Northern Ireland Assembly

Committee for Agriculture and Rural Development

OFFICIAL REPORT (Hansard)

Anti-poverty and Social Inclusion: Public Health Agency

25 November 2014

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr William Irwin (Chairperson)
Mr Joe Byrne (Deputy Chairperson)
Mr Thomas Buchanan
Mrs Jo-Anne Dobson
Mr Tom Elliott
Mr Declan McAleer
Mr Kieran McCarthy
Mr Oliver McMullan
Mr Ian Milne
Mr Edwin Poots

Witnesses:
Ms Mary Black   Public Health Agency
Ms Colette Brolly   Public Health Agency

The Chairperson (Mr Irwin): I welcome from the Public Health Agency (PHA) Mary Black, assistant director of health and social well-being improvement, and Colette Brolly, a health and social well-being improvement manager. You are very welcome. I ask you to give us a briefing lasting up to 10 minutes, and we will then ask questions.

Ms Mary Black (Public Health Agency): Thank you very much, Chairman and members of the Committee. The Public Health Agency is delighted to be here to give evidence about the maximising access to services, grants and benefits in rural areas (MARA) programme. Many people will have heard about the project, but we hope to give you a better sense and flavour of its detail.

I am the assistant director of health and social well-being improvement in the Public Health Agency. I also chair the interdepartmental regional project management forum for MARA. I am joined by Colette Brolly, who is one of the health and social well-being improvement managers in the agency. She has also led on the development of MARA for a number of years.

The MARA project was funded through the Department of Agriculture and Rural Development's tackling rural poverty and social isolation funding, with additional funding in the main provided by the Public Health Agency over a three-year period when we come to the conclusion of this funding period. The funding for that three-year period is almost £2·9 million. In our view, it is an exceptional project that tackles many of the issues that impact on the rural population, including poverty, isolation, safety and, of course, health and well-being, which is where we entered into it.

The aim of the project has been to improve the health and well-being of rural dwellers in Northern Ireland by increasing access to services, grants and benefits through facilitating a coordinated service to support those who are living in or at risk of poverty and social exclusion. It has proactively targeted the most vulnerable households and identified rural communities using a community development approach.

Over the most recent three-year period, we have helped many thousands of households. We regularly receive feedback and case studies of people who have benefited from the project and, most notably, where MARA intervention has had a huge impact on their lives. The benefits may be simple things such as access to a SmartPass to enable people to use community and public transport; additional benefits amounting to hundreds of thousands of pounds; the installation of heating or insulation to tackle fuel poverty; and the installation of practical measures to help with facilities for disabled or elderly residents, such as home safety equipment.

I will now hand over to Colette Brolly, who will give you a better understanding of some of the outcomes of the work over the past three years. I will then conclude by telling you some of what we perceive to be the benefits of the programme.

Ms Colette Brolly (Public Health Agency): Thank you, Chairman and members of the Committee. At the end of October, all the lead delivery organisations that we procured to deliver the project on the ground had successfully achieved and, indeed, exceeded the targets in their contracts. That achievement has resulted in the completion of 12,270 first visits over the past three years. In addition, we have undertaken over 10,000 second visits. Second visits allow householders to have another opportunity to ensure that any grants, services and benefits identified on the original application are followed through on. We had a target of 80% or thereabouts for second visits to households.

As a result of those visits, almost 32,700 referrals have been made to a range of organisations, which is an average of one in three. Referrals have been made to the Social Security Agency (SSA) for benefit entitlement checks; to energy efficiency schemes, such as boiler replacements through the warm homes scheme; to rural transport agencies for services such as the SmartPass and membership of local rural transport partnerships; to local councils for home safety checks; and to the health sector for occupational therapy and social services. Importantly, we have also made referrals to a wide range of local services that will enable householders to feel more included in their local community. That could be as simple as membership of an older people's group, an art group, a dance group, a computer class — a whole range of different services.

Our aim is to bring every one of those 32,700 referrals to an outcome, so it is important for those of us involved in the project to understand what has happened to every referral that has been made. We have achieved that so far, and we have only about 5,000 more outcomes from the project to determine.

To date, 1,509 household have benefited from advice and the installation of energy efficiency measures, which is equivalent to £1·9 million. Some 5,377 households have been issued with advice and equipment following a home safety check, the cost of which is yet to be determined. Some 388 people have received additional welfare benefits from 436 successful claims, which has amounted to over £1 million in additional benefits. That is an ongoing piece of work, and we are working with the SSA to bring that to a conclusion. Some 831 households have also now registered with the rural transport partnership, 293 households have received a SmartPass and a total of 418 boiler replacement applications have been approved, totalling £284,000. To date, 298 of the applications have been successful and been claimed to a value of £205,000. The detail will become more obvious as the evaluation of the project is undertaken in the new year, and we have a six-month window from January to June to do a detailed evaluation of the project.

From the outcomes that we know of to date, the project has secured over £3·2 million in additional grants and benefits for householders, with a lot more to come through further outcomes. We will also do a social return on investment and measure those things that are very difficult to get a value for when it comes to hard sums and hard cash. We will take that as part of our social return on investment, which will be done as an external evaluation of the project.

We have been able to collate detailed information on our outcomes because of the robust IT system that we have put in place, which was developed for the MARA project. That database has proved to be an integral part of the overall management and reporting of the MARA project, capturing up-to-date reports on visits and progress, with referrals by each zone. The system also continues to provide automated referrals. We automate referrals on a weekly basis to a range of our partners, particularly

our statutory partners that we have been able to do that for. That means that clients are not waiting for the referrals to be made.

As part of our briefing paper, members have details of the information that is contained in the MARA system, and householders are asked for consent to use that for monitoring and evaluation purposes, as well as for referrals to a range of agencies. The system includes information on the demographics of households, and we also measure whether householders have access to broadband. That intelligent system also includes all the information to enable us to make onward referrals to a range of services, grants and benefits.

This time around — we did not do it in the first phase of the project — we have asked households the reason that they have not applied for the services, grants and benefits in the past. The information obtained from that will be really important learning for a range of organisations, as it will show why people are not taking up benefits that they are entitled to.

I will now pass you back to Mary, who will outline why the MARA project has been successful and how we think it will work in the future.

Ms Black: I wish to stress that it is not just about the financial benefit. We have given you an outline of the financial return against the investment, but, of course, the benefits are much broader than that: quality of life; a sense of engagement; and reducing social isolation of many impoverished and isolated households in rural communities. The breadth of services offered and the number of key partners from statutory and voluntary sector organisations has been very significant in bringing about the success, and we believe that the project has addressed the key aims of the rural poverty isolation measure. It is an example of real partnership between Departments — the Department of Health, Social Services and Public Safety and DARD — and many delivery organisations. There has also been work done in the interdepartmental forum with colleagues in the Department for Regional Development, the Department for Social Development and the Housing Executive. Therefore, a great deal of effort has gone into developing the partnership.

At a local delivery level, a great deal of work has been done to work with all the organisations that are involved in the delivery. Key to that work have been the 13 delivery organisations from community and voluntary sector organisations that have led on the delivery of the programme.

MARA offers a holistic assessment and signposting service, and avoids the risk of the silo approach of one organisation going into a household and dealing with its issue of concern. Instead, it attempts to assess holistically and bring together the various components that will improve the life, health and well-being of the household. In turn, it offers practical support by referral to grants, services and benefits.

That close working relationship, in particular between DARD and the PHA, has been at the heart of the project, and communication has improved understanding to enable regular advice and support to be provided to the lead organisations and the enablers — those local people who have been trained throughout the 13 different areas that we are working in to deliver the programme. The project has allowed the identification of and engagement with the most isolated and rural households in a way that current measures and many mainstream services are unable to do. Our learning from that has been very powerful. MARA has also enabled those people who were not availing themselves of their entitlements to do so and, of course, to access grants and other support mechanisms. In some senses, it has been more intense, in that it has focused on households, but we are reaching the most vulnerable in society, and the return is showing significant economic benefits from the amount invested.

As Colette said, the project has supported households, and the use of IT and portable computer systems is another area of learning that we hope to use. We also hope to transfer some of that learning to other systems. The cross-sectoral work afforded by the programme in the areas of access, cooperation and expertise has been evident at departmental level and at grassroots level with the 13 delivery organisations. Indeed, ministerial cooperation has led to a unique partnership delivery for some of those most isolated communities.

When the severe weather came in 2011-12, it was as a result of the work that we had done with the local community partnerships that we were able to get information, advice and practical support to some of those very isolated households. That effective partnership has been evident throughout the programme, and, of course, it has been supported by a dedicated team that works with all those partners.

In the future, there is a need for a project that proactively targets households to enable them to take up the benefits, but we believe that that will be on a much smaller scale. We also think that the learning on influencing mainstream services from the programme is very important. We have been using the interdepartmental forum as a means of sharing that learning, and some of the evidence may be relevant to primary health care and social security in urban as well as rural areas. For example, the affordable warmth programme being led by DSD and the Housing Executive has adopted a similar household approach. We are working very closely with DSD and the Housing Executive to shortcut some of the lessons that we have learnt through MARA, and they are also part of the interdepartmental advisory forum.

With DARD, we are also mindful of the need to avoid duplication of effort and potential confusion for households. We are working very hard to scope that out in rural areas to make sure that that is not the case. It has been a very important part of our learning to develop and deliver through true partnership-working at all levels. However, the case studies are what really stay with me. They have the greatest impact, as they show what the programme has meant for individuals. I think of an adult woman who was looking after a brother with mental health issues. She found benefit from energy efficiency, increased benefits and referral to support for her and her elderly brother. I also think of an older man who had not been to Enniskillen for many years because he had simply lost the confidence to do so. Through access to community transport and a SmartPass, he has been able to re-engage socially. I also think of an older women who had been given one very small tool to help her put on her socks, and that made a massive difference to her sense of independence and gave her control over features of her life.

That is the MARA project.

The Chairperson (Mr Irwin): Thank you very much for your presentation. Most of us have had any dealings with the MARA project and know that you have done a very good job.

Paragraph 7 of your paper has the heading "MARA Extended", while paragraph 10 refers to the successor project. Given that we all know that there will be budgetary constraints into the future, what do you think the priorities should be?

Ms Black: I point to two priorities. The first is that extended MARA is on a much smaller scale than the full programme, because it is picking up those who have not yet been included. We think that that lower scale of investment will be appropriate for an ongoing programme.

The other benefit that I did not talk about at all is skills and development in the 13 delivery organisations. That is a permanent resource for the future. A lower level of investment coupled with the skilled development that we now have in those 13 delivery organisations offers a partnership for the future. I guess that the another thing concerns mainstreaming and using the lessons learned to influence other systems.

It is important to maintain the level of investment, but I do not believe that it required at the same level as in the past.

The Chairperson (Mr Irwin): OK. In your presentation, you mentioned the difficulties in ensuring that there is no duplication. How do you manage to avoid duplication?

Ms Black: I will allow Colette to answer on the very specific issue of the affordable warmth scheme. That is a very real example.

Ms Brolly: The affordable warmth scheme is just about to commence. As we have been reviewing MARA all along, we are conscious of other programmes out there. For example, the programme that offers benefit uptake is one of the key ones.

When we established the MARA project, we carried out a very detailed scoping exercise of the services available, and there was none at that stage that offered the same approach. Although other schemes might be available, that personal approach was unique to MARA. We were getting into the households of people who would not normally avail themselves of the other schemes because they would have had to put themselves forward for them. The affordable warmth scheme will work in a very similar way, targeting households and being very proactive. We now have to work very closely with the scheme. We have had initial discussions on how we might do that. One way might be to

extend the affordable warmth scheme to take on some of the services that MARA currently offers. As far as I am aware, the affordable warmth scheme will consider only energy efficiency and benefit uptake — those will be the two key elements of the scheme. We could look at whether we can add the other elements to the assessment. It is a three-year-funded programme, and that would reduce duplication.

Mrs Dobson: Thank you for your presentation, although I would like to have seen the briefing paper ahead of today.

Ms Black: Sorry.

Mrs Dobson: It has just been tabled, and, having been given it at the last minute, there is quite a lot to read through.

On your website, you refer to the high levels of poverty and isolation making it difficult to connect with the most vulnerable rural people. Mary, you referred earlier to the MARA project as being "exceptional". What percentage of those who benefited from the project were farmers? How do you get the message out to people in really isolated areas? I am thinking of pensioners who would not have access to the Internet, and I note that you spoke about Internet use. How do you connect with those types of people and with farmers?

Ms Brolly: I do not have to hand the percentage of farmers that have availed themselves of the project, but I can get it for you.

In answer to your second question, MARA's approach is to use local knowledge to identify households, so we are not relying on indicators or statistics. Often, it is a matter of the lead organisation sitting down with the community groups and mapping, if not walking, their area to identify who lives where and the kind of support that they need. For example, is there an elderly person there who has limited family support and may have a health condition? It is about using local knowledge of the areas.

Mrs Dobson: Local knowledge on the ground.

Ms Brolly: Yes, and it is also about linking up with key people on the ground, whether it be the postman, a member of the clergy or somebody else.

There are people who will self-refer to MARA as a result of having heard about it from another person who has used the project. It is that very local, grassroots knowledge that has made the project work. We have heard the lead organisations say that they have walked the streets in their area to find out who lives where and how they can be supported.

Mrs Dobson: OK. Will you get back to me on the percentage of farmers?

Ms Brolly: Yes.

Mrs Dobson: Did you consider linking up with other government agencies? You spoke about health and your links there, which you feel were very successful in working with rural people. I am thinking about further education (FE) colleges, because Colette spoke about computer classes and dance classes. We know, and this is something that I have raised before, about the work that the FE colleges do through community courses to help people. Do you promote or advertise your project with the FE colleges?

Ms Brolly: In addition to using the grassroots approach, the scheme is advertised widely, in a range of different outlets. We are using all levels of advertising to try to get the message out about MARA in order to make the referrals.

Ms Black: All the information will have gone out to the chief executives of the six health and social care trusts and, in turn, all their staff. It has also gone out to all GPs and to pharmacies. That information has been shared very widely, so the referrals and the understanding of the scheme have widened.

The other thing is that, when you get down to the level of the 13 different local area organisations, they in turn make connections with what is happening in the local college, with where there is a class and with where other support is available.

Mrs Dobson: It is localised action with FE colleges.

Ms Black: Exactly. As well as the strategic stuff, there is a much more local approach when it goes into those areas.

Mr Poots: There seems to be a lot of concentration on the fact that people are in financial difficulties. I assume that that will apply across the rural community, so it will affect people from both a farming and a non-farming background.

Ms Black: Yes, and we will pick up on the point about the farming families per se.

Mr Poots: Are you finding a correlation between financial difficulties and mental health issues in the rural community?

Ms Black: Yes, but we see that pattern in different disadvantaged communities in Northern Ireland. It is not only the case in rural communities, but it is a particular issue for them because the sense of isolation can be stronger and felt more keenly.

The Public Health Agency, along with DARD, runs the farm families health checks programme, which is aimed specifically at farmers and their families precisely because of that sense of isolation. The programme looks at not only looks at mental health and well-being but many other factors. However, it operates specifically in the rural community, highlighting farmers and their families. It is true, and evidence supports this, that rural isolated communities have stronger bonds and stronger protective factors to assist their mental health and well-being. However, that may lead to them feeling more isolated. Therefore, feelings that affect mental health and well-being can be increased.

Mr Poots: Therefore, you can identify an association between mental health difficulties and financial hardship.

Ms Black: Yes, we can. Most definitely. In the evaluation, more detail will be provided on the health and well-being status of households. When we speak to households, we do a questionnaire with them on a range of mental health and well-being issues, how they were feeling at the time and how they feel after the project has been done. That issue will come up through the evaluation work as well.

Ms Brolly: You are quite right: the link between poverty and deprivation, whether rural or urban, and mental health is very strong.

Mr Byrne: I welcome the presentation and admire the work that the MARA project has done so far. Does a partnership have to be in existence before organisations can work with MARA? How do you see the project growing in the future if necessary?

Ms Brolly: Sorry, can you repeat the first question?

Mr Byrne: MARA is a coordinating project. Does a community partnership have to be in existence to facilitate people in accessing and dealing with you?

Ms Brolly: There is a range of levels of partnership-working in the MARA project. The organisations leading the project on the ground applied through a formal tender process. At the time, we asked them not to come only as their own organisation but to show in their application how they would link with a range of other community and voluntary organisations to take a project forward in the local area. The bids to deliver the projects were from well-organised, constituted organisations, with most being Rural Community Network (RCN) bodies. They work with a range of local community and voluntary groups to roll out the project. For example, they work with the groups to help identify the households and to make referrals to the community services that those groups operate. We then established a partnership to take forward the work of MARA. We had an original project, in which we dealt with over 4,000 households from 2008 to 2009, and we built on that. We built on our interdepartmental project and partners for the MARA project. There are different layers, but if you are

talking mainly about the project's work at a community level, it is about strong organisations being able to deliver on the ground, and the RCN bodies are the main delivery organisations for us.

Mr Byrne: Is there a service level agreement for the MARA project?

Ms Brolly: Yes. The PHA holds a service level agreement with each of the local community networks or organisations. One or two are not networks, but in the main they are. We hold a service level agreement with those organisations for delivery of the targets in the original business case.

Mr Byrne: My second question was on whether you see MARA expanding its remit and range of activities.

Ms Black: I do not see MARA, as it is currently constituted, expanding. We feel that we have accessed a lot of the isolated rural communities, so the future for MARA looks slightly different. The project will take a more scaled-down approach, using the lead organisations — the 13 different partnerships or their equivalents — to maintain the level of service in those communities, as and when required. Perhaps a more important aspect of the future is that, at that level, MARA will support local communities, but the programme as a whole should influence and inform other programmes that seek to reduce poverty, social isolation and all the factors that influence health, well-being and health inequalities. That is the very big prize to be gained from how we take some of the lessons learned forward.

Mr Byrne: Finally, you say that the IT system is working very well. It is good to hear an organisation talk about an IT system working. Why is that so?

Ms Black: A huge amount of effort went into developing it.

Mr Byrne: A huge amount of effort, but how much money?

Ms Black: On that, we did rather well. A new system was being developed and tested. We know that we got far more out of it than we paid for, because it was in the company's interest to develop the new technology. We have benefited from that. What is the actual amount of money involved, Colette?

Ms Brolly: We have paid about £100,000 in total, which includes a small amount — about £6,000 per annum — for maintenance on the project. As Mary said, we have a substantial amount of additional time because it is a new system — Dynamics — that we have used for the project.   We have had great success in working across Departments and transferring data with other organisations, getting over some of those data protection issues that often stop us doing so and getting the information back again. For example, we send referrals to the Social Security Agency on a Thursday. The following week, it updates its system on what has happened to the clients that we have referred to it. There may be a time lag of three to six months, but we get regular updates from all our partners on referrals that have been made.

Mr Byrne: That is a positive story.

Mr McAleer: My question was pre-empted. Your interview captures a lot of data, including community health, transport issues and even community and home safety. So, you are saying that that information can be shared with DOJ, DRD or whoever to look at patterns and not necessarily individuals.

Ms Brolly: We need to be very careful that we do not share individual data, and we will not do that. We have the consent of the households to share their individual data with organisations when we are making a referral on their behalf. For example, if we have to share some data with the Social Security Agency, we will agree that with the household beforehand. So, the consent form lets people opt in or out of various parts of the process.

We have their consent to use their data for referrals to a range of organisations, and we have their consent to use their data for monitoring and evaluation purposes. So, there is a wealth of data there, and, if it is used in an anonymised and aggregated format, I do not see why that could not be used for research, because it is in a format that does not identify individual households.

Mr McAleer: That is important. You ask questions about broadband access as well. If you are picking up a pattern in responses about broadband access in certain areas, will that be obvious and will you be able to share that?

Ms Brolly: That is something that we will look at. If there are any particular issues or areas of the questionnaire that you want us to interrogate in detail, we are more than happy to do that. Anything that is in there we can get out again in whatever format we can. We are happy to do that if you want to put individual questions in. As part of the evaluation process, we will be looking at a range of issues, and broadband is certainly something that DARD asked us to include in the original questionnaire, so it is something that we will include in our evaluation report.

Mr McAleer: You made reference to the 198 rural super output areas. How do you define a super output area (SOA) as rural? The question of what is a rural SOA and what is not was mentioned at the stakeholder meeting the other day.

Ms Brolly: We took guidance from the Northern Ireland Statistics and Research Agency (NISRA) on that and worked through what it determined as being rural super output areas. There are 286 in total, and we originally went into the first 88 of them. From 2008 to 2011, when we did the original project, we went into those areas that were identified as being the most deprived rural areas.

We recognise that there are pockets of deprivation everywhere, so you cannot just concentrate solely on areas that are really deprived. So, in phase 2 we agreed to go into all the rural areas and target four households in each area that had never been targeted. We agreed to do more in the first 88 that we had gone into, because we realised that there were still issues of deprivation in them. We have used the NISRA definition of a rural super output area and followed that.

Mr McAleer: The Committee organised a rural stakeholder meeting last week at Greenmount. The MARA project came in for a lot of praise at that meeting, precisely because you take a community-development approach and go up the long lanes and into the small villages and hamlets to reach out to the most vulnerable and isolated people in the community.

Ms Brolly: Thank you.

Ms Black: I did not mention that, although we are monitoring this data and have done our own internal evaluation, we will be adding to that through an external objective evaluation towards the end of the programme. That will give us a degree of assurance and a critical eye on the programme and the benefits, both the immediate ones and those that we can take into the future.

Mr McMullan: Thank you for the presentation. I congratulate you on the MARA project; indeed, it has been getting a lot of praise from all sectors. It is the first programme that I have seen during my time in the rural areas that has really gone into the countryside and brought out the problems that are out there. It is a well-known fact that the people in rural areas are the last people to come forward to complain or even to let you know that there is a problem with isolation or anything at all. There is also that stigma with mental illness, and they never want that to be seen. However, through your programme, you have been able to get that information out.

The information you now have is a goldmine for other statutory bodies to feed into. It is really up to them to feed into that and take up the baton that you have laid down and bring that information out. It can only be good for the future, and I hope that that information is taken up by the other statutory bodies and used for the benefit of the people out there.

There is clearly a programme of work to be done for those who live in isolated rural areas. They need help. That has always been the question, and we now know the answer to it. Well done.

Ms Black: Thank you.

Mr Elliott: Thank you for the presentation. In the figures in your presentation, there seems to be quite a difference between the number of visits, assessments and targets in areas. Will you explain that a wee bit further? For example, the North Antrim Community Network carried out 1,642 initial visits and the Omagh Forum for Rural Associations carried out 472 visits. There seems to be quite difference, and there is probably an explanation for that.

Ms Brolly: It was just how we originally devised the zones. We could have ended up working with 20 or 30 lead organisations, but we had to work within the potential budget for the programme.

You are quite right: when we group the areas together, there are some areas that had a huge number of super output areas, such as north Antrim, south Down and the area overseen by the Community Organisations of South Tyrone and Area (COSTA) in the Dungannon and Armagh areas. We grouped the super output areas into zones and allowed those zones that had more super output areas a longer period of time. That was to make sure that all 198 areas were covered, and, rather than having 20 or 30 lead organisations with the potential cost of having to have that staffed and rolled forward, we thought that it would be best to try to contain how we did it.

You are quite right: some areas had more, but that depended on the number of rural output areas in an area, if that makes sense. So, we would have allowed them a longer period of time to do that. Depending on the geography and population of an area, some zones will have operated for nine months and others for two years. That was to ensure that they covered all the super output areas in their area. It meant that all the areas were covered.

Mr Elliott: Does it really go down to the number of super output areas?

Ms Brolly: Yes. We asked them to try to ensure that, as far as possible, they would visit 50 households in each super output area. That meant that no area would be at an advantage over another and that each area would have the same number of households seen. That is just the way that they were grouped together for our purposes to manage the budget.

Mr Elliott: In that case, it might be useful if we could get a list of the super output areas. I know that that may be a bit laborious.

Ms Brolly: Absolutely.

Ms Black: Absolutely. They are readily available.

Mr Elliott: That would give us a better understanding of those figures.

Ms Brolly: We can give you a list of those in each zone.

Mr Elliott: That would be useful. My second question is about your focus. Have you had a focus on any particular sector or age group? I know that my colleague Jo-Anne asked about farmers earlier, but I am thinking more along the lines of people who live in small villages or in what I would call more rural areas or younger people. Has anything been designed for younger people?

Ms Brolly: Yes, a number of young people have availed themselves of the project, and the break-up and the detail of that will become evident when we analyse all the data on the system. The last visit finished only a few weeks back, and we are really just starting to delve into the data. A high proportion of users will be older people, but we have asked and tried to ensure that the lead organisations consider the full range of target groups. It is based on the target groups of the tackling rural poverty and social isolation (TRPSI) project, so we are working with the range of groups that were identified — ethnic minorities, lone parents, older people, carers, disabled people, one-adult households, farm families and low-income families. There is certainly a proportion of young families as well, and some of the areas have been very strong in that. For example, the South Down Family Health Initiative has led the work in south Down and has been very strong on the younger people's agenda, and it has also broken into other areas. We will be able to tell you exactly how that looks when we do all the detail.

Ms Black: As a broad finding, there is an emphasis on older people. It tends to be older people living on their own or elderly people living together.

Mr Elliott: That is interesting.

Mr Buchanan: Following on from those questions, your focus has been on super output areas. You said that the organisations were asked to visit roughly 50 households in an area. How were those 50 households identified? When you go into a rural area, there will be a lot more than 50 households. Therefore, how did you specifically identify the 50 households that they were to visit and know that the others were — for want of a better phrase — all right and did not need a visit?

Ms Brolly: The identification was left to the local areas, but we provided some of the guidance around that. It is very difficult, and that is why the higher number who availed themselves of the project were older people, because they were easily identified within a community. However, we asked them to consider a number of criteria. We guided them, but they had to make the ultimate decision. We would have said that if they knew, for example, that there was a lone parent and they understood from their personal circumstances that they may have limited family support, then that might be someone they might want to visit.

I assume that we have missed some people. Like any other project, it is very hard to get everybody you need to get, and probably others may have slipped in that really did not need to be there. That is the nature of work at a local level. We had guiding criteria, and that is how we did it. It is very difficult for local people to know about every single person, and that is why we encouraged them to link with key members of the community who could help them to do that. Therefore, if you were looking at that, they could have set down some of them as a potential project team and tried to work through the households in their area. They would have taken a list of names that they knew and prioritised from that. It was really about them trying to work through and use that local knowledge. It is not an exact science, and that is the issue. It was not done in a scientific way, but there were broad guidelines.

Mr Buchanan: What size would each of the super output areas have been in terms of population or households?

Ms Brolly: They varied depending on the density of the particular area. To be honest, I have never had the figures aligned with the population density in the super output areas, but they vary right across. Some areas would probably have more than others, because some super output areas would not be very densely populated, whereas others might be a bit more populated if they were near a village as opposed to a very rural area. There would have been a difference, but we kept it consistent at 50. As we move forward, you might say that we should do fewer here and more there. Whilst we put each area at 50, when we look at the data we will find exactly that. Sometimes, they came back and told us that they could not find more than 30 households in a particular area, so we told them to do another 20 in an area where they knew that there was more demand or more need. Therefore, they have had to use their local judgement.

Mr McAleer: Chair, thanks for letting me back in again.

I am guessing that these questionnaires have been carried out on thousands of people, bearing in mind the fact that you have had over 10,000 follow-up visits. Has the information that has been gleaned been summarised on your IT system?

Ms Brolly: We have reports that we use for various elements to report back to DARD, for example. Not all the information has been summarised, but it could be. We are more than happy to meet the needs of members and other partner organisations in terms of taking this forward.

Ms Black: It will also be part of the evaluation. At the minute, we are examining the big data and feedback coming from the interdepartmental forum. We are using that actively while the programme is still in delivery mode. We will also be analysing all that information as part of the evaluation. We do not have it all at the minute, but, as Colette said, we can certainly do a little bit more analysis. We will be doing it all as part of the evaluation.

Mr McAleer: That would be really useful, especially if you could break it down per super output area. It would be really informative for us to know what percentage of people in a particular super output area has a difficulty with accessing transport or who owns their own house. That would be really helpful.

Ms Brolly: We could do a detailed analysis per super output area.

Mr McAleer: So much work has been put into this scheme. It is in danger of being lost or not used to its maximum value if it is not summarised in that way. That would be really helpful.

Ms Black: We can certainly do that in advance of the evaluation. We could try to get some high-level stuff. It will form a very important part of the evaluation study.

Mr Milne: Thank you for your presentation. I add my voice of support to you as well. Well done to you. Do you have a particular self-referral, or is it referred by, say, a local councillor or local representatives?

Ms Black: It can come in a number of different ways. It can be self-referral. It can also be done through the GP, the social worker or the occupational therapist, although it is more likely to be the others: the community organisations, or, on occasions, other random people, as you said, like the postman. It really depends, but self-referral is available.

Mr Milne: OK. Well done to you.

Ms Black: Thank you very much.

The Chairperson (Mr Irwin): In relation to Declan's question on the evaluations that you intend to do, can we get a copy of those when they are complete?

Ms Brolly: Yes.

The Chairperson (Mr Irwin): Thank you very much for your presentation and for coming to the Committee.

Ms Black: Thank you very much, Chairman and members, for your support through DARD and the joint working with the Public Health Agency.