

UNDER THE STONES

Hidden need in Rural Cumbria



**Northern Fells Rural Project
Final Report
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1: Introduction: rural social exclusion and the conception of the Northern Fells Rural Project (NFRP)

In 1999, when the NFRP began, the common perception of the British general public was that poverty, deprivation and social exclusion were an urban phenomenon. It is true that, in general, rural dwellers are healthier than their urban counterparts. They report less illness and live longer. There are, however, important problems in interpreting the statistics, which can be deceptive. Rural societies are diverse, with both a greater proportion of people in higher socio-economic groups and a greater incidence of low pay than amongst urban populations^{2,15,62}. Scattered among the relatively wealthy landowners, commuters, managers and professional people are often 'hidden' rural dwellers living on very low incomes.^{17,45,60,63} They may be neither obvious to visitors nor readily visible in routine statistics. Advantaged and disadvantaged people, in terms of both income and health, live side by side and often in less polarised ways than is the case in cities.³⁸ Poverty exists in rural areas but is often not obvious. However, there is just as strong a relationship between poverty and premature death in rural areas as there is in inner-city areas and the gap between poor and wealthy people is becoming wider within the UK and world-wide.

Carr-Hill *et al.*⁷ have stressed the importance of looking at very small units, i.e. individual people and their families, when considering health needs. This is particularly important in rural areas. Whereas in cities it may be reasonably accurate to make generalised observations about a street or electoral ward, in the country an affluent landowner or commuter and his poor, socially isolated and underprivileged neighbour may be the only residents for miles around.

Employment trends help to explain the reasons for low incomes. The number of

people employed in agriculture is decreasing. The trend is towards insecure, low-paid, often part-time or seasonal work with limited potential for career progression, for example in tourism^{11,64} or other parts of the service sector.

Townsend⁶⁵ describes poverty as 'financial inability to participate in the everyday styles-of-living of the majority'. The more recent, broader and dynamic concept of 'social exclusion' developed during discussions on poverty and disadvantage in the European Union may be more helpful. It shifts the focus from solely income and expenditure to multi-dimensional disadvantage, relating the individual to the society in which s/he lives.⁵⁹ Despite an increase in the size of many villages, there has been a decline in rural services such as shops, schools, banks, police stations and pubs.^{4,13,30,57} People without their own transport and those with mobility problems have increasing difficulty in gaining access to services and are likely to use those local services that remain. They spend more per item at village stores than those who can drive to supermarkets. The rural rich can economise in ways that their poorer neighbours cannot.

Although lack of car ownership features as a characteristic of deprivation in the 'Townsend score'⁶⁶, lack of rural public transport means that 77% of rural households have a car compared with an English average of 68%⁶². Independent transport is an expensive necessity in remote areas - compounding the poverty of low income families.

The popular image of poor rural dwellers being uncomplaining seems to be true. Many compare their situation with the harsher conditions of the past rather than with the current lifestyles of the majority.⁴⁵

This was the theoretical and policy background to the Northern Fells Rural Project.

HRH The Prince of Wales' Rural Revival Initiative (HRH 2001)

The Northern Fells Rural Project arose from a seminar at Highgrove House, hosted by HRH The Prince of Wales in February 1999. A working group was set up to create a small number of pilot projects around the country to highlight some of the problems of rural areas and, more importantly, to demonstrate how such problems might be addressed. The working group met regularly at St James' Palace. Its membership included representatives from two of the Prince's charities - The Prince's Trust and Business in the Community - as well as the Rural Development Commission (which soon became the Countryside Agency) and the Duchy of Cornwall. Three projects emerged:

- Dales Action for Rural Enterprise! ('DARE!') in the Yorkshire Dales
- The Northern Fells Rural Project (NFRP) in northern Cumbria
- Young People Too (YP2-Clay) in Cornwall

DARE! focuses on young people and social exclusion. The project aims to overcome the problems faced by young entrepreneurs in remote rural communities. Developed by The Prince's Trust and the Yorkshire Dales National Park Authority, this project provides financial, business and peer group support for business start-ups by young people. Both DARE! and NFRP were launched by The Prince of Wales on 4 November 1999.

The aim of YP2-Clay, launched by the Prince of Wales in October 2001, is to improve the confidence and self-esteem of young people by giving all 14-year-olds in the area a voucher they can redeem on activities or projects of their choice. The voucher's value is doubled if at least five people band together for a single project and trebled if there are at least ten. Suggested ideas

include improving local youth facilities, surf lifesaving courses and trips with disabled young people. YP2-Clay is run by young people for young people, with a youth steering group - supported by youth leaders, an adult support group and Cornwall Rural Community Council - deciding how it operates.

The Northern Fells Rural Project

This project was designed and created quickly during the period between the Highgrove seminar in February 1999 and the launch in November 1999. A local Steering Group met for the first time on 16 April 1999. The Group, chaired by Dr Jim Cox, a local GP, included Kate Braithwaite from Voluntary Action Cumbria, Lynne Fox from the Countryside Agency, Dr Patrick Lavery from The Prince's Trust, David Ward, a local solicitor, and Antoinette Ward, who was to become the Project Co-ordinator. Bill Hay from Business In The Community joined the Group later, but only briefly. Sadly he died during the life of the Project. The Steering Group met approximately every three months to agree strategy and policy.

The appointment of Antoinette Ward, the Project Co-ordinator, was a crucial event. She was effectively 'hand picked', as a longstanding local resident who, over the years, had served as district nurse, midwife, health visitor, further education tutor and practice nurse, and was trusted, respected and dynamic. Her ability to turn ideas into action was, as this report shows, phenomenal. As the Project progressed, two other excellent local people were employed: a transport co-ordinator, Alison Holliday, and a Youth Worker, Sheena Cornish. Professor Gary Craig of the University of Hull was engaged as research consultant. With his background in social sciences and community work, he was also a valuable adviser about the development of new services.

Aims

The aims of the NFRP were to:

- pilot methods for the development of services in rural areas using health care as an entry point;
- identify the unmet health and social needs of rural residents;
- identify causes of social exclusion;
- map the provision of existing support services and identify gaps;
- prioritise and implement actions to meet unmet need; and
- evaluate the Project and disseminate our findings so that solutions could be replicated in other rural areas.

It was quickly realised that aim 3, to identify the causes of social exclusion, would emerge from work on other goals and hence the NFRP concentrated its efforts on the other aims. Given the heterogeneous nature of the Project area, it was understood that it would only be possible to identify the unmet health and social needs of rural residents if

contact was made with individual households and individual people.

The Project was designed and funded to last for three years. It was intended that the benefits of the project, including the new transport service – one of the first initiatives of the Project (see Chapter 4) - would continue once this pilot phase was over.

Scope

The project agreed initially to focus on health and social issues, in particular the needs of:

- elderly people
- young people (including sexual health, contraception, drugs advice)
- people with disabilities
- carers
- young parents
- unemployed people and those on low income
- people without their own transport

As we describe in Chapter 3, these priorities were focused further in the light of emerging experience.



Activity session at a babysitting course for young people

Population

The Project was based around the village of Caldbeck, at the northern boundary of the Lake District National Park, Cumbria (figure 1). It was decided that a population of about 3,600 people – the residents of seven parishes (figure 2), covering approximately 500 hectares (200 square miles) – would be large enough to test out ideas that might be transferable to other areas, but small enough to be manageable by one part-time Project Co-ordinator. Caldbeck is the largest village in the area and has a GP surgery, Post Office/shop, Primary school, church, chapel, pub, garage, restaurants, clogger etc. The seven parishes are Caldbeck, Sebergham, Castle Sowerby, Mungrisdale, Ireby & Uldale, Boltons and Westward.

It was made clear from the start that, although the project was chaired by a Caldbeck GP, it was aimed at everyone who lived in the Project area, whoever their GP. It was also clear that the Project concerned those who were excluded from all services, not just health services.

Transport

It was well-known from both local knowledge and other studies that provision of flexible, local transport would be a key to provision of services. Therefore, from the beginning, the project provided a minibus with wheelchair access to be used to get people to and from doctors' surgeries, dentists, optometrists etc as well as to visit people in hospitals, nursing and residential homes. The service is in addition to existing services, such as the few weekly buses, the voluntary car service and hospital car service and was not intended to replace them or undermine them. In reality the minibus tended to visit places and in a flexible manner which could not be replicated by commercial operators. The development of this service is described in Chapter 4.

Funding

The Steering Group was responsible for fundraising, which was made considerably easier by the Project's links with HRH The Prince of Wales and his charities The Prince's Trust and Business In The Community. The budget of approximately £50,000 per annum for three years included payment to Voluntary Action Cumbria which managed finances and provided secretarial support. In the event, VAC contributed much more in terms of advice, ideas, support and general energy and a key issue for others wishing to initiate similar community-based work is the need for such effective voluntary sector support.

The Project was supported financially or in kind by:

- The Countryside Agency
- Lockheed Martin
- Ford Motor Company
- Business In The Community
- Leader II (European funds)
- Caldbeck Surgery Charitable Fund
- Cumbria Ambulance Service NHS Trust
- NatWest Bank
- North Cumbria Health Action Zone
- The Prince's Trust

The 'in kind' support was often critical; for example, Ford Motor Company generously donated a minibus, with a tail lift for wheelchairs. Cumbria Ambulance Service established our links with Ford and provided Basic Life Support training for volunteer minibus drivers. The Caldbeck Surgery Charitable Fund paid for health-related transport for its patients in the NFRP area.

Foot and Mouth Disease

In March 2001, Cumbria in general and the Northern Fells in particular were devastated by the epidemic of Foot and Mouth Disease. The NFRP Steering Group took the view that the impact of FMD on the area could not be ignored. In June 2001 it commissioned the Centre for Rural Economy at the University of Newcastle to undertake work on the economic and social impacts of the Foot and Mouth epidemic on the project area. The research was funded by the North West Development Agency, the Countryside Agency and Business In The Community. The full report of this study is published by the CRE⁶. Its key findings were:

- Cumbria county bore the brunt of the outbreak with 44% of all the UK confirmed cases. More than a quarter of farm holdings had livestock culled, leading to a loss of a third of the county's grazing livestock.
- The impacts extended well beyond farming. What commenced as an effort to control an animal disease quickly developed into a crisis for the rural economy as tourists and visitors were discouraged from visiting.
- The rural economy of Cumbria was weak before the outbreak of FMD. It is heavily dependent on farming and tourism. Agricultural incomes have experienced serious decline in the past five years.
- Movement restrictions cut off farms' main income source. Financial worries were deepened when household members stopped going off the farm to work, were laid off or whose work activities depended on people being able to visit the house or farm.
- On the surveyed farms household members confined themselves to the farm for an average of 19 days. Some were isolated for over 60 days. Many children were unable to go to school. Others, particularly those doing examinations, boarded out with friends or relatives.
- People mourned the death of their animals, many of which had been bred by the same families for generations. With the cull of their stock, households lost not only the animals but also the legacy of accumulated breeding acumen of previous generations. In a way, the family biography, lived out through the stock, was brought to an end. Grieving continues more than a year after the cull.
- FMD had repercussions not just for farming families, but for the whole community in the Northern Fells. Nearly everyone became wary about unnecessary journeys and policed their own movements. Household, business and village life were all disrupted.
- The cull of stock turned usually peaceful villages and countryside into places of turmoil and carnage. The metaphor that many people readily drew upon was that of a war zone. This expressed their sense of the widespread disruption of everyday life and the scale of the destruction involved.
- All meetings, activities and events were cancelled. The national press reported how the countryside was closed to visitors but in a more pervasive way it was also closed to its inhabitants.

- Farm households faced an average shortfall of gross income in 2001-2 of £51,516 compared with the previous year. This is not profit. The actual picture was worse than this since expenditure generally increased during the year.
- Compensation money was paid to those farmers whose livestock was culled. Nearly all those surveyed intend to continue farming, using this money for re-stocking and to support the farm in the interim.
- There was very little interest in growing new crops, planting new forests or converting to organic farming.
- The farm survey within the northern fells revealed the high proportion of farm income that was derived from subsidy, particularly in the beef and sheep sectors.
- The research revealed a significant degree of resistance to change in the farming community. Almost all the farmers interviewed were expecting to continue farming and many to return to previous levels of activity. Little actual enthusiasm was expressed for increased participation in agri-environment schemes or alternative land uses.
- People in a position to help, including teachers, surgery staff, churches, the Quakers' meeting room, and NFRP all played a pro-active role in alleviating stress caused to individuals as a result of FMD.

The presence of the NFRP allowed for speedy community responses to FMD, including publication of information about sources of help and the organisation of a public meeting to discuss the outcome of the commissioned research on FMD. The wider impact of this research, probably unique in the UK, is still being assessed but

it has provided important insights for public bodies, including government, into both the micro-impact of FMD and into the relationship between social, environmental and economic impacts.

Summary

The Project has confirmed what was apparent from the literature and its own working hypothesis, but which remains misunderstood by many people. Rural communities are deceptive. When one scratches the surface of an attractive fellside area one finds a significant number of isolated, often stoical individuals, many of them elderly, infirm or caring for others who do not have access to services now considered to be 'normal' in the UK. The NFRP has demonstrated how a comparison (often at a micro level and using data which had not previously been drawn together) of the needs of a population against services available can be used to identify gaps in service provision which have been hidden from view. The Project has gone on to show how relatively modest funding streams, used within a developmental model, and building on the skills, resources and experiences of local people, can be used to support a community to help itself to 'fill these gaps' and lobby public agencies for appropriate levels of resources.

The strengths of the Project included the deployment of project workers well-grounded in and accepted by the community and recognition of the importance of ensuring that the Project did not interfere with existing services or offend their providers. It listened carefully to local people to ensure that the Project's innovations were what people needed and wanted. It was fortunate that it was possible to obtain generous funding for which the Project is extremely grateful to its sponsors.

Although future projects may not have such privileged access to financial support, funds are available. Rural Community Councils, in NFRP's case Voluntary Action Cumbria, are a good starting point.

As the pilot phase of the NFRP draws to a close its intentions are that services

introduced such as the minibus, benefits advice, 'Lend a Hand', youth work etc. will continue, and that others may learn from its experience and mistakes. That is the purpose of this report.

More information is available on the NFRP website <http://www.nfrp.org>



Figure 1: Northern Fells Rural Project Area: Cumbria

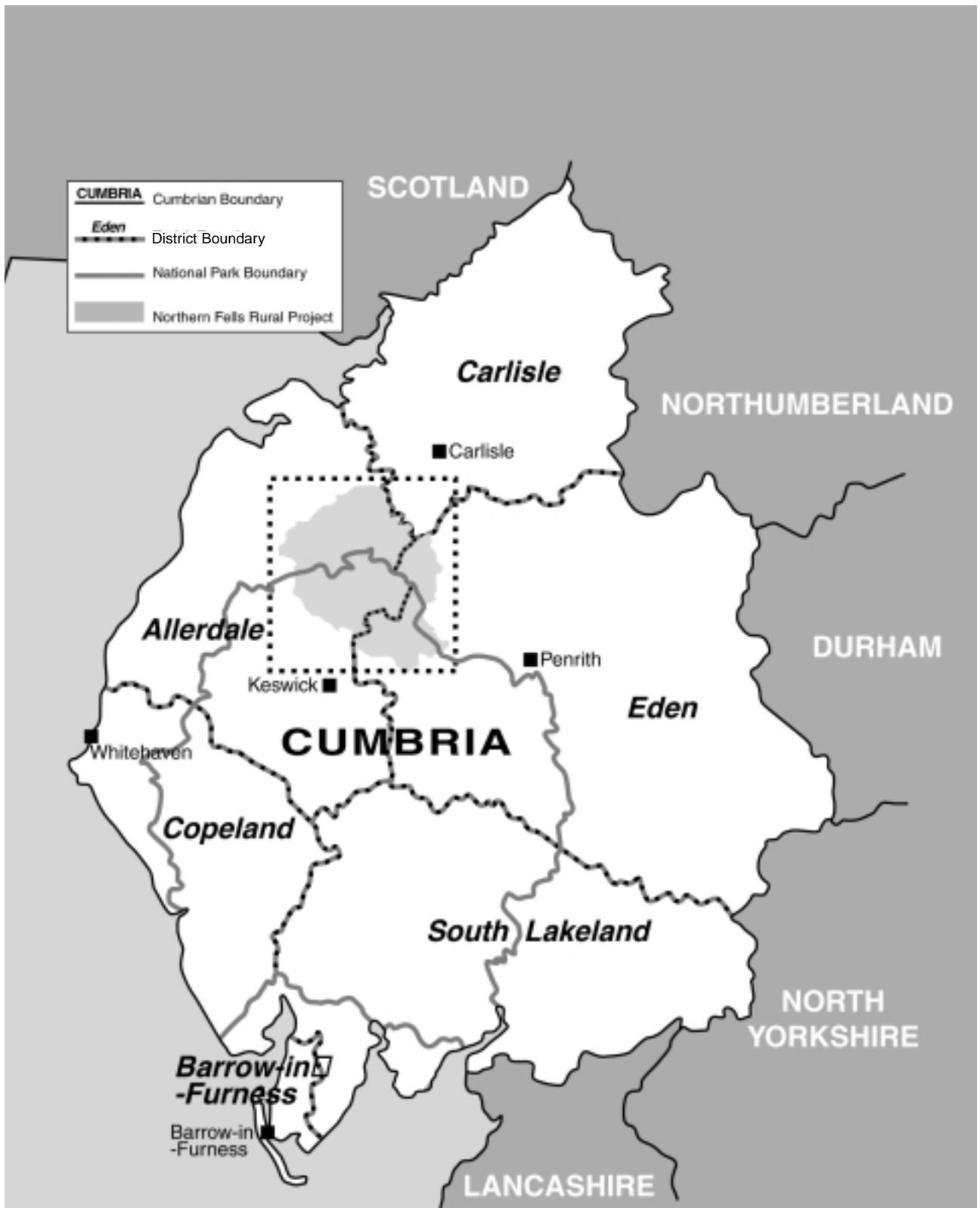


Figure 2: Northern Fells Rural Project Area: Seven Parishes



2: The problems of rural decline

The decline of social and economic life in rural areas has been of long-standing policy and political concern within the United Kingdom. Changes in agricultural practices, the decline of key public services and facilities such as transport, post offices and shops, the growing dependency on tourism within rural economies, demographic change and migration have all had a significant impact on the sustainability of local rural life. This has been compounded by the perceived need for economies of scale, represented most commonly by centralisation of service outlets and closure of smaller units. The impact has varied from area to area – for example, some areas have become significant tourist attractions, others have become major retirement destinations. Most rural areas have, however, suffered a weakening of both their economies and of their social structures. Populations have become unbalanced (the more so where there are significant seasonal variations due to large numbers of second home owners and/or disproportionate dependency on tourism) and economies have become more fragile.³⁰

Cumbria has been no exception to this picture. Its rural economy has become weak and, particularly since the loss of mining and manufacturing in the west coast area, has become even more heavily dependent on farming and tourism. However, agricultural incomes have declined in recent years and younger people are leaving the area in search of better opportunities, thus contributing to a skewing of the age profile of the local population. Tourism has remained fairly stable but does not appear to have shared in the growth recorded across the UK generally. Much tourism-related employment is seasonal and part-time.⁶ Depopulation, job loss, high costs of providing or using services, and low levels of economic return at both individual and

aggregated levels, lead to a spiral of decline. It was this spiral that the Northern Fells Rural Project hoped to halt within the seven parishes of the Northern Fells area.

Faced with this overall situation, there have been calls for improved public investment in rural areas. One major political argument has centred on the claim that funding streams from government penalise rural communities and do not take into account the additional costs involved in service provision and delivery in rural areas. For example, the National Council for Voluntary Organisations, on behalf of the voluntary sector at large^{36,37,70}, and the former Rural Development Commission, (now the Countryside Agency) have each argued strongly both for a shift in the distribution of public funds by various mechanisms (such as a rural premium) and for a distinctively rural approach both to problem-solving and to the organisation and delivery of services. The work of the former Department of Environment, Transport and the Regions on the *Index of Local Deprivation*²⁷, the subject of a further recent revision (see below and Chapter 3), and other recent research^{31,58} have also pointed to the need to develop rural-sensitive indicators of deprivation.

Part of the problem in addressing rural decline lies in finding agreement on precisely what 'rural' means. Despite considerable discussion, there remains a continuing debate about how rurality should be defined, for example whether it is better to use area-based or population-based measures.^{53,54,67,69} The Standard Spending Assessment (SSA) sub-group of the central/local government Settlement Working Group (which reviews the basis of central government funding allocations to local government) currently uses a definition of rurality which is based on sparsity on either a ward or population basis.²⁶

Noble and Wright⁵³ note that rurality is generally defined by its characteristics but that it is important to distinguish between primary characteristics such as, in particular, sparsity, and secondary characteristics, such as low service provision, poor public transport provision and a higher proportion of pensioners, often consequent on these primary characteristics. The Rural Development Commission's working definition of rurality was 'all settlements with a population no greater than 10,000'.

The Scottish Office *Rural Challenge Fund's* definition of rurality covers postcode sectors which have a population density of less than 100 persons per square kilometre, also excluding settlements of more than 10,000. This has been criticised on the basis that postcode sectors in rural areas can be quite large and in one case in Scotland, it appears that this definition results in half of a town being included as urban, half as rural, with its High Street being the dividing line.

The 80-strong Rural Group of English MPs has constantly lobbied the Minister, arguing that the funding formula 'used to work out allocations for individual authorities fails to recognise the costs of delivering services over long distances in sparsely populated areas' (*Guardian* 11.11.99). Later that year, for example, the Minister announced that a very small shift in the resource allocation formula would be made to acknowledge the additional costs of providing domiciliary care in rural areas. A key report published by the Rural Development Commission³⁹, examined public resource allocation systems and concluded that these systems 'operate to the disadvantage of rural areas... [because]... the resource allocation formulae tend to be based on indicators which characterise urban life'. Population sparsity was given little weight and this 'seems surprising given the extra distance that, for example, social workers need to travel in remoter rural areas'.

More recently, the government gave overall responsibility for rural affairs to a nominated Cabinet Minister (Secretary of State for Environment, Food and Rural Affairs) rather than, as had been previously the case, rural matters being the responsibility of a number of Ministerial portfolios. However, the Social Exclusion Unit (SEU), which is charged with examining key aspects of deprivation in England, has had no explicit plans either to examine the issue of rural deprivation or to ensure that there is a clear rural dimension to its other work. The Local Government Association Rural Commission has pressed the case on rural aspects of social exclusion and deprivation to the SEU, arguing that it needs to 'consider this challenge to the current basis of much needs-based targeting' and 'recognise and respond to the rural aspects of the social exclusion agenda'.^{47,48,49}

There are signs, however, that a recent consultative exercise on transport carried out by the SEU might result in a more high profile consideration of the difficulties of those wishing to use public transport in rural areas, an issue which is at the heart of discussion about rural exclusion. The Discussion Document preceding the Rural White Paper⁵⁰ argued simply that 'people living in rural areas should have opportunities to receive a wide range of public services such as healthcare and public transport', that social exclusion should be reduced and that the 'rural dimension' should be incorporated into national policy.

In relation to particular services such as social services, the Discussion Document merely observed that 'the sparsity and inaccessibility of rural areas present particular problems', for example a 20% additional cost in delivering domiciliary care services compared with costs in urban areas. This picture is also complicated by local political considerations as there is clear evidence that Conservative rural authorities tend to

maintain lower spending levels as a whole than their urban and Labour counterparts.

One key problem facing people in rural areas is that of accessibility. Even with higher levels of car ownership, a characteristic of rural areas reflecting the requirement to have cars to access services, services tend to be costly to reach and costly to use. Given that many living in rural areas are on low incomes, this presents a further barrier to service use. Another problem is that of choice. Most people wanting to make use of any service or facility have little if any choice available to them. And where services have had to be rationed to those in greatest need, through lack of available finance, the impact on those outside the net has been disproportionate since alternative sources of help are less easily accessed and thus more costly. Local and health authorities and voluntary and community organisations all face difficulties in rural areas because of these additional costs; these difficulties include problems in recruiting staff, additional costs in identifying, targeting and reaching client groups, the high cost of delivering services or in making information available about them, and the need to make use of a range of relatively expensive transport options. The price that service users pay in areas where they are more dispersed is almost inevitably poorer service standards or no services at all. This underlines the finding of Hale and Capaldi⁴⁰ who examined 'whether or not people living in rural areas receive the same range and standard of services as people living in more urban areas'. The common themes from the four areas of provision studied were that 'levels of service provision are usually lower in rural areas than elsewhere' and that 'ease of access is a key factor in determining whether people in rural areas receive the same level of service as people in more urban areas'. Within rural areas, a common feature is of the poor availability of services at very local levels,

driven by the need of many organisations to concentrate provision on fewer sites for (apparently) cost-effective reasons. The almost total absence of certain services is one feature identified in the Northern Fells area, as described later in this report (Chapter 7).

The Government's funding to local authorities is based in part on a range of deprivation indicators and the apparent bias against rural areas has now begun to be addressed to a limited extent in recent revisions of the Index of Local Deprivation which has now a stronger emphasis on rural-sensitive indicators. Research was also commissioned by the Rural Development Commission to examine the nature of rural deprivation.^{31,58} This work, 'reviewing the potential indicators of rural disadvantage that could be helpful in the development of rural policy', concluded that there were no single indicators of disadvantage useful for this purpose but that 'bundles of indicators' might usefully be combined. Two such bundles covered 'access to services', and 'physical isolation', issues which repeatedly appear in analyses of difficulties in rural service provision. The idea of grouping indicators together is developed in the renamed Index of Multiple Deprivation²⁸ which has newly introduced the idea of a 'domain' of access to services, constituting four indicators – lack of GP, lack of post office, lack of shop, access to primary school - most relevant to rural communities. However, a number of studies of rural disadvantage have also confirmed key findings from more general studies of disadvantage, viz that there is extensive disadvantage even within rural areas regarded as affluent.³⁸ Indeed, as we noted in Chapter 1, this is a key policy and service problem as the needs of the most disadvantaged in rural areas tend to be obscured by assumptions of general affluence.

The Office of the Deputy Prime Minister (the latest successor to the DETR) is already considering how the 'domain' of access to services can be made even more sensitive, including a review of issues such as access to transport ('transport poverty'), distance by road and other less tangible barriers to access.²⁹ A further issue open to detailed exploration is the question of community buildings since those particularly amenable to joint use can be critical to the identity of a community. Very often, for example, village schools or other community buildings have been shut and sold for quick financial gain by local authorities without serious consideration of their use for alternative public services.

In summary, then, rural areas are increasingly developing skewed demographic characteristics, losing younger people and attracting larger numbers of older and more dependent people. Funding formulae and the deprivation indices on which they are based, are, it is strongly argued, unfairly weighted towards urban areas and do not take account of the high cost of providing services in sparsely populated areas or of relatively high but obscured levels of deprivation and the particular forms that deprivation takes in rural areas. Service providers argue the need for a rural premium both at a structural level in government funding discussions, and at a local level, perhaps for individual staff, to provide and maintain adequate services on an equitable basis. Service providers however, currently take relatively little account of groups which are numerically small and the additional costs of provision generally fall on the public sector. Service provision within rural areas tends still to be too centralised, exacerbating the problems of distance and access in rural areas. The needs of rural people are often hidden from view, a result of policy and service orientations of providers. There are strong

arguments now being put forward for developmental 'bottom-up' approaches to service provision which involve service users and local community organisations who can take a lead in identifying and making their needs manifest. This is precisely the approach which has been adopted by the Northern Fells Rural Project.

There is no doubt that the issue of rural poverty is now much more firmly on the policy map, not just challenging the myth of the rural idyll^{12,14,51,53} but requiring local government and national government to face some difficult policy and service issues about allocation of resources. Approximately one-quarter of those living in rural areas (themselves at least a quarter of the UK population, depending on the definition of rurality used), are in or on the margins of poverty.⁶¹ More sophisticated quantitative analyses and mapping of need, supported by improved computer-aided techniques such as Geographical Information Systems³, will doubtless contribute to better targeting of resources over time although resource distributions also continue to be the subject of political contestation. The Index of Multiple Deprivation was, ahead of its publication, subject to a robust challenge on behalf of the position of urban authorities.

However, an important study in the Highland area⁴⁶ provides a salutary warning about the efficacy of methods based on statistical and epidemiological approaches alone. This study, which used a networking approach through local agencies and professionals, was only able to identify approximately 110 of the 370 individuals who, epidemiological evidence suggested, should be resident in the area and who had severe mental illness. The authors conclude that the failure of the study to locate more than two-thirds of these individuals 'suggests not only that different approaches to identifying need in rural areas must be

explored, but that services themselves need to look at how they present themselves to the public, at their relationships and communications with other agencies, and their accessibility and acceptability to clients and carers.' This provides powerful evidence for the need also for qualitative and

developmental approaches to working in rural areas which are built on but not limited to, local quantitative mapping of need. We return to this issue in Chapter 3, which argues strongly for such an approach to the mapping of need.



3: Mapping needs, developing responses

Characteristically, comprehensive strategies to combat disadvantage have, in recent years, been preceded by attempts at mapping the incidence of disadvantage; not only in terms of population groups which might be likely to suffer some form of disadvantage but also in order to identify geographical areas which might demonstrate more concentrated levels of disadvantage. A range of data is usually drawn on to facilitate this task, drawn from disparate published and unpublished sources and brought together into composite indices of deprivation. This is the approach used in recent years by the government²⁸ and by a growing number of local authorities.³ In urban areas in particular, the availability of small area data and the potential offered by computer-assisted mapping means that very precise mapping can sometimes be accomplished.

The original NFRP brief had identified target groups that it predicted, on the basis of published research elsewhere, were likely to be at risk of disadvantage. These groups were: older people, young people, carers, people with disabilities, young single parents, those who were unemployed or on a low income, and people without transport. The first task of the research consultant was to begin to collect data in relation to these groups and to establish priorities for development work. The main problem in relation to this task was the difficulty of collecting robust and consistent data which would be useful in the development of the project; some of the data was considerably out-of-date, different sets of data had been collected at different times, and much was not available at very small area levels. Given that Cumbria County Council had published certain material in the form of ward profiles, it was decided to build on this foundation, drawing in a range of other data as available and appropriate. A parish profile was developed for each of the seven parishes

within the Northern Fells area and was circulated to parish clerks for their comments; an example of one of these profiles is given as Appendix One, for the parish of Boltons. As with the other profiles, it incorporates both quantitative data from a range of sources, and qualitative data drawn from local respondents. The project has updated these profiles and aims to encourage local parishes and the successor organisation to use them as a basis for negotiating resources for the area as a whole and for individual parishes.

These parish profiles were quite revealing in a number of ways. First, the parishes shared certain characteristics. They are all super-sparse in the DETR definition (under 0.5 persons per hectare); they all have low populations comprising a mix of small village settlements (none would qualify for the term 'town') and scattered farming populations. Car ownership, typically for rural areas, is high (the lowest figure is 88% compared with Cumbria as a whole of 70% - but that includes urban areas where car ownership is generally lower). All the parishes except Mungrisdale (which experienced a small decrease) had seen an increase in population in the period 1991-5, ranging from 0.2% to 7.2%. Because of the small numerical figures involved, it was difficult to interpret this data definitively, but this did seem to indicate a growing concentration of population even within this small area. The local planning regime appears to encourage new building attached to existing settlements; for example, in Caldbeck village an agricultural buildings contractor's yard had been redeveloped as a courtyard of eight houses, and there had been infill for low-cost housing association homes for rent. In Rosley, redundant agricultural buildings had been converted to housing and there had been infill building also in Millhouse and Church Hill (Westward).

Combined with the loss of redundant agricultural dwellings in the more remote parts of the area, this tended to tilt population concentration towards the larger settlements within the project area.

The population profiles are based on ward figures but show, compared with Cumbria as a whole, a population slightly over-represented in the middle age, economically active, ranges (broadly ages 30-59) and under-represented at the child and young adult, and pensioner age ranges. The project brief originally interpreted this generally in terms of older people moving into urban centres for care support, and younger people moving away from the area for education and training, and this perception was broadly supported by later developmental work and evidence from other studies.⁴⁴ Nonetheless, there were significant numbers in each age range when aggregated across the project area, in terms of work targeted on particular groups; e.g. 642 children under 15; 234 people aged 75+.

There were, however, also some significant differences between parishes. The percentage of households without cars varies considerably (from 5% in two parishes to 12% in one, although this data had to be treated with caution because it was based on ward figures applied to parishes). It was felt that there might be a mix of explanations for this variation, including income, employment opportunities and availability of alternative forms of transport – and it was hoped that careful monitoring of the community transport scheme (Chapter 4) would be one way to explore this issue further. Car ownership was highest in Mungrisdale and Castle Sowerby, the parishes with the most scattered populations. Both parishes have a weekly bus (to Keswick and Penrith respectively) but few people live on the route; car ownership in these areas really is a matter of necessity. Without a car, residents were dependent on family, friends, mobile facilities and, as the

project got underway, the NFRP minibus. Car ownership is lowest in Caldbeck village, Ireby/Uldale and Boltons, areas with clear centres, and relatively larger populations which can use local facilities on foot or by easy access to bus routes.

There are differences in numbers and proportions of those on state benefits. The initial examination of this data in relation to national data suggested considerable underclaiming of benefits. National data shows that 20-30% of pensioners do not claim benefits to which they are entitled – particularly Income Support (IS). National claiming rates for Family Credit (FC) – which was replaced by Working Families Tax Credit during the life of the project – were never much higher than 65%. Eden District Council records (March 2000) showed four households in receipt of Council Tax Benefit (the best proxy for income poverty since it covers receipt of either benefit or low wages) in Castle Sowerby and two in Mungrisdale parishes, remarkably low figures. Attendance Allowance and IS claiming amongst pensioners are also probably low (a written answer to Hansard in 1997 stated that 18% of pensioner units were in receipt of IS). A national study of rural poverty (Harrop 2000), which looked at data on means-tested benefits (IS, FC and Job Seeker's Allowance) showed that there is significant poverty in Eden and Allerdale and that Allerdale has a 'worst ward' which 'stands comparison with the "worst wards" in urban areas'. This data all suggested a need for some targeted take-up work, possibly using people with welfare rights expertise. In fact, in part because local advice agencies were not available to undertake intensive local outreach work, this work was undertaken by the project worker who had received welfare rights training (see Chapter 5). She also acted as researcher for a national study funded by the National Audit Office into the impact of additional benefit income for older people,

which confirmed the difficulties older people in rural areas had in accessing benefits.²³ This latter study suggested that Cumbria might be foregoing as much as £34M of unclaimed benefits annually, a sum which could generate hundreds of jobs into the local economy.

Local parishes had been asked by the R.D.C. to complete a rural facilities survey and most had done so; it was not clear why some had

not done so other than the feeling that there had been little positive for them to say. The picture of facilities in the area as a whole reflected the loss of essential services in rural areas country-wide and as shown in the chart below, only Caldbeck, the largest settlement, had the four essential facilities comprising the 'access to service' domain of the government's Index of Multiple Deprivation and several settlements had none of them.

Access to four basic services, NFRP settlements

PARISH (Villages)	GP Surgery	Primary School	Post Office	Shop
BOLTONS Boltongate Bolton Low Houses		✓	Mobile ½ hr a week	
CALDBECK Caldbeck Hesket Newmarket	✓	✓	✓ ✓	✓ ✓
CASTLE SOWERBY Millhouse				
IREBY WITH ULDALE Ireby Uldale		✓	Mobile ½ hr a week Mobile ½ hr a week	
MUNGRISDALE Mungrisdale Mosedale Hutton Roof			2 afternoons a week	
SEBERGHAM Sebergham Welton		✓		
WESTWARD Westward Rosley Curthwaite		✓		

There appeared nevertheless still to be a reasonable infrastructure on which to build community development work - for example, more than 20 meeting places (including schools, church halls and village halls of various kinds); a similar number of organisations (including church

organisations, WI and other voluntary groups), some of them innovative and active; 2-3 notice boards in each parish or settlement; and mobile facilities, including shops and a library, for communicating the work of the project.

Figure 3: Northern Fells Rural Project Area: Services

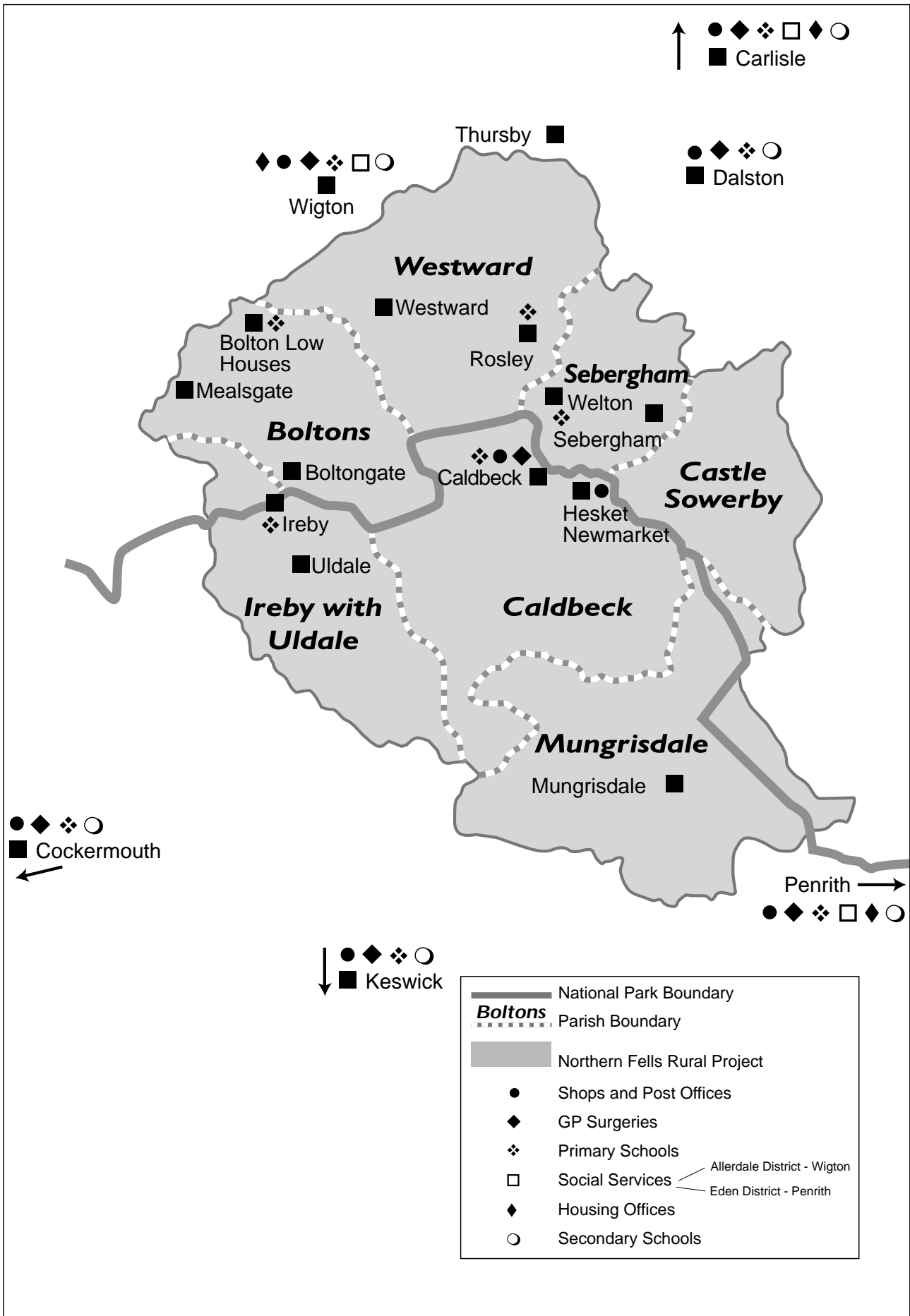
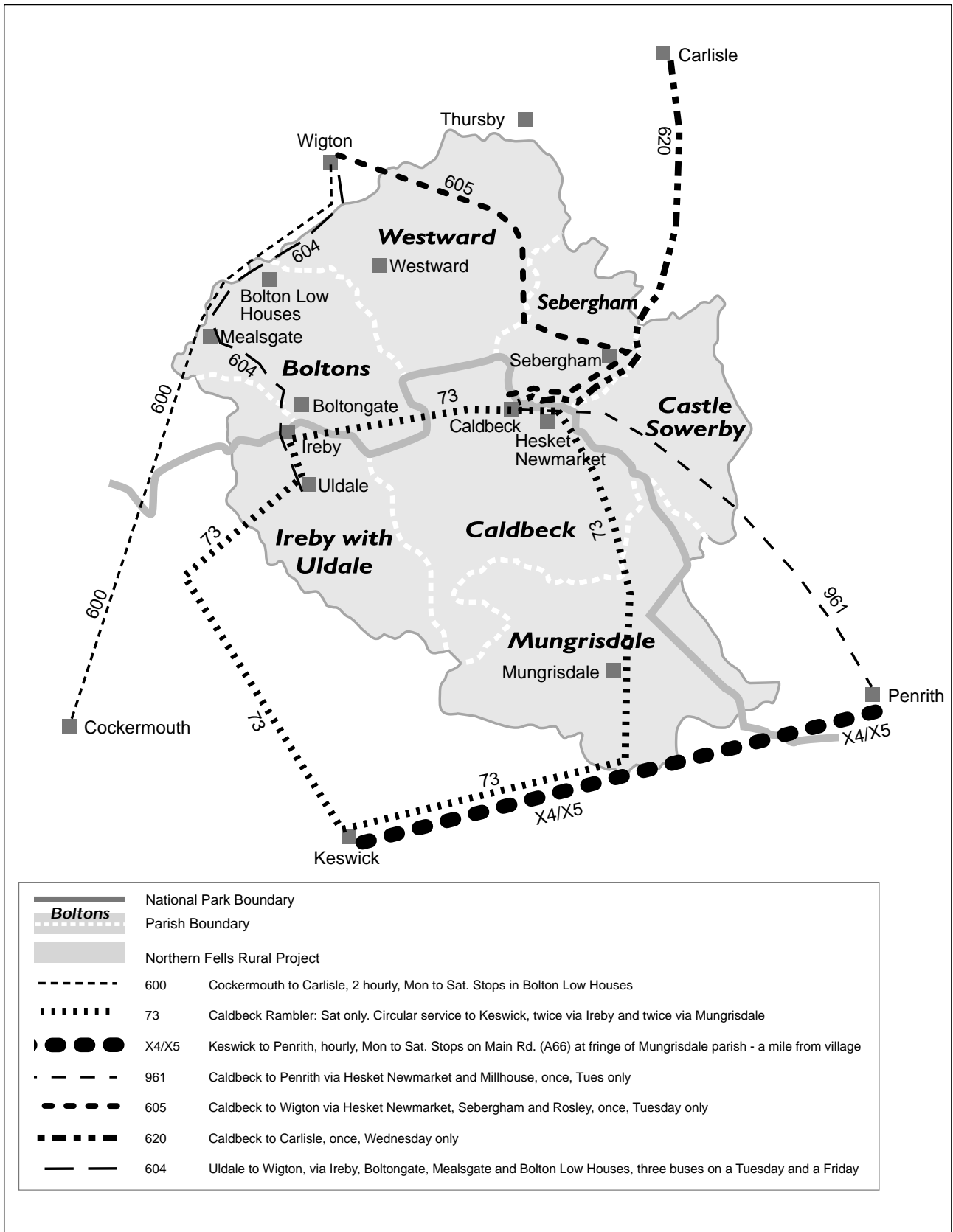


Figure 4: Northern Fells Rural Project Area: Public Bus Services



This offered a potentially positive foundation on which to build local developmental work and this framework was exploited to the full later on in work with both older and young people as well as offering a range of means by which news about the project, via newsletters and one-off flyers, could be distributed. The rural facilities survey did not indicate what local people's needs or wishes might be, however, and it might be useful if future such surveys could incorporate this dimension. Some of the qualitative work done by the project, through group discussions and individual interviews raised important questions about missing facilities such as the non-availability of public telephones, access to banking services and transport, but there is a need to seek these views on a consistent and regular basis (Figure 3).

The issue of transport was self-evidently an important issue since, despite limited additional government investment, there is little prospect of commercially viable public transport. Some population groups appeared from the data to be particularly poorly served; for example there seemed to be virtually no facilities specifically for young people other than two youth clubs and some uniformed youth groups. There was no facility for access to banking services in the project area and this is likely to increase the sense of financial exclusion for many people despite the opportunities being opened up for the more electronically adventurous through telephone banking (Figure 4).

This initial data mapping helped to identify immediate priorities for project development work alongside the community transport scheme, the first initiative to be started by the project. In particular, development work focused initially on benefits take-up work with older people (Chapter 5) and on development work with young people (Chapter 6) and with carers (Chapter 7). The

data mapping however also provided a basis for challenging the assumption, apparently held by the County Council, that the project area was essentially an affluent one and not in need of targeted resources. We hope this report will correct this misunderstanding (see box page 23).



One strategic question which emerged for the project was the extent to which it was possible to think of the area as a whole in planning project interventions. In practice, different kinds of developmental work approached this in different ways, often focusing on population groups as a whole but needing to take account of geographical dispersal and, on occasions, loyalties. In some cases, work had to be set within a geographical canvas wider than the project area (see Chapter 7). Local organisations had, because of population sparsity, to be based around particular settlements but where possible, cross-parish work was undertaken (for example with young people) although this had implications in terms of facilitating mobility through use of the project minibus or other means.

Is the NFRP area uniformly affluent?

The project examined Cumbria County Council's Ward Profiles, January 2001 edition, the latest available at the time of writing and, in particular, the data shown for Warnell Ward, Allerdale District whose constituent parishes are Caldbeck, Sebergham, Westward, all within the NFRP area. The ward population in 1999 was 1,984, in 704 households

The section on Social Disadvantage on page 2 of the Ward Profile explains that information about the distribution of disadvantaged groups 'is a key element in service planning'.

CACI Ltd, consultants to the County Council, categorise households into one of six groups:

- A - Thriving** people at the top of the social ladder - healthy, wealthy, and confident consumers.
- B - Expanding** Business people in better-off families - paying off mortgages and bringing up children.
- C - Rising** the young professionals and executives in towns and cities - working and studying to make their way up the career ladder.
- D - Settling** the workers in the middle of the social spectrum - they have their homes and lead a steady lifestyle.
- E - Aspiring** the people who are running hard to better their lot - buying their council homes and pursuing their goals.
- F - Striving** the people who find life toughest.

The table in the profile gives 100% of households in Warnell Ward (Caldbeck, Sebergham and Westward parishes) in Category A, i.e. "thriving".

All the households are entered under 'Affluent Greys, Rural Communities' in Category A.

On the next page of the profile we learn that:

In 1998

- 10% of households had an income below £5,000,
- another 13% of households had an income of between £5,000 and £10,000,
- another 16% of households had an income of between £10,000 and £15,000,
- and 15.3% of households had an income of between £15,000 and £20,000,

hardly wealthy even in 1998. The average gross annual household income in Britain in 1997/98 was £21,892 (ONS 1998).

Of those people on a low income, in August 1998 34 residents were claiming Income Support and 10 residents were claiming Job Seeker's Allowance. In November 1998, 14 households were claiming Family Credit. As our work on benefits take-up shows, there is probably substantial underclaiming.

To put all residents of this ward in Category A (remembering that these categories are used by the County Council to map disadvantage and direct resources) when the same document gives information flatly contradicting the categorisation, is at the very least inconsistent and superficial and leads to a situation where the residents of these rural areas are being deprived of resources to which they should be entitled. This suggests that the County Council should review both the basis of its analysis of deprivation and the way in which it distributes resources throughout the county. Residents appear to be categorised as 'A' for no better reason than that they live in a 'rural community'.

The project also had to take account of differing local government structures (two district councils: Eden - broadly the east of the project area, and Allerdale - the west), and differing towns of reference - the project area had at least five 'compass points': Carlisle, Cockermouth, Keswick, Penrith and Wigton. To some degree and for some groups the nature of NFRP intervention was likely to be settled by the particular group involved (e.g. initial work had to be through schools for young people) but there were groups where no such obvious institutional routes was immediately obvious. The way the project developed work with these groups is discussed in later chapters.

This initial stage of the project indicated the critical role that research can play in helping development projects focus their aims and targets effectively.²⁴ The mapping, and experience from earlier studies also suggested that the project should be working at a number of different levels:

- as a broker between organisations to facilitate improved practice and innovation;
- as the provider of direct new services (for demonstration purposes and to demonstrate the value of the project directly);

- by promoting self-help locally (with the longer-term goal of sustainability in mind);
- as a pressure group, identifying unmet need, to encourage local organisations to improve or develop their own provision locally. These modes are all described later in the work with differing population groups.

In the light of the outcomes of the mapping, three groups were identified for initial work: these were older people; carers; and young people. Additional reasons for choosing these groups were the need for some immediate action to demonstrate the value of the project; the possibilities for trying different kinds of intervention and consultation, including using different kinds of local resources and facilities; and a wide range of population groups (to encourage both local ownership and greater dissemination of knowledge about the project). Work with other groups was deferred for six months because of limits on the project resources and also because of the need to focus that work further in the light of developing experience and knowledge from the early months of the project. In the following chapters, we discuss work with these specific groups.



Caldbeck Lunch Group at the Oddfellows Arms

4: The key problem of transport

A minibus service was launched at the beginning of the project, because the NFRP recognised from the start, drawing on local experience and published studies elsewhere, that mobility is a problem for people who do not have their own transport, affecting their access to services and their health and social well-being. The minibus was generously donated by Ford UK, demonstrating their commitment to the Rural Revival Initiative and the Northern Fells Rural Project, and the service managed by a part-time co-ordinator.

The number of households without a car ranges from 5% to 12% over the seven parishes, i.e. 8.5% overall or approximately 127 households without any car. In addition a considerable number of families (approximately 600) have only one car, leaving members effectively marooned when one member needs the car to get to work. Only one village, Bolton Low Houses (on the fringes of the project area), has daily buses. Other villages just have shopping buses two or three times a week; these allow two to three hours in town before return. Most hamlets and isolated cottages on remote lanes have no bus service at all.

The minibus service was designed to be flexible and responsive to needs. It was also intended to be part of the project's research with the aim of finding out who needed transport and for what purposes, as well as exploring how such a service could be sustained. The service was designed to be available for anyone living in the seven parishes who:

- does not have their own transport;
- needs disabled access;
- is unable to drive temporarily, e.g. has broken an arm or leg or had a stroke; or
- whose vehicle is unavailable, e.g. a mother isolated with small children needing to get to an immunisation clinic with her child.

Twenty volunteer drivers were recruited via community magazine notices. They covered a rota, 9am to 6pm Monday to Friday with a driver also on duty each Saturday. To date a volunteer has usually been found for the occasional Sunday or evening request with the Transport Co-ordinator sometimes filling a vacant slot.

Drivers are police checked, originally with the help of Social Services and the Police, now via the Criminal Records Bureau. Their driving licences are checked, they are given a copy of the drivers' manual, are familiarised with the vehicle, and trained to use the lift and wheelchair restraints. All receive basic life support training from Cumbria Ambulance Service.

Vehicle

The minibus is a Ford Transit short wheel-base with the following specification:

- seven seats and room for a wheelchair;
- second wheelchair can be accommodated by removing two of the seats;
- tail lift for wheelchair and walking access.



The vehicle comes under social car legislation because it has fewer than nine seats, fares paid do not exceed running costs, journeys and fares are pre-arranged and the vehicle does not 'ply for hire'. Drivers are not required to have special training or licences. Insurance is through a 'Minibus Plus' scheme and there is RAC minibus membership. Advice about starting a voluntary minibus service was given by Voluntary Action Cumbria (Cumbria's Rural Community Council), and a Transport Adviser for The Countryside Agency.

Transport Co-ordinator

The part-time Transport Co-ordinator, Alison Holliday, appointed by the Project Steering Group, was paid an honorarium plus expenses. Her role included taking all the bookings and co-ordinating them, organising driver training, familiarisation, the drivers' rota (9am - 1pm, 1pm - 6pm, Mon - Sat), completing the vehicle checks and organising vehicle maintenance and servicing. This role is the lynch pin of the service and required organisational skills, and tact and thoughtfulness in dealing with drivers and passengers. A drivers' manual of instructions, guidance notes, daily record sheets, and spreadsheet, was drawn up by a Steering Group member with a legal background with the Project Co-ordinator.²⁵

Answerphone

An answerphone is available for requests for journeys when the Co-ordinator is not there to answer the telephone. Drivers check the answerphone during the day to see if there are new urgent requests (this was quite rare - most journeys were booked in advance with the Co-ordinator). Bookings were arranged on a 'first come, first served' basis. Sixty per cent were health-related but the minibus could be requested for any journey or any purpose (shopping, social outing etc.), as long as the person did not have access to a car, couldn't use a public service

bus, couldn't drive their own car for some reason, or needed the wheelchair access.

The service was restricted to people living in the seven very rural parishes of the project area, but passengers were taken wherever they needed to go, unless there was an alternative. For example, people were taken to a public service connection for long journeys. By the summer of 2002, the minibus was carrying approximately one hundred passengers a month, the number having steadily increased as the service became known. It was also used for group hire between two and four times a month - another ten to twenty monthly passengers.

Publicity

A leaflet about the service was mailed to all households in the seven parishes to alert them to the service, with posters on all the parish noticeboards and regular updates published in the parish and community newsletters. Specific leaflets were prepared for some groups such as young people.

Hiring the minibus

The fare structure for individuals was as follows:

15p per mile for each passenger.

10p per mile for children 6 - 16 (and over 16 if still at school).

No charge for children under 6.

No charge for essential escorts.

Caldbeck Surgery Charitable Fund pays the fares of Caldbeck Surgery patients for medically related journeys.

The minibus was also available for group hire. A registered voluntary driver had to be available to drive the vehicle. The group hire charge was 40p per mile for the first 20 miles, and 25p a mile for further miles, paid from picking up the vehicle to returning it,

regardless of the number of passengers. Group hire increased steadily and with only six passenger seats, this did not affect the business of commercial operators.

Apart from fares and group hire charges, the service was funded by:

- Ford UK via Business In The Community - who donated the minibus to the project.
- Countryside Agency - the Rural Transport Development Fund.
- Caldbeck Surgery Charitable Fund - a local trust for the benefit of patients of Caldbeck Surgery, many of whom live in the project area.

Cumbria Ambulance Service has provided First Aid (basic life support) and driver awareness training.

Brokerage

Brokerage schemes, brokering transport provision for local groups, were established locally by the County Council during the life of the project and the NFRP minibus scheme has been a member of the Allerdale Brokerage scheme; it plans to join Eden Brokerage when it is set up.

Minibus usage

Group hire of the minibus increased steadily partly due to the Lunch Groups that were set up within the area. Elderly residents meet up with friends over lunch who would otherwise be unable to go and benefit from social contact; the fares help towards the bus funds. Small groups use the minibus to go to concerts, local entertainment or out for a meal. Whilst many older car drivers are happy to drive locally and in daylight hours they are not so confident in busy towns or at night and hiring the minibus removes the worry for them.

Young People Consultative work amongst the 11-18 year olds in the parishes identified a key need as transport into the local towns on Saturdays. Although the minibus has taken a few young people into town, the

service has not been used in this way as much as anticipated. This may be because the bus can only take 6 passengers, and because young people need to book their seats beforehand and not just decide on Saturday morning. However, young people within the area who wished to remain after school to take part in sporting, musical activities etc and who were unable to do so (as where their parents are working, they had to rely on the school bus) could be collected later so they did not miss out on extra school activities.

Other Uses Although some passengers were able to use what limited public transport is available, many of them were unable to get to a bus stop or able to carry their shopping any distance. The minibus could provide a door-to-door service with assistance from the driver. Some very specialised needs could be met: for example, a young woman with a disabling illness lived in a Nursing Home within the area and the minibus was able to help her family who often liked to have her out for the day by relieving them from at least some of the journeys.

Hurdles

- Funding is precarious for voluntary transport and it can be difficult to find funders who will provide ongoing funding rather than just start-up funding, even when a service has proved its worth.
- Choosing the right vehicle and the best size for the purpose. For NFRP, this is probably 5-6 passenger seats and easy access for wheelchair users. When the minibus needs replacing in a few years time an adapted MPV with simple wheelchair access may prove the vehicle of choice.
- Communication: messages, telephone system. The NFRP system worked well, but relied heavily on the commitment of the Transport Co-ordinator.

Conclusions

1. It was surprisingly easy to find voluntary drivers. There was a small turnover with new drivers recruited as needed via notices in community newsletters. The success in recruiting drivers surprised neighbouring community transport providers. Of the drivers, 15 were men, 7 women, 12 between the ages of 40 and 60, and 10 60+. Some were available for only part of the year due to other, seasonal, commitments such as lambing but four managed to combine driving with full-time work.

2. We asked drivers if they would give us their reasons for volunteering. Reasons given included:

- Living in a rural area you become aware of people's needs locally. (1 driver)
- You get something out of the area and the community and you want to put something back. (3 drivers)
- Early retirement; more time; want to devote some of the time to voluntary work; it seems only fair. (1 driver)

These comments suggest that recruitment is related to a sense of community. In a relatively small rural area with a small population it is easy to recognise the problems people are having with transport due to old age, youth, low income or disability, and easy to become part of the solution by volunteering as a driver. Local residents will give time as voluntary drivers if given flexibility and choice as to the rota; they say when they will be available and how many half-day sessions they can offer a month. The Transport Co-ordinator works with that, and negotiates with the freer drivers to fill any gaps.

3. In a very rural area, (3,600 people in 1,400 households over seven 'super sparse'

parishes, approximately 200 square miles), there are approximately 8.5% (127) households without a car. Another 41% (574) households have only one car. Of these, at a conservative estimate, 186 households with one car are people of working age. People in households without a car are predominantly elderly, many with disabilities; those in houses with one car are often parents with small children. For both 'no car' and 'one car' households there are serious implications for social isolation with its attendant ills.

4. Young people have to rely on parents and older friends for lifts to college, work and social activities. It proved difficult to meet youngsters' expressed need for transport. A few teenagers booked the minibus on Saturdays to go to town and a few use it for transport home when they have stayed on at school for football matches, music rehearsals etc. and missed the school bus. The NFRP is now exploring a scheme where scooters can be leased to improve young people's mobility.

5. Weekly shopping buses serve parts, but not all, of each parish. The impact of privatisation has meant that operators follow profitable routes and isolated sparse and super-sparse areas get very little adequate transport. If commercial operators will not operate, then schemes like the Northern Fells Rural Project minibus scheme have to step in, but this raises clear resource implications for public funders which may be tempted to condone unrealistically high levels of volunteer support for local transport schemes.

6. There is no pattern to the need for transport; people want to travel to different places for different reasons at different times of the day (see Appendix 2) and key features have to be flexibility and responsiveness.

7. The proportion of journeys which were medically and non – medically - related changed over the current life of the scheme. In the first year 75% were medically-related and this dropped to 60% in the second year. At first many passengers felt they should only use the minibus for obviously medically- related journeys; now people happily use it for leisure visits and shopping although there remains a perception that there are two vehicles, one for each purpose. The number of young people's journeys using the minibus to bring them home from school after extra activities has increased from 11 in year 1, to 42 in year 2, and already 42 in the first seven months of year 3. (Appendix 2) This is in line with the NFRP's wide-ranging sense of the meaning of 'a healthy community'.

8. The service (characterised by flexibility, responsiveness, dedicated paid co-ordinator and voluntary drivers) still required an annual subsidy of approximately £6,000. Fares and group hire charges cover the fuel costs with little to spare. The rest is subsidy and may appear expensive at a subsidy of 32p a mile or nearly £6 a passenger journey, until compared to the cost of a taxi, the only comparison which might offer the flexibility and responsiveness of the NFRP minibus, or the social cost of isolation and exclusion. There is no taxi service in the seven parishes; to call one from the nearest town and then make a return journey of 26 miles costs in the region of £40.

9. A passenger satisfaction survey conducted by the Community Health Council³² highlighted the important role the minibus service provided in the seven parishes. 86 questionnaires were posted to passengers in February 2001 and there was a 65% response rate, illustrating how keen passengers were to express their opinions and share their experiences on the service, as the following quotes suggest:

'I am still very proud; it's good not to have beg for help any more'

'Doubtful if I could get around if service did not exist because difficult arranging private cars. Service is really excellent and the drivers most friendly, patient and good drivers'

'it's so important to me to be able to still get out and see people'.

The CHC researcher found that:

- the service plays an integral part in improving the health of the communities it serves, particularly in addressing stress and exclusion and maximising access to services;
- it is particularly important to the older population. Many comments were made about increased levels of dignity and reduced feelings of isolation the service gives to users;
- the service also relieves pressure on health providers by reducing the number of home visits required;
- passengers can reliably make and attend appointments, thus saving the hidden costs of wasted professional time.

10. Some gaps have also been identified in the provision of transport to health and social care facilities:

- hospital transport is generally available, for those in medical need or with no other possible transport, by ambulance or hospital car for appointments at District General Hospitals, but not for appointments at Community Hospitals;
- there is no systematic provision of transport to Mental Health day care. This appears to depend on what arrangements each mental health day care centre is able to make, and so transport may only be available within a limited radius of the town;

- where social services contract day centre care to a charity, contracts may only pay the charity to provide transport up to a limited radius, typically five miles. This leaves some rural dwellers beyond this range without a facility to which, as taxpayers, they should be entitled.

The NFRP has been able to fill these gaps in service and indeed without it, some visits would have been difficult or even impossible to arrange. This situation however cannot be sustained indefinitely and statutory agencies need to review their own provision.

11. The NFRP minibus service has been an innovative project, possibly unique in its flexibility and responsiveness to need. It has been made possible by the generosity of funders and the huge commitment of its voluntary drivers and paid part-time co-ordinator. It is a valued service, welcomed by people without their own transport and people with disabilities throughout the seven parishes, and there is determination locally to maintain the service in the future.



On the way to a lunch group

5: Working with older isolated people

Background

Older people were identified by the Project Steering Group as one of the vulnerable groups to be targeted in research. In 1995 (the latest reliable population figures available) there were 784 people over 60, of whom 234 were over 75.⁸ The project approached the assessment of needs by studying secondary data published by Cumbria County Council⁸ collating information on existing services for older people^{9,10,33,52,68}, and organising a system for individual interviews with people over 75 years of age.

The 'in receipt of benefits' data published by Cumbria County Council, and the parish profiles developed by NFRP (see Chapter 3) suggested underclaiming of benefits on a significant scale. The lack of public transport suggested probable problems with accessing services, especially as there was only one GP surgery and two village grocery stores/post offices in the 200 square miles of the project area.

The Project Co-ordinator was a Practice Nurse, with recent experience assessing elderly people for their 75+ health check. Using her experience plus the information gathered from published sources for the parish profiles, a list of perceived needs was compiled which could then be tested by interviews with individual people.

Perceived needs (possibilities, prior to consultation):

- benefits advice and help with forms;
- access to a database of private, local, domestic help (domestic help is not provided by Social Services Home Care service – only personal care, meals and fire lighting);
- transport (to be researched via NFRP minibus operation);
- day care including lunch clubs: these were only available in nearby towns and there was no local provision within the seven parishes except a monthly pensioners' lunch club in the Pub at Uldale, organised by residents;
- exercise;
- equipment/aids/adaptations: there was a considerable time lag before assessment by Social Services OT's, and a waiting list for expensive equipment, e.g. power- assisted bath aids and power-assisted armchairs.

As the Project Co-ordinator was already in contact with the three GP practices with patients living in the Project area, those practices were contacted about the feasibility of identifying people for interview. The NFRP initially aimed to identify and interview up to 24 individual elderly people in vulnerable situations, representing approximately 10% of the 234 people aged 75+ living in the Project area. The three Practice Managers agreed to discuss a draft questionnaire with their G.P.s.

One of the practices, where the Project Co-ordinator had worked, had a high proportion of patients in the Project area. GPs suggested the most beneficial scheme for patients would be for the interview to be combined with the patients' annual health check, if patients consented, because:

- the patients would already be discussing their health and social needs with a Practice Nurse at their health check and would have just one visit instead of two;
- combining the health check and the interview would pilot a needs assessment tool for Practice Nurses in other rural areas to modify for use with their patients.

The Project Steering Group agreed to the proposed methodology as being ideally suited to the Project aim to use health care as an entry point. The Steering Group was advised by the local medical ethics committee that ethical approval was not necessary, a view endorsed by the ethics code of the Social Research Association (www.the-sra.org.uk).

Methodology

The Practice Nurse organising the 75+ health checks was given a list of criteria to identify vulnerable people:

- live alone
- widowed or bereaved in last year
- suffer chronic illness or disability
- isolated home
- major life-changing event in last year

Eligible people were identified and sent the usual letter from the Practice offering the annual health check. The letter also explained that the Surgery was supporting the NFRP, and, if they were willing, the Nurse would ask them some questions about their experience of health and social services in the area. The Practice Nurse signed the letter and enclosed a Benefits Awareness leaflet being sent to all patients in the Project area with their annual health check letter. (The Benefits Awareness and Advice scheme was developed with the help of local Citizens Advice Bureaux and Age Concern groups: see Chapter 7).

There was a commitment to action by the Project Co-ordinator to provide assistance immediately where possible: giving relevant information, referring to relevant agencies, assisting with claims and form-filling, and acting as advocate where appropriate.

Twenty-three people were visited at home over a period of 8 months; after their health check had been completed, they were asked if they were willing to be interviewed about

their views and experiences relating to health, social and voluntary services affecting their well-being. All gave their consent and although a few visits were rescheduled to suit individuals, there were no cancellations.

There were three aspects to the questionnaire (Appendix 3):

- transport
- services and facilities
- benefit eligibility.

Findings

Transport

A fuller report of the findings of this survey is available from the Project Co-ordinator.

Two-thirds of those interviewed had use of a car, but only five had a car which they both owned and drove; the remainder were reliant on others (relatives, friends or neighbours) for transport in various ways. Questioned about the use of car, most used them for shopping, for visiting friends and family or for leisure or significant events such as visits to the surgery. Those who did not have use of a car (8) were largely reliant on friends or relatives, especially adult children, for their mobility.

The NFRP minibus featured as strongly as public service buses though neither featured high in absolute terms; this suggests the considerable extent to which local mobility depends on networks of relationships. Difficulties mentioned in relation to having access included cost, physical access into a vehicle and the need to rely on other's availability and generosity. Those who said they had no difficulty with transport were similarly largely dependent on others but did not mention difficult feelings about being so.

Many of those, when asked what would make life easier in relation to transport, suggested issues which the NFRP was beginning to address, including flexibility, access,

alternative options and cost. Almost all were aware of the NFRP minibus and a few had already used it; in everyone of the 12 cases cited this was for medically-related reasons (the survey took place early in the life of the NFRP and the minibus scheme).

The responses here indicated how little this group of vulnerable elderly people went out and how dependent most of them were on family and friends for transport. Interestingly since the interviews, the number of NFRP minibus users in this group increased significantly.

Services and facilities

Respondents were asked what facilities/services would make their life easier. Although most suggested that they were content with their current level of support, on prompting, a range of needs was identified including lunch clubs, gardening, property maintenance and various forms of domestic help. Respondents also pointed to 'missing' facilities such as a local Post Office or shop.

The Project responded to these issues on three levels:

1. Referrals were made to the relevant agencies where immediate help could be sought: the Chiropody service, GP's, Practice Nurses, Social Services, the First Aid Lakeline Careline Alarm service, and putting someone in touch with a local gardener. One problem with 'popping pills out of packets' was sorted out by the Dispenser.
2. Leads were followed up locally to explore the possibility of local lunch clubs being established in the villages, and to find ways of simplifying the search for people to do domestic and gardening tasks.
 - a. This entailed first working with the local Farming Women Project ³⁵ group to organise a special lunch

for older people as part of the group's Millennium award. A survey at this lunch confirmed interest in the idea of lunch clubs for older people who did not get out so often.

- b. The daughter of one of the people at the lunch volunteered to organise a lunch club in her home village; the Project Co-ordinator instigated a second in another village (now spawning a weekly coffee group); following an article in local community newsletters, residents organised groups in three more villages. These groups all depended on the co-operation of village pubs which hosted and subsidised the meals. Each group developed differently, responding to local need and interest. One group included older people who have moved out of the parish to other villages; they are helped with transport to meet with their old friends. Another group concentrated mainly on the house-bound and combined the lunch with an outing. Following a mention in the Project Update for Reference Group members, Age Concern is following up leads in two more villages. NFRP has provided administrative support and a forum for development.

One hundred people are now regular attenders at the monthly lunch groups, including a few living in a residential home. People pay £5 for their lunch and three groups (who all use the NFRP minibus) have applied to funding organisations for transport costs.

- c. A leaflet was published and mailed to all residents giving details of services and organisations in the project area, including names and phone numbers of local people who do gardening and repairs.

- d. The Project Co-ordinator explored the feasibility of establishing a database of people who do domestic cleaning, a list of whom could be given to people needing those services. This proved too difficult as known cleaners quickly became fully committed.
3. The results of the survey were disseminated to service providers and interested people. This provided food for thought (and possible action) locally, demonstrated for example, by Age Concern's interest. The process outlined here could also be a useful starting point for health or social services workers to adapt for their own area.

Benefits

The work undertaken here was effectively followed-up by incorporation of the area into a major national study funded by the National Audit Office (NAO) which identified the considerable underclaiming of benefits locally and the costs, in both social and economic terms, which this imposed on local older people.²³ That study provides a more in-depth analysis of the issues raised here. The exploratory NFRP work found that virtually all respondents were in receipt of state pension and more than half also received other forms of state benefit, including Attendance Allowance (8), Housing Benefit (1), Council Tax Benefit (5) or Income Support (1).

About one-third of respondents acknowledged that they were having difficulty managing financially. Exploration with respondents also identified about one-third as likely to be entitled to other forms of state financial assistance, and, as noted below, significant sums of additional money were received as a result of this take-up work. Respondents were also asked to suggest what, apart from more money, might also most improve their health and

social welfare. Most responses clustered around practical help, physical improvements (such as a cataract operation), and opportunities for enhanced social contact. As we noted in Chapter 1, many demonstrated a stoical acceptance of difficult situations and many commented on their appreciation of help provided by friends and relatives on which they depended. Although relatively small-scale, this exercise clearly highlights the extent of unmet social and economic need in deeply rural areas which was later to be explored in greater depth in this and other areas in the NAO study referred to above.

'Piggy-backing' benefits awareness questions onto the health check proved very effective. Six people were immediately identified as possibly being eligible for:

- Attendance Allowance (4)
- Income Support (2)
- Council Tax Benefit (2)

Benefits initially totalling over £8,000 per annum were awarded and one person not in fact eligible at the time was shortly to become eligible when the savings disregard was to increase. People were however unwilling to complete the claim forms without help and some with memory and organisational problems would have been completely unable to do so. Concern was expressed about putting the wrong thing down by mistake and being considered fraudulent. The Project allowed time for the Co-ordinator to return and assist with forms (an average of two hours per claim). Where other Practice Nurses would not be able to find the time to assist with completion of forms, liaison with the local Citizens Advice Bureau or Age Concern was probably the best way to pursue benefits claims. Leaflets advertising help with benefits are shown as Appendices 4 (for those in the project area) and 5.

Conclusions

The research and subsequent work with older people became a tapestry with a variety of people, organisations and places interweaving:

- the work benefited from being based firmly in the centre of a very rural area and making full use of the Project Co-ordinator's local knowledge and particular expertise;
 - the advice of the Project's Research Consultant was crucial in decoding the published information, designing the research, and guiding the co-ordinator in its delivery;
 - working with outside organisations utilised their knowledge and expertise (Citizens Advice Bureau, Age Concern, Doctors' surgeries, Farming Women Project);
 - Project resources of time, knowledge, practical and administrative help encouraged residents as they sought to develop the lunch groups;
 - local pubs were the solution to the problem of venues and meal providers;
- community newsletters and word of mouth were equally important in spreading the word about the lunch groups.

One important aspect of this process has been the different emphasis emerging in the lunch groups; there was no initial template and each developed in response to local interests and needs. One frustration has been the inability to find a solution to the need for paid domestic and gardening help. The Project can only continue to flag up the problem; for example, might a local co-operative of full and part-time cleaners and gardeners be the answer? Perhaps the project's successor organisation will in time find the answer.

Benefits take-up work has been continuing and Appendix 7 lists the benefits obtained for mainly but not exclusively elderly people through the benefits awareness scheme. There is little doubt that there will be many others in the NFRP area still entitled to benefits and not receiving them.



Rosley Lunch Group

6: Young people's initiatives

Background

Issues which affect young people have been well-documented in earlier research and may include social and leisure issues, employment concerns, and health, drugs, alcohol and counselling problems. Further barriers for rural young people, however, include the scattered nature of communities, often with small numbers of children and young people, poor provision of services and persistent problems with transport. National research²² has shown that young people are keen to be involved in finding solutions to the problems that face them but also that, in the face of a failure of formal agencies to address these problems, young people are likely to drift away from rural areas.

The parish profiles study conducted by the NFRP (Chapter 3) showed there to be approximately 400 11-18 year olds living in the seven parishes. They attend seven different secondary schools, although the vast majority go to two of the nearest schools, in Wigton and Dalston. There is currently one youth club and two young farmers' clubs. Only two of the 14 villages and hamlets in the area have shops and post offices. One village is on a city bus route; the others have little or no public transport. Different villages have varying levels of youth-oriented activities, with for instance one village well-served with weekly badminton, rounders, cricket, and art club, and others with no facilities at all.

Preliminary work was carried out by the NFRP co-ordinator and the research consultant to establish the concerns and needs of the young people living within the NFRP area. A mapping exercise was first undertaken to identify all the agencies working with young people in the area, and gain an idea of their perceptions using a questionnaire. Responses indicated that, in the view of the local professionals, health issues were a strong priority along with

concern over mobility and access to, or provision of, services and facilities.

Following this, group discussions were organised within two of the catchment secondary schools. There was an attendance of 33 young people aged 14-18 (largely at the older end of the age range) and discussions were energetic, committed and interesting. The key issues identified by the young people were transport, lack of amenities/facilities/things to do, and a concern for their living environment, in terms of, for example, road safety, lighting in villages, village shops and phone boxes. However, health issues were not discussed spontaneously and, when asked about these issues, most young people said they would be comfortable approaching their GP to discuss sensitive health problems. Their comments indicated a strong desire to be involved in finding solutions, and to change the situation potentially facing the younger children growing up in the villages. There was a feeling that adults would not take their interest seriously.

In the light of these results, it was felt that focused development work was needed, with an NFRP Youth Initiative set up as soon as possible. The main objective of this initiative was to involve young people in the community, both locally and regionally.



Archery at a Cumbria Outdoors activity day

It was felt this could be achieved by (i) building a forum by which young people could express their needs and wishes; (ii) providing services which were currently unavailable; and (iii) linking young people to other activities and services, both inside and outside the Project area.

Action

It was felt to be important to follow up the suggestions made by the young people in the initial meetings and to offer a relatively quick response to some of the issues, to convince them of the Project's seriousness in addressing their concerns. A newsletter was distributed summarising the feedback at the discussion groups, and informing the young people of the appointment of a part-time youth development worker. A meeting was also arranged to discuss the use of the minibus by young people, and information on the minibus was distributed in villages and via the school buses. It was regarded as fundamentally important, in a developmental project, to respond in a focused way to the issues raised by the young people as well as to pursue the original aims of the Project (addressing health and social needs) as far as was possible.

Building a forum

Names of young people interested in acting as 'village contacts' and as distributors of information were collected at the first sessions held in the schools and these were available to the youth development worker as an initial resource. Contact was also made with the leader of the one youth club in the area and with the contacts for the young farmers' clubs in the area. A series of meetings for young people were held in five parish halls across the area, and these were advertised using parish noticeboards, shop windows and leaflets on the school buses which run to three different schools, at Dalston, Wigton and Penrith.

Attendance at the initial meetings was quite low. However, these were followed up with specific meetings for newsletter production

and for those with an interest in cycling. Attendance at these was better, possibly as specific interests were addressed and because there was increased awareness of the NFRP by that time.

(i) *Newsletter*: It was suggested that a newsletter compiled and written by young people in the area would be a way of alerting them to the NFRP, allowing communication across the widespread area and informing them of activities and events. It was hoped it would also be an opportunity to bring some of them together. Although it did often fundamentally come down to one or two enthusiastic people, and to the motivation or co-ordination from the youth development worker, to maintain the momentum and get the newsletter produced, the involvement and commitment of these few young people has been impressive. Furthermore, the young people involved changed quite regularly as other commitments, particularly from school work and exam pressures, reduce the time available. While this has its disadvantages, it also meant that a number of different young people did get involved.

After distribution of the newsletters, there was a positive response and interest in events mentioned, both from young people and from parents, who welcomed the information and were keen to enable their children to become involved in events organised.

(ii) *Cycling group*: A few of the young people were very keen to get together and do sporting activities. One of the first ideas explored was organising some form of cycling group whereby young people could meet and ride together or perform stunts. The medium-term goal was to find a piece of land which could be used for cycling stunts/off-road jumps etc, and which could be looked after by the young people of a club/group. While different organisations were keen to support this type of venture, it has not proved to be an easy task.

We felt it would be simpler to start with a meeting of young people and try to organise informal, adult-supported trips. In the course of the meeting, young people were describing their experiences and bike rides and we felt it would be possible to produce a booklet of rides in the area. This would give the group a focus and allow them to publicise themselves. They could also make contact with local parishes and outside organisations such as cycle groups and local press. Although gains seemed slow to materialise, and organising dates and times to meet was difficult in such a farflung area, there has been increased involvement in the summer months (at the most recent meeting, there were seven 10-13 year olds). The meetings were obviously a social occasion as much as anything else, which is valuable in itself. As well as the publication of the booklets, there are now plans for organised cycling courses aimed at 7-15 year olds.

(iii) *Youth council/peer research group:*

The aim here is to get young people forming some form of youth council which can address issues specific to their own villages such as lack of a shop, poor street lighting, and issues which are common to the

villages, such as transport, facilities and road safety. We see this as a very important part of the youth development work but it has been difficult to initiate. This is partly due to the lack of a focal point across the NFRP area and the low numbers within the scattered villages. However, it is also largely due to the short time-scale of work to date; as stated earlier, work focused on immediate gains, and the establishment of a more complex structures such as a peer research project or youth council will take more time.

One of the ways of involving the young people was to include them in ongoing peer research projects set up in the area by another youth organisation. Whilst six young people did express an interest in getting involved with the Cumbria Youth Alliance VOICES peer research project in the nearest market town, they found it difficult to feel confident in their role and in their ownership of the research. This is an understandable feeling in a situation where the emphasis may appear to be town-oriented. However the involvement with other organisations involved in this field has started to develop and could become a very successful way of getting the young people



Young people on a babysitting course

in the NFRP involved in peer research and policy-making. There is already a considerable body of experience of successful peer research (such as the Right Fit initiative supported by Barnardo's⁵), although very little of this has focused on young people in rural areas.

Providing services

Quick gains are important in work with young people and the youth development work has focused on ensuring that a number of initiatives responding to expressed needs of young people were quickly off the ground.

(i) Courses/Workshops

(a) Babysitting

One of the issues raised was that there was nothing on offer locally for this age group. The NFRP felt it could try and offer courses and workshops specifically aimed at teenagers. Many young people are keen to earn some extra money and babysitting had been mentioned by some, so this provided an opportunity to organise a course to young people in the basics of childcare. Such a course is offered at one of the secondary schools in Carlisle, and contact was made with this trainer. There was an impressive response to the course with 25 young people aged 12-16 years old attending.

(b) Basic Life Support

A number of young people were keen to learn more first aid following the babysitting course, as this topic had been introduced then. It was felt to be important to offer this opportunity to as many young people as possible. Therefore, funds were obtained to run a series of basic life support sessions, led by Red Cross instructors, for secondary school-aged young people, based in four to five villages in the NFRP area. Two of these took place in the summer of 2002, with 26 young people gaining a 'Save-a-life' certificate. If there is continuing interest in the idea, the NFRP plans to follow this with more advanced first aid training.

(c) Summer workshops

For some years, a number of volunteers have run a summer playscheme for primary school children. It was felt that a similar scheme for the older school children would be well-received. When asked for suggestions, young people were enthusiastic. It was decided to apply for funds to organise and run some workshops, based on ideas from the young people and on what local people could offer in the way of training and activities. Although the bulk of the work involved in setting these up required strong input from the youth development worker, it was felt to be fundamental to involve young people at all stages and to offer the opportunity to two or three to assist, with expenses paid, in the running of the workshops. Workshops were held in cookery for teenagers, basic mechanics, gym circuits, and recording studio techniques.

Transport

The worker tried to promote the NFRP minibus by advertising the service and encouraging young people to view the minibus as a transport option that was readily available to them. The cost of the minibus is subsidised for young people and it offers free use for all meetings and, where possible, organised events and activities set up by the NFRP. The minibus was offered as a Saturday bus to access town or city centres; a regular time slot proved unpopular, despite having been suggested by the young people during the early consultative work. However, a more flexible service, with phone booking at least a day in advance, has proved more popular. The advance booking is probably a deterrent but the transport co-ordinator does try to be as accommodating as possible within the limits of a voluntary-run transport system.

An exciting project that is developing is local involvement in the research and implementation of a transport lease/wheels to

work/brokerage scheme. The research and evaluation will involve both the youth development worker and the young people, as well as organisations and agencies from the districts, and has the potential to impact massively on the access issues facing the rural young people. It has been invaluable having the NFRP within the area to facilitate inclusion in this project.

Linking up with other activities and services

There is a great deal of support and enthusiasm from outside agencies when informed of the project and its aims. Many say that a contact within an area like this is fundamental to disseminating the information and developing ideas that involve young people. Even funders have been helpful and constructive, on the whole, when the project and its aims are explained to them. This highlights the problematic circularity involved in trying to ensure that services are available to people within this rural area; without some local organisation, there is often no means for accessing information to local people and from outside organisations. But without inputs of resources and services, these local organisations often fail or do not get underway.

The Project has been able to offer a number of opportunities to young people specifically within the NFRP area by accessing events that are provided by others. For instance, Cumbria Outdoors run a Passport to Activity scheme for year 7 and 8 pupils, which enables them to access a wide range of services and leisure facilities in the county for free. In return, they have to collect a number of 'stickers' awarded by the activities/leisure facilities. At the end of the scheme, which runs from May to August, they can go on an activity holiday provided by Cumbria Outdoors. The NFRP area has been awarded 8 of these Passport places, and this year we have had 5 young people take them up. Cumbria Youth

Alliance (CYA) has been very helpful in providing information on funding and in getting in touch about projects and ideas in the county; it was the youth development worker for CYA who initiated the discussion on the 'wheels to work' project. The NFRP young people were also given 6 places on an Outward Bound taster day, organised by the CYA.

Recently, a North Allerdale Youth and Family Partnership group has been formed to try to share resources and ideas, and facilitate contact between the people/groups/projects for young people in the district. Information about events and opportunities for young people, as well as funding opportunities, can more easily be disseminated at a forum such as this. It also works to raise the profile of the NFRP, and encourage inclusion of the rural 'hinterland' in the district-led events, such as a Summer Roadshow for young people and a music/DJ project being organised by the nearby market town.

Difficulties and problems

Youth workers in any situation and area, whether rural or urban, will say that it is not always easy to sustain interest and commitment amongst 11-18 year olds. There is no doubt that additional difficulties arise in a deeply rural area like this. This is due to the difficulty in accessing venues, in finding a central venue and in bridging the gap felt between young people living in different villages in the area, and between young people in market towns and rural villages. The relatively low numbers of young people the Project is dealing with also makes it difficult. However, although the numbers of young people who are getting involved seem small, as a proportion of the NFRP population they are actually quite high. To date, around 20% of the young people in the project area have been engaged in the youth development work, a proportion of which most urban youth workers would be jealous.

The future sustainability of the work

As this is just the first year of the youth initiative, awareness of the NFRP amongst young people is only just increasing and feelings of ownership of the ideas are not yet fully developed. There are many areas to develop and so much potential for the young people in the area to get involved in a wide range of projects, both locally and district-led. For example, a peer research project that is specific to the problems faced by young people in rural areas has been suggested and the project is keen to follow this up. There is an opportunity to take this sort of research project to national organisations and for the young people to get involved in debates and conferences. We are also keen to get the young people involved in the decisions within their own villages as they had valuable comments to make on these issues during the early consultative work. We hope to take this forward by involving them in parish council discussions as young people's representatives.

There is also the potential to use available resources to provide a biking course in some of the villages which offers instruction and training as well as fun. Funds are being sought for this, and the primary schools are being encouraged to become involved. Now that the FMD crisis has ended, the possibility of finding land for biking/skateboarding, or for linking in with other youth groups to provide some such facility, can again be pursued and this will facilitate contact with adults and raise the profile of what the young people are doing. There is also work to be done with the older age range (15+ year olds). The 'wheels to work'

project will encourage their involvement and address issues of this age group. However, links with organisations such as Connexions and CYA for training and job opportunities could be built up. Training courses in computers and in music technology are also being looked into.

Interestingly, although young people were questioned about health issues, these have remained low on the apparent list of their priorities. This may be because discussion of these issues is sensitive; certainly research elsewhere suggests it will be some time before young people feel confident enough to begin to explore issues such as sexual health, smoking and drugs with local adults, however 'detached' they may appear to be. However, despite the youth work being still in an early stage, a number of unmet needs have already emerged and gaps in services identified. This is part of the developmental process which will help to build that confidence amongst local young people. The work has also had the important role - as with other aspects of the NFRP's work - of raising the profile of the area and ensuring that the needs of people in a deeply rural area, and one which falls between - and is consequently often overlooked by - three local authorities, are beginning to be brought to public attention. Continuing work with young people will have to manage the tension between making quick gains to encourage their involvement, and coping with the steady turnover of young people which is inevitable as they get older and move into adulthood. Nevertheless, there are already encouraging signs that young people are beginning to respond to the opportunity to shape services and policies in their area in response to their own needs and demands.

7: Developing community-based services

Background

The services described in this section developed in a number of ways:

- from the project research,
- from exercises collating information about health, social and voluntary services locally and identifying gaps in provision,
- from individual interviews with elderly and disabled people, and with carers.

All, however, were initiated with the developmental goals of the project in mind, that is in terms of thinking about local ownership and sustainability. Some ideas (the information leaflets, the benefits advice scheme) were followed up almost entirely within the project and its resources, with residents and others, e.g. the Citizens Advice Bureau, contributing ideas and information. Some were developed in partnership with existing organisations which had had difficulty reaching rural people (the Family Fund Trust, the British Red Cross). And some ideas for possible voluntary services to plug a few gaps were floated in the community newsletters; early responders met and were helped to develop the ideas with project resources (Project Co-ordinator time, sometimes NFRP initiative fund – a small development fund available through the NFRP - start-up money), and administrative support. Each service was free to develop as the recipients and/or organisers wanted it to develop; it did not have to fit a predetermined template.

A common method of working did, however, emerge which tended to proceed through the following stages:

- identifying a need, via secondary and primary research;
- alerting people locally via existing parish and community newsletters;
- alerting service providers and policy-makers via the Reference Group

Update, a targeted occasional NFRP Newsletter to local key policy formers;

- setting up meetings: usually either open meetings to talk about the issue with interested residents and/or meetings with interested organisations to highlight the issue and seek help in responding to it;
- following up interest and ideas with fledgling plans that were open to change and development, responsive to further input from people on both the giving and receiving ends, and responsive to advice from experienced organisations so long as that advice developed rather than stalled the process.

Common themes also emerged:

- a little funding can go a long way but it needs to be fairly easily obtainable. Finding funding can be a most dispiriting experience as those unfamiliar with funding procedures agonise about eligibility, completing complicated forms, and obtaining supporting information. The NFRP initiative fund was invaluable in kick-starting initiatives, as was the Project Co-ordinator's time and practical assistance;
- partnership with existing national organisations worked well where there was common ground: an organisation might have the expertise but lacked money, time or volunteers. Local interest in meeting the need produced volunteers and local funding. The Project married the two with its resources of research, local knowledge, some initiative funding and the ability to reach those needing the service;

- it was important to seize the moment, be it someone's interest in following up an idea and wanting to be part of the solution, or the offer of a meeting with an outside body to talk about the issue. Catching the 'tide in the affairs of men' often did 'lead on to fortune'. The Project Co-ordinator's flexibility was paramount here as was her preparedness to respond to new needs at almost any time regardless of her formal contracted hours of employment;
- the need for flexibility however had to be balanced against the Project Co-ordinator's need for time off in lieu, a familiar problem for 'unattached' youth workers but also reflected within the NFRP's work in the working arrangements for the Transport Co-ordinator and the Lend-a-Hand Co-ordinator's work.

The following sections outline some of the key projects which have been developed within the NFRP area. Work in developing lunch clubs and associated activities for older people is described in Chapter 5.

Information leaflets

These served a number of purposes and were mailed to every household, with addresses obtained from the electoral rolls.

No. 1: Northern Fells Rural Project and Minibus service: explained the project and its aims, and advertised the minibus service.

No. 2: Local Transport for everyone: advertised the options for public transport locally, the NFRP minibus, three County Council social car schemes which operated in about half the project area, weekly shopping buses, three daily buses which ran along main roads on the fringe of three parishes, school buses that could be used by anyone, and national coach and rail telephone numbers.

No. 3: Services and Organisations: summarised the work of the project to date,

and gave the contact telephone numbers of every service and organisation based in the seven parishes, from parish halls or a piano teacher to playgroups and plumbers. The project had gathered a unique wealth of information as it researched local services and gaps in services, with the help of parish clerks and other residents. It was a valuable exercise to collate all the information and tell everyone; it was felt it could only result in more use of local organisations, services, and tradesmen.

No. 4: Foot and Mouth Disease: coping with the effects locally, giving details of helping organisations for businesses, farmers and farmworkers; it also advertised employment services, benefit services and local and national helping agencies for people whose general well-being was badly affected.

No. 5: Services and Organisations: an updated version of the now-popular leaflet which incorporated an update about the project's work.

As the pilot project is coming to an end, it is planning an evaluation leaflet to ask people for their feedback about the project, and to alert those who have not been involved to the existence of the successor organisation, and to seek their involvement.

Benefits advice scheme

This scheme arose because of the evidence of underclaiming (see Chapters 3 and 5) and aimed to raise awareness of entitlement to allowances and benefits and to encourage and assist people within the NFRP area to claim.

Research has consistently noted that benefits take-up work in GP practices is effective^{1,55,56} and the biggest group of people missing out on benefits tends to be older pensioners. In partnership with two surgeries the project aimed to target pensioners over 75 years of age.

Following consultation with Practice Managers, GPs, Practice Nurses and Penrith Citizens Advice Bureau two copies of an awareness leaflet were drawn up. One was for people living in the NFRP area and gave the NFRP Co-ordinator's number for arranging a benefits check. The other was for people living outside the project area and gave numbers for CAB and Age Concern offices (Appendices 4 and 5). There is no such office within the project area. The relevant leaflet was mailed with letters arranging appointments for 'over 75' health checks from July 2000 (Surgery 1) and October 2000 (Surgery 2). This system enabled elderly and disabled people to discuss their possible entitlement to Attendance Allowance, Income Support, Council Tax Benefit, Housing Benefit and other benefits, with the Practice Nurse during their health check.

At the same time, carers who had volunteered for interview (see below) were offered a benefits check, and in 2001 notices were placed in community newsletters offering the Project Co-ordinator's help with checking eligibility for benefits and assisting with claims for anyone on a low income or living with a disability. This was with the proviso that complicated claims would be referred to expert welfare rights officers employed by CAB or Age Concern.

By August 2002, a total of 9 claims (via over 75 health checks) and 7 further claims via contacts with carers or others who had heard of the scheme via newsletters or local grapevines, were made (Appendix 7). In addition two people on low incomes just above income support level but with no savings were referred to a Charity and now each receive £852 per annum as a charitable grant. Additionally, one farmer was referred to the Royal Agricultural Benevolent Association (outcome unknown), one carer wanted information about help with

residential and nursing home fees and one person was refused DLA and was advised to follow up an appeal with the CAB. Although the total sum – £14,599.60 the first year, and another £11,885.32 the second year - may appear quite low, it actually compares very favourably on a per capita basis with high profile benefit take-up campaigns conducted in urban areas with high levels of deprivation, such as Glasgow. It took between 3 and 4 hours of the Project Co-ordinator's time to visit each client and assist with each claim.

This work was done by the project but the Practice Nurses had also been sending the second leaflet to patients living outside the NFRP area. At the end of the first year the project asked them for their views on the scheme. Both surgeries had found the leaflets valuable in reaching elderly people who were disabled and/or on a low income. One of the participating surgeries recorded the number of people assisted successfully with Attendance Allowance claims; the number of people assisted was twelve in the year before the Awareness scheme and rose to nineteen in the year of the scheme. The Practice Nurse here commented that the leaflet raised the awareness of both patient and nurse and she had also successfully helped a patient with an income support and council tax benefit claim.

The Practice Nurse at Surgery 2 had helped 4 people with benefit claims and referred 22 to the CAB, an increase on the previous year. Altogether it was clear that the NFRP initiative had benefited a number of people in the wider area thanks to the work of the Practice Nurses.

Family Fund Trust awareness scheme

The Family Fund Trust (FFT) provides information to all families with a child with a severe illness or disability and can provide financial grants to those on a low income.³⁴

However, the FFT responds to enquiries and is not usually proactive in advertising its services at local community level. The aim of this NFRP scheme was to raise awareness of the FFT in a rural area of Cumbria, North Allerdale, both in order to ensure that take-up was enhanced but also to provide the FFT with useful information in developing its work in rural areas. With a population of only 3,600 people the NFRP area would, it was felt, be too small to target alone, hence the decision to target North Allerdale, itself a largely very rural area with only three small towns of populations 5,000, 3,000 and 3,000.

North Allerdale is bounded by the Solway Firth to the north and west, the Skiddaw massif to the south and meets the Carlisle and Eden District boundaries to the west. It includes most of the sparsely populated area of the Northern Fells Rural Project - seven very rural parishes, two of which are in Eden District but which are served by the same services as serve North Allerdale - and other rural and small urban areas outside the project area.

Initially, the NFRP Co-ordinator recorded the postcodes for both the NFRP area and the whole of the North Allerdale area, a task which took a considerable amount of time. This enabled the FFT to track take-up of grants before and after the awareness scheme. To preserve the confidentiality of individual families it was agreed that only the global figure of the number of grants made, if any, would be released to NFRP. The NFRP Co-ordinator and the Family Fund visitor for Cumbria (who was based in Keswick) planned the campaign with the advice and support of the project's Research Consultant and the FFT Information Manager.

They decided to target all professionals and voluntary organisations working with ill and disabled children in North Allerdale. Each was sent an FFT information pack and a specially designed leaflet (Appendix 6) to be given to every family with a child with severe

disability, no matter what their apparent income, so that no-one was missed who might in fact be eligible. At the same time, the FFT Visitor arranged a series of meetings with key workers, Community Children's Nurses, Health Visitors, and a Special School for children with severe disabilities as they are in frequent touch with eligible children.

The scheme started in September 2001 and early indications from FFT monitoring are that it is indeed increasing the number of applications to the FFT from North Allerdale. Final monitoring and evaluation of the scheme takes place at the end of August 2002.

Work with Carers and people with disabilities

The government estimates that 11% of people in the Northern Region are carers⁴² which would translate into nearly 400 residents in the NFRP area. We asked the two Carers' Associations which served the NFRP area how many carers they knew in the NFRP area: Eden Carers knew of one, West Cumbria Carers none. Crossroads Caring for Carers had one client in the NFRP area.

The project determined to find ways to reach its rural carers, interview as many as possible and follow up research with action for carers locally. At the same time, work was completed on mapping and surveying statutory and voluntary organisations offering health and social welfare services.

NFRP Carers' interviews

Between October 2000 and March 2001, 8 carers were identified and interviewed. These were found mainly through newsletters but also by word of mouth. The picture emerging from these interviews mirrored the findings reported in the National Carers Strategy.⁴² In addition to recording the help that carers gave, and who if anyone (family, friend or professional health and social care workers) supported them in their task, we asked what NFRP might press for or instigate.

In terms of information, practical help or other support to make their life easier as a carer, the majority of responses focused on the need for increased and more flexible availability of services locally, including respite care and night-time respite. Carers commented on the need for better information about what services were available, help with form-filling, quicker assessments and a dedicated care helpline. The responses suggested a range of issues which the NFRP might initially take up with relevant social services agencies. These included:

- One person to contact (at start of becoming carer) to give a full 'joined-up' package of information across all services, i.e. health care, benefits, social services care/support, voluntary care/support. This person could be attached to Surgery or Health Centre to facilitate GP referrals;
- To support this, an information package and a local database about the range of help available;
- More support in terms of someone specifically responsible for carers to turn to and talk to and, from time to time, people who could take complete short-term responsibility for caring situations;
- Initiatives that would help with the development of night sleeper/carer assistance, relief during the day, regular reviews of situation, planning ahead for help, personal assistance with forms and claims.
- A structure for both contributing and receiving information (about the patient) – carers to be able to be proactive in organising meetings with professionals.
- A nucleus of voluntary helpers (like the voluntary car service) to visit patient, walk and talk with them and provide company; also, to relieve

carer, help with shopping, ironing and other domiciliary tasks.

- Minibus trips out for cared-for people, to give them an outing and a change, and the carer a break at home.

Interestingly, there was little obvious enthusiasm for establishing a carers' group; carers seemed to want to get away from their caring responsibilities when the opportunity arose.

Focusing the attention of local voluntary organisations

Also in 2001, a short postal survey was undertaken with organisations based in or, more commonly, close to but outside the project area but which might provide health and social services to local people. This excluded statutory services technically at least equally available to all in the project area (such as physiotherapy, GPs, community hospital day units, and services such as the Macmillan Nurses known to provide services in the area). Of the 58 questionnaires sent out, 27 were returned, a disappointingly low return of around 46%.

Some key issues

Apart from the relatively poor response, probably in part a reflection of the poor level of resources available to most of the organisations surveyed, some interesting issues were highlighted:

- i. there was little co-terminosity in terms of the area of benefit covered by organisations. This makes focused inter-agency work difficult;
- ii. one particular problem in terms of inter-agency working was raised by those organisations working to district council boundaries (either because county council social services budgets are district-linked or because the area of benefit defined by the Charity Commission is linked to district council boundaries). This problem is exacerbated for local

clients because the district council centre is some miles away from the project area;

- iii. some organisations were specific about not covering the project area and it would be interesting to know why. Others said that the project area was covered in theory but claimed that they had no clients/users within the NFRP area; again it would be useful to know if they had advertised in the area or if, through NFRP's own advertising, any take-up of their services might result. One or two said that they didn't cover the project area but in principle appeared to do so e.g. one organisation which said, 'we cover Eden District, not your area' but presumably does therefore cover Mungrisdale and Castle Sowerby parishes;
- iv. there is obviously a 'black hole' in terms of service provision to the project area. Some organisations don't cover it, some say they do in theory but have no particular focus and apparently no take-up, some have a very much wider remit and again no specific focus on the project area;
- v. the range of services offered is strikingly similar across many organisations, suggesting the possibility of rationalisation in terms of certain functions (e.g. benefits advice);
- vi. a number of organisations only support people with a particular disability, or of a particular age group e.g. children, or people over 55.

New services planned

Less than one-third (8), of the organisations were able to suggest they had plans for definite or proposed new services; however four of the ideas put forward might well benefit the project area.

Strategies deployed for identifying and working with people in rural areas

Only ten organisations said they had strategies for identifying and working with people in rural areas but several of these were basically catch-all strategies without a specific rural focus. Thus barely one-sixth of organisations surveyed could be said to have any clear rural dimension to their work and several organisations commented that they relied on people other than professionals (e.g. family and friends) to distribute or share information with potential users or to contact them; there was a strong sense of a very thin professional network covering the area and a strong dependence on non-professional networks. The more relevant ideas put forward included:

- i. ongoing review and needs assessment and a recent county-wide research project whose findings were then being analysed;
- ii. visits to local rural GP practices;
- iii. information in magazines, posters in school, libraries and GP practices;
- iv. targeting advertising in local small independent local papers/freesheets and in parish newsletters;
- v. ensuring business plans have included within them a clear financial element to cover the costs of providing services in rural areas.

Projects to be developed

Respondents were asked what services they would like to see developed in the area. Most respondents had a suggestion to make, although many were to suggest extensions to the work they were already engaged in; one said, paradoxically, that 'existing services sound good'. Several commented that rural areas were not well-provided for and that specific attention to service development and additional human resources should be given to rural areas. For example, one respondent suggested we contact the direct payments

co-ordinator for the area to encourage more detailed work in the NFRP area. Several commented also on the lack of appropriate and accessible transport for those wishing to attend meetings or services provided in the urban areas, including specifically for older or disabled people, and the project might consider specifically advertising the minibus service to some of these groups alongside advertising the existence of these groups to the local population, as it may be this factor, as much as anything else, that inhibits use of services by people within the project area.

In response to the perceived isolation of older people, Age Concern is now attempting to pilot social activity clubs in the Wigton and Solway Plain area.

Other ideas on local needs

Respondents were also asked if there were other needs they could identify in very rural areas. Half the respondents provided some feedback. Key responses included the following:

- the problem is circular; more funding would lead to improved services and improved take-up: those providing services do not understand the difficulties of living in rural areas;
- the effects of disability or caring for people with disability are heightened by isolation in rural areas and this also accentuates associated problems of stress;
- distance is a problem both for learning about what is available (people are information-poor), accessing services and for recruiting volunteers;
- rural areas do not get a fair share of resources.

There are specific issues which could be taken up here; but a more strategic question is raised about how to continue to use the results of this kind of survey in discussion with health and social services funding agencies to obtain a stronger focus on the project

area's needs and this is discussed further in the following, concluding, chapter.

Following these surveys NFRP action included:

- discussion of the issues in the Reference Group Update which in turn led to meetings with Age Concern, the Social Services Strategic Development Officer, Wigton Regeneration Group - Health Activists, and a Carers' Support Worker. The meetings resulted in a two-way exchange of information and ideas, some of which informed the NFRP's subsequent development of support for carers and people with disabilities locally, and may have had some small effect on wider initiatives;
- liaison with two local surgeries to offer an NFRP Carer Support Service: home visits to discuss people's entitlement to health and social services, benefits, respite care, help them find any information they needed, assist with claim forms and offer advocacy;
- a meeting with 'Activate', a Mencap project in Penrith, to explore their ideas for developing practical support for carers and people with disabilities;
- a meeting with an interested resident who was already organising one of the Older People's Lunch Groups. This meeting led directly to an Open Meeting advertised in community newsletters and on noticeboards, to discuss the issues raised by the surveys and explore the possibility of developing a practical scheme for practical help in the NFRP area. This in turn led to the Lend-a-Hand initiative.

Northern Fells Lend-a-Hand Group

The proposal for a partnership between the British Red Cross Health and Social Care

scheme and the Northern Fells Lend-a-Hand Group was established late in 2001. The partnership aimed to deliver neighbourly health and social support to people with disabilities and their carers in the project area. The Lend-a-Hand Group is thus a fledgling practical support group for people with disabilities and their carers and is a further local response to the emerging research findings of the Northern Fells Rural Project.

The original public meeting late in 2001 attracted seven people expressing interest and support and within a month this had already increased to eighteen. The group decided to develop a low-key scheme run by volunteers, with mileage expenses paid if funding was achieved. Two strands to the scheme were suggested: a Handyman strand, and a Domestic/Personal strand, with a part-time paid co-ordinator, again dependent on attracting funding.

The members of the group developing the domestic/personal support strand approached the British Red Cross to discuss a partnership initiative whereby the Lend-a-Hand volunteers would train as Red Cross volunteers with Red Cross trainers, and would visit and be insured under the Red Cross Health and Social Care Scheme. The Lend-a-Hand Group agreed that it would bid for funding, and would fundraise, to pay a part-time co-ordinator for the local scheme and to cover mileage and equipment expenses for Red Cross trainers and volunteers. The group was to be responsible for publicising the service and the co-ordinator was to make the initial visit to the client for assessment of need and of health and safety implications. The co-ordinator then referred the client to another service if that was more appropriate for their needs or if additional more intensive help was needed. The help was agreed for the length of time it was needed, up to a maximum of six months but was subject to review at the end of the agreed period to ensure that more appropriate help was accessed if needed.

The Handyman strand of the scheme is separately organised and insured as it does not relate to Red Cross work. It offers gardening help and minor repairs up to 2 hours, twice a year. Bigger jobs are referred to paid local tradesmen. However the insurance proved very expensive at £900 a year, and three Insurance Brokers were approached before one managed to find an insurer.

The NFRP Initiative Fund agreed funding for a pilot scheme, a part-time (5 hours a week) co-ordinator was appointed in the spring of 2002 and the scheme then got underway. The scheme helps 'anybody who, due to ill health or disability, is in need of help' i.e. anyone of any age, and their carers (where relevant). The group is concerned that in such a rural area with such a small population, a support scheme should be inclusive of all age groups and all disabilities, apart from the constraints of the health and safety of volunteers and clients. The support is designed to respond to individual need, with in-built review of need and the service provided. These needs can be complex; for example, following discussion with a parent of a child with special needs, the Lend-a-Hand Group has obtained funding to support three children with special needs in the local summer playscheme as their parents want. This means that the parents won't have to drive the children miles to a special scheme in Carlisle, Penrith or Wigton and the children will be with their neighbourhood friends.

Results to date

To date, a range of help has been given including ongoing support to 4 carers (following interviews with them), 6 other carers in various ways, 3 parents of children with special needs and 23 people living with illness or disability. In addition the NFRP minibus service support at least 10 carers. Through its various schemes, NFRP is thus both identifying carers and giving them practical support as well as information and

advice. The voluntary practical neighbourly help given by the Lend-a-Hand Group is probably the most unusual aspect; most carers' services offer information and advice but practical help is more difficult to pin down.

The Lend-a-Hand Group has also given direct practical help to people who are ill or

disabled but do not have a carer. In the first 5 months of its operation (to July 2002), it has attracted 28 volunteers (18 Red Cross and 10 Handymen). It has made 81 visits incorporating practical help (64 domestic/personal help and 17 handyman help, with help in the garden the major 'handyman' need met).



Discussing a possible benefits claim

8: Reassessing local community in deeply rural areas: some policy and service issues

What appears to have been a simple local project in reality raises a range of important policy and service issues for all those agencies, statutory and voluntary, which have responsibilities for the social, economic and environmental well-being of the residents of the NFRP area. The simplicity of the project is deceptive; a project working within a developmental mode, grounded in the local area and working with the grain of local aspirations and needs, has become a complex organisation with many different strands of activity, each built on a combination of voluntary and paid help rooted in the local community.

The deceptive nature of the project however simply mirrors the nature of the area. As we noted earlier, the rural myth has begun to be replaced by a more considered and subtle understanding of the needs of rural areas and of the particular nature of rural deprivation. The project has confirmed what is becoming apparent from the growing literature on rural deprivation and exclusion and from the experience of those who founded the project but which is still misunderstood by many people. When one scratches the surface of an attractive rural area, one finds a significant number of isolated, often stoical, individuals, both young and old, including those who are infirm or caring for others, who do not have access to the range of services now considered to be normal in most parts of the UK.

In general, the project has demonstrated how a careful and sensitive comparison of the needs of a population against services available can be used to identify gaps in service provision and bring new and important resources into the area; often this is not about drawing in resources at the expense of other areas which have not had active advocates for them, but drawing in resources which should always have been available to the area but have not been,

because of service and policy failures. The project has gone on to show how what are really very modest funds can be used to support a community to help itself in filling the gaps identified.

The work of the project continues to identify key issues and this process will continue until the project comes to an end; in this sense, this report is of work in progress. There are, however, already a number of key service and policy points identified as relevant to the work of outside agencies and NFRP intends to press for appropriate shifts in the work of these agencies, to meet the needs of residents in all rural areas within the county and further afield. These are not placed in any order of priority; they are all equally important messages for local agencies to consider and act on.

1. First, the project worked with a combination of volunteers and paid staff. Neither could operate without the other but both required training and support of different kinds. This training has been available on occasions (for example from the Citizens' Advice Bureau and the Red Cross) but all agencies with a remit to provide services to such an area using local workers need to be aware of the importance of providing appropriate support to local paid and unpaid workers and to help them manage the difficult role boundaries involved. Working with volunteers presents particular issues. To take just two examples, the project has been able both to cost voluntary time as an input to 'real' overall project costs in its applications for funding support, and to tailor demands on volunteers to their capacity in terms of time and skills.
2. Secondly, the project has always maintained a developmental approach to its work, identifying groups of residents who might be concerned with

issues, consulting with them, building local organisational capacity and the ability of local people to meet identified needs. This is sometimes slow work but, as the outcome of much of the work of the NFRP shows, it pays off in the end and far more effectively than unconsidered external interventions might do. Agencies wanting to develop services in deeply rural areas will find that a developmental approach is, in the long run, far more effective and learn much from the experience of NFRP. This approach, we would argue, is both effective and cost-effective and has generated substantial local capacity to meet local needs where appropriate.

3. At an early stage, the project decided to employ a research consultant and engaged someone with considerable experience of research, of working in rural areas and of community development approaches. The action-research relationship has been critical in identifying and mapping needs, identifying priority groups, exploring ways of meeting these needs and linking to the policy and service delivery processes. The research role is described in greater detail elsewhere²⁴ but there is no doubt of its strategic importance to the study and of its significant contribution at key stages by bringing in external experience, for example in relation to thinking about the ethics of anonymity and confidentiality, approaches to mapping local poverty and exclusion, or experience of welfare rights take-up campaigns.
4. As we discuss particularly in Chapters 4-7, the project identified a range of local needs – transport, income maximisation, support for carers, help with domestic tasks, etc. – none of which were unusual, all of which were formally the responsibility of one or more agencies, but none of which were being met to any significant degree. To some extent,

the NFRP identified a ‘black hole’ of service and policy provision and has put the needs of the area firmly back into the policy map of all local agencies. The response of some agencies has been positive and they have built on local work to establish effective local services. Many other agencies have yet to respond to the findings of NFRP or the needs identified and this will require discussion at policy and service delivery levels within those agencies, but we believe that the work of the NFRP suggests a range of issues for local statutory and voluntary agencies to address for working in deeply rural areas.

5. The NFRP experience adds to the growing literature about the nature of deprivation within rural areas, and in particular issues to do with the paucity of public transport, problems of accessing services, the cost of reaching services including those offering basic needs (such as food and information), and isolation and associated difficulties such as psychological and material deprivation. Our experience suggests that many local and national agencies have yet effectively to address this situation. For example, at national level, government policy has centralised benefits provision in such a way that many in rural areas are effectively disenfranchised from their rights to an adequate income, and the privatisation of transport has left poorer local residents without effective mobility. At a more local level, many agencies fail to provide services to rural areas because it seems both too costly and too difficult to do so and for some they justify this with an analysis of deprivation which is crude and inaccurate, suggesting that rural residents are generally well-enough off not to need targeted help.
6. What is clear is that for many such agencies external to the project area,

a synergy needs to be developed with local organisations: these agencies simply cannot effectively work locally without key points of local contact. This may require investment of resources as well as the willingness to work slowly and collaboratively but the NFRP experience shows that this pays off over time.

7. Many of the initiatives developed by the NFRP were built on relatively very small sums of money. This money (provided for NFRP through a dedicated stream of money, the Initiatives Fund, attached to the project) has been critical in facilitating the start-up of many projects to a point where they can be sustainable. NFRP experience suggests that a small, flexible, responsive and community-controlled 'chest' of money should be available to all areas. Government is making some streams of money available to certain communities as part of its overarching neighbourhood renewal strategy (for example through Community Empowerment Funds or, within the Children's Fund work, through the Local Network Fund). However most of this money is likely to bypass rural areas and the County Council and other funding agencies such as the RDA, should therefore consider instituting a similar fund at a local level. The added value of such a fund in terms of jobs created, services provided and needs met, would be substantial.
8. Essentially, the NFRP has acted in many ways as an organised advocate or spokesperson for the project area, turning a spotlight on the area and raising issues of need, policy direction and service provision with a wide range of agencies. Some might argue that this should be the role of the local Parish Council but the NFRP experience suggests that, as presently constituted, and with their legal, political and financial limitations, Parish Councils could not undertake the work that NFRP has done. This is not to say that the Parish Councils have not been important allies as they clearly have, and they have joined together crucially in supporting and jointly funding the creation of a successor organisation for the Northern Fells. We suggest that Parish Councils elsewhere might look carefully at the work of NFRP and consider ways in which an organisation crossing the boundaries of several parishes might be created to act in a similar way for their areas.
9. The advent of Foot and Mouth represented not only the major critical event for the area during the life of the NFRP but also the critical test for the ability of NFRP to respond to it. By having an organisation already rooted in the area, the Northern Fells was able both to respond quickly and effectively in commissioning targeted, focused and holistic research demonstrating the overall impact (and not just the economic impact) of FMD on the area, and to provide information, relating to local services and sources of financial and advisory support, to local farmers, entrepreneurs and residents. The research commissioned by the NFRP was probably unique during this episode of FMD, providing an important local adjunct to the broader brush research and enquiries commissioned at regional and government levels.
10. A particular example of a broader issue was the capacity of the NFRP, through its research work and local knowledge, to be able to provide a microanalysis of the area and its needs. The one critical insight about deprivation in rural areas is that relative wealth and relative hardship often live literally side-by-side. Yet with out a nuanced and subtle analysis of patterns of local deprivation, most organisations see only the broad brush picture which evens out these disparities inappropriately or argue that because

the numbers of those involved are small, policy and service issues are of little importance. We believe we have demonstrated the fallacy of this approach. Rural residents are as much citizens as those in more populous areas and deserve to have their needs identified and met as much as others.

11. Related to this, the project worked within what seemed to the Steering Group to be a natural community. This area in reality bridged administrative boundaries – for example the project area included the extremes of two local district councils. This was a conscious decision, in order to focus on an area which had common features of rurality and isolation, and to be able to focus on the needs of individuals unfettered by concerns about their physical or administrative location. The NFRP experience has been that many agencies tend to overlook their rural hinterlands, directing resources towards urban centres. Whilst this may be appropriate in terms of the numerical weight of population distribution, what seems to happen is that the rural areas effectively become overlooked. Local agencies need to think creatively and with much more regard to natural rather than administrative boundaries when making policy and planning service delivery and this may mean working collaboratively across boundaries with other agencies.
12. Similarly, agencies need to think much more holistically about approaches to meeting needs. Partnership working and ‘joined-up’ governance are strong features of current government policy and the NFRP has shown the value of this approach. Although it started with a remit to explore the health needs of the local community – precisely because it needed a starting point - it interpreted the notion broadly, seeing both the needs of local residents in an holistic way and

working with a range of agencies to meet these needs. The true value of partnership working has emerged as a result of different agencies, including the NFRP and a range of other bodies external to the area, identifying and using their differing and respective skills and resources to the overall benefit of the area.

13. Finally, the project would have achieved far less than it did had it not had the experience and skills of a local tried and tested, and perhaps more important, trusted worker (later joined by others). This feature of the project has meant that the project was seen from the start by local people as something which had grown organically out of the local community rather than being imposed from outside it.

9: Sustainability: what happens next?

When the Northern Fells Rural Project was planned in 1999 it was envisaged that it would come to an end in November 2002, with the actions it had developed continuing individually and unsupported. But over the three years it became clear that there was great scope for very local development, both in encouraging small-scale local solutions to expressed needs, and in providing a focal point for outside bodies, both statutory and voluntary, to reach their rural constituents. And so the idea of a new umbrella organisation took shape, with the aims of supporting the initiatives begun under the project, helping them to work together better to reach and serve people, providing the engine for further research and action, and partnering outside bodies so that they could fulfil their role in this very rural area.

In October 2001 (a year before the project was due to end) each Parish Council and the NFRP minibas drivers were invited to a meeting to discuss the future of the NFRP minibas service. The operation of the minibas was reviewed and there was keen support for its continuation. The other services being developed by the Project with residents were discussed too: youth development, the benefits awareness and help scheme, and the proposed pilot 'Lend-a-Hand' scheme.

At a subsequent meeting in November, all the seven parish councils sent a representative to explore succession issues with the voluntary drivers and the NFRP Steering Group. It was agreed that we should seek funding to continue all the initiatives developed by NFRP and look at the possibility of a local body being constituted to run the services and develop new ones. The concept had moved from just the minibas to broader service provision – a milestone in the development of the successor organisation.

The Deputy Chief Executive of Voluntary Action Cumbria (Cumbria's Rural Community

Council), a member of the NFRP Steering Group, offered to write a proposal outlining the present situation and the options for the future, to be sent to each Parish Council and minibas driver for their views.

The proposal sought to gain the Parish Councils' support for:

1. continuing the Northern Fells minibas service.
2. developing a new local body which could run the minibas service, and other community self-help services, such as the youth project, the benefits awareness scheme, and the new 'Lend-a-hand' group, a pilot scheme which was beginning to offer practical help to people with disabilities and their carers.

It explained the background thus:

- The minibas has been operational since November 1999 and operates in the parishes of Ireby with Uldale, Caldbeck, Mungrisdale, Castle Sowerby, Sebergham, Westward and Boltons.
- It provides services to enable people to travel to medical appointments, to visit friends, to attend village activities and to undertake any journeys not possible by public transport. The service is available 6 days a week.
- The minibas is driven by a team of volunteer drivers.
- The service is co-ordinated by a volunteer who receives an honourarium of £2500 a year, and expenses to cover the cost of telephone calls, postage, copying etc.
- The service has been funded by grants from Business In The

Community, Caldbeck Surgery Charitable Fund, Health Action Zone, the Countryside Agency, the Prince's Trust and Nat West Bank.

- The minibus was given to the project by Ford UK and is currently owned by Voluntary Action Cumbria on behalf of the Northern Fells Rural Project.
- A recent survey of the value of the service revealed that it is providing much-needed access, especially for the elderly, the young and people without direct access to a car. Loss of the service would reduce local people's mobility.
- The Northern Fells Rural Project and the current funding were due to come to an end on the 4th November 2002.
- A Working Group, comprised of representatives of the Parish Councils, the volunteer drivers and the NFRP is working to secure the service's future.
- The working group is aware that other community self-help services are being established, including a 'Lend-a-Hand' group and a youth project. There is opportunity to combine the management of these with the provision of the minibus.

The proposal argued that in order for the service to continue, there was a need for:

1. A legally-constituted, local body which could take over the running of the minibus service, including assuming ownership of the minibus itself.
2. Applications to funders which could provide revenue funding for operating the minibus.

3. An agreement as to which Parishes the minibus will serve.

Specific proposals put forward were as follows:

A. Establishment of a new local body, a 'Northern Fells Community Company'

This proposal would:

- Establish a new 'not-for-profit' local body which could own the assets and manage the minibus service.
- This would provide the legal structure under which other services could also be co-ordinated and operated by volunteers from the community.
- The purpose of the Company would be to
 - ▲ bring benefit to the social, economic and environmental well-being of the communities of the Northern Fells area.
- Its structure could be a Company Limited by Guarantee with no share capital. Charitable status could also be sought.
- The Company would be in community ownership. There would be open membership to all in the Northern Fells area, including the Parish Councils. The Membership would elect a Board of Management.
- Its powers would include the ability:
 - ▲ To limit the liability of members to a nominal sum (probably £1 or £5 per member).
 - ▲ To limit the liability of the Board of Management (although members of the Board could not avoid personal liability to creditors if they accrued debts knowing they have no money available to pay them).
 - ▲ To insure its activities against risk and claims.

- ▲ To own assets in terms of property and equipment.
- ▲ To employ workers.
- ▲ To enter contracts with public and private sector organisations to deliver local services.
- ▲ To raise investment, primarily through grant-in-aid and local fundraising activity.
- ▲ To trade on a not-for-private-profit basis.
- ▲ To distribute any operating surpluses to community projects.
- The establishment of the Company could be financed by grant-in-aid. Operational costs could be supported by grant aid over the first period of operation. Over time, the Company would develop income from surpluses it could generate on the services it provides and local fundraising. Its long-term future would be dependent upon having a mix of earned income and grant-in-aid income.

B. Funding the minibus service

- The proposal argued that time was of the essence.
- The NFRP therefore asked the Parish Councils to consider grant-aiding the service, to the level of £200 per year per Parish Council.
- The NFRP suggested it would also seek other local sponsors, either in cash or in kind, for example, the supply of reduced insurance rates etc. The Caldbeck Surgery Charitable Fund had already generously agreed to support the service with a grant of £2500 per year for three years.
- Local funding was, without a doubt, very important. With local commitments, NFRP argued it could

match the money from sources outside the immediate area.

C. Area of operation

- It was proposed to continue the service within the 7 Parishes of the NFRP area.
- In addition, there was possible interest in extending the service to Torpenhow. A proposal was therefore sent to Torpenhow and Blennerhasset Parish Council for its consideration.

The working group asked each Parish Council to consider:

1. Supporting in principle the setting up of a new 'Community Company'.
2. Becoming a corporate member of the new Community Company.
3. Selecting or confirming a representative from the Parish Council to be a member of the Working Group.
4. Offering a grant of £200 per annum towards the first three years operation of the minibus following the ending of the current financial regime.

To conclude this initial process of consultation, NFRP asked for comments, either written or by the telephone and offered to attend Parish Council meetings if that would be helpful.

At the next Successor Working Group meeting in January 2002 the parish councillors and minibus drivers expressed their support for a Community Company as proposed; each parish council had also agreed to grant the minibus £200 a year for three years. There was a clear commitment to continuing the work of the NFRP and its services through the establishment of the Northern Fells Rural Community Development Group Ltd, an endorsement of NFRP's value to the seven parishes.

The next steps in the succession story were the formation of a Community Company, the application for Charitable status, and applications for funding. These were supported by a Prospectus written by the Project and Youth Development Co-ordinators with the guidance of the Deputy Chief Executive of Voluntary Action Cumbria. The Prospectus set out the background to the proposed company and the reasons for its inception, its proposed activities and costings.

Another member of the NFRP Steering Group, a local solicitor who represents the Trustees of the Caldbeck Surgery Charitable Fund, agreed to draft the Memorandum and Articles of Association for the Company and apply for charitable status on behalf of the group. He was advised by a small subgroup of the Successor Group.

At the time of writing the Charity Commissioners have approved the form of the document, so the company is now being registered at Companies Registry. Application will then be made to the Charity Commission formally to register the company as a charity. Charitable status will allow the Successor Group to apply to those funders which can only give grants to charities.

The successor proposals have to address a number of key issues:

- the capacity within a community to establish, resource and run services, and tackle complexities of funding.
- local control and accountability - building a bridge between the local democratic process (Parish Councils) and local service provision.
- blending voluntary effort with part-time paid employment.
- realising the skills and capacities available locally.

In fact the successor proposals go some way to fulfilling many of those of NFRP's policy

recommendations which can be met through local voluntary and community action (see Chapter 8).

What has the Project learnt from this process of succession? What are the key aspects and issues to grasp?

- Winning local support for multi-service ideas is a complex process.
- Some funders will not grant aid organisations that are under 'local authority control', and Parish Councils are part of the local authority. Yet the Parish Council is the only democratically-elected body in a rural area which can fairly be said to allow a voice to everyone, and not just to vested interests.
- Projects like this require a leap of faith amongst funders - development work is a risk environment. It may be enormously successful; it may fail.
- The freedom to experiment and develop has been vital within the NFRP and will be crucial to its successor, the Community Company.

The generosity of funding organisations is crucial to the development of the Company and its ability to grow. The most attractive feature of the scheme is its active responsiveness to local people and their concerns. It is most likely that the members of the new Community Company will be the minibus drivers, the Lend-a-Hand volunteers, Parish Council representatives, lunch group organisers and members, other residents who benefit from the services and want to be part of the company, and residents who just want to show their support for a vigorous local initiative. It is this closeness to the heart of the community which will drive the new Company and which will, we both hope and anticipate, ensure its success.

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Appendix One: Specimen Parish Profile: Boltons parish

Data for parish in regular font; for ward in bold italic – bear in mind that the various sources of data often relate to different years which accounts for inconsistencies eg in the numbers of lone parents

Parish	Boltons
Ward	<i>Boltons (Allerdale)</i>
Sparsity banding	Supersparse
Population 1998	640
Popn. change since 1991	+5.1% (Cumbria +0.7%)
Popn. in age groups (1991)	
0-14	113
15-29	114
30-44	135
45-59	122
60-74	88
75+	37
Popn. commentary cf. Cumbria, slightly higher 45-59, slightly lower 75+	
Lone parents	2
Households with no car	11% (cf Cumbria 30%)
ILC	-7.19 (county range +8.66 to -11.53)
SMR All causes	103
Unemployment rates 1999	male 1.7%, female 2.3%, total 2.0%
Attendance allowance	
Higher	9
Lower	12
Family Credit	
Couples	10
Lone parents	9
Income support	
All	57
Lone parents	10
Pensioners	27 (6% of all pensioners)
DWA All	2
DLA All	not known
CTB All	not known

Services/facilities summary: Two hamlets, Bolton Low Houses and Boltongate in northwest and southwest corners of parish.

At Bolton Low Houses, mobile Post Office van ½ hour per week, garage, no shops (other than a farm shop selling meat), one pub serving meals, no mobile shops, one school (5-11), one pre-school playgroup, parent and toddler group, a mobile library, village hall, school hall available for wider use, a public telephone and a bowls club. It is on a two hourly bus route running between Carlisle and Cockermouth via Wigton. A social housing scheme of houses and bungalows is now run by a Housing Association.

At Boltongate, mobile Post Office van ½ hour per week, a hotel, two mobile shops, a church (with non-resident vicar, and church hall), mobile library, a bus three times a day on two days a week (Uldale to Wigton), a social car scheme, neighbourhood watch scheme, one public telephone. Connections with local organisations tend to be towards Wigton and/or Cockermouth.

Appendix Two - Minibus monthly return figures

Month	Miles with Passengers					No. of Passenger Journeys (return journeys = two passenger journeys)																																				Total No. of Passenger Journeys (not group hire)	Total Fares charged to Passengers	Total Fares charged to Charitable Fund	Total No. of Passengers Group Hire	Total Charges Group Hire	Lift Use		
	Miles without Passengers																																														A	B	C
	01	02	03	04	05	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36																	
Nov 1999	190	67	145	13	4	-	2	3	-	2	4	-	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	18	£0.70	£29.70	-	-	0	0	0								
Dec 1999	476	164	83	4	-	-	9	8	-	14	2	-	2	1	-	-	-	-	4	-	2	-	-	-	5	6	-	2	-	-	-	-	58	£13.05	£56.20	6	£12.00	7	-	-									
Jan 2000	408	247	77	100	-	-	8	-	-	20	2	2	-	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58	-	£66.55	-	-	2	-	14									
Feb 2000	531	352	44	3	3	-	16	3	2	18	6	2	-	16	-	-	-	-	3	-	-	-	-	-	-	-	14	-	-	-	-	2	76	£13.90	£69.45	6	£2.50	4	-	18									
Mar 2000	548	384	110	32	33	-	12	-	-	14	2	8	-	23	-	-	-	-	1	-	-	-	-	-	-	12	-	-	-	-	-	63	£9.30	£74.10	10	£11.25	4	-	9										
April 2000	425	283	19	7	51	-	22	2	-	13	-	2	-	2	-	-	1	4	-	-	-	-	-	-	-	-	-	1	2	-	2	4	55	£21.65	£46.12	-	-	4	-	4									
May 2000	699	393	40	21	6	11	20	6	-	13	5	4	3	15	-	-	-	2	3	-	-	-	4	2	-	-	4	-	2	-	1	0	76	£20.90	£79.65	8	£12.50	2	2	-									
June 2000	791	371	17	34	-	-	22	10	-	18	8	-	9	-	-	-	1	3	-	-	-	1	-	-	-	-	-	4	2	-	4	-	78	£19.45	£82.55	4	£6.00	3	-	1									
July 2000	997	373	8	4	4	-	23	5	4	12	12	-	4	9	1	-	-	3	-	-	-	7	-	2	1	-	4	-	11	-	1	-	92	£29.70	£103.70	7	£23.00	9	1	-									
Aug 2000	1234	348	13	67	-	-	13	8	-	14	6	-	2	6	-	-	-	2	-	-	-	-	-	-	-	3	1	5	-	17	-	65	£31.15	£77.45	12	£132.00	6	1	1										
Sept 2000	1092	421	37	17	6	2	16	6	-	20	4	-	4	6	13	-	-	-	4	-	-	-	-	2	6	3	9	-	9	-	-	-	85	£22.25	£117.15	17	£43.25	6	2	-									
Oct 2000	1113	433	12	40	-	31	14	14	-	17	2	-	4	10	3	-	-	4	4	-	-	-	-	-	6	6	-	-	5	-	3	4	82	£33.00	£111.55	14	£71.75	6	5	-									
Tot 12mth	8504	3836	460	342	107	44	177	65	6	175	53	18	21	124	19	0	6	11	24	0	0	7	7	6	18	27	34	8	37	0	28	12	799	£187.40	£618.17	84	£314.25	53	11	47									
Nov 2000	1499	551	36	11	-	-	14	27	4	18	5	2	2	8	1	-	-	4	2	-	-	-	5	-	-	6	7	-	19	1	6	-	112	£49.95	£175.25	19	£34.00	2	6	2									
Dec 2000	779	364	14	17	-	-	12	10	-	13	10	2	2	12	-	-	-	2	-	-	-	-	6	-	-	15	-	9	-	-	-	72	£13.25	£96.50	21	£31.50	5	5	-										
Jan 2001	882	456	20	37	4	-	16	10	2	14	16	-	-	13	-	-	-	2	-	-	-	-	-	-	2	-	14	-	1	1	91	£23.55	£112.70	-	-	2	10	-											
Feb 2001	959	470	4	-	80	-	19	8	-	14	15	-	-	15	-	2	-	1	1	-	6	-	-	-	-	5	-	7	-	-	-	88	£23.70	£123.15	5	£5.00	-	6	1										
Mar 2001	972	497	-	-	4	-	18	14	-	25	2	2	-	5	-	-	4	-	-	-	-	-	-	-	9	2	-	12	-	-	-	80	£14.70	£115.75	12	£20.00	-	-	-										
April 2001	1176	678	4	4	-	21	18	-	25	3	-	6	4	-	-	5	2	-	-	4	-	-	-	-	1	3	3	6	-	-	-	98	£28.25	£142.30	3	£6.00	-	-	-										
May 2001	952	311	12	5	-	-	4	15	-	6	6	4	4	5	-	-	-	-	-	-	-	-	-	-	-	18	4	14	-	3	-	65	£42.20	£97.25	18	£31.50	-	-	-										
June 2001	1014	409	17	36	-	-	4	24	-	12	2	1	3	6	-	-	-	5	2	-	3	-	-	2	-	16	-	9	-	3	-	76	£40.05	£98.50	16	£40.50	1	-	4										
July 2001	1266	425	-	3	-	-	16	17	2	18	2	-	2	4	-	-	1	-	-	2	3	-	-	-	-	19	-	4	-	-	-	71	£20.80	£106.85	19	£99.25	12	-	-										
Aug 2001	1195	540	11	-	-	-	12	8	-	10	5	-	2	7	1	6	-	-	5	-	-	-	11	-	-	17	-	4	-	-	-	63	£47.60	£142.20	17	£34.00	-	4	-										
Sept 2001	1076	498	11	-	32	-	14	8	2	10	3	-	4	5	-	-	-	10	-	-	-	-	2	2	-	6	4	1	12	-	5	-	75	£43.60	£81.35	13	£44.00	6	-	2									
Oct 2001	1414	841	33	9	4	-	25	8	-	14	8	6	2	9	-	-	-	12	8	-	-	4	-	-	6	12	1	5	-	6	-	109	£101.20	£113.80	17	£27.50	-	-	10										
Tot 12mth	13184	6040	162	122	124	0	175	159	10	179	77	17	27	93	2	8	4	42	20	2	16	15	13	4	0	28	120	9	115	1	24	1	1000	£448.85	£1,405.60	160	£373.25	28	31	19									
Nov 2001	1037	623	6	4	22	-	14	10	-	17	2	-	8	11	-	-	1	1	2	-	8	1	-	-	-	12	-	15	-	2	-	85	£58.10	£99.75	18	£33.50	2	-	4										
Dec 2001	1023	404	15	4	-	-	17	6	2	16	4	-	2	6	-	-	-	1	-	-	-	-	-	-	29	-	13	-	3	-	72	£35.10	£100.10	28	£54.10	5	-	4											
Jan 2002	1109	561	10	5	-	-	12	6	-	23	2	-	2	10	-	-	-	25	-	-	-	-	-	1	6	6	2	-	6	2	4	95	£68.15	£98.60	12	£25.00	-	-	3										
Feb 2002	710	529	18	3	-	-	6	13	-	5	-	-	4	9	-	-	-	6	-	8	-	-	-	-	-	10	1	4	-	1	-	57	£34.75	£72.60	10	£18.50	-	-	-										
Mar 2002	1012	470	28	11	4	-	24	4	-	11	6	-	-	13	-	2	4	-	3	-	-	-	-	1	1	15	-	6	-	2	1	77	£37.70	£86.25	16	£50.25	4	-	7										
April 2002	1135	697	13	8	6	-	23	10	2	14	3	2	2	13	1	-	2	4	5	-	-	-	-	4	-	10	2	5	-	-	-	92	£54.35	£106.50	12	£41.00	2	-	2										
May 2002	1372	651	32	24	-	-	30	10	-	5	8	-	8	18	2	-	-	5	1	-	-	-	-	-	-	17	2	21	2	6	-	116	£75.90	£112.25	19	£49.80	-	-	6										
June 2002	876	467	12	39	-	-	8	6	-	13	-	-	4	11	1	-	-	7	1	-	1	-	-	-	-	23	3	13	-	5	-	72	£48.50	£71.35	24	£47.00	5	-	2										
July 2002	1189	533	-	52	6	-	10	10	-	12	2	-	-	22	7	-	-	2	-	-	5	-	-	-	23	3	17	1	5	-	90	£56.55	£100.55	29	£65.75	2	-	9											
Aug 2002	1115	480	-	5	-	-	13	2	2	17	2	-	4	16	2	-	-	2	-	-	-	-	4	-	6	17	8	9	-	2	-	79	£41.00	£88.65	27	£86.25	2	-	6										
Tot 10mth	10578	5415	134	155	38	0	157	77	6	133	29	2	34	129	13	2	7	53	12	8	14	1	4	5	7	13	158	19	109	5	30	1	835	£510.10	£936.60	195	£471.15	22	0	43									
Tot 34mth	32266	15291	756	619	269	44	509	301	22	487	159	37	82	346	34	10	17	106	56	10	30	23	24	15	25	68	312	36	261	6	82	14	2634	£1,146.35	£2,960.37	439	£1,158.65	103	42	109									

Appendix Three: Questionnaire for people aged 75+

Brief explanation of Northern Fells Rural Project, its aims, and reason for interviews: to explore the views of people using the services which affect their health and social welfare, and then to plan practical solutions to problems identified, with health and social service providers, both statutory and voluntary. Emphasise confidentiality of individual views.

1. Do you have the use of a car for most journeys? Yes / No
2. **If yes, is it?** your own/someone else's
3. Do you drive it? Someone else drives it? Who Drives?
4. How often do you use it? Every day/most days/weekly/occasionally
5. How often do you use it to offer transport to others?
Every day/most days/ weekly/occasionally/never
6. For what purposes?
7. **If no**, how do you get about?
8. What difficulties do you have with transport?
9. What would make things easier for you in this respect?
10. Are you aware of the Project minibus service? Yes / no
11. How often have you used it?
12. What for?
13. Are there other facilities or services which would make your life easier?
(prompts: shopping? Help with shopping? Gardening? Help with domiciliary care/tasks?
Social events / clubs etc.?)
14. i. Did you receive a letter about possible allowances and benefits with your health check letter? Yes/No
ii. May I check it through with you? Remember this conversation is entirely confidential.
Yes/No, I know I don't qualify/No, other explanation
15. Can you tell me what income you get from social security or the council?
State pension/income support/attendance allowance/housing benefit/council tax benefit/
other (specify)
16. Are you able to manage reasonably well on what you get or are things financially tight?
OK/tight

We know that many people in this area, especially older people, are not receiving financial help they are entitled to. In some cases this might be as much as £50 per week. I'll just go through each of the benefits in turn and if you need help in claiming it, I can help you with filling in the form.

17. Income support: this is to top up basic pension provision if that is not enough to live on. Many pensioners receive this.
18. Attendance Allowance: this is to help people who are disabled and have extra costs e.g. heating , travel costs, paying for personal care and cooking etc.
19. Council tax benefit: This is help from the Council towards your council tax if you are on a low income.
20. Housing benefit: This is help from the Council towards your rent if you are on a low income.
21. What are the three things which you think would do most to improve your health and social welfare?
22. What are the three most important things which you think are adversely affecting your health and social welfare?
23. Thank you for your help with this questionnaire. Finally, is there any other way you think you might be able to help the project?

Thank you for your time and help.

Appendix Four: Leaflet to 75+ residents inside project area

The Northern Fells Rural Project aims to find practical solutions to health and social welfare difficulties experienced by rural residents. This leaflet is being sent to every resident aged over 75 years with their annual health check invitation. We appreciate the assistance of local surgeries in enabling us to reach you all.

If you need help with personal care or you are unable to go out without someone to escort you, because of illness or disability, you may be entitled to **Attendance Allowance.**

Attendance Allowance is not means tested and it is not taxed. It is paid because you need extra help, whatever your income may be.

Disabled people and their carers may be entitled to **a discount on their Council Tax.**

If you have less than £12,000 in savings and receive only your state pension and have very little extra income, you are probably entitled to **Income Support.**

If you have less than £16,000 in savings and you rent your home, and you are on a low income, you may be entitled to **Housing Benefit.**

If you have less than £16,000 in savings and you are on a low income, you may be entitled to **Council Tax Benefit.**

If you think you might be entitled to any of the above allowances or benefits please either telephone Antoinette Ward, Project Co-ordinator for the Northern Fells Rural Project on 016974 78094 OR talk to your Practice Nurse when she meets you for your health check. Any contact will be completely confidential.

Appendix Five: Leaflet to 75+ residents outside project area

This leaflet is being sent to every patient aged over 75 years with their annual health check invitation.

If you need help with personal care or you are unable to go out without someone to escort you, because of illness or disability, you may be entitled to **Attendance Allowance**.

Attendance Allowance is not means tested and it is not taxed. It is paid because you need extra help, whatever your income may be.

Disabled people and their carers may be entitled to **a discount on their Council Tax**.

If you have less than £12,000 in savings and receive only your state pension and have very little extra income, you are probably entitled to **Income Support**.

If you have less than £16,000 in savings and you rent your home, and you are on a low income, you may be entitled to **Housing Benefit**.

If you have less than £16,000 in savings and you are on a low income, you may be entitled to **Council Tax Benefit**.

If you think you might be entitled to any of the above allowances or benefits please either telephone **Age Concern** at **Carlisle** 01228 536673, **Penrith** 01768 863618, **Whitehaven** 01946 66669 OR **Citizens Advice Bureau** at **Carlisle** 01228 633909, **Penrith** 01768 863564, **Keswick** 017687 73472, **Wigton** 016973 44026, **Workington** 01900 604735, OR talk to your Practice Nurse when she meets you for your health check. Any contact will be completely confidential. Home visits can be arranged if needed.

Appendix Six: The Family Fund Trust



Do you know about the Family Fund Trust and the help it can give a family with a severely disabled child?

If you have a child who has a severe disability
If your income is £21,000 or less a year (before deductions)
If your savings are £8,000 or less

The Family Fund Trust may be able to give you a grant towards anything that can support you in caring for your child. For example:

- washing machine and/or tumble dryer
- holidays or outings
- driving lessons
- play equipment
- costs of living at the hospital or travel costs to hospital

or anything else related to your child's care you think would help.

If you and your child meet the guidelines you can make further applications to the Trust; it's not just one-off help.

For more information and an application form phone the Family Fund Trust on 01904 621115 or write to the Family Fund Trust at P.O. Box 50, York YO1 9ZX, email info@familyfundtrust.org.uk or contact Linda Watmough, the local Family Fund Trust Visitor: 01768 771457 or Antoinette Ward, Northern Fells Rural Project Co-ordinator: 016974 78094.

If you have a severely disabled child but don't come within the Trust's financial limits the Trust can still help with FREE information including:

- 'Taking Care', a book by and for parents of disabled children
- 'Your Life', Your Future, a brief guide for young disabled people
- **After 16 - what's new?**, a detailed guide for young disabled people
- **Information leaflets** on a range of issues such as benefits, transport.

These are FREE to parents and carers.

A list of all the publications is available from the Family Fund Trust Information Office and they will send you any you want. **Telephone: 01904 550005.**

The Northern Fells Rural Project is working with the Family Fund Trust in the North Allerdale area (which includes five of the NFRP's seven parishes) to raise awareness of the help the Trust can give families with a severely disabled child. The NFRP's aims include finding ways of reaching people living with difficult situations in a rural area and supporting action that can help. **If you live in the NFRP area (Ireby/Uldale, Boltons, Westward, Sebergham, Caldbeck, Castle Sowerby, Mungrisdale parishes) and have ideas on how services could be improved locally, Antoinette Ward (016974 78094) would be glad to hear from you.**

Appendix Six: The Family Fund Trust

Letter to Professionals and Voluntary Organisations
working with Children with disabilities

NORTHERN FELLS RURAL PROJECT

*Ireby & Uldale, Boltons, Westward, Sebergham,
Caldbeck, Castle Sowerby, Mungrisdale parishes.*



Working with the Family Fund Trust August 2001 - August 2002

Dear Colleague,

Almost certainly you will already be aware of the Family Fund Trust and the help it can give to families with a severely disabled child. The Northern Fells Rural Project (NFRP - see overleaf) is working with the Family Fund Trust to find out if an awareness raising campaign in a rural area increases applications to the Trust for grants and information. We know that professional health and social workers and voluntary organisations who cover the NFRP area also cover North Allerdale, which itself is a rural area with small towns, small villages and scattered hamlets and farms. We therefore decided to concentrate the campaign on the whole North Allerdale area.

We enclose an up to date pack about the work of the Family Fund Trust and a number of FFT/NFRP leaflets. We would be grateful if you would give or send the leaflets to all the families you know or work with who have a child with a severe disability whatever their apparent income level. We hope that even if they do not meet the criteria for a grant they may still find the Trust a valuable source of information. If your work extends beyond North Allerdale and you need more Family Fund Trust leaflets please telephone the FFT Information Office: 01904 550005.

Please contact either of us for more information about the project or contact the Trust direct at Family Fund Trust, PO. Box 50, York YO1 9ZX. Tel: 01904 621115 or visit the website at www.familyfundtrust.org.uk

Thank you very much for your help with this awareness raising campaign and we will let you know the results when they are correlated in a year's time.

Antoinette Ward, Northern Fells Rural Project Co-ordinator. Tel: 016974 78094

Linda Watmough, Family Fund Visitor. Tel: 01768 771457

(continued overleaf)



Appendix Six: The Family Fund Trust

The Northern Fells Rural Project is based in seven very rural parishes (Ireby/Uldale, Boltons, Westward, Caldbeck, Sebergham, Castle Sowerby and Mungrisdale).

Its aims are:

1. To pilot methods for the development of services in rural areas using health care as an entry point;
2. To identify the unmet health and social needs of rural residents;
3. To identify causes of social exclusion;
4. To map the provision of existing support services and to identify gaps;
5. To prioritise and implement actions to meet unmet need;
6. To evaluate the project and disseminate our findings so that solutions can be replicated in other rural areas.

Two of our target groups are:

- People with disabilities (including children), and
- Carers

Individual people living with difficult situations in rural areas are not usually targeted for help because they are few in number and are dispersed over a wide area. They do not attract attention in statistics and can be hard to reach in terms of identifying them, assessing their needs and providing useful services. We are very grateful for your help in reaching families with severely disabled children.



Referral/Contact Point Aug 2000 - July 2002		Type of Benefit	Outcome
1	Over 75 Health Check & Interview	Attendance Allowance	Awarded £1,861.60 p.a.
2	Over 75 Health Check & Interview	Income Support CTB	Awarded Income Support £67.60 p.a. CTB £597 p.a. (I.S. inc to £748.80 p.a 10.4.01)
3	Over 75 Health Check & Interview	Attendance Allowance	Awarded £1,861.60 p.a.
4	Over 75 Health Check & Interview	Attendance Allowance	Awarded £1,861.60 p.a.
5	Over 75 Health Check & Interview	Attendance Allowance	Awarded £1,861.60 p.a.
6	Over 75 Health Check & Interview	Income Support	Awarded £54.15 p.a. Income Support. Increased to £208 p.a. in April 2002
7	Direct contact by friend	Disability Living Allowance	Awarded £1,878.60 p.a. Also referred to Occupational Therapist.
8	Direct contact by client	RUKBA Charitable Grant	Awarded £852 p.a. charitable grant (not eligible for Income Support but low income)
9	Daughter of 75+ Interviewee	Information requested	Given information about assistance with Residential and Nursing home fees
10	Direct contact by client	?CTB	Referred to Royal Agricultural Benevolent Association Welfare (Farming and Self Employed)
11	Carer Interview	Higher Rate DLA	In receipt of DLA. Assisted with claim for higher rate - refused. Social worker assisted with appeal £967.20 p.a. awarded
12	Referred from Surgery Nurse	Attendance Allowance	Awarded £1,861.60 p.a.
End of Year 1 of Scheme		August 2000 - July 2001	Total £14,559.60 per annum
13	Response to NFRP Carers leaflet W. Surgery.	Attendance Allowance	Awarded £1,861.60 p.a.
14	Direct contact by daughter. Grapevine	Disability Living Allowance	Awarded £1,861.60 p.a.
15	Direct contact by client. Friend	Disability Living Allowance	Refused. Advised to talk to CAB. (Very borderline for likelihood of success of a claim).
16	Direct contact by wife. Parish Magazine	Attendance Allowance	Awarded £1,861.60 p.a.
17	Referred from Surgery Nurse	CTB & Attendance Allowance	Awarded CTB £300 p.a. Awarded £1,861.60 p.a. Attendance Allowance
18	Referred from Surgery Nurse	Income Support; CTB	Awarded CTB £559 p.a. Awarded Income Support £75.92p.a.
19	Direct contact - friend had seen Parish Magazine	DLA, Personal care element	Awarded £728 p.a. lower rate care component of DLA. (Already in receipt of mobility component)
20	Direct contact by client - had read NFRP leaflet	Attendance Allowance	Awarded £1,924 p.a. Also referred for Blue Badge - parking for people with disabilities
21	Follow up to Carer interview and support	RUKBA Charitable Grant	Awarded £852 p.a. charitable grant (Not eligible for Income Support but low income). In receipt of DLA and ICA.
End of Year 2 of Scheme		August 2001 - July 2002	Total £11,885.32 per annum

UNDER THE STONES

Hidden need in Rural Cumbria

One of three projects launched by HRH The Prince of Wales as part of his 'Rural Revival Initiative', The Northern Fells Rural Project confirmed what was apparent from the literature and to most rural dwellers, but misunderstood by many. Rural communities are deceptive. When one scratches the surface of an attractive rural area, such as the northern fells of the English Lake District, one finds a significant number of isolated, often stoical individuals, many of them elderly, infirm or caring for others who do not have access to services now considered to be 'normal' in the UK. The report demonstrates how a comparison of the needs of a population against services available was used to identify gaps in service provision. It goes on to show how funds were targeted to support a community to help itself to 'fill the gaps'.

The Project, which aimed not to interfere with existing services, deployed local project workers. By listening carefully to local people, the project workers ensured that the innovations were what people needed and wanted. Residents were involved in every stage of the development work.

This report will be of interest to policy makers, rural statutory and voluntary agencies and anyone wishing to learn from the experience of a successful community project in rural Cumbria.

More details are available at <http://www.nfrp.org/>

Further copies available at £5.00 each inc. P and P
from:

Northern Fells Group
The Green, Caldbeck, Wigton, CA7 8ER
Please enclose a cheque with order.

