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# Age-Friendly Bandon: The Impact of Transport on Social Participation in Bandon and the surrounding area

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CARL Research Project



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- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
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## **EXECUTIVE SUMMARY**

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### **BACKGROUND TO THE STUDY**

In 2005, the World Health Organisation (WHO) introduced the concept of age-friendly cities. Leading on from this in 2007, the WHO created a document entitled Global Age-Friendly Cities- A Guide. This document is based on the idea that an age-friendly city encourages active ageing by increasing opportunities for health, participation and security, so that older people's quality of life can be enhanced as they age. In practical terms, an age-friendly city adapts its buildings and amenities to be accessible to and inclusive of older people with a variety of needs and capacities (WHO, 2007). For this purpose, in accordance with the standards identified by WHO, the Network of Social Groups for Older Adults in collaboration with University College Cork and Community Academic Research Links (CARL) engaged in a community based researched study which aimed to create an understanding of how transport impacts older people's ability to participate socially in their communities. Although the WHO document treats transport and social participation as two separate entities, due to the fact that Bandon and its surrounding areas are based in a rural location, it was felt that there was an implicit link between the two. Bearing this in mind both the researcher and the Network decided to base this study on the relationship between both transport and social participation.

### **METHODOLOGY**

For this purpose the researcher used a participatory research framework. This bottom-up participatory approach was employed as it was in line with the researcher's belief that those who are personally acquainted with a particular problem or issue can provide both a unique insight and contribution to the research process. Due to being experts by experience they are also in an ideal position to offer potential solutions. The theoretical perspectives applied were phenomenological and interpretivist. Due to the researcher's own experience and ideological beliefs a community social work framework was also used. Primary research was carried out using thirty-seven surveys, which were distributed among the seven groups in Bandon and the surrounding areas, which included Ballinspittle, Crookstown, Inishshannon/Knockavilla, Kilbrittan and Newcestown. Secondary research was demonstrated in the form of a literature review and covered both local and international perspectives on the topic.

## **RESULTS**

This study suggests that older people in the area surrounding Bandon area are heavily reliant on the Rural Transport Programme (RTP) as a mode of transportation. It was felt by many of the participants that due to insufficient public transport the cessation of the RTP would greatly hinder older people's ability to participate socially in their community. In addition, social groups for older people were identified as being essential in combating loneliness and isolation among older people. Several of the participants stated that being a member of a social group provides them with an opportunity to meet other people of a similar age and with similar interests. Overall, participants stated that they felt safe using public transport and that bus drivers were very courteous and considerate towards their needs. However in some areas, in particular Ballinspittle, the bus service to Cork City was infrequent and the short return time meant that in some cases older people did not have sufficient time in the city to carry out social or business activities.

## **RECOMMENDATIONS**

This study recommends the retention of the rural transport programme and the expansion of bus routes from Crookstown, Ballinspittle and Kilbrittan to the city centre. In addition the study recommends the creation of an age-friendly group that could work together to lobby the government to ensure that Bandon becomes an age-friendly town in accordance with the standards identified by the World Health Organisation. To conclude, the study recommends that a copy of this report be made available to local authorities and government representatives who can put in place some of the recommendations suggested by the participants of this study.

## **AUTHOR'S CONCLUSIONS**

This research study was a collaborative effort between the researcher, the link-worker and the members of the Network of Social Groups for Older Adults. It is hoped that where practical, the findings outlined in the report can be used to create a more age-friendly transport system in Bandon and the surrounding area. An improved transport system would enhance the ability of older members of the community to participate socially in their community. This in turn could assist with decreasing the sense of isolation and loneliness experienced by many older people in Bandon and the surrounding area.

## ACKNOWLEDGMENTS

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## **ABSTRACT**

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In supportive and enabling living environments, older people are a valuable resource to their families, communities and economies (WHO, 2007). In accordance with the World Health Organisation, an age-friendly community encourages opportunities for health, social participation and security in order to enhance the quality of life of people as they age. On a practical level, a community that is age-friendly adapts its structures and services to be inclusive and accessible to older people with varying capacities and needs. To understand what adaptations are required to make a community age-friendly it is necessary to consult and collaborate with older members of the community. Using a bottom-up participatory approach, this study looks at the impact of transport on social participation for older people living in Bandon and the surrounding area. A qualitative survey was used to ascertain the views and opinions of thirty-seven members of the seven social groups, who together form the Network of Social Groups for Older Adults. The results of this study are combined to form a number of recommendations, which may assist in ensuring that Bandon and the surrounding area are age-friendly in terms of transport facilities for older people.



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# CHAPTER ONE: INTRODUCTION

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## 1.1 RESEARCH TITLE

Age-Friendly Bandon- The Impact of Transport on Social Participation.

## 1.2 INTRODUCTION AND BACKGROUND

An age-friendly city can be defined as one in which ‘service providers, public officials, community leaders, faith leaders, business people and citizens recognise the great diversity among older persons, promote their inclusion and contribution in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to ageing-related needs and preferences’ (WHO 2007).

In 2005, the World Health Organisation (WHO) introduced the concept of age-friendly cities. Stemming from this, in 2007, WHO presented their research findings in a document entitled ‘Global Age-Friendly Cities: A Guide’. This document identified the necessary adjustments needed in order to make cities across the globe more age-friendly environments for older people. The research identified eight key domains considered to be essential in creating and developing an age-friendly city. These domains are identified in the diagram below.



(WHO, 2007: 9)

The Network of Social Groups for Older Adults (thereafter the Network) is a Civil Society Organisation (CSO) based in Bandon, West Cork. The Network have adopted the Age-Friendly Cities Guide on a local level and in accordance with the features identified by the WHO, the Network aims to make Bandon the first age-friendly town in Ireland. In order to identify the steps necessary to fulfil the above, in 2011 the Network, with the support of the Community and Academic Research Link unit at UCC commissioned Carol Byrnes, a master of social work student, to undertake an assessment of Bandon in relation to outdoor spaces and building. This study was then compiled into a document entitled 'Age-Friendly Bandon? An assessment of Bandon's outdoor spaces and buildings using World Health Organisation (WHO) guidelines on Age-Friendly Cities'.

This study, while independent of the above is intended to be a further step towards completing an overall evaluation of the eight domains in relation to Bandon and the surrounding area. Bearing in mind that 'rural dwelling and older age are both associated with a higher risk of social exclusion, with accessibility identified as having an important facilitating role' (Shergold, et al, 2012: 412) the researcher will focus on two aspects: Transport and Social Participation, with a particular focus on how transport affects older people's ability to participate socially in their local community. It is envisaged that over the next number of years, future students will research the remaining domains, thereby creating a framework of the steps necessary to ensure that Bandon becomes an age-friendly town in accordance with the WHO standards. The evidence compiled may be used to inform future government policy.

### **1.3 RATIONALE**

Results from the Central Statistics Office show that Ireland is experiencing an ageing population. The 2012 census shows that the number of older people (aged 65 plus) has increased by 14% since the last census in 2006. This is in contrast with a 12% decrease in the 19-24 year old age group ([www.thejournal.ie](http://www.thejournal.ie)). In order to cater for the needs of this ageing population an efficient, effective, reliable public transport system is required, particularly in rural parts of the country where alternatives to the car are restricted (Ahern, 2011). Research indicates that an effective public transport service increases an older person's ability to participate socially in their community and a study by Rowe and Kahn, 1997 shows that 'social participation in later life is often considered part of the active ageing or successful ageing discourses' (Rowe and Kahn, 1997 cited in Ziegler, 2012: 1297).

Indeed, the right to participation is clearly outlined in The Code of Professional Conduct and Ethics for Social Workers By Law 2011, which states that ‘Social Workers must promote the service users ‘right to participation’. It can be argued that inadequate transport services diminishes this right and on this basis I feel that social workers have a moral obligation to challenge policies which hinder older people’s ability to participate socially, for example, the withdrawal of the Rural Transport Programme.

To reinforce the above point, Thompson (1995) states that ‘the power of human agency vested in the social worker offers a choice between transforming or reinforcing discriminatory practices within the social system through promoting social justice, equality and user participation’ (Thompson, 1997, cited in Powell, 2001: 155). This view suggests ‘that social workers cannot simply be technicians of state power but should become moral arbiters of justice in the social order’ (ibid). Due to my own experience within community work I have first-hand knowledge of the isolation experienced by older people due to inadequate public transport services and I am aware of the impact that this can have on an older person’s ability to engage with their community. The above experience has persuaded me to undertake an explorative study of this topic and it is my basis for conducting an academic research piece in this area.

To conclude the ability for social workers to undertaken research to improve quality of service is recognised by CORU. In collaboration with the Network by undertaking this project I endeavour to make a valuable contribution towards making Bandon and the surrounding area age-friendly and I hope that this study will contribute to future policy and research in the area.

## **1.4 RESEARCH QUESTIONS**

In line with the United Nations belief that older people are the ultimate experts in their own lives, this study will use a ‘bottom-up participatory approach’ in which the personal experiences of volunteers from the Network will be sought. The research will be undertaken by a group of volunteers supplied by the Network. It is envisaged that the researcher will carry out a survey with the participants. This survey will be qualitative in nature and its purpose will be to gain an accurate representation of the personal views/experiences of the members of the Network.

The survey will examine the following:

- What factors influence older people's ability to participate socially in their community?
- How does public transport affect older people's ability to participate socially in their community?
- What public transport related adjustments are necessary to make Bandon and the surrounding area more age-friendly for older adults?

### **1.5 AIMS OF RESEARCH**

- To discover what factors influence older people's ability to participate socially in their community.
- To create an understanding of how transport affects older people's ability to participate socially in their community.
- To develop an overview of the transport related adjustments necessary to make Bandon and the surrounding area age-friendly in accordance with the standards identified by the World Health Organisation.

### **1.6 OBJECTIVES OF RESEARCH**

- To carry out a survey with forty individuals (supplied by the Network) aimed at gaining an insight into their experience of transport related options available to them in Bandon and the surrounding area.
- To articulate the experiences of older people in relation to the public transport in Bandon and the surrounding area.
- To ascertain how older people feel public transport impacts on their ability to participate socially in their community.

## 1.7 INITIAL LITERATURE REVIEW

For the purpose of this thesis, secondary research will be used to analyse and gather information relating to the research topic. The literature available indicates that there have been a significant number of studies carried out in the area of older people, transport and social participation. For example, Delbosc (et al) recognised that *'Transport disadvantage is a multidimensional construct with characteristics associated with location, access to mobility and the limitations on personal access associated with the physical, social and psychological characteristics of individuals'* (Delbosc, et al, 2011: 171). For older people, physical mobility and the perceived level of safety can greatly influence an individual's decision to avail of public transport (Delbosc, 2011: 171).

Further research by Ahern 2011 found that one of the main transport related problems facing older people in Ireland was the lack of connectivity between public transport and many hospitals and health centres. This lack of coordination meant that older people frequently miss appointments or are forced to make unnecessary overnight trips due to infrequent bus/train services (Ahern, 2011). To reinforce this point, the World Health Organisation's publication 'Global Age-Friendly Cities' found that effective, reliable public transport determines both 'social and civic participation and access to health services' (WHO, 2011: 20). Although the free travel pass is deemed advantageous, Ahern 2011 notes that many older people living in rural areas never avail of this pass due to poor infrastructure and non-existent public transport (Ahern, et al, 2011).

To further support my research relevant statistics will be obtained from the Organisation for Economic Co-operation and Development (OECD) and the Central Statistics Office. These statistics will detail population trends in Ireland and car usage statistics among older members of the population. The literature review will also give an over-view of European transport related initiatives, such as the *'Considerate Traveller Campaign in London'* which is aimed at reducing the problem of anti-social behaviour on public transport (Moore, 2010: 57). I will also briefly discuss Singapore's *'Love your Ride'* campaign and Paris's *'Staying civil right down the line'* both of which have similar objectives to the London campaign. The review will also give an overview of the PUFFIN crossing system, which is in use in the United Kingdom. Using infrared detected or other devices, this system matches the green signal with the time needed by individual pedestrians to cross the road. This system is proven to be successful in reducing pedestrian related fatalities as well as making walking in urban areas a more

pleasurable experience for older citizens (Reading et al, 1995 cited in Ageing Well Network, 2012, p145).

In order to further support my research, I will source relevant legislation and where necessary I will use this to strengthen the points made within the literature review. For example, I will refer to the Disability Act 2005 in order to add weight to my argument that systems such as the PUFFIN crossing should be made standard in Ireland so that older people who are experiencing difficulties with crossing the road will be enabled to do so in a safe manner. To conclude, additional research from relevant books, journals, Internet sources and newspaper articles will also be used to supplement the information contained in the literature review.

## **1.8 CONCLUSION**

Using a collaborative approach, this study will look at the impact of transport on social participation in Bandon and the surrounding area. By utilising the opinions and experiences of Network members all of whom are based in the community, the researcher will gain an insight into the transport related issues and challenges that older people face. By gaining an insight into these challenges this research hopes to identify recommendations that can be used by local authorities to ensure that Bandon and the surrounding area is an age-friendly community for older people.

## **1.9 OVERVIEW OF CHAPTERS**

Chapter two will explore the research methodology, theoretical frameworks and research methods used within this study. The limitations and ethical considerations will also be discussed. There will also be an overview of the roles played by the link worker and the participants involved in the study. Following this, chapter three will provide an outline of the literature relevant to the study. This will include an overview of age-friendly literature, the effects of driving cessation on older people and transport related entitlements for older people.

Using thematic analysis, in chapter four the findings will be presented, discussed and analysed. These findings will be obtained by use of a qualitative survey, which will be distributed among members of the Network.



Chapter Five will draw conclusions from the themes identified in chapter four. Recommendations as suggested by the Network, the link-worker and the participants will also be included. To follow, the researcher will discuss the learning outcomes achieved from participating in the study. The remainder of this chapter is devoted to a reflective piece, exploring the challenges and insight gained from undertaking this study.

## **CHAPTER TWO: METHODOLOGY**

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### **2.1 INTRODUCTION**

Using the World Health Organisation's (hereafter WHO) guidelines as a framework, the purpose of this research is to study the impact of transport on social participation in Bandon and the surrounding area.

This chapter will discuss the methodological approaches and theoretical frameworks used while undertaking this community based research study. Throughout the process a qualitative collaborative approach was employed and this informed the choice of methodology used. An interpretivist theoretical framework was also employed. Due to the researcher's own experience and ideological beliefs, community social work values combined with an anarchist approach also influenced the structure of the research. Following an outline of the above, this chapter will conclude with a commentary on the limitations of the study and a brief outline of the ethical issues associated with the research.

### **2.2 THE RESEARCH PROCESS**

Initially the researcher and the research supervisor met with a representative from the CARL group, along with two representatives from the Network to discuss the research. During this meeting the aim of the research was established. As the researcher had a background in social work, she originally wished to study social participation and older people. However as the Network wished to examine transport and older people, following a discussion between the two parties a compromise was reached. It was agreed that the researcher would combine the two areas of interest and examine how transport affects older people's ability to participate socially in Bandon and the surrounding area. A contract was then drawn up between the parties concerned.

Following an analysis of the available literature the researcher met with the link-worker in Bandon and together they took a bus tour of the town on the Bandon Town Shuttle Bus Service. This process enabled the researcher to familiarise herself with Bandon and provided her with the opportunity to 'brainstorm' potential research questions with the link-worker. The Bandon Town Shuttle Bus service operates within Bandon town and takes three alternative routes of twenty-minute duration. According to the timetable the bus operates an hourly service starting at 9.10am and finishing at 2.10 p.m. The

fare is two euros per adult and 1.50 per child. This fee is waived for holders of an Irish Free Travel Pass. Throughout this journey the researcher spoke with passengers and the bus driver as to their views on this service. Although this experience did not form part of the analysis it did provide the researcher with an insight into the transport available within Bandon town.

## **2.3 QUALITATIVE PARTICIPATORY METHODOLOGY**

Methodology can be described as ‘the general principle of any research which includes its philosophy and theoretic input’ (Carey, 2009: 24). The purpose of methodology is to create a framework for how the research is to be conducted (Taylor, et al, 2006). The term ‘action research’ is generally credited by the social psychologist Kurt Lewin. The first examples of action research in Western society originated from community development programmes, and though it is rarely acknowledged, in feminist approaches to community activism (Alston, et al, 2003). Community based research is undertaken by academic researchers and members of the community who work in partnership with the aim of addressing a community identified need (Strand, 2003). This community based collaborative approach recognises the unique knowledge and insight that community members possess and seeks to harness and utilise this knowledge and expertise throughout the research process (Delva, et al, 2010). Due to the experiential knowledge of members, this inclusive and collaborative approach can result in the gathering of higher quality and more robust information (Hawtin, 2007).

The power-sharing participatory element also involves the use of community social work skills, namely capacity building and empowerment. Being involved in research of a local nature may encourage community members to achieve goals by challenging oppressive structures and policies. This process increases confidence and resilience within the community (Strand, et al, 2003). Community based research may also assist with building social capital among community members. Social Capital has been described as ‘networks together with shared norms, values and understandings that facilitate co-operation within or among groups’ (AWN, 2011:12). For rural communities like Bandon and the surrounding area, building social capital is vital as it may assist with combating isolation, thereby improving the overall wellbeing of this particular group.

The researcher and the network chose a qualitative approach to undertake this research. A qualitative approach has been described as one in which the researcher makes claims based primarily on constructivist perspectives or participatory perspectives or in some cases both. This is achieved by

using methods of inquiry such as ‘narratives, phenomenologies, ethnographies, grounded theory studies or case studies’. The researcher collects open ended, emerging data with the intent of analysing and subsequently developing common themes from the information gathered (Creswell 2003, cited in Niculescu, 2007).

Unlike quantitative research which is usually drawn from a large sample of participants, uses statistics and often aims to be scientific and unbiased, qualitative research ‘explores in great depth the attitudes and/or behaviour/or experiences of research participants’ (Carey, 2009: 4). This method enabled the researcher to hear the personal and lived experiences of all those concerned. It was important that the participants had the opportunity to use their own words so that an accurate construction of their reality could be achieved. The researcher and the Network decided on this qualitative approach as it concurred with the World Health Organisation’s understanding that ‘older people are the ultimate experts in their own lives’ and therefore know what changes are necessary to improve their lives and the environment around them (WHO, 2007: 7). The researcher felt that as the participants were from Bandon and the surrounding areas they were placed in an ideal position to give their views, perspectives and recommendations on the issues concerned.

## **2.4 THEORETICAL FRAMEWORK**

The researcher took an interpretivist approach to the research. Unlike positivism, which aims to inspire or acquire measurable facts (for example, statistics) interpretivists are concerned with uncovering ‘the meaning and reality of people’s experiences in the social world’ (Carey, 2009: 53). The interpretive researcher seeks to understand opinions, emotional responses and attitudes as described by the participants (ibid). Unlike the positivist perspective, interpretivists reject the view that researchers can objectively predict the behaviour of individuals or groups being studied. Instead a subjective personal understanding of people and their interpretation of the worlds around them becomes the main focus (Carey, 2009). Researchers operating from an interpretivist perspective believe that there can be no single social reality but rather realities may be multiple and changing depending on individual perceptions and experiences (Blaike, 2000). This approach values difference and uncertainty, it treats individuals as unique rather than attempting to categorise people for the sake of generalisation (Ife, 1997).

Due to the researcher's own experience of working within the community and voluntary sector a 'bottom up' participatory approach was also used. Ife describes this as an anarchist approach where:

*'The view that wisdom may, and indeed should, come 'from below' leads to a position where the consumer or the community is seen as 'knowing best' and where the wisdom of those most affected by social inequality is both legitimised and valued'* (Ife, 1997, p. 43-44 cited in Hurley, 2010: 66).

This approach is the foundation of community-based social work and empowerment-focused practice (Ife, 1997). In line with the above, this study explored the personal experiences of members of the Bandon Network of Social Groups. These experiences were then used to draw conclusions and inform recommendations as to how the transport networks of Bandon could be improved in order to make it easier for members to participate socially in their community.

The view that wisdom comes from the 'bottom up' was central to the research and influenced the collaborative nature of the project. As mentioned above due to their first-hand experience, the researcher believed that the network members were best placed to identify potential solutions to the issues and concerns raised in the study. This belief reflects the value base underpinning social work. These values include 'respect for others, honesty, non-judgemental attitude, empowerment, inclusiveness, promotion of social justice principles and anti-discriminatory practice' (Hurley, 2010: 66). These values are embedded within the researcher's own belief system and influenced the method in which she chose to carry out her part in this project.

## **2.5 DATA COLLECTION METHODS**

One of the core principles of community-based research is that it is a cooperative process, which engages community members and researchers in a joint partnership in which both contribute equally (Minkler, et al, 2008). Considering the collaborative and participatory nature of the process, the researcher along with the link worker from the Network worked together to design the survey, which was then distributed among the seven groups concerned. The survey contained fifteen questions in total and with the exception of the first three questions the survey was qualitative in nature. Although most surveys typically follow a quantitative format, for this purpose a qualitative structure was used as it allowed the researcher to ask open ended-questions which enabled participants to articulate and explore their views in more detail and depth (Carey, 2009).

### *2.5.1 Piloting the survey*

The piloting of the survey was a vital part of the research design. This helped to clarify any ambiguities or issues of uncertainty within the survey. For this purpose two surveys were sent out to two independent members of the community. They were asked to comment and give their opinion on both the design and the information contained within the survey. Upon their suggestions the survey was amended and then reviewed again by an independent source. Amendments included a number of additional questions, the re-ordering of questions, the removal of one question and additional space for all questions. A cover letter explaining the purpose of the research was also included.

### *2.5.2 Sample Selection*

The researcher and the link-worker attended the Network's annual general meeting where they met with representatives from each of the seven groups. During the meeting, the link-worker introduced the researcher to the group. The researcher then explained the purpose of the research to those in attendance. A number of representatives indicated their willingness to distribute the survey to members of their group. The researcher and the link worker agreed to distribute the surveys to the remaining groups.

### *2.5.3 Data Collection*

Following the annual general meeting, the surveys were distributed over a two-week period to the seven groups by the network representatives, the link-worker and the researcher. Due to time constraints the researcher only had the opportunity to meet with one of the groups. This was a friendship group for older people living in Bandon and the surrounding area. Upon meeting the group the researcher explained the purpose of the research and asked for volunteers to complete the surveys. The researcher explained that she would remain with the group until the surveys were completed, so that the volunteers could ask for assistance and clarification if necessary. The link-worker and the representatives followed the same format when distributing their surveys. The link-worker then collected the remaining surveys from the representatives. Although there was potential for forty surveys to be completed, only thirty-seven volunteers agreed to participate. The researcher then met with the link-worker and the surveys were returned to her.

#### *2.5.4 Data Analysis*

Upon receipt of the surveys, the researcher sought to analyse the data contained. As part of this the researcher and the link-worker worked together to identify the common themes that emerged from the data. This process is referred to as thematic analysis. The researcher felt that this type of analysis was appropriate as it corresponded with the interpretive framework used, in so far as themes became apparent from the data and were not dictated by the researcher (Dawson, 2006 cited in Carey, 2009). By identifying what was important to the network, the research met the aims identified in community research principles and the interpretivist goal of understanding a social setting from the viewpoint of those who experience it (Strand, et al, 2003 cited in Byrnes, 2012). The themes identified were then linked to WHO guidelines and the themes outlined in the literature review. Following this a list of recommendations was drawn up based on the recommendations identified by the network.

### **2.6 LIMITATIONS OF THE RESEARCH**

One limitation of this research was that due to course requirements it was small in scale. Typically collaborative projects such as this one have at their roots in a relationship that has been built up over a period of time (Strand, 2003). However due to time constraints it was not possible for the researcher to meet all seven social groups and therefore a relationship could not be established with all of the members concerned. In order to address this shortfall, as mentioned above the researcher attended the Network's annual general meeting and met with a representative from each of the seven groups.

Initially the researcher wished to facilitate a focus group that would operate as co-researchers and take relevant photographs, which would then be analysed by the group. However this was not possible due to difficulties sourcing volunteers.

The analysis section of this study is not as comprehensive as the researcher would have liked. This is due to the fact that many of the survey questions were left unanswered. Also many of the answers were very brief and therefore they did not provide the researcher with sufficient material to analyse. The researcher acknowledges that this may have been because some of the survey questions particularly question 12 and 13 which related to difficulties and safety issues regarding public transport may have been irrelevant to the group. (See Appendix I for survey). The researcher also wonders if the presence of other participants in the room impacted on the quality of the survey answers. Although the surveys were distributed with the intention of being completed independently, participants may have consulted

with each other regarding answers to specific questions. The researcher did consider allowing the participants to complete the survey at home and return them to the group the following week. However, after some consideration the researcher felt that this method may have produced a low return rate and so it was decided that the researcher and the link-worker would distribute and collect the surveys on the same day.

There was also an under-representation of men in the study. Of the thirty-seven volunteers surveyed, only five of these were male. This is largely due to an under-representation of men in the Network as a whole. The reasons for the low participation rates of men was an area that the researcher would have liked to have studied in more depth but unfortunately it was outside the remit of this study. However it is worth noting that the lack of participation by older men was also raised in the WHO study, which found the some men, may be dissuaded from engaging in social activities that have a high rate of female participation, as they may feel intimidated by the presence of so many women (WHO, 2007). Although the researcher cannot verify that the above accounts of the low rate of male participation within the context of this study, she believes that it may be a contributing factor. From speaking informally with network members, anecdotal evidence suggests that low participation rates by men may also be attributed to the possibility that many of the activities run by social groups may be unappealing to the male population.

## **2.7 ETHICAL CONSIDERATIONS**

‘Research ethics refers to the rules of morally good conduct which should be grounded in moral and political beliefs’ (Gomm, 2003 cited in Carey, 2009: 11). Prior to undertaking the survey each volunteer was provided with a cover letter. This letter explained that their participation was anonymous and voluntary and that they had the right to leave any question unanswered if they so wished. For clarity the researcher also stated this verbally to the volunteers and assured them that while the above safeguards were put in place, due to the fact that the volunteers were drawn from a relatively small cohort of individuals within the Network, it may be possible to identify some members. The researcher also informed the volunteers both in writing and personally that the findings would form part of her thesis. Volunteers were also informed that the research would be made available online and may also be used for future publications. In addition, the researcher supplied the volunteers with her phone number and email address so that they could make contact with her regarding any aspect of the research (See Appendix II for copy of information letter).



## **2.8 CONCLUSION**

The principles of community-based research informed the methodology behind this study. Anarchist social work and community work values underpinned the theoretical framework used throughout the research. These approaches worked alongside a qualitative and interpretive analysis. The link-worker, alongside the researcher worked collaboratively to gather and analyse the results. The ‘bottom up’ participatory approach meant that the network members identified the issues of concern and offered potential solutions. Following a review of the associated literature in chapter three, the findings of the research will be presented in chapter four. It is hoped that these findings will assist with making Bandon and the surrounding area age-friendly in accordance with the guidelines identified by the WHO.

## CHAPTER 3: REVIEW OF AGE-FRIENDLY LITERATURE AND POLICY

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### 3.1 INTRODUCTION

Social participation is an essential element in the quality of life of older people. However, older people's ability to actively participate in their local community largely depends on the availability and accessibility of local transport services. Effective, available and affordable transport facilities are vital in ensuring access to people and places necessary to maintain a good quality of life (Metz, 2003). A lack of adequate transport can mean that older people are essentially 'locked out' from accessing vital services and are prevented from participating in various social activities (Lucas, 2012).

Following an overview of the origins and subsequent developments arising from the World Health Organisation's document entitled: *Global Age-friendly cities; A Guide* there will be a brief definition of 'older people' and a summary of the ageing population in Ireland and their transport needs. The chapter will then focus on the transport needs of the ageing population in Ireland, before progressing to transport entitlements and services for older people. Following the above, there will be a brief overview of the effects of driving cessation on older people, walking and older people and older people's perception of safety and public transport. Woven throughout the chapter will be links to how these factors may impact on an older person's ability to participate in their community on a day-to-day basis.

### 3.2 THE ORIGINS AND DEVELOPMENT OF THE GLOBAL AGE-FRIENDLY CITIES PROJECT

In 2005, at the World Congress of Gerontology and Geriatrics in Rio de Janeiro, Brazil, the World Health Organisation (WHO) launched their *Global Age-Friendly Cities project* in 35 cities across the world. In 33 of these cities, including Dundalk, Co Louth, persons' aged 60 and older participated in focus groups aimed at exploring their views on the contributory factors necessary to make a city age-friendly (WHO, 2007). The findings were 'subsequently compiled into the *Global Age-Friendly Cities: A Guide*, to assist cities in becoming age-friendly' (WHO 2007, cited in Byrnes, 2012 p26). In line with the United Nations belief that older people are the ultimate experts in their own lives, the study used a 'bottom-up participatory approach' in which the personal opinion and first hand experience of older people was sought (WHO, 2007, p7). The research identified eight domains of city

life that might influence the health and quality of life of older people: These are as follows: 1. Outdoor spaces and buildings, 2. Transportation, 3. Housing, 4. Social participation, 5. Respect and social inclusion, 6. Civic participation and employment, 7. Communication and information, 8. Community support and health services (WHO, 2009). At present, apart from Dundalk, Bandon, Co Cork, is the only town in Ireland to adopt the guide on a local level.

### **3.3 WHO GLOBAL NETWORK OF AGE-FRIENDLY CITIES**

Following the publication of the above research, in 2010 the WHO launched its *Global Network of Age Friendly Cities*. This Network links participating cities (including Dundalk, Co. Louth) to the WHO and each other, so that they can share information regarding best practice and promote interventions that are both sustainable and cost-effective in improving the lives of older people. To facilitate the above, the WHO provides members with both training and technical support so that a high level of service delivery can be achieved (WHO, 2009).

Following on from this, in 2011, Dublin, Ireland played host to the first international conference for the *Global Network of Age-Friendly Cities* at which, the Minister for Disability, Older People, Equality and Mental Health, Kathleen Lynch launched the signing of the *Dublin Declaration of Age Friendly Cities and Communities* ([www.afcireland.com](http://www.afcireland.com)). The Dublin Declaration is modelled on the Barcelona Declaration, which was adopted by European Cities in 1995. The Barcelona Declaration set the disability rights agenda across Europe and it is hoped that the Dublin Declaration will do the same for older people. Over forty countries across the globe signed the Dublin Declaration including eight counties in Ireland ([www.afcireland.com](http://www.afcireland.com)). One of the key features of this declaration is that participating cities and counties commit to working ‘to establish public transport systems that are available and affordable to older people and are ‘seamless’ within and across the various modes of transport that exist’ (The Dublin Declaration, 2011, p3). The transport system should also enable older people to avail of personal transport use such as cycling and driving. As these become more demanding, personal alternatives such as low cost taxis and car-pooling, which interconnect with the public transport system should be made standard (ibid). In addition, participants must agree to encourage older people to participate in their community, both socially and culturally, by offering a diverse range of events and activities tailored to their interests. These should be easily accessible and inexpensive, while promoting a cross-generational integration (WHO, 2007).

### **3.4 AGEING WELL NETWORK- AGE-FRIENDLY COUNTIES PROGRAMME**

The Age-Friendly Counties programme strives to create communities where all citizens can enjoy a high quality of life and continue to participate fully in their communities as they age ([www.ageingwellnetwork.com](http://www.ageingwellnetwork.com)). The programme which is affiliated to the WHO Global Network of Age-Friendly Cities, is a key initiative of the Ageing Well Network, an independent group of leaders, heads of organisations and strategic thinkers who share a vision of ‘an Ireland that is one of the best countries in the world in which to grow old’ (ibid). The work of the Ageing Well Network is funded by Atlantic Philanthropies, which was founded in 1982 by Irish-American, Charles ‘Chuck’ Feeney.

At present the Age-Friendly Counties Programme has been developed and implemented in ten counties in Ireland and is continuing to expand to other regions. The programme operates from the premise that ‘older people are a valuable resource to their communities and to society in general’ and in concurrence with the United Nations the ‘voice of the older person’ is at the centre of the programme ([www.ageingwellnetwork.com](http://www.ageingwellnetwork.com)). Each county’s programme is led by an alliance of senior decision makers from key public, private and not-for profit agencies as well as the chairs of three purposefully created forums of older people, service providers and businesses. In addition, there are also representatives from other stakeholders including, An Garda Síochána, third level institutions and several voluntary organisations in the area. The Alliance is integrated into the local infrastructure through the County Development Board (Ageing Well Network, 2012).

### **3.5 THE NATIONAL POSITIVE AGEING STRATEGY**

In April 2013, the Irish Government launched a National Positive Ageing Strategy entitled ‘*Positive Ageing-Starts Now*’ which provides a blueprint for making Ireland an age-friendly society that celebrates and prepares for individual and population ageing (DOHC, 2013). To quote Ms Kathleen Lynch T.D and Minister for Disability, Equality, Mental Health and Older People, this policy recognises that ‘*ageing starts from birth – the way we care for our children, educate our population and provide for a society in which all stages of the lifecycle can be supported to live well*’ (DOHC, 2013: 4). Among its main objectives is a commitment to ‘*enable people as they age to get out and about through the provision of accessible, affordable, and flexible transport systems in both rural and urban areas*’ (DOHC, 2013: 15). It includes addressing the barriers that prevent people from using their own transport, developing an age-friendly public transport system, integrating the rural transport programme with other local transport services and linking public transport to major health facilities.

However, there are some concerns that due to budget constraints it may not be possible to implement many of the recommendations outlined in the report. For example, Maureen Kavanagh, Chief Executive of Active Retirement Ireland stated that ‘current fiscal restrictions leave no impetus for other departments to implement the recommendations’ (The Irish Times, 24 April, 2013). To reinforce this concern, the absence of any legal obligation to implement this policy may result in a lack of impetus by the government to enforce the recommendations outlined in the report.

### **3.6 THE AGEING POPULATION IN IRELAND AND THEIR TRANSPORT NEEDS**

It is worth noting that there is no universally accepted definition of what constitutes an ‘older person’ and definitions appear to vary from between the ages of fifty to sixty-five. The World Health Organisation accepts the chronological age of sixty-five years as the definition of an ‘elderly’ or older person (Kenneally 2012) however, in Ireland the term ‘older people’ applies to individuals of pensionable age (sixty-six) and over (Walsh, et al, 2011).

Like the majority of countries in Europe, ‘Ireland is experiencing an ageing population’ (Ahern, et al, 2011 p28). By 2036, it is estimated that there will be 1.1 million people in Ireland over the age of sixty-five and between 1.3 and 1.4 million by 2041. 440,000 of these will be aged eighty and over ([www.agewellnetwork.com](http://www.agewellnetwork.com)). Due to this population increase it is projected that by 2021 an estimated 250,000 older people may have unmet transport needs. This increase demands that an efficient, effective, reliable public transport system be put in place, particularly in areas ‘where alternatives to the car are limited’ (Ahern, et al, 2011, p 28).

### **3.7 TRANSPORT ENTITLEMENTS AND SERVICES FOR OLDER PEOPLE IN IRELAND**

All citizens of Ireland age sixty-six and over are entitled to free travel on bus and rail services. However research by Ahern, et al (2011) found that although the free travel pass was very useful for those living in urban areas, many people in more remote areas never avail of the free travel pass due to ‘inadequate or non-existent rural public transport’ (Ahern, et al, 2011: p4). In some cases even when older people could get to a bus stop, the bus service was very infrequent, sometimes running only once a week. In fact, a recent Irish study found that in several counties between 40-60% of rural dwellers live in areas without any access to a regular public transport service (Ageing Well Network, 2012).

Within the Republic of Ireland, it appears that there is a lack of synergy between those in government responsible for health policy and those in charge of transport policy. For example, health policy is targeted at ‘centralising health services in a number of centres of excellence, which will provide better medical facilities and services’ (Ahern, 2012, p31). It is clear however that the transport networks required to access these services do not exist. At present health policy makers are making decisions regarding the location of health services, while transport networks are being developed solely by those responsible for transport policy. The lack of consultation between the two departments has in many cases resulted in two vital services operating side by side with no integration or link up between them. Furthermore, many older people in the Republic of Ireland have stated that they have tried to address their transport issues with doctors and health service providers in a number of areas but have been unsuccessful in these attempts (ibid).

In order to address the transportation needs of older people, in particular those living in more remote areas in 2000 the Irish government introduced the Rural Transport Programme (RTP). This programme was developed by the Department of Transport and is run by the public sector organisation An Pobal. The scheme is operated by 36 groups who provide transport in a number of rural areas on a not-for-profit basis (Ageing Well Network, 2012). The RTP has been widely praised as a mode of transport that greatly meets the needs of many older people living in rural areas (Ahern et al, 2011). Indeed, a 2012 survey found that for many people living in rural Ireland the programme is their only contact with the world outside their home. One manager of a Midlands company stated that ‘The door to door service has been a lifeline for many people. It brings people out of their homes. That attacks rural isolation’ (Irish Examiner, Friday 15.02.2013). Despite this evidence, recent government cutbacks have meant that the future of the Rural Transport Programme is uncertain. For example, in 2009, the McCarthy report also known as An Bord Snip Nua, proposed the elimination of the programme, stating that ‘in light of current budgetary circumstances this programme should be ended’ (McCarthy, 2009: 218).

More recently, in April 2012 the Achill to Galway bus was axed due to cuts in the Rural Transport Programme. It was mainly passengers travelling to Galway for hospital appointments and day procedures that used this service. Its withdrawal has meant that those living in Achill cannot make the return journey to Galway hospital by public transport without having to pay for overnight accommodation ([www.mayonews.ie](http://www.mayonews.ie)). A further cause for concern is the fact that the Rural Transport

Programme is not protected by legislation. This absence of a legal foothold has rendered the future of the RTP uncertain, as funding is not protected under law. Operating outside a legislative framework may hinder the RTP's 'ability to negotiate high level integration initiatives with other mainstream transport providers' (McCaul, 2010).

### **3.8 THE EFFECTS OF DRIVING CESSATION ON OLDER PEOPLE**

Whether driving a car or taking public or private transport, access to appropriate transportation allows older people to participate in both recreational and voluntary activities, as well as enabling them to work and carry out routine tasks such as shopping or attending appointments (Age Friendly Rural and Remote Communities: A Guide). 'Having a sense of a freedom to travel provides intrinsic psychological benefits through encouraging a sense of autonomy and control over one's life' (Delbosc, 2011: p28). Having access to a car is positively associated with high rates of participation in community activities and also to the wider beneficial impacts that social participation can have on social inclusion (Johnson, 2010).

A significant proportion of older people experience difficulty with having to adjust to life without a car and this feeling is compounded by a lack of appropriate public transport services (Delbosc, 2011). A participant in a focus group carried out by Ahern (2012) said that for those living in areas without public transport, driving cessation was 'one of the most serious and difficult moments in their lives which had seriously detrimental impacts upon their lives' (Ahern, 2012, p33). Other research has yielded similar findings. For example, Gilhooly et al (2002) found that for many older people, driving cessation is a period 'where they envisage that their quality of life will decrease and ability to participate in activities will decline' (cited in Ahern, 2012, p32). Older people have also expressed concern over the loss of independence associated with having to rely on other people for lifts as well as problems associated with having to find a driver to provide assistance (Delbosc, 2011).

Former older male drivers appear to struggle most with this transition and are particularly opposed to asking for transport assistance from family members (Adler, et al, 2006, cited in Mercado et al, 2010). Davey, 2007, notes that the 'car represents an autonomous lifestyle and independence, which is particularly important to men' (Davey, 2007, cited in Ahern, 2012, p 32). Driving cessation is also a particularly negative experience for men as they are more likely to have driven for longer than their female counterparts and this compounds their difficulty with adjusting to life without a car (ibid). For

men that live in rural areas, this sense of isolation is deepened. In a study carried out by Ahern (2011) one male participant described living in a remote area as ‘an additional disability’ which could be more restricting than some of the physical impairments commonly experienced by older people (Ahern, 2011). Previous studies have shown that ‘driving cessation is one of the strongest predictors of depressive symptoms amongst the aged’ (Marottoli et al, cited in Delbosc, 2012: p29) and places individuals at increased risk of nursing home entry (Freeman et al, 2006).

As many women outlive their spouse, it is quite common for an older female to be left home alone without access to a car, particularly if their male spouse has been either hospitalised (short-term) or admitted into a nursing home (long-term). Combined with not being able to drive, a lack of public transport has meant that many women are prevented from visiting their husbands every day or in some cases every week. In many cases the problem was that public and community transport links did not go via the hospital or the residential centre and so the women could not make the journey to visit their husband. This barrier has led to depression and isolation for both living at home and those in care (Ahern, 2011). For some the cost of car insurance has become prohibitive and has meant that many older people can no longer afford to drive (ibid). However, the fear of isolation means that many older people will sacrifice expenditure in other areas before relinquishing their car (Shergold, 2012).

Although, it is commonly perceived that older people are dangerous drivers, statistics have shown that older drivers do not represent an increased risk to either themselves or other road users (Maycock, 1997, cited in Age Well Network, 2012). Indeed older people are at a greater risk of death or serious injury if they choose to walk or cycle, rather than drive (RSA, 2007, cited in Ageing Well Network, 2012). Within the EU, pedestrians aged sixty-five and over account for 45% of all pedestrian fatalities despite representing 15% of the population (OECD, 2004). Within an Irish context, an OECD report entitled ‘Ageing and Transport’ found that older people (aged sixty-five and over) are only involved in 7.7% of collisions as drivers, compared to 25% of drivers in the twenty-five to thirty-four year age-group. This may be because older people have a tendency to avoid driving in situations that they may find stressful, such as taking unfamiliar routes, driving late at night or during bad weather. Research also shows that older people drive slower and avoid doing simultaneous activities like smoking, or modifying radio controls while driving, which makes them safer road users overall (OECD 2001, cited in Ageing Well Network, 2012). Despite this evidence, a study conducted by Brace (2006) found that family members, health practitioners and police often dissuade older people from driving, even in cases



where the older person felt confident in their driving ability (Brace, 2006 cited in Ageing Well Network, 2012).

### **3.9 WALKING AND OLDER PEOPLE**

Following driving, walking is the most popular mode of transport among older people throughout Europe (Mitchell 2006, cited in Ageing Well Network, 2012). However numerous studies show that older people have several difficulties in regard to walking in their community. One common concern among the older population is the short time given for the ‘walk phase at controlled intersections’. A 2010 study carried out in Dublin, Ireland ‘compared the walking speed of older people with the time allocated by pelican pedestrian lights in the city’ (Ageing Well Network, 2012: p144). The study found that the speeds at which individuals walk decreases with age and pedestrians over the age of eighty are unlikely to have adequate time to cross safely, particularly when crossing wider roads. On major roads, one solution for this problem is the standardisation of central islands as part of pedestrian crossings. This would allow older people to cross in two stages, thereby enhancing safety while maximising the safe flow of traffic at the crossing point (ibid).

In the United Kingdom, a type of crossing known as a ‘PUFFIN’ crossing (Pedestrian User Friendly Intelligent crossing) has been introduced. This system ‘allows the green signal to match the time needed by pedestrians to cross the road by tracking pedestrian movements through use of infrared detectors or other devices’ (Reading et al, 1995 cited in Ageing Well Network, 2012, p145). A recent evaluation of the system found that pedestrians of all ages took longer to cross the road than previously thought, which indicates ‘that all users benefited from a reduction in the stress associated with the timed crossings’. However, older people’s time increased the most indicating that they gained the greatest benefit from the change (ibid p 45). In addition, pedestrian only areas can make walking a more pleasurable experience for all ages and has been successful in decreasing accidents (Ageing Well Network, 2012).

It is worth noting that the Disability Act (2005) considers a person to have a disability, if their mobility, mental health, sight, vision or hearing is so impaired that it places a substantial restriction on their ability to participate in the social or cultural life of their community (Disability Act, 2005). Taking into account this definition, older people who have become less mobile and are unable to take part in their community due to difficulties with walking, or those who have diminished capacity due to impaired

sight or hearing are entitled to protection under this act. Section 3, of the same act, places a specific onus on ‘Government Departments, public bodies and local authorities, to guarantee that the services and information for which they are responsible for are accessible to people with disabilities, including accessible streets and footpaths by 31 December 2015’ (Sub-Group on Environment and Injuries, 2008, p6). Included in this is an obligation on six Government Departments, including the Department of Transport ‘to prepare sectorial plans detailing how they will deliver specific services for people with disabilities’ (ibid). Taking this into consideration, there may be a case for making systems like PUFFIN mainstream so that older people who are experiencing difficulties with daily activities such as crossing the road etc. will be facilitated to do so in a safe manner.

### **3.10 CONCERNS REGARDING SAFETY ON PUBLIC TRANSPORT**

Older people’s perceived level of safety on public transport plays a significant factor in whether or not they choose to avail of the service. The WHO, Age Friendly Cities study found that in many cities overcrowding is a problem on many public transport services. In Dundalk for example, one participant stated that the train from Dublin to Dundalk was so overcrowded that if someone collapsed nobody would know as passengers are so wedged up (WHO, 2007). Older people have also commented that an inconsiderate attitude of transport providers and drivers has meant that they are often reluctant to use public buses. Common problems cited include, isolated bus stops, badly lit waiting areas and buses moving off before passengers are seated resulting in older people falling and on occasion seriously injuring themselves. The longer recovery time and psychological impact resulting from such an injury was also highlighted as being far greater with the older population as opposed to the younger generation (Sub-Group on Environment and Injuries, 2008).

Although not exclusive to older people, following overcrowding, anti-social behaviour has been cited as the second most influential factor, which may impact on individuals deciding on whether or not to use public transport. In an Irish context, section 11.3 (2) of the Criminal Justice Act, 2006, defines antisocial behaviour as a person (over eighteen) who behaves in a manner or in a circumstance ‘likely to cause, to one or more persons who are not of the same household as the person— (a) harassment, (b) significant or persistent alarm, distress, fear or intimidation, or (c) significant or persistent impairment of their use or enjoyment of their property’ (Criminal Justice Act, 2006, p110-111).

A study carried out by Moore (2010) found that if a reduction in public concerns over antisocial behaviour could be achieved it is estimated that passenger uptake of public transport services could increase by up to 11% (Moore, 2011). Following in-depth discussions with public transport users in London, the study found that it is general thoughtlessness and minor incivilities, which affect people's decision to use public transport, more so than more serious crimes like assault or robbery. Examples of anti-social behaviour mentioned by participants include perceived aggressive behaviour such as shouting or swearing, general rudeness such as pushing or barging through people and playing music at a high volume. Other examples which could be viewed as more problematic include, fighting, vandalism and graffiti. The behaviour of boisterous young people has also been cited as being a particular problem. However, while the activities of groups of youths were irritating, most passengers recognise that their behaviour is thoughtless, rather than intended as being deliberately threatening or offensive (Moore, 2010).

In order to address the problem of anti-social behaviour on public transport, a media campaign known as '*The Considerate Traveller Campaign*' was launched in London in 2008. The aim of this large-scale campaign was to remind passengers of the 'shared, social nature of public transport and the need to both extend their boundaries of tolerance and to reflect on their own behaviour' (Moore, 2010: 57). The campaign was found to increase peoples awareness of the impact of their behaviour on others, leading to them being more considerate passengers all round (ibid). Other campaigns aimed at reducing passenger incivilities; such as Singapore's '*Love your Ride*' ([www.sgtrains.com](http://www.sgtrains.com)) campaign and Paris's '*Staying civil right down the line*' campaign have yielded similar results ([www.ratp.fr](http://www.ratp.fr)). From having researched the area, it appears that no such campaign has yet been implemented in Ireland.

### **3.11 CONCLUSION**

The evidence suggests that factors such as the reliability of transport services and perceived safety on public transport greatly impact on older people's ability to participate in their community and carry out routine activities such as shopping and attending medical appointments. In order to facilitate the above, the evidence suggests that a regular, safe and reliable public transport system is required. This is of particular importance in remote areas so that older people can continue to access services and participate in their communities as they age. Systems such as the PUFFIN crossing could allow our older citizens to walk in their community without fear of falling or worrying that they will not have

adequate time to cross the road safely. Such adjustments would not just enhance the quality of life of our older citizens but would benefit society as a whole.

## **CHAPTER FOUR: FINDINGS AND ANALYSIS**

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### **4.1 INTRODUCTION**

In this chapter the key findings of the study are presented as interpreted by the researcher. These findings are based on the results of thirty-seven questionnaires, which were distributed by the link-worker, the volunteers and the researcher to the seven groups, which together form the Network of Social Groups for Older Adults. Of the thirty-seven surveys distributed, thirty-one were completed by women and five were completed by men. Twenty-eight of the participants surveyed were aged seventy plus and nine participants were aged between sixty to sixty-nine. In keeping with the collaborative nature of the study, in order to interpret the information gathered, the researcher and the link-worker met and identified the various themes that emerged from within the data. This collaborative approach is in keeping with the ethos of community based-participatory research whereby the views and opinions of the people most affected by a particular issue are sought with the hope of identifying potential solutions to a particular problem or issue. In this case the issue of transport and its impact on social participation were of particular concern to the group.

The themes identified are discussed under the following headings.

1. Motivation for social participation
2. Personal experiences with public transport
3. The importance of the Rural Transport Programme

To preserve anonymity a designated number signifies direct quotations from participants.

### **4.2 FINDINGS AND ANALYSIS**

The purpose of this research was to study the impact of transport on social participation in Bandon and the surrounding area. These surrounding areas include Inishshannon/Knockavilla, Newcestown, Kilbrittan, Crookstown and Ballinspittle. The aim is to identify the changes necessary to ensure that the transport network in these areas enables older people to participate fully in their communities. This research study was a collaborative effort between the researcher, the link-worker and the members of the Network of Social Groups for Older Adults. It is hoped that where practical, the findings outlined

in the study can be used to create a more age-friendly transport system in Bandon and the surrounding area. As previous research and the findings of this study indicate an improved transport system could enhance the ability of older members of the community to participate socially in their community. This in turn could assist with decreasing any sense of isolation and loneliness which older people in Bandon and the surrounding area may be experiencing.

### 4.3 MOTIVATION FOR SOCIAL PARTICIPATION

Throughout the life course, social participation and social support are strongly related to good health and general well-being. Participation in community based leisure, social, cultural and spiritual activities enables older people to establish and maintain supportive and caring relationships with others (WHO, 2007). Previous research suggests that for many older people, involvement in a social group assists with decreasing social isolation and/or feelings of loneliness. Raymond (et al, 2012) states that for older members of society, participation in a social group acts as a bridge to social connectivity (Raymond, et al, 2012). The above perspective was strongly reflected within this study. For example, participant 18 stated that she joined the social group *'For company, as I was lonely and to get out of the house'*. In addition, participant 26 who lives alone stated that involvement in the social group gave her *'a reason to get dressed and go out, otherwise I get depressed at home. The group is my only social life. My family live a distance away and have young children. I only see them at weekends'*. The researcher was particularly struck by this quote as she feels that it provides the reader with a tangible sense of the isolation that many older people living in rural Ireland experience.

Several participants stated that being a part of a social group provided them with new opportunities to meet people. For example participant 9 stated that her involvement in her local social group has led to her *'taking part in various other projects, especially forming many new friendships and learning new skills'*. Previous research also highlights that social groups have the potential to act as a supportive network for older people (Raymond, 2012). This sentiment was echoed by the participants of this study. For example participant 21 stated :

*'The group were a great help to me to get over the loss of my husband. It is wonderful during the long winter evenings. It is lovely to meet all the friends, have a sing-song, some craft and chats and games and physical activities, bowling etc'* (participant 21).

It is interesting that several participants in this study highlighted creative activities such as arts and crafts as being important in improving their overall sense of wellbeing. Indeed arts and crafts were mentioned as being a significant motivation for social participation by almost a quarter of the participants of this study. The relationship between wellbeing and the creative arts was also highlighted in a recent Irish study which found that engagement in the arts can significantly improve both the physical and psychological wellbeing of older people (O'Shea, et al, 2011). This focus on creative arts is a very positive feature of the Network as studies have shown that programmes that harness and encourage the creative skills of older people are linked to an increased sense of solidarity, social connectedness and social capital. This sense of cohesion is also linked to an increase in positive mental health, which can be attributed to the sense of belonging that involvement in a social group creates (ibid).

Many of the participants of this study appear to have a very rich and varied social life. In addition to the social group run by the Network several participants also took part in additional social activities such as choir, bridge, dancing, walking, art, meditation, GAA, indoor bowling and computers. The participants of this study also regarded attendance at church and socialising within religious communities as an important form of participation. This concurs with the WHO study which strongly featured involvement in religious activities as being of significant importance to older people in terms of social participation (WHO, 2007). The researcher believes that this may be because regular attendance at church can provide older people with an opportunity to meet and chat with others in their local community. In addition, as highlighted by the WHO study, religious communities are often welcoming and inclusive, facilitating participation by people who may be at risk of becoming socially isolated (ibid). However the ability to take part in the above activities is strongly influenced by both the availability of public transport and the RTP. The RTP in particular was frequently mentioned as being of significant importance for many older people as it often operates in rural areas that are not served by public transport. The importance of suitable public transport and the RTP will be discussed in more detail in the following sections.

## 4.4 PERSONAL EXPERIENCES WITH PUBLIC TRANSPORT

*'No transport equals no activities'* (participant 11)

### 4.4.1 Availability of Public Transport

The WHO study entitled *Global Age-Friendly Cities a Guide* found that the ability to participate socially not only depends on the availability of activities, but also on having adequate access to transportation (WHO, 2007). The participants of this study highlighted the infrequency of public transport in some rural areas of Cork as being of particular concern. For example, participant 12 from Ballinspittle stated that the C.I.E bus runs *'one day per week at the moment and we have been told that this will finish in the near future'*. When asked what could be done to improve the overall quality of public transport, participant 11 who was also a member of the Ballinspittle group stated that *'more buses'* are needed. Indeed all of those surveyed from the Ballinspittle group highlighted the infrequency of the C.I.E bus service as being an issue of concern. A number of participants stated that the time allocated between the arrival of the Ballinspittle bus to Cork and the return was a particular worry. One participant (19) remarked *'If I take the Thursday morning bus from Ballinspittle I will arrive in Cork at 11.15 and must return at 13.15. This is the only bus from Ballinspittle each week'*. This participant also recommended that the return time between the bus arriving in Cork and returning to Ballinspittle be extended to *'Give people sufficient time at their destination before their return'*.

Another participant stated that the public transport in Ballinspittle was *'Very bad! One bus only per week from Ballinspittle to Cork-Thursdays. More frequency needed'* (participant 20).

These sentiments were typical of all participants surveyed in the Ballinspittle area. The following is a summary of some of the additional comments made in relation to the frequency of public transport in the Ballinspittle area:

*'There is practically no public transport here'* (participant 13)

*'No public transport in Ballinspittle, more buses please'* (participant 14)

*Transport is essential. If I need to go to Cork I must go by car to Kinsale to get the bus* (participant 19)

*'The quality of transport is okay. The problem is we do not have enough of it'* (participant 12).



Another participant from Ballinspittle expressed concern that *'C.I.E buses are only one day per week at the moment and we have been told that this will finish in the near future'*.

Similar sentiments were echoed by participants from Crookstown with one saying *'Public transport is non-existent'* (participant 5) and another stating that *'There is none, we do not have any!'* Participant 7.

Participants from Kilbrittan expressed similar remarks regarding the frequency of public transport in their area, with one participant (21) stating *'We have no public transport, we are lucky to have the rural transportation bus on Fridays to get to town to do shopping'*.

A dearth of public transport was also highlighted by residents of Inishannon, with one participant (26) saying *'The service is infrequent and would often pass without stopping'*.

However, in contrast with the above, the transport within Bandon town was considered to be satisfactory with one participant saying that it was *'excellent'* (participant 9). Another stated that *'there is a reasonably good C.I.E service to Cork-I use Park and Ride in Cork. There is a shuttle bus which is very efficient and a considerate driver'* (participant 9). Finally participant (1) stated that the public bus service in Bandon is *'brilliant'*.

#### **4.4.2 Perceived Level of Safety on Public Transport**

*'I have had some narrow escapes'* (participant 26)

In contrast to those surveyed in the WHO study, a fear of crime or anti-social behaviour did not feature as an issue with the thirty-seven participants surveyed in this study. However there were concerns expressed by two participants regarding the speed at which buses depart when older people board them. This fear is depicted in the following quote: *'The public transport makes me nervous. Some drivers take off too quick and never lower the steps. I have had some narrow escapes'* (participant 26). The above fear correlates with research carried out by The Sub Group on Environment and Injuries who found that risk of injury due to buses taking off too fast was a significant fear amongst older members of the community (Sub Group on Environment and Injuries, 2008).

Participant 26 also voiced concerns regarding safety on trains '*The trains have huge gaps in the platform. I always need travelling companions*'. Issues with boarding and alighting trains has featured in previous research carried out by the Department of Transport UK, who found that older members of the community, particularly those with physical mobility problems experience feelings of anxiety and worry in relation to boarding and alighting trains. In some areas, this has been addressed by adding additional railings and secondary steps to trains to assist older people and/or those with restricted mobility (Department of Transport, 2004).

#### 4.5 RURAL TRANSPORT PROGRAMME

*'Please don't take our rural transport, as it's all I have'* (participant 25)

The most dominant theme identified within the context of this research was the importance of retaining and extending the Rural Transport Programme (RTP). Indeed the RTP was identified as being of significant importance by twenty of the thirty-seven participants who took part in this study. It is noteworthy that those participants who cited the RTP as being of particular importance were from the areas surrounding Bandon and not the town itself. This indicates that for those living within easy access of Bandon town where there is an efficient public transport system in place, the RTP is not crucial in terms of transport. However, for those residing in the town lands surrounding Bandon, typical responses regarding the RTP were that it was '*essential*' and '*vital*' to individuals living in rural areas. One participant stated '*We use rural transport to attend activities. Rural Transport is very important to some people*' (participant 25). The impact of transport on social participation is highlighted in the following quote '*we could not participate without it*' (participant 8). This concurs with research carried out by Lucas (2012) who found that a dearth in public transport means that older people are essentially prevented from participating in many social activities (Lucas, 2012).

Among some participants there appeared to be a palatable fear that the RTP could be withdrawn from their area. From speaking with the link-worker anecdotal evidence appears to suggest that this sense of anxiety may, in part be linked to an article that was printed in the Irish Examiner on Friday, February 15<sup>th</sup>, 2013. This article entitled '*Rural transport network set to be scrapped*' was in relation to a proposal by an 'expert group' that the RTP be restructured following a value-for-money study that found that administration costs were too expensive, at 15%-17% of funding, slightly above the target of 13%. The article outlined suggestions proposed in a leaked government document entitled '*Rural Transport Programme-Restructuring Proposals*'. This document suggested that the 35 community

based companies that run the programme could be abolished (Irish Examiner, Friday, 15.02.2013). This recent threat echoes the 2009 McCarthy report, which recommended that the government cease funding the RTP programme in a bid to save 10 million euros (McCarthy, 2009). Threats such as the above appear to suggest a certain degree of detachment among policy makers from the reality of people living in rural Ireland. By threatening the existence of the RTP policy makers are failing to acknowledge that schemes such as the RTP provide a lifeline for many older people living in rural areas. Indeed, in March 2013, Councillor O'Flynn (FF) referred to any scale back on the RTP as '*an attack on rural Ireland by the present government*' (The Corkman, 14 March 2013).

Previous studies show that limited availability of transport can make it difficult to access services leading to social isolation and depression among older people living in rural areas (Nolan, et al, 2008). By considering the imposition of such stringent austerity measures it can be argued that the Irish government are failing to acknowledge the long-term benefits associated with having access to adequate transport. For example, having access to suitable transport gives older people a psychological boost as it allows them to live independently and participate socially in their community (Metz, 2000). A high level of social participation among older people is also closely associated with lower entry rates into nursing homes and other residential facilities (Delbosc, 2012).

Another potential problem with the dismantling of the RTP is that unlike the current system where volunteers guide the service, the new proposal would see local authorities allocating services depending on where they believe the greatest need exists. One possible concern with this proposal is that as cost-saving measures would be the primary objective, it could leave many older people living in rural areas without access to any transport if the local authority decides that it is no longer financially viable to operate a rural transport programme in that particular area.

The evidence suggests that a reduction in the delivery of the RTP would decimate the lives of many people living in rural Ireland. This belief was a fundamental feature of this study, with one participant stating that '*more rural transport for our isolated areas is essential- when I become unable to drive I won't have means of travelling to and from town and church and I dread that day coming*' (participant 9). Another participant from Ballinspittle stated that '*Rural transport is a blessing. Drivers very helpful-gives access to Bandon and also access to C.I.E. buses to Cork for a longer period*' (participant 12). The importance of retaining the RTP was a reoccurring theme throughout the research with one

participant declaring that *'Without rural transport we could not get anywhere'* (Participant 13) and another stating *'retain West Cork Rural Transport, so important for Inishshannon/Knockavilla Friendship club and other activities organised by our committee'*. What is clear from the literature and the supporting evidence contained within this study is that the RTP is vital in terms of enabling those living in rural areas to participate socially in their community. For those living in rural areas of Cork such as Killbrittan, Crookstown and Inishshannon the RTP is of particular importance as public transport in these areas is either very limited or non-existent.

#### 4.6 CONCLUSION

This chapter indicates that social participation is very important to older members of the community. However older people's ability to participate is invariably linked to the availability and quality of public transport in their area. The findings of this study indicate that there is a dearth of public transport in the rural areas surrounding Bandon town. This was particularly evident from those participants surveyed in the Ballinspittle and Crookstown area.

For individuals living in areas with poor public transport the RTP is vital in enabling them to participate socially in their community. For many participants the RTP was regarded as their only mode of transport, with some participants clearly stating that they would be unable to participate without it. The RTP provides many older people with a lifeline as it enables them to be able to leave their home and take part in various social groups where they can meet with friends, have a chat and take part in various activities such as arts and crafts. The findings are in line with a 2004 report, which stated that *'Independence and social contact'* was the most important impact of the RTP (McKenna, 2006: 27). To conclude, without access to RTP many of those surveyed would be unable to leave their home and would have to rely on friends and family for lifts. The RTP assists with ensuring that older people in rural areas are facilitated to live independently and participate socially in their communities as they age.

## CHAPTER FIVE: RECOMMENDATIONS AND CONCLUSIONS

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### 5.1 INTRODUCTION

This final chapter brings together the key findings outlined in chapter four and presents them in the form of recommendations as identified by the researcher and the participants of this study. The bottom-up participatory approach used throughout the study means that the recommendations are based on the comments and suggestions of Network members, all of whom live in Bandon and the surrounding area. Following on from the above, the researcher will discuss the insight achieved from taking part in this CARL project. To conclude, the researcher will write a short reflective piece outlining her personal journey through the research process.

### 5.2 RESEARCH RECOMMENDATIONS

The aim of this study was to analyse the impact of transport on social participation in Bandon and the surrounding area. An adequate transport network can assist with improving social participation rates among older people (WHO, 2007). The following contains a list of recommendations as identified by both the researcher and the participants of this study. The researcher hopes that these recommendations will assist in making Bandon and the surrounding area more age-friendly in terms of transport for older people. Previous research indicates that a community that is age-friendly towards older people provides benefit to all community members and not just older people (Byrnes, 2012). It is intended that the results of this study will be submitted and presented to the Network where it can be used to lobby local government leaders, local authorities and agencies to create a community that is age-friendly as defined by older members of the community.

#### **Recommendations:**

- At present the Rural Transport Programme is not protected by legislation. The researcher suggests that this absence of a legal foothold be amended, as without it funding for the RTP is not protected under law.
- The researcher recommends that the objectives outlined in the National Positive Ageing Strategy be given a legal foothold to ensure that the recommendations are carried to fruition.

- It is recommended that the findings of this study be submitted to Cork County Council. This could assist with highlighting the importance of maintaining the RTP for the people of Bandon and the surrounding area. It could also emphasise the need to retain the volunteer aspect of the programme. As volunteers are from the area, they have local knowledge and are best positioned to advise policy makers on what aspects of the RTP need to be improved and/or extended.
- It is recommended that these results be submitted to Bandon Town Council, Bandon Business Group, Chamber of Commerce, Bandon Action Group and Business Association in an effort to highlight the recommended changes and improvements. These groups could assist the Network with lobbying the Government to retain the RTP.
- The participants recommended that the CIE bus route from Ballinspittle to Cork City be expanded. Also, that the time between the bus arriving in Cork City and returning to Ballinspittle be lengthened so that passengers have significant time to carry out their duties and social activities in the city.
- Overall, bus drivers were deemed to be very courteous and considerate of older passengers, however there is a need for some drivers to wait until older people are seated before taking off. This could assist with alleviating anxiety among older people in relation to falling and sustaining injuries while taking bus journeys.
- Participants from this study recommend that the steps on buses be lowered for older passengers and the gap between the train and the platform reduced.
- The Network could consider the establishment of an age-friendly advocacy group for older people. This group could lobby the government regarding issues of local concern. For example, the maintaining of the RTP and the need to increase the CIE bus service in areas like Ballinspittle and Crookstown.
- Although it did not feature in the survey, the literature suggests that the establishment of a PUFFIN (Pedestrian User Friendly Intelligent Crossing) system may assist with helping older members of the community to feel safer while crossing the road. Therefore, the researcher suggests that this scheme be implemented in Bandon town on a trial basis.

- The researcher suggests that a small-scale study is required to ascertain the reasons for the low rates of male participation in the social groups in Bandon and the surrounding area. The researcher is aware that a Men's Shed has recently been established in Bandon to address the need for a social outlet for the men of Bandon and the surrounding area.

### **5.3 RESEARCH LEARNINGS**

This study used a community based participatory approach. The Network of Social Groups identified the areas in need of research and made contact with University College Cork and the Community Academic Research Links team where a student who was studying for a master of social work was allocated to carry out the study. The study was a collaborative effort between the Network and the researcher. The understanding of the roles and responsibilities of the researcher and the link-worker evolved throughout the research process. This produced a number of key learning's for the researcher including a more in-depth understanding of community based-participatory research and an insight into the implications for future social work practice.

#### *5.3.1 Community Based Participatory Research*

Community based research (CBR) is a collaborative approach between academic researchers and community members. From the initial meeting the researcher collaborated with the Network and this process continued throughout the research. The link-worker, together with the researcher drew up the survey questions, which were based on issues that the link-worker felt were of concern to the Network and on themes that arose from within the researcher's literature review. The participants who took the survey were members of the Network and their suggestions were used to form recommendations, which the researcher complied and presented within this section of the study.

The aim of CBR is social action and social change with the aim of achieving social justice. Although this research was small in scale, it highlighted some issues of significance to the community of Bandon and the surrounding area, in particular the impact of transport on social participation. The importance of retaining the RTP was a significant theme within the study and one, which was of major cause of concern among many of those surveyed. As highlighted in the recommendations the findings of this study could be used to assist with lobbying local authorities and the government to retain the RTP.

### 5.3.2 Implications for Social Work Practice

Among the primary objectives of social work is a commitment to addressing the inequalities and injustices that exist in society. Addressing inequality and injustice through advocacy and by engaging in political and social action is to affect change in both social policy and economic development. Social workers, through engaging in community-based participatory research are working in partnership with those affected by issues of concern. This collaborative approach can assist with building momentum to create movements, which can lobby the government against oppressive policies such as the dismantling of the RTP scheme. The researcher believes that change can be achieved through campaigning and by participating in political based social work. With this in mind, the researcher views actions like lobbying Dáil Éireann as being key to social work practice.

The ability to advocate with and on behalf of service users is recognised under the CORU Standards of Proficiency and Indicators which state that social workers must be able to ‘identify needs and advocate for the resources required to meet the needs’ (CORU, 2010). In this case the need to increase public transport and retain the RTP scheme was identified as a need by the participants of the study. By taking part in this study the researcher was creating a document that could be used to strengthen the Network’s argument to expand public transport in rural areas surrounding Bandon and to retain the RTP.

## 5.4 REFLECTIVE PIECE

### *Use of I*

For the purpose of the reflective piece the researcher wishes to use the first person pronoun ‘I’. The researcher feels that this is necessary in order to maintain a sense of authenticity throughout the section.

When I initially began the research process, I was unsure of what to expect. From having researched the eight WHO domains I initially wished to study either social participation or respect and social inclusion. As a student of social work I felt that these were the two areas where I could contribute the most. However when I met with the network they informed me that they wished to study transport. I remember at this point thinking ‘*but I’m not an engineering student, I don’t know anything about transport*’. As this was a collaborative effort a compromise was reached and it was decided that the study would focus on the impact of transport on social participation. As I was used to completing projects alone, the power sharing participatory element of the study took some time to adjust to. I was anxious about which parts of the project to ‘give over’ to the Network. I felt that if it looked like I was



not ‘taking control’ or ownership of the study it could affect my grade. However, it was through researching the meaning of community based participatory research that I gained an understanding of what the process really involved. I also reflected on my anxieties and wrote extensively about them in my research journal. This process helped to alleviate my worries regarding the above.

During the research I became aware of the need to communicate and engage with the Network at every stage of the project. This was to ensure that I was covering the areas that were of importance to the group. I also met with the link-worker on a number of occasions throughout the research and took a tour of Bandon Town on the local shuttle bus service. Initially I was unsure as to what I would gain from this experience, but upon reflection, I realise that by speaking with some of the passengers I gained a personal insight into some of the issues experienced by older members of the community.

Creating the survey with the link-worker was also a valuable experience. As the link-worker was from the area she had a unique and valuable insight into the issues facing the community. Together we were able to translate these into a survey from which themes were identified. I enjoyed this process and feel that the link-worker and I worked well together. Analysing the answers together for the first time really gave me a sense of the isolation that many older people experience and how important schemes like the RTP are in enabling older people to maintain their independence. Reading the study, I feel that the recommendations may be of use to the Network and I hope that they share this sentiment also. To conclude, I hope the results will encourage the Network to advocate to save the RTP provided this is an issue they wish to pursue.

## **5.5 CONCLUSION**

This research sought to study the impact of transport on social participation in Bandon and the surrounding area. The bottom-up participatory approach used meant that the wisdom and knowledge of members of the Network was used throughout the study from the initial research agreement, to the creation of the survey and the dissemination of results. The results from the survey produced a number of recommendations which is hoped will go towards the process of making Bandon and the surrounding area more age-friendly for older people in terms of transport. An improved transport service with frequent journeys to and from rural areas would improve older people’s ability to participate socially and therefore contribute to their overall health and sense of wellbeing.

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## APPENDIX I

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### Survey

**1. Are you male or female (Please tick)**

**Female**

☐

**Male**

☐

**2. What age bracket are you in? (Please tick)**

**50-59**

☐

**60-69**

☐

**70+**

☐

**3. How long have you been a part of this group?**

**4. Why did you decide to join this group?**

**5. How has being a part of this group influenced your quality of life?**

**6. What other activities do you participate in on a weekly basis?**

**7. Are these activities affordable?**

**8. What factors influence your decision to participate/not participate in an activity?**



**9. Do you need transport for these activities? If yes, what transport (including walking) do you use?**

**10. How does transport affect your ability to partake in these activities?**

**11. What is your experience of the public transport system in your area?**

**12. Have you encountered any difficulties while using the public transport system in your area? If yes, please expand.**

**13. Have you ever felt unsafe while using public transport? Is yes, please expand.**

**14. In your opinion what can be done to improve the overall quality of public transport?**

**15. Any other comments?**

**Thank you for your participation.**

## APPENDIX II

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### Information Sheet accompanying survey

To whom it may concern,

My name is Yvonne Gaule and I am in my final year of a two year Masters in Social Work at University College Cork. Ms Betty Smith from the Network of Social Groups approached the University to carry out research into the impact of transport on social participation in Bandon and the surrounding area. This research is based on the World Health Organisation document entitled *Global Age-Friendly Cities: A Guide*. The aim of the research is to try and identify steps in order to make Bandon and the surrounding area age-friendly in accordance with the domains identified in the WHO document. This research will be used to create a report for the Network and will also be used to form my final year thesis. It will also be available online and may be used in future publications and presentations.

As part of this research I would like to ascertain the views of members of the Network of Social Groups. I wish to gather this information by using the survey attached. This survey is confidential and anonymous. Respondents may choose to leave any question unanswered if they wish.

Thank you for your time and please do not hesitate to contact me if you wish to discuss any detail of the project.

Yours faithfully,

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Yvonne Gaule  
Telephone: \*\*\* \*\*\*\*\*  
Email: \*\*\*\*\*@\*\*\*\*\*