Healthy Ageing
in Rural and Coastal Areas of Northern Ireland
Challenges and Solutions
2024

A word from the partners

At Age NI, our vision is a society in which we can thrive as we age. Our mission is to help people to enjoy later life. Healthy ageing is therefore at the heart of what we do, so we have been delighted to undertake this research as part of the Queen's University SPACE project, in collaboration with The Paul Hogarth Company, who specialise in Landscape Architecture, Urban Design and Planning.

Our own Age NI Lived Experience Survey 2023 told us a great deal about what matters to older people, including equal access to appropriate healthcare and services; keeping safe from scams; transport and travel and the rights of older people. This research, with its focus on the experiences of older people living in rural and coastal areas, has enabled us to dig deeper into those issues, as well as many others, which are, in effect, the social and environmental determinants of the health and wellbeing of older people who live their lives further away from large centres of population.

The findings echo, and indeed amplify, some of the concerns flagged by our own survey. For older people in rural and coastal areas, the business of just getting around has emerged as the single biggest concern, cutting across all of the other themes.

People told us that poor access to transport and travel impacts on all other aspects of life: access to health and social care; access to activities that support healthy ageing and reduce isolation; access to public spaces and access to social and family connections. The report requires all of us to recognise the potential for these barriers to exacerbate health inequalities for older people living in peripheral areas.

The report also points to the various factors in rural and coastal areas which support healthy ageing, with a substantial focus on the range of activities, services and interventions provided by voluntary and community organisations, councils, and health and social care trusts supported by government departments, arms length bodies, and other funders, aimed at keeping people mobile, healthy and connected. That said, concern was expressed about the often short term and ad hoc nature of funding, which can make provision unpredictable

Our thanks to all of the older people who shared their experiences with us throughout this process, to the professionals who took part in interviews, to the SPACE project team at Queen's University Belfast, and to The Paul Hogarth Company, all of whom have played such an important role in enabling and supporting this research.

Linda Robinson
BEM, Age NI CEO

Queen's University Belfast has been leading research to understand how the environment in which we live causes ill-health and cognitive decline among our rapidly ageing population as part of the SPACE project. Environmental factors such as air quality, green space, congestion, noise, and other pollutants can contribute to poorer health outcomes, especially as we age. Often concentrated in areas of deprivation, these factors, as well as a range of social factors, can widen health inequalities too. We know that the causes are complex, and the solutions are even more complex.

Addressing the root causes of poor-quality environments – such as poor transport infrastructure, social isolation, poor access to health care and other services, lack of good-quality green space, and poor housing – will be beneficial across a range of policy areas. Solving issues connected with ageing, health and cognitive decline will also resolve other important challenges we face in public health, liveable communities and environment.

Working in partnership to find solutions can save money, resources and lead to better, more sustainable outcomes.

As part of the SPACE research project, Queen's University Belfast were proud to work in partnership with Age NI and The Paul Hogarth Company to better understand the challenges and solutions to healthy ageing in rural and coastal environments. This work was in direct response to the Chief Medical Officer for England's 2023 annual report about health in an ageing society. The report highlighted that rural and coastal areas in England will see faster growing numbers of older people. Yet, there are many challenges to ageing healthily in these settings. This report details the challenges faced by older adults in rural and coastal areas in Northern Ireland. And importantly, it also explores possible, at times, very simple and straightforward solutions that can have a real impact.

Ultimately, our aim is to help shape future policy in Northern Ireland and agree an ambitious agenda for integrating policy and action that supports healthy ageing in rural and coastal areas.

Ruth Hunter
Professor of Public and Planetary Health,
Queen's University Belfast

At The Paul Hogarth Company we make a difference by designing places and spaces with people and the environment at their heart. It has been a pleasure working in partnership with Age NI, Queens University Belfast and the many enthusiastic workshop participants who contributed to this document.

Great places, be they urban or rural, are those that function well for everybody, regardless of age, ability, gender, background or belief. For that to happen it is essential that we continuously work to understand the needs of different users and how improvements can be made in policy and practice. Furthermore, as evidenced in the research of the SPACE programme, the quality of our environment has countless impacts on our physical, mental and social health, with more discoveries being made each day. So, by improving the way in which we plan and design places, we can make a significant contribution to the long lives of people everywhere. It is particularly important to study this in a rural and coastal context, having received less attention to date than urban environments.

Our role in this research has been to respond to the issues raised by workshop participants with possible planning, design and place management solutions. We listened carefully to understand their everyday experiences and considered what changes are needed. It is now hoped that the findings and recommendations of this report will go on to spur positive change, impacting upon those in decision-making roles within central and local government and the wider development community.

In doing so, we will not just improve the lives of older people, but everyone in our society. As one workshop participant eloquently explained, younger people need to remember that they too will be older one day.

Dr James Hennessey
Director, The Paul Hogarth Company

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Executive Summary

We asked older people living in rural and coastal areas of Northern Ireland, along with relevant support organisations, to tell us what helps people to age healthily in their area and what challenges they encounter. Here is what they told us were the big issues:

- *Getting around* – transport and travel was the thread that ran through every focus group and interview. It was seen as the theme that connected all the other issues that were raised, in that many of them depended on, and were impacted by, the possibility of physically getting from A to B.

- *Access to health and social care* - poor access to health and social care services was recognised as an issue for older people in rural and coastal areas. The difficulty in arranging local appointments and in accessing those further away were both cited as challenges.

- *Activities for healthy ageing* - contributors talked about the immense value and multiple benefits of locally based groups and activities, many of which are organised, delivered or facilitated by community and voluntary groups and public sector organisations with a focus on age and ageing well.

- **_Public spaces_** - The older people who attended the focus groups were very aware of the beauty of the rural and coastal areas they lived in, but also put considerable focus on the way that the design and planning of public spaces worked against older people's ability to engage with them.

- **_Loneliness and isolation_** - older people contributing talked about the strong sense of community, particularly when living in a rural village or town. Many spoke of good friendships, and kind neighbours. However, they also pointed out that there were older people who would never be able to attend such a session due to the extent of their isolation. Loneliness and isolation were considered to have a significant negative impact on the ability to age healthily.

And you can watch the video **here.**

Fermanagh Countryside

Contents

Introduction

What is this report about?

This report is about healthy ageing in rural and coastal areas in Northern Ireland. It looks at what factors support healthy ageing in those areas, the barriers to healthy ageing, and what could be improved to make rural and coastal areas good places to live in later life. It was commissioned as part of the Queen's University Belfast SPACE project which is a three-year study looking at the impact of where we live on our ability to age healthily, funded by the UKRI Healthy Ageing Challenge.[1]

SPACE stands for Supportive Environments for Physical and Social Activity, Healthy Ageing and Cognitive Health. The SPACE project's primary focus has been largely on the factors in our lived environment that can impact on cognitive health, affecting for example the development of dementia and other forms of cognitive impairment. Because little is known about the connections between the places where we live and cognitive health, the project has carried out in-depth research on a range of issues which you can find out more about at the SPACE website.[2]

The SPACE project team recognised the connection between healthy cognitive ageing and healthy ageing as a whole, and they also noted that their work had a substantial focus on urban areas in Northern Ireland, looking at issues such as air, noise and light pollution. The project's Advisory Group[3] were interested in exploring the factors impacting on healthy ageing in rural and coastal areas, an interest which coincided with the findings of England's Chief Medical Officer, Professor Chris Whitty, in his Chief Medical Officer's Annual Report 2023: Health in an Ageing Society.[4]
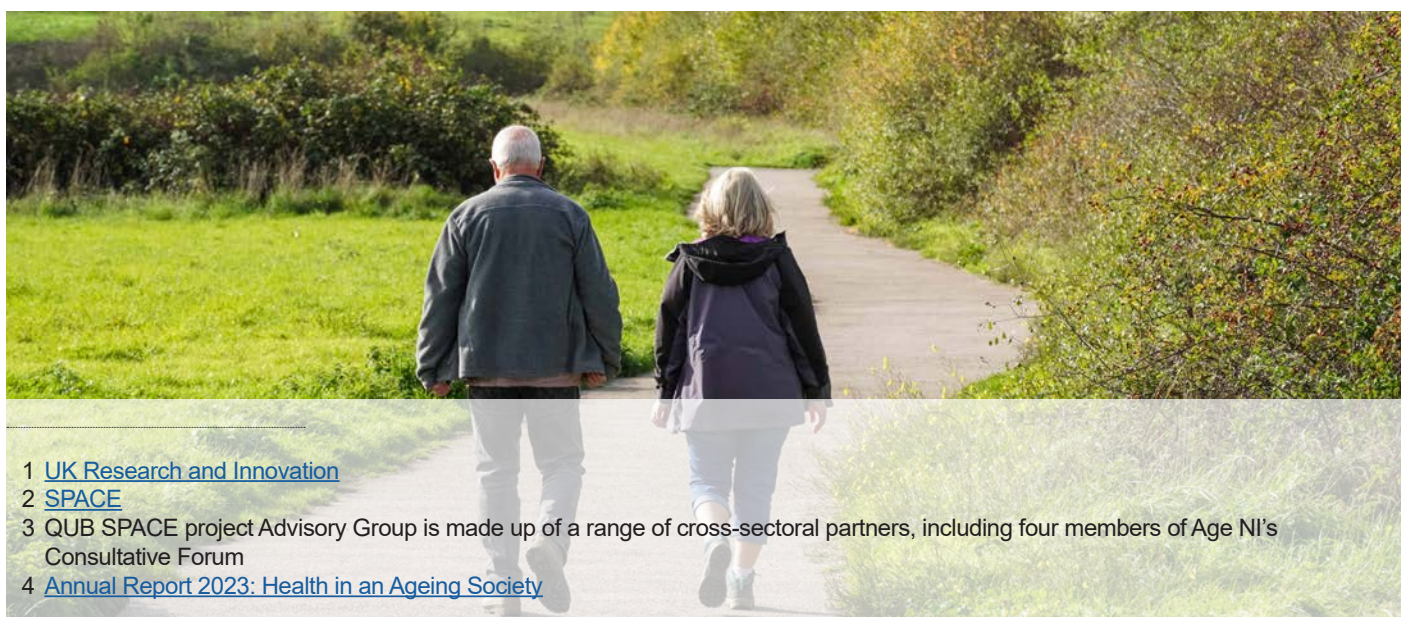
1 UK Research and Innovation
2 SPACE
3 QUB SPACE project Advisory Group is made up of a range of cross-sectoral partners, including four members of Age NI's Consultative Forum
4 Annual Report 2023: Health in an Ageing Society

In the report, which focuses on England, Professor Whitty notes that:

"

Rural and coastal areas are ageing at a faster rate than urban areas."

This does not mean that people age more quickly in these areas, but rather that in England, the proportion of older people in rural and coastal areas is increasing, as compared to urban areas. Whilst we need to test the extent to which this is the case in Northern Ireland, Professor Whitty's report points to an issue worthy of exploration in a Northern Ireland context.

This is particularly important as we increasingly recognise and work to address health inequalities in our society. Health inequalities are the disparities in health outcomes that arise for people across the lifespan, which are influenced to a significant extent by the social and environmental factors experienced by a person in their lives. These factors include income level and access to benefits, education, housing, living conditions and the wider environment, and access to services including health. These are called the Social Determinants of Health[5], or the Building Blocks of Health[6], and there is increasing recognition that where we live, and what we have access to, plays an important role in ensuring not only that we have a longer life expectancy, but that we can have a healthy life expectancy.
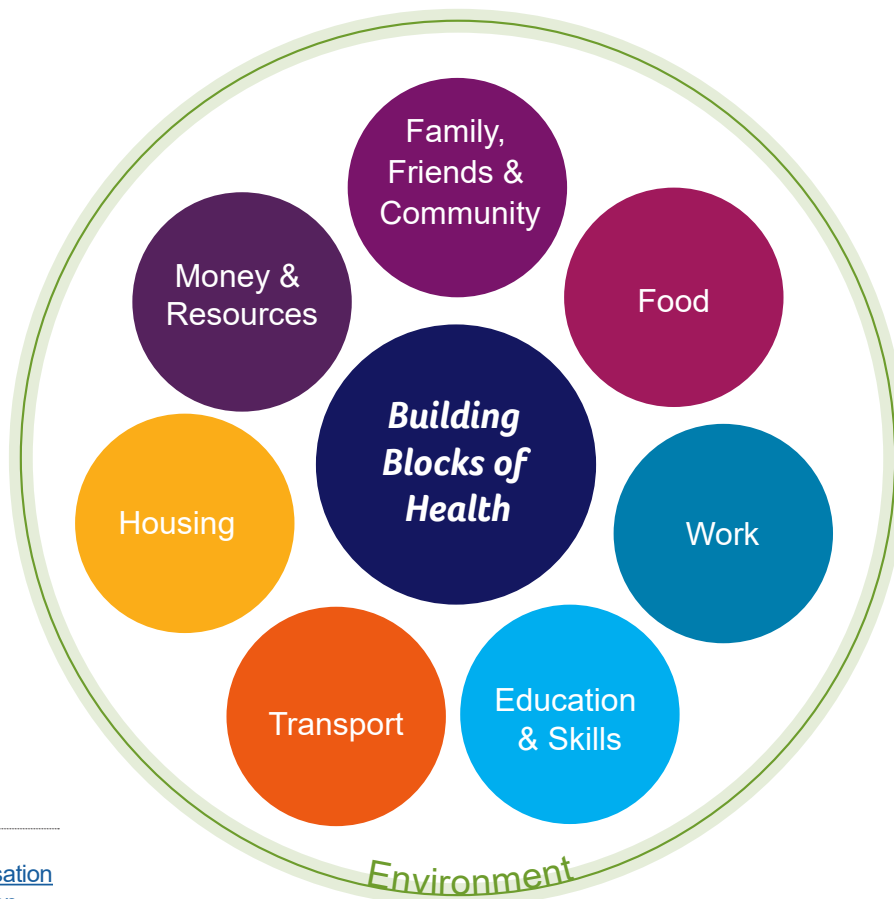
5 World Health Organisation
6 The Health Foundation

This is all the more important when we consider the statistics for life expectancy and healthy life expectancy in Northern Ireland. Department of Health figures for 2020 – 2022 revealed that life expectancy has increased considerably over the last 40 years to 78.4 years for males and 82.3 years for females.

However, over the last 10 years, the increase in life expectancy has stalled. What is even more striking is what the Department calls "the deprivation gap" whereby, in 2022, males living in the most deprived 20% of areas in Northern Ireland could expect to live 7.2 years less than those living in the 20% least deprived areas. Females living in the most deprived areas could expect to live 4.8 years less than females in the least deprived areas.

For many, the concern is not only living longer but also ensuring that those years are healthy. In Northern Ireland, Healthy Life Expectancy (HLE) stands at 61.2 years for males, and 62.7 for females. Again, the gap between the most deprived and least deprived areas is notable: males in the most deprived areas can expect 12.2 fewer healthy years than those in the least deprived areas. Females in the most deprived areas can expect 14.2 fewer healthy years than those in the least deprived areas.[7]

Life Expectancy

82.3 years

Female

72.4 years

Male

Life expectancy for those living in the 20 % most deprived areas

4.8 years less

7.2 years less

Than those living in the 20% least deprived areas

7 Department of Health Northern Ireland

What this means is that the forms of inequality and disadvantage that people are exposed to can have a real and measurable impact on how long they live, and how healthy that life is. It also signals in very real terms that the age group which bears the brunt of the cumulative effects of the Social Determinants of Health - the people who sit on the "impact end" of health inequalities - are older people.

In addition, Age NI's Lived Experience Survey 2023[8] pointed to key priorities for older people which have relevance across rural, coastal and urban areas, not least transport, travel and access to services.

It is hoped that this report will add nuance to existing statistics and findings, by specifically highlighting the experiences of older people in rural and coastal areas and what they see as the barriers to, and enablers of, healthy ageing where they live. The aim of the research is to contribute to a greater understanding of the experience of ageing in rural and coastal areas of Northern Ireland, with a view to influencing how space, services, opportunities and support are planned in the future.

8 Age NI Lived Experience 2023

County Antrim

Living a rural or coastal life is often cited as the dream by many, whether growing up there as a child, or moving there in latter years. It would seem logical that fresh air and sea views are good for your health, but remarkably little research has been undertaken to substantiate such a claim. Furthermore, as a society we have a tendency to romanticise rural and coastal life, evoking idyllic scenes. Care must be taken, however, not to generalise and to study life in these environments through an objective lens.

So what do we mean by rural and coastal? For the purposes of this report, *rural is defined as open countryside and small settlements there in, while coastal is areas within 1 mile of our coastline.* Large coastal towns or cities are not included in this study.

In Northern Ireland the terms 'rural and coastal' constitute a large proportion of our landmass and encompass a wide range of different environments. Some rural and coastal areas are sparsely populated while others are home to many people. In fact Northern Ireland is well known for a historically relaxed attitude to planning the rural environment, resulting in many single dwellings in fields or along coast roads, usually in relative proximity to towns or cities. While this 'exurban' development pattern may suit those wishing to build their own home with good views but close to amenities, it can also create pressures on infrastructure and service delivery, due to the density of development being still too low to make viable elements such as pavements, street-lights, bus services, post offices, GP surgeries and schools. In turn residents remain dependent on the car which generates problems of congestion, air pollution and lower levels of physical activity.

Another feature of rural and coastal Northern Ireland is the lack of rights of way. This is in contrast to other parts of the UK where the countryside is often densely populated with off road footpaths, cycle paths, tow paths and bridleways. The provision of such infrastructure has a bearing on the degree to which the countryside can be accessed on foot for exercise and recreation, as well as for active travel journeys to nearby destinations. As walking is so good for our health compared to driving, this impacts upon local levels of health and fitness.

⬤ Highlights Dwelling or Cluster of Dwellings

Example of Rural Area

And what do we mean by health? It is important to remember the wide definition of health for the purposes of this study.
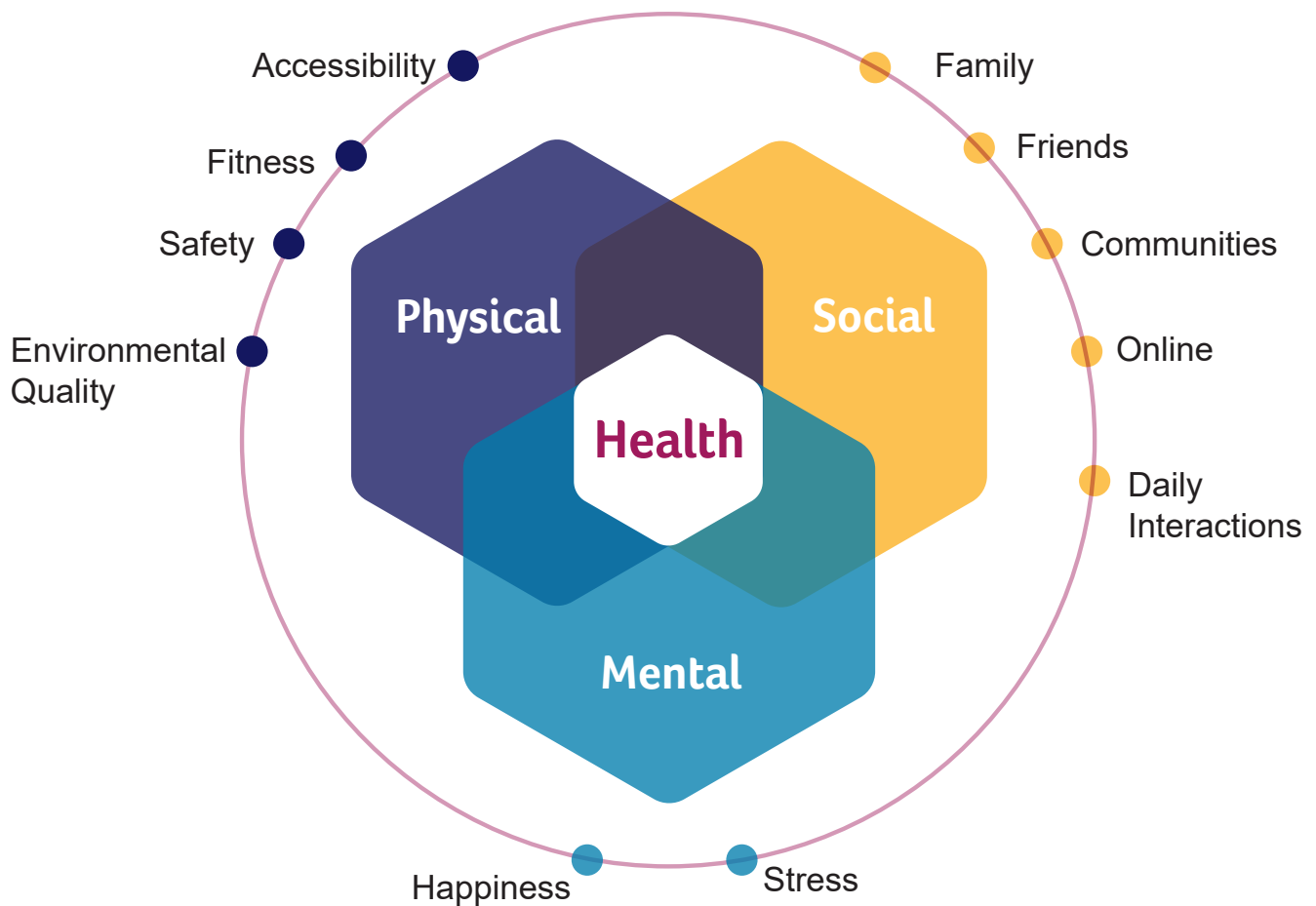
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Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[9]

World Health Organisation

The diagram shown illustrates the many dimensions to physical, mental and social health. For planners and designers it is vital to consider how the outcomes of their work affects these three core aspects of human health. This demonstrates the wide range of locations and activities that must be given careful consideration from a health perspective. As a result, it applies to many types of planner and designer, including architects and engineers, town planners and landscape architects, builders and farmers, and by extension transport, health and other services.

9 Constitution of the World Health Organisation, 49th Edition, 2020

Physical

Social

Health

Mental

Accessibility

Family

Fitness

Friends

Safety

Communities

Environmental
Quality

Online

Daily
Interactions

Happiness

Stress

Examples

- Active Travel
- Transport Networks
- Play
- Sport
- Buildings & Spaces
- Food/Diet
- Pollution
- Access to health, social care and community services

- Isolation
- Socialising
- Relaxing
- Employment Deprivation

- Meeting
- Socialising
- Work
- Play

Diagram illustrating the many dimensions to physical, mental and social health

Process

How was the research conducted and who took part?

Age NI facilitated five focus group discussions with people aged over 55, and twelve interviews with professionals working in the voluntary and community and local authority sectors. The Paul Hogarth Company supported the research process and visualised design, planning and space solutions based on the input of older people. A full list of contributors can be found in the acknowledgements section. The findings by no means cover the full range of provision available to older people, but rather highlight individual experiences and examples – in other words, the providers and support organisations featured in the report represent just a slice of the work going on to support healthy ageing in rural and coastal areas of NI.

The findings are qualitative, based on the real lived experience of older people and people who work alongside them on a daily basis, and are presented in this report, and in an online video.[10]

Age NI supported two members of the Age NI Consultative Forum to carry out the role of peer facilitators[11] at the focus groups, held in March – June 2024 in Ballycastle, Magherafelt, Fermanagh, and the North West, with additional facilitation support from The Paul Hogarth Company as follows:

• Ballycastle Over-55s
• Ballycastle Solas Men's Group
• Magherafelt Men's Group convened by Mid Ulster Volunteer Centre
• Older people in Fermanagh supported by South West Age Partnership (SWAP) and Fermanagh Trust
• North West Older People's Forum convened by Age Friendly Officer, Derry City and Strabane District Council.

A total of 45 older people participated as follows:

Rural or Coastal

■ Rural: 25 participants
■ Coastal: 11 participants
■ Rural and Coastal: 9 participants

Age Group

| Age	Count
50-60	4
61-70	10
71-80	21
80+	10

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10 https://youtu.be/mm-oBAFt0Js
11 Age NI has a team of volunteer peer facilitators, who are older people themselves, and who lead discussions with older people on issues that matter to them, so that we can ensure that the voice of older people is included by decision-makers.

Gender

- ■ Male: 12 participants
- ■ Female: 33 participants

Working, Retired, Volunteer, Caring

Working	4
Retired	36
Volunteer	10
Caring	1
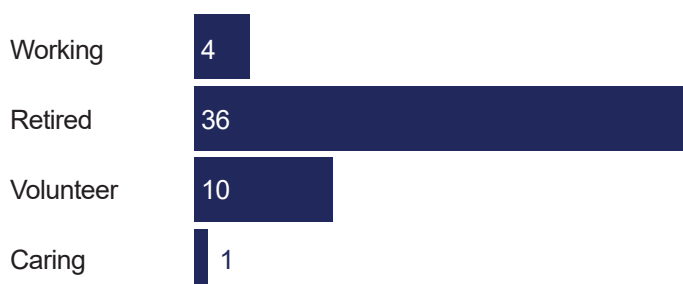
Note: The total adds up to more than 45 as some people are both retired and volunteering.

The approach to the focus groups was participative and interactive, with information provided on the SPACE project followed by roundtable discussion, with facilitators guiding participants through three key questions, and noting responses. Each session ended with a headline feedback session, so that participants could hear from each other. Detailed notes were gathered and written up. The three research questions were:

1. **Thinking about Healthy Ageing, what are the things about your local area that help you to stay healthy?**

2. **Thinking about Healthy Ageing, what are the things about your local area that make it harder for you to stay healthy?**

3. **What changes would you like to see in your local area that would make it easier for people to stay healthy for longer? Have you any suggestions or examples?**

Findings

The research showed that rural and coastal life has much to recommend it, and, at its best, has qualities that can be a great support to healthy ageing. As one contributor said:

"The lifestyle can be great – there's a great mindset, and the possibility of walking and going to the beach... Location makes people feel resourceful and encourages independence, and people are often determined – they have the asset-based approach. The view, the space, the birds, the peace and quiet and calm is lovely. Family and friend support is great. People are more likely to check in on each other. There's a great sense of community."

However, it was evident from both the focus groups and interviews that living in rural and coastal areas can also present significant barriers to healthy ageing. These form the themes around which the rest of this report is structured. While there are some positive stories and examples scattered throughout, much of the report points to the difficulties that older people can encounter in rural and coastal areas:

1. **Getting around**
2. **Access to health and social care**
3. **Activities for healthy ageing**
4. **Public spaces**
5. **Loneliness and Isolation**

1. Getting Around

> *"Transport and mobility are necessary for an independent life, and for many forms of enjoyment...As people grow older they may lose the ability to drive safely and having a public transport system which meets the needs of older people is important for independence, especially in more rural areas...However, transport options can be limited in some areas of the country."* [12]

Getting around, in other words, transport and travel, was the thread that ran through every focus group and interview. It was seen as the theme that connected all the other issues that were raised, in that many of them depended on, and were impacted by, the possibility of physically getting from A to B.

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12 Chris Whitty, Chief Medical Officer's Annual Report 2023: Health in an Ageing Society, p. 211

What do older people need to access?

The research pointed to the importance for older people of accessing:

i.   Services required for life: shops, banks, post-offices etc.
ii. Health and care services – this includes GP and hospital appointments, ongoing treatments and checks in relation to health conditions, and the availability of care in the home.
iii. Wellbeing services and activities, delivered, organised or supported by the community and voluntary sector, councils, health and social care trusts and other public sector providers. The below list is not exhaustive, but gives a flavour of the range of services aimed at keeping people well:
    - Age sector networks (ASNs) and local groups: there are 14 age sector networks across NI, providing information, support and regular activities for local groups and older people in their areas. Between them they support 2000 local older people's groups, with a reach of 10000 individuals. These, and other local groups, vary in size and focus, and provide a range of activities including walking groups, yoga, tai chi and swimming groups, luncheon clubs, arts and crafts groups, talks and lectures, Men's Sheds, University of the Third Age (U3A) groups, and many more.
    - Local or area-based organisations who cover all age-groups, and, as part of their work, offer some activities or support to older people such as healthy living centres.
    - Local councils: many councils provide activities for older people via community services or community development departments, and all have an Age Friendly officer or co-ordinator, with significant support from the Public Health Agency. Age Friendly officers connect with cross-sectoral partners in an Age Friendly Alliance.
    - Health and social care trusts – trusts covering rural areas direct resources towards activities supporting health and wellbeing initiatives, including the loneliness networks developed by trusts in their areas.
    - Other public sector services - for example Libraries NI - provide activities for older people in local libraries.
iv. Work or volunteering – many older people continue to be employed, and others are engaged in volunteering activities.
v.   Caring - it was noted that many older people carry out caring roles, such as looking after loved ones who are unwell, and taking care of grandchildren, although they may not classify themselves as carers.
vi. Informal connections – family, friendships and informal support structures.

The importance of having access to these activities and services was recognised by contributors as having significant benefits to health and wellbeing.

Access was raised not only in relation to the importance for older people of being able to get around themselves – it also related to others being able to get to them, including family members and carers.

It was evident from the focus groups and interviews that transport is deeply connected to the level of service provision across the other themes. Simply put, the fewer services that are available in rural and coastal areas, and the more widely dispersed they are, whether health services, wellbeing activities, or access to shops, banks and facilities, the more requirement there is on older people living in rural and coastal areas to travel further to access them.

Challenges to healthy ageing in relation to transport

> **"**
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> *No matter what topic - especially health - transport has huge relevance. Our own research shows that most people rely on use of individual cars as public transport is not great and even if there is a bus, can you get there? And then there's no footpath to the bus stop, and no cover at the bus stop. And irregular services. People depend on transport for getting to the GP and hospital appointments. If you can't afford to get yourself there on time, there will be an impact on your physical health. Lack of suitable transport has a detrimental impact on interaction and participation. And it's the less well-off who struggle, the more isolated and deprived."*

We asked participants to tell us about their experience of transport and travel where they lived and what impact this had on the health and wellbeing of themselves, their loved ones, or people that they support. Here is what they told us.

Inadequate and irregular local public transport provision

The central issue identified across focus groups and interviews was inadequate and irregular provision of public transport to rural and coastal areas, and the more isolated the area, and the greater distance from a centre of population, the more scarce public transport provision was.

One contributor who lives in a rural area outside Ballycastle noted that public transport was only accessible in her small community from 9am until 2pm. Another Ballycastle contributor said: "There is no way for people outside of Ballycastle to stay in town after 6.30pm – this is the last available public transport. It means you can't stay in the town to socialise in the evening".

The issue of accessing transport hubs located in the nearest town, in order to undertake onward journeys further afield, was an issue raised across the research.

One Fermanagh contributor commented: "There is a good bus service between Enniskillen and Belfast - the earliest bus is 6am - but it's impossible to access it at that time, as there's no public transport which would enable you to get from rural locations to the bus station at Enniskillen".

A mid-Ulster contributor said: "I have no way of getting from where I live to Castledawson or to Toome to catch the 212 bus to Belfast or Derry".

Coastal Road at Ballycastle

This was not just an issue of connection between local services and regional services – for many focus group contributors, there was also a further concern about getting from their own home to the local bus stop in order to access transport which could take them to the main regional bus route. Some faced mobility barriers. Others would have been prepared to walk a reasonable distance to the bus stop, but avoided doing it, as their local road had no footpath, or a poorly maintained footpath which could present a falls risk.

A Ballycastle contributor commented on the lack of any seating or shelter at her local bus stop and recounted an experience which caused her great alarm:

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> *I came to get the bus at 1 o'clock and I was about 10 minutes early, and there was two ladies standing there – well, one was on the floor, on the ground, and the other was on a rollator. She was sitting on the seat [of the rollator]. I said 'why is she sitting on the ground?' and she said she couldn't stand any longer, so she just slid down onto the cold cement."*

"As long as you can drive, you're fine"

For many contributors to this research, the inadequate and poorly joined up public transport provision meant reliance on having a car, and being able to drive it, both to access local towns and villages, and to access the public transport services to other areas in Northern Ireland that run from the larger towns – something that was particularly important in getting to hospital appointments. However, there were some concerns raised about this:

- People on lower incomes may not have a car or be able to afford increasing fuel or car insurance prices.

- Some people may be continuing to drive after they feel comfortable or confident to do so, in the absence of alternatives.

- For those who do have access to a car, driving is only an option for as long as they are well enough to do so. It was notable how often contributors made comments such as: "As long as you can drive, you're fine". A mid-Ulster contributor said: "Driving a car is the lifeline – otherwise it's very hard to get out".

Repeatedly throughout the research, contributors expressed the view that as soon as any change in circumstances happened that made driving no longer possible, the impact on the older person's ability to access any services, appointments, activities, or social opportunities did not just decline, it entirely disappeared, in some cases, overnight, with serious and immediate consequences for health and wellbeing. Some contributors expressed concern about loved ones who were still driving, and who may no longer be able to access health appointments and checks, activities, and social opportunities, once they became unable to drive.

Ballygally

Two contributors, one from the North West, and one from the South West, were concerned that their mothers would immediately be faced with leaving the rural family home, as soon as driving became an issue, as they would have no way of leaving the home, or going anywhere, without a car.

"

A quick change in health can change your life. One day, everything could be fine, but a fall can change everything. Very quickly, you can't access anything."

"

When you can drive, you're fine. If you do not have transport, your health is going to fail. As soon as you tip over that health precipice, you fall into an abyss, and in the Western Trust area, it really is an abyss because the nearest suitable hospital could be in Derry."

Impact of inadequate transport

Throughout the research, concern was expressed about the impact of inadequate transport and travel on older people's health and wellbeing, which can be summed up as follows:

- Inability or great difficulty in getting to GP and hospital appointments which will be covered in more detail in the next section.

- Additional cost for alternative transport or for overnight stays at hotels close to hospital.

- Inability or great difficulty in getting to activities which support good health and wellbeing including organized groups and activities, and opportunities to connect with others and socialise.

- Anxiety and stress caused by worrying "How am I going to get there?"

- Loss of independence in relying on friends and neighbours.

- Possibility of some individuals continuing to drive past the point where they feel comfortable to do so.

What's working well

The SMARTPASS

Whilst the greatest emphasis in the research was about inadequate transport, for those who were able to access public transport easily, many shared positive experiences, specifically the opportunities afforded by the SMARTPASS. This enables people aged 60+ to travel free of charge. Recent proposals from the Department for Infrastructure to reduce access to the SMARTPASS were dropped, as so many older people came forward to emphasise how much they rely on it to access appointments and other activities.

> "
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> *When the SMARTPASS works, it's great – I get the 212 bus all the time to both Belfast and Derry, I even use it to attend a friendship club in Belfast and to see family in Dublin and travel all around Ireland. The bus pass enables us to do things we wouldn't otherwise do."*

Community Transport

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Community Transport transforms lives by connecting individuals to essential services and social opportunities. It's not just a means of travel; it's a vital resource that fosters independence, reduces isolation, and enhances quality of life for those who depend on it. Community Transport plays a crucial role in providing accessible transport for rural and disabled individuals, it must be properly resourced to fulfil its potential."

Throughout the focus groups and interviews, Community Transport was mentioned by respondents as a lifeline for some older people, and indeed something that many respondents would like to see more of. One provider had recorded 48,495 passenger trips between April 2023 and the end of March 2024. Some older people were using it to get to activities and classes such as exercise and art classes, and others depended on it to get to GP and other health appointments.

County Fermanagh

Supported by the Department for Infrastructure and other funders, many rural and coastal areas are covered by Rural Community Transport Partnerships which operate the Dial-a-Lift scheme, and in some areas, they also provide the Disability Action Transport Scheme, supported by grants from Disability Action. Some Community Transport providers and support organisations provide volunteer driver schemes or social car schemes. However, some reported experiencing a reduction in volunteers including volunteer drivers during COVID, with numbers yet to recover.

Challenges and constraints

Many contributors commented on the constraints on Community Transport provision, including the need to pre-book, and limitations to the number of runs available per passenger, in some cases being reduced further due to cuts. Some focus group contributors suggested that geographical boundary limitations on Community Transport providers meant that it could not be availed of to access appointments in larger hospitals beyond their area.

Contributors, in particular providers, pointed to the double impact of reduced Community Transport budgets, combined with evidence of growing demand for health-related journeys, which were considered to represent a steadily increasing portion of the workload. There was concern that the priority which had to be afforded to health appointments would inevitably lead to fewer runs being available for access to activities which could support healthy ageing such as social and wellbeing activities.

> *Despite increasing demand driven by population growth and fewer transport alternatives, the number of journeys delivered by Community Transport is decreasing annually due to funding cuts. Service levels are now dictated by available budgets rather than the actual needs of the community, and the demand for Community Transport far exceeds what can be provided."*

It was evident in the research that reduced levels of transport, including community transport, did not only mean that it could be difficult for some older people to access services and activities, but impossible. As one contributor said:

"Groups might find money for programmes and activities, and then the last thought is, how do people get there? This means increased demand for Community Transport services, and yet funding is being cut – we have had to reduce our service from 5 days per week to 2 days per week, with over 1000 members."

One provider talked about the role that Community Transport played in supporting people to access services to keep well:

> *We're keeping people out of hospital and the care system – it has a very positive impact. The fact that it's door-to-door is what makes it work. What we do in Community Transport Translink can't do, and taxis cost more. They can't deliver what we deliver."*

The role of Community Transport and how it is supported is now being reviewed by a cross-departmental group. Northern Ireland Minister of Health, Mike Nesbitt, has signalled the potential role Community Transport could play, alongside volunteer driver schemes, in enabling patients to access care wherever it is located, as part of the Department of Health's initiative: Hospitals: Creating a Network for Better Outcomes:

> *We're looking at Community Transport and how we might better harness the power of that. I know the Ambulance Service have a voluntary scheme of voluntary drivers – that took a bad hit over COVID in terms of numbers, but they're trying to boost those up again, and I've been trying to encourage them to think imaginatively about what kinds of groups in the community might be the most readily open to becoming volunteer drivers."[13]*

Mike Nesbitt, Minister of Health

13 https://x.com/newsoncool/status/1841120649366159552?t=MYR5tx4kuMlmByE4XZJBzw&s=09

Getting Around

Bus Shelters and Seats

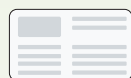Even a single seat and small shelter can make all the difference to older passengers.

Community Transport

This provides a lifeline to many rural dwellers and need funding and support.

Better Information

Making timetables accessible and promoting services locally helps encourage local usage.

Hail and Ride

This could be suitable in more remote areas with a low population.

2. Access to Health and Social Care

Across the research, poor access to health and social care services was recognised as an issue for older people in rural and coastal areas. There was an acknowledgement that for some health issues, the most appropriate hospital was likely to be far away. The sense of detachment from services was experienced by people in a number of ways:

- Distance between the home / community and the nearest hospital, and in some cases, distance between the home and the nearest GP surgery, and the lack of appropriate transport.

- Inappropriate timing of appointments.

- Difficulties in securing GP appointments.

- Infrequency of local appointments supporting people with chronic conditions.

- Provision of care packages.

Getting to GP and hospital appointments

> ❝
> *Access to hospital is a huge issue. There's a bus to Roslea once a week, you get a bus to Lisnaskea, change at Maguiresbridge, then Belfast. There are three changes if you need to travel from there to Altnagelvin. People are asked to be at hospital appointments at 9.00 or 9.30 in the morning – they can't do it, and often have to depend on goodwill, with people they know giving them a lift.*❞

Distance

There was considerable concern, and at times anxiety, expressed throughout the research about the difficulties that the lack of timely or joined up public transport caused for older people who needed to access hospital or GP appointments which were usually far away from where they lived. The general view was that transport to towns and cities with hospitals or specialist services was inadequate, or badly timed.

> ❝
> *I had to go for an operation in Antrim hospital and I needed to have some checks first. The operation was brought forward and I needed a scan first in Braid Valley (Ballymena) then a Camera Test in Whiteabbey, and then to Antrim Hospital. I was 71 years old. Things had to happen very fast and it didn't match with any bus. I had to drive myself to Antrim hospital, park my car there for eight days which was very expensive, and then drive myself home. So, the day of the bowel operation, I had to go to three hospitals. If you have an appointment and you don't drive, you have to book a taxi which is very expensive.*❞

A contributor in the southern area said: "It's important to dispel the myth that people age better in rural and coastal areas with an affluent, retired demographic, ageing well, with good access to services and no poverty. A woman we support couldn't get to an ECG appointment as it would take two or three buses. There is poor access to services including GP services as she lives over 20 miles from the hospital. People try to manage, for example, if they are in a group, they link with another person who can take them to appointments."

Ballycastle contributors suggested that there was no suitable bus from Ballycastle to the hospitals in Coleraine or Antrim, which meant alternative transport had to be found. A number of people shared experiences of depending on the kindness of friends or neighbours to take them to hospital appointments, although many also expressed concern that this was an ad-hoc arrangement, and they were highly aware that this depended on the availability of the friend or neighbour and could never be guaranteed or taken for granted.

Early appointments

Many raised the added complication caused by being offered hospital appointments first thing in the morning, sometimes at 9am, in locations as far away as Belfast or Altnagelvin. This meant additional anxiety for older people who were already feeling concerned about their health. Additional stress was caused by the financial burden of having to stay close to the hospital overnight, in order to make an early appointment.

Contributors from Fermanagh recounted many such experiences. Participants from Lisnaskea and Teemore in Fermanagh described being offered appointments at 9am in Altnagelvin. They remarked that even getting to the Erne Hospital for 9am would be a challenge, never mind Altnagelvin. A contributor who lives in West Fermanagh said:

Another said: "We see older people really struggling - if you have a stroke you're sent to Derry, and you may be offered appointments at 9.30 in the morning - you can't do it. Many people rely on Community Transport, but it's not suitable for those appointments. For example, I had an older person trying to get from Enniskillen to Derry for an appointment. They had to get Community Transport from Enniskillen to Omagh, then Omagh to Derry on the Hospital Hopper, which means they had to change halfway. The appointment was delayed, so that by the time the older person was ready to return home, the buses had stopped – that was very stressful".

> "
> *I was offered a hospital appointment at 9am in the Royal Victoria Hospital in Belfast. I had to rely on a neighbour to give me a lift, because I wouldn't have got to the appointment on time."*

Access to GP Services

> **"**
>
> *Lack of access to GP services is a big problem, and it's very rare to get a home call. Phone calls, pressing options, and triage calls...Older people can be quite private and don't understand why they have to tell the receptionist their symptoms – and combine that with a rural population where everyone knows you! Plus, if you can't get your GP, you can't access the other support that the GP could refer you to.*"

Access to GP services for older people was raised as a considerable cause for concern across the focus groups and interviews. The key issues were:

- Getting an appointment

- Navigating the triage system

- Getting to an appointment

- Managing online appointments.

Getting a GP appointment

> **We support an older man whose wife is sick. He told us that he has rung the GP surgery 60 times. When he gets through, all the appointments are gone. It's a terrible system."**

A number of contributors talked about the difficulties of securing an appointment, with many battling to get through the 8.30am rush to phone for an appointment and missing out on appointments on a daily basis. Many support organisations had experience of trying to support older people in distress about their efforts to get a GP appointment. As one said: "We're supporting older people who are having to navigate the shambles that is our health service, with one person having rung the doctor's surgery 108 times. And, in rural areas, if people can only access Community Transport two days per week, it's very difficult to make that work. Many people don't even know about it and rely on goodwill from family and friends or a costly taxi".

Another support organisation said: "I support an older person who's diabetic. They rang their GP, but as they were classed as non-emergency and couldn't get an appointment. They're constantly told to ring back in the morning – it's an absolute breakdown of the system".

Some contributors talked about the reduction in local GP services. For example, one North West contributor said: "In our village, the nearest GP is five miles away. If you have no family, you're depending on others. The GP surgery used to do a Thursday service in the area, but this has stopped since Covid. The lack of a local service is detrimental to older people's health".

Navigating triage

Some contributors spoke of their alarm at being asked for details of their condition by the GP receptionist who could be someone they know personally or through family connections. One support organisation rang the local GP surgery to ask why older people were being asked to describe symptoms to receptionists:

> **I was told that receptionists in GP's surgeries are now trained as health navigators – but no-one has told older people that!"**

Alongside these concerns was the view that it is now not possible to have your own GP: "You're no longer with a GP – you're with a practice." Linked to this were concerns that communications within the system were not sufficiently joined up to ensure that details were passed on from one GP or health provider to another.

Getting to GP appointments

One contributor gave an example of the lengths some communities have to go to in order to access GP services and the effort that is required for older people to get to GP appointments:

> "
> *Carnlough was part of a wider surgery and had a pop-up GP five days per week, but funding ended for that in 2022. It's now only two mornings per week. If you don't drive, you need to get a bus to Carnlough and a bus to Cushendall. If you live in Glenarm, you have to get two buses to Cushendall and it's a dangerous road. Home visits are rare. Luckily, Carnlough Community Association fought for Community Transport. They were outside of North Coast area, and outside of the South Antrim area...The Community Association fought to get South Antrim Community Transport there, as least some of the time. Because they fought for Community Transport, it is now possible to book in advance and get Community Transport to the GP in Cushendall.*"

Managing online appointments

The challenges of online appointments were raised by a number of contributors. As a Ballycastle contributor said: "It's very hard to get a face-to-face appointment, virtually impossible, it's all over the phone and online is not for everyone". A North West contributor said: "It's impossible to get a face-to-face GP appointment since COVID. You can do digital but not everyone is digitally literate".

County Fermanagh near Belleek Enniskillen

Access to local services for chronic conditions

As well as difficulties in accessing hospital and GP appointments, come contributors expressed concern at the difficulty in accessing ongoing services such as podiatry.

> **"**
>
> *I am 79 years old and an insulin-dependent diabetic. I have 2 artificial knees – total knee replacements. I can only get podiatry services at 4-month intervals. Which means the first 2 months grand, I can manage – I can go out for a walk. The second two months, my feet are so sore I cannot walk."*

The contributor who described difficulties in accessing podiatry appointments suggested that the impact of having such long intervals between appointments was significant: it made the difference between her being able to go out and walk and keep herself mobile, and having to stay at home, at risk of deconditioning through lack of exercise.

Multi-disciplinary teams

Whilst some support organisations mentioned the availability of multi-disciplinary teams (MDTs) within GP practices, very few of the older people contributing to the research did. Alongside the GP and practice staff, MDTs usually comprise a combination of physiotherapy staff, mental health practitioners, social workers, health visitors and district nurses. It may be that MDTs did not feature largely in the focus group discussions for the following reasons:

• Not all GP Practices across Northern Ireland have MDTs in place. Their introduction only began in 2018 in a limited number of areas, with full roll-out yet to be completed.

• The older people who contributed to the research had GPs as their primary focus, as the GP would have traditionally been the only or central contact within GP practices for many years.

• A key mechanism which brings support organisations into contact with MDTs is Social Prescribing, which is varied in terms of level of use across NI, and which often means that the older people they support are not seeing the MDT directly, but rather are on the receiving end of the activity or support offered as part of the social prescription.

In one area, a support organisation suggested that, as social prescribing evolves as a practice, there may still be a lack of clarity about which patients might benefit most from social prescribing (in this case being referred to their organisation's activities).

Provision of care packages in the home

Contributors from support organisations raised issues experienced by older people who live in isolated locations and who find themselves in need of a care package.

"We support an older man who lives rurally and in an isolated location. He required a care package, but after one visit, he was told that no-one would be back for a week, as there were no staff. The family rang his social worker, who got an emergency package, and they were told that location was the issue. It takes half hour to get to him from where the carer was travelling, to do ten minutes of care, whereas the worker could fit in and be paid for three visits in that time".

What might help?

Contributors discussed interventions and supports that have helped with the issues discussed. However, it is interesting to note that many of these were presented as ways of coping with or working around a system which they felt was not designed around the needs of older people.

There was a significant focus on the role of the support and goodwill of neighbours and the wider community. Whilst some mentioned the role of family, others pointed out that their families had moved away, and that the support role fell to neighbours, support organisations and the wider community.

> "
>
> *The community is very good and very caring. My wife had a fall and broke bones. The number of neighbours and friends who helped me out was amazing – they drove me to hospital and back to visit. I feel very happy living here with the community around me and everybody is very helpful."*

A small number of contributors reported positive experiences of hospitals being prepared to change appointments when they rang to explain that they could not arrive for an early appointment. One contributor said: "The hospital agreed to find a work-around for me". The suggestion was that appointments could sometimes be changed, but that it required an effort to do so.

Other suggestions included the introduction of software which would allow hospital appointments staff to pick up distance from the hospital and the age of a patient when offering appointment times. Another suggested the integration of health services across the border to benefit the border population.

Access to Health and Social Care

Ballycastle
Coleraine
Limavady
Ballymoney
Londonderry~Derry
Letterkenny
Larne
Magherafelt
Bangor
Omagh
Antrim
Belfast
Dungannon
Enniskillen
Armagh
Lurgan
Lisburn
Downpatrick
Sligo
Monaghan
Newry
Cavan
Dundalk

Hospitals

- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- Southern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Western Health and Social Care Trust
- Republic of Ireland

Approximately 10km radius

Locations identified via Health Trust websites

3. Activities for Healthy Ageing

> **It's not complicated to have ten older people in a room twice a week and have some exercise – it has great benefits, mental and physical, gets them out of the house and connected, reducing loneliness. We do so much great work to keep people ageing well."**

What's on offer?

> **You could be at something here in Ballycastle every night. I volunteer here as well as at the Men's Shed and for the local church. Groups like SOLAS, Ballycastle 55+, University of the Third Age and Church groups play an important role."**

Throughout the research, contributors talked about the immense value and multiple benefits of locally based groups and activities, many of which are organised, delivered or facilitated by community and voluntary organisations with a focus on age and ageing well. These include the age sector networks and smaller local groups and organisations. Many activities and services are resourced or convened by councils, the health and social care trusts or other funders. Council-based Age Friendly initiatives supported by the Public Health Agency were noted, as well as council community services and community development staff, for example through community development grants, activities and facilities such as leisure centres.

Some contributors also mentioned activities provided by organisations serving the whole community who provided older people's activities as part of their programme, for example churches, healthy living centres, and local libraries.

It has not been possible in this report to include all providers, activities and services in this report. What follows is a snapshot based on those attending focus groups, the majority of whom were from the Fermanagh and Ballycastle areas, and the support organisations interviewed.

That said, the range and variety of groups and activities attended by the older people who contributed to this research was striking, and included:

- Activities and services focused on issues such as safer mobility, men's health, and dementia, for example through organisations such as Age NI.

- Exercise groups including walking groups, yoga and tai chi classes, dance including line-dancing, chair-based exercise, aquafit.

- Over 50s and over 55s groups, offering luncheon clubs, outings and friendship groups.

- Arts and crafts activities and classes such as art, creative writing, knit and natter and crochet.

- Choir and musical activities.

- Groups built around talks, lectures and discussion including University of the Third Age (U3A).

- Men's groups such as Men's Sheds and women's groups such as the Women's Institute and Mothers' Union.

- Sports activities such as swimming and ball sports including walking football.

- Activities aimed at supporting people with issues such as balance, mobility and pain management.

- Volunteering for local groups and charities, including volunteering to support international organisations and campaigns.

- In addition, age sector networks reported provided additional support to enable people to live more safely for longer in their own homes such as handyperson services.

It was evident from the focus groups that, when people were able to get to activities, they had no doubt of the positive impact. Fermanagh contributors talked with enthusiasm about the range of activities on offer in the area, and the great joy they derived from meeting with others, going for walks together, attending classes and sometimes simply meeting for a cup of tea. This enthusiasm for active engagement was shared across the research.

Connecting and working in partnership

Many support organisations work in partnership with, are resourced by, or contract with other agencies in order to provide support and activities. As mentioned earlier, the Public Health Agency connects with councils not least by funding Age Friendly work.

Many of the support organisations interviewed for this research talked about the important role of the age sector networks, the councils, the health and social care trusts and other services working actively together to support older people and to connect them with a range of support mechanisms. Whilst provision, relationships and funding are not consistent across all areas, many pointed to the work that takes place across Positive Ageing Month (October) to organise and promote activities, which in some areas meant a very full programme of activities for older people – one contributor counted over 100 events in their 2024 Positive Ageing Month calendar.

Another contributor described the role their organisation played in administering a council community funding application process on a yearly basis.

Another described the relationship that they had with the health and social care trust to provide a range of supports for older people, and a deepening connection with local multi-disciplinary teams. They had provided a pain management course for over-50s funded through the Healthy Living Alliance, with an exercise programme and speakers from organisations focused on support for specific conditions. The programme also connected in with the local multi-disciplinary team for referrals.

"

This programme touches on everything around pain management. Once you lose physical strength, you need to work to rebuild and keep it. It was very rewarding and you could see the benefit. The feedback was good from the pharmacist, there was support with chronic pain from the physio, gentle exercise such as Tai Chi and support with managing fibromyalgia and hip replacements. We have physical activity sessions in the leisure centre, and taster activities. This is important as it helps people to see what's on offer at the leisure centres. People realise that there are activities that are not too dear, and some classes are free for over-65s. Over 100 people took this programme up."

A Ballycastle contributor described how the local churches worked together to provide a welcoming atmosphere for older people: "There are vibrant churches here and they all work together. At Christmas, I went to evening mass in the Catholic Church at 9pm and saw friends there. At midnight, I went to the Church of Ireland service in the Diamond, and we were joined by the Presbyterian Minister and other Catholic friends – it was lovely. For older people there are things like this that are a real comfort".
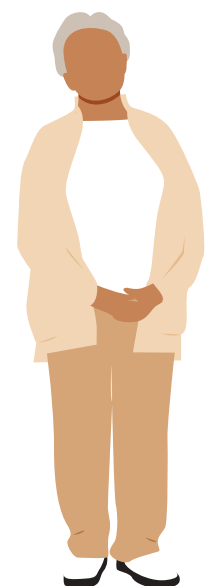
Benefits

Focus group participants had a high level of awareness of the core benefit of programmes – for example, it was recognised that the central benefit of attending a movement or exercise class was to keep fit and maintain safe mobility, and to reduce the risk of falls. However, it was also evident that any one activity they attended provided them with multiple benefits in terms of healthy ageing.

For example, walking groups were described as not only being beneficial as a form of exercise, preserving and enhancing mobility. They were also seen as a means to improve mental health through exposure to the outdoors, often in beautiful locations. They also provided an opportunity to socialise with others, to catch up on each other's news, and to form new friendships and reduce isolation.

The organisation who had convened the pain management programme reported that participants had not only benefited from learning practical ways of managing pain but had been connected to a range of specialists and providers. They had also been connected to others sharing similar challenges, reducing feelings of isolation or helplessness in the face of a difficult health condition.

In Magherafelt, contributors talked about the benefits of attending the weekly men's group, which kept them mobile and active through movement and chair exercises, but also connected them with others and built friendships. One contributor described the luncheon club as being of great value to his wife, not only because of the provision of a warm lunch, but also: "the luncheon club helps my wife a lot psychologically".

In the North West, groups based around the Faughan and the Sperrins were considered to be playing a role in connecting people across boundaries. As one contributor said:

> "
>
> *People work together, it doesn't matter whether you're Catholic or Protestant. If you have a wee hall, people will go there if there's easy access. One of the best things is our Cricket Club, which is used as a community hub. We try to get funding and fund it ourselves and put things on.*"

It was clear that many small groups which had started with a single purpose had blossomed in other directions. For example, a contributor from a group in Ederney in Fermanagh said: "In our group, we meet for tea, coffee etc. and we also have a walking group – this gives everyone a chance".

Sperrin Mountains

Challenges to accessing activities

Participants and support organisations also reported a range of challenges to the ongoing provision of activities aimed at supporting healthy ageing. These included some issues already raised in this report, as outlined below.

Getting there

Lack of transport was raised repeatedly as a key barrier to taking part in activities. Whilst Community Transport was recognised as playing a huge part in supporting access, the limitations on service due to funding restrictions meant that it was not always possible to use Community Transport, for example if someone had already used their weekly limit of runs in a particular area.

In the North West, contributors talked about the value they placed on receiving a news bulletin advertising activities such as line dancing and classes in the local sports centre, including aquafit. However, one contributor talked about his frustration at how difficult it could be for people just to get there:

> **"**
>
> *There are a couple of people in our group who don't drive. If you're a bit out of form, the bus pass is good, but you need a taxi to get you to the bus and there are more people around the Strabane area who don't have a car than do have a car."*

This was echoed by a contributor whose organisation is based in a small rural town: "We cover all ages and our activities are centralised on the building here in town. As money has reduced, organizations have had to centralise. We run falls prevention activities, walking, chair-based activities, and tai chi, and we do social prescribing. But if you're centralized, older people will not come in."

How activities are funded and supported

Whilst funding is not a central focus for this report, it was evident from the research that many activities were highly dependent on attracting external funding.

It was notable that there was a significant degree of concern from some contributors about the short-term nature of funding, inconsistency of funding across Northern Ireland, and the often lengthy application forms that had to be completed, sometimes for only a few hundred pounds. Some contributors including for example some age sector networks played a role in providing regular information on funding opportunities and support in helping smaller local groups to complete applications for funding, and in some cases, administering funding processes on behalf of the council. Yet they and other support organisations described facing challenges themselves in relation to inconsistent and short-term funding, in a situation of increased demand due to cost-of-living pressures, and an increased level of referrals into their own activities.

Indeed, it was evident that support organisations contributing to the research felt the difficulties with funding keenly.

❝

We are dealing with a combination of public sector cuts and cost of living. There is a lot of goodwill and voluntarism, but it needs to be organized and coordinated."

There was a sense that expectations were now greater on volunteers, and concern that the idea of voluntarism could be confused with being "cost-free". There was a widely held view amongst interviewees that many of the activities outlined, which they felt contributed so much to people's health and well-being, were dependent on someone doing the work of planning, sharing information, organising, convening, training volunteers, facilitating, capacity building, and paying for venues, refreshments and transport, all of which required resourcing, along with core costs in order to sustain positive impacts on healthy ageing.

A North West contributor who lived in a rural area outside Strabane raised the additional challenge of falling outside of a targeted funding area. She said: "Everything is targeted on Neighbourhood Renewal. If you're outside of that, you don't get priority. There are lots of older people who are on the verge of targeted areas, it seems awful mean that they can't go to the art class, or the yoga class, because they live half a mile down the road. I attend social and wellbeing activities in a two local centres, but they are constantly having to apply for short term funding".

Linked to this was the issue of suitable spaces for groups to meet in. Most small community groups of the kind discussed in the focus groups do not require a permanent or dedicated premises. However, many do require appropriate meeting space, suitable for meetings and indoor activities, especially in the winter. For example, one contributor said that they currently had to meet in the local fold as there were no day centres in the town. With 30 members, they felt that this was not ideal for themselves, or for the residents of the fold.

"

If you provide activities, and transport to get there, people will go, and there could be more activities. It is incumbent on government to ensure people can take part in a range of activities – it shouldn't always be down to goodwill. Activities are good for health – it's shortsighted not to provide opportunities."

Activities for Healthy Ageing

Healthy Town and Village Centres

High Street regeneration remains important for rural dwellers who often depend upon their services.

Rural One Stop Shops

Combining several services in one building to increase viability was once commonplace in rural areas.

Great Sociable Indoor Spaces

A lifeline to rural communities, buildings with social spaces need to be easily reached, accessible and flexible to support different activities.

Great Sociable Outdoor Spaces

Well designed and managed parks are vital infrastructure for older people living in rural areas.

4. Public Spaces

Ballycastle

> **" **
>
> *Improving the environment for older adults includes issues around urban planning, building design, social care and aids to independent living. There is of course a lot of overlap; for example, an urban environment which allows older adults to use active transport, especially walking, safely will both improve their current independence and their future health.”* [14]

The older people who attended the focus groups were very aware of the beauty of the rural and coastal areas they lived in. Contributors mentioned the scenery, green spaces, forest walks, the beach, and lovely views. Many also valued the peace and quiet of where they lived, with low levels of light and noise pollution, all of which they felt benefited their ability to age healthily. People also valued their villages and town centres as places to carry out essential business, as well as to attend activities and socialise.

14 Chris Whitty. Chief Medical Officer's Annual Report 2023: Health in an Ageing Society, p. 1

Challenges to healthy ageing

However, there was a considerable focus in the research on the way that the design and planning of public spaces worked against older people's ability to engage with them: some of these issues were barriers to be overcome, whilst others were entirely prohibitive. The issues raised fell into a number of recurring themes:

- The facilities and services available.
- Access to villages and towns.
- Parking and footpaths.
- Housing.
- Lighting.

“

In coastal areas, we are blessed with the coastline – but can you get there? And can you stay there? When you visit the coast, toilets and seating come up a lot – older people need suitable toilets facilities and changing facilities. It has a knock-on effect. If it was better designed, families with kids with disabilities would benefit from it. A drop kerb would help and would improve access for older people.”

Facilities and services available

Contributors had much to say about what was, and was not, available in their communities. This is deeply connected to the design of the public spaces that facilities are located in. It was suggested by one Ballycastle contributor that older people now needed to be recognised as the backbone of the community. He said:

“

There is nothing to keep young people in town either – so it's left to the older generation to keep the town ticking over.”

Banks and Post Offices

Many mentioned with dismay the closure of banks and post offices. A Ballycastle contributor suggested that the town was now reduced to one bank and one post office. This posed a considerable challenge, as it required older people to do their banking online. A Magherafelt contributor's comment was reflective of the concerns of many:

“

I won't do online banking – we're afraid of it.”

and another said: "It definitely feels safer to go to the bank". Even a lack of post boxes was raised as a cause for concern.

Shops

The dwindling number of local shops in towns and villages was also raised, impacting on choices available to older people who may not be able to travel further for shopping. A Ballycastle contributor said: "We're seeing shops closing, the local drapery, and two of the four pharmacies". The same issue was discussed in Magherafelt – some contributors said they prefer to use local shops as "We're scared to lose them - but they can be expensive." Even the design of shops themselves was raised, with one Fermanagh contributor saying: "Supermarket shelving is too high and hard to reach for older people. I've raised this with shops – they need to address it".

The closure of banks and shops in towns and villages was not only seen as a reduction in choice for older people. It was also suggested that it removed the motivation to keep mobile. As a Magherafelt contributor put it:

"

Even walking around the shops is exercise, because there aren't so many parks suitable for older people in Magherafelt, and no outdoor gyms."

Recreational spaces and places

A number of participants pointed to the lack of spaces for sports and recreational activities, as well as spaces for meetings and activities. A Ballycastle contributor said: "There is golf and walking but there's no swimming pool – it has been being planned for the last 10 years, and we have only one cinema". A Fermanagh contributor felt that the lack of private changing in the leisure centre, and the lack of toilet facilities in town, were off-putting. In both Ballycastle and Fermanagh, there was discussion about the need for meeting spaces in towns and villages. As one contributor put it: "Not everything is online. We need meeting spaces that are not the pub".

Seating

An issue which was raised across the research was the absence of seating for older people, at suitable intervals. A Ballycastle contributor said: "Ballycastle is hilly in places and hard to climb – we need seating". There were mixed views about calling seating "chatty benches" – an initiative aimed at reducing isolation by creating seating for people who wish to signal they would like to connect with others, perhaps due to loneliness. However, there was a view that this could make people seem vulnerable, and that regular seating without the "chatty bench" label was a better solution.

Seating at bus shelters was a recurrent theme with older people sharing experiences of walking for ten minutes to get to a bus stop, and then standing for a further 10-20 minutes waiting for buses which were not on time.

Public Toilets

A number of contributors talked about the importance of having public toilets and changing spaces available in towns and villages, and also at areas where people might walk for recreation including walking areas, and at the beach. It was considered that the absence of these essential facilities could make the difference between someone taking part in activities or staying at home.

> **"**
>
> *There are lots of benefits of living in a rural area: peace and quiet and tranquility – we are very lucky, we're coastal and it's an amazing area. But there's a real shortage of toilet facilities and parking facilities. These are really important for walking groups. Some of our participants stopped coming to the walking group due to the lack of toilets in public places. This is a big problem and not just for older people."*

Parking

The availability of accessible parking, and the condition of footpaths, were raised across the focus groups and interviews as issues which could not only be inconvenient for older people, but which could make it impossible for them to carry out essential activities, or to take part in any activities. This meant that they could not avail of the benefits to health and wellbeing which others might avail of and would have a detrimental impact on their health and wellbeing.

It is important to emphasise that this was not only an issue relating to town centres and villages, but also to rural and coastal areas where people went for walks and exercise because, as one contributor said: "You have to drive to get to walks and the beach – can we have more places to walk please?"

Ballycastle contributors expressed great concern that the Council had proposed parking charges for beach-front parking.

> **"**
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> *I go for a walk at the beach every day. I park the car and walk. If there are charges introduced, that will really mount up and would put me off."*

There was concern about the lack of disabled parking facilities in Ballycastle as a whole. A Fermanagh contributor said:

> **"**
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> *The town centre disability parking in Enniskillen – they've just spent an awful lot of money doing the centre of the town, which is lovely, it is, but disabled parking areas are in the wrong place, and the pavements are too high."*

One contributor raised the issue of the digitisation of parking, with meters increasingly linked to smartphones. She lived in a small coastal town, and had a health appointment on the main street. She related her experience: "I tried to put coins in, but they were rejected. I could see other drivers paying with their phones but I can't do that. I wrote a note and placed it under my windscreen wipers. My blue disability badge was on my dashboard. I came back and discovered that I had a penalty notice. I phoned the operator of the meters, who said they could do nothing. It was very difficult so my daughter took it up on my behalf. They removed the penalty but now I'm worried it could happen again. I'm worried I'll only be able to pay with a smartphone and as an older person, I'm not confident to use this".

Footpaths

The condition of footpaths and the falls risk they could present was a recurrent concern for older people across the research. A North West contributor said: "There are issues for the Department for Infrastructure here – roads is the big issue. The footpath is unusable, overgrown with moss and so slippy". Contributors talked about broken and loose pavement tiles, footpaths being overgrown entirely, roadworks, potholes, obstructions and unevenness all of which were off-putting for older people.

> **"**
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> *In many areas, paths and roads are not well maintained or are not there at all. This can be dangerous and causes a fear of falling. This limits the possibility of going out and so people may end up depending on a garden if they have one."*

Linked to this was a concern raised about pedestrian crossings, both the availability of them, and the time allowed to cross the road. Whilst this issue was not limited to Lisnaskea and Teemore, concern was raised that given the presence of industrialised plants in those villages, with heavy traffic, there was a need for more crossings, with more time allowed to get across the road safety.

Lighting

It was noted that in some ways, freedom from light pollution was a benefit to living in rural areas, with a Fermanagh participant appreciating how "you can see the stars". Others, however, expressed concern with the level of darkness around people's homes, particularly if they lived very rurally and it was suggested that in places, solar lighting would be helpful, including solar security lighting. Generally speaking, whilst many participants felt that rural living was relatively peaceful and that they enjoyed a reasonable level of security, there was an awareness of rural crime, and it was suggested that support with safety measures such as lighting and increased visibility of police would be beneficial.

Housing

Although this section deals with public spaces, there is no doubt that people's own private living spaces also impact on their ability to age healthily.

The provision of housing was not an issue that dominated the focus groups. However, some support organisations who provide home visit services flagged housing as an issue. One contributor said: "Housing is just under the radar but it's big. We need viable housing for older people to age well in their own homes". Another said:

"

Some areas still have older, very traditional housing with no central heating and an older person relying on a fire. One lady we support still uses her range. We see houses that are in need of repair, the older person is unable to do it, and there is no-one to ask. Often they are afraid to ask in a repair person that they don't know, as then it's really obvious that they live alone…trusted people are needed for these jobs."

These fears can mean that the condition and suitability of an older person's home deteriorates. Yet, a suitable and well-adapted home can make it a safer environment, reducing the risk of falls and other home-based accidents.

The issue of affordable housing on some coastal areas in particular was raised. One contributor suggested: "Some people come to the area to retire. You can't buy a house on the coast – it's astronomical and this is a problem for young people who of course are the family of older people and aren't able to get a house in the area". It was also suggested that the lack of social housing close to villages and towns was likely to become an increasing problem as older people who live in more remote areas stop driving, and need to be closer to amenities.

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The built environment is an important facilitator of active transport which involves physical activity, such as walking and cycling."[15]

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15   Chris Whitty. Chief Medical Officer's Annual Report 2023: Health in an Ageing Society, p. 1

Public Spaces and Healthy Ageing

Toilet & Changing Facilities
The provision of accessible and clean facilities can 'make or break' and older person's ability to access public spaces.

Off Road Paths
Every rural and coastal area needs a network of off-road paths for local residents.

Places to Rest
A simple bench strategically placed can make all the difference when encouraging journeys by foot for travel or recreation.

Safe Walking Surfaces
To live active lifestyles older people need paths that are safe to walk on.

5. Loneliness and Isolation

> **"**
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> *When you're rural, you're used being rural. It's great living in a rural area, there's a hare and three young ones in the field every morning – but when things start to go wrong, mobility issues etc. it's not so good."*

In this research, some of the older people contributing talked about the benefits in terms of a strong sense of community, particularly when living in a rural village or town. Many spoke of good friendships, and kind neighbours. A contributor in Ballycastle said: "I walked here with my friend and said hello to so many people on the way. This place feels different, older people are out and doing things and are not scared". Another described the sense of connection to the wider world that getting out and about gave them: "I was in the pub the other night and heard at least seven different languages. My wife was able to speak French and German to visitors in the local shop".

Challenges

However, many focus group participants pointed out that there were older people who would never be able to attend such a session due to the extent of their isolation. Loneliness and isolation were considered to have a significant negative impact on the ability to age healthily. A North West contributor said:

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Rural isolation is very damaging to health in general. You can see that getting out has a positive knock-on effect on physical and mental health."

Whilst some of the older people who contributed to the research lived alone, they did not identify themselves as lonely or isolated. This is likely to be partly because their attendance at the focus groups meant that they were tied into a support network of some kind which can help to reduce isolation. It also may be unlikely that an individual would publicly identify themselves as being lonely or isolated.

That said, the representatives of networking and support organisations interviewed raised loneliness and isolation as concerns for older people accessing their services and activities. It was noted that loneliness and isolation did not only arise from living in a remote location, but were compounded "as friendship circles dwindle and disappear for people as social contacts pass away". Added to that, contributors observed that people could find themselves alone as families moved away for education, employment and a more urban lifestyle.

"

My neighbours are all in the same boat as us – the young people are away."

Transport

The first and most regularly raised issue was transport. As discussed in detail earlier, there was concern that, once a person became unable to drive, their health and wellbeing could be impacted, due to the difficulty, and in some cases, the impossibility of accessing health and wellbeing services. It was suggested that this could lead to people becoming housebound, with reduced mobility leading to deconditioning, and feelings of loneliness leading to low mood and mental health problems.

Covid

A repeated theme was the impact of Covid which contributors felt had a lasting effect on older people both participating in activities, and volunteering. It was suggested that this was partly because there may be a remaining concern amongst older people about Covid infection, making them more likely to stay at home, but also that lockdown formed a habit of staying at home for some, which is now hard to break. In addition to this, it was suggested that older volunteers had become older, and others may have de-conditioned due to reduced mobility during the pandemic, making them less likely to join in activities again.

Provision of care

This was exacerbated by challenges associated with the provision of care, summed up by one contributor as follows: "It can be difficult to accept carers coming into the home, and this is even worse if the carers are strangers and you live alone up a mountain". One organisation had developed a support programme whereby they ensure that older people have a proper introduction to what the care package will entail, helping the older person to feel more at ease, following an introduction from a trusted organisation.

It was suggested that others were at risk of having their isolation compounded when care packages were not forthcoming or were irregular. In addition, it was suggested that bad weather could lead to carers being unable to reach older people who could be snowed in during the winter.

> **"**
>
> *You can't reach them unless you have a tractor! And mileage and wear and tear on carers' cars means it doesn't pay them to do this."*

Clearly this could leave older people living in remote areas even more isolated and doing without vital support.

Cushendun

The switch to digital

Many support organisations pointed to the impact that the switch to digital communications was having on some older people, particularly those who were "the older old" and those who lack confidence with technology.

"

There are many older people, particularly in the over-70 age group, who are forgotten because of everything switching to digital. Some older people have been able to embrace it, but others have not. We spend time telling older people not to open things and click on links, yet everything is now digital – they have to click on links. There is an argument that people can bank at the post office, but not everyone wants to do their banking at the local post office, as it's often people from the local shop running the post office. And, access to GP appointments is often online - but the support and the wifi connectivity and infrastructure to support these changes is not there. All of this causes stress. This is a social justice issue."

The support organisations interviewed for this research were all highly aware of the impact of the switch to digital on older people and many were working to ensure that their communications are accessible even to those who do not have access to a computer or internet. As one contributor put it: "The question is how to reach and communicate with older people who are isolated and who do not use Facebook or internet. The two challenges are reaching isolated older people where they are, to let them know what's on, and then helping them to reach the things that are available. We are putting together an Age Friendly Directory, detailing community groups, environmental services, and services like NI Water".

Some providers offered technology classes and digital awareness sessions, covering scams prevention, in order to reduce fear and avoidance of technology.
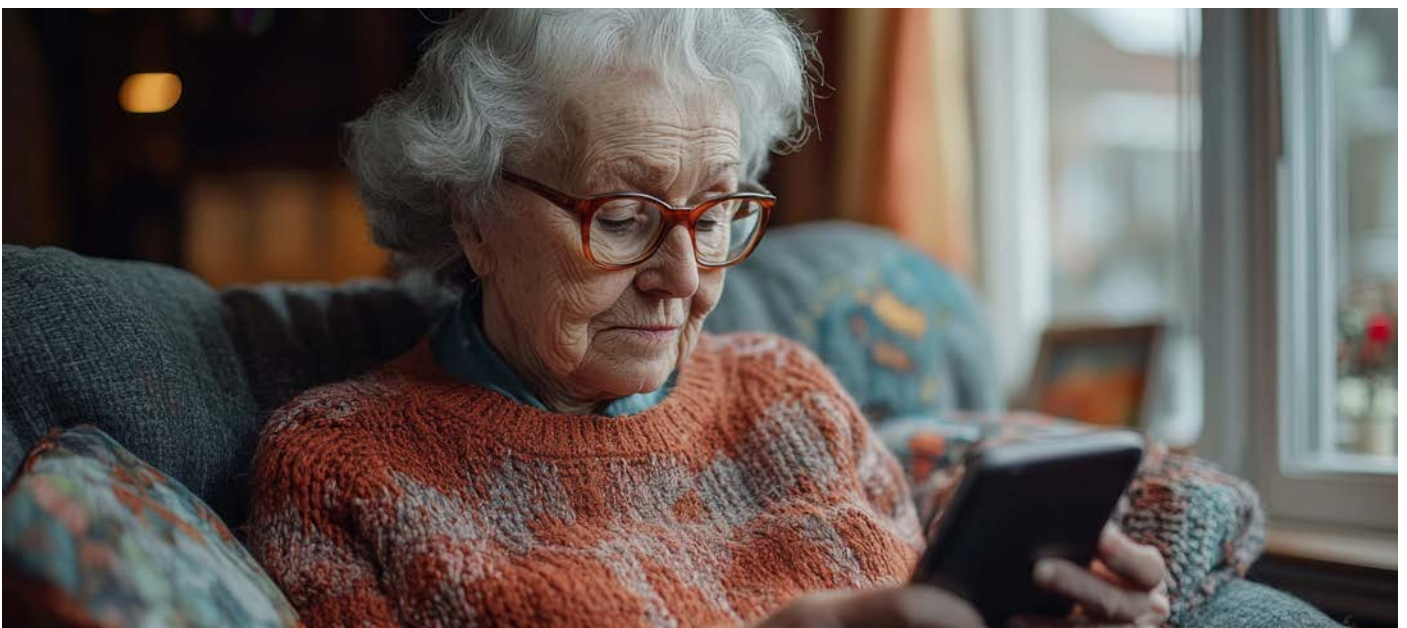
What works well?

Targeted services and activities

It was clear that key to addressing isolation are the kinds of activities and services referred to earlier, reliable funding to run those activities effectively, and accessible transport to get there. The role of community and voluntary organisations, councils, health and social care trusts and public and Community Transport was vital to making this happen. Community Transport was seen as central to connecting isolated older people to activities and social connections which would benefit their health and wellbeing.

Some activities are run specifically as a means to combat loneliness and isolation, whilst others have a different focus, but have the effect of helping people to build friendships and connect with support networks.

A key approach to directly supporting individuals who are isolated are services such as local good morning call services offered by a some of the support organisations who took part in this research, and services such as Age NI's Check in and Chat, whereby an older person receives a call from a matched volunteer who will regularly call them for a conversation about how their week is going. The Northern Health and Social Care Trust runs four loneliness networks in the region as well as wider initiatives aimed at supporting wellbeing and connection, for example amongst older farmers.

Another contributor described how their falls prevention activities delivered for the health and social care trust are designed for social connection: "Our falls prevention activities include sandwiches and a chat which are very important. It improves confidence and self-esteem and makes people feel they have something to offer. So it's balance and strength, and confidence and wellbeing".

Joined up working

A contributor from the southern area shared an example of a pilot programme they are working on with cross-sectoral partners, in particular the multi-disciplinary teams (MDTs) in GP surgeries in the area. They said:

"

This pilot helps with people who are lonely and very isolated, as the MDTs can connect them into support. This has led to significant referrals to us - the MDTs are really using the local services. We work with the Promoting Wellbeing team in the Trust who have brought together all social work staff to meet ourselves and other contracted organisations.

We presented on our work so that all GP based social workers know what's available to older people. We have met with the MDTs and the Integrated Care Teams, including occupational therapists and physiotherapists – the people who are going into people's homes and recognise need.In the last two weeks we have had 21 referrals into the organisation through MDTs and the Integrated Care Team. The person is referred to us, and one of us goes to their home and asks them about their interests.

If there's a group they're interested in, we'll take them to the group. We use either Community Transport or the volunteer drivers to get them there. It connects people in with other people in similar situations and can prevent isolation. We were able to help a retired woman who had mobility issues, and was unsure how to get out and make connections.

We also see a lot of men living alone and in poverty. We supported a man living in a rural property over Christmas. He was so rural, to see how he was living, what he had, how isolated he was. He had a wonderful view but you can't eat a view. He was alone and unmarried and we were able to support him. Investment in groups like ourselves is having an impact. It's investing in supporting people – investing in local groups and organisations and their resourcefulness and inventiveness."

Another pointed to the power of even small amounts of funding to enable older people to run programmes aimed at increasing connection. Through council funding, this organisation was able to support over 100 groups with small grants, 95% of which were older people's groups. She said: "These small pots of funding enable groups to run a range of activities including crafting, physical activity, bus trips, and meals and Christmas events". Another described an event they had hosted specifically on the topic of loneliness: "We had a network meeting only yesterday on loneliness, where we provided lunch and information for people about how to get connected. We had 45 people attend, which shows there is a demand".

Contributors also pointed to initiatives aimed at reducing digital isolation. For example it was mentioned that some community and voluntary organisations, as well as local libraries, were offering technology classes for older people. One contributor suggested that communities, and community needs, are changing more quickly than funding is addressing. She said: "Most coastal areas are not classified as being areas of deprivation. Because they're not classified as being in an area of deprivation, they have no access to funding, no groups and no projects".

Loneliness and isolation can affect anyone, but it was observed by a number of contributors that attendance at activities and groups tends to be more women than men. One contributor said: "It's 98% women for anything we put on. The real difficulty is to get to men. We hear a lot about walking groups, and that does help, as we find that men are more likely to come out if there's a specific purpose such as walking – and they chat along the way". Initiatives such as Men's Shed and projects such as Age NI's Good Vibrations seek to address this.

Loneliness and Isolation

Getting Around

Community Transport

Bus Shelters and Seats

More Information

Hail and Ride

Activities for Healthy Ageing

Healthy Town Centres

Rural One Stop Shops

Great Sociable Spaces

Home

Places to Rest

Safe Walking Surfaces

Facilities

Community

Public Spaces

Townland

Region

Access to Health and Social Care

5. Conclusions and Recommendations

Conclusion: designing in health inequalities

This report provides a glimpse of the factors which can support, or act as barriers to, healthy ageing in rural and coastal areas of Northern Ireland. It cannot claim to cover all rural and coastal areas, all funders, agencies, groups, or indeed all issues. However, the older people and the support organisations who contributed to this research have shared a range of lived experience and analysis which has been invaluable in illuminating the barriers to healthy ageing in rural and coastal areas of Northern Ireland and pointing to solutions which are considered to enable and support healthy ageing.

Whilst important issues such as the impact of climate change, safety and anti-social behaviour were mentioned, they were not comparable in terms of the degree of priority or regularity that characterised the other issues foregrounded in this research.

Looking across the findings from both focus groups and interviews, it is difficult to avoid the conclusion that we are currently "designing in" health inequalities for current and future generations.

It was evident that many of the factors which have the potential to support healthy ageing – access to health services, transport, activities to help us stay well and active, age friendly public spaces and measures to keep people connected, are under pressure and are not at the level they need to be in rural and coastal areas.

These factors make up the social and environmental determinants of health in rural and coastal areas and have the ability to impact not only on life expectancy, but also on healthy life expectancy.

Many contributors expressed concern that resources appeared to be on a downward trajectory, in the face of increasing demand.

Recommendations

This report will be added to the body of research which the Queen's University Belfast SPACE project has already undertaken into the impact of where we live on our ability to age healthily. It will complement Age NI's evidence base on the issues that matter to older people, particularly in regard to healthy ageing. The report, along with the video, will be available on the Queen's University Belfast SPACE portal and on Age NI's website and will be shared widely. It is hoped that the evidence base will continue to grow on the impact of where we live on healthy ageing.

Overall, a strategic, cross-departmental approach is needed to address barriers to healthy ageing, by planning and supporting provision, programmes and initiatives which take account of the disproportionate concentration of the impact of health inequalities on older age groups, with a recognition of the role where we live plays in healthy ageing.

In terms of specific challenges, the solutions are to be found in supporting and resourcing more of what works, and addressing the barriers described:

- Better public transport, including provision of services, routes and stops that make sense for older people's daily travel needs. An age-friendly approach should be taken to the promotion of service information and to the provision of infrastructure, including bus-stops with adequate seating and shelter.

- Better resourcing for Community Transport, allowing greater flexibility of provision, and greater connection with public transport.

- Better planning of acute health services, and services for chronic conditions, with clear mapping and resourcing to ensure that services are available and accessible to older people living in rural and coastal areas.

- A new approach to access to GP services for older people who may be disproportionately struggling to secure appointments – this should involve ensuring an appointment system is in place which avoids disadvantaging older people, and the ability to have timely face-to-face appointments.

- The impact of where we live on healthy ageing to be taken account of in Community Planning processes and Age Friendly strategies, and in service planning and provision within health and social care trusts, and in continued partnership programmes with the community and voluntary sector.

- Longer-term and more consistent funding for the age sector networks and support organisations who are core to the provision of activities which keep older people healthy, engaged, active and connected, to enable them to continue to deliver, convene, support and build capacity.

- Better design of towns, villages and public spaces as age-friendly community spaces, with accessible services including banking and shopping facilities, accessible parking, toilets, footpaths and crossing facilities.

- The strategically planned provision of accessible social spaces in rural and coastal areas to support both formal and informal activities for older people. In areas of lower population this may include mixed use buildings that provide multiple services.

- More accessible off-road footpaths and public parks in rural and coastal areas, giving older people easier access to places for exercise and active travel. Such green infrastructure must include the adequate provision of seating, public toilets and changing places.

- Greater resourcing for programmes aimed at reducing isolation, enabling the most isolated older people to be reached, engaged and supported. This should also include support to build digital skills, confidence and connection where possible, and where this is not possible, putting measures in place to ensure older people are not left behind.

- A review of how care packages operate in rural and coastal areas to ensure that older people living remotely are not missing out on care because of distance.

Ballycastle Beach

It was clear throughout the research that the most effective solutions were ones that were shaped with the input and involvement of older people themselves, and their support organisations. There were also examples of organisations and sectors working together to create joined up approaches which offered older people the best support, from the most appropriate source. Learning can be drawn from these experiences.

If we are to tackle the inequalities in life expectancy and in healthy life expectancy caused by the barriers outlined in this report, we need to address the different factors which comprise the social and environmental determinants of the health of older people in rural and coastal areas, in a well-planned, well-resourced, and joined-up manner.

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16   SPACE
17   UK Research and Innovation
19   The Paul Hogarth Company