



**Report by:
Oak Healthy Living Centre**

**Commissioned by:
Western Investing for Health**

**Maximising Access & Uptake of Services
for Older People in:
Newtownbutler, Newtownstewart
& Roslea/Roslea
Rural Priority Areas**



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Contents

Executive Summary

1.0	Introduction and Background	Page 15-18
1.1	Report Structure	Page 15-16
1.1.1	Background on Tendering Organisations	Page 16-17
1.2	Project Management	Page 17
1.3	Role of WIFH Later Years Facilitator	Page 17
1.4	Benefits Agencies	Page 18
2.0	Methodology	Page 19-30
2.1	Population Size	Page 19
2.1.1	Rural Context	Page 19
2.2	Identifying the Target Population	Page 19-20
2.2.1	Selection of Beneficiaries	Page 20-21
2.3	Selection Panel	Page 21
2.4	Interview Process & Documentation	Page 21-23
2.4.1	Questionnaire Structure	Page 20-21
2.4.2	Consent Forms	Page 22
2.4.3	Directory of Services	Page 22-23
2.4.4	Show Cards	Page 23
2.4.5	Photographic Identification	Page 23
2.5	Interviewer Recruitment	Page 24
2.5.1	The Interview Process & Interview Quality Control Scheme Training (IQCS)	Page 24-25
2.5.2	ICQS and Associated Training	Page 25
2.5.3	Questionnaire Design	Page 25
2.5.4	Training for Interviewers	Page 25 - 26
2.5.5 (a)	Interview Techniques	Page 26
2.5.6 (b)	Training on Directory of Services	Page 26
2.5.7 (c)	Sensitive Issues for Older Peoples Training	Page 26
2.5.8	Independent Verification and Certification	Page 26-27
2.6	Undertaking the Survey	Page 27
2.7	Coordination of Interviews	Page 27-28
2.7.1	Participation from the Roslea Area	Page 28
2.7.2	Participation from Newtownbutler Ward	Page 29

2.7.3	Participation from Newtownstewart Ward	Page 29
2.8	Summary of Research Process	Page 30
2	Research Findings	Page 31 - 37
3.1	Reasons for not availing of Pension Credits	Page 31 - 32
3.2	Reasons for not availing of Home Improvement Grants	Page 32
3.3	What would assist you in applying for N.I.H.E Grants?	Page 33
3.4	Reason for not availing of Housing Grants	Page 33
3.5	Measuring Isolation	Page 34 - 35
3.6	Facilities in Dwelling House	Page 36 - 37
3	Outcomes	Page 38 - 57
4.1	Northern Ireland Housing Executive Outcomes	Page 38 - 53
4.1.1	N.I.H.E Fermanagh Grants Office - Roslea & Newtownbutler Wards	Page 38 - 43
4.2	Current Funding Allocation by Fermanagh N.I.H.E	page 39
4.2.1	Additional referrals by N.I.H.E	Page 40
4.2.2	Derry/Londonderry N.I.H.E Grants Office Home Improvement Grants for Newtownstewart Ward – Outcomes	Page 40 - 41
4.2.3	NIHE Grant allocation in Newtownstewart Ward	Page 41
4.3	Oak Healthy Living Centre Contact with Grants Applicants April 2007 - January 2008	Page 42
4.3.1	Contact with clients	Page 42
4.4	Home Repairs Assistance Grant (Basic Security Measure)	Page 43 - 44
4.5	Social Security Agency – Outcomes	Page 44 - 45
4.6	Social Services Referrals	Page 45 - 46
4.6.1	Omagh Social Services – Ref: Newtownstewart Ward	Page 45
4.6.2	Enniskillen Social Services – Ref: Roslea/Roslea & Newtownbutler Wards	Page 46
4.7	Information Packs	Page 46 - 47
4.7.1	Applicants requesting information on	Page 46 - 47

	Other entitlements	
4.8	Spin-off effects on initiative	Page 47 - 49
4.8.1	N.I.E Energy Efficiency Programme Grants	Page 47 - 48
4.8.2	Oak Healthy Living Centre – Additional Referrals	Page 47
4.8.3	Oak Healthy Living Centre – Basic Footcare Clinic	Page 48 - 49
4.9	Oak Healthy Living Centre – Programme Of Activities	Page 49 - 50
4.10	Development of Social Car Scheme	Page 49
4.11	Provision of Telecare Equipment	page 50 - 51
4.12	Summary of clients outcomes relating to Rural Priority Areas Project	page 50 - 53
5.0	Lessons Learned	Page 54 -55
6.0	Conclusion	Page 56- 57
7.0	Recommendations	Page 58 -59

Tables

1 Reasons for not availing of Pension Credit	Page 31
2 Reason for not availing of Home Improvement Grants	Page 32
3 What would assist you in applying for N.I.H.E grants	Page 33
4 What is the one main reason behind you not availing of housing grants and other services provided by NIHE?	Page 34
5 Measuring Isolation	Page 35
6 Facilities in Dwelling House	Page 36
7 Services were respondents have expressed a need for assistance.	Page 37
8 Progress Report NIHE's Fermanagh Office	Page 39
9 Breakdown of the reasons grants did not proceed in Fermanagh Wards	Page 39
10 NIHE Grant Allocation in Fermanagh Ward	Page 39
11 Fermanagh NIHE referrals to outside agencies	Page 40
12 NIHE Breakdown of Grant Schedules issued in Newtownstewart Ward	Page 40
13 Breakdown of reasons grants did not proceed in Newtownstewart Ward	Page 41
14 NIHE Grant Allocation in Newtownstewart Ward	Page 41
15 Oak HLC level of contacts in Fermanagh regarding NIHE Grants	Page 42
16 Oak HLC level of contacts in Newtownstewart regarding NIHE Grants	Page 42
17 Reason for applicants not being processed for Home Security Measures	Page 43

18 Participants agreeing to be assessed for – HRAG ‘Basic Security Measures’	Page 43
19 Progress to date in processing Home Security Measures	Page 44
20 Social Security Agency –benefit checks per ward	Page 44
21 Social Security Agency –beneficiary details	Page 45
22 Social Service Outcomes regarding Newtownstewart Ward	Page 45
23 Details of Social Services Referrals in Roslea/Rosslea & Newtownbutler Wards	Page 46
24 Delivery of Information on additional benefits	Page 47
25 Oak HLC Additional Referrals	Page 48
26 Uptake of Basic Footcare Service Newtownbutler & Roslea/Rosslea Wards	Page 48
27 Uptake of Telecare Packages	Page 50
28, 29& 30 Summary of Client outcomes Newtownbutler, Newtownstewart and Roslea wards	Pages 51, 52 & 53

Appendices

1. Project Steering Group Membership
2. Survey Questionnaire

EXECUTIVE SUMMARY

This document reports on the Rural Priority Areas Project, an action research initiative which aims to address disadvantage amongst over sixty-five year olds in accessing benefits and services in Newtownstewart, Newtownbutler and Roslea/Rosslea electoral wards.

The report was commissioned by the Western Investing for Health Partnership (WIFH). WIFH was the lead funder for this project and the WIFH Later Years Sub-Group designed the project.

The report was compiled by the Oak Healthy Living Centre with the assistance of statutory and community partners. The report details learning both in terms of the methodology employed and the impact on beneficiaries of the project.

Northern Ireland Housing Executive (N.I.H.E.) responded to a number of wards in the Western area being declared Rural Priority Areas. N.I.H.E. devised criteria which enabled them to rank wards according to housing conditions, income, age of household and rurality. The wards which rated highest according to this criteria were labelled Rural Priority Areas and enhanced housing grant aid was targeted in these areas.

WIFH Later Years Sub-group recognised that clients being targeted were also those most likely to benefit from a “joined –up” approach to address their health and social needs as well as their housing requirements. They decided to test this approach and enhance provision by targeting the three highest ranking wards namely Newtownstewart, Newtownbutler and Roslea/Rosslea. It was decided that the most effective way to implement the project would be through a community development approach involving collaboration between statutory providers and community organisations. It was also decided that the project should focus on uptake of housing aid , social security benefits and social service provision among isolated older people in the three target wards.

A Rural Priority Wards Steering Committee was formed to manage the project and met on a bi-monthly basis. The following organisations were represented Western Health Action Zone (WHAZ); Western Investing for Health; Northern Ireland Housing Executive, Sperrin Lakeland Health & Social Services; Social Security Agency and the Rural Community Network. WHAZ chaired the group.

The WHAZ had a key role in steering group facilitation and providing guidance and support to partners in the community sector. In addition, WHAZ facilitated linkages between community and statutory partners.

A public tender process was undertaken to recruit bidding organisation(s) capable of implementing the project. The winning bid was submitted by the Oak

Healthy Living Centre in conjunction with Strabane and District Community Network and Fermanagh Rural Community Network.

The Oak Healthy Living Centre was funded in 2002 by Big Lottery to address issues relating to poor geographic access to services in five rural wards in County Fermanagh. The centre's geographic remit includes two of the wards targeted by the Rural Priority Areas Project namely Roslea and Newtownbutler. Part of the Oak HLC's remit includes working with older people. Therefore, the Rural Priority Wards initiative fitted well with Healthy Living Centre's remit and experience.

Strabane and District Community Network were important partners in implementing the project, their offices are based in Newtown Stewart the third Rural Priority Ward. Big Lottery provided matching funding for the project through their Healthy Living Centre Programme. This complimented monies provided by WIFH who were the key funder for the project. Matching funding enabled the employment of an Older Peoples Services Coordinator on a short term contract.

Methodology

On average each ward had a population of 394 people over sixty-five years. It was decided to undertake a process to identify fifty people in each ward who were likely to benefit from grant assistance and access to services. This was achieved by asking community volunteers to identify potential candidates using electoral registers to draw up a database of over 65 year olds. The community representatives met in each ward and selected the seventy people from their ward whom they considered would benefit most from the survey. From the seventy selected fifty people were short-listed and rated in order of priority. (The remaining twenty were put on a reserve list). A criteria for selecting participants was devised in consultation with the Rural Priority Wards Steering Group. Individual need was measured against the following criteria.

- Access to transport
- Fitness of housing
- Isolation
- Health status of individual
- Support Network

Survey Documentation, Interviewer Recruitment and Training

The interview process was designed and conducted to conform with IQCS standards. Certification was undertaken by Price Waterhouse Cooper and documentation was drawn up to facilitate the agencies involved (Northern Ireland Housing Executive, Social Services and Social Security).

Five interviewers carried out the survey in each ward. Each interviewer interviewed ten participants. Prior to undertaking interviews interviewers received training in three areas, a) interview techniques by Price Waterhouse Cooper b) sensitivity issues when dealing with older people and c) benefit /grant awareness. Benefit and grant awareness training was delivered by the three relevant statutory agencies Northern Ireland Housing Executive, Social Services and the Social Security Agency. Each agency provided training on the grants and benefits they provide. Interviewers were independently accessed and received certification to IQCS standard.

The Oak Healthy Living Centre organised the scheduling of interviews with assistance from Strabane and District Community Network in Newtownstewart ward. This proved a quite lengthy process and close community ties by the person contacting the interviewees proved to be a useful asset. Eighty-four people had to be contacted in Newtownbutler ward to persuade fifty people to participate. A small number of needy people could not be persuaded to participate in the survey. This included for example one elderly client living in a house without electricity or running water. However, the methodology was successful in identifying need and getting people to take part.

Research Findings

The completed questionnaire were analysed by McNeill Consultancy using the SPSS statistical package. The statistical package allows for cross tabulation of responses to various questions and for ward by ward analysis. McNeill provided a comprehensive analysis of the data. The report findings can be accessed at the following websites: www.westernhaz.org; www.westernifh.org or www.oakhealthylivingcentre.com

The research finding identified quite high levels of lack of awareness of some benefits and considerable variation in awareness between wards. This may provide an opportunity to target information on specific benefits to certain wards. The findings also indicate a high level of respondents who considered that they had 'little interesting to do'. This statistic was particularly high in Newtownbutler ward and indicates a low level of opportunity to become involved in community activities. The poor level of public/ community transport in the area may be a causal factor for this statistic.

Analysis of the questionnaires provided immediate referrals to the three main agencies involved namely N.I.H.E.; Social Services and Social Security Agency. The questionnaire was accompanied by a preliminary grants application from NIHE. Interviewees interested in applying signed the forms during their interview. These were collected and forwarded directed to the relevant N.I.H.E. office helping to expedite the process.

Benefits agencies were able to work speedily through referrals. In some instances where further details were required Oak Healthy Living Centre staff visited clients to speed up the process. This was particularly useful whenever correspondence was with personnel based in Derry over seventy miles from some of those participating in the survey. Oak Healthy Living Centre staff found agencies cooperative and accommodating when they had to follow up a small number of queries from clients. This occurred on a number of cases with NIHE and regarding occupational therapist appointments and the Social Security Agency.

Key Outcomes

The following outcomes resulted from the project:

- Leverage for the project resulted in expenditure at approximately six times the original WIFH investment. In excess of £300,000 was generated from a range of sources as a result of the £50,000 WIFH allocation.
- 31 participants have been offered a total of £153,147.87 in terms of home improvement grants by Northern Ireland Housing Executive.
- 32 people have been forwarded for assessment on basic security measures by N.I.H.E. This will have an anticipated monetary value of £48,000.
- Social Security Agency have processed two new claims for attendance allowance; two new claims for Pension Credits; one new claim for Carers allowance. This should result in an increase in expenditure of approximately £16,873.48 per annum.
- The project resulted in the allocation of 11 telecare packages with a monetary value of £18,400.
- Social Services referrals for the Newtown Stewart area resulted in two successful referrals for daycare and one occupational therapist referral
- Social Services referrals in the Fermanagh area resulted in one successful referrals for daycare and one occupational therapist referral for a handrail.
- At the interview stage 53 survey participants requested information on additional benefits or services. The advice sought was varied and did not necessarily involve any of the three main grants/benefit agencies involved with the survey. Amongst advice sought was details on winter fuel payments, getting rates paid, free road tax, disabled parking badges, help with health service costs, T.V. licences and funeral payments. The

Oak HLC posted out relevant contact details to the participants so that they could check out their entitlements.

- Additional referrals were made during the process. The N.I.H.E. in Enniskillen referred 3 people to Warm Homes, 2 people for occupational therapy and 3 to the P.S.N.I. regarding home security checks.
- The Oak Healthy Living Centre referred 5 participants in the survey to occupational therapists, 6 people to warm homes and 1 person for a disability badge after the initial survey had been completed.
- Western HAZ used the information in the survey to identify people who had poor insulation in their homes. 43 people were forwarded information on funding available through N.I.E.'s Energy Efficiency Programme.
- The survey was an effective way of identifying vulnerable people in each ward. When people have been identified it was possible to provide them with opportunities to benefit from community organised activities. Ninety-five participants in Newtownbutler and Roslea wards were made aware of community run activities such as old-time dance, flower arranging, crochet etc. Therefore providing outlets for the relatively high proportion of people who indicated they had 'nothing interesting to do'.
- WHAZ assisted Erne East Community Partnership in sourcing funding for a podiatry chair. Twenty-two people are now availing of a basic footcare service. Eighteen of these are from Newtownbutler ward where access to this service has been a difficulty. The spouses or partners of 6 of the participants are also benefiting. A footcare survey had established that many clients had been waiting over 12 months for treatment while some waited for eighteen months causing considerable discomfort. The basic footcare clinic also meant that clients could receive repeat appointment within eight weeks.
- In addition to the twenty-two Rural Priority Wards Survey participants a further 114 local people over 65 years have attended the basic footcare clinic.
- The project resulted in the establishment of a social car scheme in the area which will be operational in June 2008. This will help alleviate poor access to public transport and the isolation mentioned by many respondents to the survey.
- An analysis of outcomes per client is provided in tables 28,29 & 30 of the report

Conclusions

The Rural Priority Wards Initiative has proved to be a successful interagency and cross-sectoral approach to improving access to services for older people.

Western Investing for Health initiated this project and Western Health Action Zone facilitated the project and built the links between statutory and community partners. The results of this survey provides evidence that this model can deliver in other areas that are affected by poor geographic access to services.

N.I.H.E. were involved in identifying Rural Priority Areas this provided the basis for selection of the three target wards and a format for intervening to address need. This support was essential as organisations in the community sector would not have the influence needed to persuade the statutory agencies to come on-board for this type of project.

The involvement of statutory agencies in the project provided the community organisations who had tendered for the work unprecedented access, expertise and cooperation. Community representatives were enabled to inform local people in an effective manner of a wide and complicated range of benefits. Without the active support of N.I.H.E., the Social Security Agency and Social Services this would have required years of learning.

The statutory agencies in turn benefited from the community links and local presence that the community sector provided. The Oak Healthy Living Centre for example followed up queries made by the Social Security Agency in Derry by making house visits in wards that are over seventy miles distant from the person processing the claims. They also carried out follow-up visits in the wards for a small number of vulnerable people, this required five or six visits.

The report details the level of local community involvement needed in gaining participation. It was necessary that strong relationships with local community volunteers had already been built and that a very thorough knowledge of the area and local people existed.

The processes employed were successful in identifying those most in need. The report detailed the preliminary work that must be undertaken to reach the most vulnerable clients.

The research finding compiled by MacNeill Consultancy provided a comprehensive analysis of the data for the survey. Awareness levels for most benefits was relatively high, though for some benefits even when people knew about the benefit this did not necessarily mean they were prepared to make an application. A picture also emerges of a minority of people having low levels of awareness of many of the benefits. The level of awareness varies for different

types of benefits and there was also considerable differences in awareness levels across wards.

In terms of housing amenities the research indicated that wall insulation and basic security was lacking in a substantial number of homes.

Interviewers involved in the projects continuously fed back the lonely state that many of the participants lived in and that they felt nobody cared about them. This tied in with the report findings on isolation. The interviewers also mentioned how cold many of the houses were. Given the poor transport links in the wards it is clear that many older people have few opportunities for social outings.

The number of times grants are awarded only to be cancelled by the recipient may need further investigation. For example, in terms of Housing Improvement Grants in Newtown Stewart recipients withdrew 8 out of 14 grant applications, 4 applications have also been cancelled in Fermanagh. An analysis of the reasons for refusal would provide useful insights into whether more support in the application process would be beneficial.

Assisting vulnerable clients with grant applications can present difficulties especially if financial decision making is necessary. There is a need to be cautious especially in situations for example where clients have to put some of their own finances along with renovation grants. However, in visits to some clients it was obvious that they are simply not capable of the administration involved. It would be useful to investigate where there have been high levels of grant refusals to see if anything further can be done to assist those who are most vulnerable to proceed through the system. Involvement by local community organisations might be part of a solution to this problem.

Recommendations

The following recommendations were made for future actions:

Statutory Recommendations

- 1.** The Rural Priority Wards Initiative has proved to be an effective means of delivering grants in rural areas and should be replicated.
- 2.** WHAZ has played a vital role in this project as a facilitator between the statutory and community sectors. This boundary spanner function is an essential consideration where similar projects are being implemented.
- 3.** Statutory agencies should seek more opportunities for collaboration with the community section in order to reach vulnerable groups.
- 4.** Many older people find accessing benefits and grants to be either confusing or bewildering. Agencies need to consider individually and perhaps collectively how they can get their messages across in a more simplified form to a section of the community, some of whom are not as alert as they once were.
- 5.** Buy-in to the process by agencies and agency staff is essential if maximum benefits are to be realised.
- 6.** A small section of older people are particularly vulnerable. A mechanism should be developed between the statutory and community sectors to meet the needs of vulnerable older people. This would ensure that assistance is available through local community structures to support vulnerable people through the application process insuring a successful conclusion.
- 7.** The potential of community organisations to act as delivery partners with statutory agencies in other areas should be considered. Especially, were the statutory agency is operating at a distance.
- 8.** The reasons for grant refusals should be analysed for insights into whether support in the application process would be beneficial.
- 9.** Partnering with community organisations in other project should be considered as it can provide a value for money proposition for statutory organisations. Community organisations may also have the potential to lever in matching funds.
- 10.** When asked to identify where they needed support older people involved in the survey stressed the need for help in the following areas: grant advice and support , basic security measures and help with home repairs , gardening etc. Finding a solution to these issues can aid independent living. There is potential

for the statutory and community sectors to investigate how they might work together to address these issues.

Community Recommendations

1. The project is build on the strength of the client database. In similar projects in order to create maximum impact in terms of identifying vulnerable clients, considerable time and effort must be spent in compiling the client database.
2. If similar projects are being implemented in rural areas it is important to take time to identify key people who have extensive local knowledge and also to ensure a representative spread of people across the geographic area. This is necessary if those who would benefit most are to be identified. Individuals in occupations such as postmen/postwomen can have considerable knowledge both about the personal circumstances of older people and housing conditions.
3. Greater linkages should be devised with statutory organisations to enable community organisations to promote grants and benefits in outlying rural areas where there is an information gap.
4. Recognition should be given to the potential of this type of initiative to attract additional investment to the benefit of older people in the host community.
5. A considerable degree of isolation and loneliness was recorded amongst the older people participating in the survey. Extra community effort and resources are needed in remote areas to provide the opportunities for social contact that can address this problem.
6. Initiatives such as Social Car Schemes should be supported as they provide opportunities both for social interaction and accessing services for older people in remote areas. As this type of service assists people to continue to live independently it can ensure considerable cost saving to the government.
7. Respondents to the survey stressed the need for grants advice and support, basic security measures, and help with home repair work, gardening etc. Finding a solution to these issues can aid independent living. There is potential for the community and statutory sector to investigate how they might work together to address these issues.

1.0 INTRODUCTION AND BACKGROUND

Access to services is one of the priority themes identified by the Later Years Sub-group of the Western Investing for Health Partnership (WIFH), one of the four age themed sub-groups established to take forward the work of WIFH. WIFH designed the initiative and commissioned the Oak Healthy Living Centre in partnership with Strabane and District Community Network and Fermanagh Rural Community Network to develop an action research project. The aim of this project is to maximise benefit applications from older people in the Western Health and Social Services Board area through interagency working. For this initial project this involved targeting 3 Rural Priority Areas (RPA's).

The concept of RPA's has been developed by Northern Ireland Housing Executive as a means of targeting grant aid in rural areas to the people and properties most in need. It is part of the Housing Executive's overall strategy for reducing housing unfitness and tackling problems of disrepair. In October 2005, three wards in the West namely Newtownstewart, Newtownbutler and Roslea were declared Rural Priority Areas. Declaration of a RPA was based on a set of criteria that assessed housing unfitness/disrepair, income/benefit uptake, head of household >60 and rurality.

It is well recognised that many older people, particularly those most excluded do not avail of many of the services available to them. There are a variety of reasons for this. However, lack of accessible information, difficulty in navigating the systems of agencies and poor access to transport are often cited as reasons for low uptake of services by older people.

This project represents an interagency approach to addressing the gap in provision identified. The project aims to maximise the opportunity for people over sixty-five years to access benefits and services in the three highest priority wards. It involved a partnership approach between voluntary, statutory and community organisations who were involved at all stages from design through to delivery. The initiative employed a community development approach to addressing the issue with considerable involvement from host communities in each of the three wards.

1.1 Report Structure

This initiative took a new and innovative way of addressing a gap in provision. It employed an active learning approach to tackling the issue. Problems that arose were addressed as the project was implemented. The project steering committee provided guidance and the tendering organisations also had to make adjustments as the project progressed. The value of the project was not only in terms of the benefit to respondents, it also has a strong research element. The project will be analysed in terms of the effectiveness and efficiency of the methods employed.

Therefore, while this report details the outcomes it also includes considerable detail on the process that was undertaken. It for example outlines experience gained in developing the documentation, organising training and implementing the project. Hopefully, this information should be a useful reference in how to secure participation and to include the most vulnerable. However there were also lessons learned in organising the project that might suggest some tweaking of the process if a similar project was to be carried out in another area. This is equally useful information.

1.1.1 Background on Tendering Organisations

In August 2006 the Western Investing for Health Partnership invited tenders for this project. The winning tender was a partnership bid between Erne East Community Partnership Ltd (Oak Healthy Living Centre), Strabane and District Community Network (SDCN) and Fermanagh Rural Community Network (FRCN).

SDCN and FRCN are community networks working for rural communities in Strabane and Fermanagh respectively. They have expertise relating to campaigning on issues related to rural communities and engaging with people on the ground. They also contribute to policy formation in regards to rural areas and therefore had a valuable role in contributing to the design of the bid.

The Erne East Community Partnership Ltd is an umbrella organisation for communities in five rural wards Roslea, Newtownbutler, Lisnaskea, Brookeborough and Donagh. Two of these wards are rural priority wards the other ward in the survey is Newtownstewart which is located 51 miles distance from the Erne East Community Partnership office.

The main project of the Erne East Community Partnership Ltd is the Oak Healthy Living Centre which employs five staff in community projects which prevent ill health. On the award of the project it was decided that Oak Healthy Living Centre staff would lead the implementation of the project including undertaking administration and organising work. Each Healthy Living Centre project is unique as it is based on a plan devised by the local community to address issues of disadvantage specific to that community. The remit of the Oak Healthy Living Centre is to focus on improving geographic access to health and social services given the Erne East's areas poor deprivation statistics for access to services. For example Roslea village is 25 miles from the local hospital and many services in Enniskillen. The Ulsterbus service comes to the village once per week with the next closest stop over 10 miles away. Therefore, the Rural Priority Areas Project fitted well with the remit of the Healthy Living Centre which had links already developed from hosting activities for older people in the area and a partially developed database for older people in Roslea and Newtownbutler wards.

Considerable assistance was provided in the Newtownstewart area by SDC.N where their Community Development Coordinator was assigned to the project.

The involvement of a local organisation with strong community connections in Newtownstewart was essential. The offices of Strabane and District Community Network are based in Newtownstewart which left them ideally placed to engage the local population.

1.2 Project Management

The project was overseen by the WIFH's Rural Priority Areas Steering Group which comprised of the following partners.

Name of Partner	Roles and Responsibilities
WIFH WHAZ Sperrin Lakeland Trust NIHE S S A R C N	Lead and funder Steering Group facilitation/Guidance and Advice Training, guidance and advice Training, guidance and advice Training, guidance and advice Guidance and Advice

The Steering Group meetings were well attended by all agencies especially in the initial stages and considerable input was provided in project design from all parties represented. Details of representation on the project steering group are included in (Appendix 1).

1.3 Role of WIFH Later Years Facilitator

Throughout the project the Oak Healthy Living Centre received constant guidance and assistance from the WIFH Later Years Sub-Group Facilitator. This advice was always practical and helpful. The position also provided a link between the tendering organisations and the members of the steering group. The project required knowledge on a range of benefits and the position holders background led her to either answer queries directly or to make contact with the appropriate person in the relevant agency. She was always prepared to travel out to the project whenever necessary. Her work was essential to the project's success.

Whenever the survey was undertaken the project availed of the expertise of the IFH Assistant Manager on several occasions regarding processing results and undertaking statistical queries using SPSS software.

1.4 Benefits Agencies

The project relied on the cooperation and support of the main support agencies that were involved with the project, this involved NIHE offices in Fermanagh and Derry, Social Security Agency and Social Services. Several of the individuals in charge of processing the claims had been involved in designing the project. They had bought into it's delivery and were cooperative in progressing claims. The nature of some types of claim meant that no further assistance was needed or possible after an initial claim was forwarded by a client. For other grant claims it was possible to assist and encourage clients. This sometimes led to contact with agency staff on a number of occasions in order to progress a claim. This occurred for example with staff from NIHE and with Occupational Therapists.

On all occasions when assistance was required Oak Healthy Living Centre staff received very good cooperation from statutory agencies in progressing claims and assisting clients. On a number of occasions Oak HLC staff visited clients in response to queries from benefits agencies and progress resulted. On other occasions NIHE and other agencies provided the Healthy Living Centre with feedback in response to client queries.

2.0 METHODOLOGY

The aim of the project was to maximise the uptake of services by older people in Newtownbutler, Newtownstewart and Roslea wards.

2.1 Population Size

It was ascertained from the NINIS database (2001) that at the time of the survey the following number of over sixty year olds lived in each ward:

Newtownbutler 388

Newtownstewart 388

Roslea 404

It was necessary to identify the 50 most vulnerable people from each ward, those who were most likely to be eligible and in need of various services.

2.1.1 Rural Context

Newtownstewart ward is geographically isolated, however, the size of the ward is relatively compact in comparison to Newtownbutler and Roslea. This is due to the population of the town constituting the majority of the people in the ward. In comparison the population of Roslea village is 540. The vast majority of people in the ward live outside the village with some people in the ward living up to 12 miles from the village because of the geographic spread. People in the ward may not use the village as a centre to shop, to go to church, etc.

In order to reach the target group it was agreed to employ a community development approach to improve participation. The resources, knowledge and contacts within the local community were to be employed to identify the most vulnerable people.

2.2 Identifying the Target Population

A database of older people in each ward is not readily available. The Oak Healthy Living Centre had already partially developed a database of older people in Roslea and Newtownbutler wards. This was carried out by distributing electoral registers and getting community volunteers to identify people over 60. This was a slow process because the geographic spread of the wards means that community activists only know people living in their own locality, for e.g. Roslea ward is over 12 miles in length and involves distinct geographic communities, good local knowledge is essential.

It was important when utilising electoral registers not to include deceased members and also to consider older people who might not have been on the electoral register. Older electoral registers did not have opt-out provisions and

all people registered to vote were recorded. However, new registers do not provide as complete of a picture of the population. Difficulties arose in recent years as companies were using registers as a means of distributing junk mail, because of this, approximately two years ago the electoral office changed the rules on the content of registers they make available to the public. Individuals now have the option of ticking a box which will mean that while they are eligible to vote their name is not recorded on the public register. Understandably, many people prefer not to be included on the register.

Therefore, for the purpose of this survey older registers were used. As the registers we sourced mostly dated back to 1999, caution had to be exercised not to include the considerable number of people who were now deceased. In Roslea and Newtownbutler wards efforts were made to complete an existing database of over 60's recently compiled by Oak Healthy Living Centre staff. In Newtownstewart meetings were held with local community organisations to define a list that could be used.

2.2.1 Selection of Beneficiaries

When a population had been compiled of over 65 year olds a mechanism was needed on how to identify these with the potential to benefit most. Through discussion with the Rural Priority Ward Steering group a criteria was approved for selecting participants.

Individual need was measured against the following criteria:

- Access to transport
- Fitness of housing
- Isolation
- Health status of individual
- Support Network

For the purpose of this project isolation and support network were considered to be separate variables. Isolation in this case relates to the physical isolation of the individual in terms of where they live in relation to services. Support Network refers to the family, friends and other contacts the individual maintains in their local community.

The criteria for selection was also influenced to some extent by the potential grants available for participants. The level of home ownership is high in rural areas. However home ownership does not necessarily mean good living conditions. A considerable number of older people live in old stone built houses that for eg can be damp and poorly insulated.

This did not rule out Housing Executive tenants and some vulnerable clients living in Housing Executive homes were included. However there was an acceptance that people living in Housing Executive houses would be living in homes that were at a reasonable standard and that their homes would have received upgrades under various schemes provided by NIHE.

In a number of cases the tenants of NIHE homes were included because they had poor support networks in the local community or they were seen to be in need of help that did not relate to housing conditions.

2.3 Selection Panels

In terms of the composition of selection panels in Roslea and Newtownbutler, panels were formed in each ward comprising of individuals who had a good knowledge of older people in the community and their circumstances. This included people from local community organisations within each ward. For example, Roslea ward has distinct communities, Roslea Village, Derrygannon, Inver, Killyfole/Aghadrumsee, representatives from these local communities were best placed to know the circumstances in their own area.

In Newtown Stewart identification of candidates was undertaken by Baronscourt & District Cross Community Association, Newtown Stewart and District Community Association and Sperrin Carers Support Group. This process was guided by Community Development Coordinator of Strabane and District Community Network.

The selection panels utilised the selection criteria devised by the project steering group. (Refer to 2.21.)

2.4 Interview Process and Documentation

2.4.1 Questionnaire Structure

In order to ascertain need a questionnaire was designed with a series of both closed and open ended questions. The design of the questionnaire was influenced by a number of factors. Firstly it was designed with ease of interpretation in mind. Secondly, its design was influenced by the various agencies that were involved. Sections included Housing Services, Health and Social Services and Governments benefits. Attempts were made to try and simplify the form and avoid duplication.

However, this had to be balanced with the need to be able to analyse and separate the information needed by the various agencies involved including NIHE, Social Security Agency and Social Services. Given that the agencies provide a range of services; a separate section for each agency was almost inevitable. In hindsight this made the questionnaire quite lengthy especially for

elderly participants and they felt that there was repetition between the different sections. It was difficult for older people to concentrate for this length of time. However it would also have been difficult to shorten the questionnaire and still source the information needed by various parties involved.

In terms of how a claim was to be processed for some sections clients were given referral/self referral options. If the client felt they or a member of their family was capable of making a claim without assistance they ticked the self referral option. For a copy of the questionnaire used in the survey please see: (Appendix 2).

2.4.2 Consent Form

Seeking clients consent to the sharing of information was a priority for the agencies involved. It was important to avoid situations where clients rights were infringed. A consent form was designed and securing clients consent by signature was a prerequisite to proceeding with the interview. In this document the client agreed;

- (i) That their name address and contact details would be passed to the Northern Ireland Housing Executive, Social Services and the Social Security Agency
- (ii) That the above agencies may then be in contact
- (iii) That the above agencies have permission to provide anonymous statistics to WIFH
- (iv) That the Oak Healthy Living Centre may be in contact in relation to services within the local area and may provide assistance.

2.5 Directory of Services

A directory of services manual was compiled with the assistance of staff from the various agencies involved in the project including Social Services, NIHE, Social Security Agencies.

Directory of Services Content

The following information was included;

- (i) Benefits and Pensions, State Retirement Pensions, Pension Credit, Attendance Allowance, Carers Allowance, Disability Living Allowance
- (ii) Other possible entitlements; Winter Fuel Payment; Social Fund, Community Care Grant, Budgeting Loan, Funeral Payment, Help with Health Service Costs, Housing Benefits, other services for pensioners,

- (Disabled Parking Badges, Home Safety Advice, TV Licenses for over 75's)
- (iii) Social Care Services; - Home Care Services, Home Care Service (Twilight Run); Day Care Services, other Social Care Services.
 - (iv) Housing Services: 7 Grants;-Renovation Grants disabled facility; Replacement Grants, Home Repair Assistance Grants, Warm Home Scheme
 - (v) Local community and voluntary services for older people; Luncheon Clubs; Senior Citizens, Citizens Advice; Activities run by the Oak Healthy Living Centre

People taking part in the survey were given the contact details of The Oak Healthy Living Centre if they required further information. The Directory of Services was adjusted to maintain validity for the two areas involved (Newtownstewart) and (Roslea/Newtownbutler).

2.6 Show Cards

Show cards were produced for interviewers with condensed information on benefits. They were designed in a user friendly way to be used during interviews. A separate show card was produced for each section of the questionnaire, for example, a card detailing Housing Executive Benefits would have been produced by interviewers whenever they were interviewing clients on that particular section of the questionnaire. This allowed interviewers to have at their fingertips detailed information. This was useful as interviewers were relatively new to the subject and the cards allowed them quick access to information on a wide range of benefits from a number of agencies.

2.7 Photographic Identification

Photographic identification cards were designed to be carried by interviewers. An introductory procedure was also formatted instructing interviewers on how to conduct themselves when introducing themselves to clients. While some clients were familiar with interviewers others were not.

At no stage were interviewers allowed to visit houses without prior arrangement. The Oak Healthy Living Centre arranged all the interviews. Clients were made aware in advance, usually by telephone, of who would be visiting them and at what time.

2.8 Interviewer Recruitment

2.8.1 The Interview Process and Interview Quality Control Scheme Training. (IQCS)

A requirement of the Tender was that the interview process was to be carried out to IQCS standards.

Interviews for the project were predicted to be approximately one hour in length. Given the tight timescales for project delivery it was decided that the most practical means of delivery for the project was for five interviewers to interview 10 respondents in each ward.

The project steering group had indicated some preference for involving people from a community background as interviewers. There was a view that interviewers from a community sector would have an empathy with people from the area. Having a group of trained interviewers locally would be a community resource that could be used in the future for other projects.

In terms of recruiting interviewers an advert was placed in four newspapers. Two newspapers covered West Tyrone area and two for the Fermanagh area. Because of the distance between the two areas it was obvious that it would take two sets of interviewers.

As an effort was made to attract people with empathy for older people the work was also promoted to community organisations and to volunteers with Senior Citizens Clubs etc.

Respondents to the advert were provided with an application form, a project outline, and criteria for interviewers and conditions of work. Sixteen people returned application forms to the project and all were offered training. This included one additional trainee, as we were concerned some of the respondents might drop out.

In terms of the profile of interviewers some people did come forward from the community sector. However there was also a good response from the caring professions including people with social work qualifications, and a physiotherapist.

The interview process required a quite high calibre of interviewer.

In reality the process had to be conducted in a compressed period of time because of project deadlines. Interviewers had to learn a considerable amount of material, have the confidence to carry out interviews and the ability to absorb and implement interview skills training.

The level of skill required did not suit some of the people that was originally anticipated would have taken part from the community voluntary sector. Many people ruled themselves out whenever they read the application form and background information. The project was fortunate with those selected that there was a balance of committed community people who had the ability to do the work and a number of professional people who had enough interest and empathy with older people to carry out their duties thoroughly.

2.8.2 IQCS and Associated Training

Training for interviewers was conducted under IQCS standards and in compliance with the tender agreement.

2.8.3 Questionnaire Design (IQCS standards)

Members of the Rural Priority Areas steering group from NIHE, Social Services and Social Security had supplied questions for their particular section of the questionnaire. Advice was also provided by the members of the steering group who had experience of questionnaire design. This included advice on the structure of the document in terms of collating responses etc. The Oak Healthy Living Centre had undertaken a Social Care Audit and had recently undertaken a Footcare Survey. The Project Coordinator had taken this advice onboard when compiling a draft questionnaire.

An employee of Price Waterhouse Cooper reviewed the draft questionnaire and a half days training was provided to the Oak Healthy Living Centres Project Coordinator to strengthen the design. Most of the training related to question design and facilitating the easy interpretation of data.

The training was valuable and also led to the design of show cards and other modifications that aided the quality of the survey.

Whenever the questionnaire was completed it underwent further modification during the training process due to suggestions from the Benefits Agencies. This shortened the questionnaire and improved its quality. Some open ended questions were included where clients were allowed to give their personal responses. One of the suggestions of the consultants was to use coding of answers. Coding would allow for responses to be grouped together and identified by a code.

Whenever the initial evaluation was carried out of the survey results, it became apparent that coding of responses would be an over complication given the way people had responded and the relatively small size of the survey. Therefore the coding system incorporated in the questionnaire design was not used in practice.

2.8.4 Training for Interviewers

It was an essential requirement that interviewers attend two days training. This contributed to IQCS certification.

2.8.4 (a) Interview Techniques

One of the days training was on interview techniques and was delivered by Price Waterhouse Cooper. Staff from the Oak Healthy Living Centre coordinated training with assistance from SDCN

2.8.4 (b) Training on Directory of Services

A half days training was coordinated by the agencies involved with the project, Northern Ireland Housing; Social Security Agency and Social Services. Each agency provided an overview of the various benefits, entitlements and grants assistance they provided.

2.8.4 (c) Sensitive issues for Older Peoples Training

A training session was also provided on Sensitive Issues, training relating to dealing with older people. The training was delivered by the Manager of Oaklee Housing Association's, Carn Court Scheme at Roslea which provides sheltered accommodation for older people. She delivered a presentation on the theory of how to communicate effectively when dealing with older people. She underpinned the theory with examples of practical experiences she had in dealing with older people in sheltered accommodation and in their own homes.

Training locations were chosen reflecting the distance between areas. Interviewers demonstrated commitment and all attended training even though for e.g. Omagh is 40 miles from Roslea and Enniskillen is 25 miles from Roslea. Interviewers were paid for each interview they conducted but not for attending training which nevertheless was compulsory. The training had been planned pre-Christmas but was delayed. It was advantageous that interviewers could start interviewing shortly after receiving the training, with the lessons learned fresh in their minds.

2.8.5 Independent Verification & Certification

Independent verification of the process was necessary for IQCS certification. This was overseen by Price Waterhouse Cooper. In order to comply with this requirement interviewers had to be accompanied on at least one interview and their technique and performance assessed.

Training in implementing verification standards was provided by the Project Coordinator, whereby telephone analysis was also used in this process. Whereby, interviewees were telephoned and questioned about the interview process including queries on questions they had been asked. All interviewers were successful in reaching the required standard at the end of the process and received certification at IQCS standard.

2.9 Undertaking the Survey

With the community sector having prioritised clients in terms of need the next step was to actually contact individuals and try to persuade them to participate. In the first instance a mail-out list was used.

Fifty people were to be selected from each ward. People had been prioritised from 1-50 in terms of need. Letters were forwarded to individuals explaining the project and saying that staff would be in contact to see if the person receiving the letter was willing to participate.

In Roslea and Newtownbutler wards it was decided not to send out any more than fifty letters in the first post out. This would prevent the hopes of people being raised when there was a limit of fifty places per ward.

The fifty people in both Roslea and Newtownbutler wards had the option of responding to the letter posting a reply slip or by telephoning the Oak Healthy Living Centre. The response to the letter was quite low.

Two members of staff from the Oak HLC were each allocated a ward. They telephoned people who had not responded, each worked through the first fifty people on their list from the person considered most vulnerable downwards. When they reached the first person on the list who indicated an unwillingness to participate in the survey the fifty-first person on the list was dispatched a letter and so on.

In Newtownstewart, people have also been prioritised but because an existing database of older people was not in existence it was decided to take a slightly different approach. A larger mail-shot was organised to stimulate a quicker response. In similar circumstance to the other wards the larger mail-out in Newtownstewart ward did not elicit the targeted response of fifty people willing to participate in the survey. At this point SDCN arranged for people to be contacted individually until a total of fifty people agreed to take part

2.10 Coordination of Interviews

The Manager of the Oak Healthy Living Centre was responsible for coordinating interviews.

Each interviewer was given a list of 10 clients. This was adjusted as some people dropped out or if times clashed.

Some interviewers were working either part time or full time. Some clients arranged interviews at a time when family members or for example home helps could make themselves available. Attempts were made to confine interviewers to a particular ward and even a particular area of the ward, although this often had to be adjusted to suit circumstances. The wards were large geographically and many of the houses were in isolated locations. Many of the interviewers were from neighbouring areas. They telephoned the office for instruction on how to get to houses. In advance of this staff had often telephoned community representatives in that area to get directions. With 50 interviewees per ward this necessitated quite a bit of organising. In the Roslea ward the project benefited in that the Programme Coordinator was familiar with the location of many of the dwelling houses in what is a very dispersed area.

2.10.1 Participation from the Roslea area

The Programme Coordinator for the Oak Healthy Living Centre has worked as a Community Development Worker in the area for the last 10 years. He is involved in a wide range of voluntary action in the area including Roslea Community Association, Derrygannon Association, Roslea Historical Society etc. He had also built up a reputation in previous employment as a person who on a voluntary basis would help to fill benefits forms, make telephone calls for people who had problems with benefits etc. He currently organises a wide range of activities for the Oak Healthy Living Centre including the four community halls in the Roslea ward.

He was an ideal person for this task. However, selling the benefits of participating in the project was not always easy. Participants had to be made aware that they would have to sit through a lengthy interview and false expectations could not be raised. For example while each participant was told there was a possibility they might get additional help, they were also made aware that they might not get anything from the process. Whenever the Programme Coordinator telephoned potential clients because of his background working with people many instantly agreed to participate, without getting into detail on the finer points of the survey.

There were further advantages in terms of his knowledge of the community. He knew the personal circumstances of participants. In perhaps 20% of cases the telephone call was made to the client and to a member of family such as a son or daughter or a home help visitor. A total of 68 people were contacted in Roslea in order to get 50 people to agree to participate. This proved to be a high level of uptake.

2.10.2 Participation from Newtownbutler Ward

Participation from the Newtownbutler ward was the responsibility of the Oak Healthy Living Centre Manager. He is from Newtownbutler ward but would consider himself to be from Donagh which is three miles from Newtownbutler. While he has worked in the community sector in the area for eight years, his work would not bring him in as close contact with the community as the Programmes Coordinator. The Manager knew approximately 20% of people on the priority list. The response from people contacted in Newtownbutler was different to Roslea. While possibly half the people contacted were interested and prepared to participate the remainder were hard to persuade. While the telephone call was coming from a local office the fact that they didn't know the person telephoning meant they often instantly dismissed the invitation. Though on some occasions they would then reconsider and phone back. Others also tended to get back in contact when they heard of friends in the community who were participating.

Assistance was sought in Newtownbutler whenever it became difficult to get numbers in. The Chairperson of Erne East Community Partnership and his wife agreed to contact people they knew especially around the town. The chair also visited people who did not have access to a telephone. This effort was successful in bringing in some of the more needy clients. The Chair has been involved in community activity in Newtownbutler for decades and is a popular figure in the community, yet even he admitted that he was not familiar with some of the people from outlying areas. Even if he knew them personally he was not familiar with their circumstances. Many people in the rural area for example have private lanes and their houses are not visible from the public road. It would therefore not always be known or obvious what condition client houses were in.

Oak Healthy Living Centre staff were familiar with families in Newtownbutler and they contacted sons, daughters or other people with influence on clients who had been short-listed to try and persuade participation. Often it took five or six phone calls to persuade people of the benefits of participation.

In terms of the original priority list of 50 people, we had to move down the list and contact 84 people before the required number were persuaded to participate. In common with Roslea there was a small number of clients living in poor housing conditions that were unwilling to take part in the survey.

2.10.3 Participation from Newtownstewart Ward

Due to the absence of a fully developed database in Newtownstewart a slightly different approach was used in getting participants. However, the work here also involved using personal contacts and a community development approach. A community representative was employed who had considerable experience of

working in the community as a member of Newtownstewart and District Community Association, she was also involved with Sperrin Carers. Her familiarity with local people allowed her to follow up on clients who already had her trust.

2.11 Summary of Research Process

The community development approach was effective in involving the hard to reach.

Regarding the aim of prioritising vulnerable clients there would have been other reasons for believing the process worked. For example in Newtownbutler as Oak Healthy Living Centre staff worked down the list after the initial fifty it became increasingly difficult to identify people who were obvious cases for benefiting from the survey. At this stage a few extra names were secured from people who have a very close working knowledge of the locality including a postman, an agricultural officer and a local councillor, expanding the list was a struggle.

Undoubtedly some people may have been missed out who were worthy of inclusion. A few people were in hospital at the time and could not be included. In a few cases ownership of the house had for example been handed over to offspring or other complications may have either prevented participation in the survey or making a claim.

The process of getting people to agree to participate was time consuming and difficult. On many occasions houses were telephoned perhaps six days in a row before a response was received. On several occasions, particularly in Newtownbutler ward, people agreed to participate and then cancelled when the interviewer arrived at the house. Cancellation happened less frequently in Roslea. It seemed that this was probably influenced by their level of familiarity with the person doing the organising. If they knew the organiser well it was more difficult to let them down. It took approximately 5 full days for a person to organise the 50 interviews for one ward.

In future if a less complicated questionnaire is being used and where the concept is easier to explain it may be easier to gain participation. The extra effort needed to encourage the neediest was worthwhile.

3.0 RESEARCH FINDINGS

The results of the survey were analysed in a comprehensive report compiled by MacNeill Consultancy. The report can be downloaded from the following websites www.westernhaz.org ; www.westernifh.org or www.oakhealthylivingcentre.com. The MacNeill report provides a thorough analysis of all answers to the questionnaire on a ward by ward basis. The analysis was compiled on the SPSS statistical package. This is a resource that can be availed of in the future as the statistical package has the flexibility to cross-reference data and produce results for an almost infinite number of queries.

As this report is available by electronic means all the results are not included here. A few snippets of information have been drawn out which help to demonstrate some useful insights garnered from the report.

3.1 Reasons for not availing of Pension Credits

Table 1 below shows results by ward. Respondents provided various responses as to why they are not availing of pension credit. These included lack of awareness, lack of understanding, lack of knowledge, no need for pension credit, don't know about and other reasons. There was a high response from people indicating they were not entitled to the benefit. For this answer 33%, 30% and 27% response rates were across the three wards. It can be assumed that these people are aware of the benefit and have tested out their eligibility.

In terms of people who were not aware of this benefit the area worst affected was Roslea. Each respondent could give one response to this question. A total 8 of the 22 responses expressed a lack of awareness of the benefit; a further 3 expressed a lack of understanding and 4 had a lack of knowledge of the benefit. Together this represents 68% of those from the ward who responded to the question.

Table 1 Reasons for not availing of Pension Credit

Reason	NTS	NTB	Roslea
Lack of awareness	5	7	8
Lack of understanding	4	5	3
Lack of knowledge	2	8	4
No Need	0	2	0
Not entitled	7	12	6
No reason for	0	1	0
Don't know about	0	2	0
Other	3	3	1
Total	21	40	22

(P.76 MacNeill Report)

3.2 Reasons for not availing of Home Improvement Grants

Table 2 shows the responses to a question asking the reasons why respondents had not availed of home improvement grants. A total of 7 out of 23 respondents or (30%) expressed a lack of awareness as the main reason in Roslea ward and a further 2 respondents (8%) had a lack of understanding of the grant.

Lack of awareness was recorded by 6 people or 21% in Newtownstewart and 3 people or 25 % in Newtownbutler. Interestingly 5 people in Roslea or (22%) of respondents recorded that they did not want the aggravation of going through the grant process. A very high number 13 people or 46% of respondents in Newtownstewart indicated that they had other reasons for not availing of this benefit.

Tables 2 Reason for not availing of Home Improvement Grants

Reasons	NTS	NTB	Roslea
Didn't know about grant	6	3	7
Didn't know what's involved	2	1	2
Didn't want aggro	1	1	5
Not sure if wanted	1	0	1
No help or guidance	1	1	1
Takes to long	2	0	1
Cost between repairs	0	1	0
More work than wanted	0	1	0
Could'nt afford the difference	0	1	0
Means test excluded	0	0	1
Private information	1	0	2
Not receiving benefits	1	2	1
Other Reason	13	1	2
Total	28	12	23

(P.23 MacNeill Report)

That 38% of respondents in Roslea were either unaware or did not know what was involved is a concern. The corresponding figure for Newtownstewart was 30% indicating some variance across wards in awareness levels.

3.3 What would assist you in applying for NIHE grants?

Table 3 records responses to a question which tried to ascertain what factors would assist or encourage people to take up NIHE grants. Respondents were not restricted to one response and could tick a number of factors that they considered would encourage them to apply.

Table 3 *What would assist you in applying for N.I.H.E grants*

Factor	NTS	NTB	Roslea
More information/Grant Support	16	29	21
More straight forward process	9	23	10
A 100% Grant	17	24	19
NIHE to undertake Work	10	19	15
NIHE purpose build	1	3	2
Use of any contractor	3	7	1
Time of application to payment	4	10	5
Other	5	1	1
Number of Respondents	33	39	36

(P.28 MacNeill Report)

The following number of people responded from each ward Roslea 36, Newtownbutler 39, Newtownbutler 33. More information and grant support was the factor that more people agreed on and this was considered more important than 100% grant assistance except in Newtownstewart ward. A total of 28% of respondents considered information and grant support important in Roslea with 25% in the other two wards. A 100% grant was considered the second most important factor in both Newtownbutler and Roslea. That NIHE should undertake the work was the third most important factor in Newtownstewart and Roslea ward. While a more straight-forward process was the third most important factor in Newtownbutler. There was considerable consistency in the main factor that would encourage greater uptake of grant assistance. People also placed some importance on a quick turnaround with payments. That people place such a high importance on more grant information/support and a more straight forward process may be areas that NIHE can look to address.

3.4 Reason for not availing of housing grants

Table 4 indicates that over a third of respondents were confused about housing entitlements, while 27% did not avail of the service either because they considered the hassle factor too high or they perceived that there were difficulties with the process. A low number of people 2% were not availing of the service because of poor past experience with NIHE.

Table 4 *What is the one main reason behind you not availing of housing grants and other services provided by NIHE?*

Confused about entitlement	33.6%
Hassle Factor	16.4%
Perceived Difficulties	10.7%
Poor Past experience	2.1%
Service not needed	12.1%
No particular reason	6.4%
Don't Know	1.4%
Other reason	17.1%
Total	100.0%

(p.26 MacNeill)

3.5 Measuring Isolation

Table 5 shows the results from an attempt to measure the opportunities for social participation in the three wards involved in the survey. The sense of isolation was more keenly felt by respondents from the Newtownbutler area where a high figure of 38% of respondents felt they had nothing interesting to do.

The reasons for the considerable variations between wards may require further investigation. Access to amenities and the level of community activity may be causal factors. In the past five years community activities in Roslea and Newtownbutler wards has increased due to the Big Lottery's funding of the Oak Healthy Living Centre. A range of activities many of which are suitable for or target older people have been run in 6 community halls in both of these wards. It might have been expected that Roslea ward would have the highest level of isolation. Ulsterbus only collects passengers in Roslea ward on a Thursday with people having to travel up to 12 miles to the nearest bus stop. There is an Ulsterbus Service to Newtownbutler daily and along the Clones and Cavan roads. However there are also very inaccessible areas of Newtownbutler wards such as Galloon and Derrykerrib islands on Lough Erne.

The Erne East Community Partnership have had long standing issues with community transport provision in the area. The area is served from an office which is up to 33 miles away. From this distance it is difficult to develop the close community links and personal contact needed to involve those who are truly isolated. There is a belief that a greater degree of local ownership and involvement in community transport would be more effective. Community Transport is especially important for older people many of whom may no longer have access to independent means of transport. Currently older people as individual users in the remoter areas of Newtownbutler and Roslea wards have

poor access to community transport. It is likely that this is contributing to the high levels of social isolation as indicated by Newtownbutler respondents.

Table 5 Measuring Isolation

	Newtownbutler	Roslea/ Rosslea	Newtownstewart
Nothing interesting to do	38%	28%	19%

(P.57 MacNeill Report)

3.6 Facilities in Dwelling House

Table 6 below indicates the presence of various amenities within the dwelling houses of participants in the survey. There was almost universal presence of electricity, hot and cold water, a bathroom and kitchen. Seventy-six percent indicated that they had a septic tank. However this is likely to relate to the number of participants living in villages or hamlets where public sewerage systems are in place. (rather than the absence of a sewerage system)

Ninety-one percent of people had oil fired central heating, sixty nine percent had wall insulation and forty-three percent had basic security. That approximately 10% of respondents were without central heating and 30% were without wall insulation creates some concern. A high percentage of those involved in the survey would live in stone wall houses which are hard to heat and often damp. Interviewers complained of the cold in many of the houses that they held interviews. The rising cost of fuel including oil is likely to cause fuel poverty for some of those involved in the survey. NIHE's grant assistance for replacement dwellings and the work of the Warm Homes Scheme have greatly improved the housing stock in rural areas. Although a remnant of poor private housing still exists. In the survey some people with poor housing refused to accept assistance. On other occasions ownership issues prevented some people from seeking grant assistance. This included a number of cases where ownership had passed to the next generation and cases for example where a wife may have wished to apply for grant aid but her husband (the owner) did not agree.

In a number of cases the participants of the survey were NIHE tenants and were not in a position to receive assistance or authorise work.

A total of 56% percent of participants did not have basic security measures in their homes. Security measures can be a reassurance in a rural area where people in isolated areas may feel vulnerable to attack. Lifelines can also provide reassurance in areas such as Roslea which is twenty five miles from the Erne Hospital. The absence of security was keenly felt across all three wards.

Table 6 *Facilities in Dwelling House*

	WARD		
Facilities	Roslea	NTB	N' Stewart
Electric	0	1	0
Hot & Cold Water	0	0	1
Bathroom	0	0	1
Kitchen	0	3	0
Septic Tank	0	1	1
Oil Central Heating	6	4	3
Wall Insulation	15	18	12
Basic Security	29	28	27

(Source p.16 MacNeill Report)

Table 6 details the number of respondents who do not have various facilities. The Responses are based on 49 people in Roslea, 50 people in Newtownbutler and 50 people in Newtownstewart. The greatest absence of facilities related to the lack of insulation in homes and basic security.

Table 7 Services were respondents have expressed a need for assistance.

Services Requested	Responses Number	Percent %
Like advice on services	41	11
Like advice on grants	47	12.6
Help filling forms	40	10.8
Home safety and security	68	18.3
Home repairs	41	11
Adaptations to the home	38	10.2
Support/help with repair work	35	9.4
Help with gardening /decorating	56	15.1
Other	6	1.6
Total	372	100%

(Source p.30 MacNeill Report)

In **table 7** above the need for home safety and security receives the highest rating by clients as a singular item with 18.3% noting this as their greatest concern. This links in with **table 6** which indicates that over half the homes in all 3 wards do not have basic security. While basic security is the greatest single issue the combined responses for advice on services; advice on grants and help filling forms totals 34.4% of respondents. This suggests that over a third of respondents struggle in this area.

Issues around home repair; adaptations to the home; help with repair work and help with decorating and gardening when added together total 45.7%. While some of these issues may indicate differing circumstances and solutions they all are services that can add to independent living. When 46% of people indicate need for these type of services there is obviously a considerable gap or difficulty getting this type of work completed.

4.0 OUTCOMES

This section analyses the outcomes from the survey by measuring progress with the various agencies. Each grants or benefits agency is considered separately. Details are also provided on spin-off affects of the project including signposting to benefits such as energy efficiency and initiatives such as the Warm Homes Schemes. New services developed as a result of the initiative and links to existing services are also covered.

4.1 Northern Ireland Housing Executive Outcomes

This section represents a breakdown of the statistics for grant claims being processed by the NIHE as a result of the Rural Priority Wards Initiative. The Fermanagh and Derry/Londonderry offices have slightly different approaches to processing claims and the results for the two offices are considered separately in this section. The NIHE offices in Fermanagh have a remit to cover Roslea and Newtownbutler wards. NIHE's, Derry/Londonderry Office is responsible for Newtownstewart ward.

Key

The following abbreviations are used by NIHE to describe their services.

- *TOR Test of Resources
- *DFG Disabled Facilities Grant
- *HRAG Home Repair Assistance Grant
- *REN Renovation Grant
- * SOW Schedule of Works

4.1.1 NIHE Fermanagh Grants Office – Roslea & Newtownbutler Wards

The following section represents a breakdown of the statistics for grant claims being processed by the NIHE Fermanagh Grants Office as a result of the Rural Priority Wards Initiative. Statistics relate to the period April 2007 to the publishing date for this report in May 2008. The project resulted in 46 preliminary applications in the Fermanagh wards from a total of 100 people surveyed. Twenty- four applications were approved for assistance. Twenty-two applications for NIHE grant aid were cancelled for various reasons. The NIHE's Fermanagh Grants Office referred eight clients not eligible for their funding to other agencies.

Table 8 charts the progress related to the 46 initial inquiries made to the NIHE.'s Fermanagh Office.

Table 8 *Progress Report NIHE's Fermanagh Office*

	Schedules Issued	Approved	Total
Cancelled	-	-	22
HRAG	8	7	15
Renovation	6	-	6
DFG	3	-	3
Total	17	7	46

Table 9 *Breakdown of the reasons grants did not proceed in Fermanagh Wards*

Not on Benefit	3
Warm Homes Referral	3
OT Referral	2
Current DFG	2
Does not wish to proceed	4
No repairs needed (3 referred to PSNI)	4
Deceased	1
NIHE Property	1
Work Completed	1
TOR contribution too high	1
TOTAL	22

4.2 Current Funding Allocation by Fermanagh NIHE.

Table 10 below represents a progress report provided on NIHE clients in the Fermanagh Area in terms of financial benefit. It details the financial benefit by outlining the amount of funding offered and approvals to date.

Table 10 *NIHE Grant Allocation in Fermanagh Wards*

Number of Grant Applications	24 applications
Grants ranging in Value from	£423.94 - £23,244.57
Total Allocation of Grant Value for Rosslea/ Newtownbutler Wards	£122,310.67

This allocation included the issuing of schedules for 6 Renovation Grants at a value of £63,630.91; 15 Home Repair Assistance Grants to a value of £51,756.93 and 3 Disabled Facilities Grants to a value of £6,922.83.

4.2.1 Additional referrals by NIHE.

In addition to grants awarded by NIHE in Fermanagh, the office also made referrals to other agencies for clients who were not eligible for their home improvement grants programme. The additional referrals are summarised in **Table 11**

Table 11 *Fermanagh NIHE referrals to outside agencies*

	Fermanagh NIHE
Warm Homes	3
Occupational Therapist	2
PSNI 'Basic Home Security'	3
Total	8

4.2.2 Derry/Londonderry NIHE Grants Office – Home Improvement Grants for Newtownstewart Ward- Outcomes

In Newtownstewart ward 14 people out of the 50 people surveyed submitted an application to Derry/ Londonderry NI HE Grants totalling £30,837.20 have been offered. **Table 12.** provides a breakdown of type of grant offered while **Table 13** details reasons why grants have not been taken up by clients.

Table 12 *NIHE Breakdown of Grant Schedules issued in Newtownstewart Ward*

	Schedules Issued	Approved	Total
Cancelled	-	-	7
HRAG	1	-	1
Renovation	4	1	5
DFG	1	-	1
Total	6	1	7

Table 13 Breakdown of the reasons grants did not proceed in Newtown Stewart Ward

Not on Benefit	-
Warm Homes Referral	-
OT Referral	-
Current DFG	-
Does not wish to proceed	6
No repairs needed (3 referred to PSNI)	-
Deceased	-
NIHE Property	-
Work Completed	-
TOR contribution too high	-
Cancelled REN – Request Landlord estimate	1
Total	7

This represents a high level of refusal. The scope and timescale of this report did not allow for feedback from clients on why they refused grant assistance. It would be useful to follow-up on refusals with these clients for NIHE grant assistance and where decision have been taken to refuse assistance for other benefits. It would be useful to see if clients would have proceeded if greater assistance was available throughout the application process.

4.2.3 NIHE Grant allocation in Newtown Stewart Ward

Table 14 provides details on the progress in Newtown Stewart Ward in terms both of the total amount of grant allocation and the range in terms of size of grant.

Table 14 NIHE Progress in Newtown Stewart Ward

Number of Grant Applications	7 applications
Grants ranging in Value From	£4,735.41 to £19,400.00
Total Allocation of Grant Value for Newtown Stewart Area	£30,837.20

This allocation involves the issuing of schedules for 6 Renovation Grants at a value of £30,837.20.

4.3 Oak Healthy Living Centre Contact with Grants Applicants April 2007 – January 2008

4.3.1 Contact with Clients

It was thought necessary to include some information on the level of contact with clients as this might help inform future projects.

Clients in the survey had the option of self referring themselves for grant assistance or seeking assistance from Oak Healthy Living Centre staff. A small number of clients were particularly vulnerable and this required calling out to their homes on three or four occasions. On several occasions interviewees, members of their families or friends contacted the Oak HLC offices seeking help. The opportunity to telephone people was enhanced since November 2007 when an Older Peoples Services Coordinator was appointed by the Oak Healthy Living Centre to assist in implementing the project. She arranged visits to clients in Newtownstewart, Newtownbutler and Roslea. Her post was jointly funded by Big Lottery and WIFH.

The tables below represent the level of contact Oak Healthy Living Centre staff have had with clients in relation to pursuing NIHE grants.

Table 15 Oak HLC level of contacts in Fermanagh regarding NIHE Grants

FERMANAGH

Number of Applicants Contacted by Telephone	46 Responses
Number of Applicants Home visits	13 clients
Number of Telephone Calls to N.I.H.E on behalf of Applicants	13 clients

Table 16 Oak HLC level of contacts in Newtownstewart regarding NIHE grants

NEWTOWNSTEWART

Number of Applicants Contacted by Telephone	14 Responses
Number of Applicants Home visits	2 Clients
Number of Telephone Calls to NIHE on behalf of Applicant	1 Client

4.4 Home Repairs Assistance Grant (Basic Security Measure)

The Rural Priority Wards Survey indicated that 68 households did not have basic security. This meant that these clients had the potential for eligibility under Home Repairs Assistance Grants (HRAG) from NIHE. This section details progress in this regard.

The Older People’s Services Co-ordinator from the Oak Healthy Living Centre contacted 68 respondents by telephone. It was not possible to contact 6 people by telephone and a letter was forwarded instead.

When the 68 people were contacted a total of 36 people were either not eligible for assistance for various reasons or did not wish to proceed. Quite a high number 15 did not wish to proceed, the reasons for not proceeding is analysed in **Table 17**.

Table 17 Reason for applicants not being processed for Home Security Measures

Has Security in Place	5
Sent Letter – No Response	6
Unable to get an answer	1
Not Eligible	3
Doesn’t Own House	1
Does not want to proceed	15
Deceased	1
Nursing Home	1
Hospital	1
PSNI Assessment REF: NIHE	2
TOTAL	36

Thirty- two people were referred on to NIHE/PSNI. **Table 18** below provides a breakdown at ward level of the number of individuals eligible for further assessment by the P.S.N.I.

Table 18 Participants agreeing to be assessed for – HRAG ‘Basic Security Measures’

WARD	YES
Newtownbutler	14
Roslea/Rossslea	12
Newtownstewart	6
Total	32

Table 19 *Progress to date in processing Home Security Measures*

Wards	Applications	Assessments Completed
Roslea/Roslea& Newtownbutler Wards	26	20
Newtownstewart Ward	6	2

The Older Peoples Coordinator with the Oak Healthy Living Centre has worked with the PSNI Crime Prevention Officer in Enniskillen to process claims in the Fermanagh area and made house visits in Newtownstewart..

4.5 Social Security Agency – Outcomes

The following statistics detail information regarding progress with referrals by the Social Security Agency. Statistics are provided by the Social Security Agency in Carlisle House, Derry who processed the referrals. SSA carried out checks regarding 53 clients. Of these 18 clients were found to be already in receipt of their benefit entitlement when records were searched. A total of 8 people were visited by Social Security Agency staff and a full benefit check was undertaken. A total of 19 telephone calls were made to clients and 2 letters were forwarded by Social Security Agency to enable their entitlement to be checked. **Table 20** details the number of benefit checks per ward to access eligibility.

Table 20 *Social Security Agency –benefit checks per ward*

Wards	No. of Benefit Checks Carried Out
Newtownbutler	20
Roslea/Roslea	14
Newtownstewart	19
<u>TOTAL</u>	53

At this stage 5 successful claims for benefits have been processed and one disabled parking badge application has resulted. **Table 21** details the type of benefit processed, the number of successful applications and the monetary value per annum to each client.

Table 21 Social Security Agency –beneficiary details

Applications	Successful Applications	Amount Awarded Per Client
Attendance Allowance	2	£3406.00 per annum each
Carers Allowance Claim	1	£3072.68 per annum
Pension Credit	2	£3898.44 per annum (Client A)
		£3090.36 per annum (Client B)
Total	5	£16,873.48 per annum

4.6 Social Services Referrals

4.6.1 Omagh Social Services - Ref: Newtownstewart Ward

Social Service referrals for the Newtownstewart area resulted in 9 applications. Six people were offered assistance and currently three of these are prepared to accept the benefits offered. As a result one person received occupational therapy equipment, one is receiving day-care services and one is receiving rehabilitation services. A number of offers were declined, ‘for the time being at least’. These refusals included a lifeline offered to one client; home help offered to another client; informal Social Services offered to a third and Social Service involvement by a fourth.

A case by case account of progress is detailed in **Table 22**

Table 22 Social Service Outcomes regarding Newtownstewart Ward

Number of clients Referred	9
Already Known to Social Services	5
Services Declined	4
Received Occupational Therapy Equipment	1
Commenced Day Centre	1
Availed of Rehabilitation Services	1

N.B individual clients may have been referred for more than one

4.6.2 Enniskillen Social Services - Ref: Roslea/ Roslea & Newtownbutler Wards

Table 23 refers to Social Services referrals in Roslea and Newtownbutler. Fifteen people were referred and of these a total of two clients were eligible for new claims and three declined services.

Table 23 *Details of Social Services Referrals in Roslea/Roslea & Newtownbutler Wards*

Number of clients Referred	15
Already Known to Social Services	10
Didn't want any Services	3
Handrails received from O.T	1
Commenced Day Centre	1

4.7 Information Packs

4.7.1 Applicants requesting Information on other Entitlements

In the survey interviewees requested information on a range of other services and entitlements many of these entitlements were not provided by the three main agencies that assist this initiative. (NIHE, Social Security Agency and Social Services)

In response to these queries, the Older Peoples Services Coordinator with the Oak Healthy Living Centre devised an information pack containing contacts and other information in relation to the queries made. She then forwarded this information by post to clients. The type of benefit information forwarded is listed below.

The additional benefit information that was requested by clients included information on:

- Winter Fuel Payments
- Getting Rates Paid
- Free Road Tax
- Disabled Parking Badges
- Help with Health Service Costs
- T.V. Licences
- Funeral Payments

In order to ensure client received this information 17 letters were forwarded in Newtownbutler ward; 20 in Roslea and 10 in Newtownstewart. Six house visits were also undertaken in Newtownstewart.

Table 24 Delivery of Information on additional benefits

OTHER ENTITLEMENTS			
	Posted	Delivered	Total
Newtownbutler Ward	17	0	17
Roslea Ward	20	0	20
Newtownstewart Ward	10	6	16
Total Packs			53

4.8 Spin-off effects of Initiative

This sections details additional benefits clients received as a result of being involved with the project. These benefits were not planned as part of the project. However, the compilation of lists of vulnerable people has allowed new information on grant assistance and new services to be targeted at those identified as being in need.

4.8.1 NIE Energy Efficiency Programme Grants

The Older People’s Coordinator, WHAZ forwarded grants information from Northern Ireland Electricity. From the McNeill Report, SPSS analysis had enabled the statistics to be queried to identify individuals who had poor insulation in their homes. A total of 43 people fell into this category. They each were forwarded a letter it contained information on heating controls, cash-back offers, cavity wall and loft insulation, energy saving light offers and free insulation for householders on low income.

Reports back from interviewers suggested that when they were carrying out the interviews many of the houses they visited were cold. Any efforts to lessen energy costs or reduce fuel poverty would help under these circumstances.

4.8.2 Oak Healthy Living Centre - Additional Referrals

An additional 11 clients in the three wards were referred for assistance by Oak HLC staff. These may have been clients who approached us for further assistance. On other occasions the need may have become apparent whenever staff visited their homes in relation to other matters. These referrals all related to original participants in the survey but are about matters that did not result from the questionnaire. Four beneficiaries were from Newtownstewart the remainder were either in Newtownbutler or Roslea. The type of benefit is detailed in **Table 25** below.

Table 25 *Oak HLC Additional Referrals*

Additional Referrals	No.
Warm Homes	6
Occupational Therapist	5
Disability Badge	1

4.8.3 Oak Healthy Living Centre-Basic Footcare Clinic

In August 2006 the Oak Healthy Living Centre carried out a survey of footcare needs in four wards in the Erne East Area. A sample of 150 questionnaires were distributed per ward. There were much higher returns from Roslea and Newtownbutler Wards with 98 and 79 responses respectively. Respondents indicated very long waiting times for podiatry services and poor access to basic footcare services. As a result of contact with the WHAZ Older People's Coordinator an opportunity arose for applying to the WIFH for a podiatry chair to address the needs identified. Funding was also secured from the Big Lottery Fund to run the service. The Rural Priority Areas survey was valuable in that it identified fifty vulnerable clients in both Newtownbutler and Roslea Wards. This allowed the Oak Healthy Living Centre to better target both existing and new services towards vulnerable clients.

All households from Newtownbutler and Roslea Wards who had partaken in the Rural Priority Areas Survey were contacted. As a result six people from Roslea Ward and twenty people from Newtownbutler Ward have benefited from the footcare service. Twenty-two beneficiaries were people who actually took part in the Rural Priority Areas Survey and six were their partners or other members of their household. The original footcare survey indicated that a high percentage of respondents were on waiting list for over one year. They were suffering considerable discomfort as a result. The footcare initiative helps remove some of the disadvantage individuals experience from poor geographic access to services and help people live independent and active lives.

Table 26 *Uptake of Basic Footcare Service Newtownbutler & Roslea/Roslea Wards*

Ward	Clients	Partners/household members
Roslea	4	2
Newtownbutler	18	4

A total of 136 people over sixty-five years have benefited from this service. The majority have been from Newtownbutler ward. This figure included the 20 Rural Priority Ward participants.

4.9 Oak Healthy Living Centre- Programme of Activities

In January 2008 a mail-shot was sent to the one hundred households from the Newtownbutler and Roslea wards who had partaken in the Rural Priority Survey. The aim was to provide information on the range of activities that is organised by the Oak Healthy Living Centre and suitable for people over 60 years.

Activities included

- Old Time Dancing, Reminiscence/Local History, Swimming, Study Tours, Flowering Arranging, Card Making, Crochet, Cook It

These actions demonstrate that the Rural Priority Wards project has provided opportunities for participants other than access to benefits. There was strong feedback from interviewers on the loneliness and sense of isolation of many of the participants. The Rural Priority Wards initiative had an unforeseen benefit in identifying a group of vulnerable people and allowing the community sector to take some steps to help remove some of the isolation experienced. There is a social capital element to this work as providing opportunities for isolated individuals to take part in activities increases their independence and helps ward off depression. It also helps them to establish links to other services and raises their awareness of other forms of assistance they may be entitled to. In the past year the Oak Healthy Living Centre involved 1649 individuals over 65 years of age in activities in 11 rural community halls. Providing local activities and services helps older people to retain their independence and remain living in their own community. The alternative to this situation is that they may have to move to sheltered accommodation or nursing homes which can be a considerable drain on the resources of the health service.

4.10 Development of Social Car Scheme

In February 2008 funding was received from the WIFH to develop a Social Car Scheme within the rural priority wards. The aim of the scheme was to combat social exclusion and rural isolation by providing transport options for those who do not have access to public transport/ private transport. An advertisement was placed in the two local newspapers for volunteer Social Car Drivers. In March 2008 four volunteers completed the Community Transport Association (CPA) Passenger Assistance Training course.

One hundred letters has been sent to households involved in the Newtownbutler and Roslea Rural Priority Area's Survey, informing them of the launch of the Social Car Scheme. New procedures for registering with Access N.I. have resulted in a delay in the social car scheme becoming operational. However, local drivers have been recruited and it is hoped that when the scheme starts in June 2008 further volunteers will be recruited.

4.11 Provision of Telecare Equipment

Funding became available from the WIFH to purchase and install 11 Fold Telecare packages into the homes of the most vulnerable clients within the three rural priority wards of Newtownbutler, Rosslea/Roslea and Newtownstewart. Telecare provides immediate help and support to people in their own homes via a telephone link to a low cost 24 hour home monitoring service. To identify the most vulnerable clients consideration was given to whether the client: lived alone; was at risk of falling; was registered disabled; had been a victim of crime in their own home; demonstrated loneliness, isolation or vulnerability. In total 18 home visits were carried out. This is broken down to 11 home visits within the Newtownbutler/Roslea ward and 7 home visits within the Newtownstewart ward.

Eleven telecare packages have been successfully installed distributed into the three rural priority ward areas as follows:

Table 27 Uptake of Telecare Packages

Ward	Number of Telecare Packages
Newtownbutler Ward	4
Roslea/Roslea Ward	4
Newtownstewart Ward	3 Telecare Packages

4.12 Summary of Client Outcomes relating to Rural Priority Areas Project

Tables 28, 29& 30 Summary of Client outcomes Newtownbutler, Newtownstewart and Roslea wards

The three tables below detail the benefits accruing to individual clients on a ward by ward basis. Columns from the left detail progress with NIHE where S represents schedules issued, A is where a grant has been approved C is where the client has cancelled. Column 3 represents progress with the SSA where PC is Pension Credits, AA is attendance allowance and CA is care allowance. Column is Social Services. Information required is the fifth column and refers to information forwarded after specific requests by individual clients in survey responses. The telecare column represents where clients have had telecare packages installed. Under the basic security column A represents where an assessment has been carried out and D where the client has declined assistance. Footcare details where clients have attended a basic footcare clinic. The Energy Efficiency column represents a mail-out to clients whom the survey identified would benefit from information on this subject. Community activities represents a mail-out to survey participants of community activities hosted by the Oak Healthy Living Centre. Warm Homes indicates refers to the Warm Homes Programme. The final column indicates where clients have given a commitment to attend the Healthy Day Out at the SHARE Centre and benefit from health checks, therapies and social interaction.

NTB Ward											
Client	NIHE	SSA	SS	Info Req	Telecare	Basic Security	Footcare	Energy Advice	Community Activities	Warm Homes	Healthy Day
1	(s)								√		√
2	(c)								√		
3	(c)			√					√		√
4	(s)						√	√	√		
5	(A)			√					√		√
6	(A)				√			√	√		
7	(s)				√		√		√		√
8	(A)						√	√	√		
9	(s)	PC	√	√				√	√		√
10	(A)						√	√	√		√
11	(c)						√		√		√
12	(c)								√	√	
13	(c)						√		√		
14	(s)	PC				√	√		√	√	√
15	(s)								√		
16	(c)								√		√
17	(s)								√		
18	(A)				√			√	√		√
19	(c)			√			√		√		√
20	(c)			√		√ (A)		√	√		
21	(s)								√		
22	(A)					√ (A)			√		√
23							√		√		
24						√	√		√		
25				√		√ (A)	√		√		
26				√		√ (A)			√		
27				√		√			√	√	
28						√ (D)			√		
29					√	√ (A)	√		√		√
30				√		√			√		
31				√		√ (A)	√		√		
32				√		√		√	√		
33				√					√		
34				√			√	√	√		√
35				√				√	√		
36				√				√	√		√
37				√					√		
38				√					√		√
39							√	√	√		√
40								√	√		
41								√	√		√
42			√				√	√	√		√
43								√	√		√
44								√	√		
45		AA							√		
46							√		√		√
47							√		√		√
48									√		√
49									√		√
50									√		√

NTS Ward Client	NIHE	SSA	SS	Info req	Telecare	Basic Security	Footcare	Energy Advice	Warm Homes R	Healthy Day out
1	C			√						
2	C				√					√
3	S									
4	S									√
5	C							√		√
6	C							√		
7	C									√
8	C									√
9	A		√			√ (D)		√		√
10	S									√
11	S									
12	C							√		
13	C									√
14	S									√
15				√		√ (A)				√
16				√		√ (A)				√
17				√		√ (A)			√	
18						√ (D)				
19				√				√		√
20										
21										
22			√							√
23			√							
24										
25				√	√					√
26					√					
27				√						
28				√						
29				√					√	
30				√						
31				√						
32				√						
33								√		√
34				√						
35				√						√
36								√		
37								√		
38								√		
39				√		√ (D)		√		
40								√		
41										√
42										√
43										
44										
45										
46										√
47										
48										√
49										√
50										√

Rosslea Ward											
Client	NIHE	SSA	SS	Info req	Telecare	Basic Security	Footcare	Energy Advice	Community Activities	Warm Homes	Healthy Day
1	C								√		
2	S	AA		√					√		
3	C					√ (A)			√	√	
4	C					√ (A)			√		√
5	C								√		
6	S			√					√		√
7	C							√	√		√
8	S					√ (A)			√		√
9	C					√ (A)			√		
10	C			√			√		√	√	
11	C							√	√		
12	C								√		√
13	C							√	√		
14	S				√				√		
15	C			√					√		√
16	C			√	√		√		√		
17	S			√		√ (A)		√	√		√
18	A			√		√ (A)			√		
19	C							√	√		
20	S			√	√	√ (A)			√		
21	C								√	√	√
22	S			√	√	√ (A)			√		√
23	S			√		√ (A)			√		
24						√ (A)		√	√		√
25				√		√ (A)		√	√	√	√
26	S			√		√ (A)		√	√		√
27						√ (A)			√		
28				√		√ (A)			√		
29				√				√	√		√
30							√		√		√
31									√		
32									√		
33				√					√		
34				√				√	√		√
35				√				√	√		
36				√					√		
37				√					√		
38				√				√	√		
39							√	√	√		
40								√	√		
41								√	√		
42									√		
43									√		√
44									√		
45									√		√
46		CA							√		√
47									√		√
48									√		√
49									√		√
50									√	√	√

5.0 LESSONS LEARNED

Undertaking the survey was a steep learning curve, while the results indicate a considerable level of success it is also important to recount some of the lessons learned. These lessons relate to the processes undertaken and methods employed. This learning may be useful for others undertaking similar work in the future.

- The questionnaire was designed in sections to accommodate the needs of various agencies and to allow data from different agencies to be analysed easily. An average interview lasted about an hour. This required a considerable attention span for an older person. Interviewers reported back that participants found the process repetitive as similar questions were asked in each section.
- Interviewers were paid £45 per interview and this attracted quite a high calibre of candidate to undertake the work. However, the complicated nature of the questionnaire required a steep learning curve. The need to learn interview skills and knowledge about benefits in a compressed period of time also increased the difficulty of the job. Capable people were essential for the job. The interviewers fulfilled their role well but not many were anxious for further work.
- When approaching clients to get involved in this pilot project we were unsure what the actual success level would be in terms of securing benefits. As we live and work in the local community we were not keen to force people to participate. Failure for individuals to get anything out of the process would have reflected back on us and our organisation. If this model is being used in the future in other areas people can have considerable confidence that the method does work. This should be reflected in how they sell the opportunity to potential clients.
- The Oak Healthy Living Centre had by coincidence compiled a partial database of over 60 year olds for Roslea and Newtownbutler wards shortly before the opportunity for involvement in this project arose. This was a relatively time consuming task that requires input from a considerable number of people. The timescale for undertaking the survey was short and it was not possible for as comprehensive database to be developed in Newtownstewart. The existence of the database of older people in the Erne East wards and the greater possibilities it provided for targeting vulnerable people seems to have been a factor in the results of the survey. Participants from Roslea and Newtownbutler wards displayed considerably greater need when the survey results were analysed and subsequently had higher eligibility for benefits.
- The report demonstrated the different responses community representatives received when canvassing people for participation in Newtownbutler and Roslea wards. It also shows why the involvement of a Postman, local Councillor and a Department of Agriculture Official were essential to identify the most vulnerable. In rural areas people often live in

long lanes not visible from the public road. A postman may be one of only a few people aware of housing conditions as well as personal circumstances at a particular property. Any other group wishing to identify the most vulnerable will have to take considerable care in the personalities they involve in both identifying those who are most likely to qualify for benefits and in deciding whom to employ persuading clients to participate.

- Older people seem to have difficulty in knowing what grants they are receiving or perhaps knowing the official title of the assistance they were getting. For example the Social Security Agency had 53 referrals from this project with only five eligible for new benefits. In terms of other benefits respondents indicated they were not receiving help, when on numerous occasions they were. It was clear that some older people find the benefit system bewildering.
- It was not a requirement of IQCS trainers that interviews undertake vetting by undergoing POCVA checks through Social Services. Since the survey was undertaken the need for vetting has been more heavily emphasised. The Oak HLC now insists that all staff are vetted. Any other organisation would be advised to vet people visiting older people before they commence work. The vetting process can cause lengthy delays and this should be considered in the planning process.

6.0 CONCLUSIONS

The Rural Priority Wards Initiative has proved to be a successful interagency and cross-sectoral approach to improving access to services for older people.

Western Investing for Health initiated this project and Western Health Action Zone facilitated the project and built the links between statutory and community partners. The results of this survey provides evidence that this model can deliver in other areas that are affected by poor geographic access to services.

N.I.H.E. were involved in identifying Rural Priority Areas this provided the basis for selection of the three target wards and a format for intervening to address need. This support was essential as organisations in the community sector would not have the influence needed to persuade the statutory agencies to come on-board for this type of project.

The involvement of statutory agencies in the project provided the community organisations who had tendered for the work unprecedented access, expertise and cooperation. Community representatives were enabled to inform local people in an effective manner of a wide and complicated range of benefits. Without the active support of N.I.H.E., the Social Security Agency and Social Services this would have required years of learning.

The statutory agencies in turn benefited from the community links and local presence that the community sector provided. The Oak Healthy Living Centre for example followed up queries made by the Social Security Agency in Derry by making house visits in wards that are over seventy miles distant from the person processing the claims. They also carried out follow-up visits in the wards for a small number of vulnerable people, this required five or six visits.

The report details the level of local community involvement needed in gaining participation. It was necessary that strong relationships with local community volunteers had already been built and that a very thorough knowledge of the area and local people existed.

The processes employed were successful in identifying those most in need. The report detailed the preliminary work that must be undertaken to reach the most vulnerable clients.

The research finding compiled by MacNeill Consultancy provided a comprehensive analysis of the data for the survey. Awareness levels for most benefits was relatively high, though for some benefits even when people knew about the benefit this did not necessarily mean they were prepared to make an application. A picture also emerges of a minority of people having low levels of awareness of many of the benefits. The level of awareness varies for different

types of benefits and there was also considerable differences in awareness levels across wards.

In terms of housing amenities the research indicated that wall insulation and basic security was lacking in a substantial number of homes.

Interviewers involved in the projects continuously fed back the lonely state that many of the participants lived in and that they felt nobody cared about them. This tied in with the report findings on isolation. The interviewers also mentioned how cold many of the houses were. Given the poor transport links in the wards it is clear that many older people have few opportunities for social outings.

The number of times grants are awarded only to be cancelled by the recipient may need further investigation. For example, in terms of Housing Improvement Grants in Newtown Stewart recipients withdrew 8 out of 14 grant applications, 4 applications have also been cancelled in Fermanagh. An analysis of the reasons for refusal would provide useful insights into whether more support in the application process would be beneficial.

Assisting vulnerable clients with grant applications can present difficulties especially if financial decision making is necessary. There is a need to be cautious especially in situations for example where clients have to put some of their own finances along with renovation grants. However, in visits to some clients it was obvious that they are simply not capable of the administration involved. It would be useful to investigate where there have been high levels of grant refusals to see if anything further can be done to assist those who are most vulnerable to proceed through the system. Involvement by local community organisations might be part of a solution to this problem.

7.0 RECOMMENDATIONS

The following recommendations were made for future actions:

Statutory Recommendations

1. The Rural Priority Wards Initiative has proved to be an effective means of delivering grants in rural areas and should be replicated.
2. WHAZ has played a vital role in this project as a facilitator between the statutory and community sectors. This boundary spanner function is an essential consideration where similar projects are being implemented.
3. Statutory agencies should seek more opportunities for collaboration with the community section in order to reach vulnerable groups.
4. Many older people find accessing benefits and grants to be either confusing or bewildering. Agencies need to consider individually and perhaps collectively how they can get their messages across in a more simplified form to a section of the community, some of whom are not as alert as they once were.
5. Buy-in to the process by agencies and agency staff is essential if maximum benefits are to be realised.
6. A small section of older people are particularly vulnerable. A mechanism should be developed between the statutory and community sectors to meet the needs of vulnerable older people. This would ensure that assistance is available through local community structures to support vulnerable people through the application process insuring a successful conclusion.
7. The potential of community organisations to act as delivery partners with statutory agencies in other areas should be considered. Especially, were the statutory agency is operating at a distance.
8. The reasons for grant refusals should be analysed for insights into whether support in the application process would be beneficial.
9. Partnering with community organisations in other project should be considered as it can provide a value for money proposition for statutory organisations. Community organisations may also have the potential to lever in matching funds.
10. When asked to identify where they needed support older people involved in the survey stressed the need for help in the following areas: grant advice and support , basic security measures and help with home repairs , gardening etc. Finding a solution to these issues can aid independent living. There is potential

for the statutory and community sectors to investigate how they might work together to address these issues.

Community Recommendations

1. The project is build on the strength of the client database. In similar projects in order to create maximum impact in terms of identifying vulnerable clients, considerable time and effort must be spent in compiling the client database.
2. If similar projects are being implemented in rural areas it is important to take time to identify key people who have extensive local knowledge and also to ensure a representative spread of people across the geographic area. This is necessary if those who would benefit most are to be identified. Individuals in occupations such as postmen/postwomen can have considerable knowledge both about the personal circumstances of older people and housing conditions.
3. Greater linkages should be devised with statutory organisations to enable community organisations to promote grants and benefits in outlying rural areas where there is an information gap.
4. Recognition should be given to the potential of this type of initiative to attract additional investment to the benefit of older people in the host community.
5. A considerable degree of isolation and loneliness was recorded amongst the older people participating in the survey. Extra community effort and resources are needed in remote areas to provide the opportunities for social contact that can address this problem.
6. Initiatives such as Social Car Schemes should be supported as they provide opportunities both for social interaction and accessing services for older people in remote areas. As this type of service assists people to continue to live independently it can ensure considerable cost saving to the government.
7. Respondents to the survey stressed the need for grants advice and support, basic security measures, and help with home repair work, gardening etc. Finding a solution to these issues can aid independent living. There is potential for the community and statutory sector to investigate how they might work together to address these issues.

Appendix 1

Project Steering Group

The following individuals and organisations were involved in the Project Steering Group and contributed to the design and management and implementation of the project:

- Siobhan Sweeney, Western Health Action Zone (Chair)
- Colette Brolly, Western Health Action Zone
- Seamus Mullen, Western Investing for Health
- WJ Carlin, Grants Office, Derry, NIHE
- Debbie O'Hanlon, Sperrin Lakeland Health & Social Care Trust.
- Roger O'Sullivan, RCN
- Michael Conway, Rural Unit, NIHE
- PJ Murline, Grants Office, Enniskillen, NIHE
- John McGarvey, Sperrin Lakeland Health and Social Care Trust
- Monica Shannon, , Sperrin Lakeland Health and Social Care Trust
- Brendan Adams, Area Planner, NIHE
- Derek Moran, Social Security Agency
- Dermot Foley, Social Security Agency
- Eamonn Duffy, S&DCN
- Brian O' Brien, S&DCN
- Frankie Donnelly, FRCN
- Davina Coulter, Oak Healthy Living Centre
- Micheál Mowen, Oak Healthy Living Centre

