users: Myths and Realities, A Guide for Medical and Legal*

*Professionals* (Odell, 2009). Major journals included *Accident Analysis & Prevention*, *American Journal of Public Health*, *Journal of Gerontology*, *The Gerontologist*, and *Traffic Injury Prevention*. Scientific reports published on the Monash University Accident Research Centre website were also reviewed, including Charlton et al.'s (2010) review on the influence of chronic illness on motor vehicle drivers' crash involvement.

Scientific literature on the types of crashes older people are involved in is also relevant for this project. Older drivers have distinct crash patterns (Eby et al., 2019; Langford & Koppel, 2006). The cohort is more likely to crash at intersections than are younger age groups, most likely in response to functional impairments that become more common with age (Eby et al., 2019). Age-related frailty and slower recovery from injury mean older people are more likely to die than younger ones if they are involved in a crash (Eby et al., 2019; Li et al., 2003; Oxley, 2009; Young et al., 2018). This over-representation of older people in fatality and serious injury crash statistics is what is referred to as the 'frailty bias' (Langford, 2009, p. 12). The conditions that increase an older person's risk of death or serious injury as a driver also increase vulnerability as a pedestrian (Oxley, 2009).

Researchers argue that the media's high level of attention to road fatalities involving the older age group contributes to public misconceptions about the risk older drivers pose on the roads (Langford, 2009; OECD, 2001). Fatal crash statistics indicate that Australian older drivers are less of a threat to other road users in terms of fatalities but slightly more of a threat in terms of injuries (Langford & Koppel, 2006). Road safety researchers have also pointed to the disjunct between the media's calls for increased licence restrictions on older drivers (Charlton et al., 2009; OECD, 2001) and advice from road transport and medical experts that compulsory age-based assessment does not improve road safety (Hakamies-Blomqvist et al., 2004; Langford, 2009; Langford et al., 2008a; Langford et al., 2008b; OECD, 2001) and may be discriminatory (Charlton et al., 2009). More than a quarter of road

fatalities for those aged 75 years and over in 2019 were pedestrians, well above the rates for younger age groups (BITRE, 2020). Driving may be a safer form of mobility than walking or using public transport for older adults (Hakamies-Blomqvist et al., 2004). Efforts to increase walking and cycling are warranted for health and sustainability benefits but need to address the ‘increased risk of death and serious injury associated with being a pedestrian or bicyclist’ (Eby et al., 2019, p. 55).

Victorian coroners have raised the issue of mandatory reporting by doctors of medically impaired drivers (Victorian Coroner’s Court 2017, 2016a, 2016b, 2015). Mandatory medical reporting relates to long-term chronic medical conditions and impairments that are likely to increase crash risk (Austroads, 2017). A recent review of research on the issue from Australia and other western countries has found no clear evidence that such reporting reduced crash risk for medically unfit drivers and the requirement has the potential to harm the doctor/patient relationship (Koppel et al., 2019). Medical and health practitioners face conflicting legal and ethical responsibilities, including the need to balance patient care with the safety of the patient and the public (Jones et al., 2012; Koppel et al., 2019).

Analysis of scientific literature highlighted the importance of mobility to healthy ageing (WHO, 2015). Ceasing to drive is recognised as ‘a key determinant of declines in mobility’ for older people (WHO, 2015, p. 180). Most adults walk and drive (Satariano et al., 2012) and driving remains important for older people as they age. Alternative transport options may not be ‘available, accessible or safer than driving’ (Charlton et al., 2010, p. 557). Sirén and Meng (2012, pp. 634-638), for example, examined the results of introducing an age-based screening test of cognitive ability in Denmark. They found no statistically significant difference in the number of older drivers involved in fatal crashes but the number of older pedestrians and cyclists who died in crashes increased significantly. This suggested

that older people were switching from driving to ‘unprotected, significantly less safe modes of transportation’. The researchers concluded that the screening was ‘an example of a political measure that intuitively makes sense, but fails to produce the desired benefits’ and may decrease safety (Sirén & Meng, 2012, pp. 634-638).

Measures to screen and identify at-risk drivers are widely discussed and debated. Age-based screening policies are ‘widely used in most European countries and many US and Australian states’ (Sirén & Meng, 2012, p. 634). Australia has no uniform licence reassessment policy. State licensing requirements vary from Queensland, which introduced mandatory medical examinations for drivers aged 75 and over from January 1, 2014, to Victoria, which relies on police, medical professionals and families notifying the state’s licensing authority of concerns about at-risk drivers, although there is no requirement for third parties to do so (Harkin et al., 2018, p. 81). The licensing authority notifies the driver of assessment requirements for retaining their driver’s licence. Research results, however, indicate that age-based licensing policies are ineffective at improving overall road safety for older adults (Hakamies-Blomqvist, Johansson & Lundberg, 1996; Koppel & Newstead, 2008; Langford, et al., 2004; Sirén & Meng, 2012). Tefft (2014) and Grabowski et al. (2004) found no policy they examined significantly reduced fatal crash involvement for drivers under 85 years, although in-person licence renewal was associated with lower driver fatality rates for drivers aged 85 and older (Eby et al. 2019; Grabowski et al., 2004). More stringent tests linked to licence renewal, such as vision and road tests and requiring more frequent licence renewal ‘were not independently associated with additional benefits’ (Grabowski et al., p. 2840). Policymaking involving age-based assessment was not evidence based (Eby et al. (2019, p. 140; Sirén & Haustein, 2015) and the focus of licensing practices should be on prolonging ‘older adults’ safe driving career rather than limiting mobility’ (Eby et al., 2019, p. 140; Sirén & Haustein, 2015).

Screening methods are also subject to debate. As Meuser et al. (2016, p. 852) point out, driver licensing authorities rely on physicians' assessments of medically at-risk drivers when making licensing decisions despite the paucity of research on 'how physicians form opinions on driver capability'. The lack of 'reliable, clinically sensible, and valid tools to assist screening and assessment of driving' acts as a barrier to screening of at-risk drivers by physicians (Eby et al., 2019, p. 130). Existing tests lack the required sensitivity and specificity needed for a mass screening tool (Bédard et al., 2008). They may falsely identify safe drivers as unsafe, causing them to cease driving prematurely (p. 337) or fail to identify at-risk drivers, putting the driver and other road users at risk (p. 340).

The United Nations highlighted the importance of transport and mobility in its 2015 Sustainable Development Goals (UN, 2015). The targets included making 'cities and human settlements inclusive, safe, resilient and sustainable'. Clause 11.2, for example, pledged to work towards the provision by 2030 of transport systems for all and drew attention to the particular vulnerability of women, children, older people and those with impairments (UN, 2015, p. 21). The year 2030 is significant. The last of the 'Baby Boomers', defined as those born between 1946 and 1964 (ABS, 2003), turns 65 in 2030. The Australian population is ageing because of three trends: birth rates soared after the end of World War II, people are living longer, and women are having fewer children. The total fertility rate for Australian women was 3.5 in 1961 (ABS, 2003). It plummeted to 1.66 births per woman in 2019 and has been below replacement since 1976 (ABS, 2020). The number of people aged 65 years and over is projected to almost double between 2017 and 2042 (ABS, 2018). Improved health care has extended life expectancy, which has increased to 84.9 years for women and 80.7 years for men, one of the highest in the world (Australian Institute of Health and Welfare, 2020).



Licensing authorities need to balance acceptable risk from older people continuing to drive with the individual's need to maintain mobility (Charlton et al., 2010, p. xvi; Hakamies-Blomqvist et al., 2004; OECD, 2001). Giving up driving is associated with significant adverse effects on older adults' physical and mental health (Caragata et al., 2009; Hakamies-Blomqvist et al., 2004; Marattoli, 2000; Odell, 2009a; Unsworth, 2009). Having a driver's licence is often seen as part of being a healthy adult and used for personal identification (Fildes, 1997). Giving up driving is associated with feelings of loss and dependence (Mullen & Bédard, 2009), increased social isolation (Ragland et al., 2004) and depression (Caragata et al., 2009; Fildes, 1997; Marattoli et al., 2000; Unsworth, 2009). It may restrict access to goods and services and community activities (Mullen & Bédard, 2009; Ragland et al., 2004) and increase the risk of moving to an aged care facility (Freeman et al., 2006). Those living in areas poorly served by public transport are particularly at risk of decreased independence and community and family support can be crucial (Odell, 2009a). This project has responded by interviewing older drivers from both metropolitan and regional areas. Some recent studies have shown that the adverse effects of driving cessation may be reduced for those living in cities with better access to transportation options other than driving (Lee et al., 2011) and for those who are 'frequent and varied' users of the internet, particularly social media (Challands et al., 2017, cited in Eby et al., 2019, p. 19).

Researchers report that functional impairments, such as problems with vision or coordination, may have safety implications (Eby et al., 2019; Klauer et al., 2006; Young et al., 2018). Appropriate treatment can reduce the risk associated with some conditions, such as cataract and sleep apnea. Research results in Australia and other western countries also indicate that people can compensate for the effects of some medical conditions, such as problems with night vision, by modifying where and when they drive, and that many older drivers do so (Charlton et al., 2009; Eby et al.; Hakamies-Blomqvist & Wahlstrom, 1998;

Marottoli et al., 1993; Molnar et al., 2018, 2013, 2008). Such modification of driving in response to awareness of impairment is defined as ‘self-regulation’ (Eby et al., 2019, p. 37).

Drivers self-regulate in three main ways: pre-planning how and when to drive, such as avoiding night driving and challenging situations; modifying driving manoeuvres, for example, by leaving more room between their car and the one in front, to allow for slower reaction times; and making broader decisions, such as basing their car choice on safety features or choosing to live close to where they mostly drive (Molnar et al., 2008). Some changes, however, have nothing to do with self-regulation, such as those that are merely responses to changes in lifestyle or preferences (Molnar et al., 2013). Self-regulation requires that drivers make adjustments to improve safe driving but also that they are aware that their skills have declined so is not effective for all conditions.

Older drivers are not a ‘single homogeneous group’ (Eby et al., 2019, p. 36). Some studies have found that older women self-regulated their driving more than their male counterparts, adapting where, when and how they drove. But others report that self-regulation is no greater among women and the difference noted may relate to confidence, not gender. Eby et al. (2019, p. 38) report that studies found reduced effects of gender and age on ‘driving avoidance’ when the analysis included ‘some type of confidence variable’. Researchers caution that differences between men and women in the frequency of driving and the distance driven may reflect income levels rather than gender (Eby et al., 2019). People with lower incomes are more likely to limit their driving (Hakamies-Blomqvist et al., 2004) and older people on lower incomes may also face driving longer distances under more difficult conditions (Ragland et al., 2004). The results suggest decisions about driving cessation are more about personal driving history than ‘gender per se’ (Hakamies-Blomqvist & Sirén, 2003).

Legislative changes such as mandatory reporting of impaired drivers is likely to be unpopular and will require extensive public education and a culture shift (Charlton et al., 2009, p. 45), indicating a need to:

educate the community and increase awareness regarding the role of functional abilities for safe driving and the identification of drivers who may have an increased risk of crashing as a result of functional decline (Charlton et al., 2009, p. 41).

Authorities warn that such communication campaigns need to avoid adversely affecting the community's view of older people (OECD, 2001; WHO, 2015). This need was a major impetus for creating this project's journalistic component – the non-fiction book *Older Drivers*.

### 2. 3.      Studies on ageism

Stereotypes of older people as forgetful and less able to learn and make decisions are prevalent in society, even among older people themselves, their families, and health and other care providers (WHO, 2015). Challenging such stereotypes by improving awareness and understanding of the process of ageing is one of the project's key aims. While ageing is a natural process, the term 'ageism' refers to a form of discrimination in which people are treated differently based on their age. The term was invented in 1969, a year after 'sexism' (Gullette, 2017; Meisner, 2020) but unlike sexism and the other 'bigotries now recognized as evils', ageism is 'rarely named and little examined' (Gullette, 2017, p. 1). Normal ageing affects individuals to different degrees. Older people differ widely in terms of functional abilities and health and are recognised as the most heterogeneous part of the population (Eby et al., 2019). As Gullette (2017, p. 7) explains, ageing 'serves as the trigger for ageism, the

way skin color serves as the trigger for racism or secondary-sex characteristics as the trigger for sexism’.

Age-based discrimination matters as it may adversely affect public understanding of social change. Stereotyping often involves perceptions of the outgroup in both positive and negative ways, such as when older people are represented as likeable but incompetent (Vervaecke & Meisner, 2021). The result is often paternalistic treatment of older people, ‘helping behaviors targeted at older adults’ that boost the status of younger age groups and frame older people as dependent (Vervaecke & Meisner, 2021, p. 160). Research in the US indicates that the public view of ageing is ‘decidedly negative’ and ‘antithetical to how most older people feel and what experts in the field know to be true’ (D’Antonio, 2020, pp. 73-75). Gerontological Society of America [GSA] president Patricia D’Antonio (2020) argues that using language that refers to older people as the ‘other’ or that talks about the ageing of the population in terms of a ‘crisis’ promotes negative attitudes to ageing. Messages from experts are misinterpreted because cultural influences predispose the public to make faulty assumptions about ageing that impede the transmission of accurate information. The COVID-19 pandemic has seen a resurgence of ‘ageism that depersonalizes and dehumanizes older adults’ (Meisner, 2020, p. 56). The heterogeneous group has been labelled as ‘vulnerable’ and ‘at risk’, conflating age with disease (pp. 57-58). Such oversimplification of age and age-related risk, through stereotyping and prejudices, leads to differential treatment of older adults based on their age and is ‘blatantly discriminatory (pp. 58-59).

Older adults are alternatively framed as either ‘*feeble, unproductive, or demented*, appropriate objects of revulsion’ or politically powerful voters who disadvantage younger people (Gullette, 2017, p. 5). Such framing may result in ‘disparate treatment on the basis of irrelevant traits’ (p. 6) resulting in both fear and holding the group responsible for national crises. Scrutinising the way Australian newspapers frame issues related to older drivers is

important, to reveal the use of such stereotypes, which may affect policy decisions, such as age-based assessment and regulation of the cohort. Policies represented as protecting older people as a collective patronise those older people who do not require protection and encourage dependence. As Meisner (2020, p. 59) argues, age may be a factor in decision-making to determine how older people are treated but it ‘should not be *the* factor’.

Researchers argue that ageism takes more than one form. Binstock (2010, p. 575) assigns US government policies in the 1960s and 1970s, which improved social security benefits for older people and enacted laws against old-age based discrimination, to ‘the construct of compassionate ageism’. This form of ageism tended to stereotype all older people as essentially the same: poor, frail, dependent and ‘deserving’ of government assistance (p. 575). A growing emphasis on individualism and free-market capitalism from the late 1970s, however, saw a rise in ‘unflattering stereotypes’ (p. 575) and highlighting of the contrast between older and younger age groups. Such ‘intergenerational ageism’ presented the older age group ‘in a particularly unfavourable light’ (Marier & Ravelli, 2017, p. 1635).

The term ‘greedy geezers’ became ‘a familiar adjective’ in US media and was still in use in 2010 to describe an older age group depicted as ‘prosperous, hedonistic, politically powerful, and selfish’ (Binstock, 2010, p. 576). The effect on the US budget of the ageing population saw age used as a scapegoat for inequity, with media references to the older age group as a ‘growing burden’ that someone would have to shoulder (pp. 576-577). Themes of ‘intergenerational inequity and conflict’ were used in the media and by academics to describe social policy issues, with some writers presenting health rationing based on old age as ‘desirable and ethically just’ (p. 577).

‘Compassionate Ageism’ and ‘Intergenerational Ageism’ present negative portrayals of ageing. Another popular form of ageism is more positive but may marginalise and

stigmatise older adults with physical and cognitive disabilities that prevent them attaining the version of 'successful' ageing it promotes (Rozanova, 2010, p. 215). 'New Ageism' idealises 'a good' old age, highlighting youthfulness, independence and productivity, values western media tends to reflect (2010, p. 214). The discourse around the model places responsibility on the individual to avoid the negative effects of the ageing process. Many adults, however, may find this ideal of successful ageing difficult or impossible to attain (Marier & Revelli, 2017, pp. 1636-1637; Rozanova, 2010).

Marier and Revelli's (2017) study of portrayals of ageing in US and Canadian newspapers from 2013-2014 found more than three-quarters of the articles analysed contained negative portrayals of ageism (p. 1633), including examples of Intergenerational Ageism and Compassionate Ageism. Only 8 per cent included examples of New Ageism.

Academic studies of ageism in Australian media are rare. Larkin et al. (2008) analysed representations of older drivers in New South Wales newspaper articles in the period 2003-2006 (inclusive) but focused on reporting of two specific incidents. Both involved crashes in which a young child was seriously injured by vehicles driven by older adults. The analysis revealed stereotyping of older drivers as irresponsible and 'child-like' (2008, p. 6). Larkin et al. (2008) concluded that the media were affected by unconscious bias and in turn created bias in the audience. A second study focused on 'undesirable states of embodiment', including ageing, obesity and disability but the analysis of representations of ageing was limited to television shows (Rodan et al., 2014, p. 8). A third study (Kirkman, 2006) analysed the portrayal in New Zealand print media of Alzheimer's disease, a condition more prevalent in older age groups. Kirkman (2006) noted the potential of media coverage to reduce stigma but concluded that her study's analysis of media coverage of Alzheimer's disease and dementia indicated it remained a 'powerful transmitter of stereotypes' associated with dementia and ageing (2006, p. 78).

The literature review revealed the absence of an in-depth study of representations of older drivers and issues related to driving and ageing focusing on either Australian mainstream daily newspapers or Victorian regional newspapers. This PhD project has addressed both these neglected areas of scholarly research on journalism.

#### 2. 4. Scholarly research on journalism

Journalism is traditionally seen as a disseminator of information (Tuchman, 1978) but the main focus has been on its contribution to democracy and citizenship (Hanitzsch & Vos, 2018; Hanusch, 2020, 2019; Zelizer, 2012, 2011). The focus of journalism scholars on political news resulted in the under-exploration of other forms of journalism and the work of journalists in non-western and non-democratic countries (Hanitzsch & Vos, 2018, p. 146). Scholars and even fellow journalists were ‘largely dismissive’ of lifestyle journalism (Hanusch, 2019). Journalism, however, plays an important role in *both* the public and private spheres, reporting on political life but also on information relevant to everyday life (Hanitzsch & Vos, 2018; Hanusch, 2019).

Scholarly work on the role of journalism and what journalists do is now broader (Hanusch, 2019; Wahl-Jorgensen, 2020; Zelizer, 2012), with growth of research on lifestyle journalism in the past decade accompanying its increasing relevance for audiences (Hanusch, 2020). This growth is a response to social changes, such as the increasing importance of individual identity and the declining influence on identity formation of family and religion (Hanusch, 2020). Research interest in lifestyle journalism, however, has gravitated towards the ‘odd and outrageous’ in preference to the ‘mainstream and mundane’ (Zelizer, 2011, p. 10). The result has been a lack of research interest in lifestyle issues relevant to older adults. As Gullette (2017, p. 13) notes, ‘age as a theme to dwell on is considered at best dull’ but it acts as a ‘trigger for ageism’ and oppressive practices against people based on their age need to be exposed (p. 7).

Journalism takes many forms; discussing them in detail is beyond the scope of this study. Instead, this research project addresses the gap in scholarly research on journalism relevant to one area that affects the lifestyle of a large cohort of older adults – those who drive or have recently ceased driving. It presents an in-depth exploration of a narrow range of journalistic genres that are relevant to sharing the under-reported stories of older drivers and experts working with them, contextualised within the knowledge base produced by academic researchers in the fields of road safety and ageing.

## 2. 5. Models of journalism

Journalism practitioners have traditionally applied binary descriptors to their work – differentiating, for example, between ‘news’ and ‘features’, ‘hard news’ and ‘soft news’ – or described their work in terms of ‘rounds’, specific areas such as police, courts, sport and health (Lamble, 2011). Hard news is written by a supposedly objective and neutral observer (Fulton, 2005c; Wahl-Jorgensen, 2013a). Soft news includes background articles and human-interest angles on current events (Fulton, 2005c). Lamble (2011, p. 189) captures the essential difference between news and features, for example, in his description of feature writing as the point ‘at which print journalism intersects with art’. As scholars turned their attention to reporting on normal mundane life experiences, however, they noted a more complex kaleidoscope of content and practices.

The result has been the proliferation of labels for the work that journalists do. Scholars now refer to journalistic forms using the term ‘journalism’ with such modifiers as ‘service’, ‘advocacy’, ‘community’, ‘solutions’, ‘peace’, ‘civic’, ‘prospective’, ‘hyper-local’, ‘lifestyle’, ‘constructive’, ‘book-length’ and more. As Wahl-Jorgensen and Hanitzsch (2020, p. 7) explain, journalism studies in recent years have diversified and fragmented, with key concepts, including the term ‘journalism’, ‘now subject to constant challenge and contestation’. This research project involves the production of ‘lifestyle journalism’, using



techniques from narrative and literary journalism and following a ‘constructive journalism’ approach, with the extended time frame and word length that ‘book-length journalism’ allows, as the terms are defined below.

(a) Lifestyle journalism

Scholarly research into reporting of experiences related to private life is recent (Hanusch, 2020) but journalism’s role in serving the community through such reporting is not new. Journalists have long conceptualised their role as socially responsible, providing a public service through objective, fair and trustworthy reporting (Deuze, 2005; Zelizer, 2011). News media in western democracies since the latter half of the twentieth century have responded to audience concerns through a form of service journalism (Eide & Knight, 1999). The genre increases awareness of problems and provides information and guidance to empower the audience to address them (Eide & Knight, 1999). A cultural shift towards greater emphasis on freedom of choice and personal autonomy has increased the need for content that provides such practical advice, which is variously referred to as ‘service or lifestyle news’ (Hanitzsch and Vos, 2018, p. 147), ‘news-you-can-use’ (Hanusch, 2020, p. 411; Hanitzsch & Vos, 2018, p. 157), and ‘lifestyle journalism’ (Hanusch, 2019, p. 194; Hanusch & Hanitzsch, 2013), the term preferred in this exegesis.

Hanusch and Hanitzsch (2013, p. 947) define lifestyle journalism as:

*the journalistic coverage of the expressive values and practices that help create and signify a specific identity within the realm of consumption and everyday life.* [Original italics]

The book *Older Drivers*, which is presented at the end of this exegesis, is the journalistic component of this project. The book, which should be read at the point indicated

in Chapter 5, is an example of the lifestyle genre, which focuses on the private domain and emphasises the provision of information, advice and help to the audience (Hanitzsch & Vos, 2018; Hanusch, 2019). Its subgenres deal with a range of issues, including health, wellness and family (Hanusch, 2019; Hanusch & Hanitzsch, 2013). Hanusch's (2019) survey of the roles of Australian lifestyle journalists identified 11 major areas in which they work. The results indicated journalists fulfilled a combination of four main roles: service providers, life coaches, community advocates and inspiring entertainers (Hanusch (2019). Most ranked 'inspiring entertainer' first, highlighting a focus on providing engaging content as well as ideas. Almost half wrote on travel, but 40 per cent reported on health, wellness and fitness. Journalists writing in that specialty placed 'life coach' second, followed by 'community advocate' and finally, 'service provider'. The first three roles are the most relevant to this research project.

Hanusch (2019) describes the 'life coach' role as one that focuses on providing content, including inspiring examples, to motivate people to change their lifestyles. The 'community advocate' role provides a forum for the audience to ask questions, helps to build communities and promotes the audiences' interests. The 'service provider' role includes product reviews, reports on new trends and promotion of lifestyle industries (Hanusch, 2019) and has less relevance for this project.

Lifestyle journalism's focus on stories that are entertaining and positive does not imply the absence of critical discourses. Journalism should provide content that is accurate, reliable and comprehensive (Kovach & Rosenstiel, 2007) and critical discourse is part of that, such as covering the broader political and economic issues related to environmental change (Hanusch, 2020).

(b) Book-length journalism

Several terms define forms that allow more extended time-frames and publication space than is possible through publication in mainstream daily newspapers. ‘Long-form journalism’, for example, has been used to describe radio and television documentaries and feature writing, differentiating them from other forms of journalism in terms of the level of research involved in the output rather than the word count or the duration (Lindgren & Phillips, 2011). Other terms include ‘long-form non-fiction’, ‘literary journalism’, ‘narrative journalism’ and ‘book-length journalism’. The term ‘literary journalism’ goes back to the 1960s and 1970s and refers to the ‘New Journalism’ popularised by writers such as Tom Wolfe, who described it as ‘journalism that “reads like a novel” or “short story”’ (Hartsock, 2016, p. 3). The terms can have different meanings at different times and in different places. For that reason, this exegesis describes the research project’s journalistic component, *Older drivers*, as ‘book-length journalism’, as defined by Ricketson (2014), who sets out six criteria that book-length journalism needs to meet (pp. 16-17). The journalism should be about actual people and events and concern topical issues; involve extensive research; tell true stories using a narrative approach; provide a ‘broader range of authorial voices’ than daily news reporters can use; explore the ‘underlying meaning’ of events and issues; and potentially have an impact on readers by focusing on ‘events, people and issues that stand out from the daily crush of news coverage’. The extended time frame and word length should contribute to a more effective output, reflecting the time and effort that can go into the research and writing (Ricketson, 2014). These attributes also support the journalist’s role as facilitator or mediator of community dialogue (Haagerup, 2017), a role emphasised in the constructive journalism form.

### (c) Constructive journalism

Constructive journalism is ‘an emerging form of news’ (Baden et al., 2019, p. 1940; McIntyre & Gyldensted, 2018, p. 663) developed in response to excessive negativity in news reporting (Haagerup, 2017; McIntyre & Gyldensted, 2018). The term refers to a form of journalism that ‘applies positive approaches to lifeworld issues’ (From & Nørgaard Kristensen, 2018, p. 715), focusing on possible solutions and the examples of role models (Meier, 2018). It is neither an alternative to traditional ‘watchdog’ journalism nor representative of ‘harmless positive news’ (Haagerup, 2017, p. 23). It promotes the journalist’s role as facilitator or mediator of community dialogue (Haagerup, p. 23, 76), presenting a ‘holistic’ picture of reality that also acknowledges the negative aspects of an issue (Meier, 2018, p. 765). This was apparent from analysis of the interview transcripts and the inclusion in the book of solutions that the older drivers put forward to address issues such as improving driving skills (Bedford interview, 2018; Hetherington interview, 2018). The effect of dialogue between journalist and interviewee was also apparent in former mechanic and truck driver Alan Williams’ discussion of the requirement for Victorian drivers to notify their licensing authority when they become aware of a medical condition that may affect their driving (Williams interview, 2018). These examples are examined in more detail in the discussion section of this exegesis.

Some scholars define ‘constructive journalism’ more narrowly, linking it to solutions journalism (McIntyre & Gyldensted, 2017; McIntyre, 2019), a form in which the solution is ‘the most salient information in the story’ (McIntyre, 2019, p. 21). Many use the two terms interchangeably (McIntyre & Gyldensted, 2017). Solutions journalism has been criticised, however, for focusing on solutions or changes that have already been achieved (Meier, 2018).

Constructive journalism has also been linked to positive psychology (Hermans & Drok, 2018; McIntyre & Gyldensted, 2018, 2017). McIntyre and Gyldensted (2018, p. 663), for example, define it as journalism that:

involves applying positive psychology techniques to news processes and production in an effort to create productive and engaging coverage, while holding true to journalism's core functions.

They present the Positive Psychology Association's 2017 definition of positive psychology as 'the scientific study of what enables individuals and communities to thrive' (McIntyre & Gyldensted, 2018, p. 662). Elsewhere they limit the term to news stories that apply a 'positive psychology strategy' (McIntyre & Gyldensted, 2017, p. 23), implying journalists must understand and consciously apply such strategies.

McIntyre (2019) argues that including solution information in news stories makes readers feel less negative and produces more favourable attitudes to the article and the solutions it presents. Its role in motivating the audience to make changes, however, is yet to be proven (McIntyre, 2019; Meier, 2018).

Established research has shown that narrative forms also have positive effects for an audience, particularly when used to present science-related content, such as the information on road safety and ageing in Older Drivers, this project's journalistic artefact.

#### (d) Narrative and literary journalism

Literary journalism combines journalistic reporting with use of narrative and storytelling techniques familiar from fiction writing (Harcup, 2014). It ranges from brief colour pieces to book-length journalism. The writing process draws on narrative techniques such as detailed descriptions and 'personalised story-telling' to create dramatic tension (Wahl-Jorgensen,

2013a, p. 310). Narrative is used here in its narrow sense as applying to understanding of text, involving use of characters, plot and chronology (Abrams, 2010).

Hartsock (2016, p. 14) represents journalism as a continuum, with hard news at one end, traditional feature writing somewhere near the middle and what he terms ‘narrative literary journalism’ or ‘narra-descriptive journalism’ at the other extreme. Narra-descriptive journalism emphasises the writing’s narrative and descriptive qualities with digressions into expository mode, whereas traditional feature writing tends to use narration and description to illustrate an expository claim (Hartsock, 2016). Such narrative discourse has the potential, for example, to make scientific research and its results more accessible to the layperson (Hartsock, 2010; Passos et al., 2010).

The literary journalist acts as a translator, adapting difficult language for a lay audience, but may also introduce digressions, non-academic information and ‘non-predominant points of view as counterpoints’ to help the audience to understand the information involved (Passos et al., 2010, pp. 29-30), hence the relevance of the form to the creation of this research project’s journalistic output, *Older Drivers*. The classic hard news story is an efficient way to provide the audience with easy access to the most important information (Hartsock 2016; Schudson, 2003; Wahl-Jorgensen & Schmidt, 2020) but it does not engage the audience imaginatively in the way that narrative does (Hartsock, 2016; Wahl-Jorgensen, 2020).

Use of narrative and literary techniques has a range of advantages for presentation of journalism on everyday life matters. Narratives or stories in literary journalism allow use of a wide range of voices and viewpoints (Wahl-Jorgensen & Schmidt, 2020). Immersion reporting, for example, allows the journalist to write from their own experience rather than as a dispassionate observer, facilitating the inclusion of interior consciousness (Hartsock, 2016). Sources become ‘characters’ and quoting them has a narrative purpose (Benson et al., 2015).

Research indicates narrative is easier to read and recall than expository text and more reader friendly (Hartsock, 2016). Its use is recognised as a supplement to standard practices in areas such as medicine (Marson, 2008). The journalist's role as a facilitator of community dialogue allows people to share their stories (Phillips & Lindgren, 2010). Such stories engage readers in an 'immediate and emotional way', presenting health information more effectively than impersonal health messages (Phillips & Lindgren, 2010, p. 200). Creating empathy for the story's subjects or 'characters' helps to put a human face on what may be complex topics (Wahl-Jorgensen, 2013a). As Bird and Dardenne maintain (2009, p. 214):

Stories are powerful. That's why governments, corporations, and special interests employ legions of people to create the right ones and alter, or alter our perceptions of, all the others.

Literary techniques allow the familiar to be juxtaposed to the unfamiliar, disrupting the reader's assumptions (Hartsock, 2016). Such an approach encourages readers to engage in the process of creating meaning (Hartsock, 2016). The focus is on connecting emotionally with the audience, in the sense used by Bourdieu (Bourdieu & Haacke, 1995, p. 23) when he describes how an artist may transmit a message by '*making a sensation*',

which does not mean being sensational, like television acrobats, but rather, in the strong sense of the term, putting across on the level of sensation – that is, touching the sensibility, moving people.

Such engagement is important in lifestyle journalism, which tends towards the ‘soft news’ or feature writing end of the spectrum. Stories of lived experience help the audience to engage with ‘the large and often abstract events’ they illustrate (Wahl-Jorgensen, 2020).

Wahl-Jorgensen (2013a, p. 306) argues, however, that journalists outsource ‘emotional labour’ by presenting the sources’ experiences in the storytelling rather than their own. Use of compelling stories to draw an emotional response raises ethical issues which are relevant to production of *Older Drivers*, particularly issues related to interviewing, the journalist’s role and the sometime-competing responsibilities to interviewees and readers. These issues are discussed in more detail below.

## 2. 6. Storytelling, interviewing and ethics

Analysis of journalism’s cultural role includes examination of its use of emotion and storytelling in connection to everyday life. Journalism requires accuracy even when literary forms are employed (Kovach & Rosenstiel, 2007). The narrative practice occurs within professional practice, creating tension between the need for accuracy and an unbiased approach and the sometimes competing need to include compelling stories to engage the audience (Wahl-Jorgensen & Schmidt, 2020). Audiences have come to see such use of narrative or storytelling in journalism as ‘natural’ but the anecdote’s subject is seldom engaged in the debate and the focus is often on the view of a powerful elite (Fulton, 2005c). Such use of the stories of ordinary people raises concerns if they are not engaged in active debate (Frisch, 2006).

One way to address this issue is to bring attention to their concerns, as Rao’s (2010) ‘vernacular’ journalism model illustrates. The model recognises the ‘performative power’ of news and the way ordinary people may use the media’s ‘symbolic power’ to achieve their aims (Rao, 2010, p. 107-108). The term ‘symbolic power’ refers to the media’s ability to



‘create things with words’, to ‘conceal or reveal things which are already there’ and to bring about change (Bourdieu, 2007, p. 138).

(a) Interviewing

Oral testimony of lived experience is an effective way to capture ‘events, information, knowledge, context, and emotion’ (Pink, 2005, p. 101). This form of gathering data on lived experience is used in journalism but also in oral history. Research from that field has drawn attention to important issues involving information that are useful for theory development in journalism. Oral historians explain that sources may hold different values at the same time ‘without implying confusion, contradiction, or even paradox’ (Frisch, 2003, p. 159). Their research reveals that interviewees are most likely to recall accurately events and experiences that are the most important to them when they happen (Abrams, 2010). When a question is unexpected, the interviewee may ‘scratch around’ and use disjointed sentences as they seek to find the answer (Abrams, 2010, p. 104). Oral historians emphasise the need for a variety of approaches to interviewing, responsive to the culture of the interviewee (Thomson, 1998). A journalist needs to ‘gain people’s confidence and get them to talk’ in an interview (Lamble, 2011, p. 113), as does the oral historian. Their interview conventions may differ but they face similar ethical questions when using interviewing to gather data: Where do the researcher’s responsibilities lie (Lindgren, 2012; Reynolds, 2012; Sheftel & Zembrzycki, 2010; Yow, 1998)? Participation in an in-depth interview with an empathetic listener may benefit interviewees by helping them to share their experiences (Lindgren, 2012) but an empathetic listener may set up a false expectation that the researcher and participant share a common purpose (Reynolds, 2012). Oral histories written from ‘above’ about less powerful social groups can further disempower the subjects (Thomson, 1998), particularly when the oral historian’s responsibility to the interviewees is at odds with responsibility to the research project (Lindgren, 2012; Reynolds, 2012; Sheftel & Zembrzycki, 2010; Thomson, 1998).

The researcher's ethical engagement, however, extends beyond the commitment to interviewees (Sheftel & Zembrzycki, 2010; Thomson, 1998). Oral historians, and journalists, must publish the results of their analysis, which interviewees may see as a betrayal if the analysis does not support the imagined shared project (Reynolds, 2012). Journalist Janet Malcolm in *The Journalist and the Murderer* (1991, p. 3) presents an extreme view of the journalist-interviewee relationship. She argues that a journalist is 'a kind of confidence man, preying on people's vanity, ignorance, or loneliness, gaining their trust and betraying them without remorse'. She describes the journalists' sources as 'a small group of people of a certain rare, exhibitionistic, self-fabulizing nature' (p. 71), who more commonly display 'childish trust' in the journalist than 'extreme wariness and caution' (p. 32). Journalists write many types of stories and the processes of interviewing and writing are more complex than Malcolm presents.

Ricketson & Graham (2020, pp. 153-154) argues that ordinary people caught up in the news are likely to be 'accessible but uninterested in publicity'. He recognises that journalists writing features need to present a range of views and advises an honest approach and 'genuine curiosity' about the source's beliefs, adding that most people respond to 'an appeal to their sense of fairness and accuracy' (p. 153). But he also acknowledges the struggle that 'even the most ethical journalists' feel when shifting role from interviewer to writer (p. 152). Adopting an autoethnographic approach, reflecting on the role of the journalist as listener, may help 'to deal with the guilt that many journalists describe they feel as they collect the most personal stories from their interviewees' (Lindgren, 2012, p. 35).

A further issue is the role of the journalist 'as focaliser', showing the audience what happened without giving 'overt commentary or opinion' (Fulton, 2005c, pp. 239-240). The narrative can mask bias, working against social cohesion, dividing 'us' from 'them', those who 'choose to participate in a certain lifestyle' from those who do not share and understand

stories ‘we’ know and understand to be true (Fulton, 2005b, pp. 6-7). The journalist needs to acknowledge the way their choices of which views to include – and where – affects a debate. Immersive journalism may raise ethical concerns about potential emotional vulnerability of the audience if the journalist is ‘deliberately erased from the narrative’ and their role is concealed (Wahl-Jorgensen & Schmidt, 2020). Linked to this is the growth in scholarly research on the role of ‘intimacy’ in journalistic narrative (Wahl-Jorgensen & Schmidt, 2020), which involves the inclusion of the journalist’s opinions and reflections, as occurs in parts of this project’s journalistic output.

Wahl-Jorgensen and Schmidt (2020) conclude that empirical evidence supports claims that emotional storytelling is important for audience engagement and is part of the journalist’s integrative role. They point to a need for increased investigation into ‘*how* journalists build emotion into their stories, *which* emotions and forms of emotional storytelling prevail, and *how* audiences respond to this’. Such investigation requires recognition of the journalist’s ‘gatebouncing’ and ‘way-finding’ roles (Vos, 2020), which include removing stories that are considered unacceptable and navigating through a large volume of information. Self-reflection may illuminate these roles but Hanitzsch and Örnebring (2020) caution that journalists’ self-reporting of the processes involved in their work is an approximation rather than an actual description of their practices and may be retrospective and ‘overshadowed by normative assumptions of desirable practice’ (Hanitzsch & Örnebring, 2020).

Interviewing is a major information-gathering process in the production of lifestyle journalism. The process also includes collecting data through fieldwork and archival research and analysing and processing the results (Bacon, 2006; Lindgren, 2011).

## 2. 7. Qualitative and quantitative research

The research for this project began with a review of scientific literature on ageing and safe driving to inform the non-fiction book, *Older Drivers*. A review of mainstream daily print news coverage of issues related to older drivers was also undertaken, to address researchers' concerns that the media's focus on road fatalities was exacerbating public misconceptions about the risk older drivers posed for other road users (Langford, 2009; OECD, 2001). Such a focus reflects the noted preferencing by traditional journalists of the 'exceptional over the routine' (Wiesslitz et al., 2011, p. 1045). It represents an example of what French sociologist Pierre Bourdieu terms action regulated by the following of 'regular statistical patterns' that are not the 'product of obedience to rules, norms or conscious intentions' (Swartz, 1997, p. 95). This project's multi-modal review identified a resultant gap between scientific literature on issues relevant to older drivers and print media coverage (Harkin et al., 2018), a gap that the book *Older Drivers* addresses. The print media analysis employed both qualitative and quantitative methodologies, including content analysis, critical discourse analysis, frame analysis and corpus linguistic analysis.

Content analysis involves the '*systematic, objective and quantitative analysis*' of, in this case, written language (Zito, 1975, cited in Berger, 2011, p. 206; italics are in the original). Larkin et al., (2008) used content analysis, including keyword searches, to study representations of older drivers in New South Wales newspaper articles in the period 2003-2006 (inclusive). The articles were about two specific crashes in which a young child was seriously injured by vehicles driven by older adults and revealed stereotyping of older drivers as irresponsible and 'child-like' (Larkin et al., 2008, p. 6). They argued that the media were affected by unconscious bias and in turn created bias in the audience (Larkin et al., 2008). Such unrealistic stereotyping of a sector of the population is reminiscent of that Tuchman et al. (1978) noted in their analysis of representations of women in US media. Women appeared

as ‘soap-opera figures, fantasy-role players, and not as people who do things in the world’ (Molotch, 1978, p. 185). Discourse analysis further identified how stereotyping was used.

Discourse analysis is a qualitative methodology that combines close analysis of language with reflection on the context in which it was produced (Baker et al., 2013). Rodan et al. (2014) used this approach to examine depictions on television of disability, obesity and ageing. They argue that older people were underrepresented on television and usually given stereotypical and peripheral roles (Rodan et al., 2014). Ageing was presented in a binary way, associated, for example, with either vigour or slowness. A similar binary approach to representation of older drivers was noted in the newspaper articles analysed for this research project (Harkin et al., 2018) as the discussion in Chapter 4 of this exegesis explains. Corpus linguistic analysis further supported the development of theory on representations of ageing.

Corpus linguistic analysis combines qualitative and quantitative methods, using software to search for patterns of language use in texts (Baker, 2006). The ‘corpus’ is a body of text, such as a series of articles on a group or issues related to them. Baker et al. (2013), for example, combined discourse analysis with corpus linguistic analysis to study representations of Islam in UK newspapers for the period 1998-2009. Their methodology included using ‘researcher reflexivity’, auto-reflection on the research process, to acknowledge the researchers’ biases, which was an integral part of their project (Baker et al., 2013, p. 24). They discussed, for example, the use of ‘you’ in a headline to address the reader directly, arguing such language ‘appears to discursively exclude the possibility that a Muslim could buy the newspaper or even read the headline’ (Baker et al., p. 1). They found that positive stories were ‘scarce’ and bad news stories were considered ‘more newsworthy’ (Baker et al., 2013, p. 258); similar observations are also noted in the newspaper analysis on older drivers.

### (a) Framing and stereotypes

Literature on media framing was analysed to develop theory and understanding of how newspapers frame stories about older drivers. Media framing refers to the way some aspects of an event or issue are selected and considered more salient or meaningful than others (Wahl-Jorgensen, 2013a). Framing defines the problem, diagnoses causes, makes moral judgments about the causal agents and their effects, and suggests remedies (Entman, 1993).

Vervaecke et al. (2021, pp. 161-162) for example, note the way caring for older people was represented in discussions of ‘caremongering’ campaigns during the COVID-19 pandemic, which oversimplified risks to ‘an artificially homogenized older adult group’. The movement involved younger people providing care for older people ‘without considering consent, interest in, or need of receiving help’. Media descriptions of the movement used ageist stereotypes and language that patronised and homogenised older adults. This is an example of compassionate ageism, which promotes ‘learned helplessness’ and reinforces paternalism and socially stigmatising environments. Such framing is a particular concern when it promotes government policies that reinforce ageism and result in people being perceived and treated differently because of chronological age (Meisner, 2020).

Framing has relevance for service, lifestyle and constructive journalism, given Entman’s (1993) argument that audience responses differ depending on whether solutions are presented in positive or negative ways. If people are not sufficiently well-informed to think for themselves, the way an issue is framed has a strong influence on their response to the issue (Entman, 1993). Frames are promoted in the media through use of:

keywords, stock phrases, stereotyped images, sources of information, and sentences that provide thematically reinforcing clusters of facts or judgments (Entman, 1993, p. 52).

Journalists need awareness of how frames work to prevent the views of media manipulators, such as lobby groups, dominating debate on important issues affecting the community. Scholarship on journalism, however, has given little attention to analysing the use of stereotyping and framing in print media coverage of issues relevant to ageing and road safety. Larkin et al. (2008) analysed media framing but their focus was on coverage of two specific incidents involving older drivers rather than ‘older drivers’ as a collective. Rodan et al. (2014, p. 8) focused on ‘undesirable states of embodiment’, including ageing, but their analysis was limited to television shows. Kirkman (2006) analysed the portrayal in New Zealand print media of Alzheimer’s disease, noting the media’s role in transmitting stereotypes related to dementia and ageing.

Framing may result in inaccuracy if use of stereotypes oversimplifies an issue or event. Gruley et al. (2012) examined coverage in the *New York Times* and *Washington Post* of a conflict in Darfur and argued that the conflict was framed as a stereotypical tribal conflict to make it easier for readers to understand. The causes were more complex, however, and the simplification resulted in inaccurate accounts (Gruley et al., 2012). Presenting exceptions can help to address such inaccuracy by supporting those who challenge ‘dominant, stereotypical portrayals’ (Gruley et al., 2012, p. 42). Similarly, Kirkman’s (2006) New Zealand study drew attention to the way that media selection of sources privileged younger people with dementia over older ones. She called for people of all ages to be given a ‘voice’ in media coverage. The non-fiction book, *Older Drivers*, which forms part of this research project, provides such a ‘voice’ to older drivers and their families.

## 2. 8. Summary of the literature review

Analyses of scientific literature and mainstream print journalism on topics relevant to these fields revealed a disjunct between the two. The media presents older drivers as a high-risk group and calls for restrictions on the cohort, such as compulsory age-based assessment. Such

restrictions, however, conflict with research that indicates that the older driver age group is heterogeneous, with wide differences in health and abilities, and their risk is largely explained by frailty rather than unsafe driving performance. Research also indicates that common tests lack the specificity and sensitivity required for mass screening, to identify at-risk drivers without classifying some falsely as safe or unsafe (Bédard et al., 2008). Current tests are not sufficiently accurate, may be discriminatory and/or are applied to select groups (Charlton et al., 2009). The literature review has examined the key issues that road safety researchers focus on, such as explaining the effects of medical conditions on driving abilities, examining the effectiveness of drivers' self-regulation, exploring alternative transport options, and analysing the effects of driving cessation. The non-fiction book addresses such issues, to raise awareness of normal ageing and its effects on driving abilities, and to focus on possible solutions.

The literature review has also analysed academic research on the use of framing in journalism, the effects of stereotypical representations on an audience, and the qualitative and quantitative methodologies used for in-depth analysis of journalistic texts. Reviewing literature from fields such as oral history has drawn attention to ethical issues involved in interviewing ordinary citizens, issues the project's methodologies must also address. The methodologies address the need for content to facilitate the use of personal stories and a narrative structure, to engage the audience and draw an emotive response. They foster a constructive journalism approach by encouraging interviewees to reflect on the issues discussed. The project's specific methodologies are explained in Chapter 3.



### 3. Methodology

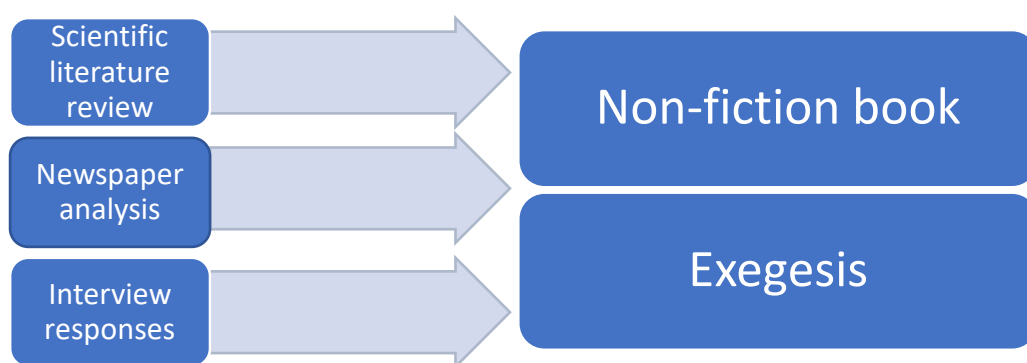
#### 3. 1. Introduction

Methodologies adopted for this PhD research project reflect the requirements of the three strands that combine to produce its outputs and contribution to new knowledge. ‘Older drivers in Australia: Supporting safe driving through book-length journalism’ represents journalism *as* research: its journalistic output, the non-fiction book *Older Drivers*, is itself a research outcome. It synthesises existing knowledge and content to create a new artefact, as a result of the investigative process (Australian Research Council [ARC], 2019). The project incorporates research *on* journalism, through its second strand, which analyses mainstream newspaper coverage of the effects of ageing on driving, to expand knowledge and understanding of representations of ageing. The project’s final strand represents research *through* journalism: the journalistic process creates new content and knowledge that is disseminated through the non-fiction book and analysed through this exegesis.

The research questions required analysis of archival material to reveal newspaper representations of ageing, as well as exploration of the use of book-length journalism to understand and represent the lived experience of older drivers. ‘Lived experience’ is used in the sense understood in qualitative research, as the representation and understanding of a research subject’s human experiences or first-hand involvement in everyday events (Given, 2008). Chase (2011, p. 421) describes it simply as ‘life experiences as narrated by those who lived them’. Mixed method methodology was chosen as it is the most appropriate for studying issues of representation (Poole, 2020). The project fits within the parameters of applied research, which is defined as ‘original investigation undertaken in order to acquire new knowledge’ but directed ‘primarily towards a specific practical aim or objective’ (Higher Education Research Data Collection [HERDC], 2017). The researcher was both journalist and academic and the methodological approach reflected that.

Scholars use various terms to refer to such practice-related research. Candy (2006, p. 3) describes research that sets out to produce a better understanding of the creative process, but without necessarily producing a creative work, as ‘practice-led’. This includes what Frayling (1994, p. 5) describes as research *into* practice, the ‘most straightforward’ form, with ‘countless models – and archives – from which to derive its rules and procedures’. Research in which the artefact created ‘is the basis of the contribution to knowledge’ is referred to as ‘practice-based’ (Candy, 2006, p. 3); or divided into research *through* practice, which creates an artefact and documents the process that produced it, and research *for* practice (Frayling, 1994) or *as* practice (Hope, 2016), in which the goal is the artefact itself rather than knowledge of the practice that created it.

Hope (2016) draws on colour theory and the colour wheel to conceptualise the way Frayling’s three practice-related methodologies may be combined, as this PhD research project has done. Experimenting within the journalistic form revealed the process through which the non-fiction book was created. The process is communicated through this exegesis; hence the exegesis and non-fiction book must be read together (see Figure 3.1).



**Figure 3.1. The project’s three strands contribute to the book and exegesis**

The project’s review of scientific literature on ageing and driving ability played an essential role in preparation for the in-depth interviews and the newspaper analysis. The

review informed the categories used to analyse articles on older drivers. ‘Older drivers’ were defined as those aged 60 years and over; the researcher is part of this demographic. The results of the newspaper analysis and review of scientific literature in turn informed the questions used for in-depth interviews with older drivers and others.

The project represents both research based on the practice of journalism and research about the nature of journalistic practice. The overall goal, however, was the non-fiction book. As such, the project’s journalistic output, *Older Drivers*, is practice *as* research, within the ARC’s 2019 definition of the term. It is the first research project to use book-length journalism and narrative forms to synthesise the lived experience of older drivers with the results of scientific research on road safety and ageing.

### 3. 2. Journalistic methodology

While ‘journalism studies’ is a research field within the division of ‘language, communication and culture’, ‘journalism practice’ forms a research field, with professional writing, within a division that includes the visual and performing arts (Australian and New Zealand Standard Research Classification [ANZSRC], 2020). Such creative practice-related research applies qualitative and quantitative methods and involves critical thinking and new knowledge, as do more traditional research fields (Goldson, 2020). The contrast is in the ‘very different ways’ creative practices deploy the results of these academic methods, such as by taking a ‘reflexive, surrealist, poetic, humorous or expository approach’ (Goldson, 2020, p. 236).

This research project’s creative output, for example, represents the lifestyle journalism genre and follows a constructive journalism approach, which emphasises presentation of positive stories in an entertaining way, as well as relevant critical analysis (Haagerup, 2016; Hanusch, 2020). The genre includes explanation of potentially risky behaviour and guidance on how to address it (Eide & Knight, 1999). The research methods

employed reflect this. The main data sources used in journalism include digital resources, documents, interviews and first-hand observation (Ricketson & Graham, 2020), all of which were used in data-gathering methods for this project.

(a) Qualitative and quantitative methods

Journalism, as a creative practice, uses both quantitative and qualitative methods. Qualitative research commonly involves a thematic approach or framing analysis, focusing on understanding the context of ‘people’s words and actions in narrative or descriptive ways’ (Maykut & Morehouse, 1994, p. 3). Quantitative research, by contrast, converts observations into discrete units, reducing extraneous variables and using statistical analysis to apply the results to a larger population (Maykut & Morehouse, 1994). The methods are different in purpose but together provided a richer understanding of the phenomena studied. Quantitative methods used in this PhD research project included content analysis of newspaper articles on older drivers. Qualitative methods were also used in the newspaper analysis, including discourse analysis and corpus linguistic analysis, which will be discussed below. Qualitative research into the lived experience of participants included data collection using in-depth interviews and participant observation. The researcher was also a participant observer in the driver assessment process. Oral testimony collected through the in-depth interviews was examined using discourse analysis methods, to provide content for the non-fiction book, *Older Drivers*. This process will be described in detail below.

The project combined qualitative and quantitative methods to aid verification of results. The approach closely resembled that commonly used in journalism, with data collected informing subsequent investigation (Harrower, 2011). US journalist and educator Chuck Lewis refers to the process as ‘peeling the onion’ (Lewis, n.d.), stressing the importance of preparing for key interviews through extensive use of primary and secondary source material. He recommends talking to experts before interviewing those at the centre of

an investigation, to allow the journalist to better judge the accuracy of what the source says and to respond effectively to it. Lewis is reflecting on both method and methodology – on what he does and why (Lewis, n.d.).

### 3. 3. Interviewing and fieldwork

Qualitative methodology was applied through what Wimmer and Dominick (2006, pp. 113-114) term an ‘interpretive paradigm’. The researcher carried out all data collection, including archival research, interviewing and field work. No other data collector could take over the role without losing consistency. This was particularly important given that the interviews were semi-structured and conversational rather than following a tightly scripted set of questions, as discussed below. Analysis and interpretation were data-driven and developed through the research process. This differs from the ‘positivist’ research paradigm, which begins with a theory and uses research to test, support or reject it (Strauss & Corbin, 2006, pp. 113-114).

Data collection included both interviewing and participant observation, as the project’s time-scale allowed face-to-face interviews. Most interviews occurred in the participant’s environment or a location convenient for the participant, such as their home, office or a familiar café. Allowing the participant to choose the interview location, particularly one where they felt at ease, helped to redress the inherent inequality that may exist between a researcher and a participant in research, as was explained in the project’s ethics application. The project received ethics approval from Monash University Human Research Ethics Committee [MUHREC] for its research component involving human subjects (Project No. CF13/3569 – 2013001836; Project ID 16620). One participant from Shepparton in regional Victoria was interviewed by telephone, as it was not possible to make a third visit to the regional town at that time. A second Shepparton participant was interviewed both by telephone and face-to-face.

Self-reflection was used to collect data on the researcher's role. Narra-descriptive journalism cannot express interior consciousness unless the journalist as narrator can recall what they were thinking at the time an event or incident was happening (Hartsock, 2016, p. 2, 24-30, 111). Hanitzsch & Örnebring (2020, p. 113) argue that journalists' self-reports on their role performance rely on recollection and retrospective accounts and are 'little more than a mere approximation to journalists' real practice'. To address this issue, all interviews were recorded, with the participants' consent, to assist observation and interpretation of actual practice. To reduce the time lapse between an event and the reflection or retrospective account of it, self-reflection included notes written during fieldwork, during and at the end of interviews and during note-taking on academic literature, as well as notes written in annual digital 'PhD Reflections' journals.

(a) Participant recruitment process

Participants were recruited using snowball and purposive sampling. All participants received the project's 'Explanatory Statement' and signed a consent form, agreeing to an interview and photo, for the interview to be recorded, and to be identified in the project's publications, as the ethics approval required. Naming participants is the usual practice in journalism. Permission was obtained from relevant authorities for participating organisations prior to interviews with participants interviewed in a representational capacity about their area of expertise. Expert sources were contacted through publicly available information or by passing the researcher's contact details to potential participants using accepted snowball techniques.

Snowball sampling relies on the dynamics of social networks and is particularly useful for accessing 'hidden populations' such as older people (Noy, 2008, pp. 329-330). The dynamic quality of the snowball sampling process, through which participants may recommend other potential participants, encouraged discussion about the project among members of the target demographic. This aspect of the methodology will form part of the

discussion in Chapter 5. The researcher thus gained access to older drivers whose life experience included retaining social connections as they aged. They could reflect meaningfully on the role that driving played in this and on how they proposed to maintain social connections after driving cessation. The methods facilitated the constructive approach to the book's topic and inclusion of solutions, not just problems. The sampling was also purposive. Organisations and social groups that were likely to involve relevant stakeholders were contacted. Those responding included Victoria Police, VicRoads, Alzheimer's Australia, the Royal Automobile Association of Victoria [RACV], Eastern Volunteers, Goulburn Valley University of the Third Age [U3A] and Wellington Shire Council. Flyers and newsletter items were also provided to organisations to start the snowball process.

The aim was three-fold: to provide a varied sample of older drivers in terms of age, gender, residential address (urban/regional) and driving experience; to contact expert sources relevant to the fields of road safety and ageing; and to contact family members of older people who still drove or had recently ceased driving. Relevant participants in all three categories were recruited through the sampling methods employed. Interviews were conducted with 28 older drivers aged 62-91 years, two adult children of older drivers, three occupational therapy (OT) driver assessors, and representatives of Alzheimer's Australia, Eastern Volunteers, the RACV, Victoria Police and VicRoads. The older drivers interviewed also included adult children whose parents were – or had been – older drivers.

The OT driver assessors came from metropolitan and regional areas. The older drivers included 14 females and 14 males. Fifteen were from regional areas and 13 from metropolitan Melbourne, including three from interface council areas on Melbourne's outer fringe. Metropolitan participants represented suburbs in Melbourne's north, south, east and west. Regional participants were also spread across Victoria.

Metropolitan participants came from 10 Melbourne suburbs, which ranged on the Australian Bureau of Statistics [ABS] (2016) index of relative socio-economic disadvantage from Croydon (49<sup>th</sup> percentile, Victoria; 56<sup>th</sup> percentile, Australia), Burwood East (54<sup>th</sup>; 61<sup>st</sup>), and Lilydale (61<sup>st</sup>; 65<sup>th</sup>) to Vermont (86<sup>th</sup>; 86<sup>th</sup>), Bentleigh and Viewbank (both 88<sup>th</sup>; 88<sup>th</sup>). The regional participants came from eight Victorian country towns/regions, which ranged on the same index from Loch Sport (1<sup>st</sup> percentile, Victoria; 3<sup>rd</sup> percentile, Australia), Mooroopna (4<sup>th</sup>; 9<sup>th</sup>) and Shepparton (4<sup>th</sup>; 11<sup>th</sup>) to Kinglake (44<sup>th</sup>; 53<sup>rd</sup>), Torquay (95<sup>th</sup>; 94<sup>th</sup>) and Jan Juc (97<sup>th</sup>; 96<sup>th</sup>). The range is important as sources in the mainstream daily newspapers analysed seldom included older drivers from outside the state and territory capital cities.

The researcher made field trips to regional areas, including Bendigo, in the state's north-west; Mooroopna and Shepparton in the north; Torquay in the south-west; and Sale and Loch Sport, in the east. Face-to-face interviews for metropolitan and regional participants were conducted in places of their choice, including homes, offices, cafes, meeting rooms and a hotel on the urban fringe, at the end of a meeting of the Whittlesea branch of the Ulysses Motor Cycle Club, which the researcher attended at the club's invitation.

#### (b) Interview process

All interviews were conducted by the researcher, who took notes during the interview as well as recording it. Interviewing is a common qualitative research method in creative practices (Goldson, 2020, p. 236). The interview process in journalism depends on the kind of interview (Ricketson & Graham, 2020, pp. 147-163). Those with older drivers and family members followed the basic interviewing methods in journalism: use of in-depth interviews, focusing on open-ended questions, beginning with non-threatening questions, and using questions that were straightforward and focused (Harrower, 2013, p. 79). Open-ended questions are less threatening for the interviewee (Ricketson & Graham, 2020, p. 159), allowing them to choose how much they want to reveal. The interviews emphasised questions



designed to encourage in-depth answers rather than a ‘yes-no’ response. Indicative interview questions for each group of interviewees, are listed in Appendix A. The interviews were conversational, particularly those with older drivers and family members. This is reflected in the phrasing of interview questions in practice, as can be seen in Appendix B, which provides an indicative sample of questions from the actual interviews. The interviews began with non-threatening ‘ice-breakers’, such as questions about how and when the drivers gained their driver’s licence. The final question – *‘Is there anything else that you wanted to raise at all?’* or similar – allowed participants to raise additional issues if they wished and had not already done so. This was designed to allow the voices of the participants – particularly the older drivers – to be heard in the book, through inclusion of the issues they raised.

The interview process also included the researcher paraphrasing the participant’s answers at times rather than immediately asking another question, to reinforce that the answer had been understood correctly. This is important to build trust and rapport. It encouraged the participant to expand on the answer to ensure the point was clear. In the interview with participant Bill Roberts, for example, his response to a question about driverless cars also mentioned his hobby repairing computers for people, the cost of aged care, the stress of visiting his wife in an aged care facility and finally, the effect this was having on his health and driving, as the following extract indicates:

BR: I have trouble sleeping and ... talking about driving I’m probably less, I’m probably tired, more stressed ...

JH: Yes, the tiredness can be difficult, can have more than one reason.

BR: I wake up tired and my back hurts sometimes and my knees hurt a lot. So my physical health, it could well stop me from driving. I think I’ve got another 12 months. I’m going to twice a week exercise classes in order to try and avoid my body

deteriorating further. Because I was always active, I now find that I'm more sedentary, sitting around with [his wife]...

By allowing the participant to explain his point more fully, the researcher/interviewer gained a greater insight into his response to the difficulties he faced. His solution – enrolling in an exercise class to improve his health and extend the period for which he could drive safely – was revealed, as a result of showing the participant that the interviewer was listening and allowing him to continue talking, rather than moving on to another question. This was a key way in which the qualitative interview process used, which is typical of journalistic methodology, differs from interviews based on set questions and a more tightly structured process, which are common in some research fields.

Interviews with ordinary people usually involved a two-way exchange of information. One participant mentioned, for example, that their mother had died in aged care the year before and their father was still in a nursing home. Their comment, in response to a question about planning ahead for life after driving cessation, was:

*'We don't particularly like visiting him because it's just, just seeing the drastic change of lifestyle, it's made us realise the importance of planning way well ahead.'*

The interviewer's reply – *'Yes. My mother is in a nursing home, too, so it's, it's confronting, isn't it.'* – indicated empathy and understanding, which is important when someone has introduced information, which in this case the interviewer had not directly requested but which was potentially difficult for the interviewee to talk about, even though they considered it important to raise. Such sharing of information or experience also formed part of the strategy for ensuring the interview process was not unduly stressful for

participants, which is an important ethical consideration in low-risk research involving human subjects.

Interviews with experts from fields relevant to road safety and ageing were more basic and information-driven, for example, to clarify assessment processes and understanding of protocols related to driver assessment. Closed questions can make an interview feel more like an interrogation (Rickatson, 2020, p. 160). The focus, therefore, was still on open-ended questions. This allowed interviewees to expand on their answers and to reveal complexities and issues that the interviewer may not have been aware of and may not have otherwise raised. Examples of representative questions from interviews with experts from the fields of road safety and ageing are included in Appendix B.

#### (c) Analysis of interview transcripts

Interviews were recorded and transcribed by the researcher to create Word files, which were annotated to identify the presence of the topic categories identified from the review of scientific literature on road safety and ageing and the newspaper analysis (see the ‘Content analysis’ section below). Interview transcripts were analysed to highlight the topics covered, using topic categories from the newspaper analysis as a starting point but supplementing them with those specific to the interviews, such as what makes an area age-friendly as people age, the effect of media coverage of issues related to older drivers, and how the older drivers learn about issues related to driving, such as changes to road rules (*2019 PhD Reflection journal*, unpublished, March 11). The topics were inserted as paragraph headings, using Microsoft Word’s ‘headings’ tool. This allowed use of the program’s navigation tools to highlight all instances of a particular topic in a transcript. Document files were created for each major topic found, bringing together examples from all transcripts. This aided selection of anecdotes during the writing process.

Metadata from the participants was collated, including their age, gender and where they lived. Marital status, occupations/former occupations and educational qualifications were noted, if the participant mentioned them. Such details helped the reader to appreciate the heterogeneous nature of the older driver population.

The analysis also examined how participants framed issues, noting what aspects they included or presented as the most salient. The transcripts were examined to identify how problems were defined, the solutions suggested and the allocation of causes and responsibility, where relevant.

Anecdotes in the transcripts were also annotated, to identify narrative and descriptive passages that would be needed to include the personal stories that are characteristic of narrative literary journalism and feature writing. They allowed inclusion of ‘role models’ to illustrate appropriate responses to issues related to ageing and driving, as well as possible solutions that they found effective. Such use of role models is a common feature of lifestyle journalism.

Instances were also noted where the participants indicated an issue was important to them. This allowed the researcher to ensure that the book included opinions that the participants wanted to stress. This would give a ‘voice’ to the older drivers who participated, rather than restricting their contribution to illustrating points raised by others.

The transcripts were also annotated to highlight examples that indicated the interview process was facilitating reflection or debate, to allow examination of the journalist’s role as facilitator, a role that is a feature of constructive journalism.

### 3. 4. Archival research

Provision of accurate information, advice and help to the audience requires familiarity with relevant methodologies and research results (Nash, 2013, p. 7). This was achieved through archival research and an extensive review of scientific articles on ageing, driving and fitness

to drive. The review identified a number of key topics, including identification of at-risk drivers; assessment of driving for older people; the effects of driving cessation; age-related change affecting driving; regulation and self-regulation of driving; age-related frailty; and fatality and serious injury crash statistics.

The identified topics informed the categories used to analyse mainstream newspaper coverage of older drivers, which will be examined in more detail later in this chapter. The literature review also allowed the information and advice in the book to be based on scientific evidence, not the subjective opinion of the journalist or others, unless otherwise acknowledged. Topics identified from both the literature review and the analysis of archival material from mainstream Australian newspapers informed the questions used in interviews with relevant stakeholders.

#### (a) Textual analysis

Australian metropolitan daily newspapers and Victorian regional newspapers were examined for the period 2010-2014 (inclusive). Content analysis and discourse analysis methods were used for both. Content analysis is a quantitative method and was used to discover the range of topics covered and the sources quoted in each data set of newspaper articles. Discourse analysis combines language with consideration of its social context (Baker et al., 2013). The metropolitan newspapers were also analysed using corpus linguistics, a method of textual analysis that uses software to reveal discourse patterns across a body of text. This is a useful method for analysing a large data set. The metropolitan newspapers were also analysed for 2015, 2016 and 2017 (Harkin et al., 2018). Articles were selected from the Factiva and Newsbank databases using the search terms ‘older driver’, ‘older drivers’, ‘elderly driver’ and ‘elderly drivers’.

The 11 metropolitan newspapers represented all Australian state and territory capitals (Table 3.1). The period 2010-2014 included media coverage of several high-profile fatality

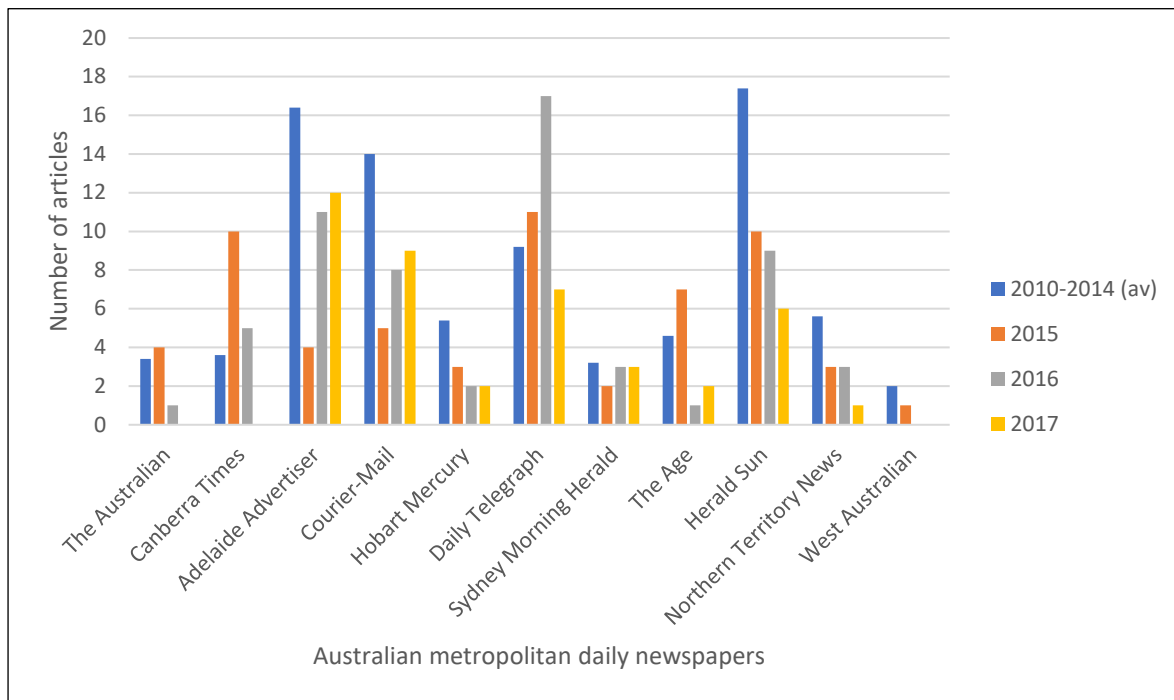
and serious injury crashes involving older drivers in Queensland. Another fatality crash involving an older driver occurred in New South Wales in 2016. The search was repeated for the periods 2015, 2016 and 2017 to see if newspaper coverage of older drivers changed after adoption of tighter regulations for older drivers in Queensland in 2014 and changes to licensing regulations in South Australia and Tasmania the same year (Harkin et al., 2018). Content examined included news stories, features and commentary.

**Table 3.1. Australian newspapers analysed for the periods 2010-2014 (inclusive), 2015, 2016 and 2017.**

<b>Newspaper</b>	<b>State/Territory</b>	<b>Newspaper</b>	<b>State/Territory</b>
<i>The Australian</i>	Australia-wide	<i>The Sydney Morning Herald</i>	New South Wales
<i>The Canberra Times</i>	Australian Capital Territory	<i>The Age</i>	Victoria
<i>Adelaide Observer</i>	South Australia	<i>Herald Sun</i>	Victoria
<i>Courier-Mail</i>	Queensland	<i>Northern Territory News</i>	Northern Territory
<i>Hobart Mercury</i>	Tasmania	<i>West Australian</i>	Western Australia
<i>Daily Telegraph</i>	New South Wales		

Most linguistic analysis of print newspapers includes news stories (Bednarek & Caple, 2012). Their prominence has the potential to influence society's perceptions of older drivers. Commentary was included because of its importance to the debate on issues such as assessment and regulation of older drivers. Car reviews were retained as they indicated car features that the journalist considered relevant to the age group. The data set excluded reader comment sections and articles where the search terms did not refer to drivers aged 60 years and over, such as articles on motor racing.

The analysis of metropolitan newspapers included 424 articles (172,870 words) from 2010-2014 (inclusive), an average of 85 articles (34,574 words) per year. Results for the other periods were: 60 articles (29,347 words) from 2015; 60 articles (29,966 words) from 2016; and 42 articles (22,671 words) from 2017. Figure 3.2 summarises the number of articles, by newspaper, for the periods 2010-2014 (average p.a.), 2015, 2016 and 2017.



**Figure 3.2. Number of older driver-related articles, by newspaper, 2010-2014 (av. p.a.), 2015, 2016, 2017**

Twenty Victorian regional newspapers were also analysed for the period 2010-2014 (inclusive). Articles were selected from the Factiva database, using the same search terms as the first review. The data set is summarised in Table 3.2. The five-year period was chosen to provide a suitably large data set, as relevant articles appeared sporadically. The same content and discourse analysis methods were used, but not corpus linguistics as the data set was smaller. This supplementary analysis complemented the study of metropolitan newspapers and ensured the project was relevant for both metropolitan and regional areas. Participants from both areas were interviewed. This is discussed further in the interview methods section below.

The final regional newspapers data set consisted of 163 older driver-related articles (54,630 words). Reader comment sections were excluded except for articles in these sections that were clearly not letters from residents. Examples included articles by acting Transport Accident Commission (TAC) chief executive Clare Amies in the *Riverina Herald* (7/1/14;

10/1/14); an article by Natasha Layton from Occupational Therapy Australia in Fitzroy in the *Ballarat Courier* (13/6/14) and an article from Dr Sarah Russell from Research Matters that appeared in the ‘Chat’ section of the *Warrnambool Standard* (14/1/14). Two articles were excluded because the search terms did not refer to drivers aged 60 years and over. The term ‘older driver’ was used in one, for example, to differentiate between two drivers, both aged under 60 years.

**Table 3.2. Number of older driver-related articles per Victorian regional newspaper analysed for the period 2010-2014 (incl.).**

Newspaper	Articles	Newspaper	Articles	Newspaper	Articles
<i>Ararat Advertiser</i>	7	<i>Ballarat Courier</i>	19	<i>Benalla Ensign</i>	3
<i>Bendigo Advertiser</i>	15	<i>Border Mail</i>	10	<i>Campaspe News</i>	0
<i>Cobram Courier</i>	3	<i>The Echo</i>	2	<i>Geelong Advertiser</i>	27
<i>Hepburn Advocate</i>	0	<i>Kyabram Free Press</i>	8	<i>McIvor Times</i>	7
<i>Melton &amp; Moorabool Weekly</i>	4	<i>Northern/Star Weekly</i>	0	<i>Riverina Herald</i>	11
<i>Seymour Telegraph</i>	4	<i>Shepparton News</i>	17	<i>Stawell Times-News</i>	0
<i>Warrnambool Standard</i>	15	<i>Wimmera Mail Times</i>	11		

The textual analysis used qualitative and quantitative methods, including content, critical discourse and corpus linguistic analyses. The analysis focused on headlines and body text but not on the articles’ authors, except where they were experts from the fields of road safety and ageing. Newspapers are produced by a team, which includes journalists, subeditors and editors. The journalist writes the article but subeditors usually write the headline. The article, particularly its opening paragraphs, may be changed by subeditors and the editor, who usually ‘sets the tone of the news agenda’ (Downman, 2008, p. 15). In recognition of this team process, headlines and articles are attributed in this exegesis to the particular newspaper in which they were published but not to an individual journalist.



(b) Content analysis

A random sample of 10 per cent of the articles from metropolitan newspapers for the period 2010-2014 was selected. The body text of the 40 articles in the sample was analysed to identify topic categories in the newspaper articles that had not been identified in the initial scoping of the scientific literature. ‘Body text’ refers to the words in the actual story. Sources quoted directly or indirectly in the articles were noted. A direct quote appears in quotation marks and represents the source’s exact words. An indirect quote paraphrases the source but retains the original sentiment and meaning (Lamble, 2011). The 40-article random sample was coded independently by the researcher and her two supervisors, who each coded half the random sample (Harkin et al., 2018). Topics present and sources directly and indirectly quoted were coded. Additional topics identified after discussion of the random sample included: references to road rage incidents; use of stock phrases referring to taking away ‘the keys’ or hitting the ‘accelerator instead of the brake’; discussion of older drivers’ car choice or recommended vehicle and auto accessory options for the cohort; and discussion of the role of family members in assessing and regulating older drivers. These were added to create the final topic categories used in the full content analysis, which are listed in Table 3.3.

**Table 3.3. Categories used for content analysis of metropolitan and regional newspapers.**

Topic category	Topic category
1. Whether older drivers were a road safety risk or not	2. Assessment of driving competency
3. Driving regulation, both by licensing authorities and older drivers themselves (self-regulation)	4. Specific driving incidents involving older drivers
5. Solutions, other than punitive measures, such as improved road infrastructure and education	6. Fatality and serious injury crash statistics
7. Advice on suitable cars for older drivers	8. Effects of driving cessation on older drivers
9. Discrimination	10. Frailty
11. ‘Taking away the keys’	12. ‘Accelerator instead of the brake’
13. Road rage	14. The role of family and friends
15. Other	

The topic categories were, therefore, based on those actually present in the scientific literature and the newspapers rather than pre-constructed media categories or paradigms that are frequently used in content analysis in communication studies. The approach was appropriate, as examples of research on newspaper coverage of older drivers were rare. Poole (2020) criticises the use of pre-constructed categories and paradigms in common use, arguing the practice ‘limits innovation and encourages repetition’. She recommends breaking the ‘mold’, which this project has done.

The source categories also reflected those present in the newspapers and are listed in Table 3.4. The source was coded as ‘media’ when opinions were clearly presented as the views of the editor or journalist, such as in editorials, car reviews and commentary. Where sources fitted more than one category, they were recorded in the category that best summed up the capacity in which they were represented in the article. Where the source category was unclear, it was recorded as ‘other’. Some articles included a ‘stand-first’ or a ‘subhead’. Stand-firsts are brief summaries of the story; subheads are secondary headlines; both, if present, usually appear above the main text of the article. They were not attributed to a source as they are added during the layout process, as is the headline, and not part of the article’s body text.

**Table 3.4. Source categories used for analysis of metropolitan and regional newspapers.**

Source category	Source category
Government-related representatives, including politicians, bureaucrats and other official spokespersons	Legal sources, including police, judges and lawyers
Experts, including academics and medical spokespersons	Influence or lobby group representatives
Business representatives	Media
Ordinary citizens (unaffiliated individuals)	Other

The researcher coded the random sample then re-coded it using the key categories, in Table 3.3 and Table 3.4 above, to calculate intra-coder reliability, which measured the percentage agreement between the two exercises. The intra-coder reliability was 100 per cent for all topics except ‘solution’ (97 per cent). The intra-coder reliability for sources was lower: Source 1 (82 per cent); Source 2 (85 per cent); Quote 1 (87 per cent); Quote 2 (92 per cent).

The researcher then coded the full data set, using the same categories, and the results were recorded in spreadsheets. Excel’s analysis tools were used to identify groups of categories and their frequency for the metropolitan newspapers. Coding sources in the legal, political and ordinary citizen categories was straightforward. Coding representatives from semi-government bodies, lobby groups and some business associations required detailed knowledge of the sector the organisation represented. The researcher recorded the sources’ names and affiliated organisations in the spreadsheet and researched online to clarify the category, where necessary. Readers may have similar difficulty recognising the sector such sources represent, particularly when a source is affiliated with more than one organisation. Val French, for example, was spokesperson for Queensland lobby group ‘Older People Speak Out’ but also a member of the Queensland Government’s Ministerial Road Safety Advisory Committee.

The analysis of articles from metropolitan newspapers for 2010-2014 included secondary sources, such as reports, as sources. The analyses for regional newspapers and those for metropolitan newspapers in 2015, 2016 and 2017 only included people as sources – that is, primary sources – and not reports and published texts.

Content analysis indicated topics mentioned in the articles and sources quoted but not the way older drivers were represented nor how quoted sources were used. Critical discourse analysis was used to provide deeper insight into how older drivers were represented.

### (c) Discourse analysis

All articles in the data sets were analysed to identify patterns in the way that older drivers were present in the articles: the meanings, metaphors, representations, anecdotes and statements that accompanied the cohort and issues relevant to them. Spreadsheets were used to record repeated patterns of language – phrases and modifiers associated with older drivers. The word ‘older’ in the phrase ‘older driver’, for example, takes on specific meanings in relation to driving, which close reading of the articles in the data set revealed.

The analysis included noting the types of older drivers who were quoted as well as the characteristics that were assigned to them. The types of crashes and driving incidents involving older drivers the articles mentioned were also recorded in detailed notes. Repeated patterns of language were noted to reveal particular hegemonic discourses – what the article was presenting as the common-sense way of viewing a situation – and whether this changed over time. The analysis focused both on what was included and on expected information that had been omitted. As Baker argues (2006, p. 19): ‘Sometimes what is *not* said or written is more important than what is there.’ (Original italics)

Exceptions to overall patterns or trends were also identified, for example, instances where older drivers were shown to be skilled or sensible were noted as well as those describing them as incompetent or functionally impaired. Collecting examples of a discourse construction helps to reveal its cumulative effect (Baker, 2006, p. 13).

The analysis also examined how issues related to older drivers were framed, which involved noting what aspects were presented as more salient (Entman, 1993). Framing affects whether issues are considered newsworthy and what information is included in a story (Zelizer & Allan, 2010, p. 48). The articles were examined to identify how problems were defined, how their causes were interpreted, where responsibility was assigned and the recommended solutions.

Headlines are designed to draw attention to an article (Gerbner, 1985). The construction and tone of all headlines were examined, to determine any patterns they revealed. Such analysis is important to differentiate between stereotyping, which assigns positive or negative attributes to a group, and isolated portrayals (Gerbner, 1985, p. 23).

(d) Corpus linguistic analysis

The data set of Australian mainstream daily newspaper articles for the period 2010-2014 (inclusive) was used to create a corpus or text file. The corpus was uploaded to software program 'Sketch Engine' as a private database, which was deleted at the end of the analysis. The analysis served to verify assessment of trends noted through close reading of the text. The analysis method helps to counter a researcher's cognitive biases, such as prioritising evidence from early in the investigation or that which supports rather than undermines the researcher's claims (McEnery & Wilson, 1996). Corpus linguistic analysis reduces the impact of the 'Restorff effect' (Baker et al., 2013), the tendency to remember unique or distinct information.

The analysis included creating a concordance, a list of the occurrences of particular keywords and terms in the corpus, focusing on lexical words and terms rather than grammatical function words, such as 'the', 'and' and pronouns, conjunctions and prepositions. Search terms identified from the review of scientific literature and the content analysis of newspaper articles as relevant to older driver issues were used. All examples of a search word or term (including the three to five words used before and after them in the text line) were brought together, to make it easier to see patterns of language use. The corpus was also searched to find the terms and keywords that occurred most frequently and their SketchEngine ranking. Sketch Engine compares the corpus to a large reference corpus to reveal words and phrases that appear more frequently than in general language (Kilgariff et al., 2014; Sketch Engine, n.d.). The keywords and key terms listed are weighted according to

how frequently they occur compared to how often they would be expected to occur by chance. These results were also recorded.

Corpus linguistics highlights numerous examples of a discourse construction, clarifying the cumulative effect. The analysis method has been criticised for abstracting text from its context (Baker, 2006) but the criticism was addressed through use of the analysis method to supplement, rather than replace, other methods. A multi-method approach adds rigour to an inquiry and provides an alternative to validation (Denzin & Lincoln, 2011), as does the process of triangulation used to verify data in journalism (Harrower, 2011; Lamble, 2011; Tuchman, 1998). Triangulation helps to overcome any shortcomings in the methodological approaches, creating a more ‘holistic account of how meaning is produced in the communication process’ (Poole, 2020). Academic researchers accept triangulation as a means of verifying hypotheses and promoting sound interpretations and explanations of the data analysed (Baker, 2006; Machin, 2002).

#### (e) Photographic research

Photographs were sourced from historic archives. These included ‘open access’ photographs from the Libraries Tasmania online collection and State Library of South Australia collections, and photographs from the archives of the Public Records Office Victoria (PROV) and the Victorian State Library that were out of copyright. This was confirmed in responses to a query letter (Appendix C). The Rennie Ellis Collection was contacted and gave permission for use of three photographs from its collection, which is part of the State Library of Victoria archive (See Appendix D). Historic photographs may spark memories and act as ‘ice-breakers’, to help families and others discuss issues related to driving and ageing. Additional photographs were taken by the researcher during field trips and travels, to illustrate elements of the built environment that influence a community’s age-friendliness and ‘walkability’. Photographs act as a design element, breaking up text and adding ‘white

space', allowing pages to breathe. They are also an evocative resource, sparking memories and aiding conversation.

### 3. 5. Conclusion

The project's multi-methods approach and inclusion of both qualitative and quantitative discourse analysis methods was intended to reveal patterns and trends in how ageing and driving abilities are represented and understood. The approach was also intended to facilitate development of in-depth understanding of the discourses around ageing and safe driving in print media. It allowed triangulation, to enhance the accuracy of the journalistic component. The review of relevant scientific literature and newspaper articles has been ongoing throughout the study period, to support provision of accurate information, which is an important component of journalism. The project's sampling techniques provided a varied range of participants. These included expert sources relevant to the fields of road safety and ageing; family members of older people who still drove or had recently ceased driving; and a varied sample of older drivers in terms of age, gender, residential address and driving experience, reflecting the heterogeneous nature of the older age group that researchers have noted.

Interview techniques, field work and observation gave insight into participants' life experience around driving. Analysing scientific literature on road safety and ageing, comparing the topics raised to those covered in print media and, through the interviewing process, comparing both to the opinions and examples the interview participants discussed, enhanced the journalist's understanding of the key issues recognised by stakeholders and their interpretations of driving abilities.

The next two chapters present the results of the project's data-gathering methods. Chapter 4 includes evaluation and analysis of the results of the newspaper analyses. Chapter 5 evaluates and analyses the journalistic process, which created the non-fiction book, *Older*

*Drivers.* The non-fiction book synthesises data from the newspaper analyses, the review of scientific literature on road safety and ageing, and that collected through interviews and observation to create a new artefact, which itself is research.



## 4. Key findings and discussion: Newspaper analysis

### 4. 1. Introduction

Few studies have examined how Australian media represents ageing. This PhD project analysed newspaper coverage of older drivers and issues relevant to them, to understand how older drivers were represented and how issues related to driving and ageing were framed. The analysis was undertaken in response to concerns from road safety researchers that the media contributed to public misconceptions about the risk older drivers posed to other road users, through the focus on road fatalities involving older drivers (Langford, 2009; OECD, 2001). The analysis indicated that journalism had the potential to contribute to stereotyping of older drivers by oversimplifying issues, focusing on negative aspects of ageing and presenting a narrow range of older drivers. It identified gaps in coverage and disjuncts between newspaper reporting and published research on safe driving and ageing. These are areas that the book, *Older Drivers*, has addressed.

The newspaper analysis explored this project's first research question: How is age understood and represented through journalism about older drivers?

This chapter includes key results from analysis of Australian mainstream daily newspapers for all state and territory capitals for the periods 2010-2014 (inclusive), 2015, 2016 and 2017 (Harkin et al. (2018)). The textual analysis also examined Victorian regional newspapers for the period 2010-2014 (inclusive). The results and discussion have been presented together for purposes of clarity.

### 4. 2. Australian metropolitan daily newspapers

Articles on older drivers appeared sporadically in the metropolitan newspapers in all four periods. The search terms returned 424 articles for the five-year period 2010-2014 (inclusive), an average of 85 per year, compared to 60 articles in 2015, 60 in 2016 and 42 in

2017. This trend of declining coverage of older driver issues was not uniform across the newspapers. The number of articles in the *Daily Telegraph* (NSW), for example, increased from an average of 9 in 2010-2014 to 11 in 2015 and 17 in 2016 before falling to 7 in 2017.

Use of pivot tables in Excel revealed clustering of articles in the *Advertiser* and *Daily Telegraph* (NSW) in 2016 but not in 2015 and 2017. Similar clustering appeared in the *Courier-Mail* (Queensland), *Advertiser* (South Australia) and *Herald Sun* (Victoria) in response to fatality and serious injury crashes (Harkin et al., 2018, pp. 75-76).

(a) Content analysis: Topics

The results of the analysis of the articles, by topic, are presented in Table 4.1. The top three topics were whether older drivers were a risk to other road users or not (risk); assessment of driving (assessment); and regulation of drivers' licences (regulation).

**Table 4.1 Topic categories by article for period 2010-2014, 2015, 2016, 2017**

Topic	2010-2014 (inclusive)	2010-2014 (ave. p.a.)	2015	2016	2017
Risk	259	52	51	47	32
Assessment	148	30	19	21	10
Regulation	140	28	17	21	14
Incident	121	24	27	20	9
Solution (other than tests)	114	23	14	13	19
Fatality/serious injury statistics	92	18	19	21	12
Car choice	32	6	7	14	11
Effect of driving cessation	73	15	11	10	8
Discrimination	35	7	3	10	4
Frailty	32	6	2	3	1
Taking keys	12	2	1	1	1
Accelerator	20	4	8	1	3
Road rage	23	5	0	1	0
Family role	18	4	5	3	4
Other	54	11	9	11	10

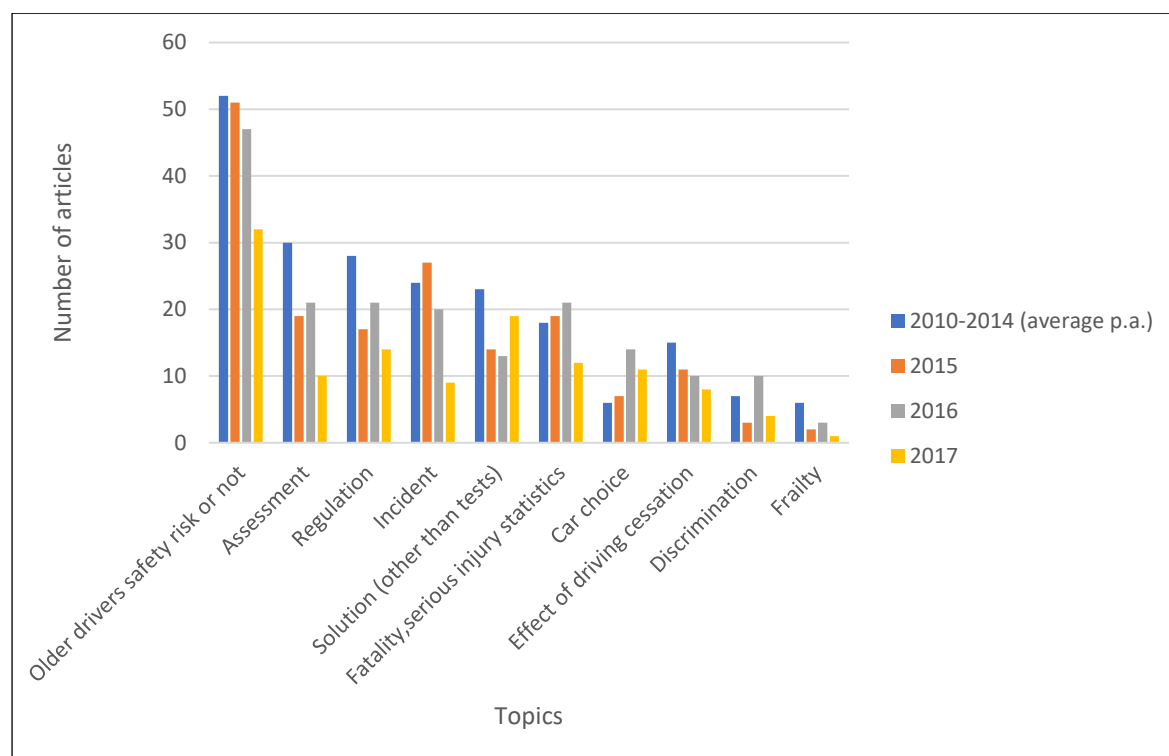
The trends become clearer when the topics present are compared as a percentage or fraction of the total number of articles in a given year. The topic 'risk', for example, was present in almost two thirds of the total number of articles in the first five years, rising to

more than three-quarters in the other three periods. The focus on risk remained steady, even though the number of articles focusing on the topic fell across the period studied.

‘Assessment’ was discussed in about a third of the articles in the first three periods and just under a quarter in 2017, so coverage of this aspect of safe driving and ageing fell towards the end of the period. The topic ‘regulation’ was noted in about a third of articles in the first period, between a quarter and a third in 2015 and a third of the articles in the last two periods. The three topics appeared together in a quarter of articles in 2010-2014 and 2015, almost a third in 2016 and almost a quarter in 2017. Newspaper coverage of safe driving as people aged was presenting the issue as one of risk, to be tackled by assessment and regulation of older drivers.

Almost half the articles in 2015 referred to specific driving incidents involving older drivers, compared to about a quarter in 2010-2014, a third in 2016 and slightly more than a fifth in 2017. Newspapers did focus on crashes involving older drivers, as road safety researchers had noted, with the topic ‘incident’ rounding out the top four topics present. But when mention of such incidents is compared to that of the ‘frailty bias’ – the significant contribution of frailty to the over-representation of older people in fatality and serious injury crashes (Langford, 2009; Li et al., 2003) – the media’s oversimplification of the issues involved becomes more apparent. Fatality and serious injury crash statistics, for example, were mentioned in 22 per cent of the articles in 2010-2014 but only 8 per cent mentioned the ‘frailty bias’. Results in the other periods were similar. A third of articles mentioned crash statistics in 2015 and 2016 and more than a quarter in 2017 but the percentage mentioning frailty was low across all years. It fell to 3 per cent of the articles in 2015, rose slightly to 5 per cent in 2016 and was just 2 per cent in 2017. The topics most frequently present – plus ‘frailty’ – are summarised in Figure 4.1.

Stock phrases referring to taking ‘the keys’ off older drivers were rare, occurring in 3 per cent of articles in 2010-2014 and 2 per cent in the other three periods. References to older drivers hitting the ‘accelerator instead of the brake’ went in and out of favour, occurring in 5 per cent of articles (2010-2014), 13 per cent (2015), 2 per cent (2016) and 7 per cent (2017). Although the number of articles about car choices for older drivers fell from 2017 to 2016, after rising steadily in earlier years, the percentage of articles on the topic rose steadily throughout the period analysed, from 8 per cent of articles in 2010-2014 to 12 per cent (2015), 23 per cent (2016) and 26 per cent (2017). Most were in car reviews and involved brief mentions of older drivers in very long articles. The topic referring to the effects of driving cessation included discussion of such issues as the effect of public transport limitations on the individual and the loss of mobility and independence when a driver’s licence is surrendered. Other topics occurred in too few articles to be recorded as separate categories.



**Figure 4.1. Content topics, by frequency, older-driver related articles, metropolitan newspapers, 2010-2014 (average p.a.); 2015; 2016; 2017**

The newspapers publishing most articles on road incidents involving older drivers were the *Courier-Mail* (31 articles) and *Herald Sun* (23) in the five-year period 2010-2014; *Herald Sun* (7 articles) and *Daily Telegraph* (6) in 2015; *Daily Telegraph* (8), *Adelaide Advertiser* (3) and *Herald Sun* (3) in 2016; and *Courier-Mail* (3) in 2017. All were traditional tabloid newspapers.

Those publishing most articles on assessment of older drivers were: *Courier-Mail* (31) and *Adelaide Advertiser* (28) in the five-year period 2010-2014; *Herald Sun* (7) and *Daily Telegraph* (6) in 2015; *Daily Telegraph* (8), *Adelaide Advertiser* (3) and *Herald Sun* (3) in 2016; and *Courier-Mail* (3) and *Adelaide Advertiser* (2) in 2017; all were traditional tabloids.

(b) Content analysis: Sources quoted

The term ‘source’ in journalism generally refers to the people interviewed (Lamble, 2011, p. 127) and it is used in that sense for this section. The analysis of source use revealed 367 articles (87 per cent) indirectly quoted at least one source and 285 (67 per cent) used at least one direct quote in 2010-2014. The results for the other periods were: 2015 (58, 97 per cent; 39, 65 per cent); 2016 (54, 90 per cent; 38, 63 per cent); and 2017 (35, 83 per cent; 27, 64 per cent).

Ordinary citizens were the first source directly quoted in 74 articles (17 per cent) in 2010-2014, followed by government sources (46, 11 per cent). The category ‘ordinary citizens’ included all unaffiliated individuals, such as drivers of any age, people involved in road crashes, witnesses, and family members of those involved.

Legal sources (13, 33 per cent) were the top category in 2015, followed by government and other official sources, such as emergency service representatives (7, 18 per cent). Legal sources (10, 17 per cent) were the most frequent category directly quoted in

2016, followed by ordinary citizens (7, 12 per cent) and lobby group representatives (7, 12 per cent). Ordinary citizens (10, 24 per cent) and business sources (8, 19 per cent) were in top place in 2017.

The source categories most frequently indirectly quoted first were: legal sources (74, 17 per cent) and ordinary citizens (73, 17 per cent) in 2010-2014; legal sources (23, 40 per cent) and the media (8, 14 per cent) in 2015; legal sources (15, 25 per cent) and ordinary citizens (11, 18 per cent) in 2016. Ordinary citizens, business representatives, legal sources and government sources were each indirectly quoted in 4 articles (10 per cent) in 2017. This supported the view that mainstream media privileges elite sources, as Forde (2011, p. 173) and Wiesslitz et al. (2011, p. 1044) maintain. The non-appearance of expert sources in the top results for the first and second sources mentioned or quoted indicated they were being placed in less influential positions in articles than government, business and legal sources, if at all.

### (c) Content analysis: Summary

The content analysis revealed the categories covered by newspaper and year of publication, as well as which sources were quoted. It highlighted an increase in articles after news items reporting older driver involvement in crashes in which younger people died or were seriously injured, particularly in Queensland in the period 2010-2014. A similar increase in article frequency occurred when South Australia flagged the introduction of self-assessment of driving capability and easing of medical requirements for drivers aged 70 and over in 2014. The clustering of the topics 'risk', 'driver assessment' and 'regulation' was a clear indication of the framing of issues related to ageing and safe driving in terms of a threat to community safety. Driver assessment and regulation through performance-based measures, such as compulsory age-based medical testing, were the dominant solutions presented, indicating driving abilities were assumed to be age-based. Content analysis, however, failed to indicate how older drivers were represented in the articles. It failed, for example, to differentiate

between ‘Still here, still driving’ (*The Age*, 13/3/14) and ‘Too many old drivers have a licence to kill’ (*Sunday Telegraph*, 4/12/11), both of which mention a wide range of relevant topics, including whether older drivers are a risk on the road, the need for regular testing, specific road incidents involving older drivers, and fatality and serious injury crash statistics.

(d) Critical discourse analysis and corpus linguistics

Critical discourse analysis combines language use with consideration of its social context. Such analysis highlighted the difference in tone between the two articles mentioned above; content analysis alone did not. The *Age* article focused on an older driver who is ‘mindful of the responsibility of being an older driver’. The *Sunday Telegraph* article includes anecdotes from the columnist about being missed ‘by inches’ by a car driven by a man ‘so old he possibly didn’t even know he was in a car’ who ‘looked like he was 90 in the shade’ and another about a second ‘old man, face pressed up against the glass again’ who ‘happily coasted through’ a pedestrian crossing while the journalist waited to cross. The descriptions are examples of structural transformations (van Dijk, 2009, p. 195) that overstate the incidents for dramatic effect, emphasising the drivers’ poor cognitive skills and bad eyesight, as assessed by the journalist during the brief incidents. The article discusses mandatory age-based licence testing but refers to the projected increase in the proportion of the NSW population aged 85-plus as ‘a lot of near misses’. The negative characteristics mentioned become those of what van Dijk (2009, p. 195) terms an ‘outgroup’, in this instance ‘old drivers with a licence to kill’. Such ageism contributes to negative stereotyping of older people and their driving, colouring debate on social issues affecting them.

The *Age* article includes quotes from expert sources, including Monash University Accident Research Centre (MUARC) researcher Professor Brian Fildes’ opinion that age-based testing of drivers is discriminatory. The quote is included without a direct response from the journalist. The *Sunday Telegraph* article, by contrast, quotes Older People Speak

Out spokeswoman Val French, from a report in which she expresses frustration with discrimination against older people. The journalist adds that ‘Val should look up from her knitting’ and read a paragraph from a NSW study on vehicle driver fatalities. The journalist’s comment is reminiscent of the way the US media treated women in the 1970s, trivialising and dismissing them to ‘the protective confines of the home’ (Tuchman, 1978a, p. 8). The *Sunday Telegraph* article was published in other states (‘Seniors in denial over road risk’, *Sunday Courier*, 4/12/11; ‘Seniors can’t all be allowed at wheel’, *Sunday Herald Sun*, 4/12/11) but without the Val French quote and the gender-based stereotyping of the knitting reference.

Discourse analysis, therefore, provided more in-depth knowledge of how ageing is understood and represented. It was carried out in parallel with use of corpus linguistics, for articles from 2010-2014. The results of one method informed the other, enabling repeated patterns of language use and hegemonic discourses noted in the corpus linguistic analysis to be examined in the context in which they occurred. Hegemonic discourse is used in the Foucaultian sense to mean the dominant or ‘common sense’ viewpoint.

Newspapers make choices in the way a particular topic is written, including the sorts of structural transformations noted by van Dijk (2009, p. 195), such as the example of overstatement above and rhetorical transformations, which involve emphasising or de-emphasising particular information. The analysis highlighted how choices in headlines and body text contributed to the representation of older drivers and ageing. Headlines and the largest image on a printed page are the first things readers notice, followed by captions and finally the article’s text (Paul, 2007; Stark Adam et al., 2007, pp. 34-35; Stark Adam, 2012), so representations of ageing through headlines are important.



(e) Discourse analysis: Headlines

More than three-quarters of the headlines were neutral but negative representations of ageing outnumbered positive ones in all four periods (Harkin et al., 2018, p. 77). Examples of headlines that drew a clear link between ageing and risk are included in Table 4.2.

**Table 4.2. Headlines linking ageing and risk, from Australian newspapers, 2010-2017**

Headline	Newspaper	Date
Too many old drivers have a licence to kill	<i>Daily Telegraph</i>	4/12/11
Seniors in denial over road risk	<i>Courier-Mail</i>	4/12/11
Older drivers a road menace	<i>Herald Sun</i>	19/8/14
Elderly drivers as dangerous as young hooners because cognitive, physical abilities diminish	<i>The Age</i>	4/5/15
Elderly drivers as dangerous as hooners	<i>Canberra Times</i>	4/5/15
For safety's sake, test older drivers	<i>Herald Sun</i>	19/2/16
Driving is a privilege. Many older drivers have lost their ability and are a danger to themselves and others	<i>Advertiser</i>	22/9/16
Elderly drivers on the nose	<i>Herald Sun</i>	9/12/17
Put brakes on old drivers	<i>Courier-Mail</i>	3/12/17
Can't teach an old biker new tricks	<i>Sun Herald</i>	24/12/17

Newspaper headlines tend to include short words, active verbs and references to people (Layton, 2011, p. 42). Verbs are 'the headline writer's friend' and those used in headlines should not only describe an action but also 'demonstrate a mood, an emotion and a characteristic' (Downman, 2008, p. 76). Such newspaper conventions aimed at attracting readers to an article have the potential to promote social division, particularly when lemmas of verbs such as 'kill' are used in headlines that focus on the age of drivers.

Compare 'Driver faces charge on star cyclist's death' (*The Australian*, 8/7/11) to 'Elderly driver on trial for killing' (*Courier-Mail*, 7/6/13). Both articles refer to 'elderly' drivers facing charges over fatality crashes, the first in Italy, the second in Queensland. The Queensland headline focuses on the driver's age; the other does not. The trial outcome in the Queensland case is also reported with a headline that is not age-specific ('Death driver walks free', *Courier-Mail*, 12/2/14), illustrating that a headline can be accurate without creating or

reinforcing a ‘them/us’ dichotomy. The earlier *Courier-Mail* headline, through the age-specific modifier ‘elderly’, links the specific incident to a campaign by the newspaper and Queensland police in 2013 calling on the Queensland government to tighten older driver licensing regulations. The 2014 headline appeared after older driver licensing laws in Queensland changed on January 1 that year. As the content analysis revealed, the number of articles on older drivers in Queensland fell sharply in 2015, suggesting the campaign had increased attention on the cohort but interest fell after the campaign aims were achieved.

Pronouns used in headlines produce a similar perception of social division in a newspaper’s audience. ‘Get them off the road – Seniors fight push for elderly drivers to hand licences in’ (*Herald Sun*, 20/2/12), for example, divides readers into ‘them’ (seniors) and, by implication, ‘us’. ‘Brakes on our oldies – 80 seniors a week forced to surrender licences – Families, doctors urged to do in seniors’ (*Herald Sun*, 12/8/13) implies responsibility for ‘our oldies’ (my italics) in a way that disempowers them. ‘Keep our older drivers on roads’ (*Advertiser*, 5/3/10) implies an us/them dichotomy but also places older drivers in a subordinate position, indicating that both headlines that support a cohort in the ongoing debate and those that oppose them, can be disempowering.

The effect is increased when headline and body text combine to reinforce such social divisions. ‘Under the limit, but out of their depth’ (*Advertiser*, 11/3/14) implies a division that is particularly pertinent when combined with the article’s lead or first sentence, which indicates researchers have warned that one glass of wine could dangerously affect older drivers. The article refers to a university-based study that used a computer-based driving simulation test to examine the effects of alcohol on drivers. Half were aged 25-35, the rest 55-70. It states that the older group’s driving abilities were affected by the alcohol but the younger group’s abilities were not. It does not mention the level of impairment, nor whether other factors influenced the results, such as familiarity with computer-based simulations. The

phrase ‘out of their depth’ in the headline implies ‘risk’ and is an example of the way hyperbole can reinforce social division, particularly when, as in this case, the article appears in the context of South Australia’s revision of driving licence regulations for older drivers.

The effect of what van Dijk (2009, p. 198) terms ‘polarised hyperboles’ is also evident in ‘My wife, baby were killed by nun and still ... No one has said sorry’ (*Daily Telegraph*, 19/1/14). The headline refers to an incident in which a cyclist died when an older driver suffered a seizure and lost control of her car. The newspaper reports that an autopsy revealed the cyclist was six weeks’ pregnant. The term ‘baby’ is more emotive than the more accurate term ‘embryo’, which applies at six-weeks’ gestation. The language choice is polarising, particularly when associated with the verb ‘kill’.

Road safety researchers’ results received little coverage, apart from a couple of brief news items, such as reports on a psychologist’s development of a ‘maze’ test to identify unsafe drivers (‘A-maze-ing road test’, *Daily Telegraph*, 16/12/11; ‘The amazing test for older drivers’ and ‘Amazing way to test older drivers’, *Adelaide Advertiser*, 16/12/11). The test is one of a number used in office-based assessments but not ‘amazing’ in terms of its specificity and sensitivity, the attributes researchers are seeking. ‘Amazing’ is effective as a play on words but sends an inaccurate message to readers in the context of debate on driver assessment. This is an example of the way that the need for a catchy headline may be at odds with the journalistic ideal of accuracy.

Three aspects of body text contributed to how articles on older drivers were framed: the topics covered; use of keywords, stock phrases and stereotyped images; and use of older drivers as sources.

(f) Discourse analysis: Topics covered

Articles including six or more topics were considered ‘comprehensive’, as by definition they extended the discussion beyond the cluster of five topics that framed issues related to older

drivers in terms of their risk to other road users. The ‘risk’ cluster included discussion of whether older drivers were a risk or not, assessment of at-risk drivers, licence regulation, specific crashes and other road incidents, and fatality and serious injury statistics. Thirty-seven articles in the period 2010-2014 (an average of 7 per year) mentioned six or more of the topic categories; 20 of them included the role of frailty in the overrepresentation of older people in fatality and serious injury crashes. The content analysis revealed that nine articles included six or more topics in 2015, 11 articles in 2016 and seven in 2017 but only two of these articles from 2015 mentioned the role of frailty in older adult road fatalities, two in 2016 and one in 2017. This indicated that even otherwise comprehensive articles were omitting an important issue from discussion of older adults’ driving experience.

**Table 4.3. Number of articles covering six or more ‘older driver’ topics in Australian newspapers, 2010-2017, by year**

No. of topic categories covered	2010-2014 (average per year)	2015	2016	2017
11	0	0	0	1
10	3	1	0	0
9	2	1	0	0
8	9	3	2	2
7	14	2	6	2
6	9	2	3	2
<b>TOTAL</b>	<b>37 (7)</b>	<b>9</b>	<b>11</b>	<b>7</b>

The discourse analysis presented a clearer picture of the way the articles portrayed older adults and issues relevant to their driving. Four of the articles from 2010-2014 stood out, covering nine or more of the topic categories, while acknowledging the role of frailty. These were ‘In for the long haul’ (*Sydney Morning Herald*, 8/1/10), ‘Too many old drivers have a licence to kill’ (*Daily Telegraph*, 4/12/11), ‘Number’s up for ageing drivers’ (*Courier Mail*, 19/6/11) and ‘Still here, still driving’ (*The Age*, 13/3/14). The *Sydney Morning Herald* article covered 10 of the topic categories, discussing fatality crash statistics but also frailty. It broadened the discussion beyond the ‘risk’ frame by including recognition of older adults’

need for mobility, health issues that are more common in the older age groups, and the economic cost to society of restricting older drivers. *The Age* article took a different approach, focusing on one older driver. It covered nine of the topic categories, including ‘frailty’; it mentioned two specific crashes that had recently received media attention, neither of which involved the woman featured in the article. It did mention, however, that she had experience crashes while driving, none of which had been her fault. The article illustrated that crash involvement of older drivers and other issues relevant to their driving experience could be discussed without presenting the older cohort in a negative way. The other two articles took a different approach.

The discourse analysis illustrated the importance of journalists reflecting critically on the ways they portray ageing, as oversimplifying views that are used to justify or rationalise actions objectify and homogenise older adults and promote ageism (Meisner, 2020). The *Daily Telegraph* article, for example, was an opinion piece and its headline set the tone, portraying ‘old drivers’ negatively by stating too many of them had a ‘licence to kill’. The article’s text stated that senior lobbyists were in denial about the role of older drivers in fatality crash statistics and drew attention to specific historical crashes involving older drivers: a NSW crash in which a young child, Sophie Delezio, was seriously injured and a Queensland crash which resulted in former journalist Ali France, the daughter of then MP Peter Lawlor, losing part of her leg when an elderly driver lost control of his car in a carpark. The Ali France case also featured in the *Courier Mail* article, which focused strongly on the ‘risk’ frame. The fifth article from 2010-2014 to include more than eight topics was ‘S plate could put clamps on gramps’ (*The Age*, 2/5/10), which discussed a proposal for older drivers to have ‘S’ or ‘O’ plates (identifying the driver to other road users as a ‘senior’ or ‘old driver’) while acknowledging the potential for such plates to lead to intimidation of older drivers.

‘Who will be driving Mrs Davis’ (*Courier-Mail*, 5/11/13) only ticked eight topic boxes but stood out for including the role of family in the discussion. It also, however, illustrated the media’s tendency to explore an issue through examples that represent statistical ‘outliers’ or extremes. The article focused on a one-hundred-year-old driver and her son and suggested that age-based licensing regulations protected older drivers. This is an example of the sorts of government campaigns that Meisner (2020, p. 57) warns about, ones that aim to protect people but send an oversimplified message about age and risks associated with it. Researchers describe older adults as a heterogeneous group, and argue that they should not be arbitrarily categorised by chronological age (Meisner, 2020, 57-58). Focusing on an outlier may imply that the example represents the physical condition of the wider group; it may also set a standard for ‘successful ageing’ that other older adults may struggle to attain, and as such represent an example of ‘New Age ageism’ (Rozanova, 2010).

Others articles that stood out from the news stories on crashes included one from *The Australian* on the over-representation of crashes of small cars, which it pointed out were more popular with older and younger drivers (‘Some models more prone to prangs, 10/1/15). ‘GPs wary on drive bans’ presented the results of a survey of general practitioners on medical tests for older drivers, an aspect of the assessment debate that most articles ignored (*Herald Sun*, 7/2/12). Such articles highlighted information that was under-reported in the newspapers examined. The set of ‘comprehensive’ articles also included two by road safety experts rather than journalists. These included ‘Keeping older drivers on the road is the test’ (Charlton, *Herald Sun*, 18/7/13), ‘Should there be mandatory testing for older drivers?’ (Congiu, *Sunday Herald Sun*, 24/6/12).

The discourse analysis drew attention to articles where comprehensive coverage was not accompanied by balanced depiction of older drivers (Harkin et al., 2018, p. 79) in a way that counting topic categories present did not. Awareness of such examples is important to

understanding of how journalism influences the way one generation responds to, and understands, another. ‘No need for speed – Ageing population forces rethink on road’ (*Courier-Mail*, 7/10/12) focused on a report from the Queensland Government’s Older Driver Safety Advisory Committee and included eight topic categories. The article’s first sentence stated, however, that the government was reviewing speed limits because older people ‘like to drive slowly’, which links to a common criticism of their driving that those of other ages reported when quoted. It assigns responsibility to the older age group for any subsequent decision to lower speed limits, which is unlikely to be a popular decision. The article also referred to a ‘tsunami of ageing motorists’, referring to the increase in the older age group with a term associated with disasters.

Repeated reporting of road incidents involving older drivers was a common trend in 2010-2014, particularly in Queensland and Victoria. Articles presenting summaries of traffic incidents involving older drivers included ‘Leadfoot oldie, Spate of car accidents triggers a caution for the elderly’ (*Herald Sun*, 17/7/13). Repetition in this way exaggerated the danger older drivers posed to other road users. Highlighting repetition is important because of the way it may strengthen an image or concept, compounding the effect over time until it becomes the commonly held view (Baker et al., 2013).

The risk posed by older drivers was further distorted by reporting of incidents that did not involve fatalities or serious injury (Harkin et al., 2018), sometimes in more than one state. When a man lost control of his car on Sydney’s Bondi beach in 2014, for example, the story ran in *The Australian*, Sydney’s *Daily Telegraph* and Brisbane’s *Courier-Mail*, even though no-one was injured. Such incidents become news because unusual or bizarre events are considered newsworthy (Downman, 2008, p. 21; Lamble, 2011, p. 37) and presented as entertainment (O’Neill & Harcup, 2009, pp. 164-166). Representations of ageing and gender also contributed to negative stereotyping. The *Herald Sun*, for example, reported an incident

in which an older driver became lost on her way home from the airport and was found sitting in her car, which was teetering over a ravine almost 200km from her destination. The headline – ‘A woman on the edge, Elderly driver’s wrong turns almost end in disaster’, 16/8/12 – emphasised age and gender and suggested cognitive decline but the article included no expert opinion or advice. The woman’s predicament was presented to entertain not inform.

Reporting on assessment and licence regulation further contributed to stereotyping of older drivers through oversimplification of what is a complex issue. Discourse analysis revealed a disjunct between the focus in newspaper articles on compulsory age-based restrictions of older drivers and reports from road safety researchers that mandatory age-based testing does not improve road safety (Hakamies-Blomqvist, 2004; Langford, 2009; Langford et al., 2008a; Langford et al., 2008b; OECD, 2001). While the debate was nuanced in scientific literature, this was seldom reflected in newspaper accounts of the issue. Researchers recognised the heterogeneity of the older age group (Eby et al., 2019, p. 31) but this was not apparent in headlines and texts singling out the age group for testing, as corpus linguistic analysis confirmed.

Researchers had expressed concerns at the media’s focus on road fatalities and its effect on public perceptions of older people (Langford, 2009; OECD, 2001). The newspaper analysis revealed, however, that coverage of road incidents was not limited to news stories (Harkin et al., 2018). Three crashes dominated coverage in 2010-2014 and 2016: the death of pregnant pedestrian Kerryn Blucher in Queensland in 2012; an incident in which pedestrian Ali France lost part of her leg after an elderly driver lost control of his car in a Queensland carpark in 2011; and the death of pregnant cyclist Maria Defino in NSW in 2016. The second pedestrian was a former *Courier-Mail* journalist and the daughter of Queensland state MP Peter Lawlor, who lost his seat soon after the incident. Corpus linguistic analysis compares a ‘corpus’ – a text database – to a large reference corpus, to reveal words and phrases that



appear more frequently than in general language (Kilgarriff et al., 2014; Sketch Engine, n.d.). The analysis revealed that the former MP's surname (Lawlor) ranked sixth on the list of keywords in the data set, indicating he appeared as a source more frequently than would be expected by chance.

(g) Discourse analysis: Keywords, stock phrases and stereotyped images

The newspaper analysis revealed the polarising effect of the 'them/us' divide noted earlier. One article, for example, quoted a 74-year-old driver (Young, old face off Danger and fear rule roads as generation gap grows, *Herald Sun*, 30/3/12). He is quoted saying that he does not consider himself an older driver but that 'when *they* get to 80 and above they become fragile and are over-cautious ... annoying the hell out of people who want *them* to go quicker' (my italics). The article also quoted a female driver, 21, who describes older people's driving as 'cautious', 'dangerous' and frustrating for other drivers. The quotes reinforced negative stereotyping of the older cohort; and the article's headline underlined the fear of older drivers that was commonly expressed by younger generations in such survey-based articles.

The newspaper analysis also highlighted the use of recognised names in media campaigns. Newspaper coverage of the crash in which Ali France was seriously injured, for example, became part of a campaign in Queensland for tighter licence regulation for older drivers. Readers were repeatedly reminded of the father's political connection, even after he lost his seat in the Queensland parliament. He was variously referred to as a present or past Queensland politician, in most cases using the explosive style of address that places the role before the name ('Southport MP Peter Lawlor', 'Former racing minister Peter Lawlor'). In just two instances was he referred to simply as 'Peter Lawlor', the form of attribution that would be used at first mention for an ordinary citizen. Three articles referred to the incident in which his daughter was injured as 'the Lawlor case' and one as 'Mr Lawlor's tragic case',

despite his daughter's surname now being 'France', not Lawlor. Two articles referred to her as 'Alison Lawlor, journalist', adding her former occupation to descriptions of her as a politician's daughter, crash victim, wife and mother.

Modifiers used in newspaper articles to refer to key spokespeople in the debate on licensing regulations were telling. A comment from Lawlor was referred to as 'remarkably restrained' and he was described as a 'compassionate man'. By contrast, Val French, spokeswoman for a group representing older drivers, was said to have made a 'horribly flippant comment' and was told to 'go back to her knitting'. In a similar vein, the doctor of the 'elderly' driver who hit Ms France was called 'his quack'. Descriptions of attitudes and actions were also revealing. Some articles referred to Lawlor 'questioning' current licensing regulations, implying a search for solutions; others said he was 'focused on' change, which implies a mind made up, and presents the requirement for older drivers to be 'tested rigorously and regularly' as the common-sense solution. The daughter was referred to less frequently than the father, even though she was the victim, indicating the influence of the father's position as a political representative. This is an important indication that the 'common sense view' is not a reflection of media discourse alone. Lawlor had what Bourdieu refers to as 'cultural' or 'symbolic capital' (2007, pp. 135-138). He had obtained the recognition needed to mobilise people, to speak on behalf of a group, in this case, those who wanted tighter restrictions on older drivers. Those with a large symbolic capital have 'the power of making people see and believe' (Bourdieu, 2007, p. 182). The chance of success is increased when the vision is grounded in reality (Bourdieu, 2007, p. 138). This specific serious injury crash – and other crashes involving older drivers – provided that reality and became an important part of the media campaign for change.

The Sketch Engine analysis reinforced the patterns noted in close reading of the articles. The corpus analysed included all articles returned from search results of the 11

selected newspapers for 2010-2014, including features, news articles, commentary and reader comment. The methodology followed that used in Baker et al. (2013, p. 29), to aid replication of the study.

Sketch Engine weights keywords and key terms according to how frequently they occur in the corpus compared to how often it would be expected to occur by chance. Certain patterns were apparent from examination of the key terms and keywords used in the articles, particularly when terms with similar meanings were considered together. ‘Risk’ and ‘assessment’ were key topics. Analysis of key terms ranked ‘road toll’ first, followed by ‘elderly driver’, ‘road safety’, ‘driving test’ and ‘year-old-man’, which indicated a media construction for reporting a person’s age that was commonly used in news stories on road crashes. ‘Road trauma’ ranked sixth, with ‘driving ability’ (10) and ‘dangerous driving’ (13) continuing the focus on road safety. Six terms in the top 20 related to driving abilities, indicating the newspapers were linking risk and assessment. ‘Licence’ (5) and ‘fatalities’ (7) made the top 10 ‘keywords’ list but ‘frail’, ‘frailty’, ‘discrimination’ and ‘discriminatory’ did not make the top 100, confirming that coverage of the ‘frailty bias’ was limited, as had been noted from close reading of the texts. ‘Medical certificate’ (12) and ‘mandatory testing’ (19) were further indications of the emphasis on testing as a response to the ‘ageing population’ (11). ‘Driving experience’, a common positive quality assigned to older drivers, was ranked No. 80.

Several terms in the top 20 highlighted a person’s age, including ‘elderly driver’ (2), ‘-year-old man’ (5), ‘-year-old driver’ (8), ‘-year-old woman’ (14) and ‘ageing population’ (11). Articles on fatality and serious injury statistics commonly compared trends for different age groups. The debate was focused on age but involved references to younger people as well as the older cohort, as the frequency of the ‘-year-old’ construction and terms such as ‘older’ and ‘elderly’ but also ‘young’ and ‘younger’ indicated.

Other key trends noted from the search results were that the Victorian licensing authority played a key role in discussion of issues related to older drivers, with ‘VicRoads’ topping the list of keywords. Lobby groups representing motorists – such as the RAA, NRMA and RACT – also made the top 20, indicating their significant role in debate on issues related to driving and ageing. The appearance of ‘Carsguide’, ‘Camry’ and ‘Holden’ in the top 20 reflected publication of ‘older driver’ articles in the newspapers’ motoring guides.

The names of several victims of crashes involving older drivers appeared in the top 100 keywords but so did former AFL footballer Ben Cousins (73). Cousins was not involved in a crash with an older driver. He made the list because he hit a car owned by an older driver, an indication of the power of the media to name and shame someone who has transgressed in other arenas.

The search results also revealed that words such as mobility, frailty, depression, discrimination, ageist and ageism did not make the top 100, indicating that the issues raised were seldom considered from the perspective of the older drivers.

A Sketch Engine concordance search revealed the term ‘older drivers’ was used almost 17 times as frequently as the term ‘older driver’, indicating an emphasis on the group ‘older drivers’ rather than on individual members of the group.

#### (h) Discourse analysis: Older drivers as sources

Two tropes dominated the articles analysed. One was the older driver with an old car who only drove short distances but had no intention of stopping. They often had above-average experience or represented extremes, such as the oldest licensed driver. The *Advertiser*, for example, included a New Zealand story of a man, 105, who still drove and had no plans to stop (‘Keeping active’, 10/6/13). It mentioned his driving experience and safe record but also that he ignored his doctor’s advice to stop driving when he broke his hip three years before.

The story supported the stereotype of older drivers who refuse to recognise limitations and have no intention of giving up.

The second trope was the ‘good’ older driver, who was presented as a role model and reinforced the article’s main argument. One example was ‘Fred’ and the headline made it clear that he modelled acceptable behaviour (‘Motorist Fred makes a sacrifice for the safety of all’ (*The Age*, 5/8/13). He was 78 and preparing to make the ‘right’ decision, to give up his driver’s licence before others made him do so. The article quoted him giving reasons for his decision – problems seeing at night and occasional difficulty increasing pressure on the brake. He was also quoted explaining the loss of mobility some older people face when they stop driving but mentioned that his family would help him to get around. The article was clearly directed at the adult children of older drivers as well.

A third trope was the ‘bad’ older driver, the sort who would not stop driving until forced to do so, and the ageing ‘hoons’ and road-ragers that appeared in news stories rather than commentary.

#### 4. 3. Regional newspapers

Analysis of Victorian regional newspapers for the period 2010-2014 involved content and critical discourse analysis. The results revealed a similar focus on fatality and serious injury crashes as that noted from analysis of Australian metropolitan daily newspapers but also revealed significant differences, particularly in the sources used and coverage of solutions other than assessment and regulation of licensing of older drivers.

##### (a) Content analysis

Analysis of the topic categories present in the 163 articles from Victorian regional newspapers revealed the category most frequently present was ‘risk’ (153 articles, 94 per cent), followed by references to specific driving incidents (64, 39 per cent), solutions other than regulation (62, 38 per cent) and fatality and serious injury crash statistics (56, 34 per

cent). The other main topic categories were: assessment (32, 20 per cent) and regulation (27, 17 per cent). The frailty bias was mentioned in 9 articles (6 per cent).

Police sources were included in the 'legal' category but were clearly the most frequently used source type so were also recorded separately. Police were the first source mentioned in 56 articles (34 per cent), the second source mentioned in 22 (13 per cent), the first source directly quoted in 41 articles (25 per cent) and the second source directly quoted in 8 articles (5 per cent). The results indicated coverage of basic news stories on traffic incidents rather than commentary on debate about older drivers and assessment of driving abilities. The search terms appeared more frequently in the larger regional towns, such as the *Geelong Advertiser* (27) and *Ballarat Courier* (19), followed by the *Shepparton News* (17) and *Warrnambool Standard* (15).

Headlines ranged from 'Older drivers have plenty of safe driving options' (*Ballarat Courier*, 7/1/14), 'Safer vehicles keep oldies on road: study' (*Border Mail*, 1/3/14) and 'Bombs put our oldies on skid row' (*Border Mail*, 28/5/14) to 'Increase in grandparent traffic offences Age means nothing' (*Geelong Advertiser*, 19/12/11) and 'It's time for Mum to trade in the keys, not the car' (*Geelong Advertiser*, 23/6/14). Headlines such as 'Tips to help keep older drivers safely on the road' (*McIvor Times*, 22/10/14) and 'Road safety sessions for Seniors' Week' (*Shepparton News*, 3/10/11) were a reflection of the inclusion of articles advertising education sessions on issues relevant to older drivers, such as recognising functional impairments that may affect safe driving. The *Riverina Herald* also published a report on a study that pointed out that a stigma against older drivers was prevalent but not supported by statistics (Study reveals bad driver stigma, 3/12/12). The study referred to a Human Rights Commission report and included a reader poll question on unfair discrimination against older drivers.

One opinion piece in the *Shepparton News* complained about elderly drivers, particularly women, driving too slowly, claiming that all drivers who take bends at a snail's pace are women age 80 years and over (Slow drivers get blood boiling, 3/11/14). The article was an opinion piece written by a journalist, who said she considered getting out of her car and telling one woman 'she can't drive' but didn't. Such stereotyping of older people was less apparent in the regional newspapers than in the metropolitan ones, which published more commentary.

Analysis of the first source mentioned revealed those most frequently indirectly quoted were legal (60, 37 per cent) and government sources (27, 17 per cent). These included all levels of government but most represented Victorian government representatives and politicians. The first category directly quoted was again legal (46, 28 per cent), followed by government sources (24, 15 per cent). Medical and academic experts were the first source mentioned in 11 articles (7 per cent) and directly quoted first in 7 (4 per cent).

One key trend noted from close analysis of the text was the way news stories managed to make it clear that someone's driving abilities were under examination, without implying that all drivers of a particular age group were incompetent and should be tested. One article, for example, stated that a car had been reported missing, and the driver was treated for a form of dementia but added that he 'was not charged but his licence will be reviewed' ('Dementia driver in low-speed chase', *Border Mail*, 19/1/12). Another reported that a man, 86, was driving on the wrong side of the road and collided with a utility. It added that police urged 'older drivers to consider the safety of others on the roads' and for those 'at that time of your life' where they 'might be putting other drivers at risk' to consider handing in their licences ('Elderly man in collision', *Geelong Advertiser*, 22/6/13). The news brief was an example of how older drivers can be encouraged to assess their driving abilities without use of disempowering language and resort to an 'us/them' dichotomy.

#### 4. 4. Conclusion

Corpus linguistic analysis reinforced the results of the content and discourse analyses for 2010-2014. Sketch Engine revealed that keywords and key terms related to the topics ‘risk’ and ‘assessment’ appeared in the corpus (text database) more frequently than in the reference corpus. This indicated that articles about older or elderly drivers focused on risk and assessment more frequently than would be expected by chance.

Several patterns were apparent from the qualitative and quantitative analyses discussed. Articles focused on ‘older’ people more than the ‘elderly’, even though most of the serious crashes reported in news articles involved drivers described as ‘elderly’. Licensing and testing were important, as the frequency of use of such terms as ‘licence’, ‘medical’, ‘test’ and ‘system’ revealed. The analysis also confirmed the use of elite sources, such as government representatives, politicians and representatives of groups. Road safety and academic sources were seldom the first or second source mentioned or quoted. Sources used lower in articles are less influential, given that research results indicate few people read to the end of an article (Paul, 2007, Stark Adam, 2012).

The lived experience and opinions of ordinary citizens received less coverage than those of elite sources.

These patterns reinforced the view that the newspapers were presenting issues relevant to older drivers through a frame of social risk or crisis. This limited awareness of the effects of the issues on ordinary people, including older drivers, their families and those working with them. Occupational therapy driver assessors and general practitioners were seldom quoted, limiting awareness of their experiences and views. This PhD project has, therefore, sought the lived experience and opinions of non-elite sources, those closely affected by the debate about driving, ageing and retaining mobility for older drivers, as Chapter 5 explains.



The results of the newspaper analysis, therefore, contributed to the content of the non-fiction book, *Older Drivers*, and have been presented before it. The contribution of the book-length journalism to our understanding of the lived experience of older drivers is discussed in Chapter 5.

## 5. Key findings and discussion: Journalism practice

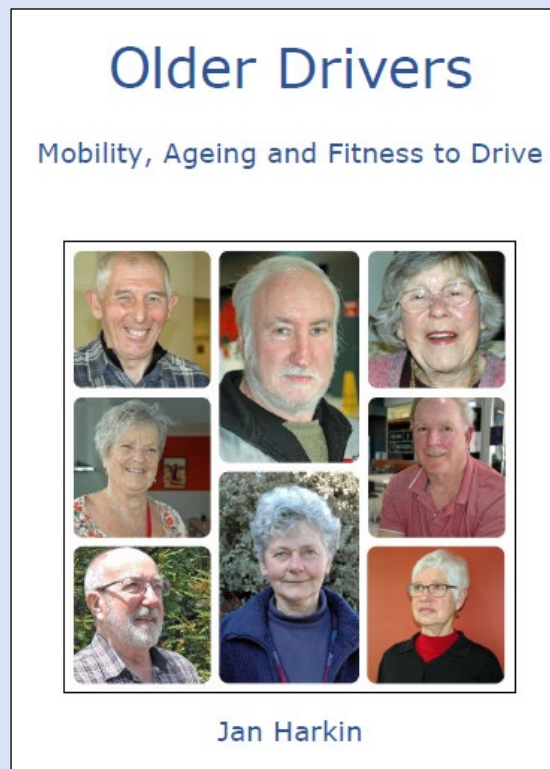
### 5. 1. Introduction: The non-fiction book as research

This PhD project in journalism has created new knowledge, through analysis of newspaper coverage of older drivers and through the process of interviewing, fieldwork and reflection to produce its journalistic output – *Older Drivers: Mobility, ageing and fitness to drive*. This research synthesises and analyses previous research in a new and creative way (Australian Research Council [ARC], 2019). The non-fiction book integrates the lived experience of older drivers – and insights from family members and professionals – with scientific literature on road safety and ageing, to create a new artefact.

This chapter addresses the appropriateness of the methodologies used to respond to the research question: What does book-length journalism contribute to our understanding of the lived experience of older drivers? It situates the research within the fields of ‘lifestyle’, ‘constructive’ and ‘book-length’ journalism, within the definitions outlined in this exegesis’ literature review. The book, and the methodological approach to the research that underpins it, are examined in terms of their correlation with Ricketson’s (2014) definition of book-length journalism.

Five key themes relevant to these genres are highlighted: interviewing and participant recruitment; the use of narrative and emotion; ethical issues; the importance of accuracy; the journalist’s role in the interviewing and writing processes.

The book – *Older Drivers: Mobility, ageing and fitness to drive* – is presented as Appendix E, at the end of this exegesis. Please read the book now, then return to this point in the exegesis.



## 5. 2. The journalistic component

Research for the non-fiction book – *Older Drivers* – has been conducted part-time, over eight years, considerably longer than the time-frame that daily journalism allows. The book is written specifically for a non-specialist audience and Australian conditions. It addresses the infrequency of lifestyle journalism covering issues related to driving and ageing, which this project's research has revealed. Newspaper analysis highlighted the sporadic appearance of articles on these important lifestyle issues and the emphasis is most commonly on news

elements – road crashes, licensing regulation and whether or not older people are a risk to other road users – rather than on their effects on the lifestyle of older people and those with whom they interact, such as family, friends and their wider communities. Older people are seldom represented in such articles as taking an active community role. This adversely affects their identity, presenting an unrealistic picture of their contribution to society, reminiscent of the symbolic annihilation of women by US mass media in the 1970s that Tuchman (1978a) identified.

(a) Lifestyle journalism genre

*Older Drivers* provides a public service through fair and accurate reporting on important contemporary issues related to ageing and safe driving. It presents information and guidance to empower the audience to address issues related to retaining mobility as people age, which is recognised as essential for healthy ageing. It prioritises practical information, such as where and when people drive, how their lives would change if they could not drive, and alternative transport options available.

Such issues affect both the lifestyle and identity of those aged 60 years and over, who represent a significant sector of ageing communities in Australia and most western countries. Newspaper headlines and articles highlighting an us/them dichotomy and associating ageing with disability contribute to the depiction of ageing as a stigmatised identity. *Older Drivers* redresses such negative representations through accurate depiction of the participants' connections to their communities. Several work as volunteer or professional drivers. Alan Williams, for example, mentors learner drivers; Frances Hutson acts on stage and to help train medical students. Some of the older drivers interviewed are still in paid employment; others work as unpaid volunteers, serve on volunteer committees, support refugee communities or visit family and friends in aged care facilities. Presenting a fuller picture of

their life experience in this way contributes to identity formation within the realm of everyday life, fitting Hanusch and Hanitzsch's (2013) definition of lifestyle journalism.

The researcher in *Older Drivers* takes on what Hanusch (2019) describes as the 'life coach' role, to produce lifestyle journalism that provides content, examples and role models to encourage people to change their lifestyles, specifically in relation to safe driving and ageing. Events and issues in the book are grounded on published texts, including relevant scientific literature, but also on the lived experience of the older drivers and other participants interviewed.

The events Rod Barclay describes, which form the introduction to Chapter 5 of *Older Drivers*, for example, come from his interview in 2018. He notes that others are unaware, as he was, of the Victorian licensing authority's requirement for both learner driver and supervising licensed driver to have a blood alcohol reading of zero. His anecdote is included to raise awareness of the issue. The journalist/researcher checked the licensing authority's requirements for mentor drivers and the results are interwoven with Barclay's anecdote, to ensure the accuracy of the information provided, which remains paramount in journalism. Use of narrative and the self-deprecating humour of Barclay's account are part of the 'inspiring entertainer' role required in lifestyle journalism. Providing the practical information is part of the 'life coach' role.

#### (b) Constructive journalism

The approach follows that of constructive journalism, which, used in the broadest sense, defines a form that is positive, focused on solutions and the examples of role models (Haagerup, 2017; Meier, 2018). Occupational therapy (OT) driver assessor Matt Grange, for example, mentions the problems involved when someone has to stop driving but is unfamiliar with public transport (Grange interview, 2014). Older driver Pat Danaher (2018) organises public transport-based outings for members of his service club. He is an example of a role

model; and the anecdote he tells about the public transport outings provides a possible solution to the problem Grange raises (*Older Drivers*, Chapter 12). The book presents solutions the drivers put forward, such as suggestions that education may improve driving skills (Bedford interview, 2018; Hetherington interview, 2018) and tests them against research results to support informed community dialogue on the issue.

The journalist's constructive role as facilitator or mediator of community dialogue (Haagerup, p. 23, 76) is also apparent from analysis of the interview transcripts on which much of the book's content is based, such as that with former mechanic and truck driver Alan Williams (2018). When the requirement for Victorian drivers to notify their licensing authority of health issues that might affect their driving came up, Williams at first became agitated. He recalled his anger at the licensing authority's response when he revealed he was taking a prescription for a cardiovascular condition.

*Harkin: Were you aware of the way the licensing system works for older drivers?*

*Williams: Not really. We've discussed that like when you get to like 65 or 70 where you have to renew your licence not for 10 years but for three years or something but no, very vague on the actual rules. I thought they would notify us when the time came. There's actually one thing that I was going to mention to you. It's not really to do with what you're talking about. When I renewed my licence a couple of years ago for 10 years, one of the things on the renewal was "Do you take any prescription drugs?" And so I thought, "Oh well, so I'll be honest," and I filled it in and it was the greatest mistake ever because then they wanted a medical report and they put me through all this crap and I'm thinking "Because I'm honest, now I'm being penalised". ...'*

*Harkin: ... So you actually did the right thing by notifying them.*

*Williams: I did, yeah, but I didn't anticipate what was going to happen ... that it would be immediately think "Don't trust him. He shouldn't be on the road. Let's prove it."*

[The process of filling in the medical report and seeing a cardiologist was discussed in detail and as he reflected on the process, his response changed.]

*Williams: I thought "Well, I've done the right thing, I've been honest and now I'm being penalised." I wasn't very happy about it but (silence) I wouldn't be very happy if a heavy truck came through an intersection and wiped my car out either so.*

*Harkin: No. It's, that seems to be the part that people aren't always aware of, that the onus is on the individual to notify VicRoads if there's a problem, rather than the onus being on the doctor to notify VicRoads.*

The journalist/researcher's role as facilitator is emphasised also through the way participants revisited topics, indicating that they had thought about the issues raised as the interview went on. Sometimes they changed their minds. Marie Darby and Bronwyn McNamee, for example, were interviewed together at their suggestion (Darby & McNamee interview, 2018). McNamee's initial response to a question about how her life would change if she couldn't drive was brief: 'As long as there's a husband, it's OK.' Darby's response was more expansive. She explained that her husband drove her when she went out and came back to pick her up. She reflected on how she would cope if her husband were not there, added that she had 'never been seen on a bus stop but I could always start' and recalled that when her children were younger, she used to wish she didn't have her licence, as she was always running them to football practice and school. McNamee said little in that part of the interview but about 12 minutes later, when the discussion had moved on to planning ahead, choosing where to live and access to public transport, she responded more fully:

*McNamee: And if I was on my own without being able to drive, I think I would feel awful. I think that would have to be a total paradigm shift I'd have to make in my life to wonder about. Yeah, like you [Marie], we've only got the bus stop round the corner, which is really good, and I have actually been into work on the bus to try it out ... I'd say you'd be a speck more reluctant to ... do some things that you might do now a bit more readily... And, also, if you can't drive, there's probably something else wrong with you.*

Later she explained her response. My notes taken immediately after the interview record that McNamee said at the end that she 'felt quite emotional when we were talking about what it would mean if she couldn't drive'. At first she had thought 'it would be fine' because her partner would drive her 'but then she thought ... What if she was on her own? What would happen then?' Darby said she had felt the same way but added that they would 'make things work'. The note records that:

*I can't remember the exact words but she reminded McNamee that they were resilient and had friends and things would work out because they would find a way.*

The book's constructive approach presents a holistic picture by examining major topics in a positive way, highlighting possible solutions but still acknowledging the negative aspects of the issues raised. These include the results of road trauma and functional impairments that may impact safe driving. These form the focus of Chapters 6 and 14 but are also mentioned in other contexts. Such critical discourse contributes to the provision of



accurate and comprehensive content and is an accepted part of lifestyle journalism (Hanusch, 2020).

(c) Book-length journalism

Searches of booksellers, both ‘bricks-and-mortar’ stores and online retailers, during this project revealed few books on ageing and driving, other than those intended for medical and legal experts from the fields of road safety and ageing. A search of a major bookseller in April 2021, for example, returned five titles relevant to ageing and driving, all written for US or UK markets. Prices varied from more than \$440 for a hardcover copy of *Older drivers impaired by multiple medications* by Lisa M. Perkins, to \$4.27 for a Kindle edition of the US Government Accountability Office’s *Older driver safety: Survey of States on their implementation of Federal Highway Administration Recommendations and Guidelines*, and \$0 for the Kindle edition of Attorney Carolyn L. Rosenblatt’s *How to handle a dangerous older driver, The Boomer’s guide to aging parents, Vol. 1*.

None of those targeted at a more general audience addressed Australian conditions. Birth, childrearing and mindfulness dominated the bookshop shelves in the lifestyle section. Books about ageing were rare, as an entry in the *2019 PhD Reflection* journal (unpublished, April 26, 2019) indicates:

*Yesterday [Thursday April 25] I checked the shelves at Dymocks at Doncaster for anything about ageing and driving. Nothing. I asked the young woman at the front desk. She did an online search. Nothing. My shelf search in the ‘health’ section turned up lots of books on mindfulness, relaxation, diets and babies. A few on relationships, teenagers and dying. Nothing else about getting older. We’re born, we worry, get fat, have babies and die, it seems. The online search turned up a few books on cars and drives but nothing on ageing and driving. Again.*

Book-length journalism provides an opportunity to address this gap in provision of important lifestyle information on transport and ageing. The book balances the need to present accurate and trustworthy information with the accompanying imperative of avoiding promotion of negative stereotyping of older people and ageing.

*Time, space and contemporary issues*

*Older Drivers* responds to a contemporary issue, as the definition of book-length journalism requires: the need for accurate and trustworthy information to raise awareness of safe driving as people age and to promote the mobility needed for healthy ageing. The extended time-frame and word length facilitates in-depth exploration of complex issues. The importance of lifestyle issues related to transport and ageing is underlined in publications from international organisations (Organisation for Economic Cooperation and Development [OECD] 2001; United Nations [UN] 2015; World Health Organisation [WHO] 2015). The UN document's emphasis on the year 2030 indicates the issues' long-term relevance.

*Journalism about real people and events*

The complex issues involved affect the lifestyle of a significant sector of the community in Australia and most western nations – people aged 60 years and over and their families. The book's methodological approach provides a rich source of stories from real people: 28 older drivers, from both metropolitan and regional areas; adult children whose parents continued to drive past the age of 60 years; and professionals working in the fields of road safety and ageing. Events and issues described in the book are based in this way on the interviews, the journalist/researcher's fieldwork and self-reflection.

The use of narrative and dialogue in *Older Drivers* to promote readability and audience engagement relied on the suitability of the project's methodologies, including its

use of interviewing, fieldwork and participant observation. These provided suitable content for the book, as the next section explains.

*A range of authorial voices and a narrative approach*

Ricketson's definition of book-length journalism highlights the relevance of adopting a narrative approach and including a range of authorial voices. Narrative methods are used in *Older Drivers* to share the experiences and views of older drivers. Andrew Crawford and John Hetherington, for example, both mention during their interviews their involvement in crashes while driving. Their anecdotes are included in the book. The Hetherington incident illustrates how his medical issue was dealt with (*Older Drivers*, Chapter 6). He had surgery, his condition is monitored regularly and he returned to driving. Crawford's crash and subsequent driving assessment illustrates the operation of the licensing authority's referral system (*Older Drivers*, Chapter 8). He passed the assessment and was able to continue to drive, provided he uses a 'spinner knob' to compensate for impairment caused by a stroke. Stories from family members and professionals, such as occupational therapy (OT) driver assessors and representatives from road safety and support groups are also included. Lucy Foley's anecdote about the cost of office-based and on-road assessment for a man from a regional area is one example (*Older Drivers*, Chapter 8). Using literary techniques, such as narrative and dialogue, is important to ease understanding and engage the audience. People with higher education qualifications are more able to read and understand the constative summaries typical of news stories and expository essays but the average reader struggles to read such accounts (Hartsock (2016, p. 145). Constative summaries or 'speech acts' 'declare something to be the case' (Oxford, 2016) in contrast to styles that perform or show. 'Show don't tell' is important in journalism. As Ricketson explains (2004, p. 199), journalists use narrative techniques such as description to help readers to 'experience in their imagination what the journalist saw and felt'.

Such use of narrative and description helps to avoid creating ‘an elite of readers’, by providing information in a ‘more cognitively accessible story form’ (Hartsock, 2016, p. 156). Use of narrative techniques, however, makes the choice of authorial voice important, to help readers to recognise the point of view from which the narrative is told.

The range of authorial voices used in *Older Drivers* varies from that of a neutral observer, to a more subjective observer, and a participant, such as in the ‘mock’ office-based assessment with OT driver assessor Amber Barclay, which forms Chapter 7 of the book. The idea of ‘voice’ refers to how the audience is addressed, for example, in the third or first person (Fulton, 2005a). *Older Drivers* uses sparingly the ‘external third-person narrator’ traditionally used in hard news and much human interest and soft news (Fulton, 2005c). It is predominantly used to provide additional information, as in Rod Barclay’s ‘zero blood alcohol’ example from Chapter 5, which is discussed in the ‘lifestyle journalism’ section above. The book emphatically acknowledges the role of the journalist/researcher from the first sentence of Chapter 1:

*ROGER Evans is carting away the remains of his mum’s old kitchen when I arrive at her home. He has loaded up the old oven and stove top and is adding the rest of the rubble for a trip to the tip. Having a builder for a son is a big help for Sheila Evans and her husband, Murray, who are both 91 years old.*

The decision to reveal the journalist’s presence addresses the caution Wahl-Jorgensen and Schmidt (2020) raise – that immersive journalism may raise ethical concerns about potential emotional vulnerability of the audience if the journalist’s role is concealed. The journalist chooses and places information, stories, sources and viewpoints. This is acknowledged and emphasised through inclusion of the voice of the participant observer, one

commonly used in lifestyle journalism. The chosen voice increases the scope for use of adverbs, adjectives and phrases indicating evaluation and opinion. Examples include the journalist's own anecdotes; the description of newspaper headlines, such as 'Too many old drivers have a licence to kill' and 'Get them off the road', as 'confronting' (*Older Drivers*, Chapter 1); and the opinion in the final chapter that 'We drivers have some catching up to do, to work out how people manage to live social and productive lives without [self-driving]' (*Older Drivers*, Chapter 17). The 'participant observer' voice acknowledges the journalist's role rather than obscuring it behind journalistic conventions that create an impression of 'objective' news.

Representing the life experiences around driving of a range of older drivers, and giving them a voice in the book, addresses the need to avoid stereotyping and contributing to a negative perception of the older age group. The book-length format provides the space and time for in-depth analysis and representation of the heterogeneous character of the older driver cohort.

Ricketson's final requirement for book-length journalism is that the book has 'impact'. The impact of *Older Drivers* and the research process that produced it is apparent through the interview responses and feedback from workshopping the book during its production. Sheila Evans' anecdote about driving to a shopping centre because her local shops are 'full of people wanting to sell you coffee and a crumpet' (*Older Drivers*, Chapter 4) drew the response from a workshop participant: 'Very true! But one can take taxis.' The response indicates reflection on alternative solutions. Interview responses also indicated that participants were engaged in the discussion, as the 'interviewing' section below explains.

### 5. 3. Interviewing and participant recruitment

Book-length journalism provides the opportunity to illustrate participants' diversity, rather than presenting older drivers as a homogeneous group. The drivers were aged from 62 to 91

and included 14 men and 14 women. This was serendipitous rather than planned. Participants were recruited through a combination of snowball sampling and efforts to contact groups likely to include older drivers. Approaching a Men's Shed group, for example, proved unsuccessful but contacting Goulburn Valley U3A group resulted in three males and two females volunteering to participate in the study. Word-of-mouth from these recruits resulted in contacts from another male and female. Four females volunteered in response to a notice in a Wellington Shire council newsletter in Gippsland, including one from Melbourne. Four males and one female were recruited following a notice in Eastern Volunteers' volunteer driver newsletter, and so on. Occupational therapy (OT) driver assessors were recruited in a similar way. One expressed interest in participating during conversation at the end of a session on older driver assessment that the researcher attended. One heard about the project from a contact, and another responded to a newsletter notice, but he was unsure which newsletter had mentioned it.

The project avoids stereotyping by interviewing a broad range of people rather than over-representing the smaller cohort of older people involved in fatal and serious injury crashes. Crawford and Hetherington were involved in crashes while driving but they are only two of the drivers interviewed. The range of drivers involved in the project helps to provide accurate information without adversely affecting the community's view of older people.

The drivers' diversity extends to where they grew up and now live and the socio-economic areas represented. The longer-time frame of book-length journalism allowed field trips beyond Melbourne and its suburbs, to regional areas in Victoria's north, south, east and west. Interviewees came from regional cities and towns, including Bendigo, Shepparton, Mooroopna, Kinglake, Torquay, Jan Juc, Sale and Loch Sport, and a more rural area of Gippsland. Areas on Melbourne's fringe, such as Lilydale and Chirnside Park, were represented as well as middle and outer suburbs. The research supported the view that where

people lived had an effect on mobility and healthy ageing. Access to public transport differed depending on where people lived and was a factor in determining their mobility needs if they could no longer drive. It was also reflected in the stories they shared. The selection of participants was not a result of random sampling. Anyone who volunteered during the interviewing stage was included.

#### 5. 4. Use of narrative and emotion

The interview process was an effective data-collection method, providing the detailed description and personalised storytelling that lifestyle journalism draws on to apply narrative techniques (Wahl-Jorgensen, 2013a). Narrative is used here in its narrow sense, as applying to understanding of text, involving the use of characters, plot and chronology (Abrams, 2010, p. 109). The participants interviewed for *Older Drivers* told stories, far more than could be used in the book. Their use of narrative and detail to share their lived experience – and other people’s stories – was apparent in all interviews. Creating such narratives is a natural way people connect with each other and pass on information (Abrams, 2010). It provides the dialogue and description needed to facilitate the use of literary techniques in *Older Drivers*.

Participants’ word choice and speech rhythms help to create the sense of them as ‘characters’ in the book, as excerpts from interviews with Ivan Robotham and Christine Richards show. Discussing the benefits of planning ahead for life after giving up driving, Robotham (2014) says:

*You’ve got to be realistic about where you are and how much time you’ve got left, not necessarily walk around with a fate-ist (sic) attitude. I mean, I still buy green bananas. ... I guess you agonise between saying ‘yeah, I can do that, yes I’ll buy myself a new pair of leathers’, you know, or ‘Look, the one’s I’ve got are starting to*

*get holes in them and they're not as safe as they used to be but, hey, I don't know how much more use'. Do you get what I mean?*

Christine Richards' (2018) word choice, anecdote and speech rhythms also contribute to development of characterisation in the book, as discussion of her mother's decision to give up driving shows:

*I said, 'What about relinquishing your licence?' And she said, 'Relinquishing it?' And this light bulb went on and she realised some cranky relative or a policeman wasn't going to take her licence away but she could make the decision herself and be responsible. And within a week, she'd done it.*

The print journalist cannot differentiate between speakers through sound in the way that a broadcast journalist does. Characterisation comes instead from the interviewees' word choice, imagery and the rhythms of their speech – the colour in their language. The use of narrative techniques, such as dialogue, facilitates this.

Characterisation plays an important role. Creating empathy for the story's 'characters' helps to put a human face on complex topics (Wahl-Jorgensen, 2013a). Alan Williams' story of how his late father became lost and drove until his car ran out of petrol is a vivid and poignant reminder of the effects of age-related cognitive decline (Williams interview, 2018). Use of the narrative form makes cognitive processing easier (Wise et al., 2009). Such evocative narrative is recognised as a powerful way to help the audience to care about an event and take action (Tait, 2011). Stories are more than a way to frame an issue and stress the most salient information. They provide a 'compelling means' of introducing those disinclined to read to 'the kinds of issues [in] more sophisticated and evolved expository



examinations' (Hartsock, 2016, p. 156). They allow inclusion of a range of voices and viewpoints. Alan's story does more than evoke an emotional response because he models a way of responding to cognitive decline in a respectful way.

Another participant, actor Frances Hutson, provides a similar role model, in her anecdotes about her husband's dementia diagnosis, his response to giving up driving, and how they coped (*Older Drivers*, Chapter 8). Subjective language and judgments about people and groups complement objectivity, engaging readers with broader themes by drawing forth an emotive response (Wahl-Jorgensen, 2013a, pp. 305-306). Stories in *Older Drivers* are important for drawing an emotive response from readers but they are not fiction. They are drawn from the participants' lived experience and grounded in reality.

#### 5. 5. Ethical issues related to use of participants' stories

The use of narrative or anecdote about ordinary citizens and everyday life is complex. Most interviews occurred in the participant's familiar environment, such as their home, workplace or a café. This helped to put the interviewee at ease and contributed to the sense of the interview as a conversation – but an interview differs from a conversation. Journalism is produced for an audience – the invisible third-party present at any interview. Descriptions of real people raise ethical issues that do not apply to fiction, particularly the need to balance the obligation to the reader with that to the interviewee (Ricketson, 2014). An interviewer must gain people's confidence (Layton, 2011, p. 113) but interviewees may be disempowered if responsibility to the research project is at odds with responsibility to the interviewees (Lindgren, 2012; Reynolds, 2012; Sheftel & Zembrzycki, 2010; Thomson, 1998). They may see this as a betrayal, if the analysis does not support the imagined shared project (Reynolds, 2012).

Some interviewees were conscious of – and alert for – such conflict, as the interview with Ivan Robotham indicates (Robotham interview 2014). Ivan was acting president of the

Whittlesea branch of the Ulysses Motorcycle Club at the time and had heard about the project from the wife of another club member. At his invitation, the interview occurred at the end of a club meeting at a Whittlesea hotel. Another member later joined in. Notes from the end of the interview include the following self-reflection:

*Ivan and one of the other club members (club secretary?) gave me a small card with contact details of the club members ... Ivan and the other man said that at first they had been concerned I might have been looking for the typical sort of negative story or beat-up that much of the media wanted but that they could see I was taking a balanced approach and they were happy to be involved.*

Ivan had mentioned that some group members were concerned there had been ‘some controversy’ about their decision to have their Saturday meetings at a hotel, with many members ‘not wanting to link the club to drinking’. He had stressed that they rode motor cycles but ‘weren’t bikies’, as my notes at the end of the interview also record. The intention was never to write a negative article about the club, so there was no conflict between responsibility to the interviewee and the project but self-reflection was used throughout the project in case such conflict arose. Reflecting on the role of the journalist as listener may help ‘to deal with the guilt that many journalists describe they feel as they collect the most personal stories from their interviewees’ (Lindgren, 2012, p. 35).

Interviewing ordinary citizens is different from interviewing elites, such as politicians and representatives of organisations, who are likely to have received training in dealing with the media. The process for arranging interviews, including the explanatory statement and consent form, reinforced the formal nature of the interview but it was important from an ethical standpoint to remain conscious that people unused to dealing with the media may

forget they are in an interview and respond as they would to a conversation. A number of interviewees, including Barbara Brown, commented on the fact that I was taking notes in shorthand:

*Brown: ... you're using shorthand.*

*Harkin: Yes. I actually learnt in 2000. So I was a very mature student learning shorthand.*

...

*Brown: Sorry, that was a distraction. Only I just suddenly looked down and thought 'Oh, she's using shorthand.'*

Taking notes, even though the interview is being recorded, reminds participants that the interview has a purpose beyond the immediate discussion, as well as allowing them time for reflection while the journalist is writing. The journalist's responsibility, however, extends beyond the interview.

The ethical responsibility involved in interviewing non-elite sources extends to the writing process, requiring the journalist to take on a 'filter' role, particularly when interviewees share other people's stories. When the person spoken about was alive and identifiable, the default position was to omit their stories from *Older Drivers*. One story about an adult child's concerns about a parent's at-risk driving was included but the speaker was not identified. What to do about a family member's at-risk driving was one of the major issues that people raised throughout the research period. The person telling the anecdote also indicated it was an important one to include. The parent no longer drove but was living in a care home. A gender-neutral pseudonym is used to protect the identity of speaker and parent. The story helps to engage readers with a theme that could not be broached by interviewing a

former driver with cognitive impairment, because of ethical issues related to the ability to give informed consent.

Wahl-Jorgensen's (2013a) study of journalism argues that journalists outsource 'emotional labour' by using the interviewees' stories to move the audience rather than their own (Wahl-Jorgensen, 2013a, pp. 306-307). This is 'outsourcing' not in the sense of avoiding a difficult task. Rather it co-opts the experience of someone better able to achieve the emotive response, someone with a better story to tell. Journalists are unlikely to experience first-hand the range of issues they report on. Even when they do, someone else's story is probably more powerful. One of the skills of journalism is to find stories to tell that are more effective than those based on the journalist's own limited experience. Where the journalist has access to an experience that is of value to share with the audience, a different voice is used.

The participant observer's voice can contribute to humour, through self-deprecation. *Older Drivers* is an example of a project where the participant observer is a member of the cohort that forms a significant part of the intended audience. The journalist/researcher is a driver aged 60-plus and the responses to the OT driver assessor during the 'mock' office-based assessment described in Chapter 7 are genuine. The story shares the journalist's discovery of the importance of preparing ahead for an assessment and having a clear idea of where and why you drive, to avoid giving disjointed answers to unexpected questions. Self-deprecation helps in this way to emphasise the point.

Ethical concerns about using ordinary people's stories to illustrate an issue are also addressed by engaging participants in active debate. Participant's opinions on topical issues are included as well as their stories. Val Bedford, for example, had done a defensive driving course 20 years' earlier when she was 60 (Bedford interview, 2018). Her story, and opinion on the course's value, open Chapter 12 of *Older Drivers*. Allan Wilson had until recently mentored learner drivers from a refugee community (Wilson interview, 2018). His opinion on

the value of retraining older drivers was also included. These sorts of examples broadened the debate beyond the dominant focus on mandatory age-based assessment noted in the newspaper analysis. Headlines linking testing and older drivers point to one answer to what the newspapers present as an ‘older driver’ problem but they also affect the way ageing is represented and understood. Engaging the participants in the debate, however, raises another concern: what to do when a participant’s views are at odds with information from expert sources.

#### 5. 6. The importance of accuracy

Journalists have an obligation to readers to present accurate information. This requires adopting a ‘filter’ role when participants’ opinions are at odds with information from expert sources. Such views were either omitted or rebutted in a clear but sensitive way. One interviewee, for example, related a story about a relative, who had fallen asleep at the wheel. Their doctor suggested that part of the problem was having too much to eat before driving. The relative now skipped breakfast before a long drive, making do with a cup of coffee and a piece of toast until lunch. The driver initially said they also avoided eating a large meal before driving but later mentioned having a coffee or energy drink on a long drive but ‘no food’. The anecdote and recommendation were omitted from the book on three grounds. The story was second-hand and could not be verified; the relative may have been identifiable even if not named and may not have wanted the story published; and following the suggestion could put drivers at risk of hypoglycaemia.

Another driver suggested that driving with one foot on the brake and one on the accelerator was a solution to age-related impairment that slowed the driver’s ability to transfer the foot between the brake pedal and accelerator. This suggestion was omitted but an explanation from OT driver assessor Amber Barclay was included in *Older Drivers* (Chapter 7) to clarify why this practice is dangerous.

A further issue is the need for information from expert sources to be current. Time matters in journalism. The time-frame that allows in-depth coverage of complex issues through book-length journalism works against accuracy in the presentation of information from sources speaking as representatives of organisations. Anecdotes that represent a participant's views and comments at a particular point in time, for example, remain accurate. Sheila Evans is still driving to her family holiday home near Anglesea in 2014. Lucy Foley from Alzheimer's Australia has received a phone call from an older driver and raises the cost of office-based and on-road assessments for country people during her interview in 2014. Such information is historical and remains unchanged. Information cited from scientific literature may become dated but the citation itself remains accurate. Scientific literature was scoped throughout this project, with sources and citations updated as required to support provision of accurate information, although this was rarely needed as change tended to occur slowly over time. Change in some areas, however, may occur more rapidly.

An organisation's policies and practices, for example, are more subject to rapid change. Licensing authority VicRoads became part of the Victorian Government's Department of Transport after the interview with project officer Dr Marilyn Di Stefano in 2018. The Victorian Government announced funding to upgrade the railway line from Seymour to Shepparton in November, 2020. The difficulties with travelling from Shepparton to Melbourne, which older drivers from the area highlighted in their interviews, remain relevant, as an example of mobility issues that may affect older people in regional areas. They will no longer be an accurate reflection of the situation for Shepparton residents once the upgrade is completed, although a completion date was yet to be announced in April, 2021.

Interviews with representatives of governments and other organisations were conducted with the approval of the relevant organisation. They were essential to verify information from other sources and to ensure the journalist/researcher understood processes,

such as office-based and on-road driving assessments, accurately. They have provided background and explanation rather than opinion on the organisations' current policies as would apply in daily journalism, where the time-frame between interview and publication is shorter.

## 5. 7. The journalist's role

### (a) Interviewing

The journalist as researcher asks questions, provides prompts and cues, shows empathy and interest to encourage the interviewees to share their stories. Interviewing was used to explore the lived experience of older drivers but the questions were not designed to collect 'data that can be easily codified' (Lane, 1979, p. 190). Print journalists, like radio and television reporters, ask questions to persuade people to tell stories 'which will, it is hoped, throw some new light on the human condition' (Lane, 1979, p. 190). Lane's view is still germane. Oral testimony of lived experience is an effective way to capture 'events, information, knowledge, context, and emotion' (Pink, 2005, p. 101). The interviews were in-depth and semi-structured but conversational, allowing the interviewees to share their experiences and indicate what they wanted to know more about.

The interview transcripts were annotated using key topic categories developed from the review of scientific literature on road safety and ageing and the newspaper analysis, supplemented with additional topics from the interviews. This process identified the key areas where practical information was needed to facilitate decision-making or reflection. The areas where the journalist's research could reveal answers, possible solutions and role models are reflected in the topics covered in the book's chapters.

The 'Explanatory Statement' required to meet the project's ethical approval included indicative questions related to these key topics (Appendix A). This gave participants an

opportunity to reflect on the main issues before the interview. It also contributed to inclusion of participants' voices in the book, as the interview with Allan Wilson (2018) shows:

*Harkin: Is there any other issue that you'd like to bring up yourself?*

*Wilson: I've weaved in all the things that I thought I'd, like the one thing was 'Don't think of cancelling your licence, think of retraining your older drivers'. [That] was the major thing that I wanted to say, and I've said that before.*

That question was asked towards the end of the interviews to encourage participants to raise other issues they thought relevant. Sometimes this resulted in further discussion, as happened in the interview with Shepparton resident John Hetherington (2018):

*Hetherington: ... we've covered local public transport but transport to Melbourne and back*

*Harkin: Yes.*

*Hetherington: public transport to Melbourne is dreadful... You should have an express train for a city of this size, which would get you into Melbourne within two hours, less than two hours.*

*Harkin: Yes, because it's not that far.*

*Hetherington: Well, it's 180k [kilometres]. And it takes public transport three-and-a-half hours to cover that.... So if you were trying to do a return journey in a day, 'A' you've got to catch an appointment in the middle of the day, 'cos often you ring specialists' rooms in Melbourne and they offer you a 9.30am appointment ... Takes a fair bit of discussion and you may have to wait an awful lot longer, of course, to get a 1 o'clock appointment.*



The slowness of train travel between Melbourne and Shepparton became apparent during preparation for the field trip to interview participants in the regional town. The discussion of transport at the end of the Hetherington interview, however, revealed the difficulty country people may face getting suitable medical appointments with Melbourne specialists. This was an important point that contributed to understanding of the lived experience of those outside the metropolitan area. It was the key reason he gave for driving to his medical appointments instead of taking public transport – and suggested solutions that government or medical practitioners could provide. The journalist in this way is a facilitator, encouraging reflection to provide a deeper knowledge and understanding of participants' lived experience. Interviewing is a social skill and listening plays an important part (Harrower, 2013, p. 78). The conversational style of interviewing allowed participants to provide in-depth answers. The importance they placed on anecdote to aid explanation and understanding was apparent from the start.

The first questions in each interview collected metadata, such as the participant's age, where they lived and the correct spelling of their name. A couple of ice-breaker questions followed, asking when they got their driver's licence and what process was involved. Ice-breakers help put the person at ease (Lamble, 2011, p. 115) but the answers were revelatory. Interviewees are most likely to recall accurately experiences that were significant when they occurred (Abrams, 2010, p. 8). None of the participants had to 'scratch around' to find answers to the icebreakers. Most employed narrative and detail that conveyed both experiences and 'character' in the way that dialogue in literary discourse can do, as Marie Darby's (2018) description of gaining a driver's licence illustrates:

*Marie Darby: I didn't think it was a good idea for my husband to teach me because that wasn't working so I went to a driving school.*

*Harkin: And do you remember what the day was like when you actually did your licence? Did they, what sort of things did they get you to do?*

*Marie Darby: Yeah, we had to go out of our suburb down to Essendon, which was fortunate because I grew up there, so it was familiar and the, Kevin, I can still remember the driving instructor's name, he said 'Now I'll be sitting in the back,' he said, 'and just drive and shut up.' So the policeman, it was a real policeman, sat in the front and it was in those days different traffic rules but I knew them but I was very nervous about the parking because you had to back into a parking space, which I only did to get my licence. I haven't done it since.... So even though I was nervous I was reasonably confident, because he'd been a good teacher and no-one else was watching. So he said, when I got out, 'Well that's OK, get your licence and now go and learn how to drive properly.' The policeman said that and the instructor said, 'And for god's sake don't come to a dead stop at a traffic, at a stop sign up at Avondale Heights' where I lived 'because there's gravel trucks'. There was a quarry not far away, 'and they won't [stop]'. ...*

The interviewee telling the anecdote takes on the role of the participant observer, choosing what to include and leave out, quotes, details and viewpoint, adding their voice to the narrative.

One participant responded in a different way that was also revealing. When Ivan Robotham was asked when he first learned to drive, the retired engineer's answer was 'Age 17' then 'UK' then:

*Robotham: And the first vehicle was a motor cycle.*

*Harkin: Right.*

*Robotham: And, of course, my parents were not completely comfortable with motor bikes and there was a bit of resistance there. And then one day dad came home from work and said 'You still want to go for that motor bike thing?' And I said 'Yeah, yeah, yeah, yeah' and he said 'Well, how much have you got in the bank?' and I had £35. He said 'All right.' He said 'I'll put £35 to it. One of the guys at work's got a bike he wants to sell and we'll buy it for you.' So I was over the moon. So dad took me down to his friend's place to pick it up. There was a frame, two wheels*

*Harkin: On no [laughs].*

*Robotham: [laughs] and 20 cardboard boxes. And his conclusion was 'Well, if you can put that together and make it run, safely, then I'll take it to the garage, get it checked over and you can ride a motor bike. And that was my first vehicle.*

The response revealed clearly that motor bikes were more important to him than cars but it also highlighted his focus on safety and awareness that others, such as his parents, associated motor bikes with risk.

Interviewing also allowed the journalist to act as a facilitator, seeking explanations and linking stories to highlight solutions. Two of the drivers had experienced a taste of life post-driving and shared stories of what happened when they broke their arms. One was retired social worker Christine Hanly (2018). She concluded from the experience that if she couldn't drive, help would be available where she lived but she worried that people who were not very outgoing would find the adjustment harder. She also talked about the driving service for which she volunteered:

*Some people have said 'Oh taxis aren't reliable. If it's a short trip, they don't like coming.' But with ours, I give one person a lift for a kilometre and it's factored into a day with a whole lot of other things, so we don't complain if it's only a kilometre but maybe a taxi wouldn't be so pleased with it.*

The interview with Christine is an example of how personal experience, observation of another's experience, and opinion intertwined. The issue she raised was also mentioned by other interviewees, including former taxi driver Pat Danaher (2018). He provided another dimension to the discussion, by explaining how the company he had worked for had built up 'the clientele' by doing a lot of 'the short stuff'. The interviews with OT driver assessors provided a similar opportunity for the journalist to balance a story from one participant with that of another, to give a deeper understanding of an issue and present solutions to problems that were raised.

Reactions to some questions were more hesitant. Participants used disjointed sentences as they searched for an answer, a sign that the question was unexpected (Abrams, 2010, p. 104). Alan Williams (2018) had moved suburbs two weeks before the interview. When asked if his choice of where to live included planning for what would happen if he couldn't drive, his response was: 'No, no I didn't think, to be honest. ... I was just thinking of more room and a quieter area and a newer house.' Later when asked how he would get around if he couldn't drive, his response was similarly tentative:

*I imagine I'd walk. But as far as shopping and that sort of thing goes, walk to the train station. Yeah, that's all I can think of 'cos it depends where you wanted to go, I*

*suppose. But as far as shopping, yeah, that's all I can think of, walk to the shopping centre and walk to the train station.*

Near the end of the interview, Alan returned to his comments about moving house. This was typical of the way interviewees indicated that they continued thinking about a question while the interview moved on:

*Well it's been interesting some of the things you've said like 'When I moved house, did I think about the stage when I got to when I couldn't drive?' And I didn't really. I'd like to think I'd walk and keep fit but I didn't really think in terms of how far it is from the shopping centre, and what else can I do and what else is close by.*

This was a common reaction when participants were asked to reflect on how their lives would change if they couldn't drive. His response illustrates the two-way process that occurs in a journalistic interview. Information from the interviewee's research on the topic informs the questions, which in turn encourage the interviewee to think about the issues involved. It highlights the importance of detailed preparation for interviews about complex issues.

Such exchanges illustrate the journalist's role as the facilitator of debate and the dynamic nature of a journalistic interview. The interview process itself has an impact. It is also a reminder of the value of the university's requirement that researchers apply for and receive ethics approval before commencing research involving human subjects. The ethics approval process focuses attention on the researcher's responsibility to participants, particularly where emotional reactions occur. Two participants mentioned partners who had been diagnosed with dementia. Their situation was clearly painful for them. The interviewing

process was gentle, not probing at that point. The amount of detail given was at the discretion of the interviewee. Detail helps build emotional response to a subject's story but that detail must not come at the expense of a subject's discomfort.

(b) Writing

Book-length journalism allows the journalist to adopt a range of voices. It facilitated giving a voice to the older drivers, who volunteered to participate in this project, in a way that would not have been possible within the space and time constraints of mainstream journalism. Most chapters of the book begin with a focus on an older driver. They include an anecdote relevant to the chapter's main topic but go beyond this, introducing the participant in more detail, so the differences between one older driver and another become more apparent. The details are there to build a sense of the heterogeneous nature of the cohort and break down misconceptions and stereotypical perceptions about ageing, which is one of the themes running through the book.

Another theme is that of change: change in vehicle design, change in the built environment, in life experiences and in the drivers themselves. This theme is reinforced through the photographs presented through the book. Permission was sought to use historical photographs (see Appendix C). Those from the Public Records Office Victoria (PROV) archive were confirmed as 'out of copyright' and 'in the public domain'. Photographs from the Rennie Ellis Collection at the Victorian State Library are used with the organisation's permission (Appendix D). Those from the South Australian and Tasmanian library collections are open source. Other photographs were taken by the research/journalist. Photographs are also a design element of the book, providing 'white space' that breaks up the text and allows a page to breath.

The use of anecdotal leads is strategic, a result of analysing a wide range of nonfiction books, to see how published authors start their chapters. The main approaches noted were:

starting with a character and anecdote; a bit of history or background; a ‘how to’ approach, starting with basic information; and focusing on the author as narrator (2019 *PhD Reflection* journal, unpublished, January 1). The journal entry recalls a journalist’s comment that they were ‘sick of the anecdotal lead’. But it also notes that ‘maybe that’s because as writers we’re also avid readers and can become more jaded than the average reader. If it works for a reader, that’s what I’ll try’. Excerpts from the book were workshopped at author and educator Hazel Edwards’ monthly ‘Write a book in a year’ sessions at the Public Records Office of Victoria through 2019. Feedback from participants to an early draft in a more expository style included: ‘Sounds like a lecture to older drivers!’ It was also apparent that they preferred a constructive approach, as the following comments made clear: ‘What is the solution – or solutions?’ and ‘Potential readers want to know about strategies, successful outcomes.’

Interview transcripts were analysed to highlight the topics discussed, how the older drivers framed them and the solutions they proffered, as reflection on a couple of recently analysed transcripts shows (2019 *PhD Reflection* journal, unpublished, March 11):

*When [the drivers] mentioned risk associated with driving, it was generally in relation to someone else, particularly a parent towards the end of their time driving... Changes noted in the way they drove were generally positive, such as driving more carefully, being less impulsive.*

The reflection for March 19 indicates the next step in the process. A Word document was set up for each book chapter. Anecdotes were selected for each chapter – ones that would engage readers, present solutions to the issues raised and represent a diverse range of participants. The final selection criteria included ensuring ‘a better balance between metro/regional, male/female and various ages’ (2019 *PhD Reflection*, unpublished, March

19). How to order the chapters is the subject on March 26. ‘Thinking as a journalist, it is essential to put the most gripping/important topics at the start and work down to the topics that only the really keen reader will read.’ The proposed order is for ‘self-regulation, assessment, incidents and regulation’ to be near the start but this presents a quandary: ‘If I put “incidents” too close to the start, older drivers may be turned off. If I don’t put “incidents” near the start, other readers may see it as a cop-out.’ Self-assessment goes early because ‘it is a positive approach’. Regulation is needed ‘but it’s drier and can change quickly’ so is best placed a bit later.

Hartsock (2016, p. 5) argues that literary journalism acknowledges that life is not clear and unambiguous and ‘gives us the courage to confront the frailties of our cultural totalizations’. *Older Drivers* sits on the continuum between feature writing and what Hartsock terms ‘narra-descriptive journalism’ (2016, pp. 14-15). The narra-descriptive model digresses at times into an expository mode but places greater emphasis on narrative and description. *Older Drivers*, by contrast, uses narrative, dialogue and description to support the exposition by engaging the audience and aiding understanding of the complex issues involved.

Telling engaging stories and providing advice to readers that is practical and accurate are both important. But when the two were competing, the greater emphasis in *Older Drivers* was on accuracy, as the final chapter of this exegesis concludes.



## 6. Conclusion

This PhD project has investigated lifestyle journalism on issues related to ageing and driving, using narrative techniques and a constructive approach. Information derived from scientific publications from experts in the fields of road safety and ageing was synthesised with the lived experience of older drivers sourced from in-depth interviews and fieldwork. Presenting role-models and suggestions for life-style changes is common in lifestyle journalism and the constructive journalism model. In this way, the research project makes a significant contribution to community awareness of safe driving as people age. It counters negative perceptions of ageing and stereotyped representations of the cohort, by presenting a range of older drivers and highlighting the roles they play in their communities. This section of the exegesis presents an integrated summary and discussion of the project's main results.

The project explored two research questions:

- *How is age understood and represented through journalism about older drivers?*
- *What does book-length journalism contribute to our understanding of the lived experience of older drivers?*

The first question was explored through analysis of the representation of older drivers and issues relevant to ageing and driving experience in Australian metropolitan daily newspapers and Victorian regional newspapers, the first such study published. The second question is addressed through analysis in this exegesis of the content of the non-fiction book – *Older Drivers: Mobility, ageing and fitness to drive* – and the process of producing it. The book, which will be an ‘open source’ publication, is the first to use narrative techniques to

integrate the lived experience of older drivers with scientific literature on road safety and ageing for an Australian audience.

#### 6. 1. Effectiveness of the project's methodologies

Book-length journalism provided the space needed to acknowledge the diversity of older drivers rather than presenting them as a homogeneous collective. This allowed the presentation of a more rounded picture of a variety of older drivers than is possible in daily journalism and helped to avoid stereotypical representation of the cohort. The format also allowed time for field trips and face-to-face interviews in both suburban and regional areas, further supporting the research needed for use of narrative techniques to present information in a form suited to the audience.

The project's journalistic output – the non-fiction book *Older Drivers* – includes stories about the drivers' roles in the community and where and why they drive. Their inclusion is an important response to one of the criticisms Tuchman (1978a, p. 185) made about representations of women in US newspapers in the 1970s: the failure to represent them as 'people who do things in the world'. The drivers interviewed for *Older Drivers* were involved in their communities through volunteering, membership of groups and organisations, and through interaction with family and friends. They came from a variety of backgrounds but from one Australian state: Victoria. The project focused on an area with specific licensing regulations for older drivers but the themes and solutions presented are relevant beyond the state's borders, as examination of scientific literature from international researchers indicated.

The space that book-length journalism allowed also supported the inclusion of detailed explanation of research into complex areas, such as assessment of driving competency. Such information, and possible solutions to help people maintain mobility after giving up driving, could be included regardless of whether the research resulted in new

knowledge or confirmed what was already known. The newspaper analysis revealed that information on scientific research was seldom presented in media articles unless it involved a ‘breakthrough’ or something new. The book, therefore, highlights information that was under-reported elsewhere.

## 6. 2. Community awareness of the effects of age-related change on driving

Archival research at the beginning of the project revealed concerns from road safety researchers and international organisations that the community lacked awareness of issues related to the effects of ageing on driving. The interviews conducted for this project reinforced these concerns. The older drivers and the adult children of older drivers expressed uncertainty about how ageing affected driving, how to judge someone’s driving ability and what to do if they were concerned that someone was an at-risk driver. The interviews also revealed a general lack of awareness of the need to notify driver’s licensing authorities of any medical impairment that may adversely affect safe driving. This observation supported comments on the issue from interviews with Alzheimer’s Australia in Victoria and OT driver assessors. Interviewees commonly suggested that a person’s GP assessed whether or not they were safe to drive. The idea that the procedure for responding to concerns about at-risk driving starts with notifying the person’s GP was another common misperception. In response to the recognised need to raise awareness of such issues, the book includes chapters on medical conditions that may affect safe driving (Chapter 6), assessing fitness to drive (Chapters 7 and 8) and how to respond when driving skills raise concerns (Chapter 9).

Archival research and interviews with road safety experts revealed that Australia lacks a unified licensing system. But Austroads, the peak organisation for road transport and traffic agencies in Australian and New Zealand, publishes guidelines for assessing fitness to drive. These are based on published research evidence and expert opinion and regularly updated. The guidelines are explained and illustrated in the non-fiction book *Older Drivers*,

using narrative techniques and anecdotes from the interviews with older drivers, family members and occupational therapy (OT) driver assessors conducted for this project. The book addresses the needs of older drivers, their families and those working with them, who may be seeking an overview of relevant issues. Explaining complex issues and concepts to an audience that may range from ‘those who can barely read’ to ‘the most erudite’ without sacrificing accuracy is something journalists must learn as part of their role (Lamble, 2011, p. 135).

This project supplements, rather than replaces, mainstream journalism and communications from public health experts, through its use of literary techniques to ease understanding and engage the audience. Daily journalism is well placed to provide up-to-the-minute information on policies and procedures of governments and organisations that are more subject to change in the short-term; book-length journalism is more appropriate as a means of covering issues that develop more slowly and over an extended period, as the media analysis revealed.

### 6. 3. Media perceptions of the effects of age-related change on driving

The newspaper analysis revealed that articles on the effects of ageing on driving appeared sporadically and tended to cluster in response to fatality and serious injury crashes involving older drivers. The analysis illustrated the way journalism may contribute to stereotyping by oversimplifying issues, focusing on negative aspects of ageing and presenting a narrow range of older drivers, with particular emphasis on those involved in crashes. It also highlighted the disjunct between media perceptions of older adults’ driving and published research on road safety and ageing. Newspaper headlines calling for testing of older drivers ignored research findings that existing office-based tests for at-risk drivers lacked the specificity and sensitivity required for a mass screening process. Researchers noted the cost of on-road assessment and the lack of trained assessors to carry it out, as well as the adverse effects of

premature driving cessation but these issues received scant media attention. Solutions to help older drivers to extend their period of safe driving and retain mobility after driving cessation also received little coverage. The range of older drivers represented in the newspapers studied was narrow and not reflective of the heterogeneity of the cohort that road safety researchers had noted.

The study supported the observation from road safety researchers that the media contributes to distortion of public perceptions of the risk older drivers pose for other road users through the overemphasis on crashes involving the cohort. The distortion was exacerbated by repetition and aggregation of incidents of varying severity and the inclusion of incidents that happened outside the newspaper's catchment area, including those from interstate and overseas. Discourse analysis revealed the distorting effect of an article's tone in a way that content analysis alone did not. Examples included columnists' use of overstatement and rhetorical transformations that emphasised negative characteristics of the 'older driver' group and de-emphasised positive characteristics. Overemphasising negative characteristics for dramatic effect and including personal anecdotes that were undated or occurred outside the newspaper's distribution area placed emotive storytelling above the need for accurate journalism. They reinforced a distorted depiction of older drivers, particularly when associated with headlines that presented an us/them dichotomy.

Use of keywords and stock phrases that associated the older age group with risk and disaster – such as the description of 'a tsunami of ageing motorists' and the frequency of terms such as 'trauma', 'fatalities' and 'dangerous driving' that the corpus linguistic analysis revealed – reinforced the perception of ageing as a negative identity. It is important to note, however, the scope of the analysis. Australian capital city newspapers were analysed for the period 2010 to 2014 (inclusive) and for the years 2015, 2016 and 2017. Regional newspapers were analysed for the period 2010 to 2014 (inclusive) and restricted to those from Victoria.

The focus was on newspapers, not the media more generally. Analysis of broadcast and social media would be a fertile area for future study.

Journalists are not specialists in the fields they report on but require familiarity with the fields (Nash, 2013). Cross-disciplinary mentoring and co-operation are examples of the value of journalism research projects within a university environment. Research alone may not be enough to ensure the accuracy required when writing on a specialist field. Here the project's nature as PhD research made an important contribution, with the PhD's supervisors acting as mentors, a role that benefits both the community and researcher.

#### 6. 4. The lived experience of older drivers that book-length journalism revealed

The study's sample size was limited to 28 older drivers but they were indicative of the heterogeneous community sector that road safety researchers described. They contributed valuable services to their communities, particularly through support of social engagement and assistance to more vulnerable members of the community, such as those with impaired mobility or cognitive functioning. The group's diversity and the extent of their involvement as community volunteers was surprising, particularly as it contrasted with the representation of older people in the newspaper articles scoped throughout the project.

Book-length journalism provided the time for in-depth interviews with the older drivers about the role driving played in their lives. Analysing the interview transcripts revealed the drivers' ease of recall of the details of when they first gained their driver's licence, indicating the importance of the event in their lives. The results are presented in the book in Chapter 2 'What a driver's licence *really* means', to help family and others to understand social attitudes from an earlier period, attitudes that may contribute to adverse reactions to driving cessation. Talking about their first licence test proved an effective icebreaker in the interviews, one that may be useful for families to initiate discussion of

driving concerns in a respectful and collaborative way. Historical photographs spread through the book may also act as conversation starters, to encourage discussion of change.

Comments that giving up driving would be ‘catastrophic’ or similar were common reactions to questions about how their lives would change if they could not drive. Chapter 3, which is based on responses to questions about where and when they drive, encourages reflection on the role of driving but also forms the basis of reflection on solutions to retain access to goods, services and social contacts once driving stops. The interview analysis also revealed strategies the drivers employed to regulate where, when and how they drove. The analysis revealed that some modifications were a result of recognition of age-related changes but that others were a result of life-style changes, lack of parking in city locations or the availability of alternative transport options, information that is useful for developing age-friendly communities that encourage people to retain social connections as they age.

The extended word-length of the book-length format provided an opportunity for the group’s views to be heard on issues with particular relevance to their lifestyle and the mobility needed for healthy ageing. Their experiences and concerns are reflected in the topics covered in the book’s later chapters. They revealed, for example, practical difficulties involved in planning ahead for driving cessation. Safety features played a role in car choice but economic considerations were also important. Choices involved further compromises for households which shared a vehicle. Planning ahead by choosing to live in an area with access to goods and services, including hospital and medical facilities, was similarly complex, based on economic considerations as well as access to amenities that promoted leisure activities and fitness, such as a garden and areas to walk. Amenities may change, as Sheila Evans’ comments reveal when she talks about the proliferation of cafes in her area, the need to travel to access fresh food and the difficulties of walking between the bus stop and shops while carrying heavy shopping. Drivers from regional areas spoke of the need to move to have

access to goods and services within walking distance if they could no longer drive. Some had already moved to areas with medical services within walking distance but now found they could no longer walk that far. The role of volunteer services to supplement public transport options, including taxis, was an important solution that the drivers revealed through reflection on their lived experience. The experiences of the community volunteers provided insight into the effects of mobility impairment on vulnerable community members, whose voices are seldom heard.

Both older drivers and OT driver assessors suggested education as one solution to improve driving abilities. Two of the drivers nominated on-road refresher driving courses. The OT driver assessors also suggested a refresher course was valuable to help someone regain their confidence if they had reduced their driving but needed to become the main driver in their household because of a change in their partner's driving status. Their suggestions were synthesised with the results of scientific research on the effectiveness of driver education to form Chapter 12 'Making changes – educating drivers'. Similarly, the example of a social group exploring public transport in their area (Chapter 12) suggests a solution to the problem the OT driver assessors raised of the difficulties people face if they have to give up driving but are unfamiliar with public transport use.

The interviews revealed that having a partner who could drive was a comfort. Several of the drivers had already become the principal driver in their household because of a partner's declining ability to drive. Few expected family members other than their partners to drive them. Comments that their children worked, had moved for work or did not live nearby were common, enhancing the value of the alternative solutions to retaining mobility that the drivers proposed and which are covered in Chapter 13 'Driving cessation – Transport options to stay mobile'.



Taking a constructive journalism approach involves presenting such positive stories and solutions, not just problems, but it does not preclude taking a critical approach. The newspaper analysis had revealed that issues related to the effects of ageing on driving were framed predominantly in terms of risk to other road users and the older drivers themselves. This project's archival research on Victorian Coroners Court findings revealed coroners' concerns about medically-impaired drivers, which are shared in Chapter 14. Analysis of the interview transcripts revealed that crash risk was also a concern for the older drivers and family members interviewed. The interviewees raised the issue, even though it was not covered in specific interview questions to avoid causing discomfort to the participants, who volunteered to be interviewed and identified in the book. The chapter synthesises court findings with drivers' experiences revealed in the interviews and the results of scoping scientific articles on research into the crash involvement of older drivers.

By responding to the concerns and solutions that participants expressed, the book gives a voice to older drivers, family members, OT driver assessors and road safety experts, to present a holistic picture of the effects of ageing on driving and ways to retain mobility as people age.

#### 6. 5. Strengths and Limitations

Snowball and purposive sampling are effective means to recruit a range of participants. The 28 drivers interviewed varied in age from 62 to 91 years. They include 14 females and 14 males, came from metropolitan and regional areas, and included drivers who were partnered and those who lived alone. The OT driver assessors interviewed also came from both metropolitan and regional areas. The participant sampling methodology, which relied on word-of-mouth to attract interviewees, skewed the sample towards those who were socially connected but that is not a major concern, as the research on the drivers' lived experience is qualitative rather than quantitative. Participants were able to comment on the role of mobility

and social connectedness in ageing, which was essential to the project. The volunteer drivers in the cohort also helped to raise awareness of the needs of the vulnerable older people they supported. This is an important sector but one that is difficult to access if their community connections are limited or impairment prevents first-hand testimony.

The study has limitations, including the focus on print newspapers to the exclusion of broadcast journalism, social media and podcasting. Podcasting has grown in importance during the COVID-19 pandemic, with the prolonged closure of libraries increasing community use of digital resources. The mainstream daily newspapers analysed represented all Australian states and territories but the analysis focused on a limited period – 2010-2017 (inclusive). As such its results represent a specific time and place. Longitudinal studies, to examine how newspaper coverage of older drivers and issues related to driving, ageing and ageism change over time are needed to retain attention on these important areas.

Similarly, the drivers interviewed reflect on their experiences in a particular time and place. Study of the heterogeneous group of older adults who drive, or have recently ceased driving, needs to be ongoing, to reflect the inevitable changes over time in driving experience and government regulation of older adults' driving.

#### 6. 6. Further research

In-depth analysis of the lived experience of older drivers from other states and territories, may further enrich understanding of the older driver cohort and the range of possible solutions to issues this project has raised. Its methods are suited to application within a range of jurisdictions, as they are designed to raise community awareness without stigmatising older people, not to result in 'watchdog' journalism to hold government and other authorities to account. The need to raise community awareness of ageing and safe driving exists beyond Australia. It is relevant to all countries with ageing populations who rely on driving for

mobility and may require support to continue to contribute to their communities. It is also relevant for their family members and carers.

Continued analysis of newspaper representations of older drivers is important to encourage accurate portrayal of ageing and avoidance of negative stereotyping. This research study has highlighted specific examples of ageism in the media rather than considering which types of ageism dominate. A longitudinal study may provide a broader sense of the use of such stigmatising portrayals by analysing which is the dominant form in Australian media: compassionate ageism, intergenerational ageism or New Ageism. The ways broadcast journalism, podcasts and social media depict older drivers have received little attention from researchers and represent valuable areas for future research, particularly to reveal how they portray ageing.

This exegesis has discussed the interviewing process involved in writing the non-fiction book and its use of narrative and emotion. Space restraints limit the possibility for in-depth analysis and discussion of the writing process beyond these areas. Analysis of the audience response to the text is also beyond the project's scope. French sociologist Pierre Bourdieu, however, recognised the importance to the methodology of journalism of what he called 'the sensibility' or moving people. He referred to it as the ability to make 'a sensation' (Bourdieu & Haacke, 1995, pp. 23, 28):

... which does not mean being sensational, like television acrobats, but rather, in the strong sense of the term, putting across on the level of sensation – that is, touching the sensibility, moving people – analyses which would leave the reader or spectator indifferent if expressed in the cold rigor of concept and demonstration.

(Bourdieu & Haacke, 1995, p. 23).

The ability of story to move people forms the justification for much of what a journalist does – for interviewing and using storytelling methods. It is about evoking an emotive response and instigating change. The ease of processing that stories foster may help a range of people – including the time-poor, those with limited English language skills, and those dealing with emotional issues or cognitive decline. Journalism that presents information through story helps the audience to connect with ‘the abstract events of which news is made’ (Wahl-Jorgensen & Schmidt, 2020). That summarises the main approach taken for the journalistic artefact, the non-fiction book *Older Drivers: Mobility, ageing and fitness to drive*. Such considerations drove key decisions on how to start the book’s chapters, decisions that workshopping excerpts from the book reinforced.

The chapters start, not just with an anecdotal lead of a couple of sentences, but with an extended story about someone important; someone who can shed light on the experiences of older drivers or help to dispel stereotyping and misapprehension of the cohort. A volunteer driver picking up an old man from a hospital waiting room could reveal information about himself and his character but could also bring into the book the reality of another community sector. His choice of details drew attention to the situation of older people whose mobility is compromised, those most reliant on community assistance but whose stories are seldom told.

The anecdotal lead in journalism may be disparaged as a tabloid staple but it serves an important function, as Hartsock (2016, p. 156) argues when he reminds readers that ‘Not everyone has a Ph.D., and it is elitist to expect everyone to read at such a level.’ That seemed a perfect argument for preferencing a narrative literary genre rather than a more expository style when I read it. At the end of the project, it still provides an assessment that reinforces the character of this PhD project and its aims.

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Newspaper articles: Metropolitan newspapers

A woman on the edge, Elderly driver's wrong turns almost end in disaster, *Herald Sun*, 16/8/12.

A-maze-ing road test, *Daily Telegraph*, 16/12/11.

Amazing way to test older drivers, *Adelaide Advertiser*, 16/12/11.

Beachfront park sparks panic, foreshore, *Courier-Mail*, 5/2/14.

Bondi beached, *Daily Telegraph*, 5/2/14.

Brakes on our oldies - 80 seniors a week forced to surrender licences - Families, doctors urged to do in seniors, *Herald Sun*, 12/8/13.

Can't teach an old biker new tricks, *Sun Herald*, 24/12/17.

Death driver walks free, *Courier-Mail*, 12/2/14.

Driver faces charge on star cyclist's death, *The Australian*, 8/7/11.

Driving is a privilege. Many older drivers have lost their ability and are a danger to themselves and others, *Adelaide Advertiser*, 22/9/16.

Elderly driver on trial for killing', *Courier-Mail*, 7/6/13.

Elderly drivers as dangerous as hoons, *Canberra Times*, 4/5/15.

Elderly drivers as dangerous as young hoons because cognitive, physical abilities diminish, *The Age*, 4/5/15.

Elderly drivers on the nose, *Herald Sun*, 9/12/17.

For safety's sake, test older drivers, *Herald Sun*, 19/2/16.

Get them off the road - Seniors fight push for elderly drivers to hand licences in, *Herald Sun*, 20/2/12.

GPs wary of drive bans, *Herald Sun*, 7/2/12.

In for the long haul, *Sydney Morning Herald*, 8/1/2010.

Keeping active, *Advertiser*, 10/6/13.

Keeping older drivers on the road is the test, *Herald Sun*, 18/7/13.

Leadfoot oldie, Spate of car accidents triggers a caution for the elderly, *Herald Sun*, 17/7/2013.

Motorist Fred makes a sacrifice for the safety of all, *The Age*, 5/8/13.

My wife, baby were killed by nun and still ... No one has said sorry, *Daily Telegraph*, 19/1/14.

No need for speed – Ageing population forces rethink on road, *Courier-Mail*, 7/10/12.

Older drivers a road menace, *Herald Sun*, 19/8/14.

Put brakes on old drivers, *Courier-Mail*, 3/12/17.

Rain saves the day as elderly driver avoids Bondi Beach crowds, *The Australian*, 5/2/14.

Seniors in denial over road risk, *Sunday Courier*, 4/12/11.

Should there be mandatory testing for older drivers? *Sunday Herald Sun*, 24/6/12.

Some models more prone to prangs, *The Australian*, 10/1/15.

The amazing test for older drivers, *Adelaide Advertiser*, 16/12/11.

Too many old drivers have a licence to kill, *Daily Telegraph*, 4/12/11.

Under the limit, but out of their depth, *The Advertiser*, 11/3/14.

Who will drive Mrs Davis, *Courier-Mail*, 5/11/13.

Young, old face off Danger and fear rule roads as generation gap grows, *Herald Sun*, 30/3/12.

#### Victorian regional newspapers

Bombs put our oldies on skid row, *Border Mail*, 28/5/14.

Dementia driver in low-speed chase, *Border Mail*, 19/1/12.

Elderly man in collision, *Geelong Advertiser*, 22/6/13.

Increase in grandparent traffic offences Age means nothing, *Geelong Advertiser*, 19/12/11.

It's time for Mum to trade in the keys, not the car, *Geelong Advertiser*, 23/6/14.

Older drivers have plenty of safe driving options, *Ballarat Courier*, 7/1/14.

Road safety sessions for Senior's Week, *Shepparton News*, 3/10/11.

Safer vehicles keep oldies on road: study, *Border Mail*, 1/3/14.

Slow drivers get blood boiling, *Shepparton News*, 3/11/14.

Study reveals bad driver stigma, *Riverina Herald*, 3/12/12.

Tips to help keep older drivers safely on the road, *McIvor Times*, 22/10/14.

## Appendix A: Indicative interview questions

*[Excerpt from the project's ethics application]*

### Medical and road transport experts:

- What are the main issues related to licensing of older drivers?
- What issues are raised by the expected increase in older drivers as the baby boomers age?
- What sorts of changes, if any, are needed to address these issues?
- If changes are needed, what sorts of benefits are expected and why?
- What sorts of programs is your organisation involved in to address issues related to older drivers?
- What other programs are you aware of related to older drivers?
- What sorts of research is your organisation involved in this area?
- What strategies/programs are tailored to gender differences in drivers, including differences in types of collisions and rates of fatalities and serious injuries?
- How can drivers prepare for the transition to no longer driving?
- What can families/carers do to help an older driver make this transition?
- In what ways does the organisation keep in touch with older drivers and their families to find out what their issues are?
- What sorts of issues do they raise?
- How can these issues be addressed [if not covered above]? What difficulties do these present?

### Older drivers:

*[Participants will be encouraged to share specific examples and anecdotes from their own experience to illustrate the points covered]*

#### General issues related to older drivers and driver's licencing:

- What are the main issues related to licensing of older drivers?
- What needs to be done about them?
- What licence restrictions, if any, should apply for older drivers?

- How should driving ability be assessed?

Personal experience/stories:

- What does having a driver's licence mean for you?
- How long have you been driving?
- What was your favourite place to drive when you were younger?
- How much driving did you do in your younger days?
- Is driving more difficult these days? In what sorts of situations?
- What do you use the car for?
- How would your life be different if you were unable to drive?

**This section will focus on six areas:**

- **Alternative forms of transport in the area**

What other transport options are there in your area?

Do you use them? Do you plan to use them in future?

What sorts of issues are involved in getting around if you don't drive?

- **Social activities**

What sorts of social activities are you involved in now?

What sorts of activities could you be involved in if you couldn't drive?

How would you visit family and friends if you couldn't drive?

- **Day-to-day living**

How would you shop for essentials – food, clothes, medical items and so on – if you could not drive?

What about shopping for non-essentials?

How would you get to medical appointments if you couldn't drive?

- **Other relationships**

Who travels with you when you drive? Are other people reliant on you for transport?

- **Self-regulation**

Have you changed where or when you drive as you have got older?

If so, in what ways?

- **Preparation for giving up driving:**

What sorts of things can older people do to prepare for when they are unable to drive themselves?

How will you know when to stop driving?

Have you planned for when you are not able to drive? If so, in what ways?

How can families help older drivers make the transition to giving up driving?

#### Family members/carers of older drivers

*[Participants will be encouraged to share specific examples and anecdotes from their own experience to illustrate the points covered]*

#### General issues related to older drivers and driver's licencing:

- What are the main issues related to licensing of older drivers?
- What needs to be done about them?
- What are the main issues for families or carers of older drivers?
- What licence restrictions, if any, should apply for older drivers?
- How should driving ability be assessed?

#### Personal experience/stories:

- What issues did you face as part of the immediate family/ a carer of an older driver?  
Can you give me an example?
- What help was available?
- How effective are the current regulations/procedures?
- Where are changes needed? What sorts of changes, if any?
- What sorts of driver's licence restriction/regulation, if any, should apply for older drivers? Why?
- What sorts of assistance, if any, do families and carers of older drivers need in relation to regulation of driver's licences?

## Appendix B: Indicative interview questions in practice

*Note: Follow-up questions were asked for clarification or expansion where appropriate.*

*Example from Lowry interview: ‘When you say “allegedly”, in what sense?’*

### Interviews with older drivers

#### Metadata:

*[Check full name, how to spell it and if they prefer a short form of their first name]*

- And whereabouts do you live, [name]?
- And do you mind me asking your age?

#### Icebreaker questions:

- And I was wondering how long you have been driving?
- And what was the process when you went for your licence?

#### Alternatives to driving/Driving cessation:

- And if, for any reason, you couldn’t drive, what would be the alternatives?
- What issues would be involved in getting around in your area if you didn’t drive?
- And that’s one of the things I was wondering about, if someone can’t drive, what facilities are there to allow them to still get around?

#### Car choice:

- When you were looking for your last car, what sort of features were the ones that you considered important?
- What sort of safety features do you look at in a car yourself?

#### Change/adapting to change:

- And what about cars? Have there been any changes in the vehicles themselves?
- I was wondering what changes you’ve noticed in driving over that period of time?

#### Driver education:

- I was wondering, because you’re teaching learners, does that then refresh your own knowledge of road rules?

#### Driving cessation

- If you couldn’t drive, how would your life change?

- How did you find that [electric scooter] for staying mobile?
- If you weren't driving yourself, how would you get around?

Family:

- And when your husband was going through the assessment to see whether he could drive, how did the process work?

Other transport options

- Would public transport be an option? Is that something you use on a regular basis?
- If a driverless car pulled up the front, would you get in?

Planning ahead:

- When you moved to where you are living, were you planning ahead for a time when you maybe weren't able to drive?
- Is [where the person lives] an age-friendly area, so somewhere people can remain mobile as they age?
- And what sort of things are important to be close to or to have easy access to?

Regulation of driving licences:

- Have you heard feedback from anyone who has had a [driver's licence] test recently?
- With the situation that your father went through towards the end of his driving, how do you feel the Victorian system worked? Were you aware of the way the licensing system works for older drivers?
- Did you have to just fill in the medical report yourself or did you have to get your doctor to?
- How did you find the NSW system when your father went through it?

Self-regulation:

- I was wondering whether you have changed where and when you drive?
- And I guess the other thing is, what sort of things do you consciously look at in your own driving to think "Well, that's something that I really need to adjust or be conscious of?"
- But you'd actually changed the way you were driving anyway, changing the time you were driving and where you were driving to yourself?



Stereotyping/discrimination:

- How aware are you of media stories about older drivers and situations they get themselves in?
- And do you find that those sorts of stories affect you or affect your attitude to driving?

Volunteer drivers service:

- What sort of places are people usually needing to go to?
- And you were saying that some of the people that you drive have recently lost their licences?
- And what about the social aspect of when you are taking someone for an appointment or something like that? Is it a chance for them to sort of have a chat or something?
- And do they cover that sort of thing [confidentiality and not getting intrusive] in the training that you did? *[Response to interviewee's comment about not getting intrusive in talking to the people they drive as a volunteer.]*

Why drive?/Driving pattern:

- And when you are driving, what sort of things would you use driving for?
- And I was wondering about how far would you normally drive now?
- What do you like best about driving?
- Driving rather than just being in the car? *[Response to the interviewee's comment 'Well, I love it, I love driving.']*

Closing question:

- Is there anything else that you wanted to raise at all?
- Are there any other issues around driving and ageing that you wanted to raise?

Interviews with road safety and other experts

*Note: Follow-up questions were asked for clarification or expansion where appropriate.*

*Example from the interview with Lucy Foley from Alzheimer's Australia:*

*LF: Some doctors are reluctant to diagnose and when it comes to driving there's a number of associated issues, too.*

*JH: What sorts of issues, Lucy?*

General questions:

- What information do you want to get across to people?
- Well, I guess the first one is a fairly broad question, but I was wondering what, from the police perspective, are the major issues around the ageing of the population and the increase expected in the number of older and elderly drivers?
- What sorts of issues do people raise, particularly the families and carers?

Age-friendly communities:

- And I guess if we're thinking about what makes an age-friendly area, what are the important things?

Assessment:

- Have you found that there's a lot of call from GPs for more information about Alzheimer's and the effect it does have on driving? *[In response to discussion about a program offered to GPs]*
- So once they've had the medical assessment and they're seen as being medically fit to drive, then they do the OT assessment?

Crashes/road trauma/misdemeanours:

- When there are collisions, is there a particular scenario that happens more frequently?
- Do the police get involved in situations where someone has got a limited licence and, for example, they're allowed to drive say between 10 and 3 but not near school zones. Do police get involved when people are ignoring those conditions?

Driver education:

- And I was wondering also, does the RACV run refresher programs for people preparing for an on-road assessment or something like that?
- And the other thing I wondered, too, whether there's any refresher available for people who maybe are concerned about changes to the road rules since they got their licence?

Driving cessation:

- Are there any practical ways that people have suggested for handing that part of the transition?
- So what sort of counselling services are available for people in that situation?

- When you mentioned earlier about the television program, the idea that people should be taking the keys away and that that isn't the right approach. Do you find that that's a common reaction from children and spouses in particular? That that's what they [think they] should be doing?

#### Driving regulation:

- And what are the options if, let's say someone has been reported, they contact VicRoads, what sort of process do they face there?
- If someone, let's say they have been assessed, they've been told they have to surrender their licence, does it happen straight away?
- And if someone appeals, does that keep it going?

#### Family:

- What sort of issues do people raise, particularly the families and carers?
- What sort of issues should family and friends be watching for in someone's driving?
- What are some of the steps that, say, a family can take to help someone going through that process [driving cessation]?
- Do you find many families are reluctant to, I guess, assist the driver to stop driving? That they want them to actually continue? Or is that a fairly unusual reaction?

#### Gender differences:

- Do you see any differences in male attitudes and female attitudes?

#### Self-regulation:

- I was just wondering what some of the things are that people should be looking out for in their own driving, to indicate that they really should be thinking of having an assessment?

#### Final question:

- Was there anything else that you wanted to bring up that we haven't covered?
- Is there any other point that you wanted to cover?

#### Interview with family members/carers

##### General:

- If someone was meeting your mum for the first time, what would they notice? What sort of person is she? Tell me a little bit about your mum.

Concerns/Assessment:

- Do you have any concerns, as a family member, about your mum driving?
- What sort of things would you look for to try to work out whether someone was having difficulties driving or whether everything's going well?
- Do you think he was aware himself that driving had become difficult?
- You had no problems when your mother was getting to that stage? She made the decision herself?
- Yes, and had the family talked about the issues or was it difficult to talk about?

Driving cessation:

- What impact do you think it would have on the rest of the family if you mum is unable to drive?
- I was wondering, too, whether, what your feelings are about, if say Mum and Dad weren't driving, what difference does it make to the family?
- Is it something you've spoken about as a family?
- And when the time comes when your mum isn't able to drive, do you think she would take that decision [herself]?

Driving regulation:

- One of the proposals interstate was having age-based compulsory medical assessment of older drivers and I was wondering what your thoughts were on that?
- What sort of changes would you like to see come in to deal with some of the issues you've mentioned?
- I guess I wondered whether, that was one of the things I wondered, whether GPs do follow up or is there a difficulty with that? *[Response to interviewee mentioning that they had written to their parent's GP.]*

Self-regulation:

- So she's modified her driving as she's aged?
- But was he the one that ultimately made the decision to cut back?

Final question:

- I was wondering if there are any other concerns that you have?
- Have you any other issues that you want to bring up?

## **Appendix C: Master form for letter re request for copyright permission to use a photograph in the non-fiction book:**

Dear \_\_\_\_\_ collection administrators

I am a PhD student from Monash University undertaking cross-disciplinary research on older drivers. My supervisors are from the Monash University Accident Research Centre and the School of Journalism.

The aim is to publish a non-fiction book to encourage reflection on how and why older people drive and to act as a conversation starter, to help older drivers, their families, friends and others to discuss issues related to safe driving as people age. The book is based on in-depth interviews with older drivers and family members from metropolitan and regional areas of Victoria.

Photographs are such an evocative resource, sparking memories and conversation. Historical photographs in particular are perfect as ice-breakers for my project. They can hopefully assist people to discuss with their families and those supporting them important but sensitive topics, such as driving abilities, age-related change, assessment of driving, planning for a time when they may have to stop driving, and the transition to finding other forms of transport once they can no longer drive independently.

I was searching through the photo library at the Public Records Office of Victoria and found several photographs from the \_\_\_\_\_ collection that would be perfect. The ones that particularly stood out were:

[Include name/ SLV ID/ SLV filename here]

Is it possible to obtain permission to use one or more of these photos, with attribution, in the non-fiction book? What sort of cost would be involved?

The non-fiction book is part of my PhD output - the other part is an exegesis, discussing the research and writing process. I am not certain yet that the book will be published as I am yet to contact a publisher but the feedback those I have spoken to who work with older drivers have been encouraging and have said there is a need for something that will engage with older drivers and help them to talk about important issues related to road safety, driving and ageing.

The project has been approved by Monash University Human Research Ethics Committee. The project details are:

Project name: Older drivers: Community, media and driver perceptions of competency.

Project ID: 16620

Chief investigator: Professor Judith Charlton (MUARC)

Book working title: *Conversations on driving in the Third Age*.

Kind regards

Jan Harkin

Janet M Harkin

PhD candidate Monash University

[The candidate's Monash university email address was included here]

[Mobile phone number was included here]

## **Appendix D: Excerpt from email response from Rennie Ellis**

### **Collection:**

**re permission to use three photos in the non-fiction book for older drivers**

Hi Janet,

Thank you for your email ....

In support of your PhD project, I am happy to grant you permission to use the following three images by Rennie Ellis and on this occasion waive the licensing fee:

'Streetscape, Brunswick Street, Fitzroy, Melbourne'.

SLV source ID: 2411555 SLV Filename: re600001:2615854.

'Cars on the foreshore, Lorne, Victoria'.

SLV source ID: 2373763 SLV filename: re5000037:2503933

'Cars and racegoers at racetrack'

SLV source ID: 2100931 SLV filename: 43000015:525755.

I have cc'd the SLV library team above who will assist you with your request. ...

## Appendix E: The Book

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This project's journalistic output – the non-fiction book *Older Drivers: Mobility, ageing and fitness to drive* – follows.

Please read the book, then return to the exegesis at Chapter 5, p. 89.

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# Older Drivers

Mobility, Ageing and Fitness to Drive



Jan Harkin



*Older Drivers: Mobility, Ageing and Fitness to Drive* presents strategies to support safe driving as people age. It is part of Jan Harkin's PhD research project on older drivers.

The project is based on interviews with older drivers, family members and professionals from the areas of road transport and ageing. Their stories are presented along with the results of scientific research, to increase awareness of the effects of ageing on driving. The book highlights the importance of mobility to healthy ageing, while addressing misperceptions about older members of the community. Book-length journalism allows the views of older drivers to be heard on issues with particular relevance to their lifestyle while ensuring the solutions presented are consistent with advice and guidelines from experts in the field.

Jan worked as a journalist at Leader Community Newspapers and as a journalism academic at Deakin University. She is a PhD candidate in journalism at Monash University, Melbourne, Victoria. She grew up opposite a railway line and still has a fascination for train travel. Travelling from Beijing to St Petersburg on the Trans-Siberian railway in the depths of winter sparked an interest in long-distance travel. Exploring Australia's long distance rail lines is her next project.



*Jan Harkin*

Photo (*front cover*): The oldest and youngest male and female drivers and a few in between.  
(*Photographer: Jan Harkin*)

---

# Older Drivers:

## Mobility, Ageing and Fitness to Drive

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Jan Harkin

## Glossary

### Common Acronyms

ABS	Australian Bureau of Statistics
ANCAP	Australian New Car Assessment Program. See <a href="http://www.ancap.com.au">www.ancap.com.au</a>
BITRE	Bureau of Infrastructure, Transport and Regional Economics
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DA	Dementia Australia (formerly Alzheimers Australia)
NRMA	National Roads and Motorists' Association (in NSW and the ACT)
OECD	Organisation for Economic Co-operation and Development
RAA	Royal Automobile Association (South Australia)
RACQ	Royal Automobile Club of Queensland
RACT	Royal Automobile Club of Tasmania
RACV	Royal Automobile Club of Victoria
U3A	University of the Third Age
TAC	Transport Accident Commission
WHO	World Health Authority

### Vehicle Safety Features

ABS	Antilock Braking System
AEB	Autonomous Emergency Braking
BSM	Blind Spot Monitoring
ESC	Electronic Stability Control
ISA	Intelligent Speed Adaptation
LKA	Active Lane Keep Assist

## Key Terms and Organisations

Alzheimers Australia – now Dementia Australia – the national advocacy body for Australians living with dementia and the people who care for them.

Eastern Volunteers – a not-for-profit volunteer resource centre operating in the Maroondah, Whitehorse and Yarra Ranges local government areas in Melbourne’s east. The organisation provides community transport services. It also matches potential volunteers with organisations needing their help. See [www.easternvolunteers.org.au](http://www.easternvolunteers.org.au).

L2P – the Victorian Government’s learner driver mentor program. See <https://www.vicroads.gov.au/licences/your-ps/get-your-ps/preparing-for-your-licence-test/l2p-learner-driver-mentor-program>.

Mandatory medical reporting – the requirement that medical professionals have a legal responsibility to notify licensing authorities when patients are diagnosed with specified medical conditions considered likely to impact on safe driving ability.

Monash University Accident Research Centre (MUARC) – a world recognised injury prevention research institution, providing research-based solutions to improve transport safety.

Probus – a non-profit association for retirees sponsored by Rotary International, with a focus on developing friendships through shared outings and activities.

U3A – University of the Third Age – a volunteer-run co-operative of older people focusing on educational and leisure activities in Australia and New Zealand.

VicRoads – Victorian driver’s licensing authority.

## Acknowledgements

This book would never have happened without the support of my PhD supervisors, Professor Judith Charlton, Director of the Monash University Accident Research Centre, and Professor Mia Lindgren, the Dean of Arts, Social Sciences and Humanities at Swinburne University of Technology in Melbourne, Australia. Their encouragement and advice – and the support of Monash University – have been invaluable.

All journalism is a collaborative effort. Thank you to the 28 older drivers, aged 62-91 years – and the adult children of older drivers – who shared their stories. They gave their time to help others understand the role driving plays in people's lives as they age. They included: Gerry Baldock, Roderick (Rod) Barclay, Val Bedford, Peter Blaney, Rosemary (Rosie) Boyd, Barbara Brown, Dale Coghlan, Andrew Crawford, Patrick (Pat) Danaher, Bob Darby, Marie Darby, Sheila Evans, Margaret (Marg) Goss, Christine Hanly, John Hetherington, Cedric Hordern, Janice Hordern, Frances Hutson, Anthony (Tony) Lowry, Bronwyn McNamee, Christine Richards, Bill Roberts, Ivan Robotham, David Taylor, Gael Thompson, Margaret (Marg) Welch, Alan Williams, Allan Wilson, Christine Elliott, Roger Evans and many others, who shared their stories and queries about driving and ageing in less formal settings.

The assistance from road safety experts and those promoting healthy ageing was very much appreciated. They included occupational therapy driver assessors Amber Barclay, Matt Grange and Sarah Kyriacou; Superintendent Paul Binyon, Victoria Police; Barbara Brown, Goulburn Valley U3A; Rosie Boyd, Loch Sport Community House; Marilyn Di Stefano, VicRoads; Lucy Foley, Alzheimer's Australia; Sheryl McHugh, Wellington Shire; Marnie O'Loughlin, Eastern Volunteers; and Melinda Spiteri, RACV.

Special thanks to Hazel Edwards and her 'Write a book in a year' class, who workshopped excerpts from the book through 2019. Thanks also to Dr Chris Nash and my classmates at Monash University in 2014, including Julie Tullberg, Denise Ryan Costello, George Lekakis, Tom Doig, Matt Mitchell and the late Ros Guy, who helped me to become a student again.

And thank you to my husband, Bill Harkin, for his unfailing support and encouragement; to my children, sons-in-law and grandchildren, who have put up with a mother and grandmother who still loves to study; and to my parents – my father, who taught me to drive, and my mother, who asked me to write a book for her but who, sadly, can no longer read it.

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*Car shapes have changed and the mini-skirt and knee-high boots look is dated. But picnics in the car park are still a tradition during Melbourne's Spring Racing Carnival.*

*Photo: 'Cars and racegoers at racetrack'*

*Rennie Ellis/ Pictures Collection, State Library of Victoria (source ID 2100931).*

Reproduced with permission from the Rennie Ellis Photographic Archive

## Chapter 1: Introduction – A question of balance

What the book is about – Interviewees and research – How to read the book

ROGER Evans is carting away the remains of his mum's old kitchen when I arrive at her home. He has loaded up the old oven and stove top and is adding the rest of the rubble for a trip to the tip. Having a builder for a son is a big help for Sheila Evans and her husband, Murray, who are both 91 years old.

I've come to interview Sheila for this book, which is part of a doctoral research project on older drivers. We sit at the table in her new kitchen. Murray sits in an easy chair nearby, happy to watch rather than join in the conversation. I ask Sheila how things would change if she didn't drive.<sup>1</sup>

The first thing she thinks of is shopping.

'I think you can buy things and have them delivered, yes I think you can do that,' Sheila says, but I can hear the doubt in her voice. She's not convinced that's a solution.

'Yes, but I like to choose, go and see what I'm buying, and look around and see what's new, and to get things like that,' she adds.

Sheila went to the same butcher in Bentleigh for more than 50 years. She still pops in to say hello two years after moving to a unit in a suburb closer to the beach. For Sheila, shopping is clearly about more than filling the pantry and fridge.

While his mother is talking, Roger comes in to say goodbye.

'Do you want to ask me some questions?' he asks.

The interview with Sheila is part of research on driving and ageing for a post-graduate degree in journalism at Monash University, so answering Roger's question is complicated. I had worked as a journalist on community newspapers and began the research while tutoring in journalism at Deakin University. I'm keen to talk to adult children of drivers aged 60-and-over, as well as the older drivers themselves. But interviewing for a research project involves following rules set in place by the university's ethics committee. Interviewees need to read a statement outlining what the project is about and to sign a consent form, giving permission for the interview and agreeing to be identified in the published research results.

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<sup>1</sup> Sheila Evans interview in 2014.



In Roger's case, I also want to be sure that Sheila is happy for him to join the interview, which she is. Sheila shows Roger how to fill in the consent form and the interview proceeds.

I pose a similar question to the one I had asked Sheila a few minutes before: What difference will it make to the *family* if Roger's parents no longer drive?<sup>2</sup>

Roger says the time when his parents will have to stop driving is 'probably getting closer than what they think'. He asks a question reminiscent of many I have heard during research for this book: 'When do you say "enough's enough"?'

'They're 91 now. And you see as soon as they stop driving it's going to be, their whole independence is going to be taken away, which is a scary thing.'

Sheila very quietly says one word: 'Yes.'

She pauses. 'I don't mind staying at home and doing things but I do like to get out.'

Roger and his parents haven't discussed their driving before and he's not sure how their driving skills are now. Whenever he's been in their car, he has driven. His parents have been passengers. He thinks they are probably safer driving together than alone. He knows they drive regularly the 140 km or so to their holiday house near Anglesea on Victoria's surf coast.

Roger asks if his parents have had any 'close calls' while driving. Sheila's response is immediate and firm.

'No, I haven't at all because I'm very cautious.'

'Well, what about Dad's driving?'

'Well he's letting me drive more now, thank goodness.' Murray smiles when she says it. The response is clearly a joint one.

\*

Sheila is the oldest of 28 drivers aged 60 years and over interviewed for this book. At the start of the research, I was 62 years old, the same age as motor mechanic Alan Williams, the youngest of the drivers whose stories appear in its pages.<sup>3</sup> My father was in his eighties and still driving. He had a safe driving record but he hadn't driven me anywhere for years. I was unsure of his driving skills or what to do if they deteriorated. I set out to find answers, starting with scientific articles and books, to find out how experts define 'older drivers' and

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<sup>2</sup> Interview with Sheila and Roger Evans in 2014.

<sup>3</sup> Williams interview in 2018.

identify those who are a risk to themselves and other road users. The results included some surprises.

Definitions of ‘older drivers’ vary, even among Australia’s driver’s licensing authorities.<sup>4</sup> The term usually refers to drivers aged 60-and-over, 65-and-over or 70-years-and-over.<sup>5</sup> Newspaper headlines calling for older drivers to be tested were referring to *my* generation as well as my father’s. But I discovered that judging someone’s driving ability is more complex than such headlines suggest. Research in Australia and overseas indicates that mandatory age-based testing of all older drivers is not effective. It has no demonstrable effect on crash risk,<sup>6</sup> meaning it is difficult to justify and may be discriminatory.<sup>7</sup> Office-based tests alone are unable to predict safe and unsafe drivers with sufficient certainty to provide an effective screening tool.<sup>8</sup> But on-road testing of a whole cohort of drivers is uneconomical. Australia does not have enough trained on-road assessors. It would have to pay to train more assessors and pay them to carry out the tests.<sup>9</sup>

Australia lacks a uniform response to the issue of identifying drivers with medical conditions that may impact on their ability to drive safely. Victoria has opted for a referral-based system that applies to drivers of *any* age. South Australia, Tasmania and Western Australia have moved to similar systems to Victoria’s. South Australia abolished compulsory medical tests in 2014 for car licences for drivers aged 70 and over. The state introduced a self-assessed annual medical form for drivers aged 75 and over the following year. The form requires the drivers to notify the authority if they have medical conditions, such as arthritis, eye problems, diabetes and mental health issues. Tasmania also abolished compulsory annual medical tests for drivers aged 75 and over in 2014, provided they did not have a pre-existing condition affecting driving. West Australian drivers are required to have an annual medical test by a health professional from age 80 and an annual practical driving test from age 85, if their health professional recommends it. All drivers in the Northern Territory must have a vision test every five years but they only need a medical test if a problem has been reported. Licensing authorities in New South Wales and Queensland favour mandatory age-based assessment.

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<sup>4</sup> Jones et al., p. 235.

<sup>5</sup> Odell, 2009, p. ix.

<sup>6</sup> Hakamies-Blomqvist et al., 1996; Langford et al., 2006b, pp. 574-578.

<sup>7</sup> Charlton et al., 2009, p. 34.

<sup>8</sup> Bédard et al., 2008, pp. 336-341; Langford et al., 2008b, pp. 278-281.

<sup>9</sup> Charlton et al., 2009, p. 34.

Road safety researcher Jim Langford has questioned the use of such age-based systems.<sup>10</sup> Langford and his colleagues examined police and insurance data on crashes involving older drivers.<sup>11</sup> They found that, as a group, older drivers are as safe as drivers from younger age groups. Only a minority of older drivers represent an unacceptable risk on the road because of various functional impairments. The researchers explain that the challenge for licensing authorities is to manage this small subgroup, without disadvantaging the majority of safe older drivers.<sup>12</sup> It's a question of finding the right balance between meeting drivers' safe mobility needs and the safety of all road users, including older people.

Driving remains important as people age. Most adults walk and drive.<sup>13</sup> But the conditions that increase an older person's risk of death or serious injury as a driver – such as age-related frailty and slower recovery from injury<sup>14</sup> – also increase their vulnerability as pedestrians and cyclists.<sup>15</sup> Alternative transport options are not necessarily available or safer than driving.

The dilemma older drivers' families and friends face is clear. As Roger Evans explains, if he says his parents have to stop driving, they may give up driving prematurely. But if he doesn't say something and something happens 'then you're going to feel guilty and think you should have stopped them driving'.<sup>16</sup>

Giving up driving comes at a cost. Researchers have found older people's physical and mental health are adversely affected when they stop driving.<sup>17</sup> This particularly applies to those living in areas poorly served by public transport, where accessing services such as medical appointments may be difficult. The effects noted include depression,<sup>18</sup> feelings of loss or dependence<sup>19</sup> and increased social isolation.<sup>20</sup> Older people who stop driving are also at increased risk of moving to an aged care facility.<sup>21</sup> Ultimately that affects the driver and their families and communities. All of this adds to the complexity of identifying the right time to stop driving.

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<sup>10</sup> Langford, 2009, pp. 1-23.

<sup>11</sup> Langford et al., 2006a, pp. 343-351; Langford, 2008a, pp. 181-189.

<sup>12</sup> Langford, 2009, p. 19

<sup>13</sup> Satariano et al., 2012.

<sup>14</sup> Li et al., 2003; Oxley, 2009.

<sup>15</sup> Oxley, 2009.

<sup>16</sup> Evans interview in 2014.

<sup>17</sup> Marottoli et al., 2000, pp. S334-S340; Hill et al., 2019, p. 1583.

<sup>18</sup> Caragata et al., 2009; Marattoli et al., 2000; Unsworth, 2009.

<sup>19</sup> Mullen & Bédard, 2009.

<sup>20</sup> Ragland et al., 2004.

<sup>21</sup> Freeman et al., 2006, cited in Caragata et al., 2009.

Throughout this research project I have spoken to drivers, people working in the fields of road safety and ageing, and those like Roger Evans, whose parents are post-retirement but still drive. Roger's uncertainty about how to assess a parent's driving skills is common. But there are some things to watch out for.

Victoria Police Superintendent Paul Binyon suggests family and friends should watch for a combination of things, if they are worried about someone's driving, whatever their age.<sup>22</sup> Minor collisions, for example, may be a tell-tale sign of a deterioration in cognitive (thinking) skills. Scratches and dents on the car may indicate that someone is having trouble manoeuvring through car parks.

'[I]f you put yourself in the front passenger seat with someone whose skill sets are declining, I think people get a fair idea about someone's capability, the speed the car's travelling, their ability to stay within a lane, their ability to brake, the judgment,' Superintendent Binyon says. 'You quickly learn, particularly when you're seated in that front passenger seat, whether someone's confident and has the skill sets to be able to do that.'<sup>23</sup>

One of the first skills to deteriorate is the ability to 'give way', he explains. Most people can cope with turning left but turning right is more complex. If you come to a T-intersection and want to turn left, you only need to judge the traffic coming from the right, to make sure you have enough room to turn. But if you want to turn right, you've got to judge traffic coming from both left and right, which is more of a challenge. Researchers support this view.<sup>24</sup>

David Eby and his colleagues report that older drivers are more likely than younger age groups to crash at intersections, particularly when turning right in Australia. The equivalent manoeuvre is a left-hand turn in countries that drive on the right-hand side of the road.<sup>25</sup> They explain that the causes are likely to be age-related changes in movement, perception and thinking abilities.<sup>26</sup>

\*

Victoria Police is one of several organisations that have contributed to research for this book. Others include Victorian licensing authority VicRoads, volunteer support group Eastern

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<sup>22</sup> Binyon interview in 2017.

<sup>23</sup> Binyon interview in 2017.

<sup>24</sup> Eby et al., 2019; Koppel et al, 2011.

<sup>25</sup> Eby et al., 2019.

<sup>26</sup> Eby et al., 2019.

Volunteers, Wellington Shire Council in Gippsland, Goulburn Valley University of the Third Age (U3A), the Royal Automobile Association of Victoria (RACV), and Alzheimer's Australia.

Alzheimer's Australia spokesperson Lucy Foley stresses throughout our interview the need to support people with dementia in a respectful and cooperative way.<sup>27</sup> Her role includes producing resources on dementia and running information sessions for drivers and their families. She highlights the low public awareness of the legal requirement for drivers diagnosed with dementia to notify their licensing authority. She also emphasises the need to treat dementia patients on a case-by-case basis.

'Everyone's experience of dementia is different and the progression of it is different and the symptoms are different,' Foley says. She encourages people to rely on their licensing authority's medical review process. 'That's what that system is there for, to help people know when and how to stop driving and also to work with their GP and to see it as a team approach.'

Supporting the individual's need to remain mobile and part of the community, while safeguarding all road users, is complex. All drivers in Australia, regardless of age, are required to notify their licensing authority of any long-term health conditions that are likely to impair their ability to drive safely. The process is explained in Austroads' publication for medical professionals, *Assessing Fitness to Drive*.<sup>28</sup> Austroads is the peak organisation for road transport and traffic agencies in Australia and New Zealand. Family members, police and medical professionals may also notify licensing authorities of at-risk drivers. But it is not mandatory for them to do so in most states. The exceptions are South Australia and the Northern Territory, where registered medical practitioners must report their at-risk patients.<sup>29</sup>

Curious to see how the media reported such issues, I examined newspaper articles on older drivers for the period 2010-2017 (inclusive).<sup>30</sup> A few articles included in-depth coverage of issues related to driving and ageing. But most articles focused on whether or not older drivers were a risk to other road users. Some of the headlines were confronting: 'Too many old drivers have a licence to kill', (*Sunday Telegraph*, 4/12/11); 'Get them off the road – Seniors fight push for elderly drivers to hand licences in', (*Herald Sun*, 20/2/12); 'Dob in older

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<sup>27</sup> Foley interview in 2014.

<sup>28</sup> Austroads, 2017, p. 8.

<sup>29</sup> Austroads, 2015; Charlton et al., 2010, p. 568.

<sup>30</sup> Harkin et al., 2018, pp. 72-83.

drivers’, (*Herald Sun*, March 24, 2019). The implication was that ‘you’ – that is, readers – should do in ‘them’ – older drivers.

Such headlines referred to older drivers as if they were all the same. But are they? Reporting on assessment of older drivers and driver’s licence regulations oversimplified what is a complex issue. Headlines called for testing but what tests? The articles did not say. One article mentioned a man who planned to stop driving on his 70th birthday. His wife was younger and would drive him instead. Another referred to a woman, who was giving up driving so her children would not have to make the decision for her. Her children would drive her around. But what about people without family to drive them? On this, most articles were silent.

Yet providing transport to allow people to remain mobile as they age is important. The United Nations 2015 Sustainable Development Goals, for example, recognise the need to make the places where people live ‘inclusive, safe, resilient and sustainable’.<sup>31</sup> The goals include a pledge to work towards providing transport systems for all by 2030. They stress the importance of meeting the needs of vulnerable groups such as women, children, older people and those with disabilities.<sup>32</sup> The year 2030 is significant. That’s when the last of the Baby Boomers – those born between 1946 and 1964 – turn 65.<sup>33</sup>

By 2030, almost a quarter of Australia’s population is expected to be aged 65 and over. The ageing of the population in Australia and most western nations is a result of three trends.<sup>34</sup> Birth rates soared after the end of World War II, people are living longer, and women are having fewer children. The average birth-rate for Australian women, for example, has fallen from 3.5 babies in 1961 to less than 1.7 in 2019.<sup>35</sup> And improved health care has extended life expectancy. Australia’s has increased to almost 85 years for women and 81 for men, one of the highest in the world.<sup>36</sup> Most adults drive, so the number of older drivers is also increasing.

But as the drivers interviewed show, ageing is about more than the number of candles on a birthday cake.

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<sup>31</sup> UN, 2015, p. 21.

<sup>32</sup> UN, 2015, p. 21.

<sup>33</sup> ABS, 2003.

<sup>34</sup> Odell, 2009, p. xii.

<sup>35</sup> ABS, 2020.

<sup>36</sup> Australian Institute of Health and Welfare, 2020.

Researchers have called for public education campaigns to increase awareness of the ageing process and its effects on driving.<sup>37</sup> Encouraging people to adjust their driving to compensate for declining skills as they age is important. But they caution that campaigns need to avoid discriminating against older people and adversely affecting the mobility of safe drivers. As the World Health Organisation's [WHO] 2015 *Report on Ageing and Health* warns, stereotypes representing older people as poor decision-makers, who are forgetful and less able to learn, are common in society. They exist even among older people themselves, their families and care providers.<sup>38</sup>

\*

Researchers report that normal ageing affects individuals to different degrees. University of Michigan researchers David Eby, Lisa Molnar and their colleagues describe older people as the most heterogeneous part of the population, with wide variations in health and functional abilities.<sup>39</sup> The drivers interviewed for this book are no exception.

The 28 drivers – 14 men and 14 women – who share their stories in this book belong to the 'older driver' demographic. They come from both metropolitan Melbourne and regional Victoria. Most are retirees but some still work part-time. Some are partnered; some live alone.

Many are regular volunteers in their communities. The ability to drive makes that possible. Seven are volunteer drivers, taking people with disabilities and the frail aged to medical appointments, social outings and other activities. Others drive aged care residents on outings or transport barbecues and other heavy items for community sausage sizzles. One is a regular visitor to residents at four nursing homes in her rural area.

Doncaster resident Bill Roberts, 86, visits his wife most days in the care home where she has lived for more than a year.<sup>40</sup> Sometimes he drives. Other times he rides his electric bicycle. He can do half the trip on bicycle paths close to his home and rides the rest of the way on the road. Bill was an early adopter of computers. He started building his own computer as a hobby and is still kept busy servicing computers for his peer group and friends. Bill has set up a blog – 'Eldermost' ([www.eldermost.net](http://www.eldermost.net)) – where he regularly shares his experiences supporting a partner with Alzheimer's disease. He set up the blog to help other

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<sup>37</sup> World Health Organisation [WHO], 2015, p. 175; Charlton et al., 2009, pp. 45-46.

<sup>38</sup> WHO, 2015, p. 175.

<sup>39</sup> Eby et al., 2019, p. 31.

<sup>40</sup> Roberts interview in 2019.

seniors who are struggling to find the information they need to deal with the life-changes that come when illness forces a couple to live apart.

Two of the drivers have volunteered as learner driver mentors with Victoria's L2P learner driver mentor program. The program assists learners who lack access to a car or a licensed driver to supervise them. It allows them to complete the required hours of supervised driving to go for their licence test.

Shepparton resident Allan Wilson, 80, was an L2P volunteer for five years, teaching refugees to drive.<sup>41</sup> He joined the program after meeting a refugee family and realising the difficulties they faced if they couldn't drive and had no-one to teach them.

'How do you get a job if you can't get to the job?' Allan asks. 'And many of these jobs are manual jobs that are out on farms, tomato picking or something like that. How do you get there without a licence?'

Some of the drivers interviewed love driving. Sheila Evans is one.<sup>42</sup> The 91-year-old was driving on her family's farm long before she went for her driver's licence test – a common experience in rural areas. For Sheila, the driving itself is a pleasure but so is what happens when she reaches her destination.

Some interviewees hold multiple licences. One is former emergency ambulance driver and engineer Ivan Robotham.<sup>43</sup> Ivan, 72, belongs to the Whittlesea branch of the Ulysses Motor Cycle club, a social club for older motor bike enthusiasts. The Kinglake resident is familiar with the challenges older people living in rural areas face. His role as acting president of the club has also made him conscious of practical ways people can support each other and adjust to change as they age.

For some, driving is just a way to reach a destination. Marie Darby, 80, is in that camp.<sup>44</sup> Marie and husband Bob raised their family in Melbourne's north-west but retired to Jan Juc on Victoria's surf coast.

'I've never loved driving,' Marie says. 'I drive to get somewhere, not to enjoy the journey.' The keen walker is actively involved in her community. She teaches and plays mah-jong, has a walking group and volunteers with the Torquay Theatre Troupe. She says she would still be involved if she couldn't drive.

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<sup>41</sup> Wilson interview in 2018.

<sup>42</sup> Evans interview in 2014.

<sup>43</sup> Robotham interview in 2014.

<sup>44</sup> Marie Darby interview in 2018.



‘I’d make it possible,’ Marie says. ‘I’m a very social person.’

Marie only drives now when she has to, ‘if Bob’s not around’.

Actor and singer Frances Hutson, 77, also prefers being a passenger and was happy to sit and knit while her late husband drove.<sup>45</sup> But when he was diagnosed with dementia and had to surrender his licence, she took over the driving. Frances lives in Viewbank in Melbourne’s north. She uses her acting skills and experience to help others to understand the effects of dementia on patients and their families. She works as a volunteer with Alzheimer’s Australia and professionally with university medical students. One of the students, for example, is ‘GP’ for the day. The ‘GP’ interviews a ‘patient’ and a ‘concerned relative’ visiting a doctor. The ‘interviewee’ roles are taken by people who have been a carer for someone with dementia. The ‘GP’ has to ask the right questions, to determine if the problem might be dementia or something else.

‘You don’t just jump to the conclusion that it’s got to be dementia because it might not be,’ Frances says. ‘It’s very likely not to be in many cases.’ At the end, the interviewees share their own stories. The students seem to get a lot from the session so it is ‘well worth doing’, she adds.

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## **How to read the book**

The book is based on interviews with drivers, family members, occupational therapy (OT) driver assessors and other professionals working in the fields of road safety and ageing. They share their stories, to help raise awareness of important issues relating to mobility and safe driving as people age. The issues are complex. But research has shown that readers find it easier to understand journalism on such complex subjects when the stories of real people are included.

In this way, the real-life experiences of the participants complement explanation of the work of road safety researchers. Understanding what the research involves – and its results – allows a deeper appreciation of the issues involved.

The book is designed as a conversation starter. It explores the effects of medical conditions, such as dementia, on driving ability. The drivers and professionals also suggest ways to adapt to age-related changes that may affect driving. It encourages reflection on how and why people drive. It outlines how the driver’s licensing system addresses medical and

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<sup>45</sup> Hutson interview in 2014.

other impairments that are likely to affect safe driving. And it explains the importance of planning ahead to maintain mobility after giving up driving.

Each chapter explores a specific topic or theme. Chapters may be read sequentially or in random order. Some repetition has been included to allow readers to choose topics of specific relevance without missing important information.

The book is intended for older drivers, their family, friends and carers. It also caters for those seeking a quick overview of the issues involved in ageing, driving and maintaining mobility.

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Remaining mobile as people age is part of healthy ageing, as the older drivers' reflections explain. Staying in touch with family and friends, accessing goods and services and feeling part of a community are important. Even in the digital age, with on-line shopping and social media, loss of independent transport leaves people vulnerable and dependent on others to meet basic needs. Giving up a driver's licence is life-changing.

The drivers interviewed for this book all have more than four decades of driving experience. All gained their driver's licences in their late teens or their twenties, in an era when society associated driving with freedom, not climate change.

Yarra Ranges resident Alan Williams is one of them.<sup>46</sup> The retired truck driver has licences to operate cars, motor bikes and heavy vehicles. He still has a vivid memory of the day he gained his first licence. And he's not the only one. In the days before plastic driver's licences, people had to carry a paper licence with them when driving. But it was more than just a piece of paper, as the next chapter explains.

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<sup>46</sup> Williams interview in 2018.



*Flinders Street Station's façade is still recognisable today. But cars, clothes and traffic have undergone radical changes since this photo was taken. And who wears hats to town anymore?*

*This historic photo shows centenary decorations on the famous façade in September 1954, a few years after South Australian couple Sheila and Murray Evans moved to Melbourne in the late 1940s.*

Photo courtesy of Public Records Office Victoria

## Chapter 2: What a driver's licence *really* means

A historical perspective on licence tests and the attraction of driving

ALAN Williams sat his driver's licence test the day he turned 18.<sup>47</sup> It was 1974. The voting age for federal elections had been lowered from 21 to 18 the previous year. Turning 18 meant he could legally vote, and sit the Victorian driver's licence test.

But for Alan the test didn't go quite to plan.

'When I booked for the licence test on my actual 18th birthday, I stuffed it up because at that time you had to answer questions before you got to drive,' Alan says. 'I'd spent all the time driving and not thought about the questions, so I mucked it up.'

Alan had learnt the basics of driving going up and down the driveway in his mum's car, with his dad in the passenger seat. He'd had a few lessons with an instructor to learn parking, handbrake starts and that sort of thing. But the requirements for going for a driver's licence were much less stringent than they are now. He didn't have to undergo 120 hours of supervised driving as learner drivers in his home state of Victoria need to do these days. There was no Hazard Perception Test. Much less emphasis was given to the complex demands on driver attention and decision-making. The focus in the office-based part of the licence test was on knowing details about road rules – including how far to park from post-boxes, fire hydrants and intersections – details Alan couldn't guess.

Alan went home without even getting to drive.

A month later he was back. This time he had studied the theory and went home licensed to drive a car on Australian roads.

Passing his car licence was his first test but not his last. Alan, now 62, is still licensed to drive a car and ride a motorbike. His driver's licence also sports the initials 'HC' for 'heavy combination' and 'MC' for 'multi-combination for more than one trailer'.

'So it means I can drive any truck at all, with no more than one trailer.'

Driving became more than a leisure activity or a way to get around. He became a motor mechanic, joined a trucking company and worked at the end of the assembly line checking for faults.

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<sup>47</sup> Williams interview in 2018.

‘Then I got into a position where I was driving six or seven brand new trucks up the road every day, testing them. So that was a good experience, too, the difference between the car and sitting up in the truck and looking down at everybody. It gives you a real good experience about all the different vehicles on the road.’

Driving is still an important part of Alan’s life. The Yarra Ranges resident drives heavy vehicles occasionally as a volunteer at Yarra Valley Railway. The volunteer-run heritage railway operates on a section of the former Healesville line that ran between Lilydale and Healesville in the Yarra Valley. He helped with getting rid of old railway sleepers and rails and ‘moving stuff around’ when they restored the line between Healesville and Yarra Glen.

‘So I still get to drive the semi and little tippers and all sorts of things, so that’s all good practice, keeps my hand in.’

Alan is also involved with Eastern Volunteers’ community transport program, driving people with disabilities and the frail aged to medical appointments, social outings and other activities. And he teaches learners to drive through VicRoads’ Learner Driver Mentor program – L2P. The program matches learners with licensed volunteer mentors, such as Alan, so they get the supervised driving experience needed to go for a probationary licence.

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Passing the driver’s licence test was an important milestone, one that none of the drivers interviewed had trouble remembering. People were infatuated with private cars in the post-war years, as Melbourne historian Graeme Davison explained in his 2004 book *Car Wars: How the car won our hearts and conquered our cities*.<sup>48</sup>

Davison described the car as ‘the most potent symbol of independence among young Australian males’.<sup>49</sup> He is talking about the 1960s, describing it as a period when sexual morals remained strict. The contraceptive pill had been launched in Australia on February 1, 1961 but was only available to married women on prescription.<sup>50</sup> Pregnancies outside marriage had risen after the end of World War II and continued to rise until the early 1970s. But society was changing.

When demographic historian Gordon Carmichael reported in 2014 on his analysis of Australian data on ‘non-marital pregnancies’, he also mentioned the rise in road deaths for

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<sup>48</sup> Davison, 2004.

<sup>49</sup> Davison, 2004, p. 73.

<sup>50</sup> National Museum Australia, n.d..

those aged 15-19 and 20-24.<sup>51</sup> Road death rates rose for both males and females in both age groups between 1945-47 and 1969-71. The rates were 3.4 and 2.4 higher for males in 1969-71; 5.1 and 3.4 higher for females. He concluded that the higher rates for females indicate an increase in couples travelling together in cars. Cars offered mobility, allowing couples to 'seek private locations for intimacy'<sup>52</sup> and weakening parents' control over dating couples.<sup>53</sup>

But the ability to drive brought a different freedom for my girlfriends and me. Hawthorn Town Hall had better Saturday night dances than our local church hall. Now a carload of us could drive there. Our parents wouldn't have to come out late at night to pick us up and drive us home.

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Young women, as well as young men, were keen to drive, and the women I interviewed were no exceptions. As forensic physician and academic Dr Morris Odell reminds us, motoring has been a constant for both males and females in the 'Baby Boom' generation.<sup>54</sup>

Barbara Brown was so determined to get her licence on her birthday that even the festive season didn't get in the way.

'Even though it was Christmas Eve, the policeman said he would take me out,' says Barbara, now 70.<sup>55</sup> The process was simple. 'He might have asked me if I could read the traffic lights to check I wasn't colour blind. I think he did that. And then he took me for a drive and if you know Birregurra<sup>56</sup> there's a big steep hill. So I had to go up there and do a hill start and that was easy, because [in] our driveway we had to always do a hill start ... once we got through the gate.'

She doesn't recall parking or any verbal test. They drove around Birregurra, went back to the police station and she had her licence.

More than half the drivers interviewed had their licence within a year of becoming eligible to sit the test.

Bob Darby, 81, was working at Foys Department Store in Melbourne when he turned 18.<sup>57</sup> 'Before I went for my licence, I used to drive around with my brother-in-law,' Bob says. His

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<sup>51</sup> Carmichael, 2014, p. 609.

<sup>52</sup> Carmichael, 2014, p. 613.

<sup>53</sup> Carmichael, 2014, p. 609.

<sup>54</sup> Odell, 2009, p. xii.

<sup>55</sup> Brown interview in 2018.

<sup>56</sup> Birregurra is a rural township, about 130 km south-west of Melbourne.

<sup>57</sup> Darby interview in 2018.

brother-in-law picked him up after work one night, Bob drove home to Essendon and his brother-in-law said: 'Next week we'll go for your licence.' Enthusiasm for that 'piece of paper' was strong in the days before plastic licences. Family support, employment opportunities and access to public transport – or lack of it – all played a part.

Two of the drivers interviewed sat their tests in England at age 17. Fourteen passed their test in Australia at age 18, four at 19 and the rest in their 20s.

Rod Barclay and Tony Lowry were the oldest of the male drivers interviewed to sit the test but they both had their licences before turning 23.<sup>58</sup> Tony says getting a driver's licence at 18 was 'the standard' at the time. His twin brother was the first to get a car and driver's licence but he had joined the workforce, while Tony was still studying. Rod says he had to pay the cost himself and had 'no prospects' of getting a car or his licence at 18. 'It all depends on your individual circumstances.'

Country teens had a greater incentive to learn to drive than their city cousins. Rosie Boyd grew up in a small country town.<sup>59</sup> The only way to get around was to drive. She used to drive the ute when her brothers went spotlighting and thought nothing of driving through paddocks. She never had formal driving lessons but sat her licence test at 18. Now 69, she laughs when she recalls the process.

'I laugh because it was [very much] a country town and I had been driving for some years without a licence. I was a nurse and finished night duty and called in at the police station [to do the test] on the way home.'

She had to drive up a hill, stop and start again and drive back to the police station. She says the policeman pointed to a car parked outside the station and said 'Can you read that number plate out there?'

'I said "No, I can't see around corners".' That was her eyes checked. She passed. She had her licence.

At least three of the drivers interviewed came from farming backgrounds and had been driving for years before going for their licence test. One was Gerry Baldock.<sup>60</sup> The day he turned 18, his father announced at breakfast that they would go to the police station 'first thing' to get Gerry's driver's licence.

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<sup>58</sup> Barclay interview and Lowry interview, both in 2018.

<sup>59</sup> Boyd interview in 2018.

<sup>60</sup> Baldock interview in 2018.

‘Ivan Smith was the policeman who took me for my licence,’ says Gerry, 74. ‘So Ivan Smith and my dad, they sat in the back seat. Ivan Smith played in the ruck for one of the Sunraysia football teams called [The] Imperials. Dad was a coach and immediately they started talking about Saturday’s game.

‘And Ivan said, “Oh just go out to the aerodrome” and I drove out to the aerodrome. And he said “Oh, OK, back we go to the station.” And they talked about the football all the way.’

Gerry came home that day with his licence. That he passed was not unusual for that era. He had been driving a tractor and truck for years on his family’s farm.

Girls worked on family farms too. Marg Goss helped out on her family’s sheep farm near Sale.<sup>61</sup> Her mother died before Marg reached her teens. Getting her driver’s licence meant she could go into town to get supplies, pay bills, ‘those sorts of things.’

‘I was the housekeeper, even if I was only 18 or 19,’ she says. ‘My dad and two brothers, two boys, were there I think at the time.’ At shearing time, the number she cooked for grew.

Sheila Evans learned to drive on her family’s farm in South Australia, at Wilkawatt, near the Victorian border.<sup>62</sup> She recalls driving ‘an old thing called a buckboard’.

‘It’s a car that the back’s been made into a carry thing on a farm,’ she says. ‘I used to drive that around carting the grain and other stuff out in the paddocks and feeding animals and stuff, because I lived on a farm.’

Sheila’s mother had the first car in their district. The day Sheila went for her licence, her mother took her to the police station at Lamaroo, about 16 km east of Wilkawatt, towards the Victorian border. ‘I just had to answer some questions. I didn’t even drive the car.’ She laughs. ‘So I got my licence and the policeman was a friend of our family, anyway, you know, like country policemen.’

City learners faced a more rigorous test, including parallel parking and a handbrake start. They had to cope with heavier traffic and more complex driving situations than those tested in country towns. But they were still keen to be able to drive. Christine Richards, 65, says she still shudders when she recalls learning to drive and sitting her licence test, aged 21, in the busy streets of Carlton and Parkville.<sup>63</sup>

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<sup>61</sup> Goss interview in 2018.

<sup>62</sup> Evans interview in 2014.

<sup>63</sup> Richards interview in 2018.



Dale Coghlan was another who learned to drive on busy suburban streets but her experience was unusual in 1967.<sup>64</sup> Her school had been given a Holden car, so the headmistress organised lessons for any Year 12 girls who wanted to learn to drive. The driver's licence test was organised through the school and a female teacher sat in the back.

'She was a chain smoker so she must have been nervous,' Dale says. The teacher agreed to let her drive home if she passed but Dale was 'a nervous wreck' after she passed and couldn't drive anywhere. 'I was trembling all over with excitement, I think.'

A driver's licence was more than a ticket to adventure in the post-war period. It also gave employment prospects a boost. Shepparton resident David Taylor, 71, was one of several interviewees for whom driving became part of his job.<sup>65</sup> David was driving a work vehicle within hours of passing his test at 19. He worked for the Postmaster General's Department (PMG) – a federal department and the forerunner of Telstra and Australia Post. The same afternoon, he drove a PMG vehicle the size of a ute with a trailer behind. 'As soon as I got back to the line-yard where I was working, I was told to drive the vehicle.'

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Hit songs from the 60s and 70s and the spread of suburbia both reflect the growing influence of the private car on life in Australia.

Songs out of the US when most of the drivers interviewed were teenagers captured the love affair with the car. Songs such as The Beach Boys' 'I Get Around', The Rolling Stone's 'Route 66' and Don McLean's 'American Pie' hit the charts in the US and Australia followed. The word 'levee' may have been obscure to Australian teens but it rhymed with 'Chevy' and they sang along.

The nexus between Melbourne's transport system and where people lived began to change in the 1950s. Melbourne was outgrowing its railway and tramway networks as new suburbs grew on the urban fringe. Residential development to Melbourne's west spread along Keilor Road and the Calder Highway in the 1960s. Keilor Municipality's population grew from 10,681 in 1954 to 43,398 in 1966 and 55,616 in 1971.<sup>66</sup> But the suburban sprawl wasn't confined to Melbourne's west.

The northern suburb of Templestowe gained two primary schools between 1966 and 1971, a result of houses replacing orchards in the 1960s. Doncaster and Templestowe became a city

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<sup>64</sup> Coghlan interview in 2018.

<sup>65</sup> Taylor interview in 2018.

<sup>66</sup> Victorian Places, <https://www.victorianplaces.com.au/keilor>.

in 1967, after its population soared from 6814 in 1954 to 38,087 in 1966.<sup>67</sup> Melbourne's eastern fringe saw similar development, with orchards in Vermont and Vermont South making way for new housing estates in the 1960s. The tram network finally reached Vermont South shopping centre in 2005, when the Burwood Highway tram was extended from Blackburn Road.<sup>68</sup> A train line to Doncaster and Templestowe is still talked of but has never eventuated. Keilor residents still have to rely on private vehicles or buses.

Melbourne's urban sprawl in the 1960s and 1970s became another incentive to embrace the private car.

Female drivers were still a minority but males were not the only ones keen to drive.

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Three months and nine days after my eighteenth birthday I sat in a car on a hill beside Moonee Valley Racecourse, a suburban racetrack about 6 km north-west of Melbourne. On race days the hill was a vantage point where punters could watch the races for free. But horse races were the last thing on my mind.

I was about to do a handbrake start. A driver's licence examiner sat beside me and my driving instructor was watching from the back seat. The car had a manual transmission but I was confident. I hadn't bunny hopped for ages. The Moonee Ponds hill would be a breeze.

As soon as I started letting out the clutch, I could feel a gear smash coming on. I checked the gear lever. I was still in third with no time to change down to first. Adrenaline kicked my brain into racing-driver mode. I pushed down on the clutch, whipped the gear stick to second, eased off the handbrake. My feet danced across clutch, brake and accelerator. The car glided forward and I started to breathe.

'You were in second when you did the handbrake start,' the instructor said as I left the police station, licence in hand. I didn't tell him I'd been in third before doing a quick shift down to second but I was secretly thrilled. Slick gear changes were a badge of honour. I didn't want to drive like a girl. I was the eldest of five daughters. I'd heard the jokes about 'petticoat government' and the expressions of sympathy whenever my father said he had five daughters. What? No son? Poor man. Society in the 1950s told girls they were inferior unless they could emulate boys. I'd got the message.

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<sup>67</sup> Victorian Places, <https://www.victorianplaces.com.au/doncaster-and-templestowe>.

<sup>68</sup> Victorian Places, <https://www.victorianplaces.com.au/vermont-south>.

My pride, of course, was misplaced. Young women at the time had a much better safety record than young men, as historian Graeme Davison points out.<sup>69</sup> Road crash statistics revealed that in the 1950s and early 1960s teenage motorists were more crash-prone than older age-groups, Davison writes. But the problem group was younger men, not younger women. In 1963, the number of male drivers killed in crashes was 14 times the number of fatalities for female drivers. The statistics for teenage drivers killed were worse: males outnumbered females by 36 to one. As Davison explains, young women were more likely to become road fatalities not as drivers but as pedestrians or in cars driven by men.<sup>70</sup> Even in 1982, male drivers were four times more likely to be killed than female drivers.<sup>71</sup>

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Passing the licence test opened up new freedoms for teens but it also marked the start of more than 40 years of driving experience for the drivers whose stories are shared in these pages. Most have driven all their adult lives, witnessing massive changes in cars, road rules and the road network. As newly licensed drivers, they faced very different driving conditions to today's novice drivers. For a start, cars were more basic. The first car I drove after getting my licence had no airbags, power steering or ABS brakes. It also lacked blinkers, side mirrors, a heater, demister, radio and seatbelts. You had to use hand-signals to indicate you were about to turn left or right or stop. The stop sign was an arm out the window, elbow crooked, hand pointing skywards. The same hand-signal was used to indicate a left-hand turn. The right-turn signal was an arm straight out the window.

The windscreen fogged up if you had the windows closed, particularly in winter. People usually drove with their window down, frequently with their arm resting on the sill, something that's now illegal. The number of people killed on Victorian roads was many times what it is now, which is probably not surprising. Cars lacked the basic safety features taken for granted today but governments were yet to introduce familiar enforcement measures around driver impairment and speed, such as breathalysers, blood alcohol tests and speed cameras. And road infrastructure was also more basic, as historical photos reveal.

Graduated licensing systems are another measure introduced to tackle deaths from collisions on the road. NSW introduced a graduated licensing system in 1966, requiring newly licensed drivers to display 'P' plates on their car, to indicate they held a provisional or

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<sup>69</sup> Davison, 2004, pp. 64-65.

<sup>70</sup> Davison, 2004, pp. 64-65.

<sup>71</sup> Davison, 2004, p. 64.

restricted licence. Other states followed. New drivers in many countries now display plates on their car to indicate they are novice or provisional licence holders. New Zealand in 1987 was the world's first jurisdiction to adopt in full a graduated licensing system outlined by Dr Patricia Waller in the 1970s. The system included an extended period of supervised learning, and a period of time with restrictions on night driving and driving with passengers before full driving privileges were given.<sup>72</sup> Requirements across the world now vary from the optional green P-plates in England, Scotland and Wales to compulsory A-plates in France. Canada's regulations vary by province. British Columbia, for example, requires novice drivers to display a green 'N' plate until they pass an additional road test, usually two years after passing their first test. In Australia, restrictions on probationary drivers differ from state to state but have become more stringent. They now include various limits on speed, passengers, permitted blood alcohol level and restrictions on the type and power of cars probationary drivers may drive.

Two hundred and sixty-three lives were lost on Victorian roads in 2019.<sup>73</sup> By contrast, in 1970 official statistics recorded 1061 deaths on the state's roads, prompting changes to road rules to reduce road fatalities. Compulsory wearing of seatbelts was introduced in that year and the number of road deaths started to fall, to 923 in 1971 and 806 in 1974.<sup>74</sup>

But in 1989, Victoria's official road deaths for the year still stood at 776. That's when the Victorian Government became the first state to introduce random breath testing for drivers.<sup>75</sup> Road deaths plummeted to 548 in 1990, after hovering between the high 600s and the mid-900s for more than a decade.

Yet despite the number of lives lost on the roads, young people were keen to drive. Only one of the 28 drivers interviewed waited beyond her early twenties before sitting the driver's licence test.

Frances Hutson, 77, had started learning to drive in her father's 1934 Chevrolet when she was 19.<sup>76</sup> But the lessons were put on hold when her sister was hit by a car and hospitalised. Her recuperation took weeks and Frances' parents had no time to give driving lessons.

'Then I was sent to the country teaching and I just didn't follow up,' Frances says.

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<sup>72</sup> Austroads, 2015b.

<sup>73</sup> Transport Accident Commission [TAC], 2019.

<sup>74</sup> Transport Accident Commission statistics. In 'Crushing the road toll', *Monash Magazine*.

<sup>75</sup> Donnellan, Luke (MP), 2016.

<sup>76</sup> Hutson interview in 2014.

By the time she sat the test she was 27, married and pregnant with her third child. Her husband taught her to drive, with their two children in the back seat. She had a couple of lessons with a driving school, then went for her licence.

‘This was in Sydney. We had an old 1948 Vanguard. It was our first car ever and I went round and I had trouble with the reverse parking. I got everything else right and the guy said to me, I was eight months [pregnant], and he said “Look, I’d like you to go home, have a bit more practice with this reverse parking, come back next week.” And I came back and he said “Look, if I ask you to come again, you’ll not get under the wheel. I’ll give it to you.”

‘But I’ve always been glad I got my licence in Sydney because I reckon if you can drive there you can drive anywhere.’

Frances is one of several interviewees who drove for work, not just for pleasure. She became a teacher-librarian and drove a mobile library truck to small country schools.

Dale Coghlan, who learned to drive in her school’s car, became a professional driver, transporting international and local tennis players during the Australian Open.<sup>77</sup>

Bob Darby from Essendon became a homewares salesman. ‘I was a “rep” so I was out on the road every day of the week,’ he says. ‘All over Melbourne and Victoria.’<sup>78</sup>

Barbara Brown became a teacher and moved from Victoria’s south-coast hinterland to the state’s north.<sup>79</sup> She worked for the Association for the Blind in Shepparton and lived on a farm in the Goulburn Valley. ‘I used to drive hundreds and thousands [of kilometres a year] when I was at the Association for the Blind because it was 54 [km] to Shepparton from where we lived.’

Christine Richards moved from inner Melbourne to Gippsland and now lives about 25 km from the nearest town.<sup>80</sup>

Gerry Baldock from Mildura worked from 2011 to 2015 on Nauru, a small island off the Australian coast that can be circumnavigated by car in less than an hour.<sup>81</sup> He has now retired to Torquay but still supports refugee communities in Melbourne.

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<sup>77</sup> Coghlan interview in 2018.

<sup>78</sup> Darby interview in 2018.

<sup>79</sup> Brown interview in 2018.

<sup>80</sup> Richards interview in 2018.

<sup>81</sup> Baldock interview in 2018.

Former nurse Rosie Boyd retired to a coastal village with no doctor, 65 km from Sale in Victoria's east.<sup>82</sup>

More than four decades after gaining their driver's licences, all 28 are still licensed drivers. Driving continues to play an important role in their lives, as the next chapter reveals.

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<sup>82</sup> Boyd interview in 2018.



*Photo: A convoy of buses transports employees home from work on a new Tasman Bridge. Construction started in 1964 and the bridge was officially opened the following year. But disaster struck in 1975. An ore carrier hit the bridge, destroying two of its pylons. Five motorists and seven members of the ship's crew were killed. Loss of the bridge cut the main link from Hobart's city centre to its airport and suburbs on the eastern bank of the Derwent River. The Tasman Bridge reopened in October 1977.*

Photo courtesy of Libraries Tasmania online collection (PH30-1-3472) (Open access)

### Chapter 3: Why older people drive – Journeys and destinations

Who do they drive? Where do they drive? When do they drive? And why?

PETER Blaney's mother-in-law wanted to stay in her home in one of Melbourne's leafy eastern suburbs and 'age in place'.<sup>83</sup> But when she decided at 90 to stop driving, alternative transport proved hard to find.

'So that turned out to be one of my roles, to take her shopping in Camberwell once a week or twice a week, depending on what was going on,' Peter says. 'Or to take her to medical appointments, too.'

The Vermont resident, who at 68 also qualifies as an older driver, describes his role as a little bit like 'Driving Miss Daisy', a reference to a 1989 film about the relationship between an older woman and her driver.

'It gave me an avenue in getting out and about. But secondly, she enjoyed it, I think, the good chat in the car and to observe life in general. And that social aspect of it was quite important to her. And as I said, I really quite enjoyed the couple of hours or whatever it took.'

It was a natural progression for Peter to join Eastern Volunteers' driver pool after his mother-in-law eventually moved into aged care and later died. The not-for-profit group in Melbourne's east operates a driving service to help the frail and people with disabilities to live independently and remain mobile.

Shopping and medical appointments are the top two activities the drivers take people to, followed by social programs.

'Yesterday, for instance, we picked up somebody from Chirnside Shopping Centre, and she was coming home. She wanted a lift home to Kilsyth and she'd been to the pictures with 16 of her old bowling mates,' Peter says. 'They're no longer bowling but every six weeks or so they go out for the theatre.'

'So she thoroughly enjoyed that. It was good to see her. Well, she was sparkly, wanted to tell everybody about the film and all the rest of it, which is great.'

Another group he transports are people living alone whose partners live in aged care elsewhere.

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<sup>83</sup> Blaney interview in 2018.



‘They tend to be very sad situations because they would have preferred to go into aged care together.’ But one partner moves into aged care first. Their aged care facility has no vacancies when the other partner needs a place, so they have to go elsewhere.

The day after our interview, Peter was picking up a man from the outer-eastern suburb of Lilydale and taking him to visit his wife, who has dementia and lives in Ferntree Gully. The man visits his wife at least two or three times a week and feeds her lunch.

Most of the people Peter drives live in the outer eastern suburbs of Croydon, Lilydale and Ringwood. If they can’t drive, they find it difficult to get to their neighbourhood centre and to medical appointments, particularly at city hospitals. Peter says bus services in the outer east are not always convenient. The hospital precincts are large and hard to navigate for some older people and those with mobility issues.

In a typical day he drives about a dozen people. The keen photographer grabs his camera between appointments, goes for a walk and takes some photos.

‘You have to have that ability to really find something to do for three-quarters of an hour or an hour in a random neighbourhood.’

Peter once worked for three or four years as a retail property development manager for a supermarket chain, driving about 100,000 km a year around Australia, as far north as southern Queensland and across to Western Australia. He describes his role as ‘one of those “Ask the Leyland Brothers” types of jobs’. The description is apt. The Leyland brothers motored around the Australian outback in a reality television program in the late 1970s, responding to questions from viewers.

Peter still enjoys driving, being outside, seeing what’s there and finding something new. But he also uses public transport ‘a fair bit’.

‘I’m going to use it tomorrow night because I’m going to the football,’ he says. He and his wife also take the train to a regular catch-up with friends in South Yarra.

Apart from his volunteer driving, shopping is the main reason he drives rather than walk or take public transport. He also drives for things like visiting his family and ‘all the rest of it’.

Driving holidays are another interest. Peter and his wife are now grandparents. He’s looking forward to a family camping holiday on the Murray.

‘Well obviously you can go on bus tours and do all that type of thing but that doesn’t really appeal. Not yet.’

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Peter Blaney is typical of the drivers interviewed – he drives *with* people and *to* people. The main reasons they give for driving are social – visiting family and friends and attending meetings, hobby groups, concerts and sporting events. Social activities are recognised by researchers as important for older people, to break down isolation and foster wellbeing.<sup>84</sup>

The other main reasons for driving are volunteering and shopping. But they also drive on holidays, to get to medical appointments and for work.

Twenty-two of the 28 drivers mention driving to social activities. Twelve regularly drive people outside their own households, either informally or as volunteers for an organisation.

Eastern Volunteers' transport manager Marnie O'Loughlin says the organisation encourages the involvement of young people.<sup>85</sup> Volunteering can help fulfil Australian Government requirements for social security payments from Centrelink. But most of the organisation's driver pool is aged 55 and over, including Christine Hanly, 72, and Rod Barclay, 64.

Rod says you can't sit around home all day after retirement.<sup>86</sup> The Ringwood resident thought at first of volunteering with the environmental group, Landcare. But his brother-in-law was a volunteer driver in Geelong and Rod knew the need existed in his area as well.

He drives one couple only half-a-kilometre from their home to a community centre but neither of them could get there on foot. For some people, the drive itself provides much needed social contact.

'I have more than one person who freely admits that when I drive off, they will be home for the next week. And will be indoors for the next week,' Rod says.

Retired social worker Christine Hanly often drives 200 km a day, transporting people who qualify for the driving service either through the 'My Aged Care' program or because of their special needs.<sup>87</sup>

'At the moment I'm driving a Kia that has a wheelchair ramp and I take a girl, a teenage girl, to school two mornings and bring her home two days.'

The day after our interview, the Croydon resident is taking the young girl to school and home again and a woman in a wheelchair to Ivanhoe and back. She only has six trips to do but they are all a bit complicated 'and you couldn't rush off and do something in the middle necessarily'.

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<sup>84</sup> Eby et al., 2019, p. 19; Mullen & Bédard, 2009, pp. 281-282; Adler & Rottunda, 2010, p. 304.

<sup>85</sup> O'Loughlin interview in 2018.

<sup>86</sup> Barclay interview in 2018.

<sup>87</sup> Hanly interview in 2018.

Christine also takes people to day-care programs, including one for people with dementia. It gives the spouse a longer break than they would get if they were providing all the transport themselves. ‘And some of the spouses are actually clients themselves as well, because they’re quite frail.’

Many of the trips are short, maybe taking people to water therapy less than a kilometre from their homes. The volunteer drivers pick them up, drop them off and pick them up again after their hour in the water.

Christine says you’re doing something that people really appreciate and it’s also stimulating to have to find her way around. Meeting new people also appeals.

‘And, also, I knew I might need it myself and it doesn’t hurt to get in on the ground floor.’

But Christine’s driving isn’t limited to her volunteer work.

She drives to medical appointments and to shop, to attend tai chi and furniture restoration classes, and to visit family and friends, including her grandchildren. She belongs to a walking group but usually drives to the place where the walk starts.

Jan Juc resident Marie Darby does the same.<sup>88</sup> Marie, 80, picks up walking group members who live near her on Victoria’s surf coast. But other members drive *her* on longer trips to Barwon Heads or Ocean Grove.

‘They drive and I just pick people up here, and they know it’s not because I’m not a good driver. They just know I don’t like driving and they’ve all got flash cars anyway. Who wouldn’t want to go in a heated seat all the way to Ocean Grove?’

Driving for Marie is a community thing. She has never loved driving and she doesn’t shop. She drives to church and to the mah-jong group she teaches. She also belongs to the Torquay Theatre Troupe, working back-stage, doing the ‘support stuff’ and prompting, watching the director develop the characters. ‘You only prompt while they’re rehearsing and that’s the part I love,’ she says.

Marie’s husband, Bob, does the shopping. And that means driving about two-and-a-half kilometres to Torquay.

Bob, 81, says if he couldn’t drive, he would have to take the bus.<sup>89</sup>

‘It’d take you bloody nearly an hour to walk ... [and] you couldn’t walk back carrying all the goods,’ he says.

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<sup>88</sup> Marie Darby interview in 2018.

<sup>89</sup> Bob Darby interview in 2018.

But those living in rural and regional areas often have no viable alternative to driving to access goods and services.

Gippsland speech pathologist Christine Richards, 65, says people in rural areas need to drive even to use public transport. Christine lives 25 km out of town.<sup>90</sup>

‘People who live in rural areas don’t even have footpaths,’ she says. ‘I wouldn’t mind walking for an hour but there’s no footpaths to walk on. I have to drive to get a pint of milk.’

She doesn’t like driving and would prefer to walk to work and for exercise. She is a ‘great supporter of public transport’ but says public transport in rural areas is not very practical.

‘If we want to go out of the district, there’s the train service but there’s the time restrictions and then there’s getting to and from stations.’ She would have to drive to the bus, take the bus to the train, take the train to her destination and do it all in reverse to get home.

One person tackling this lack of alternatives to driving for older people in rural areas is Loch Sport Community House president Rosie Boyd.

Rosie, 70, is one of the driving forces behind the Gippsland seaside town’s community bus project.<sup>91</sup> The bus takes people on outings and to the nearby town of Sale for shopping and hydrotherapy. The Community House raised money to purchase the bus ‘and the main reason is for the socialising’.

She still drives to a weekly craft group, to community house activities and to visit friends. ‘Everything to keep you out and active.’

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Melbourne historian Graeme Davison in *Car Wars: How the car has won our hearts and conquered our cities* suggests that cars have ‘transformed our streets from places of play and gossip to lifeless traffic corridors’.<sup>92</sup>

But for many of the drivers interviewed, the car has transformed society in another way. It supports maintenance of far-flung social connections.

Dale Coghlan, 70, regularly meets three or four groups of friends spread across Melbourne’s southern suburbs, from East Bentleigh to Patterson Lakes and as far as Hastings on the Mornington Peninsula.<sup>93</sup> They used to meet at night but now that they’re older, they meet at lunch time. Four or five people come and most drive.

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<sup>90</sup> Richards interview in 2018.

<sup>91</sup> Boyd interview in 2018.

<sup>92</sup> Davison, 2004, p. 250.

<sup>93</sup> Coghlan interview in 2018.

‘For instance, on Friday we’ve got a lunch down at Patterson Lakes, so I will go down and pick up my girlfriend in Mentone to drive down to Patterson Lakes and back.’

They try and find restaurants in a large circle between where they all live.

Shepparton resident Gael Thompson, 70, has family and friends spread across Victoria.<sup>94</sup> She drives to visit her niece in Melbourne and friends in Metung. And she takes nieces from Alexandra to visit their aunt in Melbourne.<sup>95</sup> She has family in Buxton and Alexandra, north-east of Melbourne, ‘and the heart still tugs that way so I do that a reasonable amount’.

When she went to Adelaide for a week of craft workshops, she also drove. The patchwork enthusiast says driving made it easy to bring her sewing machine and the class requirements as well as her luggage.

Gael also drives locally, to three or four University of the Third Age (U3A) classes in Shepparton and a monthly lunch group. She does ‘Meals on Wheels’ and is secretary of the Shepparton branch of Kiwanis. She drives to their twice-monthly meetings and to help run their barbecues.

‘Wherever I want to go, I drive,’ she says.

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The extent of volunteering among the drivers interviewed is not surprising. The Australian Bureau of Statistics’ most recent study on volunteering, in 2014, found that almost half of all Australian adults help out those in other households, such as their neighbours.<sup>96</sup> Almost a third volunteer with formal organisations. More than a third aged 65-74 are volunteers, more than a quarter aged 75-84 and almost one-in-five aged 85 years and over.

Shepparton resident David Taylor, 70, says much of his driving is related to community involvement.<sup>97</sup> The Shepparton Kiwanis president sells sausages at the club’s community barbecues. That includes transporting food, barbecues and other equipment. He is a volunteer driver at Tarcoola, an aged-care centre that includes a nursing home, hostel accommodation and independent living. David drives the centre’s 12-seater bus once a fortnight, taking people from the independent-living section to do their shopping.

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<sup>94</sup> Thompson interview in 2018.

<sup>95</sup> Alexandra is a regional centre 130 km north-east of Melbourne. Buxton is in the same shire. The area is surrounded by hills, forests and grazing land.

<sup>96</sup> ABS, 2015.

<sup>97</sup> Taylor interview in 2018.

He also belongs to the U3A in Shepparton. He walks to their classes but drives to the Kiwanis' meetings, even though he could walk. The meetings are at night and 'it's not a very good idea, walking around [at night],' he says.

University of Michigan researchers David Eby, Lisa Molnar and their colleagues report that older people vary in when and where they drive.<sup>98</sup> The Michigan team analysed international studies and found private car use among older people is increasing, particularly among older women.<sup>99</sup> They also found that older people who drive extensively in their younger years tend to continue to do so. The older drivers interviewed for this book reflect the same pattern.

Shepparton resident Val Bedford, 80, says she could catch a bus from her home to visit her medical clinic 'but it depends on your state of health at the time'.<sup>100</sup>

'It's not the most pleasant thing to do, to catch a bus if you're really not feeling well,' Val says. 'But if it's just for a general appointment it would be quite all right.'

Val and her husband have left their caravanning days behind, given up farming and no longer transport animals around. But they still love to travel to neighbouring towns to visit friends and family and join in activities. 'We are crafts people and even at our age we do have a stall at a craft market at Violet Town.'

Val's husband is a woodturner. Val makes cushions, tapestries and draught-stoppers.

'You can only make so many articles and give so many articles to your family. We don't make much money at it. We just like doing it and it's a lovely social market.'

The couple have been market regulars for more than 20 years, first at Shepparton, then at Violet Town. Val knows the regular stallholders.

'When you arrive, you catch up on the gossip and what they've been doing in the last months.' And regular customers come along and say hello at each market.

It's still dark in winter when they set off in the morning. Kangaroos and the occasional fog are hazards.

'But that is probably the only difficult drive I do and that is once a month. But at the same time, we thoroughly enjoy it because it is a beautiful drive.' She says the roads are good, particularly the freeway to Seymour. But she avoids night driving because of 'younger blokes

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<sup>98</sup> Eby et al., 2019, p. 31.

<sup>99</sup> Eby et al., 2019, pp. 31-32.

<sup>100</sup> Bedford interview in 2018.

hooning' and a frightening experience her brother-in-law had when he came across a group of 'very angry young men' while driving home from Melbourne.

'So it's a safety factor to avoid being out and about on the roads after dark.'

But for actor Frances Hutson, after dark is exactly when she often needs to drive.<sup>101</sup>

Frances, 77, is used to taking public transport at night and 'wouldn't drive into the city for anything now'. The last bus goes at 9pm, so she needs her car at the station to drive home from performances and rehearsals.

The Viewbank resident missed the last bus at Rosanna on a recent night and rang for a taxi. It took 45 minutes to come.

'I'd have been faster to walk. It's only 3 km,' Frances says. 'But I didn't realise. It was freezing cold and I kept ringing back and they kept saying "Yes, yes, we've got this, we're trying to get it, we're trying to get it." But [taxis are] really hard to get. And you haven't got much hope of getting one passing.

'I suppose in the city you might have but not out here.'

Retired taxi-driver Pat Danaher is another who drove extensively in his younger years.<sup>102</sup> Pat, 72, still has a current taxi driver's licence, even though he stopped driving taxis eight years ago. He has it 'as a back-up' in case he needs to do some work. His full-time job before he retired was in warehousing distribution but he drove taxis part-time.

The Burwood East resident has been a community volunteer for more than 40 years.

'I love being active,' he says. 'I look back to my father at this age and he was an old man. And I put that down to several things but mainly activities. I've always been involved externally with activities during the day, like the golf.

'I play golf at least once a week. So golf keeps you walking over a long distance. And then being a volunteer on the working bees, so you're lifting and carrying and you're doing bits and pieces.'

Pat was used to handling heavy packages in his working days and credits golf, gardening and volunteer work with helping him maintain that fitness.

Driving is a big part of Pat's week. He volunteers at St Vincent De Paul's op-shop in Ringwood, looks after his garden plot at Whitehorse Community Gardens in Forest Hill,<sup>103</sup> attends working bees at Box Hill Golf Club every second week and is a member of the

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<sup>101</sup> Hutson interview in 2014.

<sup>102</sup> Danaher interview in 2018.

<sup>103</sup> Whitehorse Council in Melbourne's east has community gardens, where residents can garden in a social environment.

driving pool at Eastern Volunteers. He's also treasurer of Mitcham's branch of Probus, a worldwide social network for people who are retired or semi-retired. He attends meetings and events and helps organise tours for members.

Pat lives about 4 km from his community garden plot. More than a hundred residents have plots and spend about eight hours a week keeping them in good condition. There's a storage shed. But Pat doesn't like leaving anything of value there, so he takes equipment, compost, 'all vegetable scraps and things like that' to the plot by car.

'During the winter months, you don't spend as much [time] but in spring I can go over there and spend five or six hours at a time, just turning over [the soil] and weeding. And then during the summer months, it takes the best part of an hour to water and another half-hour or so to pick all your produce, so you're over there for an hour-plus. It doesn't take long for eight hours to disappear.'

Pat estimates he drives about 8,000 km a year in his own car and another 6,000 km as a volunteer.

'I need to get out and do the activities. Tomorrow morning I'm playing golf. I'll go back to the golf club again. I've got nothing else planned at this stage for tomorrow, although I may go across to the gardens in the afternoon.' He says driving keeps him moving around, keeps him fit.

Staying fit, physically and mentally, is important for ageing well and continuing to drive. But for Sheila Evans, the oldest driver interviewed, recognising the natural effects of ageing is important too.<sup>104</sup>

Sheila, 91, drove extensively in her younger days and still describes herself as a 'confident' driver. When her husband Murray needed to see an eye specialist in Brighton, she drove him there.

'I drove and that was good because I knew just where I was going and then when we came out, we came into the street and this street went right down to the beach.' Sheila likes to see different things. Spending time at the beach turned it into an enjoyable afternoon.

But Sheila plans carefully where and when she drives to avoid complex driving situations, as the next chapter explains.

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<sup>104</sup> Evans interview in 2014.





*Roads in the Adelaide Hills were narrow and winding when South Australian-born driver Sheila Evans, now 91, gained her licence. Sheila remembers feeling scared but exhilarated the first time her father allowed her to drive the family car to Adelaide with her younger sister. It was quite a drive for the two young women, who lived on the family farm at Wilkawatt, near the Victorian border.*

*Here a Hudson breakdown truck, from R.H.Mitchell's garage at Woodville, retrieves an overturned truck in the Adelaide Hills.*

Photo courtesy of State Library of South Australia (B37712)

## Chapter 4: Self-regulation – When restrictions mean freedom

What self-regulation is – The role of public transport – Responding to vision problems

SHEILA Evans gave up driving in the city ‘many, many years ago’ but still catches up with friends at a spinning guild in North Carlton.<sup>105</sup> She takes a train and tram from her Melbourne home near the beach to volunteer in the guild library and attend monthly meetings.

At 91, the Victorian still drives to her holiday house on the surf coast, near Anglesea, usually on Sundays when the traffic is light. ‘Well I love it, I love driving, I always have,’ she says.

‘You’ve got to choose a day so they’re not playing football at Geelong. And there’s no big trucks on the road on a Sunday.’

Her driver’s licensing authority sends pamphlets with her licence renewal. She keeps them in a kitchen drawer and follows their advice. She no longer drives at night or in peak-hour traffic and avoids driving near schools at pick-up and drop-off times. She takes stops every half-hour or so on the way to Anglesea to stay alert. She plans her route carefully, taking advantage of traffic-light controlled intersections and left-hand slip lanes.

But most of her driving is local. ‘Well I feel very confident just driving around here and driving to Southland [shopping centre],’ she says.

Sheila drives to a supermarket and to Southland because shopping is heavy to carry. The shopping strip 10 minutes’ walk from her home is ‘just full of people wanting to sell you coffee and a crumpet or something’. She has tried catching the bus to Southland. But by the time she walks almost two km to the bus stop and from where the bus lets her off in the shopping centre to where she likes to shop, ‘it’s much easier to go by car’.

Sheila started driving on the family farm in South Australia in her teens, carting grain and feeding animals. Girls like Sheila, working on family properties or in the Australian Women’s Land Army, were an important part of the war effort in Australia in the early 1940s. They supported agricultural production at a time when many male farm workers left to work in other essential war occupations.<sup>106</sup>

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<sup>105</sup> Evans interview in 2014.

<sup>106</sup> Australian Women’s Land Army, Australian War Memorial.

She recalls being pretty scared the first time she drove a car on her own after getting her licence. But she remembers fondly the first time her father let her drive to Adelaide with her sister in 'this nice car'.

'I don't know, you wouldn't know the Adelaide drive, to Adelaide through the Adelaide hills,' she tells me. 'Well, when we used to do it, it was a narrow, a very narrow road, very twisting and turning. It wasn't the traffic like today but it was pretty scary for the two of us to be driving down there by ourselves.... So that's when I started driving.'

In her early 20s, Sheila became engaged to another South Australian, Murray Evans. They married in 1947. Murray had been working in Sydney so the Harbour City became home for six months before they moved to Melbourne, where they still live.

The couple often took the familiar drive from Melbourne through Victoria's Western District to visit their families back in South Australia. They usually shared the driving but Sheila also drove her children there many times on her own.

'I've done a lot of driving,' Sheila says. 'Because all our families live in South Australia we used to go back there a lot.'

Sheila's husband now only drives when she is with him and he is increasingly letting her do more of the driving. Sheila and her husband are a similar age but they recognise their driving abilities now differ.

That's one of the challenges driver's licensing authorities face: people age at different rates and in different ways. Sheila is still alert and observant. At the end of the interview, I take her photo. I have to do it twice. She looks at my first effort and says her eyes are closed. She is right.

When I leave, Sheila walks with me to the front gate. She walks a lot because she wants to be able to drive safely as long as possible. Walking helps to keep her fit. The fitter she is the longer she can keep driving. She puts her hand on my arm and says again, 'I do love driving.'

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A year or so after I interviewed Sheila, I'm driving through North Carlton and there she is at a tram stop near where her spinning group meets. She stands out, confident, alert. She's slightly stooped but stylish, wearing fashionably large glasses, a neat skirt, a necklace shining on her cream sweater. She's still taking public transport through the city, as she had explained.

Research in Australia and other western countries shows that many older drivers self-regulate their driving, as Sheila has done.<sup>107</sup>

Licensing authorities in Australia may also require drivers to moderate how they drive to retain their licence. The authorities have the discretion to grant conditional licences to those with long-term or progressive health problems.<sup>108</sup> Typical licence conditions include the need to wear spectacles, and requirements for drivers to limit where and when they drive, to undergo medical treatment or to drive a modified vehicle.<sup>109</sup> They may need to restrict driving to daylight and off-peak times and avoid freeways.

Restricting driving at night and in low-light conditions makes sense. The amount of light reaching the retina – the light-sensing area at the back of the eye – decreases as part of normal ageing. The eye's lens becomes less transparent and the pupil becomes less able to adjust to low light conditions.<sup>110</sup>

A team of researchers from Monash University Accident Research Centre (MUARC) reported in 2009 that avoiding night driving is one of the most common ways drivers adapted to age-related changes.<sup>111</sup> They also adapted by driving fewer kilometres per year, avoiding complex traffic manoeuvres and restricting driving to familiar and well-lit streets. They made shorter and fewer trips. They took more frequent breaks on long trips and restricted long-distance travel.<sup>112</sup> Such changes may help older drivers to drive safely for longer.<sup>113</sup>

Most of the drivers I spoke to also avoid city driving. Marg Goss, from Sale in Victoria's east, takes the train to Melbourne because the city 'just gets too busy'.<sup>114</sup> She says often when she arrives back at Sale, someone she knows will be on the train and offer her a lift home. 'Although the last time I had to get a taxi but that didn't matter,' she says. 'I rang them from 20 minutes out of Sale, you know, to get a taxi and he was there.'

Researchers use the term 'self-regulation' to refer to the way people modify their driving to compensate for age-related changes that affect driving skills.<sup>115</sup> Road safety researcher

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<sup>107</sup> Eby et al., 2019, p. 37; Molnar et al., 2018; Molnar et al., 2013; Molnar et al., 2008; Charlton et al., 2009; Hakamies-Blomqvist & Wahlstrom, 1998; Marottoli et al., 1993.

<sup>108</sup> Austroads, 2016.

<sup>109</sup> Austroads, 2016.

<sup>110</sup> Wood, 2009.

<sup>111</sup> Charlton et al., 2009.

<sup>112</sup> Charlton et al., 2009, p. 44.

<sup>113</sup> Molnar et al., 2018.

<sup>114</sup> Goss interview in 2018.

<sup>115</sup> Eby et al., 2019, p. 37.

Lisa Molnar examined the ways drivers self-regulate in her PhD research at MUARC, using data from a computer-based questionnaire completed by Australian participants in the Candrive/Ozcandrive study.<sup>116</sup> Candrive/Ozcandrive is an international collaborative study led by the University of Ottawa and MUARC. The project has followed a large group of older drivers over several years, collecting data on their health, functional abilities and driving.<sup>117</sup>

One of the older drivers in the Candrive/Ozcandrive study was Doncaster resident Bill Roberts.<sup>118</sup> Bill says he was conscious of having the recording device in his car for the first week, wondering what it was recording. But after that, he never gave it a thought until he received the annual phone call to come in for physical and cognitive tests and to have the recording device checked. ‘They’d take the little chip, the little memory chip out of the recorder [and] put a fresh one in.’

The recording device was in his car for eight years. ‘I’d have been quite happy for them to leave it in forever,’ Bill says. ‘I think it’s terribly important that we get proper statistics. So I was delighted to be part of it.’

Molnar and her colleagues report that drivers self-regulate in three main ways:<sup>119</sup>

- Pre-planning how and when to drive, for example, by avoiding night driving and challenging situations, driving shorter distances or less frequently
- Modifying driving manoeuvres, for example, by reducing distractions while driving or by leaving more room between their car and the one in front, to allow for slower reaction times
- Making broader decisions, for example, by choosing to live close to where they most often drive or by basing their choice of car on its safety features

The research team notes that not all changes to driving patterns are self-regulation.<sup>120</sup> Self-regulation involves awareness that skills have declined, as well as making adjustments to improve safe driving. The team found that some changes had nothing to do with self-regulation. Drivers avoided trips at certain times of day, for example, because their lifestyle or preferences had changed.

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<sup>116</sup> Molnar et al., 2013.

<sup>117</sup> Marshall et al., 2013.

<sup>118</sup> Roberts interview in 2019.

<sup>119</sup> Molnar et al., 2013.

<sup>120</sup> Molnar et al., 2013.

Someone who doesn't drive to the city because they don't *need* to go there or to avoid parking costs may change their mind if the need arises. If their driving skills are deficient and they are not aware of the problem, driving safety is compromised. If a condition such as dementia clouds their judgment, they may change their mind, taking by surprise family members or others caring for their welfare.

Avoiding difficult driving conditions, such as driving in heavy traffic or at night or on wet roads *when it suits* is not the same as avoiding them because of an awareness of functional declines and because it's safer to do so. Some may not recognise the danger if the need arises.

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Most of the drivers I interviewed use public transport. Vermont South resident Peter Blaney, 68, takes public transport 'a fair bit' for personal trips to the city.<sup>121</sup> But he regularly drives people to medical appointments at Melbourne's city hospitals. Taking public transport for personal trips is a lifestyle choice, not a response to a perceived or actual decline in his driving skills.

Croydon resident Christine Hanly, 72, combines driving and train travel to attend concerts in the city.<sup>122</sup> She says driving to Ringwood and catching a train is easier than trying to park in the city. She prefers Ringwood train station. Two train lines go to Ringwood; only one goes to Croydon.

Drivers interviewed from the Shepparton area in Victoria's north use the same strategy. But most don't catch the train at Shepparton. They drive 70 km or so to Seymour, leave their cars near Seymour station and travel the rest of the way to Melbourne by train. Trains from Seymour run about hourly. Services from Shepparton are much less frequent and may involve taking a coach to Seymour, then completing the journey by train. The return journey is much the same.

Train timetables and the type of trains that run on the line make a difference. David Taylor, 70, says the train system in Shepparton is 'woefully lacking' both in frequency and speed.<sup>123</sup> 'It takes you almost three hours to get to Melbourne on a train from Shepparton.' He prefers the faster trains that run to Bendigo, Ballarat and Seymour but the single-line track from Seymour to Shepparton needs upgrading to take them.

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<sup>121</sup> Blaney interview in 2018.

<sup>122</sup> Hanly interview in 2018.

<sup>123</sup> Taylor interview in 2018.

Two of the drivers say they would use public transport more frequently if improved public transport was available. Barbara Brown, 70, takes the train from Shepparton to Melbourne when it fits her meetings schedule – it's cheaper and she doesn't have to pay to park.<sup>124</sup> But when she goes with a friend to Melbourne Theatre Company productions, she does what many people in Shepparton do.

'We drive to Seymour and catch the train there because there aren't ... any late trains for us to come back [to Shepparton] on.'

Frances Hutson has the same problem. She takes a bus and two trains to travel from the Melbourne suburb of Viewbank to her work at Vision Australia Radio. But her work as a stage actor means she has to travel across town late at night so she often has to drive. She is conscious of the importance of caring for her eyesight. She has a growing cataract on one eye and plans to have surgery to remove it before it restricts her ability to drive.

Good vision is critical for safe driving and visual abilities decline with age.<sup>125</sup> That doesn't automatically make older people unsafe drivers. Rates of age-related change differ from one individual to the next. Some eye problems can be fixed, so check-ups are important. In terms of heightened crash risk, all age-related eye conditions are not equal.

One visual ability that typically declines with age is visual acuity. That's what the familiar eye-chart tests assess, the ones with lines of letters of various sizes. Declining visual acuity makes it harder to read road signs, lane markings and the car's instrument panel. Bigger road signs can help. That's something governments can address as the population ages. Car instrument panels can be larger and clearer. Many are. The instrument panels in vintage cars are very different from those in modern vehicles. Size matters when a driver needs to check the instrument panel in a hurry. These sorts of changes help people at any age, who have less than ideal visual acuity. Wearing glasses while driving is a common condition on a driver's licence to correct a visual acuity problem. Having appropriate glasses – and wearing them – is important.

Does declining visual acuity increase crash risk? Researchers David Eby, Lisa Molnar and Renée St Louis reviewed published research results and concluded that research doesn't show a clear link between the two.<sup>126</sup> The lack of a clear link between declining visual acuity and increased crash risk could be because people with the condition drive less than those without

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<sup>124</sup> Brown interview in 2018.

<sup>125</sup> Charlton et al., 2010; Owsley & McGwin, 2010; Eby et al., 2009.

<sup>126</sup> Eby et al., 2019, p.10.

it.<sup>127</sup> Licensing authorities test drivers for visual acuity so may have taken drivers with the vision impairment off the road.<sup>128</sup>

But acuity is only one of several vision functions used for driving. Visual processing speed may also decline with age.<sup>129</sup> The speed of visual processing is usually measured with the ‘Useful Field of View’ (UFOV) test. This is a computer-based test where the participant has to focus on a central point or object but also note objects that appear on other parts of the screen. Researchers Cynthia Owsley and Gerald McGwin reviewed published research on vision and driving and found poor performance on the UFOV test was associated with increased crash risk.<sup>130</sup>

Slower visual processing can make driving in heavy traffic and seeing pedestrians and other road users more difficult. As Eby and his colleagues point out, the driver may react more slowly in dangerous situations, where quick action is needed to avoid a collision.<sup>131</sup>

The Owsley and McGwin review also reported a strong association for older drivers between recent crash history and clinically significant cataracts.<sup>132</sup> The association was twice as strong if both eyes were affected.<sup>133</sup> Published research by Owsley and colleagues provided at least some evidence that cataract surgery reduced the risk of future crashes by 50 per cent compared to people with cataracts who chose not to have surgery.<sup>134</sup>

Two of the drivers I interviewed have had successful cataract surgery. Another two are having their cataracts monitored until surgery is needed.

Professional driver Dale Coughlan, 70, had cataract surgery in her fifties.<sup>135</sup> She had given up driving at night because she couldn’t read street signs and oncoming headlights ‘just went mad in my eyes’. The problem turned out to be cataracts. She was amazed at the change the surgery made.

‘The first day I went out to take the teapot out to the lawn, I looked down at the lawn and thought, “Lawn is made up of individual blades of grass. It’s not just a green carpet.”’

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<sup>127</sup> Owsley & McGwin, 2010.

<sup>128</sup> Owsley & McGwin, 2010.

<sup>129</sup> Eby et al., 2019, p. 10.

<sup>130</sup> Owsley & McGwin, 2010.

<sup>131</sup> Eby et al., 2019, p. 10.

<sup>132</sup> Owsley & McGwin, 2010; Owsley et al., 2002.

<sup>133</sup> Owsley & McGwin, 2010; Owsley et al., 2002.

<sup>134</sup> Owsley et al., 2002.

<sup>135</sup> Coughlan interview in 2018.



Researchers haven't established links between all visual defects and increased crash risk. Crashes and near-crash events may involve multiple causes, making it hard to judge how much the vision problem contributed to the driving problem. Some drivers compensate. Some don't.

Consider, for example, medical conditions affecting the driver's visual field. The ones that cause a loss of peripheral vision – including glaucoma, macular degeneration and stroke. Researchers Cynthia Owsley and Gerald McGwin suggest that drivers with reduced field of vision may partly compensate by moving their head and eyes.<sup>136</sup> They found safe drivers with field defects tended to scan more than unsafe drivers with the condition.<sup>137</sup>

A wide range of abilities are required for safe driving, including maintaining concentration and attention.<sup>138</sup> Both can be affected by normal ageing. They can also decline with use of alcohol or drugs used to address medical conditions that become more common as people age, as the next chapter explains.

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<sup>136</sup> Owsley & McGwin, 2010.

<sup>137</sup> Owsley & McGwin, 2010.

<sup>138</sup> Austroads, 2017; Charlton et al., 2010; Eby et al, 2019, p. 11-12; Groeger, 2013.

## Chapter 5: Compensating for functional impairments

Changing behaviour to reduce crash risk – Reducing distractions – Positive changes

RINGWOOD East resident Rod Barclay says teaching his daughter to drive in recent years made him think about his own driving.<sup>139</sup> He was already ‘very conscious’ of not drink-driving. But after teaching his daughter to drive, he became even more cautious.

‘I will no longer drive if I have more than one drink but then again, if I’m going out, I won’t have more than one drink because I’m driving,’ Rod, 64, says. ‘Or I will have nothing to drink because I’m driving. And that gets back to the 120 hours that I taught my daughter, where we both had to be “zero-zero”, which I didn’t realise.’

Rod recalls one morning when he and his daughter were coming home to Melbourne from Kyabram. His daughter was driving on her ‘L’ plates and he was the supervising licensed driver. ‘We got to Seymour and we got pulled over [by police] and they’ve breathalysed [my daughter].’

Then there was a tap on Rod’s window. The police breathalysed him as well. Rod jokingly said, ‘Oh, you know, that will be zero-zero.’ And the response was, ‘It bloody well better be.’

Supervising drivers in Victoria must have a full car licence, carry their licence, sit in the front passenger seat and make sure the car has visible ‘L’ plates on the front and back. And both the supervisor and learner driver must have a blood alcohol reading of zero. As Rod says, it prevents the situation where an intoxicated driver might stick ‘L’ plates on the car and get a learner to drive home.

Rod also taught his daughter some of the safe-driving strategies that he uses, including the importance of concentrating on the road. And he became more conscious of the need to avoid making sudden decisions, except, of course, when fast responses are needed to avoid unexpected obstacles or a collision.

‘Don’t make sudden decisions,’ he stresses. ‘If you’re driving along and you go, “Oh, I should have turned right there” ... don’t suddenly turn right, because you don’t have the time to look and see and judge. If you have to go up the road and do a U-turn, it’s cost you 45 seconds out of your life but you’re totally safe. So don’t worry about it.’

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<sup>139</sup> Barclay interview in 2018.

A wide range of abilities are required for safe driving, varying from insight, memory and reaction time to muscle power, attention and concentration.<sup>140</sup> Movement and thinking or cognitive skills may deteriorate with normal ageing. Age-related medical conditions – and the medications to treat them – may also adversely affect driving skills.<sup>141</sup>

The World Health Organisation (WHO) explains in its 2015 *Report on Ageing and Health* that age is associated with both positive and negative changes that can affect abilities.<sup>142</sup> Some cognitive processes deteriorate with age. These include attention and the speed of processing information. Several of the drivers interviewed are aware of such changes and adapt their driving to avoid negative effects. Val Bedford, 80, did a driving course in her 60s.<sup>143</sup> One of the things it taught her was the importance of maintaining attention on the driving task. Marg Welch, 66, and Frances Hutson, 77, also mention making conscious efforts to focus on driving and ignore distraction.<sup>144</sup>

Road safety researcher Kristie Young and her colleagues note that distracted driving puts older drivers particularly at risk.<sup>145</sup> An older driver glancing at the vehicle's control panel, for example, might need to look away from the road for longer than a younger driver with better vision. But some older drivers self-regulate to reduce the safety risk. The Australian Naturalistic Driving Study (ANDS), for example, analysed over four months what around 400 Australian drivers *actually* did when driving.<sup>146</sup> The study examined video from in-vehicle cameras, rather than self-reported activity. Older drivers did a large number of non-driving tasks while driving. But they self-regulated the *type* of tasks and *when* they did them. They were more likely than younger age groups to adjust devices that were part of the car, such as seat belts and visors, while driving. But they usually engaged in such tasks when there was little or no traffic.

In another study, US researcher Sheila Klauer and her associates found that glancing away from the road ahead for more than two seconds may increase the risk of a crash or near-crash two-fold or more.<sup>147</sup> They used data from the '100-car naturalistic driving study', again using video from in-vehicle cameras. Urban drivers were four-to-six times more likely to be

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<sup>140</sup> Austroads, 2017; Charlton et al., 2010; Eby et al, 2019, p. 11-12; Groeger, 2013.

<sup>141</sup> Eby et al., 2019.

<sup>142</sup> WHO, 2015.

<sup>143</sup> Bedford interview in 2018.

<sup>144</sup> Welch interview in 2019; Hutson interview in 2014.

<sup>145</sup> Young et al., 2018.

<sup>146</sup> Australian Naturalistic Driving Study.

<sup>147</sup> Klauer et al., 2006.

involved in a crash or near-crash if they were doing a non-driving related task while severely drowsy. But distraction increased the risk of a crash or near-crash even for non-drowsy drivers.

Drivers were twice as likely to be involved in a crash or near-crash when doing what the team labelled a ‘moderate’ secondary or non-driving-related task while driving. Moderate secondary tasks included activities such as talking or listening on a hand-held device. They also included inserting or retrieving a CD, doing their hair, eating, and looking at external objects. A crash or near-crash was three times as likely when the distracting task was a complex one. Complex secondary tasks included dialling a hand-held device, reading, reaching for a moving object, and applying makeup.

Val Bedford can relate to that.<sup>148</sup>

‘I hate to admit it but when I was working and was probably in my 40s, I was able to put my make-up on while I was driving ... which is stupid,’ Val says. ‘But no way known would I try that now.’ She got away with it when she was younger. She didn’t have a crash and doesn’t think she ever caused one but she’s now older and drives with more care.

An earlier Australian study also noted older drivers self-regulating their driving.<sup>149</sup> Judith Charlton and her team recorded what drivers did in their cars at intersections. They found that older drivers scratched, groomed themselves, talked, sung and adjusted the car’s control panel. They chose to do such non-driving tasks while the driving demands were reduced. And they restricted high-risk tasks that involved taking their hands off the wheel and eyes off the road – such as reading, using a phone or reaching for objects – to times when the vehicle was stationary. They were less likely to do non-driving tasks at intersections without traffic lights. But Charlton and her team include the following caution in their report:

While the findings of this study suggest that the older drivers may reduce some of the risks associated with secondary activities by refraining from these activities at intersections with lower decision-making demands and while the vehicle is stationary, this does not mean that it is a safe practice.<sup>150</sup>

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<sup>148</sup> Bedford interview in 2018.

<sup>149</sup> Charlton et al., 2013.

<sup>150</sup> Charlton et al., 2013, p. 276.

Performing non-driving tasks while driving has been shown to increase crash risk. But some potentially distracting situations are more complex. Actor Frances Hutson, 77, regularly drives a group of her friends to a meeting.<sup>151</sup> She's conscious of avoiding distractions. 'We've got four ladies in the car and I just say "I'm not talking, you talk." And I try to keep my ears shut to what's going on,' she says.

Researcher Sheila Klauer and her associates found that driving with a passenger is safer than driving alone.<sup>152</sup> They explained that passengers often look out for hazards and alert the driver to something they may otherwise miss. But evidence from studies of adolescent drivers shows the opposite effect – that passengers from the driver's peer group can be distracting.<sup>153</sup> That is why some jurisdictions restrict the number of passengers P-plate or novice drivers may carry.

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Concentrating on the road and avoiding distractions are two ways older drivers may self-regulate to adapt to age-related changes. But they self-report using other strategies as well, as Monash University Accident Research Centre (MUARC) studies in 2003 and 2006 found.<sup>154</sup> More than one in five older drivers avoided busy traffic. One in four avoided driving at night. Slightly more avoided driving on wet nights. More than two in three used public transport as well as driving. They usually took trains rather than buses, trams or taxis. Age was linked to how often people drove and how likely they were to avoid difficult driving situations.

Three out of four had thought about giving up driving but only one in five had made plans to do so. Those making plans to give up driving were more likely to be female, aged 75 and over, and living in an urban area or country town.

The research team also found that women and those aged 75 and over drove less distance than men and the under-75s. Drivers who avoided complex driving situations were usually women aged 75 and over with vision problems. They were not the main driver in their household. And they had been involved in a crash in the previous two years.

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<sup>151</sup> Hutson interview in 2014.

<sup>152</sup> Klauer et al., 2006.

<sup>153</sup> Buckley et al., 2014.

<sup>154</sup> Charlton et al., 2006; Charlton et al., 2003.

Adjusting to age-related changes is particularly important for country-dwellers. Transport Accident Commission (TAC) statistics, for example, confirm that more lives are lost in crashes on roads in country Victoria than on Melbourne streets.<sup>155</sup>

Self-regulation may be an effective strategy to extend the period of safe driving for many older people. Some researchers raise cautions about drivers self-reporting their driving strategies. David Eby and his colleagues, for example, suggest that women may self-report differently from men but the way the two groups drive may be quite similar.<sup>156</sup> But analysis of the Ozcandrive data for Australian drivers produced different results.<sup>157</sup> Charlton and her colleagues found that female drivers across five years of driving reduced their overall driving distances more than the male drivers. They also made shorter trips and less long trips (>20km) than the males, confirming the gender differences reported by earlier studies.

Most studies focus on how drivers avoid particular driving situations but not on *why* they avoid them. Drivers need to be aware of their abilities. They need to be able to adjust their driving to address any decline. Overall, studies reveal the need for more research on the effects of self-regulation on safety and crash risk.

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The effects of ageing on drivers are not all bad news. The rate and severity of change differ from one individual to the next. Staying active can help. The WHO's *Report on Ageing and Health* stresses that the slowing of thinking processes may be minimised with use.<sup>158</sup>

Age-related change may be positive.

The WHO report adds that social and emotional growth typically increase with age. By the time people reach old age, they have probably developed stronger social relationships, have more self-knowledge and are better at self-regulating their behaviour than in their younger years.

Most of the drivers I interviewed report changing the way they drive as they have aged. Several keep more closely to speed restrictions than when they were younger. One reports driving a bit more aggressively to keep pace with the traffic. But most haven't noticed any negative changes in their driving skills.

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<sup>155</sup> TAC, 2020.

<sup>156</sup> Eby et al., 2019, pp. 38-40

<sup>157</sup> Charlton et al., 2018.

<sup>158</sup> WHO, 2015, p. 174.

Shepparton driver Gael Thompson, 70, says she doesn't feel her alertness and driving has changed at all.<sup>159</sup> Gael drove extensively during the 48 years she worked for the Department of Health and Human Services in Melbourne and Shepparton. She recently retired but still drives between 15,000 and 20,000 km a year.

Drivers improve how they drive even without adverse effects from age-related change. Rosie Boyd, 70, from Loch Sport says she was 'a bit of a hoon' in her younger days but drives more slowly now, not because of her age but because there's a lot of wildlife between Loch Sport and the nearby town of Sale.<sup>160</sup>

'Once we leave town, I can set the cruise control at 90, 95 [km/h] and don't have to touch it,' Rosie says. 'But 100 [km/h] is just not quite comfortable so I tend to sit around 95 [km/h].'

Drivers in Victoria are not required to undergo the sorts of mandatory age-related medical assessments that apply to drivers in New South Wales and Queensland. But several of the drivers interviewed have addressed age-related health problems voluntarily. These health problems include cataracts, cardio-vascular conditions and arthritis.

The drivers also mention parents and partners with dementia, one of a range of conditions that requires a more formal approach. The driver's doctor and other professionals need to monitor the progression of serious conditions that may adversely affect driving.

Older drivers may adjust their driving to adapt to changing abilities. But self-regulation isn't always enough. Some medical conditions require more than self-regulation, as vintage car enthusiast John Hetherington found when his heart stopped near the South Australian town of Tailem Bend. The next chapter explains why.

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<sup>159</sup> Thompson interview in 2018.

<sup>160</sup> Boyd interview in 2018.

## Chapter 6: Medical conditions that may affect driving

Cardiovascular disease – Vision problems – Musculo-skeletal conditions – Dementia

JOHN Hetherington's life changed near the small South Australian town of Tailem Bend in 2015. 'My heart stopped and I ran off the road and crashed,' John says.<sup>161</sup>

The Shepparton resident and vintage car enthusiast, then 75, was driving with his wife in his latest 'hobby car' – a classic Alvis. Nothing to do with the Rock'N'Roll Elvis, he explains, but an English car with 'a particularly keen and energetic following'.

The car was a write-off. But as John puts it in his calm, matter-of-fact way, the couple were 'very fortunate' to escape injury and managed to walk away from the wreck. Since the crash, he has had surgery to fit a pacemaker. He sees a Melbourne specialist for regular check-ups 'and all's well'.

But memories of that day in 2015 are still strong. He drove through Tailem Bend two years after the crash and says he 'went through with trepidation that we'd survived'. He and his wife still belong to the Alvis club but now it's just a social thing. He has given up driving vintage cars.

'I had a life-long hobby of vintage cars and so motoring in one form or another has been a hobby for all of my adult life. And it's only [stopped] since age and decrepitude made me give up the vintage cars,' John says. 'It's just they shake and rattle too much for me, for old spines to deal with.'

He says losing his licence would be 'near disastrous' and have a profound effect. He realised when his wife was in hospital recently that 'I'd only to put one foot wrong and I wouldn't be able to drive either and then we really were up against it'.

'And when we bought the house that we're in now, one of the decisions was that it's within easy walking distance of both hospitals. But there, circumstances have overtaken us because I can't walk a kilometre now.'

John is adamant that the risk of losing his licence wouldn't deter him from going to the doctor if he ever had symptoms that worried him. 'We've just got to accept it, and as far as safety on the roads is concerned, I mean, I just have to accept that if I'm not safe to drive, I can't drive.'

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<sup>161</sup> Hetherington interview in 2018.



John says his experience of how the licensing system works is that you ask your doctor and if he says it's all right, you can drive. 'At a certain age I think you have to have a medical to renew your licence. I don't know what age that is. Nor do I know how detailed a medical examination it is,' he says.

'I've just got no experience of all these things but they obviously ought to exist and I hope they're well-structured but I don't know yet.' John's GP advised him to stop driving for six weeks after the Tailem Bend crash and subsequent surgery. This was frustrating for John but more frustrating for his wife. 'She had to run the taxi service and put up with my backseat driving.' He says they managed because they can both drive.

John remains actively involved in the Shepparton community, running 'Industry Tours' at Shepparton-based Goulburn Valley University of the Third Age (U3A). The interest group tours factories and other facilities to see what they do. 'We go about every couple of months, five or six times a year. A dozen to 20 people. They've been popular,' John says. He also takes part in the U3A's history group and its discussion group, 'Socrates Café'. 'It's sort of covering the same sort of ground that we used to do at university except that there's no beer and no late nights involved. And it's quite fun to sort of revisit these moral and philosophical problems.'

John may have given up driving vintage cars but estimates he still drives about 32,000 km a year, occasionally interstate, more often to Melbourne to visit friends and keep up his many interests.<sup>162</sup>

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So which medical conditions are most likely to affect safe driving? And how does the licensing system respond? The most important resource for answering these questions for Australian drivers is Austroads' *Assessing Fitness to Drive*.<sup>163</sup> Austroads is the peak organisation for road transport and traffic agencies in Australia and New Zealand.

The guidelines are designed for use by health professionals, such as GPs, and driver's licensing authorities. They detail medical standards for driver licensing purposes and consider the potential impact on driving ability of a range of medical conditions and the medications used to treat them.

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<sup>162</sup> Hetherington interview 2018.

<sup>163</sup> Austroads, 2017.

The 2017 update of the guidelines lists nine long-term medical conditions with a recognised potential to cause serious impairment to driving ability. These conditions are:

- blackouts
- cardiovascular disease
- diabetes
- musculoskeletal conditions
- neurological conditions (including dementia and epilepsy)
- psychiatric conditions
- substance misuse/dependency
- sleep disorders
- vision problems

Source: *Assessing Fitness to Drive*, Austroads, 2017, pp. 7-8

The guidelines are based on published research evidence and expert opinion and are regularly updated. A large systematic review of published research was conducted for the Department of Transport in 2020. All the listed conditions affect functional abilities relevant to driving, or a combination of them. These include sensory functions, such as vision and hearing; motor functions, such as joint movement and coordination; and cognitive (thinking) functions, such as concentration, memory and problem-solving ability.<sup>164</sup>

Many of these conditions affect people at any age but some are more prevalent in older age groups. Cardiovascular – or heart – disease is one of them.

### **Cardiovascular disease**

This is a group of disorders that affect the heart, arteries and veins and the supply of oxygen to the heart, brain and other vital organs. The disorders include heart attacks, arrhythmias and high blood pressure. The impact on safe driving varies depending on the disorder and its severity. *Assessing fitness to drive* provides medical practitioners and licensing authorities with information to assist with decisions on whether the person is eligible for a full driver's licence. The guidelines also recommend minimum non-driving periods and conditions to be met for a conditional licence.

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<sup>164</sup> Austroads, 2017, p. 10.

Conditional licences are subject to periodic reviews, which take into account information provided in reports from the person's GP and/or specialist. The recommended non-driving periods for private vehicle drivers, for example, are two weeks after deep vein thrombosis or insertion of a cardiac pacemaker and six weeks for a pulmonary embolism (a blockage in an artery in the lung). Recommended non-driving periods for those with commercial vehicle licences may be longer.

About one-in-twenty Australians had some form of heart disease in 2017-18 but the rate increases with age.<sup>165</sup> More than one-in-four of those aged 75 years and over were affected but less than one-in-twenty under-55s. The rates for men and women are similar up to age 65 but from then the rate for men is higher. Heart disease affects almost one-in-five men aged 65-74 and almost a third of men aged 75 and over, compared to one-in-eight women aged 65-74 and one-in-five aged 75 and over.

Being diagnosed with a medical condition, such as cardiovascular disease, does not necessarily mean the end of driving, as John Hetherington's example shows. John had surgery to insert a pacemaker. He had to stop driving for six weeks after his crash and treatment but was cleared to resume driving. He has regular check-ups with a medical specialist to monitor his condition.

The *Assessing Fitness to Drive* guidelines point to evidence that even when people suffer a severe or fatal heart attack while driving, they often have sufficient warning to slow down or stop before losing consciousness. Less than half such crashes resulted in injury or property damage.<sup>166</sup> But they caution that when warning signs are ignored or misinterpreted, the result can be death or severe injury to the driver and other road users. Heart conditions should be reported to the licensing authority and monitored by the driver's health professional.

Former mechanic and truck driver Alan Williams, 62, experienced the process first-hand when his doctor put him on medication and advised him to see a cardiologist.<sup>167</sup> Drivers are required to notify their licensing authority when they become aware of a condition that might affect their driving. Alan's licence renewal form arrived about the same time, so he included the information in the form and submitted it, as he explains.

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<sup>165</sup> ABS, 2019, p. 33.

<sup>166</sup> Austroads, 2017, p. 39.

<sup>167</sup> Williams interview, 2018.

‘When I renewed my licence a couple of years ago for 10 years, one of the things on the renewal was “Do you take any prescription drugs?” And so I thought, “Oh well, so I’ll be honest”.

The licensing authority wrote back. Alan was able to continue driving but had to submit medical reports from his doctor and cardiologist within 30 days ‘to verify that my health was stable’. He had an appointment with his cardiologist in 40 days but that was too late, so he had to change it. He had to submit annual medical reports for two years ‘and now they’ve said I’m all clear’.

‘It was a real hassle. I thought “That’s pretty unfair.” And that was my thinking. “Ok, if you’re serious about the health of heavy truck drivers, test them all.” ... I thought, “Well, I’ve done the right thing, I’ve been honest and now I’m being penalised.” I wasn’t very happy about it.’ Alan pauses.

‘But I wouldn’t be very happy if a heavy truck came through an intersection and wiped my car out either.’

Alan’s actions and the licensing authority’s response are examples of how the system is meant to work. Cardiovascular disease is not the only listed medical condition for which a licensing authority may deny a full licence. A range of conditions can result in a driver being limited to a conditional licence requiring ongoing monitoring of the medical condition. Progressive eye conditions, such as cataract and glaucoma, are an example.

### **Cataract and glaucoma**

These progressive eye conditions are more prevalent in older age groups.<sup>168</sup> Monitoring such conditions is particularly important if the person has comorbidities – more than one medical impairment. Glaucoma, for example, may only cause slight loss of peripheral vision in the early stages. But what if the person also has trouble turning their head because of neck stiffness? Or has dementia and lacks insight into the effects of their condition? What if they stop looking over their shoulder before changing lanes because their neck hurts? The risk of missing important visual information while driving is increased.

Cataracts – cloudiness of the eye lens – are a common eyesight problem for older drivers, as optometry professor Joanne Wood reports.<sup>169</sup> The Queensland University of Technology researcher explains that cataracts reduce contrast sensitivity – the ability to differentiate

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<sup>168</sup> Austroads, 2017, p. 127.

<sup>169</sup> Wood, 2009, pp. 62-65.

between an object and its background – which is particularly important for safe driving at night.<sup>170</sup> Poor light makes it more difficult to differentiate shapes and recognise objects at night. Cataracts also reduce visual acuity – or clarity of vision – making it harder to see fine details. And they make people more sensitive to glare.

But Wood reports that studies have shown cataract surgery can bring positive results with decreased crash rates and improved vision, particularly for night-driving.<sup>171</sup>

Two of the drivers interviewed for this book had undergone cataract surgery. Jan Juc resident Marie Darby, 80, says she started worrying about her vision when she had trouble reading street signs but having the cataracts removed made a huge difference.<sup>172</sup>

Professional driver Dale Coghlan, 70, says her cataracts had mainly caused problems at night, although reading street signs was also an issue.<sup>173</sup>

‘I was driving with my mum, this was when I was driving at night, so I’m going back about 15 years. And I said to mum, “How, that car coming ahead of us, how many headlights has it got?” She said “Two” and I said “I can see four.” And then when you come to the red arrow, I could see one, two, three, four, five, six, seven, I could see all these red arrows, only at night. And I couldn’t read street signs.’

Dale gave up driving at night. But she only realised the full effect of cataracts on her vision after the first one was removed. Suddenly she could see individual blades of grass again. Lawn didn’t look like green carpet.

‘And now everything is so clear and bright,’ Dale says.

Frances Hutson, 77, says her night vision is still good but she has a growing cataract and ‘it will have to be done sometime’.

‘But I’ve noticed some of my other friends my age don’t like driving at night or they find a lot of glare,’ Frances says. ‘That hasn’t hit me yet. But I’m watching for it.’

When Judith Charlton and colleagues from MUARC reviewed international evidence on the effects of medical conditions on safe driving in 2004 and 2010, they found eight conditions increased crash risk at least moderately.<sup>174</sup> Alcohol abuse and dependence topped the list. The others were dementia, epilepsy, multiple sclerosis (MS), psychiatric disorders (as

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<sup>170</sup> Wood, 2009, pp. 59-60.

<sup>171</sup> Wood, 2009, pp. 62-65.

<sup>172</sup> Marie Darby interview in 2018.

<sup>173</sup> Coghlan interview in 2018.

<sup>174</sup> Charlton et al., 2010.

a group), schizophrenia, sleep apnoea and cataracts<sup>175</sup>. The 2010 MUARC report concluded that the crash risk is lower after cataract surgery than if the cataract is untreated. Sleep apnoea is another condition where the treatment was shown to reverse the risk. It is important, however, to be aware that medical guidelines are subject to change, when research sheds new light on the crash risks associated with medical conditions and their treatments.

### **Sleep apnoea**

Sleep apnoea is one of the sleep disorders listed in the Austroads guidelines. The condition causes the upper airways to become blocked during sleep. The person may stop breathing for anything from a few seconds to a minute, sometimes many times a night. Broken sleep, daytime sleepiness and reduced concentration are common effects, increasing a driver's crash risk. But Continuous Positive Airways Pressure (CPAP) treatment can reduce the risk and the driver may be given a conditional licence.<sup>176</sup>

### **Abuse of alcohol or drugs, including prescribed substances**

Substance abuse and dependency is listed in Austroads' *Fitness to Drive* guidelines as a condition that is likely to affect driving. This shouldn't come as a surprise. As the guidelines explain, 'Chronic misuse of drugs is incompatible with safe vehicle driving.'<sup>177</sup> The condition refers to regular heavy use of alcohol and other substances, including prescription and over-the-counter drugs. Chronic heavy alcohol use brings increased risk of neurocognitive deficits. These include short-term memory and learning impairments, reduced problem-solving skills, difficulties focusing attention and filtering out distractions, and more.

I recall a colleague of my father's coming for dinner when I was in my teens. Society these days is more aware of the risks of drink driving, thanks to media campaigns, the introduction of 'booze buses' and Random Breath Testing (RBT). But this was just before 1965, when Victoria became the first Australian state to make it an offence to drive with a blood alcohol concentration above 0.05 per cent. Dad's colleague brought a bottle of whisky with him. No-one in our household drank whisky at the time so he consumed most of the contents on his own. At the end of the visit he got in his car and drove out our driveway, taking a brick pillar with him. The narrow driveway had suddenly become about half-a-metre wider. I was very grateful. It was a bonus when we were learning to drive. Dad's colleague was a man of mature years. Afterall, drink-driving isn't confined to the young. The

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<sup>175</sup> Charlton et al., 2010, p. 551.

<sup>176</sup> Austroads, 2017, pp. 112-116.

<sup>177</sup> Austroads, 2017, p. 119.

Austroads' guidelines recommend that those with drug or alcohol abuse problems are unfit to hold an unconditional licence but may be considered for a conditional one, subject to review. Prescribed substances and those bought over the counter can also be misused. The guidelines cover these forms of substance abuse as well.<sup>178</sup>

Similar protocols apply for many other medical conditions on the Austroads list.

Several people I've spoken to during research for this book had received conditional licences or were prevented from driving, because their medical conditions were not under control. One man had experienced epileptic seizures and had to be seizure-free for a specified time before he could apply for a driver's licence. Two women with unstable diabetes said they had to stop driving for several months. One was in her 20s, the other in her 60s. Both conditions required on-going monitoring by a health professional but the women were able to resume driving once they had their condition under control.

### **Diabetes**

Diabetes is more common in older age groups. If poorly controlled or not treated, it can damage vision, the heart and nerves, and blood supply to extremities, particularly the feet.<sup>179</sup> As occupational therapy driver assessor Amber Barclay explains, we get sensory input from our feet.<sup>180</sup>

'That's how we know where to put our feet on the pedals without looking, so it's quite important.'

The potential for the condition to cause loss of sensation makes it a risk for safe driving. Proprioception in particular is important for driving. It's how we know with eyes closed that our arm is here, our leg there.

'So if you have a proprioception issue, you don't actually know where your body is in space,' Barclay says. 'That can be quite dangerous for driving. Not so much the arms, because you can visually look and see, but for the feet.'

Diabetes varies in severity. Some people can control their condition with diet and exercise. But some may experience severe hypoglycaemic events that can result in loss of consciousness or a seizure. The guidelines recommend that drivers who suffer a severe

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<sup>178</sup> Austroads, 2017, pp. 117-123.

<sup>179</sup> Austroads, 2017, pp. 59-66.

<sup>180</sup> Amber Barclay interview in 2016.

hypoglycaemic event stop driving until an appropriate medical practitioner clears them to resume.<sup>181</sup>

### **Conditions affecting strength and movement**

Musculoskeletal or movement-related conditions also become more common as people age. Loss of strength can affect steering and use of the accelerator and brakes. Declining flexibility can cause problems with backing, checking blind-spots and getting in and out of a vehicle. Coordination problems can make it difficult to use dashboard controls or to change gears in a vehicle with manual transmission.<sup>182</sup>

Volunteer driver Rod Barclay, 64, says some of his passengers struggle to get in and out of a car.<sup>183</sup> ‘If I’ve got two people to pick up, I sometimes have to make a judgment about “Do you mind if I put you in the back seat?” Simply because I know that the next person I’m picking up can’t.’

A range of disorders can contribute to loss of coordination and reduced range of movement. These include arthritis and Parkinson’s disease. Trauma can cause similar issues, particularly when lower back pain is involved.<sup>184</sup> Medications to deal with such conditions may also impair driving ability.

The ability to turn the head is particularly important, to check traffic before changing lanes. Occupational therapy driver assessor Sarah Kyriacou says not doing blind-spot checks before changing lanes is one of the bad habits people develop in their driving.<sup>185</sup> She says one of the reasons cyclists are hit is that people don’t do a head-check before pulling out from the kerb or opening a car door. ‘They don’t check to see if there is anything coming next to them when they open a door, especially older people [who] find they’ve got to open the door very wide.’

Kyriacou says some people think if they look in the rear-view and side mirrors, they can see everything behind them but they’re wrong. ‘Even if you look in the rear-view mirror that just shows what’s happening behind you.’

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<sup>181</sup> Austroads, 2017, p. 59.

<sup>182</sup> Eby et al., 2019, p. 9.

<sup>183</sup> Barclay interview in 2018.

<sup>184</sup> Austroads, 2017, p. 71-75; Eby et al., 2019, p. 9.

<sup>185</sup> Kyriacou interview in 2014.



‘You can’t see a truck if it’s next to you unless you do a head-check.’ The driver has to be able to turn their head to both sides to scan the road and view mirrors, and to turn their head when reversing.<sup>186</sup>

The Austroads guidelines point out that safe driving may still be possible even with ‘quite severe impairment’.<sup>187</sup> But they warn that reducing the risk depends on two things: the driver’s condition needs to be stable; and the driver needs sufficient awareness of their limitations to compensate for any impairment. The guidelines add that ‘compensatory body movements or vehicle devices to overcome deficits are usually required’. People can compensate for the effects of some medical conditions that mainly affect older age groups, such as problems with night vision, by modifying where and when they drive. But self-regulation is not effective for all conditions.

### **Dementia and psychiatric conditions**

People with dementia may have impaired insight, making it difficult for them to reliably assess their driving ability.<sup>188</sup> They may also have problems compensating when their abilities decline.<sup>189</sup> Dementia is also associated with declines in decision-making and problem-solving skills, reduced reaction times and impaired judgment, all of which are strong risks for driving.<sup>190</sup> Psychiatric conditions may also affect awareness of driving skills.<sup>191</sup> Medications used to treat some psychiatric illnesses, such as antidepressants and benzodiazepines, may increase crash risk.

Dementia is a progressive disease. People may be diagnosed well before their driving becomes unsafe. The Austroads guidelines recognise this, recommending the use of conditional licences with reviews at least annually. This provides an opportunity for those diagnosed with the various forms of dementia to plan well ahead for a time when driving may not be possible. It may also encourage people to make any necessary lifestyle changes while they are able to do so.<sup>192</sup> Family, friends and carers may need to help people diagnosed with dementia to monitor and assess their ability to drive safely.

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<sup>186</sup> Austroads, 2017, p. 72.

<sup>187</sup> Austroads, 2017, p. 71.

<sup>188</sup> Chee et al., 2017; Rapoport et al., 2018, p. 16.

<sup>189</sup> Meuser et al., 2016.

<sup>190</sup> Chee et al., 2017.

<sup>191</sup> Austroads, 2017.

<sup>192</sup> Austroads, 2017, p. 10.

On-road driving assessments can detect declining driving abilities. They can also identify ways to modify a vehicle to allow someone to continue driving with a conditional licence. Occupational therapy (OT) driver assessors can review the driver's abilities, report to the licensing authority, and make recommendations for licence conditions and vehicle modifications that will help maintain and extend drivers' safe driving, as the next chapter explains.



*In the days before boom gates and large-scale level crossing removal, wooden gates separated vehicles and pedestrians from passing trains. Cars have also undergone a few modifications since such gates were in use. Dulux Paints still exists but whatever happened to Jolly Miller Bread?*

*These gates at Charman Road in Cheltenham are an example of railway infrastructure that once existed across Melbourne. The historic photo is part of the 'Railway Negatives' photographic collection from the Victorian Department of Infrastructure (H 3376G).*

Photo courtesy of Public Records Office Victoria (VPRS 12800)

## Chapter 7: Office-based and on-road driving assessments in practice

What office-based tests involve and why – What assessors look for during on-road tests

OCCUPATIONAL therapy (OT) driver assessor Amber Barclay is taking me through a typical office-based assessment.<sup>193</sup> It's a Monday afternoon. The assessment includes the battery of tests she uses with drivers with a medical condition that may affect safe driving.

This is a mock-assessment, not the real thing. At the same time, it's serious, as my notes from the day explain:

*'Although it is a mock assessment, I feel under a moral obligation to report to VicRoads if I fail....'*<sup>194</sup>

The assessment follows the detailed instruction manual for OT driver assessors. The manual sets out compulsory tests and a few additional ones that OTs can choose to include. I've read about the tests in academic articles on assessment, so the names are familiar.

Barclay offered to take me through the assessment process in the early stages of my research. I knew newspaper articles had called for older drivers to be tested. But my knowledge of the sensory, musculoskeletal and cognitive abilities involved in safe driving at that stage was basic. The session filled in holes in my understanding of what is tested and why.

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I knock at the door. Barclay invites me in, we sit at the table and the assessment begins.

'What happens if you fail today?' she asks.

I had been thinking about that on the way to meet her. The only alternatives to driving I can think of are public transport or maybe seeing if my children can help. My answer sums up my readiness for life after driving.

'Umm,' I say. She laughs. She doesn't really ask her clients that question.

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<sup>193</sup> Amber Barclay off-road assessment and interview, 2016.

<sup>194</sup> Harkin notes from off-road assessment and interview, July 2016.

‘I don’t usually fail people from the off-road part of the assessment,’ she explains. ‘We use the on-road as the gold star because, even though I can normally tell how somebody’s going to go, whether they’re going to pass or fail on-road, I can’t always tell.’

‘The main point of the off-road assessment is to just see where the areas of concern are. So what I’ll be looking for on-road, you know, whether it’s physically something. I may be looking whether they can control the car from a physical point of view or whether it’s a cognitive thing.’

The first part of the assessment deals with practicalities. Barclay checks my driver’s licence. She fills in my name, address and contact details on a form, checks if I have any conditions on my licence and what sorts of vehicles I’m licensed to operate. In my case, it’s just a car. She asks whether I’ve been assessed before.

‘And how do you think you came to need this assessment?’ she asks.

‘Do you get people coming because they’re concerned themselves or is it family normally?’ I ask. I’m here because I’m interested and I’m asking because I’m interested, so the session becomes a sort of hybrid assessment/interview.

Barclay explains that the assessment process is quite expensive – generally about \$400 at the time, including hire of the car. It’s rare for people to come because they’re concerned themselves.

‘There [are] cheaper options through the hospital[s] and sometimes health care centres but it’s not always available,’ she says.

Some people have approached her for an assessment because they have a medical condition and are concerned about their ability to resume driving. More often clients are referred to her through VicRoads. They may have been in a crash or have been seen driving unsafely and the police may notify their driving authority. Notifications also come from hospitals and doctors, if a person has a significant medical condition, and from concerned family members.

‘They can do it anonymously, so sometimes it happens that way.’

Once the licensing authority is notified, the driver receives a letter requesting a medical report from their doctor. They have to undergo the medical check and a driving assessment by a specified date or their licence will be cancelled. Some people decide to surrender their licence. If they choose to continue driving, the VicRoads process continues.

Barclay and I return to the assessment form. Have I notified my insurance company about my medical conditions? I don't have any relevant conditions so I haven't. If someone has a serious medical condition, she advises them to notify their insurer because otherwise, if it's not on their records and they're involved in an accident, the insurer could waive responsibility.

Next, I sign a consent form and routine questions continue. How long have I been driving? Have I had any licence cancellations or suspensions? Have I been involved in any major accidents?

'Do you get lost at all, driving?' That question makes me stop and think.

'Um, not generally,' I reply.

I have been known to take what I call 'the scenic route' to a destination. I became a newspaper reporter in 2000 and spent seven years driving to many unfamiliar places. I still remember driving to Arthur's Creek Primary School in my first month on the *Diamond Valley Leader*. The paper had a schools' page. A list of schools and the dates they featured was on the wall in the newsroom. No-one had been to Arthur's Creek so I thought it was a good place to start. Halfway there I realised why reporters hadn't visited for a while. The newspaper's photographers were allocated 45 minutes to drive to a destination, take photos, pack up and head to their next job. I had allocated one slot for the photographer to go on an hour-long trip from Greensborough to Arthur's Creek and back.

In the days before my car had a GPS, I used to attach yellow sticky notes to the dashboard so I knew where to turn. The method let me down badly on the trip to Arthur's Creek. I still have memories of taking wrong turns while trying to find a shortcut on the way back to the newsroom. So yes, I have been lost while driving. But no, it's not a general occurrence. Not yet.

Barclay asks when was the last time I drove, who else in my family drives and if they live close by.

'So where do you drive?' she asks. 'What's your typical things you would go to?'

I am expecting that question. I know people can go for a local licence if they are worried about passing the test for a full licence. But all I can think about is shopping. I name the closest shopping strip to my home, the closest shopping centre and a bigger one I prefer, all less than 4 km from my home. Then I mention a favourite beach. And the Bendigo Wool Show. And an annual craft weekend I sometimes attend at Harrietville, at the foot of Mt Hotham in Victoria's high country.

‘It’s probably about four hours, or probably four to five hours,’ I say. ‘I usually take a decent-sized break along the way. A couple of decent breaks.’

I’ve gone from my shortest regular trips to my longest occasional trips – and mentioned nothing in between.

‘Ok, so do you drive at night time?’ I do. ‘Rain?’ Yes, again.

‘Do you drive in peak times? When it’s busy?’

‘Yes. The other place I would also drive is, one of my daughters ... so sometimes I drive over there for babysitting and that’s mainly when I’d be driving at night.’

That’s the first time I have thought about driving to visit family and friends or anything other than shopping and holidays. I am expecting the question but haven’t prepared my answer and that surprises me.

We talk about my car – the type, its size and whether it’s an automatic or manual. I have a manual licence. When I went for my licence at 18, getting a manual one was the norm. But I’ve driven an automatic for a decade or more.

At this point Barclay usually checks the client’s medical report to ensure the client is fit enough to drive. ‘I can’t proceed with the assessment unless I check that,’ she explains. She then checks how often the client sees their GP and if they see a specialist for any medical conditions. She asks for a brief medical history. I mention having my appendix out at age six but that’s going back too far.

‘Maybe more recent things,’ she says. ‘And what sort of medication are you on?’

Most of her clients are on lots. If it were a real assessment and I was taking medications, I should have brought a current list with me. I remember my father keeps a list in his wallet, just in case.

She asks about my eyes. Do I wear glasses, get double vision, see flashing lights? Do I have missing or black areas in my vision? My doctor hasn’t given me a recent score for my vision so she checks my eyes.

### **Testing my vision**

Barclay attaches an eye chart to the wall and marks a spot for me to stand, 3 m from the chart. It’s the sort of test I remember from school days – reading lines of letters from the chart, checking first one eye, then the other.

Next, she asks me to sit and keep my head still while she checks my eye movements. She picks up a pen.

‘I want you to follow the movement of the pen, but just with your eyes, not moving your head,’ she instructs. She moves the pen from side to side, up and down. I follow it with my eyes.

Then she picks up a second pen to check for astigmatism, a common eye problem that causes blurred vision. ‘So in this hand is a silver pen, this is a purple pen. I want you to look at the silver pen, then at the purple, then at the silver and at the purple.’

### **Testing balance and strength**

Barclay drops an eraser on the floor and asks me to pick it up. She’s not being clumsy – she’s checking my balance.

‘I want you to close your eyes and turn around in a circle for me,’ she says next.

‘Left or right?’ I ask.

‘Any way.’

She asks me to squeeze the eraser.

‘I am going to try to pull your fingers apart and I want you to stop me from doing that.’

She tests one hand, then the other.

For the next test, I sit. ‘I want you to touch your hands to your shoulders for me, please,’ she says. I follow the instructions, putting my hands up, back down, straight out, and down. Flip my hands one way, then the other. Thumb up. Back down. Then back to my shoulders again.

‘I am going to try to pull your hand away and I want you to resist me. Stop me from doing so. Tell me if anything hurts. I don’t want to cause any pain.’

She checks my legs. The tests are gentle. She checks to make sure they cause no pain. She is assessing if I have sufficient strength in my limbs to drive safely.

I lift one knee up towards the ceiling. Bring it down again. Extend it out, straighten it. Then repeat the process with the other leg.

‘Toes up to the ceiling and then toes down like a ballerina,’ she says. I lift one leg up towards the ceiling again and she pushes my knee down. ‘If you’ve got any pain in your back or hip, just let me know,’ she says.

I raise each knee in turn then resist as Barclay pushes down on it. Between each test, she fills in the assessment form.



### **Testing flexibility and coordination**

Barclay asks me to turn my head from side to side ‘just with your neck’. She asks me to look behind me ‘as if someone is talking to you behind you’. First to one side, then to the other, as she watches the top of my back.

‘So when you’re driving, do you tend to use just the mirrors or do you do a bit of using the mirrors and also looking to the side?’ she asks.

Next she checks my hands. I have to touch my finger to my thumb. Repeat it for each finger then all the way back to the first finger again. We repeat the exercise with my eyes closed then with the other hand.

Feet come next. I tap one foot, then the other. Then, keeping my heel on the ground, I move my toes from side to side.

Barclay asks me to touch my pointer finger to my nose. Then touch my pointer finger to her finger, then back to my nose, back and forward as fast as I can. We repeat the exercise for the other hand.

That is the end of the basic office-based tests but there are some additional ones if someone has diabetes or sensory issues. She asks if I experience any tingling or funny sensations in my fingers or toes. If I am able to detect hot and cold, different temperatures, pretty easily with my fingers. If I can tell carpet and smooth floors pretty easily when walking around the house in bare feet.

She moves my arm into a certain position, adjusts my wrist, then a finger. She asks me to hold that position, then copy it, placing my other arm in the same posture. Then I put my arms back down to my knees. We repeat the process, this time with my eyes closed. We do the same process with my legs, first one, then the other, with eyes closed.

The next test is for someone with diabetes or a peripheral neuropathy – a condition that causes pain, weakness or numbness from nerve damage, usually in the hands or feet. I have to roll up my sleeves. She takes a blunt needle and gently pokes my arm with it. I have to point my finger at where she poked me. We practise the test with my eyes open. Then we repeat it with my eyes closed, first with one arm, then the other.

‘So you find if people have diabetes, they could be losing sensation in those parts?’ I ask.

‘There’s some conditions, particularly diabetes but other neuropathies where you lose sensation,’ Barclay says. ‘We get sensory input, that’s how we know where to put our feet on the pedals without looking, so it’s quite important.’

She explains that two things are important for driving – sensory feedback and proprioception, which is knowing where your arm or leg is, even with your eyes closed.

People with a proprioception problem have difficulty judging accurately where their body is in space, which is dangerous for driving. ‘Not so much the arms, because you can visually look and see but for the feet.’

### **Testing cognition (thinking ability)**

Then she takes me through some of the tests researchers have developed to test cognitive abilities. She draws a circle – representing a clock face – and asks me to mark a specific time. I add the numbers, the hands and the centre dot.

The ‘Clock’ test is one of her favourites, she explains later. Someone who has had a stroke may have an ‘inattention’. That means they don’t focus on one side. That shows up in how they draw the clock face. ‘So it’s really dangerous for driving because they’re not going to see pedestrians or signs or cars coming at them from the right. That’s very common for left side stroke.

‘With dementia, they won’t get the time, because it’s an abstract concept.’ They might put the hands in the wrong place. The numbers on the clock face may be bunched up, maybe all on the one side. The centre dot and hands may be bunched up near one number.

‘So you can tell a lot.’

Next comes the ‘Drive Home Maze Test’. She times me while I draw a line as fast as possible through the maze from a car to a house without going over any lines.

Barclay draws a couple of intersections and adds cars marked ‘A’ and ‘B’ on one and ‘A’, ‘B’ and ‘C’ on the other. ‘So in this first intersection, who would go first and who would go second?’ she asks. ‘A or B?’ She asks the same questions for the second intersection, then draws a third and fourth. Each presents a slightly more complex driving situation. I think she’s testing my knowledge of road rules but realise later she’s testing my ability to think through a problem.

We do another timed exercise, the ‘Trail Making Test’. She shows me a page that is scattered with numbers. My job is to start at ‘1’ and draw lines to the numbers in order until I run out of numbers. Then we do another trail making test, this time involving numbers and letters – 1 A 2 B 3 C and so on.

The ‘Mini Mental’ comes next. The test starts with basic questions – the year, season, day of the week and so on. She names three objects and I have to repeat them in order. She asks

me to start counting backwards from 100 by 7s, which is challenging. Then stops me at '65' and asks me to recall the three objects she had mentioned before.

She gives me some simple instructions – take a piece of paper, fold it, place it on the floor, pick it up with my right hand, read what is written on it and do what it says. She shows me a shape on a piece of paper and asks me to draw it as best I can and to write a sentence, 'anything you like'.

Sometimes she does an additional test – the 'Bells Test'. It consists of an A3 page with a lot of shapes. Clients have to circle all the bells. That's one she only does with clients who have had a stroke. Again, she is checking if they have an inattention, noting if they don't see things to the right or to the left.

'And on the "Bells Test" they'll be missing all on one side or the other,' she says. The test is available on the internet.

And the off-road tests are over. The final step is to book an on-road assessment.

'You have a choice, an open licence test or a local area test,' she says.

Before a real assessment, Barclay would have sent information to me to explain the difference between the tests. The open area test is similar to the one anyone does to get their driver's licence. The assessor tells the driver where to drive, where to turn and so on. The local area test is easier. Drivers go to the sorts of places they usually drive, taking their usual route and doing what they would do if alone. A local licence restricts them to within a certain distance from home. That choice is clear. The next stumps me.

'If we do the test in an automatic car that means you're restricted to an automatic licence. Are you happy with that?'

'Actually that's one of the things I hadn't actually thought about, because my husband's car's a manual but I normally drive the automatic,' I say. What if we sold my car? I wouldn't be able to drive if I had an automatic licence. I haven't driven a manual for years.

'I'd probably, actually if I was going for the test, what I would do is practise in my husband's manual. And then go for the manual one,' I say. 'Yes, mm, no, that's a point.'

I wouldn't really want to do a test in a manual car. Driving an automatic is easier. I have a lot of thinking to do.

One of Barclay's clients the previous week could have handled a full licence test but she didn't need to drive outside her local area. She opted for a local test instead. If someone

performs quite badly on the off-road assessment, Barclay would try to steer them towards a local test. They would be more likely to succeed and more likely to be safe as well.

The conversation reinforces the need to think in advance about driving needs. Visiting family and friends? Driving to activities and interests? Medical appointments? Hospitals? I didn't think of those things until the assessment was over. I could have restricted my driving more than I needed.

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### **What on-road tests reveal**

The office-based tests indicate the person's strength, vision, cognition and balance. How do they relate to the on-road assessment?

Barclay explains that people with dementia, for example, may find it difficult to keep within a lane and drift either way across the lanes. The cognitive tests are important for that reason.

'But with a stroke, if they've got an inattention or a neglect they will be driving too far to the left or too far to the right, which is particularly noticeable when they do, say, a park.'

They may park too close or make a mistake. They may be about to hit the side of a parked car, so the driving instructor has to apply the brakes.

The on-road assessment also reveals bad habits. One that is more common with older drivers than younger ones is using two feet on the pedals.

'It's not illegal to do but if it's unsafe then I'll write that in the report and take them off the road.' She had one client who was putting the brake and accelerator on at the same time, 'which is dangerous'. Cars are so sensitive now that pressing the accelerator and brake at the same time makes the brake lights come on. 'You are giving mixed messages to people behind you,' she explains.

Failing to do over-the-shoulder 'head checks' is another common problem. 'I don't fail someone for just not doing that. I will fail someone for insufficient observations. So if they change lanes quickly without doing a proper look in the mirror, and particularly if someone toots behind or ... gets cut off behind, then that will be a fail. But if they're using their mirrors safely and changing lanes slower, because that's an important thing, then they'll pass.'

The sorts of situations that result in a fail involve ‘critical actions’ or interventions. The driving instructor, for example, has had to brake or to pull on the steering wheel or to tell the driver not to turn because they have a red arrow.

The driver would have to make a number of non-critical errors to fail. They include poor gap selections, insufficient observations, poor parking, that sort of thing.

Barclay says people may be frail but can still physically control the car.

‘But if your cognition’s going, I think that’s the greatest impact,’ she says. Thought processes are particularly important on busy roads. Drivers have to make quick decisions about gap selection, changing lanes, whether to brake, how hard to brake and so on.

Reactions to failing the on-road tests vary. Some people expect it but most don’t.

‘It depends on the medical condition, too, so if ... the diagnosis is dementia, they usually have very poor insight, so they don’t expect to fail.’ Dementia can change personality so people may become angry or very emotional.

Barclay has observed that gender may also make a difference. Women tend to be more anxious and are more likely to lack confidence. ‘I’ll get some women who’ll do the off-road [office-based test] and be so put off by the process they won’t continue. But I don’t think I’ve ever had a man do that.’

Assessing driving ability as people age is about more than counting birthdays. It involves the driver’s medical health, physical abilities and cognitive abilities. Their psychological state, where they live, their access to transport alternatives and support also play a part in helping people to remain mobile as they age. Government policies make a difference. Whether someone is partnered or single may make a difference. Even gender and social conditioning play a role.

Balancing the individual’s welfare and the safety of all road users is more complex than calls to test older drivers imply.

## Chapter 8: Assessing fitness to drive

The assessment process – licence conditions – local tests – dementia and driving

MOOROOPNA resident Andrew Crawford, 82, was surprised to open his mail and find a letter from his licensing authority.<sup>195</sup> He had to undergo a ‘fitness-to-drive’ assessment if he wanted to continue to drive. He doesn’t know what triggered the process.

‘Whether the police saw me do something wrong or, I just don’t know what happened there,’ Andrew says.

But the assessment process didn’t worry him. ‘I don’t think it would worry the average person,’ Andrew says. ‘The OT [occupational therapist] is very understanding. Very nice person. I’d say they were all trained the same. The tests weren’t exorbitant. They were not out of reach.’

Andrew shows me the correspondence from licensing authority VicRoads at the beginning of our interview. The first letter explains that the licensing authority often receives reports from police, doctors and community members, expressing concerns about someone’s driving. When they receive the reports, they are legally obliged to investigate.

The process is clear. First Andrew had to have a check-up with his doctor by a specified date, to get the all-clear to have an office-based and on-road driving assessment. A follow-up letter said VicRoads needed more information. Andrew needed an occupational therapy driving assessment. The OT would work with him to help maintain his ability to drive safely.

Mooroopna is a small country town on the Goulburn River, 181 km north of Melbourne. The larger town of Shepparton is on the other side of the river. The licensing authority provided an eight-page list of OT driver assessors to choose from. Around half the OTs were from rural Victoria.

‘They’re all over Victoria, yet there’s not one in Shepparton,’ Andrew says.

The first he contacted was going to charge \$525 so he rang another, who came to Shepparton to do the assessment and charged \$400. As Chapter 7 explains, an office-based assessment includes a battery of tests based on worldwide research results. The OT tested Andrew’s vision, thinking and physical abilities. He had to squeeze her hand to show how much pressure he could exert. Push his hands up while she pressed down on his hands. She pressed down on his knees in a similar way to test the strength in his legs. He had to show

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<sup>195</sup> Crawford interview in 2018.

how fast he could move his feet backwards and forwards. This test indicates the person's response rate, how quickly they can move their feet from the accelerator to the brake and back again.

The OT checked his vision, including peripheral vision (side vision). He had to answer questions about road rules. She sketched a crossroads with a give way sign and cars coming from various directions. He had to explain who would go first and so on. But he'd kept up with changes to road rules, so this wasn't a problem.

'I had to stop and think on that one,' Andrew says. 'I got it right anyway.'

Next, he did the on-road assessment in a driving school car, with the instructor in the front passenger seat and the OT in the back. Andrew had to drive 'all over Shepparton', north to where roads met on an angle, through intersections with 'give way' signs and around roundabouts. One thing confused him. He was asked to do a 'three-point turn', something he'd never heard of. The assessment report notes that he hit the kerb but didn't mount it. This is recorded as a 'non-critical error'. At no time on the drive did the instructor have to intervene.

'I had to stop and think, what the hell's he on about?' Andrew says. 'But as I said to him, I said, "If you had have said do a U-ee or go back that way I'd probably [have] got around in one swing".'

Andrew has no hesitation in recommending the assessment process to others who want to continue to drive.

'Oh, I would recommend people give it a go but it depends what their ambition is, whether they want to drive.' He met the visual standard for driving. The report says he can follow instructions and drive safely even when engaging in conversation. He was cleared to drive a vehicle with automatic transmission and a spinner knob, as long as he wears his glasses.

A spinner knob is a driving aid that attaches to the steering wheel, to provide greater control for someone who needs to drive with one hand. Similar devices are often used on machines such as tractors and forklifts.

Andrew says the spinner knob is good and he couldn't steer without it. But he had driven a forklift with a spinner, so was used to using one before the stroke. The spinner helps him compensate for loss of strength in his left arm, the result of a stroke when he was 73. The spinner clamps onto the steering wheel and can be removed if someone else drives the car. He bought two – one for his car and one to use in his partner's car.

Andrew grew up on a farm between Tatura and Tinamba in Victoria's north and has lived and worked in the Goulburn Valley region all his life. Farming involved a lot of driving, 'carting tomatoes and stock and hay and every other thing'. He grew tomatoes for Campbell's Soups. He also bought a neighbour's dairy and was involved in dairying for 30 years. He even drove the school bus for 10 years. Andrew was a councillor at Tatura for 17 years and Shire president three times. He has been a member of Rotary for 50 years and is now an honorary member. I'd noticed a framed certificate in the hall, near Andrew's front door – a Rotary 'Paul Harris Fellow' certificate.<sup>196</sup> He had photographs of the presentation nearby and memorabilia from his time on the local council.

Andrew had always driven trucks and a ute on the farm. He'd never had a regular passenger car. But after the stroke his left hand was 'dead' and he couldn't change gears. That didn't stop him getting around. He replaced his manual utility with a vehicle with automatic transmission. He also has an electric scooter, which he now uses every day.

Andrew says some people he knows decided to stop driving after having a stroke. But he still has too much to do, selling a farm 'and all the hassles there's been'. When he received the letter from VicRoads nine years later, telling him he had to have a driving assessment, he decided to go for a full licence. He knew he could appeal or apply for a restricted licence if he didn't pass.

'And I thought "Well, that'd do me." I want to go to Rochester and Seymour. And not even drive at night. That wouldn't worry me 'cos I don't go out as much as I used to.' Andrew lives on the outskirts of Mooroopna and it's 'a fair hike' to the town centre on the scooter.

'But it doesn't worry me. I've got all day to do it. I can go to Coles down the road and be back in an hour, which is not bad.'

He belongs to Goulburn Valley University of the Third Age (U3A) in Shepparton and drives there. He had driven to Tatura the previous night for a Rotary 'changeover' night<sup>197</sup> and drives to the football 'every weekend somewhere'.

On longer trips he's happy to be a passenger. Andrew flew to Darwin last year and travelled by bus to Cairns, then flew home. He says he can sit on a bus all day. It doesn't worry him. He's also gone on long train trips since the stroke.

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<sup>196</sup> Becoming a Rotary 'Paul Harris Fellow' is recognition of outstanding community contribution.

<sup>197</sup> The changeover night is a dinner to farewell the old committee and welcome the new one.



‘You can still do plenty of things. Go on tours, U3A. We went to the Snowy Mountains and were away for five days. The most interesting trip I’ve ever had. All the water system and that. Been to Broken Hill with U3A, been to Kangaroo Island.’

He now has to have an annual medical to retain his driver’s licence but says if he had to redo the whole assessment every year he would ‘scrap my licence’.

While we’re talking his solicitor rings. She wants him to come to Shepparton, preferably the same day, to sign some paperwork. It’s a reminder of the difficulties people face if they can no longer drive – that people often need them to be able to travel at short notice.

How would Andrew get there if he didn’t drive? ‘Oh you’d work it out if you had to,’ he says.

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Andrew Crawford qualified for a full licence, apart from the requirement to wear glasses when driving and to drive a modified vehicle. Stroke need not impact the capacity to drive longer term, particularly if cognitive abilities are not affected. Many people are able to undergo assessment and return to driving, as Andrew has done, after the temporary restriction on driving immediately post-stroke is lifted. But assessment for a full licence is only one option.

People can choose to do a local area test instead.

OT driver assessor Amber Barclay explains when we meet that drivers who pass the open area test get a full licence. Those who pass the local area test are restricted to driving within so many kilometres of where they live.

The on-road test records ‘critical and non-critical’ actions, Barclay says. ‘So if they get a critical action, that means the driving instructor has had to brake or to pull on the steering wheel or has had to, for instance, say “No you can’t go here, because it’s a red arrow, you can’t turn”. That’s called an intervention. So that would be a fail. But I have had some I have failed just with non-critical. You’d have to have quite a few non-critical [errors], you know, insufficient observations, poor parking, didn’t know who to give way to at the roundabout, poor gap selection, so, you know, or driving too slow[ly] or driving too fast.’

Driving at the wrong speed can be either a ‘critical or non-critical’ action, depending on the context. If someone going for a local licence was driving reasonably slowly but in other respects seemed to be safe, she would still pass them. But she failed one driver who was so slow when turning corners and into a driveway that ‘oncoming traffic had to slow and sometimes had to stop’.

‘So that’s where it’s dangerous.’

### **Dementia and driving**

Lucy Foley from Alzheimer’s Australia in Victoria says people are often nervous about undergoing driving assessment but the OT driver assessors want to help them.<sup>198</sup> ‘They want people to be driving provided they are safe.’

Foley’s background is in social work and community development. Her role at the dementia support organisation when I met her in 2014 involved producing resources and running information sessions on driving and dementia for drivers and their families. The resources are there to help support drivers – and their families and carers – ‘through the practical and emotional transition to non-driving’.

Foley notes that it is easy to make assumptions that people with dementia don’t have insight into their condition and their needs. It is easy to use ‘disempowering language’ to discuss issues related to driving and dementia. One of the key messages the organisation tries to convey is that the issue is ‘not about taking away the keys’. They promote instead a person-centred approach, involving the person as much as possible. She stresses the importance of working *with* someone and giving them ‘respect and dignity’.

Speakers at the organisation’s community information sessions include OT driver assessors. ‘And it’s always the most engaged part of the session, interactive and good because they tend to put people’s minds at ease ... and it sort of demystifies the process.’

Foley describes the Victorian policy around medical review as ‘positive’, in moving away from assumptions that age is necessarily a factor in driving ability. One issue she raises is variations in the cost of assessment. Hospitals have access to hospital-based OT driver assessors. She estimates in-patients may be able to have the assessment for less than half the general cost in Melbourne. But assessment is much more costly for people in country areas.

‘I had a call today from a driver who has dementia,’ Foley says. ‘He’s having his annual test and it’s \$700 a pop because he’s living in Traralgon and it costs extra for the OT driver assessor.’ He had to drive ‘a considerable distance’ to do the office-based test and had to come back a week later for the on-road test. The on-road test involved a driving instructor sitting in the front passenger seat, ready to take control of steering or braking if required, and an OT driver assessor in the back seat to do the assessment, as was the case for Andrew Crawford.

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<sup>198</sup> Foley interview in 2014.

The driver questioned the need for an OT driver assessor. Why couldn't he just have a normal driver assessor? She explained that the OT was needed because of his medical condition. There are many types of dementia. The type is taken into account as part of the assessment. 'Everyone's experience of dementia is different and the progression of it is different and the symptoms are different, so OTs and doctors need to treat everyone on a case-by-case basis.'

Alzheimer's disease is the most prevalent type of dementia. One of its main symptoms associated with driving is memory loss. Other types include frontal-temporal lobe dementia and Lewy body disease. Lewy body disease may fluctuate a lot and can also involve hallucinations. Frontal-temporal dementia often impacts on people's insight, so they may lack awareness of changes in their driving ability. They may be reluctant to stop driving. Some have issues with 'emotional regulation and anger'.

'People who I've spoken to have said they have noticed their partner getting very angry and frustrated and irritated, more so when driving,' Foley says.

Other effects relevant to driving include struggling with 'visuo-spatial ability, judging distances and speed'. Complex driving manoeuvres, such as right turns, where the driver needs to take in a lot of information and make complex judgments and decisions, can also be a problem. Vision can sometimes be affected and people may have delayed or slowed reaction times.

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Forgetting which way to go doesn't mean someone has dementia. But getting lost in familiar surroundings, poor decision making, and lapses in attention are some of the ways dementia may affect driving ability.<sup>199</sup> Austroads' guidelines for medical professionals on assessing fitness to drive explain that those diagnosed with dementia have a 'moderately high risk of collision' compared to those without the condition. People diagnosed with the disease need regular monitoring to check how the disease is progressing.

The condition is progressive and irreversible. People diagnosed with the disease will eventually become a risk to themselves and others when driving. But the guidelines state that evidence does not suggest that all people diagnosed with dementia should have their licences revoked or restricted.

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<sup>199</sup> Austroads, 2017.

The types of impairment and the timing of the disease's progression differ from one individual to the next. The guidelines advise that a combination of medical assessment and office-based and on-road practical assessments appears to give the best indication of driver ability. Assessment by a specialist may also be needed. Relatives may be a useful source of information for the doctor, if they are aware of the patient's overall coping and driving skills. They may know of any recent minor crashes and let the doctor know whether they are happy for the patient to drive them.

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The assessment process is designed to reveal problems that adversely affect safe driving and that's what happened when actor Frances Hutson's late husband, Richard, was assessed.<sup>200</sup> Frances says her husband had been 'a superbly good driver' but when he was about 90, she started to notice problems with the way he was driving.

'He was absolutely wonderful, really really quick with reactions and very well coordinated and then he [started] forgetting to look both ways,' Frances says. 'A couple of times we nearly had an accident.' When she tried to talk to him about it, he denied there was a problem.

She noticed little things at first. He was visiting her in hospital and became lost while driving on familiar roads. He arrived and he said 'You won't believe this but I got lost.' He had to ask some cricketers how to get to the hospital.

'Then I noticed that we were coming out of an intersection and he looked left and he didn't look right, and that sort of thing,' Frances says. She was reluctant to take his independence away but eventually mentioned her concerns to their doctor in confidence, because she didn't want to seem to be criticising her husband in front of the doctor.

Richard had been a champion cricketer and a champion table tennis player. He was still playing table tennis at 96. 'He played in the World Veterans Championships in Norway when he was 87,' Frances says. His eye-hand coordination was still fine. The reason for his driving problems became clear when he underwent a memory test at 91 and was diagnosed with Alzheimer's disease. By then, he had been having problems with his driving for about a year. His driving was also tested. Frances says it was an enormous relief when her husband underwent the driving test, although 'it took a bit of convincing to get him to go willingly'.

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<sup>200</sup> Hutson interview in 2014.

The assessor took him for an on-road test but they were only gone five or 10 minutes before they returned.

Richard had done most of the driving when the couple went out but Frances also drove, so taking over the driving once her husband's licence was revoked was no problem. But he had difficulty remembering at first that he could no longer drive and kept insisting he had his licence.

'Because he kept forgetting, it was difficult to say "No, you're not allowed to drive. You're not to get in." So I always made sure when we were going out I slipped into the driver's seat. And he would, for the first year or so, he would say "Oh, I'll drive" and I would say "No, you can't. You know your licence has gone back". And he would say "No, it's over in that drawer." But I think inside he knew.'

Frances says Richard wasn't an angry person or anything like that and the situation was manageable. He just didn't think there was anything wrong with him. 'He didn't get angry or upset but he did query it for quite a long time. And I had to make sure I was there in the [driver's] seat.'

And after he gave up driving? 'We always went to shows and we went to concerts and what we'd always done, because we both liked music and theatre and he would sit through plays.' She remembers going to *A Long Day's Journey into Night* together, which she describes as 'the most miserable play you can imagine'.

'He couldn't remember a thing about it afterwards but he just loved being there, because he loved theatre. So we just kept doing the things that we loved to do.'

Frances volunteers with Alzheimer's Australia and helps medical students to gain a deeper understanding of the effects of dementia on patients and their families. Doctors can refer their patients for assessment, if they are concerned that a medical condition may adversely affect their driving but Frances says 'not enough do it'.

'The people that refer themselves are generally not the ones that are having the problems,' Frances says. 'It's the ones like my husband who don't think there's anything wrong, that have got dementia, who don't [refer themselves], because they really don't think there's anything wrong.'

The issues involved in identifying at-risk drivers are complex, as the next chapter reveals.

## Chapter 9: How to respond when skill declines raise concerns

A family perspective – Issues for medical professionals – Who makes the decisions?

ALAN Williams' late father, towards the end of his life, set out on a simple drive.<sup>201</sup>

'It would only have been a couple of kilometres' drive to pick up cat food, and he just missed the turn and just kept on going,' Alan says. 'He drove until the car ran out of fuel and he just got out, he left [the car], he didn't put it in park, didn't put the brakes on. He just got out and walked.

'He was just completely stressed out, didn't know what to do, where he was.'

Alan says the experience didn't stop his father driving. He continued to make short trips but was happy to be a passenger when his family could drive him. 'Whenever we went away, we were around, we'd always drive, so I think he restricted himself to just short trips and whenever we could, we did the driving.'

When I ask if his father was aware that driving had become difficult, Alan says it can be incredibly hard 'to be told or to face the fact that you're no longer', then he hesitates. Instead of finishing the sentence, he shares his father's experiences.

'I know Dad, he also had a couple of incidents where, driving down the drive into the carport he hit the posts, misjudged, so you could tell he was starting to lose his judgment skills perhaps. And he had a minor accident at a carpark in Heathmont where he, I think he drove into the carpark and he reversed out to straighten it up but he didn't look, so reversed out into another car going past. It was just a minor thing but that's your judgment or maybe you don't take the time to check properly or, I don't know. But it can start to happen.'

His father never spoke of a conscious decision to cut back on his driving but when somebody else offered 'he'd never insist on driving'.

'We did a couple of long trips and I always did the driving, so he didn't say "Oh look, I shouldn't be driving anymore." He just said "Look, you drive, I'm fine with that," you know. But he never made, never stated that he shouldn't be driving or didn't like driving or didn't feel safe. He never said anything like that.'

Alan says he is not sure about any rules covering licensing for older drivers. 'I thought they would notify us when the time came.'

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<sup>201</sup> Williams interview in 2018.

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Alan Williams is one of several interviewees who mention an older relative's driving. Chirnside Park resident Janice Hordern is another.<sup>202</sup> Her experience reveals the complex emotions involved in addressing concerns about a loved one's driving skills. It's not as simple as newspaper headlines such as 'Dob in older drivers' (*Herald Sun*, March 24, 2019) suggest. Dobbing has negative cultural overtones. Children 'dob' to get a classmate in trouble. That's not what concerned relatives are trying to do.

Janice was working in the office at Knox Community Volunteers when they held a 'Wiser Driver' session. She and husband Cedric were very worried about Cedric's father and his driving, so they went along.

Cedric asked the presenter what you can do if you know somebody that shouldn't be driving. The presenter said they could contact the licensing authority, who would ask the driver for a medical report but not reveal the identity of the person who notified them.

Janice says she thought 'Oh, thank goodness.'

'I mean he absolutely had to be taken off the road before he killed someone else if he didn't kill himself.' She says reporting someone is a hard thing to do to them but something that has to be done 'for everyone's safety'. The fact that the licensing authority does not reveal the person's identity helped.

'Because I would have been the worst daughter-in-law in the world if he'd known that I'd [notified VicRoads].'

In a twist of fate, her father-in-law's driving skills were never assessed. 'Before he went for a driving test, he went into hospital and never came out.'

### **Who should report at-risk drivers – and who should they notify?**

Drivers are required to notify their licensing authority if they have a medical condition that is likely to adversely affect their driving skills. Family members, police and medical professionals are also able to report concerns about a person's ability to drive. Health professionals in New South Wales, Queensland, Tasmania, Victoria, Western Australia and the ACT are protected from civil and criminal liability if they report, in good faith, to licensing authorities that a patient is unfit to drive, even without the patient's consent.<sup>203</sup> In South Australia and the Northern Territory, reporting by medical professionals is mandatory.

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<sup>202</sup> Cedric and Janice Hordern interviews in 2018.

<sup>203</sup> Austroads, 2017, Section 3.3.1.

They must notify the relevant authority in writing if they believe a driver is mentally or physically unfit to drive.

Victoria Police Inspector Paul Binyon explains that the police also notify the licensing authority about at-risk drivers, following a ‘fitness to drive process’.<sup>204</sup> ‘If the police intercept an older driver, or they’re called to a collision, or something like that, where we have concerns about that person’s ability to drive a motor car in a fit way due to age or deterioration in skills or whatever, we submit a referral form to VicRoads [the licensing authority].’

VicRoads then writes to the licensed driver and the medical review process begins.

Inspector Binyon says older drivers may fear the process but their licence is not automatically taken from them. The majority are able to continue to drive but may have some ‘conditions or restrictions put on their licence’.

Janice Hordern is one of several interviewees who mention concerns about a relative’s driving skills. Some had written about their concerns ‘in confidence’ to the driver’s GP. Janice is the only one who mentions contacting the licensing authority directly rather than relying on the GP to take action. Several of the interviewees mention concerns that a relative’s GP may be unaware of their declining driving skills and allow them to continue to drive. Their comments indicate confusion around whether GPs assess driving skills, whether they report concerns to the licensing authority and whether they decide if someone can continue driving or must give up their licence.

Family members’ concerns raise two important issues: Does mandatory reporting of impaired drivers by health professionals reduce crash risk? And how reliably can physicians assess their patients’ driving risk in an office setting?

### **Mandatory medical assessment of at-risk drivers**

Australian researcher Sjaan Koppel and her associates analysed research on mandatory reporting of at-risk drivers by medical and other health professionals and found no clear evidence that it reduced the crash risk for impaired drivers.<sup>205</sup> They also found that the professionals had mixed feelings about their ability to assess fitness to drive.

Few of the studies had sought GPs’ opinions and the studies were small. But they raised serious concerns. The GPs surveyed wanted assessment tools suitable for use in a medical

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<sup>204</sup> Binyon interview in 2016.

<sup>205</sup> Koppel et al., 2019.



clinic. They wanted clearer guidelines on fitness to drive. They also called for more education about their legal and ethical responsibilities. They raised concerns that mandatory reporting could adversely affect the doctor/patient relationship and the patient's health. They worried that patients may withhold information, lie about symptoms, doctor shop or fail to seek medical treatment if they thought they could be reported to licensing authorities. GPs in one study reported that their duty was to the patient. They were placed in a difficult position if family members contacted them but did not want the patient to know.

One of the studies was by Monash University researcher Kay Jones and her colleagues.<sup>206</sup> They used semi-structured interviews and a focus group to gain GP's views on assessing patients' fitness to drive. The GPs came from both rural and metropolitan areas, although only 16 were involved. The group mentioned that one strategy to help them raise the issue of a patient's driving was to have a family member accompany the patient for support. They said it could help GPs to gain a reasonably accurate picture of the patient's driving history. But Jones and her colleagues found the group was divided on the usefulness of the existing forms and guidelines to help medical professionals assess fitness to drive.

Doctors in the US have also reported concerns about the suitability of assessment tools for use in a clinical setting.

### **Tools for assessing at-risk drivers in an office setting**

Neurology professor Brian Ott is director of the Alzheimer's Disease and Memory Disorders Center in Rhode Island and specialises in geriatrics. Ott and colleagues examined the clinical tool the American Medical Association recommends to identify potentially unsafe older drivers.<sup>207</sup> The tool includes a battery of tests of vision, motor function and cognition. Participants were active older adults. Some had cognitive impairment, some did not. All participants were assessed in the outpatient clinic of a university hospital using the recommended battery of tests and additional cognitive tests. They then underwent an on-road test with a professional driving instructor on another day.

Ott and his colleagues found that tests to measure cognition (thinking skills), particularly the Trail-Making Test Part B, were 'more highly correlated with driving scores than other measures of function'. Trail-Making Parts A and B are 'pen-and-paper' tests. Part A requires participants to join a series of numbers in order until they run out of numbers on the page. In Part B, they need to make the trail by alternating between numbers and letters – joining 1 to

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<sup>206</sup> Jones et al., 2012.

<sup>207</sup> Ott et al., 2013.

A to 2 to B and so on – until they run out of numbers and letters. They are part of the battery of tests OT driver assessor Amber Barclay took me through and are described in Chapter 7 of this book.<sup>208</sup>

Ott and his colleagues compared the results of the office-based assessment with the results of the on-road assessment. They recognised the need for ‘valid, cost-effective screening tests’ to identify drivers who needed more thorough assessment of their driving skills and crash risks. But they concluded that the recommended assessment tool had limited use to identify drivers who needed a formal on-road test. Improved scoring methods and screening tests with greater diagnostic accuracy were needed for use in an office setting. Other researchers support this view, including Michel Bédard and associates. As the title of their 2008 article on driving assessment states: ‘Predicting driving performance in older adults: We are not there yet!’<sup>209</sup> Research to meet this need is on-going. Examples include the international collaborative study Candrive/Ozcandrive, led by the University of Ottawa and Monash University Accident Research Centre (MUARC). The multi-year project has collected data on a large group of older drivers, including their health, functional abilities and driving.<sup>210</sup>

A further issue is the ability of older adults with dementia to assess their driving ability. US professor of medicine and neurology David Carr and associates examined older adults with Alzheimer’s disease who had driven or were still driving.<sup>211</sup> They wanted to compare the cognitive functioning of those who had stopped driving to those who still drove. They found the two groups ‘did not differ on any of the measures from the psychometric battery [of tests]’.<sup>212</sup> Many of those who had given up driving were still at the very mild stage. The medical professionals reported that test results indicate most older drivers with very mild dementia are still safe drivers, suggesting some had given up driving prematurely.

David Carr was also a team member in another US study that compared physician’s evidence-based assessments of patients’ driving capability to on-road test results.<sup>213</sup> The team, led by clinical psychologist Thomas Meuser, found almost three-quarters (73%) of the drivers the physicians rated ‘likely capable’ passed the road test. But 62% of those rated ‘not capable’, or where the patient’s driving capability was ‘unclear’, also passed the road test.

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<sup>208</sup> Barclay interview in 2016.

<sup>209</sup> Bédard et al., 2008.

<sup>210</sup> Marshall et al., 2013.

<sup>211</sup> Carr et al., 2005.

<sup>212</sup> Carr et al., 2005, p. 826.

<sup>213</sup> Meuser et al., 2016.

The team concluded that the correspondence between the physicians' ratings and the road test results was imperfect. Judging potential on-road performance from clinic-based testing is complex, as the team's study shows. Judgments about the severity of the patient's disease, their age and their declining insight about their condition affected the physician's rating of their driving capability. The researchers concluded that *both* clinical assessments and on-road tests play important roles in assessing a person's capability for driver's licensing purposes.

And that's the process Australia's licensing authorities follow.

### **Who makes the decision to allow a driver to retain their licence?**

The medical review process in Australia requires drivers who are referred to their licensing authority to undergo a medical assessment and provide a report from their GP or medical specialist. It may require an office-based and on-road assessment. But the medical professional and the assessor do not make the final decision on whether the person can continue to drive or not. That decision is made by the licensing authority, taking into account the medical and other assessments.

The decision to cancel someone's licence has implications for the driver's lifestyle and mobility.

David Carr and his team noted that many former drivers have difficulty travelling to social and recreation activities. They highlighted the need for transport options for those without a network of family and friends who could help. But they also reported that older adults don't plan for driving cessation 'even in the face of a perceived likelihood of having future medical illnesses that could impair mobility'.<sup>214</sup>

Monash University researcher Kay Jones and her colleagues found similar concerns from GPs about patients' lack of access to alternative transport once they could no longer drive.<sup>215</sup> Their survey revealed doctors' concerns about the cost of annual assessments and tight restrictions on eligibility for half-price taxi vouchers for their patients.

Gippsland resident Christine Richards echoes the GPs' concerns about eligibility for taxi vouchers.<sup>216</sup> 'My mother tried to get a taxi voucher numerous times,' Christine says. 'She was almost immobile by the time she was eligible for that.' Her mother had severe arthritis and used a walking frame for the last 10 years of her life. She lived 20 minutes' walk from a bus

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<sup>214</sup> Carr et al., 2005, p. 826.

<sup>215</sup> Jones et al., 2012.

<sup>216</sup> Richards interview in 2018.

and almost an hour from a train station. Getting on and off a bus would have been difficult even without her shopping.

Christine is a speech pathologist and has worked in head injury and adult rehabilitation. She suggests an incentive, such as taxi vouchers, could encourage people to give up night driving when their skills declined and would be ‘much cheaper’ than rehabilitation after a crash. She stresses the importance of people planning ahead for life post-driving while they have the ability to make changes.

Bendigo OT driver assessor Matt Grange also supports the need for people to plan ahead for a time when they need to stop driving.<sup>217</sup>

‘So often people are sort of making those decisions when it’s coming right up, so if they’ve got more time to plan ahead, it might be they’ve got time to learn how to use public transport.’

Grange recommends slowly transitioning out of driving, talking to family members about options, learning about timetables and getting on and off public transport, finding out about scooters and that sort of thing while still driving.

Planning ahead for life after giving up driving is important, as Chapter 10 explains.

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<sup>217</sup> Grange interview in 2014.



*Buses have improved somewhat since this one drove visitors to the Mount Buffalo Chalet in the Victorian snow country.*

*Mooroopna resident Andrew Crawford says he can sit on a bus all day now and it doesn't worry him. 'Since I've had the stroke I've been on bus trips with an interstate company. Last year I went to, flew to Darwin and by bus to Cairns and then flew home.'*

*He was planning a trip to Melbourne to see 'Mamma Mia' when I interviewed him.*

*'And I'll go by bus on that.'*

*This historic photo is part of the 'Railway Negatives' photographic collection from the Department of Infrastructure, Victoria (H 5384).*

Photo courtesy of Public Records Office Victoria (VPRS 12800)

## Chapter 10: Planning ahead – preparing for life post-driving

Location matters – Retaining community connections – Using transport alternatives

RETIRED social worker Christine Hanly had a taste of life post-driving when she broke her arm and couldn't drive for three months.<sup>218</sup> The retirement village resident did a lot of walking and enjoyed the exercise but says the experience was also a reminder of the 'significant loss of independence' that comes with giving up driving.

Christine likes her independence but is also pretty pragmatic. If she needs help, she's prepared to ask for it. And when she asked for help it was there.

'When I had my broken arm, I had three neighbours who offered me lifts to places, even at 7.30 in the morning, which was pretty remarkable,' Christine says. 'Luckily it didn't go for too long but if it was permanent, they'd still say "Oh well, if you need a lift", like I would to them.

'That was the nice thing about this place, the feeling of community in it.'

Was she thinking about life after driving, when she chose to move to a retirement village that's a short distance from a bus stop?

'Not as much as I should have because I'm actually two 'ks' [km] from a [train] station and two-and-a-half [km] from another station and I have relied on trains more than I've relied on buses,' Christine says. She had intended buying near hospitals and public transport but didn't find a house she liked that ticked those boxes. In the end, finding a house she liked won out over proximity to transport and medical facilities.

'I saw this and thought "Ah, I like it." And then half the other things went out the window. So, in the end it was the house itself that got me instead of the location. But I certainly didn't want to live in an isolated place where it would be miles from an ambulance or a hospital or things like that.'

Since retiring from social work, Christine has become a volunteer driver with Eastern Volunteers, transporting sometimes up to 13 people in a day. 'Some of those would be three people from the same day program dropped off ... so it's only one pickup but three drop-offs.'

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<sup>218</sup> Hanly interview 2018.

Some clients talk for the whole trip. Others hardly say a word. She remembers one man asking ‘Am I the quietest person you ever had?’ She drove him for two years, on and off. ‘He was a very nice old bloke who had been a librarian and intelligent but his memory was going. So we just had the radio on and a bit of music in the background and he would sometimes make a joke or we’d talk about the gardens we were going past.’

Christine says some of the people she drives have only been without a driver’s licence for a month or so and are ‘still very much adjusting to not being able to jump in the car and go and do something’.

‘That seemed to be the main comment, that if they just felt like jumping in the car and going off to the shops or doing something in their own time, that wasn’t really possible.’

They now had to plan ahead, to be more aware of what they needed to do over the next few days. Christine says if she runs out of cat food now, she hops in the car and can ‘just zip up and get some more’. If she didn’t drive, she would have to remember to buy cat food before it ran out. Some of her clients would find that sort of planning ahead hard.

She worries about those who live alone and don’t seem to have much support. Some people are able to ask for help but others are not very outgoing and that makes the adjustment harder.

Christine’s mother drove until she was 90. ‘She knew her night vision wasn’t so good, so she limited her driving to day-time and she limited it to places she already knew that she could find, so she wasn’t trying to look things up on the run,’ Christine says. ‘And so she gradually tailored off her driving. And I hope I’ll do the same thing and be sensible.’

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### **Forward planning**

Christine Hanly’s inability to drive when she broke her arm was temporary. But when a driver’s licence is revoked or conditions are placed on where or when the person may drive, the need for alternative transportation may be permanent. Occupational therapist Sarah Kyriacou says a restricted licence can help people plan six or 12 months ahead for when they have to stop driving.<sup>219</sup>

‘People are getting used to that restriction, maybe using taxis to go elsewhere and thinking about it.’

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<sup>219</sup> Kyriacou interview in 2014.

Gippsland resident Christine Richards, 65, says planning should start much earlier.<sup>220</sup> She saw the impact on her parents of ‘two healthy people just becoming old’.

‘I think people need to be encouraged to do lots of forward planning, like 20 years’ beforehand, when you have the energy and the capacities to be able to make the changes, which might involve, you know, packing up a house that you’ve lived in for 50 years and selling it and building something else that’s more accessible, close to facilities,’ Christine says. ‘It would be very difficult to do that when you’re 84. Much better to do it when you’re 64.’

Christine and her husband became aware of the restrictions of living out of town for people with mobility or cognitive problems, after her parents moved from Melbourne to Gippsland so that she could help them.

‘It would just be impossible to live independently out of town in that situation, so we just bought this rundown block of land as an insurance policy, in case we have mobility problems or other problems where we need to use mobility scooters or can’t drive anymore.’ Even a vision problem would have a drastic effect on their lives. They have to drive even to buy milk.

General practitioners also acknowledge transport issues. Monash University researcher Kay Jones and her colleagues reported in *Australian Family Physician* in 2012 that GPs recognised the importance of driving for their patients’ independence.<sup>221</sup> They were also concerned about the lack of transport alternatives once their patients stopped driving. Mobility is important for accessing goods and services, including medical appointments.

The association between driving cessation and increased depression, poorer quality of life and an increased risk of needing institutional care is well supported by research results.<sup>222</sup> As MUARC researcher Judith Charlton and her colleagues explain, ‘The end of driving precipitates a decline in health status over and above any decline associated with normal ageing.’<sup>223</sup>

### **Maintaining mobility and community connection**

Getting out and about is good for mental and physical health. Psychologists Fergus Craik and Ellen Bialystok report in *The Handbook of Aging and Cognition* that engaging in intellectual

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<sup>220</sup> Richards interview in 2018.

<sup>221</sup> Jones et al., 2012.

<sup>222</sup> Marottoli et al., 2000.

<sup>223</sup> Charlton et al., 2009, p. 45.



and physical activities seems to reduce the rate of cognitive decline in older age.<sup>224</sup> The rate of change is not the same for all older people. Stress and hypertension, for example, have been found to accelerate loss of cortical grey matter in older age. But the psychologists found that factors such as physical fitness, continued involvement in education and stimulating leisure activities were linked to higher cognitive functioning.

That approach to life has been embraced by the drivers who share their stories in this book – to the benefit of both individuals and their communities. They belong to sport, craft and theatre groups, community houses, service clubs and the University of the Third Age (U3A). They have market stalls, mentor learner drivers, visit the lonely, help break social isolation and drive people to shopping and medical appointments.

Shepparton resident Barbara Brown, 70, and her husband moved from a farm to the town about 20 years ago.<sup>225</sup> She was working for the Association for the Blind (now Vision Victoria) so the move cut down her travel time. Volunteering keeps her busy. She is in her second year as president of Goulburn Valley U3A. She is also on the board of the Australian National Piano Award, a competition for classical pianists that is held in Shepparton every two years. And she edits their newsletter, *Forte*. When we meet, the competition is about to have its annual gala dinner, held the night before the award final. Guest speaker is author Anson Cameron, who was born in Shepparton in 1961 and now lives in Melbourne and writes for *The Age*.

Barbara was on the board of health service Community Care Connect until late 2017 and has also supported Shepparton's Persian Library Project. A young man asked for her help to bring books from Iran to the Shepparton community.

'I used to work for Ethnic Council with refugee women and we were doing sewing classes and that's how I met him, through his mother,' Barbara says. 'I thought any young man who's got such a brilliant idea, whether it's feasible or not, deserves a go.' She helped him to make a successful funding submission. The project has created a collection of about a thousand books for use by school students and the broader community.

The World Health Organisation concludes in its 2015 report on ageing and health that when older people lose mobility, the individual loses social connections but the community is also affected. It loses the contribution of its older people and care costs increase.<sup>226</sup> The

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<sup>224</sup> Craig & Bialystok, 2008, pp. 557-601.

<sup>225</sup> Brown interview in 2018.

<sup>226</sup> World Health Organisation (WHO), 2015, p. 180.

message is clear: Help older people to remain mobile and their knowledge and contributions remain an asset for their communities. Barbara and the other volunteers interviewed share expertise developed in their younger days, meeting needs that communities would otherwise struggle to afford.

So how would Barbara's life change if she couldn't drive?

That was one of the considerations when Barbara and her husband moved from the farm into Shepparton. 'Many country people like to live on the outskirts but I said if we're giving up the farm, I don't want to be stuck on just some block out of town, where we have to drive all the time,' she says. The couple's home is now centrally placed, a 10-minute walk from the centre of town and 15 minutes from the hospital.

### **Other ways to get around**

What are the alternative transport options to driving yourself? Neighbours stepped up for Christine Hanly. 'Family' is another option. For most of the drivers interviewed that means partners. As Marie Darby, 80, says, 'You can't live with them, can't live without them.'<sup>227</sup> She says it with a twinkle in her eye and then laughs. 'But if I couldn't drive and my husband was alive that would be no problem ... he would take me anywhere, pick me up .... even if I say "No, I'm only going to meet someone and have one drink" he will say "No, I'll take you, I'll pick you up." So I wouldn't have any concern about that. But if he was gone, aah, mmm, I wouldn't like it at all 'cos I'm up in Jan Juc.'

Jan Juc is a suburb of Torquay on Victoria's surf coast, 100 km from Melbourne and 26 km from the nearest regional town, Geelong.

'When we came down here, we had to get a place we could afford,' Marie says. The price determined where they bought and they settled for an area away from central Torquay. Marie says she didn't even think about what would happen if they couldn't drive. 'No, I was going to live forever.'

Marie is a glass-half-full person, outgoing and resilient. 'There's a bus stop,' she adds. 'I've never been seen on a bus stop but I could always start.' Some parts of Jan Juc are hilly but there's a 'flat, beautiful chicane walk through the bush' near her home, 'so if I didn't have the car, I can still go for a walk,' she says. 'See that was more important to me than going shopping, to be able to go for a walk.'

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<sup>227</sup> Marie Darby interview in 2018.

The couple are both keen walkers, as are many of the people I interviewed. ‘I walk every day,’ Bob Darby says.<sup>228</sup> ‘I’ve got a dog. And if I’m not walking the dog, I’m walking around the golf course... I go for an hour, an hour-and-a-half every morning ’cos I walk from home to the beach.’ If he couldn’t drive, the bus would be the only alternative. That presents another issue, as Torquay resident Bronwyn McNamee, 65, explains.<sup>229</sup>

Bronwyn and partner Gerry Baldock, 74, are fit and adventurous. They had recently walked part of the Camino de Santiago, the network of pilgrim trails that ends at the Cathedral of Santiago de Compostelo in northwest Spain.<sup>230</sup> But as Bronwyn says, someone who has to stop driving may have health issues that make walking difficult. ‘If you can’t drive, it’s maybe a cognitive thing or maybe it’s a visual [thing] or maybe it’s physical so therefore that would be quite hard anyway.’

Road safety researchers Anu Sirén and Annette Meng question the safety of walking – or cycling – as alternatives to driving for older people.<sup>231</sup> The team examined the results of introducing an age-based screening test of cognitive ability in Denmark. They found no statistically significant difference in the number of older drivers involved in fatal crashes before and after the screening process was introduced. But the number of road fatalities involving ‘unprotected older pedestrians’ – and cyclists – increased significantly. They concluded that this suggested older people were switching from driving to ‘unprotected, significantly less safe modes of transportation’.

‘Older driver screening is an example of a political measure that intuitively makes sense, but fails to produce the desired benefits,’ the researchers wrote. ‘On the contrary, on a system level, it decreases the overall safety and is connected to various direct and indirect costs.’

The design of the road transport network and urban environment are part of the problem. Recognition of this issue is one of the driving forces behind the concept of the ‘20-minute neighbourhood’.<sup>232</sup> The idea is to improve liveability by creating environments where people can meet their daily needs within a 20-minute walk from their home. The concept includes provision of safe cycling routes and public transport. At present, even for keen walkers like Sheila Evans, aspects of the urban environment can be off-putting.

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<sup>228</sup> Bob Darby interview in 2018.

<sup>229</sup> McNamee interview in 2018

<sup>230</sup> Baldock and McNamee interviews in 2018.

<sup>231</sup> Sirén & Meng, 2012, pp. 634-638.

<sup>232</sup> A pilot program was launched in Melbourne in 2018. Details: [planmelbourne.vic.gov.au/current-projects/20-minute-neighbourhoods](https://planmelbourne.vic.gov.au/current-projects/20-minute-neighbourhoods).

Sheila, 91, has lived in Mentone for two years.<sup>233</sup> She has always enjoyed walking. But Mentone is bisected by the train line and the busy Nepean Highway and for Sheila this poses a safety concern.

‘I can go up and cross the train line, there’s a pedestrian crossing there,’ Sheila says. ‘Murray [her husband] doesn’t like me doing that. He says it’s too dangerous.’ Despite the safety issue, she walks to the station and regularly takes the train across the city to her craft group in North Carlton.

Crossing railway lines and busy intersections is a problem for vulnerable road users, including the elderly, the young and people with disabilities. One of my grandchildren has to cross the Nepean Highway at a busy intersection on her way to school. She’s a fit teenager but still finds it hard to watch for turning traffic and cross within the traffic light cycle. The multi-lane road carries a heavy volume of high-speed traffic. It’s no surprise that pedestrians worry about crossing its major intersections. Walking more is important to maintain health and prepare for life after driving. But it has its limitations as a solution for retaining mobility after giving up driving.

Doncaster resident Bill Roberts goes to exercise classes twice a week ‘to try to stop my body deteriorating’.<sup>234</sup> He has always been active and a keen walker. He still feels confident driving but in fine weather often rides his bike the three-and-a-half kilometres to visit his wife, who is in care. Having a bike track near his home is a bonus.

‘There will come a time ... when my balance will not allow me to keep driving,’ Bill says. ‘Maybe I can still ride my bike, even if only on a bike track. It makes me mobile and gets me working.’ The retirement village where he lives is close to public transport and has a minibus service to nearby shops. Neighbours help each other out and he has family nearby.

East Hawthorn resident Christine Elliott says mixing driving with public transport use works for her mother, who is a ‘very fit and healthy’ 87-year-old.<sup>235</sup> Her mother lives in a retirement village in Keilor. She still drives but shops close to home. She switched to a local doctor and sees an optometrist nearby. For trips further afield she takes public transport. When she had a medical appointment in the city, she took a taxi there and Christine picked her up and drove her home. She sees a play at the Melbourne Theatre Company once a month

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<sup>233</sup> Evans interview in 2014.

<sup>234</sup> Roberts interview in 2019.

<sup>235</sup> Elliott interview 2014.

with a group of friends. They used to drive to Royal Parade in Parkville, park and take a tram but now they catch a taxi instead.

‘Because you know what it’s like getting on and off trams,’ Christine says. ‘At their age just a simple break ... can have serious consequences. So I think it’s really sensible to catch a taxi. That’s what they’re there for. Pool your money and just give the hassle to somebody else and you get dropped off right at the door and get picked up.’

Chirnside Park residents Cedric and Janice Hordern are in a similar position.<sup>236</sup> Cedric, 78, says access to medical facilities and shopping are top priorities for an age-friendly community. If they couldn’t drive, they would need to take a taxi or bus. The couple downsized from a large family home in Bayswater and built on a vacant block on top of a hill at Chirnside Park. The block is flat but has stunning views. They designed the house ‘thinking of later on’. It’s on one level with no steps. Cedric says if he couldn’t drive, he would be ‘absolutely devastated’. But the house offers something that to Janice is more important than more diverse public transport – a garden.

‘[It] only needs to be small but just a little bit that you can walk out onto a little bit of dirt,’ Janice, 77, says. She wouldn’t want to live in an apartment, even on ground level. ‘I get claustrophobic, I can’t be confined. I don’t even like a holiday in a caravan.’

Cedric says Janice would be lost without a garden. ‘She’s never happy unless she’s got a hose or a pair of secateurs in her hand.’

For some people living in areas poorly serviced by public transport, moving to a more age-friendly environment after giving up driving may be the only option.

Ivan Robotham, 72, lives with his wife on top of a hill at Kinglake, 56 km north-east of Melbourne.<sup>237</sup> The small town has a population of less than 2,000 people and was one of the worst hit by Victoria’s Black Saturday bushfires in February 2009.

Transport can be costly in terms of money and time if you can’t drive. When Ivan’s wife had to take a taxi from Kinglake to Preston to pick up her car after a repair job, the fare cost \$176. The insurance company paid and she got home in just on an hour. The same trip by public transport would take all day. ‘A bus leaves Kinglake by 7 o’clock in the morning and there is no other bus to go down and that bus will come back to Kinglake at 5 in the evening,’ Ivan says. If he and his wife couldn’t drive, there’s no viable alternative.

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<sup>236</sup> Hordern interviews in 2018.

<sup>237</sup> Robotham interview in 2014.

‘You impose on a friend to drive you or you ring up your son or your daughter, they’re working and they’ve got their children and they’ve got their other things .... And we’re independent, too, mind you,’ he says. ‘So we hate to think of the time when we are no longer in control of that situation.’

Ivan says where people live is a consideration as they age. ‘For example, long term, do I see myself staying at Kinglake? I think the answer has got to be “No.” Why? Well because it’s going to become more difficult to have independent travel from there to the places I have to go, yeah? Yeah. So it’s “have to go”, not “choose to go”.’

He says forward planning is important. You have to be realistic. ‘In your seventies I guess you agonise between saying “Yeah, I can do that, yes, I’ll buy myself a new pair of leathers”, you know, or “Look, the ones I’ve got are starting to get holes in them and they’re not as safe as they used to be but, hey, I don’t know how much more [I’ll use them]”. Do you get what I mean?’

Ivan is realistic but not negative. You can almost hear a laugh coming. ‘I mean, I still buy green bananas,’ he says, and grins.

He still drives. He still rides his motorbike. People – and vehicles – change over time. But change can bring benefits, as the next two chapters explain.



*A Century of Progress in Road Transport Motor Car Exhibition,' says the headline. 'The motor car, bus and lorry have now replaced horse traffic and a vast industry is represented at international motor shows,' the caption adds. 'Better roads have meant faster, more efficient designs, which compete successfully in export markets.'*

*This historic photo is part of the 'Railway Negatives' photographic collection (673/21).*

*Photo courtesy of Public Records Office Victoria (VPRS 12903)*

## Chapter 11: Car choice – when safety matters

Safety features – Star ratings – Advances in technology – Distractions – Driverless cars

ALLAN Wilson rates safety features a top consideration when choosing a car.<sup>238</sup> His current vehicle has a backing camera. The next one will have cruise control and a system to warn of dangerous lane changes.

‘It’s a matter of what you’ve never had, you don’t miss,’ Allan says. ‘But once you’ve got something, like a reversing camera, [you] wouldn’t go without it.’

Airbags are another essential safety feature. Most new cars are automatics. Even the manuals are easier to drive than the old ones ‘because the old ones did not have synchro on some gears’.

‘I can remember crashing gears plenty of times, particularly when I was in national service, driving World War II army trucks,’ Allan recalls.

The former agricultural researcher, now 80, is familiar with the challenges of country driving. He drove extensively working with the Commonwealth Scientific and Industrial Research Organisation (CSIRO) for almost 30 years, mainly in southern NSW. Later he managed research projects in outback areas, for groups such as Australian Wool Research (now Australian Wool Innovation). He has lived in Shepparton for nine years. Allan says cars now have ‘wonderful little aids to driving’.

‘And I think this bears on aged drivers, that they’ve got more aids to help them as well.’

He and his wife have two cars. The second one is a 20-year-old utility. ‘The old one doesn’t have any airbags, doesn’t have any ABS brakes,’ Allan says. ‘What am I doing with it? Well, it’s a utility and I use it to take rubbish and things and so on but it’s got to go soon because it’s got those safety things absent.’

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Car choice is important as people age. RACV manager road user behaviour Melinda Spiteri says people should try to choose the safest car they can afford.<sup>239</sup> Researchers have found that older people are more susceptible to injury and death in a crash than younger age groups because of increased frailty and slower recovery from injury.<sup>240</sup> Car features that protect the

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<sup>238</sup> Wilson interview in 2018.

<sup>239</sup> Spiteri interview in 2014.

<sup>240</sup> Langford & Koppel, 2006; Molnar et al., 2018; Young et al., 2018; Li et al., 2003.



occupants from injury are important. Spiteri says whether people are buying a new or used car they should ideally choose one with a five-star safety rating. The RACV has information about safety features on its website.<sup>241</sup> The topic is also covered in its ‘Years Ahead’ sessions for older people. Spiteri says the sessions are delivered free to any group of seniors. The RACV has licensed ‘Years Ahead’ to other states, so it has also been run by the RAA in South Australia, NRMA in NSW, RACQ in Queensland and RACT in Tasmania.

‘From a road safety point of view, having people drive the safest car that they can is really important, [because] we know that vehicle safety can greatly increase your chances of surviving in a crash [and] that seems to become even more important as we get older.’

Spiteri says the Australian New Car Assessment Program (ANCAP) star ratings for new and used vehicles are relevant for older drivers as well as for the general population.<sup>242</sup>

The star ratings indicate the level of safety the vehicle provides in the event of a crash for child and adult occupants and vulnerable road users, such as pedestrians. The ratings also indicate whether its safety features include technology to help avoid a crash or minimise its effect. Such features include the provision of auto emergency braking (AEB), antilock braking systems (ABS), electronic stability control (ESC) and seat belts with pre-tensioners to manage the force of impact. The vehicle’s passenger compartment should protect the occupants from crash forces by staying in shape in a crash.

Seat belts have come a long way since Victoria became the first government to make seatbelts compulsory in 1970.<sup>243</sup> Road deaths in Victoria fell 13 per cent in 1971. By January 1972, seatbelts had become compulsory in all Australian states.<sup>244</sup> Retractable three-point sash style seat belts with pre-tensioner technology are considered safer than those early lap belts. Some even include audible seat belt reminders, to let occupants and the driver know if they are not secured.

Modern seatbelts can be adjusted to better fit the wearer.

Spiteri says many people who have driven for a long time may not be aware that the seatbelt can be adjusted quite easily.<sup>245</sup> To get the best protection, people should first adjust

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<sup>241</sup> For RACV information on car safety features and ratings, and used car ratings, see <https://www.racv.com.au/on-the-road/driving-maintenance/road-safety/car-safety/ratings-tests.html> and <https://www.racv.com.au/royalauto/moving/news-information/used-car-safety-ratings-2019.html>

<sup>242</sup> Australian New Car Assessment Program [ANCAP], n.d..

<sup>243</sup> Transport Accident Commission [TAC], 2010.

<sup>244</sup> Carsales, 2010.

<sup>245</sup> Spiteri interview in 2014.

the seat to the right height then adjust the seatbelt so it fits properly. They know from their work with children that a good seatbelt fit is important.

‘And the same would apply if you’re a shorter adult, because it’s not going to fit you just automatically,’ Spiteri says. ‘You need to make sure it’s sitting in the right position, so it’s on your shoulder and across the bony parts of your hips and if you’re shorter – because I even know with me in some vehicles it’s not going to fit very well – it’s going to come more across your neck. So that’s when there is potential for it not to perform the way you want it to perform.’

Several of the drivers interviewed for this book drive late model cars with the latest safety features. Gael Thompson’s car is only three months old but she has already done more than 7,000 km in it.<sup>246</sup> The blind spot alert was the main safety feature she looked for when she bought it. But the braking system, airbags and seatbelts were also important. The former public servant chose a model that allowed her to raise the seat to give a good view of the road ahead. And she made sure the car had daytime driving lights and headlights that come on automatically when it gets dark.

‘It’s one less thing you have to think [about],’ she says.

Gael, 70, is recently retired from the Victorian Department of Health and Human Services but still drives between 15,000 and 20,000 km a year. She says cars today possibly make you a bit lazier ‘but things like your side mirror, blind spot alerts, things like that are great on cars’.

But a vehicle’s safety features are not the only things the drivers interviewed look for to adjust for age-related change. Comfort and ease of access are also on the agenda.

Loch Sport resident Rosie Boyd prefers driving a manual car but drives an automatic for health reasons.<sup>247</sup> Rosie, 69, has had both knees replaced. Driving an automatic is easier than having to use the clutch. She also needs a car she can get into. ‘A lot of them are just too high,’ she says.

Barbara Brown, 70, likes the heated front seats in her husband’s car, particularly on cold mornings, but she doesn’t see all changes in late model cars as improvements.<sup>248</sup> His car doesn’t have a cassette player. Hers does. ‘Well I like to have music,’ Barbara says. A radio

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<sup>246</sup> Thompson interview in 2018.

<sup>247</sup> Boyd interview in 2018.

<sup>248</sup> Brown interview in 2018.

and heater are important but she doesn't care so much about air conditioning. 'And I don't care what colour it is but I want it to be reliable.'

Sheila Evans recalls buying their first car soon after she and husband Murray moved to Melbourne in the late 1940s. It was a 'very old thing called a Whippet'.<sup>249</sup>

The Whippet was an American car produced in Canada and exported to Australia. In a 1926 silent black and white film clip designed to 'sell' the Whippet to Australian audiences, the cars are all driven by men wearing hats.<sup>250</sup>

But Sheila and Murray both drove their Whippet – a sometimes challenging task. Petrol was hard to get after the war, so Murray converted the car to run on kerosene. Sheila was driving when it broke down near the railway crossing on South Road in Moorabbin.

'It was a bit of a hill and the jolly thing stopped on me and I didn't know how to start it,' she says. 'You had to turn things over to change it back to petrol and that sort of thing.'

Vehicles have changed markedly since the days of the Whippet. David Taylor says cars are a lot easier to drive than when he got his licence at 19.<sup>251</sup> 'We've all got demisters and a heater whereas the older cars never had those things.'

Safety features continue to evolve, including airbags. ANCAP advises on its website ([www.ancap.com.au/understanding-safety-features](http://www.ancap.com.au/understanding-safety-features)) that buyers wanting maximum safety should look for front, side, curtain and knee airbags. Manufacturers also produce centre-mounted airbags – to cushion the heads of front-seat occupants in the event of a side-impact crash or a rollover. And pedestrian airbags can be mounted outside the vehicle at the base of the windscreen. If the car hits an adult pedestrian, the bag inflates and covers the lower part of the windscreen, including the wipers, to protect the pedestrian's head.

The vehicle's safety rating should be the top consideration. But car choice is not always straightforward, even for those choosing a sedan or hatchback. David is one of several drivers who share a car with their partner.<sup>252</sup> He says safety and economy were what he looked for when buying a car but he also considered his wife's needs. 'I like a bigger car but she likes a smaller car,' he says. They've since moved house and a larger car wouldn't fit in their garage.

David is tall. Driving a small car has a disadvantage for someone of his height. It's hard to see oncoming traffic when turning or merging.

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<sup>249</sup> Sheila Evans' interview in 2014.

<sup>250</sup> Australian Screen, n.d..

<sup>251</sup> Taylor interview in 2018.

<sup>252</sup> Taylor interview in 2018.

‘Because I’m so tall in a small car, I’ve got a middle pillar that gets in the way a little bit,’ he says. ‘But I’m aware of it.’ And it’s made him ‘very cautious’.

David says not all changes to vehicles have been positive. Personal comfort has increased but so have distractions. ‘I always put my phone in the boot so I can’t be distracted by it,’ he says.

Former taxi driver Pat Danaher, 72, agrees.<sup>253</sup> Pat says cars have become gadgets.

‘Everything has got an app or a program or something on it,’ the Burwood East resident says. ‘You’ve got to have this connected, you’ve got to have all these other bits and pieces. They’re all distractions.’

Distracted driving is recognised as a significant risk for all road users. The problem is expected to increase as in-car technology becomes more sophisticated and more drivers use it. Distracting activities increase driving complexity.

Road safety researcher Kristie Young and her colleagues found age-related changes make older drivers more vulnerable to the risks of distracted driving.<sup>254</sup> Older drivers, for example, might take longer than a younger driver to look at the vehicle’s control panel. Drivers need to look away from the road in front at times. Checking the rear-view mirrors and scanning are important for safe driving. But glancing away from the road for more than two seconds increases the risk of a crash or near-crash two-fold or more.<sup>255</sup>

Some older drivers modify their driving to adjust for age-related change, as researcher Lisa Molnar and her colleagues found.<sup>256</sup> A common example is leaving more room between their car and the car in front, to allow sufficient time to brake. Others include reducing distractions while driving, and pre-planning how and when to drive. Some choose what vehicle to drive with safer driving in mind. Ivan Robotham, 72, is one of them.<sup>257</sup>

The keen motorbike rider prefers his motor bike to his car when touring the countryside for pleasure. But his attitude to riding and driving – and risk-taking – has changed as he’s aged. In their younger days, he used to take his wife out on the back of the bike. Now they enjoy a country drive instead.

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<sup>253</sup> Danaher interview in 2018.

<sup>254</sup> Young et al., 2018.

<sup>255</sup> Klauer et al., 2006, p. 102.

<sup>256</sup> Molnar et al., 2008.

<sup>257</sup> Robotham interview in 2014.

‘I said to my wife: “I’m happy to risk the potential of coming off the bike, I am, but I’m not prepared to accept that risk on your behalf.” So we’ve got a two-door soft-top car, which my wife and I use if we want to go out. And we put the roof down and go out and enjoy [it] like on the motor bike.’

Lilydale mechanic and motoring enthusiast Alan Williams had another priority when choosing his latest car.<sup>258</sup> He wanted to go 4WD driving and wanted a reliable car that could do everything. The 4WD is not Alan’s only car. He also drives a 1924 Austin 20, a regular reminder of just how far cars have come in the past century. ‘So it’s a big car but ... it doesn’t do anything very well,’ he says. ‘It doesn’t like going up hills. It doesn’t like stopping. It’s hard to steer it. It’s not [got] much power.’

Switching from the Austin to his 4WD is a culture shock. The 4WD has adaptive cruise control, airbags and autonomous braking, usually referred to as Auto Emergency Braking (AEB).

‘Well you like to have the airbags, you like to think if something [happens] beyond your control and you’re in a crash, you’re going to be protected,’ Alan says. ‘I wasn’t sort of looking for the autonomous braking when I bought the car I’ve got.’ But he did want adaptive cruise control. ‘You just set it and forget it. And if it comes up behind another car, it keeps a safe distance. So that I like.’

His vintage Austin on the other hand has no airbags and drives more like a truck. ‘If you see a traffic light you start to slow down straight away,’ Alan says. The old car is slower to stop than modern cars and slower to pick up speed going uphill. ‘And it’s interesting to see how far cars have progressed in 80 or so years,’ he says, adding that cars are getting closer and closer to driverless vehicles.

Not so long ago expecting driverless cars to help people retain independent mobility sounded like a futuristic solution to driving cessation. Now the future is almost here. Researchers suggest autonomous vehicles – also referred to as driverless or self-driving vehicles – have the potential to increase mobility options for sectors of the population whose daily travel needs are currently under-served.<sup>259</sup> These include non-drivers, older people and people with disabilities, who currently rely on friends, relatives, public transport or some sort of government assistance. Transport scientist David Metz reported in 2019 that Google’s self-driving car project, now called Waymo, had moved from special pod-like vehicles with no

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<sup>258</sup> Williams interview in 2018.

<sup>259</sup> Harb et al., 2018; Harper et al., 2016; Metz, 2017.

steering wheel or brakes to trialling their robotic driving systems in adapted mass-produced vehicles.<sup>260</sup> This provided two options: autonomous driving or full driver control.

Metz is an honorary professor at University College London's Centre for Transport Studies and was formerly the chief scientist at the UK Department of Transport. He explained that driver error is a major contributory factor in fatal crashes.<sup>261</sup> He expected technology to be capable of doing better, but cautioned that driverless vehicles will need to be 'demonstrably safer than conventional vehicles'.<sup>262</sup>

In 2016 business and technology publications reported that 12 companies had received permission to test self-driving cars on public roads in California.<sup>263</sup> The companies included Google's parent, Alphabet Incorporated, as well as Ford Motor Company, Tesla Motor Incorporated and a newcomer, Zoox. Bloombergs reported that Zoox' vision was for an Uber-like ride-sharing service using self-driving cars.<sup>264</sup>

Several research teams have put the concept to the test. One US study gave 13 people in the San Francisco Bay area access to a free chauffeur service for a week to see if having access to a vehicle they didn't have to drive changed people's travel behaviour.<sup>265</sup> Participants were a mix of millennials, families and retirees. The research team found the retirees almost doubled the number of long trips they did – and more than doubled the number of trips they made at night – when they didn't have to drive. They made more short trips with the chauffeured car than the other age groups, even though the total distance they travelled over the week was less and they travelled less at night. The team concluded that autonomous vehicles needing no human intervention would provide a major new transport option for people with disabilities, those without a driver's licence and older people who no longer felt confident drivers.

But are people ready to trust technology and get in a driverless car?

The answer from the drivers interviewed is a resounding 'No'. At least 'not yet,' Bronwyn McNamee and Marie Darby say.<sup>266</sup> The reasons vary.

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<sup>260</sup> Metz, 2019.

<sup>261</sup> Metz, 2019, p. 109.

<sup>262</sup> Metz, 2017, p. 209.

<sup>263</sup> Chee, 2016; Harper et al., 2016; Higgins, 2016;

<sup>264</sup> Higgins, 2016.

<sup>265</sup> Harb et al., 2018.

<sup>266</sup> McNamee and Marie Darby interviews in 2018.

‘Fear of the unknown,’ says Marg Welch.<sup>267</sup>

David Taylor says he’s old-fashioned and wants his hands on the steering wheel.<sup>268</sup> ‘I don’t trust technology,’ he says. He can’t get his head around the question of who would be in charge of it. It would be like going in a taxi but with no taxi driver but ‘technically speaking you don’t need a licence to get in a taxi’.

‘So if a car pulls up and you were sitting in the back seat and no-one was in charge of the car, it means that everybody on the road, everybody in Australia could get in a driverless car,’ David says. ‘Because even my own father, who never had a licence in his life, would be able to get into one.’ David says a lot of legalities need to be clarified, including whether someone in the vehicle would need to be a licensed driver.

Christine Hanly says she knows they’re safer than a driver but she would find it ‘very unnerving.’<sup>269</sup> ‘I’d probably need to have a bit of a practice run off the road at a race course or something like that.’

Bob Darby would be dubious ‘until I’d seen them going around for a while.’<sup>270</sup> He’s seen a driverless bus going around at Latrobe University and says that seems to be working all right. ‘It’s only going around the university, though, it’s not going out in the street,’ Bob says.

Marg Goss, Rosie Boyd and Dale Coghlan are definite ‘nos’.<sup>271</sup> ‘I like a driver,’ Marg says. Rosie likes to be in control of what is happening with the car. ‘I like to know where I’m going.’ Dale Coghlan recalls turning down the opportunity to drive a car with keyless entry, when she was driving for the Commonwealth Games. She asked for the key and was told ‘There isn’t one.’

‘And I said “I don’t trust a car without a key.” Well that wasn’t so long ago,’ Dale says. ‘I would never get in a driverless bus, I would never get in a driverless car, however, in Paris I’m very happy with the driverless trains.’ She had travelled on the Paris train many times before she realised there was no driver. It doesn’t worry her ‘because they’re on the rails, they’re not going to go off. And if they need to stop, they can stop. They’re not going to run into anything because there’s nothing to run into.’

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<sup>267</sup> Welch interview in 2019.

<sup>268</sup> Taylor interview in 2018.

<sup>269</sup> Hanly interview in 2018.

<sup>270</sup> Bob Darby interview in 2018.

<sup>271</sup> Goss, Boyd and Coghlan interviews in 2018.

But she doesn't think driverless cars could be trusted. 'You still couldn't sit back and read your newspaper or do some work because you'd have to be sitting there concentrating and watching. So if you're doing that you might as well be driving. I would be a nervous wreck. I probably wouldn't breathe, waiting for not to give way on the right or, no I couldn't. I couldn't stand the tension and the pressure.' And that thought makes her laugh.

'I would never, ever, ever get in a driverless car. I don't think they can be trusted. I really don't. Things go wrong, computers get unplugged, all that. No, no, no, no.'

Cedric Hordern would possibly consider one if he had broken his leg or done something similar but would be very nervous about it.<sup>272</sup> Janice Hordern says a driverless car would be impersonal.<sup>273</sup> 'The car can't reassure you.' She says the volunteer driving services are about more than getting people from A to B. 'You're human and you're helping them.'

John Hetherington has read about the abilities and shortcomings of driverless cars and thinks it will be a long time before they're safe enough.<sup>274</sup> 'I mean, driverless trains, they're 10 a penny around the world airports. At Dubai, for example, and Singapore you just hop on the train and you're told that it's driverless and so what? You know, there isn't likely to be anybody else on the rails. There's nobody going to stop and step off etcetera. No, it's a great idea but its era is not here yet. It's time's not come.'

But John thinks it's a great idea in terms of reducing traffic volumes. 'I mean you can have a commuter get in a driverless car that drops you off at the office and then goes and does another job,' he says. 'I think it would probably reduce the number of cars on the road in a city by probably half.'

Two of the drivers are almost convinced. Barbara Brown can't picture how it would work.<sup>275</sup> 'I don't think my imagination stretches that far,' she says. But she recalls sitting in her daughter's car while it parked itself and decides a driverless car would be a bit like an automatic taxi. In that case, she would try it 'as long as it didn't charge me too much.' And Christine Richards would only hesitate because 'it's so unfamiliar'.<sup>276</sup>

'I know they're safe,' she says. 'It's a bit like we were scared of ATMs once but we soon got used to that.'

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<sup>272</sup> Cedric Hordern interview in 2018.

<sup>273</sup> Janice Hordern interview in 2018.

<sup>274</sup> Hetherington interview in 2018.

<sup>275</sup> Brown interview in 2018.

<sup>276</sup> Richards interview in 2018.



Gerry Baldock is undecided about whether he would get in a driverless car.<sup>277</sup> But four of the drivers give the concept a resounding thumbs up.

Alan Williams would give it a try.<sup>278</sup> So would Bill Roberts.<sup>279</sup> His interest in new technology extends from an interest in radio when he was 12 to a hobby making computers. He's still interested in IT and runs a home business helping his peer group with computers. He sorts out their computer issues remotely, including servicing a computer for a friend in Africa.

Allan Wilson's opinion is clear.<sup>280</sup> 'Driverless cars would be *marvellous*,' he says, slowly and with feeling. 'The concept sounds wonderful. I don't think it will happen in my time because all those concept things take longer to develop than the bright people who produce them imagine they will. ... I've seen technology in all sorts of things in my time get better. The first time you see them you think "Oh, that won't work." And then they get better, and they do.' He thinks they would be better than a taxi – you wouldn't have to worry about whether or not it was going to turn up.

Allan points to a conundrum associated with car ownership. 'The money we put out on a new car really is enormous compared with what we could pay every day for a taxi fare,' he says. 'So it's got to be like \$150 a week or something it's costing us to have that car sitting there, in depreciation. And yet you'd feel awful peeling out \$150 a week for taxi fares.'

Driving a safer car is one way to promote safer mobility. Shepparton resident Val Bedford sees education as another, as Chapter 12 explains.

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<sup>277</sup> Baldock interview in 2018.

<sup>278</sup> Williams interview in 2018.

<sup>279</sup> Roberts interview in 2019.

<sup>280</sup> Wilson interview in 2018.

## Chapter 12: Making changes – Educating drivers

What sort of education? What skills need improving? What other skills can help?

SHEPPARTON resident Val Bedford was offered a driving course when she was about 60.<sup>281</sup> Someone had booked the course at a Shepparton driving school but dropped out. Val accepted the place.

‘It was something I had often thought I’d like to do,’ says Val, now aged 80. ‘It was so worthwhile ... one of those things I’ve done in my life that I’m not sorry I did.’

‘It’s been very beneficial, even though I’d been driving for years but you just don’t think of the little things, the way you drive. Yes, I hadn’t had an accident but it’s quite possible by now I would have had an accident.’

Val sums up what the course taught with one word – awareness. ‘Not just getting in the car and thinking about other things, like cooking your evening meal or what you’re going to buy. And not thinking of even which road you’re going to take to get to your destination. You get in the car and you go. And that to me was the eye-opener. Just be aware of the traffic around you, road signs, the whole caboose and caboodle.’

The course ran for five days, beginning with a half-day in the office, checking participants’ driver’s licences and doing a written test on road rules. Then they did a driving test around Shepparton. The next day they drove around the area, into the countryside and to one of the neighbouring towns. Another day they went up into the hills to do hill-driving in different conditions. They spent one day in Melbourne, driving there from Shepparton, driving around the streets and then coming back to Shepparton by a different route.

‘The last day was something I quite enjoyed with what they call the skid pan,’ Val says. ‘I really did enjoy that, just how to handle a car if you do get into that sort of situation, where maybe you have ice on the road and the car wants to take off.’

It’s a good skill to have in areas such as Shepparton, where black ice can be a problem on an early winter’s morning. Val and her husband are regular stallholders at the Violet Town craft market. That involves some early morning driving ‘which means in the winter months it’s dark when we set off and quite a windy hilly track to the town from here’.

‘So we do some early morning driving, sometimes through fog.’

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<sup>281</sup> Bedford interview in 2018.

For the past 10 years Val has done most of the driving. Her husband sometimes drives on his own early in the morning when it's quiet 'but otherwise he's happy to let me drive'.

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Few studies have examined the effectiveness of retraining older drivers but the results are encouraging. Nicol Korner-Bitensky, Ailene Kua and their colleagues in Canada assessed scientific evidence of the effectiveness of retraining programs for drivers aged 55 and over.<sup>282</sup> Their 2007 and 2009 reviews of scientific literature turned up 12 studies that involved skills training. The programs included on-road training, physical retraining, visual perception and education, either singly or in combination.

They found strong evidence that education, combined with on-road training, improved driving performance. They also found moderate evidence that the combination improved driving-related knowledge. Published research suggests an on-road refresher, combined with in-class education, can potentially help older drivers drive safely for longer.

But the researcher team also found there was moderate evidence that an educational program alone – without additional interventions, such as on-road or physical retraining – did not reduce crash risk.

Kua and her colleagues in the 2007 review also recommended that training programs should include physical training, to enhance flexibility and to improve driving related skills. The skills to work on included observing towards the rear and over the shoulder and using mirrors.<sup>283</sup> They proposed that an effective driving retraining program for 'well elderly' drivers had the potential to reduce traffic violations, motor-vehicle crashes and crash-related injuries. That meant potential cost savings from insurance claims and health care, making an intervention program worthwhile.<sup>284</sup>

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### **Sources of information on driving**

Fellow Shepparton resident Allan Wilson, 80, is a keen educator and learner.<sup>285</sup> He teaches a science class once a month at Goulburn Valley U3A. 'We don't teach chemistry and physics but we look at the science behind things. For instance, we're following Mars at the moment,' he says. 'NASA wants to send a rocket and colonise Mars, well, what are the scientific issues

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<sup>282</sup> Korner-Bitensky et al., 2009; Kua et al., 2007.

<sup>283</sup> Kua et al., 2007.

<sup>284</sup> Kua et al., 2007, pp. 88-89.

<sup>285</sup> Wilson interview in 2018.

involved?’ He also attends a walking group, an opera appreciation group and a literature group, as well as doing the U3A newsletter.

Allan sees an important role for driver education as an alternative to cancelling an older driver’s licence if they do something wrong.<sup>286</sup>

‘If there’s a problem identified, there’s not just one solution, cancel the licence,’ Allan says. ‘The other solution is to give some training. I’m not sure how that could be [done] but it doesn’t mean a formal licence test, which tests things that are probably not necessary. If we older people have a problem with parallel parking, well we just don’t do it. We park somewhere else.

‘But why not have, if a person’s having a problem or if it’s an age-related thing, particular lessons with a professional? Five lessons or something or other? Pick up the mistakes we’re making or were never taught.’

Allan has been a mentor driver. As part of the program, he was taught how to communicate with a student. ‘In that L2P program there’s a consistent procedure,’ Allan says. ‘For instance, you don’t say “Turn right at the next corner.” You say “At the next corner, turn right.” The subtle difference is important, because if you say “Turn right” the student might do it straight away.’

The experience has made Allan more attentive to things like the need to look around the car’s pillars and to drive defensively. ‘Things that are not the rules but might be “Where’s the other person going to be making an error?” Mmm.’

Allan says many drivers his age would have had a very rudimentary introduction to driving. Ignorance of the need to stop at stop signs, for example, is widespread. Many treat them ‘a bit like a yield sign’. And very few older drivers do a left head-check when crossing a bicycle lane.

‘Perhaps the city people get used to this, if you’re living in Carlton and there’s masses of bicycles but in Shepparton there’s lots of bicycle lanes and very few bicycles.’

The rural drivers I interview commonly nominate the RACV’s monthly *Royalauto* magazine as a source of information on road rule changes. Shepparton resident David Taylor says the *Royalauto* is a good starting point, including the quizzes on ‘Who’s got the right of way?’ and that type of thing.<sup>287</sup>

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<sup>286</sup> Wilson interview in 2018.

<sup>287</sup> Taylor interview in 2018.

Val Bedford agrees. She says Victoria's new rule requiring vehicles to slow to 40 km/h, when passing vehicles with flashing lights at the side of the road, was well publicised in the magazine and on radio.<sup>288</sup> The rule requires drivers and riders to slow to 40 km/h when passing law enforcement and emergency vehicles, until they are a safe distance past the incident.<sup>289</sup>

'And I know I find [the rule change] quite easy because you just see a flashing light ... it's putting out a signal, isn't it, to slow down,' Val says. 'I don't think there's really any excuses now for anybody not to slow down if they see a flashing light.' She found it easier to take in the detail when she could read it rather than just hearing it on the radio.

But the digital age has widened the range of information sources. Loch Sport resident Rosie Boyd nominates Facebook and her local Neighbourhood Watch groups as the main ways she hears about road rule changes, such as the 'flashing lights' one.<sup>290</sup>

'That was brought up on Facebook,' Rosie says. 'Somebody had mentioned it and, of course, you share it round. And also at Neighbourhood Watch, the local police officer filled us in on the details.'

VicRoads has a Facebook page as well as a section about road rules on its website ([vicroads.vic.gov.au/safety-and-road-rules/](http://vicroads.vic.gov.au/safety-and-road-rules/)). The Facebook page includes videos explaining new initiatives. For example, when Victoria introduced its first 'protected intersection' – at Albert and Lansdowne streets in East Melbourne – the Facebook page included a video outlining how the changes would affect both drivers and cyclists. The website also uses diagrams to explain road rules. Anyone can sign up on the website to receive road rule updates in their inbox.

The RACV also includes a road rules quiz in its free 'Years Ahead' program for seniors. Road user behaviour manager Melinda Spiteri says the road rules quiz is a popular part of the presentation.<sup>291</sup>

'I've noticed whenever I've attended a "Years Ahead" presentation, that's what gets people fired up and they're putting their hand up because everyone thinks they know the answer.' But it's not always quite what they expect.

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<sup>288</sup> Bedford interview in 2018.

<sup>289</sup> VicRoads, (a), n.d..

<sup>290</sup> Boyd interview in 2018.

<sup>291</sup> Spiteri interview in 2014.

‘Years Ahead’ covers a range of topics, from vehicle safety and health and medical conditions that may affect driving ability, to older people’s vulnerability as pedestrians, and planning ahead for when they may no longer drive. The presenters are ‘peer-aged’ and generally live in the area, which is particularly important for regional areas. The presentation is delivered free to any group of older people, from Senior Citizens and Probus clubs to retirement villages.

‘Any group really that wants to book in, we’ll send our presenter along,’ Spiteri says.

She points out, however, that research indicates increasing people’s knowledge of road rules doesn’t necessarily have a road safety benefit. Some people know the rules but choose to break them. Good awareness of the driving situation – and recognition of potential hazards – have a bigger impact on road safety than being able to answer road rule questions correctly.

The RACV also runs commercial driving programs, including refresher lessons tailored to older drivers. The instructors are familiar with the re-testing requirements when someone has been reported to VicRoads. ‘So it is quite a different lesson than what you would deliver to a learner or what you would deliver to someone who is still experienced but perhaps is doing an assessment for work purposes.’

Problems at intersections are one of the things assessors look for when testing drivers reported as unsafe. Mooroopna driver Andrew Crawford, for example, was asked to explain who had right of way at an intersection in the office-based test.<sup>292</sup> His on-road test included driving through various types of intersections, as well as going around roundabouts. Andrew had suffered a stroke and the occupational therapist (OT) was assessing whether the medical condition had adversely affected his driving. She also recommended he use a driving aid – a spinner knob – to assist him when turning the steering wheel.

A review test differs from the entry-level driving test licensed drivers would be familiar with. It is specifically designed for experienced drivers, to assess the safety of their driving skills. Tests are based on Austroads’ national fitness to drive standards. A fail means the person’s driving is unsafe or illegal.<sup>293</sup>

Victoria’s licensing authority, VicRoads, has two review tests: a ‘Medical Review’ driving test and an ‘Occupational Therapy Driver Assessment’ for drivers with impairments associated with medical conditions, injuries or disabilities that may affect safe driving.<sup>294</sup> The

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<sup>292</sup> Crawford interview in 2018.

<sup>293</sup> VicRoads, (d), n.d..

<sup>294</sup> VicRoads, (b), n.d.; VicRoads, (d), n.d..

tests are done in a vehicle with dual controls to protect the vehicle's occupants and other road users. This is important, given that the test is required because of concerns raised about the person's ability to drive safely.

The OT driving test includes assessment of the driver's physical limitations and use of any required vehicle aids and modifications.

### **Assessing non-medically impaired older drivers**

Researchers Marilyn Di Stefano and Wendy Macdonald analysed 533 road test cases from VicRoads files, to see what sorts of errors were made by drivers reported to the licensing authority as possibly unsafe.<sup>295</sup> The drivers were tested by specialist licence testing officers, usually in an automatic dual-control vehicle. The usual test involved driving in familiar locations, such as from their home to shopping and medical facilities. The strongest indicators of whether the driver would pass or fail the test were problems negotiating intersections correctly and maintaining the correct position on the road – not the driver's age or parking ability.

The most common errors at intersections included failing to check mirrors and use indicators; misjudging things like the gap between vehicles; being in the wrong position on the road when turning; failing to obey road signs and signals; and not slowing down smoothly to a safe speed.

OT driver assessor Sarah Kyriacou says failing to do blind-spot checks is one of the problems she sees.<sup>296</sup>

'Throughout the assessment we're trying to get people to learn,' she says. 'If they've nearly got there with their skills, then you do maybe a follow-up lesson to consolidate skills. But if people haven't got it, you always offer those lessons.'

One situation in which lessons can be a benefit is when someone has to stop driving and their partner lacks the confidence to take over the role. Kyriacou finds with couples in their 80s and 90s the man still does most of the driving. Occasionally the women don't drive.

'The problem is then if the man's licence is taken away, the woman then feels ... forced to drive and they've lost that confidence in themselves. So that can cause some issues. I often try and advocate for the spouse to have a lesson to try and boost their confidence.'

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<sup>295</sup> Di Stefano & Macdonald, 2002.

<sup>296</sup> Kyriacou interview in 2014.

Lessons can also help people who avoid doing right-hand turns. ‘Some people will do this amazing unsafe driving to avoid doing a right-hand turn at a traffic light,’ Kyriacou says. ‘And they’re doing U-ees across four lanes and you are thinking, “That’s so much more dangerous.” Have a lesson. Sort it out.’

### **Education to prepare for life after driving**

Bendigo OT driver assessor Matt Grange agrees that lessons can sometimes help.<sup>297</sup> If someone doesn’t pass the on-road test, he may say ‘Well, maybe go and get some lessons and improve your ability to drive. We can do another assessment and hopefully you will pass.’ He adds that it depends on whether the driver is capable of learning new skills. But education is about more than improving driving skills. It can help to ease the transition to giving up driving.

Grange says outpatients who have to stop driving are often referred to an OT or social worker to outline options for them.<sup>298</sup> Many older drivers in the regional city don’t use public transport. Buses are less frequent than in metropolitan areas, such as Melbourne, and timetables may not match people’s needs, particularly for those living on Bendigo’s outskirts.

Education and forward planning may help ease the transition to life after driving. Lucy Foley produces resources and runs information sessions on driving and dementia for Alzheimers Australia. She worked on a joint project with the RACV to support drivers and their families and carers through the practical and emotional transition to non-driving.

‘That was the sort of focus of a guide that we developed and we also, as part of that, developed a couple of short DVDs on YouTube around starting the conversations around driving.’ The two videos focus on interviews with partners and family members. Issues of consent make it difficult to include interviews with people with dementia.

Their information sessions include discussion about staying mobile and connected after giving up driving. Foley says it can be confronting for people who haven’t stopped driving, even though the literature says ‘Plan ahead, think ahead’.

‘But it’s good to have that there and maybe it’s introducing some of the ideas to think about later in the track and I think the session works in that way,’ she says. ‘All the stuff we cover is in our guide but what people get out of the session is that shared experience of other people in the same boat.’

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<sup>297</sup> Grange interview in 2014.

<sup>298</sup> Grange interview in 2014.



Starting to use public transport may no longer be feasible after someone's learning abilities decline. Familiarising yourself with public transport before you need it is one way to plan ahead for life after driving.

Former taxi driver Pat Danaher is doing his bit to help.<sup>299</sup> The keen golfer organises tours to encourage fellow retirees in his local Probus group to explore Melbourne by public transport and on foot.

'These last 18 months we've been tourists in our own city,' Pat says. The excursions start at a train station. People can walk to the station or take a bus or drive to the station if they can find somewhere to park. 'You've only got two- or three-hour parking,' he says. 'We're out for four hours or more.' Taking public transport keeps down the cost and they don't have to worry about parking at their destination. 'We've all got our seniors travel card, Myki card, that costs you \$5 for the day, or less.'

Alternatives to driving may lack the spontaneity of being able to jump in the car. But living in an area where local government provides infrastructure to support people remaining mobile helps. With planning, practice – and a bit of support – staying actively involved in the community is still possible for those who can't drive. Assistance is out there, if you know where to look, as chapter 13 explains.

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<sup>299</sup> Danaher interview in 2018.

## Chapter 13: Driving cessation – Transport options to stay mobile

Public transport – Volunteer services – Family and friends – Need for a ‘one-stop-shop’

BILL Roberts hopes his children never have to say to him, ‘Dad, you mustn’t drive anymore.’ Not that he wants to keep driving forever. The Doncaster resident knows first-hand the relief when a loved one makes the decision themselves.

Bill’s wife had shared the driving, even when they took off around Australia towing a caravan behind their sedan. Then Dorothy developed Alzheimer’s disease. As her condition progressed, he knew that a time would come when he would have say: ‘No more driving, dear.’

That day did not come.

‘About three years ago she said, “I don’t want to drive anymore” and she voluntarily just stopped [driving]. And I thought, “That is such a weight off my mind.”

‘But she did it off her own bat, which was amazing.’

Bill thinks he will know when the time is right to hand back his driver’s licence.

‘I think I’ll know when I feel nervous about parking or a bit hesitant about doing turns.’ He hopes he recognises it before he’s involved in a collision. ‘Probably only a minor collision I would hope but misjudgement of distance or hitting someone in the tail or something like that.’ He suspects in a year’s time he will be ‘seriously considering whether I should be driving’.

Bill lives in a retirement village so he has other transport options. The village has a bus that takes residents to two nearby shopping centres twice a week. A bus to the city is nearby, although he seldom uses it. He has good neighbours and they look out for each other. And his children would help. ‘We’ve got great kids,’ he adds.

But giving up driving will be hard. Most days he travels to the care home where Dorothy now lives. ‘While I’m visiting every day, it’s fantastic to be able to either drive or ride my bike. But when it’s more difficult then I’ll probably not visit every day.

‘I don’t know how I’ll cope with that.’

Visiting a loved one in a care home involves a lot of sitting. Even walking around the grounds of the care home together is ‘not big exercise’. They walk slowly. Bill is conscious of the need to maintain fitness. An aged care package helps him to exercise at a local gym

and he often rides his electric bike to visit Dorothy. It gets him mobile and that's important. He describes himself as a 'fair weather bike rider'. On rainy days, he drives.

Sometimes he takes Dorothy for a drive to a picnic area nearby 'just to get her out of the institution'. They were both keen walkers and still love the bush. Blackburn Lake is a favourite destination. 'You can be there and you can't see a house.'

Bill still has good vision. He wears hearing aids. 'But even without them I can hear a horn blast if there's one behind me.' He laughs. 'I don't feel unsafe at the moment.' But caring for a partner with dementia is stressful. 'I keep reminding myself that we had 60 fabulous years.' But he describes the last two years as 'almost hell'.

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### **Transport options after driving cessation**

Access to services that help older people to remain mobile and connected to their communities is an important part of healthy ageing. The United Nations highlighted the need for transport to make communities safe and inclusive in its 2015 Sustainable Development Goals.<sup>300</sup> The UN pledged to work towards meeting the transport needs of the vulnerable – women, children, older people and those with disabilities.

People become more dependent on others to meet basic needs when they can no longer drive. On-line shopping and social media may help but without access to good and services people are vulnerable. Loneliness is also a problem if they're unable to stay in touch with family and friends.

So what are the alternatives if someone has to stop driving because of physical, cognitive or visual impairment?

Remaining mobile after giving up driving is not a case of 'one-size-fits-all'. A range of transport options exists. Common alternatives are public transport, walking or being driven by family or friends. Retirement villages may have a shuttle bus to take people to nearby shopping centres, as Bill Robert's one does. Community volunteer drivers, ride-share schemes and delivery services are other options.

But the lack of a 'one-stop-shop' makes finding transport options – and mixing and matching to find the best alternative – a challenge.

Some Californian cities have tried trip planning apps to help people find the quickest, cheapest and 'greenest' ways of getting to a destination. Los Angeles introduced the 'Go LA'

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<sup>300</sup> UN, 2015.

app in January 2016 to provide one-stop access to public and private transport options in the US city. It allowed users to compare and combine personal transport options (car, walk, cycle), public transport (bus, subway, train), and shared and ride hailing options (ZipCar, Uber, Lyft and bikeshare). The app was piloted by Xerox but discontinued in January 2018.

San Mateo's 'Connect San Mateo' website ([connectsanmateo.com](http://connectsanmateo.com)) is still operating. It provides information on ZipCar (rent car sharing), Bike Share, rail and bus services, free shuttle services, bike riding, carpooling and other alternatives to driving a privately owned car. The website is part of a program to reduce vehicle gas emissions and the number of single-occupant cars on the road. A similar website provides transport information in Redwood City ([connectredwoodcity.com](http://connectredwoodcity.com)).

Australia has trip-planning apps to help commuters optimise public transport options. Sydney, for example, has a plethora of apps, including 'TripView', 'TripTastic' and 'Abil.io', which provides information for people with limited mobility, on things like ramp gradients, steps and what the ground surface is like (see [www.sydneymovingguide.com](http://www.sydneymovingguide.com)). Adelaide has third-party apps with public transport information ([adelaidemetro.com.au](http://adelaidemetro.com.au)). The Public Transport Victoria app provides a one-stop-shop journey planner. But an app or website combining information on personal, public and ride-share options is a gap in the market.

### **Transport alternatives to self-driving in practice**

For Bill Roberts, public transport would be an option and his children would also help. One of his daughters lives nearby. But few of the drivers I interviewed mention their adult children as regular transport alternatives. Their children have often moved for work or work long hours. Some live interstate or overseas.

Cedric and Janice Hordern live in Chirnside Park, 35 km north-east of Melbourne. Cedric says they are fortunate as one of their four children lives nearby.<sup>301</sup> Many are not so lucky. He knows people who have moved to be close to their children and then the children have moved interstate or overseas because of work commitments. People don't want to live too far from their children but Cedric cautions that living near health services is also important as people age. As Janice points out, children may be unable or unwilling to provide regular transport.

That's where community volunteers can help.

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<sup>301</sup> Janice Hordern interview in 2018.

### **Community volunteer drivers**

Cedric Hordern started doing ‘Meals on Wheels’ when they needed people to fill in while the usual drivers were on Christmas holidays.<sup>302</sup> Janice was working in the office at Knox Community Volunteers, organising drivers for people in need.

‘She called on me on a couple of occasions where they were stuck,’ Cedric says. He was recovering from chronic fatigue syndrome and only working part-time. When he retired in 1998, he became a volunteer driver. ‘[I] love it, and you meet some very interesting people.’

Cedric drives with both Eastern Volunteers and Eastern Health, bringing people from the Yarra Ranges, Warburton and Healesville to Lilydale for therapy, as well as driving people to shopping and social activities.

Janice says people are often nervous going to medical appointments and it helps to have a ‘sympathetic ear’ and someone to talk to on the way. Even their friends living locally ask Cedric to drive them to doctor’s appointments.

‘You’re able to put them at rest, at ease,’ Cedric says. ‘I’m a cheeky blighter but I encourage people to be light-hearted and take their mind off issues and things like that and I think it’s been appreciated.’

Tony Lowry is another volunteer driver.<sup>303</sup> The Vermont resident says the people he drives to day centres for workshops couldn’t take a taxi because the driver wouldn’t be able to communicate with them. But the trips are regular so the Eastern Volunteers’ office ‘gets that sorted out’. The volunteers can also drop people close to where they need to go, something a bus can’t always do. This flexibility is important when older people are going to large shopping centres with multiple entrances.

Some of the people that Tony drives are still able to use public transport or walk. But their destinations – medical appointments and day programs for people with dementia and similar health issues – are not within walking distance of public transport. The programs provide more than social contact for the user. ‘As much as anything, it’s relief for the people that are caring for them at home [and] public transport wouldn’t get them there.’

Tony says some people think that the volunteer driver service is only for taking people to medicals but he stresses that it exists to provide social interaction as well. ‘I was getting comments, actually almost of disgust, when I was saying I’m taking these ladies to go and

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<sup>302</sup> Cedric Hordern interview in 2018.

<sup>303</sup> Lowry interview in 2018.

play bingo and [some people] thought, oh, it was an abuse of the service. And it's clearly not.'

Researchers recognise the importance of maintaining social contacts for healthy ageing.<sup>304</sup> Volunteer driver services are one option to meet older people's transport needs to support this. Community bus services are another.

### **Community buses and shuttle services**

Loch Sport has a volunteer-run community bus service. Community House president Rosie Boyd says they raised money to purchase the bus.<sup>305</sup> Its main purpose is to help people to socialise, so they don't feel so isolated.

Rosie says Loch Sport has no doctor or taxi service. People often have to drive 56 km to the nearby town of Sale. The public bus only runs three times a week, which doesn't always fit with medical appointments. 'You've got to be able to get to the bus stop to do that, whereas the Community House bus, when we organise trips, we pick people up at their house.' The town has no transport on the weekend and 'unless you drive, you're stuck.'

The community bus takes people to Sale to do their shopping. It also takes residents on Sunday outings. 'Whatever we can find that people want to go to, the Community House will do its best to set it up.' The service has a team of volunteer drivers, including Rosie 'occasionally'.

'Last month we went to Lakes Entrance and it was a bitterly cold day but it was lovely to sit down for lunch at the RSL with everyone and get to know them,' she says. 'And that's the whole purpose of it, to be able to talk to people and not feel isolated.'

Volunteers in Shepparton also provide transport for older residents. David Taylor is a volunteer driver at Shepparton aged-care centre, Tarcoola.<sup>306</sup> He drives the centre's 12-seater bus once a fortnight, taking people from the independent-living section to do their shopping.

Local government also provides a community bus service in many metropolitan and regional areas, although they may be means-tested. Access to some may be limited to those with 'My Aged Care' approval to receive transport services. A search online, for 'local government aged care community bus', returned links to Frankston City Council ([www.frankston.vic.gov.au](http://www.frankston.vic.gov.au)), Manningham Council ([www.manningham.vic.gov.au](http://www.manningham.vic.gov.au)), a local government aged care and disability site ([www.viccouncils.asn.au](http://www.viccouncils.asn.au)), AccessCare's community

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<sup>304</sup> Freeman et al., 2006, cited in Caragata et al., 2009; Ragland et al., 2004.

<sup>305</sup> Boyd interview in 2018.

<sup>306</sup> Taylor interview in 2018.

bus program ([www.accesscare.org.au](http://www.accesscare.org.au)), Connect Health and Community's community transport program ([connecthealth.org.au](http://connecthealth.org.au)) and more. The services offer affordable transport for elderly people and those living with a disability. But what about public transport?

### **Public transport: Buses**

Viewbank resident Frances Hutson says there's a bus stop outside her retirement village, with somewhere to sit while you wait.<sup>307</sup> She has a collection of bus and train timetables and works out which buses connect with trains. 'If you work it out beforehand, it's not so bad,' she says. 'Mostly, I just prepare myself and take a good book or my knitting and allow the time, which is better, because if you're driving you get more stressed.' Frances praises the drivers, saying she has noticed that they don't take off until she's seated.

Bulleen resident Marg Welch says buses are the only public transport where she lives but the service is good.<sup>308</sup>

But proximity to public transport – or lack of it – makes a difference. Ringwood East resident Rod Barclay says his suburb is an age-friendly place but getting to a shopping centre would still be a problem for those with mobility issues.<sup>309</sup>

'Any suburb where you live 15 minutes' walk from the shops or the station or the bus, that's not unfriendly. But if you get into your 70s, 80s, 90s and your mobility is not all that crash hot then, no, you're not going to be able to walk that distance.'

Rod is a volunteer driver. 'Some of the people I drive, I drive less than a kilometre. Well, they wouldn't get a taxi to take them that distance.' He picks up one couple and takes them to a community centre. It's about 700 m away in the same street but it's too far for them to walk. 'Neither of them can get there.'

Road infrastructure also makes a difference to a neighbourhood's 'walkability'. Promoting walking has benefits for individuals and their communities. The exercise improves people's fitness. And the more people access goods and services close to home, the greater the reduction in congestion and pollution. But well-maintained footpaths and pram crossings are essential to reduce trip hazards and falls.

Sale resident Marg Goss says some of the older parts of her town don't have footpaths, although the shire council is making improvements.<sup>310</sup> Marg recalls one Christmas bringing an aunt home for Christmas dinner. The aunt lived within walking distance but had had a

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<sup>307</sup> Hutson interview in 2014.

<sup>308</sup> Welch interview in 2019.

<sup>309</sup> Barclay interview in 2018.

<sup>310</sup> Goss interview in 2018.

stroke and was in a wheelchair. Pushing the wheelchair over the gutters was so hard that Marg thought her aunt was going to fall out.

But it's not just people on scooters or in wheelchairs that have problems in areas without footpaths. Large groups of children and parents were walking on the road past Marg's house on the day I interviewed her. It was school pick-up time and there's also a kindergarten nearby. Families find it hard to wheel pushers and prams on the grass so use the road instead.

Marg still drives and does her bit to make her community age-friendly. She regularly drives to visit residents in the town's four nursing homes.<sup>311</sup>

'So many of them are just so lonely,' Marg says. 'It always amazes me, fancy that, they enjoy talking to me for half-an-hour. But anyway, yes, it's someone to talk to and you can usually find a common interest, whether it's knitting or they've come off a farm or, you know, there's something you can find out.'

Marg also does a 90 km round trip to the weekly mass at a small country church, catching up with friends afterwards for 'a cuppa and talk'. But she doesn't drive to Melbourne. She takes the train instead. If someone she knows is on the train, they will usually offer her a lift home. Otherwise, she calls a taxi to take her home from the station.

### **Taxis**

Taxis or ride-share services may be another option, for those who don't have access to community-based transport services but find train or bus use difficult. Some of the Melbourne drivers I interviewed say it can be hard to find a passing taxi in their area, particularly to travel short distances. But Burwood East resident Pat Danaher says finding a local taxi service that is happy to make short trips can help.<sup>312</sup>

Pat used to work in warehousing during the day and drive taxis at night. The people he worked for had three taxis. Two of them just did short local trips. He uses a hypothetical example to explain how doing short trips can work well for a driver who is prepared to make the effort to build up a clientele.

'She'll go and pick up Mary to take Mary from the shopping centre to home,' Pat says. 'Then she'll go and pick up June, because that's up the road.' Customers ring to say what they want to do and the driver lets them know what time she can pick them up. His old boss used to drive one woman to the cemetery and another 10 clients to church on Sundays,

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<sup>311</sup> Goss interview in 2018.

<sup>312</sup> Danaher interview in 2018.



different churches, different times. ‘He just had this network of people that kept him busy seven days a week.’

That sort of service still exists.

A woman Pat knows was involved in a car crash and stopped driving. ‘She wasn’t hurt but the car was written off and that convinced her then that it was time to give it up,’ he says. She found a group of taxi drivers in her area were working together to take people on short trips. She calls their number ‘and they’re looking after her’.

A similar service operates at a retirement village north-west of Melbourne. East Hawthorn resident Christine Elliott says people at her mother’s retirement village in Keilor know a group of taxi drivers who regularly come to the village.<sup>313</sup>

‘So this guy Bob and a few taxi drivers got together, I don’t know how many years ago,’ Christine says. ‘They decided to advertise themselves amongst places like retirement villages, so that when the people ring up, they know who they’re getting. They know the drivers and they keep their taxis nice and clean and so forth, so it’s almost like a personal taxi service.’

Bob has been driving Christine’s mother for about 13 years.

‘So Bob dropped Mum off at my place the other day, because we were going to Chadstone and she said, “I’ll get a taxi to your place and then we’ll drive to Chadstone,” instead of me going all the way to Keilor and then all the way back to Chadstone, which was very helpful of her.’

Bob knows a lot of the village residents. Christine says it can be comforting for older people to have a handful of drivers they know come to pick them up. ‘I think that again tries to alleviate any stress around having to rely on somebody else to drive you somewhere.’

At least one Australian taxi service is offering a similar service, as I noted in my 2020 reflections diary. I received an email on November 6 announcing that the 13cabs app now has a ‘MyDriver’ feature. It covers most Australian capital cities. The feature allows customers to ‘save’ their favourite drivers and request them again for future bookings, allowing them to control who they ride with.

### **Other transport options in rural and regional areas**

Those living outside metropolitan areas face additional challenges to maintain mobility and independence as they age. Mooroopna resident Andrew Crawford has found using an electric

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<sup>313</sup> Elliott interview in 2014.

scooter or gopher is easier than walking.<sup>314</sup> He bought one after he had a stroke and uses it every morning to go and get his newspaper. ‘I get around the town,’ Andrew says. ‘I still go down the street, the main street, and you go in the supermarkets and shop and just grab what you want. If you’re walking you’ve got to fuddle, hop along.’

Living in a relatively flat area is an advantage. Andrew says it’s a ‘fair hike’ to the town centre on the scooter. ‘But it doesn’t worry me. I’ve got all day to do it. I can go to Coles down the road and be back in an hour, which is not bad.’

Bendigo OT driver assessor Matt Grange says the main options for older people in his area are to ask their GP about half-price taxi cards or to call on family members to get them around.<sup>315</sup>

‘We’ve actually got a bus service here but it’s probably not the best and easiest to use. So often once people cease driving, they’re relying on taxis and family members.’ Most have family nearby but they may be reluctant to ask for help, even though family members are often willing to offer it.

Grange says planned activity groups, such as outings run by the council and Probus club, can help people to remain socially active and feel part of the community. OTs and social workers may also help patients referred through the outpatients’ clinic to find suitable transport options. Rehabilitation may help the person to use public transport or a scooter or wheelchair. He says patients with neurological conditions generally find scooters and wheelchairs are good, if their vision is still fine. But they may not be suitable for someone with Alzheimer’s disease.

‘The reason why they’re ceasing driving is probably the reason why they shouldn’t be using a scooter either, because of those cognitive issues with attention and, I guess, awareness and insight into how they’re using it.’

Shepparton resident Val Bedford says scooters can be dangerous if people have to ride on the side of the road.<sup>316</sup> Living in an area with footpaths makes a difference. Val can walk the 3 km kilometres from her home to the centre of Shepparton.

‘It’s a great advantage to have those footpaths because I do walk a lot,’ Val says. She lives near the Goulburn River and loves the walking path along the river. ‘It’s just so pleasant to get out of a morning and go for a walk, no matter how cold and frosty it is.’

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<sup>314</sup> Crawford interview in 2018.

<sup>315</sup> Grange interview in 2014.

<sup>316</sup> Bedford interview in 2018.

Val has three children living near Shepparton and sees them quite often. Being able to visit family is an important part of driving. ‘But I suppose if the day comes when we are not able to drive anymore, we’ll have to come up with alternatives.’

Shepparton’s buses are not tourist coaches but Val says they’re clean, easy to get on and off and the drivers are usually very helpful.

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Gippsland resident Christine Richards would like to see a more proactive approach to encouraging people to give up driving when their skills decline.<sup>317</sup> The speech pathologist has worked in head injury and adult rehabilitation. She explains that the effects of head injuries are far-reaching and very expensive. Road trauma statistics ‘only tell a fraction of the story’. Encouraging people to give up driving when their skills decline would be ‘much cheaper’ than providing rehabilitation after a crash.

Christine’s mother was a safe driver and very cautious. But when she stopped driving, the family found her car was ‘covered in all these little dents and things, most of which she got from just trying to park in the supermarket carpark, running into trolleys and poles and that sort of stuff’.

Talking about giving up driving can be hard. Christine worried that her mother would lose her independence. But when she eventually raised the subject, ‘this lightbulb went on’. Her mother realised she could make the decision herself. ‘And within a week, she’d done it’. Her mother was mentally alert and capable and not a real danger but the dents on her car ‘told a story in itself’.

‘I think the community, not just the old people but the whole community needs to be encouraged to just see [giving up driving] as a natural process that’s probably going to happen to all of us.’

The effects of a serious crash can be more life-changing than a few dents on the duco. Older drivers are over-represented in fatal and serious-injury road crashes. But the reasons involve more than declining driving skills. What researchers call the ‘frailty bias’ also plays a part, as Chapter 14 explains.

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<sup>317</sup> Richards interview in 2018.

## Chapter 14: Crash risk, fatalities and the ‘frailty bias’

The ‘frailty bias’ – Realities and misconceptions about typical older driver crashes

MELINDA Spiteri has spent a busy morning responding to media calls.<sup>318</sup> Quite by chance our interview is the day after the release of Victorian fatality and serious injury crash statistics. Spiteri and I have both seen the *Herald Sun* headline that morning: ‘Top cop wants help from Victorian families to ... drive oldies off roads’.<sup>319</sup> The accompanying article notes an increase in the number of older people killed in road crashes.

Spiteri had been a researcher with Monash University Accident Research Centre (MUARC) before moving to the RACV as its road user behaviour manager. The role includes anything to do with people on the roads, such as road safety education in schools and community programs. These include the ‘Years Ahead’ program discussed in Chapter 12.

She has already analysed the statistics before I arrive and found the increase relates to the number of older pedestrians who have died. The number of older drivers killed has not risen.

It’s easy to forget that the crash statistics record deaths of pedestrians, passengers, cyclists and motorcyclists, as well as drivers.

Spiteri explains that when it comes to crash risk, the statistics for older drivers only tell part of the story. An 80-year-old is about five times more likely not to survive a crash as someone in their 40s.

‘For older drivers, from what the research shows us, it’s more about their fragility or their frailty in a crash. So it’s not so much how much they’re involved in the crash or that they’re a risk. It’s more that their ability to survive the crash reduces.’

A younger person may walk away from a crash or have only minor injuries, whereas an older person in the same sort of crash is much more likely to be seriously injured.

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The questions I asked the older drivers interviewed for this book did not mention crashes. Yet the topic is on people’s minds, as the interview with Marie Darby reveals.

Talking about how life would change if she couldn’t drive reminds the Jan Juc resident of when she was younger.<sup>320</sup>

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<sup>318</sup> Spiteri interview in 2014.

<sup>319</sup> *Herald Sun*, September 18, 2014, p. 11.

<sup>320</sup> Marie Darby interview in 2018.

‘I used to think, “I wish I didn’t have my [driver’s] licence,” because I was the one that was taking all the kids to school and taking them home, running them to football practice. And I thought, “If I didn’t have my licence, I wouldn’t have to do this.”’

Then she asks a question. ‘Are you going to ask me about accidents?’

‘Only if you want to bring it up,’ I say. She does.

‘I wouldn’t say I’m a good driver but I’ve only had two accidents,’ Marie says. ‘One was because a kid ran ... onto a crossing that wasn’t a crossing [at that time of day] so I screeched over and ran into a parked car.’

The second crash was when another car hit Marie’s. She also remembers the day she narrowly avoided a crash decades ago.

She was driving her children to school and crossing Ballarat Road in Sunshine, a road she describes as ‘an horrifically busy place’. Another car failed to stop ‘and would have hit me but I swiped [my car] around and turned around and my son said “Great driving Mum, keep going”, ’cos I was [shaken].’ Marie drove on to Highpoint Shopping Centre nearby.

‘We had two boys, Italian boys, in the back that we used to take and I’m going into the shopping centre for something and I said “Well Angelo, would you say I was a good driver?” And he said “Oh Mrs Darby, you’re excellent but you’re going in a one-way entrance.”’

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Marie is not the only driver to mention past collisions or crashes. Most happened years before and the driver was not at fault.

Cedric Hordern from Chirnside Park used to drive 40,000 km a year when he was working. He says he’s driven more than a million kilometres since getting his licence and only been involved in two crashes.<sup>321</sup> In both cases, cars ran into the back of his when his vehicle was stationary.

Country driver Allan Wilson had a similar experience 10 years before.<sup>322</sup> ‘Other than that, my accidents have been running into kangaroos,’ Allan says. Kangaroos at dusk are a common hazard on country roads.

Only two of the drivers refer to serious crashes that happened when they were driving. John Hetherington is talking about his life-long interest in vintage cars when he mentions crashing his classic Alvis, when his heart stopped while he was driving with his wife in South

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<sup>321</sup> Cedric Hordern interview in 2018.

<sup>322</sup> Wilson interview in 2018.

Australia. The classic car was a write-off. But driver and passenger ‘managed to walk away’. He explains that he has since had a pace-maker fitted, his specialist monitors his condition and now ‘all’s well’.

Andrew Crawford was sharing the driving with his partner on a long trip home from Warrnambool when he wrote off her car at Whittlesea.<sup>323</sup> ‘I went to sleep and ran head on [into] a car in the town,’ Andrew says. ‘Luckily we were only doing 60 [km/h].’

Andrew has since had a licence test, which he passed, and is now well aware of the danger of driving when he’s tired.

But personal collisions are not the only ones the drivers mention in their interviews. While talking about planning ahead for a time when you can’t drive, ‘Sam’ (*not the real name*)<sup>324</sup> mentions what for many families is the ‘elephant in the room’: What happens when a loved one’s functional ability is having an impact on their driving?

Melbourne OT driver assessor Sarah Kyriacou had explained that one indication that someone’s driving is becoming risky is when people will no longer get in the car with them and go for a drive.<sup>325</sup>

That’s the situation Sam’s family faced. Sam is one of several people interviewed for this book who speak about the fear of a family member injuring themselves or another road user.

Sam explains that they had been concerned about their father’s driving for two years. It took a serious collision when he was 86-years-old before his licence was cancelled, a collision that almost cost a young woman her life. Sam says their father told his wife he was going for a short walk but ‘hopped in the car and drove’.

‘We think he just was on automatic pilot. And he was doing a lot of things that indicated he was very confused and forgetful, and turned right across the major road, and in front of a young woman in a car, who was just driving along like all of us. She wasn’t doing anything wrong and it’s an absolute wonder that he didn’t kill her. Or himself.

‘Fortunately for us, the doctors in the emergency department said, “You’re not allowed to drive anymore,” ... But it shouldn’t have got to that.’

Sam had written a letter in confidence to the father’s GP about five or six years before. ‘I have still got a copy of that letter,’ Sam says. ‘I felt terrible doing it but I felt that I needed to

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<sup>323</sup> Crawford interview in 2018.

<sup>324</sup> I have chosen to use a pseudonym to protect the privacy of the father but the quotations come from the recorded interview.

<sup>325</sup> Kyriacou interview in 2014.

do something because in that time, in that five or six years, nobody in the family would drive with my father. We just felt quite scared being in the car with him and I thought, “This is really irresponsible. We know he’s dangerous.” He wasn’t speeding but he would do silly things like, you know, go through red lights.’

The family didn’t know if the GP had received the letter or acted on it. Eventually their mother told Sam ‘in great confidence’ that their father had had a driving test. His GP referred him for an assessment and he passed. The family didn’t know if his licence was restricted in any way. ‘He never talked about it,’ Sam says.

Sam’s experience is a reminder that making the transition to give up driving is important. The costs of driving when it’s no longer safe to do so can be huge, not just for the driver but for the family and other road users as well, something coroner’s reports make clear.

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### **Coroners Court investigations**

No-one died in the collision that resulted in Sam’s father losing his licence. Others have not been so lucky. Throughout the research for this book, I have recorded my responses to things that have happened along the way: reflections on articles and interviews, research plans, snippets from conversations with people, who want to talk about driving and ageing but not in a formal interview.

One response brings home clearly the danger of failing to address the effects of medical conditions on safe driving.<sup>326</sup> It recalls a morning in 2019 when I was sitting at the kitchen table reading a Sunday newspaper. A headline caught my eye: ‘Dob in older drivers’ (*Sunday Herald Sun*). The article mentioned a tripling of ‘elderly’ road deaths. Older motorists had failed medical reviews and lost their licences. Victoria’s state coroner wanted doctors to report medically unfit drivers.

Several of the articles I’ve read during research for this book have covered court cases. They involved older drivers facing charges, following the death or serious injury of another road user. But this time something was different. The Coroners Court spokeswoman had mentioned no age range. So the call for doctors to report drivers related to *all* medically unfit drivers, not just to the older age group. And John Hetherington’s story came to mind.<sup>327</sup>

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<sup>326</sup> Harkin, ‘2019 Reflection’. The newspaper article referred to appeared on Sunday March 24, 2019.

<sup>327</sup> Hetherington interview in 2018.

John acknowledged that his heart condition had caused his crash but he now had the all-clear to drive. He was also lucid, intelligent and able to notify the licensing authority himself if his condition posed a risk.

So why didn't the article remind *all* drivers of their responsibility to notify their licensing authority of any long-term condition that was likely to impair their driving? And why use the verb 'dob' in the headline and in the article?

If kids in the playground say they are going to 'dob' on someone, they're not looking after the child's wellbeing. They're expecting to get their classmate in trouble. 'Dobbing' is a negative action in our society – very different from reporting someone's condition to protect them and others from harm, when they are unable or unwilling to do it themselves.

The article mentioned two deaths of health-impaired drivers that the Victorian Coroners Court had investigated in the past 15 years. It reported that Frederick H., 87, had a history of heart disease and died of a suspected heart attack while driving. And that Pamela E., 85, had cognitive decline and drove through a T-intersection and hit a tree.

An online check of the Coroners Court findings revealed that Pamela E. was a passenger, not the driver.<sup>328</sup> The court findings state that she was the front seat passenger and wearing a seatbelt. Her husband was driving. Mr E. had a current driver's licence but a history of cognitive decline. The couple's son told the Coroners Court that his mother didn't usually let his father drive alone, in case he became lost or confused. The husband's GP told the court that it hadn't entered his mind, given Mr E.'s age and illness, that he was still driving. Mrs E. was also a patient. The GP had assessed her a few months before the collision. He found her unfit to drive, as she was having cognitive problems after surgery and had experienced seizures.

The court findings record that Ms E. was conscious after the collision and taken to hospital. She was frail, had multiple injuries and 'co-morbidities' – more than one health issue. The hospital teams treating her after the collision, together with her family, decided it was best to withdraw active treatment. She died in hospital on November 22, 2016, the evening of the collision.

The Coroner expressed concern in the report that there was no evidence that Mr E.'s suitability to hold a valid driver's licence had been reviewed or raised as an issue, given his cognitive decline over a long period.

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<sup>328</sup> Coroners Court Findings (b).



The other case mentioned in the newspaper article was different. The Coroners Court findings state that Frederick H. had a history of heart disease and had a triple by-pass in 1999.<sup>329</sup> In July 2016, a month before the crash, he was admitted to hospital with a heart condition – acute myocardial infarction. His step-daughter told the Coroner that after Mr H. was discharged from hospital, she had asked him not to drive. She had also asked his doctor to talk to him about his driving.

The Coroners Court findings report that Mr H.'s doctor said he had advised his client he was not fit to drive, because of his heart condition and the effect that seemed to be having on his cognition.

The Coroner expressed concern that Mr H. was able to continue driving, despite evidence from both the doctor and Mr H.'s step-daughter that they considered him unfit to drive. She said this seemingly placed both himself and other road users in danger.

The Coroner referred in her findings in both cases to another case, that of Nicholas C., a motorcyclist with a history of seizures.<sup>330</sup> The case findings report that Mr C. died after losing control of his motorcycle near Heywood in country Victoria. He had illegal drugs in his system at the time of death. He had probably not taken medication to control the seizures that day. The Coroner's report indicated he was an experienced motorcyclist, the weather was good, the road surface was good and the motorcycle was roadworthy. The conclusion was that driver impairment was the main contributing factor.

The Coroner in each case made it clear that all medically impaired drivers are required to notify the licensing authority of their condition. It was also clear that the Coroner favoured mandatory reporting by doctors of medically impaired drivers at any age, not just older drivers.

The issue is a difficult one.

Mandatory medical reporting relates to long-term chronic medical conditions and disabilities that may increase crash risk.<sup>331</sup> But researchers have found no clear evidence that such reporting reduces crash risk for medically unfit drivers and that it may harm the patient/doctor relationship.<sup>332</sup> The issue is topical. Australia's population is ageing and the

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<sup>329</sup> Coroners Court Findings (c).

<sup>330</sup> Coroners Court Findings (a).

<sup>331</sup> Austroads, 2017.

<sup>332</sup> Koppel et al., 2019, p. 250.

incidence of medical conditions that affect driving is increasing.<sup>333</sup> And older drivers have distinct crash patterns.<sup>334</sup>

### **Older driver crash involvement**

Australian researchers Jim Langford and Sjaan Koppel studied fatal crashes.<sup>335</sup> They found that older drivers were less of a threat to other road users in terms of fatalities but slightly more of a threat in terms of injuries. But once involved in a fatal crash, almost 70 per cent of those aged 75 and over died, compared to 47 per cent of those aged 40-55. Crashes involving older drivers were more likely to happen in low-speed zones and presumably at lower speeds. But they were also more likely to happen at intersections.

Fifty per cent of the fatality crashes involving Australian drivers aged 75 years and over occurred at intersections. This was much higher than the rates for the 65-74 age group (35 per cent) and those aged 40-55 (21 per cent), the other two age groups studied. In more than a third of the crashes for the oldest age group, their car was hit on either the driver's or passenger's side. They were five times more likely than the youngest group of drivers studied to be in the car turning right rather than the one driving straight ahead.

They were three times more likely to be hit on the driver's side, suggesting a failure to give way.

Almost three-quarters of fatality crashes involving the oldest age group were multi-vehicle crashes. Almost 90 per cent occurred during the day. More than a third were in zones with speed limits of 60km/h or less.

Less than 1 per cent of fatality crashes in all age groups occurred at roundabouts.

Why are intersections a problem? Turning safely at an intersection requires the ability to judge distance and speed. Drivers need to notice and analyse the situation. They need to comply with 'Give Way' and 'Stop' signs and other road features. But as part of normal ageing, reaction times decline. Dividing attention between tasks becomes harder. Langford and Koppel explain that such changes may make driving in unfamiliar places more difficult.<sup>336</sup> Peripheral vision, tiredness, the effects of dementia and difficulty turning the head to check cross-flow traffic – all can potentially affect safe driving, particularly at intersections. But the crash pattern they noted is not limited to Australia.

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<sup>333</sup> Koppel et al., 2019.

<sup>334</sup> Langford & Koppel, 2006; Eby & Molnar, 2019.

<sup>335</sup> Langford & Koppel, 2006, p. 314.

<sup>336</sup> Langford & Koppel, 2006, p. 310.

Researcher David Eby and his colleagues studied older drivers and their crash risk in western countries.<sup>337</sup> They confirmed that older drivers are more likely to crash at intersections than younger age groups. They explained that the likely causes are changes in movement, perception and thinking abilities that become more common with age.<sup>338</sup>

Eby and his colleagues also found building evidence that older people are more likely to die than younger ones if they're involved in a crash.<sup>339</sup> They suggest the reason is frailty.

### **The 'frailty bias'**

When researchers examined crash statistics, they found that older drivers faced a greater risk of death or serious injury than younger age groups. This difference is the 'frailty bias'. In other words, if an older driver and a younger one are in the same crash, who is more likely to be injured or die? Who will take longer to recover from fractures and other injuries? The greater the likelihood of a poor outcome, the greater the person's fragility or frailty.

US medical researcher Guohua Li and his associates, for example, set out to find which played the greater role in older drivers' road deaths: their fragility or excessive crash involvement.<sup>340</sup> They measured fragility as the number of deaths per crash for the age group. Excessive crash involvement related to the number of crashes per miles (or kilometres) driven. The team compared three age groups: older drivers (aged 60 and over), young drivers (aged 16-19 and 20-29) and a middle group (those aged 30-59).

Li and his team found that fragility accounted for about 60-95 per cent of the excess death rates of the older drivers. By contrast, the young drivers were the most likely to have crashes but their death rate per crash was low. The analysis indicated that fragility increased from the early 60s and continued to increase with advancing age.

The team also commented that much of the public concern about older drivers was about their perceived risk to other road users and to themselves. But their study did not support this view. Older drivers were more likely to die than the occupants of other vehicles in a collision.

But analysis of newspaper articles about older drivers reveals a different view of the risk posed by older drivers, as Chapter 15 explains.

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<sup>337</sup> Eby et al., 2019; Koppel et al., 2011; Langford & Koppel, 2006; Oxley, Fildes et al., 2006.

<sup>338</sup> Eby et al., 2019.

<sup>339</sup> Eby et al., 2019.

<sup>340</sup> Li et al., 2003.

## Chapter 15: Older drivers in the news

Newspaper crash reports – What the statistics show – Why media reporting matters

MENTIONING media stories about older drivers reminds volunteer driver Tony Lowry of ‘the situations they get themselves in’, and ‘the number of times the brake and the accelerator are confused’.<sup>341</sup>

‘Well the news doesn’t hide them,’ Tony says. ‘It’s not necessarily only older people seemingly. Those stories, certainly there’s more of them than there used to be and I think some of the people that I drive are being driven because they, or someone who’s looking after them, are hearing those stories.’

Christine Elliott wonders if such incidents happen because of distraction rather than bad driving.<sup>342</sup> Christine says her 87-year-old mother is an experienced driver, very fit and healthy. She mainly drives locally and uses taxis for longer trips. The family has spoken about driving as a general discussion over lunch ‘but we all know, and she’s aware of it too, that you do not want to be one of those older people that accelerates into a school or a shop or they back in, because they thought they were pushing the reverse and they hit ... the accelerator or whatever happens in those instances.’

Christine says you would feel bad even if no-one was injured. ‘And having to live with that at an older age, that’s not going to do anyone’s health any good, is it?’

Yet research results indicate the most common types of fatal crashes involving older drivers are very different from such scenarios.

Half the fatal crashes involving people over 75 – and more than a third of those involving drivers aged 65-74 – occur at intersections.<sup>343</sup> Almost three-quarters of those involving the older age group are multi-vehicle collisions, as the previous chapter explained. The focus on quirky or odd incidents involving older drivers – cars driving into shop windows and other odd places – seems to have shifted focus away from situations where the age group is more likely to be involved in fatal or serious injury crashes.

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<sup>341</sup> Lowry interview in 2018.

<sup>342</sup> Elliott interview in 2014.

<sup>343</sup> Langford and Koppel, 2006.

Early in the research for this book, I analysed articles that mentioned older drivers in daily newspapers from all Australian state and territory capital cities.<sup>344</sup> Thirty-three articles mentioned the sorts of incidents Christine Elliott and Tony Lawry refer to. Only one was about an incident that involved a fatality. A female driver, 87, mounted a kerb and struck three pedestrians. The person who died was the driver.

The incident was reported in two of the articles: ‘Leadfoot oldie Spate of car accidents triggers a caution for the elderly’<sup>345</sup> and ‘Seniors facing stop sign Concern at over-75s car accidents’<sup>346</sup> (*my underlining*). The first reported that the incident was the third in eight days in which an ‘elderly’ driver smashed into a shop front. Neither article mentioned when the driver died. In the crash? In hospital? The same day or later? We don’t know if a health issue was involved or bad judgment or some other cause. But the headlines link the incidents to a broader issue – the driving competence of the older age group referred to variously as ‘seniors’ or ‘the elderly’.

### **What the statistics show**

Concern about fatality crashes involving older drivers is understandable. The Bureau of Infrastructure Transport and Regional Economics (BITRE) has noted three recent trends.<sup>347</sup> Road deaths in Australia have been trending down for the past decade. Young road users still have the highest rate of road fatalities, although it is declining faster than for other age groups. And fatalities for older drivers have increased over the same period, particularly for those aged 65-74 and males aged 75 and over. Older road users accounted for 14.9 per cent of road deaths in 2009; they represented 21.3 per cent of road deaths in 2018.<sup>348</sup>

The graph of road fatalities by age shows that the crash rate per miles or kilometres travelled is high when people first get their licences. It gradually falls as they gain experience, then starts rising again as they reach old age. But research indicates the older age group does not represent an unacceptable risk to other road users.

Researcher Jim Langford studied a 10-year set of Australian data on fatal crashes.<sup>349</sup> He found that older drivers were not overly crash prone. The older the driver the less threat they posed, particularly to other road users who were not in their vehicle. Even drivers aged 80

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<sup>344</sup> Harkin et al., 2018.

<sup>345</sup> Herald Sun, 17/7/2013.

<sup>346</sup> Herald Sun, 21/7/2013.

<sup>347</sup> Bureau of Infrastructure and Transport Research Economics [BITRE], 2019.

<sup>348</sup> BITRE, 2019.

<sup>349</sup> Langford, 2009; Langford, 2008.

and over only appeared to present a bigger threat than other age groups when the comparison was on the basis of fatality rates per distance driven. Langford points to an effect known as a ‘low-mileage bias’. In other words, whatever their age, those who drive fewer kilometres have a greater crash risk per kilometre than those who drive greater distances.

Langford argues that the impression that older drivers are an unacceptable risk to other road users comes from the way the mass media highlights crashes involving the age group.<sup>350</sup>

### **Why media reporting of older drivers matters**

The repeated association of negative images with a particular sector of the community affects how people see them and attitudes to issues affecting them.<sup>351</sup> The media commonly presents issues in terms of problems, causes and solutions.<sup>352</sup> My study of Australian daily newspapers showed that older drivers were presented as a problem, a risk to other road users. But it wasn’t just reporting of fatality crashes that gave that impression. Reporting of traffic incidents involving older drivers, even when no fatality or serious injury occurred, made the risk seem greater.

When a man, 90, lost control of his car at Sydney’s Bondi Beach, for example, the story appeared in *The Australian* (‘Rain saves the day as elderly driver avoids Bondi Beach crowds’, 5/2/14) and Sydney’s *Daily Telegraph* (‘Bondi beached’, 5/2/14). It also ran in Brisbane’s *Courier-Mail* (‘Beachfront park sparks panic, foreshore’, 5/2/14). The Brisbane headline gave no indication that the incident happened in another state. The man’s car crashed through tables and chairs, scattered pedestrians and came to a stop on the sand. No one was injured. It *could* have caused serious injury or fatalities, so it was news.

But some of the incidents mentioned in newspaper reports involved minimal or no risk to other road users. An elderly Victorian woman became lost after dropping her son at Melbourne Airport (‘A woman on the edge, Elderly driver’s wrong turns almost end in disaster’, *Herald Sun*, 16/8/12). The trip from the airport to her home should have taken less than two hours. Instead, her car ended up teetering above a 40-metre ravine near Lorne, at 3am, almost 200 km from where she lived. What went wrong? The article doesn’t say. By presenting the situation simply as an older driver story, the opportunity to consider the cause and solutions is lost. Instead the headline – linking ‘woman’ ‘elderly driver’ and ‘disaster’ – invites the conclusion that elderly females are poor navigators, who shouldn’t drive alone.

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<sup>350</sup> Langford, 2009; Langford, 2008.

<sup>351</sup> Harkin et al., 2018.

<sup>352</sup> Harkin et al., 2018.

The unusual and quirky nature of an older woman's predicament is the news. It may catch attention. It misses an opportunity to increase public understanding of at-risk driving.

Reports of traffic incidents and crashes involving older drivers were often followed by articles calling for the age group to be tested. This was at odds with research suggesting that compulsory age-based assessment does not improve road safety.<sup>353</sup> A *Courier-Mail* article ('Car crashes into fence', 22/9/12), for example, stated that an 'elderly' driver had lost control of her car and crashed through a fence. She was following an ambulance taking her husband to hospital. We find out in paragraph four that the crash occurred as the driver was backing out of her carport. The fence she hit was her side fence. The second paragraph mentioned the death of a Queensland pedestrian and her unborn child several weeks before. She was killed when an 'elderly' driver lost control of her car in a car park. The article then called for more rigorous testing of older drivers, part of an on-going campaign.

One elderly driver crashed into her side fence. The other pleaded guilty to dangerous operation of a vehicle causing death.<sup>354</sup> Linking the two events suggested the crashes had a common cause – the drivers' ages – misrepresenting the risk posed by older drivers.<sup>355</sup>

The daily print media seldom has space to explore complex issues in detail.<sup>356</sup> My study revealed that about two-thirds of the articles were about crashes and whether or not older drivers were a threat to public safety on the roads. But some articles stood out. One in *The Australian* ('Some models more prone to prangs', 10/1/15) reported on the over-representation in crashes of small cars, such as those popular with older and younger drivers. An article in the *Herald Sun* ('GPs wary of drive bans', 7/2/12) presented the results of a survey of general practitioners on medical tests for older drivers. These were important aspects of the ageing and road safety debate that most articles ignored.

The *Herald Sun* also published articles from road safety experts, such as 'Keeping older drivers on the road is the test' (18/7/13) and 'Should there be mandatory testing for older drivers?' (*Sunday Herald Sun*, 24/6/12). Such articles highlighted important information that was under-represented in most of the articles analysed. The frailty of older people is

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<sup>353</sup> Hakamies-Blomqvist, 2004; Langford, 2009, 2008, 2008a; Organisation for Economic Co-operation and Development [OECD], 2001.

<sup>354</sup> Australian Broadcasting Corporation [ABC], 2004; Special Broadcasting Service [SBS], 2004.

<sup>355</sup> Harkin et al., 2018.

<sup>356</sup> Ricketson, M., 2014.

acknowledged as a major contributor to death and serious injury in their crashes.<sup>357</sup> Yet few articles referred to the effect of frailty on crash outcomes.

Several of the drivers whose stories appear in this book found media reporting on older drivers problematic. But as Dale Coghlan explains, older people aren't the only group with a negative image.<sup>358</sup>

'Whenever an oldie does something silly or makes a mistake, it's news,' Dale says. But she adds that the media 'also report, for example, an accident where a young person has hit a pole or killed themselves'.

Gippsland resident Christine Richards says the media need to be aware of inconsistencies in their communication style.<sup>359</sup> She says they would not mention a person's sexuality when describing a road crash – that would be seen 'quite rightly' as discriminatory.

'But they do say, not very subtly, that it was an old person.'

Vermont resident Tony Lowry has a different take on the effect of media reporting of crashes.<sup>360</sup> He says there are many things in life where it's 'not what you do, it's what the other person does' that counts.

'It's a complicated conundrum but it's the fact that you do know and you read, you hear, you see on the TV so many incidents, instances where people have had accidents because someone's just been completely reckless,' Tony says. 'It's something which I'm aware of. And so you're just a little bit more cautious.'

'And I understand that because I'm 70-something that my reflexes aren't as quick as they used to be, so you just don't want to put them to the test.'

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Research results indicate many self-regulate, changing where, when and how they drive to remain safe drivers, as we have seen in earlier chapters. OT driver assessor Sarah Kyriacou says a conditional licence can also help people to get used to life after driving. 'For some people, if you can restrict their licence and say to them "Look, in 12 months you're not going to be on the road, or six months, you start planning now to stop driving." People are getting used to that restriction, maybe using taxis to go elsewhere and thinking about it.' Sarah says

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<sup>357</sup> Li, 2003; Langford, 2009; Whelan et al., 2006.

<sup>358</sup> Coghlan interview in 2018.

<sup>359</sup> Richards interview in 2018.

<sup>360</sup> Lowry interview in 2018.



people need to plan for when they retire from driving. ‘And I would say the majority of people, I’d say 95 per cent of people have not planned for that.’

Driving is one way to retain independent mobility but there are others. Adapting to age-related change is important for walkers, cyclists and riders as well as drivers, and community infrastructure plays a part, as Chapter 16 explains.

## Chapter 16: Independent mobility – alternatives to self-driving

Walking, cycling, motorbike riding – Health, wellbeing, safety and helmet issues

INCREASED frailty as people age makes them vulnerable in road crashes as drivers and passengers in vehicles – but also as pedestrians, cyclists, motorbike riders and pillion passengers. Vehicle design helps to protect occupants, a factor that further complicates issues related to road safety and ageing.

Giving up driving may *increase* vulnerability rather than reduce it.

When Denmark introduced an age-based screening test of cognitive ability, for example, the number of older people killed on the roads increased.<sup>361</sup> The number of older drivers in fatal crashes didn't significantly change. But the number of older pedestrians and cyclists killed increased significantly. Road safety researchers Anu Sirén and Annette Meng concluded that older people were switching to ways of getting around that were less safe than driving.

### Walking and accessing public transport

Walking has benefits both for fitness and mental health. Several of the drivers interviewed are keen walkers, living in age-friendly areas where the infrastructure and environment encourages walking. Jan Juc resident Marie Darby loves walking through the bush along a 'chicane walk' near her home.<sup>362</sup> Her husband Bob walks for an hour or more every day, walking his dog or playing golf.<sup>363</sup>

Gerry Baldock from Torquay lives in a central location and says unless he needs to go somewhere three or four km away, he walks.<sup>364</sup> 'I guess I'm physically in good health, so I do a lot of walking. And being centrally located here, there's not too many things I can't get to.'

But what factors limit walking as an alternative to driving for older people? And what can be done about them?

Researcher Carlo Luiu and his colleagues reviewed studies on barriers to alternative transport use in older age groups.<sup>365</sup> They found that older people who stop driving report

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<sup>361</sup> Siren & Meng, 2012, pp. 634-638.

<sup>362</sup> Marie Darby interview in 2018.

<sup>363</sup> Frank Darby interview in 2018.

<sup>364</sup> Baldock interview in 2018.

<sup>365</sup> Luiu et al., 2018.

more unmet travel needs than those who can drive independently. And the things people are most likely to miss out on are social and leisure activities – visiting family and friends and travelling through the countryside. Many of the barriers the team highlights apply to walking as well. Health impairment is one such barrier, increasing the risk of falls for older walkers and cyclists. Health is also an issue when boarding public transport, walking to bus stops and train stations, and standing on moving public transport vehicles.

The researchers noted that the need to walk too far can deter older people from using public transport. Inadequate lighting, overcrowding and risk from other road users raise safety concerns. So do poorly designed environments, poor-quality infrastructure and obstacles along paths.

Crossing a road can be a high-risk activity for older pedestrians, particularly those who walk slowly or have problems with decision-making because of cognitive decline. Traffic volumes, speed and noise add to the problem.

Lack of handrails and room for shopping on transport, and lack of toilet facilities are other barriers that Luiu and his colleagues noted. They found older people tend to self-regulate their behaviour because of the fear of falling. They report watching their feet and the surface and walking more slowly, particularly in bad weather. The team added that little research had been done on walking and cycling in later life, because most research focused on the safety of older drivers. They point out that cars can compensate for health impairments and allow older people to get where they want to go and maintain social connections independently.

But many of the barriers to walking, cycling and public transport use can be fixed. Wherever I've travelled during research for this book, I've used public transport and noted features that encourage use by older people. Zurich and Melbourne, for example, have low-floor trams, making it easier for those with mobility problems to step on and off. Buses in Oslo have seats set aside for older passengers close to the driver, helping older people to take a seat before the bus moves off.

I've also recorded observations on public transport near home, including in early 2018 when I was without access to a car for a few days. Examples of the sorts of barriers to public transport use that Luiu and his colleagues reported are easy to find. My journal entry for April 30 that year, for example, describes the complexities of travelling along unfamiliar public transport routes in Melbourne.<sup>366</sup> I had taken my car to a Ringwood mechanic for

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<sup>366</sup> Harkin, 2018 Reflection journal (unpublished).

servicing and used the public transport website to work out in advance how to take public transport from the mechanic to Monash University for a meeting and from the meeting to an interview at a Community House in Burwood. The distance was short but coordinating buses, trains and trams was complex, as I discovered when one connecting bus failed to appear.

The next suitable connection was on a different bus route, through different suburbs, requiring changes in different locations to other forms of transport.

‘When one bus is cancelled the rest of the route has to change dramatically to meet connecting services,’ I wrote.

My carefully planned route and printed map were useless. I needed a computer or smart phone to work out a new route. That’s not easily done standing on the footpath peering at a phone screen. Take too long and the next bus goes and you have to start again.

I discovered the bus service from my home to the nearest major shopping mall had been discontinued ‘if that’s what it means when the timetable lists only one bus – at 00 hours’.<sup>367</sup> Buses to the airport and a beach more than 50 km away ran every 10 minutes but I couldn’t take a bus to a shopping mall 3 km away.

To visit my mother in her care home on the other side of town, I gave up on public transport and hired a car instead. ‘It cost about \$60 to hire a car for the day but costs about \$240 to take a taxi there and back,’ my journal entry states. ‘On public transport the trip involves two buses and two trains and takes almost two hours each way if everything connects.’<sup>368</sup>

The drivers I interviewed mention no concerns about the safety of walking, other than Shepparton resident David Taylor’s comment that ‘at night it’s not a very good idea, walking around’.<sup>369</sup> He can walk to his service club’s meetings but they’re at night, so he drives. But fellow Shepparton resident Barbara Brown raises the issue of the lack of public toilet facilities at Melbourne’s suburban train stations.<sup>370</sup> Barbara says she has been meaning to write to the Victorian Government about the issue.

‘It’s all right here because we have them at Shepparton and we have them on the train [to Melbourne] but go out to West Footscray [train station] and they don’t have a toilet.’ She

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<sup>367</sup> Harkin, 2018 Reflection journal (unpublished).

<sup>368</sup> Harkin, 2018 Reflection journal (unpublished).

<sup>369</sup> Taylor interview in 2018.

<sup>370</sup> Brown interview in 2018.

says toilet stops can be an issue for older people. ‘They’re always built in when we go on our U3A trips by our helpful leaders.’

Walking is one alternative to driving. Cycling is another. Luiu and his colleagues reported that both can provide feasible and faster everyday travel options for older people, particularly for short journeys in congested areas.<sup>371</sup> But only one of the drivers interviewed mentions being a regular cyclist, one who lives close to an off-road cycling track.

### **Bike riding**

Doncaster resident Bill Roberts enjoys the exercise involved in riding his electric bike on his visits to his wife’s care home.<sup>372</sup> Half the distance is on a bike track, the other half on the road and he visits her most days. It’s a form of exercise and important to maintain his own fitness. ‘I now find that I’m more sedentary, sitting around with Dorothy,’ Bill says. ‘Even walking with Dorothy within the grounds of where she is, is not big exercise.’

Bill is concerned that in a year or so balance issues may stop him riding. If he couldn’t drive or cycle, he probably couldn’t visit every day. ‘I don’t quite know how I’ll cope with that. At the moment I could walk it. It’s about three-and-a-half, maybe 4 km. I could walk it. But in 12 months’ time I don’t know if I could walk that far, unless there’s enough seats or fences to sit on along the way.’

The built environment makes a difference as people age.

### **Trikes and motorbikes**

Riding a bike, trike or motorbike may be riskier than driving but riding still has an attraction. Former engineer and ambulance driver Ivan Robotham is another who rides as well as drives.<sup>373</sup> But his passion is motorbike riding, not cycling. He prefers riding his motorbike to driving. He drives if he has to go somewhere; he uses the bike to enjoy the ride. ‘And it doesn’t really matter where I go on the bike, I enjoy the ride.’

Ivan is president of the Whittlesea branch of the Ulysses Motor Cycle Club when we meet. The social club is for motorbike enthusiasts over the age of 40. Ivan has lived in the small Victorian town of Kinglake, north-east of Melbourne, for more than a decade. Kinglake was almost destroyed in the 2009 Black Saturday bushfires but Ivan still loves the area.

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<sup>371</sup> Luiu et al., 2018.

<sup>372</sup> Roberts interview in 2019.

<sup>373</sup> Robotham interview in 2014.

‘We’re particularly lucky in this area because we have access to such great countryside, great roads, everything, it’s just so good.’

Ivan’s attitude to riding is similar to his decision to remain in Kinglake – he recognises the risk but also the importance of ‘risk management’, such as regulating where and when to ride.

‘It’s about riding your own ride, within your own capability, and being comfortable with it, and enjoying it as opposed to going down the road pell-mell, keeping up with everybody else, whether you’re comfortable with it or not.’

Weather conditions are important for country riding. Roads tend to get a ‘gravel wash’ coming down driveways and across the road after heavy rain.

‘So as you’re coming into a corner, if you’re not aware of those sorts of situations, you can be halfway through a bend and you’ve got a gravel slide on your hands,’ Ivan says.

Cross winds, kangaroos and black ice are other issues. The rider’s balance and bike choice are also important. Choose a motorcycle that suits your physical ability rather than ‘the reddest or the shiniest’ is Ivan’s advice. Some club members ride trikes because of problems with their knees, hips, back or balance. Can-Ams are another option – three-wheelers with two wheels at the front and one at the back.

### **Safety issues for older riders – helmets and health**

Researchers Michael Keall and Stuart Newstead compared the crash risk of driving a small car against the crash risk of riding a motorcycle, using New Zealand crash data for 2005 and 2006.<sup>374</sup> They found that cars provide better protection than motorcycles. The lack of protection for motorcyclists in crashes makes them particularly vulnerable, even in low-speed collisions. But the risk decreased with the age of the rider.

Motorcyclists lack the protection of a vehicle around them designed for occupant safety. But they can increase the effectiveness of their major protection when riding – their helmets. Researchers Roszalina Ramli and Jenny Oxley report that a large number of deaths and serious injuries could be avoided if motorcyclists wore a ‘standard and effective helmet’.<sup>375</sup>

And helmet fixation is more important than helmet type in providing protection to motorcyclists, the research team explains.

Ramli and Oxley’s study of injured motorcyclists found that those whose helmets were dislodged or came off in a crash were five times as likely to sustain a head injury as those

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<sup>374</sup> Keall & Newstead, 2012.

<sup>375</sup> Ramli & Oxley, 2016, p. 2446.

whose helmets stayed securely positioned on their heads. They were four times as likely to have a severe head injury. Factors that contributed to a helmet coming off in a crash included improper chin strap fastening systems and loose-fitting helmets.

Ramli and Oxley report that a large number of the motorcyclists who didn't fasten their helmets properly were wearing ones with a 'Double-D' fastener. They had pre-buckled them and didn't undo them, just loosened and tightened the strap when putting them on and off. The problem was that they often failed to tighten the strap sufficiently.

The researchers also point out that being able to choose from a suitable range of helmet sizes is important. A well-fitted helmet is more comfortable and less likely to rotate during high speed collisions.

The visibility of motorcyclists is also a safety issue – one that applies to other vulnerable road users as well, such as cyclists and pedestrians. Talib Yousif and his colleagues found that one of the primary factors in motorcycle involvement in road crashes is their poor 'conspicuity' – they are smaller than other vehicles and harder for other road users to see.<sup>376</sup> But use of daytime running lights and brighter colours can help.

Fluorescence and bright colours improve an object's visibility, with use of white, yellow and red – and fluorescence – considered the best for increasing the contrast between the motorcycle and its background. Yousif and his colleagues report that wearing fluorescent clothing has been found to enhance visibility and lower crash risk by almost 37 per cent. Standard yellow or fluoro yellow-orange is identified from a distance more quickly than other colours. They point out that even wearing a white helmet rather than a black one has been found to reduce risk by almost a quarter. Use of LED lights also improves motorcycle visibility to other road users. But they caution that colour perception is almost non-existent at night.

Motorcyclists' behaviour is also a component of riding risk. Researcher Sy-Jou Chen and colleagues point out that studies have shown older motorcycle riders are less likely to be cited for careless or reckless riding, exceeding speed limits or being in run-off-the-road collisions.<sup>377</sup> Chen and his colleagues interviewed and tested a group of riders aged 60 years and over and followed up with three-monthly telephone calls over the one-year study period. About a third of the riders had a crash during the period. The study results showed that riders with poor balance were more likely to be involved in a crash, as were those with a hearing

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<sup>376</sup> Yousif et al., 2020.

<sup>377</sup> Chen et al., 2018.

impairment. Older people with hearing problems may also have vestibular or vertigo problems linked to balance issues. The researchers explain that the complex task of operating a motorcycle requires adequate sensory, motor and central processing abilities. When any one of the three is deficient, older riders have to rely on the other two.<sup>378</sup> That makes controlling the motorcycle more difficult. They warn that older riders are more likely to be at fault for crashes than those aged 40-60 years and they're more vulnerable to serious injury and death after a crash.

Chen's research team suggest that identifying hearing and balance problems could help authorities to design effective safety interventions to reduce motorcyclists' crash risk. Their advice is a reminder that older drivers are not the only group that may be tested if declining skills raise concerns.

Bendigo OT driver assessor Matt Grange says licensing authorities may also require those with motorcycle licences to undergo testing or surrender their licences.<sup>379</sup> The person who does the motorcycle tests in the Bendigo area examines riders on a standard route, watching how they handle the various manoeuvres, such as riding up and down the street and cornering.

But whether the licence is for driving a car, taxi or heavy vehicle – or riding a motorcycle – surrendering a licence does not have to mean an end to community connections or mobility. Many people have never had the range of options for independent mobility that riders and drivers enjoy but they learn to manage without them. The rest of us may have a bit of catching up to do but we're resilient and adaptable, as the next chapter explains.

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<sup>378</sup> Chen et al., 2018.

<sup>379</sup> Grange interview in 2014.





*Lack of a footpath hampers walking for those with mobility problems. But low floor trams, well placed seats, pedestrian crossings, public open space with footpaths free of trip hazards all contribute to communities where people can retain mobility as they age.*



Photos: Jan Harkin

## Chapter 17: Conclusion – Mobility, living and staying connected

REACTION times, the ability to think our way out of a dangerous situation and to anticipate another road user's actions – all those things are important to keep us safe on the road.

Driving experience may help. But none of those things alone are the full picture. Where we live and travel, the affordability of buying and running a safe vehicle – and increased frailty as we age – all play significant roles in road safety. And it's not a case of 'one-size-fits all'.

Older drivers have been described as the most heterogeneous age group – something the drivers interviewed for this project reinforced.

The project began with questions about ageing and driving. How does ageing affect driving? What changes can older drivers make to reduce crash risk? How is someone's fitness to drive assessed? What are on-road and office-based tests about? What are the alternatives if someone has to surrender their licence? How can we prepare for life after driving?

But the project also began with questions about journalism. How can journalism complement messages from public health experts on road safety and ageing? How can it help to raise public awareness of the issues involved? Does media coverage of crashes contribute to public misconceptions about the risk posed by older drivers, as researchers have said?

The analysis of newspaper articles on older drivers revealed that a few covered the effects of ageing on driving in detail. But the focus of most was on news – recent crashes, changes in government regulations covering older drivers, and the release of the latest statistics on fatal and serious injury crashes. Topics that were under-reported included:

- the contribution of frailty to older driver fatalities on our roads
- the effect of giving up driving on older people and their families
- alternative ways to remain mobile and connected to the community
- ways to plan ahead for life after self-driving ends
- medical conditions that may affect safe driving and what can be done about them

The range of older people interviewed was also narrow. A few older drivers featured in articles but most were from metropolitan areas. Older drivers from regional areas were less likely to be interviewed and quoted. I examined capital city daily newspapers from 2010 to 2014 in more detail. Three-quarters of the older drivers quoted were male. One-in-six were

aged in their 90s. They include one woman, aged 100, who was interviewed in two articles. Yet the Australian Infrastructure Statistics Yearbook for 2020 shows that by June 30, 2014 almost as many women as men in their 60s were licensed drivers.<sup>380</sup> Even for those in their 80s and older, three women had a driver's licence for every four men. The gender gap in both age groups has continued to narrow since then. The older drivers interviewed in the newspaper articles were not representative of the almost four million Australian drivers aged 60-and-over in 2014. They were even less representative of the four-million-plus licensed drivers in the age bracket in 2019.

This project has explored the issues more broadly. That's one of the advantages of a book – it allows more space and more research time than daily journalism can. A book can complement public health communications and newspaper reporting. It can include stories from a wider range of older drivers.

Stories from real people can illustrate complex information from scientific research results, making it easier to understand. And book length journalism is well suited to exploring such complex issues, particularly those that remain current over a long period.

I had time to travel across Melbourne and through country Victoria, to talk to people from both metropolitan and regional areas. To contact a wider range of interviewees than would be possible while working on an article for a daily or weekly newspaper. I could go beyond the 400-word limit that applied to most articles in the suburban newspapers I worked on in my days as a journalist. The book provided the space to explore topics that were under-represented elsewhere.

Taking a constructive approach was also important. Constructive journalism is a form of news that developed in response to a backlash against negativity in news reporting.<sup>381</sup> It focuses on examples from role models and possible solutions to problems. It doesn't ignore problems. Nor does it take the place of traditional 'watchdog journalism'. Covering conflict, holding people in power to account and exposing wrongdoing – the things mainstream media does well – remain essential. But journalism can take on other roles. Constructive journalism acknowledges the negative aspects of an issue but focuses on ways to alleviate the problem.

Avoiding a negative focus is important, as some of the interviews made clear.

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<sup>380</sup> Bureau of Infrastructure, Transport & Regional Economics [BITRE], 2020.

<sup>381</sup> From & Nørgaard Kristensen, 2018; Haagerup, 2017.

Ivan Robotham commented, for example, that the media focuses on the negative ‘because I guess it sells papers’.<sup>382</sup>

‘And nobody wants to read a good heart-warming story about an older driver, if you understand what I mean? Because most people will say, oh that silly old bugger, he’s, you know, he’s doing this and he’s doing that.’

My notes after the interview recalled Ivan’s comments at the end. He had been concerned at first that ‘I might have been looking for the typical sort of negative story or beat-up that much of the media wanted’. But he was happy to participate in the project when he could see that wasn’t the intention.

Alan Williams alluded to the media’s power to influence government decision-making.<sup>383</sup>

‘An old mate of mine when I said to him, he’s the same age as me, I said to him I was going to do this interview. He said to me, ‘Oh, be careful what you say. You might be controlling what happens to us in the future.’

Journalists supporting the constructive journalism movement have noted that negative reporting turns readers away. Danish journalist Ulrik Haagerup, for example, argues that negative news presents an unrealistic picture of society.<sup>384</sup> It gives the impression that crime, unemployment and so on are worse than they are. In other words, the preponderance of negativity is skewing people’s view of the world they live in. He mentions a multi-country survey listing reasons people avoid news. Almost half the respondents said news had a negative effect on their mood. More than a quarter felt helpless to do anything about the things that were wrong. More than a third said they couldn’t rely on news to be true.

Rod Barclay’s response in his interview was similar, when I asked if he was aware of media campaigns about older drivers.<sup>385</sup>

‘No, ’cos I wouldn’t read something like that because it’s a load of rubbish.’

It underlined the way negative news can reduce, rather than increase, public awareness of an issue.

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Focusing solely on problems associated with safe driving and ageing *would* represent an unrealistic view of the issues involved. It would only present part of the picture.

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<sup>382</sup> Robotham interview in 2014.

<sup>383</sup> Williams interview in 2018.

<sup>384</sup> Haagerup, 2017.

<sup>385</sup> Barclay interview in 2018.

Staying mobile as we age, retaining connections to family and friends, looking after our health, accessing goods and services – all these things are important.

But we can make changes to improve our ability to drive safely. Choose the safest vehicle we can afford and maintain it – and ourselves – in good condition. Consider an on-road refresher driving course, to address bad habits or to learn how to use a vehicle's safety features. Val Bedford did a course through a driving school. Alan Williams and Allan Wilson refreshed their skills helping learner drivers, as volunteer mentors with the L2P program.

Woodworkers, painters, spinners and musicians attend workshops and masterclasses or watch online demonstrations, to pick up new skills or brush up old ones. Television and the internet have a plethora of sessions on mastering cooking skills. My new oven came with a free session on using its features. The last car I bought didn't. Yet cars have undergone far greater changes in the past decade than have ovens. The car's safety features could save my life. I doubt an oven will ever do that. How many people refresh their driving skills?

Self-driving is one way to meet mobility needs as people age. But there are alternatives.

Age-friendly communities offer a range of transport options. Governments and communities also help people to retain social connections as they age.

We can be proactive and plan in advance for life after self-driving ends. Become familiar with public transport before we need to rely on it, as Pat Danaher and his friends have done. Follow the example of Christine Hanly and the other volunteer drivers: help others and improve the chances of help being available when we need it.

Some people have never experienced the convenience that self-driving allows, yet they still maintain connections to their families and communities. That's one of the things that stands out as I look back over eight years of research. The stories that people have shared remain vivid long after an interview is over. One is a story that volunteer driver Peter Blaney told.<sup>386</sup>

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About 200 people are in the waiting room when Peter arrives at the hospital to pick up a man. He has no way to identify 'his' man.

The man, in his nineties, has been dropped off at the hospital at 10am and is due to be picked up four hours later. Hospital pick-ups are always a challenge for volunteer drivers.

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<sup>386</sup> Blaney interview in 2018.



Inner-city hospitals are huge, with multiple entrances and clinics over many floors. Many of the people that the drivers pick up don't have mobile phones.

'It's all very well to say "I'm in the blue clinic",' Peter says. 'And you say "Well, Ok, you're in the blue clinic. Is that close to door one, two, three, four or five or six?" ... It's quite difficult.'

Finding the right clinic can be hard. Finding one man in a full waiting room proves impossible. Peter approaches the desk. The attendant doesn't know if the client is still there. And, no, they can't page him.

That leaves one option. 'I turned around and said to 200 people, "Excuse me, is John Smith [not his real name] here, please? I'm here to pick you up." And I didn't get a response.'

The attendant says the man might still be seeing a doctor. Peter has to leave to collect his next client. So he notifies his office and returns to the clinic after finishing his last pick-up for the day.

'I came back and see this one little old man sitting in this chair, you know, and everybody else has gone. And I said, "Oh, you're him?" And it was.

'And he'd been there for something like eight or nine hours waiting to be seen, because this particular specialisation, which I can't recall what it was, obviously the professor or whoever it was got called away, as is going to happen. But that poor bloke was there all day and he was well into his 90s and ... not a very well man. And so he had to wait there all day until somebody could drive him home. He would be incapable of driving home.'

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Early in the research project I was asked why older people need to drive. Why can't they take public transport or walk or ride a bike? The answer is that many people do. Not all can.

Older people aren't alone in that. Vulnerable people in the community come from many demographics. What they share is difficulty getting around, as the volunteer drivers I interviewed attest. The driving pool volunteers see first-hand the effects of driving cessation on vulnerable members of the community. As Rod Barclay explained, some people have multiple organisations looking after them, taking them shopping and doing a couple of hours of housework.<sup>387</sup> Some rely on family and friends. Others are not so lucky.

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<sup>387</sup> Barclay interview in 2018.

‘I have more than one person who freely admits that when I drive off, they will be home for the next week. And will be indoors for the next week. Not seeing anyone for the next week. So, they go to their community centre or they go to their day care ... That’s their one [social] opportunity.’

But, as researchers point out, older people are the most heterogeneous part of the population, with wide differences in health and abilities.<sup>388</sup> The solutions they find to maintain mobility also vary.

The people I interviewed from Torquay and Jan Juc take the train to Melbourne.<sup>389</sup> So do the interviewees from Sale, Loch Sport and other parts of Gippsland.<sup>390</sup> Most of the Melbourne interviewees use public transport as well as driving. Marg Welch said she and her husband take the Smart Bus to the city.<sup>391</sup>

‘That’s all we have got in Bulleen.’ But for what they use it for, it’s great and they don’t have to worry about parking. They find it easy to get from ‘A’ to ‘B’ by bus and are using public transport more than they did in their younger days.

Government policies – and where people live – make a difference to a community’s ‘age-friendliness’ and people’s public transport use. When services are inconvenient or infrequent, the people I interviewed said they were more likely to drive. Shepparton is 164 km from Melbourne as the crow flies, or 182 km by road. The Shepparton residents I spoke to were happy to take the train to Melbourne but most drive 70 km to Seymour first and catch the train from there. Trains from Seymour to Melbourne are more frequent than those from Shepparton. Bob Darby from Jan Juc said he takes the train to central Melbourne but drives if his destination is suburban Melbourne.<sup>392</sup>

‘If I go to Melbourne, I don’t take the car. It’s stupid. You get the train right into the city. If I’m going over the suburbs, that’s a different kettle of fish. I drive the car.’

Accessing public transport can be problematic in the suburbs. Volunteer driver Tony Lowry pointed out that one reason the drivers take people from ‘A’ to ‘B’ is because one or both points are inaccessible by public transport.<sup>393</sup>

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<sup>388</sup> Eby, Molnar et al., 2019.

<sup>389</sup> Baldock, Bob Darby, Marie Darby and McNamee interviews, all in 2018.

<sup>390</sup> Goss, Boyd and Richards interviews, all in 2018.

<sup>391</sup> Welch interview in 2019.

<sup>392</sup> Bob Darby interview in 2018.

<sup>393</sup> Lowry interview in 2018.

Where someone lives also makes a difference to driving. It's one thing to live in a quiet street in an area where local driving is easy. It's a different situation if you live around the corner from a major road, where difficult driving is unavoidable.

What about gender? Does that make a difference? Not much, if the drivers I interviewed are a guide. Enjoyment of driving – or lack of it – doesn't split on gender lines. For Frances Hutson and motorbike enthusiast Ivan Robotham, driving is just a way to get around.<sup>394</sup> Others love driving. Tony Lowry said it's a pleasure, not a chore, 'to be able to go out, get in your car and go where you want, when you want'.<sup>395</sup> Gael Thompson said wherever she wants to go, she drives.<sup>396</sup> Dale Coghlan even hires a car and drives on overseas holidays, although she has got used to taking the train to Melbourne's city centre for work, because the trains 'are only 10 minutes apart'.<sup>397</sup>

Two of the married women interviewed were the main drivers in their households. Several of the women were widows. Both groups appeared as confident in their driving abilities as the men.

Having a partner seems to make a bigger difference than gender. When we talked about how their lives would change if they couldn't drive, both male and female drivers suggested their partner would drive them. As Gerry Baldock explained, life wouldn't change a lot 'because I'd have Bron, who'd be able to take me anywhere I need to be taken or do things we need to do. That would only change ... if Bron was not able to drive.'<sup>398</sup>

But the support a partner provides goes beyond their ability to drive, as Alan Williams explained.<sup>399</sup> Alan lives alone. 'There's not going to be anybody to tap me on the shoulder and say, "No, I don't think you should drive today. You don't look good." I haven't got anybody to watch me, so it's going to be down to my own common sense.'

Most of the drivers were fit and keen walkers. But physical fitness brings no guarantee of continued fitness to drive, as Frances Hutson<sup>400</sup> and Bill Roberts<sup>401</sup> could attest. Their partners were both fit and active people. Both were diagnosed with dementia. Frances'

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<sup>394</sup> Hutson and Robotham interviews, both in 2014.

<sup>395</sup> Lowry interview in 2018.

<sup>396</sup> Thompson interview in 2018

<sup>397</sup> Coghlan interview in 2018.

<sup>398</sup> Baldock interview in 2018.

<sup>399</sup> Williams interview in 2018.

<sup>400</sup> Hutson interview in 2014.

<sup>401</sup> Roberts interview in 2019.



husband was assessed and had to stop driving. When they were going out, Frances would slip into the driver's seat, because for the first year or so her husband would forget that he wasn't allowed to drive.

Bill's experience was different. He knew the time would come when his wife would have to stop driving but she made the decision 'off her own bat' and he hoped he would do the same. Bill was a volunteer in the Candrive/Ozcandrive research project that studied real-world driving experience using recording devices in the drivers' cars. Such research projects provide accurate information on how, where and when older people *really* drive. They support decision-making based on reality rather than self-reported information or newspaper campaigns.

Decisions on fitness to drive and government policies to address mobility needs are too important to be based on less-reliable sources. Driving cessation has consequences. But the consequences are not equal across all sectors of society.

Occupational therapy (OT) driver assessor Amber Barclay suggested our culture plays a role in attitudes to driving. She summed up responses to driving cessation this way.<sup>402</sup> She recalled two clients. One had a half-price taxi card, lived in the inner city and had children living nearby. The other had a supportive family but lived in a more remote area, with few people nearby who could help. Money was tight, so even half-priced taxis were expensive. The inner-city client said losing her licence would be devastating.

'And it's not really. People don't embrace public transport and they just want the right to drive.'

She added that it wasn't uncommon for women to lose confidence in their driving ability but it was rare in her experience for men to react that way. That could cause difficulty if the male partner had to give up driving and the female had stopped, even though she was capable of driving and in many cases younger than her partner. Barclay stressed the benefits of women continuing to drive and keeping their skills fresh, rather than taking the view that the man would drive and she would be a passenger.

Surrendering a licence to drive or ride can be hard to accept. OT driver assessor Matt Grange said some people were ready for it and already had options worked out.<sup>403</sup> But some became upset or angry, which wasn't pleasant. Melbourne-based OT driver assessor Sarah

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<sup>402</sup> Amber Barclay interview in 2016.

<sup>403</sup> Grange interview in 2014.

Kyriacou agreed.<sup>404</sup> ‘I’ve had doors slammed at me and been yelled at and then people the next day, you get all these apologetic phone calls, because they know they’ve blown their top and they realise it’s not about us, it’s about the requirements of a licence.’

Studies show that older people who stop driving – and, of course, people who have never driven – find it harder to get to social and leisure activities, such as visiting family and friends and travelling through the countryside.<sup>405</sup>

Talking to older drivers, family members, experts from the fields of road safety and ageing – and others interested in ways to remain mobile as people age – provided answers to the most pressing questions. Life doesn’t stop if we can’t drive. People *can* adjust to change, something the COVID-19 pandemic in 2020 underscored. As Australian state governments responded to the pandemic with lockdowns and limits on reasons for being out of home, people discovered what it means to have restricted mobility and reduced access to goods, services, family and friends.

My local supermarket had closed a few months before. The only local food store to remain open in the early weeks of the pandemic was a French cake shop, which fortunately also sold bread. But we couldn’t live on bread, cakes and quiche. I was familiar with online shopping. But repeated attempts to log on to supermarket sites now failed. I couldn’t get past ‘user name’ and ‘password’. In frustration I put ‘Do you want me to starve?’ in the ‘user name’ box, added a password and hit ‘enter’. Petulance is seldom wise. Back came a response addressed to ‘Do you want me to starve?’ They even offered a discount.

Unfortunately, no deliveries were available to my area. But a daughter’s suburb still has a strip shopping centre with a butcher and a greengrocer that also sells grocery items and pre-prepared meals. I could place an order with them, they delivered it to my daughter and she dropped it to my front gate.

Eventually the major supermarkets adapted to the new normal. Home deliveries resumed. Other essential services were also transformed. General practitioners and medical specialists introduced tele-health appointments. The craft group I belong to started ‘zoom’ meetings. People met for online afternoon teas. Country members could now join in without having to travel to Melbourne. Orchestras streamed performances.

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<sup>404</sup> Kyriacou interview in 2014.

<sup>405</sup> Lui et al., 2018.

People developed new skills and found new ways to remain connected, despite missing free movement and catching up face-to-face. Hopefully older people with mobility issues will benefit long-term from what communities have learnt as they adapted to the pandemic.

But there are ways to extend the time people can live independently after giving up driving. My Auntie Florrie never had a driver's licence but she didn't need one. She was a keen walker and confident on public transport. Her doctor's clinic was nearby. The tram to 'town' was a couple of blocks from her home. She could easily travel to meet friends from across Melbourne and lived independently into her 90s.

Before social media and the mobile phone, another piece of technology was just as seductive. The car offered the opportunity to work and remain socially connected far beyond the reaches of the public transport network. But its convenience came at a cost. Many older people don't have the options that living within walking distance of shops, medical services and public transport brings.

Yet one thing is certain. Live long enough and we have to give up driving. The negative impacts of driving cessation on physical and psychological health are well known. But depression and loss of social connections are not inevitable.

Two of the women I interviewed made comments that reminded me of the importance of social contact.

'Would it still be possible to go to social things if you couldn't drive?' I asked Marie Darby.<sup>406</sup>

'Oh, of course it would,' she replied. 'I'd make it possible. I'm a very social person.'

Volunteer driver Christine Hanly's comment has also stayed with me.<sup>407</sup> 'I suppose there would be quite a few people who'd feel isolated no matter where they lived but I'm lucky I've got on well with people. Some of the people we pick up I do worry about, because they're living by themselves and they don't seem to have much support. But they'd be, that would be a problem wherever they lived, they're just not very outgoing. And I think if people know they can ask for help, then the help's there often.'

When I asked drivers about where and why they drive, I expected *places* to dominate. Instead they spoke about driving *with* people and *to* people.

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<sup>406</sup> Marie Darby interview in 2018.

<sup>407</sup> Hanly interview in 2018.

Rod Barclay talked about visiting family in the country.<sup>408</sup> He taught his daughter to drive and recalled what he told her about the importance of concentrating when ‘you’ve got your mates in the car’. Sheila Evans recalled the excitement of driving with her younger sister through the Adelaide Hills, the first time her father allowed them to drive to Adelaide by themselves.<sup>409</sup> She also told me about driving her husband, Murray, to a doctor’s appointment and detouring to the beach on the way home. Rosie Boyd explained why the Loch Sport Community Centre worked so hard to raise money for a bus.<sup>410</sup> The main reason was ‘socialising, Sunday outings once a month’.

Riding a motor cycle can be social, too. Ivan Robotham pointed out that the Ulysses Club charter describes it as a ‘social club for motor cyclists’, holding meetings and fundraisers and talking over a coffee.<sup>411</sup> ‘It’s not *per se* a motor cycle club. There’s a difference. ... We’ll get together and have fun.’

Private vehicles – whether they’re cars or motor cycles – allow people to maintain far-flung social networks of family, friends, work colleagues and interest groups. Is it any wonder that people associate the prospect of losing their licence with depression and grief?

Alan Williams recalled a conversation with a ‘lovely guy’ he was driving for cancer treatment.<sup>412</sup> ‘He says, “When I had this cancer treatment I said, look, I can’t be bothered ... the taxis and all that, it’s just too hard.” But when he found out about Eastern Volunteers, he said, “Well, yeah, that would make it worthwhile doing.” [He was a] lovely guy but that was a decision he almost made.’ The client wasn’t going to bother having treatment for his cancer if he had to get there alone.

Discussing driving cessation stirs emotions. Marie Darby and Bronwyn McNamee said they felt quite emotional when we started talking about driverless cars.<sup>413</sup> As Bronwyn explained, ‘I got a bit churned up when you were saying “Well, if you had no car” and I was thinking, “If I had no car and I was home and there was no Gerry or Gerry couldn’t drive anymore”.’ Marie Darby said if her husband was alive, losing her licence wouldn’t be a problem.<sup>414</sup> ‘But if he was gone, aah mm, I wouldn’t like it at all because I’m up in Jan Juc.’

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<sup>408</sup> Barclay interview in 2018.

<sup>409</sup> Sheila Evans interview in 2014.

<sup>410</sup> Boyd interview in 2018.

<sup>411</sup> Robotham interview in 2014.

<sup>412</sup> Williams interview in 2018.

<sup>413</sup> Marie Darby and Bronwyn McNamee interview in 2018.

<sup>414</sup> Marie Darby interview in 2018.

But as the conversation continued, their positive outlooks took over. Bronwyn suggested networks of friends can help. People may be lucky to have family members around ‘and some of them are young. And generous.’

Marie recalled the bus stop near her home. ‘I’ve never been seen on a bus stop but I could always start.’

Flexibility and resilience, community support, friendships across age groups – they’re part of the key to healthy and active ageing.

Volunteer services are important. But as a community we can do more.

The service centre where I take my car has a pick-up and drop-off service. Courtesy cars circle around suburbs up to 10 km or so from their base, taking people where they need to go while their car is in for service. Wouldn’t it make a difference if medical centres in an area joined forces for a similar system? Or shopping centres? Social groups?

Driverless cars could fill the need once people have the confidence to get in. Most of the drivers I spoke to haven’t reached that point yet, although a couple mentioned that Beijing and Paris already have driverless trains and a driverless bus operates at Latrobe University’s Bundoora campus.

Would it fill the same need for human interaction as driving with a person? Probably not. But if it allowed people to remain connected to their communities as they age, it would still help. Humans are a social species. Most people don’t stop needing company just because they are unable to drive.

Gaining a driver’s licence allows spontaneity – for those who can afford driving lessons, an annual licence and something to drive. But it’s not the only way to be part of a community. We drivers have some catching up to do, to work out how people manage to live social and productive lives without it. Planning ahead is a good start. We have a chance to discover the shortfalls while we still have the time, energy and ability to redress them, and advocates to support the process.

## Resources

### Support and advocacy groups

**Arthritis Australia** [www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au)

**Council on the Ageing (COTA)** [www.cota.org.au](http://www.cota.org.au)

Provides advocacy and general information on social policy for seniors, with representatives in each state.

**Dementia Australia** <https://www.dementia.org.au>

Provides practical support and programs for those diagnosed with dementia and their families and carers. Services include case management, counselling, in-home and telephone support, group programs and a national dementia helpline.

**Eastern Volunteers** [eastervolunteers.org.au](http://eastervolunteers.org.au)

The not-for-profit group connects volunteers to organisations needing their help. The group is based in Ringwood, in Melbourne's outer east, and services a range of nearby suburbs in the local government areas of Maroondah, Whitehorse and Yarra Ranges. It also runs a volunteer driver service to support the ability of the frail elderly and people with disabilities to live independently.

### Government Aged Care programs

'Myagedcare'

The website ([myagedcare.gov.au](http://myagedcare.gov.au)) provides information on programs to help older people live independently at home, including transport services to help people to remain connected to their communities. The programs include:

**Commonwealth Home Support Programme (CHSP)**

The program provides entry-level support to help older people to live independently at home. Information is available from: [www.myagedcare.gov.au/help-at-home/commonwealth-home-support-programme](http://www.myagedcare.gov.au/help-at-home/commonwealth-home-support-programme)

**Home Care Packages**

The packages provide assistance for those with more complex needs. Information is available from [www.myagedcare.gov.au/help-at-home/home-care-packages](http://www.myagedcare.gov.au/help-at-home/home-care-packages)

## Government information on older drivers

### Austroads

**Website: [austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive/for-private-vehicle-owners/resources-for-older-drivers](http://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive/for-private-vehicle-owners/resources-for-older-drivers)**

Guidelines for medical professionals on the effects of medical conditions on driving.

*Assessing Fitness to Drive* can be viewed online or downloaded from:

[austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive](http://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive)

### **Driver's licencing authorities (Australian states and territories)**

#### *Australian Capital Territory*

Website: [accesscanberra.act.gov.au/app/home/transport](http://accesscanberra.act.gov.au/app/home/transport)

Information on medical conditions and driving. Follow the links to 'transport', 'licensing' and 'ACT driver licence information'.

#### *New South Wales*

Website: [rms.nsw.gov.au/documents/roads/licence/older-driver-guide.pdf](http://rms.nsw.gov.au/documents/roads/licence/older-driver-guide.pdf)

Laws for older drivers in NSW are also explained at the NSW Centre for Road Safety site: [roadsafety.transport.nsw.gov.au/stayingsafe/ontheroad-65plus/licences.html](http://roadsafety.transport.nsw.gov.au/stayingsafe/ontheroad-65plus/licences.html)

#### *Northern Territory*

Website: [nt.gov.au/driving/driverlicence/existing-licence-holders/medical-fitness-to-drive](http://nt.gov.au/driving/driverlicence/existing-licence-holders/medical-fitness-to-drive)

Further information: [roadsafety.nt.gov.au/safety-topics/seniors](http://roadsafety.nt.gov.au/safety-topics/seniors).

#### *Queensland*

Website: [www.qld.gov.au/seniors/transport/senior-drivers](http://www.qld.gov.au/seniors/transport/senior-drivers)

Information on licensing requirements for drivers aged 75 and over is available from:

[www.support.transport.qld.gov.au/qt/formsdat.nsf/forms/S5041/\\$file/S5041.pdf](http://www.support.transport.qld.gov.au/qt/formsdat.nsf/forms/S5041/$file/S5041.pdf)

*South Australia*

Website: [www.sa.gov.au/topics/driving-and-transport/licences/tests/medical-fitness-to-drive](http://www.sa.gov.au/topics/driving-and-transport/licences/tests/medical-fitness-to-drive)

Tips for older drivers are available on the My Licence webpage:

[mylicence.sa.gov.au/safe-driving-tips/older-drivers](http://mylicence.sa.gov.au/safe-driving-tips/older-drivers)

*Tasmania*

Website: [transport.tas.gov.au/licensing/health-and-driving](http://transport.tas.gov.au/licensing/health-and-driving)

*Victoria*

Website: [www.vicroads.vic.gov.au/licences/health-and-driving/how-ageing-can-affect-your-driving](http://www.vicroads.vic.gov.au/licences/health-and-driving/how-ageing-can-affect-your-driving)

*Western Australia*

Website: [transport.wa.gov.au/licensing/renew-my-wa-drivers-licence.asp](http://transport.wa.gov.au/licensing/renew-my-wa-drivers-licence.asp)

## **Car-related advocacy groups and information services**

### **Australian New Car Assessment Program (ANCAP Safety)**

Information on car safety features, including star ratings for new and used cars.

Website: [www.ancap.com.au](http://www.ancap.com.au)

### **National Roads and Motorists' Association (NRMA)**

Guide to driving assessments, tests and training programs for older drivers.

Website: [www.mynrma.com.au](http://www.mynrma.com.au)

### **Royal Automobile Association of South Australia**

Presentations for seniors on road safety, road rules and choosing a safe vehicle.

Website: [www.raa.com.au/about-raa/community-programs/community-education/for-older-drivers](http://www.raa.com.au/about-raa/community-programs/community-education/for-older-drivers)



**Royal Automobile Club of Queensland**

Information on RACQ's 'Older driver programs.

Website: [racq.com.au/cars-and-driving/safety-on-the-road/educational-programs/older-driver-programs](http://racq.com.au/cars-and-driving/safety-on-the-road/educational-programs/older-driver-programs)

**Royal Automobile Club of Tasmania (RACT)**

Information on workshops for older drivers.

Website: [ract.com.au/en/community/community-education/older-drivers](http://ract.com.au/en/community/community-education/older-drivers)

**Royal Automobile Club of Victoria (RACV)**

The booklet *Dementia, driving and mobility* is available on the website. Also advice on accessing health professionals and retaining mobility and social connections.

Website: <https://www.racv.com.au/content/dam/racv/images/public-policy/pdfs/roadusers/RACV-Dementia-driving-and-mobility-guide.pdf>

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### **Newspaper Articles:**

‘A woman on the edge, Elderly driver’s wrong turns almost end in disaster’, *Herald Sun*, 16/8/12.

‘Beachfront park sparks panic, foreshore’, *Courier-Mail*, 5/2/14.

‘Bondi beached’, *Daily Telegraph*, 5/2/14.

‘Car crashes into fence’, *Courier-Mail*, 22/9/12.

‘Dob in older drivers’, *Sunday Herald Sun*, 24/3/19.

‘GPs wary of drive bans’, *Herald Sun*, 7/2/12.

‘Keeping older drivers on the road is the test’, *Herald Sun*, 18/7/13.

‘Rain saves the day as elderly driver avoids Bondi Beach crowds’, *The Australian*, 5/2/14.

‘Seniors facing stop sign Concern at over-75s car accidents’, *Herald Sun*, 21/7/13.

‘Should there be mandatory testing for older drivers?’ *Sunday Herald Sun*, 24/6/12.

‘Some models more prone to prangs’, *The Australian*, 10/1/15.

## What does a driver's licence mean for older Australians?

*Older drivers: Mobility, Ageing and Fitness to Drive* gives first-hand accounts of how and why seniors drive and the changes of normal ageing.

The book is based on interviews with older drivers from city and country areas, as well as family, friends and road safety experts.

It explores 'fitness to drive' and licensing system regulations related to health conditions affecting safe driving.

And it discusses strategies to prepare for life post-driving to maintain the mobility needed for healthy and happy ageing.

Community understanding of issues related to driving and ageing is essential to ensure safety for all road users while respecting older Australians and supporting their continued contribution to their society.



*Photo (back cover): 'Cars on the foreshore, Lorne, Victoria'*  
*Rennie Ellis / Pictures Collection, State Library of Victoria, source ID 2373763*  
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This PhD research project explores the lived experience of older drivers to provide insights into practices in lifestyle journalism. Its outputs include the non-fiction book *Older Drivers: Mobility, Ageing and Fitness to Drive* and an exegesis. The book contributes to community awareness of safe driving as people age, employing narrative techniques to integrate the drivers' stories with scientific literature on road safety and ageing. The exegesis contextualises the research undertaken in the book's production. It includes analysis of Australian newspaper representations of older drivers, using discourse and content analysis, the first such study specifically on issues related to older drivers.