

Later life in rural England



Age UK is a charity that aims to improve later life for everyone through our information and advice, services, campaigns, products, training and research.

In the UK we work closely with our partners Age Scotland, Age NI, Age Cymru and the many local Age UKs and older people's groups. We provide services at a local and national level including information and advice that reaches some 6 million people each year. Internationally, we support programme and policy work in lower and middle-income countries through our partner and subsidiary charity Age International.

We seek to play a constructive role in debates around ageing and older people's issues, drawing on the views, experience and expertise of older people and paying particular attention to the voices of disadvantaged and vulnerable older people.

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Introduction

Living in the countryside as an older person certainly has its advantages; as well as the opportunity to enjoy a beautiful environment, rural areas can also offer peace and quiet, they tend to perform well on economic indicators and there are proportionally fewer instances of cancer, stroke and coronary heart disease compared to urban areas.

This is a cause for celebration. Yet the unique characteristics of rural areas, with their low population densities and distance between residential and commercial centres, can bring additional challenges for older people, such as higher living costs, housing that is hard to heat and maintain, poor transport links and more limited social networks.

This report aims both to present these challenges and to showcase ways of overcoming them, drawing especially on examples of creative practice from local Age UKs that are succeeding in mobilising community effort to improve life for older people. These examples demonstrate how resourceful many rural communities are. Across England they are finding their own solutions to local problems in ways that suit their unique needs and circumstances. There is a great opportunity for both rural and urban communities to learn from them.

There can be a strong sense of community spirit in rural communities, at the heart of which are the many older people who volunteer and who are the primary users, supporters and organisers of local facilities and events.

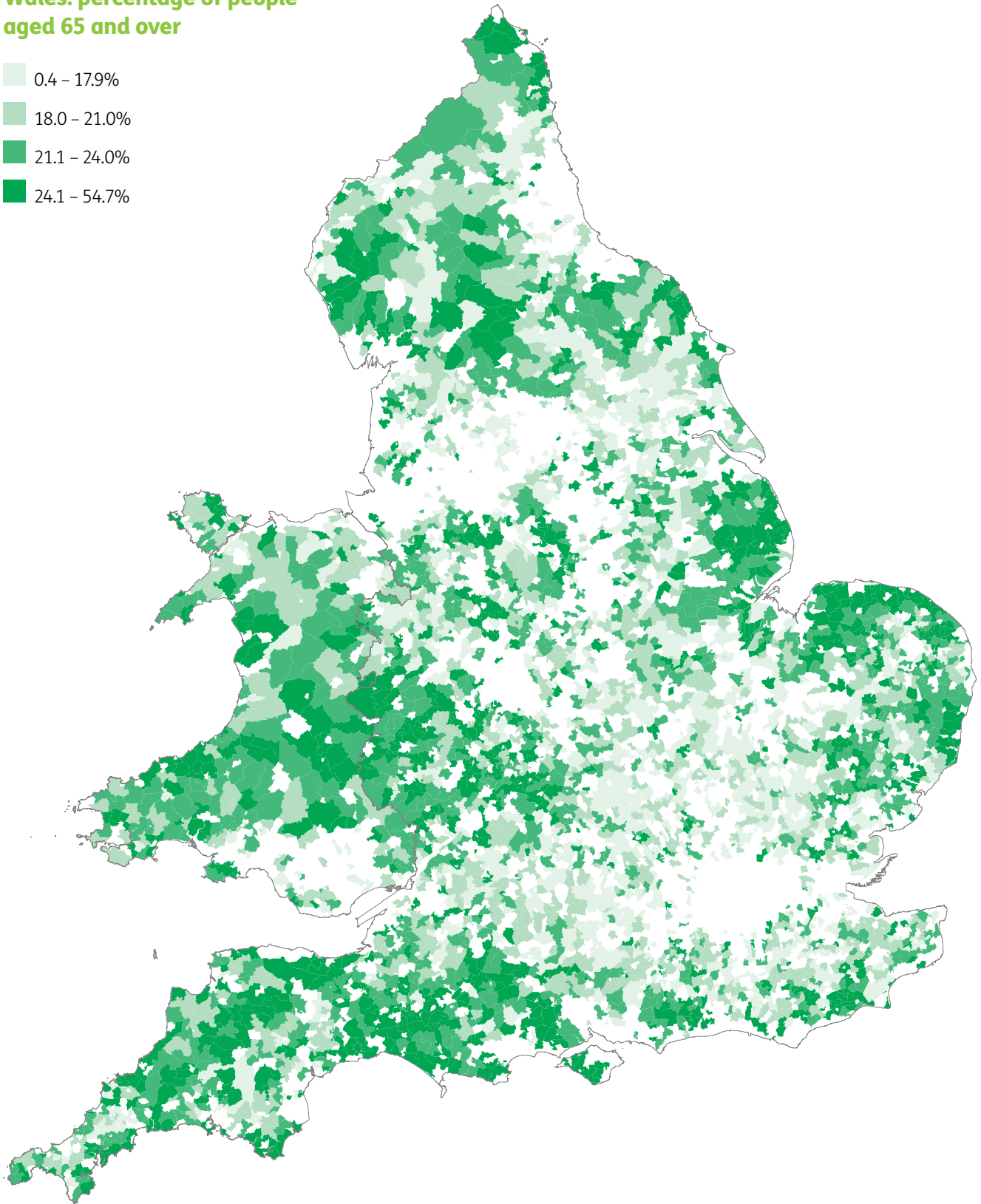
However, while community action can provide some solutions, it cannot do it all on its own, nor can this activity happen at no financial cost, even when it is carried out largely by volunteers. This cost must be acknowledged and met and there is also a need for a national policy framework that responds to the special circumstances and requirements of the countryside.

Community action and government policy therefore need to go hand in hand and rural ageing must also be recognised and understood when decisions are made at all levels of government. Finally, although not the focus of this report, we acknowledge that in rural areas, as in urban areas, older people need their locality to be successful and sustainable. That means having the jobs and homes to allow young people and families to live there too. Only if all of this happens, will rural England be a place where all older people can thrive.

Overall, rural communities are growing and ageing faster than their urban counterparts, which means that demographic change is putting them at the forefront of tackling the challenges and opportunities of an ageing society.

Rural areas in England and Wales: percentage of people aged 65 and over

- 0.4 - 17.9%
- 18.0 - 21.0%
- 21.1 - 24.0%
- 24.1 - 54.7%





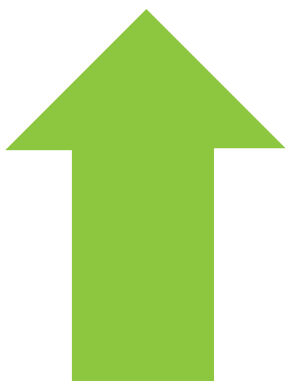
In this report we use the Government's Rural/Urban definition, which states that rural areas are any areas forming settlements with populations of less than 10,000 people.¹



IN 2010, THE POPULATION OF RURAL ENGLAND WAS **9.8 MILLION** WHICH IS AROUND **19%** OF THE **TOTAL POPULATION.**²



Approximately 50 per cent of the rural population is aged over 45 and the rural population is predominantly aged between 45 and 64.³



THE **OVER 85** AGE GROUP IS SET TO **INCREASE BY 186%**

BY 2028 IN RURAL AREAS, COMPARED TO JUST **149%** IN THE UK AS A WHOLE.⁵

THE POPULATION OF RURAL ENGLAND ROSE FASTER THAN URBAN ENGLAND BETWEEN 2001 AND 2008.

FASTEST GROWTH WAS IN **LESS SPARSE VILLAGES, HAMLETS & ISOLATED DWELLINGS** WHICH GREW BY

6.1%⁴



Key calls for action

Age UK wants all levels of government to take the following actions:

Rural proof policies and services

Rural proofing means ensuring that the needs and interests of rural people, communities and businesses in England are properly considered in the development and implementation of all policies and programmes. Rural proofing is not about special treatment for rural areas, but about understanding that policies with urban solutions will not necessarily work in rural areas with their dispersed communities. It is also about ensuring that rural areas get a fair deal.

Rural proofing is mandatory for central Government departments but not for local government, although many local policy makers and service providers do already take account of their rural responsibilities. This is evidenced by them allowing for higher rural unit delivery costs, looking at alternative means of providing and accessing services and giving local organisations the flexibility to find the best local solutions.

In this report, examples of effective rural proofing include Norfolk County Council funding Age UK Norfolk's Money Matters Service, which helps older people in Norfolk manage their personal finances (see pages 25–26), and Cornwall Council and the Council of the Isles of Scilly investing in a community transport scheme run by Age UK Cornwall & The Isles of Scilly (see page 10).

Nonetheless, there is evidence that where policy has not been properly rural proofed, it has either had little impact or worsened problems in rural areas for older people. For example, measures to tackle fuel poverty that have primarily funded cavity and loft insulation have led to a lack of funding for measures to upgrade solid wall and off gas properties, which are more common in rural areas (see page 16).⁶ Cuts to rural bus services do not only affect older people's ability to meet friends and do the shopping, they also prevent older people from taking part in civic activities and accessing health and social care (see page 12).

Age UK wants all levels of government to ensure that they meet the needs of rural communities and make efforts to protect the local infrastructure. Decision-makers must also recognise that rural areas are ageing quicker than their urban counterparts and make older people's needs a priority in the rural proofing process.

Take the rural premium and social value into account

Services in rural areas are at great risk unless the 'rural premium' is taken into account when assessing service provision. The rural premium is the extra cost of delivery of services to people living in a rural area, compared to those who live in an urban area. For example, in 2009/10, predominantly rural authorities' transport costs were 35 per cent higher than those of predominantly urban authorities.⁷

This is already a fundamental problem affecting the availability of and access to a range of local services. It has been highlighted in the health sector that the funding formula tends to favour urban areas and does not take into account the impact of providing services over a wider geographic area in rural authorities.



Keys calls for action

Age UK wants all levels of government to take the following actions

Age UK also believes that the decision to cut services in rural areas cannot be based simply on cost and the number of people using the service. Instead, authorities must undertake broader impact assessments, taking social impact into account. The new Public Services (Social Value) Act should help, as it requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the area.

There is a great need to sustain local infrastructure: for example, when a post office closes, the community not only loses the post office, but also a community hub, access to government services, and vitally, daily social interaction. All levels of government must recognise that public services are not free-standing functions, they have a role in promoting equality, social inclusion and community cohesion.

Support community participation

Age UK wants the Government to provide a framework that allows the whole community to participate in local decisions and activities, by involving them in the early stage of needs assessment, service planning and then in shaping appropriate local solutions. Local agencies should recognise and support community-led planning to allow all parts of the community to decide on local priorities and take responsibility for making things happen.



This needs to be done whilst acknowledging that older people are more likely than younger generations to be involved in some form of volunteering and civic society, particularly in rural areas. However, building capacity in communities requires initial and sustained investment in voluntary and community organisations like local Age UKs across England.

There also needs to be guidance for communities to understand their rights (e.g. the banking code requires banks to consult on closures) and help them make decisions about the best ways to deliver services (e.g. the range of community broadband services). The Government must continue to research and share knowledge about ways to deliver services in rural areas, such as transport (see pages 7–10) or broadband (see pages 19–22).

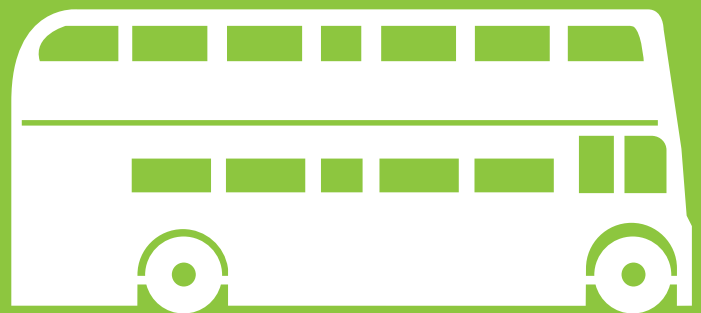
Target social isolation

The Government's Rural Communities Policy Unit (RCPU) was established in April 2011 to be the centre of rural expertise within Government. Its role includes three key functions: rural proofing, stakeholder engagement and building the rural evidence base. Age UK wants the RCPU to have another focus: tackling poverty and isolation and building on the excellent work carried out by the former Commission for Rural Communities in these areas.

Local agencies must redouble their efforts to tackle exclusion in later life and continue to invest in proven approaches of reducing social isolation, such as Village Agents (see page 30). Although many rural areas and people have strong support networks, loneliness and social isolation amongst older people do exist but are often hidden because rural populations are so dispersed and because these issues are not picked up by urban deprivation measures (see pages 27–30).

Transport

Transport is a lifeline to older people living in rural areas. It connects them to family, friends and the community and enables access to health, social care and other key services. But rural transport has been badly hit by funding cuts, leading to reductions in scheduled bus services. These are having a detrimental effect on older people – particularly those with no private transport.



Transport

What are the challenges?

A lack of regular and convenient bus services

It is very common for buses in rural areas to stop running at certain times, such as weekends, or to be delayed during bad weather. This means that older people are more dependent on private transport. Car ownership is greater in rural areas, however more than a third of pensioner households have no access to a car or van, and some have given up driving because of ill health (3.7 per cent of UK driving licences held by the over 70s are revoked each year, mainly on a voluntary basis).⁸

Reduced funding to bus services

Many bus services in rural areas have been cut or withdrawn because of reductions in funding to public transport authorities.

Different levels of access to buses

Free off-peak local bus travel for older and disabled people has been available anywhere in England from April 2008, but bus concessions are meaningless without buses to travel on. Local authorities have discretion over the time of day that concessions can be used (i.e. before 9.30am), over their usability on different types of community transport and over the degree to which scheduled bus services continue to be subsidised. This means that older people can experience very different levels of access to buses in different rural areas.

The impact of the cuts

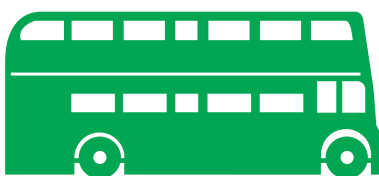
The importance of regular, reliable rural bus services to older people's lives should not be underestimated. Age UK's report *Missed opportunities: the impact of cuts to rural bus services* (2013) explores in detail how the cuts have impacted on almost every aspect of some older people's lives, from their social lives and civic activity, to their general health and wellbeing and finances.

Key facts

35 per cent of pensioner households in rural areas have no access to a car or van.⁹

In 2009, only 47 per cent of households in rural areas had an hourly or better service within 13 minutes' walk, compared with 96 per cent of households in urban areas.¹⁰

Rural households spend nearly £20 more on transport per week than urban households.¹¹



How are bus services funded?

1. Concessionary travel funding

National Government provides funding for trips made using the national bus concession, which is reimbursed to bus operators by local authorities. However, changes made to the Department for Transport's formula for concessionary fare reimbursements have led to reductions in this type of funding for many rural local authorities. In 2009, only 47 per cent of households in rural areas had an hourly or better service within 13 minutes' walk, compared with 96 per cent of households in urban areas.

2. Local authority funding

Subsidy is provided for bus services on routes that are not commercially viable but are vital to the local community and funding is provided for additional bus concession benefits determined locally. The Campaign for Better Transport reports that 41 per cent of local authorities have made cuts to funding for subsidised bus services in the current financial year (2012/13). The total estimate for cuts in 2011/2012 was £36 million.¹²

3. Bus Service Operators Grant (BSOG)

National Government provides a grant to bus operators based on the number of kilometres they operate on registered local bus services. Originally a fuel rebate, the grant is now aimed at benefiting passengers by keeping fares low. In 2012/13, bus operators saw the BSOG reduced by 20 per cent.¹³

Case study



Margaret, 67, lives with her husband John, who is 67 and has Parkinson's, half way between Cambridge and Huntingdon. A taxi to Cambridge costs £30 each way. Margaret says:

'We live in a rural area, where the nearest small town is about five miles away. We have a village shop and post office, but that's about it. I don't drive and John gets Disability Living Allowance, so we used some of that money to pay for a mobility car. If John's too ill to drive and we want to go out, I push his wheelchair up to get the guided bus, which is at least a mile away. In bad weather, it's very difficult. Often when we do go out, it's to attend local Parkinson's meetings, but the guided bus doesn't go anywhere near them. There used to be a bus service which stopped at the end of our road but it was cancelled. Needless to say, I can't go out much now and often feel quite isolated. I'd love to be more active but my circumstances don't allow it.'

Transport

Age UK's calls for action

Age UK is calling for cross-government working to ensure that departments recognise and understand the transport needs of rural communities and that they are considered and reflected in the development and implementation of their programmes, policies and funding allocations.

The national bus pass must remain free and universal, but where private transport is not possible and the public transport system does not fully serve the needs of older people, Age UK wants local authorities to provide flexible alternatives, such as financial support towards community transport services and volunteer schemes like the one mentioned below.

National and local government must also recognise the wider value of bus services in preventing social isolation (see pages 27–30) and for local transport authority spending decisions on public transport to require an impact assessment that takes into account older people and social isolation.



Good practice example: Age UK Cornwall & The Isles of Scilly

In Cornwall many older people do not have access to their own vehicles and public transport is not always available. Age UK Cornwall & The Isles of Scilly offers two types of community transport: Transport Access People (TAP) and Dial a Ride. The community transport scheme is funded by several sources, including Cornwall Council, Imerys (a French multinational company), Isles of Scilly Council, and local community groups.

TAP provides transport for residents of Cornwall, the Isles of Scilly and South Devon, who need to travel to health and social care appointments and do not have access to other forms of transport. The service is commissioned and funded by healthcare organisations in Plymouth and Cornwall. TAP operates with the help of 13 staff, 260 volunteer drivers (recruited using stringent selection and training processes) and a fleet of 10 minibuses. In 2011/12, TAP provided transport for 8,319 people, who booked a total of 96,181 journeys.

The services offer a lifeline to passengers with little access to public transport or who have mobility problems.

96%

of passengers have reported a high level of satisfaction with the service.

88%

agreed that the service has had a positive effect on their everyday needs.¹⁴

Health and social care

In general older people living in rural areas enjoy better health than those living in urban areas, but they can face difficulties in accessing health and social care services due to distance, poor transport provision and poor service integration.



What are the challenges?

Variability of service provision, quality and cost of social care

This is a problem that affects all areas of England, including urban communities, where provision between local authorities can vary widely. However, concerns about standards and choice in rural areas have been raised to Age UK by older people receiving social care. With some areas already seeing huge travel distances for specialist services such as cancer care, the opportunity to select a setting based on preference, or perceptions of performance, is extremely limited. There is also anecdotal evidence that private care costs are higher for remote communities because of distances between communities, poor transport and fewer local facilities, which can result in care staff spending more time travelling between appointments.

Difficulties accessing health and social care services

These difficulties can be caused or exacerbated by the lack or inflexibility of hospital appointments and rural public transport. Older people report being collected by hospital transport services sometimes hours ahead of their appointment, resulting in long waits and then having to wait for hours for the return journey. The same can happen if they are relying on public transport, because of limited bus services and there being little option to choose appointment times. Accessible and flexible services, including the option to be seen at home, are critical in managing on-going health needs and preventing health from deteriorating.

Older people's fluctuating and complex needs

Older people are more likely to live with multiple long-term conditions and frailty, with mobility and general health differing from day

to day. This means that they may need to see multiple healthcare teams (i.e. an audiology department, pain clinic and diabetes nurse), which can result in multiple trips to the GP and hospital. Local authorities don't always account for this, meaning that the care older people receive is often fragmented, and fails to take full advantage of the time they spend in a hospital setting. These issues exist in urban areas too, but in rural areas they can be complicated by the access difficulties described above.

Key facts

The number of people aged 65 and over with social care needs is projected to increase by 70 per cent across rural England over the next 20 years.¹⁵

Depression, stroke, falls and dementia are projected to grow by between 50 per cent and 60 per cent in rural areas, compared to increases of between 34 per cent and 42 per cent in urban areas.¹⁶

By 2029, there will be around 930,000 people with social care needs living in rural areas. It is estimated that to meet these needs through publicly funded social care will require an additional £2.7bn per year.¹⁷

Age UK's calls for action

Age UK is calling on national Government to find a fair and sustainable funding solution for social care as a matter of urgency. The Coalition Government has made positive steps towards solving the care crisis and the Care Bill is the most comprehensive piece of legislation for social care since the National Assistance Act 1948. The Bill sets out plans for a social care system that is easier to understand. It includes many positive elements which Age UK welcomes, including a new national eligibility threshold for care, increased rights for carers, a cap on the cost of social care and putting wellbeing at the heart of the social care system. However, the main issue that is not addressed in the Bill is funding for social care. With spending on care and support not able to keep up with rising demand, unless the Government tackles the issue of funding, its reforms are at risk of falling at the first hurdle.

The Government must better integrate health and social care services in rural areas, in spite of the challenges. Too many older people are trapped in a cycle of preventable hospital admissions, which costs the NHS billions each year. Health and social care services must work better together to deliver targeted, responsive, personalised services, which are centred on the needs of individuals and which promote self-care. Joined-up services will prevent emergency admissions and delayed hospital discharges, thus delivering long-term savings for the NHS and better health outcomes for older people.

With better integration of health and social care and reduced costs to the NHS, savings could be reinvested in preventive health and care services, appropriate housing, adaptations and low level personal services. Because of funding cuts, local authorities increasingly lack the ability to invest in preventive services, so the Government must take the lead with investment, leading to stronger, more sustainable partnerships between voluntary organisations and the public sector.

Case study



George is 85 and lives with his wife Lindsey, aged 84, in a village in Hampshire. George has cared for Lindsey since she was diagnosed with dementia two and a half years ago, after being treated for depression. She is physically well and can understand speech, but she can't speak. Lindsey isn't eligible for care from the local authority, so George cares for her. He pays for a carer to come in every morning to wash and dress Lindsey and for her to go to a day centre twice a week. George says:

'Our social life changed completely when we moved to the country. People are very pleasant here but we don't have many friends and our relatives don't live close by, so we feel very isolated. Lindsey's carers have to travel for miles to get to us and their time keeping can be really bad. Of course I'm happy to care for Lindsey because I love her very dearly, but sometimes I ask myself, how long can I do this for? I think the Government should be doing more to help people with dementia by paying for their care.'

Health and social care

Good practice example: Age UK's Integrated Care programme

Age UK is developing an innovative, invest-to-save service that integrates the care that the most vulnerable older people receive from the NHS, social care and the voluntary sector, and which could be replicated in different parts of the country. It is looking to attract social investment, most likely through a Social Impact Bond (SIB) to fund some or all of these services. Age UK is working in partnership with Improving Care and other national bodies to develop this model.

The aim of the programme is to improve health outcomes for some of the most vulnerable older people by reducing the number of unnecessary hospital admissions and to do so in a way which is sustainable in the long term. In the process, the service should deliver cost savings to the NHS, which will be used to pay back the social investment used to set it up initially.

The first pilot programme was tested in Cornwall, with 100 patients across two GP practices in Newquay. 22 of these patients live in villages on the outskirts of Newquay. The 'Cornwall Pathfinder' was delivered by Age UK Cornwall & The Isles of Scilly, in partnership with other local organisations. It ran for one year until June 2013. Cornwall was identified for the first pathfinder in part because of the strong local partnership between

the statutory and voluntary sectors and top level commitment from all the key organisations. It also had a good track record of delivery and innovation by local providers (particularly Age UK Cornwall) and a desire to innovate and move towards greater integration.

The Age UK Cornwall staff and volunteer team has assessed the needs of 100 older patients with specific conditions and co-ordinates the care they receive, based on agreed care management plans which have been co-designed with the key local health and care partners. So far changes have included GPs working as part of the team and delegating to team members including volunteers; district nursing teams changing their practice to promote self-care and reduce dependency, and clinical psychiatric nurses and social workers looking for help with patients outside of the pathfinder.

The aim is to scale the project up during 2013, to help up to 2,500 older people across urban and rural areas in Cornwall and to replicate it in two further sites in England in 2013.



Fuel poverty

Fuel poverty is a huge problem across England, but it is particularly prevalent in rural areas. Due to the high number of stone-built, solid wall properties and off-mains gas households, household energy bills in rural areas are on average 27 per cent higher than in urban areas.¹⁸



Fuel poverty

Key facts

There were 21,700 excess winter deaths of people aged 65 or over in England and Wales during the winter of 2011/12.¹⁹

In 2010, around 18 per cent of households in rural areas were in fuel poverty, compared with 16 per cent of those in urban areas.²⁰

36 per cent of households in rural areas are off the gas grid and reliant on potentially more expensive fuels, compared with 8 per cent of households in urban areas.²¹

Age UK estimates that 1.5 million older people in rural areas are reliant on oil.²²

In 2011, the local authority areas with the highest levels of fuel poverty (at least 24 per cent of households) were Eden in Cumbria, the Derbyshire Dales, East Lindsey in the East Midlands, Ryedale and Richmondshire in Yorkshire and the Humber.²³

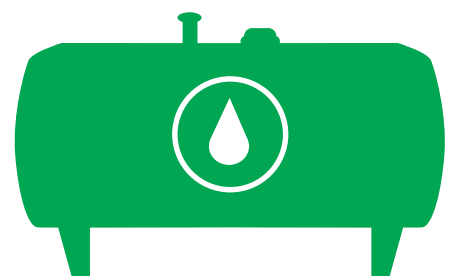
What are the challenges?

Solid wall properties

Solid wall housing is particularly common in rural communities. Solid walls transmit internal heat direct to the exterior, which means that more fuel is needed to keep these homes at a given temperature. What's more, methods to insulate solid wall homes are more complex and far more costly than with cavity wall housing and despite some policy initiatives, less than two per cent of this housing stock has been treated with solid wall insulation.²⁴ Rural houses are often built in heritage and conservation areas, which means there are restrictions on the changes that can be made to them, and they are frequently detached, so they do not get the insulating benefit of a joined-on neighbour.

Off-mains gas

Although some households in rural areas are insulated, many do not have access to the mains gas network. In 2010, 36 per cent of households in rural areas were off the gas grid, compared with eight per cent in urban areas and 13 per cent across England.²⁵ In sparse rural areas, 60 per cent of households were off the gas grid in 2009.²⁶ Households that are off the gas grid have to rely on other fuels, such as heating oil, LPG, solid fuel or on other means, such as portable gas or electric heaters, which are significantly more expensive. In 2009, 85 per cent of households in England used gas as their main heating fuel, but in villages that figure was just 48 per cent.²⁷



Fuel poverty

Case study



James is 68 years old and lives in a hamlet in the Epping Forest District in Essex. He is a type-2 diabetic and has a heart condition. He lives in a 1930s semi-detached house with his partner, Linda, who is 65. James says:

'We love living in the countryside, but we do find it a struggle to afford to keep warm in winter. Our house is mostly solid walls, and we don't have cavity walls so we can't have insulation. The house is still really cold in winter – so much so that the walls are cold to the touch. We've started putting our dressing gowns over our clothes at about 6pm and staying in the main room to keep warm – before it used to be 8pm. Our energy bills have gone up a lot in recent years too – they're now about £71 a month, whereas they were £50 when I first moved in. We've been told to get a new boiler because the one we have is only 40 per cent efficient, but we can't afford one and besides, we don't know how much longer we'll be around.'

Age UK's calls for action

Age UK is supporting the Energy Bill Revolution, a public campaign calling for the Government to use money it gets from carbon taxes to make the UK's homes super-energy efficient. Warm, well-insulated housing would enable older people to stay healthier during the winter. Investing in home energy efficiency would also lower energy bills, reduce carbon emissions and create UK jobs.

As responsibility for public health is transferred to local authorities, there is an opportunity for winter health to be given greater priority than previously, directing funding into preventive measures to help older people keep warm. Age UK also wants rural local authorities to take action and make excess winter deaths a health priority, as they are best placed to identify those most in need.

Recent research by Age UK found that, based on the 122 Health and Wellbeing Strategies published by Health and Wellbeing Boards in England before March 2013, only 4 per cent seem to be doing as much as possible to help combat fuel poverty within their local community.²⁸

Age UK is supporting the Energy Bill Revolution. Visit www.ageuk.org.uk/addyourvoice



Fuel poverty

Good practice example: Collective Oil Purchasing scheme

In November 2012, Age UK succeeded in securing £100K from the Department of Energy & Climate Change's 'Cheaper Energy Together' fund, to run an innovative pilot scheme to help vulnerable people save money on heating through collective heating oil purchasing from January 2013 until the end of March 2013.

The scheme was based on collective oil purchasing at a local level, using grassroots organisations and partnerships to engage people and attempt to increase community resilience around heating. It took place in two large rural areas where there are off-mains gas communities: Northumberland and West Cumbria.



The scheme was delivered by two local Age UKs and supported by behaviour change specialist Convey. It involved an independent collective oil purchasing expert and other local groups. The entire community was allowed to join the scheme, not just older people. Once enrolled, new members were offered advice about increasing their income through benefits checks and free home energy efficiency checks.

Despite very tight timescales and adverse weather conditions, the scheme succeeded in helping reduce heating bills across both areas for

242 people²⁹

Oil heating is very expensive, costing around

£2,000 per household per year³⁰

It is estimated that buying oil as a collective will save people in the scheme up to

£200 each per year³¹

Broadband access

Broadband is crucial to the social and economic development of rural communities, but coverage and speed of internet access in rural areas is much patchier than it is in urban areas.



Broadband access

What are the benefits of broadband in rural areas?

Economic growth

Broadband is a vital gateway to information and services. Access to it brings numerous economic and social benefits to rural public service providers, individuals – including older people – and to the community as a whole. The Government’s Rural Statement recognises that access to effective broadband will be a key driver for economic growth in rural areas and has the potential to make services more accessible to rural communities.³²

Better access to and choice of services

In these tough economic times, many public service providers are looking to reconfigure the services they deliver in order to drive down costs and be more responsive to local needs. It is vital that essential services remain available to all, even those offline. However, technology can be extremely helpful to those who are online. For example, digital technology such as telehealth, where patients monitor their own conditions through home or wearable devices connected to the internet, could enable local clinicians, families and carers, to remotely support older people in their homes and reduce the need for referrals to acute centres for routine care.

Broadband could also address issues such as lack of choice in care, as well as gaps in service provision, especially when it comes to selecting care homes. Access to high speed broadband could even boost localism by allowing communities to explore creative opportunities for community service delivery – see the good practice example on page 22.

Transport and cost savings

Older consumers could benefit in practical terms by having better access to the internet – i.e. by shopping online, they could reduce the number of trips they typically need to make to their nearest shops and amenities.

They could also make cost savings, since utilities and other services are often provided at a discount to those who manage their accounts online and these tariffs often constitute the lowest price for consumers. It is estimated that households that are offline are missing out on savings of £560 per year from shopping and paying bills online, although this doesn’t include the cost of getting online in the first place.³³

Staying connected

Finally, there are the obvious benefits of rurally isolated older people ‘staying connected’ to their friends and family through email and Skype, which could help prevent social isolation and loneliness. However, these benefits will only be delivered if the technology is accessible, affordable and attractive to older people.



Key facts

In May 2012, the average speed for residential internet users across England was 9Mbs.³⁴

In 2012 the average broadband speed in sparse rural hamlets and isolated dwellings was 4.4Mbs, compared with 14.8Mbs in less sparse urban areas.³⁵

In 2010, 23 per cent of households in rural areas had no or only a slow broadband connection (i.e. with speeds of less than 2Mbs), compared with just 5 per cent of households in urban areas.³⁶

In rural towns, broadband speeds are approximately half of those in urban areas, while in the smallest rural settlements speeds are barely a third of those experienced in urban areas.³⁷

What are the challenges?

Significant infrastructure problems

Commercial broadband providers need to overcome significant infrastructure problems in rural areas in order for everyone to have access to the internet. Traditional broadband services make use of the existing wires from telephone exchanges and cabinets to people's houses. In rural areas, greater distances and a more dispersed population mean that longer lines are needed and entire villages can often be miles from the local exchange. The longer the lines, the slower the broadband speed and in most rural areas antique copper and aluminium cabling is more common than high-speed fibre optic cabling.

Costs

It also costs older people to get online – to purchase the hardware and software, make monthly payments and pay for any training or support they might need. Rural homes and businesses often complain about having to pay the same or sometimes more than everybody else for their broadband service, but they get a slower and less reliable service. This is because of the reasons explained above and also because of the lack of competition amongst suppliers – many consumers have only one option of broadband provider. Slow speeds and intermittent connections are particularly problematic when it comes to accessing financial services, making bookings and submitting forms and documents online.

High costs also fall on commercial broadband providers when it comes to installing and maintaining the telecoms infrastructure needed to provide high-speed broadband to small rural communities. It is also much harder for them to recoup the costs necessary for upgrading exchanges and cabinets because of the lower population densities and fewer end customers.

Broadband access

Good practice example: Age UK Berkshire Easy Shop

Age UK Berkshire Easy Shop is an internet-based food shopping service for older people in the Berkshire area. It particularly serves those living in rural locations, where access to supermarkets can be more problematic for those with mobility and transport issues.

Funding for the service originally came from West Berkshire Council. However, since this contract ended, clients have been charged £5 per week for the service. Age UK Berkshire has recently taken on a block contract with West Berkshire Council and a seasonal spot contract from Wokingham Borough Council.

The service has been running for four afternoons a week for three years and currently has over 80 service users and one member of staff, supported by three to four volunteers. The number of people using the service is gradually increasing, possibly because older people are finding it easier and more acceptable to use the internet. It has also increased due to the number of referrals of older people on personal budgets from sheltered housing services and West Berkshire Council.

There are many benefits to the service, including savings for local authorities. It is more economically viable for the council to refer to older people to Easy Shop, rather than allocating them to a care worker. The service is helping its older customers to remain in their own

homes. Delivery staff are aware of the older people using the scheme and take the time to help put their shopping away. As there is a finite number of delivery staff, they become familiar, friendly faces and provide valuable social interaction for those older people who are housebound.

Age UK's calls for action

Age UK urges the Government to meet its obligation to provide public services, irrespective of whether or not someone is online. Online services need to be high quality and easy to use, and industry regulators should meet their Public Sector Equality Duty and ensure that the move of services online does not disadvantage those who are digitally excluded.

It is encouraging that the Government has set a target of delivering superfast broadband (24Mbps or higher) coverage to 90 per cent of homes and businesses in each county area, by 2015. More important is for the Government to meet its target of delivering standard broadband of at least 2Mbps to the final hard-to-reach 10 per cent areas by 2015. Age UK is also encouraged by the Government's proposals that these areas must be able to upgrade to superfast broadband in the future.

Age UK wants older people in rural areas who are not already online, to be supported to get online and to maintain and extend their digital capability. This will require significant investment and on-going support and a portion of the cost should be met by diverting savings from moving services online.

Poverty and financial exclusion

Older people in rural areas experience the same financial problems as older people living in towns and cities. However, living in a rural area brings additional challenges, such as higher living costs, housing that is hard to heat, poor transport links, limited social networks and a lack of access to basic financial services and products.



Poverty and financial exclusion

Poverty Key facts

One in six pensioners

in rural districts lives on a low income. This proportion is similar to that in urban districts.³⁸

10–20 per cent

more money is typically needed to spend on everyday requirements by people in rural areas than those in urban areas and the more remote the area, the greater the additional costs.³⁹

20 per cent of children and 16 per cent of working age people (aged 16 to 64) in rural areas lived in households below the poverty threshold after housing costs.⁴⁰

Financial exclusion Key facts

Around 200,000 people

living in rural England do not have access to a bank account.⁴¹

Only one in eight banks and building societies are in rural areas, even though a fifth of the population live there.⁴²

There are a large number of financial ‘deserts’ in rural areas, where no households are within 2km of a post office, 4km of a bank or building society or 2km of a cash machine.⁴³



Poverty and financial exclusion

What are the challenges?

The cost of living in rural areas

The British countryside is becoming more affluent. According to Defra, house prices in the last quarter of 2012 averaged £259,900 in the countryside: £20,000 more than in cities, and in hamlets the average was £345,600.⁴⁴ But there are still 600,000 pensioners in low income households living in rural districts⁴⁵ and the cost of living is higher than in urban areas. In 2010, the Joseph Rowntree Foundation researched the minimum income standard for rural areas⁴⁶ and found that people in rural areas typically need to spend 10–20 per cent more on everyday requirements than those in urban areas. The more remote the area, the greater the additional costs.

It found that the biggest difference came from the poorer access to public transport in rural areas, which meant that rural households depended more on cars and subsequently spent more on running them (i.e. petrol, car tax, MOT and insurance). Domestic fuel costs were also higher in some rural areas, because of older, less fuel-efficient housing and a lack of mains gas.

Living on a low income

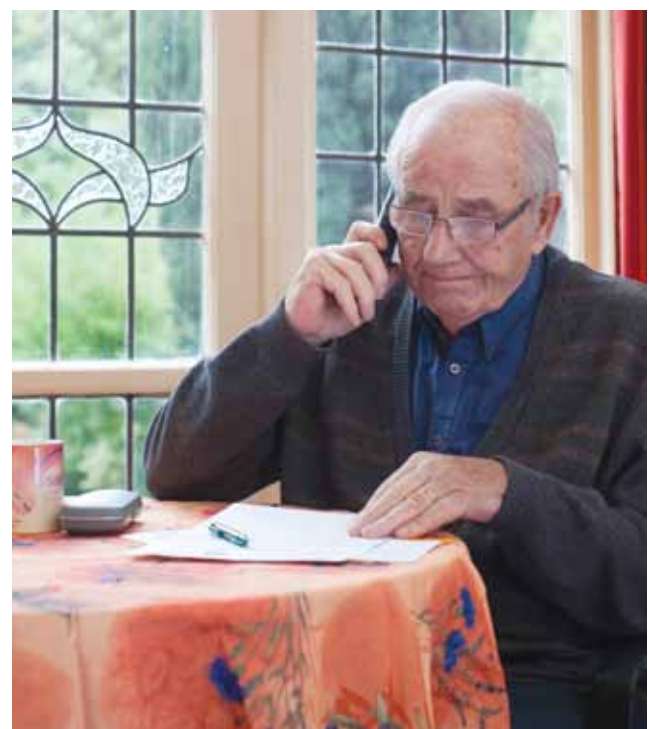
In Age UK's 2011 report, *Living on a low income in later life*, older people from rural and urban areas were asked in focus groups and individual interviews what it was like to live on a lower income. Generally, participants believed that their overall cost of living was more expensive in rural areas. Some of the participants from rural areas complained that their local shops were very expensive and did not always sell the basic food items that people required. They also complained that there was a limited range of shops, meaning that they had to travel if they wanted more choice. This had a major impact on those without the means and ability to get out to cheaper supermarkets. Another consideration

is that 16 per cent of working age people in rural areas live on a low income, which forces them to move to urban areas, thus reducing the family support they can offer their elders.

Money worries and financial exclusion

Many people experience money worries in older age, due to a lack of savings, reduced and fixed incomes and extra costs incurred from having a disability or medical condition. The demands of keeping up with paperwork from banks, building societies, landlords, benefits claims and council taxes can also become too much to cope with. Many older people have never used bank cards or direct debits before and feel that they are living in a much more complicated financial world. And, while the proportion of older people with debts has fallen over time, the amount owed increased substantially between 2002 and 2010.⁴⁷

For an older person with poor health and mobility, living in a rural area in old housing, with no or limited public transport and limited social networks, can make managing their



Poverty and financial exclusion

finances even harder. Many do not have access to basic financial services and products, such as a bank account, savings, basic home contents insurance, face-to-face debt advice and affordable and responsible credit, and are therefore financially excluded. There are a number of factors which contribute to this.

Access to the Post Office

Older people are major users of the Post Office, with 1.5 million (approximately 12.7 per cent) pensioners collecting their pensions from their Post Office Card Accounts each week.⁴⁸ Yet the number of Post Office branches in the UK fell from March 2000 to March 2010. The net fall in the number of rural Post Offices was 2748, compared with 3740 net closures in urban areas.⁴⁹

However, the good news is that the Post Office network has remained stable over the past few years. Over half of all Post Office branches remain in rural locations and 99.1 per cent of the total rural population across the UK are now within three miles of their nearest Post Office outlet.⁵⁰



Going forward, the Post Office has emphasized that there is no programme of closures in rural areas and in individual cases where a Post Office branch has not continued to trade within the last year, the Post Office will work with the local community to try and re-establish the service.⁵¹

Lack of counters and cash machines

Older people living in more isolated rural areas face greater challenges in accessing cash because of the lack of counters and cash machines in rural areas. Only 46 per cent of cash machines are free to use in rural areas⁵² and banks and cash machines are rarely within easy walking distance from their homes. Many older people in rural areas are also not online and therefore do not have access to online banking.

Identifying people at risk

Like social isolation and loneliness, poverty in rural communities can be hard to identify, since affluence and poverty frequently exist side-by-side and the need is not picked up by the most widely used Government statistics. Also, because the population is more dispersed in rural areas, poorer households are harder to find when the main characteristics of an area are profiled.

The traditional self-reliance of rural communities compounds the problems because older people do not always declare – and in some cases actively hide – their problems. This, in turn, can worsen their situation and reduce their ability to cope with life.



Poverty and financial exclusion

Good practice example: Age UK Norfolk's Money Matters Service

Age UK Norfolk's Money Matters Service helps older people to manage their personal finances so they are able to remain independent for as long as possible. The service started in 1998 and is supported and funded by Norfolk County Council.

Everyone who receives assistance from Money Matters has been assessed as having 'critical' or 'substantial' care needs and been referred by the council's community services. Typical clients include widowed older people who have no prior experience of money management. They might be having problems getting out of debt, selling a house, or coping after having been in hospital for a long time. Many clients have become confused or have lost capacity over time. Most clients are not well off but some are; they find it difficult to cope and are at risk for that reason.

Age UK Norfolk recruits and trains over 100 volunteers to support older people in their own homes, or in care homes. They can assist with the day-to-day management of finances and help people to keep control of their money, but not give financial or legal advice. However, they can advocate on their behalf, sometimes in difficult circumstances.

Linda Gill, who manages the scheme, says: 'We believe this service is crucial to many older people, possibly even more important than care, because if you can't pay your bills, no matter what your needs,



you are at risk. Far fewer older people go into residential care now, whereas once their affairs would have all been taken care of. Now they stay at home. Care needs become more complicated and coping in general becomes much harder.'

There are around
300 older people

currently signed up to the service and that number is increasing all the time.

Poverty and financial exclusion

Case study



John and Susan*, aged 90 and 72, live in a remote and dilapidated farmhouse in Worcestershire, in very poor housing conditions. John suffers from ill health and Susan was struggling to provide care for him.

In February 2013, Age UK Herefordshire & Worcestershire's Wellcheck service, funded by Worcestershire County Council, visited John and Susan's home and made an assessment. The representative applied for Attendance Allowance on behalf of John and referred him to the council's social services department. They also applied for the carer premium for Susan and referred the couple to the charity Care & Repair England, to address their housing issues. John was awarded higher rate Attendance Allowance and Susan was awarded the carer premium, which increased their Pension Credit by £31 per week.

*Both names have been changed for confidentiality reasons

Age UK's calls for action

Age UK wants the Government to commit to the progressive eradication of pensioner poverty. The Government should work with national and local organisations to investigate the most effective ways of reducing poverty and establish a clear reform programme.

Age UK wants state and private pension systems to be reformed to ensure current and future pensioners are able to avoid poverty in later life. The State Pension system should provide an income sufficient to cover basic needs and in addition people need opportunities to build up private incomes which allow a comfortable retirement.

Age UK also wants the Government to ensure that the payments industry delivers a sustainable cash delivery network for all. If access to banking in later life remains a problem, a universal service obligation should be placed on banks to provide core banking services required by older people. All current and basic bank accounts should also be fully accessible at post offices.



Loneliness and social isolation

Loneliness and social isolation are not the same thing, however both are closely related and can have a severe impact on people's quality of life in older age. Like poverty and deprivation, loneliness and social isolation in rural areas can be masked due to the disparity in the financial and social positions of different rural households.



Loneliness and social isolation

What are loneliness and social isolation?

The terms ‘isolation’ and ‘loneliness’ are often used interchangeably, but they refer to two distinct concepts. Isolation refers to separation from social or familial contact, community involvement, or access to services. Loneliness, by contrast, can be understood as an individual’s personal, subjective sense of lacking these things to the extent that they are wanted or needed. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.⁵³

For instance, an older person can be physically isolated (living on one’s own, not seeing many other people etc.) without feeling lonely. For some, physical separation is a result of choice. Similarly, one can feel lonely in the midst of other people. Older family members and care home residents may not appear to be physically isolated, but their relationship with the people they live with may not be enough to ward off loneliness, particularly when the death of friends and loved ones takes away the companionship they need.⁵⁴

Various factors have been found to increase older people’s risk of experiencing loneliness and isolation. Some are related to personal circumstances: for example, loneliness and isolation are more common among people who are widowed or have no children. Others involve life events, such as sudden occurrences like bereavement, or having to move into residential care, or gradual developments that give rise to a perception of having become lonelier over time. Poor physical health and mental health are also associated with loneliness and isolation, as is the expectation of future poor health.⁵⁵

Some local Age UKs in rural areas have reported older couples buying retirement homes in very rural villages, then unfortunately one of them dies, leaving the surviving partner quite alone, without any family close by.

Key facts

Nearly half (49 per cent) of all people aged 75 and over live alone.⁵⁶

6 per cent of older people (nearly 600,000) leave their house once a week or less.⁵⁷

17 per cent of older people have less than weekly contact with family, friends and neighbours and 11 per cent have less than monthly contact.⁵⁸

Age UK estimates that there are 1.2 million people over 50 in the UK who are socially isolated.

Social isolation has been found to exert an independent influence on risk for mortality comparable with well-established risk factors such as smoking.⁵⁹

Loneliness and social isolation

What are the challenges?

Identifying the risk

One of the main challenges for the statutory and voluntary sectors is to identify the people in rural areas who are at risk of social isolation and loneliness and to deliver services to meet their needs. Like poverty and financial exclusion, loneliness and social isolation in remote rural areas can be hidden and generally go unnoticed.

A lack of research

There is also very little research comparing levels of loneliness experienced by older people in rural and urban areas. The studies that do exist tend to focus on European countries outside of the UK and show that levels of loneliness are greater for older individuals living in urban areas.

Finding solutions

It is difficult to address loneliness and social isolation amongst older people in a systematic way, as their causes can be complex and everyone's experiences are different. It is up to the individual, as well as society, to develop a strategy for coping. Befriending schemes have proven to be one of the more effective services for combating both isolation and loneliness, but they are best used in conjunction with other services. Group activities are particularly useful in helping older people out of loneliness and isolation. However, if schemes to target loneliness in older people are to be effective, they must involve older people at every stage, including planning, development, delivery and assessment.

Case study



Mary*, aged 85, lives on the Isle of Wight. In 2009, she was socially isolated with no friends or family, suffered significant problems with mobility and had hoarding tendencies. She was not eating properly and had serious difficulties doing the shopping. As a result of her situation, she had become depressed.

Mary was referred to Age UK Isle of Wight's Good Neighbour Scheme (GNS) by Social Services. She was at a 'tipping point' in her life where long term residential care seemed to be the only option and GNS was deemed to be her 'last chance' at retaining her independence. Mary received visits from her volunteer who initially provided shopping support and successfully de-cluttered her house. When Mary was diagnosed with early stage dementia, her volunteer took her to a local Alzheimer's café. The volunteer also provided her with transport to a residential care home for a bath once a week. GNS support has enabled Mary to remain independent in her home since 2009. Without it, Mary would have been placed in full time residential care four years ago.

* Mary's name has been changed for confidentiality reasons

Loneliness and social isolation

Good practice example: Age UK South Lakeland Village Agents

Funded by a Big Lottery Grant, Village Agents is a scheme that aims to empower older people in rural areas of South Lakeland to live independent lives and play a full part in their local communities. Village Agents are volunteers who provide older people with a friendly and approachable first point of contact within the market towns, villages and hamlets of South Lakeland. They know the ins and outs of their neighbourhood, and are well known themselves in their communities.

Village Agents provide information, advice and support, and help to develop new community initiatives based on local need. They are supported by village action groups, including volunteers who are involved in delivering Age UK South Lakeland's magazines, providing support at events, running exercise groups or supporting people through other projects. These volunteers also act as the 'eyes and ears' for the Village Agent across the large geographical areas covered.

Older people are supported so that they can engage with social activities in their local communities. If, after an initial assessment, the Village Agent determines that they need more specialist help, they will link them to Age UK South Lakeland's community officers for a holistic assessment and on-going support. Village Agents also work with community-based groups and organisations promoting sustainability and development. Last year the team worked with 1,668 older people from across 12 rural areas.

Sheila, 89, who lives on her own, has benefited from the Age UK South Lakeland Village Agents scheme. She says:

'Thanks to my Village Agent, I have new friends and enjoy going to the lunch club. I know who to contact for help and feel life is still worth living.'

Age UK's calls for action

Age UK wants the Government's Rural Communities Policy Unit to have a focus on social isolation (see page 6). Tackling social isolation and loneliness must also be a priority for service providers and local communities themselves. It requires a multifaceted response, with voluntary and public services sharing information and working together to target excluded people.

Older people also need to have appropriate opportunities to participate in their communities. For example, local government should invest in programmes such as befriending schemes and peer-to-peer telephone clubs to provide support for isolated older people and prevent the need for care in the future. Volunteer-led services are particularly suitable for improving social participation.



Notes

1. The Rural/Urban definition was introduced in 2004 as a joint project between the Commission for Rural Communities (CRC – formerly the Countryside Agency), the Department for Environment, Food and Rural Affairs (Defra), the Office for National Statistics (ONS), the Office of the Deputy Prime Minister (ODPM) and the Welsh Assembly.
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7. LG Futures, 'Costs of Providing Services in Rural Areas', 2011
8. Figures from the Driver and Vehicle Licensing Agency (2012) cited in CRC, 'Social isolation experienced by older people in rural communities', 2012
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16. Ibid.
17. Ibid.
18. Statistic from Department of Energy & Climate Change (DECC), 2009, cited in Rural Services Network, 'The State of Rural Public Services 2012', 2012
19. ONS (England and Wales), 2011/2012
20. Ibid.
21. DECC, 'Fuel, energy and fuel poverty in rural areas', 2013
22. Estimate based on figures from Calor, 'Future of Rural Energy England Year 1 Report', 2011
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27. Rural Services Network, 'The State of Rural Public Services 2012', 2012
28. Age UK, 'Are Health and Wellbeing Boards taking fuel poverty seriously?' 2013
29. Figures from an unpublished final report by Convey, 2012
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31. Ibid.
32. The Rural Statement 2012, published on 12 September 2012, confirmed the Government's commitment to rural communities and set out its support for rural areas through a broad range of policies across Government departments.
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34. Figure from Ofcom (2012) cited in Rural Services Network, 'The State of Rural Public Services 2012', 2012
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40. Defra, 'Statistical Digest of Rural England 2013', April 2013
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46. Joseph Rowntree Foundation, 'A minimum income standard for rural households', 2010
47. Age UK, 'Problem Debt Among Older People', 2013
48. Analysis for Age UK by Department for Work & Pensions, 2013
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