

Social Policy Series 2009

Citizens **Information** Board  
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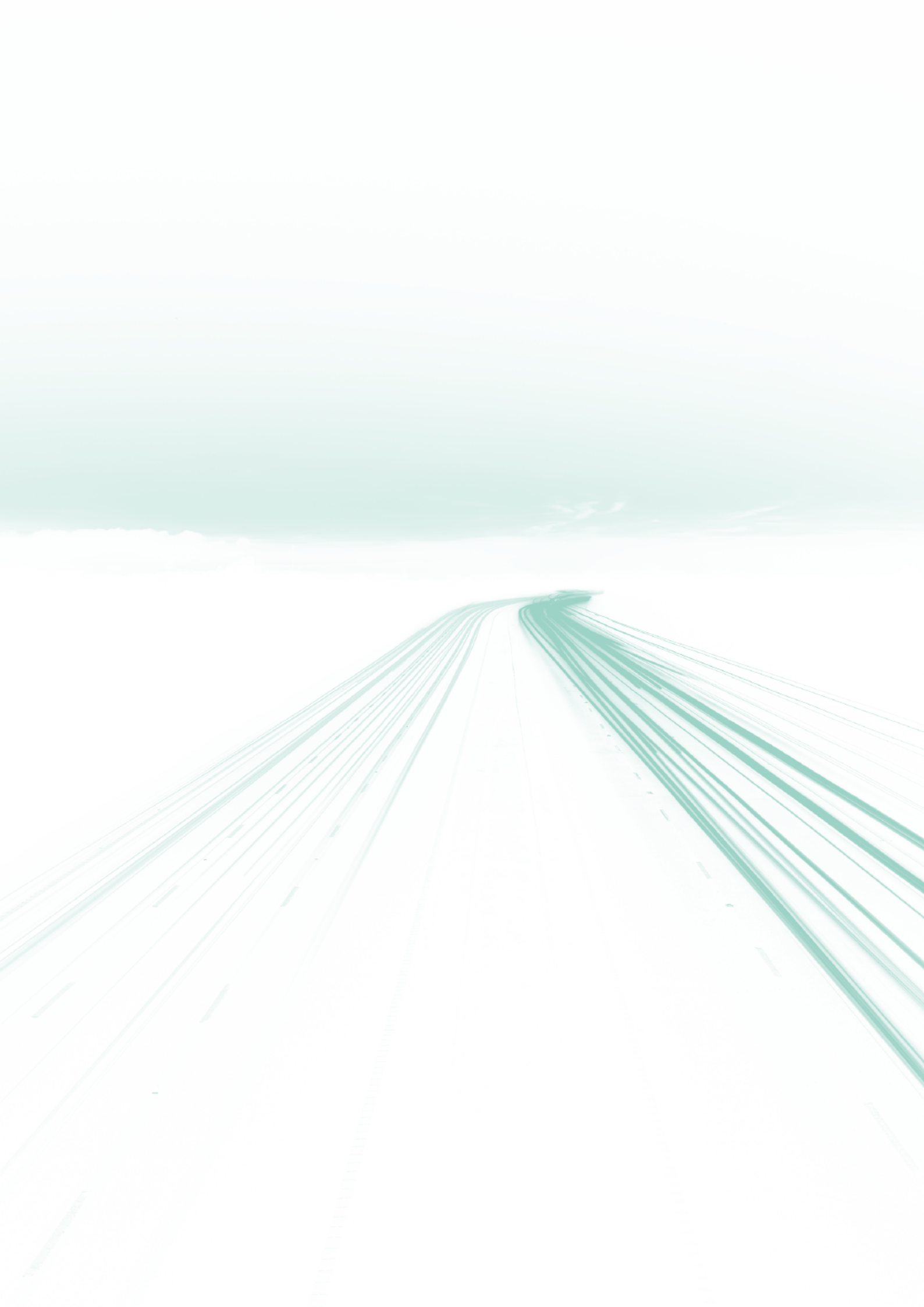


# Getting There

## *Transport and Access to Social Services*

A Citizens Information Board Social Policy Report





# Acknowledgements

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The Citizens Information Board gratefully acknowledges the assistance of those who contributed to the preparation of this report, in particular, the Citizens Information Services, the Citizens Information Phone Service and the Disability Advocacy Services around the country that provided the feedback and the case evidence. Useful comments on specific issues raised in the report were provided by personnel in the Irish Wheelchair Association, Disability Federation of Ireland and the Rural Transport Programme (Pobal). Information was also provided on various aspects of the report by officials from the HSE Community Welfare Service, the Department of Transport, the National Disability Authority and the Department of Social and Family Affairs.

# Preface

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The basic theme of the Citizens Information Board's (CIB) Strategic Plan 2009–2012 is putting the citizen at the centre of how services are delivered. One of the Board's strategic priorities is to be a pivotal intermediary between citizens and public services. A core element of the Board's strategy is learning from client experiences to produce objective, fact-based evidence in order to help public sector bodies understand emerging service needs and issues with regard to rights and entitlements within their remits. Issues relating to the link between transport availability and access to social services have emerged as significant for users of CIB-supported services and this report outlines and discusses these issues.

This report will help to bridge the gap between the experiences of service users in respect of transport and access to social services and public policy in this area.

**December 2009**

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# 1 Background

## 1.1 Introduction

This report deals with a range of issues relating to current transport and mobility supports. It reflects the experiences of people who encounter difficulties in accessing social, community and health services because of the lack of availability of appropriate transport. The report is informed by Citizens Information Services (CISs)<sup>1</sup> and projects participating in the Community and Voluntary Advocacy Programme for people with disabilities funded by the Citizens Information Board (CIB)<sup>2</sup>.

The report compares policies and practice relating to transport and access with the actual experience of people seeking services. A number of case examples are provided to illustrate the issues identified. Some proposals for addressing these issues are included.

The principal functions of CIB are to support the provision of independent information, advice and advocacy services in relation to social services and, where appropriate, to provide these services directly to the public<sup>3</sup>. The Board is required to assist and support individuals, particularly those with disabilities, in identifying their needs and options and in accessing their entitlements to social services.

Other functions of CIB are:

- (i) To support, promote and develop greater accessibility, co-ordination and public awareness of social services
- (ii) To disseminate integrated information in relation to such services by statutory bodies and voluntary bodies
- (iii) To provide information on the effectiveness of current social policy and services, and to highlight issues which are of concern to users of those services

CIB uses feedback based on the needs and experiences of users of the CISs, Citizens Information Phone Service (CIPS)<sup>4</sup> and voluntary/community disability advocacy projects to highlight issues that are of concern to users of social services. These services report queries with a social policy dimension to CIB in the form of Social Policy Records. Social Policy Records report on situations where a CIS or CIPS user was unable to get a service commensurate with their needs, including the following: inadequate or inappropriate support services; insufficient information from statutory agencies; inequities, inconsistencies or anomalies in the social welfare system; delays in the application process for benefits/services. In 2008 over 1,700 Social Policy Records were returned to CIB.

Difficulties in relation to transport and mobility feature consistently in this feedback from CISs, CIPS and voluntary/community disability advocacy projects.

Transport and mobility support schemes play a centrally important role in combating social exclusion and enabling access to services. For many people such schemes are the key to accessing social and health services and make a significant contribution to enabling them to participate in society. While the specific social benefits of transport and mobility schemes are difficult to quantify, it is clear that they provide an important additional resource to many people. This is particularly important for those reliant on social welfare income. The public subsidisation of transport and travel enables many people who might otherwise be excluded not only to access services appropriate to their needs but also to engage in purposeful social, educational and economic activity.

A key consideration in the current economic climate is clearly the effective use and targeting of resources. The present situation where state funding is provided for a range of parallel and fragmented transport and mobility support initiatives frequently operating independently of each other is unlikely to be the best use of resources. There is, therefore, a clear need to explore further how

1 Citizens Information Services (42 nationwide) provide both a face-to-face and telephone service to the public through some 254 locations nationwide.

2 Currently, the Board funds and supports the provision of advocacy services to people with disabilities by 46 voluntary/community organisations around the country.

3 The Citizens Information Board funds and resources Citizens Information Services (CISs), including the development and support of the nationwide network of Citizens Information Centres (CICs), the Citizens Information Phone Service (CIPS) and the Citizens Information website ([www.citizensinformation.ie](http://www.citizensinformation.ie)).

4 In 2008, there were 668,980 CIS users and over 130,000 CIPS users.

publicly funded local transport provision can be better co-ordinated and integrated with other mobility support schemes and with the Free Travel Scheme.

## 1.2

### Context of Report

Feedback to the Citizens Information Board from CISs and voluntary/community disability advocacy projects highlights the fact that many people encounter difficulties in accessing social and health services because of the poor availability of public transport, the continuing inaccessibility of such transport in many parts of the country and the inadequacy of current transport and mobility support schemes and subsidies. The issue of transport and access to services has been getting some attention in recent years because of:

- » Concerns about the social isolation of older people in rural areas
- » Ongoing debate about equality of access to services for people with disabilities
- » The centralisation of care for cancer patients
- » Commitments to address transport accessibility issues in *Towards 2016*

- » The challenge for statutory agencies of meeting the costs of transport to services in a climate of severe budgetary constraints
- » The emerging emphasis on sustainable transport<sup>5</sup>

The feedback from CISs and voluntary/community disability advocacy projects regularly refers to people who have an entitlement to avail of free travel on public transport services but who have been unable to get to hospital, community care or other appointments using public transport. This can be due to a lack of service in their area, or because the bus times do not suit, or because buses or trains are not accessible for people with disabilities. Also, there are regional disparities in access to public transport and in the availability of rural transport initiatives funded under the Rural Transport Programme. Many people with disabilities need a transport or mobility subsidy that is not being met under current provisions.

It should be noted at the outset that the difficulties experienced by people in accessing transport to the services necessary for daily living are very diverse. Although such difficulties have been widely acknowledged over the years (including in the current *Partnership Agreement, Towards 2016*, and the *National Development Plan 2006–2013*),

there has been relatively little overall integration of transport supports and initiatives. Also, despite significant progress in the area, the accessibility of public transport, both bus and rail, continues to present major challenges due to the built environment, the design of railway stations and the difficulty in providing fully accessible buses, coaches and bus stops on all routes nationwide.

## 1.3

### Methodology

This report is based on:

- » Review of policy documents
- » Review of selected literature on the issue of transport and accessibility and related good practice components
- » Analysis of Social Policy Records submitted to the Citizens Information Board
- » Social Policy Alert<sup>6</sup> to CISs and voluntary/community advocacy projects for people with disabilities that are funded by the Citizens Information Board (see the appendix)
- » Identification of case examples<sup>7</sup>
- » Consultation with key informants in the policy and service delivery fields

5 See Department of Transport (2009), *Smarter Travel: A Sustainable Transport Future*. [www.smartertravel.ie](http://www.smartertravel.ie)

6 A Social Policy Alert is a tool used by the Citizens Information Board from time to time to ask Citizens Information Services (CISs) and voluntary/community organisations to pay particular attention to named categories of queries and/or cases for a period of time in order to identify any policy issues arising.

7 Case examples included in the report were identified through the Social Policy Alert and from Social Policy Records.



## 1.4

### Outline of Report

The report contains six chapters. Chapter 2 identifies a number of key underlying factors that need to be taken into account when considering the question of transport policy and mobility supports and their role in combating social exclusion and providing equitable access to services. Chapter 3 describes the current policy context in Ireland with particular reference to the accessibility of public transport and the Rural Transport Programme. The existing transport/mobility support schemes are described in Chapter 4, and their rationale outlined.

Chapter 5 sets out a range of transport and access issues arising from the experience of users of CISs and other voluntary/community organisations. Chapter 6 sets out some proposals for addressing these issues.

# 2

## Key Factors Identified

### 2.1

#### Introduction

This chapter provides a brief description of the main factors relevant to the development of a more integrated and comprehensive transport policy response to the difficulties experienced by some people in accessing services necessary for daily living, in particular, social and health services and community care services. These factors include the link between the availability of transport, access to services appropriate to needs and the requirement for multiple responses to meet diverse needs.

### 2.2

#### Demographic Considerations

According to Census 2006, some 40% of the Irish population live in rural areas and just over 9% have a disability (see 2.9 below). As people live longer and with better health, expectations around ongoing social involvement and a related need for transport will continue to increase. As the current trend towards the centralisation of services continues, the need for specifically targeted transport and mobility supports for those in rural areas who are not car owners or who cannot drive for medical reasons will become even more critical in ensuring equality of access and social inclusion across the life cycle. People with disabilities are now living longer than in previous generations and the incidence

of disability increases with age. Increased longevity is very likely to lead to an increase in demand for transport and mobility supports.

Fitzpatrick Associates (2006), in their evaluation of the Rural Transport Initiative (now the Rural Transport Programme), note that demographic trends, in particular overall population growth and changes in the age profile, are likely to mean that there will be growing numbers of people with unmet transport needs unless additional provisions are put in place.

### 2.3

#### The Link between Transport and Access to Services

The National Disability Authority (2004) notes that people who are dependent on public transport cannot participate in social and leisure activities on the same basis as people who are not dependent on such transport. The ability of people generally to meet many of their needs continues to be influenced by their access to transport facilities; these needs include work, education, medical care, social contact, recreation, access to services, utilities and shopping. Responding to the transport needs of people with poor mobility arising from disability or frailty in old age presents significant challenges. "The adequate provision of an integrated accessible public transport service is one of the significant factors that impact on

the quality of life for people with reduced mobility and sensory impairments" (National Disability Authority 2004:1).

Provision of transport specifically for medical appointments, hospitals and clinics was a requirement for many respondents in the study, *Health and Social Services for Older People (HeSSOP I)* (Garavan *et al.* 2001). This report pointed out that a number of conditions may involve treatment a distance away from home for many people. As well as affecting access to health and community-based services (the primary delivery mechanism for social services), difficulties with transportation mean that people cannot access various aspects of community life – for example, shopping, community events and religious services. This can both directly and indirectly affect a person's health and well being (Garavan *et al.* 2001). Having independent transport may be a key factor in combating social isolation.

Difficulties with public transport were identified by respondents in the HeSSOP I study as follows: crowding or the conditions of the service, negotiating the gap between the end of the route and their actual destination, getting to the bus stop or station, availability of the service, getting on or off the bus or train.

The need for innovative thinking in respect of links between transport and health at local and national levels and the development of health-promoting transport policies

accordingly has been highlighted in various studies. One alternative to current transport provision suggested by respondents in the HeSSOP I study was having services provided to their own homes. Taxi vouchers were also suggested for those who cannot use public transport.

## 2.4

### Different Models of Transport Services

Fitzpatrick Associates (2006) note that it is important to make a distinction between conventional and non-conventional transport services when addressing the question of how best to provide more inclusive transport services. Conventional services operate on fixed routes, with fixed departure and pick-up points. These can often be inaccessible for people who have difficulty getting to these points – for example, people with mobility, sensory and cognitive impairments, or people with young children. Non-conventional services, on the other hand, generally provide more demand-responsive or semi-scheduled alternatives which, using smaller vehicles, can collect people directly from their homes, bring them to local service centres or transport hubs, and return them home afterwards. Unlike conventional services, these alternative options are also more easily accessible to a wider range of user groups because of their ability to facilitate door-to-door service and passenger assistance.

On the downside, these services are more expensive.

The level of service that conventional transport systems provide in rural areas is patchy, and can vary widely both in terms of geographical coverage and service frequency. Conventional services in Ireland are also constrained by the country's low population density and its highly dispersed population, which limits the commercial viability of scheduled services and contributes to very high levels of car dependence in rural areas.

## 2.5

### Local Public Transport

Local transport is a key factor in accessing social and health services as well as catering for the initial stage in longer distance journeys (that is, as a feeder service). Access to local public transport is identified by the National Disability Authority (2007) as a key issue and incorporates consideration of the physical environment, including footpaths and other aspects of the route to and from the first point of use, type of vehicles, interchange facilities, information and customer care. "Experience in Ireland and elsewhere has shown that this is also the aspect of the public transport system which is hardest to 'get right'. It requires the most attention from planners and operators as well as the most operating funding" (National Disability Authority 2004:16).

## 2.6

### Public Transport in Rural Areas

The provision of local public transport in sparsely populated rural areas presents major challenges. It requires sustained Government support and public subsidies. The countries with the most extensive and affordable rural transport systems are those where long-term public funding has been available.

There are operational and practical problems with the access to the Free Travel Scheme.<sup>8</sup> Many people in rural areas and people with impaired mobility have little chance to make use of it. *A Review of the Free Schemes Operated by the Department of Social and Family Affairs* (Quinn 2000) noted that the value of the Free Travel Scheme varies greatly depending on the individual's circumstances such as mobility, income, general health and lifestyle. A recently published CSO Report (Central Statistics Office 2009) shows that just over half of all households in rural areas reported difficulties in accessing public transport compared with 11% of households in urban areas. One-third of rural households expressed difficulty in accessing banking services and GP services compared with 15% and 11% respectively of urban households. The proportion of households reporting difficulties in accessing basic services fell as household income rose.

<sup>8</sup> Under the Free Travel Scheme, older people, people with disabilities, carers and other identified categories of people are entitled to free travel on public transport. The scheme is described in Chapter 4.

Rural respondents in the HeSSOP I study were much more likely to see transport as a problem than those living in urban areas. HeSSOP II (O'Hanlon *et al.* 2005), a more recent study, shows that almost two-thirds (65%) of respondents in the Greater Dublin area had used public transport in the previous six months compared to just 20% in the then Western Heath Board area.

There have been definite improvements in the provision of non-conventional services in recent years: for example, the Rural Transport Programme (discussed in Chapter 3) and various local initiatives by voluntary/community organisations. However, such services are not yet commensurate with need.

## 2.7 Car Ownership

According to Census 2006 (Central Statistics Office 2007a), 28% of persons with a disability live in households that do not have a car. This figure rises to 40% for those aged 65 years and over<sup>9</sup>. The National Disability Authority and Indecon (2004) noted that people with disabilities are less likely to drive a car – just under half of adults with disabilities drive a car regularly compared to three-quarters of people who do not have disabilities.

In the HeSSOP II research (O'Hanlon *et al.* 2005) just under

half of the people in the sample drove a car. Men were more likely to drive than women and increasing age was associated with a lower probability of driving.

A recent study of the FÁS National Supported Employment Programme (WRC Social and Economic Consultants 2008) shows that only 27% of people with a disability interviewed have a full driving licence (though it does not state whether or not they have access to a car) and that 8% have a provisional licence. Data provided for this report by a voluntary/community disability advocacy project showed that of the 200 or so people who have availed of an employment support service, fewer than 10% own cars.

## 2.8 Transport and Social Inclusion

Lack of adequate public transport is one of the major factors contributing to social exclusion in rural areas (Fitzpatrick Associates 2006). Key groups identified as more likely to be without transport are women, older people, people on low incomes, and people with mobility, sensory or cognitive impairments (Fitzpatrick and Associates 2006).

Many of the poorest people in rural areas do not have a car, or cannot meet the costs of travelling long distances. The costs of transport

to work can be a significant barrier to people taking up employment, particularly low-income work. A study by the National Council on Ageing and Older People – NCAOP (Treacy *et al.* 2005) concluded that social loneliness was significantly linked to increasing age, lack of access to transport, having to travel greater distances to a bank or post office, poorer health and living in a rural area.

Family and friends can be a vital support to older people living in the community, enabling them to avail of health and social services. HeSSOP II found that while 64% of women availed of lifts from friends and family, just 34% of men did so. People living in inter-generational families were more likely than others to avail of lifts from family and friends. Not surprisingly, perhaps, people living alone were less likely than others to avail of lifts from family and friends.

Social inclusion was a core objective highlighted by Fitzpatrick Associates (2006) in the development of rural public transport in Ireland. They suggest that this objective must be kept at the forefront and that any broader rollout of rural transport must be capable of meeting the explicit needs of excluded rural groups as well as the general rural transport user. A key consideration in this regard is that rural transport services, especially for people who do not have a car or access to public transport, cannot be measured in economic terms alone (Weir and McCabe 2008).

<sup>9</sup> More detailed information on car ownership and mobility issues should be available when the results of the National Disability Survey 2006 become available – only a *First Results Report* has been published.

## 2.9

### People with Disabilities

Policies aimed at meeting the transport needs of people with disabilities have been the subject of much discussion in recent years. The Disability Act 2005 states that disability, in relation to a person, means a "substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment" [Section 2(1)]. This definition underlines the diversity and complexity of disabilities that exist and the potential impact of disability on a person's quality of life.

The 2006 Census reports that 393,785 (9% of the population) have disabilities. The *National Disability Survey 2006* (Central Statistics Office 2008a) included a broader range of disabilities but also introduced a threshold of severity for classifying someone as having a disability which resulted in an estimate of disability prevalence of 8.1% of the population (lower<sup>10</sup> than the Census rate). The survey questionnaires were based on the social model of disability which defines disability as the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers they may face.

The transport needs of older people with impaired mobility and people with disabilities must be viewed in the context of their general income levels relative to the rest of the population. For example, the at-risk-of-poverty rate for older people rose from 13.6% in 2006 to 16.6% in 2007. The at-risk-of-poverty rate in 2007 for people not at work due to illness or disability was 37% compared to 16.6% for the general population. The respective figures for consistent poverty were 15.8% and 5.1% (Central Statistics Office 2008b).

## 2.10

### Transport Accessibility

One of the key underlying principles of *Transport 21*<sup>11</sup> is making the transport system accessible for people with mobility, sensory and cognitive impairments (see the next chapter). Public transport accessibility issues go beyond the needs of people with disabilities. They also involve the transport needs of the wider community who, at some stage in their lives, may have a form of mobility or visual impairment that makes travelling difficult if the mode of transport or the built and external environment is not accessible.

Accessibility is a complex issue that presents significant challenges in the provision of a comprehensive and inclusive

transport system. The National Disability Authority (2004) noted that the delivery of an accessible public transport service and the planning for and development of the necessary infrastructure is, of its nature, long term. Significant improvements have been made to public transport accessibility – for example Dublin Bus, DART, Luas, wheelchair-accessible taxis and gradual progress by Bus Éireann. However, there is, for example, no low-floor accessible public transport in some parts of the country.

## 2.11

### Cost of Disability

It is recognised nationally and internationally that people with disabilities incur many extra living costs as a result of their disability and that these include above-average transport costs.

The National Disability Authority (National Disability Authority and Indecon 2004) supports the introduction of a Cost of Disability payment. It suggests that any such payment should follow on from needs assessment, should be calibrated to the degree of need, and should have as its primary purpose the equalisation of living standards between people with disabilities and the rest of society as well as encouraging participation.

<sup>10</sup> This was due to a small number of persons who indicated that they had a disability in the Census not reporting a disability in the National Disability Survey (NDS) or their disability being below the threshold set in the NDS.

<sup>11</sup> *Transport 21*, launched in 2005, is the Government's current Transport Policy Ten Year Plan.

The Interdepartmental Review Group on the Disabled Drivers and Disabled Passengers (Tax Concessions) Schemes (Department of Finance 2002) took the view that the future direction of that scheme would be best decided based on the findings of the Working Group on the Cost of Disability Payment<sup>12</sup>. *Towards 2016* notes that, in the context of rationalising existing allowances to people with disabilities, "other issues around the cost of disability will be considered following the development of a needs assessment system provided for under Part 2 of the Disability Act 2005" (Department of the Taoiseach 2006).

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<sup>12</sup> This Working Group has not issued any report.

# 3

## Developing an Inclusive Transport System – Current Policy Context and Programmes

### 3.1

#### Introduction

This chapter looks at key aspects of Irish transport policy that are relevant to people with disabilities and to groups with specific transport needs that may not be adequately catered for under provisions to date. The policy context for the development of transport services has been evolving significantly in recent years and continues to do so as structures are put in place to implement Government commitments in *Towards 2016, Transport 21* and *Transport Access for All: the Department of Transport Sectoral Plan under the Disability Act 2005* (drawn up in 2006).

### 3.2

#### 'Transport for All' Concept

The concept of 'Transport for All' is now generally accepted within the EU. It has been promoted by the European Council of Ministers for Transport and has been endorsed by the Department of Transport in Ireland. This concept is based on an approach (see Tyler 2002) which:

- » Accommodates as many people as possible in a mainstream public transport solution. This removes the notion that 'special' provision needs to be made for people with mobility, sensory and cognitive impairments.

- » Determines how to provide the service for those excluded from this mainstream process.
- » Works continuously to find and incorporate new ideas, materials, technologies and methods into ongoing designs so that more people can be included in the mainstream solution in future.

The National Disability Authority has set out a series of recommendations aimed at the development of the 'Transport for All' concept and has also produced *Recommended Accessibility Guidelines for Public Transport Operators in Ireland* (National Disability Authority 2005a) to help bus and rail operators make their services more accessible to passengers with disabilities.

### 3.3

#### Department of Transport Sectoral Plan

*Transport Access for All: Sectoral Plan for Accessible Transport under the Disability Act 2005* (2006) sets out the proposals of the Department of Transport and the agencies under its aegis in relation to the rollout of a comprehensive programme of accessible transport. It outlines a series of policy objectives and targets across all modes of transport. It indicates measures to make trains, buses, taxi and hackney services, air and marine transport, and parking facilities more accessible to people with disabilities.

The Sectoral Plan refers to meeting the transport needs of:

*"people with physical, sensory, learning or cognitive difficulties (whether permanent or temporary) and others whose access to traditionally constructed transport vehicles, services and infrastructures is limited, to a greater or lesser extent, on account of age, because of accompanying children or because they are carrying luggage or shopping or are otherwise impaired in their use of the transport system"* (Department of Transport 2006:11).

The promotion of mainstreaming across all modes of transport that operate under the remit of the Department of Transport is stated as an underlying principle of the Sectoral Plan. Mainstreaming in the transport context is defined in the plan as meaning the adoption of an integrated approach to policy making, transport planning and the provision of transport services for all. While this is to be done as extensively and intensively as possible with regard to meeting the transport needs of people with mobility, sensory and cognitive impairments, the plan notes that:

*"it is inevitable that some people, because of the severity or nature of their disabilities, will not be able to travel on public transport services (or may not be able to do so at all times). In these cases, specialised transport services are the most appropriate complementary form of transport"* (Department of Transport 2006:13).

A key aspect of the Sectoral Plan, and also reflected in *Transport 21*, is building accessibility into new transport infrastructural projects and the acquisition of accessible rolling stock and buses as a matter of course. In addition to the mainstreaming of accessibility into new projects, funding is to continue to be provided to enable the phased adaptation or retrofit of existing transport infrastructure and facilities.

The Sectoral Plan notes that the benefits of improved transport accessibility extend to all transport users, even to the most able-bodied, and that issues relating to transport accessibility go far beyond the needs of people with disabilities:

*"They impact on the transport needs of the entire population because most people, at some point in their lives, are likely to acquire a physical or other impairment or be impeded in some manner, that will make travelling difficult, if not impossible, on what one might call 'traditional' type transport vehicles. This is particularly the case as people advance through the ageing process. It is also the case that there is a high correlation between age and disability"* (Department of Transport 2006:11).

The Sectoral Plan identifies the following as the key elements of accessible public transport:

- » Full unassisted access for wheelchair users (and for prams and buggies) including, where

appropriate, accessible toilets and lifts.

- » Features to aid people with difficulties in walking, gripping, reaching or balancing, including slip-resistant surfaces, handrails and handholds.
- » Facilities to aid people with vision impairments, deafness or hearing loss, and other impairments. These include the consistent use of colour contrasts, clear signing and lighting, non-reflective surfaces, audio and visual announcements, tactile and audible guidance surfaces, warning systems and induction loops.
- » Facilities to aid people with learning disabilities or mental health problems. These include clear oral and written information and consistent staff training in recognising and understanding the needs of individuals.

The Sectoral Plan recognises that accessible public transport is not just about vehicles and infrastructure. "It also includes elements such as staff training in understanding and meeting passenger needs and information (both before and during journeys) in forms and formats that can be widely understood" (Department of Transport 2006:13). Aspects of disability transport policy are covered in the plan – such as disability awareness training, the establishment of consultative disability user groups across the transport sectors, accessibility audits, integrated ticketing, and

more accessible, better quality passenger information.

In 2008, the Department of Transport conducted a Review of the Sectoral Plan and engaged in extensive consultation with stakeholders in the process. A new Sectoral Plan, *Transport Access for All* (2008 Edition) was published in May 2009. The new plan reflects the changes that have taken place since 2006 in terms of tangible improvement to public transport accessibility. The new plan does not replace the targets and other commitments set out in the 2006 plan but does outline a number of interim targets against which progress can be measured. It also puts greater emphasis on joint working to deal with cross-cutting issues relating to public transport accessibility. In particular, the plan provides for greater joint working between the Department of Transport and the Department of the Environment, Heritage and Local Government in relation to the built environment and transport infrastructure.

## 3.4

### An Accessible Public Transport System

#### 3.4.1 National Disability Authority Guidelines

In 2004, to assist and support the Department of Transport in achieving a high level of public transport accessibility, the National Disability Authority (NDA) undertook to develop and recommend transport guidelines for improving access to bus, rail and light rail services for people



with disabilities in Ireland. A process of national consultation took place with all of the key stakeholders and a report was published in 2004, *Towards Best Practice in the Provision of Transport Services for People with Disabilities in Ireland* (National Disability Authority 2004).

Following this, NDA then produced a guidelines document, *Recommended Accessibility Guidelines for Public Transport Operators in Ireland* (2005a). The guidelines are intended to help public transport operators provide a good, comprehensive and readily usable service for people with disabilities. They cover information provision, infrastructure and buildings, vehicle design, customer relations, disability awareness training and procedures for disruption and emergencies. In addition, the guidelines explain the barriers to travel faced by passengers with disabilities, and outline the current Irish legal and regulatory position.

### 3.4.2 Public Transport Providers

Public transport providers have to a large extent engaged with the challenge of developing accessible services and embarked on a programme of introducing accessible vehicles and rolling stock as well as upgrading the accessibility of railway stations and bus stops. Training in disability awareness and the enhancement of information provision to cater for the needs of people with different types of disability have become strategic elements in each of the main transport agencies.

#### *Dublin Bus*

There has been a considerable increase in recent years in the number of accessible low-floor coaches in the Dublin Bus fleet. At present, 74% of the Dublin Bus fleet is accessible and accessible bus stops are being installed on a gradual basis, especially on quality bus corridors. Dublin Bus has identified two main obstacles to improving accessibility which are being addressed:

- » Poor condition of bus stops and the bus stop environment
- » Difficulties in providing up-to-date real-time passenger information

Dublin Bus set up a Travel Assistance Scheme in 2006. This offers practical advice and assistance to passengers intending to make journeys using public transport. The scheme is available to anyone over the age of 18.

#### *Bus Éireann*

Bus Éireann now uses accessible buses on its city services in Cork, Limerick, Galway and Waterford and on some other routes. Bus Éireann has also initiated pilot projects for accessible Expressway coaches. These coaches are equipped with a lift to be used by wheelchair users when embarking and disembarking. A major issue with the operation of the lift is the need for appropriately designed bus stops which means significant changes to their current design. Planning is currently underway to make two such routes operational

with designated accessible stops (Cork to Waterford and Dublin City University to Navan). It is envisaged that the learning from the pilot projects will inform the longer-term development of accessible buses nationwide. The service will be supported by a booking system and helpline.

#### *Iarnród Éireann*

In more recent years, there has been considerable progress in the accessibility of train stations and introduction of accessibility features on train carriages. New accessible trains were introduced on a number of routes in 2008 and most smaller commuter trains are accessible. However, many stations remain inaccessible due to their reliance on footbridges as the only means of crossing the railway track. Additionally, train carriages on certain routes continue to have poor levels of accessibility for passengers. All new stations are being designed to meet accessibility requirements and Iarnród Éireann has a detailed programme of action for upgrading accessibility in existing railway stations. It also produces a *Guide for Passengers with Disabilities*, which provides information on facilities available at each station, and has in place a mechanism for making alternative arrangements for people needing to use railway stations that are inaccessible.

#### *Luas and DART Services*

Feedback is positive in relation to passengers with disabilities using Luas and DART services.<sup>13</sup>

13 See Irish Wheelchair Association (2008), *Submission to Department of Transport Review of 'Transport Access for All'*, [www.iwa.ie](http://www.iwa.ie); Department of Transport (2008), *Transport Access for All* (2008 Edition), [www.transport.ie](http://www.transport.ie)

A particularly significant development is the facility on Luas services for wheelchair passengers to enter and exit the carriages without having to use a ramp or lift. Problems with accessibility in some DART stations, related mainly to platform heights, are being addressed on an ongoing basis.

### 3.4.3 Accessible Taxis

Taxis are widely used by people who cannot use other forms of transport and provide a valuable, if relatively expensive, option for people with mobility difficulties. There are currently about 1,500 wheelchair-accessible taxis nationwide (approximately 6% of the national fleet). The Commission for Taxi Regulation indicated in 2008 that more public money is required to increase the numbers of accessible taxis.

The issue of accessible taxis has been the subject of much debate in recent years. For example, a 2002 submission by the National Disability Authority to the Department of the Environment, Heritage and Local Government made a number of recommendations for qualitative improvements in taxi services and the future regulation of those services, including:

- » The continued phased introduction of accessible vehicles
- » Special arrangements to address the needs of people

with a visual impairment or learning disability

- » Alternative ways of compensating or subsidising people with disabilities for the incurred additional costs of transport, in the form of travel vouchers or taxi cards
- » The location and design of taxi ranks to be made accessible to people with disabilities including adequate space for embarking and disembarking, and shelters at taxi ranks
- » A Charter of Rights for all customers of taxi services

The Taxi Regulation Act 2003 established the Commission for Taxi Regulation. The principal function of the Commission is the development and maintenance of a regulatory framework for the control and operation of small public service vehicles and their drivers. Among the various functions of the Commission is the promotion of disability awareness, the implementation of wheelchair-accessible taxi policy and addressing the needs of people with disabilities.

## 3.5

### Integrated Rural Transport: International Best Practice

The *Review of Rural Transport Policy* (Weir and McCabe 2008 for Comhar-Sustainable Development Council) looked at approaches to rural transport in the UK, Sweden,

Finland, Italy, the Netherlands and Switzerland. The authors identified a number of common denominators. All initiatives examined:

- » Embraced the very latest technology
- » Were people-centred and demand-driven
- » Were supported at national level through policy and related funding
- » Focused strongly on integration and did not act alone
- » Valued indigenous knowledge

A point noted by Weir and McCabe (2008) is that, in contrast to the approaches in other countries, to date there has been little collaboration among the providers of rural transport in Ireland. This has led to a lack of co-ordination and some duplication of services. The authors conclude that "planning plays a major part in [best practice] transport provision as customers are required to book in advance, some the night before, some two hours in advance, but this is vital for planning timetables, routes, destination times, and integration with other transport providers such as rail" (Weir and McCabe 2008:47). It should be noted that Pobal is currently developing a mapping system to highlight geographic areas where there are gaps in transport services and project

coverage. The mapping system is also envisaged as providing an overview of the location of essential services and facilities and enabling a better analysis of travel patterns and user requirements. The system is expected to highlight greater co-ordination potential in integrating local transport services and a range of user service needs.

In addition to the mapping system referred to above, pilot initiatives are currently in place in the North East and North West to explore the potential for improved synergies between existing transport providers (the HSE, Department of Education and Science, Bus Éireann and Pobal). It is envisaged that the outcomes of these initiatives will feed into the development and enhancement of rural transport provision.

The potential of telematics<sup>14</sup> in helping to provide better synergy between passengers' needs and transport provision is also highlighted in the Comhar report.

## 3.6 Rural Transport Programme

The Rural Transport Programme (RTP) was launched in February 2007 following the Rural Transport Initiative (RTI) which was introduced in 2002. The

RTP adopts a community-based approach to redress social exclusion related to unmet needs for public transport in rural areas. The programme is administered by Pobal on behalf of the Department of Transport.

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

The Government's continued commitment<sup>15</sup> to the RTP is reflected in its inclusion in *Towards 2016*. The National Development Plan 2007–2013 commits some €90 million to the RTP over its full term. This increased funding is envisaged as leading to an increase in the frequency of existing services, extended coverage, and additional communities accessing rural transport. The total expenditure by the Department of Transport on the RTP in 2008 was in the region of €10 million. An additional €1.5 million was received from the Department of Social and Family Affairs as a contribution to what they would

otherwise pay towards the free travel element. Funding of €11 million was provided from the Department of Transport Vote for the RTP in 2009.<sup>16</sup>

The RTP currently funds a range of community transport groups around the country. These groups have been formed either through existing or cohesed local development organisations, or through the formation of new groups involving NGOs, local authorities, service users and other stakeholders. There are 36 community transport projects in all – 34 are limited not-for-profit companies and 2 are co-operatives. Additional projects are planned to come on stream in the next year.

The total number of passenger journeys in 2007 was 998,350, 1.2 million in 2008 and expected to be around 1.5 million in 2009. The number of passengers requiring assistance in 2008 was 119,486. Table 3.1 (next page) provides a breakdown of RTP users in 2008. Percentages may vary on a project-by-project basis.

The RTP is based on a bottom-up approach developed during the pilot RTI phase which demonstrated the effectiveness of the involvement of local communities in the provision of rural transport services. The Government's role is that of facilitator, helping local

14 Telematics can be described as the blending of computers and telecommunications technologies in order to efficiently convey information over networks to integrate and improve the delivery of services. It refers to all types of networks that rely on a telecommunications system to transport data, including dial-up networks.

15 The McCarthy Report, 2009 (Report of the Special Group on Public Service Numbers and Expenditure Programmes) proposed the abolition of the RTP.

16 In the 2010 Estimates for the Department of Transport, provision for the RTP is being maintained at €11 million in recognition of the important role it plays in combating rural isolation, particularly for older people. In line with a commitment in the Renewed Programme for Government, a series of studies are to be undertaken to see how rural transport services, including the RTP, health related and school transport services, can be better integrated.

**Table 3.1:** Profile of RTP Users and Journeys, 2008

Gender	Age	Free Travel Pass Users	Type of Journey	Accessibility of Transport Service				
Female 68%	<5	1%	Over 66	88%	Door to Door	78%	Fully Accessible	44%
Male 32%	School Age	21%	Under 66	10%	Other	22%	Partially Accessible	34%
	18-25	3%	Companion	2%			Non-Accessible	22%
	26-65	17%						
	66 and over	58%						

communities to address their transport needs through financial and administrative support while communities themselves take the lead in developing transport services to fulfil these needs.

Some of the schemes funded under the RTP operate their own accessible minibuses (currently 13) but most contract with local private transport operators and/or local voluntary organisations to operate the services on their behalf.<sup>17</sup> A number of schemes have had difficulty providing accessible services because wheelchair-accessible vehicles are not always available in their areas.

In addition to funding under the RTP, groups also avail of funding provided by the Department of Social and Family Affairs arising from the application of the Free Travel Scheme to the initiative. Some RTP groups also benefit from local development funding by the Department of Community, Rural and Gaeltacht Affairs. A number of schemes have received funding under the Community Services Programme, from the

Health Service Executive, from the County Development Board, and from local development partnerships and groups. Most also generate additional funds from their own sources.

Rural transport projects may also be funded under the Rural Social Scheme<sup>18</sup> provided that they are community based, that they do not compete with the existing Rural Transport Programme (RTP) and that all other conditions are fulfilled. In this context, community groups may submit work projects that are compatible with the objectives of the scheme to their local LEADER group which implements the Rural Social Scheme on behalf of the Department of Community, Rural and Gaeltacht Affairs.<sup>19</sup>

Under the Evening Rural Transport Scheme operated by the Department of Community, Rural and Gaeltacht Affairs, seven rural transport projects are being supported on a pilot basis throughout the country. Services under the scheme commenced on a gradual basis throughout the

summer of 2007. This scheme is additional to the existing Rural Transport Programme (RTP). The pilot scheme, due to end in July 2009, has been extended to December 2009 with a view to prioritising routes that can be serviced from existing resources and integrating these with the main RTP.

Fitzpatrick Associates (2006) found that the RTP has generally been a success, providing a valuable transport alternative for vulnerable people in rural parts of Ireland. They identified a number of positive aspects of the programme. Firstly, it has pioneered a new kind of non-conventional rural transport service in Ireland; in particular, the door-to-door, semi-scheduled and/or fully demand-responsive nature of the services has given rural dwellers a valuable transport alternative. Secondly, for many people, it has facilitated very real and tangible improvements in their quality of life, to the extent that it can be considered a social service as much as a transport service. This has included

17 Funding under the RTP is provided on the basis of business plans submitted in the context of existing transport deprivation in an area. Funding under the programme is not available for capital costs.

18 The Rural Social Scheme was set up by the Department of Community, Rural and Gaeltacht Affairs in mid-2004. The aim of the scheme is to provide income support for farmers and fishermen in Ireland who are in receipt of long-term social welfare payments. In return, those participating in the scheme provide services that benefit rural communities.

19 Schemes already in receipt of aid from public funds for the same purpose or where there is funding available from other sources are generally excluded from the Rural Social Scheme.

reduced levels of isolation, greater opportunities for social interaction and improved levels of independence and self-sufficiency. Thirdly, the RTP has allowed for considerable local flexibility in deciding what type of service is appropriate to meeting the needs of a local area, and the direct involvement of the local community in the development of services has been crucial to this.

The RTP evaluation report also highlighted a number of challenges that will have to be addressed if the programme is to lead to an expanded national rural public transport service. These include the requirement for expanded geographical coverage to cater for unmet needs. Fitzpatrick Associates also found that running the programme has placed a considerable burden of management, administration and governance on RTP groups, with the people involved having little prior experience of such matters in most cases. This includes the need to deal with general management and administration issues, transport planning and logistics, community development, finance and accounting, public tendering procedures, health and safety, and insurance and legal matters.

Pobal is engaged in a process of extending the Rural Transport Programme (RTP) on a phased basis with a goal of achieving nationwide coverage in due course. This involves consideration of the best structural arrangements to manage the

RTP at local level into the future. In the short-to-medium term, the primary focus is on building capacity within the programme to expand rural transport provision by way of better services and wider coverage. Specific attention is being given to rural areas that do not currently have access to public transport. The further expansion of the RTP is regarded as presenting significant challenges, particularly in terms of capacity building at local level.<sup>20</sup>

### 3.7 Community and Voluntary Transport Services

A number of national and local voluntary organisations have fleets of accessible vehicles that are used to provide transport for their own members, mostly in connection with their own activities and to their own facilities. Such services generally fit the description of non-conventional transport services discussed in 2.4 above. These national organisations include the Irish Wheelchair Association and Enable Ireland and, at local level, Centres for Independent Living.

A pioneer in the development of accessible transport was Vantastic Dial-A-Ride Limited, established by the Centre for Independent Living in 1994 as a way of addressing the absence of accessible public transport. Vantastic operates a call centre booking and scheduling service

for the Dublin area providing demand-responsive door-to-door transport services. It also provides self-hire wheelchair-accessible vehicles, which can be hired by members to be driven by member-nominated drivers. Vantastic is supported by the Department of Justice, Equality and Law Reform and by Pobal.

Many organisations provide accessible transport at local level. For example, Disabled People of Clare operates a transport service through a Dial A Ride System. Similarly, Clare Accessible Transport (CAT) supplies transport services to people with disabilities living in the East Clare Region. There are also a number of private operators at local level that offer a service to mobility-impaired people who need transport to hospitals, day centres and other venues.

The Irish Cancer Society has established on a pilot basis a volunteer driving service, Care to Drive, to transport people from their homes in South Dublin, Wicklow and North Wexford for treatment in St Vincent's University Hospital. Modelled on a successful Canadian initiative, it was devised in response to an identified need for a different type of transport to and from hospital to cater for existing and emerging needs. It is envisaged that the pilot project, which is being evaluated, will serve as a blueprint for the development of a nationwide volunteer-based system of transport.

<sup>20</sup> A Value for Money Review of the RTP is to be undertaken in 2010.

# 4

## Current Transport and Mobility Support Schemes

### 4.1

#### Introduction

This chapter describes the various transport and mobility support schemes<sup>21</sup> currently available. These are supports provided directly by the State to individuals who have been assessed as meeting the relevant eligibility criteria. The schemes are summarised in the table below. Regulations governing provision for parking by people with disabilities are also described.

### 4.2

#### Free Travel Scheme

The Department of Social and Family Affairs administers a Free Travel Scheme for older people, people with disabilities and carers. The following categories of people are eligible:

- » Everyone aged 66 or over and living permanently in the State
- » Recipients of Disability Allowance, a Blind Person's Pension and people who have been receiving Incapacity Supplement (with Disablement Pension) for at least a year
- » Those registered as blind or with a severe visual impairment who satisfy the medical conditions for Blind Person's Pension
- » Anyone who has been receiving an Invalidity Pension for at least 12 months from an EEA state or from a country that has a bilateral social security agreement with Ireland and is permanently resident here
- » People who were receiving Invalidity Pension or Disability Allowance and changed to State Pension (Transition) at age 65

**Table 4.1:** Transport/Mobility Support Schemes

Scheme	Year Established	Reviews	No. of Users/Recipients*	Annual Cost*
Free Travel Scheme	1967	2000	637,312	€68.43m (2008)
Rural Transport Programme**	2002	2006	1.2m passenger journeys (2008)	€11m (2008)
Mobility Allowance	1979	Guidelines amended 1974, 1998, 2008		
Motorised Transport Grant	1968			€3.58m
Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations	1994	2002	13,000 (2008)	€76m (2008)
HSE Non-Emergency Patient Transport Services	1970	2008	Non-urgent calls – 192,000; Community Transport – 420,000 (2008 figures)	
SWA Exceptional Needs Payments	1977	2004–2006		€2.8m (2008)
SWA Travel Supplement	1977	2004–2006	1,037 (2007)	€1.34m (2007)

\*Data for recent years not always available

\*\* See Chapter 3

21 See also Citizens Information Board, *Entitlements for People with Disabilities* (2008).

- » People in HSE-approved residential care who were previously getting Disability Allowance (DA) or would satisfy the conditions for DA and are medically assessed as being unable to travel alone
- » Recipients of Carer's Allowance and carers providing full-time care and attention to those getting Constant Attendance Allowance or Prescribed Relative Allowance
- » A widow/widower aged 60–65 inclusive, in receipt of certain payments and whose late spouse held a Free Travel Pass

Free travel is available on road, rail and DART services, the Aran Islands<sup>22</sup> ferry service, certain private services that have opted into the scheme and on public transport between Ireland and Northern Ireland. The Free Travel Pass can also be used on schemes funded under the Rural Transport Programme. There is no restriction on the amount of free travel or on the times of travel.

The spouse of a Free Travel Pass holder may travel free of charge. People who cannot use the pass because they are unable to travel alone may get a Companion Free Travel Pass. This allows the holder to be accompanied by any person over 16 years of age, free of charge. Total expenditure on free travel in 2008 was over €68 million.

## 4.3 Mobility Allowance

The Mobility Allowance (current top rate €208.50 per month<sup>23</sup>) is a means-tested payment. It is payable by the HSE to people aged between 17 and 66 who have a disability and are unable to walk or use public transport. The following conditions apply:

- » The person must be unable to walk, even with the use of artificial limbs or other suitable aids, or the person's health must be such that the exertion required to walk would be dangerous,
- » The inability to walk must be likely to last for at least a year,
- » The person must not be medically forbidden to move,
- » The person must be in a position to benefit from a change in surroundings,
- » The person must be living at home or in a long-term institution, and
- » The person must pass a means test.

The decision on whether or not the medical criteria are met is made by the HSE Senior Area Medical Officer. The means test is similar to but not the same as the means test for the Disability Allowance. If a Mobility Allowance is awarded, it

will be continued beyond the age of 66 but a person may not apply for it after that age. The allowance is paid monthly.

## 4.4 Motorised Transport Grant

The Motorised Transport Grant (currently €5,020.50) is a means-tested HSE payment for people with disabilities who need to buy a car or have a car or other vehicle adapted in order to enable them to drive and, as a result, earn a living. Persons wishing to receive the Motorised Transport Grant must:

- » Be over 17 years.
- » Have a disability which impedes their use of public transport.
- » Hold a current driving licence.
- » Be physically and mentally capable of driving.
- » Require a car or other vehicle in order to obtain/retain employment or live in a very isolated location. Where an application is made on the basis of obtaining or retaining employment or self-employment, the HSE must be satisfied that the person is capable of holding down a job.

The grant may also be considered in exceptional circumstances for people with severe disabilities who are over 17 years and under

<sup>22</sup> Permanent residents of any of the Aran Islands may get up to 12 air trips each year between the islands and the mainland. People who live permanently on Tory Island (Co. Donegal) are entitled to a number of free journeys on the seasonal helicopter service operating between the island and the mainland.

<sup>23</sup> A lower rate is paid to persons who are availing of the Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme.

66 years, who live in remote locations and who are impeded from using public transport. An individual who is unemployed may be able to get a grant if access to a car would allow them to take up work.

Normally, the grant is payable where someone drives himself or herself. It may be possible to get approval for a grant where the person owns the car and arranges for someone else to drive it because he/she is not physically or medically able to drive.

When a grant has previously been paid towards the purchase of a vehicle, a grant towards the replacement of the car will not normally be paid for three years from the date that the previous grant was paid, unless there are extenuating circumstances.

Any individual in receipt of the Motorised Transport Grant is not eligible to receive the Mobility Allowance. This is because the payment of a Motorised Transport Grant is subject to the condition that the HSE will not be called upon to contribute towards the running costs of the vehicle. The person will not be eligible for the Mobility Allowance again until three years after the date of payment of the Motorised Transport Grant.

Qualifying for the Motorised Transport Grant does not guarantee that the individual concerned will qualify for tax exemptions under the Disabled Drivers and Disabled Passengers

(Tax Concessions) Scheme. Nor does failure to qualify mean that he/she is not eligible for tax exemptions.

It should be noted that the Motorised Transport Grant is not automatically available to those who do not have access to public transport. Its purpose is to address a mobility difficulty arising from a person's disability as distinct from a mobility difficulty due to a lack of available and accessible transport.

## 4.5

### Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994

The Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994 provide a range of tax reliefs linked to the purchase and use of vehicles by disabled drivers and disabled passengers.

The main provisions of the scheme are outlined below:

- » The scheme is open to persons who meet the specified medical criteria and have obtained a Primary Medical Certificate to that effect. A person can apply for relief either as a driver or a passenger. Alternatively, there is provision for family members to apply.

- » Relief in respect of Vehicle Registration Tax (VRT) and Value Added Tax (VAT) may be obtained, subject to specified maximums in respect of a driver, a passenger and a family member.

- » A vehicle on which tax relief has been given may not be disposed of for at least two years.

- » A person admitted to the scheme may also apply for a repayment of excise duty on fuel used in the vehicle for the transport of the person with the disability, up to a maximum of 600 gallons or 2,728 litres per year.

- » A vehicle which has been admitted to the scheme is also exempt from the payment of annual road tax.

The person applying to the scheme must be severely and permanently disabled and have at least one of the following mobility impairments:

- » Be completely or almost completely without the use of both legs
- » Be completely without the use of one leg and almost completely without the use of the other leg to the extent that they are severely restricted as regards movement in their legs
- » Be without both hands or both arms



- » Be without one or both legs
- » Be completely or almost completely without the use of both hands or arms and completely or almost completely without the use of one leg
- » Have the medical condition of dwarfism and serious difficulties of movement of the legs

Eligible drivers and passengers can claim tax relief on a new vehicle or a used vehicle that has been purchased from an authorised dealer and not previously registered in the State. They can also buy a previously registered used vehicle, in which case the amount of the repayment will be the residual tax contained in the value of the vehicle.

If the person bought the vehicle before he/she qualified as a disabled driver, a repayment of VAT and VRT will be made, appropriate to the market value of the vehicle at the time of entry to the scheme.

A family member of a disabled passenger can also qualify for relief provided he/she is living with and responsible for the transport of the disabled person in question and has acquired the vehicle for that purpose. If the person with the disability only stays with the family member on a part-time basis, the residency requirement is not met. However, the residency requirement may be met if the person with the disability is a minor who is in residential or medical care on a part-time or occasional basis and

spends a significant part of his/her time at home, for example every weekend and holidays. The Revenue Commissioners may, in exceptional circumstances, waive the residency requirement.

The average benefit in terms of VAT and VRT relief per person per year is estimated at €5,250 and there are some 13,000 beneficiaries of the scheme.

The strict medical criteria applying to the scheme exclude a wide range of people with various disabilities, for example people with visual impairment who may need assistance with transport and mobility costs. The Interdepartmental Review Group (Department of Finance 2002), which examined the scheme, referred to possible inequalities between people with various disabilities in terms of access to State subvention for private transport expenses. "At one extreme, some persons with severe disabilities are in a position to avail of the tax concessions and one of the means-tested health board allowances...meanwhile other persons, with serious disabilities, even on a low income, are unable to avail of **any** scheme for private transport costs" (Department of Finance 2002:12).

As already stated (see 2.11 above), the Interdepartmental Review Group took the view that the future direction of the scheme was best considered in the context of dealing with the question of a Cost of Disability payment.

## 4.6 Ambulance Services

In Ireland, there are three types of ambulance services available:

- » Public health ambulance and transport services (emergency and non-emergency)
- » Private ambulance and transport services
- » Volunteer ambulance services

### 4.6.1 Emergency Ambulance Services

Generally, ambulances are used when the emergency services are called but there is no clear right to an ambulance service. The emergency ambulance service is generally provided by the HSE but Dublin Fire Brigade provides an emergency ambulance service for the greater Dublin area. Part of the HSE covering the Dublin area (formerly the Eastern Regional Health Authority) also has its own ambulance services. The two services, which operate from the same control room, are not integrated.

### 4.6.2 Non-Emergency Patient Transport Services

The HSE provides non-emergency and non-ambulance transport in circumstances where a person's healthcare needs have been identified as requiring specialist transport and where conventional transport is not an option. There are diverse practices throughout the country due, in part at least, to local responses that evolved under the former health board structure. The diversity is also

partly due to the fact that there is no mandatory requirement to provide patient transport services.

For non-emergencies, the use of an ambulance is usually a medical decision and priority is given to oncology patients, dialysis patients, people with lower limb fractures and transplant patients for six months after treatment. In general, people who do not have medical cards may be charged for the service but the practice varies between the HSE areas and charges may be waived in certain cases (that is, hardship). Some HSE areas provide transport services to hospitals for out-patient appointments and to day centres. This is frequently done under contract to private transport operators. The HSE may assist with transport costs, such as taxis, for a person who has to travel a long distance to a hospital.

In 2006, the HSE commenced a review of the non-emergency transport needs of people attending HSE facilities. This involved the National Ambulance Office, the National Hospitals Office and the Primary, Community and Continuing Care Directorate of the HSE. This review has been completed and the HSE is considering the report.<sup>24</sup> Key issues under consideration by the HSE are the inequities in the current system,

the development of a national policy and the overall costs of the scheme.

#### 4.6.3 Private Ambulance Services

There are a number of private ambulance services in existence, including air ambulance services. The person requiring the service makes the contact and pays for the service in the normal commercial manner. On occasion, these services may be brought in by the HSE to help with emergencies; in such cases, charges for the services are paid by the HSE.

#### 4.6.4 Volunteer Ambulance Services

There are also a number of volunteer ambulance organisations. They are generally used to provide immediate assistance at public events. In 2007, a new scheme was introduced for the provision of ambulances for the Irish Red Cross and the Order of Malta voluntary ambulance services in CLÁR<sup>25</sup> areas. Under the scheme, €1.5 million is made available per year for an initial period of two years to cover 80% of the cost of purchasing ambulances.

## 4.7

### Supplementary Welfare Allowance (SWA) Scheme

#### 4.7.1 Travel Supplement

A Travel Supplement may be payable under the Supplementary Welfare Allowance (SWA)<sup>26</sup> scheme where there is a recurring travel expense, for example:

- » Where a person is visiting a sick relative or a relative in prison
- » Where attending for access visits when a child is in care
- » In the case of separation, where one parent has access rights or agreed visitation

In 2007, 1,037 people received a Travel Supplement at a cost of €1.34 million.

#### 4.7.2 Exceptional Needs Payments

Under the Supplementary Welfare Allowance (SWA) scheme, a HSE Community Welfare Officer (CWO) may make a single payment to help meet essential, once-off, exceptional expenditure which a person could not reasonably be expected to meet out of his/her weekly income. These payments are known as Exceptional Needs Payments (ENPs). Assistance under ENP is provided when costs cannot be met from any other resources.<sup>27</sup>

24 This report has not been published to date. However, the Minister for Health and Children, in a written answer to Dáil questions on 1st July 2009, stated that, arising from the review, the HSE was working to ensure that the most effective arrangements are in place for patient transport services and that there is a consistent national approach.

25 The CLÁR programme (Ceantair Laga Árd-Riachtanais) is a targeted investment programme in rural areas.

26 SWA is a supplementary welfare payment administered on behalf of the Department of Social and Family Affairs by the HSE Community Welfare Service.

27 Section 201 of the Social Welfare (Consolidation) Act 2005 contains the provision that "the Health Service Executive may in any case where it considers it reasonable, having regard to all the circumstances of the case, so to do, determine that Supplementary Welfare Allowance shall be paid to a person by way of a single payment to meet an exceptional need".

The principal consideration in paying an ENP to address a particular need is that the need is of an exceptional nature. Payments should arise only under abnormal conditions and should not become a regular or standard practice. In relation to providing assistance with transport costs to and from hospitals, CWOs are obliged to carry out a thorough assessment of a person's situation to ensure that there is actual need in that the costs cannot be borne out of his/her own resources and there is no alternative source of funding from the main service provider, in this instance the HSE hospital service or HSE transport service.

The cost of the travel element of Exceptional Needs Payments was €2.8 million in 2008.

In a written reply to a Dáil Question during 2005, the then Minister for Social and Family Affairs, stated that, while every decision relating to Exceptional Needs Payments is based on consideration of the circumstances of the case, taking account of the nature and extent of the need and of the resources of the household concerned, assistance with transport costs is primarily the role of the HSE Non-Emergency Patient Transport Services. The Minister noted that these services are funded to provide transport, including the hiring of taxis if necessary, to bring patients and clients to and from hospital appointments.

## 4.8

### Parking for People with Disabilities

Regulations provide for a disabled person's parking permit. This can be issued by local authorities, the Irish Wheelchair Association or the Disabled Drivers Association. Permits may be granted to all eligible persons with a disability, irrespective of whether they are drivers or not and the permits have national application. The permits are available to any person who is suffering from a disability which prevents that person from walking or causes undue hardship to the person in walking.

Local authorities are empowered to provide parking bays for disabled persons on public roads in their charge. The regulations make it an offence to park in such bays unless a Disabled Parking Permit is displayed in the vehicle and it is being parked for the convenience of the holder of the permit. The offence of parking illegally in a disabled person's parking bay now comes within the scope of the on-the-spot fines system, which applies countrywide.

The Department of Transport is carrying out a Review of the Disabled Parking Permit Scheme, as committed to in the Department's Sectoral Plan.

# 5 Transport and Mobility Supports – Issues Identified by Service Users

## 5.1

### Introduction

This chapter outlines a number of issues arising from the experience of service users that have been identified by CISs and voluntary/community disability advocacy projects around the country. These issues are set out under eight main headings:

- (i) Difficulties in availing of free travel, for those who have entitlement
- (ii) Problems getting transport to and from hospitals and related costs:
  - HSE Non-Emergency Patient Transport Services
  - reliance on Supplementary Welfare Allowance
  - Exceptional Needs Payments
- (iii) Public transport accessibility
- (iv) Difficulties with transport/mobility support schemes:
  - Motorised Transport Grant
  - Mobility Allowance
  - Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme
- (v) Transport and the cost of disability
- (vi) Transport and the employment of people with disabilities

(vii) Parking permits for people with disabilities

(viii) Information

## 5.2

### Difficulties in Availing of Free Travel

Feedback from CISs and voluntary/community disability advocacy projects regularly refers to people who have an entitlement to avail of free travel on public transport services but who have been unable to use it. For example, it is pointed out that in many rural counties it is possible to live 20 miles from the nearest Bus Éireann bus stop, or 50 miles from the nearest train service. While the Rural Transport Programme has provided transport services in some rural areas, these are not available nationwide. In some instances where they are available, they operate a scheduled service and people off the main route have difficulty accessing the service.

Lack of access to public transport means that people without cars are sometimes unable to take up opportunities such as adult education, training, employment support services and social activities.

While the main issue with free travel relates to lack of public transport or appropriate alternatives, other problems have also been identified by CISs:

- » The SmartPass Scheme available in Northern Ireland does not allow for companions to travel free as is the case in the Free Travel Scheme. Many people availing of the SmartPass Scheme need a companion to travel with them.
- » A person who loses his/her Free Travel Pass has to have the renewal form stamped by a Garda. This causes difficulty for some older people who live a distance from a Garda station and/or who have mobility problems.
- » People are not able to use a Companion Free Travel Pass on an outward journey to pick up a person with a disability returning home at weekends from college/training.
- » People who have been self-employed and become incapacitated may not be able to apply for a Free Travel Pass because they are not insured for disability/invalidity benefits.

#### Case 1: Using a Companion Free Travel Pass

A parent of a third-level student with a disability has a Companion Free Travel Pass but cannot use it on the outward-bound weekly train journey to pick up her daughter (who is unable to travel alone by train) and accompany her back home at weekends. This has significant cost implications for the woman concerned who feels that there should be some provision for people in such situations.

### Case 2: Use of a Companion Free Travel Pass in Northern Ireland

A man in receipt of Invalidity Pension and who has a Free Travel Pass applied for and was granted a SmartPass for free travel in Northern Ireland. He lives close to the border and he has family, social and service access ties in Northern Ireland. His spouse has a Companion Free Travel Pass as he needs her to accompany him but such a companion pass is not available with the SmartPass in Northern Ireland.

## 5.3

### Travel to and from Hospitals

Difficulties experienced by people getting to and from hospitals and costs incurred, for example taxi fares, feature regularly in feedback from CISs and voluntary/community disability organisations.

The mechanisms in place for assistance with transport to hospitals are unsatisfactory for a number of reasons. There is no uniform provision and the system varies from one part of the country to another. Cutbacks in services hitherto provided by the HSE Non-Emergency Patient Transport Services have a significant knock-on effect in that people become more reliant on the Supplementary Welfare Allowance system. People sometimes cannot get alternative transport (for example, public

transport or lifts from relatives/friends) and they cannot afford to pay for taxis – as a result, they do not keep hospital appointments. Very importantly, there is a dearth of information about what assistance is available for hospital transport.

In relation to information about hospital transport, different arrangements apply in respect of people requiring dialysis services and oncology services. Frequently too, there is no defined provision for people attending other out-patient services. Specifically, information about HSE transport service curtailment or changed arrangements may not be communicated either within the HSE (for example to CWOs) or to the public. For instance, while new arrangements may be in place for transport to Centres of Excellence for Oncology Services and while people must be referred from these centres in order to avail of HSE

transport, this information may not be widely available.

CISs report a severe lack of provision for people living in rural areas who have to travel distances for hospital appointments. While, as already stated, there is provision by the HSE for transport for people receiving oncology and dialysis, transport to other hospital appointments is frequently not provided. This understandably causes a lot of difficulties, especially for people who are ill or who have significant disabilities – some people have to regularly make round trips of more than 100 miles for hospital appointments and sometimes incur costs of over €100 for taxis to take them to and from hospitals. The issue of people being unable to attend hospital appointments because they could not afford the transport costs has been highlighted by the Ombudsman.<sup>28</sup>

### Case 3: Seeking Assistance with Transport Costs

A woman with a physical disability needed to attend weekly at a hospital about eight miles from her home. The nature of her disability meant that she was not able to use public transport (a bus or train journey). She had to give up work because of her health and had financial difficulties in meeting the cost of taxis (€40 for each visit). Despite requests from both the woman herself and an advocate, transport was not provided by the hospital and she was referred to the CWO. It was extremely difficult for her to go to the CWO as she could not walk to the clinic. She ran up a debt of €600 when hospital visits became twice weekly at times for various tests. Eventually, when her condition improved (eight weeks after her initial approach for assistance with the transport costs), she was able to apply for and receive a supplementary welfare payment. This, however, covered only a portion of the expenses incurred.

28 *A Digest of Complaints Referred to the Ombudsman by Public Representatives*. Office of the Ombudsman, October 2008.

#### Case 4: Paying for Ambulance to Hospital Appointment

A private nursing home invoiced the wife of a resident for €300 to cover the cost of an ambulance to take him to the hospital for an appointment. The invoice also covered the cost of somebody to travel with the man on the journey as his wife could not travel with him. When the local HSE was contacted, they could not give a clear answer as to how this type of journey could be financed.

Where ambulances are provided, pick-up and arrival times at hospitals by ambulances that have to make a wide round are sometimes not geared to early hospital appointments. If a family member or friend takes a person to the hospital appointment, they would frequently need to allocate a full day for the purpose. In rural areas, the journey can be quite lengthy and the waiting time in the hospital can be extensive.

##### 5.3.1 HSE Non-Emergency Patient Transport Services

The HSE may assist with transport costs for a person who has to travel a long distance to a hospital. The assistance is discretionary and varies from one HSE area to another and within HSE areas.

Where the HSE does not provide transport directly under the Non-Emergency Patient Transport Services, a refund of travel expenses may be available to certain people from HSE

Ambulance Control. In order to qualify for the travel expenses refund from Ambulance Control, patients must be in receipt of a social welfare payment and attending hospital regularly with a long-term illness.

For people using a private taxi, there is a 50% refund available. The person must arrange for the taxi and pay for it on the day. For people travelling by private car, there is a refund of €4 for every 35 miles travelled, round trip.

In order to receive a refund under the Non-Emergency Patient Transport Services, the applicant is required to:

- (i) Complete a Financial Assessment Form and satisfy a means test
- (ii) Get a letter from their GP outlining the circumstances and recommending that the person be considered for a refund

- (iii) Obtain and submit a completed Application Form to Ambulance Control

In addition, the person must submit the following:

- » A letter from the hospital confirming attendance for appointment
- » An original taxi receipt

If the applicant goes through the above procedure, they may be deemed eligible to claim travel expenses.

##### 5.3.2 Reliance on Supplementary Welfare Allowance Exceptional Needs Payments

Feedback from CISs indicates that people regularly incur significant expenses getting to and from hospital appointments. People in such situations regularly seek assistance from CWOs.

While assistance with transport costs can be and is frequently

#### Case 5: Transport to Hospital Appointment

A lone parent living in a rural area needed to bring her son to an appointment with a hospital consultant some 50 miles from her home. She does not drive and had no way of getting there as the appointment was early in the morning and there is no bus link. She took a taxi which cost her €207. She went to the CWO who covered half of the fare but told her that this should be regarded as a once-off payment. As a result, she has attended no further appointments as she felt she could not afford the cost of getting there. Enquiries from the Citizens Information Centre (CIC) to the Ambulance Control Unit confirmed that if the GP wrote to them explaining the position and the exceptional circumstances, the case would be reviewed.

provided under Exceptional Needs Payments, the CWO must establish that the costs cannot be met from any other resources before a payment can be made. This sometimes results in people having to visit CWO offices on a regular basis, having to wait in a queue and, very significantly, perhaps having had to pay for the taxi in the first instance, which some find very difficult to manage.

A number of issues arise from reliance on the Supplementary Welfare Allowance (SWA) for assistance with hospital transport costs to cover the expense of an essential, and sometimes ongoing, health service treatment:

- » People who are ill (and sometimes very ill) or their carers have to queue in Community Welfare Offices on a regular basis in order to get assistance with hospital transport costs.
- » The current system of provision for transport to hospital and for assistance with transport costs is not patient-centred as people who are frequently very ill may often have to go from one service to another to get assistance.
- » There is a danger that people may be losing out in that

they fall between two stools because the criteria for making Exceptional Needs Payments (designed by the Department of Social and Family Affairs from an income support perspective) do not cater for the regular payments required to cover transport costs to hospital (a health service which is the responsibility of the HSE).

CISs report difficulties for clients in accessing these Exceptional Needs Payments. They have noted the following issues:

- » People being questioned as to why they cannot find a family member to take them there
- » Limits arising from means testing
- » People having to cover the cost (sometimes considerable) of the transport in the first instance
- » Assumptions that people, for example those with disabilities, will be covered by other transport schemes
- » People being given once-off payments but being advised by the CWO that such payments could not be provided on an ongoing basis

The following are the main observations on the current system of support for travel to and from hospitals:

- » Provisions for transport to hospital appointments, other than for people receiving oncology treatment or dialysis or those with specific named conditions, are generally inadequate and there are variations in practice across the country.
- » Many people are unaware of what provisions there are and there is difficulty sometimes in getting clear information about entitlement.
- » The refund payment from HSE Ambulance Control (50% of the cost of a taxi) is inadequate for people on low incomes who have to travel a long distance.
- » The refund procedure is too lengthy and stressful for a person who may be very unwell: filling out a Financial Assessment Form and satisfying a means test, getting a letter from your GP that outlines the circumstances and recommends you be considered for a refund, and then filling out an application form from Ambulance Control. The procedure is not user-friendly or person-centred.

#### Case 6: Transport from Hospital to Home

A woman from a western seaboard county has been in hospital in Dublin for a period of five months receiving treatment. She is frail and unable to avail of public transport. There is uncertainty about whose responsibility it is to arrange transport back home for her – the CIC was told by the local ambulance service that the Dublin hospital where she was receiving treatment could organise an ambulance for her or she could get a taxi and avail of a 50% refund after paying the full fare of something in the region of €250.

- » An appointment notice, stamped on the day, along with original receipts should be adequate proof of a person's visits to hospital. Requiring people to ask for a letter from the hospital on the day of their appointment is unduly burdensome and time consuming. It also adds to the workload of hospital staff.

## 5.4

### Accessibility of Public Transport

The issue of accessibility continues to be identified as a significant one. There is no low-floor accessible public bus transport in many parts of the country. State-funded local transport initiatives in rural areas are not required to have fully accessible vehicles. Train accessibility for wheelchair users continues to depend on ramps being put in place in response to requests from individual passengers. Taxis are expensive and,

despite increases in the number of accessible taxis, feedback from people with disabilities indicates that it is extremely difficult to get an accessible taxi in many parts of the country.

## 5.5

### Transport and Mobility Support Schemes

#### 5.5.1 Motorised Transport Grant

The Motorised Transport Grant is generally available only to those who are in employment. CISs have drawn attention to the fact that people who have applied for the Motorised Transport Grant on the basis of living in a very isolated area though not in employment (which is provided for under the grant) have been unsuccessful in their application. This issue was raised in the Ombudsman's *Annual Report 2007* in respect of a case where the Ombudsman successfully argued that the person was isolated by virtue of

her disability in that she could not walk the distance to the bus stop and, therefore, could not actually use the bus service.

#### 5.5.2 Mobility Allowance Scheme

The Mobility Allowance is a means-tested monthly payment. It is payable by the HSE to people who have a disability and are unable to walk or use public transport and who would benefit from a change in surroundings. A number of issues have been identified in respect of the Mobility Allowance:

- » The level of payment being too low to cover costs
- » Criteria for eligibility being too restricted
- » People with disabilities who are over the age of 66 not being entitled to apply for the Mobility Allowance
- » Low levels of awareness of the scheme

#### Case 7: Free Travel and Visually Impaired Person

A daily commuter has a Free Travel Pass because he is visually impaired. He used to be able to board the train using this Free Travel Pass but since the introduction of automated ticketing, he and other people with disabilities have to queue at the local station for a ticket each day. This commuter is hugely inconvenienced each day on his journey to and from work by not being able to show his pass or use an electronic pass unlike other passengers who are able to use the system unhindered. The advocacy worker involved noted that it is unclear when the electronic ticket system will be available to those who use the free travel system.

#### Case 8: Refusal of Application for a Motorised Transport Grant

A woman, whose husband has a disability, contacted the CIS for advice and assistance because she was finding it difficult to cope due to caring and financial pressures. The couple's application for a Motorised Transport Grant was turned down on the basis that "an applicant must be seeking to obtain or retain employment, have secured a place in full-time education or be eligible to participate in a FÁS course". No reference was made to the provision for the payment of the grant in exceptional circumstances to people living in a very isolated location and who are impeded from using public transport.



Case 9 below raises a number of issues in relation to the Mobility Allowance:

- » The assessment in effect nullifies the payment of two full-rate Disability Allowances.
- » Information on the Mobility Allowance which states that "the means test is similar to the means test for the Disability Allowance" is inaccurate.
- » The reduction in this instance was made only to one Mobility Allowance (the wife's) rather being divided between the two.
- » The reduced amount paid (€57.94 a month) does not even cover the return cost of a wheelchair taxi into town once a week (€20) for the woman involved.

- » The full rate of Mobility Allowance would make a major difference to the quality of life for the woman involved as she is unable to transfer from her wheelchair into a car or use the bus on her own. A wheelchair-accessible taxi is the only way she can get anywhere away from the house.

It is suggested that the wording of the Circular on Mobility Allowance could be changed to allow for the assessment to be based on the appropriate Disability Payments rate for the family involved. The overall cost of this change should be relatively small as there are likely to be only a small number of couples where both are on Disability Allowance payments and fewer again where both would be eligible for Mobility Allowance.

In relation to Case 10 below, the Mobility Allowance generally caters for situations where a person is aged under 66 years. It provides financial support to eligible people who are unable to walk or use public transport and who would benefit from a change of surroundings (the Allowance can finance the occasional taxi journey, for example).

An individual must be under 66 to qualify for the Allowance. The information provider for Case 10 commented: "This does not seem to account for the fact that prospect/incidence of mobility difficulties may increase with age and that significant sectors of the population who may be in need of such an allowance are debarred from receiving it."

#### Case 9: Mobility Allowance Means Test/Determination of Amount Payable\*

A couple, both with disabilities and both in receipt of the full Disability Allowance (no means-test reduction), each applied for a Mobility Allowance. In calculating the applicants' means for the allowance, the rates for Disability Allowance and Dependant Rate (€329.10) were used and not two Disability Allowance rates (€395.60). This meant that one Mobility Allowance was reduced to €57.94 a month compared to the full rate of €202 a month.

The procedure for assessing means is that joint assessable incomes are added together. Any amount of this joint assessable income that is in excess of the Disability Allowance Rate for the family composition is taken and divided by two. This figure is deducted from the amount of Mobility Allowance payable. The HSE interpret family composition as personal rate plus adult dependant and child dependant rates as appropriate. (This is based on the HSE's interpretation of the Department of Health and Children Circular on Mobility Allowance.)

\* Case study uses 2008 payment rates.

#### Case 10: Mobility Allowance and Person Aged Over 66 Years

A client of the Citizens Information Phone Service enquired whether her father could avail of any financial assistance from the HSE in relation to transport costs. She explained that he was a person with a disability and was 81 years of age. He did not get the opportunity to leave the house very often because public transport was not an option given his mobility difficulties. However, he was not eligible to apply for a mobility allowance because he was over 66 years.

### 5.5.3 The Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme

Eligibility for the Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme is restricted to people who are severely and permanently physically disabled. In order to get this concession, a person must be in possession of a Primary Medical Certificate (PMC). The relief is limited to a vehicle that has been specially constructed or adapted for use by a person with a disability. There may be people who have a PMC,

which allows them to avail of the relief available at the time of purchase, but who do not need to have the vehicle adapted. For example, a person with MS may not need any adjustments to a vehicle, at least in the early stages of the illness.

Issues identified in relation to the Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme include:

» Criteria for eligibility for assistance are widely regarded

as too restrictive (see the conditions outlined in 4.5 above)

» The process for application and appeal is regarded as unsatisfactory and lacking full transparency

Another issue identified concerns the situation where the person with the Primary Medical Certificate (PMC) is the passenger but is not getting the benefit of the scheme because the driver does not use the vehicle for the purposes intended,

#### Case 11: Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations

A woman who is physically disabled by way of her upper arms was refused a Primary Medical Certificate. She appealed this decision to the Medical Board of Appeal and the decision was upheld. The reason given for refusal was that her disability does not come within the criteria of the Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994. This is because she is not wholly without the use of both hands or arms and wholly or almost wholly without the use of one leg. She believes that the definition of "severely and permanently disabled" within the Regulations is extremely limited as she is severely disabled due to her medical condition. However, there is no scope for interpretation within the Regulations for those who have a physical disability affecting their arms, whereas, for those with restricted mobility, there is a degree of flexibility or interpretation on the basis of being "almost wholly" without the use of both legs.

#### Case 12: Application for Assistance with Vehicle Adaptation

A man with a significant mobility disability gets Disability Allowance and a Mobility Allowance. He is not working due to his disability and has no other income apart from social welfare entitlements. He bought a van to enable him to leave his house and also bought a second-hand lift to ensure that he can get in and out of the van safely. He sought funding from the HSE to help with the cost of the lift and its installation.

He submitted an application to the Disability Unit of the HSE in an attempt to secure funding. No information was forthcoming from the HSE for two months and attempts to find out the status of the application were unsuccessful. The HSE decided subsequently not to fund the lift out of its disability budget and advised the applicant that he should apply for an Exceptional Needs Payment under the Supplementary Welfare Allowance Scheme. The Community Welfare Officer took the view that the application for the lift did not meet the criteria for an Exceptional Needs Payment.

Following further correspondence with the HSE, the Disability Unit agreed to write a letter stating that it was not going to provide the lift and an application should be made under the exceptional needs mechanism. This letter arrived two months later. A re-application for an Exceptional Needs Payment was made enclosing the HSE letter but the application was again turned down. The man appealed the decision and is currently awaiting a decision.

### Case 13: Primary Medical Certificate Holder

A person availing of the Disabled Drivers and Disabled Passengers Tax Concession Scheme as a passenger told an advocate that her partner had been using her Primary Medical Certificate (PMC) to avail of the tax relief available under the scheme for 10 years but that she had not been brought anywhere in the car for over 6 years. She said that she no longer wanted her partner to use her PMC for the tax concession. The advocate was told by the Central Repayment Office that once the PMC is sent in with the first application, it is taken that permission is given at each subsequent application for change of vehicle and that no check is done with the PMC holder as to whether he or she is getting the benefit of the tax concession. The woman in question decided that from now on she wanted her PMC to be used by another person so that she could avail of and benefit from the concession. The advocate was initially advised that for this to happen, the partner should write a letter stating that he would no longer be claiming tax relief on the basis of his partner's PMC. When it was pointed out that this was not an option, it was agreed that a letter from the advocate would suffice provided it was corroborated by another professional.

The advocate noted that the administration of the scheme needs to be revised to deal with situations where the scheme is being abused – specifically, where the person for whom the scheme is intended is not benefiting from it – and also, to make it easier for a transfer of the tax concession to another person in such instances.

namely transporting the passenger. Related to this is the difficulty experienced by the PMC holder in getting the tax concession transferred to another person or vehicle (see Case 13).

## 5.6

### Transport and the Cost of Disability

Additional costs associated with transport for people with disabilities are regularly highlighted by CISs and voluntary/community organisations. People with disabilities often face extra costs not normally incurred by people without a disability. Such costs involve payment for taxis.

## 5.7

### Transport and Employment of People with Disabilities

The issue of transport is a recurring one in relation to supporting people with disabilities to integrate into the workforce. People with disabilities remain relatively excluded from the labour market.

For example, the Kildare Coalition of Supported Employment, a voluntary/community organisation, looks at the skills and abilities of people with disabilities and endeavours to match the people to jobs. It reports that one issue which constantly comes up is the lack of transport to and from work

or to areas where there are better employment opportunities. The majority of the people who avail of the service depend on public transport, on family members/friends or on transport provided by disability service agencies in the area. It is sometimes the case that transport is not available from any of these sources. While the majority of people availing of the supported employment service have Free Travel Passes, these are frequently of no use because suitable transport is not available. Feedback from CISs and voluntary/community advocacy projects indicates that this issue is replicated in other parts of the country where people with disabilities cannot take up training

### Case 14: Visually Impaired Person Attending College

A visually impaired person attending college (35km from home) has to get a taxi to the local bus station, travel by bus to the city, get another taxi to the college on arrival in the city, and then do all this on the return journey in the evening. This costs a considerable amount of money and puts severe pressure on the family budget.

and/or rehabilitative employment opportunities because of the absence of transport.

## 5.8 Parking Permits for People with Disabilities<sup>29</sup>

Parking permits are a recurring issue for people with disabilities. The Irish Wheelchair Association (IWA) has over a number of years campaigned for a comprehensive review of the current process of issuing parking permits. Of particular concern is the level of increase in the number of parking permits being issued without any corresponding increase in accessible spaces.

An Irish Wheelchair Association Report (2007) has made recommendations to address difficulties and to assist the Department of Transport's Review of the Disabled Parking Permit Scheme, as committed to in the Department's Sectoral Plan. The report highlights the significant increase in the number of Disabled Parking Permits being requested by the public. In 2002, just over 3,000 Disabled Parking Permits

were issued and it is estimated that there are currently more than 30,000 Disabled Parking Permits in circulation. The IWA report states that this increase is not matched by an increase in the number of accessible parking bays.

Feedback from CISs points out that people with Disabled Parking Permits have to apply every two years for renewal. In order to do this, they have to send back the current parking disc. This leaves them without any permit during the period they are waiting for the new disc to be provided. There is evidence of a small number of cases of clamping and fines where no disc was displayed during this waiting period.

## 5.9 Information

People with disabilities, and their carers, need to have information readily available about accessible transport and transport supports.

Two issues identified by CISs and voluntary/community advocacy projects relating to information about transport are:

- (i) Difficulty in finding out what transport is available for travel to and from hospital appointments and what assistance is available to help with taxi costs when there is no other transport available
- (ii) Difficulty in finding out about the availability of accessible bus transport

While public transport providers (Iarnród Éireann, Bus Éireann and Dublin Bus) give general information on accessibility for people with disabilities, this may not always meet the requirements of individual passengers as Case 15 demonstrates.

### Case 15: Seeking Information about Accessible Buses

A CIS received a query from a wheelchair user who wanted to establish if it was possible to travel by bus to Dublin City Centre. The CIS logged on to [www.buseireann.ie](http://www.buseireann.ie) and, while finding the website very user friendly (clearly highlighting a section on accessibility and several pages about Bus Éireann catering for people with disabilities), could not get the information requested by the client. The CIS information provider rang Bus Éireann in Store Street, Dublin but nobody there was able to answer the query and they suggested that the CIS ring Disability Federation of Ireland or Enable Ireland. Following further discussions on the issue with Bus Éireann personnel, an Accessibility Officer contacted the CIS and acknowledged that it was not possible to answer the query as presented but that they would seek to clarify the matter. The CIS commented that they were still waiting for clarification, and that "in the meantime our client has decided to use the train".

29 The Irish Wheelchair Association and the Disabled Drivers Association issue the Disabled Persons' Parking Permit on behalf of the Department of Transport.

# 6 Addressing the Issues

## 6.1

### Introduction

The previous chapter highlighted a number of issues relating to people's ability to access appropriate transport and mobility supports. This last chapter explores how the issues identified might translate into policy and practice and, specifically, how a more integrated response might be developed to address the needs of people currently experiencing transport and mobility difficulties.

A key consideration in the current economic climate is the cost-effective and targeted use of resources. The present situation of State funding for a range of parallel and fragmented initiatives which frequently operate independently of each other is unlikely to provide the best use of resources. Greater synergy is required between the various schemes to ensure the most efficient use of available resources and, at the same time, equality of access across all groups of people with transport and mobility issues. There is also a need to explore further how the provision of publicly funded local transport can be improved to meet the requirements of individuals and communities, particularly for accessing necessary health and social services.

## 6.2

### Need for a More Integrated Approach

A key aspect of international best practice in rural transport

provision is the co-ordination of different schemes at local level and the integration of these with mainstream provisions (see 3.5 above).

The Citizens Information Board has in the past called for an integrated and comprehensive package of transport/mobility measures for people with disabilities in order to address current and evolving needs. It has recommended that transport and mobility schemes be amalgamated into a co-ordinated mobility/transport subsidy granted on the basis of individual needs assessment. Citizens Information Services, the Citizens Information Phone Service and voluntary/community organisations regularly make the point that people should not have to undergo repeat assessments for different transport/mobility support schemes delivered by different agencies.

A number of reviews during the last decade have called for greater integration between the various State-funded transport/mobility schemes. The Interdepartmental Review Group on Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme (Department of Finance 2002) referred to possible inequities between people with various disabilities in terms of State subvention for private transport expenses. The Review Group also concluded that the scheme could not be looked at in isolation but had to be considered in parallel with similar developments concerning accessible public transport, transport initiatives by the voluntary/community sector, the

role of the other mobility support schemes and the broader question of addressing the cost of disability.

The Working Group on the Review of the Supplementary Welfare Allowance Scheme (Department of Social and Family Affairs 2006), commenting on payments made under the category of Travel, concluded that "given the varied and critical nature of the financial supports provided under this heading, and in the context of other initiatives such as the rural transport [programme], there is a requirement to review existing arrangements at an interdepartmental level" (Department of Social and Family Affairs 2006:147).

It is now vitally important that existing schemes are reviewed to achieve better resource efficiency and greater co-ordination and integration. There is also potential for greater rationalisation and joint working between transport services at regional and local levels through maximising the use of information technology to enhance demand-responsive services.

The Interdepartmental Review Group on Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme suggested that in the long term the solution may lie in some combination of the following options:

- » Concentrating public funding on making the public transport system more accessible for all people

- » Funding voluntary groups that can provide a locally based, flexible and accessible transport system for persons with a mobility impairment

In line with the Government's commitment to mainstreaming and service integration, cross-cutting issues relating to different Government departments and agencies involved in the provision of transport and mobility supports should be identified and addressed by the Department of Transport. In developing a more integrated approach, there is a need to further evaluate transport provision by voluntary organisations and the HSE, and how these groups fit with the Rural Transport Programme and other State-funded local transport initiatives.

## 6.3

### The Central Role of Transport in Accessing Services

#### 6.3.1 Transport and Social Inclusion

Lack of adequate public transport is one of the major factors contributing to social exclusion in rural areas. Fitzpatrick and Associates (2006), in their review of the Rural Transport Programme (RTP), favoured a rollout of national rural public transport that would involve wider coverage of socially excluded groups. Fitzpatrick and Associates suggested that the programme should extend target group coverage in the longer term to include all potential users of rural transport. Services would

therefore not be aimed solely at the socially excluded, however defined, but could also provide services for employment and work purposes.

Such a rollout of the RTP is unlikely to take place in the short to medium term. However, in calculating the cost of public transport in rural areas, account should be taken of the cost of not providing transport. Apart from the social costs, the inability of people to access social and health services or employment and training can frequently result in significant additional costs to the State. Older people and people with disabilities in particular can have problems accessing hospitals and other healthcare providers due to lack of appropriate transport and there is evidence to suggest that lack of public transport leads to older people foregoing healthcare and/or becoming socially isolated.

#### 6.3.2 Transport and Access to Health Services

Better co-ordination between hospitals and other healthcare providers and transport services is needed so that appointments for people who rely on public transport can be made with bus timetables and availability of transport in mind. In addition, flexible modes of transport that could be booked and used at low cost are required by people living in remote areas who need medical services. These should also be adapted or adaptable for people with disabilities, and drivers should be trained to assist people with mobility difficulties.

Current mechanisms for refunding the cost of trips to hospitals for people who are on low incomes and need transport services are unsatisfactory. Medical card holders may receive refunds from the HSE for expenses incurred while travelling to hospitals and out-patient clinics. Payments are largely at the discretion of the HSE Non-Emergency Patient Transport Services or the Community Welfare Officers, and vary considerably from area to area.

Each HSE area should examine its current ambulance transport policies in relation to how they affect people being treated in hospital, older people and people with disabilities in rural areas. The following factors are pertinent in addressing the issues identified:

- Assistance with transport costs should be dealt with in the context of a patient-centred and integrated response to treatment and care.
- The costs of transport to and from hospitals for those who cannot meet them out of their own resources should be subsidised by the HSE as part of this integrated package of care and treatment (see 4.6.2 above).
- People should not have to negotiate with different parts of the HSE system in order to get assistance with transport costs.

- (iv) The Department of Social and Family Affairs and the HSE should engage in joint discussions to examine their respective responsibilities in relation to providing assistance with costs of transport to and from hospitals. This should be done in conjunction with the Review of Non-Emergency Transport Needs of Patients Attending HSE Facilities which has been completed by the HSE.

### 6.3.3 Transport and Access to Employment and Training

It is particularly important to devise transport strategies aimed at helping people in rural areas who are unemployed or underemployed. Inadequate public transport prevents people from taking up employment and/or training that would otherwise suit them, and leads to some people foregoing more suitable employment opportunities. In the interest of social inclusion, it is important to ensure that the lack of transport is not a barrier to taking up employment or training.

## 6.4

### Implementing the 'Transport for All' Concept

There is no panacea for the accessibility problems of public transport. However, the systematic implementation of the 'Transport for All' concept would create a policy context where the accessibility issue for people with disabilities would be addressed within mainstream transport

policy as opposed to add-on provisions. This approach is all the more important because people's needs in relation to transport may evolve or alter suddenly necessitating changes, sometimes major, to their transport requirements. It is also important to note that the incidence of disability increases with age and that most disability is acquired over the life cycle.

Adopting the 'Transport for All' approach will require the integration of transport policy with policies on mainstreaming, social inclusion and the built environment. While the full implementation of the 'Transport for All' concept may not be achievable in the current economic climate, the further development of locally integrated accessible transport services, including demand-responsive and flexibly routed services, must be kept clearly on the long-term policy agenda.

## 6.5

### Existing Transport Schemes and Supports

#### 6.5.1 Free Travel

The Free Travel Scheme is very popular, highly regarded and of significant benefit to many older people, people with disabilities and carers. However because of the fact that public transport (or qualifying private transport) is often inaccessible geographically and from a disability point of view, the scheme can be inequitable. A Free Travel Pass may not in practice provide additional travel

opportunities for many people with disabilities or people living in many rural areas.

To help ensure equality of access to public transport, options other than a Free Travel Pass should be available in the longer term. For example, there could be a corresponding cash payment for those people who are unable to use the pass due to the inaccessibility of transport. Alternatively, vouchers could be made available for use in taxis, hackneys, community bus schemes and private buses.

Transport providers funded either directly or indirectly by the State in respect of free travel should be required to have clearly stated policies on ensuring that the vehicles used are accessible. State funding should be targeted towards providers with comprehensive and flexible policies in this regard.

#### 6.5.2 The Rural Transport Programme

The Rural Transport Programme has in the longer term the potential to address many of the needs identified in respect of people living in rural areas. In light of the challenges of the current economic downturn, the question of investing in the programme to provide comprehensive coverage to those most in need should be addressed.

There should be a clear target of making all transport services funded under the Rural Transport Programme accessible to people with mobility problems and of ensuring that the demand-

responsive aspect of each service is as strong as is practically feasible.

### 6.5.3 Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme

The *Report of the Inter-Departmental Review Group on the Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme* (Department of Finance) was published in 2002 but no decisions have been made on its implementation. A Comhairle (now the Citizens Information Board) Submission to the Review Group argued that the scheme should not be viewed in isolation from other transport/mobility schemes for people with disabilities and should also be reviewed in the context of a Cost of Disability payment. As already stated, the Review Group included this as one of their conclusions.

The Review Group also recommended that the criteria for the scheme should be changed to incorporate an:

*“overall assessment of the mobility level of an individual rather than concentrating purely on the specifics of the physical disability... the alternative approach offers the prospect of addressing the situation of anomalous cases where the existing medical criteria exclude an applicant who is equally, if not more, disabled than others who do qualify under the current medical criteria – for example it could permit inclusion of certain persons with severe cardiorespiratory incapacity and stroke victims”* (Department of Finance 2002:45-46).

The provision of a transport/mobility subsidy to a wider group of people with disabilities than those covered under the Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme should receive ongoing active consideration.

### 6.5.4 Motorised Transport Grant

The Motorised Transport Grant is currently generally only available to employed people with disabilities. There is a provision for the grant to be paid on occasion to a person living in a very isolated area even though he/she may not be in employment. However, a number of Citizens Information Services have noted that older people who have applied for the grant on that basis have had their application turned down.

As part of a more integrated system of transport and mobility supports, the transport needs of older persons and persons with disabilities living in isolated areas should be kept under active review.

### 6.5.5 Mobility Allowance

People over 66 may not apply for the Mobility Allowance although they may retain the Allowance if awarded it before that age. This is unfair as many over this age are likely to need it, and it is discriminatory. People do not have a choice about when they acquire a disability and may need assistance with mobility at any age. People who fulfil the criteria for Mobility Allowance should be able to apply for it after the age of 66.

Also, where two persons in a household are in receipt of Disability Allowance, there should be more flexibility in applying the means-test criteria, particularly as there would be a relatively small number of households where this is the case.

## 6.6

### Voluntary Sector Initiatives

The voluntary/community sector has been at the forefront in developing innovative responses to meeting the transport needs of local communities and different target groups, including people in rural areas and people with disabilities. Transport initiatives by the sector have been strongly supported by Government, in particular through the Rural Transport Programme. While there is much merit in continuing support for voluntary transport initiatives, a key issue is the capacity of the voluntary/community sector to meet new demands.

The optimum development of local community-based transport initiatives in the future requires that funding mechanisms take into account:

- » Capital costs of vehicles as well as operational costs
- » The need for training in organisational management
- » The need to enhance capacity at local level



## 6.7

### Travel Information and People with Disabilities

People using public transport need timely, accurate and reliable information on the travel choices available to them. This is particularly important for people with mobility disabilities who need to be sure that they do not encounter an accessibility problem at any stage of their journey. Accurate information is, therefore, required on:

- Routes
- Stops and interchanges
- Costs
- Timetables
- Connections
- Accessibility

While the main public transport providers have developed useful information dissemination systems, there is a need for a single travel information source. The Dublin Transportation Office has submitted a report to the Minister for Transport – *A Strategy for Integrated Public Transport Information, including Real Time, in the Greater Dublin Area*. This could be a useful model for the development of such a service nationwide.

The gradual rollout of a Smartcard-based integrated ticketing system and the introduction of passenger information systems with accessibility features should, as stated in the Department of Transport Sectoral Plan, “greatly enhance public transport travel experiences for people with

mobility, sensory and cognitive impairments” (Department of Transport 2008:5).

## 6.8

### Parking Permits for People with Disabilities

In relation to parking permits for people with disabilities, a range of issues need to be addressed concerning assessment and allocation. These include the allocation and availability of wheelchair-accessible bays, abuses of the scheme, lack of enforcement and the lack of a co-ordinated approach.

The Department of Transport’s Review of the Disabled Parking Permit Scheme should address these issues as a matter of urgency.

## 6.9

### Conclusion

Transport availability is widely regarded as a key determinant in both combating social exclusion and enabling access to services. The lack of availability of public transport significantly diminishes the quality of life for people who are heavily dependent on it. This impacts on their ability to access health and social services and services necessary for daily living or to pursue education, attend training courses or work. Inadequate public transport has been identified as one of the major factors contributing to social exclusion in rural areas. Significant progress has been

made in recent years in relation to accessibility on public transport. However this issue continues to present major challenges; for example, many parts of the country still do not have accessible buses and accessible taxis can be difficult to get.

There is a strong case to be made for including the transport needs of people with disabilities as part of an overall assessment of their needs. This should take into account the widely accepted social policy principles of social inclusion, equality of access, choice, person-centred planning, independent living and changes over the life cycle.

To arrive at an efficient, cost-effective and equitable system of publicly funded transport that provides access for all, further exploration is required in two distinct areas:

- » Streamlining (or cohesion) to achieve greater co-ordination between services for the benefit of the users, particularly in respect of accessing necessary health and social services
- » Rationalisation of the current multiplicity of schemes to provide the most efficient use of available resources and improved equality of access for all groups of people with transport and mobility issues

# Appendix: Social Policy Alert

## To: Citizens Information Services and Disability Advocacy Projects

The Citizens Information Board is preparing a Social Policy Report on transport and access to services. Areas under consideration for the report include:

- » Access to Free Travel
- » Transport to hospital and other health/welfare related appointments
- » Access to HSE patient transport schemes
- » Operation of the Motorised Transport Grant, the Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme, and the Mobility Allowance Scheme
- » Accessibility of public transport
- » Availability and operation of rural transport initiatives
- » Difficulties in accessing centralised services
- » Transport costs for people with disabilities
- » Role of Supplementary Welfare Allowance Exceptional Needs Payments in assisting with transport costs

We very much want to capture the experience and perspectives of organisations working with and for people with disabilities on the ground and would, therefore, appreciate if you would submit any issues that have emerged in your work in relation to any of the above. Illustrative case examples of difficulties encountered and exceptional costs incurred would also be very much appreciated.

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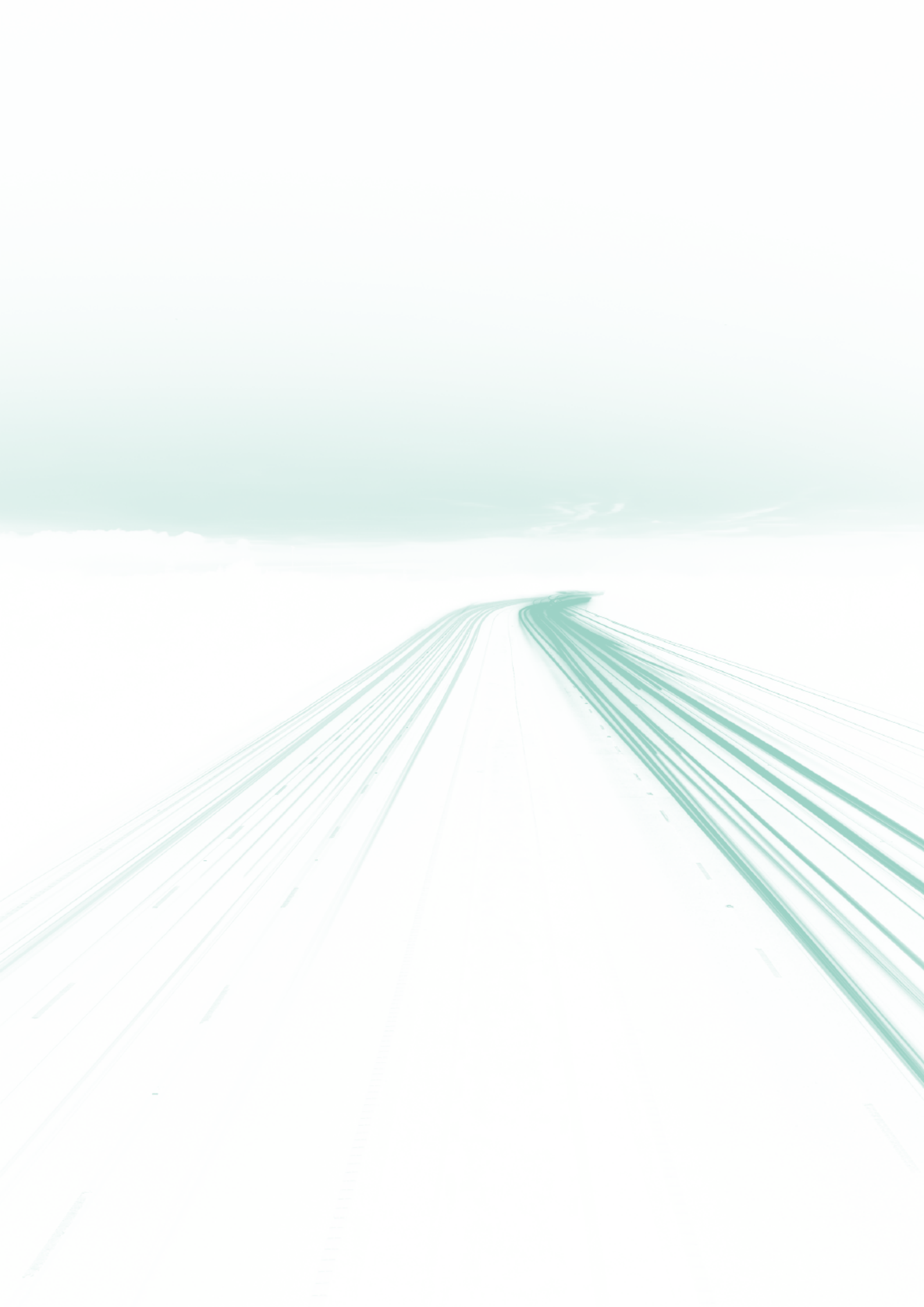
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The Citizens Information Board provides independent information, advice and advocacy on public and social services through [citizensinformation.ie](http://citizensinformation.ie), the Citizens Information Phone Service and the network of Citizens Information Services. It is responsible for the Money Advice and Budgeting Service and provides advocacy services for people with disabilities.

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