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'Now without my car I don't know what I'd do': The transportation needs of older people in rural Lincolnshire

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Abstract

Britain is ageing. By 2035 the number of people aged 65 and over will account for 23% of the total population. This increase will have an impact on the economy, the provision of goods and services, and the resources needed to ensure a high quality of life into old age and active participation in society. The importance of transport in addressing social exclusion in rural communities has been acknowledged for some time and in this article we describe and report on the challenges faced by older people in rural Lincolnshire when trying to maintain active lifestyles. Drawing on a series of focus groups with older people (8–10 per group) who seldom accessed public or community transport, we examine the challenges faced by older people when trying to make journeys for social, leisure and health purposes. What becomes apparent is that, while community transport services play a vital role in rural communities, many older people are confused or unclear about what these services do, how they can be used, and how to access them. This article suggests that these services are often poorly publicised and underused in some areas of the county and therefore those most likely to benefit from them may be the ones least likely to use them.

Keywords

communication, older people, rural, social exclusion, transport

Introduction

The aim of this article is to offer some solutions to transport problems for older people

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(defined as those over the age of 60) living in different areas of rural Lincolnshire. Drawing on data from a year-long study, the article contributes to the growing literature in the UK and beyond on the transport needs of older people in rural communities (Ahern and Hine, 2012; Banister and Bowling, 2004; Battellino, 2009; Clarke, 2001; Davey, 2007; Glasgow and Blakely, 2000; Shergold and Parkhurst, 2010, 2012). Here we analyse the modes of transport older people use when undertaking different types of journeys and explore the important role transport plays as a means of reducing social exclusion in Lincolnshire. However, what also became clear in the course of the research was that many of the transport solutions, especially those targeted towards older people such as community transport schemes, were underused. We begin by outlining the current national and regional policy context surrounding old age, rural life and transportation, before moving on to describe the methods used to conduct this study. We then turn to look at the various different modes of transport used by older people in rural Lincolnshire. Drawing on the suggestions made by participants during interviews, in the final section of the article we suggest some ways that transport options could be improved and better publicised to this age group.

Ageing and rural transport

According to UK National Statistics, the number of people aged 65 and over increased by 1.7 million, from 15% of the total population in 1984, to 16% by 2009 (ONS, 2010). It is also predicted that by 2035 the number of people aged 65 and over will account for 23% of the total population (Lowe and Speakman, 2006). The most marked increase has been in the proportion of the population aged over 85, the 'fourth age' for whom rural isolation can be most severe (Key, forthcoming). This

increase will have an impact on the economy, the provision of goods and services, and the resources needed to ensure a high quality of life into old age (Bevan and Croucher, 2006; Department for Transport (DfT), 2012; Hardill, 2003; Manthorpe et al., 2008; Social Exclusion Unit (SEU), 2003). The transition into later life is also associated with a wide range of events and changes in personal circumstances, which can be both anticipated and unanticipated. While retirement alone is a key change in later life, so too are other changes such as a deterioration in health and mobility, altering family structures, moving from a long-term home and experiences of bereavement with the loss of one's partner. These events can have a large impact in older people's lives, including their transport needs. The cessation of driving, for example, can greatly influence older people's wellbeing (Davey, 2007; Glasgow and Blakely, 2000; Park et al., 2010) and affect their ability to lead an active, independent life. The opportunities to participate in social activities and access health services are also likely to be restricted (Gilhooly et al., 2002).

In rural areas motorised transport is vital because of the difficulties in travelling to and from remote places (Davey, 2007; Commission for Rural Communities, 2012). For many older people living in these areas the car is the preferred mode of transport, providing access to leisure opportunities and to health services (Ahern and Hine, 2010; Banister and Bowling, 2004; Commission for Rural Communities, 2006; Shergold and Parkhurst, 2012). However, Cloke et al. (1997) suggest that for many rural older people owning a vehicle seems essential, not a preference, and as women are less likely to drive than their male counterparts, they are more likely to be disadvantaged by living in the countryside (Ahern and Hine, 2012; Davey, 2007; Davidson et al., 2003). Gilhooly et al. (2002) suggest that, as more people continue to drive well

into old age, there appear to be greater difficulties and fewer alternatives for those who do not drive or who have to give up driving for medical reasons (see also Sherwood and Lewis, 2000). Restrictions on mobility can lead to isolation and depression (Commission for Rural Communities, 2006; SEU, 2003).

As different authors have pointed out (Black and Nijkamp, 2002; Davey, 2007; Geels et al., 2011; Glaister, 2005; Grey et al., 2006; Oxley, 2000), successive governments in Britain and other European countries such as Belgium, Ireland, the Netherlands and Sweden, have attempted to control or reduce car use and promote the take-up of public and sustainable transport (DfT, 2008; European Commission, 2007; UN, 2009). However, there are significant barriers to achieving these goals as personal expectations and negative attitudes to public transport persist (Anderson and Stradling, 2004; DfT, 2008; Docherty and Shaw, 2008). As Anderson and Stradling (2004) have argued, although the negatives of car use (i.e. cost, impact on climate change) are increasingly clear, ownership and the amount of journeys made by car per year have continued to rise. What is also apparent is that private transport plays a large role in the ability of older people to enjoy and sustain a high quality of life (Davey, 2007; DfT, 2007). Reluctance to give up driving in older age is further compounded by lack of awareness of alternative options (Gilhooly et al., 2002; Shergold and Parkhurst, 2012). As we indicate in this article, this could be because of poor publicity or unsuccessful approaches to marketing and communicating the options that are available. While it has been suggested that, in order to reduce car use, behavioural changes are required from individuals (Steg and Gifford, 2005), as several other studies have shown this needs to be accompanied by innovative solutions which closely match the flexibility and

attractiveness of cars, with public transport services operating to fit the needs of a 24-hour society (Ahern and Hine, 2012; Davey, 2007).

However, the Comprehensive Spending Review that was undertaken in October 2010 by the UK Coalition Government highlighted that reductions to transport expenditure had to be made. As a result of this, it was planned to cut government funding to local authorities by 28% and changes were made to the DfT's formula for concessionary fare reimbursements. The Bus Service Operators Grant (BSOG) was also cut by 20% from 2012–2013. As these reductions have the biggest impact on those living in rural areas and those of retirement age, the provision of community transport has become increasingly important to rural life and older people. This increased importance was highlighted by Norman Baker from the DfT, who announced in December 2011, that £10m would be made available to 76 English local authorities to support and kick-start community transport initiatives.

The Community Transportation Association (CTA) has defined community transport as:

safe, accessible, cost-effective flexible transport run by the community for the community. It mobilises and engages local communities as it is provided by charities and voluntary organisations. It meets the needs of people who do not have access to cars, taxis or buses and provides a lifeline in both rural and urban areas. (CTA, 2012: 2)

The sector is growing and there are now at least 2000 community transport organisations operating across England with increasing numbers of new schemes developing across Europe (Ahern and Hine, 2012; Garaix et al., 2010; Mageean and Nelson, 2003; Sloman and Hendy, 2008). These include group transport, voluntary/

community car schemes, door-to-door transport (e.g. Dial-A-Ride) and also community bus services, wheels to work schemes, mini-bus brokerage and driver training (Brake et al., 2004; Grey et al., 2006; Liddell et al., 2012; Sherwood and Lewis, 2000). Nonetheless, the Commission for Rural Communities (2012) found that there were inconsistencies in local authorities' policies towards community transport, including the degree to which scheduled bus services continue to be subsidised, the types of community transport on which concessionary passes are valid and the approach to using concessionary fares before 9.30am. The Commission for Rural Communities (2012) suggests that these inconsistencies have created a situation where older people can experience very different levels of access to public and community transport across the country.

Local level

The *Transport Act 2000* and the accompanying Department of the Environment, Transport and Regions (DETR) (2000) report *Transport 2010: The Ten Year Plan* first set out the need for local authorities to prepare a Local Transport Plan (LTP), which would shape the form and delivery of a local integrated transport system. The LTPs were originally designed to be five-year plans outlining policies and programmes for transport, with a set of targets for monitoring their progress. The second LTP covered the period 2006/2007 to 2010/2011. However, the *Transport Act 2008* brought about changes to future LTPs by giving local authorities more freedom to decide for themselves how many years LTPs should cover and how to set different time spans for the strategy and implementation of elements of these plans. As outlined above, in light of the Comprehensive Spending Review that was announced by the Coalition Government in

October 2010, the future of transport nationally was uncertain. As a result, the third LTP was produced in 2011 to cover just two years, 2011/2012 and 2012/2013, and would be used to produce a longer term fourth LTP.

Over the past few decades, as commercial bus services have reduced in many rural parts of Lincolnshire (the fourth most sparsely populated county in England), Lincolnshire County Council (LCC) has looked for an effective way to support residents in meeting their travel needs. A large bus network has been developed across the county in partnership with different private operators (e.g. Stagecoach) to link urban areas with feeder services to rural locations. These routes termed 'Interconnect' have their own recognisable brand name and logo, which is used on bus stops, in publicity material and on the buses themselves. In March 2001, LCC established a Demand Responsive Transport (DRT) service called CallConnect. This has grown and developed across the region and fits into this wider transport network by providing transport that anyone can use in the most isolated communities. In 2012, 252,000 passenger journeys were made using the CallConnect service (see Ward et al., 2013). Over the past decade a variety of funding was gained for CallConnect to be initially developed and then to extend the service. This funding has included Rural Bus Grants, funding from the Countryside Agency, the European Commission and more recently the BSOG. While LCC is responsible for the day-to-day running of the CallConnect service and customer bookings, the vehicles used are leased from private operators or operated on LCC's behalf. There are now almost 30 CallConnect vehicles operating across the county providing both flexible (those which only operate on customer demand) and more semi-fixed routes.

These mini-buses, seating 8–16 passengers, have to be pre-booked from a central call centre or online and operate from 7am to 7pm Monday to Saturday. A door-to-door and pick-up/drop-off service is offered by CallConnect at main points in rural villages. With the introduction of the English National Concessionary Travel Scheme in April 2008, older and disabled people are now entitled to free off-peak local bus travel. These passes can also be used on the CallConnect service.

The local authority also works with the voluntary and community sector to provide community transport, an area which the authority and the CTA have identified as a growth market. There are currently 24 community transport schemes (voluntary/community car schemes and Lincoln Dial-A-Ride) in the county, run independently by different coordinators. From January to December 2012, these schemes provided in the region of 43,000 passenger journeys. As a voluntary/community car scheme journey is an outward and return trip, this equates to 86,000 bus journeys (Ward et al., 2013). With transport playing a key role in helping older people to maintain their independence, quality of life, and health and wellbeing, it is essential that people learn how to access the services currently available to them. Also, at this strategically important time, when public sector resources are in decline and the numbers of older people increasing, providing an appropriate range of affordable and accessible transport options that are well used and financially sustainable is crucial for older people. For local transport policy to successfully examine current provision and to meet future transport needs of older people, this study sought to examine the perceptions old people have of transport in Lincolnshire, the services they regularly use and the barriers that may hamper the use of these services now and in the future.

Research methods, sampling and recruitment

This 12-month study, conducted in partnership between LCC and the University of Lincoln and funded by Lincolnshire's 'Excellent Ageing' programme¹ and a DfT Community Transport Grant, was implemented in three stages. These stages consisted of a desk-based study followed by observational fieldwork and a series of individual and focus group interviews conducted with older people across rural Lincolnshire. The first stage comprised a review of published government and third sector reports, academic papers and data collected by different organisations relating to travel and older people, in order to identify issues that were relevant to the study. This established the kinds of problems that older people encounter when travelling to social activities and accessing healthcare. The review also identified that the problems faced by older people when travelling in rural communities are similar in a variety of countries and that driving cessation and lack of public transport are very important factors for older people. What this review further highlighted was the lack of coordination between community transport schemes and other modes of public transport and the lack of awareness about these schemes among older people across Europe.

The second stage of the project involved observational research and a series of mobile interviews conducted on public transport with service users. This enabled the researcher to gain a deeper understanding of the nature of public service buses and train travel in the county and the experiences of passengers using these services. This observational research included visiting voluntary/community car scheme operators to understand how these services worked. Fieldwork was also undertaken on CallConnect, both in the booking centre and on the small buses, to see how

customers booked and experienced their journeys. Six focus group interviews were conducted in the third stage of the project in different parts of the county and comprised people aged 60 or over who were not regular users of public or community transport. These were mixed gender groups and a combination of young-old (60–75), older-old (75–85) and oldest-old (85+) participants. These focus group interviews were supported by a number of one-to-one interviews with older people who could not attend the other interviews, but who wanted to be a part of the study. These interviews were conducted in different rural areas of the county with different levels of social and economic deprivation (see Figure 1).

Table 1 outlines details of the participants who took part in the focus group interviews.

A number of methods were used to recruit people to the focus groups. Firstly, LCC and other agencies working with and on behalf of older people in rural areas (e.g. Age UK, Excellent Ageing and religious organisations) acted as gatekeepers and recruited older people who were not regular users of public or community transport. Focus groups in Horncastle, Navenby, Louth and Stamford were arranged in this way. Secondly, contact was made with people who ran social groups for older people, and the Scotter focus group interview was arranged via this means of recruitment. Thirdly, a website was set up through the LCC website encouraging older people to get in touch to take part in the study. When a residential care home manager in Gainsborough saw the website, the final focus group was organised in this way. Finally an advertisement was placed in senior citizens' forum magazines about the project, which invited people to take part. The individual interviews were arranged in this way, after people contacted the researcher having seen the notices.

The focus group interviews took place in churches, libraries, residential homes, community halls and a hospital unit. Individual interviews took place at participants' homes at a time that suited them. All interviews lasted between an hour and an hour and a half and were digitally recorded and subsequently transcribed by the researcher. Information sheets in the form of posters and postcards were provided to explain the research progress and all older people were consulted about the recording of the interviews. All names have also been changed to assure the anonymity of participants.

Modes of transport used by older people

In each focus group interview participants discussed the primary means of transport used for social and health purposes. Many older people who attended interviews used a variety of transport methods to get out and about, with the private car being the most preferred mode of transport. Many still drove themselves and their partners, suggesting that their car was a lifeline to them and that they had few realistic alternatives. As John commented in an individual interview:

Now without my car I don't know what I'd do. I think there is a bus that runs twice a day, but I don't know. I'd be a hermit I think without my car.

Relying on a lift in a private car from friends and members of the family further highlighted the important part access to a car played for these older people in their rural communities. Rather alarmingly, as Hilda demonstrates below, some older people interviewed stated that they preferred to drive even though it might no longer be safe for them to do so.

Well I still drive, I love my car, but I have got a free bus pass, but I've only used it

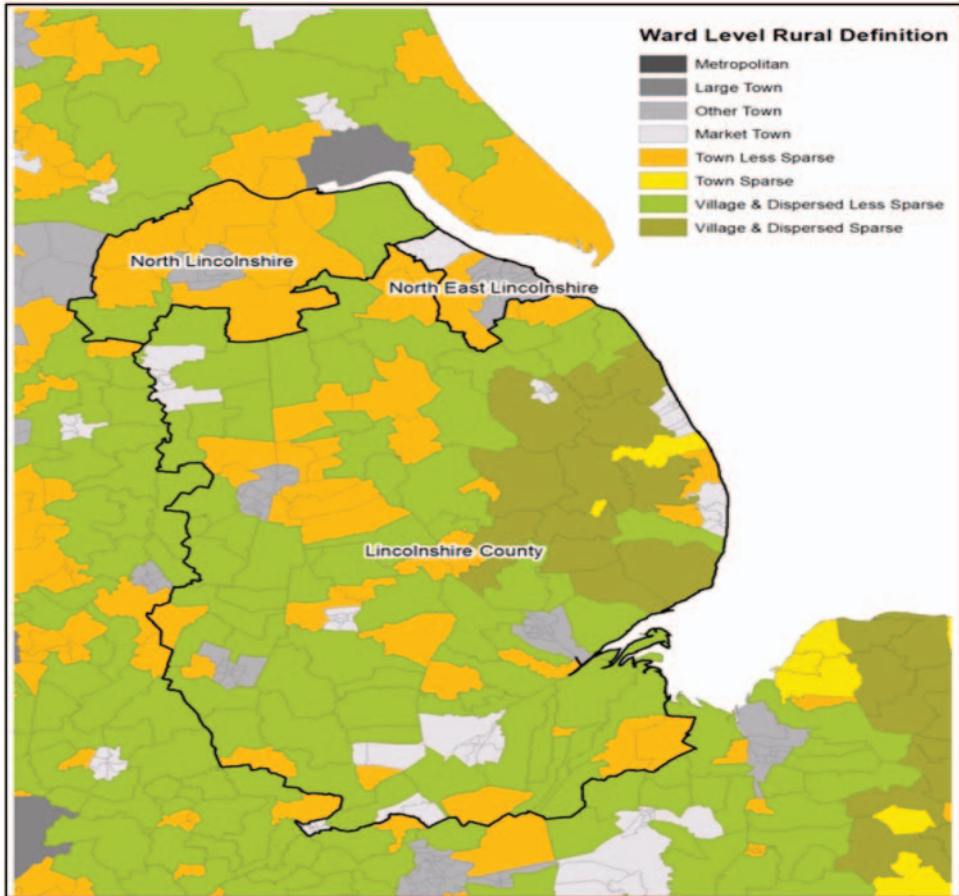


Figure 1. Map of Lincolnshire.

twice though, because I get frightened on the bus as I get dizzy spells. I'm ok to drive though! (Hilda, Stamford FG)

Across the groups the use of public service buses varied. Unsurprisingly, however, the biggest usage was in villages nearest the City of Lincoln, which were on the main bus routes and with the most regular services. In the Louth focus group, an around town mini-bus service, which had been organised through the local senior citizens' forum, was popular and well used. Nonetheless, there were others who could not use this around

town service as they were unable to walk the short distance from their homes to the designated pick-up points.

The focus groups further illustrated that, while a few participants were aware of and used the voluntary/community car schemes, there was general confusion in all interviews conducted about how these schemes operated:

MW Now have any of you heard of the voluntary car scheme?

Jan No.

Billy The only ones I've heard of are for the hospital.

Doreen Yeah the NHS ones.

Table 1. Focus group participants.

Focus group number	Area	Number of participants	Male	Female	Drivers	Public transport Users	Call Connect users	*Dial-A-Ride users	**Voluntary/ community car scheme users	Free Bus Pass users	Mobility Scooters/ Wheel chairUsers	Regular Taxi Users
1	Horncastle	7	3	4	1	5	2	0	0	5	1	1
2	Navenby	9	2	7	7	6	2	0	2	6	0	0
3	Scotter	10	0	10	3	2	0	0	0	2	0	0
4	Louth	7	1	6	3	4	0	1	1	2	1	4
5	Gainsborough	5	1	4	1	4	1	0	0	3	1	3
6	Stamford	6	2	4	4	2	1	0	1	3	0	1
Total		44	9	35	19	23	6	0	4	21	3	9

*The Dial-A-Ride service did not cover all areas.

**Not all areas had their own voluntary/community car scheme, although some schemes, such as the Louth and District community car scheme, operated across regional boundaries to provide cover.

Nancy And they are stopping that!
 MW These are separate schemes run by volunteer drivers
 Jan What nothing to do with the hospital?
 MW No nothing to do with that.
 Nancy But the ones who have been fetching me back and forth from the hospital are volunteers though?
 MW Yes they might well be, but that is the NHS system, not the volunteer car system, which is separate.
 Tina Now I always thought it was the same
 (Gainsborough FG)

As the following interview extract shows, there was also confusion about what the DRT service CallConnect does and does not do, how one would use it, how to access it and how to book it:

MW Are we all aware of what the CallConnect service is?
 Betty What, sorry?
 MW CallConnect service.
 Barbara I've seen it but I don't know!
 Betty No, but I don't think we need it anyway.
 Barbara Well we might do!
 Mary Yeah we might do.
 Carol As we get older. (Horncastle FG)

This lack of awareness and knowledge about DRT was also apparent when conducting the focus group held in a residential care home. Here the manager of the care home – who booked transport on the residents' behalf – attended the group interview and expressed her dissatisfaction with the CallConnect service:

Doreen Someone told me about CallConnect and I am only the messenger here, but if you have more than two bags, you are not allowed on the CallConnect.
 Tina I think the whole thing is a bit vague.
 MW What do you mean by vague?
 Tina Right, where they will go, where they won't go, when they'll go, when

they won't go. For instance, I had a resident who needed to go to hospital, I think the appointment was at 10 o'clock on a Saturday morning, public transport, bus here, bus there, he was never going to do it, just not going to get there, because the buses don't leave here early enough, to get you to an appointment in Lincoln, um so I thought, I'd use CallConnect, but they wouldn't take him because they won't go to the hospital [Lincoln], they will not go into certain areas!

Nancy Well that's the main place!

Tina Well half a dozen times I've said, look what I'll do is check and see if they will take you, and there has only been once when they said they would take us and that was to the pub.

Doreen Yes that's right that is!

Tina But we were restricted if you remember, cos they do the children's school runs, so picking us up, they were supposed to come at 12, but they didn't come till half past, and they picked us up at 2 and they couldn't pick us up any later.

Doreen We missed our pudding because he had to pick us up at 2 o'clock, and we were already half an hour late! (Gainsborough FG)

Some other older people in the focus groups indicated that they had negative experiences of using CallConnect; for example it had been late, so they did not use it again. Further complaints about the service from those older people who did not use it were that they were not sure of the differences between the better known Dial-A-Ride scheme and CallConnect. Many others were also unaware that the Dial-A-Ride scheme no longer operated outside the City of Lincoln.² As Hilda indicates below, some users were also hostile to others, such as school children, using it:

CallConnect is very good for the elderly people, but if you've got an appointment, you never know if you are going to be there on time, and in the afternoon it's a job to get one, as they pick children up. It's not just for the elderly any more is it,

but they have difficulty using it, which I think is wrong. It was supposed to be for the elderly, who have a job to get out and about. (Hilda, Stamford FG)

There were further issues around wheelchair access and complaints that mobility scooters could not fit onto all mini-buses. However, those who had used the CallConnect service found that it made a huge difference to their lives. In the extract below, which was taken from my field notes made when travelling on the CallConnect bus, for one user in particular the service was essential for helping her carry out shopping and provided an opportunity to interact with others:

As we pulled up outside her house, Mrs Davies came out to the bus on two crutches and I noticed her right foot was heavily swollen and in a brace. She must have been into her 80s and seemed very frail. The driver got out and, offering a cheerful hello, lowered down the ramp at the back of the bus and Mrs Davies hobbled onto it. Even though the bus was supposed to be an accessible one, the normal step up was way too much for someone in Mrs Davies' condition and, I imagine, for a lot of older people with mobility issues, so the accessibility ramp was used to help her board the bus. Mrs Davies sat on the seat at the back of the mini-bus and I moved down the bus to talk to her. I gave her one of my postcards and explained who I was. 'So how long have you been using this bus then?' I asked. 'A few years,' she replied, 'it's a life-line, as no one speaks to me in my street, so since the death of my brother, it's the only place to talk to people sometimes'. (Fieldwork 28 May 2012, Gainsborough)

The CallConnect service was also a vital mode of transport for those without the ability to drive. This tended to apply more to women than men:

As 11:10 we headed out to pick up our 5th passenger of the day. It was a fair way

outside the town and the lady whom we picked up lived in a very isolated area. In the middle of a huge flat landscape of fields, a very long distance away from any public service bus routes, were situated two houses. The road leading up to these houses was in a very poor condition and the CallConnect bus bumped slowly along the single, unmarked road. We picked up an elderly lady who was waiting outside her house. She had moved up from Cambridgeshire with her husband, but he had died 5 years ago leaving her with 42 cats to look after. As she had never learned to drive, the lady told me that she relied on the CallConnect bus and taxis to get around. Unfortunately, as she would be doing a lot of shopping that day (which included buying a lot of cat food), the CallConnect bus would not be able to bring her home, so she would have to return via a taxi. This would be expensive, costing her around £20. (Fieldwork 30 May 2012, Boston)

Although a railway network does exist in Lincolnshire, it provides limited coverage to the most rural communities and, as transport links are poor to those stations that do exist, train travel was rare amongst all those interviewed.

The data from the different interviews indicates that, whilst transport services are very important, there are limits to the flexibility of DRT and community transport services and, as many older people are unfamiliar with these services, they are underused in some areas of the county.

Older people's suggestions for better transport provision

This article has shown that some older people experience great difficulties in making journeys due to a lack of access to transport, and this can severely impair their ability to participate fully in an active social life. Other research has found that such

impairment can have drastic effects on mental health, independence and physical well-being (Cloke et al., 1997; Commission for Rural Communities, 2006; DfT, 2012; Gilhooly et al., 2002; Glasgow and Blakely, 2000; Manthorpe et al., 2008; SEU, 2003; Shergold and Parkhurst, 2012). There are also significant differences between the travel experiences of older women and older men, as older women are less likely to have their own cars or to be able to drive than older men. As men are likely to die earlier than their female partners, consideration must be given to how older women will make important trips without a car when they are left on their own. Furthermore, older men and, as the population ages, an increasing number of older women, will have experienced lifestyles where they have always driven, so losing the ability to drive will have a drastic impact on their lives, for which they need to be prepared. Using community transport schemes and DRT could be emphasised as a means to help with this preparation.

However, as Ahern and Hine (2012) point out in their study of transport with older people in rural Northern and Southern Ireland, public and community transport in these types of communities must be seen as more than just providing a vital social service that reduces social exclusion. It must also be seen as something that could be a vital alternative to using a car, which will become increasingly important as the ageing population grows over the coming decades. The focus groups demonstrated that public transport services are often too infrequent during the day (and non-existent during the evenings and at weekends in some areas) to generate sufficient usage amongst older people, despite the availability of free bus passes. What was also evident was that there was general confusion about what community transport schemes and DRT (such as CallConnect) actually were. As Tina, the manager of the

residential care home quoted above, pointed out in relation to CallConnect:

There needs to be more information about the routes, the times, about where they can and can't go, like Call Connect, it can't go to the hospital, well why not? There is not a public service bus which goes [from Gainsborough] at that time in the morning. What's the point of it, if you want to take me to a village in the middle of nowhere, so I can go to a garden centre? That's not what I need, what I need is to go to the hospital! (Tina, Gainsborough FG)

During the different interviews participants made a number of suggestions for improving and better publicising existing transport options. One of these solutions indicated that if community transport services and DRT were better advertised in key locations and publications used by older people, there might be a greater take-up of them. This could then reduce car dependency and help older people get out and about more. A variety of further advertising solutions were mentioned by older people in the focus groups. These included:

- putting more traditional bus timetables in places where old people went, such as post offices, churches, information points in towns and villages, arts centres, village shops, community centres and halls, pubs;
- placing notices in parish magazines and local free newspapers;
- general letter box drops in isolated areas;
- using senior forums to spread the word about these services;
- putting posters and notices in health centres, doctors' surgeries, opticians', dental practices.

Other suggestions included smaller accessible buses instead of double-deckers, more helpful drivers, better bus shelters, fewer restrictions on where buses may set

down passengers in rural locations and the improvement of the central bus station in the City of Lincoln. One participant, William, who was registered blind, described some of the challenges he faced around accessibility when arriving at the end of his journey at the central bus station:

Well Lincoln bus station is very challenging for me and it's so dangerous, hard to walk around even with my [guide] dog. They don't really know where the buses are coming and they change the bus stops and don't really tell you they are coming; some of the staff don't know when they are coming. I have heard they are trying to move the bus station, near the train station, which would tie in with the rail services, so that would be better, but who knows if that is ever going to happen. (William, Horncastle FG)

Some technological improvements that were suggested included real-time notice boards at bus stops, to show precisely when the next bus would arrive, and on-board automated bus stop announcements. Given the rural nature of the area, some of these technological suggestions (e.g. real-time noticeboards) might not be possible in some of the more remote communities in Lincolnshire, and automated bus stop announcements may be expensive to implement across all service operators. However, as the UK population becomes increasingly aged, these solutions might prove cost effective in the future. Ultimately it seems that communication about the available services, and communication with passengers themselves, both need improving.

Conclusion

A number of recent studies in the UK have explored how transport plays an important part in older people's lives in rural communities (Ahern and Hine, 2012; Bevan and Croucher, 2006; Davey, 2007; Grey et al., 2006; Hoff, 2008). This article expands this

work by illustrating that in rural Lincolnshire older people tend to use a variety of transport options depending on their needs at a particular time and if their concessionary fare pass can be used. These include driving, lifts with family and friends, and public service buses, with some using the voluntary/community car schemes and the CallConnect service. Others walked around their local villages, but this was not a dominant mode of transport. Those interviewed had both positive and negative perceptions of public transport, but there was a serious lack of knowledge amongst participants about what community transport schemes exist, how they operate and what services they offer. As the suggestions offered by those interviewed point out, these older people were very much aware of their different needs and how their needs, and the needs of others in the same situation as them, could be better met.

Although the interviewees were not asked directly about social exclusion, the issue seemed to appear to different degrees across all the group interviews. The ability to get out and about was mentioned as a problem by older people in rural communities as it reduced their opportunity to mix with other people and created loneliness. As highlighted in the field note extracts, transport was also key to reducing isolation for those with mobility issues or living in very remote places. Given that transport for older people is not simply a means to reaching a destination but provides vital socialisation, this should be reflected in the promotion and support given to public transport amongst older groups. The experiences of older people in Lincolnshire powerfully demonstrate that increasing the awareness of the different transport options available besides the private car, such as community transport, could help greatly to combat social isolation and reduce car usage. This supports other studies that have shown how more

transport options can help improve older people's mental and physical health (Davey, 2007; Glasgow and Blakeley, 2000), enable an active lifestyle (Bevan and Croucher, 2006; Patsios, 2011) and tackle poverty in rural areas (Hoff, 2008; SEU, 2003). Until the available options are better communicated to (potential) users, however, older rural people will continue to suffer from isolation due to their lack of mobility.

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Notes

1. Transport is just one of many issues concerning ageing and the delivery of services for the elderly in rural areas. The Excellent Ageing programme was set up to engage with these issues and is being delivered in partnership with over 50 organisations from across the county, to explore how Lincolnshire's approach to delivering services for older people could be better coordinated. See Excellent Ageing (2012).
2. A county-wide Dial-A-Ride service in Lincolnshire stopped at the end of March 2011, as all funders could not sustain the level of subsidy provided to the service – the estimated passenger subsidy for Dial-A-Ride was as high as £17–£18 per passenger. CallConnect took over many of these routes, supported by community transport initiatives. LCC continues to support the Lincoln City Dial-A-Ride scheme, along with the City of Lincoln Council, North Kesteven District Council and West Lindsey District Council.

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