DEFRA: Impact of an Ageing Population on Service Design and Delivery in Rural Areas

Lessons from Research, and Lessons on Partnership
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+ ‘When partnerships go well’
1

Introduction
Why did DEFRA commission this research?

- Although rural communities have much to offer, **social isolation is a growing concern**, and where poverty and deprivation do occur they can pose real problems for older rural residents.

- Older people also suffer most from the **loss of local services and the high cost of living**.

- In light of these challenges, **Defra is developing policies and programmes intended to support local strategies for the protection and improvement of services**.

- Defra commissioned this research in order to further understanding of older people’s needs – in order to help ensure that policies and solutions address them.
What did we set out to do?

- Understand the **profile** of older people in rural England

- Understand **how they use rural services** and how this impacts demand, design and delivery

- Identify **key needs** of older rural residents – and any **gaps, challenges or barriers** in meeting these

- Explore where **Local Authorities** are in terms of forming and acting on cohesive ‘rural ageing’ strategies

- Share evidence of **good practice and innovative solutions**
What did commissioning look like?

Benefits?
For client? For agency?
An iterative, exploratory, multi-method approach

- **Evidence Review** - including a literature review and secondary data analysis of the 2010 English Longitudinal Study of Ageing (ELSA) and the 2009/11 Life Opportunities Survey.

- **Policy Review** of 15 English Local Authorities (LAs) - utilising desk research, and input and review by the LAs about the specific plans and policies related to service provision for older users - to ascertain the extent to which LA planning encapsulates the concept of ‘rural proofing.’

- **Qualitative research** with service designers and deliverers

- Good practice **case studies** developed from the above

- **A National Learning Lab** held in September 2013 with representatives of government, charity and community service providers.
And ongoing collaboration and discussion

- **Bi-weekly phone updates** with all partners + written project reporting (progress, timeline, risks, next steps)

- **Topline and interim reporting at every stage** – and collaborative discussion on implications for further research

- **Quick turnaround adjustments** to method and sample as needed

- **Advance notice and agreement** of report structure/tone/level of detail
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Summary
Headlines (1)

- The cost challenge that rural areas face in delivering services is amplified when delivering services for older people.
- Older people face barriers which limit their ability to voice their needs and engage with available services.
- Limited budgets and resources mean that services for older people are competing with services for other vulnerable groups.
- Unequal population distributions can result in volunteer shortages, lack of local care staff and loss of community services.
Headlines (2)

- Barriers to engage with local services can mean that older rural residents often engage with services at ‘moments of crisis’

- Lack of transport access can reduce civic and social participation and limit engagement with health services

- There is a need for increased availability of appropriate housing stock and availability of home-based care, support and adaptations

- It is difficult to provide a full range of health services within rural communities whilst retaining quality and specialist skill

- Rural authorities are only beginning to formally respond to older users’ needs in a cohesive, strategic and forward thinking way; there is work to do!
Why consider rural ageing?
Why consider rural ageing?

- The population over 60 years of age continues to rise in the UK.
- Older populations pose disproportionate challenges for rural areas.
- As they age, older rural residents’ requirements for costly and resource intensive services increase.

The older population in rural and urban areas

<table>
<thead>
<tr>
<th>England Population</th>
<th>Proportionately more people aged 65+ live in rural areas than in urban areas</th>
<th>Projected increase 65+ (2011-2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>65+</td>
<td>65+</td>
</tr>
<tr>
<td>Rural</td>
<td>18%</td>
<td>24%</td>
</tr>
<tr>
<td>Urban</td>
<td>82%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Older residents: what do you need to know?
Older rural residents have some socio-economic advantages over urban counterparts

- Older people in rural areas are better off than their urban counterparts.
- Older residents experience better mental health and undertake higher levels of physical exercise.
- But the picture isn’t entirely rosy. 18% of older people in rural areas live below the poverty line.

Source: 2010 English Longitudinal Study of Ageing.
Older residents demonstrate both a willingness to help others and to ‘fend for themselves’

- Rural older people are more community orientated than their urban counterparts.
- A culture of ‘fending for themselves’ can conceal needs, especially amongst the ‘oldest old’.
- Older residents prefer to present themselves as ‘managing’ than to be a ‘burden’.

*If I hadn’t got a car and I hadn’t got any neighbours to take me about, well I would be lost, you see, so that is the difference... I don’t know what would happen. I hate to think about it.* 89, Male, Village and isolated dwelling.
Barriers to planning for need

- Why rural older people ‘make do’
  - Low expectations of services
  - Denial about implications of ageing
  - Fear of being a burden
  - Fear of social services intervention
  - Difficulty in navigating services
  - Limited awareness of local services
  - Tendency to turn to community and family first
  - Personal responsibility for choice of residence
### Why does it matter?

<table>
<thead>
<tr>
<th>Engagement at ‘critical moments’</th>
<th>Challenges with informal networks</th>
<th>New generation, bigger issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of forward planning means that many have no idea how they’ll cope when a partner/ neighbour dies, when their mobility worsens, etc</td>
<td><strong>Unreliable</strong> – will the same community orientated attitude and approach be emulated by the next generation of older residents? <strong>Unsustainable</strong> – finite and variable and cannot be expected to fill service gaps <strong>Weakening</strong> – influx of new residents who are unfamiliar with the rural ‘way of life’</td>
<td>• New generation of older residents from ‘baby boomer’ group will likely have different characteristics and needs</td>
</tr>
<tr>
<td>• Present to services at crisis point and with a wider range of complex needs</td>
<td></td>
<td>• Taking a longer view, future older people might not possess a socio-economic advantage and have different attitudes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Services need to plan for and adapt to changing requirements</td>
</tr>
</tbody>
</table>

**Urgent and multi-disciplinary**

---

**Why does it matter?**

• Lack of forward planning means that many have no idea how they’ll cope when a partner/ neighbour dies, when their mobility worsens, etc.

• Present to services at crisis point and with a wider range of complex needs.

• Services need to plan for and adapt to changing requirements.
What are the general challenges of delivery in rural communities?
Two key challenges of rural service delivery

**Lower population density**
- Impeding economies of scale
- Resulting in higher per-capita unit costs for service delivery

**The ‘penalty of distance’**
- The distance from providers in towns and villages to rural service users involves higher travel costs, opportunity costs and unproductive time for staff

*Staff in our team that cover the rural areas may take the whole morning out of their workload because of the time to travel to and from. Herefordshire, Unitary authority, Health*

Both of these challenges are exacerbated when providing services to older people specifically.
### Other common problems

<table>
<thead>
<tr>
<th>Funding and financial pressures</th>
<th>Issues with: sparsity allowances, disproportionate impact of cuts, costs of competition and bidding, charges/ co-payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to maintain diverse communities</td>
<td>Issues with: the creation of elderly ‘ghettos’, difficulties attracting staff, higher investment and resource costs for services to source appropriate volunteers</td>
</tr>
<tr>
<td>Fragmentation of demand</td>
<td>Issues with: communities becoming more heterogeneous, service designers unable to meet all of the different and competing needs</td>
</tr>
<tr>
<td>Delivery mode requirements</td>
<td>Issues with: achieving accessible and cost effective information and service delivery across multiple platforms/ difficulty with digital for older rural residents</td>
</tr>
</tbody>
</table>

#### Where do we go from here?
- Creative solutions to service delivery
- Greater use of social value act
- Strategies to maintain diverse rural communities
- Pursuing fuller internet connectivity
Do we have a coordinated response?
Do we have a coordinated response?

- Most councils clearly recognise the challenges
  - But the extent to which authorities are formally ‘rural proofing’ is mixed
- Most councils have developed overarching, not rural specific, strategies for older people’s services
  - Difficult to tell whether the challenges of rurality are being addressed
- Unclear how older people’s voice is fed into policy and service development

Where do we go from here?

- Need to develop specific, actionable and measurable plans and goals
- Consultation, engagement and feedback

Makes it difficult to learn about and share best practice
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Housing – meeting the challenge
The desire to age in place

- Older people typically want to maintain autonomy as they age.
- This includes a desire to stay in their homes.
  - Rural older people more likely to be home owners than urban counterparts (81% compared to 68%).
- Where a move occurs, there is a strong desire to stay within their local community.
The size and shape of the challenge (1)

There is a significant unmet need for support with ADL

- More than a third of 65+ rural residents have difficulties with the activities of daily life (ADL). Rates of people experiencing difficulty increase with rurality; 34% amongst significantly rural areas to 37% of Rural-80 residents.

Challenges around provision and take-up of in-home services

- High cost of in-home services: travel/opportunity costs, unproductive staff
- Cross service coordination: when services don’t join up well there can be severe implications for older people (e.g. staying in hospital)
- Declining numbers of volunteers and informal carers: at a time of increasing demand
- Barriers to take-up: limited awareness, misconceptions and low expectations
The size and shape of the challenge (2)

Staying in the community is problematic with insufficiently varied housing stock

**Older users don’t tend to plan for future housing needs**
- Often waiting until pushed by health or urgent circumstance
- Lack of appropriate housing stock to respond to changing needs
- Tensions between building sustainably and efficiently
- Market barriers
- Attracting private developers
- Resident resistance

We’re expecting a 100% increase in the over 80 year olds in the next 15 years and that puts a huge amount of pressure on where they live. The trouble we’ve got now is we haven’t got the housing stock. Craven, District, Housing

People themselves don’t see the need for [for a full spectrum] of housing options, but we know it makes all the difference. We need public education to think about what they need. Herefordshire, Unitary Authority, Housing/ Health
## Responding to the challenge

<table>
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<tr>
<th>In home</th>
<th>Staying in the area</th>
<th>Where do we go from here?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of successful measures to meet the needs of older residents in-home:</td>
<td>Service designers and deliverers are employing a range of activities to improve housing options:</td>
<td>Increasing appropriate housing stock and enhanced availability and take-up of home based support.</td>
</tr>
<tr>
<td>- Promoting service accessibility</td>
<td>- User needs-mapping</td>
<td>- Increased integration and coordination</td>
</tr>
<tr>
<td>- Timely and fast response</td>
<td>- Housing purchases</td>
<td>- Further needs mapping and community planning</td>
</tr>
<tr>
<td>- Individual service branding (but with consequences for service navigation)</td>
<td>- Working with developers</td>
<td>- Alive to tendency not to plan ahead</td>
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<tr>
<td>- Informal care</td>
<td>- Public engagement activities</td>
<td>- Alternative funding and delivery structures</td>
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Responsiveness and flexibility, fostered by a range of supporting activities, are crucial to ensuring the right support and services are available for older residents. These activities include:

- **User needs-mapping**
- **Housing purchases**
- **Working with developers**
- **Public engagement activities**

Increasing appropriate housing stock and enhanced availability and take-up of home-based support is also essential. This includes:

- **Increased integration and coordination**
- **Further needs mapping and community planning**
- **Alive to tendency not to plan ahead**

Where do we go from here?

- **Alternative funding and delivery structures**
Transport – meeting the challenge
The private transport challenge

Private transport gives older residents independence and access. Losing it contributes to isolation and impacts engagement with services

- Older rural residents are highly reliant on private transport
- 65+ in rural areas are more likely to have access to a car than urban counterparts at a ratio of 1.5 to 1

- Older people in rural areas are far less likely to use public transport than those in urban areas
  - 17.5% compared with 37.5%
- Those aged 50+ in Rural-80 areas were 75% less likely to use public transport

Losing private transport signals a crisis point for older service users as public transport is not there to meet the new demand

*We end up doing an awful lot of home visits just because the patients can’t get here on public transport. People who are physically capable of getting here but can’t.*

*Herefordshire Unitary Authority, Health*
The public transport challenge

<table>
<thead>
<tr>
<th>Buses</th>
<th>Issue</th>
<th>Implication</th>
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<tbody>
<tr>
<td></td>
<td>▪ Infrequent</td>
<td>▪ General reduction in engagement</td>
</tr>
<tr>
<td></td>
<td>▪ Inconvenient or inaccessible</td>
<td>▪ Difficulty accessing vital services</td>
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<td></td>
<td>▪ Timetabling or route mis-match</td>
<td>▪ Effects level of social engagement</td>
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<td></td>
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<tr>
<td>Taxis</td>
<td>▪ Affordability</td>
<td>▪ Cost means that this is not suitable as a long-term strategy</td>
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<tr>
<td>Informal</td>
<td>▪ Over reliance on precarious volunteer base</td>
<td>▪ Unsustainable over the long-term as communities change</td>
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<tr>
<td></td>
<td>▪ Availability of appropriate drivers</td>
<td></td>
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<tr>
<td>Bookable service</td>
<td>▪ Low awareness</td>
<td>▪ Not fully meeting the need the schemes were designed to</td>
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<tr>
<td></td>
<td>▪ Reluctance to use/ change habits</td>
<td></td>
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<tr>
<td></td>
<td>▪ Cost</td>
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Ways forward

**Strategies to address transport barriers**

- Awareness raising and breaking habits
- Signposting services at critical moments
- Helping to keep people (safely) independently mobile
- Reducing the need to travel to services
- Alternative transport options for health services
- Exploring feedback and reasons for cancellations
- Training for providers on helping less mobile users
- Prioritising adverse weather measures
- Attempting to embed services via volunteer provision

**Where do we go from here?**

- Proactive communications and signposting
- Linking with overall community planning initiatives
- Bring services to users
- Linked up working
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Health – meeting the challenge
The health challenge

Older rural and healthcare needs
- Tendency not to voice healthcare needs
- Some even avoid seeking care in moments of health crisis
- Partly a function of positive experiences but also inclination to ‘make do’ and fear of implications of ageing on health
- Lack of protective planning has significant implications for providers: more intensive, immediate, invasive and complex responses required
- Transport issues present issues with service engagement and access

```
Last week, just to pick up a prescription – jump in the car, off you go, bob’s your uncle but if I didn’t have a car, how would I get there? That would be a big worry. 64, Female. Village hamlet and isolated dwelling. Herefordshire.
```

Health and rural older people: Vital statistics
- Around a third of 65+ rate their health as bad or very bad
- 2 in 5 report living with limiting long term illness
- There are proportionately fewer medical facilities than in urban areas
- Fewer than half of rural primary care trusts have round the clock community nursing for end of life care
Ways forward

How are challenges being met: guiding principles to localised planned response

- Promoting accessibility by:
  - Decentralising
  - Offering preventative services in GP surgeries
  - Delivering services to users’ homes or locally
  - Opening up self-referral
- Taking a user-focussed approach
- Providing ‘joined-up’ integrated services

Where do we go from here?

- Improve flexibility and accessibility
- Identification and screening programmes
- Holistic assessment, engagement, referral and signposting
- Joint integration and coordination between services
- Consumer-directed
Conclusions and Implications
### Conclusions and implications (1)

<table>
<thead>
<tr>
<th>Significant financial constraints</th>
<th>Recognition of the particular rural challenges</th>
<th>Build on emerging creative solutions</th>
<th>Services in ‘crisis’, presentation to implications for serious and own expense and themselves, often at tendency to ‘fend for’ themselves of</th>
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<tr>
<td>Lack of service integration</td>
<td>Intervention unplanned emergency harm and harm to older people at risk</td>
<td>Increasing intervention needed to avoid learning integration needed</td>
<td>Mindfulness of</td>
</tr>
<tr>
<td>Active and valuable but don’t vocalise need or plan</td>
<td>Local authorities at beginning of journey</td>
<td>Centric user and context plans and measurable specific, actionable</td>
<td>Need to develop</td>
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<td>Conclusions and implications (2)</td>
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<tr>
<td><strong>Population and community make-up changing with implications for services</strong></td>
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<td></td>
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<tr>
<td>- Maintain and foster diverse communities to meet volunteer and skill needs</td>
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<thead>
<tr>
<th><strong>Ageing in place</strong></th>
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<tbody>
<tr>
<td>- Sizeable challenge with significant implications for housing stock</td>
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</table>

| **Evidence of transport innovation but variable and insufficiency** |
| - Health services transport to access and signposting to range |
| - Proactive mapping and affordable and signposting |

| **Delayed presentation and trade-off between range of care and specialist care** |
| - Not on the doorstep access to services and support with available services |
| - Screening for 'hidden' health issues |

| **Nudging residents to plan for need ahead** |
| - Proactive community planning |

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What did reporting look like – and how did that work?

Benefits?
For client? For agency?
2013 Rural Ageing Research
Summary of Findings
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Introduction

This report presents headline findings from Defra’s 2013 Rural Ageing Research project.

This mixed-method research – conducted by TNS BMRB in conjunction with the International Longevity Centre (ILC) – explored the impact of ageing populations in rural areas for service design and delivery.

Why was this research conducted?

Although rural communities have much to offer, social isolation is a growing concern, and where poverty and deprivation do occur they can pose real problems for older rural residents.

Older people also suffer most from the loss of local services and the high cost of living.

In light of these challenges, Defra is developing policies and programmes intended to support local strategies for the protection and improvement of services.

Defra commissioned this research in order to further understanding of older people’s needs – in order to help ensure that policies and solutions address them.

Specifically, research explored:

- The social profile of older people
- How they use rural services
- Older residents’ needs – and any challenges and barriers to meeting these
- Where Local Authorities are in terms of forming and acting on cohesive ‘rural ageing’ strategies
- Evidence of good practice and innovation

How was data collected?

Multi-method research was conducted iteratively over several stages. Research explored the issue of rural ageing from a variety of angles, with each data strand feeding into the next – to develop a more ‘holistic’ understanding of the problem, implications for design and delivery.

For example, the Evidence Review helped identify issues related to rural ageing, placed these against urban comparisons, and provided useful early direction about potential key issues of interest - highlighting the areas of housing, health and transport as service areas to focus on for later research. But quantitative research alone can’t speak to the full range of issues people experience ‘on the ground’ that might not be picked up in existing survey data. Likewise, qualitative research (with service users as well as designers and deliverers of services) provided a grounded, ‘real life’ picture of the rural ageing challenge, what life is like for older rural residents, and considerations for trying to meet their needs. However, it is not a representative sample of the older rural population at large.

In response, validation was provided through the workshop discussion with stakeholders in the National Learning Lab – which checked to see if findings from other research elements resonated with their own experience, and extended findings further by adding their own views to the mix.

This report includes data and analysis from all 5 strands of research, including:

- An Evidence Review - including a literature review and secondary data analysis of the 2010 English Longitudinal Study of ageing (ELSA) and the 2009/11 Life Opportunities Survey.
- A Policy Review of 15 English Local Authorities (LAs) - utilising desk research, and input and review by the LAs about the specific plans and policies related to service provision for older users - to ascertain the extent to which LA planning encapsulates the concept of ‘rural proofing.’
- Qualitative research with service designers and deliverers
- Good practice case studies developed from the above
- A National Learning Lab held in September 2013 with representatives of government, charity and community service providers.
Introduction

**What’s included here?**
This report provides an overview summary of key findings, drawn from across the research as a whole. Combining insight across all stages of research, we have drawn out key general challenges around service delivery in rural areas, key issues to keep in mind when providing for older rural populations, and specific insights in relation to the key service areas of housing, transport and health. Throughout, we’ve included some voices from the field and case studies of good practice and innovation.

*Evidence Review*: http://tinyurl.com/p5w9lme
*Qualitative Research*: http://tinyurl.com/ovqt5h
*Good Practice Case Studies*: http://tinyurl.com/osrn7e9

Where can I find out more?
Beyond the summary information in this report, there is a wealth of further information provided separately for readers with specific questions or interests. In each chapter, check the guidance (under the chapter title) to see where data is drawn from in case you want to find out more.

*Interim reports from specific research strands are available on the Defra website.*

**Support for service providers**
Defra’s Rural Communities Policy Unit (RCPU) is the centre of rural expertise within Government, and is able to advise policy makers across Whitehall Departments on the likelihood and possible scale of rural impacts. The RCPU can provide up-to-date information on rural areas and access to key rural stakeholders. National level guidance is available for rural proofing as a source of information and advice for policy makers, service planners and delivery agents. Defra have also developed a suite of local level rural proofing materials, with the aim that guidance will help local decision makers to rural proof local policies and practices.


For help with rural evidence and statistics, the RCPU’s economists, statisticians and research experts are available to help. The Statistical Digest of Rural England provides a wide range of useful statistical data on the issues affecting rural England, with the Rural/Urban Definition (England and Wales) and Local authority rural - urban classification available to help examine the differences and similarities of rural and urban areas. If you work for a Central Government Department and would like help and advice on rural proofing, or would like to consider hosting a Rural Proofing Workshop with Defra’s help – please email rural.communities@defra.gsi.gov.uk

*https://www.gov.uk/government/collections/statistical-digest-of-rural-england*
***https://www.gov.uk/government/collections/rural-urban-definition*
Key Finding
Lower economies of scale, higher per-capita costs, and increased costs of travel means funding doesn’t stretch as far in rural areas – at a time when services are under increasing financial pressure.
Service providers must use limited funding pots to meet the needs of their older populations, other vulnerable populations, and the community at large. Meanwhile, voluntary and community sector budgets are tight, and shrinking volunteer bases mean needing to do more with less.

Implication
Rural friendly government policies and funding structures are required which recognise the challenges of lower density and greater distance. A one size fits all policy or funding approach won’t address rural need. For example, rural areas are inherently ‘outliers’ to policies based on averages – and the ‘digital by default’ will be challenging to deliver given barriers around broadband access and user take-up.
There is also a need to build upon emerging examples of creative solutions at the service level – e.g. resource sharing across local authorities, and increased collaboration with and between the voluntary and community sector. We must overcome the ‘communication gap’ and share good practice and service solutions.

Key Finding
Although older rural residents are active and valuable members of rural communities, many also face significant challenges – and often aren’t acting upon these or voicing need to service providers. Unlikely to plan ahead, engage with preventative care, or seek early intervention, older residents often present to services at moments of crisis and with increased complexity.

Implication
Service providers need to keep in mind older users’ reluctance to seek help – and, at times, to interface with services. In addition to services that cater for crises and provide urgent response, service providers should ideally undertake holistic assessment, referral, and signposting to meet users’ need – working within and across services (public, voluntary and private).
Summary

**Key Finding**
Most rural local authorities are only at the beginning stages of understanding and responding to older users’ specific needs. Although local authorities are typically aware of the challenges presented by ageing rural populations – and the ‘spirit’ of rural proofing informs general service analysis and development – there is little evidence of a coherent, strategic response or documentation of targeted, actionable goals. This can make it difficult to know whether, and how successfully, needs are being met.

**Implication**
At all levels - from Council to service-level design and delivery – providers need to develop specific, actionable, and measurable plans/goals for meeting the needs of older rural populations. Services need to be user centric, reflect local context, and be responsive to local need. Consultation, engagement, and user feedback activity with older populations can help ensure that service plans are targeted and fit for purpose.

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**Key Finding**
Overall, lack of service integration can result in inefficiencies or support gaps.

**Implication**
Increased integration and coordination between services are needed to avoid leaving older rural residents at increased risk of harm and unplanned emergency care; and inefficiencies in service provision and not using taxpayers’ money effectively.
Summary

Key Finding
Challenges in service provision can be exacerbated by unequal population distributions due to high retention of older communities and low influx of families and younger residents – which can result in volunteer shortages, lack of local care staff, and loss of community services.

Implication
Rural local authorities need to be mindful of the need to maintain diverse rural populations through proactive community planning. This may require innovative solutions and linked-up working to retain key services such as local schools and shops to ensure the ability to attract a wide range of residents.

Key Finding
In order to facilitate ageing in place – in users’ home and/or local area – there is a need for increased availability of appropriate housing stock, as well as availability of home-based care, support and adaptations. Where solutions are currently available, user reluctance around planning for future need can inhibit take-up – until pushed to by circumstances.

Implication
Service providers should be alert to older users not planning for future housing needs. This requires service providers to try to nudge residents to plan and respond to crises when they occur. Proactive community planning is needed to address current shortages and ensure the future availability of needed stock (e.g. Neighbourhood Development Plans). This needs to include neighbourhood and community engagement, development of innovative solutions, and creative collaboration with developers.
Summary

**Key Finding**
Reliance on private transport until loss of licence – and a range of barriers around public transport use – can result in limited access to basic services, reduced social and civic participation, and reduced engagement with health services. Although there is evidence of innovative community and voluntary sector solutions, availability is variable and gaps remain. Lack of transport access can also raise serious financial and practical issues for health and social care providers by necessitating home visits to meet users’ needs.

**Implication**
Service designers and deliverers must recognise that the loss of independent transport can pose a key risk moment for older residents. Proactive mapping, signposting of alternative transport, and linked-up working for efficient provision is required – as is tailoring provided options to overcome barriers to use.
Alongside this, reliable and affordable transport access to health services must be maintained.

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**Key Finding**
There are a range of barriers to older residents voicing need, seeking preventative treatment, and at times even accessing the acute care required – resulting in presentation in critical moments. It is difficult to provide the full range of care within rural communities whilst retaining quality and specialist skill. High travel costs are unavoidable – both for providers in delivering home care, and in terms of users travelling to specialist care.

**Implication**
Signposting the range of services available (e.g., social care, transport assistance, etc.) and improving the flexibility and accessibility of services (in terms of services provided, and transport access to these) is required. As elsewhere, integration and coordination is also required to ensure user needs are identified and met. Proactive identification and screening may be required for more ‘hidden’ user health issues, and to prevent delayed presentation.
Why consider rural ageing?

Introduction
Ageing is on the agenda in the UK, as the older population continues to rapidly grow in size. 19% of England’s population is defined as Older (60/65+), and the fastest rate of UK population growth is amongst the oldest age groups (aged 85 and older). The older population is also growing faster in rural areas. There is also evidence that older populations pose disproportionate challenges for rural areas compared to their urban counterparts. Nearly a quarter of older people live in rural areas, and the older population is increasing more quickly than in urban communities.

As they age, older rural residents’ requirements for costly and resource intensive services such as Health, Social Care and Transport are likely to increase. Service planners in rural areas face a dual burden – trying to efficiently and adequately provide services to a demanding and potentially vulnerable population, but needing to do so in an era of austerity and deep funding cuts.

This research was commissioned in order to better understand the challenges posed by rural ageing – in general and in terms of specific key services of Housing, Transport and Health – and ways to meet these.

The older population in rural and urban areas

<table>
<thead>
<tr>
<th>UK Population</th>
<th>Total UK</th>
<th>65+</th>
<th>Projected increase 65+ (2011-2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>18%</td>
<td>76%</td>
<td>+29%</td>
</tr>
</tbody>
</table>
Older residents: what do you need to know?

This section reflects findings drawn from all stages of the research, particularly the qualitative research with older rural residents and service designers and deliverers, as detailed in the qualitative research report. Findings were further validated and extended by stakeholders at the learning lab. Any specific statistics included are drawn from the evidence review.

Key findings

As a group, older people in rural areas have some socio-demographic advantages over their urban counterparts in terms of average income and education levels. They are more likely to be physically active and report fewer mental health problems overall. Older people can also be a strong resource – economically and socially invested in their local communities, with high volunteering rates.

Although older users tend to want to age in place, they are unlikely to be proactive in terms of arranging support they need to do so.

A variety of barriers exist for many in this population group around voicing unmet need, seeking out services for challenges faced, or considering future support needs.

Lack of forward planning can result in presentation to services only at critical moments, complicating service designers and deliverers’ ability to plan for and respond to user needs. So service providers have to be reactive rather than strategic and proactive, which can often be more expensive and carries increased risks of lack of integration.

Service designers and deliverers may need to ‘go to users’ via consultation, proactive identification of need, and cross-service signposting. Cross-referral may be required when users present in critical moments of need.

Pockets of relative advantage

In some ways, older people in rural areas are better off than their urban counterparts. Secondary data analysis shows that overall, they have higher incomes, are less reliant on means tested benefits, have higher education levels, and are more likely to hold private pensions and income from assets.

As a group, older residents also experience better mental health – including lower rates of depression – and higher levels of physical activity than urban ones.

However, it is important to remember that potentially rosy picture belies significant challenges – and pockets of deprivation as well as advantage. 18% of all older people in rural areas live below the poverty threshold.

Education, income and exercise levels of rural versus urban residents

<table>
<thead>
<tr>
<th></th>
<th>Rural 50</th>
<th>Rural 80</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post secondary qualifications</td>
<td>28.8%</td>
<td>30.6%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Main income derived from private pensions/assets</td>
<td>37.2%</td>
<td>27.8</td>
<td></td>
</tr>
<tr>
<td>Exercise regularly</td>
<td>70.7%</td>
<td>*</td>
<td>63.0%</td>
</tr>
</tbody>
</table>

*Increases to 68.3% in significantly rural areas

Source: 2010 English Longitudinal Study of Ageing.
Older residents: what do you need to know?

**Older residents as a resource**

There is also no doubt that the *older population can be a hugely valuable resource in rural areas*, representing significant social capital.

Many older residents are strongly *invested* in their communities, and heavily represented in the rural *volunteer population* – both in terms of formal involvement with community organisations or volunteer efforts as well as via providing general support to friends and neighbours.

Many older residents spoke of needing less from public services because they instead *looked out for each* other as neighbours and lent a hand themselves when they could.

However, this community-level support is a finite and variable resource – and reliance on voluntary or community level solutions to fill gaps an incomplete solution to the problems of rural service provision. Increasingly, there are issues around the *sustainability of relying on an ageing volunteer population*. There is also some concern – conveyed by users and deliverers of services who we interviewed, and Learning Lab representatives – about whether this ‘community orientation’ in rural areas will filter down in future generations as new residents move in.

Over 30% of people aged 65% in rural areas volunteer at least once a year...

...compared to only 20% of older people in urban locations.
Older residents: what do you need to know?

Underpinning these attitudes were typically **low expectations of rural service provision**. Many older service users felt that they had knowingly made a choice to live in the location so could not complain about the shortcomings. Additionally residents often expressed strong attachment to their local area and felt that the broader benefits of rural living far (e.g., geography, beauty, community) outweighed the drawbacks of sparse service provision.

Older residents also often **preferred to rely initially on informal community networks** (e.g. friends, family, church) rather than call on more formal support services – particularly among those who had lived in their area for a considerable time. However, newer residents were often less familiar with their neighbours and wider community, and less likely to feel that this community-level support was available to them.

Additionally, there were some **suggestions that these informal networks were weakening** – eroded by an influx of residents who were unfamiliar with the ‘rural community’ way of life, or by the loss of communal meeting spaces by the closure of public services such as post offices.

Older residents often had limited awareness of services and found them **difficult to identify and navigate**. For those willing to seek out information, there was interest in making it easier to understand the range of services available to them in a local area. However, access points and marketing for many services had moved online – often shutting out older service users who were not internet-literate.

Additionally, although service users did not mention it themselves, it was noted within the providers sample that some users may have a **fear of social services intervention** and what the consequences might entail.

Why does it matter?

The range of barriers identified above can lead users **asking for support from services only at ‘critical moments’** (e.g. upon loss or mobility, health emergencies, or events such as loss of a partner) **with a multiplicity of complex needs**.

This can present serious challenges in terms of planning for and delivering services for this group. Urgent response is often required, and providers need to be conscious that users presenting with one need may have vulnerabilities in a variety of areas and need signposting and engagement support.

New needs on the horizon?

Of course, there is no one ‘type’ of older service user – needs are variable and shift over time. Service providers expressed some concern about planning for changing need – particularly given that the **new generation of older residents from the ‘baby boomer generation’** who would be likely to start requiring support in the near future. There was some feeling that this group’s expectations around service delivery are likely to be significantly more demanding than the previous generation and advance planning for this is required.

What needs to happen now?

Providers must be aware that proactive identification and engagement with older service users **is required** given the range of barriers around articulating current need and planning for future needs related to ageing.

Contingency plans are also needed to deliver services which are currently being delivered by volunteer networks.

**Case study**

The VIP (Vulnerable Person’s Intervention Partnership) project is operated by Social Services in conjunction with the Fire Service for vulnerable people including the elderly. Social Services identify a vulnerable person, they refer the Fire Service to conduct a free home safety check. Whilst in the home, they identify any other service needs using a checklist and send the information to the appropriate agencies or organisations.

"It’s difficult to say really, because if you haven’t needed it yet... you’re not quite sure what you’ll need in the future"

92, Female, TF Sparse, North Norfolk
What are the general challenges of delivery in rural communities?

This section triangulates findings from all stages of the research. Principally drawing on the qualitative research with service designers and deliverers, the findings are also supported by the evidence review and stakeholders at the learning lab. Obviously, there is no one type of ‘rural area’ – the local composition, geography, and challenges of rural communities differ significantly from area to area. However, across the areas represented in the research some key issues were repeated.

**Key Findings**

Ensuring older users have access to appropriate services poses a range of common challenges for providers - primarily related to lower economies of scale, higher per capita costs and increased travel and opportunity costs. These general challenges are further exacerbated by:

- A shrinking funding base and general financial pressures.
- A perception by service providers that government funding models and the costs of securing funding are not sensitive to rural services.
- The importance of maintaining diverse communities in rural areas.
- Fragmentation of demand within both the whole rural community and older rural populations.
- Barriers around efficient online service delivery due to the limitations of computer literacy or limited broadband access in rural areas.
- The cost of providing information - and some services - across multiple platforms and formats.

**Two key challenges of rural service delivery**

Both rural service users and service designers and deliverers represented in this research indicated that older residents have a strong preference to age in place – in their rural community if not in their home itself. Given this preference, designers and deliverers will often need to bring services to users.

However, our research highlighted some general challenges of rural service delivery which make rural service delivery difficult. These challenges are typically only exacerbated when providing for older residents specifically. Two key challenges emerged, particularly for sparser areas:

1. **Lower population density** impede delivery; and
2. **The “penalty of distance”** – the travel costs users involves higher travel costs.

The issues above can be particularly problematic in terms of ensuring older users have access to adequate public transport as well as vital health and social care services.

See later chapters for exploration of specific challenges of rural service delivery across three key areas: Housing, Transport and Health.

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For us it’s really a case of us having the resources to go out and see people [and] the cost of travel to actually go out. So having the ability to travel ...is certainly for us a barrier. Staff in our team that cover the rural areas may take a whole morning out of their workload... because of the time taken to travel to and from

Herefordshire, Unitary Authority, Health

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Department for Environment, Food and Rural Affairs
What are the general challenges of delivery in rural communities?

**Maintaining community diversity**

The difficulty of maintaining services to diverse communities within rural areas is an additional overarching challenge facing service designers and deliverers - particularly the demands of rural-urban migration and problems associated with reducing numbers of workers, taxpayers, volunteers and informal carers to support the needs of older residents.

The consequences of uniformity in communities were wide ranging, and reported to include:

- **The creation of 'elderly ghettos'** if communities do not maintain and/or attract populations of families and younger people – this could result in areas with extremely high levels of older residents but few other resident types to support them and ensure community sustainability.

- **Difficulties in attracting staff** for careers that service older populations, because of the relative scarcity of those of working age and the low wages and status of caring jobs.

- **Higher investment and resource costs for services to source appropriate volunteers** within this diminishing volunteer pool.

**Fragmentation of Demand**

Rightly, service designers see their roles as

Craven, County, Transport

Rightly, service designers see their roles as

Rural areas are not made-up of homogeneous communities – rural communities within populations are also becoming more and more diverse.

This diversity results in many different groups seeking different bundles of services and further fragmentation of demand within already constrained conditions.

It's not possible to meet all the needs of the whole community in North Yorkshire because there's so many different, competing needs, but we do the best we can with the resources we have.
Do we have a coordinated response?

Key Findings
- The extent to which rural authorities conduct formal rural proofing for older populations is mixed.
- Overall, although many challenges have been identified, there does not seem to be a coherent and consistent response about how to meet older residents' needs.
- Plans included in the policy review tended to cover both rural and urban areas rather than providing 'standalone' rural plans, making it harder to know whether and how well challenges are being identified, planned for, and met.
- The 'spirit' of rural proofing however often informs service analysis and development. Rural areas do typically include some strategies for older people – if not always explicitly.
- At present, there is little consultation taking place with the older rural community to inform or adjust service strategies. Most councils have used proxy measures (e.g. general demographic data) rather than direct engagement of older residents.

As part of this research, we surveyed 15 local authorities to understand current strategies for understanding and meeting the needs of older residents in their areas. We also spoke to a range of service designers and deliverers in our National Learning Lab.

Ideally, in order to provide targeted and responsive solutions to the challenges of ageing in rural areas, local authorities would:
1. Have a clear understanding of the specific, contextual challenges for their area and older population,
2. Have a clear and documented strategy for responding to these – including specific actionable goals, and
3. Be moving towards verifiable process on these.

Are local authorities planning for rural ageing?

This research suggests that most Councils clearly recognise the challenges of rurality with regard to providing services for older people. Service designers and deliverers were widely aware of the disproportionate representation – and impact of – older residents, and were grappling with the best ways to manage increasing pressures placed on rural public services by older populations.

However, the extent to which authorities are conducting formal 'rural proofing' is mixed. In general, we found limited evidence of systematic rural proofing of older people’s services, although the 'spirit' of rural proofing has informed service analysis and development in a number of Councils. A number of local authorities have also reflected some of the underpinning principles of rural proofing in planning and service development.

Most local authorities have developed overarching strategies that focus on older people – often part of plans for responding to particular pressures (such as rising health and social care costs) alongside general plans for delivery of mainstream services for older people.

These strategies tend to cover both urban and rural areas within a local authority's remit, rather than consisting of standalone 'rural plans' – making it harder to understand whether and how the challenges of rurality are being addressed in practice.

Although local strategies did often mention older residents – including discussion of linkages between overall services and older peoples' services – the degree of documentation of this as a specific issue varied greatly between authorities.
Do we have a coordinated response?

Do older residents have a voice?
Many local authorities carry out some form of consultation activity with older people when developing strategies. However, there was very little evidence that these consultations tend to directly inform or change the provision of services.

Consultation strategies ensuring a continuing engagement with older people appear to be rare. Councils had occasionally set up older people’s forums where participants could voice concerns regarding services, but again it was unclear how much these fed into policy channels.

How are Councils solving the challenges?
Some Councils took a proactive approach, developing recommendations that, if established, would immediately begin to tackle some of the specific issues older people face in rural areas. These recommendations included the commissioning, for example, of ‘village agents’ to provide advice to older people in places with little access to services.

Other local authorities took a broader approach to the problems facing older people in rural areas, highlighting a range of issues such as service gaps and a lack of extra care housing. These strategies, while highlighting the challenge of delivering services to rural areas, usually provided no testable solutions for dealing with the problems they found.

There was very little evidence that corporate level plans were actually delivering service improvements for older people in rural areas. The nature of the challenge was often described, but the extent to which services had changed, and any real impacts these changes had on older people were absent. This may represent the complexities of establishing baselines in these policy areas but without a clear analysis of the problem, accompanied by some measures to establish what good looks like and whether it is being achieved.

This was true for nearly all the Councils examined, who gave no clear sense of what good looks like for older people across (housing, transport and health). Comparisons of outcomes for older people between urban and rural areas were also not identified. Population analysis often being strong. This can make it difficult to share best practice; impact is difficult to identify and prove.

Combined with this, there is a perception that infrastructure for knowledge sharing amongst planners and providers has decreased – largely due to recent funding cuts which previously supported knowledge transfer and networking amongst providers.

Is there evidence of innovation?
Examples of service innovation which could be applied in other local authority areas were found.

Initiatives had been set up to keep services open that older people used – for example, a rural grants scheme. Developments had been made to services for older people, including making routes leading to priority destinations such as GPs, shops, and sheltered housing easier to navigate.

There was little evidence of innovations to reduce the cost of services to older people in rural areas. Some Councils did acknowledge the need to reduce service costs, and yet there was no specific commitment in terms of developing plans.

The few Councils that did demonstrate innovation in this area did not specifically aim the developments at older people.

Where do we go from here?
- At all levels - from Council to service-level design and delivery – providers need to develop specific, actionable, and measurable plans/goals for meeting the needs of older rural populations.
- Services need to be user centric, reflect local context, and be responsive to local need. Consultation, engagement, and user feedback activity with older populations can be crucial that service plans are targeted and fit for purpose.
What are the general challenges of delivery in rural communities?

Key Findings
This research suggests that older rural residents have a strong preference to age in place as long as possible – if not in their own home, then in their local area. This preference will increase the need for rural housing, and/or adaptive measures and home-based care, that supports independent living for the ageing population of rural England. However, to meet these needs providers need to address:

- The lack of an appropriate range of housing stock and in-home services; and
- Limited awareness, availability, utilisation and integration of 1) personal and social care services provided in-home and 2) home maintenance and adaptation (HMA) services.

Currently, plans and solutions for meeting these housing and social care challenges are often fragmented. However, where successful services employed a range of principles that enabled users to maintain independence and engaged users in efforts to overcome the barriers to service take up.

Ageing in place
Older users typically want to maintain autonomy, self-reliance and independence as they age. This often includes a desire to stay in their homes for as long as possible, with appropriate care and support when required. If and when older people living in rural areas do decide to move they will have a very strong desire to stay within and connected to their local community.

Older people living in the most rural areas (Rural-80) are more likely to be owner-occupiers than those in urban areas – 81% live in owner occupied housing compared with 68% in major urban areas.*

More than a third of rural residents ages 65+ have difficulties with the activities of daily living (ADL). Rates of people experiencing difficulty increase with rurality (from 34% amongst significantly rural areas to 37% of Rural-80 residents).

There appears to be a gap in delivering services to meet these difficulties for rural residents – many of those reporting need are not receiving help. For example, a 6 percentage point gap exists between Rural-80 residents reporting difficulty with ADL (37%) and those receiving help with ADL (31%).**

This section reflects findings drawn from all stages of the research, particularly the qualitative research with older rural residents and service designers and deliverers. Findings were also supported by the evidence review and validated and extended by stakeholders at the learning lab. Specific statistics are drawn from the evidence review.

- Cost of in-home service provision
- Cross-service coordination
- Declining numbers of volunteers and availability of informal carers
- Barriers to take-up of services – due to low awareness, user misconceptions and low expectations.

*Source: 2010 English Longitudinal Study of Ageing
** Source: Life Opportunities Survey, 2011

*This section reflects findings drawn from all stages of the research, particularly the qualitative research with older rural residents and service designers and deliverers. Findings were also supported by the evidence review and validated and extended by stakeholders at the learning lab. Specific statistics are drawn from the evidence review.
What are the general challenges of delivery in rural communities?

**In-home services**

The high cost of in-home service provision for dispersed populations is a key challenge, and results in a range of negative outcomes for service deliverers including higher travel and opportunity costs, as well as higher levels of unproductive time for staff.

**Cross-service coordination**

Services also often don't work together to ensure older users' needs are met. When service delivery is not seamless - during the process of assessment, referral and funding. For example, this can delay delivery and/or fail older people (e.g. delays to essential adaptations and services could have been provided at home). Services need to work together to ensure that older users' needs are met.

**Availability of volunteers and informal carers**

Informal carers play a critical role in providing care and support to older rural populations. However, in conjunction with declining numbers of volunteers the availability of informal carers is declining – coinciding with increasing demand.

As this mis-match between supply and demand worsens, it may reduce the ability of some older people to receive home-based care in a manner acceptable to them.

**Barriers to take-up of services**

Where assistance is available, there can also be issues around take-up of services by those that need them. As discussed in Chapter 5, limited awareness and utilisation of services among older residents is a challenge for service designers and deliverers. Older users may also have misconceptions and low expectations of public services – for instance:

- Older service users expect they will need to privately organise and pay for these services out of their own pocket.
- Publicly-provided or subsidised in home services are viewed as primarily for those with extreme needs - the 'particularly poor and poorly' - and avoided by those who don't believe they fit this criteria.
- A fear of social service intervention exists for some, who therefore prefer private or third sector support over government providers.

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**Rural homes are less likely to be adapted for ageing**

The extent to which older people's homes included modifications to help with current or future mobility needs differs by rurality.

<table>
<thead>
<tr>
<th></th>
<th>Rural 50</th>
<th>Rural 80</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homes that include modifications</td>
<td>31.2%</td>
<td>38.0%</td>
<td>42.7%</td>
</tr>
</tbody>
</table>

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* Source: Life Opportunities Survey, 2011
** Source: English Longitudinal Study of Ageing, 2010 and Life Opportunities Survey, 2011

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**Older residents as carers**

Older rural residents are much more likely than their urban counterparts to provide some form of care to one another - 24% in rural areas compared to 18% in urban locations.*
What are the general challenges of delivery in rural communities?

How are challenges being addressed?

Overall, the policy review identified little evidence of a cohesive response by service designers and deliverers in meeting these myriad challenges. However, where providers were successfully meeting the needs of older residents this was achieved by:

- **Promoting service accessibility** via:
  - Enhanced delivery of services in home; and
  - Removing gatekeeper roles to open up services for self-referral.

- **Timely and fast response** for non-emergency situations in the home.

- **Individual service branding** to get a breadth of brand awareness – which may reduce depth and breadth of brand awareness – which may be reflected in services users' low knowledge of service availability.

- **Informal care arrangements** – commonly provided by friends, family, neighbours and community or church groups – plugging gaps to ensure older residents can maintain their independence and autonomy in their setting of choice.

- By **community businesses** designing services to enhance accessibility and inclusiveness. For example, by supermarkets providing community buses for shopping trips and ensuring extra staff are available on days the community bus runs.

Case study

The Swifts and Night Owls service in North Norfolk is available to residents aged over 65 who require immediate but not emergency assistance, such as personal care, help getting out of a chair or pulling the plug out of the bath. This service aims to prevent emergency admissions and provide peace of mind to older people and their carers.

We’re expecting a 100% increase in the over 80 year olds in the next 15 years and that puts a huge amount of pressure on where they live ... The trouble we’ve got now is we haven’t got the housing stock.

It’s very hard because the same people who long term we’re trying to cater for don’t want more houses to be built. NIMBYism is too harsh, they love the area dearly and so they don’t want more houses to be built or, so that’s a problem, so we’ll be having to build the bare minimum that we can get away with.

Craven, District, Housing

Craven, District, Housing
What are the general challenges of delivery in rural communities?

How are challenges being addressed?

Service designers and deliverers are employing a range of activities intended to help improve the housing options for older rural residents, including:

- **User needs-mapping** and **proactive planning** – for example strategic housing market assessments and Neighbourhood Development Plans.
- Council-level **housing purchases** to fill stock gaps (e.g. full market rented properties).
- **Working with developers** to achieve housing targets. Successful councils utilised/purchased economic expertise from larger councils to demonstrate financial viability of particular schemes, be more assertive with the developers and where sites aren’t viable for older residents obtaining a contribution... to build houses elsewhere.
- **Public engagement activities** and road shows to garner support for new developments.

Where do we go from here?

Increased levels of **appropriate housing stock** to support independent living is required, as is **enhanced availability and utilisation of home based care and support**.

However, there are a number of barriers to older rural residents moving into appropriately supportive housing if and when this is needed, and receiving home based care and support if needed.
Key Findings

- Unsurprisingly, transport accessibility was a critical issue with complex implications for social isolation and health service access. Service users were typically reliant on private transport until forced to give up their licences, usually due to health issues, and expressed a strong desire to maintain their independence in this way for as long as possible.

- This initial reliance on personal transport had a knock on effect on the take up of public transport services, reducing their efficiency and sustainability and ultimately raising barriers around keeping these services running for users’ eventual needs.

- There was evidence of informal private transport arrangements and services provided to fill this gap; however, there were a range of barriers to take-up linked to low awareness, a reluctance to ask for help from ‘strangers’, and the need to overcome entrenched habits in transport use.

- Proactive signposting and other communications are required to increase service user’s awareness of alternative transport options. In the long term, there is a need for joined up transport planning with overall community planning to ensure accessibility for service users and prevent social isolation and related vulnerability.

This section explores issues related to private transport access, bus and other public transport alternatives, and informal or community transport options.

Private transport

Older rural residents are typically highly reliant on private transport to meet the challenges of transport in rural areas, and tend to remain so until forced to use alternatives – usually as a consequence of losing their driving licence.

Independent driving ability is linked to a sense of independence, and the idea of losing this can be scary, often leading to a lack of forward planning for alternative transport options.

However this delayed use of public transport had a knock on effect on the demand for public services making it less likely that they will be available when service users eventually need them.

Service providers and designers noted that loss of private transport access often signalled a key crisis point in older users’ lives, social isolation and access barriers to health services – as providers are required to deliver more in-home visits for those that can’t access services independently. This raises serious financial and practical issues.

We end up doing an awful lot of home visits just because the patients can’t get here on public transport, people who are physically capable of getting here but can’t.

The point is if I hadn’t got a car and I hadn’t got any neighbours to take me about, well I would be lost you see... I don’t know what would happen. I hate to think about it.

89, Male, Herefordshire

VHID Less Sparse, Herefordshire

Unitary Authority, Health
Older service users without private transport face a range of challenges, including:

- Infrequent, inaccessible, unreliable and inconvenient bus services
- For many, lack of affordability of taxis and private hire as an alternative transport option
- Issues around the accessibility and practicality of relying on informal transport arrangements
- Low user awareness and take-up of bookable car and mini-bus services – and the cost of these

**Buses**

Providing an efficient and suitable range of bus routes and timings across rural areas (particularly sparser areas) is an extremely difficult challenge. The overall lower use of and demand for services – exacerbated by older residents’ frequent reluctance to use services until absolutely necessary – meant service providers we spoke to found it nearly impossible to provide the full routes and timetables needed by users.

Adapting bus fleets to the ageing population was also an increasing concern – difficult, expensive, but necessary to avoid excluding those who are less mobile.

Although many rural residents report positive experiences, there is also evidence of a range of challenges in terms of meeting older users’ needs.

These include:

- Buses running infrequently or unreliably;
- Bus stops and buses themselves being inconvenient or inaccessible (particularly for those with mobility issues); and
- Timetabling or route mis-match (e.g., with routes being geared towards school runs rather than daytime shopping, health trips or afternoon/evening social activities)

The reality of limited bus services raises a series of negative consequences for the older service users, including:

- General reduction of engagement with bus services overall
- knock on effects to social engagement and access to vital services
- Difficulty accessing health care – particularly for early morning appointments – and returning home from health visits

*T Source: English Longitudinal Study of Ageing, 2010

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**Taxis and private hire**

Many older residents often paid out of their own pocket for taxis and private hire cars as an alternative mode of transport to vital services such as health appointments.
Informal transport options

Across the research, there was good evidence of rural residents helping each other on an ad hoc basis and communities providing informal transport. However, the accessibility of informal transport options (e.g. lifts from younger residents and family members) for older rural residents – and the practicality of relying on these – can be highly variable.

Our research suggests that older residents without close family or friends nearby are often reluctant to ‘be a burden’ on neighbours or acquaintances. In areas with high population densities of older residents – and few younger residents available.

There were also examples of informal neighbourhood schemes beginning to disintegrate as the volunteer base aged and coordination began to fail.

Bookable cars and mini-bus services

A range of bookable cars and mini bus services were available in many rural areas in the sample – variously run by private companies, government providers or charity and community groups.

They had been developed in response to the aforementioned challenges with bus use and were considered vital by users and service providers in terms of ensuring access to social activities, health appointments and basic services for those with mobility issues.

However, low awareness, reluctance to use and sometimes high cost of these alternative transport options can lead to low take-up by older service users. Changing engrained habits of a car (and, to lesser extent, bus) dependent population to the notion of booking ahead, and of having ‘strangers’ to provide transport services.
Strategies to address transport barriers (cont.)

- Committing to quality measures specifically regarding older users’ needs – for example, providing training for providers on how to help less mobile users.

- Prioritising adverse weather measures. For example, a Craven district transport planner noted that significant effort and planning had gone into ensuring access routes were ploughed during winter snow, in part to help avoid older user isolation in planning budgets to protect the most vulnerable.

- Attempting to embed services in communities via volunteer provision – to minimise trust issues, draw on local community strengths, and help reduce service costs.

Where do we go from here?

- Proactive communications and signposting of services to older users is required in the first instance to help make users aware of what is already available and reduce barriers to use.

- Transport planning needs linking with overall community planning initiatives to build heterogeneous communities which ensure the viability of alternative transport links via the younger populations. Additionally in the short term, to avoid vulnerability and social isolation for those unable to use provided transport options.

- Rural service providers will need to continue to bring services to users where possible, in recognition of current barriers to accessing health services and social activities, particularly for the most vulnerable. Community transport cannot provide a full ‘replacement’ for public transport.

- Service providers may be able to better face challenges of economies of scale by increased linked up working across both the public and private sectors, and
Health – responding to the challenge

This section reflects findings drawn from all stages of the research, particularly the evidence review and qualitative research with older rural residents and service designers and deliverers. Findings were further validated and extended by stakeholders at the learning lab. Specific statistics are drawn from the evidence review.

Key Findings

Designers and deliverers of rural services related to health are faced with a host of challenges, including:

- User barriers, including users not admitting and acting on health need when they should, and the knock on effect this has on service capacity at critical times.
- Issues with transport access necessitate resource-heavy home visits or shifting the burden onto users to travel to services.
- Fractured and fragmented services, with poor interworking between health and social care services.

To meet the increasing health challenges presented by the older rural population, designers and deliverers should aim to:

- Develop services that offer flexibility, are accessible and easy to navigate.
- Continue development of joint working approaches – e.g. between health and social care providers.
- Proactively identify or screen for need in an integrated manner, make it easier for users to voice need, and engage in holistic assessment, referral and signposting as necessary.

User barriers

Service users themselves tend not to identify unmet need from health services, and are also reluctant to discuss challenges around getting the health care that they require. However, unmet need exists – many older rural residents do not seek out preventative health care or even acute treatment, and in some cases avoid seeking care even in moments of emergency and health crisis.

There are a range of reasons why people fail to voice their health needs. These include a reluctance to voice need due to previous positive experiences with health providers – for example, with local pharmacists or GPs. As discussed, older rural residents also tend to display a make do attitude, as well as explicit and implicit fear of emerging age-related health issues.

This lack of proactive planning around health needs, and tendency for older people to present to health services in moments of crisis, poses significant challenges for health services providers. More intensive, immediate, invasive and complex responses are required when many older residents come into contact with services.

Although this situation may not be unique to rural areas, it is important that service providers for older rural people are: 1) aware for the need to prompt/facilitate older people to voice their unmet need; and/or 2) implement identification/assessment schemes to screen for need.

Proportionately, there are lower levels of medical facilities for older people in rural areas compared with urban areas, including GP surgeries, pharmacies, and hospitals.

Less than half of rural primary care trusts have around the clock community nursing services in place to support end of life care.

Health – responding to the challenge

Access and transport

Transport availability, convenience and cost are key barriers to accessing health services for older people in rural areas. For many the centralisation of specialist health services have exacerbated barriers, increasing travel costs and travel times, and the stress of having to travel when ill or when visiting a sick relative/friend.

Service providers are required to manage difficult tensions between the centralisation of specialist and acute health and the provision of proactive preventative, primary and community-based services.

In particular, our research suggests that in designing and delivering services, designers and deliverers must be aware of the need to:

- **Provide information** to patients and the public about: (1) travel to and from hospital and centralised services, including volunteer and community transport schemes; and (2) the trade-off between travel and the benefits of treatment in a specialist centre.
- **Improve flexibility** of appointments to account for rural (public) transport services provided.
- **Address difficulties with the cost of car parking** at hospitals.
- **Work with public transport providers** to improve bus routes and services provided.

Where patients face challenges in travelling to healthcare services, providers should look to the provision of home visits from healthcare professionals. However, due to the greater demands on time and resources of service providers in rural areas this is often difficult to achieve uniformly.

How are the challenges being met?

Although planned responses to improving health services for older people in rural areas were generally localised, where it did occur, the approach was underpinned by the following principles:

- **Promoting accessibility**, achieved by:
  - Decentralising health services from hospitals to primary care settings, or from a centralised design to hub and spoke design.
  - Offering a full range of preventative services in local GP surgeries (e.g. hearing tests, diabetes screening and ulcer checks) – or via virtual wards – to prevent unnecessary hospital admissions.
  - Delivering services to users' homes or more locally, e.g. delivering repeat prescriptions to Post Offices.
  - Opening up services for self-referral to cut out the need for GP referral (and therefore GP appointment).
- **Taking a user-focused approach** to designing and delivering services, to ensure services are tailored to needs but also to enhance service take up.
- **Providing 'joined-up' integrated services** across organisational boundaries.

From what I can gather there is a hospital that does better hearts or one that will do eyes… they all seem to have their own individual thing… for a lot of older people who don’t drive it is hopeless!

55, Female, TF, Less Sparse, Oldham

I ended up with pneumonia, because I couldn’t get into town and a doctor wouldn’t come out to see me - that was bad.

50-59, Female, TF, Sparse, West Devon

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Where do we go from here?

With many more rural residents living longer, there will be a sizeable increase in the proportion of older people living with multiple long-term conditions and frailty and therefore the number of people requiring care and support in the near future.

Going forward, designers and deliverers should aim to:

- Make services as easy to navigate, as possible, so that older rural residents can know what care and support is available and how to access those services.
- Improve flexibility and accessibility of services, in particular:
  - By increasing provision of community-based services.
  - By enhancing availability and utilisation of home-based options; and
  - To account for often inflexible rural (public) transport.
- Prompt older people to voice unmet need, and/or implement proactive identification and screening programs.
- Provide holistic assessment, engagement, referral and signposting – this must include assessment and referral within and between services and sectors.
- Further enact or enhance joint integration and co-ordination between services, particularly health and social care services, and public transport providers.
- Be consumer-directed, allowing older rural residents to have choice and control over their lives and health and when the time comes to die well.
Details of each research element are as follows. In-depth interim findings are available for each of these research elements – see links in Section 1 to find these.

**Evidence review** utilised a systematic analysis of existing literature and secondary data to understand what was already known in the field and where gaps existed.

Following the Civil Service Rapid Evidence Assessment guidelines a tailored list of search terms was applied to the Web of Knowledge academic database and filters were applied to ascertain the key relevant literature. Once the relevant literature had been identified, it was examined to gain insight into service delivery for older people.

Analysis of secondary data of the **English Longitudinal Survey of Ageing (ELSA)** and the **Life Opportunities Survey (LOS)** also informed the evidence review.

Binary analyses were augmented by a variety of logistic regression models, designed to test the relationship between rurality and specific characteristics, while other influencing factors were controlled for.

Through the evidence review three substantive policy areas were identified for further exploration: Housing, Health and Transport.

A **policy review** was undertaken amongst a number of Local Authorities (LA) classified as predominately rural – as well as one ‘comparison area’ which was classified as urban but also included some rural areas – to review policies related to provision of services for older people across: adult social care, public transport, housing, leisure and culture.

The review sought to gauge to what extent each LA’s approach to service delivery encapsulated the concept of ‘rural proofing’. Fifteen (15) LAs (predominantly rural, with one more urban comparison) were randomly selected.

The policy review utilised desk research, and input and review of a performance template by the LAs.

In-depth interviews were conducted with 41 older rural residents and 25 designers and/or deliverers of rural services. Interviews with older service users were conducted face-to-face in their homes, while service designers and deliverers were interviewed by telephone to provide maximum scheduling flexibility and convenience.

Fieldwork was conducted between May and July 2013, with iterative phasing between service user research (May 2013) and interviews with designers and deliverers (June and July 2013).
Methodology

Qualitative interviews (cont.)

The users sample also ensured a mix of gender, income, housing type, health status, mobility level, connection to the internet and typical mode of transport.

Interviews were also conducted with service designers and deliverers. These included a wide variety of public (representing county, district and parish authorities), private and third-sector services in the districts of Craven, Herefordshire and North Norfolk.

The sample focused on providers of services in transport, health and housing, as well as individuals with a role in overall strategic planning for older users in these areas (e.g., county-level planners).

Discussion coverage

Semi-structured discussion guides were developed for use in all interviews to ensure consistency of topic coverage. Separate guides were prepared for sessions with service users and service designers and deliverers.

A wide variety of services were explored in relation to ageing in rural communities. This research focused specifically on transport, housing and health. These service areas were chosen in consultation with Defra and informed by the evidence review.

Analysis Approach

TNS-BMRB’s qualitative analytical approach is inductive – building upwards from the views of respondents – and drawing on researcher observation, in-session notes, audio recordings of research sessions, and interview transcripts. Interviewers initially reviewed transcripts for key themes and patterns.

Ideas and hypotheses were then tabled and debated by the qualitative project team at an internal analysis workshop. The data was then synthesised into a series of thematic charts.

Researchers then interrogated the data using a content analysis approach called ‘Matrix Mapping’ which allows researchers to map the data and draw out key themes and patterns.

Twenty case studies were selected to explore best practice examples of services provided to older people in rural communities. Chosen case studies reflected the principles of rural proofing.

An initial 35 case studies were generated through a review of the evidence review, policy review, the qualitative research phase, desk research and stakeholder interviews.
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