

# 2013 Rural Ageing Research Summary of findings



# Introduction

## Why research about older people in rural areas?

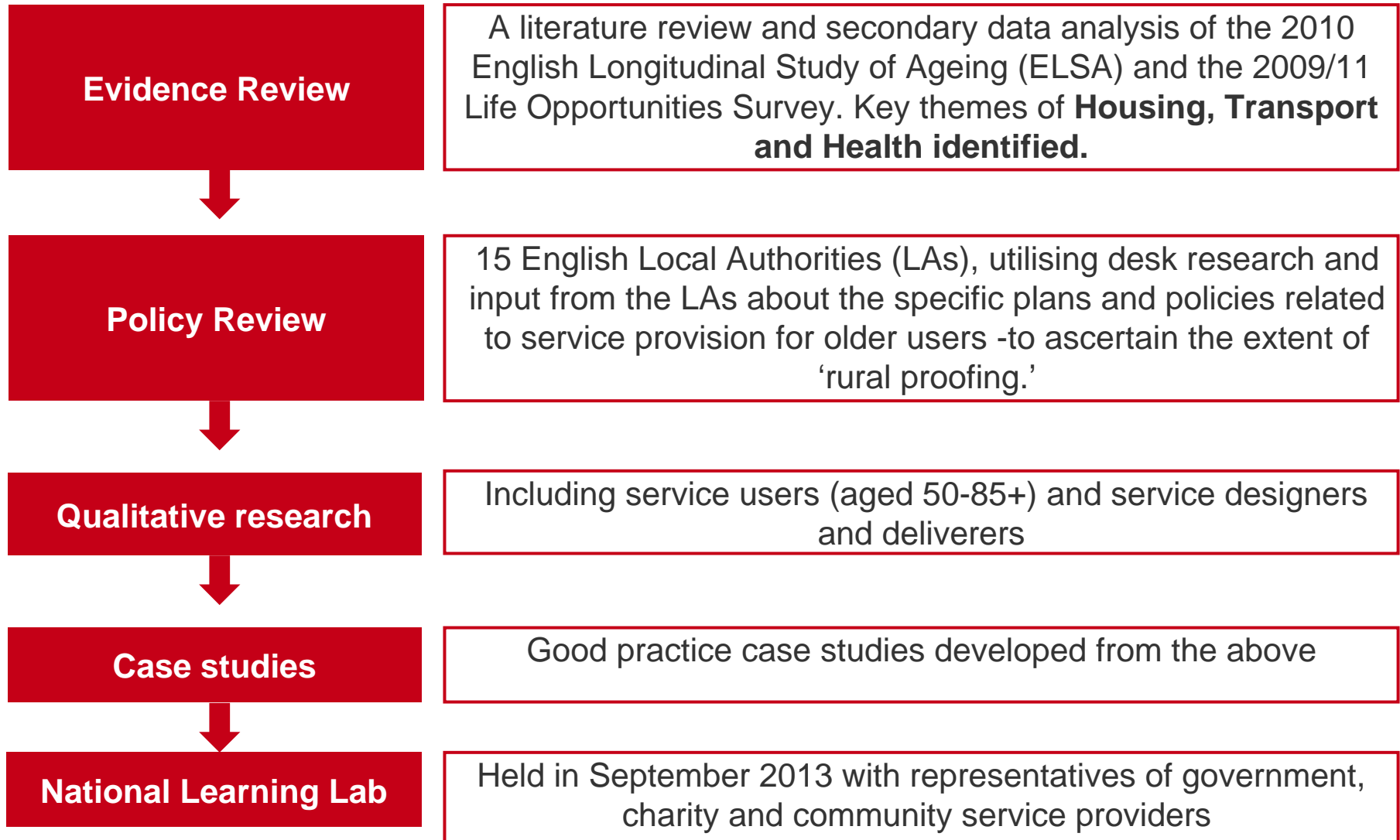
- Older people in rural settings disproportionately affected by range of issues in comparison to urban counterparts
- Growing concerns about social isolation
- Concerns around poverty and deprivation
- Losing local services in rural areas
- High cost of living in rural areas

## Research to boost understanding of issues and inform solutions

Specifically exploring:

- The social profile of older people in rural England
- How they use rural services and how this impacts demand, design and delivery
- 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, and
- Evidence of good practice and innovative solutions

# Method overview



# Headlines (1)

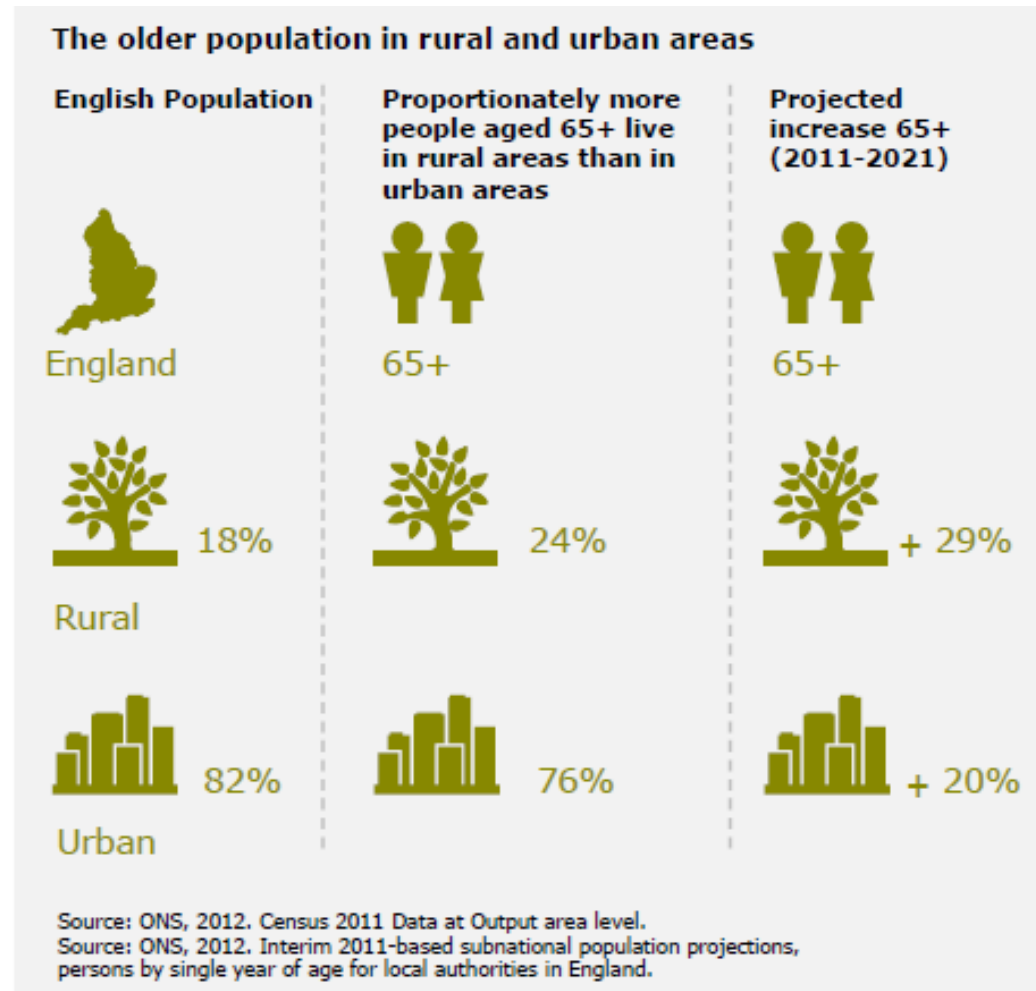
- The cost challenge that rural areas face in delivering services is amplified when delivering services for older people
- Older people face barriers which limit their ability to voice their needs and engage with available services
- Limited budgets and resources means that services for older people 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!

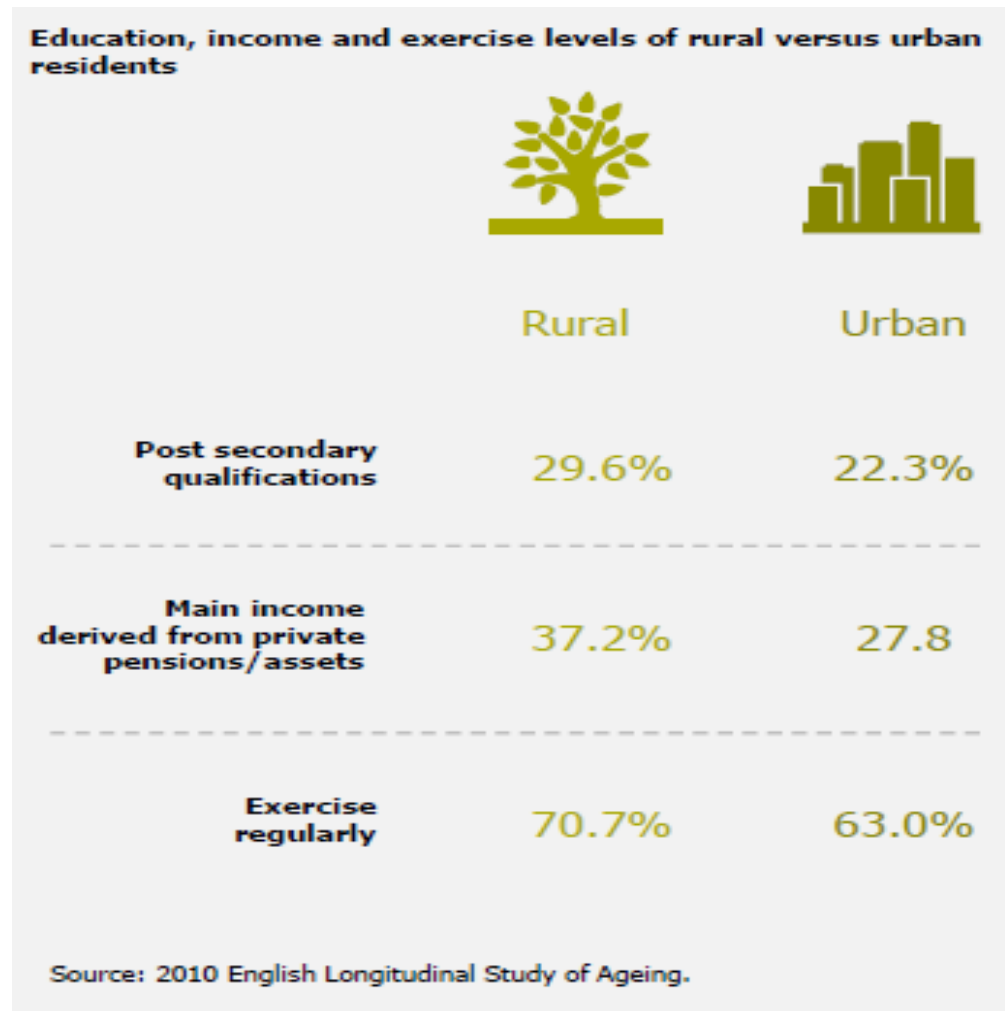
# Why consider rural ageing?

- 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



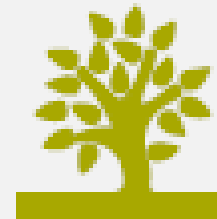
# Older rural residents have some socio-economic advantages over urban counterparts

- 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 (254,000 people)**

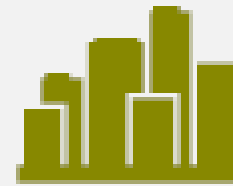


# Older residents demonstrate both a willingness to help others and to 'fend for themselves'

- 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 rural ageing matter to services?

- **Engagement at 'critical moments'**
- **Challenges with informal networks**
- **New generation, bigger issues**



# 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*



# 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

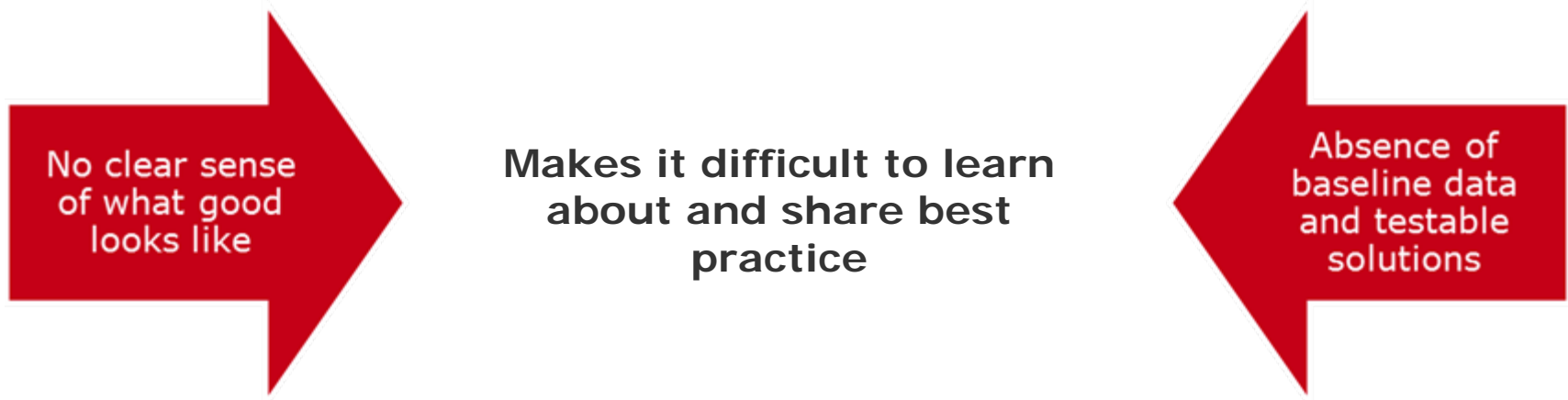
## Delivery mode requirements

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



# 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



# 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 setting

## 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
- Cross service coordination
- Declining numbers of volunteers and informal carers
- Barriers to take-up

# 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

- Promoting service accessibility
- Timely and fast response
- Individual service branding (but with consequences for service navigation)
- Informal care
- Community businesses

## Staying in the area

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

# 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 - 7.5% 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



# The health challenge

## Older rural and healthcare needs

- Tendency not to voice healthcare needs
- Some even avoid seeking care in moments of health crisis
- Inclination to 'make do' and fear of implications of ageing on health
- 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



- 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

# Conclusions and implications (1)

## Significant financial constraints

- Recognition of rural challenges
- Build on emerging creative solutions

## Active and valuable but don't vocalise need or plan

- Tendency to 'fend for themselves', with serious implications for services

## Lack of service integration

- Increasing integration needed to avoid 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

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

### Ageing in place sizeable challenge

- Encourage residents to plan for future
- Proactive community planning

### Some evidence of transport innovation

- 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 services and support