

Introduction

Most older people in England enjoy active and fulfilling lives and indeed many retired people make very valuable contributions to the well-being of their families and wider communities. However, for some, particularly amongst the oldest old, a variety of underlying factors can contribute to making them more vulnerable.

This research, carried out for 'Rural England', focusses on vulnerable older people living in rural areas and comprises four main papers on income and poverty; health and social care; loneliness and isolation; and the adverse actions of others. Those papers draw on existing data and research and we hope that our findings will be of interest and value to others.

In addition, a small number of interviews were held with relevant organisations located in, or serving, Herefordshire and Dorset. The messages from those interviews have contributed to this short summary document.

This research topic was chosen because older people were known to comprise a large and growing segment of the rural population. With a context of reducing funding for statutory services and growing expectations of community-based solutions, important questions arise about the implications for rural areas and their older residents, both now and in the future.

An ageing population

The percentage of the overall population of England aged over 65 is growing and older age groups are not evenly distributed geographically. In 2011 those over 65 years comprised approximately 17% of the total population and this is expected to rise to 23% by 2035 (ONS2012). Older people already form a disproportionate share of the overall rural population at about 23%, compared to a just over 16% in urban areas, and this gap is expected to widen further.

The maps in appendix A illustrate both the percentage of the population who were within a defined age range at the time of the 2011 Census and the projected increase, as a percentage of the total resident population, between 2012 and 2037. The concentration of older age groups in rural and coastal locations is very apparent and in some cases the percentage of the total resident population aged over 85 years is expected to more than double between 2012 and 2037 presenting particular challenges to service providers.

Some key findings from the research

By looking at existing research and data we were able to identify a number of often overlapping factors contributing to the vulnerability of older rural residents. The seemingly most significant of these are illustrated on the diagram below. Our evidence shows that whilst some of the underlying factors are worsening some are improving and others have been hard to assess. Several factors clearly have a distinctly rural dimension, some do not, but for others there is insufficient information to be sure.



Poverty/ Low Income:

Generally improving with the state pension uplift, but still 13%-15% of rural pensioners are in relative poverty which is comparable with urban areas. However, there is a wide geographical variation. Rural pensioners notably tend to face higher heating and transport costs than their urban counterparts.

Poor mobility:

This is a major and worsening issue for older rural residents. Car ownership levels, and mileage driven, are higher in rural areas evidencing the structural dependence on private transport. For those unable to drive the paucity of public transport, and continuing rural bus reductions, exacerbate problems in accessing essential services and aggravate problems of isolation.

Poor Health:

Health is improving as people stay healthier for longer but longevity is rising faster than healthy lifespan. There are high proportions of the oldest old (over 85 years) in rural areas especially the South, South West and East Anglia which is not reflected adequately in Health Care funding for those areas. There are generally lower levels of health service provision in rural areas and accessing them is an issue for many.

Unmet care needs:

This is another worsening issue. The high proportions of the oldest old (over 85 years) in many rural areas and the additional costs associated with sparsity are not reflected adequately in Social Care funding. Unmet or hidden needs can result in more urgent and complex crisis-point interventions by health service providers.

Local services closing:

Worsening. Rural residents are much less likely than urban to have local services such as Pubs, Post Offices or supermarkets nearby. The closure of village shops and pubs not only means that older people are forced to travel further but also reduces opportunities for social interactions in rural communities.

Few social contacts:

There is little information to indicate whether the situation is improving or worsening in

percentage terms but there is a correlation with age that suggests that the numbers of older people suffering from isolation and loneliness is likely to increase. More positively, there are indications of a greater awareness of the scale of loneliness and social isolation amongst older people and of the associated health and well-being implications. There are also many examples of positive intervention initiatives albeit these are often local in coverage.

Little contact with family:

May be worsening with smaller family sizes and greater geographical mobility. There are negative implications for the availability of care from within the family and frequency of contact with children is also an important correlate of loneliness.

Crime/ fear of crime:

This is a surprisingly under-researched area. Official statistics of recorded crime show that a rural resident is less likely to be a victim of crime than someone living in an urban area and that older people are at lower risk than other age groups. Older people do however appear to be particularly vulnerable to distraction burglary, fraud and doorstep crime. The Crown Prosecution Service acknowledges a huge under-reporting of crimes against older people. Fear of crime can also contribute to isolation and loneliness.

Key messages from the interviews

The interviewees provided a wealth of information about issues affecting older people in their areas.

All were acutely aware of the budgetary constraints affecting the Local Authority and health sectors. Both Herefordshire Council and Dorset County Council were under continuing pressure to reduce budgets and were actively engaged in innovative solutions that aim to save resources as well as producing better outcomes. Examples of this included Online advocacy; 'Community Connections' (reconnecting older people with local activities); Dorset Partnership for Older People (POPP) fostering joint and innovative working between Social Services and the NHS; and (SAIL) Safe and Independent Living first responder scheme.

The value of older volunteers and helpers was a common thread and many positive comments were made about close-knit rural communities. A number of voluntary organisations and charities were highly valued (including Age UK, Rotary and 'The Lions' and local churches). However, all recognised that some older people living in rural areas do experience particular difficulties and an overarching message from the people we spoke to was that physical isolation is the core issue.

The interviews identified that rural isolation is complex and dynamic, with factors such as transport issues, health constraints, financial issues and the lack of family support all featuring significantly.

Bus service cuts were a widespread concern both in terms of access to essential services and the limitations on social activities. In one case we were told that the loss of a bus service had been the main factor influencing a 70 year old having to make a

traumatic move from a rural village where she had lived for many years. The perceived unfairness of older rural residents having to pay expensive taxi fares whilst those in towns could use buses for free was also touched upon.

Pressures on social care were also frequently raised with difficulties in recruiting and lack of adequate funding for the service being common threads. A variety of concerns were expressed about the implications of future budget cuts. These included: The difficulties in securing packages of care for very isolated rural residents to enable their discharge from hospital, the qualitative implications of cost-cutting in care homes, and the expectation that the voluntary sector will do more and more despite their own grants being slashed.

Loneliness amongst the rural elderly was a common concern but one that is difficult to tackle because so much is hidden. One interviewee, actively involved in a scheme to improve the social life of older people, commented on the stigma associated with loneliness and how difficult it can be to engage older people.

There were varying views on the potential for technology to improve services to older people. Both Councils appeared to be enthusiastically developing their on-line services including on-line assessment and signposting but there was also widespread recognition that poor local broadband can be a significant constraint to uptake. Others expressed concern that on-line services are not a universal solution, particularly for older people who are unfamiliar with the technology or who prefer the reassurance of face-to-face contacts.

Looking to the future, the most optimistic expected there to be well-targeted support to the most vulnerable whilst others worried about a decline in choice of services available both in terms of range and quality.

Main Policy considerations

A number of policy questions flow from this research. They are:

- 1.** Can more be done to encourage poor rural pensioners to claim the Pension Credit to which they are entitled? The research has identified particularly low rates of claiming relative to rates for poverty in rural areas.
- 2.** Can Government and public sector initiatives be better targeted at older people living in small rural settlements? Fuel poverty is particularly prevalent in these locations and the high cost of home heating is a burden for many rural pensioners.
- 3.** What alternative means of travel to the private car should exist for older people in rural areas? No longer being able to drive is a life changing event which can result in physical

isolation. If it is no longer feasible to subsidise as many rural bus services, policy makers need to be asked what other solution(s) should exist.

4. Why is the funding for NHS distributed as it is? It does not appear to reflect the distribution of older people, even though they are said to be the main driver of demand for health services use.
5. Can adult social care services in any sense keep pace with demand in rural area? Does funding for them adequately reflect the (extra) cost of delivery in rural areas? Does that additional cost of delivery in rural areas affect delivery decisions by commissioned service providers?
6. How can initiatives such as good-neighbour and befriending schemes best be spread more widely across rural England to help ameliorate loneliness amongst vulnerable older people?

The links to the report elements are:

- Income and Poverty ([click here](#))
- Poor Health ([click here](#))
- Loneliness and Isolation ([click here](#))
- Adverse Action of Others ([click here](#))
- Appendices ([click here](#))