

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'

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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

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.



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.

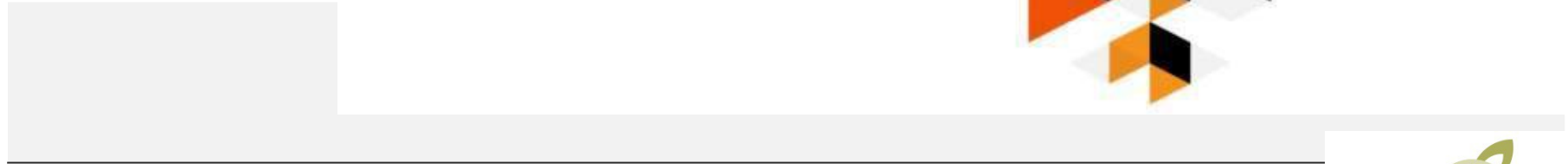
And ongoing collaboration and discussion

- **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 means 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)

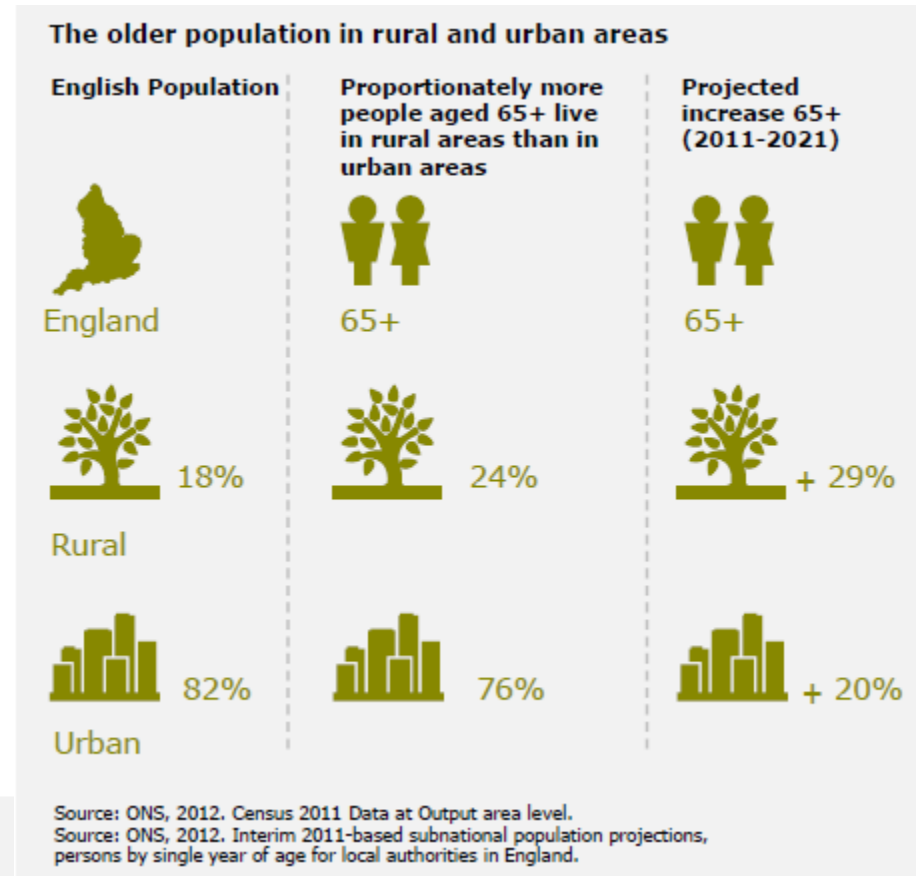
- Barriers to engage with local services can mean that older rural residents often engage with services at 'moments of crisis'
- Lack of transport access can reduce civic and social participation and limit engagement with health services
- There is a need for increased availability of appropriate housing 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!

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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

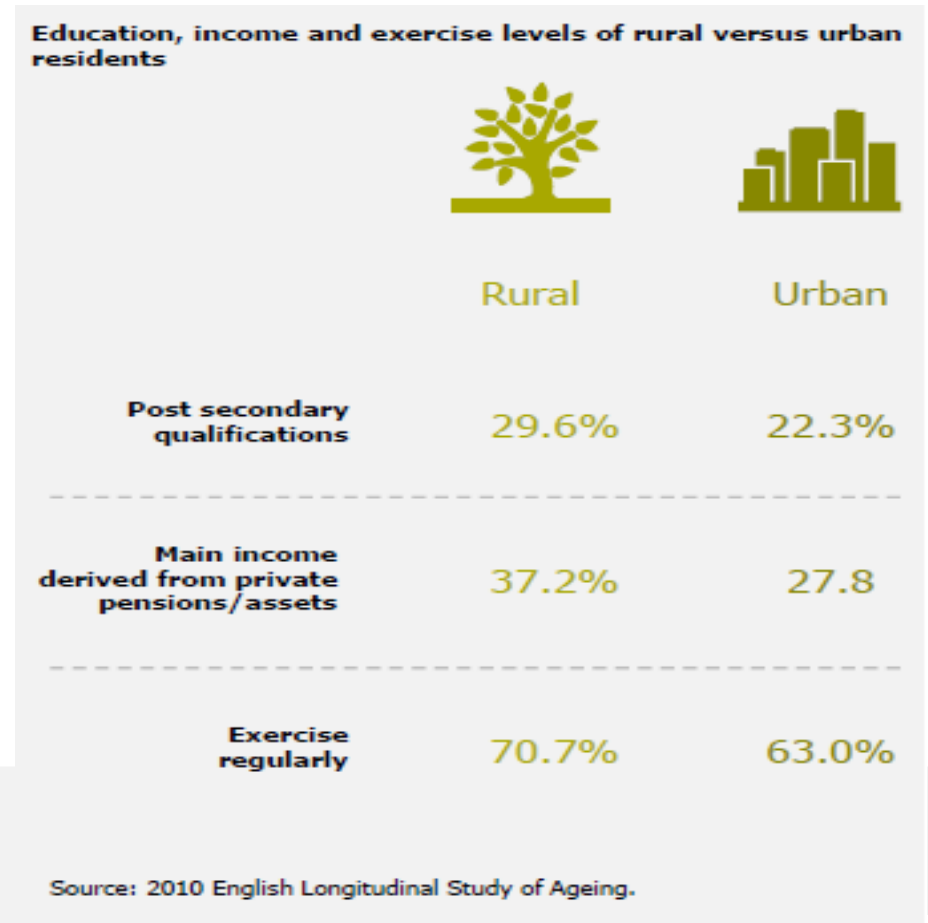


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Older residents: what do you need to know?

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**



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'



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

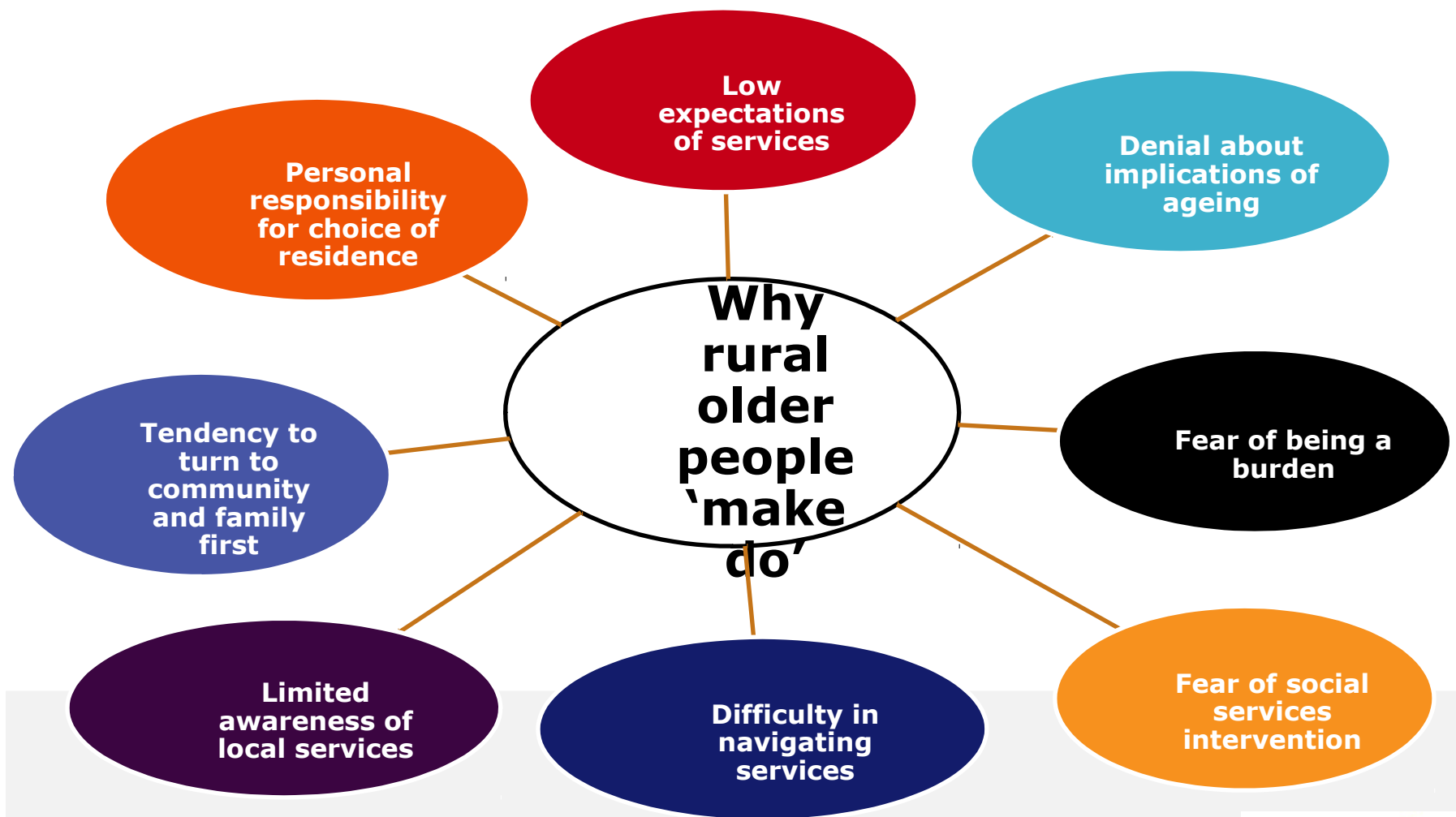


...compared to only **20%** of older people in urban locations.

Source: 2010 English Longitudinal Study of Ageing

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 does it matter?

Engagement at 'critical moments'

- 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

at once

Urgent and

multi-disciplinary

Challenges with informal networks

Unreliable – will the same community orientated attitude and approach be emulated by the next generation of older residents?

Unsustainable – finite and variable and cannot be expected to fill service gaps

Weakening – influx of new residents who are unfamiliar with the rural 'way of life'

New generation, bigger issues

- New generation of older residents from 'baby boomer' group will likely have different characteristics and needs
- Taking a longer view, future older people might not possess a socio-economic advantage and have different attitudes
- Services need to plan for and adapt to changing requirements

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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

Funding and financial pressures

Issues with: sparsity allowances, disproportionate impact of cuts, costs of competition and bidding, charges/ co-payments

Need to maintain diverse communities

Issues with: the creation of elderly 'ghettos', difficulties attracting staff, higher investment and resource costs for services to source appropriate volunteers

Fragmentation of demand

Issues with: communities becoming more heterogeneous, service designers unable to meet all of the different and competing needs

Delivery mode requirements

Issues with: achieving accessible and cost effective information and service delivery across multiple platforms/ difficulty with digital for older rural residents

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

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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

No clear sense
of what good
looks like

**Makes it difficult to learn
about and share best
practice**

Absence of
baseline
data and
testable
s

Where do we go from here?

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

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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)

The challenge of meeting the desire for autonomy is exacerbated by a rural

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

In home

Examples of successful measures to meet the needs of older residents in-home:

- **Promoting service accessibility**
- **Timely and fast response**
- **Individual service branding (but with**

Staying in the area

Service designers and deliverers are employing a range of activities to improve housing options:

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

Where do we go from here?

Increasing appropriate housing stock and enhanced availability and take-up of home based support.

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

consequences for service navigation)

TNS

© NCS 2012

- **Informal care**


- **Alternative funding and delivery structures**

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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

Buses



Issue

- Infrequent
- Inconvenient or inaccessible
- Timetabling or route mis-match

Implication

- General reduction in engagement
- Difficulty accessing vital services
- Effects level of social engagement

Taxis



- Affordability

- Cost means that this is not suitable as a long-term strategy

Informal



- Over reliance on precarious volunteer base
- Availability of appropriate drivers

- Unsustainable over the long-term as communities change

Bookable service



- Low awareness
- Reluctance to use/ change habits
- Cost

- Not fully meeting the need the schemes were designed to

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**

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Conclusions and Implications

Conclusions and implications (1)

Significant financial constraints

- Recognition of the particular rural challenges
- Build on emerging creative solutions

Active and valuable but don't vocalise need or plan

- Mindfulness of tendency to 'lend for themselves', often at own expense and with serious implications for presentation to services in 'crisis'

Lack of service integration

- Increasing integration needed to avoid leaving older people at risk of harm and unplanned emergency intervention

Local authorities at beginning of journey

- Need to develop specific, actionable and measurable plans
- User and context centric

Conclusions and implications (2)

Population and community make-up changing with implications for services

- Maintain and foster diverse communities to meet volunteer and skill needs

Ageing in place sizeable challenge with significant implications for housing stock

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

Evidence of transport innovation but variable and insufficient

- Proactive mapping and signposting
- Reliable and affordable transport to access health services

Delayed presentation and trade-off between range of care and specialist care

- Screening for 'hidden' health issues
- Signposting to range of available services and support with access to services not on the doorstep

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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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 a
- Where Local Authorities are in ter
- Evidence of **good practice** and in



Multi-method research was conducted from a variety of angles, with each d of the problem, implications for design

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.

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.

n and delivery g these ve 'rural ageing' strategies, and

earch explored the issue of rural ageing develop a more 'holistic' understanding olutions.

What's included here?

This report provides an overview summary of key findings, drawn from across the research as a whole.

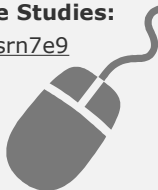
Combining insight across all stages of research, we have drawn out key general challenges around service delivery in rural areas, key issues to keep in mind when providing for older rural populations, and specific insights in relation to the key service areas of housing, transport and health. *

Throughout, we've included some voices from the field and case studies of good practice and innovation.

Evidence Review:
<http://tinyurl.com/p5wdlme>

Qualitative Research:
<http://tinyurl.com/oyqut5h>

Good Practice Case Studies:
<http://tinyurl.com/osrn7e9>



<https://www.gov.uk/government/policies/making-sure-government-policies-and-programmes-benefit-rural-businesses-and-communities/supporting-pages/rural-proofing>
<http://randd.defra.gov.uk/Default.aspx?Menu=Menu&Module=More&Location=None&Completed=0&ProjectID=18130>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223687/pb14005-rural-proofing-guidelines130710.pdf

@ rural.communities@defra.gov.uk

- * <https://www.gov.uk/government/collections/statistical-digest-of-rural-england>
- ** <http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/rural-urban-definition-and-la/rural-urban-definition--england-and-wales/index.html>
- *** <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).

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.

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.



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.



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.

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 over). The older age group is also projected to increase 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

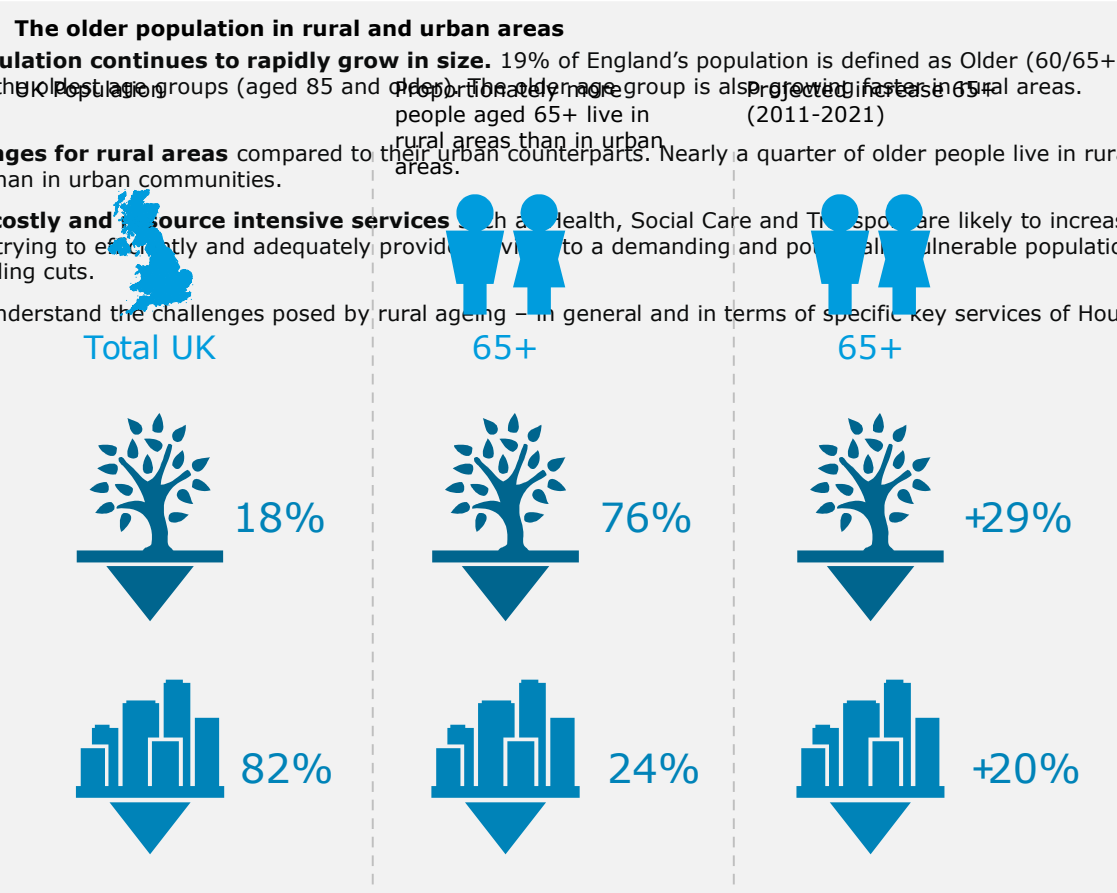
Older population continues to rapidly grow in size. 19% of England's population is defined as Older (60/65+), and the fastest rate of UK population growth is amongst the oldest age groups (aged 85 and over). The older age group is also projected to increase in rural areas.

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Source: ONS, 2012. Census 2011 Data at Output area level.
 Source: ONS, 2012. Interim 2011-based subnational population projections, persons by single year of age for local authorities in England.

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

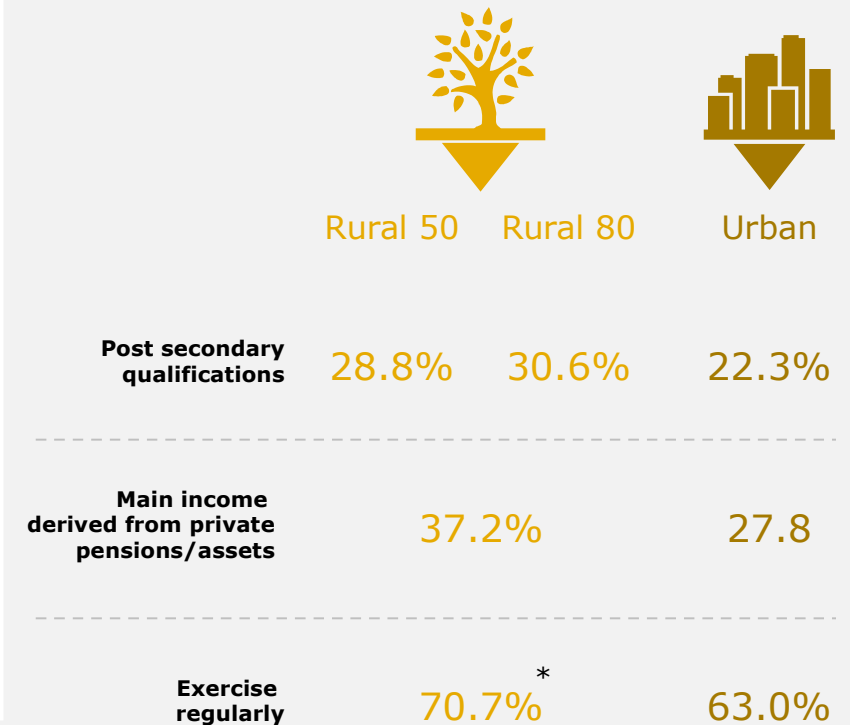
In some ways, **older people in rural areas are better off than their urban counterparts.**

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



*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.



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 m **fear of social services intervention** and what the consequences might entail.



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

Why does it matter?

The range of barriers identified above can lead to users **asking for support from services only at 'critical moments'** (e.g. upon loss of 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.

TNS
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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

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 service delivery which make can make rural when providing for older residents

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

higher per capita unit costs for service owners/villages to rural users service **active time** for staff.

or users have access to adequate public

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

The issues above can be particularly problematic for transport as well as vital health and social

*Herefordshire,
Unitary Authority,
Health*

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

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.

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.

*Craven,
County,
Transport*

Fragmentation of Demand

Rightly, service designers see their roles as

Rural areas are not made-up of homogeneous communities – rural communities with 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.



Do we have a coordinated response?

This section draws primarily on findings from the policy review, supported by views from service designers and deliverers, and validated with Learning Lab stakeholders.

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.

Using intelligence derived from community concerns to inform commissioning is needed.

- 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. However, a holistic approach is needed to avoid unexpected consequences of cost transfer.
- 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.
- Additional sharing of evidence and best practice is also required, in order to develop innovative and creative responses.



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**.

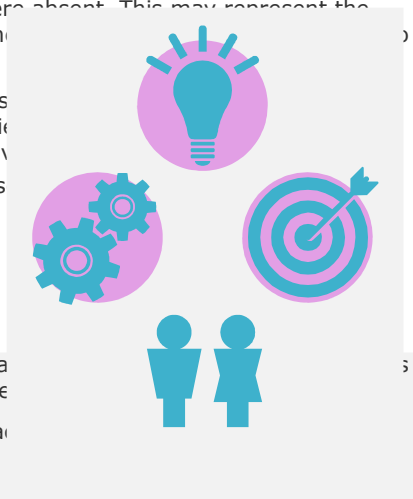
How are Councils solving the challenges?

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 means 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 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 led to services for older people, including making routes leading to priority destinations such as GPs, shops, and sheltered housing etc.

There was **little evidence of innovations to reduce the cost of services** to older people in rural areas. Some Councils did aim 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 help ensure that service plans are targeted and fit for purpose

What are the general challenges of delivery in rural communities?

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.

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 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** includes a **desire to stay in their homes** for as long as possible, with appropriate support. If and when older people living in rural areas do decide to move they prefer to **move 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*

Older rural residents are more likely to be aged in home, including **home maintenance and adaptation** services. However, rural residents to safely and independently continue to live in their homes, including **home maintenance and adaptation** services. Access to these services is particularly important in rural communities. Access to these services is particularly important in rural communities.



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%**).**



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

However, there exist a number of **challenges around provision and take-up of in-home services**, including:

- Cost of in-home service provision
- Cross-service coordination
- Declining numbers of volunteers and availability of informal carers

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 **negative outcomes** for service deliverers including higher travel and opportunity costs, as well as higher levels of unproductive time for staff.

Cross-service coordination

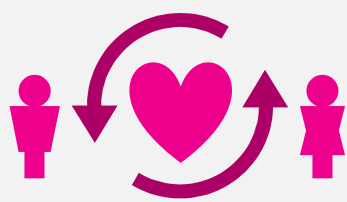
Services also often **don't work together** during assessment, referral and funding. For example, delays to essential adaptations and services mean older users' needs are not met.

Availability of volunteers and informal carers

Informal carers play a critical role in providing services. However, the availability of informal carers is declining – leading to an **increasing demand**.

As this **mis-match between supply and demand** grows, the need for formal services increases.

Older residents as carers

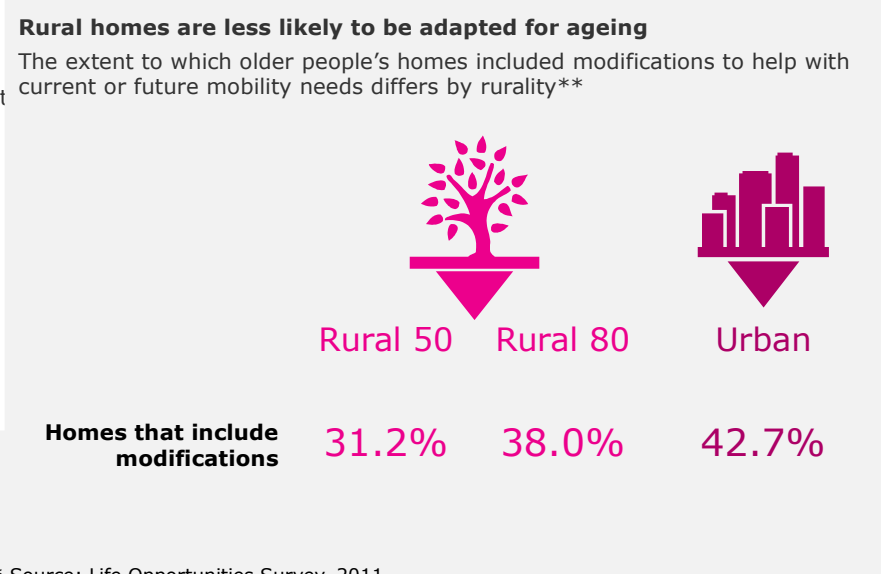


Older rural residents are much more likely than their urban counterparts to provide some form of care to one another –

24% in rural areas compared to **18%** in urban locations.*

When service delivery is not seamless - during the process of assessment, referral and funding - services that could have been provided at home. Services need to work together to ensure that older people's needs are met.

populations. However, in conjunction with **declining numbers of volunteers** the extent to which older people's homes included modifications to help with current or future mobility needs differs by rurality**



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

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 makes it easier to find services.
- **Informal care arrangements** - communities can maintain their independence and autonomy through neighbours and community or church groups - plugging gaps to ensure older residents are not isolated.
- By **community businesses** designing trips and ensuring extra staff are available.



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.

However, an unintended consequence of multiple brands is reduced depth and knowledge of service availability.

neighbours and community or church groups - plugging gaps to ensure older residents

inclusiveness. For example, by supermarkets providing community buses for shopping days the community bus runs.

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



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



What are the general challenges of delivery in rural communities?

How are challenges being addressed?

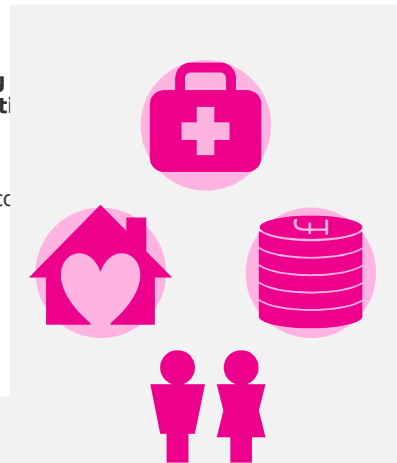
Service designers and deliverers are employing a range of activities intended to help improve the housing options for older rural residents, including:

- **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** as is **enhanced availability and utilisation and support**.

However, there are a number of barriers to care and support if needed.



is required,

appropriately supportive housing if and when this is needed, and receiving home based

Transport – 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

- 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



Private transport

Older rural residents are typically **highly reliant** on private transport. In the face of the challenges of transport in rural areas, many use alternatives – usually as a consequence of losing their driving licence.

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

However this delayed use of public transport increases the demand for public services making it less likely that they will be available when they need them.

Service providers and designers noted that this situation signalled a key crisis point in older users' lives: **social isolation and access barriers to**

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

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

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, VHID Less Sparse, Herefordshire

Given the often decentralised nature of services and communities, transport is a critical issue for older people in rural areas; service users considered access to adequate transport to be a basic necessity of rural life.

Transport barriers can limit older residents' access to basic services, reduce social and civic participation, and pose critical challenges to engagement with 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.

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

Private and public transport

Older people (aged 65+) in rural areas are more likely to have access to a car as a driver than their urban counterparts (at a ratio of 1.5 to 1) even after taking into account greater levels of affluence in rural areas.*



Older people in rural areas are less likely to use public transport (17.5%) – compared with those in significantly rural areas (20.5%) and urban areas (37.8%). After accounting for other factors, the odds of older people age 50+ in Rural-80 areas were approximately 75% less likely to use public transport frequently.*



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 is an extremely difficult challenge. The overall lower use of and demand for services is due to rural residents' frequent reluctance to use services until absolutely necessary – meaning it is often found it nearly impossible to provide the **full routes and timetables** needed by older service 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

* Source: English Longitudinal Study of Ageing, 2010

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.

Transport – responding to the challenge

Informal transport options

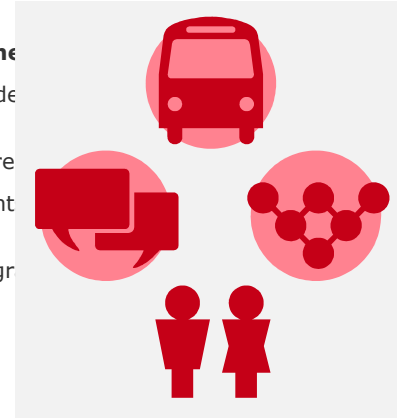
Across the research, there was good evidence of rural **residents helping each other**

However, the accessibility of informal transport options (e.g. lifts from younger residents) – can be **highly variable**.

Our research suggests that older residents without close family or friends nearby are

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



communities providing informal transport.

of rural residents – and the practicality of

neighbours or acquaintances.

It is also not always appropriate for older

residents to be drivers. As these schemes

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



to continue to **bring services to users** where possible, in recognition of current barriers to accessing health services and social it vulnerable. Community transport cannot provide a full 'replacement' for public transport.

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

- 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.
- Continue development of joint working approaches – e.g. between health and social care providers



User barriers

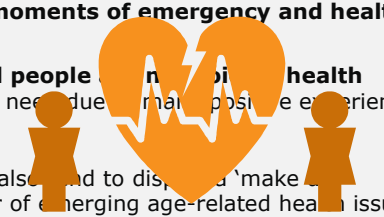
Service users themselves **tend not to identify unmet need from health services**, and are also reluctant to discuss challenges around getting the health care that they require. However, **unmet need exists** – many older rural

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 older rural people do not voice their health needs**. These include a reluctance to voice need due to past negative 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 services, it is important that service providers for older rural people **invest in ways to help them promptly facilitate older people to voice their unmet health needs, and to implement identification/assessment schemes to screen for need**.



Just under a third of older residents (65+) living in rural areas rate their health as either bad or very bad (30.8%).
 And 40.4% of older rural residents rate their health as either bad or very bad (40.4%)*

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***

*Sources: *2010 English Longitudinal Study of Ageing; ** 2011 Rural Services Network. The State of Rural Public Services; *** 2010 Macmillan. Always there? The impact of the End of Life Care Strategy on 24/7 community nursing in England

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

- **Provide information** to patients and families about transport schemes; and (2) the trade-off between specialist services and local services
- **Improve flexibility** of appointments to suit individual needs
- Address difficulties with the **cost of care** for those who cannot afford to travel
- **Work with public transport providers** to ensure services are available

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

Providers and deliverers must be aware of the need to:

Coordinate services from hospital and centralised services, including volunteer and community transport to specialist centres

as provided

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



Telehealth and telecare in Norfolk

In this program equipment is installed in people's homes with the aim of reducing hospital admissions for those with long term chronic conditions and integrating health and social care services.

Telecare equipment includes alarms and electronic sensors and the telehealth equipment includes vital signs monitors for blood pressure, oxygen levels and pulse which patients can use in the privacy of their own homes or in care facilities such as GP surgeries and nursing homes.

When it is set off, this alerts a staffed control centre to any possible problems.



Falls Prevention Service run by the NHS Trust in Herefordshire

This service repositioned itself as a falls prevention service rather than rehabilitation service, and decentralised their services, including home visits, to facilitate patient accessibility following an audit and consultation with service users and those that have missed appointments.

The service also now accepts self-referrals, sign posts clients to other appropriate services and works with voluntary organizations to raise public awareness of the service

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 on the [Evidence Review](#) page. Qualitative research elements – see links in Section 1 to find these.



Evidence review
The 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 Review guidelines, a tailored list of search terms was applied to the Department 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





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.

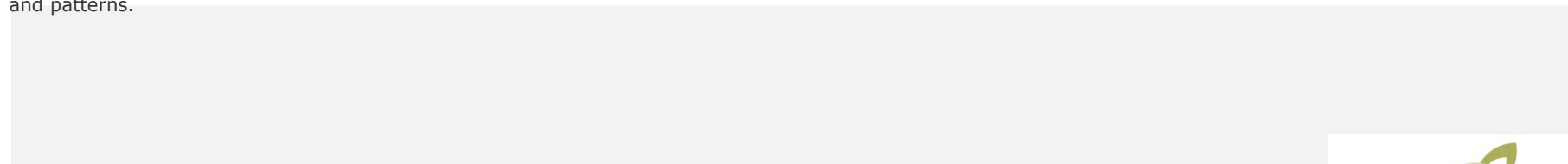
A wide variety of services were explored in relation to ageing in rural communities. This research focused specifically on transport, housing and health. These service areas were chosen in consultation with Defra and informed by the evidence review.

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

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