

# Barriers to Access to Essential Services

Independent Research Solutions

Research Team:

S. Dunn

V. Morgan

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The views expressed are those of the authors and not necessarily those of Departments.



# Table of Contents

	Page number
GLOSSARY	i
EXECUTIVE SUMMARY	iii
1 INTRODUCTION AND RATIONALE	1
2 AIMS OF THIS STUDY	3
3 RECOMMENDATIONS	5
3.1 Co-ordination between Service Providers	5
3.2 Communication with the Public, including Office Planning, IT and Documentation	6
3.3 Making and Keeping Contact with Clients, and Accessibility	7
3.4 Communication and Contact with those with Physical Disabilities	7
3.5 Ethnic Minorities	8
4 POLICY BACKGROUND	9
5 METHODOLOGY	13
5.1 Focus Groups	13
5.2 Individual Interviews	13
5.3 Composition and Organisation of Focus Groups	14
5.4 Selection of Respondents for Interviews and Focus Groups	15
5.5 Data Collection in Focus Groups	19
5.6 Gathering, Analysing and Reporting the Data	19
6 ESSENTIAL SERVICES	21
6.1 Definitions of what Constitute Essential Services	21
6.2 Examples of Essential Services	22
6.3 Views on Accessibility of Essential Services	23

7.	GENERAL ISSUES ARISING FROM THE DATA	25
7.1	Uniformity of Access to Services	25
7.2	Difficulties Accessing Information about Services	25
7.3	Format, Presentation and Availability of Information	26
7.4	Time Restrictions	28
7.5	System Complexity and no Consultation	29
7.6	Inter-agency Difficulties	30
7.7	Front-Desk Problems	31
7.8	Anxiety about Stigmas	32
8.	SPECIFIC ISSUES ARISING FROM THE DATA	35
8.1	Physical Problems	35
8.1.1	Visually Impaired People	35
8.1.2	Hearing Impaired	36
8.1.3	Those with other Physical Disabilities	37
8.1.4	Those with Mental Health Issues	38
8.1.5	Those with Learning Difficulties	39
8.1.6	People, often Older, with General Physical Difficulties and Reduced Mobility	39
8.1.7	Access Issues Linked to Geographical Location	40
8.1.8	Safety Issues linked to Physical Location	41
8.2	Economic Difficulties	42
8.2.1	The Homeless	42
8.2.2	Travel Problems	42
8.2.3	The New Technology	43
8.3	Cultural Problems	43
8.3.1	Community Identity in Northern Ireland	44
8.3.2	Ethnic Groups	45
8.3.3	Lesbian, Gay, Bisexual and Transsexual groups (LGBT)	46
8.3.4	Religion	48
8.3.5	New Technology	49
9.	GOOD PRACTICE	51
10.	CONCLUSION	53
TABLE ONE:	Focus Groups	14
TABLE TWO:	Organisations	16
TABLE THREE:	Essential Services	22
APPENDIX 1		55



## GLOSSARY

AA	Attendance Allowance
ACT	Automated Credit Transfer
CAB	Citizens Advice Bureau
CAS	Career Advisory Service
CB	Child Benefit (CHB)
CCRU	Central Community Relations Unit
CHB	Child Benefit (CB)
CSA	Child Support Agency
DAS	Disability Advisory Service
DLA	Disability Living Allowance
DMA	Decision Making and Appeals
DPTC	Disabled Persons Tax Credit
DSD	Department for Social Development
DSS	Department of Social Security
DVLA	Driver & Vehicle Licensing Authority
DWA	Disability Working Allowance
EF	Electronic Form
GB	Great Britain
HB	Housing Benefit
HR	Human Resources
IB	Incapacity Benefit (INCAP)
ICA	Invalid Care Allowance
INCAP	Incapacity Benefit (IB)
IOP	Instruments of Payment
IR	Inland Revenue
IS	Income Support
IT	Information Technology
JSA	Jobseekers Allowance
MOP	Method of Payment
NICS	Northern Ireland Civil Service
NIHE	Northern Ireland Housing Executive
NSTN	New Targeting Social Need (TSN)
OFMDFM	Office of First Minister/Deputy First Minister
ONE	The ONE Project
PAFT	Policy Appraisal and Fair Treatment
PCA	Personal Capacity Assessment

P O C A	Post Office Credit Account
P O P	Potentially Violent Persons
P S I	Promoting Social Inclusion
P S P	Private Sector Partnership
P V P	Potentially Violent Person
Q A	Quality Assurance
R C A	Rates Collection Agency
R P	Retirement Pension
S D A	Severe Disablement Allowance
S F	Social Fund
S S A	Social Security Agency
S S O	Social Security Office
T & E A	Training and Employment Agency
T S N	Targeting Social Need
T U S	Trade Union Side
V O	Visiting Officer
W B	Widows Benefit
W F T C	Working Families Tax Credit

# EXECUTIVE SUMMARY

## Introduction and methodology

The Equality Unit of OFM/DFM wished to hear people's views and experiences regarding barriers to accessing essential services. In particular, views were sought from: people who are socially disadvantaged, people who are socially excluded, and members of groups under Section 75 of the Northern Ireland Act (1998). The research allowed organisations and individuals to define essential services and to identify contexts in which problems about access occur. The research methods were desk research, focus groups and key informant interviews.

## Defining essential services.

A core set of essential services focusing on healthcare and the emergency services emerged and a general definition of essential services was proposed as:

Essential services are basic services provided for the general public at large by key government departments and non-departmental public bodies.

## Uniformity of Access to Services

There was a prevalent view that accessing many essential services could be affected by financial circumstances. This was seen as creating different levels of access and as placing the less well off at a potential disadvantage from the outset.

## Difficulties Accessing Information about Services

Discussion suggested three levels of difficulty. First, finding where information about a particular service was available, and in what form. Second, in some cases, little useful information was available and was sometimes out of date. Third, when documents, forms or posters were available, they were sometimes difficult to read, badly presented, and generally lacked clarity.

## Format, Presentation and Availability of Information

Information leaflets provided by government departments and agencies were often felt to be difficult to understand, obscure and complex. There was a perception that forms and processes were deliberately made difficult to put people off and that little thought went into the content, presentation or appropriateness of information, or where it was located or displayed. People felt they were most likely to see such material in pubs, cinemas or on the television. Respondents felt that a more proactive approach should be taken to providing information.

It was believed that there were some contexts in which information ought to be presented personally, face-to-face, but the experience was that it was done badly. Personal contact was also a major concern during discussions of possible developments in the electronic delivery of services. There was considerable anxiety about the increased use of IT as an access route for essential services.

## Time Restrictions

The times when many services were available were thought to be limited or inappropriate. Healthcare was reported most frequently as causing difficulties. Surgery hours and the difficulty in obtaining appointments caused great concern, exacerbated where long distances and limited availability of transport made it difficult to time visits to coincide with surgery hours. Several groups said that opening hours for many services did not suit people in full time employment, and services not being available at weekends was seen as a specific barrier to access.

Delays represented a further barrier to accessing services. This was true on all scales, including: relatively short-term waits, such as waits in hospital casualty departments; intermediate time scales, such as waits of several days to see a GP; and longer time scales such as the time that elapsed between reporting the need for a repair to the Housing Executive and getting attention.

## System Complexity and no Consultation

For many, systems appeared unnecessarily complex and inaccessible. This

was most frequently raised regarding application procedures and payment systems. Application forms for social security benefits were seen as particularly difficult. The time necessary to investigate the availability of services, and the corresponding complexity of eligibility rules, was sometimes enough to put people off.

### Inter-agency Difficulties

Where a service involves contacts with several departments or agencies, people often feel shunted around. This was most commonly cited regarding the interfaces between health provision and housing, and health provision and community care. Delays and being put in a queue, were especially difficult for people using public pay phones so that they sometimes had to give up before they got the information they needed.

### Front-Desk Problems

First contact was often at a counter or desk, and this experience was found to be important, and deeply unsatisfying, for many. Staff who meet the public were not always fully aware of procedures; did not always have full, accurate information; and, sometimes, did not deal with people appropriately. A persistent and widespread problem were staff who spoke loudly in public offices, so that details of personal circumstances could be heard. This was cited regarding social security offices, Housing Executive offices, courts and doctors reception areas.

### Anxiety about Stigmas

Some people experienced fear and anxiety about approaching people in authority. Often, these feelings arose from a perceived stigma. Financial benefits that involve means testing were perceived as involving particularly difficult, even humiliating, interactions - especially if they were carried out in a public place. In some areas people said that community disapproval deterred them from contacting the police even when they had been the victims of crime. This could create practical difficulties, for example when insurance companies would not pay on claims unless a break-in or car theft had been reported to the police.

## Specific problems for visually impaired people

There was concern that a lack of provision of alternative non-visual formats, and/or large print formats, was a barrier. Simple examples included: hospital appointment cards for clinics in very small print or not being able to differentiate among everyday objects, such as different denominations of bank notes. Computer based information and enquiry systems can be difficult for those with limited vision who find small crowded screens unhelpful.

## Specific problems for people with hearing impairments

The key barrier for people with hearing difficulties was the limited number of trained interpreters available. People with hearing problems indicated that the increasing use of the telephone as a route to accessing services created particular problems for them. Using the telephone to contact help in emergencies, or report faults with utilities, could cause anxiety and difficulty. When agencies used telephone contacts to discuss relatively complex enquiries, there were serious dangers of obtaining misinformation or partial information.

## Specific problems for those with other Physical Disabilities

Transport and access problems were of central concern to people with physical disabilities. Whilst access to public buildings, for those with disabilities, has been improved significantly over recent years, these improvements were, thought to be concentrated in Belfast and it was argued that there were still serious problems about getting physical access to essential services in small towns and rural areas. Transport posed many difficulties, and, even when people with physical disabilities had their own transport, there could be problems with parking.

## Specific problems for people with mental health issues

Some felt that a stigma still attached to mental health problems, and that this meant that people sometimes were not able to access services they needed. Those who lived in hostels, lived in temporary accommodation, or, who were homeless, often had problems registering for healthcare and social security support.

## Specific problems for those with learning difficulties

People with learning difficulties believed that their access to services was closely linked to the level of support they received from statutory and voluntary agencies. They found it difficult, without a continuity of interaction with a social worker whom they knew and trusted, to manage practical aspects of everyday living, and in particular to manage their dealings with service providers.

## Specific problems for older people, with physical difficulties and reduced mobility

Older people said they were often discouraged by attitudes that suggested that their needs had a lower priority than those of younger people. It was suggested that doctors were less interested in the problems of old people, and could be abrupt and dismissive. Electronic access to some services was also a worry to older people.

## Access Issues Linked to Geographical Location

The travel necessary to access services was a significant barrier to some. It particularly affected those with disabilities and those living in rural areas. Some people said that journeys in urban areas can impose barriers if public transport is poor. Travelling to get hospital treatment was discussed, keeping a hospital appointment could take up a whole day in rural areas. Poor maintenance and limited gritting of rural roads were reported as increasing access difficulties in rural areas.

## Safety Issues linked to Physical Location

Victims of domestic violence who move away from the home area to ensure their safety are often directed to their home area to access some services. In this way, their access to services is being limited, and even at times made impossible, since to return to their home area left them open to the danger of further violence.

For Travellers groups, sites posed dangers because of lack of adequate drainage, water and lighting and limited access to telephones. The

unwillingness of doctors to visit Travellers was a concern, often people who were ill had to be taken to the Accident and Emergency units of hospitals for any out of hours care.

## Homeless people

Homeless people may have problems getting registered with local doctors or dentists. Young homeless people appear to have particular difficulties when they are referred back to their home area, but have no resources to meet the costs involved.

## Travel Problems

Travel costs in rural areas may be high where journeys are lengthy and public transport limited. In rural areas, the cost of, for example, visiting the doctor, can be considerable when the only viable options are to run a car or travel by taxi. Specific difficulties arise for those on low incomes who live in areas perceived as wealthy. Services may be geared to the affluent majority, and the poorer members of the community may be less well catered for.

## The New Technology

For those with limited finances, access to the telephone or Internet remains a problem and the increasing use of such technology may discriminate against such groups. This was a concern with Travellers groups who felt that they were unlikely to be able to access computers and so would be left further behind.

## Community Identity in Northern Ireland

Some felt that their background was a factor in limiting access. The fact that many services were provided by government agencies (identified as British) was sometimes felt to be a barrier, and some people would prefer to go without benefits to which they were entitled, rather than claim from a British government. Some members of the Unionist community argued that, within their culture, there was no tradition of community involvement, and that this posed a barrier for them.

## Ethnic Groups

The Chinese community, the largest single ethnic group, were particularly concerned about language as a barrier in accessing essential services. They felt that interpreters were very necessary when members of the community had to interact with officials, or fill in complex forms. In many cases, however, it was difficult to get language support especially out of hours. As well as expressing concern about language education and language provision for themselves, parents from ethnic minority communities said that the complex educational system in Northern Ireland is difficult to understand, and the operation of the transfer procedure could be particularly confusing. Anxiety sometimes prevented people from ethnic minorities from visiting their children's schools or attending meetings with teachers.

### Lesbian, Gay, Bisexual and Transsexual groups (LGBT)

Barriers were identified in areas such as housing and healthcare. In Housing Executive property, when one partner died the remaining partner could not automatically claim the right to have a tenancy transferred to them. Transsexual people felt that, because they did not fit into the categories drawn up by bodies such as the Housing Executive, their problems were not addressed, and that sometimes they were exposed to actual danger because they were housed in unsuitable areas. Difficulties arise from lack of awareness and sensitivity in interactions with the health care system. For example, when someone was seriously ill, with restricted visiting, a same sex partner would not be recognised as family.

### Religion

Working class Catholic groups, especially those living in recognised enclaves, believed that as soon as they revealed where they were from they were labelled and stigmatised. Small Protestant minorities in rural areas in the west, felt badly served where controlled schools were being closed as the Protestant population declined. Members of other religious faiths felt that the little attention was paid to any their religious needs. For example, in educational provision the system was geared to the needs of the major Christian denominations and almost no account was taken of the concerns of other pupils and their parents.

### Good Practice

A number of agencies were frequently praised for their ability to provide support in accessing services. Post Offices and local Libraries were mentioned most often. The importance of the Post Office, as a community service that managed to embody a number of roles, was continually emphasised. Other examples included evidence of well-designed support items for people with physical difficulties, such as the provision of large, clear-print, information posters such as those provided by the police in Portadown. The availability, within the Inland Revenue and Customs and Excise, of some staff trained by the Royal National Institute for the Deaf, was also cited. Finally, the provision by the Housing Executive of vibrating smoke alarms for those with hearing difficulties was described as an excellent example of good practice. Praise was forthcoming for the benefits of reduced fees on a number of education courses for unemployed people and some low-income groups.

## Conclusion

Services such as the fire and ambulance services are available quite readily - provided the user has no individual difficulties such as language, sightedness or infirmity. These services probably require very little in the way of fine tuning in relation to their availability: but thought may need to be given as to how people with individual difficulties (such as language) can more easily access these services. Some health services have parallel avenues of access - through the public sector, on the one hand, and the private sector on the other. It was strongly argued by a considerable number that this provides an access advantage to those who can pay. There was a widely expressed view that not enough information is available regarding services and that providers should seek out potential beneficiaries and ensure that the information is delivered to them.

On the other side of the equation from service delivery, there are barriers that arise because of some characteristic of the person in need of it, for example, age, sightedness, or language. These barriers may well be more difficult to counter. To begin with it is of central importance to be aware at all times of the existence of these groups, to try to stand in their shoes, and to try to envision the difficulties they face. The groups include: those whose first language is not English; those who are elderly or infirm; those who are members of ethnic minority groups; those who are members of the gay lesbian and transgendered community; and so on. Regular, well-planned and structured systems of consultation will be necessary if these difficulties are to be overcome.

# 1 INTRODUCTION AND RATIONALE

Running through much of Government social policy, and expressed in a range of Government activities and initiatives, is the theme of unimpeded access to information about services, and to services themselves, by all those who are in need of them. Unimpeded access can not, however, be taken for granted. There may be many reasons why a person is unable to take advantage of a service. These include a lack of knowledge about its existence, an inability to make contact with providers, information about the service being presented in inappropriate formats, the location of the service being difficult to reach, or the actual method of delivery being off putting in some way.

Accessing services may be particularly difficult for specific groups of people, such as: those who are socially disadvantaged and for whom the cost of the service or its location may be a problem; those whose first language is not English and who may therefore have difficulty in finding out about, or using, services; or those who, through disability, find it difficult to access services that are designed primarily with able-bodied people in mind.



## 2 AIMS OF THIS STUDY

In pursuit of its equality objectives, the Equality Unit of OFM/DFM wished to find out the views and experiences of people in relation to barriers to accessing essential services. In particular, views were sought from:

people who are socially disadvantaged;

people who are socially excluded;

people who are members of a grouping under Section 75 of the Northern Ireland Act (1998).

There is no simple or agreed definition of essential services, and indeed it is likely that interpretation of the concept will vary according to the groups being considered and the contexts in which they operate. The research has, therefore, been designed using a bottom up approach, in order to allow the organisations and individuals taking part to define what is essential for them, and to identify contexts in which problems about access occur. Therefore no prior assumptions were made as to what constitutes an essential service for any one person.

The main focus of the data collection was on the experiences of individuals from a range of Section 75 groups. However, there was also a secondary focus on the views of community and voluntary sector organisations working with specific groups across the community, since they have a particularly intimate knowledge of what are likely to be the important issues for those whom they represent. The information sought relates to a wide range of issues including the following:

the definition of essential services;

the experience of attempting to access services;

the range and quality of information about services that are readily accessible, and also about information that is difficult to access;

difficulties experienced in making contact with providers;

the identification of physical, social, economic and cultural barriers to service provision, and suggestions about how these can be removed;

examples of good practice in service provision;

analysis of the major problems involved in ensuring equal access and outcome, and how these can be removed or ameliorated.

### 3 RECOMMENDATIONS

The results of the survey are laid out in the body of this report (below) in some detail. Based on the findings and analyses there, a set of 16 recommendations has been formulated, and these are categorised and listed here for ease of reference.

#### 3.1 Co-ordination between Service Providers

1. There is a great deal of frustration regarding what respondents perceived to be a lack of co-ordination between service providers. However, it is recognised that in pursuit of joined up government, some Departments have developed ways of working in a more co-ordinated way. It would be appropriate, however, for Departments to undertake a strategic review of their current methods of co-ordinating service delivery, with a view to the further development of such co-ordination and the sharing of information about best practice.
2. Where people require a range of integrated services to meet their needs, and where these services are provided by different organisations, government Departments or Branches within Departments, consideration should be given to how one provider might take the lead in co-ordinating the delivery of the services. This co-ordination should extend to ensuring that individual clients are aware of the full range of available services to which they are entitled, and should actively ensure that all aspects of the service(s) are actually delivered.
3. Whilst it may take some time to set up co-ordinated delivery as described above, in the meantime, those providing services should consider ways of making it clear to potential beneficiaries, what is available, who does what, and which organisation provides which services or parts of services.

### 3.2 Communication with the Public, including Office Planning, IT and Documentation

4. Within organisations, those taking calls from the public should make greater use of the system of caller responsibility, where the first person the caller makes contact with becomes responsible for ensuring that the caller's query is answered, regardless of which department or branch within the organisation the query is relevant to.
5. Those delivering services that require recipients to visit their premises, should regularly review the location of their offices and their opening hours, to ensure that they meet the needs of clients. Greater use of evening and weekend opening should be considered, as well as the possibility of establishing more part-time local offices, and of using mobile offices for housebound or geographically isolated communities.
6. Whilst Government has commitments to deliver an increasing proportion of services electronically, it is clear that many people value the human contact involved in receiving a service. In developing electronic services, Government should ensure that it tests the impact that any changes might have upon beneficiaries in terms of social or individual alienation. It will also be important that equality impact assessments are carried out.
7. It is recognised that application forms and information services have become more user friendly. However, continual review of printed matter relating to complex services, for example, social security benefits, is recommended. The purpose of such review should be to simplify application forms and other printed material, for example using clearer layout design and a greater use of examples. In addition, ways of helping applicants to deal with long and complex application forms should be examined: these could include the more widespread provision of telephone help services to guide applicants through the application process.

### 3.3 Making and Keeping Contact with Clients, and Accessibility

8. When changes occur to regulations or entitlement, then those delivering the service should take considerable care to ensure that potential beneficiaries, as well as current recipients, are aware of the changes.
9. Departments should consider and develop a range of procedures for making contact with those eligible for their services. In this context, such procedures should be seen as much more than making information available. Departments should consider how best to make such contact and how best to ensure that information actually gets through to potential beneficiaries.
10. Departments that have particular concerns about reaching disadvantaged individuals and groups, or particular pockets of deprivation - for example in housing estates - should clearly identify those in question and develop systems of outreach to them.
11. Methodologies should be devised to enable those who develop and deliver services to test their accessibility in relation to a wide range of potential recipients, perhaps through the formation of panels representing different types of beneficiaries or recipients.

### 3.4 Communication and Contact with those with Physical Disabilities

12. It is beyond the scope of this report to propose major policy realignment such as the relevant provision of National Health Service and private health care. However, in order to address the perception that those who are able to pay privately for services are able to jump the queue, a review should be established of those services where the public and private sectors constitute parallel avenues of access. The aim of the review should be to establish those particular barriers to access that parallel provision gives rise to, and to examine ways of minimising such barriers.

13. There is a strong and ongoing need for all organisations to review their printed and on-line material, to ensure that people with visual impairments are not placed at a disadvantage. Examples of such material include information leaflets, letters, appointment cards and web based information.
14. All organisations should also review the manner in which information is made available to, and how contact is made with, people with hearing impairments. In particular, there is an immediate need for more front-line staff to be trained in sign language.

### 3.5 Ethnic Minorities

15. It is recommended that all organisations review the way in which they make information available to minority ethnic groups. Greater use of interpreters should be considered, and all basic information should be made available in the main minority ethnic languages.
16. Round the clock interpretation services for use in medical and other emergencies should be made available in the main minority ethnic languages.

## 4 POLICY BACKGROUND

A number of recent policy developments provide the background for this study. These include The Good Friday Agreement, The Northern Ireland Executive's Final Programme for Government, New TSN, Promoting Social Inclusion, and Section 75 of the Northern Ireland Act. (1998). In addition there are a number of other initiatives in which the identification of barriers to essential services is regarded as crucial. These include the Programme for Modernising Government, and Government proposals on Delivering Services Electronically.

Much of recent policy development in this area flows from commitments contained in the Good Friday Agreement of 10 April 1998. The Agreement recognises the right to equal opportunity in all social and economic activity, regardless of class, creed, disability, gender or ethnicity. Barriers to participation in any aspect of social or economic life, not least barriers to accessing essential services, run counter to these rights. The Agreement also places a statutory obligation on public authorities in Northern Ireland to carry out all their functions with due regard to the need to promote equality of opportunity in relation to religion and political opinion; gender; race; disability; age; marital status; dependants; and sexual orientation. Since Government sees equality as being particularly pertinent, any barriers to essential services encountered by members of any of these groups would therefore also run counter to policy and commitments in relation to equality.

The Agreement made explicit reference to the development of a new more focused Targeting Social Need initiative. This was launched in July 1998 following the publication of the White Paper Partnership for Equality. New TSN has a particular focus on unemployment and employability, but it is also intended to tackle inequalities in areas such as health, education and housing. Clearly, such inequalities will be exacerbated under circumstances where those in the greatest social need are unable to access the very services that are fundamental to providing an acceptable quality of life. The study, therefore, is designed to support Government departments to deliver their New TSN commitments.

An important element in New TSN encourages the targeting of both resources and efforts. First, in relation to resources, these may not get through to the people who need them most, if information fails to flow effectively, or if people are barred from access for any other reason. Second, targeting the efforts is one of the features that makes New TSN new. Helping to identify barriers, and where possible making suggestions about how they might be removed or reduced, is clearly one area where increased information and support, rather than simply additional resources, could prove extremely effective.

In June 1999, the Government announced the initiative Promoting Social Inclusion (PSI), related to a similar initiative in Great Britain. PSI links with this study in a number of ways. Firstly, PSI is an interdepartmental initiative, and the services that may be relevant to this study are also likely to cross departmental boundaries. Secondly, whilst PSI is intended to be a rolling programme - looking at a limited number of issues at any one time - the initiative views access to services as being of sufficient priority to include it in the first wave of issues on which PSI working groups were set up. The group that focuses on Better Services was specifically charged with looking at

strategies for making services more accessible to minority groups and others at risk of social exclusion, focusing firstly on how information can be presented and distributed in ways appropriate to their needs.

The working group has made better communication the first issue to be addressed.

The Final Programme for Government published by the Northern Ireland executive is also relevant, since, under the heading Our Priority Areas, the Final Programme includes in its mission, the development of efficient and accountable public services. Service delivery lies, therefore, at the heart of the Final Programme. Underlining this is the creation of Executive Programme Funds, including a Service Modernisation Fund. One of the objectives of this fund is to provide an improvement in the focus and quality of services to the public. Access to services, and the barriers that some people may experience, are

clearly important dimensions in helping to achieve these objectives.

These are the main elements of the Northern Ireland policy context relevant to an examination of barriers to essential services; but there are many other initiatives and policies that are relevant. In the UK Government's white paper on Modernising Government, for example, there is a commitment to modernise the delivery of Government services in order to make life better for people and businesses. One of the three main aims of Modernising Government is to ensure that public service users, not providers, are the focus, by matching services more closely to people's lives. The initiative seeks to make services better, and is specific about the level at which improvements should take place: examples include schools, hospitals, doctors surgeries, police stations, benefit offices, and Jobcentres.

Identifying barriers to accessing services is, plainly, essential to the achievement of an agenda to modernise Government. The White Paper also makes a commitment to delivering a big push on obstacles to joined-up working and to involve and meet the needs of all different groups in society.

Finally, Government proposals on delivering services electronically is another initiative where issues relating to access are relevant. The recommended targets for delivering services electronically are for 25% of key services to be capable of being delivered electronically by 2002, with 100% capability by 2005. Backing this up will be a drive to ensure that, anyone who wants to can have access to the Internet - for example through the public library or the Post Office.

The policy context set out above includes a number of explicit points regarding the actual practice of service delivery. Two further points on practice are, however, worth making, as they provide solid justification for researching access to services by means of an investigation that listens to the people who need them. The first point may seem obvious, but is often overlooked: things can go wrong in practice, even when they seem fine at the design stage. However well intentioned a service delivery programme might be, it is always possible that the right services do not get through to the right people at the right time.

Reasons for this will be both structural and personal, and might include: information not getting through to the people for whom it is intended; particular problems concerning the location of local offices; transport difficulties; language difficulties; and many others.

The second point relates to perceptions. It is rarely possible simply to imagine the barriers faced by people, since only they know, from their actual experiences, how difficult it can be to access and make use of services and facilities that other members of the community take for granted. More subjective issues, such as the perception that people sometimes have of their eligibility for services, or of the stigma that might attach to them if they were to avail of services, make it vitally important to understand how people perceive and understand the essential services. Clearly these are issues which can only be teased

out by talking to people directly.

## 5. METHODOLOGY

The research methods used in the study were chosen to allow a broad spread of both individual and group participation, and to reflect a wide range of views, opinions and perceptions. The main elements of the study were as follows:

desk research involving the identification and examination of background and contextual matters, using policy documents, previous researches, parallel studies;

setting up a large number of focus groups, structured according to a range of relevant variables;

the collection of data within focus groups;

selecting key informants from a range of relevant and informed voluntary and community groups;

the collection of data from these key informant interviews;

the analysis of all collected data;

writing reports.

### 5.1 Focus Groups

Focus groups were used as the main tool for identifying and establishing the views, experiences and suggestions of a range of individuals and groups. Focus groups are especially apposite in this work, because they diminish the pressure, sense of isolation, and perceived vulnerability of individualised data-gathering, and allow ideas to be generated and expressed through reaction and response to other views. They therefore generate their own unique stream of discussion and interaction, can bring to life ideas not fully articulated before, and can uncover individual perceptions of experience previously hidden.

### 5.2 Individual Interviews

The information from the focus groups was supplemented and informed by interviews with representatives of, and key informants from,

voluntary and community groups. This highly developed sector has a long and wide experience of working with people who are attempting to access services, and is therefore particularly knowledgeable about the barriers, and about those areas where models of good practice exist. Their input, therefore, provided an important value-added dimension to the study.

### 5.3 Composition and Organisation of Focus Groups

A total of 51 focus group meetings were organised and held, and these were spread geographically across Northern Ireland. Specific focus groups were targeted on the categories of people shown in the table below. These were chosen to allow analysis by social disadvantage, Promoting Social Inclusion (PSI) groups and those listed in Section 75 of the Northern Ireland Act. In addition to these structuring categories, membership of the focus groups was balanced to ensure the inclusion of men and women, and people of different age, marital status, social class and religion. The final list of focus groups is presented below:

Table One

FOCUS GROUP MEMBERS	URBAN	RURAL
People who are long term unemployed (including one with homeless)	2	2
Religious Minority Group	1	1
People with disabilities	2	2
People from minority ethnic groups	2	2
Travellers	1	1
Teenage parents	1	1
People from the gay, lesbian and transgendered community	2	1
People with dependants	1	1
People without dependants	1	1
Married people	1	1
Single people	1	1
Older people (60+)	2	2
General selection of people living in disadvantaged areas (as defined by the Robson Indicators) 1M, 1F and 2mixed in each category	4	4
General selection of people living in disadvantaged areas (as defined by the Robson Indicators) 1 Cath 1 and 1 Prot in each category	2	2
General selection of people not living in disadvantaged areas (as defined by the Robson Indicators)	1	1
Nationalist group	1	1

Unionist Group	1	1
TOTAL NUMBER OF FOCUS GROUPS	26	25

The terms used as groups descriptors were defined by us in advance as follows:

- Long-term unemployed - Unemployed and seeking benefit for at least one full year.
- Urban - Living within a city or town with a population of at least 20,000 people.
- Rural - Living in the countryside, or in a small country town with a population of less than 20,000 people.
- Religious minority group - Persons in religions outside the four main Christian denominations (Presbyterian, Church of Ireland, Methodist and Roman Catholic).
- Minority ethnic group - Persons from the four main minority groups, that is Chinese, Indian, Pakistani and Traveller.
- Disabilities - Persons with hearing impairment, visual impairment, learning disability, mental ill health, and physical disability.
- Disadvantaged areas - Persons living in wards designated as disadvantaged from the Robson Indicators of Relative Deprivation.

#### 5.4 Selection of Respondents for Interviews and Focus Groups

A list of 16 organisations, which included among their concerns, the support of, or provision for, groups with specific concerns about access to essential services was drawn up. These are listed in Table Two below. It was also intended to include two other organisations (Women s Resource and Development Agency - WRDA, and the Northern Ireland Voluntary Trust - NIVT) but this proved difficult to organise in the time available. Contact was made with representatives

of each of the 16 organisations, the nature of the project was explained and interviews were arranged. On some occasions more than one person from a particular organisation wished to have an opportunity to be interviewed, and a total of 23 interviews were conducted altogether.

Table Two

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1	Belfast Centre for the Unemployed
2	Disability Action
3	Chinese Welfare Association
4	Coalition on Sexual Orientation
5	Council for the Homeless
6	Gingerbread
7	Help the Aged
8	Multicultural Resource Centre
9	Northern Ireland Council for Ethnic Minorities
10	Northern Ireland Council for Voluntary Action
11	PRAXIS
12	Royal National Institute for the Blind
13	Royal National Institute for Deaf People in Northern Ireland
14	Shelter
15	Simon Community
16	W o m e n s Aid

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These interviews provided information from organisations with direct experience in helping people who might, on some occasions, have difficulty in accessing services. The general headings for discussion were the same as those used in the focus groups, but each of the two forms of data collection added value to, and interacted with, the other. There were a number of outcomes of this interaction, including: the generation of new perspectives within the initial set of ideas; the exposure of new matters for discussion; the identification of those specific matters that attracted a degree of emphasis; and, the emergence of views about the characteristics of good practice.

The initial approach to interview was made to the director, or equivalent, of the organisation. If an interview with the director was not possible, an interview with other appropriate members of the

organisation was arranged. In either case the interview was with someone directly experienced in working with people on the ground and with a clear knowledge and understanding of the issues facing people. Examples included senior researchers, information officers and policy and development workers. In some cases a number of interviews were conducted within the same organisation.

Focus groups were constructed, and their members chosen, in a number of ways. In particular, since we were conducting interviews with the range of organisations listed in Table Two, it seemed sensible to work through these organisations when establishing focus groups related to their particular interest (see letter in Appendix One). In many cases these organisations were able to provide us with suitable contact people in both urban and rural areas, and this allowed us to set up specific focus groups made up of appropriate people, (for example the disabled, minority ethnic groups, and gay, lesbian and transgendered people). In a minority of cases organisations felt that it would be inappropriate for them to identify people directly (for example, single parents) because of anxiety about the Data Protection legislation. In these cases it was necessary either to work through alternative, less directly relevant or one step removed, organisations (for example, Youth Action, when identifying teenage parents), or to access individuals directly by means of personal contacts and networking.

In all situations, contacts were initially telephoned and the project explained to them in detail. They were told openly who was carrying out the study and who had commissioned it, and questions were encouraged. The purpose of the study was outlined, and an explanation given as to what being a member of a focus group entailed: this involved discussion about the composition of the group, how long it would last, and how many people were required (minimum of 8, maximum of 12). Any special characteristics of the proposed group were also discussed, for example in relation to such variables as age, gender, social class and religion. In the specific case of the focus groups involving the disabled, it was anticipated that their experiences of accessing services was likely to be somewhat different from others, and so it was ensured that people with a range of different disabilities were represented: this would include those with hearing impairments, visual impairments, physical disabilities, learning disabilities and mental

ill health.

Where none of the specific organisations was able to help, or felt it would be inappropriate, or where no directly relevant representative organisation existed for example, people living in disadvantaged areas the wide network of organisations, groups and individuals built up by IRS over a number of years of qualitative research, was the main method used to generate a suitable and balanced group. Local community organisations and women's groups were particularly helpful because of their detailed local knowledge, and they were normally able to provide contacts and names of appropriate individuals.

The mean size of the focus groups was about ten members, with a range of between seven participants (in two cases) and thirteen (in one case). Venues were arranged in a number of ways. In some cases the premises of the organisation helping to establish the group could be used, and this was often particularly helpful, for examples for focus groups comprising disabled participants. Another method was to use venues that were considered neutral (that is not in any way associated with either of the two Northern Ireland communities), and locations that were central and accessible to those being asked to participate. In addition, in the case of hearing impaired participants, a sign language service was provided. Many organisations assisted in suggesting venues in certain areas, and in a few cases attended (for example in the case of a disabled group representatives from a mental ill health organisation attended with those experiencing mental ill health to ensure that their rights were not comprised).

Given the nature of this work, we paid particular attention to ensuring that access to the focus groups was not itself affected by barriers. We tried wherever possible to hold focus groups within community settings and in locations that did not pose access difficulties for elderly and disabled people.

It was explained to the participants either directly through IRS or through the contact person, that a flat fee of £10 was being offered to participants to cover costs of travel, expenses and time. In some cases this was considered unnecessary by the contact people and/or by participants.

## 5.5 Data Collection in Focus Groups

Each focus group began with a few minutes of general conversation in which the facilitator introduced her/himself, and provided a brief explanation of the purpose of the study. The facilitator then invited discussion to identify those services that the group thought to be essential. The discussion then moved to the general experiences of members in their contact with these services: matters discussed included, the information that they perceived to be available, or that they have been able to get hold of; and, the difficulties that they have experienced in accessing services, or making contact with service providers. After a short break, participants were invited to discuss how the barriers that they had identified might be overcome, and to comment on the difficulties, if any, in implementing such solutions.

Each focus group was facilitated by an experienced moderator and where possible a sound recording was made of the full discussion. In addition a notetaker was available to keep an independent record of the proceedings. The material from these focus group sessions provided the bulk of the data for analysis.

## 5.6 Gathering, Analysing and Reporting the Data

The data from the focus groups and the face to face interviews were initially in the form of transcripts and moderator notes. These were analysed using content analysis. The material was screened for key statements and phrases, which were then extracted and coded. Statements and phrases were categorised taking account of the headings under which discussions in the focus groups were conducted. They also allowed for the creation of new response categories suggested by the data itself.

The volume of data provided by the focus groups and individual interviews was very extensive, and considerable thought had to be given to presenting findings in a way that would not only reflect the wealth of detail available, but would also provide a clear structure. The two approaches considered initially were: first, reporting in terms of the

needs and concerns of individual groups; and, second, reporting in the particular concerns raised about specific services – such as health care, or aspects of the social security system. Both approaches posed difficulties in terms of providing a coherent structure that did not involve a high level of duplication. It was decided finally that, since the focus of the study was on the experiences reported by members of the public, structuring should be in terms of the barriers that various sub-groups encounter. In other words types of barriers should be identified first, and then consideration should be given to how these types affect different sub-groups within the population. This does involve a degree of categorisation, which carries with it the danger of over generalising and of missing some of the fine detail of individual experience. However it was hoped that it would allow us to reflect the range and complexity of the evidence.

The analysis begins with discussion of the ways in which people defined essential services. The result allows us to begin to create a general picture of the basic requirements perceived to be necessary to facilitate an effective lifestyle. The main body of data is then organised in three main sections:

Section 6 defining essential services;

Section 7 a series of general issues relating to barriers that appear to affect a wide range of groups across the population;

Section 8 three main groups of specific barriers to access, that is:  
physical barriers;  
financial, economic barriers;  
cultural, attitudinal barriers.

This classification makes it possible to organise and structure the data, but we are conscious that it is a tentative categorisation that must be treated as flexible since there are cases in which, for example, what one group perceives as a physical barrier, others may experience in

terms of attitude.

## 6. ESSENTIAL SERVICES

### 6.1 Definitions of what Constitute Essential Services

One of the first questions in interviews sought a definition of essential services. A range of possible interpretations resulted from this, and these were employed within focus groups to test their face validity, to gauge reactions and to refine definitions. It became clear quite quickly that a general consensus about the term essential services would be difficult to achieve. For some the term could be defined in a quite precise and narrow (perhaps personal) way; while, for others, no single understanding or agreement about it was possible - almost by definition. This range was illustrated by the response that everyone has a good idea what is important to them.

However, there was some evidence that people considered the notion of essential services often to be linked to social class. In one middle class group, for example, there was protracted discussion about definitions, and a majority view that everyone's essential services are different. More specifically, someone in the same group said 'Just because people in Donaghadee don't see things as essential services, doesn't mean someone else somewhere else won't'. This group also felt that, while public transport was not an essential service for them, it would be for many low income groups.

Despite such variations, a core set of essential services, focusing on healthcare and the emergency services, was almost always listed. For some the services were related to crises or emergency situations: for example, one person said 'the things that people can access in emergencies'. In other words there was a view that essential services were things needed in life threatening situations. However, others provided wider definitions and talked about those services needed to prevent the quality of life being threatened or the framework for maintaining an area's quality of life. As a consequence of these discussions, a general definition of essential services was proposed as:

Essential services are basic services provided for the general public at

large by key government departments and non-departmental public bodies.

## 6.2 Examples of Essential Services

Applying this definition produced a wide range of suggestions and the extensive list of services shown in Table Three below:

The list was perhaps surprisingly long and obviously includes a range of services provided by commercial organisations and private individuals, in addition to state bodies and agencies. Indeed it was clear that in their definitions many people thought, not in terms of who or how a service was provided, but in terms of how its availability affected their activities and their ability to lead a life that they found satisfactory - or at least acceptable.

Table Three

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Housing

Education

Libraries

All aspects of health - hospitals, doctors, social workers physiotherapists and occupational- therapists

Local retail outlets, especially chemists (pharmacists) and basic food retailers

Social services, financial benefits/services

Legal/advocacy services

Employment services

Police

Fire Service

Transport, including both local and regional services

Electricity

Gas

Water, sewage, drainage

Street lighting, cleansing, refuse collection

Youth clubs and leisure centres

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Thus, although services such as electricity and telephones are now provided by private commercial companies, and shops or taxi services are owned and/or run by individuals, respondents often found it difficult to separate their experiences in these areas from their interaction with the health, education or welfare services. As a result, the service provided by BT and NIE was often included in comments as was the price of local taxi fares.

In an attempt to clarify these questions of identification and perception, groups were asked to try to identify a hierarchy of essential services. The most frequent response was to designate all aspects of healthcare (doctors, hospitals, nurses, ambulance service) and the emergency services (the fire brigade, police, Accident and Emergency Services) as being of primary importance. These were thought to be crucial, since they were the services that people wanted to be able to rely on in a crisis. Indeed, for many people the really key question was whether it was possible to get easy and rapid access to a doctor at all times. Many aspects of education, along with a range of amenities, were also thought to be of great importance, even if slightly less crucial than those above. These included such practical matters as the water supply and refuse collection.

Both individuals and groups often began by making a series of discrete comments about individual services, such as medical provision or education: however, as the discussion continued, an emphasis on the interlinked and interdependent aspects of a range of essential services often began to emerge and to receive emphasis. Attention was frequently drawn to the fact that one service is sometimes only accessible by means of another, and that a difficulty or problem in one area can generate a series of knock on problems in other areas. The need, therefore, for awareness of interconnections, inter-agency planning and joined-up thinking was a recurring theme. For example, in an interview with a representative from Shelter, the point was made strongly that, in order to tackle the problems of homeless people, it is necessary not just to look at access to accommodation, but also at health care, education, training and social security advice and support.

### 6.3 Views on Accessibility of Essential Services

The volume of data generated by the interviews and focus groups was extensive. In order therefore to make it manageable and comprehensible, it was necessary to generate a structure of categories or classifications, even though this meant an inevitable loss of some detail. In section 5.6 above it was indicated that, because the main aim of the study was to examine the views and experiences of members of the public, this structuring should, in the first instance identify and examine the types of barriers that various sub-groups reported as important for them, and then consider how these types affect different sub-groups within the population. The result of this was an initial division into two major sets of issues, as follows:

general issues concerning types of barriers that seem to recur in interviews and focus groups, across a wide range of different sections of the community;

specific physical, economic and cultural issues, which can create difficulties for members of particular groups.

## 7. GENERAL ISSUES ARISING FROM THE DATA

These general issues are considered below under a number of headings, including: uniformity of access to services; difficulties accessing information about services; format, presentation and availability of information; time restrictions; system complexity and no consultation; inter-agency difficulties; front-desk problems; and anxiety about stigmas.

### 7.1 Uniformity of Access to Services

Some services are available, in principle, to all citizens on a uniform basis regardless of income, status or power. Examples in this category include The Fire Service, Public Libraries or the Post office. A distinction can be made between this universal form of service, and those services where income, position or influence have the capacity to advantage particular individuals or groups. A member of one focus group expressed this as:

Your economic status makes no difference to the level of service you receive when you call the Fire Brigade, it's just a right. Also, the Library is open to everyone and the facilities are the same whoever you are.

On the other hand there was a prevalent view, based on experience, that accessing many essential services could be affected by financial circumstances.

Money can play a part in things like health care, some people can pay to jump the queue.

This was seen as creating different levels of access and a situation in which the less well off were at a potential disadvantage from the outset.

### 7.2 Difficulties Accessing Information about Services

Very often, it was argued, the difficulties began at the very first stage,

that is the process of finding information about a particular service. This was expressed by one person as follows:

It's one thing to have an entitlement. It's another thing to actually know about it.

Discussion suggested that there were three possible levels of difficulty possible. First, finding out where the information about the particular service concerned was available, and in what form. Some believed that important information was not made readily available by frontline staff for a range of reasons (some, it was argued, to do with a fear of later challenge at tribunals.) Second, in some cases very little useful information was actually available in any form, and was sometimes likely to be out of date. Third, when documents, forms or posters were in fact available, they were sometimes difficult to read, badly presented, and generally lacked clarity.

These difficulties were compounded when the people seeking access to information had some sort of disability such as visual impairment, or just the inability to read well.

### 7.3 Format, Presentation and Availability of Information

Information leaflets provided by government departments and agencies were often difficult to understand: social security and housing were mentioned most frequently in this connection. DHSSPS material describing such things as benefit regulations, the availability of rebates, and eligibility for exemption from charges, was regarded as often obscure and complex. Similarly information about priorities for the provision of public housing was thought to be unclear. Indeed there was a perception on the part of some respondents that forms and processes were deliberately made difficult so that people will be put off. As a result it was often difficult to get up-to-date information.

Further difficulties were caused by frequent changes in regulations relating to many services, and some thought that these numerous changes also served to undermine confidence in the system, by suggesting that providers don't know what they are doing. Such problems were compounded by the fact that often the people who

really need to know are the least likely to be able to find out information, like older people.

There was also a view that very little real thought had gone into consideration of the content, presentation or appropriateness of the information made available, or the sorts of places where it was located or displayed. It was argued that the sorts of places where ordinary people were most likely to see such material included pubs, cinemas or on the television. One said:

You should put the information where ordinary people will see it.

The most useful types of information would include clear details of opening times for government and council offices, transport timetable information and contact details for council services. In general a more proactive approach should be taken to providing information; in other words that government agencies should actually contact people individually to tell them that they are likely to be eligible for certain benefits, rather than expecting them to get the information.

Private agencies like BT do this. BT contact you to take advantage of new deals with them, why can't government do this?

It was believed that there were also a number of contexts in which information ought to be presented personally in a face-to-face interaction, and that this was either not done at all or done inappropriately. The difficulty in obtaining personal discussions with hospital staff about their own - or a relative's - condition was regarded as a serious example of this problem.

This issue of personal contact was also a major concern during discussions of possible developments in the electronic delivery of services. Overall there was considerable anxiety about the increased use of IT as an access route for essential services. Further probing suggested that many people see a clear distinction between simple procedures, which might be acceptably accessed through IT, and situations in which personal interaction is vital.

I pay my bills using internet and it is very efficient but it's good to see

the doctor's face.

Even visual images would not be acceptable for most people in areas such as medical help.

I don't want to be sitting at home watching a screen when I'm ill.

## 7.4 Time Restrictions

The times and periods when many services were available were thought to be either limited or inappropriate. Healthcare was reported most frequently as causing difficulties. The hours during which doctor's surgeries were open, and the difficulty in obtaining appointments to see the doctor, caused great concern in both rural and urban areas. It was, however, thought to be a particular problem in those circumstances where long distances, and limited availability of transport, made it difficult to time visits to coincide with surgery hours. Several groups also indicated that the opening hours for many services did not suit people in full time employment, and the fact that many services are not available at weekend was seen as a specific barrier to access.

The opening hours just don't suit everyone, if you're unemployed you're laughing or if you're working it's not that easy to even bother trying to access a service because of lack of flexibility.

Linked to this issue of inflexibility in relation to time was the problem of delays and long waits. Delays represented a distressing and frustrating barrier to accessing services. This difficulty was recorded across geographical areas, social classes and specific needs groups, all agreeing that they had to wait what seemed to them to be excessive amounts of time to access many services. This was true on all scales, including: relatively short-term waits, such as in hospital casualty departments (where waits of up to five hours were reported); intermediate time scales, such as the fact that waits of several days to see a GP were quite normal; and, longer time scales, such as the time that elapsed between reporting the need for a repair to the Housing Executive and getting attention, or the wait of a year or more to get special adaptations to homes so that people with disabilities can lead a

reasonably normal life.

On the other hand there were complaints that, if the client was late for a meeting, even by a few minutes, he or she might be excluded or forced to seek another appointment. As a result of such difficulties some people said they gave up and no longer tried to access services at all.

## 7.5 System Complexity and no Consultation

For many people the systems in use appeared to be unnecessarily complex and inaccessible. This was most frequently raised in relation to application procedures and payment systems. Application forms for social security benefits were cited as being particularly difficult to cope with. The form for income support was reported to be about 30 pages long, and the corresponding form required when seeking disability benefit was also said to be both long and complex. Similarly, the regulations relating to the working families tax credit were reported to be difficult to understand.

Forms are monstrous, you need a 10-week paralegal course to understand, and the only way to get help is to go to an independent advisor like CAB.

Perhaps because of the complexity of the procedures some groups felt that systems operated very slowly, feeding into the concerns about delays outlined above. For example, the Royal National Institute for the Blind reported that the formalities involved in obtaining registration as a blind person, and hence eligibility for a range of services and benefits, could take many months. The time necessary to investigate the availability of services, along with the corresponding eligibility rules, was sometimes enough in itself to put people off

It was argued that much of these difficulties arose because those on the receiving end were rarely consulted about the procedures in use. The result was that services were not meeting the specific needs of local communities. For example, the range of courses offered in further education colleges did not always reflect the needs of the areas they

served.

I am not sure whether the night classes are any help to farmers and women losing their jobs in local factories.

The familiar perception that decisions were made at the centre, and did not take account of local views and concerns, was voiced on a number of occasions

the people that make decisions (about changing public services) leads to the usual outcome of people benefiting in Belfast and not in Fermanagh or no body (from public bodies) ever asks ordinary people about changes for country areas.

## 7.6 Inter-agency Difficulties

Where the provision of service involves contacts with several departments or agencies, people feel that they are often

shunted around, passed from one department to another. We assume everything is a phone call away, but it isn't really, getting through to the right person is difficult.

These concerns were most commonly cited in relation to the interfaces between health provision and housing, and health provision and community care. The problems seemed particularly distressing when people were trying to make a complaint and they felt that no one wanted to do anything: the result was, they felt, that responsibility was just shifted to another department or agency. Thus someone complaining about a smell from a council waste disposal site was passed around a range of people in the council and had to spend ages waiting on the telephone. Delays in replying to telephone queries, being put in a queue, were especially difficult for people using public pay phones and meant that they sometimes had to give up before they got the information they needed.

There was also a perception that people are given misinformation about where they should go. There is therefore, it seems, a need, not just for better information generally, but for better contact and co-

operation between departments. One particular example (from the Belfast Unemployed Resource Centre) described gaps of six to eight week gaps in payments of housing benefit, due to the fact that co-operation between several agencies was needed to check eligibility and arrange payment.

## 7.7 Front-Desk Problems

First contact with the system was often at a counter or desk, and this experience was thought to be both of central importance, and deeply unsatisfying, for many people. It was also thought that these difficulties were not necessarily, or always, the fault of the front line staff. There were a number of problems here: those staff who actually meet the public were not always fully aware of procedures; they did not always have full, up-to-date or accurate information; and, sometimes, they did not deal with people appropriately. For example they were sometimes described as rude and abrupt or as insensitive.

It was argued that the range of skills and experience needed for the task of interfacing with the public was quite large and complex, and that this was not appreciated by those at managerial level who made the decisions but did not have to do the actual work. The result was that the front-line staff were insufficiently trained and prepared for the task, and (it was thought) were not well paid. The difficulties with poor attitudes, and the fact that staff were making no attempt to sell themselves, were generally attributed to this. However true this analysis was, it did not solve the difficulties for the customers, and it was clear that the problems were not trivial, and that they were capable of causing distress for a wide range of people. This was reflected by comments such as:

They make you feel guilty for even seeking benefits, You dont feel like you deserve to get any help. You just don't feel easy about approaching hospital staff like you may have done years ago.

A persistent and widespread problem, that caused considerable worry and distress, were those staff who spoke loudly in public offices, so that details of personal problems or circumstances could be heard. This was mentioned in relation to social security offices, housing executive offices, courts and doctors reception areas.

People soon know your personal business around here if you are seen at the dole office.

In some cases such lack of privacy or sensitivity can be seen as actually putting people at risk. For example, in cases relating to domestic violence, reading out new addresses of victims in court makes available information that can create the danger of further attacks.

People who go to such desks really need help and advice, based on the particular context or set of circumstances in which they find themselves. The fact (or the belief) that the people who man such desks apparently lack clear knowledge of the relevant procedures and options, their tendency simply to pass people on to someone else or to give them a form to fill in, all of this means that as often as not the customer leaves with nothing resolved. Many, it seems, then seek help from friends, or from agencies such as the Citizens Advice Bureau.

## 7.8 Anxiety about Stigmas

There was also evidence that some people experience genuine fear and anxiety about approaching people in authority. In many cases these feelings arose from the perceived stigma of having to seek certain sorts of help. This was particularly true of older people, and in relation to welfare benefits and some types of interaction with social services departments. Financial benefits that involve means testing were perceived as involving particularly difficult, even humiliating, interactions - especially if they were carried out in a public place.

My mother would not apply for attendance allowance for years - even though she was disabled. There is still a stigma about asking for help with children and getting the social worker round. It's not like the library or education, a social worker is someone who is inflicted on you, they are not someone you would really want to see.

Although not perhaps quite as serious, a number of people said that they were actually afraid when they had to go to social security offices

because of treatment they had received in the past.

Using the services of the police often generated a particular set of difficulties. For example, in some areas people indicated that, because of community disapproval, they did not feel able to contact the police even when they had been the victims of crime. People who have



contacted them have often received threats or the cold shoulder . This could create practical difficulties, for example when insurance companies would not pay on claims unless a break-in or car theft had been reported to the police.

## 8 SPECIFIC ISSUES ARISING FROM THE DATA

A number of specific matters were raised that appeared to be of serious concern to particular sub-groups within the population. Information about these was complex and wide-ranging, so, in what follows, the issues raised have been divided into three categories, as follows:

physical barriers

economic barriers

cultural barriers

Although these categories form the basis of the analysis that follows, there was often a degree of overlap: for example, elderly or disabled people can face both physical and economic difficulties.

### 8.1 Physical Problems

The range of physical difficulties that can be faced by individuals, either as a result of specific disabilities or of geographical location, is very wide. The severity of such physical barriers also varies considerably: some are specific, and relate directly to a recognised disability such as visual impairment; others are more general such as those linked to remote rural locations. In an attempt to present a coherent overview of the large amount of evidence collected on this issue, a number of specific disabilities will be considered first. This will then be followed by a consideration of more general factors mainly connected to location. However, it is clear that, for many individuals, several physical factors interact to produce complex patterns, and it may be necessary to address these through a range of channels.

#### 8.1.1 Visually Impaired People

According to the RNIB there are approximately 28,000 visually impaired people in Northern Ireland and over 95% of them are over 65 years of age. Many of these experience initial difficulties with regard to basic matters such as delays in obtaining official registration, and this has a number of immediate consequences related to gaining access to specific services and concessions.

Those with no vision, or very limited vision, clearly have major difficulties in accessing any services that require travel or reading printed material. In addition, amongst the registered blind there are a considerable number who have some residual vision. There was concern that a lack of provision of resources such as alternative non-visual formats, and/or large print formats, was a barrier to them. Simple examples included: hospital appointment cards for clinics sent out in very small print that the recipients could not read; the problem of being able to differentiate among everyday objects, such as different denominations of bank notes; the provision of aids such as tactile paving, touch tones and large clear stickers on glass doors.

Some services were provided in helpful formats, for example freephone numbers where help is provided in dialling long telephone numbers, but there was disappointment that these are available only from certain telecom providers.

The increasing use of modern technology in the delivery of services can assist disabled people, but it can also place additional barriers in the way of access. Computer based information and enquiry systems can be difficult for those with limited vision who find small crowded screens unhelpful. In some cases, people seeking help over access were discouraged by the attitudes of some service providers, who either gave the impression of being too busy or behaved in a patronising manner.

#### 8.1.2 Hearing Impaired

The key barrier for people with hearing difficulties was the limited number of trained interpreters available. Because staff who could use sign language were not available, or audio material could not be

provided in signed formats, access to a wide range of essential services was made much more difficult. In addition, people with hearing impairments indicated that the increasing use of the telephone as a route to accessing services created particular problems for them. Basic things such as using the telephone to contact help in emergencies, or report faults with utilities such as water, gas or electricity, could cause anxiety and difficulty. When agencies used telephone contacts to discuss relatively complex enquiries, there were serious dangers of obtaining misinformation or partial information and accompanying frustration and distress.

Those people with hearing impairments who lived in rural areas suggested that relevant support was concentrated in towns and cities, and that there was less awareness of the need for special provision in rural areas. Confidentiality was a specific concern, when information had to be translated through a third party rather than directly to a trained official.

### 8.1.3 Those with other Physical Disabilities

Transport and access problems were of central concern to people with physical disabilities. Many of these have already been outlined above as a general issue, but it was clear that these matters have even more salience for people with limited mobility. It was agreed that access to public buildings, for those with disabilities, has been improved significantly over recent years. These improvements were, however, thought to be concentrated in Belfast and it was argued that there were still serious problems - for those with limited mobility - about getting physical access to essential services in small towns and rural areas. Indeed the word tokenism was used a lot in discussions with people with physical disabilities, the implication being that serious attempts to meet their needs were limited. For example, wheelchair users felt that in many cases access was still very difficult, and sometimes involved using separate entrances or being treated like goods.

My brother is disabled and I had to take him to the doctor's. There was no ramp and he had to be hauled up. Such experiences prompted comments such as we are not a separate group. we are part of society or the mindset is that we should come up to others standards

rather than them come to us.

Indeed some able bodied people recognised this by indicating that, on occasion, they had experienced similar situations, and this gave them an insight into the daily problems facing others: I have difficulty with the buggy, so it must be very difficult for someone who is disabled. Transport posed many difficulties, and, even when people with physical disabilities had their own transport, there could be problems with parking. The fact that able-bodied people used parking spaces reserved for those with disabilities was a specific issue since it often negated the efforts being made to accommodate their needs and was seen as selfish and unnecessary. Similarly, delays in the provision of services could be particularly distressing. Examples cited included a wait of between six and twelve months to get a specially adapted shower fitted, so that basic needs such as the ability to wash were impeded; and, the long delays in the provision of wheelchairs.

#### 8.1.4 Those with Mental Health Issues

Medical care is of great importance for people who have mental health problems. However, some of those who took part in discussions felt that getting help from the medical services was not always easy. There was still a stigma attached to mental health problems, and that this meant that people sometimes were not able to access the services they needed. When the system made it necessary to meet an increasingly wide range of people for treatment - for example for follow up treatment sessions - those concerned worried that this would mean that their problems was becoming increasingly visible, and so they often stopped going. The need to develop trusting relationships with those who supplied the services was of central importance here, and this could not be developed in impersonal contexts. Thus personal contact and continuity were important and leaflets are not enough for this group.

Often those experiencing serious mental ill health suffer a range of associated medical and social problems, such as those related to alcohol, drugs, unemployment and homelessness. Sometimes it seemed that access to the full range of health care was jeopardised by the failure of doctors to take a holistic approach. Some patients with

both addiction and mental ill health felt that doctors were unwilling to look at the mental ill health issue, or, conversely, physical conditions might be overlooked when the patient was seen as having mental ill health. In addition, those who had accommodation problems such as living in hostels, living in temporary accommodation, or, being homeless, often had problems registering for healthcare and social security support.

#### 8.1.5 Those with Learning Difficulties

People with learning difficulties believed that their access to services was closely linked to the level of support they received from statutory and voluntary agencies. They found it difficult, without a continuity of interaction with a social worker whom they knew and trusted, to manage practical aspects of everyday living, and in particular to manage their dealings with service providers. The very basic level at which this can operate was illustrated by one informant, who had obtained a new washing machine but could not read the instructions. So she had to wait three days until a social worker came and helped. Lack of sensitivity from some staff involved in the provision of services was also off-putting, since sometimes people felt they were being treated as retarded, and, instead of having their skills developed, they were being patronised and looked down on.

#### 8.1.6 People, often Older, with General Physical Difficulties and Reduced Mobility

Many of the difficulties outlined above also affect the lives of older people who may not have a specific designated disability, but have general problems with mobility and ill health. Older people suggested that they were often discouraged by attitudes that suggested that their needs had a lower priority than those of younger people. It was suggested that doctors seemed less interested in the problems of old people, and could be abrupt and dismissive.

Once you are over 65 they don't care about you. It is as if you should expect to be ill. Everything is put down to old age - it's a great excuse for doctors to pass us off.

Electronic access to some services was also a worry to older people.

They agreed that it could be seen as beneficial, since it can reduce the need for older people to travel, but they also expressed reservations.

Young people know all about the Internet but older people will not log on to find out about benefits.

They felt that it would be a greater benefit to them to have more access to basic support mechanisms, such as help with shopping. It was also suggested that the loss of ACE funded schemes had reduced access for many older people, since these schemes had often been available to assist older people.

#### 8.1.7 Access Issues Linked to Geographical Location

The travelling necessary in order to access many services was thought to be a significant barrier in some cases. This affected a wide range of specific groups including those with disabilities: but it also affected a great many people living in rural area, often remote from centres where many essential services were provided. Some respondents also pointed out that, even short journeys in urban or sub-urban areas can impose barriers when public transport is poor.

In my area if you dont have a car youre stuck.

The availability of local offices for the provision of services was seen as particularly helpful for people with disabilities and elderly people. However, many people felt that the current tendency was to centralise services, and that this was increasing their difficulties. The limitations of public transport often compounded the problem of long distances, especially in rural areas, but also in suburban areas. For example, the standard of commuter train services close to Belfast was heavily criticised.

The distances people had to travel to get emergency hospital treatment was discussed, and the fact that keeping a hospital outpatient appointment could take up a whole day in many rural areas. Similarly, in relation to educational provision, the lengthy travel children had to undertake as rural schools were closed, was seen as a problem. In

connection with the latter it was pointed out that in some rural areas children have to face a round trip of up to 40 miles per day. Even where services are provided, they are often not maintained to a standard that local people find acceptable. The poor maintenance and limited gritting of rural roads were reported as increasing access difficulties in rural areas.

When the snow came it was down to the farmers that we were able to get into the town at all.

The combination of rural location with individual physical difficulties can produce particularly difficult situations. For example, people with serious medical conditions, such as certain types of psychological illness, are often unable to drive, or are precluded from driving by their medication. The resulting isolation often compounds their problems.

#### 8.1.8 Safety Issues linked to Physical Location

Aspects of the physical environment, or just location itself, can pose a physical threat. People living on large housing estates reported that they often felt afraid to go out at night for fear of attack: the absence of street lighting, or delays in repairing broken lights, added to their anxiety as it meant that there were many dark corners and side alleys.

An example of the complex indirect impact of location was reported by women who had suffered domestic violence. Victims of domestic violence often move away from the home area to ensure their safety; but, in order to access some services, they report that they are often directed to return to the home area. They are told, for example, to seek help for medical problems from their own doctor, or they are sent back to obtain assistance with housing problems. They argued that, in these ways, their access to services was being limited, and even at times made impossible, since to return to their home area left them open to the danger of further violence.

Travellers groups also felt that a number of safety issues were linked to their physical location, whether on temporary or fixed sites. The sites themselves posed dangers because of lack of adequate drainage, water and lighting and limited access to telephones. In addition some

service providers were unwilling to come out to sites. The unwillingness of doctors to visit Travellers was a particular concern, since it meant that people who were ill had to be taken to the Accident and Emergency units of hospitals for any out of hours care.

## 8.2 Economic Difficulties

Those on low income often have difficulties with the cost of accessing services. This involves both difficulties with the payments necessary to secure services, and the cost of travelling to access services

### 8.2.1 The Homeless

Homeless people, and those in some forms of temporary accommodation, are amongst those most likely to face such problems, but they also encounter specific problems because they have no fixed address. As a result they may have problems getting registered with local doctors or dentists. Young homeless people appear to have particular difficulties in these areas since they are often referred back to their home area, but have no resources to meet the costs involved.

Difficulties with the actual cost of accessing provision seemed to be particularly applicable to people on relatively low incomes, but just above the eligibility threshold for exemptions or concessions. For example, parents on low incomes said that they found it difficult to take the whole family to leisure centres since the entrance costs mount up when there are 4 or 5 people. Also, people who did not qualify for free prescriptions but had limited incomes, reported that they sometimes did not purchase all the items recommended by their doctor. In addition, the fear of incurring expenditure, or uncertainty about the amount involved, also acted as a barrier. In a similar way, anxiety about the extent of legal aid, and whether it would cover the full costs, deterred some people from going to a solicitor, you are afraid of what you might be getting into.

### 8.2.2 Travel Problems

Costs associated with travel to services were, not surprisingly, of particular relevance in rural areas where the journeys may be lengthy, and public transport is limited. However, it also affected people living in large housing estates on the edges of towns and cities. In rural areas, costs such as those involved in visiting the doctor or keeping hospital appointments, can be very considerable since in many cases the only viable options are to run a car or to travel by private taxi. A group in a rural area of Fermanagh were clear that you just couldn't do without a car around here. These difficulties are compounded for many people, since a considerable number of those on low incomes also encounter physical problems in accessing services, for example older people and disabled groups. Since bus routes often go around the edges of large housing estates there were difficulties in using public transport for mothers with small children, those returning from major grocery shopping trips and those with limited mobility. Taxis although more expensive were often necessary.

It was also pointed out by some residents of a working class housing estate situated within an affluent area, that there were specific difficulties for those on low incomes who live in areas perceived as wealthy. Services may be geared to the affluent majority, and the poorer members of the community may become a neglected underclass.

### 8.2.3 The New Technology

The increasing use of modern technology in the delivery of services has the benefits that it cuts down on the need to travel, and also that it can provide some form of access up to 24 hours a day. However, for those with limited financial resources, or with limited computer literacy, access to the telephone or Internet is likely to remain a problem, and the increasing use of such technology may indeed discriminate against some groups. For example this was a concern in the discussion with Travellers groups who felt that they were unlikely to be able to access computers and so would be left further behind.

## 8.3 Cultural Problems

The problems of accessing services, that result from differences in cultural norms and forms of behaviour, are often among the most difficult to examine and address, since they often involve complex areas of sensitivity and perception. It was clear that many people from particular groups within the society believed that they were on occasions affected by discrimination, prejudice, insensitivity or culturally inappropriate provision. They believed therefore that this affected how they were treated when seeking to access services, and that it was consequently more difficult for them to access the services suited to their particular needs.

These views referred to obvious minorities such as ethnic groups, but they also included a whole range of populations and individuals who were felt to be in some way different. These ranged from particular individuals (perhaps thought to be eccentric), to those simply living in the country, but with a wide spread of others in between. Very often such groups were further disadvantaged by other features, such as the absence of extended networks of help and support, language difficulties, or by a lack of understanding of their particular culturally related needs.

### 8.3.1 Community Identity in Northern Ireland

The existence of the community divide in Northern Ireland produces its own particular set of difficulties. Attempts to deal with a range of aspects of differentiation between the two and been addressed by a wide range of policy initiatives, particularly over the last 10 - 15 years. The issue of barriers linked to this community separation was raised on several occasions, and by both sides. A number of working class people living in deprived urban housing estates felt that their background was a factor in limiting access, and in defining the quality of care and attention they received. For example in one deprived nationalist area it was suggested that

Official expectations for young people are not very high and so good schools are not considered essential. The primary schools are adequate and the secondary schools for girls are reasonably good but the secondary schools for boys are a problem.

The fact that many services were provided by government agencies (identified as British) in itself was sometimes felt to be a barrier, and it was suggested that some (usually older) people would prefer to go without benefits to which they were entitled, rather than claim from a British government.

On the other hand, some members of the unionist community argued that, within their culture, there was an historical lack of a tradition of community involvement, and that this posed a barrier for them:

The superior community infrastructure of nationalist communities means that they are better disposed to accessing public services.

### 8.3.2 Ethnic Groups

Many of the more general barriers to services already discussed in this paper were equally a problem for the province's ethnic communities, and often could be perceived as having an even greater impact. In addition, there were other difficulties that were, in some cases, particular or special to them. The Chinese community, the largest single ethnic group, were particularly concerned about language as a barrier in accessing essential services. They felt that interpreters were very necessary when members of the community had to interact with officials, or fill in complex forms. In many cases, however, it was difficult to get language support especially out of hours and yet this could be the very time when it was most urgently needed, for example when a serious medical problem arose and someone had to be taken to an Accident and Emergency Unit.

It was argued that one way of addressing the language barrier was through the provision of language classes, and these were viewed as an essential service if ethnic groups are to have equal access. Although a range of types of English classes are provided a number of problems were identified. The overall provision was thought to be rather piecemeal and uncoordinated so that availability and quality vary markedly. Linked to this was the need for more differentiated

language support, both in terms of the level of skill assumed and in terms of the background of those attending. Classes designated for beginners, intermediate or advanced pupils would allow clear progression, and would help to take account of the differing needs of those who have lived many years in Northern Ireland, and those who are recent arrivals. The special needs of asylum seekers should also be taken into account. As it is, a class can contain those seeking to refine their language skills along with absolute beginners, and, in addition, as new arrivals enrol teachers often have to go over the same ground several times.

As well as expressing concern about language education or language provision for themselves, parents from ethnic communities also felt formal school level education for their children presented difficulties. For example many of the Chinese people in Northern Ireland came from rural areas close to Hong Kong and had limited formal education. As a result they found the complex educational system in Northern Ireland difficult to understand, and issues such as the operation of the transfer procedure could be particularly confusing. Their anxiety sometimes meant that they were uncomfortable about visiting their children's schools or attending meetings with teachers. Schools could easily misinterpret this as being a sign of lack of interest rather than an indication that the parents were having difficulty accessing the standard parent-teacher interaction structures.

Many members of ethnic communities also felt that insensitive treatment and racist attitudes hindered their use of some services. They experienced officials who made fun of their names, or their use of English, and this was often distressing: but it also made some people think twice about trying to use services, except in an emergency. The difficulties could be particularly serious when services were provided in ways that did not take account of the cultural values and beliefs of communities. Traveller women suggested that they were not comfortable with male social workers or doctors, and that they could not discuss problems openly unless they had access to female officials who were familiar with their culture.

There was also a degree of differentiation within the ethnic communities in that, while some of the larger groups could have their

difficulties articulated by specific community associations, members of very small minorities and those living outside the main concentrations of immigrants could be particularly isolated and uncomfortable.

### 8.3.3 Lesbian, Gay, Bisexual and Transsexual groups (LGBT)

Members of these groups were in little doubt that their sexual orientation was a barrier to accessing services. Their view was that:

people think it is normal and acceptable to discriminate against the lesbian, gay, bisexual and transsexual communities.

It was pointed out that legal sanctions against people from these groups were only recently removed, and that much of the legacy of condemnatory attitudes from this period continues to exist within the community. It is therefore perhaps not surprising that members of these groups felt that, to reveal their sexual orientation would have the effect of impairing their access to services. They would often be anxious about answering questions on official forms about sexuality since honest answers might lead to discrimination. Indeed some people said that they would refuse to answer such questions.

Actual barriers to the sort of rights other members of the community had were identified in areas such as housing and healthcare. A number of both legal and practical aspects of housing created difficulties. So, for example, in relation to procedures relating to tenancy of Housing Executive property, when one partner died the remaining partner could not automatically claim the right to have a tenancy transferred into their name as would be the case with a heterosexual couple. Trans-sexual people in particular felt that, because they did not fit into the categories drawn up by bodies such as the Housing Executive, their problems were not addressed, and that sometimes they were exposed to actual danger because they were housed in unsuitable areas.

Similar difficulties arising from lack of awareness and sensitivity were also encountered in interactions with the health care system. For example, when someone was seriously ill, with restricted visiting, a same sex partner would not be recognised as family. Sexual

orientation could also be a barrier when a lesbian or gay parent was seeking custody of children on the break-up of a marriage.

Lack of sensitivity, and even overt prejudice, amongst staff providing essential services also served, on occasions, to deter members of the LGBT communities from using services. Many health service professionals were seen as unsympathetic, it was clear that the very word homosexual was offensive to some members of the community, and there was considerable resentment at the apparent belief that sexual orientation was linked to paedophilia. One said that

service providers must note that sexual orientation is just a part of us,  
and not all of us.

#### 8.3.4 Religion

For many Northern Irish people religion is closely linked to community affiliation and identity, so there was a considerable overlap between the issues raised in relation to religion and those discussed above. In spite of the legislation that seeks to remove discrimination on the grounds of religion, a number of groups discussed the extent to which they believed that their religion still affected access to essential services. Working class Catholic groups, especially those living in recognised enclaves, believed that as soon as they revealed where they were from they were labelled and stigmatised. At a more general level it was suggested that where one community forms a small minority of the local population, they can feel that services geared to their needs are neglected or threatened. This was the experience described by small Protestant minorities in rural areas in the west of the province, who were seeing controlled schools being closed as the Protestant population declined. They believed therefore that their minority status was a barrier to their accessing essential services appropriate to their religious needs.

Members of other religious faiths felt that the existence and salience of the Catholic/Protestant distinction meant that little attention was paid to any other religious questions. For example, in educational provision the system was geared to the needs of the major Christian denominations and almost no account was taken of the concerns of other pupils and

their parents. As a result parents were often concerned that matters such as dietary regulations could be disregarded, and this made some of them wary of allowing their children to use the school meals service. Even when organisations went some way to meet perceived special needs, provision could be insensitive. For example a request for a vegetarian meal in hospital could result in the meat being removed from a prepared plate and the remaining food presented.

#### 8.3.5 New Technology

The use of new technology was viewed as having both good and bad consequences. Clearly it can be an advantage in - for example in reducing the difficulties experienced by people with hearing problems



especially in busy, noisy public offices. But, equally, it could increase the distress of others such as those who have to explain that they cannot read on-screen instructions, or people who feel intimidated by the technology and worry that it may deprive them of personal contact for example with their doctor:

I personally dread having to ask a computer what was wrong with me.

## 9. GOOD PRACTICE

The central focus of this study was Barriers to Access, and so it is not surprising that interviewees and focus group participants tended to emphasise their experience of difficulties and problems. It was therefore sometimes difficult, once groups were fully launched into their descriptions and analyses of difficulties, to persuade them to turn away from this perspective and reflect upon examples of good practice. Attempts therefore to discuss positive examples - that is, situations where access had been efficiently handled and an overall pleasant experience - generated a fairly limited response. This consequence was, at least in part, a reflection of the nature of this investigation.

Despite this, a number of agencies, especially voluntary agencies, were frequently singled out for praise for their ability to provide support in accessing services. In particular branch Post Offices and local Libraries were mentioned most often. In both cases the range of information available, and the helpfulness of staff were commented upon. The importance of the Post Office, as a community service that managed to embody a number of roles, was continually emphasised. In particular its ability to facilitate standard financial affairs, whether in allowing for the payment of a range of bills, or in providing cash payment of benefits, constituted a genuine service to many groups, especially those with physical disability and/or low incomes.

This response appears to reinforce the view that the immediate front-line, where people interact directly with the system, is particularly important as a mediator between users and large complex structures and institutions.

Particular examples of good practice included evidence of well-designed support items for people with physical difficulties. These included the provision of large, clear-print, information posters such as those provided by the police in Portadown, which made it possible for visually impaired people to read them with some ease. The availability, within the Inland Revenue and Customs and Excise, of some staff who had received training from the Royal National Institute for the Deaf, was also cited. Finally, the provision by the Housing Executive of vibrating smoke alarms for those with hearing difficulties was described as an excellent example of good practice.

In another context, praise was forthcoming for the benefits of reduced fees on a number of education courses for unemployed people and some low-income groups.

Members of the Chinese community in Belfast reported that some organisations had had the courtesy to consult with ethnic community representative groups about their work, and that this had had beneficial

effects. The work and co-operation of police liaison officers was mentioned, as was the appointment by the South East Belfast Health and Social Services Trust of a development worker supporting elderly Chinese. The Trust had also undertaken a study of the take up of its services by members of the Chinese community, and the South East Education and Library Board had appointed a home-school liaison officer to work with Chinese parents.

## 10. CONCLUSION

It is clear that there is a complex matrix of access difficulties, some of which are common across a number of sections of the community, while others affect different sub-sections of the population in different ways. Indeed it may even be that what is perceived as beneficial and helpful by one group, is experienced as unhelpful or inappropriate by other groups. The needs of different groups have, therefore, to be individually assessed. This suggests that there are no quick-fix or simple universal solutions, and that remedial action will require careful, contextualised reflection, and a range of strategies carefully targeted to appropriate clients groups.

The results of this study suggest that barriers to access can be divided into two categories:

barriers that arise from problems to do with delivery; and,  
barriers to do with particular characteristics of the clients or customers in receipt of services, such as disabilities or language differences.

With regard to delivery difficulties, there are three variables that need to be examined and considered. These are, the nature of the service, the way in which access is structured, and the amount of information available about the service.

These are now discussed one at a time. First, in relation to the nature of the service, services such as the fire and ambulance services are rapid response by nature, and are available quite readily - provided the user has no individual difficulties such as language, sightedness or

infirmary - that create barriers to access. These services probably require very little in the way of fine tuning in relation to their availability: but thought may need to be given as to how people with individual difficulties (such as language) can more easily access these services.

Second, in relation to how access is structured, health services provide an example. Some of these have parallel avenues of access - through the public sector, on the one hand, and the private sector on the other. It was strongly argued by a considerable number that this provides an access advantage to those who can pay. Obviously this is an important policy matter, but it is also important to be aware of the degree to which this privileged access to services was commented upon in a critical way.

Third, there was a widely expressed view that not enough information is available regarding services. Adequate provision of information was thought to be particularly pertinent in discussions of social security benefits, but further to this was the extent to which this difficulty was perceived to be major issue for service providers. It was not sufficient to make information available: providers should seek out potential beneficiaries and ensure that the information is delivered to them.

On the other side of the equation from service delivery, there are barriers that arise because of some characteristic of the person in need of it, for example, age, sightedness, or language. These barriers may well be more difficult to counter. To begin with it is of central importance to be aware at all times of the existence of these groups, to try to stand in their shoes, and to try to envision the difficulties they face. The groups include: those whose first language is not English; those who are elderly, infirm or with disabilities; those who are members of ethnic minority groups; those who are members of the gay lesbian and transgendered community; and so on. Regular, well-planned and structured systems of consultation will be necessary if these difficulties are to be overcome.

The recommendations, set out on pages 2-5, concentrate on the higher level issues. The intention is to suggest the priority areas for potential change. Many of the recommendations suggest that organisations should review specific aspects of their service delivery. It is intended

that these reviews should identify the fine grained actions that are necessary if the barriers identified in this study are to be dismantled. Those involved in service development and delivery, and those involved in representing individuals and groups, are best placed to develop and implement these fine-grained actions.

Appendix 1

## LETTER OF INVITATION

Dear

Further to our telephone conversation today, I am writing to thank you for agreeing to assist in establishing a focus group. The background details to this study are detailed below.

In pursuit of its equality objectives, the Equality Unit of the Office of the First Minister/Deputy First Minister (OFM/DFM) wishes to find out the views and experiences of people regarding barriers to accessing essential services. In particular, these views are required from people who are socially disadvantaged, and/or are socially excluded, and/or are members of a grouping under Section 75 of the Northern Ireland Act (1998).

Independent Research Solutions (IRS) has been commissioned to conduct the research, which will try to identify the barriers that prevent groups or individuals accessing essential services. As part of this research IRS proposes to conduct a large number of focus groups across the country. The aim of the discussions is first to identify what are essential services, then to examine the problems that would prevent people accessing those services, and finally to discuss the possible solutions to these problems. The questions to be addressed are:

What are essential services?

What services have greatest access problems?

What are those problems?

What are the solutions?

I will contact you again in a few days time to discuss this further. Please do not hesitate to contact me if you have any queries about this proposed work. I can be reached by email [helenccm@aol.com](mailto:helenccm@aol.com) or telephone 028 70324997 or 0780 1944 890 (mobile).

Yours truly,

Helen Dawson (Independent Research Solutions)