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<b>Title</b>	Transport for older people in rural areas
<b>Author(s)</b>	Ahern, Aoife; Hine, Julian
<b>Publication date</b>	2010-12-10
<b>Publisher</b>	CARDI (Centre for Ageing Research and Development in Ireland)
<b>Item record/more information</b>	<a href="http://hdl.handle.net/10197/2881">http://hdl.handle.net/10197/2881</a>
<b>Publisher's statement</b>	This research project was funded and published by CARDI

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## **Transport for older people in rural areas**

**A project funded by the Centre for Ageing Research and Development in Ireland (CARDI)<sup>1</sup>**

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<sup>1</sup> This project was funded under Call 1 of CARDI's Ageing Research Grants Programme. The content and views expressed are those of the authors.

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## Introduction

This report describes a project that examined the transport needs of older people living in rural areas in Northern Ireland (NI) and in the Republic of Ireland (RoI). The project had several important objectives:

- To review current international research into the transport needs of older people, in particular in rural areas.
- To look at rural transport policy in NI and RoI, and to assess the impacts of that policy on older people in rural areas.
- To find out about the travel patterns of older people in rural NI and RoI (What modes do they use? What types of trips are they making?)
- To find out about the problems and difficulties faced by older people in rural Ireland (What trips can they not make? What modes are difficult to access?)

In addition, it was an objective of the CARDI research programme to promote cross-border research. This project involved researchers from University College Dublin (UCD) and from the University of Ulster. The project promoted cooperation between researchers from North and South who had not worked together before and it has led to closer and stronger links between the 2 research teams.

A second objective of the CARDI programme was to introduce new researchers to ageing research. The research team in UCD had not previously been involved in ageing research, although they had been involved in transport policy and public transport research in the past. The research links created in this project introduced these transport researchers to the area of transport for older people and allowed the researchers to apply their knowledge and expertise of transport operations to looking at the transport problems faced by older people.

Through the work and co-operation that took place on this project, it is now hoped that these research links will persevere and the research teams are in the process of

preparing European and other proposals to carry out further research into the areas of transport, driving cessation and the needs of older people.

This report will outline the findings of the work in the following sections:

Section 1 - The methodology: This section will describe the 2 phases of the project (the desk study and the focus group). Both phases are described in greater detail in separate reports and so will only be outlined here.

Section 2 - Transport problems faced by older people in rural areas: This section will use the findings of the literature review and the focus groups to outline the most common difficulties and problems faced by older people in rural areas:

- Access to health trips
- Social exclusion and lack of access to “discretionary” trips
- Problems with public transport
- Safety

Section 3 - Conclusions and solutions: This section will outline the recommendations of the authors that might improve transport for older people in rural areas, and will describe what other research is needed in this area.

## **Section 1**

### **Methodology**

This was a two stage project, consisting firstly of a desk study and consultation period, followed by a series of focus groups conducted in NI and RoI with older people.

In the first phase a review of international research relating to travel and older people was performed and this established the kinds of issues that are faced by older people when travelling. The review focused on the problems and difficulties faced by older people in the developed world as this is where travel is now so dominated by reliance and dependence on the private car that travel for those without access to the car is extremely difficult. It is also in the developed, motorised world that populations are ageing very rapidly.

The review also identified that internationally the problems faced by older people when travelling are broadly similar and that driving cessation and lack of public transport are very important factors for older people.

In phase 1 the rural transport policies in place in NI and RoI were assessed and we established how these policies impact upon older people in rural areas.

As an innovative part of this project that sought to involve older people in creating the research question, a steering group was established which was made up of older people, community transport operators and agencies working on behalf of older people (Age Action Ireland). This steering group was established to advise the research team on the literature review, on the issues facing older people and on how to set up the focus groups in rural areas. The steering group met in December 2009 to discuss the first draft of the desk study and to make recommendations regarding what issues had been covered in this literature review. The group also gave advice on the best ways to contact older people for the purpose of conducting focus groups and on the kinds of issues that might be discussed in those focus groups. The use of this steering group proved to be very helpful, as it allowed older people and those working with and on behalf of older people some input into the research design and, in particular, into the

design of the topic guides that were later used in the focus groups. It was found to be very informative and important to have older people involved in determining the research questions at this early stage. We feel that in any future projects we would like to extend the involvement of older people in the research design and setting up of the focus groups by involving the steering group throughout the research process, including in the analysis of focus group responses. This did not happen in this study, due to time constraints.

The second phase of the project commenced in January 2010 and involved consultations and discussions with older people in rural areas of Ireland. There were 6 focus groups conducted in RoI and 5 focus groups conducted in NI. In RoI, the groups comprised of people aged 65 or over. In NI the groups comprised of people aged 60 or over. A number of methods were used to recruit people to the focus groups:

- (1) Community Transport Organisations operational in different rural areas acted as gatekeepers for focus groups and recruited users of their transport to take part in focus groups; 6 focus groups were arranged in this way.
- (2) Direct contact was made with social groups for older people and focus groups were arranged. Participants in these groups were not all users of transport schemes; 3 focus groups were arranged in this way.
- (3) An advertisement was placed in the magazine of Age Action Ireland and older people in rural areas were invited to arrange focus groups. Again, members of these focus groups were not all users of community transport schemes; 1 focus group was arranged in this way.
- (4) Focus groups were arranged by direct contact with older people attending health centres; 1 focus group was arranged in this way.

In Northern Ireland, two types of rural areas were chosen for the focus groups: these were accessible rural areas and remote rural areas according to the classification of rural areas in Northern Ireland (EAFRD, 2007; NISRA, 2005; Patterson and Anderson, 2003). From this 3 focus groups took place in accessible rural areas in NI and 2 took place in remote rural areas. These focus groups were in County Armagh, County

Antrim, County Fermanagh and County Down. In RoI, the remoteness of the focus group areas types was defined using the remoteness index outlined in National Spatial Strategy (2000). From this, 5 focus groups took place in areas that were remote and one took place in an area which was accessible. The focus groups in RoI took place in South County Leitrim, North County Leitrim, County Kildare, County Sligo, County Cork and County Longford.



Focus group number	NI/RoI	Remote/ Accessible	Number of participants	Male	Female	Drivers	Car passenger	Public transport users	Community Transport Users	Disability: Walking	Disability: Hearing	Retired	Employed
1	RoI	Remote	8	2	6	6	0	0	2	0	0	8	0
2	RoI	Remote	10	2	8	3	0	0	10	2	1	10	0
3	RoI	Remote	6	3	3	0	1	0	6	1	1	6	0
4	RoI	Remote	12	2	10	3	0	0	12	2	0	12	0
5	RoI	Remote	10	1	9	4	0	0	10	1	0	10	0
6	RoI	Accessible	4	1	3	1	0	1	4	2	1	4	0
7	NI	Remote	9	2	7	0	2	1	9	1	0	9	0
8	NI	Accessible	7	3	4	2	1	0	5	1	1	6	1
9	NI	Accessible	8	3	5	2	5	6	0	1	2	8	0
10	NI	Accessible	5	3	2	0	0	5	0	0	0	5	0
11	NI	Remote	8	0	8	0	1	0	8	1	1	8	0
<b>Total</b>			<b>87</b>	<b>22</b>	<b>65</b>	<b>21</b>	<b>10</b>	<b>13</b>	<b>66</b>	<b>12</b>	<b>7</b>	<b>86</b>	<b>1</b>

Once a location had been selected and participants had chosen to take part in the focus groups, each participant was provided with adequate background information about the research. In the report below, participants are only identified as male/female, as NI/Rol and as being from Accessible/Remote rural areas. In some cases, other characteristics of the participant are described (for example if they are a driver or if they have a disability) when this is relevant to the discussion.

Each focus group was scheduled to last for 1 hour only. However, in several cases, focus groups lasted for much longer than 1 hour. This was due to the participants' wishing to continue the discussion. The focus groups were conducted using topic guides so that a semi-structured discussion could take place. There were differences between the focus groups in NI and Rol. In Rol, participants were not provided with the questions beforehand, while in NI they were. In all cases, a moderator (the researcher) conducted each focus group. All focus groups were recorded for the purpose of transcription. Permission had been sought from participants and from gatekeepers to record focus groups in advance. However, in those transcriptions no names or terms are used that would enable the identification of any participants. Access to those transcripts and recordings was only available to those working on this research project.

In some focus groups, participants other than the older people also attended. In some cases, providers of the community transport schemes attended the meetings. This happened in NI groups and there were concerns that this might impede the discussions that took place. However, participants seemed to be able to speak freely. In one case, a disabled person younger than 65, (but older than 55) took part in a focus group in Rol. This participant had made contact with the researcher through a gatekeeper to request permission to join the group as they felt they experienced many of the same difficulties as older people in rural areas. Finally in one Rol group, a nurse from a local hospital attended the focus group to represent the opinions of older people in hospitals and long term care in rural areas.

## **Section 2**

### **Transport problems faced by older people in rural areas**

A number of difficulties and issues were identified in both the literature review and in the focus group which older people in rural areas face when trying to travel. This section will outline those problems.

#### **2.1 Accessing health services**

In the focus groups, we found evidence to indicate that the most important activity from the perspective of older individuals in this stage of their lifecycle is to attend health services. However, lack of transport was found to act as a major barrier for them in undertaking this activity. This was reinforced by the findings of the literature review and consultations with the steering group. In Davey's research (2007) it was found that for non-drivers it was difficult to make emergency health trips as public transport operators and community transport do not provide good services for these types of trips. Davey's research findings resonated with the comments made by participants in focus groups in NI and RoI.

In NI, community transport operators provide transport services to health services that are located within the operational boundary. However, most of the specialised hospitals are located in urban areas and in particular in Belfast but community transport operators were found to be reluctant to provide hospital trips beyond their operational boundary due to the high cost involved. On the other hand, the location of hospitals was found to be not well served by the public transport services. As a result, older individuals had to spend more energy, money, and time for travelling to undertake health activities.

In RoI, health related trips also proved to be problematic for many older people, especially for those who do not drive, and there was significant criticism of the Health Service Executive (HSE) and doctors who do not consider the needs and difficulties faced by older people living in isolated rural areas with no car when making appointments and arranging clinics.

The HSE provide some transport services in some areas. However, these were far from satisfactory. Firstly, the services offered did not seem to be consistent in all areas. Secondly, only certain trips were eligible to be made on those services and thirdly, people felt that the services in themselves were inadequate. Older people in wheel chairs could not bring their wheel chairs onto the HSE service, in some cases. In all focus groups, the HSE were criticised for not offering a service that was coordinated with existing community transport services and participants felt that the community transport schemes could have replaced some of the services offered by the HSE, more efficiently and effectively.

On a broader scale, the HSE, RoI Government and health service providers were criticised for not coordinating and integrating health services and health policy with transport services and transport policy. Doctors (particularly hospital doctors and consultants rather than GPs), hospitals and clinics were heavily criticised by participants for not taking account of the needs of older people or their transport problems when arranging appointments. In all the RoI focus groups, participants stated that an appointment would be made for a particular time in a hospital or clinic but that this had no relation to when a patient would actually see a doctor as several appointments would be scheduled for the same time. Patients could then have to wait 3 or 4 hours for the appointment. If they did not turn up at the correct time, however, they would lose the appointment. This created very significant transport problems for older people. They felt that they could not ask friends or family for lifts as the driver would be forced to wait for too long. Public transport was not available. Community transport schemes could not meet their needs as they could not wait at the hospital for so many hours. In effect, the only choice they had was to use a taxi. There was no consideration by hospitals and doctors of the transport services available to older people when deciding their health service provisions:

*“To try to get consultants to listen to anybody - if you talk to the HSE, and I’ve done this on several occasions, it’s so disjointed and the doctors are so selfish that each consultant will make appointments to suit him. He’s not interested in anybody else. He doesn’t care how his patients get there. And the people in the HSE and the hospitals*

*are afraid to say anything to the consultants. We really need someone in the HSE who is ready to take on the consultants and make them change.” (Male, Accessible rural area, RoI)*

More evidence of this lack of coordination between transport policy and service provision and health policy and service provision was evident in the development of centres of excellence for the treatment of cancer. These were often not accessible to older people in rural areas. In one remote rural area, the closest centre of excellence was in the closest city but no public transport or HSE service was available to access this service:

*“Another problem is the cancer services. CITY is our “Centre of Excellence” and there is no public transport to CITY. Nothing at all! I know one man who drops his wife to a pub car park. She is then picked up by what is known as the cancer bus. She then has to make another change to another bus to get to CITY. Can you imagine having cancer therapy and coming away from that hospital and not feeling well and having to make that journey back? I’ve been told they are looking at a social car scheme. But it isn’t working very well as people can’t afford to give the time and the other problem is the insurance companies. The insurance companies want to take a fairly hefty premium of drivers engaging in social car schemes. Even though it s their own car and they have full car insurance. They are treating them like commercial car drivers. They are volunteers.” (Female, remote rural area, RoI)*

This quote raises more than one important issue. Firstly, it demonstrates again a lack of synergy between the development of health policy and the provision of transport. Secondly, the fact that social car schemes in RoI are penalised by insurance companies is very worrying and needs to be examined. The focus groups did not find the same issue in NI and more research is needed to find out why social car scheme in RoI are being treated differently than in other countries.

A final health-related issue that was raised in RoI focus groups was visiting older people in hospital. This point was raised by a nurse in one group who had asked to be present at the focus group to contribute on behalf of older people in hospitals and long-term

care. Many older people, particularly men, become ill and need to spend significant amounts of time in hospitals and long-term care. Their wives often cannot drive and have never driven. There is no public transport from their homes to the hospitals and, therefore, husbands and wives cannot see each other. Participants pointed out that men generally live shorter lives than women and often will end up in long-term care or with end-of life care, while their wives have no way to visit them. This leads to depression and isolation for both husband and wife.

## **2.2 Discretionary travel and social exclusion**

Many older non-drivers are reliant on lifts from family and friends to carry out health and other “important” trips and the literature reviews showed that several studies have found escorted trips by car to be an extremely important mode of transport for older people (Rural Community Network 2004; Glasgow and Blakely, 2000; Davey, 2007, Gilhooly et al, 2002). However, it appeared in all these studies that older people were reluctant to ask for too many lifts as they did not wish to impose a burden on family and friends. Davey (2007) makes the distinction between serious travel (medical appointments, food shopping) and discretionary travel (other shopping, social activities) and found that older people who do not drive find it easier to ask family and friends for lifts for serious travel rather than for discretionary travel. Therefore, carrying out social travel is particularly problematic for older people who do not drive, as became evident in the focus groups.

In the focus groups, participants felt that the lack of good public transport and any real alternatives to the car led to rural isolation and an inability to engage in an active social life and in Rol we were told that “*living in a rural area is like an additional disability. You are so cut off.*” Participants in Rol stated that older people have less choice of activities than older people in urban areas because they do not have the same transport modes available to them. The inability to participate fully in activities due to poor transport was widespread. In a remote rural area in Rol, participants stated that “*no transport is stopping people from getting involved in clubs.*” It was pointed out in Rol that due to lack of transport in rural areas, older people are “*invisible and deprived.*”

While community transport can meet some of the transport needs of older people in RoI and NI, older people in remote and accessible rural areas in RoI and in the remote rural areas in NI felt it was impossible for them to become involved in social activities at weekends as community transport schemes do not offer services at these times. In accessible rural areas in NI, older people had greater access to public transport than in any areas in RoI and than in remote rural areas in NI. Unlike those older people who can have access to the public transport services (e.g. Metro, NI Railways, Ulsterbus), participants in remote rural areas and in all areas in RoI were found to be frustrated because they could not use the community transport services at weekends.

The life of rural older people in rural NI and RoI was found to be at a standstill after 6 pm due to the lack of alternative means of transport. This is due to the fact that there are few, if any, community transport services in the evenings. As it was found in this research, this temporal exclusion from the community transport services means a lack of participation in social activities - the key outcome of social exclusionary process.

The evidence from other studies shows that maintaining a good quality of life is dependent on being able to participate in activities and on being able to access those activities (Spinney et al, 2009; Gilhooly et al, 2002). Spinney et al (2009) point out that restriction on mobility may lead to more isolation and depression. Other researchers also point out that there exists an important link between engaging in activities and quality of life (Banister and Bowing, 2004). In rural areas, people are very dependent on car use, as there are few alternatives. This also has important implications for older women and for the "old-old" (those aged over 75). Many studies show that older women are less likely to drive than older men, are more likely to never have driven and if they have driven are more likely to give up driving prematurely, and so are particularly vulnerable to social isolation (Davey, 2007; Alshih and Hensher, 2003; Spinney et al, 2009). The same is true of people aged over 75 where levels of vehicle ownership are lower and less people drive (Glasgow and Blakely, 2000).

When good transport links exist, this can promote social inclusion and improve the quality of life of older people, and should be seen as a long-term investment. Investing in good rural transport at this stage allows older people more independence and

increases their ability to access activities (and health services), which should lead to less investment being needed for long-term care and mental health care in the future. In both RoI and NI, community transport played a very important role in allowing older people to maintain some level of access to social trips. Community transport services were found to play a vital role enabling older people to travel and to participate in a range of activities; thereby reducing their risk of being excluded from society due to their immobility. However, the access provided to social trips was limited. As already mentioned there are few or no weekend and evening trips. Also, trips are too infrequent and visits to towns are too short to allow older people to properly participate in activities. Usually there is only time to carry out essential activities like visiting the doctor or shopping with again little or no time for discretionary activities. Community transport schemes offered the most widely-used alternative to the car in most rural areas. These services were widely praised for offering independence and mobility to older people who otherwise would not leave their homes. However the services were considered to be inflexible and infrequent. It was mentioned by focus group participants in all groups in RoI that closer linkages between community transport schemes and other transport services, like public transport needed to be encouraged. It was also mentioned in focus groups that services were poorly advertised and therefore, demand for the services remained low.

### **2.3 No car, no transport**

A common theme in the focus groups was driving cessation and the negative impact that not being able to drive has on the quality of life of older people, due to the fact that, apart from community transport, there was little or no public transport available in rural areas. Many older individuals in the focus groups had to stop driving due to their age and health condition.

The main issue for older people in rural areas in NI and RoI is that there were few alternatives to the car. In RoI, in particular, public transport was considered to be inadequate in all rural areas. It is worth pointing out that the policy of many western



Governments is to reduce car use and to increase the use of public transport (Davey, 2007; Gilhooly et al 2002). Several researchers point out that if Governments are to bring about a reduction in car use, while maintaining mobility and quality of life for older people they must admit responsibility for providing transport that allows older people to continue to have an independent life (Spinney et al, 2009). From our focus groups, it is apparent that in most rural areas, older people in NI and RoI do not feel that this transport is being provided.

In NI, in remote rural areas the car is generally thought of as a lifeline for living in rural areas due to both the declining nature of public transport services as well as the spatial distribution of opportunities that could only be accessible by using a car. However, in NI in accessible rural areas, a good public transport service meant that many older people were now using public transport services despite owning a car:

*“What do you may notice when you go round this area? May be three or four shops... You find there is ten or eleven cars park. Those are not customers to the shops, those are people parking their cars there and taking the bus into town. That people parking their cars because they are going to town even the senior citizen there have a free pass into town. So it’s easier for them to park their car and get a bus in. When they get into town, parking can cost up to £12 a day.”* (Female respondent, accessible rural area, NI)

The above quotation signifies a number of issues which are related to the impacts of ‘smart passes’ or free travel passes on older people’s travel behaviour. No doubt it has significantly improved mobility levels for non-car owning individuals in areas in NI where public transport services are spatially accessible. It has also attracted car-owning individuals to public transport services. This means that introduction of smart pass policy could potentially reduce car mileage amongst older people. However, it is apparent from the above quotation that access to a car also improves a person’s ability to use their smart pass for free public transport travel. In rural areas that are poorly serviced by public transport, free travel passes do no improve people’s access to public transport or increase the likelihood that they will use public transport.

In ROI, many participants described how their free travel passes were never used, due to inadequate or non-existent rural public transport. In the NI groups the importance of the smart pass system in increasing public transport use amongst older people is evident. In contrast, in ROI and in remote areas of NI, it was harder for older people to use their free travel. There was significant anger in all the ROI groups about what was perceived as the inequitable treatment of older people in rural as compared to older people in urban areas. All older people aged over 65 in ROI receive a free travel pass. Participants in the ROI focus groups and in some of the remote rural areas in NI stated that this travel pass is very useful if you live in a city or large town or some accessible rural areas but that in most rural areas the free travel pass was of no use as there were no services on which it could be used:

*“How many people have a free travel pass? Lots! And you say do you use it? And they say God knows, it’s stuck somewhere in a drawer. It’s a waste of money sending out those free passes when they aren’t be used.”* (Male, accessible rural area, ROI)

Public transport, in ROI, is considered to be inadequate for a number of reasons. Bus routes generally only leave from bigger towns and the participants of the ROI focus groups all lived in rural areas outside of these towns. There were no feeder services into the towns that would allow them to access buses and there was little or no synergy between community transport and public transport. Even when older people could get to bus stops in ROI, the buses are infrequent, sometimes only once a week. Several participants in all ROI focus groups stated that in their areas announcements had already been made that the current inadequate bus services were going to be further curtailed due to budgetary cut backs. In many cases, they had been told that the services were underused and so would have to be dropped. However, participants made the point that the services were under-used because they were irregular and infrequent and that a better, more regular and frequent service might actually generate a higher level of demand.

Rural public transport services (Ulsterbus) in NI again mainly provide connections between urban areas. Exceptions to these are the town services which operate to provide access for the rural communities to the town centres within a Local Government

District (LGD) although these services were found to be both spatially and temporally inaccessible in many places. As a result, the routes of the inter-urban (Ulsterbus) services are not well connected to the activity spaces of older individuals. Therefore, in addition to spatial and temporal inaccessibility of public transport services, bad connections both between different routes of the services as well as between transport and opportunities were highlighted as a major drawback of rural transport services by the participants.

## 2.4 Safety

Walking is an important mode for older people. However, for older people the road environment is often perceived as highly dangerous, which does not often correlate with actual patterns of accidents at these locations. A significant amount of research has focused on the design of neighbourhoods and the needs of older people (Handy et al, 2008) and the need to bring together public health specialists with transport engineering specialists (Marsden et al, 2008). In Northern California research has argued that the lower levels of mobility amongst older people can be raised through improvements in the design and functioning of local neighbourhoods and that in particular it can promote levels of walking amongst this age group (Cao et al, 2008).

In the focus groups, it was apparent the participants did not feel safe walking in rural areas. Inadequate footpaths in rural areas and inadequate pedestrian crossing were identified as a barrier to walk for rural elderly people. Older people felt that in rural areas pedestrians are often forced to share road space with very fast-moving vehicles and therefore it is not safe to walk.

*“You would be afraid of your life. The cars expect you to get off the road into the ditch.”*  
(Female, remote rural area, ROI)

This is a particular issue at night time as lack of lighting means that often the drivers of speeding cars cannot see pedestrians on the side of the road; *“At least in daylight you can see what is going to hit you. But it is still too dangerous to walk or cycle in rural areas. At night time it’s even worse.”* (Female, remote rural area, ROI)

The existence of hilly terrain often exacerbates the situation despite having a wish to use these greener transport modes for some of the older people who are relatively young. There was no group where people felt comfortable walking and there was agreement in all groups that walking in rural Ireland, both NI and ROI, was too dangerous. To make walking safer, pedestrians need to be segregated from cars and it was felt that speed limits need to be lower on roads where pedestrians might be walking and that those speed limits need to be strictly enforced.

Participants in some focus groups also stated that walking was not safe from a person safety point of view for older people. Areas where they would be walking are too isolated and they felt that they would be at risk of attack or of being followed back to an empty home where they might be robbed. This raised issues of older people not feeling safe at home and, due to lack of transport and issues of rural isolation, not being able to leave their homes. In addition, although NI is transitioning towards peace, the memory of adverse impact from the historical sectarian violence remains deep into the mind of older people. As a result, they were found to be excluded from the street for walking due to fear of crime.

## Section 3

### Conclusions, Recommendations and future work

In this section, we outline some of the conclusions and recommendations that we can make based on the findings of the literature review and focus groups. To summarise, the conclusions of this report are as follows:

- Life in most parts of rural Ireland, both NI and RoI, is car dependent. This means that driving cessation is a major shock to elderly people in rural areas. There are few alternatives to the car available to them, apart from community transport services.
- Health trips, both for patients and those visiting patients, cause many problems for older people in NI and RoI. Health policy and transport policy are not coordinated and health service provision and transport service provision are not coordinated.
- In RoI, social car schemes, which are providing much needed transport to hospitals, are being penalised by insurance companies.
- Community transport services are very important but do not offer the flexibility, the frequency or all the types of trips that older people need. They are often poorly publicised and so are under used and, older people feel, under constant threat of withdrawal. They generally do not link well with other forms of transport and older men see these services as being too “feminised”.
- Public transport is generally very poor so free travel passes do nothing to improve access to service and activities, and taxis are prohibitively expensive, as was apparent in our focus groups. The outcome of this is that older people do not participate fully in activities and have poor access to services.
- An important difference was identified between remote rural areas and accessible rural areas in NI, where in accessible areas a better public transport service allowed car drivers to use public transport instead of their cars. This indicated that a good public transport service, along with a free travel pass, can achieve two

objectives: it can allow older people to remain socially included and it can reduce car dependency, thus promoting more sustainable travel.

- An important finding of this work was the distinction that should be made between discretionary travel and essential travel. Essential travel (like health trips and food shopping trips) will be carried out by older people in rural areas by whatever means possible. They will use community transport where possible, they will ask for lifts if necessary and they will pay for taxis if they need to. This was apparent in the focus groups and in the findings of other researchers. However, they are less likely to ask for lifts, pay for taxis or have access to transport that allows them to have a social life. Lack of transport means discretionary travel does not happen and older people sacrifice their social lives, which are so important to both their physical and mental health.

## **Recommendations:**

The authors would like to make a number of recommendations, based on the findings of the focus groups and the literature review:

1. In these times when Governments need to reduce expenditure and cut costs, there is a risk that rural public transport, already so poor in both NI and RoI may suffer. Given that life in rural Ireland (NI and RoI) is so car dependent and car ownership is relatively high it is easy for Governments to reduce spending on rural public transport. The lack of demand for community transport schemes must also make them targets for cuts. However, when considering transport policy in rural areas, there are 2 important issues that Governments must consider:

- (a) The long-term costs of social exclusion for those without cars.

Already, as stated in our conclusions, older people have difficulties accessing health trips and sacrifice participation in a social life due to lack of access to transport. As society become more car dependent, the relative mobility of those without cars is reduced. Other studies, as outlined in our

literature review, confirm that an inability to participate fully in an active social life can be detrimental to mental health, independence and physical well-being. Therefore, if Governments wish to reduce social exclusion and reduce health related costs, they must consider the social impacts of reducing rural transport.

(b) The need to reduce car dependency.

Sometimes, the lack of demand for rural transport is cited as a reason for cutting public transport in rural areas as it is not “cost effective” and that it is cheaper to allow society to become more car-dependent. However, it is an objective of most Governments in the developed world to reduce car-dependency. Indeed, to improve the cost effectiveness of rural transport (both conventional public transport and community transport) these services need to increase their patronage which can only be done if the services are improved. The focus groups demonstrated that public transport services are often too infrequent to generate sustained demand, and that community transport schemes are poorly publicised. Rural transport must be seen as more than just providing a social service that reduces social exclusion (which is an important objective) but it must also be seen as something that could be a viable alternative to using or owning a car. Greater consideration needs to be given to how public and community transport in rural areas can be used to bring about less reliance on car in all age groups. If adequate transport services are provided for all residents of rural areas, there may be less need to create specialised services with low demand.

2. There is a severe lack of synergy in providing services in rural areas - both between transport operators and between Government departments. The focus groups found that older people are frustrated by the lack of synergy between community and public transport. Community transport needs to be used as a feeder to conventional public transport, and the demand for community transport could be expanded if all rural residents saw it as a good way to access mainstream rail and bus services. In addition, the lack of synergy between health

policy and transport policy is very serious and is most apparent in RoI. While it may make sense from a health care perspective to centralise particular treatments, this will not work if those who are most likely to need to access those treatments (older people) do not have easy access to the hospitals and clinics. When considering the location of treatment centres, greater thought needs to be given to who is being treated in these centres, where they are travelling from and how they can make those trips.

At a lower level, there needs to be more synergy between doctors, consultants and transport providers. An awareness of the transport problems faced by older people needs to be created in hospitals and amongst consultants when they are making appointments for these people. Raising this awareness should not be something that is costly to do but may involve some re-education of consultants and other health-care providers in terms of the need of their patients/clients.

3. While public transport is so poor in large parts of rural NI and RoI, older people in these areas are facing very high costs of travel. This may be because they have to pay for taxis or are facing high car insurance (particularly in RoI). The free travel pass scheme is of little or no use to those with no public transport and should be extended in some way to the transport services they do use - taxis. This would allow older people to make trips to health services and would prove cheaper than introducing more bus services and rail services.
4. Also related to the cost of travel is the fact that insurance companies, according to the focus groups in RoI, are charging social car schemes very high insurance costs and are treating them as commercial drivers. This is not happening in NI, as far as this research can establish, and there needs to be more research conducted to find out why older people in RoI are being penalised in this way. These social car schemes are very important for older people accessing hospitals and clinics and losing these services would be very serious.

Finally, it is apparent that living in rural NI and RoI is very difficult without a car. We have allowed Ireland to develop into a car-dependent society, through reductions in



public transport services and the very rapid increases in car ownership that this country has witnessed. However this has very negative impacts on the relative mobility of those without cars, in particular older people who cannot walk or cycle and who find using alternatives prohibitively expensive. Reducing rural transport services will only exacerbate these problems by further increasing car dependency in rural Ireland and reducing the relative mobility of older people.

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