



CONNECTIONS:
MOBILITY AND QUALITY OF LIFE FOR OLDER PEOPLE IN RURAL IRELAND
A report based on research by Intel, in collaboration
with the Rural Transport Programme

May 2007

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*If you came this way,
Taking the route you would be likely to take
From the place you would be likely to come from,
If you came this way in may time, you would find...*

Little Gidding, No. 4 of 'Four Quartets'
T.S. Eliot

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Health, Research, and Innovation

Mission - Explore, invent, and prove new health opportunities for Intel by driving an integrated, deep understanding of people/practices, technology, and business needs across the continuum of care.

Introduction

"This is powerful, the bus is great. Lord it's powerful. It's absolutely wonderful, we'd not get any where without this"

"Transport keeps coming up as a big issue - a lot of families have cars but they're at work and the old people are left at home and if they have a doctor's appointment someone has to take the day off work."

Two simple statements from Intel's research into the role of transportation and mobility in the lives of older people: one from a user of the Rural Transport Programme's bus service and one from a service provider working with older people in the south of Ireland. Both attest to the value and importance of mobility in late life, for old and young alike.

This report is a summary of findings from Intel's research into the Rural Transport Programme (RTP). The research was undertaken during the first half of 2007 with five projects. Earlier investigations by the Health Research and Innovation team had suggested that mobility might be a key enabler of independent living for older people. At the same time, and internationally, there is growing recognition of the relationship between social engagement (of the type enabled by mobility and transportation initiatives) and physical and mental health.

This project, a collaboration with the RTP, explored the role transportation plays in people's lives as they age, particularly in rural Ireland. Therefore, this report looks not just at vehicles and services but also portrays several other aspects of everyday life for older people in rural areas. In the report we have deliberately retained full accounts of the services, journeys, passengers and drivers so that readers can themselves appreciate how the services function and the multiple ways in which they impact upon the lives of older people in Ireland.

Our objective for this research was to better understand not just transportation and mobility, but the variety of everyday social, health, economic and other activities which mobility enables. What we found is that to be active beyond the home is a sine qua non of wellbeing in late life. Transportation services such as the RTP are crucial enablers of action and activity beyond the home; they underpin autonomous and independent lives.

This research is an example of Intel's commitment to developing creative solutions which have a positive impact on healthcare and which enable older people to live more fulfilling lives. Our commitment is long term, broad in scope, and deeply human-centred in its approach. Within Intel, this research is driving innovative technology ideas and new ways of holistically understanding the diverse needs of ageing adults. Beyond Intel, this research will provide a resource for many organizations - public, corporate, or academic - to better understand and serve the needs of ageing populations, in Ireland and beyond.

Seneca the Younger, who was himself very interested in ageing, concluded that "voyage, travel, and change of place impart vigour". It would be hard to find a project, driver or passenger who would disagree with that conclusion. A mobile life is a better life, especially as we age.

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Key Lessons

This report describes a number of key findings from ethnographic research conducted with five rural transportation projects in Ireland in early 2007. The following summary highlights some key points.

Transportation as a Platform

While the focus of the research, from the outset, was on transportation, it is clear that transportation is a platform which links together a whole range of activities (dancing, bingo, healthcare), spaces (community centres, day care, post offices) and contexts (town shopping, healthcare) which are central to successful and independent living for older people in rural Ireland.

Community Transport

The five projects examined were found to be offering transport services that grew from, or were conceived in conjunction with, community activities and locations. As a result it is best to view the projects as offering much more than point to point transport services. The transportation enables and supports existing or emergent activity; there is a very high level of integration between the transportation projects and local services.

Beyond Transportation

While much of the transport planning literature treats travel as a 'derived demand' – something that people do to take part in an activity, with the activity as having the value, not the travel, this study clearly demonstrates that there is inherent and emphatic value in travel itself. For passengers, the travelling process exposes them to the world beyond their home – the landscape, neighbours (near and far), the changing face of Ireland and connections between the land and people. Buses and cars, while taking people from A to B, enable a series of other connections. The projects link people to places and people to people.

Members not Passengers

In line with the finding that the projects are about much more than transportation, we found that those who use their services see themselves as more than just passengers, paying or otherwise. There is a strong sense of ownership, evidenced in their comments about the services and their behaviours on the buses. For those who have experienced a loss in terms of their access to a car,

the projects represent a gain in mobility or transportation which they can call their own.

Men and Women

Across all RTP projects in Ireland, there exists an imbalance between numbers of male and female passengers - 68% women, 32% men (RTP figures). The research identified a range of factors lying behind this. Men are likely in the past to have been accustomed to 'independent' or 'spontaneous' mobility through their ownership of a car or other vehicle and so see public transport as a downgrade. Older women, on the other hand, have often been reliant on others for transport and see the RTP services as a vast improvement on their lot. Many women accepted that the buses can be viewed as feminine spaces that men can find threatening and that the destinations can be equated with feminine interests or activities (shops and shopping).

Buses and Cars

Two of the five projects examined were using cars as a form of transport in their services and made great use of volunteer drivers. For projects, the question of owning their vehicles or using private contractors is complex. It is somewhat of a grey area as projects are not provided with capital funding to purchase vehicles and are mandated to work with the private transport sector. We also found that car services often, but not always, provided a degree of flexibility that made them suitable for use in health related journeys.

County, Region and Locality

Knowledge of the locality plays a crucial role in the development and operation of transport services. The projects were defined on a county level; however, the researchers found that many of them were working within much larger areas, crossing borders into other counties, or working with more than one county at a time. The interlocking set of counties, regions, and localities all form a web of local knowledge that was best demonstrated by the drivers within each of the transport schemes. This local knowledge is also manifest in the diversity of provision models evidenced across the five projects.

The Rural Context

The last two decades has brought about many significant changes to Ireland, visible particularly in rural areas. The closure of pubs and post offices

has had an impact on communities and this decline in services has led to a sense of social erosion or decline. Many passengers talked of the countryside 'emptying'⁵. Conversely, areas of the countryside have experienced rejuvenation as middle class families downshift from the cities. This is enabled, in part, by increased levels of car ownership, enabling people to live further from their place of work. Paradoxically, this development in car ownership has led to starker dependency for those without access to transport.

Rural Rejuvenation

Although there is a decline in some services for those living in rural Ireland, the research also showed the creation of new communities and the sustaining of existing communities or community activities through the provision of transportation that supporting would-be participants. Transport services allow for existing communities and people to meet and interact. Moreover, the services actually create an awareness of a community and its transport needs. Passengers display sensitivity regarding those who cannot drive or who have no access to a car.

Older People and Independence

One of the key findings from the research is the preponderance of older people who use the rural transport schemes and their positive attitudes to the service. Their need for the services is more acute than that of others living in rural Ireland. This passenger group made clear their preference to not ask for a lift (from family, friend or neighbour) since this placed them under obligation, was demeaning, or indicated dependence on others. The RTP service creates for such people a sense of independence. This is key in fostering self esteem and confidence. It also serves to reduce the sense of obligation and loss of control associated with reliance on family members for transport. Equally, as older people bemoan busier family lives, and decreasing inter-generational contact (especially during the daytime) they are becoming ever more dependent on services such as the RTP for basic access to services and healthcare.

Cars, Mobility and Isolation

Changing levels of car ownership is affecting older people in rural areas. Ireland has one of the lowest levels of car ownership in the EU (391 per 1000 population in 2004), compared to the UK (447

per 1000 in 2002) and the EU15 (491 per 1000 in 2002). However, according the National Spatial Strategy (2002-2020), the number of cars on Ireland's roads could double between 1996 and 2016, potentially resulting in ownership rates of near the top end of the EU15 by 2020. In this context of increased mobility through private transport, people are living further from places of work, (aggregate miles travelled to work rose by over 10% per annum between 1996 and 2002) which has one important impact on older people. As those around them have increased access to private transport, elderly people experience an emptying out of the countryside during the day (a phenomenon many informants noted already). Increasing car ownership also limits the potential effectiveness of public transport investment. Mobility can thus be viewed as relative: as those around them, the younger generations, become more mobile, older people become, or feel, ever more cut off.

Health Outcomes and Accessing Healthcare

Enhanced access to healthcare services and sites is a tangible outcome of the RTP services. Passengers ordinarily use scheduled services to access health resources such as doctors and pharmacies. Most projects are linked in with healthcare providers assisting individuals in making doctors' surgeries, hospital appointments and attending respite or day-care and Active Retirement Groups (ARG). Equally, the services provides healthcare to the home in the form of Meals on Wheels services. More implicit health outcomes included a tangible sense of freedom, empowerment, autonomy and independence that passengers derived from using the services.

Drivers

In many ways, drivers are the lynchpin of the transport services. They not only possess local knowledge regarding the area but also are familiar with individual passengers and their service usage patterns. The driver has a good deal of face-to-face contact with the passengers and thus is central to how the passengers feel about the service. Drivers are able to chart minor shifts in the health of passengers over weeks and months, making them akin to frontline healthcare workers.

Volunteerism and Entrepreneurship

As projects work with limited resources, access to funding and income generation remain high on

5 National Spatial Strategy. www.irishspatialstrategy.ie

the list of concerns. Managers and administrators demonstrated entrepreneurial skills necessary to the development of sustainable services. With regard to volunteerism, the research found that in many cases there is no real moment of decision to become a volunteer, or to give up a substantial period of time. Instead, the RTP volunteers were already giving their time to the community in a number of ways, and the Rural Transport Programme provided a structure in which this volunteer effort was managed and optimised.

Seamlessness

A striking aspect of the RTP projects is their seamless integration with a variety of sectors and domains of activity. Often this seamlessness appears unintended or accidental. The evidence suggests the opposite. The different projects work very hard to ensure that what they offer, demand responsive or scheduled transportation, articulate with activities, social contexts, economic centres and health resources. This linkage might be organised centrally by a project based on their understanding of local need, for example, a project might organise transport for an active retirement group. Linkages can also be contractually organised, for example, a project may have a standing contract to provide transport from homes to day care centres. Additionally, drivers create 'seamlessness' by responding to small requests that help passengers create the most of the service. The results of seamlessness are that the services offered are about much more than transport from A to B. This seamlessness ties buses into multiple domains of real value for older people.

Transport Models

Most of the transport projects sprang from pre-existing vibrant community activities and services. Transport 'models' operated and developed in the context of ground-up, community-focused service operation. Primarily, evolution and learning crystallised into a 'model' that reflected the individual communities' needs, people, and geography. One shared aspect to the transport models was the way in which routes were developed. All projects considered existing services, the level of 'need', and the population to be served and were involved in consultation across the community.

Innovation

All of the transport projects showed great creativity and continued innovation in developing their services and finding new ways of reaching passengers. Evidence of a 'seamlessness' of services was clear with passengers sometimes unaware of how much communication was occurring between the transport projects and various stakeholders such as 'meals on wheels' services and day care centres. All of the projects displayed an ability to continually evolve their offerings and approach to service delivery, combined with an impressive capacity for adaptability and responsiveness.

Chapter One: Background and Introduction

Currently, the percentage of the Irish population over 65 years stands at approximately 11%. While this is rather low in comparison to other European countries such as the UK, Germany, and Italy whose older populations already exceed 20%, Ireland will experience a threefold increase in the number of people over the age of 80 by 2013. If the older population of Ireland faces issues with regard to mobility in 2007, the scale of the problem in the future will likely be even more significant.

Having control over one's environment is central to self-determination, independence and quality of life. This control is often eroded with age, impacting negatively on quality of life. The idea of autonomy, a word often used synonymously with independence, is vital when considering the quality of life experienced by elders as it suggests independence from coercion by others, support available to carry out decisions, and a means to reciprocate help that is received. Not only is autonomy important from a practical point of view, it also has a profound effect on a person's sense of who they are and their place in the world. Autonomy, independence and mobility are all linked.

1.1 The Need for Mobility

Mobility is a key factor in determining quality of life as it provides access to needed goods and services and allows elders to participate in desired social activities. Transport, particularly motorised transport, is a vital part of this mobility. Mobility is usually based around the car, particularly in rural geographies, remote from public transport systems. When forced to stop driving, older people suffer a perceived loss of independence and status. This is particularly the case in rural areas, where lack of alternative transport can lead to social isolation.

According to Ireland's National Council on Ageing and Older People (NCAOP), virtually no data exists on older Irish people's travel patterns (O'Shea and Conboy, 2005). However, the NCAOP also explored transportation from the perspective of older Irish people's needs and barriers to health and social services, gathering data which shows that access to a vehicle is a problem for a propor-

tion of older people (O'Hanlon et al., 2005). O'Neill et al. (2000) identify health as the most common reason for driver cessation, which affects many older people at some point or other. While free travel passes are issued to any citizen of Ireland on reaching 66 years of age, statistics available from the Department of Social Welfare⁵ show that 17.5% of people over 66 years have not claimed their free travel pass entitlement. There is no concerted effort by the government to identify non-users of the Free Travel Pass (FTP), but it can be reasonably assumed that lack of adequate public transport services in many rural areas is a contributing factor to non-use, or even ownership, of a Free Travel Pass.

1.1.1 Using Public Transport

It is often assumed that as soon as older people no longer drive cars, they will automatically switch to using public transport services. However, people with mobility problems are often able to drive longer than they are able to walk or access other forms of transport. Older people sometimes find themselves being forced into giving up driving and becoming pedestrians – a state which has proven far more dangerous than continuing as drivers since older people are proportionally over-represented among those injured and killed in pedestrian-vehicle collisions (O'Neill & Carr, 2006). Just how well public transport services meet older people's needs requires examination of a number of factors including accessibility of the service and vehicle accessibility.

Of the 600,000 FTPs issued in Ireland, 475,655 are issued to Irish citizens on reaching 66 years of age, the remainder are held by people with disabilities and carers.⁶ In September 2006, the Department of Transport removed the time ban on free travel pass holders that limited passengers to using bus services at certain hours.

The HeSSOP II study (O'Hanlon et al., 2005) showed that 65% of participants in the Eastern Regional Health Authority and just 20 per cent of those in the Western Health Board had used public transport in the previous six months. This

² Department of Social Welfare www.welfare.ie

³ *ibid*

difference was significant and highlights perhaps the disparity in the availability of public services between the two regions. Higher levels of education were also associated with a reduced probability of using public transport – perhaps indicating that these respondents had greater access to private cars.

The national health promotion strategy for older people takes into account the importance of the physical environment for remaining healthy and describes public transport in Ireland as “often ill-designed for the use of older people” (Brenner & Shelley, 1998: 39). A postal survey carried out to establish the existence and range of healthy ageing projects throughout Ireland (O’Shea, 2006), highlighted the poor representation of transport projects (2%) despite the central relevance of transport to older people’s lives in providing opportunities for social interaction and broadening choices, especially for people living in rural areas.

1.2 The Rural Transport Programme

The Rural Transport Programme (RTP) began as the Rural Transport Initiative in 2002. It is funded by the Department of Transport (DoT), and managed by POBAL, a social inclusion and equality programme. The DoT is currently in the process of formally mainstreaming the programme and has increased the RTP budget to €9 million. The programme has overseen the development of 34 local projects, throughout the country, providing transport services for rural areas. These projects have been formed either by existing local development organisations or through the formation of new groups.

The overall aim of the RTP has been “to encourage innovative community-based initiatives to provide transport services in rural areas, with a view to addressing the issue of social exclusion in rural Ireland, which is caused by lack of access to transport”. This has led to the introduction of a range of semi-scheduled and fully demand-responsive services, delivered via a number of different service models.

In 2005, RTP services delivered more than 650,000 passenger journeys on 75,000 service trips, which provided transport for an estimated 25,000-35,000 users. The RTP is regarded as a success, providing a valuable transport alternative

for people in rural parts of Ireland.

Four basic models, or a combination thereof, have been adopted by the projects, depending on what is more appropriate for the area and the people concerned:

- Projects that own and operate their own vehicles
- Projects that subcontract the provision of services to other transport operators
- Projects that use the spare capacity of vehicles owned by other voluntary organisations
- Car sharing schemes - either a) co-ordinated Hackney services-where journeys are co-ordinated in advance and shared, thus bringing down the cost of travel or b) voluntary car schemes - where volunteers provide transport in their own vehicles for a set number of hours per week

Each project employs a co-ordinator on either a full-time or a part-time basis, depending on the size and scope of the project. Ten projects receive further funding under the Community Services Programme, which enables them to provide training and employment opportunities for local people eligible to participate. Additional financial and non-financial support, guidance and mentoring services have been provided to projects by many local development companies, statutory agencies, authorities and individuals in a voluntary capacity.

The majority of services prioritise social needs and access to essential facilities and public services. Although all services are available to the general public, older people benefit greatly from these services. RTP figures show that 60-70% of all users are over the age of 66. The Department of Social and Family Affairs provides the RTP with a contribution towards the costs of enabling passengers entitled to use the FTP. This development made a significant impact on the availability and affordability of services for many older rural dwellers.

1.3 International Research Context

As an essential support pillar for this project, Intel’s team reviewed the most relevant international research publications. This served to establish a wider context for the project and to inform the analysis of the research results. The key points of

this international survey are presented here; for a more detailed review, see Appendix A.

- A major European project, investigating mobility in older populations in Finland, the Netherlands, Germany, Hungary and Italy identified that older women, living alone in rural areas, were the group least likely to take part in social activities and least likely to have access to transport. This population is the core constituency of the RTP projects studied in this project.⁷
 - The most common reasons for leaving the house include shopping, socialising and leisure walking. However, the distances covered are typically short (less than 3 km), especially in rural areas. Older people (particularly women) stay closer to home. Travel is predominantly during daylight hours.
 - In the UK, two-thirds of men and 50% of women over 50 rarely or never take public transport. Key reasons for this are lack of availability, perceived unreliability and difficulties with access (boarding, movement of vehicle before sitting, etc.).
 - The preferred mode of transport is the car. In the UK, two-thirds of all journeys exceeding 2km are by car. In the US, 90% of people over 65 travel solely by car. The dominance of the car is particularly marked in rural areas, reflecting lower levels of public transport and longer distances. Clearly, these figures do not represent older persons who have no car and no access to public transport and so do not travel.
 - More than half of all European older households have access to a car, with rural car ownership higher than urban. In Ireland, 50% of older people drive; this drops sharply with age (66% of those aged 65-69 are drivers; 13% of over-85s still drive).
 - The main reason for driving cessation is ill-health or disability. The preferred alternative is accessing lifts from friends and family; this does, however, lead to a sense of being a burden and of obligation, which tends to lead to reduced mobility.
 - Loss of a driving license is a strong predictor of depression and social isolation among older people. Private transport is linked to a self-image of independence and self-sufficiency, as well as a feeling of freedom to travel at any
- time. These positives are lost when driving ceases. The impact of driving cessation is most strongly felt by men.
 - Mobility is essential to accessing healthcare services. In Ireland, lack of transport has been found to affect perceptions of healthcare, which in turn impacts on decisions to use healthcare. A circular problem arises, with those in poorer health finding it harder to access healthcare.
 - Problems with mobility also impact on social and leisure activities, which are closely linked to health and wellbeing.
 - The size and activity of the social circle has a major influence on health, particularly the risk of dementia and cognitive impairment. As a key enabler for social activity, transport is central to quality of life.
 - Loneliness and social isolation are common in the older population. A sense of being out of tune with society can lead to depression; active integration with social peers helps to deal with this, as does regular access to family.
 - The balance between indoor and outdoor leisure activities is an important factor for overall health. Older persons tend to be more sedentary; this is often imposed by lack of access to transport.
 - Rural people typically have fewer social outlets than urban dwellers. This is exacerbated where transport is of poor quality or accessibility.
 - In the older population, men will typically have worked outside the home to a greater degree than women. As a result, many men's social networks are work-based and are lost at retirement. In contrast, women's social circles are community based and are more resilient in their response to ageing. Widowers are particularly vulnerable to isolation, if many of their post-retirement acquaintances are established via their spouses.
 - Men tend to be less enthusiastic to join social groups aimed specifically at older persons. This is due to a perception that they are aimed at women.
 - Preparation for retirement and the sustaining of interests across the retirement period are important enablers for successful ageing. Life satisfaction for older men is linked to finding sufficient work substitutes.

4 MOBILATE: Enhancing Mobility in Later Life: Personal Coping, Environmental Resources, and Technical Support.

The international context is not dramatically different to the local contexts examined in this research project. The value of social activity as a contributor to overall health is a recurring theme; the need for transport to enable social interaction is clear. There is potential to considerably improve the degree to which the RTP projects support such social activity – many services run just once a week, with members remaining at home for much of the rest of their time. Men are particularly vulnerable to isolation, given the dominance of women in the RTP passenger statistics; presenting gender differences as an area with potential for the RTP to address or examine further.

1.4 Intel and the Digital Health Group

Intel Corporation is the world's leading manufacturer of microprocessors and associated technologies. The company's operations span the globe and include a major manufacturing facility in Leixlip, Co. Kildare, Intel's European manufacturing headquarters. Intel's products are found not only in PCs, servers and laptops but also in a host of other electronic devices for work, recreation and education.

The Digital Health Group, one of five core business groups at Intel, was inspired by influential work on people suffering from cognitive decline in the US. This research work led to the development of prototype technology innovations designed to ameliorate the impacts of cognitive decline on individuals and their care-givers. This work was based on long term ethnographic fieldwork with older people in the USA and was particularly concerned with exploring and understanding issues concerning 'social health' – meaning social networks, community, and isolation. Many of the efforts of the Digital Health Group are focused on ageing populations worldwide, since demographic indicators, and the economics of healthcare, suggest that innovation and intervention are required.

Health Research and Innovation (HRI), the R&D division of the Digital Health, is focused on creating person-centred understanding of health and healthcare practices, systems and beliefs from the emergency room to the residential care setting. Our charter is ambitious and includes shifting the healthcare model from the current individualist, 'medicalised', hospital-based configuration to more pro-active, domestic and community models, in

which technology can play an assistive role. The HRI team is truly multi-disciplinary with social scientists, engineers and designers working hand in hand, and closely with older people themselves, to develop appropriate technologies which can support ageing in place.

A key part of the development agenda for HRI is to conduct research work that informs the team about the issues of ageing, as older people and their carers themselves see it. The work of the social science team is typically exploratory in nature: to scope and define issues and understand the nature of the problems encountered. For example, during 2006, the research team conducted fieldwork on the 'Global Ageing Experience' study, undertaking research across Europe (Sweden, Ireland, UK, France, Italy, Germany and Spain). In 2007, the focus will shift to East Asia.

The work of Digital Health Group is rarely, if ever, undertaken in isolation of others in the health-care space. For example, in February 2007, Intel Ireland announced the launch of the TRIL Centre (www.trilcentre.org) an industry-academic collaboration, supported by the IDA. TRIL is research collaboration addressing the physical, cognitive and social consequences of ageing, all informed by ethnographic research and supported by a shared pool of knowledge and engineering resources.

Collaboration and exploration are therefore two key aspects of the HRI agenda. Therefore, having identified that mobility for older people was a key issue worthy of further investigation, we undertook to forge a collaborative relationship with the Rural Transport Programme (RTP) which could extend our own understanding of transportation and mobility issues for older people and provide insight to the RTP on the impacts of their existing service provision.

1.5 Connections: Research Project Scope and Objectives

This research study was not limited to transportation. From early exploratory desk research it became clear that a study of transportation and mobility, whilst important in its own right, was a means of examining the wider health, service and care ecosystems in which older people exist in Ireland. Transport is a key service for older people living in a rural environment, both for essential

activities such as shopping and medical appointments and also as a social outlet. The team therefore used transportation as means of exploring a wider question: what is the nature and experience of ageing in rural Ireland? We approached the study not as experts in transportation systems and provision, but as researchers dedicated to understanding the 'warp and woof' of existence for older people in Ireland.

In February 2007, Intel began a research partnership with the Rural Transport Programme working closely with five transport projects in Kerry, Kilkenny, Meath, South Westmeath, and Sligo.

Projects were chosen for their differences based on the following criteria:

- involvement with older people and older people's services and networks
- spatial spread
- project size
- range of transport models
- range of services
- capacity to participate in the research
- experience with technological solutions

The following five RTP projects agreed to participate in the study

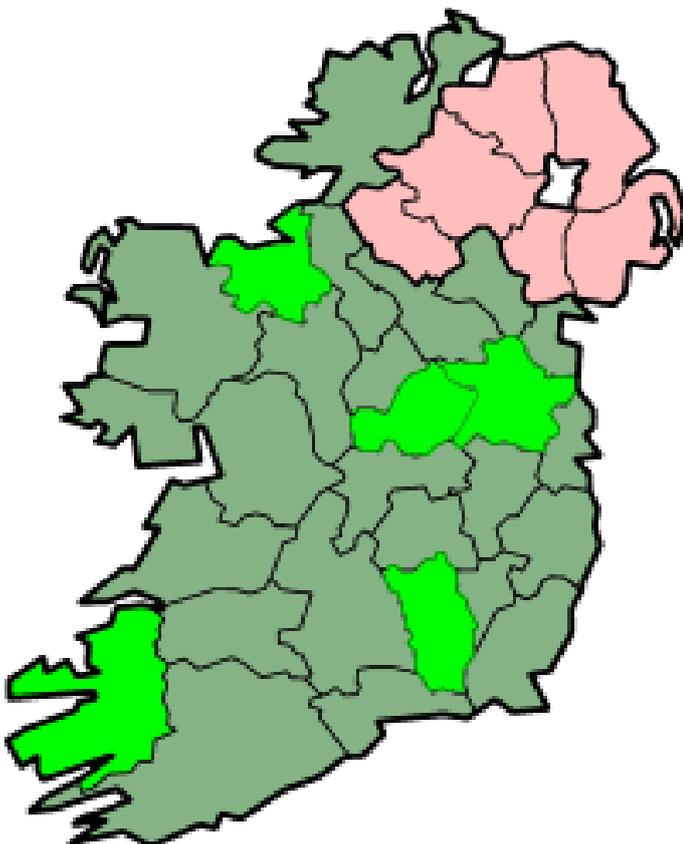


Figure 1: RTP counties studied

- Meath Accessible Transport
- Kerry Community Transport
- Ring A Link (Kilkenny)
- CLASP (Sligo)
- South Westmeath Rural Transport Association

Based on insights from the material available on the significance of transport and mobility for elders in rural Ireland, Intel and the RTP, with Professor Desmond O'Neil and Bob Carroll from the National Council on Ageing and Older People devised seven key areas for research:

- Gender
- Social connectedness and reciprocity
- Ability/Disability
- Income levels
- Sense of health
- Sense of self
- Environment

The research aimed to deliver insight into these areas specifically, but more widely to deliver insight, qualitatively, into the impact and role of these services on the lives of older people.

1.6 Research Methodology

Our research was initiated by desk research into the wider contexts of transportation in Ireland and the examination of data relating to RTP operations. We also conducted interviews in a village in County Meath to assess, at the outset, the relative importance of mobility and transportation to older people in Ireland.

The core of the Connections research, as reported in this document, was ethnographic fieldwork, conducted by members of Intel's research team, who embedded themselves for a week at a time within the five RTP projects. Our intentions were to understand the projects 'in the round' and to explore what transport can facilitate.

Ethnographic research is a qualitative method that uses participant observation and is premised on researchers 'being there' amongst those whose lives they want to understand. Researchers participate in the phenomena they are exploring and observe and ask questions of those around them. In this instance, this involved the research team spending a week in the life of the projects - riding buses, participating in the activities in the destina-

tions, speaking to administrators and office workers and speaking to the passengers themselves at great length.

The research team used digital cameras and video recorders to capture some of the experiences of journeying. GPS tracking devices were used to create visual representations or maps of the routes used by buses and cars across the countryside. All the discussions were based on interview guides, which structured (to the extent possible within these sorts of contexts) the research encounter and gave the team a unified set of enquiry domains. Interview guides were developed by Intel ethnographers, specific to interviewing different groups – passengers, drivers, passenger assistants, administrators, the Management Board, public health care workers, non-users and local service providers.

The organization of the fieldwork was largely managed by the individual RTP projects involved in the study. The field sites were determined by the RTP and Intel, and 4 out of 5 of the projects had a researcher based within the local vicinity for the entire week, interviewing numerous people and conducting participant observation on the buses.

The research was initiated and completed in 14 weeks, spanning 11 counties across Ireland: Cavan, Kildare, Meath, Westmeath, Sligo, Kilkenny, Tipperary, Carlow, Waterford, Kerry, and Cork. It included interviews with 150 passengers using 5 separate rural transport projects; 12 drivers; 5 passenger assistants; 30 project workers/staff; 16 Board Members; 7 HSE workers; 4 day care centres; volunteers; non-users; local business owners; focus groups; Active Retirement Groups; post offices; pubs; hair salons; as well as a chance meeting with politicians including: John O' Donoghue, Minister for Sports, Art, and Tourism and Bertie Ahern, Taoiseach.

Ethnographic research produces rich and detailed accounts of both social and cultural contexts and actions. Within this report we have tried to provide a strong flavour of the journeys, the projects, passengers and countryside we experienced and which led to the conclusions we have drawn from the research. We hope that by including this material in the report, readers can understand more intimately the impact of mobility in late life and

the contexts of ageing in rural Ireland.

Chapter Two: The Rural Transport Programme

This chapter profiles each of the five RTP projects which were investigated by Intel's ethnographic research team. Each project is first considered from an organisational viewpoint, with a focus on the provision of the transport service, its administration and its role in the community. This is supplemented by detailed narratives of the experience of actually using the service.

2.1 Kerry Community Transport, County Kerry

2.1.1 Context

Population

County Kerry is the fifth largest county in Ireland with a population of 139,835 people (2006)⁵, of which 75% of the population live outside the two principle towns, Tralee and Killarney. In 2002 the population of County Kerry was 132,527 of which 18,208 (almost 14%) were aged over 65. The number of people with a free travel pass was 18,385 (14%) and the number of people obtaining a state pension was 14,264 (11%). Of the elderly population, 46.7% live with a disability.

Gender

The population is quite evenly made up of men and women with the male population at 70,641 (50.5%) and the female population at 69,194 (49.5%). The gender breakdown of Kerry Community Transport users is 24.55% male and 75.45% female.

Geography

County Kerry covers an area of 4,807 square kilometres; it has a significant rural population and is substantially more isolated and inaccessible than most other parts of the country due to extensive mountainous terrain and rugged coastline. The soil is poor in the south and the west of the county, with much of it covered by forest and blanket bog.⁶ South Kerry covers roughly two thirds of the geographic area of the county but has less than one third of the population. Kerry has one large offshore community, Valentia Island, with a population of approximately 650.

⁵ Figures obtained from Central Statistics Office Ireland (2006).

⁶ Rural Transport Service Audit and Needs Assessment (2001).

Economy

Rural-based activities are an integral element of the county's economic profile. The percentage of the population engaged in farming and agricultural activities is more than double the national average (19% compared to 8%), with a higher proportion still in rural areas (27%). The percentage of unskilled people (8.4%) is also higher than average (5.8%), while the population with third level education is below average. The county has a very large tourism industry - it is one of the top 5 tourism counties in the country.⁷

2.1.2 The Project at a Glance

Transport Resources

- The project has contracts with 28 private operators
- The Kerry Flyer is one of the contracted private operators and they own 6 accessible vehicles

Passengers

- Passenger numbers 2003-2004:
 - 2003 - 34,018
 - 2004 - 54,015
- 58,090 passenger trips were made in 2005
- 2,411 (4.15%) were under the age of 18
- 1,984 (3.42%) were aged 18-25
- 12,323 (21.21%) were aged 26-65
- 41,372 (71.22%) were aged 66 and over
- 45,479 people used their Free Travel Pass (78.29%)
- 24.55% male and 75.45% female
- 1,194 passenger trips by wheelchair users and 1,667 passenger trips that required assistance

Travel in 2006

- The company runs 97 different services, serving 90 towns and villages
- 7392 services were delivered, 42% of which used accessible transport
- There were 72,798 passengers in total

2.1.3 Project Background, History and Evolution

Kerry Community Transport was formed in 2001 and developed from an existing transport scheme



Figure 2: Scartaglin, Co. Kerry

called the Kerry Flyer. The KCT (Kerry Community Transport) offices are based in Scartaglin, 5 miles away from Castleisland and approximately 20 minutes drive from the town of Tralee. KCT employs two full-time and several part-time staff, including general management and transport coordination resources.

All KCT drivers are trained to Bus Éireann standards; in addition, one driver is qualified to provide training to new drivers. KCT staff includes a qualified passenger assistant, who assists passengers on to the bus, helps them put their seat belts on, and may use the wheelchair lift for passengers who are not necessarily in a wheelchair but may have trouble climbing in to the bus. Of the 8,868 services that run annually, KCT offers wheelchair accessibility on nearly 42%.

Passenger numbers have steadily increased from 2003 when KCT carried 34,018 passengers to 54,015 in 2004 and 72,798 in 2005. The project anticipates reaching 100,000 passengers in the current year.

2.1.4 Transport Models, Services and Vehicles

At the time of the research KCT has 97 established routes serving 90 different villages and towns, these routes are 'scheduled services on

semi-fixed routes which have the ability to deviate up to two miles to pick passengers up at their own door'. Approximately 75% of these routes run once a week. Other services may run more frequently such as the service that runs from Scartaglin to Castleisland to Tralee which goes 5 days a week; other services run every second week. The project has developed specific offerings such as a service that runs five times a week to the Castleisland Day Care Centre. KCT are now endeavouring to embrace the wider community. A particular target is the youth market which is perceived as suffering from isolation in its own right.

KCT also delivers Demand Responsive Transport



Figure3: KCT Poster

which is described as 'responding to the needs of a community not one off, one-to-one, door-to-door services'.

Route development for KCT services is carried out in close cooperation with local Working Groups. These groups are made up of members of the community and the voluntary sector. Services are developed firstly through a community identifying its own needs and requirements; KCT staff then meets with the groups and collaborate on a detailed specification of the route.

This helps to ensure that the service meets real requirements; this underpins ongoing demand for the service when it is rolled out, and sustainability

not optimal for rural transport purposes; for example, there is little or no room for parcels or shopping and there is the danger that if such things are not secured they could injure a passenger.

2.1.5 Administration and Technology

Passengers are encouraged to call in and book themselves on to services. Passengers also have the option to book themselves on a service for a month at a time, in which case they ring in only to inform KCT when they are not travelling. In addition to having passengers pre-book, the drivers



Figure 4: Magnetic banner for KCT contract buses

in the longer term.

Kerry Community Transport does not own any vehicles, instead, transport services are provided by private bus operators under contract. Contracts are assigned on the basis of an open tender process, which takes into account the nature of the vehicles on offer, the track record of the bus company and the cost. KCT currently have contracts with 28 private operators; there are in excess of 40 private bus operators in County Kerry.

A significant proportion of the buses contracted by KCT are wheelchair accessible; one supplier (the Kerry Flyer) has six accessible vehicles. KCT's contracted buses display magnetic strips with the KCT name and logo.

An important issue for KCT is that the vehicles are

also have a Hail and Ride option whereby they pick someone up whilst en route; however it is more common that passengers tell the driver whether or not they will be coming on a weekly basis.

KCT have membership cards for all of their passengers; to date they have 3000 cards filled out, though this does not represent all of their passengers. Their main administrative responsibilities come from the work that they do for Pobal and the RTP. The 97 routes generate up to 20 driver logs for just one route per month, with an overall total of 74,000 passenger trips per month. Recording this data in a paper-based manner is a significant drain on resources.

'All the details of gender, age, door-to-door, needing assistance, wheelchair -



Figure 5: Valentia Island Meeting

it's a lot of ticking of boxes'

The technology used by KCT is limited; most of their drivers do not have e-mail access and are faxed a passenger list before they cover a particular route. The office uses a dial-up service for accessing the internet. KCT uses photocopied maps; investment in mapping resources is seen as desirable.

2.1.6 Integration in the Community

KCT is very active at a community level and is well networked throughout the county; the project sees itself as superimposing transport networks on to vibrant community activities. It has links with FÁS, the HSE, Kerry County Council, LEADER, the Local Development Agencies, the Department of Social and Family Affairs, Bus Éireann,

Kerry Citizens Information Service and community representatives, all of whom are represented on the KCT Board or within working groups. Further community development work is carried out at a grass roots level with development workers and community activists and by supporting transport to community events.

KCT has a good rapport with most of the activists and volunteers in local communities, along with policy makers and politicians. For example, KCT arranged a meeting to discuss the impact of transport and mobility issues on healthcare services.



Figure 6 : A typical Kerry boreen

This meeting was held on two occasions and generated significant interest in how residents from Valentia Island could get better access to doctor and hospital appointments. The meeting was attended by a representative of the HSE; the concerns raised at the meeting are thus being filtered back to HSE staff and executive.

During the research period, Taosieach Bertie Ahern visited Scartaglin and held a press conference outside the KCT offices during which he had a brief discussion with staff regarding the issues around the proposed evening services.



Figure 7 : Bertie Ahern in Scartaglin

2.1.7 Ethnographic Narrative of Routes: Kerry

Bus Service 4 - Bryan O'Brien - Ballylongford/Tarbert/Moyvane/to Listowel

Bryan tells me that before starting at Kerry Community Transport, he didn't really have a great understanding of how much people's lives were affected by transport. Every day he is reminded by passengers how important the service is to their lives. There are no bus services to some of the places he drives to in County Kerry and where buses are available, they are often unable to drive down the boreens (narrow, unpaved, rural roads) due to their size which means that people have to walk several kilometres through wet and difficult terrain before arriving at the bus stop.

Bryan has met a number of people on the bus over the years and is amazed at the adversity people must overcome to access services that others take for granted. He tells me about our first passenger of the day, Tom, who had a car accident a few years ago and is unable to drive; he takes the bus every week without fail. Tom is a fairly shy person and although he starts off giving me one word answers about how he heard of the service advertised on the radio and that he is pleased with the way it is run, he gets very animated when I ask him why he uses the service. Tom has a very bad ulcer on his leg, it is in three areas from his ankle to his knee and because it is quite painful it prevents him from being fully mobile. Tom must see the doctor every week to have the bandages changed and the ulcer looked at. He tells me that sometimes the doctor comes to his house but he prefers to go into town as it breaks up the week. He has no real contact with his neighbours, who live beyond a comfortable walking distance, and the only visitors he gets are the parish priest, doctor, and community nurses.

After collecting Tom, we pick up two more men. They mumble their names at me and nod when I ask if they are happy with the service. I try again and ask how often they come on the service and something inaudible in a strong Kerry accent comes out. Thankfully Mick is our next passenger.

Mick is 70 years old and is incredibly chatty and energetic. He tells me that he has been using this particular service for the last 12 months to

visit his mother in a care home in Listowel. Mick's mother, who is 99, used to live with him and help him run the shop that they had based out of their home. His sisters are all nurses and live too far away to help them out and when Mick's mother became too difficult to take care of, she moved to a care home. She's really just suffering from old age; he tells me, though Mick himself has had four strokes and uses a walking stick as he has problems with his left leg. Mick has never driven; he used to have a bike but he never learned to drive because he was too busy running the shop they had. Mick knows his neighbours well and trusts and likes them very much but he would never ask them for a lift anywhere. He would happily accept one but only if it were offered first. He had never heard of the KCT service until a year ago, but now everyone around his place knows all about it because they've asked Mick how he gets to see his mother.

"If there was anything I could change about the service it would be getting more people to support it, my wish would be that they come more often"

Although the surface of the roads is not too bad for the most part, much of the road is lined with potholes which means that Bryan needs to avoid driving into them; if a car approaches us from the other direction, he needs to pull over on to the grassy verge to let them pass. The constant motion is starting to make me feel pretty nauseous and I'm quite surprised that Mick and Tom don't feel anything. "We're used to it", they tell me.

I move back to the front of the bus and ask Bryan what sort of changes he's seen in Ireland over the last 10-20 years. He believes that the Celtic Tiger has been good for Ireland but bad in many ways. For example, most people need two wage earners just to meet mortgage payments, meaning no one is at home during the day to either drive elders or children either to school, to meet their friends, or to appointments, amongst other things. "People can't even afford to take a day off". People have become more isolated and as their neighbours move away or pass on, they have fewer people to rely on or even talk to and become increasingly lonely.

Our next passenger is an example of some of

these changes. Mary is a widow in her 70s and although she lives next door to her four children who drive her nearly everywhere she needs to go, she doesn't like asking them to disrupt their lives. She loves coming on the Wednesday service to Listowel and never misses it. Mary never learned to drive and was solely reliant on her husband to get around; after he died she became dependent on her children. Though she still relies on them to get to Mass every Sunday, she likes having the independence on Wednesdays to do what she wants - it is her day and it is all about her. With no one rushing her or pressuring her to finish quickly, Mary is able to go shopping, go for lunch, get her hair done, and sometimes go for a pint! "If I could live life over again, I would have learned to drive at 30", she says.

Later Brian tells me that every second week there is another service that goes from the other side of Listowel into town and Mary's sister uses that service so that they can meet and have lunch in town. Though they only live 20 miles away from each other, the only way they can meet up on their own without pressure from other family members is to use these alternating Kerry Community Transport services and meet for lunch in town.

Brian thinks that all of the new laws concerning pubs such as drinking and driving and smoking bans have really hit people hard. Brian tells me that JJ, another driver, does a service on Fridays where men go in to the pub for two hours and catch up on all the news. The pub used to be the centre of all social activity and where one could get news on what was happening in the village, who had died, who had moved, and so on.

"It used to be that the men would have a few pints and then get on their tractor and drive home, or get on their horse and cart - because the horse knew how to get back even if his owner was too drunk to remember! It's changed so much in the last 15 years."

The last passenger we collect is Catherine; she is 86 and uses the service every Tuesday to go into town. She has been using Kerry Community Transport for three years - the Bus Éireann service was

no good to her because the stop was 5 miles from her house.

"I really appreciate the service. I don't have much business in town but it breaks up the day. I can get my hair cut; if it's a day for the doctor I'll see my doctor. I go to Mass on Sunday; I go with my son but he's busy with work and his time is regular and he can't always be there. If he's going and isn't busy he'll take me. My daughter is too far away in Cork and I live on my own. I stopped driving at 76 because of my eyes but I am a very independent person and I miss it a lot. I think the socializing part of Kerry Community Transport is very important, because it helps you from getting depressed; it's not good if you are on your own. All my old neighbours are gone and the younger people have all gone to work. I don't see many people and in the daytime I am home by myself."

Brian tells me that we are missing 6 passengers today and that the bus was only half full. I'm told I missed Eddie who loves to sing - he would have loved to be interviewed for the research as he is the service's personal entertainment man. As we enter Listowel Brian asks if anyone is going to the doctor today and they reply 'no', so he drives to the town square. I ask John if he's not going to the

doctor and he tells me it's a different one and he doesn't want Brian to go out of his way so gets off in town. He shrugs his shoulders and smiles and walks away as all the passengers scatter to get on with their errands.

Castle Island Day Care Centre

Gary meets me in the KCT office before 9:00am. His broad London accent takes me by surprise; we both look at each other as if to say 'you're not from around here'. Margaret, one of the office administrators on the Rural Social Scheme, also works part time as a Passenger Assistant. She is the only PA that I meet working for any of the RTP



Figure 8: On board the KCT bus (note the preponderance of women)

projects and she proudly tells me of all the training that she's had to become a PA. We head off, with someone's forgotten lunch under the driver's seat, to pick up the passengers who get collected every Wednesday to go to the Castleisland Day Care Centre. This is a service that has been negotiated with Marcella, who runs the centre, to collect people 5 days a week from different areas around Castleisland. There is a twin service that collects people from other areas in the vicinity and the two buses will both bring people in to the day care centre.

Gary, who used to work for Transport for London (TFL) and hated the bureaucracy, particularly the unions, moved to Kerry with his wife and children six years ago. He started with the Kerry Flyer in 2001 and left after 3 years to drive a taxi. The taxi work didn't appeal to him as much and he finally started back at the Kerry Flyer, serving the KCT, a few months ago. This is his first time doing this route and he's pretty unsure of where to go. Margaret threatens to take him down the bog and cut some turf as he's totally unfamiliar with the area but instead we end up at her house where we collect her mother.

The route covers several small villages and of all the passengers we collect there are 11 women, and one married couple. The one single man sings for nearly 20 minutes of the journey, interrupting himself only to ask me if I have a partner, "Because no one has a husband anymore, they all have a partner. Would you like a boyfriend from Kerry, a Kerryman?" I tell him that he's far too old

for me and that his wife, who is sitting beside him, can't appreciate his flirting.

The whole trip takes an hour and the women tell me that they are thrilled with the service and look forward to getting out every week. As we pull in to the day care centre, we meet JJ who has been driving the other bus with passengers for the Day Care Centre.

The Centre staff invite me in to warm up with some scones and tea and some of the seniors talk to me about how they only come once a week but if it were possible they would like to come at least twice a week. I ask Marcella, who runs the care centre, about this and she tells me that it is a capacity issue and that she can only accommodate 30 people at any one time. This means that most



Figure 9 : Exercises at the Day Care Centre



Figure 10 : Socialising at the Day Care Centre

people can only come once a week though there are a few who live closer to the day care centre who come every day.

The staff members take the group through to the sitting room where Marcella reads the headlines of the day's paper to them for about 20-30 minutes, after this they are led by one of the seniors through prayers. They then start on their group exercises, to the soundtrack of Boney M and various Irish folk songs, while Marcella leaves the room to help a few of the clients with various tasks such as bathing. Marcella sits down to chat to me about KCT and the way in which she came to use their services.

"At one point we had another private contractor but he didn't have wheelchair access so it wasn't suitable because everyone here has mobility issues. At that time Kerry Flyer was picking up people with mobility issues and the private operator was picking up everyone else but it wasn't suitable so now we are just with the Kerry Flyer which is negotiated through Kerry Community Transport. There are 2 buses in the morning and 2 buses in the evening; they bring in 70% of our clients. The rest come in with family and or they might drive themselves in. One woman was driving her sister up until a year ago but now she has problem getting in and out of the car so the Kerry Flyer brings her sister in and if the Kerry Flyer wasn't there she wouldn't be able to come in at all – here she comes in, gets her hair done, sees the physio, has her leg ulcer checked – that would all be a drain on the HSE if the Kerry Flyer couldn't bring her in because they would have to go to her home to do all that plus she gets the well being factor of getting out."

"Clients can see the physio, get hair done, chiropodist, nursing issues, leg ulcer dressings, personal hygiene, blood pressure – we do 2-3 showers a day so that's only 10% of total group – it's the same people on the same days of the week – people need that support because otherwise they wouldn't be able to still live at home. A doctor comes in on demand when we need him, there are citizen's information and talks about entitlements if they want to apply for anything, and there is also a hearing clinic."

"After 5 years I can still say that I've never heard anything bad about the drivers or the routes. Today was the first time I've spoke to Alan in 6 months which is a good thing! The only issue is that sometimes there aren't spaces on the bus or that someone could be miles away from a route and it would mean that some people would be waiting on the bus a long time to get in."

Marcella works closely with the KCT staff on route development and has changed the routes when necessary according to changes to the passenger list. Overall she would like more buses and routes. She believes that there are people who would benefit from coming more often: "for some people this is their only outing in the week – at least they have this to look forward to". She tells me that "transport keeps coming up as a big issue - a lot of families have cars but they're at work and the old people are left at home and if they have a doctor's appointment someone has to take the day off work."

Marcella tells me that although she is really appreciative of the KCT and the Kerry Flyer, she is aware that it is a win-win situation for them both in that KCT are able to increase the number of services they provide and the number of passengers

that they carry.

2.2 Sligo CLASP Rural Transport (SCRT), County Sligo

2.2.1 Context

Population

County Sligo can be found in the North West region of Ireland and has a strong history of traditional music. With a population of 60,894 people (2006)⁸, it has one major urban centre (Sligo town), with a population of 18,000.

Gender

Across Sligo, the gender divide is almost exactly half-half with a male population of 30,257 (49.7%) and a female population of 30,637 (50.3%).

Geography

County Sligo covers an area of 1,836 square kilometres; it has a significant rural population. Sligo has one offshore island, Inishmurray, which is uninhabited. The county is characterised by mountainous terrain, dominated to the west by the Ox mountain range, to the south by the Bricklieve and Curlew Mountains and to the northwest by the Dartry Mountains.⁹

Economy

An analysis of economic activity in the County shows that an over reliance on small-scale agriculture has been one of the key contributors to the decline in the economic infrastructure of rural areas and towns, with an absence of alternative opportunities, leading to underdevelopment and depopulation. Growth areas are evident in the pharmaceutical, engineering, public services and tourism sectors.¹⁰

2.2.2 The Project at a Glance

Transport Resources

- Sligo CLASP has 12 volunteer community car drivers
- At the time of the research, the project had one minibus (an additional bus has been

⁸ Figures obtained from Central Statistics Office Ireland (2006).

⁹ Sligo County Council. (www.sligo.ie)

¹⁰ *ibid*

bought since fieldwork), which was running six routes a week, five to active ageing clubs and one shopping trip to Sligo

Passengers

- 29% of passengers are male, 71% female
- 86% of passengers are aged over 65
- 98% of passengers have Free Travel Passes
- 20% of passengers are mobility-impaired

Travel in 2006

- In 2006, 14,000 people were carried
- There were 6,954 journeys totalling 113,000 miles
- The average journey was 16 miles
- 29% of journeys were for purposes of Health, 33% for Shopping, 32% Social

2.2.3 Project Background, History and Evolution

In County Sligo, the Rural Transport Programme began life as an adjunct to a project called CLASP (Community of Lough Arrow Social Project). CLASP began in 1997, with the establishment of a scheme helping people in need of respite care around their homes. Over subsequent years, CLASP established a set of Active Ageing clubs in different village community centres and became involved in a 'meals on wheels' service sponsored by the HSE. They also developed a FÁS employment service, which began with 2-3 people and now involves approximately 15.

When Rural Transport Programme funding became available in 2002, many of the people working on CLASP projects were already providing an ad-hoc voluntary transport service. Home visits or meals on wheels visits were often accompanied by requests for a lift to the shops or the GP. Hospital visits up to Sligo General were also an issue. Many people had chronic health problems needing periodic tests and the offering of a lift was imperative in many cases. Similarly, organising CLASP active ageing clubs involved organising transport and car-pooling for many participants. Often, the people they were trying to reach with the clubs would be the ones most in need of a lift. Since 2002, much of this activity has continued on a voluntary basis but now the registered volunteer drivers can be reimbursed for their mileage costs, so long as the trip was booked in advance through the office.

2.2.4 Transport Models, Services and Vehicles

Sligo CLASP Rural Transport (SCRT) utilises several service models, in response to a range of community needs. Both small buses and cars are utilised. They offer a limited set of bus routes, to five different Active Ageing clubs through the week, plus a shopping trip to Sligo on Friday. Car trips are predominantly used for health trips (e.g. to Sligo general), but may also be for shopping (e.g. If several people need to go to a small town at the same time as someone is visiting the GP). SCRT is flexible and needs-driven in terms of the services which are offered and the purposes which they serve; they are closely aware of the needs and situations of members on a personal level. This enables them to optimise the efficiency of their services, for example by using the same journey for shopping, health, social trips, or other purposes.

The core of the CLASP effort work is voluntary in nature, represented by twelve volunteer car drivers. There is a strong sense that, in this area, people will provide transport services in any case for the more elderly people in the community. The step from giving lifts to neighbours or clients for care work, to becoming a volunteer, is a small one. What CLASP does is co-ordinate such activity and ensures it is directed, purposeful and efficient; as well as expanding it markedly by offering refunds for costs. A small community tradition becomes a significant force, and the decision to give your time to community transport much more likely.

Sligo CLASP owns its own bus and does not tend to use private operators. CLASP ensures that the drivers have a high level of training (many having been through the FÁS training schemes), and that every trip has a passenger assistant on board.

The scheme prides itself on the way in which transport provision is integrated in a "seamless" fashion alongside of other services. There are multiple crossovers in personnel, communication channels and service provision which means close and targeted coordination can happen efficiently in an informal fashion. Transport, as a fundamental mortar holding together life in the region, is critical to this seamlessness. One example of this integrated approach to services might be that

laundry could be picked up by a home help, or a bus driver, and returned by a meals-on-wheels driver, without anyone ever driving any extra miles.

Sligo CLASP Rural Transport owns one bus, which they ordered and had outfitted specifically for the scheme. Volunteers' cars are their own. The issue of the quality of volunteers' cars has never particularly arisen, as the twelve volunteers generally pay attention themselves to providing a certain level of comfort for their passengers. However, all voluntary drivers are required to produce NCT (National Car Testing) Certificates and there are strict guidelines around the condition and maintenance of the cars and the mandatory health and safety requirements on inspection and maintenance, these guidelines are outlined in the H & S Management System.

The SCRT bus has been modified to maximise the number of seats. Two additional seats have been inserted at the front, at the expense of the possibility of having a sliding door. Two seats at the back of the bus are removable, so that a wheelchair can be fitted in and strapped down. A retractable step has been fitted underneath the door. This arrangement works very well in smaller roads and lanes, where there is little traffic and the door can be opened easily. On occasions where someone is picked up or dropped off in a busy location or beside a main road, a sliding door would be preferred. There are locations to which the bus drives where a slimmer vehicle would have easier access; however, the drivers are familiar with the routes and cope well with narrow roads. Any of these modifications would be at the expense of numbers of seats, and all of the Active



Figure 11 : SCRT Volunteer car



Figure 12 SCRT Bus - note the wheelchair lift

Ageing clubs are already attended by more people than the bus can accommodate. The maximum number of seats is therefore highly desirable, with car-sharing and other methods already being employed to supplement the bus.

2.2.5 Administration and Technology

Sligo CLASP Rural Transport is administered in the Gleann Community Centre, where people who are employed on a variety of community schemes all take an interest in the transport work. One person is formally employed on the transport, but other staff members are available to provide additional support if required.

Trips in SCRT vehicles are typically reserved by telephone. A paper-based booking system is in use; this meets the needs of the SCRT scheme very adequately - computerised records are created only to meet the requirements of Pobal, each week. There is a strong focus on maximising journey efficiently, in terms of doubling-up, using both legs of a journey, delivering multiple services per journey, etc.

Because of the close network of contacts which CLASP has, it is not uncommon that the transport bookings are preceded by knowledge of the needs of passengers. For example, if a member of the scheme has an acute health issue, such as an accident, it is likely that people in the office will communicate this to one another, and it will not be a surprise when they telephone to request a car. A lot of information filters through in this way from the Active Ageing clubs, the home helps, and the meals on wheels workers.

The Sligo bus trips run on the principle that the same passengers come each week. A passenger will only call up if they are not coming along. Drivers may hear of these absences from the office or, on occasion, from other bus passengers.

2.2.6 Integration in the Community

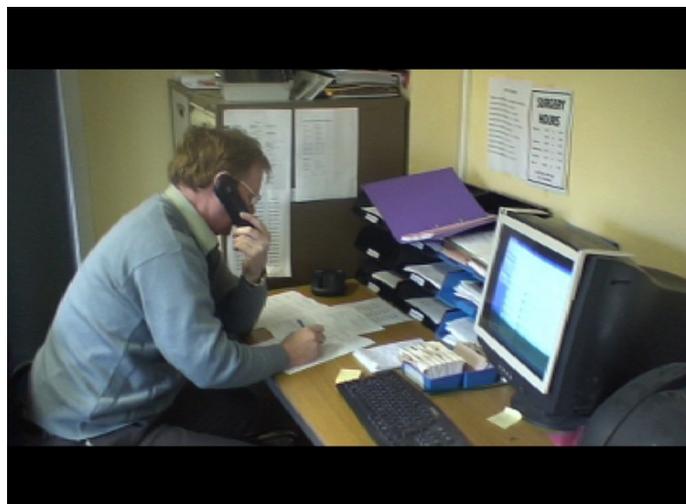


Figure 13: Liam Denny, Co-ordinator and staff member using a paper-based transport management system.

"Rural transport was the best job that ever come 'round this part of the country" says Ed, during a card game; before the rural Transport he used to "get away - if you could get it".

The members of CLASP are varied in their backgrounds and needs, but there is clearly a deep community need for the services. During field-work, many members expressed how strongly they needed the service. More often, it was apparent but it seemed people were reticent to state baldly just what a difference the service made to them. For example, in an hour's conversation with Martha, she expressed her appreciation of the service, and talked about shopping and having her hair done. Martha lives at the end of a track a half mile long. She has never driven, her husband died four years ago, and she has hip problems now and keeps active by walking across the farmyard once a day, which is about as far as she can go. Martha uses the Rural Transport to shop once a week and have her hair done, but would not want to make demands by saying she needs it. Martha fell in her house one evening while bending down to get the money to pay for her meals on wheels.

Although she has a panic button, she did not want to be a bother to anyone at night and so she lay on the floor for eight hours until the sun came up, and pressed it then. At every active ageing club there are members of the scheme who appear in evident need of company, of a regular good meal, or of assistance with physical mobility. There is also talk of depression and alcoholism, both at clubs and by district nurses and CLASP staff. And yet many of the people who appear most in need seem least likely to express how much they depend on the transport.

The Sligo RTP service addresses real needs in the wider community, in a fundamental fashion which goes deeper than providing a means of socialising, building agency or choice within the community. This happens alongside a certain cultural reticence to make demands, and the way in which CLASP integrates itself in the community plays a part in this.

Sligo CLASP comprises a fairly dense knot in a close network of local services. CLASP transport personnel often play multiple roles, such that people from the home help services, meals on wheels service, and others are involved in the volunteer driver system as well. Daily communication within CLASP involves inquiring after health, and this information permeates the organisation. For example, if there is something which concerns a member of the Meals on Wheels staff about a client, they will always pass the news on to transport colleagues.

This networking is reflected and supported by CLASP's board structure. There is a central board for CLASP, plus subcommittees for the different services (including transport). Each board combines people who work in different fields and



Figure 14: A hot meal at Ballyfarnon Active Ageing Club

functions. In particular, local HSE health professionals are involved at a committee level, so that there is close awareness and the capacity for cooperation with local district health nurses and mental health services.

The link with district health nurses is especially important. Approximately 90% of the members of the Rural Transport scheme have come from referrals from the district nurses; often, members of the scheme also use other services such as meals on wheels or respite care.

The network is highly informal, and conducted on a personal level, often on first-name terms. This is a project which is capable of personal contact with every person over 65 in the area; this is important when characterising its network. Networking does not happen as a reaching-out exercise, but rather by establishing more connections within an existing social network.

2.2.7 Ethnographic Narrative of Routes: Sligo

Marian takes Bob to Sligo General

Marian picks me up from the community centre early on Tuesday morning. We are going to be picking up a man called Bob to go to the hospital. Marian is very smartly dressed and has a large Volkswagen car with a surprising array of buttons, stereo systems and devices across the well-appointed dashboard. On the way to the house, I ask her why she decided to be a volunteer driver. Marian has been a home help in the area for some time, and her clients for many years would ask her to give them lifts when she visited or afterwards. Predictably, for her it is all about the satisfaction of doing things for people. The immediate impression she gives is brisk and enthusiastic, and her explanation that 'doing this is the way she is' seems to fit – at least, I can't think of any more ways to ask about why she might give up her time to drive.

She begins to tell me a story of a man over in County Roscommon, not so far away but an area served by Galway Hospital much further south, rather than Sligo General. He had to get a taxi to go down to the hospital, and it cost him €220. He was very stressed about it, and did not feel buses or public transports were an option. He died only

a few weeks afterwards, and the stress probably did not help. Marian is telling me this story partly in answer to my first question, but it is also topical since the newspapers this week are full of how Galway Hospital has run out of money to help with transport costs for patients with mobility problems in rural areas.

At the house, Bob appears quickly at the door and without hesitating steps into the back of the car. He is a white-haired man with large round glasses, and asks Kathleen how she is doing. They talk about the weather and the day, and what he is going in for. It is just a routine check-up for his blood pressure and medication levels. He has them every few months. Soon, Bob picks up a newspaper on the back seat and has a look at the news.

It is a twenty minute drive to the hospital. It is immediately obvious that parking is a problem. Marian does not bother to drive around in search of a place far from the doors. She goes into the car park close to the main building. Bob gets out and

heads off on his own inside; he is not quite steady on his feet, but nonetheless heads off on his own. It looks to me like it is a back entrance, a square grey concrete hole with a set of grey steps, until I catch sight of a sign on the left saying "Out Patients Department Entrance". Marian double-parks and we walk in. She points out on the way that a car has parked on the pavement, on the place where it is lower for wheelchair access. Entering the doors, we find ourselves at the back of the coffee shop. I wonder if I misread the sign, and feel a bit perturbed about the car - given that we double-parked, I am wondering if we are just coming in temporarily or if Marian is unconcerned about other drivers.

It transpires that she is just checking that Bob is heading in the right direction before she goes back and moves the car. She and I hover on the other side of the coffee shop. We chat, but her eyes are on Bob as he goes over to the reception, and is directed down a corridor to the right. Marian explains that Bob is very independently-minded

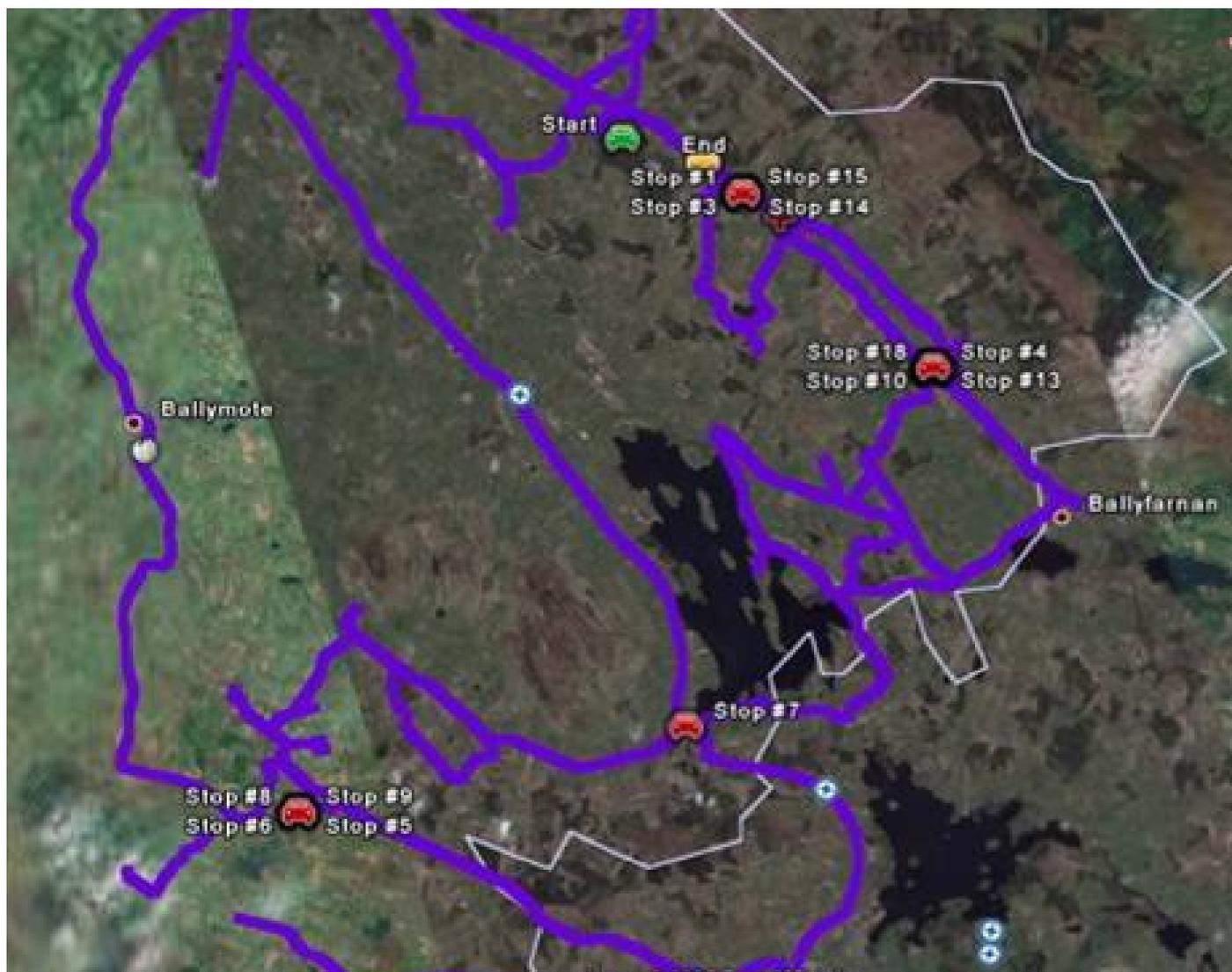


Figure 15: GPS Route of sample CLASP trip



Figure 16: Out-Patients Entrance to Sligo General

and does not bear being supervised, but that the hospital is a bit of a maze and she just wants to check he is headed in the right direction. In fact the direction he is going is not the usual one for blood pressure tests – normally people wait outside a clinic in the main waiting area. However, there is a sign which says there is a clinic in that direction, so she seems satisfied. Leaving me in the waiting area, she heads back to the car to move it on.

Parking is always a problem at the hospital. Other people have told me there was a scandal over people parking at the main doors where the ambulances pull up. No matter what they did, ill people would continue to pull up and leave the cars in front of the main entrance. Eventually the ambulances had to begin to go to the back of the building. The car park is not actually operated by the hospital, but a separate company, with attendants in yellow jackets. When the volunteer car scheme first started up, the drivers had continual run-ins with them, because they invariably have to escort frail people in to the waiting area before they park properly. Nowadays, the attendants know most of the volunteer drivers by sight and to talk to, and they are more understanding.

Looking around the waiting area, it is clear that this cannot be an issue only for the elderly people from the CLASP area. It looks as if a lot of the people here are in pairs. Not only children and seniors need to be accompanied, but many middle-aged people as well. Some listless people sit hunched-over in seats, while the person who has brought them sits bolt upright and reads a paper, or looks alertly around them. Even Bob, who likes to do things himself, did not seem able to shake off his shadow.

It is now that the waiting starts for the volunteer drivers. Marian takes some time to return. She had to wait for a space to become free in the near car-park, rather than go to the far one. She eventually got a place next to what she recognised as one of the other volunteers' cars, and she looks around expectantly because he may be here.

At this point, Marian generally waits in the waiting area, and later on has tea or coffee. When Bob has finished, she has arranged for him to come to the coffee shop. She tells me that today we can talk a bit in the waiting area, then we will pop down to the clinic to see if after the first doctor Bob has any idea of how long it will take today, then we will go for a tea.

Marian talks about her clients, both the ones she helps as a home help and the people she drives. She always makes a point of trying to talk with people. This is something that the district nurses also say to her, because the real problem for a lot of older people on their own in the area is actually isolation, depression and related problems. There are people like Bob who may not chat so much, and she doesn't press it on people in the car, but it is still a necessity. The car driving and the home help work are actually two sides of the same coin, because it is much better to get people out of the house to the shops or to have their hair done, than to visit them in their own home.

Marian says hello or nods to a few people in the hospital, some nurses and others. She seems like a regular. We wait a bit longer. Eventually we head down towards the clinic where Bob is. The long corridor leads into another long corridor. We check out a couple of waiting rooms before we find him. He says that they have told him he won't be too long today. In the waiting room are two couples, one middle-aged and one retired. They all drove in from the countryside around Sligo.

Marian and I go on a short tour, and she shows me the main entrance and the A&E department. Then we return to the coffee shop in pursuit of another way of waiting. The coffee shop is clearly an important hub in the hospital, with many people sitting and nursing cups, in the same situation as us. I wonder if as many as half of the people coming into the hospital are not actually patients. Talking more about her work and her patients, I ask about her car. It does look nice. Some of the people she

drives comment on it and say that she must earn very well. Some of them have not understood that she is a volunteer and not some kind of community taxi driver. In fact, she got the car from her son, who is a marketing representative and traded up to a new car. She took over the repayments on this one, but still finds them steep.

Eventually, Bob reappears and gets a tea. It has been 40 minutes since we saw him, and we have been in the hospital for nearly two hours in all. When he told us he wouldn't be long, Marian had been expecting to see him in 15 minutes or so, but that wasn't the case. Now, he seems relaxed and chatty, changed from the way he was. Perched at the next table with his tea, he cracks jokes and pokes fun at Marian. He doesn't tell us much about his check-up, or give any medical details; he just says that nothing seems unusual.

Time seems to speed up. Two hours is about an average time for a trip to the hospital, although Marian's hopes were raised briefly. We head back to the car, which she extracts from the car parking slot so we have more room to open the doors and climb in. Again, on the way back, the conversation turns to the weather and the place. Bob has some land, but with his blood pressure he cannot look after any cattle properly now. Arriving at his house, Marian gets out and hovers, in case he needs assistance, but he doesn't, and heads into the house.

Going in to Gleann Active Ageing Club

The last tea has been squeezed from the pot in the Gleann community centre, and we set off to pick people up from the surrounding hills and bring them in to today's Active Ageing club. The minibus is a new Sprinter, bought less than a year ago and modified with handles and a wheelchair lift for better access. Paul, the driver, stands next to it. "How's the heifers doing?" someone asks him. Paul is a volunteer driver who also has some land.

We look at the front bumper of the bus. We were just talking over tea about how last week they took the bus in to Carrick on a theatre trip. One of the other volunteer drivers feels guilty because when they came out of the theatre, there was a dent in the bus - its first scratch - from some anonymous car. These things happen, but it is a shame if it happens on your watch. Now, we stand and have a look at a tiny nick on the vehicle. I had

imagined a gaping gash.

The Angelus rings out on the radio as we drive off, but Paul turns it off as we begin to talk. As well as myself and Paul, there is a young woman sitting beside the door. "This is Melanie," says Paul, "she's just looking for a site", as if she was just along for the ride. In fact she is a student training to be a social worker, coming along as an assistant to help people on and off the bus. The banter has already started.

I ask Paul about why he does the driving. "It's voluntary in a sense," he replies, then "It's not voluntary". Pausing, perhaps for effect, or as the road turns ahead of him, he describes how he is on the Rural Social Scheme. He works for 19 hours a week, on various things linked with the project, some of it driving, but also drives voluntarily beyond his 19 hours where there's a need: "I do other things as well but driving is mostly where I get my hours from".

We come in to Ballintogher for the first pick-up. The minibus pulls up in a slightly wider stretch of what is probably one of the main streets. Two people are waiting for us here, who clearly knew we were coming, a man and a woman. They climb in with cursory greetings and we set off again. After a while, some conversation haltingly starts up.

We come to a house in the country, and another man gets on, John. "How're you doing", "Lovely day", "How're you?", "Not so bad". "It's the same people sitting in front of you all the time," John comments as he takes his seat, making play of the community of passengers. He may be joking about the ethnographer in the front seat, or joking about Paul, or perhaps just making conversation.

The roads are very small. Paul says he does not need directions or a list of passengers. People call in if they are not coming, but today it is a normal run. Barely a word needed to be exchanged before we left the centre about the trip. We shoot around the lanes. Although they must drive the route every week, there always seems to be something new to look at or learn about the landscape. "Has that building been there long?" asks Melanie of a house in a field. They talk about a woman who is a hundred and three and has a lot of children. "Is she still alive?" someone asks.



Figure 17 Behind a trailer in Sligo

“Some of those roads aren’t very bus-friendly, as you’ll see later”, Paul comments prophetically.

Many of the houses seem to be at the culmination of small lanes. Even when they are not, it is usually necessary to turn around and go back the way we came. I am soon lost, unable to follow just how many reversals we have made. The turning spaces are all pre-determined. Paul either overshoots the house first to where a track leads off on one side, and turns there, or else where possible he uses the entryway into houses as a turning space. When we get to a house, everyone seems to be completely prepared for the bus. We never wait very long, and there is never any need to go up to the door and check if someone is in. As we draw up the lane, magically they are already outside the door in hat and coat, locking up. “I’ve got them trained well. They’re just coming out as I arrive,” comments Paul.

At each house, Melanie opens the door, steps out and kicks at the base of the door with her right foot. With a clunk an eminently kick-able step materialises from under the bus. On occasion, she has to kick it a couple of times - “That’s as good as going to the gym for you” Paul says. On this trip, very few of the passengers have particularly chronic mobility difficulties. There are no wheelchairs, walking frames or sticks. Yet everyone seems very fragile. They make their way up to the bus with small steps; brace themselves and get a good grip on the handles, then haul themselves up the step. At this age, arms are as necessary as legs to get around. Paul would prefer a sliding door for the occasions when they have



Figure 18 A regular turning spot

to go through this on the main road. The hinged door makes it difficult to stand next to people, but with a sliding door “you can stand in front and control them”.

As we go around the circuit, the way people talk changes. At first, there are only three of us. With a couple of passengers on board, there is still just one conversation, with individual voices cutting into the hum of the bus engine. As the group grows to six or seven, the conversation fragments and people are quieter, unwilling to chat to one another in case others at the front are not interested. When I talk with Paul up at the front, it goes silent behind as people stop to listen. Maybe twenty minutes into the trip, Paul turns on the radio. RTE is playing 1950s tracks. The group continues to swell, and soon with more numbers conversations break out again across the bus. In the last stage of the journey, there is a continuous hubbub of rolling sound and the many voices cut across and layer against one another over the music as neighbour can chat to neighbour and small groups exchange words across the aisle. Acoustically, we have gone from a one-track big conversation to quiet to a multi-layered soundscape, and the build-up to the Active Ageing club is tangible.

We are well into the journey and have come in a big circle across the catchment area for the club. I have no idea where we are when on the bus, and have to trace the route out later on. We originally set off North maybe 5 miles from the community centre. Tracing a huge circle to the West side, through lanes across the high ground, and avoiding the main road, we are now several miles to the South of the centre. Few people live on the main road itself, their homes dictated by where their land is, not by how easy it is to get to Sligo.

Paul announces that we are now taking the scenic route – “sit back and relax” he says. The lanes are winding around. I feel queasy and feel glad of the seat belt. Every time we turn a corner my body is pushed and rattled, and I give up on trying to hold a camera or take pictures through the windows.

We climb up a hill, and the bus engine roars as we turn and negotiate a muddy track across a field, going through a gap in a low wall into the tarmac area in front of a house. The house has a well-laid parking area immediately around the house, at the crest of the hill, but the road up to the place is pock-marked gravel and mud. There is a great view. A workman has placed a length of string across the entrance to the place – he is working on the wall, and wants to level the reconstructed wall on the two sides of the gateway. The woman in the house and Paul have a word with the workman before she sets off in the bus. She is checking if it’s okay for her to go out to the club, or if he would like her to stay around. As we leave, the bus knocks the man’s string down.

At the next house, we pick up Marian, who is keeping not so bad. A lady asks her “how are you?” “Not too bad, thank you,” she replies, “how’re you keeping?” Paul asks her “how’re you?” “Not so bad now,” she replies, “Hello. Hello Seamus.” Seamus asks her, “how’re you?” “I’m not too bad,” she replies, “lovely day.” By the time of the third or fourth “not so bad”, I am wondering whether any particular community concern for her is lurking under the pleasantries, are people asking after some specific health issue? On the other hand, it is a lovely day. Certainly the health of the people we are passing by, or about to meet is one of the topics of interest. We pass a house “we used to have a lady here,” says Paul, “but she’s in hospital, very sick. She’s not very old, early seventies I’d say.”

In this hilly area, we pass a couple of tiny isolated pubs at crossroads. A small beer sign hangs off the side of the wall, and the family name is set out across the wall in large letters. One has an old broken petrol station next to it, and a shop. The families running these places are now getting on a bit, and their children have generally got jobs elsewhere and are not about to take on the business.

Down a side-road we pass the famous “disappearing lake”, which disappears and reappears overnight every so often. It disappeared last June, and

then reappeared in September. It’s something to do with the geology of the area. The lady whose land it lies on is phlegmatic about this wonder of nature. When the lake is there, they don’t have to worry about taking water down for the cattle.

Finally, we pull out again on to the main Sligo road, and the community centre reappears ahead. We are approaching it from the South. Pulling into the gravel car park, we open the door and get out the step. The members file into the back door of the centre, preferring to pass down the short corridor and say hello to the people in the office, rather than open the wide front doors of the hall which lie next to the bus. There are maybe twice as many people already in the centre as were on the bus, having come by car-pooling and in a couple of cases using the community cars, driven by volunteers linked to the project. With much scraping of chairs and helloing, people begin to drag furniture into a circle, music is turned on from somewhere, and with stretching and movement exercises for those wanting to do them, the club gets underway. Later on, the bus repeats the same trip in reverse, in a calm, slightly subdued but satisfied atmosphere.

2.3 Meath Accessible Transport Project Ltd (Meath Flexibus)

2.3.1 Context

Population

County Meath is located in the eastern midlands. It has a population of 162,831 people (2006)¹¹ which is increasing rapidly as a result of the spread of the greater Dublin area. Approximately 2% of the population are over 65 and live alone (this compares to an Irish national average of 3.4%). They reside primarily in the north and west of the county. 2.1% of all Meath households consist of a single male living alone; 4.4% of households consist of a female living alone. 6.7% of the population has a disability.

Gender

The population of Meath is roughly an even divide between men and women with 82, 651 men (51%) and 80, 180 women (49%).

¹¹ Figures obtained from Central Statistics Office Ireland (2006).



Figure 19 : At Gleann Active Ageing Club

2003 - 17,064
 2004 - 20,559
 2005 - 33,721

Geography

Meath is a prosperous agricultural county. The three principle towns of Meath are Kells, Navan, and Trim. The two main rivers in the county, the Boyne and the Blackwater join at Navan, and then flow out to the Irish Sea. The Boyne is a historic river in Ireland

Economy

County Meath has a strong farming background mainly based on cattle, potatoes, and grain although this is decreasing in importance to the county's economy. However, there is continued success with horse breeding and training. An increasing proportion of Meath residents commute into Dublin with a resulting shift to a services based economy in the nearby towns.

2.3.2 The Project at a Glance

Transport Resources

- The company runs 54 different services, including contract runs and a 'once off' category.
- They own 8 vehicles of various ages and makes
- Provide Passenger Assistant training

Passengers

- 40% of their passengers are over 66 and 85% of total are female (2006 figures)
- ~50% (c. 20,000) of passenger trips are made with Free Travel Passes
- Passenger numbers 2003-2005:

Travel in 2006

- Passenger numbers 2006 - 40,961

2.3.3 Background, History and Evolution

Meath Flexibus, the operating name of Meath Accessible Transport Project Ltd, operates out of offices in the south of Navan. Meath Flexibus evolved from the Meath Accessible Transport Project (1999), which provided planning for transport services for the community. Initially, the focus was on physical accessibility and services for the disabled, although it was quickly recognised that the issues facing this section of the population were more widely shared within County Meath. Subsequently, a funding application was made to the Social Economy Programme to establish a Social Economy Scheme.

At present Meath Flexibus owns 8 vehicles, employs a full cohort of trained drivers as well as professional passenger assistants. It offers four key types of service, explained in more detail in the next section.

- Contracts / Specials.
- Service Level Agreements
- Dial-a-Ride Services
- Door to Door Scheduled Services (Daily & Weekly)



Figure 20: Exiting

Development at Meath Flexibus has been most rapid within the last three to four years, in terms of both passenger numbers and formalisation of service offerings. Additional services have been provided, processes developed, a great emphasis placed on training (Health and Safety, Passenger Assistants) and vehicle maintenance. A recent success has been the provision of training which is to such a standard that it is able to provide training services to the HSE and others

The company has grown out of existing community projects and activities and focuses routes (or 'runs' as the staff call them) on areas where there is a clear need or demand on the ground, or where their own networks or knowledge suggest to them that a run would be beneficial. For example, one service in to Kilmainham Wood area, that runs weekly on a Wednesday, provides transport for 14 individuals who are members of the local Over 65s Youth Club. Prior to the establishment of the route, volunteers running this active retirement group (ARG) were responsible not only for the club but also for the provision of transport to members. Two workers from Meath Flexibus visited club members, signed them up for Free Travel Passes and talked through the service and developed the most appropriate route. Now, the organisers say that they can spend more time on the club and less on transport.

In addition to identifying and serving 'on the ground' transport needs, Meath Flexibus has taken the initiative in developing additional services on a contract basis.

2.3.4 Transport Models, Services and Vehicles

Meath Accessible Transport Project offers four types of service, with the intention of plugging gaps in existing transportation provision and ensuring that people have the ability, through transport, to interact socially and economically. The services focus on addressing social isolation. The four service types, as noted above, are

- Door to Door Scheduled Services (Daily & Weekly)
- Dial-a-Ride Services
- Service Level Agreements
- Contracts / Specials

The door to door scheduled services are the core of the Meath Flexibus operation since they form regular services for people. They are developed, and maintained, on a needs basis. This might mean that services, whilst underused objectively, are not withdrawn because they are satisfying real needs on the ground. They are also demand responsive – they provide a service where no other exists in the local area. These services are governed by a fixed schedule– running daily, weekly or fortnightly. These services accept Free Travel Passes and charge fares to others, as appropriate. These services cater for all age groups, for people attending work, school, shopping, leisure, health or active retirement groups (and associated activities). They link in with Bus Éireann services to provide an integrated network locally.

A Dial-a-Ride service is a public service, which makes available a vehicle if a passenger or group has a transport need that cannot be met in any other way. The dial-a-ride service operates on bookings only. All passengers ring the Centre and book their seat. The staff in the Co-ordination centre telephones all passengers and advise them of their pick-up time. The Dial-a-Ride service caters specifically for people with disabilities, the frail and the elderly. The vehicle route is set in direct response to the bookings, thus maximizing the use of a vehicle at minimum cost.

A service level agreement is an agreement whereby Meath Flexibus contract with a third party to provide a certain number of seats on a regular

service. A fee is charged to retain these seats; regular passengers use the other seats in accordance with the Door to Door Schedule Services model.

Regular Contracts:

Meath Flexibus has contracts with the Department of Education and with the North Eastern Health Board to provide regular transport services. A good example of services provided to the latter is regular transportation for individuals for hospital appointments or to therapy / activities centres. Such services may run on a weekly or daily basis, or more infrequently. These services are run on a regular basis for a set contract fee, which was agreed through a public tender process.

Once Off contracts:

These are contracts which happen infrequently and are not specifically targeted at any population or user group. These are occasional trips that anyone who wants a bus trip can book. The rates of payment would be similar to any bus operator.

Meath Flexibus currently owns seven vehicles, of various ages and makes. Maintenance of the vehicles is an ongoing issue, with significant staff time devoted to ensuring that services are not disrupted by mechanical issues. Ideally, Meath Flexibus would prefer to be in a position where higher-quality vehicles could be acquired. Apart from mechanical reliability, there are safety issues with vehicles which are not purpose-built for wheelchair access, which are not easy for elderly people to enter, or which cannot accommodate more than one wheelchair.

2.3.5 Administration and Technology

There is some degree of replication of information across soft and hard copies, due mainly to the fact that passenger sheets, which accompany each service, and are available at the beginning of each day in the staff room for drivers to pick up prior to a run, are annotated during the service. Key annotations include additional passenger names, if they are a 'Free Travel Pass' user and if they are a wheel chair user.

The sheets are returned daily to the office and one a month, office based administrators (also trained passenger assistants) compile these into spreadsheets for Meath Flexibus' own records and

for filing with the RTP. This represents a significant workload for the staff, since there are a large number of services, some weekly, some more frequently, and over the course of a month, a large number of passenger sheets are generated, together with driver annotations. One member of staff calculates that she spends roughly 50% of her time on converting and compiling passenger manifests into different formats as required by the RTP.



Figure 21: The Meath Flexibus Vehicle List.

One key aspect of organisation and administration is tracking those who are not travelling. Arrangements for this have tended to develop organically. There is no hard and fast rule in terms of calling in to inform the service: some regular passengers will not call unless they are not travelling; some will call a passenger who is picked up before them on the route; some may call a 'super-user' on the route; some may call the office direct. Passengers typically give between 24-48 hours notice. The cost of such information not getting through is a wasted trip, sometime many miles out of the way of the bus.



Figure 22 Typical Meath Flexibus vehicle

Another aspect of administration that involves a certain degree of replication is the production of multiple sets of financial reports to satisfy the different reporting standards and conditions of the different bodies which provide funding to the Meath Flexibus. Currently MFB produces two sets of financial reports (for CSP and RTP), as well as annual company accounts. Additional monthly financial reporting is required for any extra funding received (e.g., from the Dormant Accounts Fund). The ability to claim back allocations, such as for FTP, whilst welcomed by the company, does require significant levels of administrative input from staff and board oversight.

The principal piece of technology employed by Meath Flexibus to ensure that it delivers its services efficiently is a large whiteboard which runs almost the entire length of the operations room in the Navan premises. Two weeks of services are recorded and interactively planned out on this board. A separate board is designed to capture just the contract work undertaken for the Health Board.

The board is interactive to the extent that it enables real time tracking of changes, potential conflicts of resources and the resolution of such issues. On various occasions during a week, office-members will gather around the board to iron out a problem occasioned by a sick driver, a bus with mechanical issues or the request for an additional service that, wherever possible, the team want to try to accommodate. The board contains information relating to the bus, driver, passenger assistants (if applicable) and other service information.

In addition to this piece of lo-tech technology, the



Figure 23: A bus features in a product brochure being examined by Meath Flexibus

office has five desktop computers. One is made available in the staff room for drivers and staff members to use, one in the main office doubles as a server, and the administrators in the front office have a machine each. The principal task for which these computers are used is the creation of passenger / service logs and the compiling of information for both the project itself and the RTP – See below Section Administrative aspects).

Several years ago, the company had invested in some transportation scheduling software (www.shausoft.com) but despite a visit from the vendors to integrate it with their current way of working, they soon ceased using it. One of the drivers for this purchase was to create a comprehensive database of passengers that would contain doctor and next of kin information, contact phones numbers and addresses. However, whilst

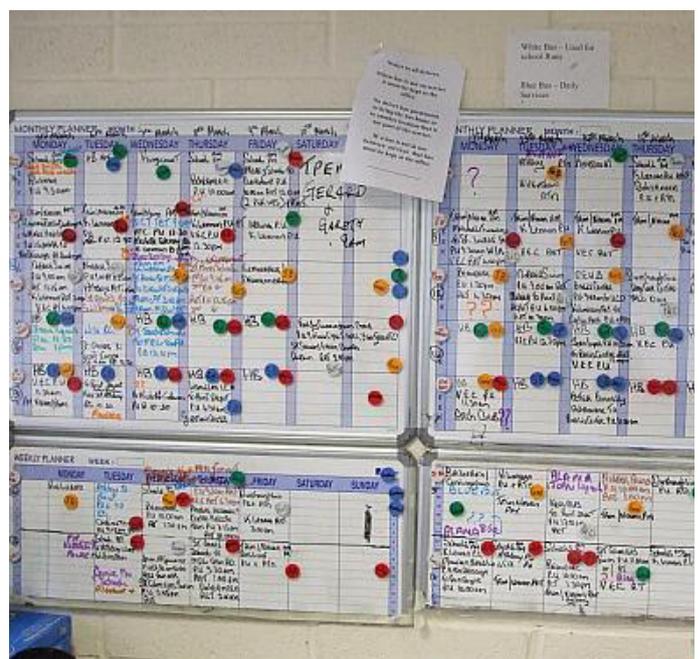


Figure 24: The 'interactive' service planner whiteboard

this database is considered desirable the software proved too unwieldy to produce benefits given the size of the organisation.

All of the buses have mobile phones and hand free kits installed. However, typically it appears that if office staff want to contact someone on a service it is easier to ring the driver than find the number for the phone on the bus in which they are driving. Drivers seem happy to use their own phones both to receive and take calls when doing a 'run'.

2.3.6 Integration in the Community

The board of Directors of Meath Flexibus has 13 members, drawn from a range of organisations whose broad interests they are representing. Further, as individuals, they are able to bring their own facilitation, management or professional skills to bear on innovation and development issues within the company. The backgrounds from which boards members hail ensures that Meath Flexibus is able to continue to base the services it offers, and those that it develops, on communities in need of support or enablement. The four members of the Finance and Management committees of the board meet on a weekly basis in the Navan office.

2.3.7 Ethnographic Narrative of Routes: Meath

The Kingscourt Service, Meath Flexibus

Leaving the office in Navan just after 9am, I am promised that this will be a long and full day. John, the driver, is slightly late to leave but knows the route well and is not anxious that we'll be late despite the prospect of getting caught in traffic on our way through Navan. It is a bright morning and soon we've cleared the town and our making our way up towards Moynalty (and beyond) where we'll pick up the first passenger. As we turn off the main road, we see a signpost that says our destination is 2km. John points out how approximate this is - "It's more than that!" His local knowledge of this narrow road turns out to be right. It is another 10 minutes or so before we make the first pick-up of the day.

John has been driving with Meath Flexibus since October 2005, and has worked variously as a taxi driver and, for much longer spells in the bar busi-

ness, 30 years all told. He helps his son who runs a bar in Kells from time to time. John describes the bar work as better training than the driving, since it so focused on people - "You'd have to love a job like this [working with the public]". John's typical week involves services to Baileborough, Kingscourt and Dunshaughlin. Many of the runs involve older people, though time from time he is the driver on school runs for children with wheelchairs. He beams with pride when talking about the work he does - a sense of loyalty to their needs but also to the passengers as regular contacts on the bus is evident. He sees that the work he is doing is filling a gap.

"If you're dependent on your children it's useless - they are busy nowadays and it's expensive to get taxis both ways... yeah, children are busier than they used to be"

He knows the passengers well - the first is "very bad on her legs" he says, "she used to be confined to her house and she only started getting out recently...she really looks forward to it". The passenger is waiting on a chair outside the house with her son, who lives in the cottage next door. There are a few houses up the road, and a roadside shrine to a young accident victim, but it's a quiet road. John uses the lift at the back of the bus to help get this first woman into the bus. The second passenger is not joining the run today; John has advance notice of that before we set out, and so we head straight to the third passenger. John says we're going to be early and we turn out to be about 15 minutes ahead of schedule. Kathleen is nowhere to be seen. The house, set back from the road by about $\frac{1}{2}$ of a mile of private road, is inhabited by herself, her son and daughter-in-law. Kathleen has lived there ever since she married - "I got married into that home and never worked out of the house". When she boards the bus, John having knocked on the door, she seems mortified that he had to ring on the door bell - "John has never had to ring the bell for me". It matters little to John, he reassures her. The first thing he asks her is how she is today... "How's the hip?"

Kathleen and her husband started using the service towards the end of his life; he died 2 years ago and hadn't driven for the last nine years of his life. They got wind of an earlier incarnation of

this service, run by FÁS, from the Social Services and so had started to use it before Meath Flexibus began operating it.

As the passengers join the bus, the tempo and volume of conversations starts to increase. John occasionally joins in but the noise from the road precludes full engagement on a continuous basis.

Conversation waxes and wanes and drifts across a broad canvas of subjects: the health of fellow passengers and others known to them – “he’s home and making a good comeback”; the emergence of houses, apparently overnight, on sites on the roadside – “they must be terrible to heat”; and

today. When the bus arrives at Kingscourt, the organiser of the group comments that “We’re a small family today”.

Tea and biscuits are brought out to our group and others already present, including one who arrived at the centre from the church next door; it being Lent she’s going to Mass more frequently than usual and her neighbour brought her up. Several passengers take large handfuls of biscuits off the plate. Conversation reignites and slowly builds up. John joins the women for tea but also checks on the smell coming out of the kitchen. He’s to take out meals for people in Kingscourt later.

Before he sets off, it’s back into the bus to pick up



Figure 25: On the road from Navan to Kingscourt.

voices of concern and solidarity “it’s funny that you don’t have a wheelchair, Nancy”. Anon we pick up further passengers, all female. We pass one house where we don’t stop. The passengers inform me that ‘she’ had just had a hip operation and she hasn’t rung to say that she’s ready to go on the bus again. The next no-show occasions more dissection of motive or cause since “this is the first time she’s ever not come” and the woman in question is, apparently, finely dressed in her best clothes. “Maybe she’s going out to a funeral....she didn’t ring to say she wasn’t coming”. Much later in the day, the conversation rumbles on. No one can pin down the best explanation. There are usually ten passengers on this service, but with post operative recovery, illness and unexplained absences there are only five

two more attendees. On arriving at the house of one he immediately lowers the ramp. He knows that he needs it. He also picks up a man that “has a bit of Alzheimer’s”. He needs to get into Dublin for periodic check ups but despite the fact that his son runs a cab firm, down in the town, he, and other members of his immediate family do little to help. He is slow to leave the house, taking time to lock up, cigarette in hand as he checks he has all he needs.

Not long back in the centre he leaves the women inside, finishing their Christmas wreaths (in March), loads up the bus with 14 meals and we set out to deliver them. The meals on wheels service has been running for about 15 years. The meals were previously taken out by car. Of the 14 meals delivered, two are for men, both of

whom take 2 – ham, cabbage and mash, with fruit sponge and custard – one to reheat the following day, John suggests. John can't understand why more people don't take the meals. He points out that it is "private thing. No one needs to know you're having them", pointing to the fact that some sense of social pride lies behind the decision not to take advantage of the service.

Back in the hall, the slightly enlarged group is enjoying their Paddy's day meal. One man has joined. He drives himself to the centre but engages little with the women, despite their efforts to coax him into conversation. Lunch complete, Bingo begins. It's an 'interest' some say, good for the brain, but slow going. There's a lot of chat down the far end of the table. The numbers need to be re-called several times. The caller wishes they'd be quiet and says it doesn't help that some of the women are rather deaf. Things are wrapped up, not on John's insistence, but according to the consensus of those present that it's time to call it a day.

On the way back home, the mobile phone of one woman rings. It's her son who is calling to tell her that the District Nurse is waiting for her at home. She tells him that she is en route home but when she has hung up explains that she's in no hurry. She waited in for her till 8pm yesterday before finally giving up. As she gets off the bus she explains that "the bus is very handy. You don't have to worry anyone. You're away for the day"

It's gone 5pm by the time we've made it through the Navan rush hour traffic again, and are filling up with petrol at the depot near to the Enterprise Park where the Meath Flexibus is based. We've covered 120km, taken fewer passengers than usual, but delivered the usual punctual, reliable and dependable service to those that were fit and willing to travel. John picks up instructions about tomorrow's runs, including some late changes to the passenger 'manifest' and heads off home.

Athboy - Navan 'Shopping' Service

I join Pat on two afternoon services, in which he is picking up passengers from Navan and returning them home. The first pickup is the Athboy - Navan run. The pick up point is the entrance to the Navan shopping centre, a covered space used by smokers, with a single bench. There is no allotted space for buses to stop, but Pat can get close enough to the waiting point for his passengers to



Figure 26: preparing Meals on Wheels

see he's arrived. Once he's pulled up Pat immediately starts to help the women with their bags. Some have done large shops, "a complete shop, potatoes and all", Pat comments, and they need help to get their shopping onto the bus.

Some of the passengers are not so pleased to see which bus Pat has come in today. It is a model with no lift and a steep, narrow entrance. Several of his passengers have significant mobility problems and it takes some time and considerable patience to get them boarded and comfortable. Pat ensures they have their seat belts on. Engine started, conversation begins. "I wouldn't have them on the bus if they're not up for the craic" There is a clear sense of a community amongst the passengers on this bus. They know each other well, one suspects, more from their shared use of the bus than through other pre-existing bonds and they show evident concern for each other. They are all clear that this service is a lifeline for them. Athboy, they all agree, is low on services. There is one doctor, a dentist, and a chiropodist who comes once a month. The shops are considered by these passengers to be 'okay', though they note that an optician is about to open, but for other necessities a trip to Navan is necessary and a taxi is €20 each way – there being no bus service between the two places. Pat adds that there is no bus service between Athboy and Kells either, "there is no public transport". This statement is strongly echoed



Figure 27: Loading the shopping at Navan Shopping Centre by his grateful passengers.

Nuala, an 85 year old who returned to Ireland from the UK in her mid 60s, never drove a car. She took two driving lessons but never continued learning. With her husband deceased and no family in Ireland, she finds Athboy very isolated. She says "without the bus. I wouldn't get out". She has a friend, aged 73, on whom she can rely for the occasional lift, but with 11 grandchildren, this woman has other, often more pressing, commitments. As she steps off the bus Nuala asks for my address - she wants to send me a poem she wrote about being single 'in a world of twos'.

Pat helps the final passenger into her house and puts her shopping on the kitchen table for her. He returns with a cake in his hands. He says she always buys two of something and gives him one. Pat solves the 'last mile' problem for her by taking the heavy shopping in to the house. He says that many of his passengers are adamant that they tip him and he has received duck eggs, cream cakes and 'tenners' in return for his driving and assistance. One passenger, for example, had revealed once that she was going to the dentist in Navan but was going to walk from the shopping centre out to the dentist. He insisted on dropping her off outside the surgery and waited until she was finished before dropping her back at the 'meet point'. When she got home later she kissed Pat and he joked that if he "was ten years younger...!"

All the passengers on this service today are women either living alone or widowed. However, one married couple are often on the service and there is one widowed male and an unmarried man that oftentimes use it too.

All the passengers on the Navan to Wilkinstown run are women too. We're late in picking them up having returned from the Athboy area and Pat is clearly concerned. He says the passengers are very grateful for the service but 'give out' if you're late. On the outskirts of Navan we fall in behind a tractor and he is relieved that he now has a valid excuse for the women.

There are only five passengers on this service and most have some reason for why it is not more: "people are too proud and they have cars... not enough people on the bus", and it continues, "it's a pity the bus is not filled up more... people are too proud". One reason given for the fact that there are not more men on the bus is, "they're afraid they might cop a widow". This explanation provokes uproarious laughter amongst the women but they are convinced that Meath Flexibus is a godsend, the "best thing ever...marvellous...where would you get a better service", since "I couldn't walk up to the bus...not in a million years...I'd be lost without it...stuck in the house and wouldn't get out".

2.4 Ring A Link, County Kilkenny

2.4.1 Context

Population

County Kilkenny is located in the south of Ireland and has a population of 87,558. Kilkenny city has a population of 8,661 and is Ireland's smallest city both by area and by population.¹² Ring A Link also serves areas in South Tipperary and Carlow. In 2001 the number of people in County Kilkenny with a Free Travel Pass was 11,943, approximately 15% of the population. Approximately 12% of the population is over 65.

Gender

Of the population of 87,558 in County Kilkenny, 44,263 are men (50.5%) and 43,495 are women (49.5%). The gender breakdown of Ring A Link passengers is approximately 80% female and 20% male.

Geography

County Kilkenny covers an area of 2,061 square kilometres. Kilkenny and the neighbouring city of Waterford are the two regional urban hubs; the rest of the county comprises villages and towns with populations less than 15,000.

Economy

"The urban/rural split of the county is reflected in a number of ways, as unemployment levels within the county reflect the trend of being higher within the urban areas compared to rural parts of the county and the regional average. In terms of the profile of employment, agriculture and related industries dominate within the rural context but there is also a distinct divide between rural and urban populations in so far as the higher paid managerial/professional workers are clustered within urban parts of the county."¹³

2.4.2 The Project at a Glance

Transport resources

- 20 different semi-flexible services
- 9 Ring A Link drivers
- 6 operational vehicles owned by company
- Contracts with 4 private operators

¹² Figures obtained from Central Statistics Office Ireland (2006).

¹³ *ibid*

- Serving County Kilkenny, County Tipperary, and County Carlow

Passengers

- Total passenger journeys for 2005 was 22,431
- 17,333 free travel pass journeys were made in 2005, which represented 77% of all travellers
- 17,851 female journeys – which equated to 80% of the passengers
- Under age 4 = 545 which equated to 2% of the passengers
- 5 – 16 years = 645 which equated to 3% of the passengers

Travel in 2006

- 27,548 passengers in 2006, 2/3 of whom are over 65

2.4.3 Background, History and Evolution

Ring A Link (RAL) was formed in 2001 in response to Pobal's call for applications to the new Rural Transport Initiative. Some activity and research had already begun around the area of transport in Kilkenny, particularly on the provision of a financially viable supplement to the public services already available.

The original driving force behind the project was the Barrow Nore Suir Rural Development (BNS) funded by LEADER/National Development Plan. According to the BNS manager Declan Rice,

"we are a LEADER programme so we're all about rural development and our mission statement is to improve the quality of life for people in the area. We believe that rural development is all about access – some of that is about IT and communication but the other end is transport. I initially started doing the research went up to a meeting on an EU research project so began to gather the information on what was happening and what we might do."

It was decided to establish a transport service



Figure 28: RAL Office and staff: Kate Yates, Anna Rice, and David Ess

that offered services to the whole community, not solely isolated people.

RAL applied to FAS to employ office personnel, and initially used contractors for the services, it was then subsequently decided that they would purchase their own vehicles, and employ drivers through FAS as well as purchasing the software system they used to manage their services.

The RAL offices are centrally located in Kilkenny city. Drivers keep the RAL buses at their own homes and rarely come in to the office. In any event it would not be practical for a driver to keep a vehicle at the office, as Ring a Link covers three counties and some drivers live up to 50 km away – hence the convenience of keeping buses locally.

2.4.4 Transport Models, Services and Vehicles

There are currently nine RAL drivers for the six buses that they own. They also have contracts with four private operators. All of the buses have 14 seats and there are plans to take out the two seats at the back to put in storage cages for shopping, child seats, walking frames, etc. in the near future.

RAL operates services Monday to Saturday; they describe their services as Demand Responsive Transport (DRT) of four main types:



Figure 29: RAL Bus

- Mainly door to door services, i.e. picked up at the front door and dropped at a central stop at the destination and returned to the front door
- Some special needs transport
- Some community transport
- One Fixed service – i.e. starting at point A, travelling to designated stops at fixed times, arriving at point B

Passengers register with the service in advance. This records their personal details and creates a location on the Mobisoft mapping system, which is then used in route planning. All of the details are entered in to the system and the driver is given precise directions on how to get to the person's house. If the directions are incorrect then the driver can call or text from his vehicle whilst at the passenger's house and the software will use its live tracking capability to guide the driver, the map can then also be updated with the correct position (address). This means that there is less of a need for drivers to come in to the office to collect passenger lists, which instead appear on the PDAs in their vehicles.

DRT, or Demand Responsive Transport, is a priority for Ring A Link, and they describe this as follows:

“For Ring A Link, DRT is about automation and technology, the delivery of a quality service, you can do it on a small scale with a pen and paper but that is

limited to human capacity, we do 133 different route options, it's not possible for the human mind to book or cancel and then communicate to the driver. DRT is possible on a small scale but after a certain point you need technology."

Previously, Ring A Link experienced a period during which they were somewhat reliant on driver knowledge to ensure success of the service during the transitional period of about 3 months while they underwent internal staff changes. As a consequence, some of the drivers felt considerable ownership over RAL, something that researchers also found across other projects. However, this sense of ownership proved, in many cases, to be quite positive in that the drivers contributed significant local knowledge to the running of the services, emphasizing their role and raising their self esteem. This sense of ownership creates a better service as everyone has a stake in its success.

2.4.5 Administration and Technology

The administrative effort at RAL is largely related to RTP and Pobal paper work. Significant staff time is dedicated to reports and figures for the RTP. Mobisoft sends drivers passenger lists automatically but when the PDAs are not working, passenger lists are faxed out after being generated by Mobisoft. The RAL team believes that



Figure 30: RAL Driver. Note the PDA mounted on the windscreen

time taken on administrative tasks could be better spent on investing in community work and on improving the end-user travel experience.

"We don't have enough funding for more community work – we don't have the staff and there is just too much paperwork – we'd rather spend time on routes and drivers - we just can't do all that and paperwork."

A unique aspect of the RAL project is their use of technology. Alone among the projects studied, RAL uses a dedicated scheduling and routing system (Mobisoft). This system supports:

- Mapping
- Capacity Management
- Identifying immediately if the customer can travel at the requested time
- Booking management (new bookings do not conflict with the timing of old bookings)
- Sending scheduled information automatically to bus drivers.

The system is comprised of two computers, a server, software, digital maps from Ordnance Survey Ireland and in-vehicle units (PDAs) for each of the buses in use. The PDAs that they are using now cost €400 each and the system in total cost €127,000 (including the support fee in year one). A yearly support fee of €12,000 is also part of the contract. Currently their office server uses

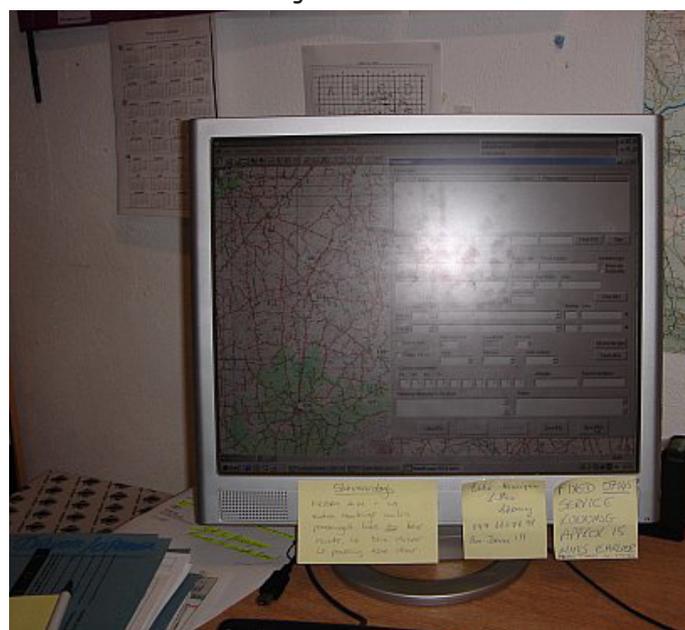


Figure 31 : RAL's transport management software



Figure 32: RAL transport management PDA

only 18% capacity.

At the time of the research there were 6 PDAs, 1 was on a bus with a driver, 2 were not working, and 3 were in the office having lost the Mobirouter software.

2.4.6 Integration in the Community

Ring A Link is very well networked through the three counties of Kilkenny, South Tipperary, and Carlow. The Board of Directors, who meet every 6-8 weeks, has sixteen members: four members from each of the three County Transport Working Groups of Carlow, Kilkenny, Tipperary; one member from each of the County Councils, and one member appointed by BNS Rural Development (a local LEADER project). RAL have a well established transport and rural development focussed network that includes: FAS, private transport operators, and the South Eastern Health Board. They also have some European contacts due to their participation in the Sunrise Project, an EU Demand Responsive Transport research project.

2.4.7 Ethnographic Narrative of Routes: Kilkenny

Kilmanagh Service collecting shoppers from Ballyline, Ballycloven, Ballykeefe, Corstown, Ballycallan, Scotsborough to take them to Kilkenny - 8 passengers on this trip

As it's my first trip to Kilkenny I am keen to get out and see the countryside. George, one of the RAL drivers, promises me that he will show me some beautiful places while we collect shoppers to take in to Kilkenny. George started out as a driver by doing relief work for other drivers when they went on holiday. He also owns a pub which he used to run but has decided to be a driver full time as he prefers the hours. He tells me that he may one day go back to working in the pub but he prefers the daytime hours of driving for RAL.

I meet George at the RAL office in Kilkenny. He is a little late having already carried out an early morning service in Waterford, and detoured via Kilkenny to collect me, in order that I may meet the passengers for his second service of the day. He pulls over to the side of the high street so that I can get as there is no parking that is easily accessible in Kilkenny. George tells me that he drives about 45 passengers a week, and that he does 4 days a week alternating with another driver to cover Saturdays. They are both employees of RAL and they sign a contract that is renewed on an annual basis.

George tells me that generally the customers are quite good, though later he tells me that some of them are a bit spoiled and have become a little demanding. With regard to accessibility, the bus does not have a wheelchair lift and if a Passenger Assistant is required then the passenger brings their own. George tells me that there isn't really a demand for wheelchair access on this service. In the event that access is required the vehicle would be equipped with ramps; some of the Ring a Link vehicles already have ramps. All drivers have also carried out manual handling training, with an emphasis on assisting the elderly, and any passenger travelling in a wheelchair must travel with an assistant who helps the driver to load/unload the wheelchair.

We pick up our first passenger of the day and it is Maura. Maura is a 'Super User'; she is the passenger that knows exactly which route the bus should take, who should and shouldn't be on the bus, and any other information that the driver or other passengers might need. As she climbs on to the bus, the first thing that she tells us is that we are half an hour late. She's been waiting outside and when I ask if she could have waited inside she tells me she knows she can wait inside but that

she doesn't want to hold up the other passengers. She comes on the service every Tuesday to go shopping in town - she interrupts herself here and tells George that he needs to turn - she continues that she loves the bus drive particularly the break away from home and meeting the rest of the folk. They have their 2 hours in Kilkenny and it is great. Maura asks George how many people are on the bus today, he replies 11 and without turning around to count the seats she looks at me and says "well where will you sit?" and I explain that I will sit up front so as not to take any passenger seats.

Maura tells me the history of the route and the passengers, "this is the biggest crowd we have" and again interrupts herself to give George directions, asking him who he is, she then tells him that last week's driver was brilliant because he was very fast, and 15 minutes early. "In fact I was going to give you five more minutes and I was going to drive myself in." Maura drives and has a car but she uses RAL "to keep the numbers up and support the service, to keep it on the road like".

The next passenger we go to collect is not there and Maura says it is because we are late and she has probably driven herself or called for a taxi. Anne comes on next and tells me that she loves the service and is very happy with it. Maura and Anne start talking about how the bus is late and that they will miss Mass, "but last week's driver was brilliant, he was so fast that we nearly took off in the air." Maura and Anne say that they would never use RAL to access services or goods related to health care or for grocery shopping. They use their own vehicles for those types of activities and use the RAL to go for tea and cake in town and have a chat. "There is a lovely community spirit attached to the Ring A Link, everyone is happy and chats". Maura tells me she uses the RAL, "*because there are a lot of people on the road who can't drive and I takes it to socialize with them.*"

Next we collect Sue, and then a couple called Mary and Teddy. Although she has seen Teddy, Maura shouts out the vehicle to Mary, "is the other half coming on?" Mary's husband Teddy tells me that he also drives, though his wife doesn't, and that he uses the service to socialize and see people for a few hours on a Tuesday morning.

"It's a social outing, it's also handy for shopping, it's not a lot, but it's better than not doing it for a few hours on a Tuesday."

Maura interjects:

"We think of those who can't drive or who don't have a car and we're keeping it on the road for them."

"The attitude of young people is bad, we are more compassionate than them, nobody looks after elderly people. All the young people are working and they are unable to look after the elders. In my time we looked after the sons and daughters and mothers and fathers, that's the change, the younger women are all out working."

Teddy believes it is important for old people to get out rather than stay in and Maura shouts at him and says it's alright for him because he has no children. The rest of the passengers, all women except for one other man and Teddy, look at each other and smile. When I catch the eye of one of the women, she glances at Maura and then back at me and shrugs her shoulders as if to suggest that Maura is always somewhat dominant and that many of them find it amusing. Teddy, undaunted tells me that he thinks people need to get out; that it is good for them to get outside and out of the house. Maura argues that it is not good for children and older people that women are working outside of the home.

The passengers say, "people need to get out and socialize with other people, to get fresh air because it keeps people alert, to do their own shopping, to do their own business." But they also agree that people shouldn't have to go to doctors if they can get help at home. Everyone on the bus has their families living close by to them and could call on them in an emergency.

ask if there are people who don't use the service



Figure 33: On the RAL bus

and a conversation erupts amongst the passengers as to why:

"They don't use it because they have their own cars".

"But we have cars and we use it".

"But we use it to keep it on the road, so others can use it".

"We don't know anyone who doesn't have a car".

"There's a car at every house".

I ask if there are any ways that Ring A Link could improve services, they say

"no criticisms, we just would like more people to come on the service." There are 7 women on this bus and 2 men and when I raise this they quickly point out that apart from Mary and Teddy who are married, the rest of the women are all widows.

George takes a wrong turn, noticing as the passengers all start to give him directions. George reverses the vehicle and turns back, and we shortly arrive in to town.

Carrick on Suir Route

Ring A Link developed the Carrick on Suir route as part of the EU Sunrise project. It was started on the 4th July 2005 and currently runs 6 days a week. This service runs more like a traditional bus service in that it runs every hour on the hour



Figure 34: George collecting a passenger from their home. Note the availability of a car

but it may take different routes and make different stops depending on who is getting on or off the bus. On our trip there are a total of 13 passengers, 8 children and 5 adults who are all on it at different times so the bus is never entirely full. The driver, Tommy, has been doing this service since it started and tells me that he thinks the hours are good and that his favourite thing about the job is the social interaction.

Before we start on this route, Anna and I drive to Tommy's house where we meet him, his wife, and their two dogs. He comes home for his lunch break nearly every day and he and his wife have lunch together; sandwiches and coffee. Tommy generally parks the bus on the road when he is taking his lunch break, he does park it in the drive when

he is done for the day as he is wholly responsible for the bus.

The first service on this route is at 7:00am and the last at 6:00 pm though Tommy tells me that it is rare to start that early and that he usually gets a 7:00am booking maybe once a month. His 8:00 am service is usually half full of school children as one of the features of the Carrick service is taking children from the village out to the countryside to the schools there. In addition to the children, the service is used by many other people including workers, commuters, and seniors. Jackie, the RAL manager, recently included a stop at the Sue Ryder home to help the older people who live there go to Carrick, either for shopping or to catch

talks of a couple who both lived together in the sheltered accommodation and when the husband became quite ill and had to move to a 24 hour care home, his wife was forced to rely on friends for lifts so that she could go and visit him. When RAL started, she was able to see him everyday, independent of other people's plans and Helen tells me it had a huge impact on her self esteem.

Tommy also shares this story with me as we drive past the care home in Carrick. He describes the route as having Carrick in the centre and operating in a 15 mile radius around Carrick. It takes in Grangemockler, Ninemilehouse, Windgap, Kilmaganny, Tullaghought, Ahenny, Faugheen, Own- ing, Killamery, Kilcash, Ballyneil, and Ballypatrick.



Figure 35: In the Sue Ryder Centre

another bus to Waterford.

"We started a service for the Sue Ryder people on our Carrick on Suir service and it was for people who had no way and no means of getting around and now there are school children on that service – what's unusual as that the children are going out of the village and into the rural schools – which is a nice feature."

- Jackie Meally, Manager, Ring A Link

Helen, the woman who runs the Sue Ryder home,

He takes people to do their shopping, to collect their pensions, or to catch another bus to Dublin, Limerick, or Waterford; but it is mainly used for shopping and to go to the day care centre. He tells me that his main group of passengers would be pensioners and that they would make up 50% and that the other half would be the school children who are aged 5-12 years old. He carries 15 children in total from 2 different schools in the morning and from 3 different schools in the afternoon but not all children are on at the same time, and not all do return journeys.

I ask if he is using the PDA but he is not, his first one was 'good for a week' and now he is on a second one and it has also stopped working.

Generally, Tommy says he has no problem with the PDA and he prefers it as he could get rid of the passenger lists that Anna faxes him every night (which can sometimes be up to 9 pages) for the next day's journeys. Not having the PDA also means that the office needs to call him if there is a change or an addition to the list. If he was using the PDA, it would be updated automatically and a red light would flash, indicating to Tommy that there was a change.

The first passenger we pick up is Michael; he uses the service every fortnight to go in to Carrick, to the supermarket. I ask if he has any trouble carrying his shopping, he replies that he can manage just fine. However, Tommy gets off the bus to collect Michael and closes the door behind him in case he does need any assistance and, at the end of the trip, Tommy carries his groceries to the door for him and Michael thanks Tommy by slipping him a few chocolate bars.

After we pick up Michael, we go to collect our first group of school children, though there are only three of them they are incredibly noisy and I ask Michael if he ever finds them too noisy but he laughs and says they are fine. The kids though say that sometimes Tommy tells them to be quiet. Not all of them take the service in the morning because one of their parents can drive them to school but after school it is hard because that parent is still working. The kids are all managing to stay in their seats and be pretty well behaved but the seat belts don't fit some of them properly because the children are quite small.

We drop Michael off at the supermarket and the children off at home and are collecting more passengers from Carrick to take to their homes in the countryside when we receive a call from the office. A regular passenger who can become somewhat difficult and demanding is requesting to go home on a 3:00 service although she is booked on one at 4:00. Because she is past the cut off time to book on to the 3:00 service, she is told that she will have to wait until 4:00. This unfolds rather uncomfortably because there is room on the bus for her to be collected early. RAL feel the need to help people understand how the booking system works and why it is in place. When we do go to collect her we are early, she sees us and comes over to ask Tommy if it is okay to finish her tea first. Tommy assures her that it is and once

she is finished she comes on to the bus and chat to Anna, from the RAL office, about the service and how happy she is to have it. While we wait for Michael who is late, we spot him across the street and although he knows we are waiting and that he is late (Tommy goes to look for him) Michael finishes all of his errands before he returns to the bus. This is an example of how both the system and the users are configuring one another. The bus, although flexible in its capability, must maintain a degree of control in order to run efficiently. Simultaneously, the passengers, such as Michael, are able to exhibit signs of control over how the service is used, for instance by delaying its departure so that they can finish their errands.

With regard to assistance, the bus is not wheelchair accessible and Tommy is not technically trained as a Passenger Assistant but sometimes, perhaps 2 or 3 times in the day, he will help a senior on to the bus and quite often people from Sue Ryder will need help.

One of the big questions that has come up during the research is on whether or not RTPs should do evening services, which some have named 'booze buses'. I ask Tommy what he thinks, "the problem is that we can't be seen to be funding people going to the pub, but the pub is important for people living alone. I don't see why if in Dublin the bus is publicly funded and it serves the same purpose, why we can't have it here." Anna tells me that she and her husband used to go to the pub every Saturday night and that she would drive after two Baileys but, "since all this drink-driving thing and breathalyser began I can't have those two drinks anymore, now I have to have water, there's no joy in that." I ask what the night services might look like and Anna suggests a possible loop linking villages, a necklace service, which would not be sitting outside waiting for people to finish their pints. In the past, Tommy says, it wouldn't be about the pub but about going to the creamery and guys would fall asleep on their horse, but now everyone's got two cars and can't take them to the pub."

We go back to the school to pick up the second group of kids for the day, and start dropping everyone off at home.

2.5 South Westmeath Rural Transport Association

- 8 new routes established in late 2006
- 22,000 passengers carried in 2006

2.5.1 Context

Population

Westmeath has a population of 79,346 people (2006).¹⁴ The population is growing at faster than the national average (10.2% in 2002-06, compared to a national average of 8.1%). Of the over-65 population, 11% live alone. This is relatively high by national standards; the national average is 9%.

Gender

The population of South Westmeath is evenly divided between men and women with a male population of 39,819 (50.1%) and a female population of 39,527 (49.9%).

Geography

County Westmeath is centrally located in Ireland. It has a number of large towns (notably Athlone and Mullingar) and a hierarchy of medium-sized and small towns and villages. The levels of services typically follow the town-size hierarchy. Towns on the eastern edges of the county are growing most rapidly, as a result of the broadening of the Dublin commuter belt.

Economy

Agriculture (primarily livestock) remains an important driver of the economy however 58% of the population of Westmeath are employed in the services sector.

2.5.2 The Project at a Glance

Transport resources

- community car scheme established in 2005
- 14 successful bus routes in operation with average passengers 15 per trip
- Wheelchair taxi available on a demand/responsive service
- 15 'consolidated' routes

Passengers

- 20,400 passengers in 2005

Travel in 2006

2.5.3 Project Background, History and Evolution

The South Westmeath Rural Transport Association (SWRTA) was set up to address the broad growth and development of activities linked in with community activism in the area. Some few years earlier, several local activists attended a series of seminars entitled "Key Players" covering areas such as business management and people management for example. Many of these activists were already running businesses or had extensive past experience in business, but their expertise coalesced. Some of these people were campaigners within their parishes for facilities such as car parks and cemeteries. Others had actively set up day centres or social clubs.

The board of the SWRTA emerged from this seminar series. They applied for RTP support, and recruited a manager and administrator for the transport company. The management team emerged as central to the nature of the RTP in South Westmeath – a hands-on and active 'on the ground' approach characterises the project.

The SWRTA established a number of bus routes on pension days from various parts of the Athlone hinterland. For each area of the hinterland, the management team found local companies or drivers to run the route. Board members were active in promoting services and advising on a range of local drivers to bid for them.

After a couple of years, the SWRTA conducted a rationalisation of routes, and kept only those routes which were judged to be financially viable. Each route required approximately a dozen regular passengers to demonstrably work. It was noticed that the routes which had not thrived were often the ones run by larger bus companies, with drivers not from the area or employing different drivers on different weeks. The best-used routes employed local people who knew the area, the people, and were highly proprietary over routes. The success of the bus service became known across the county, and the SWRTA was approached by people in the north of the county and around Mullingar to explore the possibility of work there.

¹⁴ Figures obtained from Central Statistics Office Ireland (2006).

Unfortunately, SWRTA funding was not sufficient to enable them to meet this demand.

The closure of some routes accompanied an awareness of the need for balancing the issue of social isolation against economic viability. That is, the routes often thrived where local activists or groups had established a strong sense of parish identity; but some of the people on the routes which had failed were in great need of transport. There was also a growing awareness of the question of hospital visits. Athlone lacks a hospital of any size, so for hospital services most people need to travel to Mullingar or Tullamore. There is no convenient direct transport to these larger towns. The SWRTA therefore set up a Community Car scheme, using Sligo CLASP as a model. Six volunteer drivers were recruited.

On the basis of a positive funding indication in 2006, the SWRTA established a new network of seven routes around Mullingar, in collaboration with local community leaders. Unfortunately, the funding actually made available was more limited than expected. In March 2007, a 30% increase of funding was announced. The rural transport association continues nonetheless with its aim to provide for isolated communities across the whole county.

2.5.4 Transport Models, Services and Vehicles

SWRTA's main work is provision of 23 bus routes. The majority of these bus routes run on a Thursday or Friday, often combining links to the local small town and Athlone, and directed at providing for pension collection and shopping, with socialising as an important secondary activity. These bus routes do not, however, provide sufficiently well for healthcare appointments. These are served in some areas by a community car scheme. The car scheme is limited by financial constraints, but could expand in future to cover a wider area.

The board members of SWRTA have a definite sense of having a way of doing things which is their own, which may be informally referred to as "our model". This explicitly involves drawing on the existing expertise of vehicle owners in the smaller catchments areas and parishes they serve, rather than the SWRTA owning its own buses or vehicles.

The association thus is not concerned with paperwork, vehicle insurance issues or regulation. They rather stipulate what private bus operators must provide, including for example two vehicles. There is a constant process of verification and checking via board members who live locally and by the SWRTA management team. The general attitude is that the area is particularly well-served by bus and taxi operators, and the evidence broadly is that this is justified. The geography of the midlands means that no town or route dominates, and a proliferation of small operators does seem to be the rule. The board has demonstrated itself in the past to be fully prepared to remove routes from operators, and reviews them to ensure quality of service.

Most of the routes are run according to a set fee (typically €7,995 per year), with a few exceptions. This arrangement reduces the capacity for local operators to begin to bargain or demand more money. The SWRTA contracts are in a sense 'free money' for the private operators, who would otherwise have vehicles standing idle in the middle of the day. The SWRTA does not feel dependent on the bus operators, and bus operators have shown themselves enthusiastic to work with the SWRTA and to meet the standards laid down by them. The model therefore has cross-cutting senses of obligation, in which drivers both feel closely beholden to passengers and to the transport association.

The "community" model followed enables the manager to pay attention to the overall picture of what is being provided. Because the association has managed to establish itself in the role of verifier of routes, rather than being preoccupied with administration on a day-to-day basis, the office and the board members pay attention to the higher-level purposes of the transport service and its impact on the community. The time to scrutinise the nitty-gritty of how a service runs is when the route is set up, or when contracts are reviewed. At other times, there is a constant and informal process of verification through communication with passengers, occasional inspection journeys and general community activity by board members.

The model for the community car scheme differs from the bus service and is copied essentially from Sligo CLASP. The cars carry fewer passengers than the buses, but take up more time and



Figure 36: A Range of Private Minibuses used in South Westmeath

paperwork for the office. The volunteer car drivers are recruited through advertising locally, and with careful attention dedicated to the personal motivations of the drivers, many of whom will have demonstrated their commitment by involvement in community work in the past.

SWRTA's sub-contractors own a variety of vehicles of different sizes. Many buses used for the SWRTA are Sprinter buses, but other models may be used as appropriate. Community cars belong to volunteers.

The roads in Westmeath are in general able to cope with larger buses, but smaller minibuses remain necessary because the entryways to peoples' homes may still be of restricted width. Bus operators have a minimum of two buses. They constantly consider upgrades and specifications, driven largely by the demands of safety consider-

ations on school runs. The Toyota bus in the centre of the picture is an example of using an older 14-seat bus in spite of the fact that the operator also owns a newer, narrower bus with more seats. The older bus accommodates shopping better as it has a space at the front beside the driver, while in the newer buses shopping is packed in at the back through the double-doors, alongside pushchairs.

2.5.5 Administration and Technology

SWRTA has a small office in Moate. As previously noted, the bus services require very little administration on a daily basis. The sub-contractors handle all of the vehicle details, insurance, etc.

The SWRTA invests effort into the setting up and review of service provision, and whether any extra stipulations or requirements are necessary in a contract (e.g. Vehicle upgrading). But once a route is running there is little paperwork. Drivers send in



Figure 37 Inside a Typical Bus



Figure 38: A Volunteer's Car in South Westmeath

monthly spreadsheets of passenger numbers and types as per RTP requirements. This is prepared using Word and Excel for submission to the RTP on a monthly basis.

Community car calls come in directly to the office. Details of journeys for each day are entered by hand into a large book – typically a couple of journeys a day. The name of the driver is highlighted, and the driver is the most important point about the trip (rather than, for example, destination and origin as in Sligo, where drivers may more easily fill in for one another). It is worth noting that the number of community car rides in this county is fewer than is the case in Sligo, and different processes are used for confirmation and for doubling-up where feasible.

House locations are handled on paper; many locations require personal knowledge of how to approach them, and a formal postal address is of limited value. The driver either needs to have been there before or to have directions from the person themselves.

2.5.6 Integration in the Community

SWRTA provides a single service, transport, but its board members and passengers are involved in many other networks. The association leverages many local groups and services, ranging from parish councils (e.g. Tang), and social clubs, to day centre managers and activists (e.g. Beaumont); to family resource centres for social work (e.g. Bal-

lynacarrigy). Specific routes are publicised and targeted to address needs identified by such groups. This means a route may often have a core group of guaranteed regular passengers even before it starts, with additional people also able to use the service. The individual routes therefore facilitate and support strong social networks at a local level, and between community groups and private transport.

The association board is put together with an eye to supporting these local community needs, plus professional and administrative requirements. Members of the board are drawn from specific local areas corresponding to routes; in addition there is accountancy and political expertise repre-

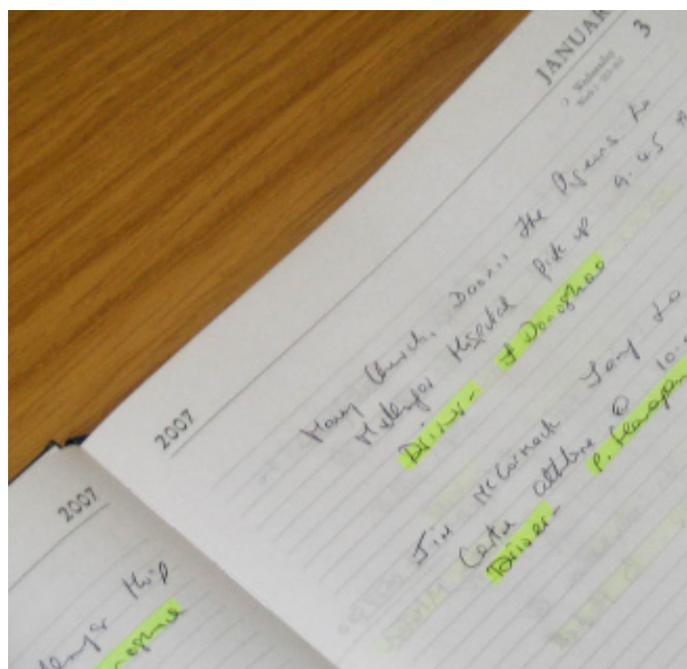


Figure 40: Community Car Bookings



Figure 39: The Office in South Westmeath SWRTA

Weekly No of passengers travelled
Week ending 2/2/2007

Route No.	Bus operators - driver	No. of pay pass	No. of non pay pass	Male	Female	Amount collected	Total pass for 2/2/2007
No 1 - Cullinstown - Mullingar	P. O'Brien	1	2	0	3	€4	3
No. 2 - Castleguard - Mullingar	C. Salmon	4	3	0	7	€16	7
No. 3 - Tang - Ballymahon	S. Robbins	Nil	12	3	9	Nil	12
No 4 - Tang - Athlone	B. Hackett	Nil	16	1	15	Nil	16
No 5 - Tang - Ballymahon	B. Hackett	Nil	14	0	14	Nil	14
No. 6 - Glanna - Athlone	S. Robbins	Nil	11	0	11	Nil	11
No. 7 - Ballymore - Meath	N. McNamee	Nil	8	0	8	Nil	8
No. 8 - Ballymore -	J. Moran	Nil	10	2	8	Nil	10

Figure 41: Statistics

sented.

The association has recently moved office to Moate with a view to maximising its networking capacity. It now has an office alongside Irish Rural Link, which has similar aims and complementary resources.

2.5.7 Ethnographic Narrative of Routes: South Westmeath

In the afternoon, I go with Paula, a volunteer car driver, to pick up a lady called Evelyn and take her to a routine appointment at Mullingar Hospital. Most of the community car trips in the region are to one of the main two hospitals in the area: Mullingar for routine problems or Tullamore for breaks and fractures. Sometimes they also take people in to Athlone for respite care. This is the second time Paula has picked up Evelyn. Evelyn lives a few miles from the main road, in a house down in the network of lanes which criss-cross the midlands. On the first occasion she took her, six months ago, she was not familiar with where Evelyn lived. She had to go to the trouble of coming down the lanes with a friend on the evening before to be directed to exactly which house it was. Paula lives about six miles away, and her husband is from the same area as Evelyn, but she does not know the area or who lives where herself. When it comes to a hospital appointment for elderly people, it is better to be certain of where you are going beforehand, so there will be no delays on the day.

Paula works as a home help and has one client. She became a volunteer driver on the community car scheme in answer to an advertisement. She likes to be out and doing things, and cannot bear to just be hanging around the house. The way she describes it, the car driving is as much about getting her out and about as getting the passengers out. I imagine that living in rural areas can be isolating for all ages, and the community car volunteering is not just for people over 65.

Evelyn's house is set back slightly from the lane, with a gravel area in front of it where we can park. Her pleasant house is square, with a door in the middle and four windows, two at the top and two on the ground floor. There are some run-down outbuildings, but the house is very smart and repainted not so long ago. Two cats emerge from the front door and hover expectantly, emanations of Evelyn before she appears of herself. She walks over to the car and Paula helps her into the front seat, and clicks the seat belt in when Evelyn seems to be struggling with it for a little too long.

The first couple of miles of driving are along the lanes, before we emerge at a difficult junction on to the main road towards Mullingar. It is a bright day. We pass the Hill of Uisneagh and I can see the landmark of the Cat Stone in the sun on the hillside. It takes half an hour to Mullingar.

Evelyn and Paula in front of me talk about the lambing and her health. Evelyn asks how Paula's mother is doing after her difficulties, and Paula



Figure 42: Queuing to register in hospital



Figure 43: The entry to Mullingar Hospital car park

is pleased to report she is doing well. Evelyn has never met Paula's mother, in fact she has only ever met Paula once on the last occasion she went in to Mullingar, but they talked about Paula's mother on that occasion so she wants to know the latest. Evelyn is a quietly-spoken woman, unprepossessing, wearing a long blue raincoat buttoned-up.

We come to the maze of roundabouts that characterise the outskirts of Mullingar nowadays. There are large tracts of land where building is in progress, and the road is lined with hundreds of metres of red traffic cones for no readily apparent reason. Paula negotiates the roundabouts with their temporary signposts unerringly, although there are not yet any signposts to the hospital.

At the front doors of the hospital is a large circular space to drop people off. An overarching roof has been built like a porch over the road, so when it rains passengers can walk in without getting wet. Paula pulls up alongside two other vehicles that are dropping people off, and Evelyn heads inside. I watch Paula pull off and head towards a big barrier into the car park. A large bright red sign to one side reads "This Car Park is FULL. No further entry is permitted," and then "We apologise for any inconvenience" in smaller letters below. Paula seems unperturbed. The other vehicles turn around and head back out of the hospital property towards the roundabouts.

Entering the hospital, I find Evelyn has joined a long queue by the reception desks. They are very busy, and have three desks all busily booking patients in simultaneously. There are eleven people in front of Evelyn, who waits on her feet for nearly ten minutes. I note that behind the counter an A4 sheet has been tacked up saying "IF YOU NEED A TAXI PLEASE USE THE PUBLIC PHONES. THANK YOU", indicating how some patients must expect the hospital to help them book taxis or transport.

Paula later appears. She showed her 'community car driver' badge to the attendant, who let her in the car park. Then she waited for someone to pull out before she found a space. There is actually a new car-parking area just built but it is fenced off.

Evelyn's treatment involves a series of meetings with nurses and different people before her test results are passed to the consultant and she sees

him. So there is a fairly long time to wait. We sit in a very packed waiting area. A lot of the people waiting are heavily pregnant women, accompanied by partners. It seems that all the pregnant patients on the left side of the room head off to the doors on the left side. The patients on our side of the waiting room all spend some time with a nurse in a small room, having tests, before they see consultants down a long corridor further way. The seats are bolted to the floor in rows, and there is a television, turned off, at the front.

Paula quickly begins to meet people she knows. Behind us there is a row of three people, and Paula introduces a woman as "another sister". I think at first that Paula is a trained nurse, and here is another, but it transpires that this is her actual sister, who is also a community car volunteer, and has brought in another woman for tests. Another elderly man has joined the group, who lives nearer to Mullingar, and has come in for his appointment under his own steam. It turns out to be quite useful having several people, because as different people go in for appointments, it means someone can keep the seats. There seem to be just too few seats, and some of the people who are going into the small room for tests are finding their place taken when they return. I ask Evelyn about the cars and the transport. She has nothing to say but good things. They are easy to book, there are no problems. Evelyn doesn't drive, and her husband died a year ago. One of her sons is building a house next to hers, and can give her lifts, but he works and she avoids asking him for lifts. She loves to get out and about, and sometimes will go out with neighbours, but she would never ask them to bring her to the hospital. On a Thursday, she gets the Rural transport bus into Moate to collect her pension and do some shopping, but she only gets an hour and a half there, so she never has time for health issues there, such as seeing the GP in the surgery.

It suddenly occurs to Evelyn that I am doing research into the transport, although she was informed of it before the trip and when we first came to pick her up. She realises what this means for the first time and suddenly looks frightened. "You're not going to take the service away are you?" she asks. I try to reassure her I am not doing anything like that, but I have inadvertently frightened a vulnerable woman who depends on the rural transport.

As Paula greets people and talks with her sister, I learn the latest news about various peoples' health and difficulties and personal tragedies. At some point, Paula heads off to visit someone she knows who is up in the wards.

After two sets of visits into different rooms to see nurses, Evelyn is sent down the corridor in a quest for the consultant. Paula and I head for the coffee shop. Paula always goes to the coffee shop with the people she brings, after their appointment. The chat is important. She mentions as an aside that it is especially important for the woman her sister is with, after recent problems. Her sister will not just take her back home after, but they will go into the shopping centre, shop and have a coffee there, because she needs the company a lot right now.

There are surprisingly only two people in the tea shop whom Paula knows, apart from the staff. Two elderly sisters who are also from Paula's area, sit at a table. They do not use the transport so much, and keep themselves to themselves. When Evelyn finally reappears, the news is that there is no news. Everything is fine. Just over two hours have passed. Evelyn passes on the option of getting a tea, probably keen to avoid being asked more questions, and we head back to the car, and the sunny journey back to the house.

Chapter Three: Analysis and Commentary

The RTP projects provide an essential service to a sizeable population across the country. Older persons without access to transport are numerous in every rural county – their lack of transport impinges on their ability to access services and to engage in social activity.

RTP projects address two key needs of older persons – practical requirements such as access to shops, healthcare, pensions and other services, and the need for social interaction. By meeting these needs, the RTP projects return a significant element of control and independence to the lives of older persons – this has knock-on benefits in terms of mental and physical health.

This chapter reviews the impact of the service on

- Shopping and other logistics,
- Social connection,
- Personal wellbeing.

It also surveys some key challenges and opportunities for the service and draws a number of research conclusions.

3.1 Practicalities and Logistics: Shopping, Healthcare, Services

3.1.1 Healthcare

That RTP buses and cars are used for accessing basic healthcare is indisputable. Anecdotally, information from both bus drivers and passengers makes it clear that each service contains at least one passenger, and usually more, who is using the service for healthcare related needs. For example, on the Athboy – Navan service in Meath, Alice tells us that locally there is one doctor, a chiropodist who visits once a month, and that an optician is ‘coming’. As a result, Navan is a key centre for access to health services. Combine with this the fact that “there is no public transport” between Athboy and Navan and it becomes clear that using the weekly RTP service as a way of accessing healthcare is crucial. Another passenger had open heart surgery and needed to attend the hospital

in Navan for periodic examinations. Her husband had predeceased her about a year earlier. For her to attend these examinations, she took a Bus Éireann service that ran through Athboy at 7am and took her into Dublin, where she then joined a bus that ran back out to Navan in time for her to attend her appointment. She then took the journey in reverse to get her home. This was a twelve hour round trip.

The degree of flexibility for healthcare access offered by RTP projects is exemplified by the car schemes in counties such as Westmeath. On a trip to Mullingar Hospital, for example, it is uncertain to both the passenger and the driver how long the appointment will last. While the visit took over two hours, the RTP driver remained for the duration and was available immediately to take the passenger home. There is no feasible public transport-based alternative offering this quality of service.

3.1.2 Day Care

Access to day care and other facilities, such as active retirement groups, is another important service offered by the RTP projects. This combines the core transport offering with an activity or facility which is focused on the needs of RTP passengers.

In Kerry, KCT provides transport for the Castleisland Day Care Centre. At the day care centre, people can avail of basic health and wellbeing services. Attendees can see physiotherapists, have their hair done, see the chiropodist and see a nurse who can attend to general nursing issues - leg ulcer dressings, personal hygiene, blood pressure, etc. In addition, the centre does two or three showers a day for a constituency of people for whom this is too difficult and who, without this service, would find it difficult to remain at home. Equally, a doctor visits the centre on an ‘as needed’ basis. It became clear talking to people attending the day car centre that it is not possible for people to rely on their families for access to the centre. KCT brings about 70% of the day care centre visitors to the facility.

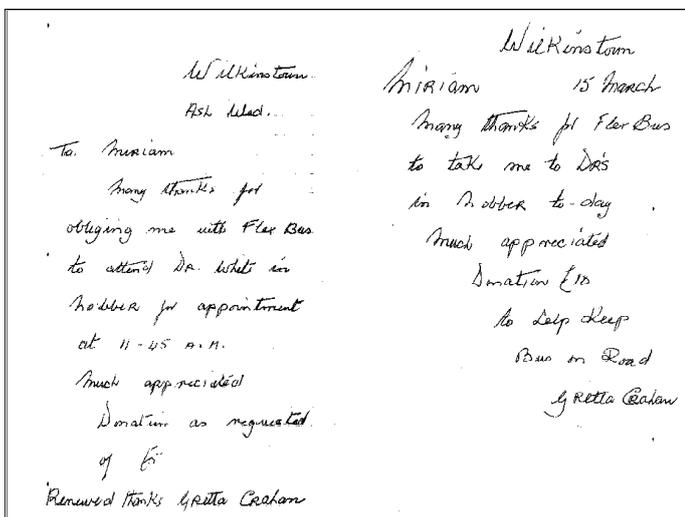


Figure 44: Two letters of thanks from the same grateful passenger on the Meath Flexibus

3.1.3 Shopping, Pensions and 'personal time'

A large proportion of all RTP journeys are used for shopping, collecting pensions and other 'logistical' tasks. The lack of a car to transport heavy shopping, and the dearth of public transport in the areas where the RTP is offering services, means that for many older people, the RTP is an essential element of provisioning, clothing acquisition and other activities of daily living.

In addition to the core services such as shopping and pensions, RTP travel enables older persons to take some 'personal time' - to get their hair done, have a coffee, meet friends, or go for a pint. This demonstrates an important advantage of RTP transport over family provision of 'lifts' - there is no pressure to hurry or to restrict activities to the purely essential - a scheduled, reliable and predictable service means that the older person can exert control over the time available to meet his or her own personal preferences. This is in a context where older people frequently report a desire not to take lifts with friends or family because they feel beholden to other people's timetables.

3.2 Social Connection

RTP bus journeys are social events. Routes develop into social clubs, and travelling is fun. This is true for the projects right across Ireland, and is perhaps the most important, unequivocal, fact about the services from the perspectives of their users and drivers. It is not about just getting from A to B, and almost everyone reports it as a social

event first, and reports their functional dependence on it second.

3.2.1 The Issue of Social Connectedness

Across Ireland, social Isolation is seen as a real and present risk. Economic and demographic change means the rural areas are empty during the day. The younger generation who can give their parents lifts are missing or over-stressed due to work. Changes in the economic viability of small-scale farming also mean the home is less productive and agricultural connections such as marts decline. Being widowed and physical immobility are also common causes of isolation. Isolation can lead to psychological problems such as depression.

"In my time, we looked after the sons and daughters and mothers and fathers- That's the change...The younger women are all out working."
Marge, Kilkenny Ring-a-Link

"It's nice to have someone to talk to - put on the radio? The radio isn't somebody to say hello to you. I like somebody who's able to say hello to me and chat to me. No-one to talk to, day in, day out. Only for the likes of these clubs I'd have gone cuckoo."
Ellen, Sligo CLASP

The notion of social inclusion is mentioned as an aim by several transport associations.

"The Community of Lough Arrow Project aims to address social exclusion and disadvantage..."
from the CLASP mission statement

At a very simple, but highly important level, the RTP projects enable social connection: connections on the bus; the craic, connection in activity centres and day care centres; connections in post offices and shop and face to face contact with friends; family and strangers.

3.2.2 Travel as a Social Activity

The bus passengers present themselves as a defined group, rather than a network for example. Members of the group are all equal. The casual use of the word 'we' is one way in which the inclusion is asserted.

"We're a small family today"

Assistant, Meath Flexibus

There is no actual defined membership. In some instances, people can refer to "we" to mean the specific people on the bus – as against the people who organise the bus. In others the 'we' refers to everyone involved in the bus transport.

Local tools to remedy isolation and build connectedness include just talking, a sense of working together, and getting people out of the house. It is often implied that social spaces means public spaces, and that entertaining at home rarely merits being called a social event. Getting out means someone is "mixing", while for many passengers the home is a workplace. There is a strong sense of ownership about services. It is "our" bus in most cases.

3.2.3 Destinations

Routes have aims in mind, principally shopping and pensions or else a social event; different rural transport projects place different emphases. The Sligo project commonly buses people to social events. Kilkenny and Westmeath are more about shopping, with occasional social events or activities. Kerry and Meath are more mixed.

There is often a mixing and further exchange of information at the far end of the route. Lessons learned during the journey (e.g. about passengers' health) are passed on. News is repeated back on the journey home.

3.2.4 Tensions in Social Connection

Inclusion can mean exclusion of others. Those who join the bus are expected to work to build connections and break down barriers. There are stories of people who join as individuals but leave or choose not to use the service much. There are

simplicities to accepting the social package which the bus offers, but the 'grey' zone of partial-use is difficult to occupy.

The notion that the bus is a 'social' space is very strong, and it is difficult to join a particular route as an occasional individual. Few individuals feel comfortable with diverting the bus down their lane purely for themselves, and most people join in pairs or groups. This is one reason why there are few 'individuals' on the buses, just groups.

Independence is a prime motive for using the buses. Social connectedness on the bus is seen generally as a matter of choice, as against lack of choice about who your family or neighbours are – the alternative sources of transport. Nonetheless, many passengers are entirely dependent on the bus and it is difficult to see how they could feed and clothe themselves without it. The bus supports independence because it addresses necessities while making them appear as choices.

Creation of a notion of community can be based on similarity or diversity. Several projects express the fact that the communities formed are defined by diversity of backgrounds, and people being thrown together who would not otherwise come into contact with each other. Prior to the 1990s, many community events were multi-generational, and the notion of a social group of people over 65 is relatively new. The rural transport and associated social events include people of all incomes, all educations and backgrounds, and a fair mix of nationalities (i.e. Irish, English, and Welsh etc). Passengers must buy into this notion of community – equality, similarity on grounds of age, and diversity in other ways. The peer-group community of the bus is mixed, not monolithic.

3.2.5 Sense of Self, Health and Well-being

The RTP transportation services have both explicit and implicit health benefits for their passengers. In a direct, or explicit manner, the bus services link people to hospitals, doctors, dentists and pharmacies. More indirectly, the sense of mobility, autonomy and independence that is engendered by being able to access the bus services creates a sense of wellbeing for individuals. Studies conducted elsewhere in the world have described the

positive health outcomes that enhanced access to transportation have created (see Banister and Bowling 2004; Metz 2000).

Transport for older people is particularly important in terms of ensuring access to local services and facilities and engaging in social activities (Banister et al, 2004).

Transport is also required for access to other resources that form the basis of social inclusion (Health Impacts of Transport, 2005).

In this sense lack of access to transport can affect the physical, mental and emotional well being of older people, thus impacting on their overall quality of life. Rural Ageing and Public Policy in Ireland - Prof. Eamon O'Shea (O'Shea, 2006, unpublished)

3.2.6 Beyond the Home

One theme that researchers met frequently when talking with the older passengers on the bus services was the pleasure of escaping the confines of the house. "I'd be lost...stuck in the house...I wouldn't get out", said a woman on the Wilkinstown - Navan service. Many of these comments portray the home as a place of belonging and identity, but also a space from which one needs to escape on a regular basis. The emergence of transportation services allows for the possibility for such escape. Life beyond the home becomes a sine qua non of a full life in late life; journeying on buses makes this clear.

3.2.7 Routes as an Affirmation of the Local

The community focus of bus routes is critical to their success and their social impact. It is the small local details that make a big difference - knowing the face of a man at a crossroads or the maze of lanes in a specific geographic location. Routes develop in highly localised ways and local knowledge is key, be it the driver's knowledge of the people

she picks up (their conditions, life stories and particular needs), the lay of the land or the accents. Passengers are defiantly loyal to their service, in their part of the countryside and, in places like South Westmeath, see the driver on a route as where the buck stops - "the local knowledge element is what makes it win", said one passenger.

Routes support routines. To every service along a route clings sociality, social capital, and value. Shopping in a local town, one that still has a post office from which a pension can be drawn, trips to a doctor or hospital or another event, are all supported by the services. In the development of a route it may be that peoples' habits or routines have to shift to fit around the availability of a bus, but soon, it is clear, routines meld around the service.

3.2.8 Community of the Concerned

It is clear that the bus passengers use the frequent contact they have with each other on the bus to 'look out for each other'. Much of the conversation on the buses is about health matters - that of the passengers and, importantly, those not on the bus. "He's home now and making a good comeback", says one woman on a bus route skirting the borders of Counties Cavan and Meath, "he's not ready to start coming again yet though". The drivers too enquire after their passengers' health: "How are you today? How's the hip?" The landscape passing also occasions conversation about the health of individuals residing locally. On the same Meath Flexibus run in north Meath, we pass the home of a woman who has recently had a knee operation and she hasn't rung to say she's ready to join the service again.

So presence and absence on the services are crucial indicators to passengers of the health and wellbeing of their fellow journeyers. There is a palpable sense of expectation on the part of passengers as a bus draws up to a house, often at some distance from the road, as they wait to see the person leave their house for the journey. On the services in South Westmeath, for example, everyone knows what everyone is doing on each day of the week. A man explains that if someone doesn't turn up, or is not in the fields when you expect them to be, then the "rural network" gets going. Absence can be as revealing as presence and can alert people to change - medical or social.

In the house opposite, his neighbour used to use the bus service: "One evening, maybe two years ago, they bus arrived and they couldn't get in the house, and she wasn't at the door. She was actually inside, dead. She'd been dead about six hours, her son had seen her earlier....So she was discovered because of the bus calling around".

Thankfully such episodes are not common. However, non-appearance reaffirms to members of a route that they are a community - and affirms a degree of passenger solidarity. It also, more pragmatically, allows both passengers and drivers an early warning system about an individual's state of health.

3.3 Delivering the Service

This section considers several aspects of how the RTP service is delivered, with an emphasis on the experience of the frontline and office staff who manage, schedule and drive the buses and cars of the service.

3.3.1 Accessibility

Most users of the RTP services are older people. A significant proportion has mobility issues, ranging from low-level stiffness to the use of a wheelchair. Accessibility is therefore an important issue and one to which the RTP is committed. This is demonstrated through their inclusion in the Department of Transport Sectoral Plan, the design of services (door to door etc), the tender appraisal weighting in favour of accessible vehicles. Equally, projects can and do influence private operators when they are upgrading and purchasing accessible vehicles and most use of trained passenger assistants. All directly owned RTP buses are accessible.

3.3.2 Accessibility of Transport

A key issue for RTP users is accessibility of the bus or car. Many passengers have difficulty climbing steep bus steps; the availability of wheelchair lifts or other forms of assistance is important but not universal. While drivers are often willing to help, they may not be formally trained to do so. Some services provide passenger assistants; others, however, do not. Finally, most buses can sup-

port only one wheelchair, however, some vehicles and services can carry up to three. This automatically excludes second and subsequent wheelchair users from any single service.

Accessibility is raised again and again during the research:

The drivers and Passenger Assistants (PAs) in Kerry try to encourage those with other mobility problems to use the wheelchair lift to get in to the bus as well. The varying 'steps' that are used with vehicles ranged from ones that had been fixed to the bus to boxes that served as temporary measures and although there are legal issues around the health and safety of handling passengers, many of the drivers would 'lend a hand' despite lack of training for people with mobility issues.

At KCT a part-time administrator and PA is also trained in how to help passengers access the buses, how to use the wheelchair lift, and how to secure the wheelchairs in the tracks on the bus. The PA assists each passenger on to the bus, helps them put on a seat belt, and will often use the wheelchair lift for passengers who are not necessarily in a wheelchair but may have trouble climbing in to the bus

KCT has identified the lack of accessible vehicles in the county as one of their weaknesses; however 42% of all of their services are fully accessible. Moreover, all of the Kerry Flyer buses are wheelchair accessible, and three of the private operators they use also have wheelchair accessible buses. In 2005, KCT had 1194 passengers that were wheelchair users, approximately 2% of all passengers, and 1167 that required assistance (2.87%).

One Meath Flexibus employee works either as a PA or as a driver. As a driver, she appreciates having a PA since she says this allows her to concentrate better on what she is doing. The passengers agree that having a PA is helpful as the driver is always getting on and off to help them in and out of the bus.

Of the 24 service-days per calendar week operated by Ring-a-Link, 18 are operated by four company mini-buses, two in Tipperary, one in Kilkenny and one in Carlow. The four vehicles are of a high standard, with three being wheelchair accessible.

South Westmeath has access to a wheelchair taxi, which is essentially a taxi driver in Mullingar who has a wheelchair accessible taxi, but there is little demand for it.

Looking extensively at mobility issues and accessibility of vehicles, a number of concerns were raised. Firstly, that the projects were not able to secure funding to purchase vehicles that were wheelchair accessible. Secondly, not all passengers were observed asking for assistance. Many were encouraged by passenger assistants (PAs) and drivers to accept the offered hand or to let

One woman in Kerry who attends the day care centre on a weekly basis was driving her sister up until a year ago but as her sister now has problems getting in and out of the car KCT brings her in "if the Kerry Flyer wasn't there she wouldn't be able to come in at all - here she comes in, gets her hair done, sees physio, has her leg ulcer checked - that would all be a drain on the HSE if the Kerry Flyer couldn't bring her in because they would have to go to her home to do all that plus she gets the well being factor." Such a case demonstrates how the current tracking system is inadequate - this woman is not considered a wheelchair user, nor would she consider herself unable or disabled in anyway, she simply has trouble getting in and out of her sister's small car and her sister, being quite elderly herself, is unable to help her.

someone help carry their packages but very few passengers asked to use a wheelchair lift to get in to the bus unless they were using a wheelchair or Zimmer frame. This suggests that there may be a need for PAs on all services to ensure that health and safety standards are met and that passengers enjoy a comfortable travel experience.

3.3.3 Accessibility Beyond Transport

A concern arose out of the opportunities created by having accessible vehicles in that there was no guarantee once a passenger reached his or her destination that they would be able to participate in either shopping or the activities at the day care centre or active retirement groups. This suggests that accessibility, ability, and disability is a much wider issue and that accessible transport is only one part of the jigsaw.

Meath Flexibus are currently testing a new, highly accessible 'kneeling' bus on different routes to assess the issue of accessibility with regard to local roads and routes, before committing to purchasing it. However, using or not using the bus is also about what happens at the other end of the

journey. In Westmeath, the neighbour of one user is in a wheelchair but does not use the bus on a Friday because it is not clear what she would do in town - who would push her around the shops and the town? One way the rural transport organisations address this is by organising a range of activities. In Sligo, the Active Ageing clubs often have bowling and curling. More able people can stand and bowl, while others can sit and play curling by pushing the stone with a hand or even a walking stick. A range of activities helps with the issue of what to do at the other end.

3.3.4 Vehicle Ownership

Everyone involved feels that the vehicles are theirs in some sense. When projects face a decision to set up a route, gain use of a new vehicle, etc, they face a decision about how best to make the new vehicle not just one which addresses needs, but which will be felt to belong to the user group.

Among the justifications cited for decisions include the availability of private operators (e.g. few reported in Meath, many in Westmeath); the need for a range of vehicle sizes or not; and the exact purpose for which the vehicle is required.

The particular decision made by specific operators is a part of how they themselves manage to establish and maintain the momentum of the project within which they are involved. It is evident that the key players in some schemes manage through a very direct and inspirational approach, while others are more softly-softly. Some are very mobile, travelling constantly around the area to engage people face-to-face, while others remain in an office. Each association has made its transport fleet its own, in a sense; those who do not physically

own buses assert that the transport fleet is run according to their way of doing things. The key element here is feeling in control of the situation. Finance aside, all the associations feel in control of vehicles, either because they have direct control over specific vehicles, or because they have retained a choice of vehicles.

In most of the projects studied, there is an element of regional particularity which is demonstrated through vehicle ownership. Associations divide their fleets by county (Kilkenny), within the county (Kerry), scattered by locality (Westmeath). Sligo is considering buying a new bus, which might be located in a different location in order to respond to the needs of a different area. Divisions within the fleet help foster local senses of ownership. By contrast with the buses, all community cars are privately-owned.

3.3.5 Drivers

Drivers are the lynchpin of the workings of any route. There are varied senses of relationship with drivers. Drivers can be employed by the transport association or be separate from them, or drive on a partly voluntary basis. Drivers can feel a part of the organisation (whether employed by them or not), coming in frequently and exchanging information, or they can rarely come to the office. In the latter case, the office staff and board members may be frequently out and about to see routes and meet drivers, or may stay in the office. The way that information flows around can be significantly different in different cases.

The variety of ways in which these things work positions the driver, office and passengers in terms of their relationship with one another. Where there is an emphasis on locality and community, the office may be more of a mediator, facilitating the local driver-passenger link without standing in the way; in this instance, the transport company is probably not involved in activities. Where the organisation is also a provider of activities, the key relationship is that of the passenger with the community centre, and the driver is in the role of facilitator or enabler.

3.3.6 Training

MiDAS is the Minibus Driver Awareness Scheme which began in 1995 as a new training initiative

for drivers requiring extra skills for minibus driving. The MiDAS specialist training emphasises passenger care and consideration, professionalism and quality of service. It operates on a "cascade" approach, meaning drivers with the qualification can be trained to train others.

All of the regular drivers at Ring-a-Link have MiDAS training and in Sept 2005 KCT facilitated MiDAS Training for operators and drivers in Kerry. There were 22 participants over a 5-day period. Providers from throughout the county were committed to doing this training with many of them giving up working days to attend. KCT carried out similar training in 2006 as one of the KCT drivers is now able to deliver training. Meath Flexibus also trains Health Board staff on passenger handling.

3.3.7 Route Development and Local Knowledge

The specific routes which are driven have evolved over time, and are highly specific. In every case, consideration is made of existing services, levels of need and demand in the area, geography, and other factors, in setting up a route.

All projects assert the importance of local knowledge of drivers to the success of a route. The value of the routes appears to be in the personal knowledge of houses, habits, and responding to the personality of those involved. Local drivers are not necessarily those who know the roads best, as all drivers need to learn them at first, but they are the ones who are most responsive to the passengers. Driving up to a house in the country is not as simple as driving up to a bus stop, and needs an awareness of personal habits.

As a general principle, routes avoid conflicting with existing C oras Iompair  ireann (CIE) bus services. Routes often correspond with the settlement pattern of local areas. In some places, there is a hierarchy of smaller and larger towns, and buses may travel through a localised centre to a larger one. In other places, there may be one large local centre (e.g. Sligo), or a cluster of different medium-sized towns and centres (e.g. around Leinster).

3.3.8 Transport Models

There is significant variety in the ways that the different rural transport organisations have set themselves up. Each operator has done its own analysis and come up with its own conclusions.

Meath owns its own buses, and centralises all driver information through the office. Kerry had the option of owning a fleet of buses alongside private contractors, but instead 'privatised' the buses as Kerry Flyer. Kilkenny Ring-a-Link owns its own vehicles but they are kept quite separate. South Westmeath subcontracts all routes and owns no vehicles. Sligo CLASP has been dependent on private volunteer cars for years, but decided to buy its own bus.

If there is a uniform model at work, it is the principle of choice itself. The different organisations have liberty to choose. The lack of capital expenditure available is definitely an influence, and more associations might choose to own vehicles if it were funded.

While all projects may claim they now have a 'model' way to do things, the story of the associations indicates that the model is what they have learned. The way they operate does not actually comprise an imposed model which they held from the start. Rather, the model has followed the contingencies of need and progress of developments around needs.

Moreover, all projects display a willingness to be open to change and all be classified as innovative in their proactive approach to developing what they do and how they do it.

3.3.9 Cars or Buses?

In general, community cars appear much more appropriate for responding to health needs and hospital appointments. This reflects the fact that medical appointments are typically for a single individual, while shopping and social events are group-based and so more appropriate for bus transport. Cars are more flexible too, in terms of waiting times and drivers can offer support at what can be a distressing time in a bewildering environment.

Faced with the option of going out to services (food shopping, money, medical, social), or having transport bring them to the house (e.g. Mobile bank, mobile shop), going out seems always preferable.

3.3.10 Need and Demand

One of the reasons that the various RTP projects vary from one another is the fact that they identify and serve different needs. The varied experience of what is needed depends on geography, economy, and the existing portfolio of services and activities in the area. In addition, the projects have differing mission statements and hence different ways of identifying needs.

One demonstration of how needs vary is how some routes are justified. A bus which goes to a social event will try to stop off if someone needs shopping, but the social life is necessary, the shopping is less necessary and is negotiable. On other routes, the shopping is the necessary element, and social elements or trips to the GP are tacked on top, as possible. There is a highly functional aspect of group activity here; the most needed service is what the group does together, and to be in the group is to work towards addressing needs and what must be done, while individual activity can seem more choosy. This situation means there is also constant negotiation and collective choice going on.

"We have to get the bus because the young people are working and they can't help us – plus we get out of the house – it's your independence and you're not waiting" Ellen, Kilkenny Ring-a-Link

The 'transport models' which govern how routes are run are partly about a hierarchy of negotiations about addressing needs. Some rural transport projects locate these dialogues at a grass-roots level, others are more centralised.

3.3.11 Running the Services

The rural transport services studied in this research stop short of passengers actually taking turns in the driving seat, but at times many of the



Figure 45: A driver brings in shopping in South West-
 other work functions (assistance, carrying bags, informational roles, bookings) are handled by the community of users. The appearance of many projects is a contrast between more centralised and emergent systems, but in fact, what is centralised and what is devolved depends on specific tasks.

The workflows and functions involved may be separated out. In the Rural Transport project offices, the work of administering and running a service is a little different from the work of overseeing or verifying it, and different again from the work of innovating to respond to needs.

At a local level, there is the collation of passenger information; mobility assistance; carrying shopping and so on. A large proportion of routes are so routine that it is only necessary to transmit information if a passenger is not coming, rather than if they are. In Meath and Kilkenny, information of this kind will be centralised and come to the office. In Kerry and Sligo, it is likely (but not certain) that the central office will learn if people are not on the bus. In South Westmeath, information is passed only locally between passengers and driver, with monthly records going to the office.

Some projects devolve a lot of the responsibility for the daily running to drivers, who may rarely be

seen in offices (e.g. Kilkenny, South Westmeath). In others, daily administration is more centralised and drivers are frequently seen at the office (e.g. Meath).

"I also got a lecture from a driver who told me how the service should be run, though he didn't know I set up the service – the drivers think they run it."
 Kilkenny Ring-a-Link staff member

3.3.12 Tools: Screenwork and Paperwork

No transport project is particularly keen on the passenger statistics filled in regularly for Pobal. While they make use of them, and find them useful in the work of promotion, this does not mean that the everyday work of compiling them is seen as directly valuable. The statistics are of potential use in different ways to different groups. Projects covering large areas of land and population find it useful to analyse user bases, key need groups, etc. Smaller projects may be aware of all potential users, and specifically count those individuals to whom they need to reach out.

The statistics are also aimed at comparability across Ireland, whereas from a local perspective, comparison is not as helpful as dialogue and learning lessons from other operators. Some projects report that the burden of statistics can hamper the development of new routes. It takes up time which could be 'innovatory'. It also increases the work involved to run each route proportionately, rather than getting more efficient as routes are added. Many projects 'personalise' their way of counting passengers, keeping separate documentation before filling in the Pobal spreadsheets.

"I can't get the paperwork out of the way to do the work in the local communities... we don't have the resources to do face-to-face"

3.3.13 Routine and Impulse

After the teething period of setting up, many routes run as routine events. Routine implies a

degree of efficiency, but means that changes happen by consensus.

Social life in general in many areas appears to run according to weekly routines. This means that even beyond the transport context, people may shop on a particular day; go to the pub on a particular evening, etc. There is only commentary when people do not turn up. Many rural transport routes thus follow the normal pattern of life. Following local routines (e.g. pension days, mart days, shopping days) means that certain administrative functions can be leveraged for the routes. Existing information channels between passengers can be used to communicate to drivers who is/is not coming, or where people live.

Routines may also exclude those people who are not in the same social rhythm as existing passengers. It remains unclear as to whether addressing the needs of new passengers should be about enabling travelling more on impulse (different days), or trying to reach out to them to fit into existing routes and strong social networks.

The effort of getting new passengers on to a route may involve significant changes and effort for some routine scheduled services, while others which are more geared to occasional passengers could be better set up to reach out to the disadvantaged or excluded members of the community (e.g. Kilkenny). For most projects, there is more focus on setting up new routes and breaking new ground, but increasingly there will be the work of getting more people on existing routes.

"What we need to do is find the gaps in the services – they still exist"
Kerry Flyer

"If someone isn't around, the 'rural network' gets going"
Retired man, Westmeath

3.4 Personal Impact

An important impact of the RTP is on the end users themselves and how they feel about their lives. A sense of independence and increased

wellbeing, a reduced sensation of imposition upon others and a wider social circle are all important impacts on the individual. These arose repeatedly in the research, and are surveyed briefly here. One context for the impact of the RTP is the changing nature of family in contemporary Ireland. While extended family members may live in close proximity to elderly parent/parents, levels of involvement with them are influenced by more intense lifestyles of work and family commitments. This has lowered the expectations and confidence of older people thus increasing the threat of isolation. On the other hand, migration to urban centres has rendered the 'extended family' out of reach.

3.4.1 Mobility and Control

A key benefit of access to transportation services is the enhanced sense of control gained by passengers. The bus services allow people access to a world beyond their home, a world that would be otherwise off limits. However, it is clear that this is experienced in rather different ways by men and women. For women, the arrival of transportation services is unambiguously positive. It provides them with something that they have not necessarily had in their lives – a means of transportation independent of husbands, sons or other family members. In contrast, for men the buses represent a replacement for something they had (car, tractor or bicycle) and do not provide the "spontaneous mobility" that they are used to.

3.4.2 Autonomy and Escaping Dependence

There are indications that the rural transport plays a role in situations where people experience a tragedy or loss and are forced to confront or create a new sense of identity and selfhood. The clearest example of this is the role that the bus service plays for many people after being widowed. If their partner drove, many people are left without transport - this is linked with a sense of incompleteness of self. This is a significant user group for the scheme, with particular needs for the rural transport to address. The indications are that a person generally joins the bus routes at some time after being widowed (e.g. many months or years), not in the immediate aftermath of their loss. Certain bus routes are reported as being

characterised by a high proportion of older widowed women.

In more abstract terms, selfhood can link to who you imagine yourself to be. Micky, a passenger in Sligo thinks that people have two sides – “real” and “imagination”. The rural transport fosters the imagination, and the possibility of doing things. Many men, especially, when they go on the bus, may actually do very little at the other end. In social clubs, people may sit at the side. In towns, they shop less, do not go to hairdressers or use services so much. Many sit in pubs, watch, perhaps talk, and perhaps have a pint. The experience of possibilities, potential and imagination is a significant element of self, and is facilitated by the rural transport.

3.5 Challenges and Opportunities

3.5.1 Gender (Im)balance

Gender disparity on the RTP services is easily observable - there are clearly many more women than men using the buses. This is not reflected in the statistics for the population of the counties as a whole, which are very evenly split. Most of the projects note a gender imbalance in their annual report; the Rural Transport Project’s figures show that on average, 68% of the users are women and 32% of the users are men.¹⁵ The RTP has closely monitored gender balance among service users, particularly through the use of passenger tracking forms.

The KCT project suggests,

“There are many reasons for this imbalance including the longer life expectancy of women and the fact that many older women did not obtain a driving licence and are therefore dependant on public transport for independent living.”

And RAL states,

“From the gender perspective, it is well-known that women are far more likely to be without access to car than men, and

¹⁵ Kerry Community Transport - 24.55% male user and 75.45% female users; Ring-a-Link - 80% of passengers female; CLASP - 75% women 25% men

thus be severely mobility restrained. The current Ring-a-Link services are a first step to provide some independence.”

Observations and interviews conducted during the fieldwork indicated that the marginalization of women and women’s lack of access to transport was indeed an issue. One driver was told by a woman passenger that although she was able to get out and go to the day care centre, she was afraid to tell her husband that she had already had her dinner there because she was afraid he wouldn’t let her go again. Such stories show the complex nature of using these services in that people did not want others to believe that they were in need of, or dependent upon, them.

A sense of pride or the perception of economic status is a key factor among elderly people living in the rural countryside and their use of public services. Many of the projects suggested that the lack of men on buses was down to pride and that, along with women, they were simply not in the habit of using public transport. People simply did not want to be seen drawing a pension or even using a Free Travel Pass: *“My mother had an FTP, she’s 80 years old, she had a bus running past her door but never takes it”*

Such comments indicate that the interrelation of gender relations and a sense of privacy often shaped a user’s experiences in that some people simply did not want to share their lives with fellow passengers. Although there is a definite sense of community and togetherness created and fostered by the buses, drivers, and journeys, there is a converse process that delimits others’ potential for participation. There were many examples of ‘super users’ who knew every passenger, road and breen, and was often the self appointed keeper of ‘route knowledge’. In almost every instance this ‘super user’ was a woman, and in most cases she was not afraid to exert authority with other passengers or indeed the driver in telling him that he was driving too fast or too slow.

A second significant factor impacting upon the numbers of men and women who use the service is women’s culturally imbibed and historical reluctance to drive. In the past, women were less likely to learn how to drive resulting in a generation of

women that experience sudden loss of autonomy without public transport, and a generation of men who feel that they have lost their independence.

In general, women tend to live longer than men and many of the women using the service are widows. One of the passengers tells us that bereavement is an important factor in the use of the bus and impacts upon the social connections people make on it. In each of the projects, we encountered at least one journey in which the majority of users were widows, however this was not the case for widowers. Widows often experience a new sense of autonomy whereas widowers see no advantages of being widowed (Davidson, 2001). In some cases where couples have been using a service and there is a death, the widower will simply not use the service on his own and instead prefers to remain somewhat isolated. Although an indicator of depression or shock, it is clear from the journeys that the women can sometimes seem overwhelming as one man comments,

"everywhere I go I'm surrounded by women" and a woman on another journey suggests, "they're [men] afraid they might cop a widow!"

As the services build their clientele however, social connections are strengthened and many of the projects observed networks of women growing around particular services. The bus from Cahersiveen from Tralee in County Kerry, runs every Thursday and is used almost entirely by shoppers, on one particular day there were fourteen passengers: twelve women and two men. Although most of the women drive, they prefer to take the bus as they don't feel as safe driving all the way to Tralee due to the young and fast drivers on the road.

"Women go out more- that's why they are on the buses, men just want to stay at home, they are happy at home pottering around. My husband would rather stay home and potter around the garden chatting with the neighbours. Men are not interested in shopping and that."

Older men will likely host friends and relatives while older women are likely to visit friends and relatives as much (Arber and Ginn, 2005: 535).

One of the Sligo ARGs organizes line dancing, several women participate but only one man takes part. Men show a real reluctance to participate in many of the activities,

"People who never left home and were always down the farm...that was their culture I suppose. They were always happy at home. You can't get them to do exercises. The men. They won't - very reluctant to do exercises..."

It is suggested by passengers that men are simply not interested in the same activities as women and that, due to the number of women using the services, they reflect the interests of women only and not men. One of the projects suggests that they need to change their image from that of a charity and 'women yapping' to one that reflects it is a service for all. CLASP, in County Sligo, is particularly interested in what activities men might like to attend or go out to. They have observed that men do not show much of an interest in theatre trips, nor do they go shopping or to such places as the hairdressers. They suggest that the likeliest candidates would be Mass, or GAA matches.

"Older men used to go to the mart, have a few pints. Now they don't bother."

With the closure of so many pubs in rural Ireland and enforced drinking and driving laws, an activity that men might choose to engage in seems increasingly inaccessible. Although there is consensus that drinking and alcoholism is a problem in rural Ireland, there is a profound regret and sadness for the loss of something which once represented the focal point of a community. As one driver states:

"a lot of these guys who live up in the mountains they would come down to the pub for one or two pints, just sit



Figure 46: Men watching the women at an ARG in Sligo

in the pub for a bit of news, you know who died and that, they can't do that anymore, even two pints you're over the limit, they can't stay in touch with the community. We do a run on Friday where they go in to the pub for two hours in the day and get all the news, they're so dependent on people to drive them around and now smoking in pubs - that's changed it too. The pub used to be the place for social life in Ireland and all that is changed. They used to have one or two pints and maybe drive their tractor home, or on their horse and cart, their horse took them home - it's changed so much in 15 years."

Not only has the social fabric changed drastically for men in rural Ireland, encouraging them to become more dependent on public services, there also remains a great deal of ignorance concerning transport schemes. This ranges from showing a lack of awareness for transport networks that are available, to not knowing how to use services or behave on services. When the large groups of women passengers were asked why more men did not use the service, they suggested that they might be intimidated by the women, *"We had one fella who came with his wife but he*

stopped when she died. He didn't want to listen to all these women praying."

Such comments suggest more than a simple gender divide, or disinterest in 'women's activities' but a more profound inability to share in the experience of the journey. A group of men in a local Castleisland pub stated that they would not use public transport because no one let them get on when they had been down the pub, something they did often. They preferred to 'hitch' or 'thumb' lifts from people driving by and if all else failed they would walk, sometimes up to 10 kilometres. They suggested that they would rather walk than be told what to do by the driver of a bus or taxi.

The issue remains that many older men are not experiencing the social and health benefits offered by the RTP projects. The programme as a whole is not reaching a sizeable proportion of its constituency. In order to overcome this, RTP projects may need to reach out specifically to older men, making it clear that the bus service is for everyone and is not a 'women's bus'. The projects also need to ensure that the destinations to which they are travelling hold some attraction for older men - men often see shopping as a chore, rather than as a social outlet. GAA matches, Mass, marts and pubs are typical examples of destinations to which older men might be attracted.

3.5.2 Uptake

Every user to whom the research team spoke was enthusiastic about the service. In many cases, it was clear that the RTP service was the only feasible way that the passenger had to access shops, healthcare and other services.

However, a repeated theme was the need to encourage others to use the service. This would both increase the impact of the service and help to ensure its ongoing sustainability.

"we use it to keep it on the road, so others can use it"

Ring-a-Link, Kilkenny

The low level of uptake by men is also an issue which the service may need to consider. This may be addressed by targeted outreach and by reviewing the destinations served by projects to

ensure that they are of interest to older men. The journey is important for all but the destination is possibly more important for men than it is for women.

3.5.3 Accessibility

As discussed in detail above, the level of accessibility to vehicles varies considerably. While a positive attitude and flexible drivers makes a great contribution, this situation is not optimal. An increased investment in wheelchair-friendly vehicles, and in vehicles with dedicated storage space for shopping and other goods, would be a significant enhancement to all the RTP projects studied. The provision of passenger assistants on all journeys would also be a major improvement, but might prove expensive.

3.5.4 Integration with other Services

It is clear that every RTP project is well networked with other services for older people in their localities, including day care centres, active retirement groups, etc. This reflects the fact that several of the projects are offshoots or evolutions of earlier community and voluntary projects.

This tight integration with other services is a strength of the RTP programme and enables joined-up planning to deliver end-to-end services in which transport is just a single (though essential) element. Projects should continue to nurture such integrative links, and to remain alert for opportunities to further capitalise on them.

Chapter Four: Research Conclusions and Recommendations

The research team was privileged to work closely with five RTP projects around the country and to interact with them at several levels. This gave Intel a unique insight into the real lives of older people in rural Ireland, and represented an opportunity to carry out a study which has never been done before. A number of key conclusions and recommendations are presented here.

Value of the RTP

The key conclusion is that the RTP projects are providing an essential service to a large population who would otherwise have few opportunities for travel, for social interaction or for access to healthcare and other important services. The projects demonstrate strong community spirit and show what can be delivered with a relatively modest budget, by keeping overheads low and by taking advantage of local knowledge and integration with other services. The value of the RTP lies far beyond transportation. It links many of the activities, contexts and services that are vital to life in rural contexts and in so doing creates value for its users and others.

Transport and Wellbeing

Another key conclusion is that access to transport has a significant positive impact on the wellbeing of older persons. The risk of isolation in an increasingly empty landscape is very real, particularly for those with mobility issues and who live alone. Getting out of the house, socialising on the bus and in town or at a day care centre or other facility is often the highlight of the week. In addition, of course, access to transport also means access to shopping, to healthcare, to pensions, and to other services.

The Need for Outreach

There is a clear opportunity to increase demand and to serve a larger number of users. Outreach and publicity is a key recommendation of this report – wider awareness of the availability and the nature of the service will lead to greater utilisation. Such outreach needs to emphasise that the RTP service is not a charity, but a community service for the general public. A ‘marketing’ approach

which uses promotions, special ‘new members weeks’ and other tools may be investigated.

Funding for Outreach

Outreach and publicity are expensive – appropriate funding will need to be put in place to enable this to take place. Any increased demand for services will also lead to a requirement for additional vehicles, drivers and support staff, which will need to be funded.

Men

A key issue for outreach is stimulating the use of the service by men, who are a hard to reach and underserved population within the rural, older population of Ireland. Any perception of the RTP service as a ‘women’s service’ must be addressed in any outreach. The research suggests one successful strategy would be to stress the existence of, or start running services to, venues and events of most interest to men (e.g. GAA matches).

Non-prescriptive approach

A secondary conclusion is that no single model or approach is necessarily the best one for an RTP project. Each project which was studied during this research has evolved its own process and procedures. Some use computers and advanced communications, and believe that this is essential for their service. Some rely on paper-based management, and use computers only to compile reports for funding bodies; they too believe that this is best for them. There are projects where the drivers of buses are in the office every day, and there are others where drivers do not appear from one end of the month to the other. Both function effectively.

Networking and EU Opportunities

The RTP is a success story. It adds significant value to the lives of a numerous but scattered population who are difficult to reach. It is a strategic enabler for a range of other services, from healthcare to social groups. Its indirect impact on the health system, while difficult to measure from a study of this nature, is likely to be substantial. Its value in terms of improved quality of life is testified to repeatedly by the older

people interviewed in the course of this research. There is excellent potential for the RTP to be used as an example of best practice on a European scale. The programme may confidently explore opportunities to network with other transport initiatives, with suitable support from the EU.

Falling Between Two Stools

Finally, the experience of transportation services elsewhere in the world, and of a similar nature to those explored in this report, is that their strengths can be in danger of translating into a weakness. These services provide value to people across a range of public or private sector 'touch points': health, social services, local economy. However, since they deliver to such a broad range of stakeholders, and have outcomes in line with the remits of a wide range of other organisations, but are often considered to be only delivering transport, their real value goes under-recognised. We hope that, in part, this report, addresses this issue by unpacking the multiple ways that mobility provides value, especially to older people in Ireland.

4 Appendix A: International Research Context

This appendix presents a literature review carried out by Intel researchers into the European and wider contexts for ageing, transport, social activity and health.

Studies on the links between transport, mobility, and the quality of life have been somewhat scant, particularly in an Irish context. However, the MOBILATE project studied mobility patterns in adults over 65 across five European countries providing an analysis of demographic data and mobility patterns revealing four distinct profiles.

Group 1 (high mobility) used a variety of transport modes, had a range of outdoor activities and were satisfied with their mobility. Members of this group tended to be 'young' elderly, male, better educated, live in an urban area, and drive a car. Group 2 were also happy with their mobility, showed a very high level of day-to-day mobility, but had a lower range of transport modes and outdoor activities compared to Group 1. This group showed lower satisfaction with finance and lower levels of education than Group 1, but still above average. Group 3 showed a positive score on satisfaction with mobility, but a low score on frequency of outdoor trips and small range of transport modes and outdoor activities. Members of this group tended to exhibit beginnings of frailty, indicating preventative efforts to avoid loss of outdoor mobility. Finally, Group 4 (low mobility) showed the lowest scores for amount and variety of outdoor mobility, transport and activity, and presented very low satisfaction with mobility. This group most likely included 'older' elderly, women, singly living, and living in rural areas (Mollenkopf, et al., 2006).

The profiles from the MOBILATE project confirms the role of physical, economic, social and structural factors in determining access and satisfaction with outdoor mobility. It shows how distinct groups become disadvantaged due to issues of health, age, gender and location. The following sections explore some of the issues, and explore the relationships between mobility, access, health, and social activities.

4.1 Mobility patterns

4.1.1 Reasons for travel

Leinbach and Watkins make a distinction between journeys intended for 'life maintenance' (e.g. shopping, medical, financial) and those for 'higher order' (e.g. social, religious, eating out) activities. Evidence suggests that mobility patterns among older people show great variety across these domains. According to the MOBILATE project, the most common reasons for leaving the house was shopping (31%), meeting friends and relatives (21%) and strolling/walking (11%) (Taken & van Lamoen, 2005). Similar findings were found in a 2002 survey by the Department of Transport (DIT), in which older people's most popular reasons for travel were food shopping, going to the post office, and visiting family and friends (Banister & Bowling, 2004).

However, the activity space in which these activities take place are generally quite restricted. Forty-four percent of trips were found to occur within 1km of their home, and a further 24% between 1 and 3 km. Only 14% were over 10km. This range was even smaller for people in rural areas, in which 46% of rural dwellers stayed within 1 km, compared to 40% in urban areas. Other factors include gender, in which women were more likely to travel to very close destinations, and age, in which older people stayed closer to home (Taken & van Lamoen, 2005)

The nature of the activities involved means that older adults tend to leave the house during the daytime, rather than at night. In the MOBILATE study, respondents reported their activities in a diary over the course of two days. It showed that out-of-home mobility peaked at 11 o'clock when nearly 60% of respondents left the house. A second peak occurred after lunch (between 3 and 4pm) (Taken & van Lamoen, 2005). Banister and Bowling (2004) reported that peak of activity during the day reflects concerns around safety at night, and so during the evening hours older adults may be more isolated in their homes (Banister & Bowling, 2004).

4.1.2 Modes of transport

According to the English Longitudinal Study of Ageing (2004, ELSA), one third of men and a quarter of women over 50 reported that they never use public transport, and a further 33.1% of men, and 25.1% of women say they rarely use public transport. This percentage increases with age. Over the age of 80 this rises to 40.2% and 43% for men and women respectively (Janevic, Gjonca, & Hyde, 2004).

Reasons for not using public transport were most commonly due to lack of availability (Janevic, Gjonca, & Hyde, 2004; Taken & van Lamoen, 2005). However, other concerns were expressed with regards to reliability and accessibility. Key issues raised by the UK Department of Transport include: boarding and alighting problems, drivers not waiting until they are seated, no conductor to help them on and off the bus, inconvenient location of bus stops, long waits, and poor lighting in streets making the bus stop threatening.

Instead, the preferred form of transport among older people is consistently shown to be private car. According to the US National Household Transportation Survey (US Dept of Transportation, 2001), roughly 90 per cent of people over 65 make all of their trips in a car. Even those over age 85 make 80 per cent of their trips by car, driving half the time. In the UK, around two thirds of journeys at least one mile by people over 65 were in private cars (Oxley, 2000). The MOBILATE diary study found that after walking (which constituted 45% of journeys), travelling by car constituted the most journeys, either by driving (28%) or as a passenger (11%). Public transport was the least used means of travelling, constituting only 8%. This was found to be particularly the case in rural areas, where there was less opportunity to use public transport (Taken & van Lamoen, 2005).

4.2 Private transport

4.2.1 Automobility among the elderly

Older drivers consider the car to be an aid to independence and believe that giving up the car would result in dependence (Rabbit et al., 1996). Tacken and van Lamoen (2005) found that over

60% of older people have a car available in their household. A comparison in rural and rural areas showed that in all countries, car ownership was higher in rural areas than urban (with the exception of Hungary).

The National Council on Ageing and Older People (NCAOP, 2005 Report II) explored transportation from the perspective of older people's needs and barriers to health and social services. In relation to driving, participants (approx. 1,000) in the Eastern Regional Health Authority and also the Western Health Board were asked if they drove a car. Just under half of the sample in each of the health boards confirmed that they drove. Similar to international findings, men were more likely to drive than women. Increasing age was also associated with a lower probability of driving: 66 per cent of those in the 65-69 years group were drivers, as were 52 per cent of the 70-74 years group, 29 per cent of the 75-84 years group, and 13 per cent of those aged 85 years and over. The survey also asked participants if they had availed of lifts with family and friends in the previous six months. Fifty-eight per cent of the sample in each of the health boards had made use of this type of transport. While 64% of women availed of lifts from friends and family, just 34% of men did so.

4.2.2 Driving cessation

The main reason for driving cessation is decline in physical health or disability. Three quarters of men and half of women give-up driving a car because of disability (DETR, 2001). In particular, visual impairment, medication side effects, and cognitive decline are associated with driving cessation (O'Neill, 2000). In many cases, the decision to stop driving is voluntary. In particular, women are more likely to stop driving at a younger age and in better health than men. They are also more likely to cite problems in driving in certain conditions and avoid certain areas, such as busy roads (Gallo, Rebok, & Lesikar, 1999; Hakamies-Blomqvst & Wahlstrom, 1998).

4.2.3 Coping without a car

Older drivers rarely make preparations for the time when they can no longer drive (Kostyniuk & Shope, 2003). In fact, many continue to drive

despite concerns about their safety. One reason for not turning to public transport is that it is perceived to be inconsistent and unreliable. Instead, older adults consider the first alternative to be lifts through family and friends. However, this often leads to a sense of being a burden and indebtedness, and so concerns about asking for lift would severely limit their mobility (Carp, 1972; Kostyniuk & Shope, 1998; Adler, 2006; Davey, 2007). Furthermore, schedules or routes of drivers do not always meet their needs as passengers; and they sometimes have concerns about the driving skills of the people who give them rides.

Loss of a driver's licence has been described as being one of the most profound changes in someone's life, and is a strong predictor of depression and social isolation among older people (Metz, 2000). Banister and Bowling (2004) found that access to a car improved perceptions of quality of life and increased likelihood for participation in social activities outside their home. The benefits of private transport go beyond the instrumental function. It is also linked with a subjective sense of independence and sense of personal identity and self-efficacy (Davey, 2007). Access to a car provides a means for 'potential travel' giving a greater sense of control, as journeys can be made at short notice or 'on a whim' (Metz, 2000).

This effect is particularly strong for men, largely because men are more dependent on a car, whereas women tend to have better local knowledge of public transport. Additionally, men are more likely to associate being able to drive and status of being competent than are women (Davey, 2007).

4.3 Mobility and Health

The UK department of health refer to the presence of 'Transport Poverty' in which certain groups and regions, including rural areas have limited access to services due to lack of transport. As would be expected, rural residents have greater problems accessing shops and services. The UK Department of Transport Omnibus survey found that respondents in rural areas were less likely to live near shops and services, with 21% saying that there were no shops or services within walking distance of where they lived. Therefore,

transport is an essential part of utilising health-care services.

Lack of available transport has been found to be a significant barrier to utilising ongoing and emergency health care (Rittner & Kirk, 1995; Arcrury et al., 2000). For example, Arcrury et al. (2005) found that in the US, several spatial and geographical factors, including having a driver's license, use of provided rides, and distance from regular care, were significantly related to utilisation of health-care for regular check-ups and chronic care. In Ireland, lack of available transport was also found to affect perceptions of health care (Balanda & Wilde, 2003) which would also influence decisions to utilise health services. This clearly represents a circular problem. The ELSA project reported that elders in poorer health have greater difficulty in accessing their GP (Janevic, Gjonca, & Hyde, 2004).

Problems in outdoor mobility also present indirect impacts on health. Access to leisure and social groups is an essential part of successful aging, and has been found to benefit physical and psychological wellbeing. Access to family and friends is also instrumental in promoting health behaviours and social support. It is important, therefore, that the role of transport should also be understood with regards to the role it plays in integrating older adults into their local community (Bannister & Bowling, 2004).

4.4 Social activity and leisure

4.4.1 Impact on health

Maintaining close relationships and engaging in meaningful activities has long been considered an important part of successful aging. Rowe and Kahn (1998) describe the interdependent components of 'successful aging', highlighting that avoidance of disease makes it easier to maintain social and leisure activities. This subsequently avoids social isolation and decline in health.

Social networks are instrumental in meeting needs for social integration, emotional support, practical assistance, and advice, and so size and composition of the social network has been associated with health status. Others have found perceived social support to be the strongest predictor of

physical and psychological wellbeing, which suggests a greater role of satisfaction with social networks as oppose to structural properties (Auslander & Litwin, 1991). The nature of contact is also an important variable. Banister and Bowling (2004) compared the impact of phone and face-to-face contact. They found that for friends, phone contact had a significant impact on quality of life, whereas face to face did not. With family members, this pattern was the reverse, whereby only face-to-face contact had a significant impact on quality of life.

Leisure activities also have a positive impact on health, mitigating functional and cognitive decline. Engagement in leisure activities has been linked to improved physical health (Seeman et al., 1995) decrease in risk of dementia and cognitive impairment (Wang et al., 2002) and greater satisfaction with life (Silverstein & Parker, 2002).

4.4.2 Social networks

Although interrelated, social isolation and loneliness are two separate concepts. Loneliness refers to a subjective experience due to perceived inadequacy of existing relationships (De Jong-Gervield & Havens, 2004). Studies have shown that loneliness is not so much associated with frequency of contacts with family and friends, but rather satisfaction with these contacts (Victor et al., 2005; Routasalo, et al., 2006).

Older people are prone to loneliness. Evidence suggests that over one third of older people experience the sense of being alone (Routasalo, 2006). The sense of being alone is multidimensional. The dimensions explored by ELSA (Wave II, 2006) included: (i) lack companionship, (ii) feeling isolated from others, (iii) feeling left out, and (iv) feeling in tune with the people around you. It was found that age affects all four dimensions in a non-linear fashion, whereby people in their 50s are more vulnerable to loneliness than those in their 60s, but as age progresses further loneliness rates increase. It was also found that the dimension 'feeling in tune with other people around' relates most closely with age, suggesting that as people age they lose touch with the social environment. There is a clear increase in 'lack of companionship past 70, and an increase if 'feeling isolated from others' after 75 (Demakakos, Nunn, & Nazroo, 2006).

Children are an important component of reducing loneliness. However, having children is not an a prior of factor for preventing loneliness, as people who are not close to their children appear to experience more loneliness than those without children (Demakakos, Nunn, & Nazroo, 2006). According to the ELSA report, more than half see their children once a week, and around 85% speak with them once a week on the phone.

Although contact with children is important, it appears that non-kin friendships have a stronger impact on loneliness (Bondevik et al., 1998). The ELSA 2006 report found that the number of non-kin friendships was the strongest predictor for perceived loneliness across all four loneliness dimensions (excluding 'lack of companionship' which comes second after loss of a partner). Maintaining contacts with non-kin members, however, is more difficult, where 61.5% of women 56.9% of men reported than they meet a friend at least once a week.

4.4.3 Leisure and social activity patterns

Leisure activities include any activity that is enjoyable and are freely chosen as distinct from work. Elderly people often have no work, and so leisure plays an important role in structuring their lives (Ruappila, Tacken, & Hirshiaho, 2005). Approaches to measuring changes leisure participation often involve frequency scores of activity participation, number of different activity pursuits, and time spent on specific activities. Generally, these measures have shown that activity participation declines with age, and that sedentary interests, such as watching television or listening to the radio, occupy older adults most frequently (Lennartsson & Silverstein, 2001; Haggblom-Kronlof & Sonn, 2005; Bevil, O'Conner & Mattoon, 1993; Ruoppila, Tucken, & Hirshiaho, 2005).

Although descriptive data gives and account of activity trends, it does not provide insight into other factors, such interest and motivation (Nillson and Fisher, 2006). Neither does it give much information regarding preferred activities. Choices made by older people are often constrained by issues of accessibility both with regards to getting there and also mobility at the location ().

One factor that limits outdoor activity is decline in

health. People with poor health engage in more indoor activities and fewer outdoor activities (Ruoppila, Tackén, & Hirsiaho, 2005). Also people who report having poor health are less likely to partake in organisational or cultural activities (Hyde & Janevic, 2004). Strain et al. (2002) carried out a longitudinal study with older adults over an eight year period. Decisions for ceasing leisure activities related to perceive decline in health and functional ability to carry-out activities of daily living. Life events, such as loss of a spouse, or physical relocation also play an important role.

Transport also plays a role in determining outdoor activity patterns. Transport facilities available seem to affect satisfaction with leisure. It was found that people without access to a car or bicycle show lower scores of satisfaction than those with one or both modes of transport. There was also a distinction between rural and urban areas, whereby rural inhabitants report a significantly lower score in leisure activities available, particularly for those 75 and older (Ruoppila, Tackén, & Hirsiaho, 2005). Instead, people without transport do more indoor activities. Banister and Bowling (2004) also found that people who rated local transport as 'poor' or 'very poor' were significantly less likely to partake in social activities. As access to public transport increased, so did levels of participation. It is important to note, however, that although transport is important, it is not the single barrier, as nearly 40% of respondents that rated public transport as 'good' still showed low levels of social activity participation.

4.5 Gender differences in leisure and sociality

4.5.1 Structural perspective of social networks

Older men generally possess smaller social networks, particularly with regards to non-kin relationships (Fisher and Phillips, 1982). One determinant for network size and composition is the opportunities for social contact (Moore, 1990). Factors influencing this include work, family and age. These variables affect men and women differently, and so their social networks are shaped in different ways. Men are more likely

to be employed outside the home, and so they form friendships with work colleagues outside the neighbourhood. In contrast, women tend to form close relationships with family and friends within the local community (Fisher & Oliker, 1983). As a result, retirement has a profound impact on men's social networks, often resulting in them forming acquaintances through their spouse. In the event of widowhood, these ties also tend to diminish for men, putting them at further risk of isolation. In contrast, women's social networks are independent of these events. Their relationships are centre more around the local community, and so can sustain friendship more easily in old age.

It appears, therefore, that life events in normal aging have greater potential to disrupt social networks. This factor is also coupled with the fact that widowhood is normative for women, and so might be better prepared for living alone. This would suggest that, for men, organisation membership may be particularly important as an alternative source of social contact.

4.5.2 Leisure and Continuity

It has been reported that there are no gender differences in the proportions of women and men who are members of one or more types of social organisations. However, there is a major difference in the types of organisations to which they belong (Arber, 2004). These often follow gender stereotypes, whereby men are more likely to partake in sports clubs, men's working clubs, and women are more likely to belong to interest groups and religious organisations (Armstrong & Morgan, 1998; Bennett, 1998; Nilson, Fisher and Bernspång, 2006).

Research has shown that while men might still partake in groups that they belonged to before retirement (e.g. golf club), they are often reluctant to join groups tailored towards older people, such as luncheons and day centres. Davidson et al. (2003) found that the disproportionate representation of men related to their perception of these events as catering for women who enjoy 'sitting around, chatting or playing bingo'.

Continuity theory (Atchley, 1993) suggests that adapting to change requires an individual to maintain the same general sense of personal goals. It

is necessary to maintain an optimal level of continuity. Too little change can lead to boredom and repetitiveness, and too much change creates a sense of unfamiliarity and locus of control. Identity and self-esteem is based on histories of skills and beliefs, and so maintaining continuity into old age is an essential part of successful aging. In line with this view, studies have shown that preparation for retirement is shown to be advantageous for quality of life after retirement. Life satisfaction among older men is associated with finding sufficient replacements for previous employment (Benyamini & Lomranz, 2004)

It appears that contingencies of normal aging, such as retirement, breakdown of social networks, and driving cessation, have a particularly profound affect for men. Although these changes are difficult to offset, optimising continuity is an important part enabling them to successfully adapt. In contrast, home orientated roles, more established community integration, and less impact of driving cessation helps them sustain a better degree of continuity with age.

5 Appendix B: References and Further Reading

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