



# South Kerry Development Partnership Limited

## Rural Men Outreach Project

### Final Report

May 2007



**Denise O'Leary & Dr. Siobhán Ni Mhaolrúnaigh,  
Nursing, Health and Social Care Research Unit,  
Institute of Technology,  
Tralee, Co.Kerry.**

## Acknowledgements

The evaluators wish to thank: the South Kerry Development Partnership; the committee members for all their help and for agreeing to their focus group interview taped for data collection; the outreach workers for giving information and help on numerous occasions as well as agreeing to have their interviews taped for data collection; and the men in the project for agreeing to give their opinions and for giving permission for their data to be used in the report.

## List of Abbreviations

CIB	Citizens Information Bureau
CSO	Central Statistics Office
Dept AFF	Department of Agriculture, Fisheries and Food
Dept CRG	Department of Community, Rural and Gaeltacht Affairs
DFID	UK Department for International Development
EGFSN	Expert Group on Future Skills Needs
EU-SILC	European Union Survey on Income and Living Conditions
ICBAN	Irish Central Border Area Network
HSE	Health Service Executive
KCC	Kerry County Council
NCAOP	National Council on Ageing and Older People
OECD	Organisation for Economic Co-operation and Development
SKDP	South Kerry Development Partnership
SPSS	Statistical Package for the Social Sciences

## Preface

This document outlines the second phase of evaluation on the activities of the *Disadvantaged Rural Men's Outreach Project* operating on the Iveragh Peninsula, Co. Kerry. Phase one of evaluation included focus group information from the committee members and interviews with the outreach workers, and resulted in an Interim Report (O'Leary & Mhaolrunaigh, 2007). In phase two, the project was evaluated from the point of view of the participants and the results are presented in this report. To get a truly holistic view of the project, both reports should be taken into account as they deal with different aspects of the project.

This report is structured as follows:

- Section 1 describes the background to the project.
- Section 2 outlines the methodology used in the evaluation.
- Section 3 describes the data analysis.
- Section 4 discusses the findings and concludes the report

## Table of Contents

<b>Section 1: Background</b>	<b>1</b>
<b>1.1 Background</b>	<b>1</b>
<b>1.2 Background to the programme</b>	<b>1</b>
<b>1.3 Brief Overview of Programme Implementation</b>	<b>2</b>
<b>1.4 Objectives of Evaluation</b>	<b>2</b>
<b>Section 2: Methodology</b>	<b>3</b>
<b>Section 3 : Data Analysis</b>	<b>5</b>
<b>3.1 Demographic Data</b>	<b>5</b>
3.1.1 Age	5
3.1.2 Household Occupancy	6
3.1.3 Health	8
<b>3.2 Housing data</b>	<b>9</b>
3.2.1 Type of Housing	9
3.2.2 Housing Concerns	9
<b>3.3 Transport</b>	<b>11</b>
3.3.1 Car Ownership	11
3.3.2 Pattern of use of Modes of Transport	11
<b>3.4. Occupation &amp; Learning Activities</b>	<b>13</b>
3.4.1 Occupation	13
3.4.2 Learning Activities	15
<b>3.5. Social Inclusion</b>	<b>16</b>
3.5.1 Avenues of social contact	17
3.5.2 Impact of the outreach programme on social inclusion	19
<b>3.6. Economic Situation</b>	<b>20</b>
<b>Section 4: Discussion and Conclusion</b>	<b>24</b>
<b>Discussion</b>	<b>24</b>
<b>Conclusion</b>	<b>24</b>
<b>Section 5: References</b>	<b>26</b>
<b>Appendix I: Questionnaire</b>	<b>29</b>
<b>Appendix II: Letter to Participants</b>	<b>34</b>
<b>Appendix III: Specific Help and Information Given by Outreach Workers to Questionnaire Respondents.</b>	<b>35</b>



## Section 1: Background

### 1.1 Background

Social isolation has been widely recognised as an important issue facing policy makers. Men have smaller social support networks and are more likely to be socially isolated than women (Antonucci & Akiyama, 1987; Vandervoort, 2000), yet, as is highlighted in a report from the Irish Central Border Area Network (ICBAN), men who are socially excluded often do not have support from government agencies as the support tends to be directed towards other vulnerable groups (ICBAN, 2008). This is despite the fact that exclusion impacts on both physical and mental well being (Wilkinson & Marmot, 2003) and that as a group, socially isolated men suffer economic, health and social disadvantages (Health Service Executive et al, 2005; Ruddell, 2004; Loukes et al, 2003; House 2001). Living alone appears to make men particularly susceptible to these disadvantages, as does advanced age. Older men living alone appear to be twice as likely to die as their female counterparts (Kanlder et al 2007), have more health problems (Kharicha et al, 2007), be more at risk of suicide (HSE et al, 2005), are more likely to be excluded from social networks, and have lower incomes, (Ruxton, 2006).

Although it is difficult to assess the impact of intervention projects which seek to reduce social isolation of men, due to a lack of formal evaluation of many of these projects (Findlay, 2003), there is evidence to suggest that interventions that use educational and social activities reduce social isolation among participants (Cattan et al, 2005). Additional research indicates that programmes targeted towards older people which foster social contact, encourage creativity and use monitoring have a positive impact on the health and well-being of the participants (Greaves & Farbus, 2006). Furthermore, the level of social support resources dedicated to older adults has been shown to correlate with levels of depression and suicidal behaviour suggesting that investing in social support can have a direct affect on rates of depression and suicide among older adults (Vanderhorst & McLaren, 2005). Thus, programmes targeting socially excluded men can improve their physical health, mental health and quality of life.

### 1.2 Background to the programme

The background to the development of the *Disadvantaged Rural Men's Outreach Project* has already been outlined in the interim report. Briefly, the project was conceived as a targeted response to a perceived need in the region which was highlighted in O'Connell's report (2002). The report highlighted that rural men were facing economic disadvantages, social isolation, difficulties with transport, lack of skills and health problems. Accordingly, one of the recommendations emerging from the report was the development of an outreach programme targeting men over 40 in the region. South Kerry Development Partnership (SKDP) applied for and received support from The Department of Community, Rural and Gaeltacht Affairs through the Dormant Account Funding. The project began in March 2006 and ended in March

2008. The target group were rural men who were felt to be socially isolated and/or disadvantaged in other ways.

### *1.3 Brief Overview of Programme Implementation*

A committee was established to oversee the programme. This committee met on a monthly basis. Two outreach workers were employed on a temporary part-time basis. The outreach workers located men who they felt fit the criteria of being disadvantaged in some way, for example economically disadvantaged or socially isolated, and encouraged them to take part in the programme. Taking part meant involvement in a number of activities for example just chatting to the outreach workers when they came to visit, receiving information on entitlements, receiving help filling out forms, or taking part in social activities and learning activities arranged by the outreach workers. Consequently, the outreach workers spent a large amount of time in one-on-one engagement with the men in their own homes as well as organising social outings and learning activities. One hundred and eighty eight men were visited as part of the programme.

### *1.4 Objectives of Evaluation*

The programme was evaluated in two phases in line with principles of good practice recommended by the Dormant Account Scheme. The interim report was undertaken in May 2007 and covered the period from March 2006 to March 2007. The interim report met two of the evaluation objectives which were to identify the facilitators and barriers to outreach service provision and to inform the relevant stakeholders on the outcomes of the evaluation.

This final report serves to elicit the views of the men involved in the programme. In view of this, it covers the total programme period from March 2006 to March 2008. It meets the remaining objectives of the evaluation by identifying how the outreach programme has met the needs of rural men in the region and identifying the pathways developed for inclusion of this group.

## Section 2: Methodology

To evaluate the value of the outreach programme for the participants, a questionnaire (Appendix I) was designed to elicit information on the demographics, living situation, transport use and needs, occupation, and social connections of the men who had taken part in the programme. They were also invited to offer their views on the usefulness of the programme. McColl et al's (2001) recommendations with regard to questionnaire development were followed as much as possible. In keeping in line with these recommendations, the evaluators noted the importance of question sequence, question wording, and response formats to reduce spurious results.

The questionnaire was given to the project committee who were asked to review it in light of their knowledge and understanding of the target group. Changes were made based on their suggestions. A covering letter (Appendix II) to identify the purpose of the questionnaire and to gain consent to participate was designed. This was reviewed by the committee, revised subsequently, and accompanied the questionnaire. The outreach workers were briefed on the questionnaire and because the men were already familiar with them, they were deemed most appropriate to collect the data.

The outreach workers had aspired to randomly sample 50% of the population of men who had taken part in the outreach programme. During the allocated time for the evaluation these workers managed to achieve a random sample of 48% ( $n = 90$ ) selected from the total of 188 men. Ninety eight percent ( $n = 88$ ) of the men asked to complete the questionnaire complied. This achievement meant that the results of the data analysis on the questionnaire responses can be generalised to the total population which in this case was all the men who took part in the programme.

The men in the sample were visited in their homes and were asked to answer the survey questions. In most cases, the outreach workers asked the questions and filled out the answers on the questionnaire. The evaluators recognise that an element of bias could have been introduced due to their presence but this was deemed necessary due to the fact that some of the respondents required assistance. In some cases, the men filled out the answers themselves.

Statistical Package for the Social Sciences (Version 15.0.0, SPSS Inc.) software was used to analyze the questionnaire data. Descriptive statistical analysis was carried out on all of the questions. Inferential statistics were carried out to examine relationships and differences between some variables. Differences between scores of variables were determined using the Mann Whitney U test. Relationships between variables were determined using Spearman's correlation coefficient and Chi square tests.



## Section 3 : Data Analysis

A large majority (99%) of questionnaire respondents felt that the programme was worthwhile while only one person (1%) stated that the programme was not useful. The respondents were asked to choose the ways in which the programme was useful to them. The data is summarised in Table 1.

	<b>All respondents</b>	<b>Respondents aged under 65</b>	<b>Respondents aged 65 and older</b>
Someone to Talk To	53%	44%	68%
Received Help Filling Out Forms	52%	50%	55%
Information on Entitlements	51%	58%	39%
Received Help in Contacting Agencies or Companies	40%	34%	48%
Participated in Outings	36%	38%	32%
Participated in Skills Training	19%	28%	3%
Received Other Help	9%	10%	6%

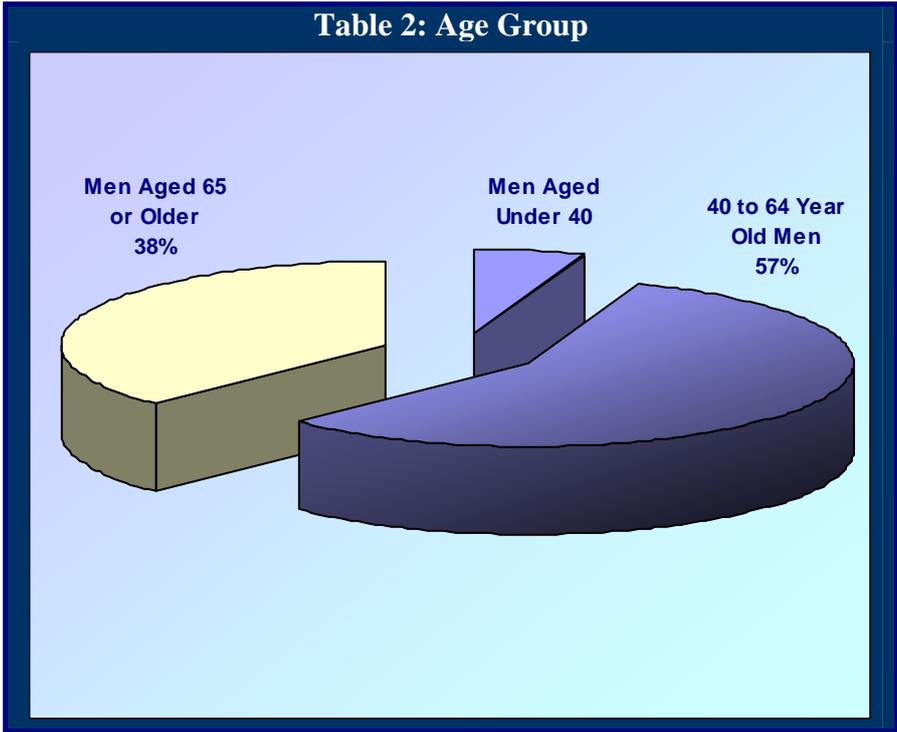
Table 1 illustrates that the outreach workers filled an important role as a social contact for the men, as well as providing information and help with forms for more than half of the respondents. This and other aspects of the data in this table are integrated within the report. Furthermore, the specifics of the help and information given can be visualised in Appendix III.

### *3.1 Demographic Data*

The demographic details of the men are outlined in Tables 2 - 5 below. Much of the data presented in the remainder of this report is shown by age category. Although the project targeted men above 40 years of age, five younger men (6%) requested inclusion in specific activities in the programme. To ensure anonymity and confidentiality for the limited number of men in the under 40 category, the data is divided into two categories only: men aged 65 or over and those under 65.

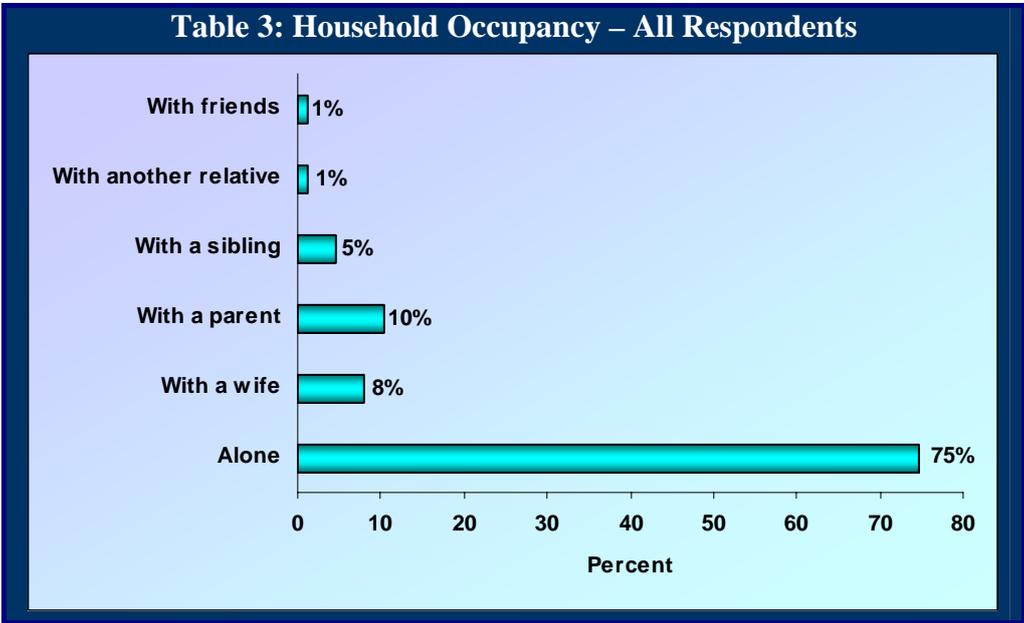
#### **3.1.1 Age**

Table 2 indicates that the majority of men were aged between 40 and 65 ( $n = 50$ , 57%) while 38% ( $n = 33$ ) were 65 years or older. Five men (6%) were under 40 years of age.

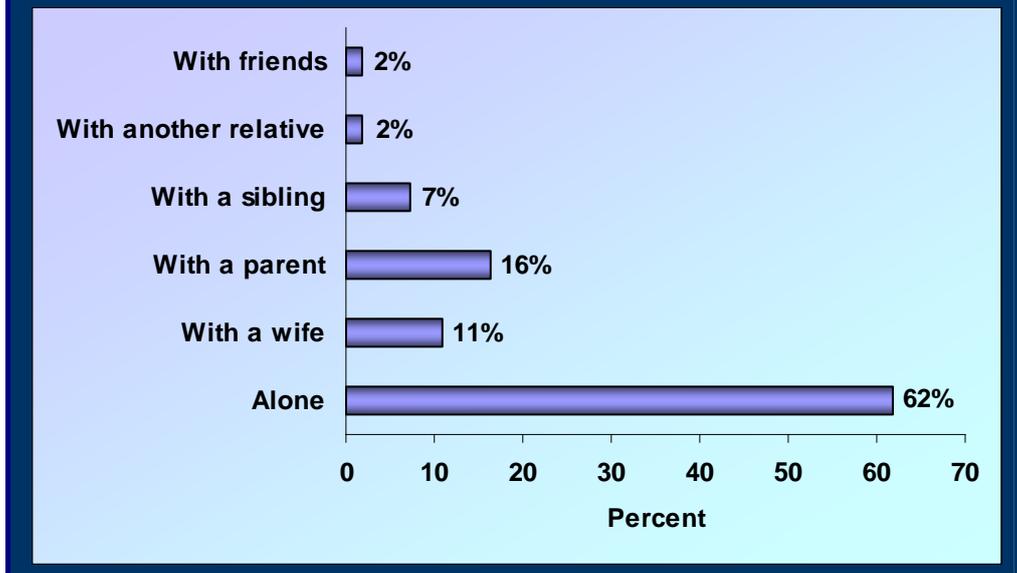


**3.1.2 Household Occupancy**

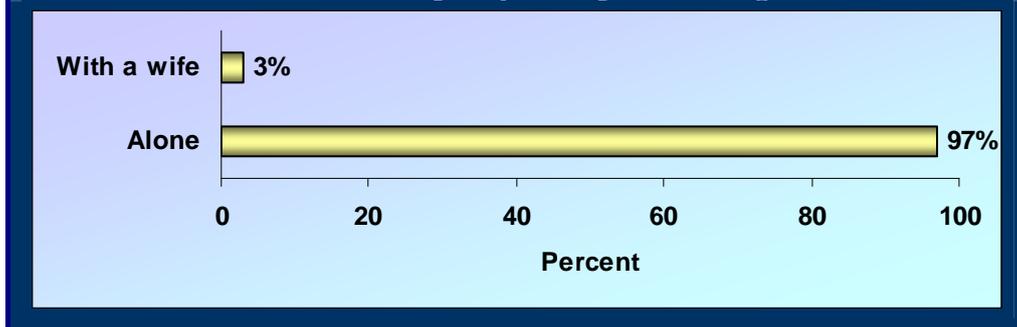
Tables 3 to 5 illustrate the type of household occupancy of respondents.



**Table 4: Household Occupancy – Respondents Aged Under 65**



**Table 5: Household Occupancy – Respondents Aged 65 or over**

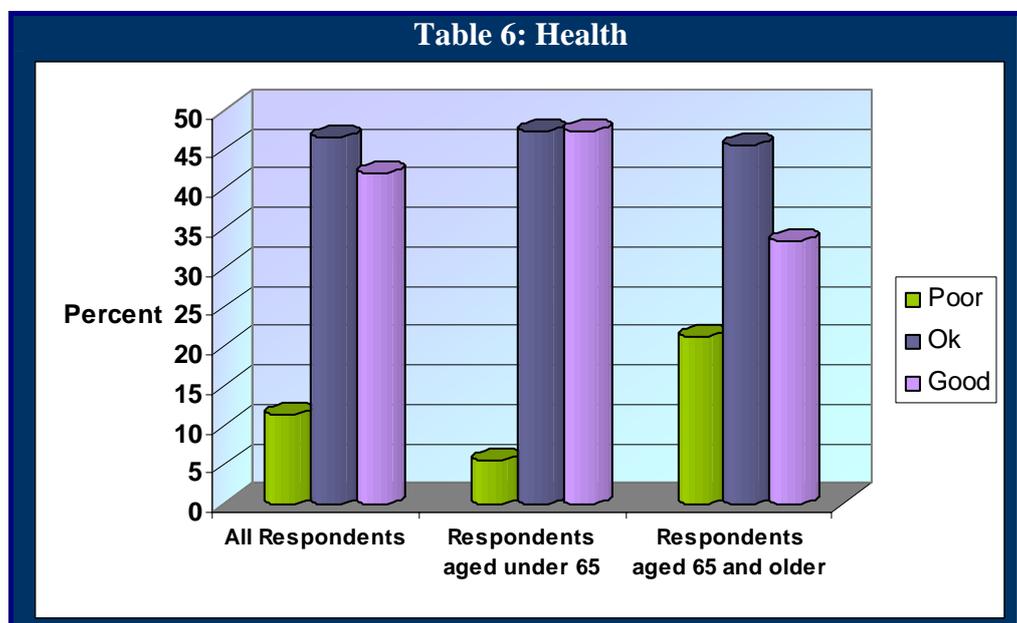


As can be seen from the tables, the majority of respondents (75%,  $n = 65$ ) lived alone. This tendency to live alone was particularly marked in the group of respondents aged 65 or over, with 97% ( $n = 31$ ) living alone and only one person (3%) living with a wife. None of the respondents reported that they lived with a son or daughter. The high percentage of men living alone was not surprising as the programme sought to target men who were thought to be socially isolated. The results indicate that the outreach workers were successful in achieving this aim.

The respondents were asked if they had ever lived outside Kerry. The majority of respondents (68%,  $n = 60$ ) reported that they had lived in Kerry all their lives. There was no significant difference between the two age categories.

### 3.1.3 Health

Respondents were asked to rate their perceptions of their health into one of three categories: poor, ok, or good. Table 6 depicts the responses.



Of the total respondents, 11% ( $n = 10$ ) rated their health as poor, 47% ( $n = 41$ ) felt their health was ok and 42% ( $n = 37$ ) rated their health as good. When the men were divided by age group, twenty one percent of respondents aged 65 and over rated their health as poor and 5% of the men under 65 rated their health as poor. However, this difference was not statistically significant, meaning that when the results were extrapolated to the total population of men in the programme, there was no difference in perceptions of health between the two age groups.

The composition of the household in which the men lived correlated with their health status. Men living alone were more likely to rate their health as poor as the men living with other people ( $r = -0.26$ ,  $n = 88$ ,  $p < 0.05$ ). This reflects national and international research which, although mostly limited to older men, indicates that men living alone are more likely to experience ill health (Kharicha et al, 2007), more likely to visit emergency room departments (Hastings et al 2008), more at risk of re-hospitalization for an illness (Mistry et al, 2001) and more prone to depression and suicidal behaviour (HSE, 2005; Vanderhorst & McLarne, 2005) than men not living alone.

Twenty seven percent of respondents stated that they had received help or information on health issues (See Appendix III). This indicates that giving this type of information and help was an important task undertaken by the outreach workers.

There was some evidence that the outreach programme had an impact on health matters. In some cases it appeared that the outreach workers played an important role in helping men who suffered from chronic health problems. This role was generally practical in nature and consisted of either contacting health care professionals or

helping the men get social entitlements. These men felt that the help made a life-saving difference to them:

*[The outreach worker] used to call. I was very sick. He got the doctor for me. I was taken to [name of hospital] for 6 months. I am home again. The nurse calls to me. [The outreach worker] organised home help for me. I am grateful for the help. I would be dead only for his visits. I hope he will keep coming*

(Respondent 34).

### 3.2 Housing data

#### 3.2.1 Type of Housing

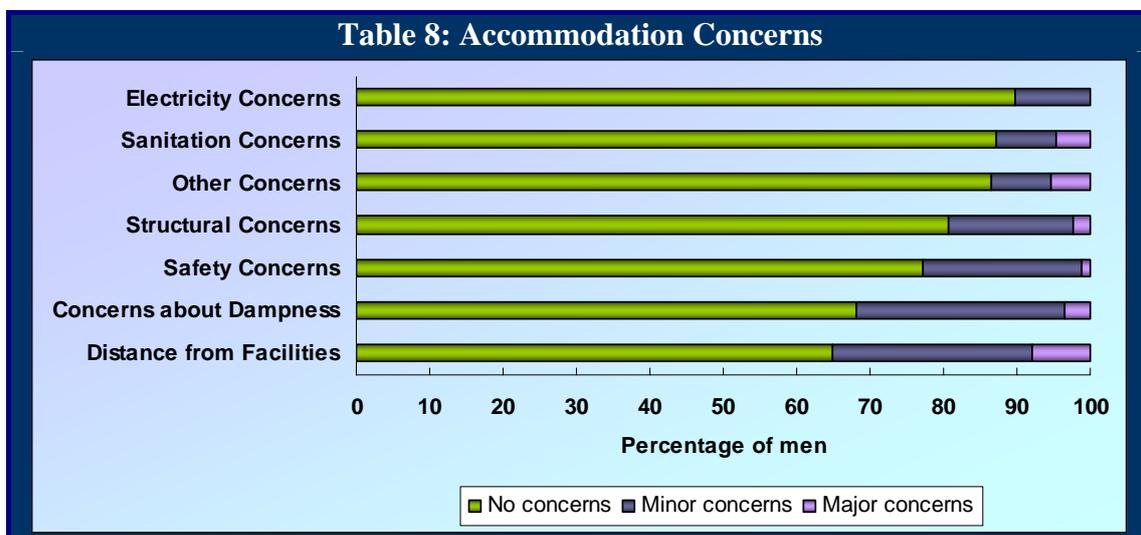
Table 7 depicts the type of housing of respondents.

	All respondents	Respondents aged under 65	Respondents aged 65 and older
<b>House</b>	89%	87%	91%
<b>Mobile home</b>	2%	2%	3%
<b>Rented accommodation</b>	8%	9%	6%
<b>Other</b>	1%	2%	0%

The majority (89%,  $n = 78$ ) of respondents lived in their own home. There were not marked differences in the housing patterns of those aged under and over 65 years.

#### 3.2.2 Housing Concerns

Table 8 illustrates the concerns that respondents had about their accommodation or their location.



As can be seen from Table 8, the area of greatest concern for the respondents was the distance they lived from facilities such as shops and doctors offices. Thirty five percent of respondents had major (7%,  $n = 7$ ) or minor concerns (27%,  $n = 24$ ) about distance. The mean distance that respondents had to travel to the local town or village was 5.4 miles with no significant distance between the men aged under and over 65 years. Lack of transport emerged as an important issue for the men. Transport concerns will be discussed in section 3.3.

Safety was another issue relating to location. This affected 23% ( $n = 20$ ) of respondents. Twenty two percent ( $n = 19$ ) reported minor concerns and 1% ( $n = 1$ ) reported major concerns. There were no statistically significant differences between the age groups.

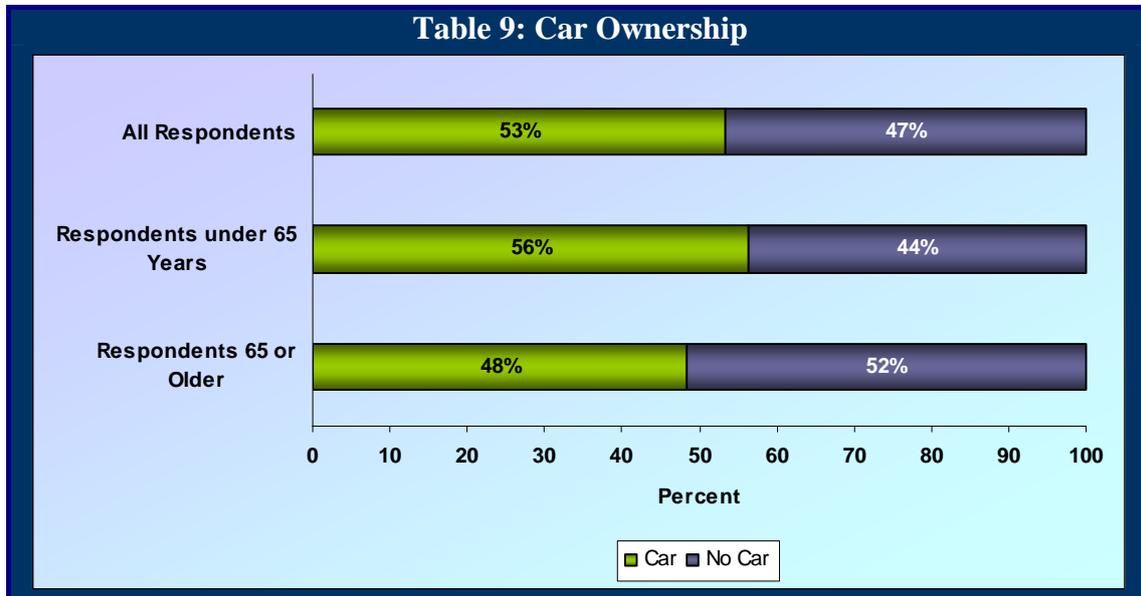
Forty one percent of respondents had at least one issue regarding the status of their accommodation. Thirty two percent ( $n = 28$ ) were worried about dampness (29% minor concerns, 3% major concerns). As a correlation has been found between damp conditions and ill health both abroad (Wilkinson, 1999) and in Ireland (Prunty, 2007), this is significant. Other concerns also emerged. Nineteen percent ( $n = 17$ ) had structural concerns (17% minor, 2% major), 13% ( $n = 11$ ) felt sanitation was an issue (8% minor, 5% major) and 10% ( $n = 9$ ) had minor concerns about wiring/electrical issues. There was a statistically significant difference between the age groups with the older men reporting more problems with their accommodation. Sixty one percent of men ( $n = 20$ ) aged over 65 noted at least one issue on the status of their accommodation in terms of structure, electrical problems, dampness and sanitation, while only 29% of the men ( $n = 16$ ) aged under 65 noted at least one issue (Mann-Whitney U ( $n1 = 55$ ;  $n2 = 33$ ) = 590,  $p < .05$ ). This is a reflection of national trends which indicate that the housing of rural older people can be substandard (National Council on Ageing and Older People, 2001). Furthermore, older people living alone are more likely to experience issues with the quality of their housing (Layte et al 1999). The National Council on Ageing and Older People report that housing of low quality can have an effect on the health of older people (NCAOP, 2001). A Spearman's correlation was carried out on the questionnaire data to test if there was a relationship between health and housing status in the population of men who took part in the outreach programme. The test showed a significant relationship between poor housing and ill health ( $r = .35$ ,  $n = 88$ ,  $p < 0.01$ ).

When asked if they had a phone, 83% ( $n = 73$ ) of respondents replied in the affirmative while 17% ( $n = 15$ ) said they did not. When those respondents who did not have a phone were asked why not, the most common reason given was that it was too expensive to install. Other reasons cited were that they had applied and were waiting, some did not want one and others found technology too difficult to master.

### 3.3 Transport

#### 3.3.1 Car Ownership

Table 9 below illustrates the percentage of respondents who owned a car.



Fifty three percent ( $n = 47$ ) of all respondents owned a car which left a large number of respondents (47%,  $n = 41$ ) dependent on other sources of transportation. There was no statistically significant difference between the two age groups.

The men were asked to comment about their transport needs. Thirty five percent of questionnaire respondents chose to comment. It was clear that they felt that the dearth transport in rural areas was an important issue and that the lack of adequate transport impacted on their quality of life. As one of the respondents put it:

*Lack of transport prevents me from living a full life and taxis are very expensive in remote rural areas*

*(Respondent 72).*

Indeed, several of the respondents felt that travel should have been one of the main aims of the outreach programme and suggested that any further programmes should include improving travel as an objective.

#### 3.3.2 Pattern of use of Modes of Transport

The frequency of sources of transport used by questionnaire respondents is listed in Table 10.

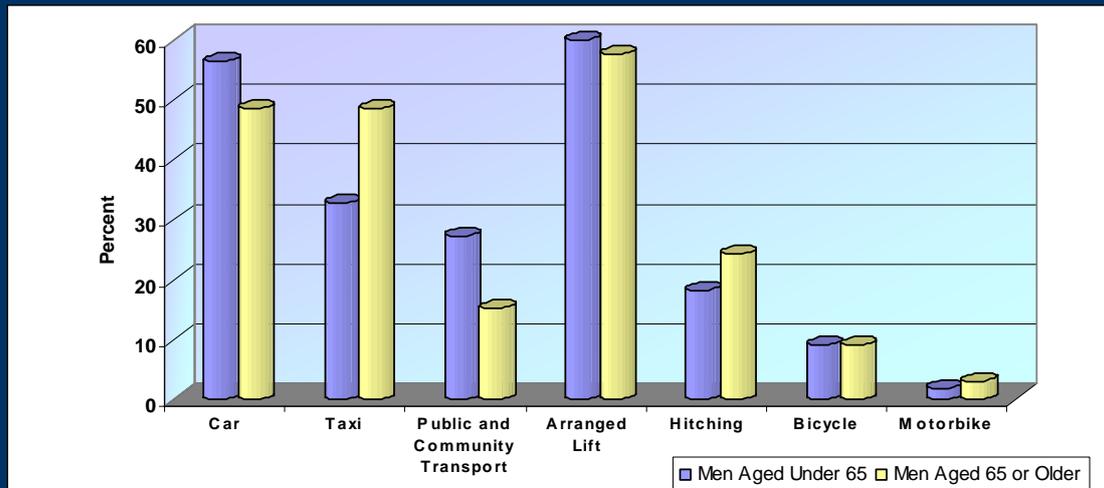
	<b>More than Twice a Week</b>	<b>About Twice a Week</b>	<b>About Once a Week</b>	<b>Once or Twice a Month</b>	<b>Never</b>
<b>Car</b>	53%	0%	0%	0%	47%
<b>Taxi</b>	6%	6%	7%	20%	60%
<b>Public or Community Transport</b>	1%	2%	7%	13%	76%
<b>Arranged Lift</b>	7%	13%	10%	30%	40%
<b>Hitching</b>	1%	3%	3%	13%	79%
<b>Bicycle</b>	3%	1%	3%	3%	89%
<b>Motorbike</b>	1%	0%	0%	1%	98%

All the men who had cars (53%,  $n = 47$ ) used them frequently. It is evident from Table 10 that those men with cars travelled much more frequently than those without, as only a small percentage of the men used any other source of transportation more than twice a week. Accordingly, it would appear that those men without cars were unable to avail of the same opportunities engage in social contact with others. As men without cars made up nearly half the population in the study, it is not surprising that transport emerged as an issue of concern since accessibility to transport is a “vital factor” in the ability to socialise (NCAOP, 2005)

As Table 10 illustrates, those who did not have cars were often dependent on others for travel through lifts or hitching. Sixty percent ( $n = 52$ ) of respondents arranged lifts, with a third of those men using lifts several times a week. Twenty percent ( $n = 18$ ) hitched, though not very often. Taxis were also used, although not as commonly as arranged lifts. Forty percent ( $n = 34$ ) of respondents travelled in taxis with half of those men using them once a week or more. Twenty four percent ( $n = 23$ ) of the men used public or community transport. The latter were rarely used, with a majority of the use limited to once or twice a month and only 1% of use more than twice a week. Eleven percent ( $n = 11$ ) of the respondents used bicycles and only 2% ( $n = 2$ ) had motorbikes.

Table 11 compares the use of different modes of transportation among the men aged under and over 65.

**Table 11: Use of Modes of Transportation**



A greater proportion of respondents under 65 used their own car, public and community transport and arranged lifts than those aged 65 or older. A greater proportion of respondents in the older age group used taxis and hitching as a means of getting around than those under 65 years of age.

The men aged over 65 in general felt that they were unable to benefit fully from their free travel pass as they had to use taxis or another means of transport to get to a bus or train. A consensus emerged that a taxi service should be covered under free travel. Furthermore, a more regular bus service was something that was felt to be necessary by a number of men in both age categories.

*There should be a bus 2 or 3 times a week*

*(Respondent 5).*

These suggestions are nothing new, as a rural transport audit commissioned in 2001 by the Department of the Environment and Local Government reported that people in rural areas in the West and South of Kerry were under-resourced in terms of transport (Fitzpatrick Associates, 2001).

### ***3.4. Occupation & Learning Activities***

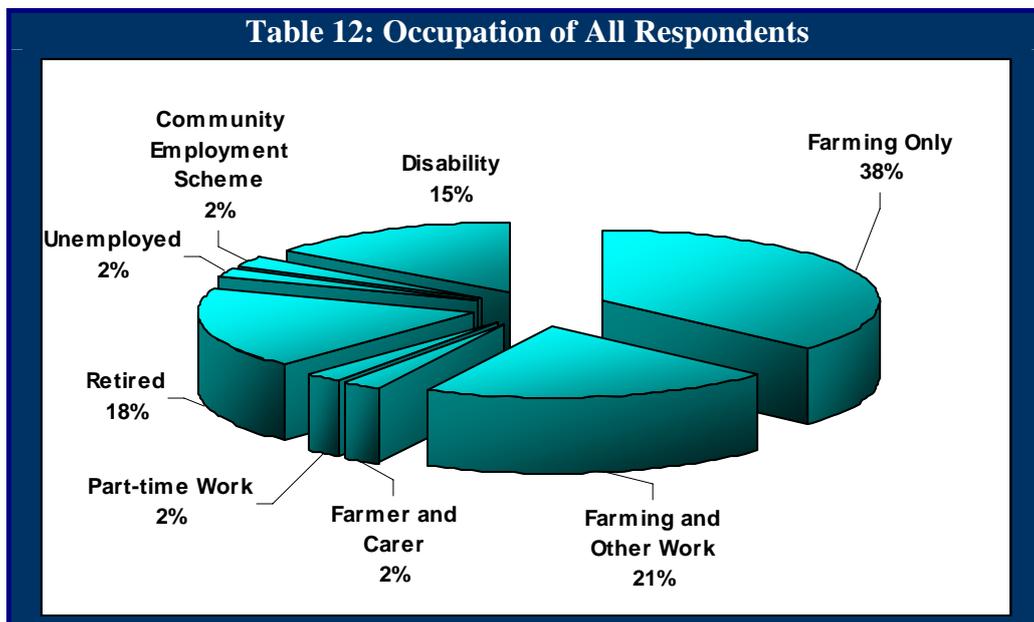
#### **3.4.1 Occupation**

The majority of respondents (61%,  $n = 52$ ) were either full time or part time farmers. This heavy dependence on the agriculture sector is not surprising as the programme sought to target rural men. Nevertheless, it may help explain why some of the target population appeared to be disadvantaged as the average Family Farm Income in 2006 was very low at €16,680 (Connolly et al, 2006).

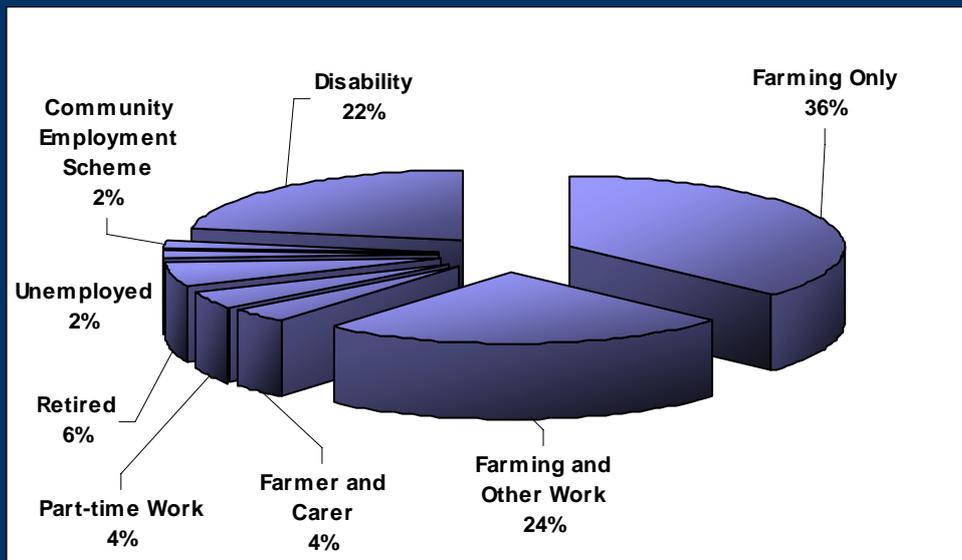
With regard to full time or part time status, 38% ( $n = 32$ ) of respondents were engaged in farming with no other income source, two percent ( $n = 2$ ) were carers as well as farmers, and 21% ( $n = 18$ ) worked as well as engaging in farming. If these figures are examined from a different perspective, the percentage of *farmers* in the survey who combined farming with an off farm job was 35% ( $n = 18$ ). This a little lower than the national trend as reported in the Teagasc National Farm Survey which showed that on 42% of farms, the farmer also worked outside the farm (Fitzpatrick Associates, 2006).

Survey respondents who were working outside the farm on a part time basis were employed in the service industry, the construction industry, in horticulture, in fishing, by state agencies, and by local employment schemes. There was a high dependency therefore on economic sectors such as agriculture, fisheries and construction that are currently in decline (Expert Group on Future Skills Needs, 2007).

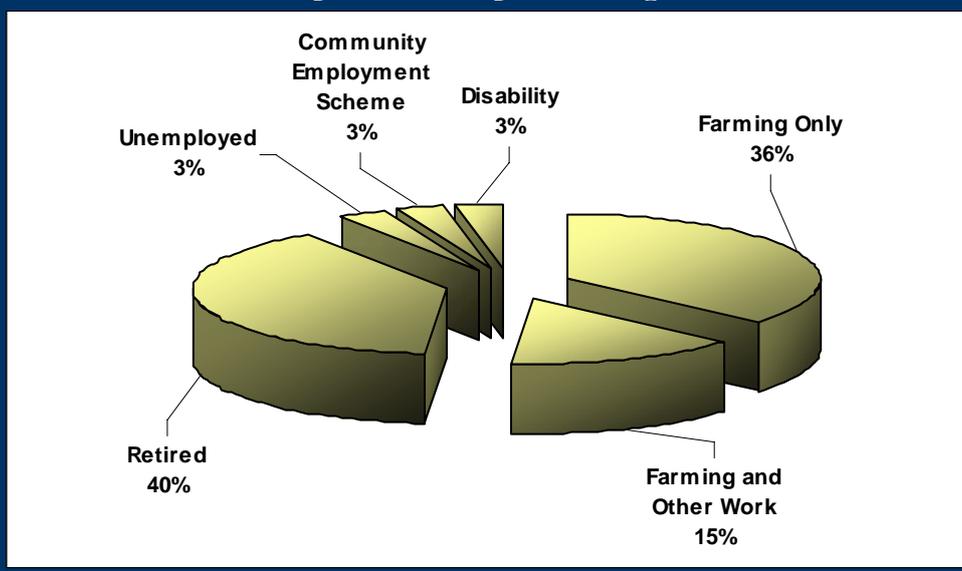
None of the respondents were engaged in full time work outside farming, nor did any label themselves as seasonally employed. The men who were not engaged in farming either had part time jobs (2%,  $n = 2$ ), were employed by a community employment scheme (2%,  $n = 2$ ), were unemployed (2%,  $n = 2$ ), were retired (18%,  $n = 16$ ) or were unable to work due to disability (15%,  $n = 13$ ). This data is illustrated in Table 12 below. Tables 13 and 14 illustrate the breakdown of occupational data based on age.



**Table 13: Occupation of Respondents Aged under 65**



**Table 14: Occupation of Respondents aged 65 and Older**



Fifty four percent ( $n = 18$ ) of men over the age of retirement were still working. The two age groups showed some similar trends with similar percentages of men engaged in farming, working in community employment schemes and unemployed.

### 3.4.2 Learning Activities

A number of educational and skills building courses were organised by the outreach workers as part of the programme and had a twofold purpose. The aims were to build the skills base of the participants in addition to giving them an opportunity to socialise with their peers. The courses included five computer courses attended by a total of 37 men and a wood carving course attended by 5 men.

The computer courses consisted of beginner and intermediate courses were very successful and led to some of the participants purchasing a computer. The participants

felt the classes had a very positive impact on their lives in terms of an occupying interest, developing skills, and in looking up information:

*I took part in the beginners and intermediate computer course and internet. I bought a computer. I find it very good. It passed away the time*  
(Participant 33).

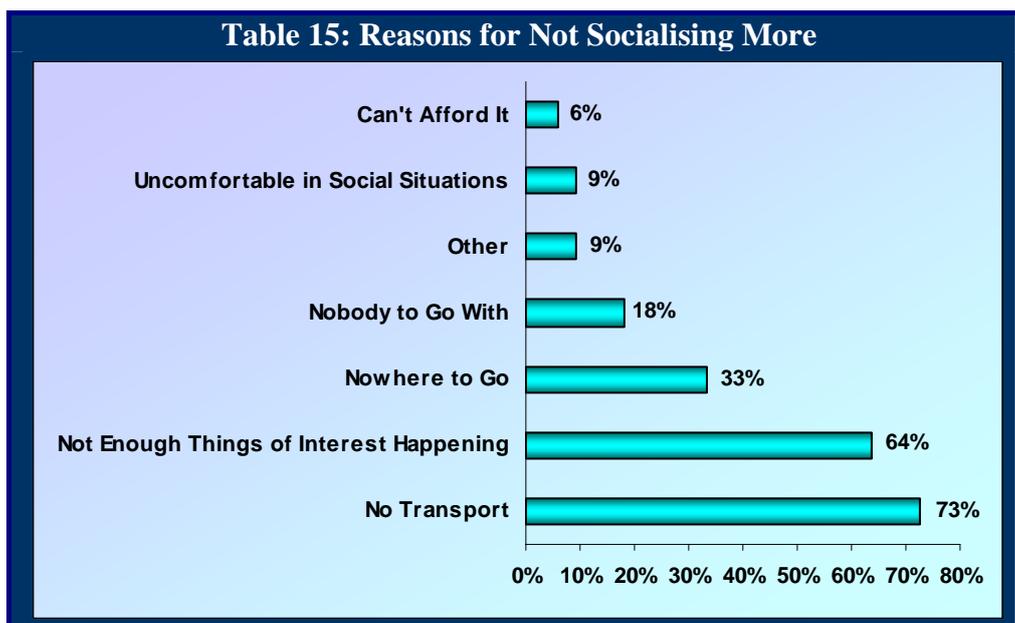
*It will help me with further employment. I would like to do more courses*  
(Participant 55).

Research suggests that the internet has a positive psychosocial impact on the lives of older people (White et al, 2002). They can explore interests and hobbies, keep in touch through e-mail, and access information. Nonetheless, older people in Ireland are far less likely to use computer and internet than their younger peers (Fahey et al, 2007). Most of the respondents who took part in the computer courses were in the under 65 age group (28%,  $n = 14$  as opposed to 3%,  $n = 1$  in the over 65 age group). Future outreach work could encourage more of the older men to attend the computer classes.

### **3.5. Social Inclusion**

The questionnaire respondents were asked whether they felt isolated. Twenty nine percent ( $n = 25$ ) of respondents reported that they did feel isolated and 68% ( $n = 60$ ) reported that they did not. (3%,  $n = 3$  did not answer the question). Extrapolating to the total population of men who took part in the programme, there is no statistically significant difference between the age groups, showing that loneliness and social isolation was a phenomena experienced equally by men over and under 65 years of age.

Questionnaire respondents were asked whether they would like to socialise more. Thirty two percent ( $n = 28$ ) said that they would like to socialise more while 67% ( $n = 59$ ) said that they would not. One percent ( $n = 1$ ) of respondents did not answer the question. Respondents who felt they would like to socialise more were asked why they did not already do so. Thirty three of the men responded to the question. The results are illustrated in Table 15.

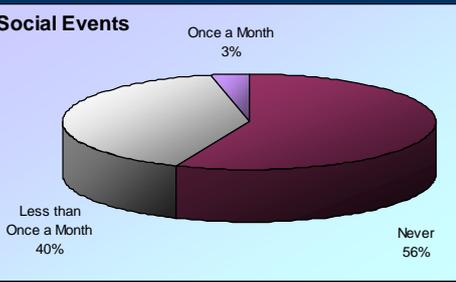
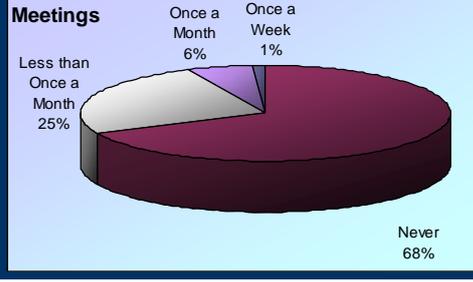
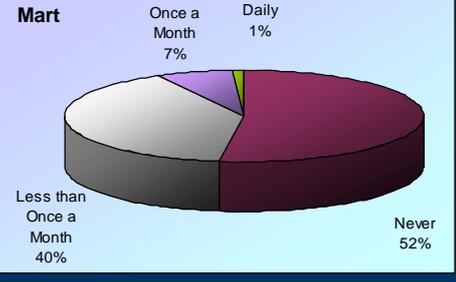
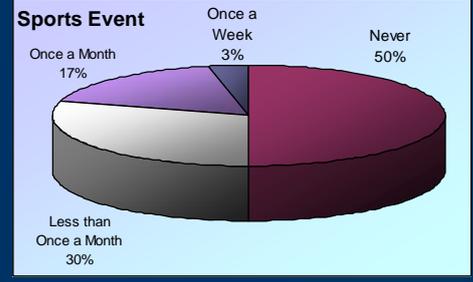
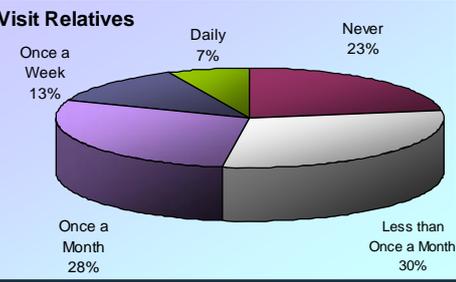
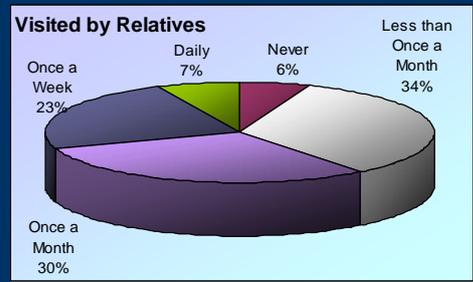
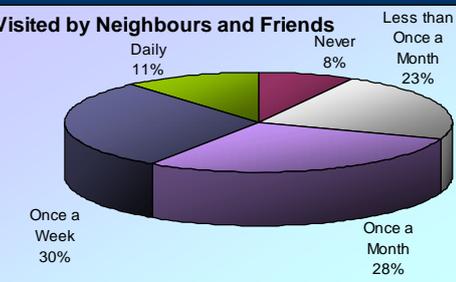
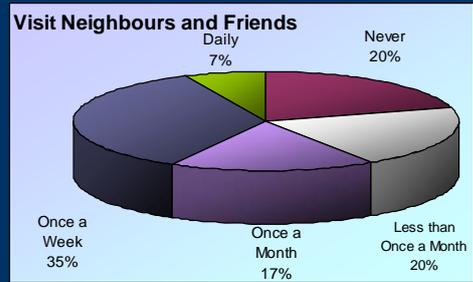
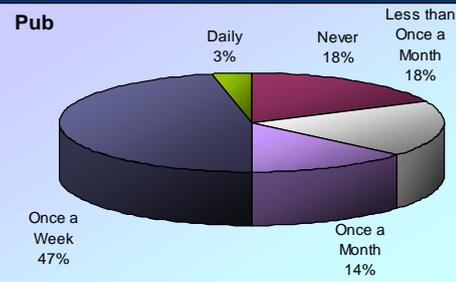
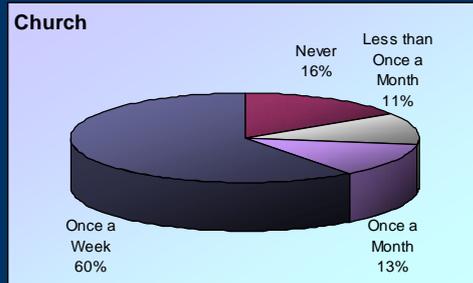
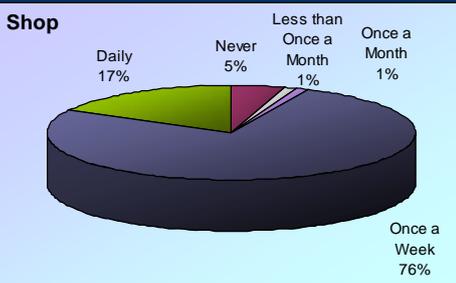


The data illustrates that one of the major reasons for not socialising more was a lack of transport, with 73% of the 33 men that responded to this question listing it as a concern. This reiterates the concerns expressed by the men on their transport needs in the comments section of the questionnaire. A lack of suitable events to go to was also listed by the majority (64%,  $n = 24$ ) of these respondents as a reason not to socialise more. Cost, on the other hand was not a major concern with only 6% ( $n = 2$ ) listing it as a reason not to go out. Likewise, the majority of men who answered this question appeared comfortable in social situations as only 9% ( $n = 3$ ) stated that their level of comfort would negatively impact on their desire to socialise. This low percentage is positive since social avoidance has been shown to have a negative impact on health. A study in the United States for example, found that social avoidance was associated with death from coronary heart disease (Berry et al, 2007). There was no statistically significant difference between the men over or under 65 years of age with regard to their reasons for finding it difficult to socialise more.

### 3.5.1 Avenues of social contact

Avenues of social contact were explored. The men were asked about their attendance at social events, sports events, and community events, whether they go to the pub or church on a regular basis and whether they visit with friends or relatives. The results are illustrated in Table 16.

**Table 16: Avenues and Frequency of Social Contact**



The data indicates that the shops and church were visited frequently with 93% ( $n = 82$ ) of men going to a shop and 73% ( $n = 64$ ) going to a church once a week or more. These visits provide opportunities for social engagement albeit, brief and sometimes superficial. It can be argued that the pub and visits to or from friends and relatives are more important avenues for socialising as these offer the opportunity for more in depth social interaction. Fifty percent ( $n = 44$ ) of respondents reported that they went to the pub, 42% ( $n = 37$ ) visited neighbours and friends, 41% ( $n = 36$ ) were visited by neighbours and friends, 30% ( $n = 26$ ) were visited by relatives and 20% ( $n = 18$ ) visited relatives once a week or more. Organised events such as sports events, meetings (e.g. community or political meetings), and social events (e.g. GAA socials, christenings and weddings) were attended far less frequently. Some of these events, for example meetings, would only arise occasionally while sporting events occur more often, yet that the majority of questionnaire respondents chose not to attend these events on a regular basis.

### 3.5.2 Impact of the outreach programme on social inclusion

The outreach workers played an important role as a social link for the men. Fifty three percent ( $n = 47$ ) of all questionnaire respondents reported that having someone to talk to was one of the ways the programme was useful to them (see Table 1, p.5). The older cohort of men in particular felt that this was important and there was a statistically significant difference between the responses of the two age groups with 44% of the men under 65 ( $n = 24$ ) and 68% of the men over 65 ( $n = 22$ ) stating that the programme was useful to them because it gave them someone to talk to (Mann-Whitney U ( $n_1 = 55$ ;  $n_2 = 33$ ) = 693,  $p < .05$ ). This was reiterated in the comments section of the questionnaire where many respondents that they enjoyed the chats they had with the outreach workers. It appeared that the visits of the outreach workers took on particular significance when the men did not receive many other visitors.

*It was nice to someone visit and to get advice. I would like the visits continuing as I rarely see anyone*

(Respondent 8).

When asked about the specific help and information they received from the outreach workers, 33% ( $n = 29$ ) of men stated that they received help and information on rural isolation. This percent was higher than the percentages of men who received help or information on any other topic (see Appendix III).

A number of outings were arranged by the outreach workers. Thirty six percent ( $n = 32$ ) of questionnaire respondents (see Table 1, p.5) reported that they participated in the social outings which were deemed to be very successful both by the participants and the outreach workers.

*Sorry to hear [the programme is] ending. It would be good to continue. It brought us together for social outings*

(Respondent 7).

The events organised are listed in Table 17.

<b>Event</b>	<b>Number of Attendees</b>
Day out to Muckcross House, Killarney	9
Day out to Blennerville Windmill	8
3 Visits to A Day in the Bog Museum	18
Day out to the 2007 Ploughing Championships	15
Cinema	7
Concert	11
Evening out at the greyhound races, Tralee	11
Play in Siamsa Tire	3
Christmas Party	12

It has been highlighted that older men appear more likely to attend specific events than joining a group merely to socialise with others (Burke & Fitzgerald, 2007). Thus, the importance of these social outings organised as part of the programme cannot be underestimated. These allowed participants to extend their social networks by creating new social connections as well as building upon existing ones with friends and neighbours. Many of the men who went on an outing stated that they would like more outings in the future.

*I went on two days out to Killarney Muckcross house and Traditional Farms and Kerry Museum in Tralee and the Christmas party. I found the programme very good. I hope it will continue and I'd love more days out*

*(Participant 41).*

In addition to outings, the outreach workers also organised learning activities which also gave the participants an opportunity to socialise with their peers. Nineteen percent ( $n = 17$ ) of the questionnaire respondents (see Table 1) reported that they took part in these activities which will be discussed in section 4.2.2.

### **3.6. Economic Situation**

In the interests of privacy, the questionnaire respondents were not asked about their income. They were however, asked about the type of help they received from outreach workers concerning information and in filling out forms for social transfer payments. Social transfer payments are payments provided by the state to those citizens who are regarded as living in conditions of long term poverty or vulnerability (UK Department for International Development, 2005) and serve as a means of redistributing wealth in an economy. Irish social transfers are among the lowest in the OECD (Organisation for Economic Co-operation and Development), an organisation which includes the US, Australia, Japan and Canada as well as most European

countries (OECD, 2007). Accordingly, the at-risk rate of poverty is high in Ireland in comparison to the other European Union countries (CSO, 2006).

Older people, especially rural dwellers who live alone, are particularly vulnerable to poverty (Prunty, 2007). This was highlighted when the old age pension was increased in 2005 leading to a 7% decrease from 27% to 20% in the number of people aged 65 and over who were at risk from poverty in 2005 as compared to 2004 (CSO, 2007). Thus, social transfers are very important in preventing poverty among older people. In fact, analysis of EU-SILC (European Union Survey on Income and Living Conditions) figures show that without social transfers, 87% of older people in Ireland in 2004 would have been defined as income poor. When social transfers including the pension are included, this figure drops to 27%, highlighting the importance of these payments (Prunty, 2007).

Looking at this data leads one to the conclusion that it is very important for the population targeted by the SKDP rural men programme to have access to all social transfers available to them. As is indicated in Table 1 p.5, 51% ( $n = 45$ ) of questionnaire respondents reported that they were given information on social entitlements and 52% ( $n = 46$ ) reported that they were given help in filling out forms. There was no statistically significant difference between the groups of men aged over and under 65.

It appeared that a number of the men who were part of the outreach programme were unaware of many of the social transfer payments to which they were entitled to before the outreach workers informed them:

*I found the programme great. I got carers grant and disabled bathroom for my mother when she got stiff and home help. I also got household package. I never knew about these entitlements*

*(Respondent 4).*

Some of the men were aware of social entitlements but were unaware that they could qualify for them.

*He got farm assist of €15 per week. I lost out over the years. I did not think I was entitled to it. I am very grateful to South Kerry Partnership*

*(Respondent 17).*

Furthermore, several of the men admitted to finding form-filling difficult and were very glad of the help they were given in filling out the forms.

*I applied for a Kerry County Council house in Kenmare. I could not fill up these forms without [the outreach worker's] help*

*(Respondent 44).*

Table 18 lists the specific areas in which the respondents were given information or help.

	<b>All Respondents</b>	<b>Respondents aged under 65</b>	<b>Respondents aged 65 and older</b>
House Repair Grants (KCC)	16%	8%	31%
Meals on Wheels/Food Hamper	13%	8%	21%
Unemployment Assistance/Farm Assistance/ household Pack	13%	16%	7%
Area Aid (Dept AFF)	11%	6%	21%
Local Improvement Scheme/Roads (KCC)	8%	4%	14%
Local Authority Housing (KCC)	6%	6%	7%
Pension Information (CIB)	6%	4%	10%
House Repair Grants (HSE)	5%	4%	7%
Rural Social Scheme (Dept RCG)	5%	8%	0%
Referrals to Health or Social Care Professionals	4%	4%	3%
Medical Card	4%	6%	0%
Early Retirement (Teagasc)	3%	4%	0%

The largest proportion of the men received help or information on Kerry County Council's essential repair grants for houses. This is a grant scheme which provides funding to people over 65 years of age to make repairs to their homes in order to allow them to continue living in their own community with a reasonable standard of accommodation. Unsurprisingly, a greater proportion of men over 65 were likely to need information on this topic ( $\chi^2(1, n = 88) = 6.55, p < .05$ ). It is probably that those under 65 seeking this information were living with elderly parents.

Thirteen percent ( $n = 11$ ) of the questionnaire respondents required meals on wheels or a food hamper at least once. This indicates that at least some of the men in the programme were living in consistent poverty as is defined by the EU survey on income and living conditions (CSO, 2005). Although more of the survey respondents who needed meal supplementation were over 65, (21%,  $n = 7$ , as opposed to 8%,  $n = 4$ , of men aged under 65) there was not a statistically significant difference between the two age groups meaning that in the target population as a whole, men in either age group were as likely to need help with meals. Several of the men talked about the level of poverty they were experiencing and felt that the outreach programme was of great benefit to them.

*I got great help from this programme. I'd have no turf to heat the house but for the help I got. I got the phone and household package and fuel allowance (Respondent 6).*

Thirteen percent ( $n = 11$ ) of the men received information or help on unemployment assistance, farm assistance, or the household pack. Unemployment assistance is the weekly payment which is provided to those who are unemployed for all or part of a

week. Farm assistance is a weekly means-tested payment for low income farmers aged between 16 and 66. The household pack is a group of allowances which many people over 65 are entitled to and it includes free electricity, natural gas, and telephone rental. All three benefits are provided by the Department of Social and Family Affairs.

Eleven percent ( $n = 10$ ) of the men received information or help on area aid forms. This form covers a range of schemes relating to European Union aid for a number of farming practices. Eight percent ( $n = 7$ ) received information or help about the local improvement scheme through which landholders can apply to have roads, other than public roads which are already maintained by the county council, repaired or improved.

Six percent ( $n = 5$ ) of the men received help or information on local authority housing or pensions. Five percent ( $n = 4$ ) of respondents received help or information on the HSE's house repair grants which are part of the Special Housing Aid for the Elderly Grant Scheme, a scheme that is being phased out and replaced by the County Council housing repair scheme. Five percent ( $n = 4$ ) were given information on the rural social scheme which is a Department of Community, Rural, and Gaeltacht Affairs scheme that provides income support for low income farmers and fishermen as well as funding for projects of benefit to rural communities. Four percent ( $n = 3$ ) were referred to health or social care professionals such as the community welfare officer or G.P., another 4% ( $n = 3$ ) were helped with their medical care applications, and a further 3% ( $n = 2$ ) were given information about early retirement from farming.

## Section 4: Discussion and Conclusion

### *Discussion*

The evaluation of this outreach programme represents 88 rural men in one specific region within South Kerry. The majority of men were between 40 and 65 years of age. Most of the respondents lived alone and most felt their health was ok or good. Eighty nine percent of them lived in their own house and several concerns regarding accommodation and housing were identified. There appeared to be a correlation between poor housing and poor health among the population. Rural transport issues were evident where car ownership was not a feature. For these men, the modes of transport used depended mostly on other peoples generosity, as public forms of transport such as taxi and community transport were less accessible for economic and availability reasons. The majority of respondents (61%) were either full time or part time farmers and those who were not engaged in farming had some form of employment on a part time basis. An interesting observation was that a majority of those in the retired age group classified themselves in some form of occupation.

The outreach programme had enabled participants to partake in learning activities such as computer courses and had advanced their social inclusion through outings and organised events. Twenty nine percent of respondents reported that they felt socially isolated and there was no difference between age groups. Sixty seven percent of respondents stated that they did not want to socialise more. However, the data also illustrated that one of the major reasons for not socialising more was lack of transport. As one would expect, trips to the shops and attendance at church, along with visiting neighbours, friends and the pub were the most frequent social contacts. Attendance at more formal events such as meetings and sport events was less frequent.

The outreach programme had facilitated rural men in coping with many different agencies, enabling them to gain access to their social entitlements. The programme was evaluated positively by the large majority of men who were randomly selected for this evaluation. Although isolation was not identified as an issue for most of these men, 53% of all respondents found the programme gave them someone to talk to. This percentage increased for respondents over 65.

### *Conclusion*

The objectives of the outreach programme as outlined in the programme funding application to the Department of Community, Rural and Gaeltacht Affairs were to identify rural men who were disadvantaged in some respect and respond to their needs where possible. These needs materialised as mostly economic and social. The programme provided a client centred support and outreach service to rural men, identified pathways for inclusion by providing social opportunities, and responded to individual issues identified. There is still a need for a network to interlink stakeholders for outreach work for rural men both locally and nationally and to disseminate the evaluation of outreach programmes.

This positive evaluation from the respondents gives a clear indication that the two outreach workers provided individual support and made every effort to encourage social participation. The outreach workers own perceptions indicated that there is a clear need for a continuation and expansion of the programme. Several of the comments from the participants within the programme support this need. In particular, comments identified the value of the social outings, having someone to talk to, upskilling, and encouragement to act on health matters. Moreover, the moral and practical support afforded by the outreach workers was evident. In some instances this was regarded as “life-saving”. Concern was expressed should the programme not continue and in many instances this concern related to not having assistance and advice in how to access and apply for social entitlements, not having the personal contact, and having the confidentiality of a one to one outreach relationship.

The questionnaire respondents’ comments suggest that several had improvements in their quality of their life as a result of this programme. This in itself indicates the need to continue with the programme whilst considering the evaluation already submitted in the interim report. This first phase of evaluation recommended a stronger focus on strategic direction and decision making both locally and within the national arena. It was also recommended that in developing a team of outreach workers, a competency framework should be developed. This competency framework should include training and role definition. A continuation of the current high level of support and feedback systems was recommended. The outcomes of the final evaluation note the importance of identifying the individual needs of rural men and having a system to offer immediate help in dealing with these needs. Undoubtedly the demographic profile of this group is likely to reflect a wider population of rural men who as yet have not been reached by this programme. In light of the time span of the outreach programme i.e. it has been drawn to conclusion, the evaluators strongly recommend that funding be made available to pursue the work already begun.

## Section 5: References

- Antonucci T.C. & Akiyama, H. (1987). An examination of sex differences in social support among older men and women. *Sex Roles*, 17 (11-12), 737-749
- Berry J.D., Lloyd-Jones D.M., Garside D.B., Wang R., & Greenland P. (2007). Social avoidance and long-term risk for cardiovascular disease death in healthy men: the Western Electric study. *Annals of Epidemiology*, 17(8), 591-596.
- Burke K. & Fitzgerald E. (2007). Encouraging the social engagement of older men in our communities. Retrieved May 2008 from the Worldwide Web: [www.president.ie/download.php?do=19](http://www.president.ie/download.php?do=19)
- Cattan M., White M., Bond J., & Learmouth A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society*, 25, 41-67
- Central Statistics Office (2007). *Ageing in Ireland*. Dublin: Stationery Office.
- Central Statistics Office (2006). *Measuring Ireland's progress*. Dublin: Stationery Office.
- Central Statistics Office (2005). *EU Survey on Income and Living Conditions (EU-SILC)*. Retrieved May 2008 from the Worldwide Web: [http://www.cso.ie/releasespublications/documents/labour\\_market/current/eusilc.pdf](http://www.cso.ie/releasespublications/documents/labour_market/current/eusilc.pdf)
- Connolly L., Kinsella A., Quinlan G., & Moran B. (2006). *The national farm survey*. Retrieved May 2007 from the Worldwide Web: <http://www.teagasc.ie/publications/index.htm>
- Fahey, T, Maitre, B., Nolan, B., & Wheelan, C. (2007). *A social portrait of older people in Ireland*. Dublin: Stationery Office
- Findlay R.A. (2003). Interventions to reduce social isolation amongst older people: where is the evidence? *Ageing & Society*, 23, p647-658.
- Expert Group on Future Skills Needs (2007). *Tomorrows skills, toward a national skills strategy*. Dublin:EGSFN.
- Greaves C.J., & Farbus L. (2006). Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. *Journal of the Royal Society of Health*, 126(3), 134-142.
- Fitzpatrick Associates (2001). *Rural Transport: Service Audit and Needs Assessment: Kerry County Report*. Dublin: Department of Transport
- Hastings S.N., George L.K., Fillenbaum C.G., Park R.S., Burchett B.M, Schmader K.E. (2008). Does lack of social support lead to more ED visits for older adults? *The American Journal of Emergency Medicine*, 26(4), 454-461.

Health Service Executive, Dept of Health and Children & National Suicide Review Group. (2005). *Reach Out: National strategy for action on suicide prevention 2005-2014*. Dublin: HSE

House J.S. (2001). Social isolation kills but how and why? *Psychosomatic Medicine*, 63, 273-274.

Irish Central Border Area Network. (2008). *Men & Cross-border Social Exclusion*. Enniskillen: ICBAN.

Kandler U., Meisinger C., Baumert J., & Lowel H. (2007). Living alone is a risk factor for mortality in men but not women from the general population: a prospective cohort study. *BMC Public Health*, 7, 335-336.

Kharicha K., Iliffe S., Harari D., Swift C., Gillman G. & Stuck A.E. (2007). Risk factors for ill-health in old age. *British Journal of General Practice*, 57(537), 267-268.

Layte R., Fahey T., and Whelan C. (1999) *Income, Deprivation and Well-Being Among Older Irish People*. Dublin: National Council on Ageing and Older People.

Loucks E.B., Berkman L.F., Gruenewald T.L., & Seeman T.E. (2005). Social Integration Is Associated With Fibrinogen Concentration in Elderly Men. *Psychosomatic Medicine* 67, 353-358.

McCull E., Jacoby A., Thomas L., Soutter J., Bamford C., Steen N., Thomas R., Harvey E., Garratt A, & Bond J. (2001). Design and use of questionnaires: a review of best practice applicable to surveys of health service staff and patients. *Health Technology assessment*, 5(31), Retrieved October 2007 from the World Wide Web: <http://www.hta.nhsweb.nhs.uk/fullmono/mon531.pdf>

Mistry R., Rosansky J., McGuire J., McDermott C., & Jarvik, L. (2001). Social isolation predicts re-hospitalisation in a group of older American veterans in the UPBEAT program. *International Journal of Geriatric Psychiatry*, 16(10), 950-959.

NCAOP (2001). *Housing: Ageing in Ireland Fact File No. 5*. Retrieved May 2008 from the Worldwide Web: <http://www.ncaop.ie/publications/research/factfiles/ff5Housing.pdf>

National Council on Ageing and Older People. (2005). *Report No. 84: Loneliness and Social Isolation among Older Irish People*. Dublin: NCAOP

O'Connell, J. (2002). *A study of the situation of rural men in South Kerry*. Killorglin: South Kerry Development Partnership.

O'Leary D.F. & Ni Mhaolrúnaigh S. (2007). *Rural Men Outreach Project: Interim Evaluation*. Killorglin: South Kerry Development Partnership.

Organisation for Economic Co-operation and Development. (2007). *Revenue statistics 1965-2006*. Paris:OECD Publishing

Prunty, M. (2007). *Older people in poverty in Ireland: An analysis of EU-SILC 2004*. Combat Poverty Agency. Retrieved May 2008 from the Worldwide Web:  
[http://www.cpa.ie/publications/workingpapers/2007-02\\_WP\\_OlderPeopleInPovertyInIreland.pdf](http://www.cpa.ie/publications/workingpapers/2007-02_WP_OlderPeopleInPovertyInIreland.pdf)

Ruddell, R. (2004). *America Behind Bars: Trends in Imprisonment, 1950 to 2000*. EL Paso, Texas: LFB Publishing

Ruxton S. (2006) *Working With Older Men*. London: Age Concern England

UK Department for International Development (2005). *Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge Ahead*. London: UK Department for International Development Publications.

Vanderhorst R.K, & McLaren S. (2005). Social relationships as predictors of depression and suicidal ideation in older adults. *Aging and Mental Health*, 9 (6), p571-525.

Vandervoort D. (2000). Social isolation and gender. *Current Psychology*, 19(3), 229-236.

White H., McConnell E., Clipp E., Branch L.G., Sloane R., Pieper C., & Box T.L. (2002). A randomized controlled trial of the psychosocial impact of providing internet training and access to older adults. *Ageing & Mental Health*, 6(3), 213-221.

Wilkinson R. & Marmot M. (2003). *Social Determinants of Health: The Solid Facts*. Copenhagen: World Health Organisation.

Wilkinson D. (1999). *Poor housing and ill health, a summary of research evidence*. Edinburgh: The Scottish Government Central Research Unit.

## Appendix I: Questionnaire

### SECTION A – DEMOGRAPHIC DETAILS

To be answered by outreach worker:

Code:

How many visits:

#### 1. What age are you?

- Under 40  1  
40-64  2  
65+  3

#### 2. Who do you live with? (Please tick one only)

- Alone  1 (answer section 2a)  
With a wife  2  
With a parent  3  
With a sibling  4  
With a child  5  
With another relative  6  
With friends  7  
Other  8

#### 3. How long have you lived in Kerry? \_\_\_\_\_

#### 4. Have you lived outside Kerry for more than a year?

- No  0 Yes  1

#### 5. How would you rate your general health? (Please tick one only)

- Good  1  
OK  2  
Poor  3

### SECTION B: ACCOMMODATION

#### 6. What type of home do you have? (Please tick one only)

- House  1  
Mobile Home  2  
Rented accommodation  3  
Other  4

**7. Do you have any of the following concerns about your accommodation?**

	No concerns	Minor concerns	Major concerns
Safety	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Distance from town/doctor/shops	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Electricity/wiring issues	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Dampness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Structural concerns	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Sanitation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other (please give details)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**8 Do you have a telephone?**

No  0

Yes  1

**8a. If you don't, why not?**

---

---

---

**SECTION C: TRANSPORT**

**9. Do you own a car?**

No  0

Yes  1

**10. Approximately how often do you use the following means of transport?**

	never	Once or twice a month	Three to four times a month (about once a week)	Five to eight times a month (up to twice a week)	More than eight times a month (more than twice a week)
My own car	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Taxi	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Public or community transport	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Arranged lift	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hitching	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bicycle	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Motorbike	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**10a. Any other comments about transport needs**

---



---



---

**11. How far are you from a town or village (miles)? \_\_\_\_\_**

**SECTION D: OCCUPATION**

**12. What is your occupational status? (Please tick one only)**

- Farming only  1
- Farming with income supplemented by other work  2
- Full time work (non-farming)  3 Occupation? \_\_\_\_\_
- Part time work (non-farming)  4 Occupation? \_\_\_\_\_
- Seasonally employed (non-farmers)  5 Occupation? \_\_\_\_\_
- Retired  6 Previous occupation? \_\_\_\_\_
- Unemployed  7 Previous occupation? \_\_\_\_\_
- Community Employment Scheme  8
- Disability benefits  9
- Carer  10
- Other \_\_\_\_\_  11

**SECTION E: SOCIALISING**

**13. Do you feel isolated?**

No  0

Yes  1

**14. Would you like to socialise more?**

No  0 (Skip question 15)

Yes  1 (Answer question 15)

**15. If you answered yes to question 14, why is it difficult for you to socialise more?  
(Please choose as many as you like)**

No transport  1

There's nowhere to go  2

Not enough things happening that you're interested in going to  3

Nobody to go with  4

Can't afford it  5

Uncomfortable in social situations  6

Other \_\_\_\_\_  7

<b>16. How often do you do the following?</b>	<b>Daily</b>	<b>About once a week</b>	<b>Once month</b>	<b>Other</b>	<b>Never</b>
Go to the pub	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Go to church	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Visit relatives	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Visit neighbours/friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Relatives visit you	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Neighbours/friends visit you	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Go to a meeting (eg community meeting or farmers meeting)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Go to a social event (wedding, christening, GAA social etc)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Go to a sports event	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Go to the mart	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Go to the shop	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other (please give details) eg Cinema, Theatre, Cultural, Fitness Activity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Section F – SKDP Rural Men Project**

**17. How was this programme useful for you? (Tick as many as apply)**

- |   |                          |   |
|---|--------------------------|---|
| Not useful                              | <input type="checkbox"/> | 0 |
| Worthwhile visits                       | <input type="checkbox"/> | 1 |
| Information on entitlements             | <input type="checkbox"/> | 2 |
| Help with filling out forms             | <input type="checkbox"/> | 3 |
| Help with contacting agencies/companies | <input type="checkbox"/> | 4 |
| Participated in organised outings       | <input type="checkbox"/> | 5 |
| Participated in skills training         | <input type="checkbox"/> | 6 |
| Other (please specify)                  | <input type="checkbox"/> | 7 |

**18. Did you get help or information on any of the following? (Tick as many as apply)**

- |  |                          |    |
|--|--------------------------|----|
| House Repair Grants (KCC)                  | <input type="checkbox"/> | 1  |
| Housing Application (KCC)                  | <input type="checkbox"/> | 2  |
| House Repair Grant (HSE)                   | <input type="checkbox"/> | 3  |
| Local Authority Housing (KCC)              | <input type="checkbox"/> | 4  |
| Local Improvement Scheme/ Roads (KCC)      | <input type="checkbox"/> | 5  |
| Rural Social Scheme (Dept of RGA)          | <input type="checkbox"/> | 6  |
| Meals on Wheels                            | <input type="checkbox"/> | 7  |
| Area Aid Form (Dept AFF)                   | <input type="checkbox"/> | 8  |
| Rural isolation/Socialising                | <input type="checkbox"/> | 9  |
| Upgrading skills or education              | <input type="checkbox"/> | 10 |
| Finding Employment                         | <input type="checkbox"/> | 11 |
| Transport                                  | <input type="checkbox"/> | 12 |
| Phone Connections                          | <input type="checkbox"/> | 13 |
| Phone Repair and Bill Enquiries            | <input type="checkbox"/> | 14 |
| Health Problems                            | <input type="checkbox"/> | 15 |
| Farming Issues                             | <input type="checkbox"/> | 16 |
| ESB Bill Enquiries                         | <input type="checkbox"/> | 17 |
| Pension Information (Citizens Info Bureau) | <input type="checkbox"/> | 18 |
| Early Retirement (Teagasc)                 | <input type="checkbox"/> | 19 |
| Safety Information (Gardai)                | <input type="checkbox"/> | 20 |
| Referred to other agency                   | <input type="checkbox"/> | 21 |
| Other _____                                | <input type="checkbox"/> | 22 |

**19. Any other comments about the programme?**

## Appendix II: Letter to Participants

South Kerry Development Partnership.

### Rural Men Survey

The work we have been doing for the last two years or so is coming to an end very shortly. We want to thank you for welcoming us and working with us. We feel the project has been worthwhile and we want to find out your views. We hope you will agree to complete our questionnaire.

Your views are extremely important to us. The information that you and the other participants in the evaluation give us will be compiled into a report which will be used to highlight the needs of men in the region and provide ideas and suggestions for moving forward.

Your details will remain completely anonymous throughout this process. In other words, your name and address or other identifying details will not be recorded on the questionnaire. Again we want to thank you for your cooperation and wish you well in the future. If there are any other matters arising after the project has finished you can contact Paul O’Raw, Head of Community Development, South Kerry Development Partnership at 066 9761615.

Yours Sincerely

\_\_\_\_\_ (signature of outreach worker)

I agree to participate in this survey and I am aware that the data I provide will be compiled into a report

Signed : \_\_\_\_\_

## Appendix III: Specific Help and Information Given by Outreach Workers to Questionnaire Respondents.

	All Respondents	Respondents aged under 65	Respondents aged 65 and older
Rural Isolation	33%	34%	31%
Health Problems	27%	28%	24%
Other Help	25%	28%	21%
Upgrading Skills & Education	22%	34%	0%
Farming Issues	20%	22%	17%
House Repair Grants (KCC)	16%	8%	31%
Phone Connections	15%	12%	21%
Meals on Wheels/Food Hamper	13%	8%	21%
Unemployment Assistance/Farm Assistance/ household Pack	13%	16%	7%
Area Aid (Dept AFF)	11%	6%	21%
ESB Bill Enquiries	9%	8%	10%
Local Improvement Scheme/Roads (KCC)	8%	4%	14%
Transport	8%	8%	7%
Phone Repair and Bills	8%	4%	14%
Local Authority Housing (KCC)	6%	6%	7%
Pension Information (CIB)	6%	4%	10%
House Repair Grants (HSE)	5%	4%	7%
Rural Social Scheme (Dept RCG)	5%	8%	0%
Finding Employment	4%	6%	0%
Referrals to Health or Social Care Professionals	4%	4%	3%
Medical Card	4%	6%	0%
Early Retirement (Teagasc)	3%	4%	0%
Safety Information (Gardai)	1%	2%	0%