RCN

Ageing and Rural Poverty

WHAT IS RCN

The Rural Community Network is a voluntary organisation established by community groups from rural areas to articulate the voice of rural communities on issues relating to poverty, disadvantage and equality.

Formed in 1991, RCN is a membership organisation. It is managed by a voluntary committee, elected every two years, made up of two community representatives from each of the six counties in Northern Ireland along with farming, environmental, statutory, voluntary sector, and other sectoral representatives. We attempt to reflect a broad geographical, gender and religious mix in our membership and committee.

RCN is core funded by the Department of Agriculture and Rural Development with the remainder of its resources coming from SEUPB, Atlantic Philanthropies, charitable trusts, membership fees and project income.

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ACKNOWLEDGEMENTS

FOREWORD

Before embarking on this work RCN was aware of a significant number of older people living in rural areas. From previous Housing Executive research we were aware of the strong linkages between older people, poor housing, health and poverty. From the Life and Times Survey we know of the lower incomes of older people in rural areas. Although income is an important indicator of poverty, it is now recognised throughout Europe that poverty is multi-dimensional and can not be separated from one's quality of life. In general we know of the negative impact of a poor transport infrastructure, isolation and access to services but the reality was that little research had been done from a rural perspective on the issues affecting older people in rural areas.

What is unique about this study is that it brings together the activities of community groups in rural areas, the literature and the voice of older people themselves. Much has been written on the importance of social capital, for the quality of life of our communities but this study demonstrates graphically the relationship and importance of having community development activity in an area and its support and benefit to older people.

Picture the older person living up a lane in a remote rural area, dependent on care, negotiating with all the services, arranging lifts to get to appointments, listening to the media announcing the latest crime perpetrated on older people, it is then not surprising that fear surfaces prominently and communication between generations becomes critical for the well-being of the older person. Respect and being listened to are also crucial concerns.

While much of the study confirmed what we expected there were also a number of surprises. The profile of the community groups in rural areas was predominately of small, independent, low budget organisations, raising their own funds, or with support from District Councils. Participation of older people and older beneficiaries demonstrated the high linkage between community development and support for older people.

On another level this study came at a unique time when the coincidence of need, the development of a strategy by OFM/DFM and the existence of a developed rural community infrastructure enabled RCN to find the resources to carry out field research directly relevant to a policy area which was under review.

I want to pay tribute to Roger O'Sullivan for taking such an innovative and insightful approach to this piece of work. He worked under extreme time pressures. Dissemination of the findings has already begun and the wide impact on the issues identified deserves much consideration across Government agencies and communities themselves. As one piece of work it illustrates the importance of developing a rural framework through a Rural White Paper, providing a rural focus for different issues and inter-generational significance to the issue of ageing.

We are indebted to OFM/DFM for their contribution to the research, to Professor Gillian Robinson and ARK and the wide network of help and support with whom Roger worked, all of which made this a very successful endeavour. The final judgement on its success will be the degree to which the Older People's Strategy - Ageing in an Inclusive Society, lifts older people in rural areas out of the poverty trap.

Niall Fitzduff
Director

Section 1

INTRODUCTION

This research project by Rural Community Network, funded by the Office of the First Minister and Deputy First Minister's Equality Directorate Research Branch (OFM/DFM), was undertaken in order to help highlight and understand the key issues affecting rural older people living in poverty; to ascertain the level and type of contact between rural voluntary and community groups and older people living in rural communities. The research will also help illustrate the various groups working with older people and how this is being carried out in rural Northern Ireland. Together this will culminate in practical policy orientated recommendations to help address the forms of poverty and disadvantage that rural older people experience. [1]

Background of the Rural Community Network

Interest in the issue of older people and rural poverty is directly related to the raison d'être of Rural Community Network.

Rural Community Network (RCN) is the regional rural voluntary organisation for Northern Ireland. It was established by local community organisations in 1991 to articulate the voice of rural communities on issues relating to poverty, disadvantage and community development. Its mission is to provide an effective voice for and support to rural communities, particularly those who are most disadvantaged.

Rationale for Research

People are considered to be in poverty when they do not have the resources to enjoy a standard of living considered acceptable by the community generally or to participate fully in society. When discussing rural poverty RCN emphasise that it is necessary to take into consideration deprivation of resources, access to services, isolation and quality of life rather than only highlighting income based indicators. Unfortunately it is the most vulnerable who are at greatest risk and this is particularly so for many older people (RCN 2002). [2]

By 2036 it is expected that the population of Northern Ireland aged 65 or over will have doubled (Donnelly 2003). It is important that appropriate interventions are developed (both for the present and long-term situation) to ensure that older people in rural communities enjoy a standard of living considered acceptable by wider society.

In Northern Ireland older people (for the purpose of this research, people aged 60+) living in rural areas often feel that their voice is not heard and their views not considered within decision-making processes that affect their lives. As a result of the lack of understanding of their lives and issues that affect them older people may enter a cycle of deprivation around: 'mobility'; 'isolation'; 'income'; 'health'; 'opportunity' and 'accessibility' (Lynch 2001).

It is hoped that this research, with its clear rural focus, will feed into policy discussions relating to the formulation of the future Older People's Strategy. Furthermore this research data will help in part to address the dearth of research information on rural older people and the links with rural voluntary and community groups.

Research into older people living in poverty Northern Ireland

Aims:
Through the research information generated this project aims to:

- Highlight key issues affecting older people in poverty in rural Northern Ireland;

- Assess the level (and type) of contact between the voluntary and community sector and older people living in rural communities;

- Analyse who is working with older people and how this work is being carried out in rural Northern Ireland;

- Provide practical policy orientated recommendations which can help address the poverty and disadvantage which older people are experiencing in rural Northern Ireland.

Objectives:
- To scan existing research data on older people and poverty to help identify key issues/themes;

- To review key policy areas that need to be highlighted regarding impacts on older people in rural Northern Ireland;

- To undertake a survey of the rural voluntary/community sectors in order to assess which organisations are working with rural older people and how they are doing so;

- To identify the key issues and possible interventions or positive actions required at various levels (regional, sub-regional, District Council and community) to improve the quality of life of older people living in rural NI;

- To highlight key findings/recommendations.

Outputs:
- A policy focused rural specific research report on older people;

- An assessment of the type and levels of contact between the voluntary and community sector and older people living in rural communities;

- An increased understanding of who is working with older people and how in rural Northern Ireland;

- Policy recommendations which can help redress the poverty which older people are experiencing in rural Northern Ireland;

- Qualitative and quantitative information on older people which can be used for a range of purposes.

Outcomes:
- Increased awareness of poverty issues affecting older people in rural areas;

- Increased awareness of how the voluntary/community sectors and statutory bodies link with rural older people;

- Identification of key issues and possible interventions or positive actions required at various levels to improve the quality of life of older people living in rural areas.

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1 The Department of Social Development has established an Urban/Rural Definition Working Group to explore the different definitions of the term "rural" within government policy. An agreed definition will be published in 2004. For this research project, rural is used to refer to the areas outside Belfast, L/Derry and the regional towns.

2 For a fuller discussion of RCN's definition of rural poverty see "Rural Poverty in Northern Ireland" (RCN, 2002).

METHODOLOGY

This section of the report will provide an overview of the triangulated methodology which was followed in this research project.

Step One

This involved undertaking desk scanning of available research data on older people to ascertain relevant sources and identify emerging themes. The emerging top eight themes were circulated to the advisory group. (A fuller discussion is contained within Section Two.)

Step Two

A questionnaire was developed to survey voluntary and community groups in order to understand the level of contact, type of contact and profile of groups who work with older people. This questionnaire was also used as an opportunity to learn more about the key issues affecting older people living in rural Northern Ireland as viewed by groups working in rural communities throughout Northern Ireland.

The questionnaire examined four themes:

Theme 1: Organisational Profile

This theme explored areas such as: the main activities / focus of the group; the main beneficiaries of this work and any links with older people's organisations.

Theme 2: Finance and Personnel

This theme explored areas such as the source of the group's funding and the group's approximate income for the financial year.

Theme 3: Older People Issues

This theme explored areas such as the key advantages for older people living in a rural community; the key disadvantages for older people living in a rural community and the services considered as important for a good quality of life for older people living in rural areas.

Theme 4: Older People and Your Group

This explored areas such as the services/activities/support which cater for the specific needs of older people. For example if a community safety programme existed in the area; the providers of support to older people living in rural areas and older people and transport.

The above themes were developed into a 7-page questionnaire with 29 main questions.

Rural Community Network as a membership organisation holds a large database of rural voluntary and community groups. This database was used as the key source for the quantitative aspect of the research and was supplemented with the Rural Support Networks and the Northern Ireland Council for Voluntary Action's (NICVA) databases to construct a sample of 500 voluntary and community groups from across rural Northern Ireland. (At present there is not a centrally maintained register of voluntary and community groups in Northern Ireland.) The survey was not targeted at older people's groups but at the spectrum of voluntary and community groups.

It was originally felt an equal number of small, medium and large groups could be surveyed. However, on compiling the list for the survey, this became impossible due to the very low number of 'large groups' based in rural Northern Ireland. Furthermore due to the historical uneven development of community infrastructure across Northern Ireland and simple varying geographical size of counties, it was not possible to divide 500 questionnaires equally between the six counties of Northern Ireland. It was decided to include more organisations in Co. Tyrone (108) and fewer Co. Armagh (60) with the other four counties involving 83 organisations each.

In September 2003 a questionnaire, with a stamped addressed envelope enclosed, was sent to each organisation. As an incentive, all returned questionnaires were entered into a draw for a book token to the value of £25.

165 completed questionnaires were returned which provided a response rate of 33% (See Appendix 1 for copy of questionnaire).

Step Three

A set of questions were developed to facilitate sub regional (policy) discussion with the key stakeholders and, in particular, older people's groups.

Using the existing community infrastructure of the 12 sub-regional Rural Support Networks (RSNs), Rural Community Network managed the sub-regional qualitative research which included a range of techniques such as interviews focus group discussion and large group discussions.

The following open-ended questions were asked:

1. What are the key issues affecting you as an older person living in a rural area?

2. What are the top 3 issues/concerns for the area?

3. What could improve the quality of life for older people?

4. What is the main message(s) you would like to feed back to Government (in addressing the needs of older people living in rural communities)?

The initial question was designed to provide participants with the opportunity to state individually the key issues affecting them as an older person living in a rural area. This non-leading approach provided the space to raise any issue/concern they deemed relevant. As a group, participants were then asked to feedback their issues. Following this, it was straightforward to identify/agree the top 3 issues/concerns for the area. Afterwards the group was given the opportunity to suggest what could improve the quality of life for them in relation to the top 3 concerns. Finally they were given the opportunity to present a message back to government to help address the needs of older people.

In all, 204 people had an opportunity to have their issue recorded across rural Northern Ireland in the following locations.

1. Ardglass

2. Ballygawley

3. Fivemiletown

4. Florencecourt

5. Gortin

6. Keady

7. Loughguile

8. Maghery

9. Moneymore

10. Randalstown

11. Strabane

12. Warrenpoint

Step Four

This involved the analysis and production of a final report of key findings with input from key stakeholders: Northern Ireland Council for Voluntary Action (NICVA), Age Concern Northern Ireland and Help The Aged and the presentation of findings to OFM/DFM with a publication of report.

External Validation

To ensure the research process and findings were validated, ARK (the Northern Ireland Social and Political Archive) performed an invaluable role of external validation at key stages: desk research analysis; questionnaire design; qualitative aspect; development of policy recommendations and production of final report. In addition, an email advisory group was established comprising of representatives from ARK, NICVA, Help The Aged, OFM/DFM and RCN's Corporate Management Team.

DESK BASED RESEARCH

This part of the report will provide a brief overview of the desk scan.

The desk scan was undertaken to assess the existing research and publications relating to rural older people and to outline what research data and data sets exist on older people. The aim was to help identify key issues/themes relating to rural older people from existing literature and provide a list of relevant reports. [3]

Overview

In recent years in Northern Ireland within policy development, the theme of 'rural' in the broadest sense has received increasing acknowledgement but not so within the research arena. Even within policy, specific needs of rural groups such as older people, children and women are still virtually under-acknowledged.

When exploring the categories of 'rural' and 'older' as themes within this project, it was not surprising to discover a lack of policy related research. While it was possible to find small pieces of work or conference reports on older people in Northern Ireland (produced by Age Concern Northern Ireland or Help The Aged [4]), notable in its absence was comprehensive policy focused research highlighting the particular issues about life and ageing for older people living in poverty across rural Northern Ireland.

Existing government statistical data produced by the Northern Ireland Statistics and Research Agency (NISRA) such as the Continuous Household Survey includes relevant variables such as income and age. However these are focused on large geographical levels such as Health Board or Council area which in turn limits relevance to rural issues (www.csu.nisra.gov.uk).

Likewise NISRA recently produced a brief overview of statistical data on 'Older People in Northern Ireland' (Draft 2003) which provides broad statistical trends relating to issues such as: Population, Housing, Health, Access to Services and Transport. (Existing Government research and the strategy "Ageing in An Inclusive Society" can be viewed on the web site: www.ageinginni.gov.uk).

The Noble Index of Deprivation (Noble 2001) constitutes a valuable source of information. However, the greater weighting placed on 'benefits' as indicators of deprivation results in its usefulness within a rural setting being limited. [5]

The 1999 Life and Times Data used by Evason (2000) to investigate the themes of older people and income did not include rural/urban as an indicator. Likewise the recent NI Household Panel Survey did not use rural as an analysable variable - a lost opportunity (www.ark.ac.uk/nihps). The Rural Development Council's 'A picture of Rural Change 2002' which is based on the analysis of secondary sources provides some useful images on rural demographics and the ageing population (two of which are cited later in this report) but again it can only report on the statistics which are available.

The three Health Action Zones (which incorporate both urban and rural NI) have a focus on older people. The Western Health Action Zone in particular has completed a few small pieces of research pertaining to older people which were of relevance in exploring the topic of ageing (O'Hara, 2002, CTA 2003).

In summary there was no rural baseline (or urban baseline for that matter) from which to start an analysis, resulting in the needs of rural older people across Northern Ireland being often missed or rural older people being portrayed as one homogenous group.

From exploring a range of literature (see Appendix 2 for full list) the following 23 themes were identified as key issues affecting both rural and older people in Northern Ireland.

- Accessibility
- Community Life
- Community Relations
- Community Safety
- Demographics
- Education
- Equality
- Gender
- Health & Social Care
- Housing
- Human Rights
- Income
- Information Technology
- Isolation
- Mental Health
- Participation
- Population Movement
- Poverty
- Quality Of Life
- Social and Community Life
- Support Networks
- Transport
- Volunteering

Given the time scale of the project this list was prioritised/combined into the top 8 key themes which were as follows:

Key Themes:

1. Accessibility
2. Community Safety
3. Health and Social Care
4. Housing
5. Income
6. Isolation and support
7. Participation/Volunteering
8. Transport

The issues of equality; poverty and quality of life were underlying themes.

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3 Appendix 2 provides a list of key reports for those who wish to study the literature more closely.

4 Help The Aged and the Community Relations Council recently completed a report on Community Relations – Spence 1999. Age Concern produced the Foresight Report (2001) based on the Programme of the same name that outlined opportunities and challenges ahead for older people.

5 See Network News Summer 2002 for a fuller discussion on the limitation of Noble Index of Deprivation.

Section 4

QUESTIONNAIRE – QUANTITATIVE SURVEY INFORMATION

This part of the report will provide a description of the results from the questionnaire.

The questionnaire, as indicated in the methodological section, was developed to survey 500 voluntary and community groups across rural Northern Ireland in order to understand the level of contact, type of contact and profile of groups who work with older people. This questionnaire was also used as an opportunity to learn more about the key issues affecting older people living in rural areas as viewed by groups working in rural communities throughout Northern Ireland.

The questionnaire looked at four main themes:
Theme 1: Organisational Profile
Theme 2: Finance and Personnel
Theme 3: Older People Issues
Theme 4: Older People and Your Group

The breakdown of returned questionnaires by county provides a sample on which to validate the findings, with the lowest return rate at 12% from County Armagh to the highest from County Tyrone's, 21% (as displayed in table1). [6]
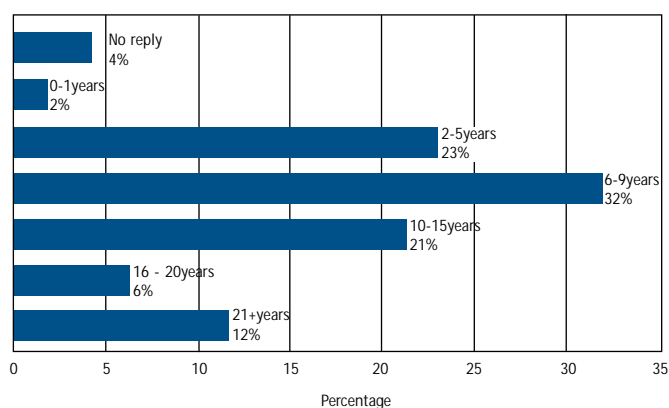
Figure 1: Number of Years Group Established

Age Profile of Committee
The age profile of committee members was gathered to examine if it had an impact on the work of the organisation (which is discussed in more detail on page 18). The table below shows that 77% of organisations surveyed had committee members aged 60 years or over and in 17% of organisations more than half the committee members are aged 60 years or over.

TABLE 1: QUESTIONNAIRES RETURN BY COUNTY		
County	Return %	Number
Tyrone	21	35
Down	16	27
Armagh	12	19
Antrim	18	29
Fermanagh	18	30
L/Derry	15	25
Total	100	165

TABLE 2: ORGANISATIONS WITH COMMITTEE MEMBERS AGED 60 AND OVER		
Proportion of Committee Members Aged 60 Years or Over	Number of Organisations	% of Organisations
0	38	23
1-25%	62	38
25 - 50%	35	22
50 - 75%	13	8
>75	15	9
Total	163	100

Organisational Profile
The results indicate that there has been a significant number of new rural community groups in the last ten years (key rural support organisations came into existence in 1991: Rural Community Network, Rural Development Council and Rural Support Networks). Just under 60% of groups had been established for less than 10 years. On the other hand 12% of groups who responded had been established for over 20 years.

Main Activities of the Group
From the range of twenty options available in question 5 of the questionnaire, it is interesting to note that the top five activities were as follows:

1. **Community Development (66%)**
2. **Education / Training (55%)**
3. **Advice and Information (49%)**
4. **Rural Development (47%)**
5. **Social Clubs / Activities (42%)**

This is especially relevant when linked to the beneficiaries of this work.

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6 All percentages in this report have been rounded to the nearest full number.

Main Beneficiaries of Group's Work

In relation to question six on the main beneficiaries of the work of the group, of the sixteen options available, the general 'adult population' was considered a top beneficiary by 82% of groups. This was closely followed by 'older people' considered a beneficiary by 76% of groups (or 126 out of 165 groups). The next closest category of beneficiary was women at 57%.

Links with Older People's Groups

Two thirds of respondents replied positively in relation to having links with older people's groups but a substantial one third indicated no such link. Of those who indicated links with older people's organisations/groups a 'Local Based Group' was the main form of contact followed closely by "Age Concern" and then 'Help the Aged'. [7]

Figure 2: Who Are The Main Beneficiaries Of This Work?

No reply 5%
Adults 82%
Carers 21%
Children 54%
Drug/Alcohol Abusers 8%
Mental Health 15%
Older People 76%
Farmers 41%
Parents 47%
Ethnic Groups 7%
People with disbilities/special needs 36%
Unemployed 38%
Victim Support 9%
Volunteers 40%
Women 57%
Young People 48%
Other 7%

Percentage
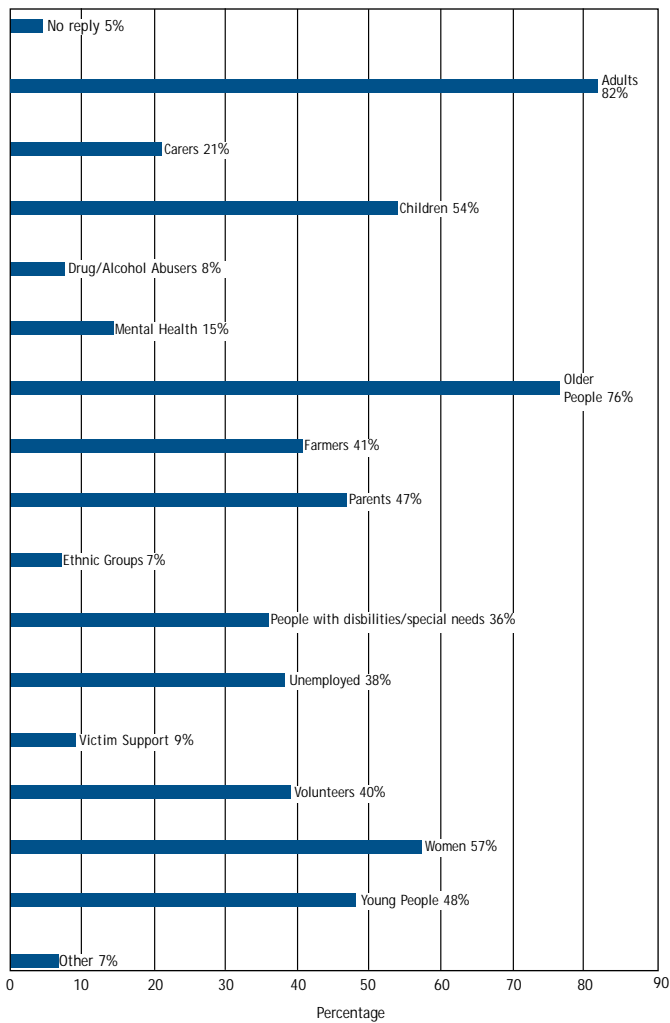
Figure 3: Links with Older People's Groups

No reply 38%
Age Concern 28%
Help the Aged 20%
Open Door Club 8%
Senior Citizens Forum/Consortium 19%
Local Group 32%
Others 10%

Percentage

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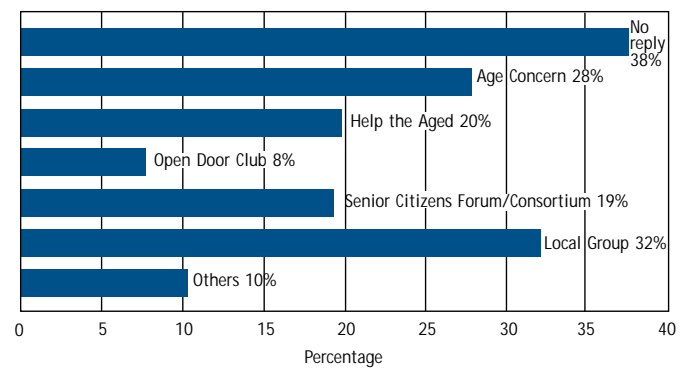
7 This refers to locally based groups rather than the regional offices of Age Concern Northern Ireland and Help The Aged.

Section 4

Finance and Personnel Funding

In response to the question "Is the group currently funded from any of the following sources?" the breakdown is displayed in the table below. It is notable the important role that fund-raising/donations plays. Likewise, District Councils are an important source of funding. The responses also appear to corroborate the findings from NICVA's profile on the 'State of the Sector' (2002) which indicates that although the role of EU money (distributed by a number of sources) is significant, it does not play a major role for the greater number of respondents.

TABLE 3: FUNDING SOURCES FOR ALL GROUPS

Source of Income	Number	%[8]
Charitable Trusts	35	21
Community Foundation (formerly NIVT)	20	12
Community Fund (Lottery)	56	34
Central Government e.g. DARD, DSD	38	23
Local Council	73	44
Fundraising/Donations	74	45
Grants for Service Provision on behalf of others	9	6
IFI	25	15
Local Strategy Partnership	28	17
Peace II e.g. RCN , RDC, CFNI, EGSA,	40	24
Statutory Agency (e.g. Health Boards/Trusts)	30	18
Other	22	13

When this issue is further explored, if we only take the groups that indicated older people as main beneficiaries and then examine their source of funding (which is based on 126 cases) the table opposite indicates that a higher percentage of these groups, compared to 'all groups' derive their income from 'Fundraising' and 'Local Council'. [9]

TABLE 4: FUNDING SOURCES FOR GROUPS WITH OLDER PEOPLE AS MAIN BENEFICIARIES

Source of Income	Number	%
Charitable Trusts	30	24
Community Foundation (formerly NIVT)	18	14
Community Fund (Lottery)	48	38
Central Government e.g. DARD, DSD	27	21
Local Council	59	47
Fundraising/Donations	60	48
Grants for Service Provision on behalf of others	8	6
IFI	18	14
Local Strategy Partnership	24	19
Peace II e.g. RCN , RDC, CFNI, EGSA,	33	26
Statutory Agency (e.g. Health Boards/Trusts	27	21
Other	14	11

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8 The totals for Figure 2 & 3 and Table 3, 4, 7, 8, 9, 11, 12, 15 & 16 add up to more than 100% as respondents were invited to tick more than one option.

9 Help the Aged claim that while community groups may have benefited from Peace II money for projects aimed at least in part at older people, older people's groups and forums themselves fared badly in Peace II with few accessing funding due to the criteria of the programme.

Income of Groups 2002/3

TABLE 5: INCOME OF ALL GROUPS		
Income	Number	%
<£1000	24	15
£1000-£9999	58	37
£10000-£19999	19	12
£20000-£49999	21	13
£50000-£99999	20	13
£100000-£149999	8	5
£150000-£249999	2	1
£250000+	5	3
Total	157[10]	100

In relation to question 11 on income, 15% of groups across the spectrum had an income of less than £1000 per year and 52% of all groups had an income of less than £10000 per year.

Income of Groups 2002/3 - with Older People as Main Beneficiary

In relation to the income of the groups whose main beneficiaries are older people, 50% of all such groups had an income of less than £10,000 per year (see table 6 below).

TABLE 6: INCOME OF GROUPS 2002/3 – WITH OLDER PEOPLE AS MAIN BENEFICIARY			
Income	Number	%	Cumulative %
<£1000	16	13	13
£1000-£9999	44	37	50
£10000-£19999	15	13	63
£20000-£49999	17	14	77
£50000-£99999	15	13	90
£100000-£149999	7	6	96
£150000-£249999	2	2	98
£250000+	4	3	100
Total	120[11]	100.0	

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10 8 groups did not respond to this part of the question.

11 6 groups did not respond to this part of the question.

OLDER PEOPLE'S ISSUES

Key advantages for older people living in your rural community

Under the theme of older people's issues and in relation to the key advantages for older people living in rural communities by far the most important issue was the value of being close to family, and help from neighbours. Also significant was the value of local social clubs (and community transport where it exists) as a means of mobility for older people. It is interesting to note that many groups felt that rural areas were a safer place to live than urban areas, especially when contrasted with Table 7 which rates the 'Fear of Crime' as the highest rating disadvantage for older people living in rural areas.

Key disadvantages for older people living in your rural community

Of the fifteen options available to question 15 on the key disadvantages for older people living in rural communities, a fear of crime was ranked number one (77%). This was followed by access to public transport (71%), isolation (69%) and then decline in local services (61%).

Key services

The key services which were considered essential for a good quality of life for older people were as follows in order of importance.

TABLE 8: ESSENTIAL SERVICES FOR OLDER PEOPLE	
Essential Services	**%**
GP Surgeries	82
Post Offices	79
Public Transport	75
Pharmacies	73
Shops	71
Older People's Groups	56
Social Clubs	36
Banks	29
Mobile Libraries	25
Mobile Shops	18
ATM	17
Others	2

What is noticeable in the top issues: GP surgeries, Post Offices, pharmacies and shops are the associations to access, health and rural mobility for older people.

TABLE 7: KEY DISADVANTAGES FOR OLDER PEOPLE LIVING IN RURAL AREAS[12]	
Key disadvantages for Older People	**%**
A fear of crime	77
Access to Public Transport	71
Isolation	69
Decline in Local Services	61
Income levels/benefits uptake	42
Lack of opportunity	41
Poor access to Health & Social Care	39
No say in how services are provided	33
Poverty	22
Lack of training opportunities/recreational courses	21
Information available	20
No support networks	18
Poor quality of life	17
Unfit housing	15
Ageism[13]	10
Other	0

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12 "Income", "Lack of Opportunity", "Poverty" and " Poor Quality of Life" are issues that older people have reservations about raising in public as illustrated in Section 5 of this report.
13 Likewise, on a methodological note, many people are unaware of the term ageism as a concept. Similarly many people are still unaware that older people are discriminated against.

Support for Older People

Question 18 asked "Does your group provide any services/activities/support which cater for the specific needs of older people?" To this question 67% (or 111 groups) indicated that they provided some form of services/activities/support which caters for the specific needs of older people. Recreational classes were the highest at 34% followed by older people's groups, training, and then advice and information. On the issue of advice and information, benefits, pensions and housing repair issues all featured prominently. Older people, living in rural communities, are often disadvantaged by the distance to such services and the poor transport infrastructure which in turn can place higher demands on their family support network, income used to support car ownership or use of private taxis. [14]

Section 4

TABLE 9: SUPPORT FOR OLDER PEOPLE

Service	Number	%
Recreational classes	56	34
Older people's groups	45	27
Computer training	42	26
Advice and information	38	23
Social clubs	35	21
Luncheon clubs	30	18
Benefits	26	16
Pension	25	15
Befriending	24	15
Housing Repair Grants	22	13
Care support	12	7
Shopping service	11	7
Other Services	9	6
Work related training	8	5
Loans	5	3
Handyman service	5	3
Other Information	3	2

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14 The Census provides further details on use of transport, by distance, of the usual journey to work or study (www.nisra.gov.uk/census). Noble (2001) has explored the issue of 'Access' to Post Offices, GP Surgeries, A&E, Dentists, Opticians, Pharmacists, Libraries, Museums, Training and Employment Agencies which show high disadvantage in rural areas. However it did not explore the quality of such services or the existence of social activities/venues.

Gender and Uptake of Services

In relation to the gender of people who use the services, there is a reported over-representation of women in relation to the population make-up.

The pie chart below illustrates that nearly 50% of groups report that the services they provide were used 'Mostly by Women' with only 2% reporting that services were used by 'Mostly Men'. 24% of all responding groups reported equal usage of services by both sexes.

FIGURE 4: WHO USES THE SERVICES BY GENDER BREAKDOWN & USAGE

Unable to say 2%
No reply 24%
An equal % of both 24%
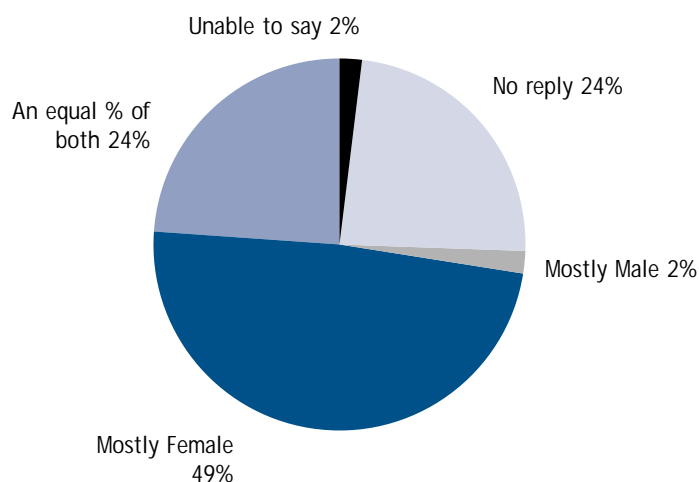Mostly Male 2%
Mostly Female 49%

Table 10 cross-tabulates the activities provided by groups catering for the specific needs of older people (Q18 on the questionnaire) with the gender make-up of users of groups services. Only actual numbers (not percentages) are provided due to the small number of organisations saying that the majority of older people using their services are 'Mostly Male'. We can see that recreational classes, computer training, older people groups and advice and information are reported as being used by 'Mostly Women' with only 2% being used by 'Mostly Men'.

TABLE 10: NATURE OF SERVICE BY GENDER OF SERVICE USER (ACTUAL NUMBERS)

Service	Mostly male	Mostly female	Equal Percentage of both	Don't Know
Luncheon clubs		21	9	
Older people's groups		34	10	
Social clubs	1	22	10	1
Befriending	2	14	8	
Work related training	1	4	3	
Recreational classes		44	11	1
Care support		3	8	1
Shopping service		9	2	
Handyman service		4	1	
Computer training	1	31	9	1
Advice and information		27	11	
Pension		16	8	1
Benefits		17	8	1
Housing Repair Grants		14	7	1
Loans		3	2	
Other Information		2	1	
Other Services	2	3	3	1
No response	3	76	37	3

Support to Older People

Isolation

Over half of the groups indicated that isolation (question 20) is a key issue affecting older rural people. When asked what services they offer, many groups indicated that they provide a range of services from providing social and luncheon clubs, recreational classes; home visits; and interestingly although it was not an option on question 18 transport featured most often.

In relation to question 21 (on what organisations/groups support older people in your area) the responses can be grouped as follows:

1. **Local Community Groups**
2. **Health Trust/Boards**
3. **Age Concern**
4. **Church**
5. **Help The Aged**

The Housing Executive only received one mention out of 165 and the Council none. [15]

Community Safety

On the issue of community safety programmes, 33% of groups indicated that there was a community safety programme in their local area, 42% indicated there was not; 19% did not know and 6% did not indicate. Of the 33% indicating a community safety programme existed locally, 18% did not know the up-take of services by older people. Furthermore only 14% indicated community group participation within the local community safety programme. The Police Service for Northern Ireland (PSNI) and Council were seen to be lead agencies in this area.

Housing

In response to question 23 ("Are there any housing schemes in your area which cater for the specific needs of older people? - for example, Housing Associations such as FOLD, sheltered accommodation"), 43% of groups indicated that there was a housing development in their rural areas but equally 44% indicated that there was not a housing scheme in their area which catered for the needs of older people. The majority of housing schemes were managed by housing associations. It is perhaps worth noting that although 126 groups indicated that older people were a main beneficiary of their work, only 7% had been involved in the development of any of the housing schemes.

Health and Social Care

In response to the issue of Health and Social Care, the four most important providers of support to older people were considered to be family and friends (by far the most significant) followed by Home Help, GPs and Health Centres (see table 11).
In relation to the question "are there any locally based health care projects for older people in the area?" 79% responded no or don't know to this question with only 15% responding positively.

TABLE 11: MAIN PROVIDERS OF SUPPORT	
Group	%
Family and Friends	80
Home Help	67
GPs / Health Centres	41
Health Trusts	35
Community Groups	26

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15 The Northern Ireland Housing Executive administers the "Supporting People Programme" which was introduced in Northern Ireland on 1 April 2003 with the aim of improving the planning, development and delivery of housing related support services to vulnerable people such older people and people with disabilities.

Participation and Volunteering

Under the theme of 'Participation and Volunteering' 80% of respondents to this question felt that older people play an active role in their group, with only 13% stating the contrary and the remaining 7% indicating 'Not applicable' or no response.
(As indicated previously in Table 2, 17% of organisations indicate more than half their committee members are aged 60 years or over.) Table 12 illustrates the percentage of organisations who have older people within specific positions in their committees.

TABLE 12: OLDER PEOPLE AND COMMITTEE POSITION

Position	% of Groups
Chairperson	26
Committee Member	60
Public Relations Officer	6
Secretary	22
Treasurer	29
Other	4

On further examination, for more than four out of five groups who said that older people play an active role in their organisation, older people constitute the majority of committee members. This was the situation in less than half the groups who said that older people did not play an active role (Table 13).

TABLE 13: WHETHER PEOPLE PLAY AN ACTIVE ROLE IN ORGANISATION BY PROPORTION OF COMMITTEE MEMBERS AGED 60 YEARS OR OVER

		% of committee members aged 60 years or over					
		0%	1-25%	25-50%	50-75%	>75%	
Do older people play an active role in your group	No	14	5	6	1	-	26
	Yes	21	56	28	12	14	131
Total		35	61	34	13	14	157

Groups were then asked if they provided any services/activities/support which cater for the specific needs of older people.
The table below shows that groups with older people on their committees were more likely to provide such activities.

TABLE 14: PROVISION OF SERVICES AND COMMITTEE AGED 60 AND OVER

		% of committee members aged 60 or over					
		0	1-25%	25-50%	50-75%	>75	
Does your group provide any services/activities for specific needs of older people?	No	19	15	11	1	4	50
	Yes	18	45	24	12	11	110
Total		37	60	35	13	15	160

Transport

In relation to the theme of transport, when respondents were asked how older people get around in the rural area, similar to previous responses family and friends are cited as a key resource in rural communities. However, so too is the use of the Taxi (see table 15).

When this is viewed in relation to the existence of a community transport scheme, the table below indicates that community transport is not being used instead of the service offered by family, friends, personal car or the Bus Service but as well as. This seems to indicate that community transport can actually increase the mobility of older people by providing an additional source of independence (see table 16).

TABLE 15: HOW OLDER PEOPLE GET AROUND IN RURAL AREAS

Mode of Transport	%
Taxi	52
Family	86
Friends	79
Own car	61
Bus Service	41
Community Transport	32
Don't Know	2
Other	1

TABLE 16: EXISTENCE OF COMMUNITY TRANSPORT SCHEME AND HOW OLDER PEOPLE GET AROUND IN RURAL AREAS

	Community Transport Scheme			
	Yes (number=76)		No (number=68)	
Mode of Transport	Number	%	Number	%
Taxi	44	58	33	49
Family	68	89	62	91
Friends	61	80	58	85
Own car	45	59	46	68
Bus Service	28	37	31	46
Community Transport	48	63	-	-
Don't Know	-	-	1	2
Other	1	1		

QUALITATIVE INFORMATION

This part of the report will provide a description of the key themes emerging from the qualitative sessions.

RCN used its existing community infrastructure of the 12 sub-regional Rural Support Networks (RSNs), to arrange and conduct the qualitative study. A session plan, set of questions, set of notes and reporting template were provided to each facilitator. The RSN Officer, in discussion with RCN, used local knowledge to select a representative group of older people to take part in the qualitative aspect of the research. This involved 10 interviews with older people, 7 focus groups and 4 large group discussion meetings. (Participants at luncheon club / social clubs and specifically called meetings were the main techniques for facilitating discussion.) In total, 204 participants took part in this research (see Appendix 3).

This approach used open-ended questions to explore the key issues affecting older people living in rural areas and the agreed top three concerns for each area. The sessions also explored what participants felt could improve the quality of life for older people and provided an opportunity to feedback a main message to Government (in addressing the needs of older people living in rural communities).

The following questions were used to facilitate discussion:

1. What are the key issues affecting you as an older person living in a rural area?
2. What are the top 3 issues/concerns for the area?
3. What could improve the quality of life for older people?
4. What is the main message(s) you would like to feed back to Government (in addressing the needs of older people living in rural communities).

Key Concerns – Individually and for the area
In relation to key issues affecting each rural area, the top 3 issues/concerns were as follows:

Area	Issue One	Issue Two	Issue Three
TABLE 17: TOP 3 ISSUES/CONCERNS FOR EACH AREA			
Ardglass	Lack of Transport	Lack of access to full Healthcare e.g. Hospital services	Unsafe Roads
Ballygawley	Access/Transport	Community Safety	Access to Services
Fivemiletown	Access to Services	Transport	Crime
Florencecourt	Access to Health and Social Care Services	Home Security and Home Safety	Transport
Gortin	Health and Social Care	Transport	Community Safety
Keady	Lack of services	Security	Lack of transport
Loughguile	Health	Income	Safety
Maghery	Transport	Security	Lack of services
Moneymore	Transport	Lack of information on services available No community spirit	
Randalstown	Lack of transport	Closure of local services e.g. Post Offices	Policing/Crime
Strabane	Lack of suitable rural transport	Fear of Crime	Health issues e.g. Doctor's Appointment, Waiting List
Warrenpoint	Safety	Access to services	

In summary, out of twelve sessions, the issue of crime/personal safety was mentioned in 11/12 areas while community spirit was only mentioned once.

1. Safety as a theme occurred in 11 out of 12 areas

2. Transport as a theme occurred in 10 out of 12 areas

3. Access to services as a theme occurred in 7 out of 12 areas

4. Health Care issues as a theme occurred in 5 out of 12 areas

5. Community Spirit as a theme occurred in 1 out of 12 areas

6. Income as a theme occurred in 1 out of 12 areas

The following issues were raised both individually and at a group level:

Security/fear of crime
Security and fear of crime and personal safety were recorded for eleven out of the twelve areas. The fear of crime by older people is probably best illustrated within the Fermanagh area where participants from the Florencecourt & Kinawley ward (which is ranked 565 out of 566 wards in terms of social environment according to Noble indices) recorded crime as their number two concern. A recurring theme was that many older people do not feel safe. The fears of older people ranged from walking on the roads safely to being frightened in their own homes. "[I'm] Afraid of 'these boys' going around robbing houses" (WT QS) or "I don't feel safe going out - day and night" (BY QS).[16]

A further issue flagged up was the role and responsibility of other agencies such as the PSNI and the Housing Executive in redressing the fears of older people: "The Housing Executive has placed young single men in housing near me. I don't feel safe. There are a lot of older people where I live and we are afraid. There are drugs, vandalism, loud music. It isn't suitable to house young single people like that near older folk" (LE QS).

Transport and Access
The issue of a poor transport infrastructure is well rehearsed as a rural issue (RCN, 2001). However the participants in this research brought a heightened awareness of the variable of age and how "when you are older" (and especially when you do not have access to your own car or family) it negatively impacts upon quality of life.

Participants discussed how a poor transport system impacts on older people 'getting out' and members referred to the limitations on 'social' opportunities and the necessity of carrying out essential day to day messages. Therefore as a result of the inappropriate or poor transport system, older people in rural areas need to rely on friends and family which affects their independence. This resulted in participants often feeling themselves a burden on their friends and relatives.

As evidenced from the themes in table 7, the issue of transport has an inter-linked effect on many areas of rural life. This is illustrated by the following quotes: "You need your family to take you in the car" (BY QS); "You can't use the free buses as there are no local services" (FT QS); "I am not well and can't get to my doctor. I rely on family or friends to drive me. It's hard to get prescriptions. Health Services aren't very good in the country" (LE QS).

Health Care
The issue of health care, although linked to access, was discussed by participants in the context of the bureaucracy and resources in the health service. Furthermore many felt that the health service was not always sensitive to the needs of older rural people and was often refered to in the context of waiting times and appointments: "Getting a doctor's appointment can now take up to a week" (MY QS); "You're supposed to consider yourself lucky to get an appointment [with a Chiropodist] once every 3 months" (GN QS).

With regard to the automated health system called Westdoc (an Out of Hours Medical service via the telephone) one older person said: "By the time you answer all their questions you would either be dead or recovered" (FT QS). A County Tyrone group recorded how the changing staff and information sharing had a negative impact on their lives: "We don't know who the social worker is for this area. We don't know what social workers do and whether or not they would do anything for us" (GN QS).

Support and Isolation
Although only featuring once in the top themes, support was an underlying issue throughout many of the comments in relation to the top concerns. For those participants who live alone or have no relatives close by, isolation is a major concern. Two participants summed this up: "I have been disabled for 18 months. I live alone and have no family nearby to help me and I cannot get a home help" (LE QS). "I could lie there and no-one get to me" (SE QS).

On a positive note, the value of social clubs for those who want to participate was highlighted by one participant who stated: "Where I live there is no-one close by. I feel very isolated. Buses don't run very often. If it weren't for the lunch club I wouldn't get out and see other people" (LE QS). Another stressed the importance of disabled access to buildings: "I have difficulty with accessing buildings and walking going up stairs" (BY QS).

Community spirit
Community spirit and the changing nature of rural communities was also discussed by many of the older people. They referred to the way things were in the past compared to nowadays: "The country is mostly empty of people now during the day with everyone away working. I remember the time when the country was full of people and you could chat away going down the road. Not now" (WT QS); "Does the whole thing not boil down to neighbourliness? People living in the country on their own are now very lonely" (WT QS).

Being listened to
An underlying theme from many of the sessions was the feeling that older people's views were not always taken into consideration when making decisions that impact upon their lives. On the issue of hospitalisation one older person said: "I was ill last year and had to go into hospital. I had no choice where to go. It didn't matter which hospital was handier for my family" (LE QS). This is linked to the feeling that many older people have lost their respect in a range of ways: "No one has respect for pensioners, we get the worst deal" (BY QS).

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16 Appendix 3 provides a table outlining the abbreviations.

Information

Accessing information and the perceived levels of modern bureaucracy also appeared on a number of different occasions: "It's the issues of not knowing where to go to get help from" (RN QS). "Pensioners need help with the forms …..social workers used to provide help" (GN QS). Linked directly to the issue of information is the issue of income. In one group, over half of the participants were unsure if they were receiving all benefits to which they are entitled. One group member stated: "There is too much bureaucracy involved in receiving the benefits which we are entitled to" (FT QS). Another stated: "I agree, pension levels aren't enough to live on. Also the threshold for other benefits should be higher. When I tried to claim for me and my husband, our income was just £3 more than the threshold and we couldn't claim. My husband has MS and we worked all our lives. People who never worked are better off as they can claim everything" (LE QS).

Housing

Housing was an issue that also came to the fore in the qualitative sessions in a number of different ways and was coupled with the need for older people to be supported to remain in their homes, especially in relation to maintenance and small grants work. There were concerns raised about the Housing Executive in relation to levels and time taken for support to older people. One group noted: "There is a slow response from the Housing Executive to deal with minor repairs" (SE QS).

Changes Suggested By Older People

The two questions (Question 3 and Question 4) which asked participants what they would like to see change were the most challenging. It seemed this was actually the first time that many older people were given the opportunity to voice their opinions on policy as indicated in the following statement: "older people must be involved in planning any new services …" (GN QS).

In relation to the top concerns the following messages emerged from older people:

Crime

Older people were adamant that the present approach by government to the issue of crime on older people was not working. There was a call for more visible policing in rural areas and longer sentences for those who commit crime against older people: "There should be proper sentencing for criminals that target older people and they should be forced to pay back money they steal" (LE QS).

One group of older people felt increased sheltered accommodation could help make older people feel safer and reduce isolation. There was a feeling by many older people that they need to be respected and valued in modern society.

Access to Services - Health Services

On the theme of access, it was felt that services in rural areas should be equitable with urban areas. Many of the older people felt that several services but especially those pertaining to health, could be delivered more locally or linked into existing projects, clubs or events. For example one participant stated: "My blood pressure and cholesterol have to be taken frequently and I have to queue for hours at the Doctors to have this done. This could be checked at the luncheon club" (KY QS).

Health Services

The desire for additional local health projects was suggested as was the need for more community focused health work. In the Western Health Board one group reported "More care should be available locally" (GN QS). In the Northern Health Board it was felt "There needs to be improved local medical care. It is hard when you are in hospital miles away and it's hard for family to get to visit" (LE QS). The value of home help was also repeatedly stressed and the issue of low hour allocation came up across Northern Ireland: "Increase home helps time [could help] to reduce isolation" (RN QS).

Transport

A large number of the participants in the qualitative sessions felt that there was a need to provide a more effective rural transport system that could meet the needs of older people in rural areas. It was felt that Statutory Agencies and Local Health Trusts could have a key role in providing integrated rural transport to ensure that older people could best link up with local services.

Existing public transport was felt to be largely ineffective in that there was limited geographical coverage and this was often unrelated to the local services routes. Participants felt the local transport needs of older people were being overlooked due to financial viability of bus routes.

From the range of suggestions proposed it seems that for the issue of transport needs, no single solution will work across both urban and rural areas: "More rural buses are needed" (SE QS); "We need to maintain the community transport system as this is a vital lifeline for rural people to access hospital appointments and shops, based in Enniskillen" (FT QS).

To conclude this section, a clear message came from the session in South Antrim which could encapsulate the sentiments and the issues raised in the sessions: "older people need to feel useful and that they contribute to society and that their needs and opinions matter" (RN QS).

DISCUSSION / RECOMMENDATIONS

This part of the report will provide a brief discussion of the main issues and provide policy focused recommendations.

To recap, this research aimed to:

• Highlight key issues affecting older people in poverty in rural Northern Ireland;

• Assess the level (and type) of contact between the voluntary and community sector and older people living in rural communities;

• Analyse who is working with older people and how this is being carried out in rural Northern Ireland;

• Provide practical policy orientated recommendations which can help address the poverty and disadvantage which older people are experiencing in rural Northern Ireland.

Key issues affecting older people

The key issues arising from the existing literature, questionnaire and qualitative sessions can be grouped around:

• Fear of crime and issues of personal safety;
• Access to services;
• Transport/mobility;
• Isolation and support;
• Health and care issues.

When we compare both the quantitative and qualitative aspect in relation to question 15 of the questionnaire and question 2 of qualitative session it is notable how both resulted in very similar themes as key issues affecting older people. In response to the question of key disadvantages for older people living in rural communities the top seven are ranked as followed:

1. Fear of crime (77%)
2. Access to public transport (71%),
3. Isolation (69%)
4. Decline in local services (61%).
5. Income levels (42%)
6. Lack of opportunity to participate (41%)
7. Poor access to Health and Social Care (39%)

Of the top three issues affecting rural communities the following six themes emerged:

1. Safety as a theme occurred in 11 out of 12 areas
2. Transport as a theme occurred in 10 out of 12 areas
3. Access to services as a theme occurred in 7 out of 12 areas
4. Health care issues as a theme occurred in 5 out of 12 areas
5. Community spirit as a theme occurred in 1 out of 12 areas
6. Income as a theme occurred in 1 out of 12 areas

Crime, transport and access to services featured in both approaches as top concerns.

The issue of "income" as a theme only featured once in the qualitative session but heavily in the literature review. On the take up of income related benefits e.g. Income Support,

McKay (2003) found that a significant proportion of pensioners do not avail of the benefits to which they are entitled. However the issue of 'Income' was only mentioned in one focus group, while 42% of the community groups who responded to question 15 indicated it as a concern for older people. This may highlight a methodological issue regarding what is comfortable for older people to discuss with others in a group setting. It may highlight that older people often "make do" rather than raise concerns about income levels (i.e. the topic of one's income may be deemed a sensitive subject for older people to discuss in a group setting). However, evident in the qualitative session was that older people experienced difficulties with the benefits and information systems which they felt were bureaucratic and not sensitive to older people's pride.

It was perhaps unexpected to note the issue of housing did not appear as one of the top six concerns in itself. However, in contrast, the literature review indicated that in rural areas the rate of unfit housing is much higher than in urban areas and as such a need is there. In 2001 a total of 18,000 (8.5%) of rural dwellings were unfit compared to 13,600 (3.1%) in urban areas. The majority of older people live at home rather than in care and heads of households aged over 75 were more likely to live in non decent homes than other age groups (NI Housing Executive 2003). Again linking to the theme of bureaucracy, within the qualitative sessions, housing needs of older people were discussed in terms of the level of paper work and time taken to deal with queries. This again highlighted the necessity for sensitivity when dealing with the needs of older people.

Level (and type) of contact with the voluntary and community sector

126 out of 165 groups or 76% of respondents indicated that older people were a main beneficiary of the voluntary and community groups. In light of this percentage, it is interesting to note that the top five activities were as follows: Community Development (66%); Education / Training (54%); Advice and Information (49%) ; Rural Development (47%) ; Social Clubs/Activities (42%). This could indicate that many of the groups have a wide community focus which includes older people as part of their wider work rather than one specifically focused on older people.

67% (111 of out 165) of groups indicated that they provided services/activities/support which caters for the specific needs of older people. Recreational classes were the highest at 56% followed by older people's groups, training and advice and information. However respondents to the questionnaire indicated that the users of their services were 'mostly women', whilst only a small number of groups indicated that their services were used by 'mostly men'. The insights gained from the Workers Educational Association's (WEA) research 'Men in from the Margins' could be a useful source to help address the present gender imbalance of many community based activities/classes (Moore 2003).

What stands out was the low level of income for groups who work with older people with 50 % on an annual income of less than £10,000 per year. Furthermore a higher percentage of these groups, compared to 'all groups' obtain their income from 'Fundraising' and 'Local Council' which corresponds to the findings of NICVA's State of the Sector III - 2002.

Who is working with older people in rural Northern Ireland?

As discussed above voluntary and community groups play a key role in working and supporting older people throughout rural Northern Ireland.

The issue of Health and Social Care, for example, is also a useful illustration of those who are working with older people. The four most important providers of support to older people were 'family and friends' followed by Home Help, GPs and Health Centres. Likewise when transport is discussed family and friends are also top providers for mobility support as indicated in both the questionnaire and qualitative sessions.

What is apparent is that those people who do not have access to a local family network are most likely to experience social isolation. Secondly, given the multi use of cars in rural areas and the limited bus service available, it is logical that the more localised the service is, the more likely older people will benefit from or avail of the service. The themes of transport and accessibility can be illustrated by the example of an older person living in Lisnaskea Co. Fermanagh with a hospital appointment in the Royal Victoria Hospital, Belfast. They will be required to travel 1 hour and 44 minutes each way by car or alternatively 3 hours and 45 minutes each way by bus.

Policy Recommendations

Policy discussions on poverty often focus solely on income poverty rather than quality of life. This research has highlighted a need to ensure older people have the opportunity and allocated resources to enjoy a standard of living considered acceptable by the wider rural community.

Understanding Rural Demographics

Rural policy needs are distinctive from urban because of different physical and social characteristics. If we use the issue of demographics we can illustrate that at a Northern Ireland level the population aged 60+ is in the region of 296,912 (17%) (NISRA). If we exclude Belfast City, Derry City and Castlereagh (82,875) there are 214,037 people aged 60+ based in the remaining 23 council areas. However population differs on a geographical basis: the North East, Coleraine, Moyle, Ballymoney, Ballymena and Larne areas have a marked older population with many other areas demonstrating a younger population. There is also a pattern of a marked older population within Fermanagh and parts of Dungannon, Belfast, Ards, North Down and East Lisburn (Rural Development Council 2003 – A Picture of Rural Change).
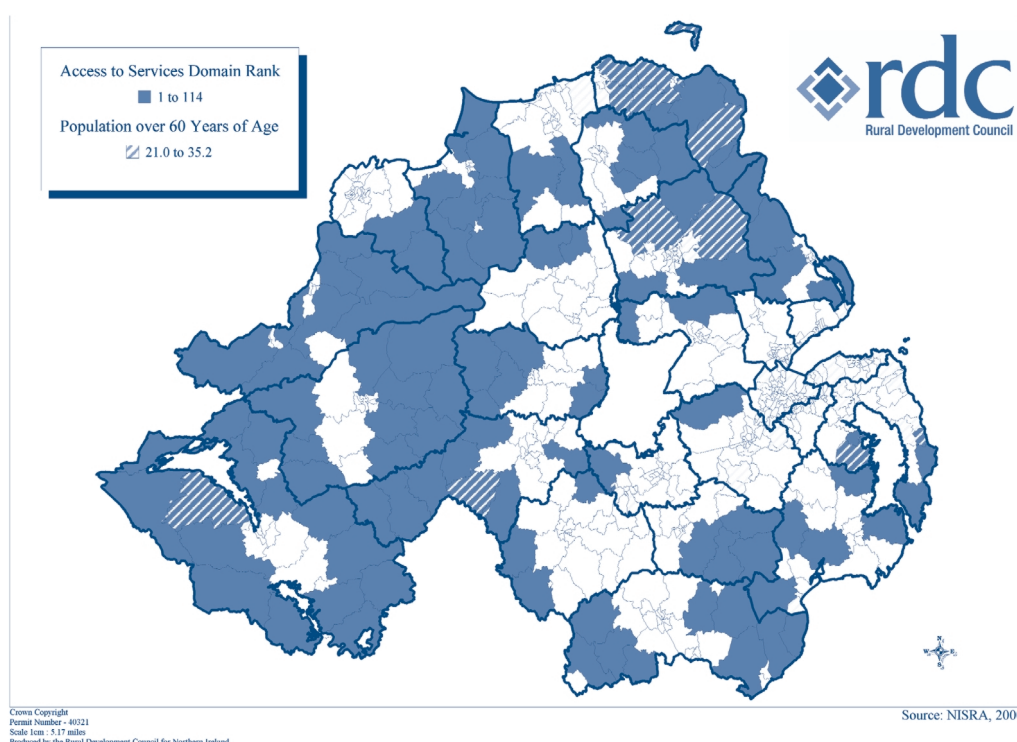
The following two maps provide a useful illustration of how if age profile (60+) is mapped on to the issue of access to key services, a clear rural/urban split is apparent.

PROPORTION OF THE POPULATION OVER 60 YEARS OF AGE
FIGURE 5
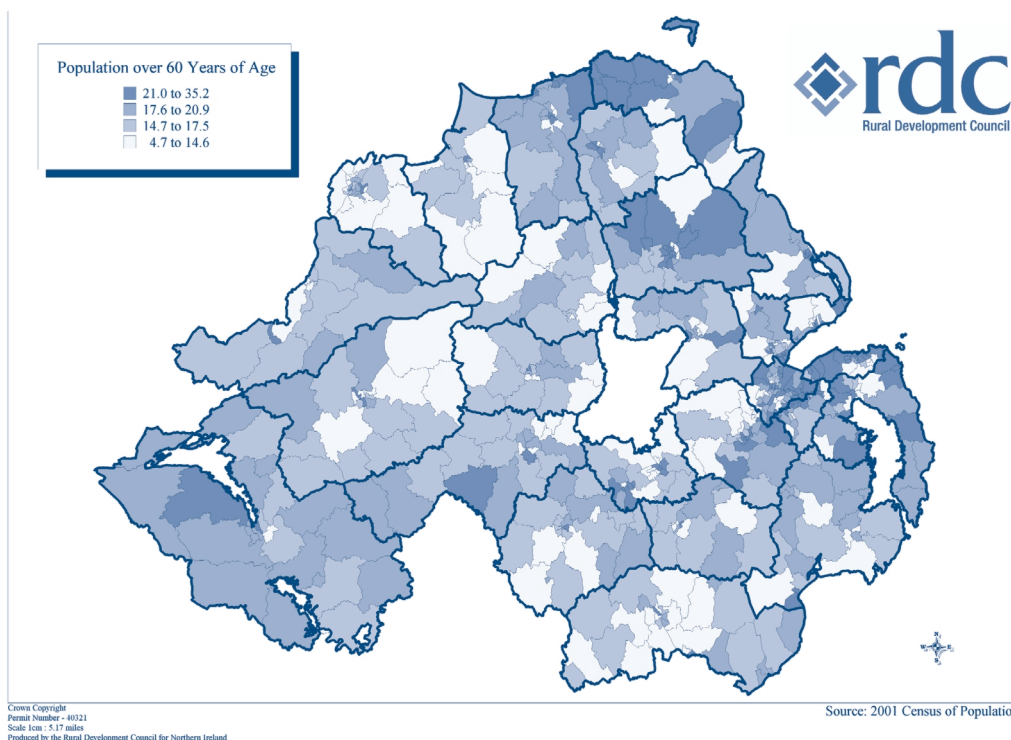
HIGHEST PROPORTION OF OLDER PEOPLE OVER THE MOST DEPRIVED ACCESS TO SERVICES DOMAIN WARDS
FIGURE 6

Access to Services Domain Rank
■ 1 to 114
Population over 60 Years of Age
▨ 21.0 to 35.2

Crown Copyright
Permit Number - 40321
Scale 1cm : 5.17 miles
Produced by the Rural Development Council for Northern Ireland

Source: NISRA, 2000

Although poverty in urban and rural areas has many common characteristics in Northern Ireland rural poverty is distinct because of different physical and social characteristics. The issues of 'crime', 'transport', 'isolation', and 'health' which have come to the fore in this research are not only applicable in rural areas but also in urban areas. However, this report has illustrated rural specific aspects such as, physical isolation, dispersed population, limited access to services and a poor transport infrastructure. [17] In summary, older people living in rural communities often experience a different form of poverty compared to their urban counterparts. For older people living in rural areas, poverty should not solely be addressed in terms of income but in quality of life in relation to mobility, access, feelings of safety, health needs and isolation.

Overarching Recommendations/Conclusions

• Rural Proofing is a vital aspect of addressing the rural needs of older people which often differ on a geographical basis. [18]

• Older people want to 'be valued'. Therefore the development of policy should make use of participative and inclusive approaches to ensure input from older people living in rural communities – the diverse needs of older rural people should be assessed sub-regionally, with assistance from community groups, Rural Support Networks, District Councils and most importantly, older people's groups.

• Investment in rural community development would provide major benefits for older people by helping those who are marginalised and excluded to gain self-confidence, to join with others and to participate in actions to help change their situation and the problems facing their community.

• Age Proofing, Age Awareness Training and greater consultation with older people is key to ensuring the full implementation of Section 75 – Equality Legislation.

• Older people in rural areas make a major contribution to the quality of life in rural society (economic, environmental and social aspects) and this knowledge, expertise, experience and effort requires to be acknowledged, valued and rewarded.

• A Rural White Paper is the main opportunity for joined-up Government policy, which could address the needs of older rural people.

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17 Research by the Department of Health and Social Services into equity of access to health and social care indicate that for some services, those living further away from health and social care facilities experience lower utilisation rates than those living in more accessible areas. (Rurality and the Need for Health and Social Care Services in Northern Ireland - 1999).

18 Rural proofing means that as policy is developed and implemented, policy makers should systematically consider the impacts in rural areas and to make adjustments if suitable to the policy.

Transport

Linked to the issue of access is the key concern of transport. The introduction of free travel for those over 65 was described by an older person's representative for the Civic Forum as a "non-event" in rural areas (Civic Forum, 2002). For many older rural dwellers, access rather than simple cost is the principal public-transport barrier. The role family plays in rural areas is vital for the mobility of older people. Where services are centralised or closed, older people are often those most affected. Interestingly, where community transport is available locally, this is seen to encourage mobility for older people. Community Technical Aid (2003) in a recent report for Western Health Action Zone suggests that the introduction of Taxi or community transport vouchers as used in England could be applied to rural Northern Ireland.

Recommendations / Conclusions

- To help a wider number of older people avail of the limited public transport in rural areas, the introduction of free public transport should start at age 60 for women.

- To compensate for the lack of a public transport infrastructure, taxi or community transport vouchers should be introduced in rural Northern Ireland.

- To increase mobility and reduce private transport costs for older people, community transport schemes across rural Northern Ireland should ensure they fully encompass the diverse needs of older people living in rural communities.

- Statutory organisations, by making use of local venues, events and Community Halls, could help address many issues of transport for older people e.g. Basic Heath Checks, Information and Advice sessions could correspond with dates for luncheon clubs or meetings of older people's groups.

Crime

This research confirms that crime figures do not tell the full story in rural communities for older people.[19] One crime in a rural area can have a disproportionate impact for older people with regard to their feelings of safety. Living in isolated rural communities, as many older people do, increases the fear engendered by crime. Clearly, unless something is done now to address these problems then such fears are likely to get worse. The recent coverage by the media of crime on older people has caused a desire for more visible policing in rural areas.

Recommendations/ Conclusions

- To help address the fear of being a victim of crime amongst older people living in isolated rural areas there is a need to establish / publish a response rate (i.e. from the reporting of crime to house visit.)

- Providing free personal home safety devices to all older rural people is an important first step in helping to promote a sense of security.

- Ensuring greater community group involvement in community safety programmes could help ensure local needs are addressed. This could provide a sense of local 'visible community policing' through a community infrastructure and demonstrate rural communities' intolerance of crime against older people.

- Greater interagency (e.g. PSNI, Health Trust/Boards, Housing Executive, Council etc.) responsibility for older people could help redress many of the issues, fears and concerns of older people.

- Likewise discussions with local groups and agencies are key in helping identify local issues and concerns.

Isolation

Over half the groups indicated that isolation is a key issue affecting older rural people. When asked what services they offer, many groups indicated they provide a range of services from social and luncheon clubs, recreational classes and home visits. This research suggests that community and voluntary groups (50% of which are on an annual income of less than £10,000 per year) provide a key support mechanism in helping to address isolation by providing many key services at a local level. An important issue arising for the voluntary and community sector is gender proofing events/classes so that a greater number of men are encouraged to take part.

Recommendations/ Conclusions

- The future strategy for funding and resourcing of small community and voluntary groups working with and for older people should be a key part of an Older People's Strategy for NI and the Task Force. [20]

- Community Groups should seek ways of encouraging men to take part in their activities

- The "Good Morning" telephone service for older people should be further expanded throughout rural NI with the assistance of voluntary and community groups working in partnership with Northern Ireland Housing Executive and Health Trusts to help address issues of isolation and feelings of vulnerability. [21]

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19 Given the growing media coverage of attacks on older people, little comfort is gained from British Crime Statistics that indicate such attacks on older people are isolated incidents (www.homeoffice.gov.uk/rds/bcs1.html).

20 The Task Force was established in 2003 by the Minister of Social Development to consider what action is required to enable the voluntary and community sector to continue to make a substantial contribution to the well being of the NI community.

21 In Derry City the 'Good Morning Galliagh' project is a community safety programme which is based on a free telephone / information / alert service for the elderly and other vulnerable groups. Once registered with the service the person receives a daily telephone call at an agreed time.

Health

"Family and friends" are by far the most significant form of health support to older people followed by Home Help, GPs and then Health Centres. What is clear is that people who do not have access to a local family network are most likely to be in health-access poverty. More localised services represent a key method to benefit all older people living in rural communities. A useful illustration of this is the Loughshore Care Partnership which is a voluntary group delivering services locally on behalf of the Criagavon and Banbridge Health Trust.

Recommendations / Conclusions

- The role the family and friends play in all aspects of older peoples' lives but especially in health care should be acknowledged and highlighted.

- The wider social value of Home Help should be fully recognised with a budget increase to extend time allocation for older people.

- Older people should be encouraged/enabled to participate in decision-making processes and mechanisms need to be established to bring this forward.

- Service delivery for rural older people should be more sensitive to their particular needs and concerns especially in relation to isolation and accessibility.

- The older person's individual need should be at the heart of a flexible and holistic response to help develop a more integrated Health Service.

- The value of older people remaining in their rural community should be a core vision of the forthcoming Older People's Strategy.

Research

It is crucial to undertake further policy-focused research relating to older people and poverty in Northern Ireland in order to help address many of the issues and concerns raised in this report by older people.

Recommendations For Further Research

- There is a need to examine the relationship between a 'fear of crime' amongst older people and the likelihood of being a victim of physical crime in order to provide practical recommendations.

- An exploration of the intergenerational relationships between older people and youth could help address the complex issue of ageing, relationships and 'perceptions of the other' in rural society.

- A study of the qualifications of groups who work with older people could prove useful for planning future training for the voluntary and community sector.

- It is important to explore more fully the role family and friends play in all aspects of older peoples' lives but especially in Health Care.

- An examination of the presence or absence of social capital in the context of positive ageing experiences in rural society could help demonstrate the value of social capital in the context of health care and general well being.

- A mapping of the 'Age Sector' in both rural and urban areas could provide a useful baseline for planning future priorities and promoting partnerships.

Appendix 1

QUESTIONNAIRE

ABOUT YOUR ORGANISATION

Q1. Name of Group: _____

Address: _____

_____ Post Code: _____

Tel: _____ Fax / E-mail: _____

Q2. Main Contact of Group:

_____

Role in Group: **(please tick)** ☐
Chairperson ☐
Committee Member ☐
Paid Worker ☐
Secretary ☐
Other *(please specify)*: _____

Q3. Year group established: _____

Q4. Which District Council is your group based within? _____

Q5. What are the Main Activities / focus of the Group: **(please tick all that apply)**

☐ A. Advice & Information
☐ B. Arts & Cultural Activity
☐ C. Church based
☐ D. Community Transport
☐ E. Counselling/ Support
☐ F. Community Development
☐ G. Disability
☐ H. Economic development/employment focus
☐ I. Education/training
☐ J. Environment/conservation/heritage

☐ K. General
☐ L. Housing/Accommodation needs
☐ M. Medical / Health+ Social Care
☐ N. Playgroup/after schools
☐ O. Rural development
☐ P. Social Club / Activities
☐ Q. Sport/recreation
☐ R. Volunteering development
☐ S. Youth Work
T. Other *(please specify)*: _____

Q6. Who are the main beneficiaries of this work **(please tick all that apply)**

☐ A. Adults
☐ B. Carers
☐ C. Children
☐ D. Drugs/alcohol abusers
☐ E. Mental health
☐ F. Older people
☐ G. Farmers
☐ H. Parents

☐ I. Ethnic groups
☐ J. People with disabilities/special needs
☐ K. Unemployed
☐ L. Victim support
☐ M. Volunteers
☐ N. Women
☐ O. Young people
P. Other (please specify): _____

Q7. How many people are on the management committee of your group? _____

Q8. What is the approximate age profile of the management committee?

Age Bracket	Numbers
15 - 19	
20 - 29	
30 – 44	
45 – 59	
60 – 74	
75+	

Q9. Has your group any link with older people's organisations?

(a) YES
(b) NO (please move to question 10)
(c) N/A (please move to question 10)

If yes, please tick:

A. Age Concern Group
B. Help the Aged
C. Senior Citizens Forum/Consortium

D. Open Door Club
E. Local Group
D. Others (please specify): _____

FINANCE AND PERSONNEL

Q10. Is the group currently funded from any of the following sources? **(please tick all that apply)**

☐ A. Charitable Trusts
☐ B. Community Foundation (formerly NIVT)
☐ C. Community Fund (Lottery)
☐ D. Central Government e.g. DARD, DSD,
☐ E. Local Council
☐ F. Fundraising/Donations

☐ G. Grants for service provision on behalf of others
☐ H. IFI
☐ I. Local Strategy Partnership
☐ K. Statutory Agency (e.g. Health Trust)
☐ L. Other (please specify): _____

Q11. What is the group's approximate income for the financial year? *(For the period April 2002 – March 2003)* **(please tick)**:

☐ A. Less than £1,000
☐ B. £1,000 -   £9,999
☐ C. £10,000 - £19,999
☐ D. £20,000 - £49,999

☐ E. £50,000 - £99,999
☐ F. £100,000 - £149,999
☐ G. £150,000 -249,000
☐ H. £250,000 and over

Q12. Does the group employ any paid workers? **(please tick)**

☐ A. YES
☐ B. NO (please move to question 13)

If yes could you please provide further details:

☐ **A. TOTAL** number of paid employees
☐ B. Number of full-time employees
☐ C. Number of part-time employees

> **This next section looks specifically at older people and older people's issues. Your group may not be involved directly with older people but we would still like to record your views.**

Older People's Issues

Q13. Do you consider the number of older people (60+) living in the geographical area that your group serves to be:

☐ A. Above the Northern Ireland average which is 17%
☐ B. Average
☐ C. Below the Northern Ireland average
☐ D. Don't Know

Q14. What do you consider to be the key advantages for older people living in your rural community?

_____

_____

_____

_____

Q15. What do you consider to be the key disadvantages for older people living in your rural community? **(please tick)**

☐ A. Ageism - Discrimination on basis of age
☐ B. Decline in local services
☐ C. Fear of crime
☐ D. Lack of training opportunities / recreational courses
☐ E. Poor access to Health & Social Care
☐ F. Unfit housing
☐ G. Income levels / benefits uptake
☐ H. Information Available

☐ I. Isolation/ vulnerability
☐ J. Lack of opportunity to fully participate in community life
☐ K. Poverty
☐ L. Poor quality of life
☐ M. No Support Networks
☐ N. No Say in how services are provided
☐ O. Access to Public Transport
   P. Other (please specify): _____

Q16. How important do you consider the following services to be for a good quality of life for older people living in rural areas? **(please tick)**

	Essential	Important	Not important	Don't Know
A. Post Offices				
B. Social Clubs				
C. GP Surgeries				
D. Pharmacies				
E. Public Transport				
F. Shops				
I. Banks				
J. ATM				
K. Mobile Shops				
L. Mobile Libraries				
M. Older people's Groups				
N. Others (please specify)				

Q17. Which of the following services are available in your local area? **(please tick)**

	Yes	No
A. Post Offices		
B. Social Clubs		
C. GP Surgeries		
D. Pharmacies		
E. Public Transport		
F. Shops		
G. Banks		
H. ATM		
I. Mobile Shops		
J. Mobile Libraries		
K. Older people's Groups		
L. Other (please specify)		

OLDER PEOPLE AND YOUR GROUP

Isolation and Support

Q18. Does your group provide any services/activities/support which cater for the specific needs of older people?

☐ A. YES
☐ B. NO (Please move to question 20)

If yes could you please tick or provide further details

☐ A. Luncheon Clubs
☐ B. Older People's Groups
☐ C. Social Clubs
☐ D. Befriending
☐ E. Work Related Training
☐ F. Recreational Classes
☐ G. Care Support
☐ H. Shopping Service
☐ I. Handyman Service
☐ J. Computer Training

☐ K. Advice and Information: e.g.
    ☐ a. Pensions
    ☐ b. Benefits e.g. Income Support
    ☐ c. Housing Repairs Grants
    ☐ d. Loans
    ☐ e. Others *(please specify)*:

☐ Others (please specify)

Q19. Would you say the majority of older people who use the services provided by your group are:

☐ A. Mostly male
☐ B. Mostly female

☐ C. An equal percentage of both
☐ D. Unable to say

Q20. Is the issue of isolation of older people (60+) a particular problem in your area?
☐ A. YES
☐ B. NO
☐ C. Don't Know

If yes is your group currently providing a service to address this isolation of older people? Could you please provide further details?

_____

_____

_____

If no is your group planning to provide a service to address this isolation of older people? Could you please provide further details?

_____

_____

_____

Q21. What organisations/services /groups support older people in your area?

_____

Does your group assist with this delivery?

☐ A. YES

☐ B. NO

If yes, please specify:

_____

_____

_____

COMMUNITY SAFETY

Q22. Is there a community safety programme in your area?
☐ A. YES
☐ B. NO (Please move to question 23)
☐ C. Don't Know (Please move to question 23)

If yes who runs the community safety programme in your area? **(please tick)**
☐ A. Your Group
☐ B. Another Group (Please specify) _____
☐ C. District Council
☐ D. Health and Social Services
☐ E. NIACRO
☐ F. Police
☐ G. Other _____
☐ H. Don't Know

Does this take into account the needs of older people?
☐ A. YES
☐ B. NO
☐ C. Don't Know

If yes could you please provide further details

_____

_____

What has been the uptake of community safety measures by older people?

☐ A. High
☐ B. Average
☐ C. Low
☐ D. None
☐ E. Don't Know

HOUSING

Q23. Are there any housing schemes in your area which cater for the specific needs of older people?
(for example, Housing Associations such as FOLD, sheltered accommodation)

☐ A. YES
☐ B. NO (Please move to question 24)
☐ C. Don't Know (Please move to question 24)

If yes who manages the housing scheme in your area? **(please tick)**

☐ A. Your Group
☐ B. Another Group (Please specify)
☐ C. District Council
☐ D. Church
☐ E. Housing Association (Please specify)
_____
☐ F. Housing Executive
☐ G. Health and Social Services
☐ H. Other (Please specify)
_____
☐ I. Don't Know

If yes was your group involved in the development of the housing scheme(s)?

☐ A. YES
☐ B. NO

HEALTH AND SOCIAL CARE

Q24. In relation to Health and Social Care who in your opinion currently provides the main support to older people living in your area/community? **(please tick the 3 most important)**

☐ A. Family / Friends
☐ B. District Council
☐ C. Church
☐ D. Health and Social Services Trust
☐ E. GP's – Health Centres
☐ F. Housing Executive
☐ G. Community Services Directorate
☐ H. Elderly Care Services Directorate
☐ I. Social Workers
☐ J. Home Help
☐ K. Voluntary and Community Groups
☐ L. Don't Know
☐ M. Others *(please specify)*:
_____

Q25. Are there any locally based health care projects for older people in the area?

☐ A. YES
☐ B. NO (Please move to question 26)
☐ C. Don't Know (Please move to question 26)

If yes, please specify: _____

PARTICIPATION AND VOLUNTEERING

Q26. Do older people play an active role in your group?

☐ A. YES
☐ B. NO
☐ C. Don't Know
☐ D. N/A

If yes, do older people have any posts on your management committee? **(please tick)**

☐ A. Chairperson
☐ B. Committee Member
☐ C. Public Relations Officer
☐ D. Secretary
☐ E. Treasurer
☐ F. Other *(please specify)*:

TRANSPORT

Q27. How do older people get around in your rural area? **(please tick)**

☐ A. Taxi
☐ B. Family
☐ C. Friends
☐ D. Own car
☐ E. Bus Service
☐ F. Community Transport
☐ G. Don't Know
☐ H. Other (please specify): _____

Q28. Does a community transport scheme exist in your area?

☐ A. YES
☐ B. NO
☐ C. Don't Know

On a scale of 1-5 (1 being not well and 5 being excellent), how does the present community transport system initiative cater for the needs of older people? **(please tick)**

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Q29. Any Other Comments:

_____

_____

_____

_____

Appendix 2

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Summary Technical Report

The breakdown of techniques used and number of participants in each area were as follows:

TABLE 18: QUALITATIVE TECHNICAL REPORT			
Area	Abbreviation	Qualitative Technique	Numbers of Participants
Ardglass	AS QS	Focus Group	16
Ballygawley	BY QS	Focus Group	19
Fivemiletown	FN QS	Large Group Discussion	26
Florencecourt	FT QS	Large Group Discussion	27
Gortin	GN QS	Focus Group	10
Keady	KY QS	Focus Group	20
Loughguile	LE QS	Large Group Discussion	23
Maghery	MY QS	Focus Group	12
Moneymore	ME QS	Focus Group	14
Randalstown	RN QS	Focus Group	4
Strabane	SE QS	Large Group Discussion	23
Warrenpoint	WT QS	Interviews	10
Total			204

Appendix 3

Vision Statement

Our vision is of vibrant, articulate, inclusive and sustainable rural communities across Northern Ireland contributing to a prosperous, equitable, peaceful and stable society.

Mission

Our mission is to provide an effective voice for and support to rural communities, particularly those who are most disadvantaged.

Strategic Aims

1. To articulate the voice of rural communities.
2. To promote community development and networking in rural communities.
3. To work towards social inclusion and peace building in rural communities.
4. To support the building of sustainable rural communities.
5. To ensure good governance and best practice in RCN.