

ABSTRACT FOR CIECA CONGRESS 2015**Challenges for Society in Meeting the Health and Wellbeing Needs of the Older Driver due to Deterioration in Personal Resources.****Author: ANURAJ VARSHNEY MA, OTR (USA), PgCLT****Abstract:**

Independent mobility, and more importantly the ability to drive a car, is an integral and fundamental part of most people's lives. Car ownership is embedded in the national psyche, with auto mobility being central to an individual's consumerist and affective culture of contemporary capitalism (Urry 2002). Driving has therefore become a central element of social citizenship (Urry 2002). This is now perceived as a right and a gateway to freedom and independence.

It could be suggested that driving is a complex goal-directed activity, requiring not only physical and cognitive abilities (personal resources) to control a car, but also the meeting of essential visual health and safety standards for driving.

In addition to meeting adequate visual standards, executive abilities are also thought to be important for dual task co-ordination (Logie, Cocchini, Della Sala, Baddeley, 2004), and necessary for car positioning, maintaining safe distances, driving on roundabouts, journey planning, estimating risks, and for adaptive behaviour such as adjusting speed to traffic conditions (Radford & Lincoln - 2004). Therefore, cognitive function which is purported to be critical for driving must include attention, visuo-constructional skills and executive functioning¹.

During the past ten years incidents of older drivers, particularly those involved in fatalities, have prompted previous governments to commission research studies to consider the issue of fitness to drive amongst older drivers. The majority of published research, both at national and international level, clearly indicates that generally, older drivers under the age of 80 are safer in comparison to other age groups. In relative terms, most drivers aged 70 to 80 years do not pose any more of a risk than any other age group (Barry -2011). However, the risk or the likelihood of a collision is increased when drivers reach 80 years of age and over, and are more than likely to be at fault (Older Drivers-RoSPA²-2010). It is recognised that most drivers within this age group invariably have one or more medical conditions, such as dementia, diabetes, visual problems, arthritis and cardio vascular conditions (Clarke-2009).

¹ Higher level of cognitive function required for driving task

² The Royal Society for Prevention of Accident

These type of medical conditions and of course, the ageing process itself can all have a significant impact on the personal resources of drivers.

It has been projected that by 2037 that there will be more people living aged 70 years and above. The challenges of an ageing population are not only faced by the UK Government but also international governments, most of which are OECD³ countries, This raises a real dilemma for policy makers in relation to assessing for fitness to continue driving, particularly issues around the age of the older driver. However, the issue of road safety cannot be ignored, but at the same time the needs of society, particularly of the older population, and their health and well-being needs, must be protected. Understandably, there is genuine reluctance on the part of the older driver to give up driving, as it provides an opportunity to stay connected to the wider world, and could otherwise lead to depression (*Knight et al. 2007*). Interestingly, an OECD study concluded that older people with health problems are more likely to give up walking or using public transport than they are driving (*OECD 2001*).

In conclusion, answers need to be sought from politicians and policy makers on how to support drivers within this age demographic, so that they can be supported to drive safely for longer, as well as concerns regarding road safety issues which need to be addressed at the same time.

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³ Organisation for Economic and Commercial Development

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Anuraj Varshney has been working as a Consultant Practitioner/Centre Manager for South East DriveAbility in Kent since 2007. His role mainly involves providing specialist clinical input into the driving assessment process, and leadership to the service.

He has over 20 year's experience of working with patients with a variety of physical and neurological conditions; he is also involved in specialist undergraduate teaching to Allied Health Care Professionals at Canterbury Christ Church and London South Bank Universities.

He also teaches at the University of Chester for the Post Graduate Certificate in Driving Rehabilitation and Outdoor Mobility course.

Anuraj Varshney firmly believes that an essential part of service provision is a culture of high quality clinical care. In addition he also believes that an essential part of this is the continuation of professional development, which is an essential part of service provision. He is fully committed in assisting the Forum of Mobility Centres in ensuring that standardised best practice is followed throughout the UK. The post graduate course will assist the Forum of Mobility Centres in achieving this aim.

He has a particular interest in research and has actively participated in various activities initiated by the Forum of Mobility Centres.

Anuraj Varshney has started his Doctorate in Professional Studies (DProf) from the University of Chester in September 2013 and he is interested in carryout major research in the area of Older Drivers and Driving Licence in the UK.

Key Achievements:

- Leading the Driving Assessment & Advice Centre in achieving full accreditation from the Forum of Mobility Centres, in establishing a full time assessment service in Maidstone. As well as establishing outreach centres in East Kent and East Sussex, in order to enable client's to access services closer to their homes.
- Pre-Driving Assessment Screening Programme: This is a quality initiative to improve services for Older Drivers in the UK following a health needs assessment.

- Provided leadership to the Disability Assessment and Rehabilitation Team (DART) in achieving a National Award from the Multiple Sclerosis Society for innovative working and practice.

Qualifications:

- 2011 - Public Health Champion programme (PG Certificate) from Coventry University
- Dec.2006 and Dec.2011: Accreditation of Practice Placement Educator-College of OT, UK
- Oct.2004: British Association of Hand Therapists-Level I: Grinstead Hospital
- June 2004: PgCLT (HE): Canterbury Christ Church University, UK
- May 2004: Leadership Module: Greenwich University
- June 2001: MA in Design Research for Disability: London Guildhall University
- June 1996: Occupational Therapy Registered (OTR): NBCOT, USA

Employment History:

- May 2007 - to date: Consultant Practitioner/Centre Manager for the South East DriveAbility (Mobility Centre)
- Feb.2005 - April 2007 - Team leader for a Neuro Rehabilitation Team
- Nov.2003 - Feb2005: Acting Team Leader for a Neuro Rehabilitation Team
- Nov.2002 - Dec.2007 (Part Time): Teaching Clinical Courses for a Private Company (ad-hoc)
- Sept 2001 - Feb 2005 (Part Time): Senior Lecturer Practitioner for Canterbury University (secondment)
- 1996-2003: Senior OT with a Community Neuro Rehabilitation Team
- 1993-1996: Senior OT with the Royal British Legion rehab scheme for ex- service personnel
- 1991-1993: Junior OT at the Maidstone Hospital
- 1990-1991: Community OT for a Charitable (Non- Governmental Organisation)

Memberships and Offices:

- Health Professional Council
- The National Board for Certification in Occupational Therapy, Inc. USA
- Chairman of Forum Board (Forum of Mobility Centres)
- Member of South East Regional Multiple Sclerosis Professional Network

Paper Presentation:

- The College of Occupational Therapist's Annual Conference- Brighton; June 2010
- The TransEd International Conference (Transport for Elderly and Disabled) September 2012 - India