

State of Rural Services 2016



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Summary

This is the first State of Rural Services report to be published by Rural England. It considers nine different service topics, which are varied in nature and which span public, private and third sector delivery. The main findings about each topic are summarised below.

It is widely recognised that providing accessible and good quality services to rural communities poses challenges, given the geography of small and scattered settlements, lost economies of scale, additional travel required and the delivery costs involved. However, innovation and good practice can address many challenges, often by working with local communities.

Having a sound and dispassionate evidence base about rural services is important. This report has been produced in response to growing concerns about the state of knowledge. Policy makers and those delivering services need a proper understanding of the position and trends in order to take informed decisions. It is the aim of this report to inform policy debate and to assist policy making for the benefit of rural residents and businesses.



Overarching comments

Population living in rural England (2013)	9,206,500
Percentage of England population (all ages) living in rural areas	17.1%
Percentage of England population aged 65+ living in rural areas	22.9%
Percentage of England population aged 15-29 living in rural areas	14.7%
Number of registered businesses ¹ in rural England (2014/15)	523,705
People employed by registered businesses in rural England	3,374,000

Looking across the nine service topics one thing seems clear. As a rule the third sector or community volunteers are playing a growing role in service delivery and they are more likely to be found in rural than in urban areas. By contrast, as a rule those services which are delivered by the public and private sectors are less likely to be found in rural than in urban areas, and many of them have been contracting. Community action is playing a growing part in rural service provision, especially where there is declining provision as a result of public sector austerity or competitive market pressures.

Whilst a number of services are struggling to maintain levels of provision in rural areas, two services currently at particular risk are rural bus services and rural bank branches.

¹ There are also some small businesses which are not registered for either VAT or PAYE.

Changes to rural transport provision affect access to a range of service facilities and outlets, where these are not available locally and where travel is necessary. Recent reductions to bus services are therefore of direct relevance to various topics covered by this report.

Similarly, rural access to a range of services is altering due to the provision of and take-up of online services. This has considerable scope to address long standing concerns about rural access to services, if geographic distance is no longer such a barrier. However, this is not straightforward. Not all groups are online, some rural areas await decent (broadband) connectivity and one consequence may be less used physical outlets e.g. bank branches.

The demography of rural areas and, in particular, the growing number of older people has implications for the future of services covered in this report. On the one hand it places considerable extra pressures on public services such as GP surgeries and adult social care, especially if funding for them is tight, as it has been for some years and seems likely to continue being. On the other hand older age groups are more likely to be users of locally based commercial services in rural areas, such as convenience stores, thus helping them to survive. Retired people who remain in good health are also likely to make up a good proportion of the volunteers engaged with providing community-run services.



Local buses and community transport

Rural residents travel longer distances and spend more time travelling than their urban counterparts. They are more likely to own and make journeys by car. The clearest (rural-urban) difference is found among low income households, with those living in rural areas being 70% more likely to have access to a car. This is symptomatic of a lack of alternative transport options.

In 2012 86% of households in rural towns and 49% of households in smaller rural settlements had access to a regular bus service. This is an improvement on the position a decade earlier, though by 2012 (the latest year for this data) that upward trend had stalled.

Over the last decade, another trend is that more buses now run on a commercial basis and fewer receive local authority funding support. Across non-metropolitan (or shire) areas that support was cut by 8% in the last financial year and by almost 25% over the last four years.

Monitoring during 2015/16 identified 124 local bus services that were withdrawn altogether and 248 that were reduced or otherwise altered (this time across the whole of England). The largest cuts were in shire areas.

In rural areas the number of passengers using local buses grew in the years prior to 2008/09. That number then stayed fairly constant for a few years, before declining somewhat by 2014/15. This reversal of the trend coincides with bus service reductions.

A similar pattern is evident for concessionary bus travel (mainly by pensioners). In this case the earlier growth and more recent decline is quite marked, probably due (respectively) to

the expansion of the statutory concessionary fare scheme in 2008 and to recent rises in the state pension age.

Latest (2011/12) figures for community transport schemes show that a third of them operate in rural areas, where passengers made 8 million journeys. However, schemes in rural areas tend to be small-scale, as well as being more dependent on fare revenue and less reliant on grants than urban schemes.



Welfare services

The unemployment rate for those claiming Jobseekers Allowance is notably lower in rural than in urban areas. Some commentators have wondered if this (at least partly) reflects the nature of the rural jobs market.

Jobcentre offices are overwhelmingly located in urban settlements. In 2010 (when it was last measured) around 60% of rural households were more than five miles from the nearest Jobcentre, where claimants sign-on and review their progress. Physical access is, therefore, likely to be difficult for some.

The proportion of in-work families claiming Working Tax Credit, by virtue of their low earnings, is much the same in rural and urban local authority areas. However, at 16.3% the proportion is higher in the most rural sub-group of authorities (Mainly Rural). This could reflect low wage levels in those areas.

In rural local authority areas around 17% of those on the Basic State Pension are also claiming Pension Credit (meaning they have almost no other source of income). This is surprisingly low compared with urban authority areas (26%) and begs a question about take-up, given that there is little rural-urban difference in the proportion of low income pensioners. More, however, are on Pension Credit in coastal and industrial rural areas.

Just over a quarter of those (across England) who claim Housing Benefit towards their rent live in rural classified local authority areas. This is a relatively low share and may be influenced by the housing market, given fewer rental opportunities in rural areas.

Some benefit claimants turn to independent advice and support services for help, such as Citizens Advice and Age UK. Across all rural areas roughly 5% of households lived more than 10 miles from a relevant advice supplier. This figure rises to roughly 30% in the more sparsely populated rural areas.



Access to cash

The personal finance sector is undergoing rapid change, not least with the growth of internet, telephone and mobile banking. However, access to cash remains important for households, as does handling cash for certain businesses.

The closure of retail bank branch closures is a long term trend. Indeed, the 479 branch closures in 2014 (UK-wide) mark a significant increase over previous years and are likely to

be exceeded by 2015. Some 124 of the closures during 2014 were of last bank branches in their neighbourhood, particularly affecting rural town and coastal communities.

Somewhat dated rural analysis from 2010 shows there were 1,317 bank and building society branches in rural locations in England. These comprised 13% of all branches, the rest being in urban locations. Only 30% of households in villages were within two and half miles of a bank or building society branch.

The post office network offers an important means of accessing cash, either using its own financial products or because it provides access to the current accounts of 20 other banks and the business accounts of 8 other banks. Half of those who regularly access their accounts at a post office do so because there is no nearby bank branch. The Post Office Card Account also remains an important means of access to cash for those on low incomes.

Nationally there are more post offices than there are bank branches (of all the banks combined). Moreover, the post office network has rural reach, since more than half of its outlets are located in rural areas, including a presence in many villages.

The number of post office closures has slowed down, with a net loss of 27 rural outlets during the 2014/15 financial year. Almost 99% of the rural population lives within three miles of a post office outlet, comfortably exceeding the 95% target set by Government and the postal regulator.

Nonetheless, 72% of all cash withdrawn in 2015 was accessed at an ATM or cash machine. When last analysed (in 2010) 11% of cash machines were in rural settlements. There was typically good access to ATMs in rural towns, but in villages a quarter of households lived more than two and half miles away. The LINK network runs a financial inclusion programme to plug geographic gaps, where there is no free-to-use cash machine. So far this has targeted deprived areas, which are largely urban.

Credit unions have grown fast measured in terms of their customer base, deposits and loans. Whilst no rural-specific figures exist, it is clear from their names that many are serving largely rural shire areas.



Further education

In 2014/15 there were almost a million 16 to 18 year olds attending FE colleges and roughly two and half million aged 19 years or over attending FE colleges in England. Approximately 450,000 other 16 to 18 year old students were in school sixth forms.

The share of the working age population with at least a level 3 qualification (the minimum for the bulk of those who succeeded at FE) is somewhat lower in rural than in urban areas.

There are 332 FE colleges across England. Roughly two thirds of these are general FE colleges, the remainder being a mix of sixth form colleges, land based colleges and other specialist colleges.

According to Department for Transport data only half of rural users can get to a FE institution by public transport or walking in a 'reasonable travel time'. Equally, less than 40% of rural users can get to a secondary school by public transport or walking in a 'reasonable travel time' (a figure which would be lower still if it referred only to schools with a sixth form). The same dataset shows that rural users have less choice of FE institutions they can reach.

Research finds that rural students face particular barriers with transport to FE. This is not helped by the absence of statutory concessionary travel scheme for those aged over 16. Reduced price travel for FE students is therefore patchy and subject to change. Young learners who live in rural areas spend much longer than their urban counterparts travelling to/from FE and it costs them more to do so.

The paucity of public transport networks and the absence of larger employers are both barriers to delivering apprenticeships in rural areas.

Although based around a fixed (per pupil) sum, the funding mechanism for 16 to 18 year olds at FE colleges contains one element favouring urban areas. This is a supplement for students from disadvantaged areas. In rural areas disadvantage is typically scattered and not concentrated in specific areas.



The retail sector

Different data sources indicate that between a fifth and two fifths of all convenience stores are in rural locations. Even so, the average rural consumer would need to drive for 9 minutes to reach their nearest convenience store and would need 16 minutes to reach it by walking or public transport. The average urban consumer can reach a convenience store in about 7 minutes by either mode of travel.

A little over 17% of English supermarkets are to be found in rural locations. The great majority of these are located in rural town and fringe areas (15%) rather than in smaller rural settlements (2%).

Accessibility indicators also show that the average rural consumer would need to drive for 16 minutes to reach their nearest town centre and would need 32 minutes to reach it by walking or public transport. By comparison the average urban consumer can reach a town centre in 11 or 17 minutes respectively. The low frequency of rural public transport may complicate access further.

Online shopping and home delivery is a fast growing trend for grocery shopping and retail purchasing more generally. Whilst this may be of particular value to many rural consumers, some will face the limitation of a slow broadband connection and innovations, such as parcel shops, are largely urban based.

Whilst commercially run shops are closing in significant numbers, there has at least been a steady and sustained growth in the number of community run shops, which trade primarily for community benefit and typically where there is no other retail outlet. By 2014 there were 325 community shops open and trading across the UK. It is not known how many of these are in rural locations, though it appears that a great many are.

Other sub-sectors which promote local producers and products include farmers' markets and farm shops. There are roughly 750 registered and unregistered farmers' markets in England. Many will trade in urban locations, though they are likely to provide a direct outlet for nearby rural producers. It is also estimated, from somewhat dated figures, that there are 4,000 farm shops across the UK.



Mental health services

Mental health has gained prominence as a topic of national policy concern. Some mental health problems are relatively common, such as anxiety and depression, whilst others, such as psychoses, are less so. Roughly one in four people (nationally) are said to experience some mental health issue in any given year.

Many people are helped with their issues by support, advice and information services. Others may go to their GP, some will be seen by local mental health teams and some will be referred on for specialist treatments.

Statistical evidence shows that mental ill-health is less prevalent in rural than in urban areas, though it is rather more common in the most sparsely populated areas. Studies qualify this and consider that geography affects consultation rates, with people less likely to present in rural communities because of self-reliance, stigma, confidentiality and service access.

One issue that does appear to be more prevalent in rural areas is suicide. Farmers are at risk group, with the largest number of suicides of any occupational category. In fact mental ill-health is not especially high among farmers, but the isolated nature of their work means that problems – when they occur – tend to be internalised and help is not sought.

Analysis shows that mental health service provision is consistently more restricted in NHS Trust areas classified as rural, when compared with those that are urban. Issues include fewer professional staff, the infrequency of home visits, poor access to in-patient facilities and a lack of alternative care options.

There are fewer doctors, nurses, social workers and therapists (per head of population) working in rural areas. Patients in rural Trust areas receive less contact with professionals and fewer patient bed days are available. Research finds that underlying reasons for lower service levels include issues with recruitment, transport and service delivery cost.

Evidence, largely from Scotland, reaches similar conclusions about the (limited) provision of support services in rural areas for those with dementia. Given that dementia mainly afflicts older people and that older age groups form a large (and growing) share of the rural population, this would seem to be of particular relevance.



Older people's services

Older people are a significant share of the rural population. Those aged 65 and over comprise 23% of the rural population, well above the 16% of the urban population.

Projections also show that it is rural areas where the ageing of the population profile is expected to be most marked.

Most of those aged 65 to 74 are free from long term health problems or disability, but the situation reverses for the 85 and over age group. Indeed, older people are the key driver of demand for health services.

Around 20% of GP surgeries are located in rural areas, though this includes a significant number of secondary or outreach surgeries which may offer limited opening hours and services. Average journey times for households to reach GP surgeries are also longer in rural areas and there is some evidence of GPs making more home visits to rural patients.

One in nine rural residents is an unpaid carer for someone else (in most cases an older person), which is slightly above the urban comparator. Often these carers are family members, including partners and children. Research finds that 24% of older rural people are themselves carers. Projections indicate that the number of old people in need of care will grow enormously faster than the number of their children who might help provide it.

Alongside reductions in central government grant to local authorities, expenditure on adult social care services has declined and this has led to provision focussing on those assessed as having either critical or substantial needs. Other rural issues that were identified by research include: staff recruitment difficulties; contract providers being less willing to support clients in outlying locations; day care centres being mainly urban-centred; and a lack of public transport that clients could use to access centres.

Some 20% of sheltered housing schemes are in rural locations, which is somewhat less than the older population share. The schemes in rural areas also tend to be smaller, with fewer dwellings than schemes elsewhere. In a minority of cases those living in rural care homes benefit from access to on-site nursing.

There would appear to be a growing number of schemes which offer contact, support and signposting for older people, many of them delivered by volunteers. These vary in type, but a large number operate in rural areas, particularly those which are known as Village Agent or Community Agent schemes.



Public health services

On a number of headline indicators of health, such as life expectancy, infant mortality and years of life lost to cancer, stroke or coronary heart disease, rural communities score relatively well.

Largely rural shire areas score badly on certain indicators from the Public Health Outcomes Framework (PHOF), which is used to identify priorities for local Health and Wellbeing Strategies. This includes some indicators with an access to services dimension, including the provision of health checks, access to health screening and late HIV diagnosis.

These shire areas also score badly on PHOF indicators which measure a number of traditional rural concerns, such as social isolation, fuel poverty and road casualties.

Perhaps more surprising is that the shire areas score badly on indicators measuring school readiness (or young child development) and self harm by young people. A north-south pattern can be discerned in a few of the PHOF indicators, where northerly shires (only) score badly on preventable mortality, the prevalence of diabetes and active lifestyles.

There is seemingly little evidence about access to public health services. However, some services are delivered at GP surgeries and evidence shows that some rural households will not find it easy to access them. 56% of rural households are counted as having 'reasonable access' to a GP surgery by public transport or walking, implying that the other 44% do not.

Funding for public health services is significantly lower in rural than in urban local authority areas. Allocations per resident in 2014/15 were £27 in East Riding of Yorkshire, £28 in Rutland, £29 in Devon and £31 in Cumbria, compared with an England average of £51 and as much as £133 in inner London boroughs. These allocation levels are still largely based on historic spending patterns and have not been revised as they were expected to be.



Community assets

Various policy initiatives have sought to encourage communities to take ownership of and to manage local assets (buildings and land), not least to sustain services in rural areas.

A 2014 survey of community organisations with an interest in community assets found that 16% of them operated in rural areas and a further 20% in mixed (rural/urban) areas. The services most frequently provided at their assets were: advice and information services; volunteer training; festivals and events; arts and cultural activities; and education.

Perhaps the most obvious of rural community assets are the almost 10,000 village halls and rural community buildings in England. Run by volunteer management committees, they benefit from low running costs. According to ACRE the halls host many services and a wide variety of social, sports, arts and recreation activities. For example three quarters are used by nursery or pre-school groups. They provide employment for cleaners, caretakers and the like, and offer space for those whose employment is delivering the hosted services/activities.

By 2014 the number of community-owned shops across England had grown to 277 which were open and another 119 still at the planning stage. It would appear most of these are in rural areas. Plunkett Foundation figures show a sustained growth over the last decade and very few going out of business. The most common location is in previously commercial shop premises, which were probably closing or at risk of closing.

No national (let alone rural) data has been found for the number of 'community asset transfers', where public sector bodies hand assets over to community groups at below market value. Some 2010 figures from the (then) Advancing Assets programme found that 36% of the projects it covered were in rural locations.

Since 2011 it has been possible to have privately owned buildings or land designated as Assets of Community Value, giving community groups more chance of bidding to take them on. By 2015 some 1,800 such assets had been registered, though only 11 had successfully been transferred. It was not stated how many of these were rural.

There are now 170 Community Land Trusts (CLTs) in England and Wales, roughly half of which have formed in the last two years. By 2014 they had completed or were developing 283 new affordable homes – a number which was projected to increase rapidly. A partial listing of CLTs indicates that most operate in rural areas, with clusters of them in Cornwall, Devon, Somerset, Oxfordshire, West Sussex, Cambridgeshire and Cumbria.

The evidence points towards a community asset-based approach to service provision being of disproportionate importance in a rural context. It certainly shows that certain types of community-owned asset are growing in number. At the very least it may be plugging gaps left by service retraction in the public and private sectors.



Gaps in the evidence base

This report was produced to collate and develop the existing rural evidence base, and also to highlight any significant gaps found in that evidence base.

There are gaps in the statistical base about rural communities' access to service outlets and facilities. This was quite comprehensively measured by the former Commission for Rural Communities until 2010, but that information is increasingly dated. The Department for Transport still measures access to eight types of service for its accessibility statistics, yet this leaves many service types un-measured.

There appears to be little solid evidence about the take-up of online services amongst rural communities. Given that so many service providers encourage online access (sometimes through digital-by-default services and reduced face-to-face provision) and given rapid growth of things such as online banking and shopping, this gap is surprising. Rural service users may, after all, be among those who stand to gain most from access to online services.

With two exceptions (village halls and community-owned shops) the evidence base on community assets is surprisingly thin, given that policies place increasing store in the ability of rural communities to find local 'self-help' solutions to service delivery. Existing material is nearly all case studies or guidance. It is hard to find data about the numbers of community assets and there is little evidence of their overall contribution to rural service provision.

Overall, it is concluded that much of the evidence base about rural communities' use of services is becoming out of date and is slender.



Introduction

Purpose

The State of Rural Services 2016 report collates and lays out recent evidence about the provision of services to residents and businesses in rural England. Where possible it identifies trends and makes comparison with non-rural areas. Sometimes, there is also noteworthy comparison to be made among different rural areas.

There is longstanding recognition that providing accessible and good quality services to rural communities poses certain challenges. These arise from factors such as the geography of small and scattered settlements, lost economies of scale, additional travel requirements and the delivery costs involved. However, innovation and good practice may provide solutions.

Alongside this are broader trends in service provision, which are not specific to rural areas, but are just as important. They include the squeeze on public sector budgets, growing expectations of community or voluntary effort and the rapid growth of online services.

The report's main purpose is quite simply to inform, engage and stimulate debate about the needs of rural communities. To that end the main target audiences are those who make policies and those who deliver services. It is important that service needs of rural communities are properly understood and considered. Needs are less likely to be overlooked or misinterpreted if there is a sound and readily available evidence base. The evidence in this report is certainly intended to raise policy questions, though there is no attempt to make policy recommendations. That is for others, should they wish to do so.

The context for this report is a widely held view – not least among the Rural England Stakeholder Group – that there is significantly less rural research and evidence now than in the past. There is a strong desire to see that unhelpful trend reversed. If nothing else, production of the report has enabled the rural services evidence base to be reviewed and particular gaps within it to be highlighted.

Scope

A broad definition of 'rural services' has been taken, which includes those that are provided by public, private and third sector organisations. In any case, service delivery frequently involves cross-sector partnership working. The report also covers services delivered to individuals, households and businesses located in rural areas.

For the avoidance of doubt, it should be stated that by 'rural services' we are referring to mainstream or nationwide services (such as education, health care and retailing) and how they are provided to rural residents or businesses.

The potential list of service types is a long one. However, to keep the report focussed and to work within available resources, nine service topics have been selected. Whilst some of these may be seen as traditional rural issues (a good example being local buses and community transport), others were selected because they were thought to have largely overlooked until now (a good example being mental health services).

The nine service topics covered are:

- Local buses and community transport;
- Welfare services;
- Access to cash;
- Further education;
- The retail sector;
- Mental health services;
- Older people's services;
- Public health services; and
- Community assets.

Methodology

This report is largely based upon a review of existing sources of evidence. Even if there is less evidence than there was, much can be achieved by searching for and gathering together what already exists. Pooling of evidence sources can often strengthen or deepen our understanding. Among the existing evidence it is acknowledged that the Defra Statistical Digest of Rural England contains many useful facts and figures, and it is a key source.

It has been possible to add some new rural analysis by applying the rural classification of local authorities (see below) to available data sets. Secondary analysis to create a rural cut of data has therefore been helpful.

What has not been attempted is the generation of entirely new data, for example by running surveys or commissioning fresh research. There are simply not the resources available to do that. That said, it is hoped that this report leads to some further work (whether by Rural England or by others) to bolster the evidence base and plug identified gaps.

Rural definitions

Where possible the report makes use of the official rural-urban classification from the Office for National Statistics (ONS) and Defra. This defines all settlements with a resident population of less than 10,000 as rural. It further sub-divides the rural settlements into three groups, which are: rural town and fringe areas; villages; and hamlets and isolated dwellings. Many data sets, however, are not sufficiently detailed to provide information at this settlement level.

Hence, there is also a classification of local authority areas (specifically of district, borough and unitary authorities) for data which is available only at that higher level of geography. The rural authorities can, once again, be sub-divided into: Mainly Rural (where 80% or more of residents live in rural settlements); Largely Rural (where 50% to 79% live in rural

settlements); and Urban with Significant Rural (where 26% to 49% live in rural settlements). To confuse matters further, prior to 2011 these categories were given different names, with Predominantly Rural then being the term used for Mainly Rural and Largely Rural authorities and Significant Rural then being the term used for Urban with Significant Rural authorities.

Finally, there is some evidence quoted in this report where it has not proved possible to find evidence at either of the geographic levels mentioned above. Evidence has then been used which relates to some of the more rural shire county areas. However, at this level it is inevitable that areas contain a mix of rural and urban conditions.

Report structure

There is a chapter about each of the selected nine service topics. In some cases cross-references can and should be made between chapters, for example community-run shops are both a retail service and a community asset. These have been flagged where possible, rather than duplicating material.

Before looking at the nine service topics there is a short chapter which reviews the rural services evidence base. This seeks to summarise its strengths and weaknesses. It also notes some particular gaps that would be worthy of consideration for future research effort.

Acknowledgements

The Rural England Stakeholder Group is thanked for its oversight of the project and for its constructive comments on a draft of the report. It is valuable that so many rural interest groups have input to the project. The membership of this group can be found listed at the back of the report.

The Rural England Supporters Group is thanked for its funding of the project. Self evidently, it would not have been possible to produce such a report without their generous contributions. Those supporters are also listed at the back of the report. They include two major sponsors, who are Calor and FirstGroup plc.

Particular thanks should go to the following, who reviewed and commented on early drafts of particular chapters: Chris Moody of Landex (on further education); John Birtwistle of FirstGroup plc (on local buses); and Richard Quallington of ACRE (on community assets). Graham Biggs, the Company Secretary of Rural England, kindly provided a second pair of eyes, checking through each chapter as it was drafted. However, responsibility for the material, including any errors, lies with the author.



Assessment of the rural evidence base

The evidence gathering and analysis of rural services which has taken place in order to produce this report has led to a number of conclusions being drawn about the state of the evidence base itself. Not least, where it appears to be relatively strong and where there are weaknesses.

In terms of gaps, three broad points are highlighted:

- Accessibility statistics: statistics measuring the proximity of rural communities to service outlets or how easily they can travel to service outlets are fairly limited and dated. The Department for Transport produces accessibility statistics, but these only cover eight service types. The broader set of access to services statistics which the Commission for Rural Communities produced were discontinued in 2010;
- Use of online services: there does not appear to be much (if any) evidence about the use or uptake of online services by rural communities. This is surprising given the rapid growth of internet service provision – not least in areas such as online shopping and online banking – often accompanied by the closure of some service outlets. In theory online access could be of particular benefit to rural communities.
- Community assets: with two exceptions (village halls and community-owned shops) the evidence base on community assets is surprisingly thin, given the policy focus on community action as a means of service delivery. Existing material is nearly all case studies and guidance. Key gaps are data showing numbers and trends in community assets and services, and evidence of their contribution to service provision.

The rest of this short chapter is a brief commentary on the rural evidence as it pertains to each of the nine service topics. It can be concluded that much of this evidence base is slender and becoming out of date.

Local buses and community transport



Arguably this topic has the strongest rural evidence base of all those which are covered by this report. The Department for Transport produces fairly comprehensive statistics about buses and the Campaign for Better Transport is logging bus service changes. The Community Transport Association generates information about that sector, some of which would benefit from an update and to show whether the sector is growing or not.

Welfare services



It is relatively easy to analyse the number of welfare claimants in rural classified local authorities. However, access to welfare services is quite hard to measure. Access often now happens by phone or online, so is not location specific. Some claims and advice still depend on physical access to an office. Access to Jobcentres and to advice facilities has not been measured since the demise of the Commission for Rural Communities in 2010.

Access to cash



The Campaign for Community Banking Services tracks bank branch numbers and closures, though the last rural specific analysis was by the Commission for Rural Communities in 2010. LINK produces ATM/cash machine figures, but again the last specific rural analysis was 2010. Post Office Limited produces good and regular rural data on the post office network. Rural information on internet, mobile and telephone banking would be useful.

Further education



There is limited rural evidence. The Association of Colleges publishes national statistics about the FE colleges sector, though this does not readily lend itself to rural disaggregation. There is rural-urban analysis of the Department for Transport statistics on access to FE institutions and secondary schools, but it does not distinguish those secondary schools which have a sixth form. Some qualitative rural research exists, though is rather dated.

The retail sector



There is rural-urban analysis of the Department for Transport statistics on access to food stores and to town centres. The Plunkett Foundation produces statistics on community shops, though without a rural cut. FARMA and CPRE produce some statistics on farm shops and farmers markets, though without a rural cut. An interesting evidence gap would appear to be the uptake of online shopping and home delivery by rural households.

Mental health services



Mental health services are varied, making access to them hard to assess. The rural evidence base is also rather patchy and dated. The Commission for Rural Communities reported on mental ill-health prevalence. Mayers and others have examined reasons for rural under-reporting. Research by Mayers, Nicholson and a NHS Trust look into rural communities' access to mental health services, and there is some (mainly Scottish) rural work on dementia support services. One better documented rural issue is suicides.

Older people's services



There is good context data on ageing populations from ONS, much of it previously reported by Rural England. The 2011 Census also provides information on people's state of health, on unpaid caring and on residence in care homes. The Department for Transport accessibility indicators offer some useful information about access to GP surgeries. The identified rural information about access to adult social care services is dated and partial. A rural analysis of EAC data on sheltered housing is similarly now quite dated.

Public health services



Since public health is primarily a responsibility of upper tier local authorities, it is hard to assess the position at a meaningful rural level. At the upper tier level, the Rural Services Network has analysed public health budgets and Public Health England publishes data on public health outcomes. There is, however, very little information at all about access to public health services, unless one uses access to GP surgeries as a proxy.

Community assets



Given the extent of policy interest in community assets there is surprisingly little national (let alone rural) data about it. Almost all the published information appears to be guidance and case studies. The best information is that from ACRE about village halls and the Plunkett Foundation about community-owned shops. There is sketchy information about community-owned pubs and community land trusts. Government does not appear to publish statistics on initiatives such as community asset transfers and assets of community value.

It is concluded that there is considerable scope to improve the evidence base about rural service provision. Indeed, it can be argued that the evidence base has deteriorated in the last few years. On rural services the range of available statistics has narrowed and very little research is now being undertaken. This has come about at a time of great change – economic, technological, demographic and political – when retaining a solid understanding would seem particularly valuable.



Local buses and community transport

Public transport provides travel options for people who, by choice or because of age, income or some other reason, do not have access to a private vehicle to reach employment, services and social opportunities. It is frequently cited as a priority topic for rural policy².

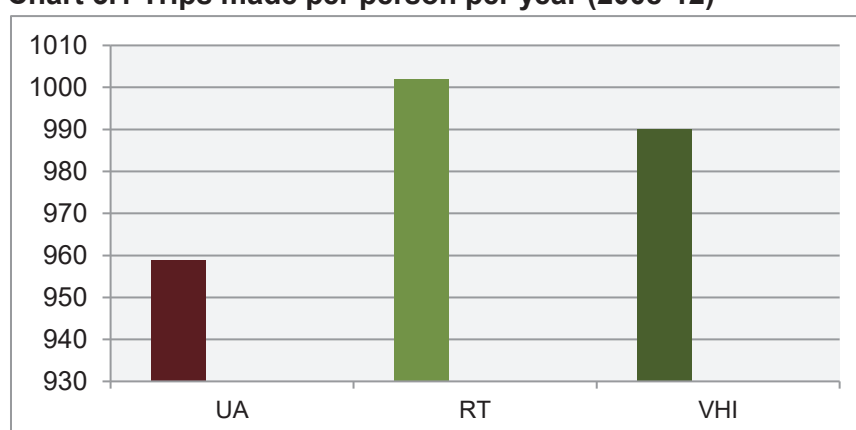
In this chapter the focus is on the provision of local bus services and alternatives such as community transport schemes. It is recognised that other modes, such as rail services, benefit certain rural communities.

Travel patterns

The National Travel Survey managed by the Department for Transport is a key data source which sheds light on travel patterns and needs. It is used within the Defra Statistical Digest of Rural England. In the four charts re-presenting that information below UA = urban areas, RT = rural towns and fringe areas, and VHI = villages, hamlets and isolated dwellings.

On average, rural residents make a higher number of trips (journeys) than their urban counterparts, although the difference is fairly modest and not a simple matter of rurality. Indeed, the highest number of trips (1,002 per year) is made by residents living in rural towns and fringe areas. Living in deeper rural areas may actually deter some trip making.

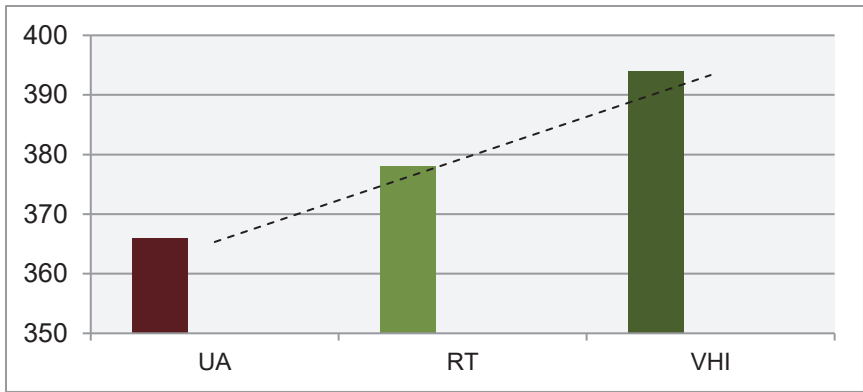
Chart 3.1 Trips made per person per year (2008-12)



There is, however, a clear rural dimension to the time spent travelling by residents. Those living in the smaller rural settlements (VHI) spend 394 hours travelling over the space of a year, compared with 366 hours for urban residents.

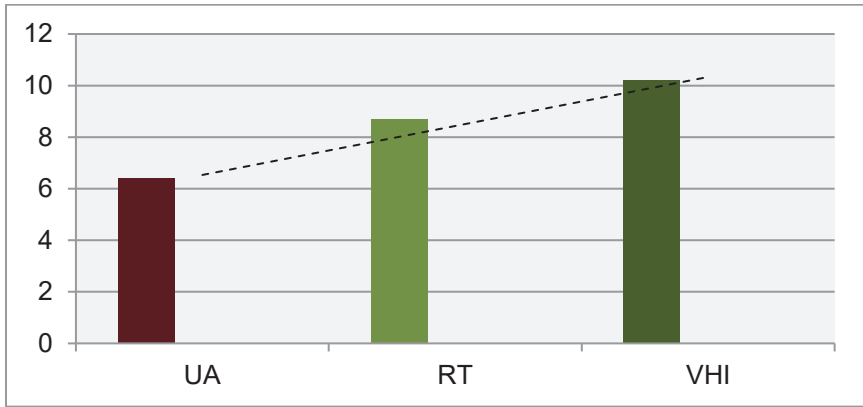
² For example, it was the top priority in a 2016 survey run by the Citizens Advice Rural Issues Group.

Chart 3.2 Travel time per person in hours (2008-12)



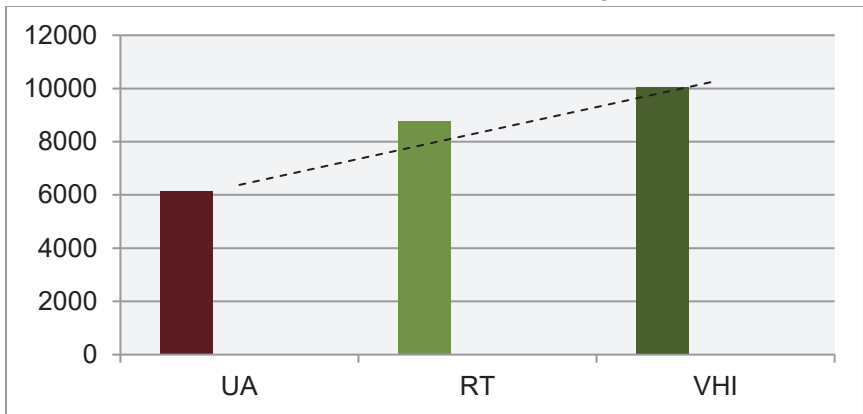
There is also a clear rural finding for the average length of trips made by residents. For those living in the smaller rural settlements the average is 10.2 miles, whilst for those in urban areas it is noticeably less at 6.4 miles.

Chart 3.3 Average trip length in miles (2008-12)



The rural-urban differential is just as evident if the measure used is total distance travelled annually by a resident. Chart 1.4 shows that those in the smaller rural settlements on average travel 10,057 miles, whilst those in rural towns and fringe areas on average travel 8,763 miles. Overall, residents in smaller rural settlements travel 63% further than residents in urban areas.

Chart 3.4 Distance (miles) travelled annually per person (2008-12)



Mode of travel

As table 3a shows, when travelling rural residents are more likely to be using a car than their urban counterparts. Some 88% of the mileage by those living in smaller rural settlements is made by private car or van, either as the driver or as a passenger.

Rural residents make a relatively small share of their mileage by local bus or on foot. In the smaller rural settlements residents make just 2% of their miles travelled by local bus services, a figure which rises slightly to 3% for rural town residents. Those living in rural areas also travel a noticeably smaller proportion of their mileage by 'other modes', a category which includes rail and underground/metro travel.

Table 3a Per cent of miles travelled by residents, by mode of transport (2008-12)

	Car or van driver	Car or van passenger	Local bus	Walking	Other modes	Total (all modes)
UA	48%	28%	5%	3%	16%	100%
RT	56%	30%	3%	2%	9%	100%
VHI	59%	29%	2%	1%	9%	100%

Footnote: the 'other modes' category includes rail, underground/metro, motorbike, taxi, air and ferry.

This pattern is reflected in high levels of car ownership in rural areas. Analysis of 2012 data shows that across all rural settlements:

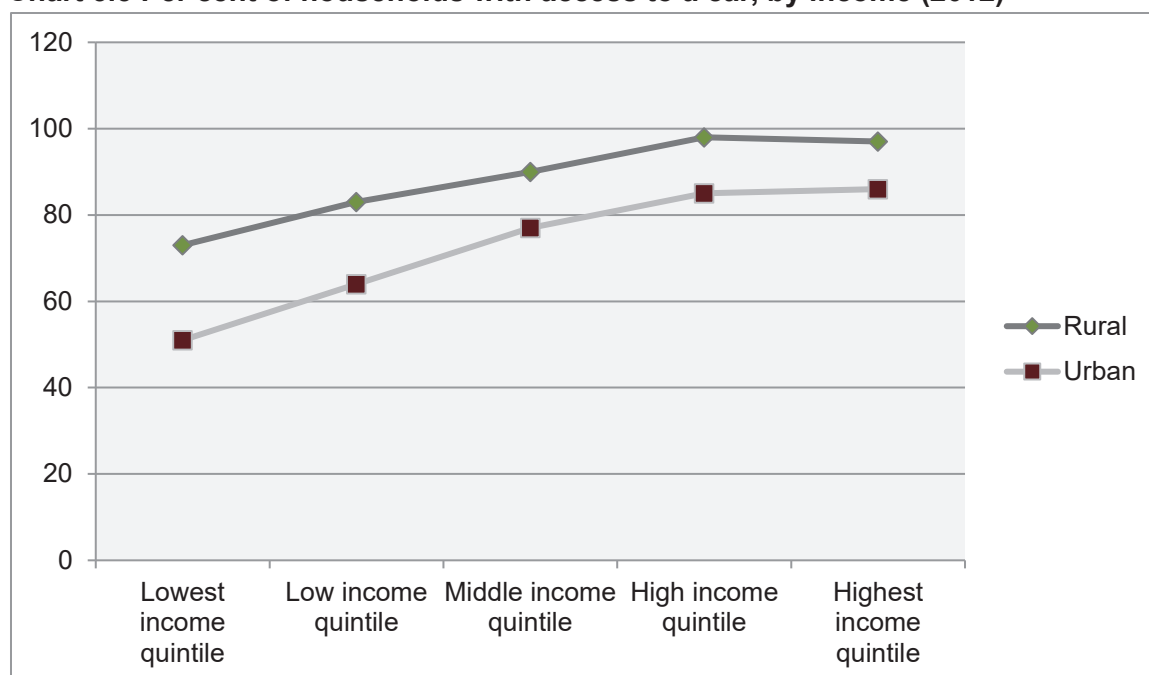
- 11% of households had no access to a car or van;
- 42% of households had access to one car or van; and
- 48% of households had access to two or more cars or vans.

This suggests that different members within rural households would, in many cases, find it difficult to go about their daily lives without their own access to a car.

Nonetheless, the statistics find that around one in nine rural households have no car and are dependent on other means of transport.

As the chart below shows, comparing rural with urban areas, the largest difference in car ownership is evident among low income households. Almost three quarters (73%) of rural households who were in the bottom fifth of incomes had access to a car. Put another way, low income rural households are 70% more likely to have access to a car than low income urban households.

It seems reasonable to conclude that this is symptomatic of a lack of alternative transport options to car ownership. It also helps explain why rural households spend a relatively large share of their disposable income on transport (12.5% or £91.20 per week, at 2013 prices, compared with 10.8% or £64.60 per week for urban households, according to the ONS Living Costs and Food Survey).

Chart 3.5 Per cent of households with access to a car, by income (2012)

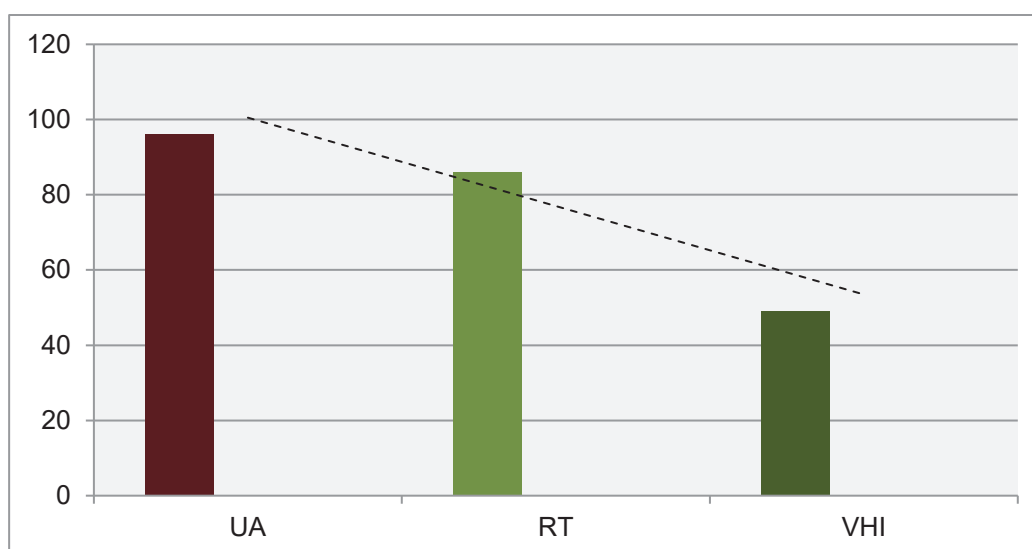
Access to bus services

The Department for Transport applies a standard definition to measure the availability of bus services to households. It records whether there is a bus stop with an hourly or better bus service that is within 13 minutes typical walking distance. This allows for comparisons between different types of area, although there may, of course, be rural locations where walking to a nearby bus stop is hazardous given the lack of a safe path or pavement. One other caution is that the most recent figures available using this measure refer to 2012, so will not take account of the most recent trends.

Analysis of the National Travel Survey by Defra shows that:

- 86% of households in rural town and fringe areas could access a regular bus service in 2012. This is an improvement on the position a decade earlier (75% in 2002), although is lower than the peak a year earlier (89% in 2011);
- 49% of households³ in the smaller rural settlements could access a regular bus service in 2012. This is an improvement on the position a decade earlier (38% in 2002);
- The comparable figures for urban households were 96% in both 2002 and 2012.

³ This figure appears high compared with those for immediately preceding years, which could result from sampling error. However, the overall finding of improvement over a decade seems robust.

Chart 3.6 Per cent of households with access to a regular bus service (2012)

Bus service mileage

Many rural bus services receive subsidy from the local transport authority. This support sustains routes where patronage will be low, typically serving smaller and scattered rural settlements. It also ensures that some busier services, which are commercial during daytime hours, are run into the evening or at weekends.

The Public Service Vehicle (PSV) Survey by the Department for Transport shows that the number of miles run annually by publically supported bus services (England, outside London) reduced by 75 million over the four year period from 2011 to 2015. Over that same period the number of miles that were run annually by commercially operated bus services increased by 42 million. There was, therefore, a net reduction of 33 million miles. Both the majority of the decline in supported services and the majority of the increase in commercial services took place in non-metropolitan (or shire) areas.

It is possible to disaggregate this survey data further to individual local authority areas. This allows analysis for those areas classified as either predominantly rural (PR) or significant rural (SR). As the following table shows, measured by vehicle miles run, the decrease in local authority supported bus services was almost balanced by the increase in commercial bus services in rural areas. More specifically in PR and SR areas:

- Local authority supported bus services were running 34 million fewer miles in 2014/15 than they had been in 2011/12; whilst
- Commercial bus services were running 31 million more miles in 2014/15 than they had been in 2011/12.

To put that another way, based on miles run, supported services made up 28% of the total in rural local authority areas in 2011/12. Three years later they made up only 21% of that total.

Table 3b Million vehicle miles run by local bus services (2011-15)

		2011/12 (a)	2012/13	2013/14	2014/15 (b)	Change (a) to (b)
Significant Rural:						
SR	LA supported services	63	58	52	45	-18
	Commercial services	174	182	184	186	+12
Predominantly Rural:						
PR	LA supported services	64	59	57	48	-16
	Commercial services	147	152	154	166	+19
Combined Rural:						
SR + PR	LA supported services	127	117	109	93	-34
	Commercial services	321	334	338	352	+31

This could mean that busier inter-urban and rural bus routes have been gaining frequency at the expense of quieter rural bus routes, and/or it could mean that some previously supported bus routes are now operating commercially. The industry believes some providers have retained services by flexing what is commercial, though the law forbids actual cross-subsidy.

Funding support

Whatever the explanation, there is a growing body of evidence reporting on local authority reviews of their financial support and on cuts to rural bus services. The context for this, of course, is a period in which Government revenue grant to help fund local authority services has reduced considerably. Whilst local authorities have a duty to identify socially necessary services, any subsidy they provide is discretionary. The Campaign for Better Transport has been recording and mapping trends over a number of years. Their most recent *Buses in Crisis* report found that across England there was:

- A net reduction of £20.5 million in local authority support for bus services over the most recent year recorded (2013/14 to 2014/15). This represents a cut of over 8% in local authority support funding;
- A net reduction of £73.9 million in local authority support for bus services over the four year period from 2010/11 to 2014/15. This represents a cut of almost 25% in local authority support funding.

Cuts to funding support have happened in both shire and metropolitan areas, and can be seen in all regions. However, the four numerically largest cuts that took place in 2014/15 were all in shire county areas. A few largely rural shire counties no longer provide any support for local buses.

During the period 2005 to 2015 local bus fares in non-metropolitan areas rose by 44%, whilst the retail prices index rose by a lower 35%. However, this would appear to reflect rising operating costs (fuel, insurance, etc) rather than an attempt to offset any loss of subsidy.

Service reductions

The table below shows how during the year 2014/15 this translated into bus service cuts or reductions. The Campaign for Better Transport says that across England⁴ there have been around 2,000 bus services reduced, altered or withdrawn over the period since 2010/11.

Table 3c Bus services changes in 2014/15 and 2015/16

Bus services in England that during the year were:	2014/15	2015/16 prov.
Reduced or otherwise altered	274	248
Withdrawn altogether	222	124
Total for the two categories above	496	372

Service cuts tend to affect different areas in different years, as funding reviews are implemented. In 2014/15 the shire areas where the most bus services were withdrawn, reduced or altered were North Yorkshire, Cumbria, Dorset, Herefordshire and Nottinghamshire. It appears that the most affected shires in 2015/16 will be Devon, Hertfordshire, Staffordshire and East Sussex.

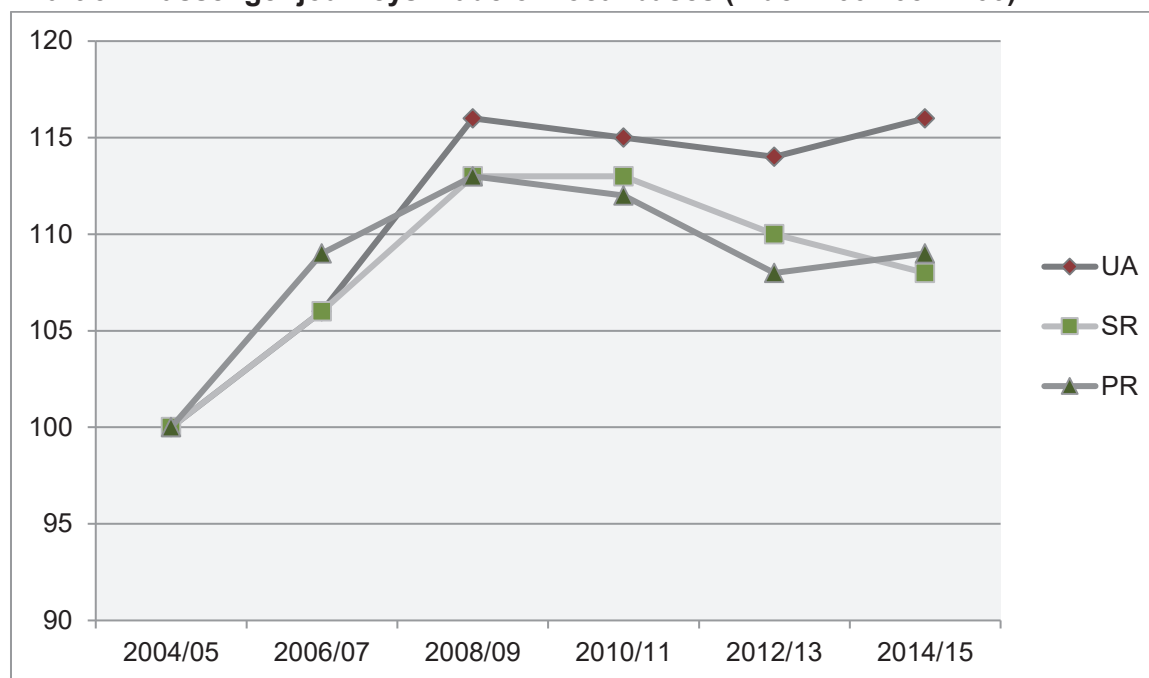
A report by the charity, Age UK, illustrates the impacts of bus service cuts on the lives of older people living in rural areas. This can include difficulty in accessing healthcare appointments, meeting up with friends and taking part in social activities, amongst other things. There are also concerns cited about the cost of using alternatives, such as a taxi for food shopping. The report concludes that it is, therefore, ironic that free national bus travel has been such a success, with growing numbers of older people applying for the concession since its introduction in 2008.

Passenger numbers and trends

Bus statistics from the PSV survey can also be used to look at the trend in passenger numbers who use local bus services. The chart below shows that:

- There were growing passenger numbers in both predominantly rural (PR) and significant rural (SR) local authority areas, in common with urban areas (UA), in the years prior to 2008/09. Growth from 2004/05 to 2008/09 was about 13%;
- However, since that date rural passenger numbers have fallen back somewhat, whilst those in urban areas have plateau-ed. Rural growth over the full decade 2004/05 to 2014/15 is thus close to 8%.

⁴ These figures do not disaggregate shire from metropolitan areas and will not, of course, all be rural.

Chart 3.7 Passenger journeys made on local buses (index 2004/05 = 100)

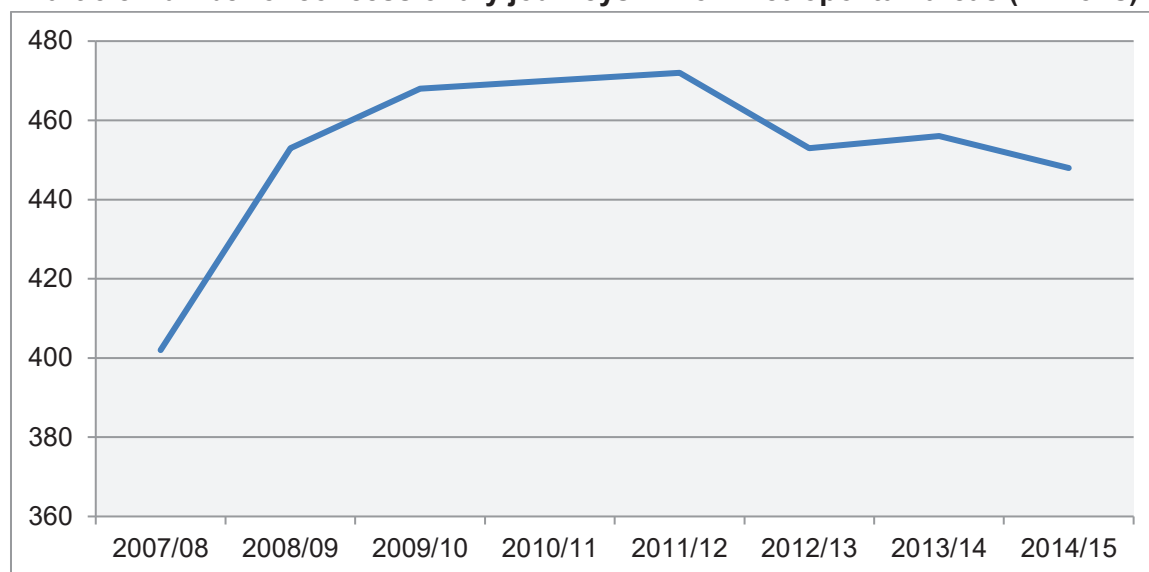
It cannot be stated categorically that the reversing trend in rural passenger numbers is a direct result of bus service reductions, but it seems likely the two are related.

Concessionary travel

Since 2001 those on the state pension and disabled people have been entitled to free concessionary travel on local bus services at off-peak times. Many local transport authorities have funded extensions to this national statutory scheme, for example to offer concessionary travel during peak hours or to some young people.

The PSV survey shows that concessionary travel comprised 35% of all local bus journeys made during 2014/15 in non-metropolitan areas, although there are considerable variations. As the chart below shows:

- The number of concessionary journeys made rose sharply after 2008, when the statutory scheme was enhanced to include travel anywhere in England (having previously been limited to the local transport authority where a recipient lived);
- The number of concessionary journeys made then remained fairly consistent until around 2012;
- The number of concessionary journeys made then declined somewhat by 2014/15. This is thought to be in part due to bus service cuts, though it also reflects a rise in the state pension age which affects individual eligibility.

Chart 3.8 Number of concessionary journeys in non-metropolitan areas (millions)

Anecdotal evidence is that fairly high proportions of older people in rural areas fail to apply for concessionary travel because of the paucity of bus services on which to use it.

Community transport schemes

Community transport schemes often seek to plug gaps in rural transport provision or to assist certain population groups. According to a recent report by the Community Transport Association (CTA) the main users of these schemes are older people and people with disabilities, though more than half say they are used by those who are geographically excluded (which may often be a reference to rural residents).

There is some variation in the way these schemes (rural and urban) operate, with:

- 84% of them having a section 19 licence, allowing them to carry members of their scheme;
- 14% of them having a section 22 licence, allowing them to carry any member of the general public; and
- 2% of them having a full Public Service Vehicle operator licence (which those with a section 19 or 22 licence are exempted from).

According to an earlier CTA report which surveyed the sector in England as at 2011/12:

- More than 600 community transport organisations were operating in rural areas and this comprised a third of the national total;
- Some 8 million journeys were made by passengers on community transport in rural areas over the space of the year;
- There were 48,000 volunteers helping to run community transport schemes in rural areas; and
- Around 2,000 people were employed by community transport organisations in rural areas.

As the information box shows, rural areas have a relatively large number of community transport organisations given their population, but typically they are small in scale.

Rural areas have around 30 community transport *organisations* per million inhabitants (urban comparator is 13).

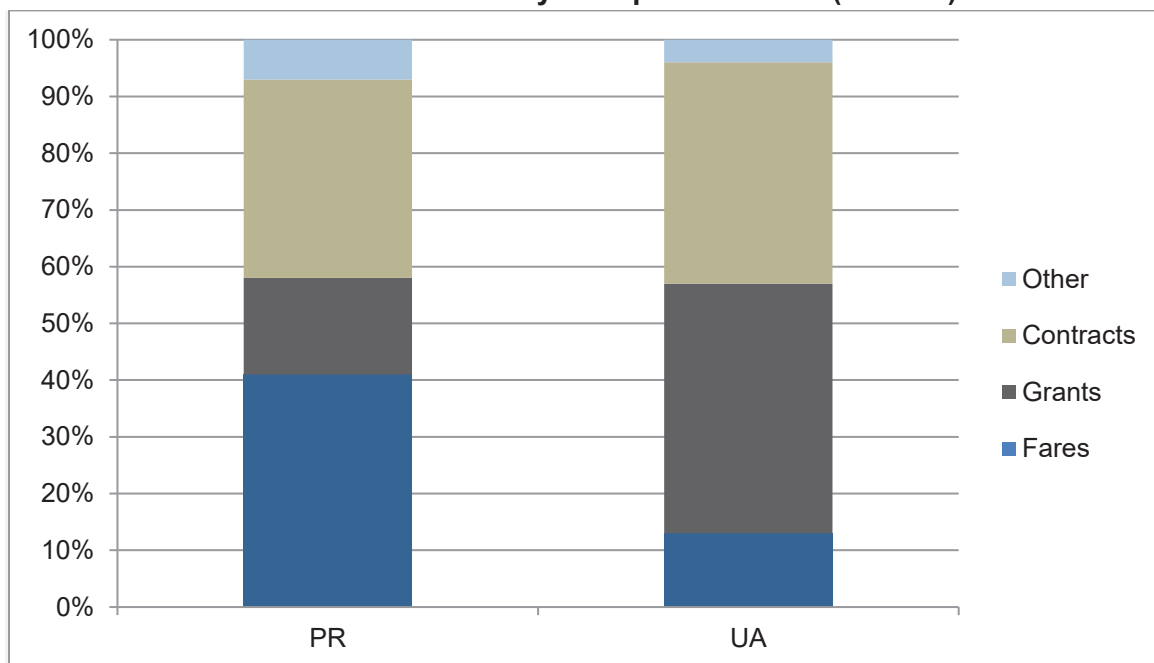
The organisations in predominantly rural areas carry around half as many *passengers* as those in predominantly urban areas.

Community transport organisations in rural areas rely more on *volunteers* and less on employees than those in urban areas.

Schemes in predominantly rural areas are far more reliant upon revenue from fares than those in urban areas. The following chart shows that rural community transport schemes get 41% of their income from fare collection. The converse is that rural schemes are much less dependent on grants than their urban counterparts.

The CTA said as recently as 2014 that, whilst there are areas of growth in the sector, local authority grant funding was under close scrutiny and many operators were facing funding cuts. As a result many community transport providers were raising concerns about the sustainability of their operations.

Chart 3.9 Sources that fund community transport schemes (2011/12)



There are, of course, various other ways that rural residents may travel, aside from owning their own car. This can include informal arrangements, such as car sharing and lift giving, as well as transport provision by the education, health and social care sectors. It can include walking and cycling, particularly in or around rural towns.

In conclusion, although car ownership is high in rural areas, public transport is important for certain groups. This, when added to the challenge of serving dispersed settlement patterns, poses a central concern. Many rural bus services depend on subsidy to sustain them and are vulnerable if public sector budgets are reduced. There is soft evidence of local solutions being sought to keep services going, yet the fact remains that since about 2012 the rural indicators have been pointing downwards – public subsidy reductions, service cutbacks and patronage declining. It may be that community transport is plugging gaps. There is a need for more current data to show whether earlier growth in community transport is in fact continuing.

Welfare services

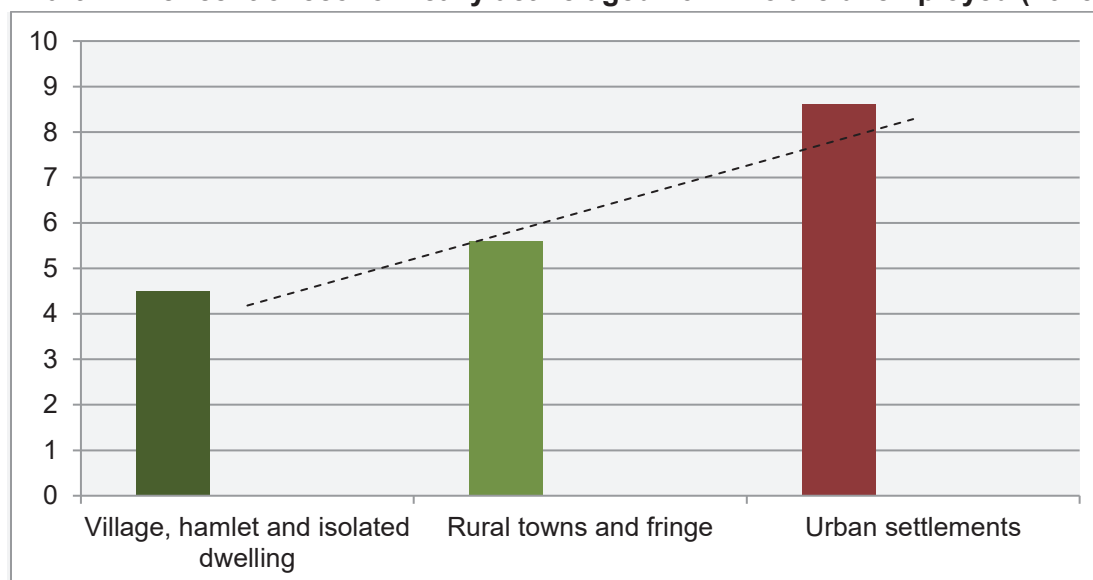
It is possible to conduct most welfare benefit transactions online or by phone, but those who depend on them may also need face-to-face access to advice or support with claims. Some also need to attend initial interviews and job seekers must regularly report their progress.

There are various groups of welfare claimants and it is not possible (nor probably sensible) to try and cover them all. Some differing types of benefit have therefore been selected for analysis and to some extent the choice is steered by the availability of evidence. Child Tax Credit is not covered since it is usually available for any family with up to an average income.

Jobseekers Allowance

The official claimant count statistics show that the unemployment rate is lower in rural areas than in urban areas. Trend data indicates that this is the long standing position which holds true through economic peaks and troughs. Whilst unemployment rates have continued to fall since 2013 – the year used in the chart below – the comparative rural-urban picture is likely to be the same.

Chart 4.1 Per cent of economically active aged 16+ who are unemployed (2013)



Source: Defra Statistical Digest of Rural England

Some commentators wonder if the rural-urban differential is exaggerated by the different way in which their labour markets operate. Possibly fewer people sign-on in less formal rural labour markets or more people find temporary work. However, this is unlikely to explain the

full differential and unemployment counts not based on the claimant system (e.g. from the Population Census) show similar results. Further evidence about this would seem useful.

Two other benefits of note have not been analysed in this section. The out-of-work disabled or long-term sick can claim Employment and Support Allowance. Those who are out-of-work may be eligible for additional help under Income Support for things such as housing costs.

Jobcentre Plus offices

Those who are registered unemployed (and therefore in receipt of Jobseekers Allowance) are generally expected to visit a Jobcentre Plus office every two weeks to meet with an adviser and to attend every three months for a full review. As well as help with finding permanent employment, Jobcentre visits can be a means to find training opportunities and work placements. Physical access to a Jobcentre Plus office is therefore relevant.

The last time that physical access to Jobcentre offices appears to have been calculated is 2010 by the Commission for Rural Communities. There has been some contraction of the Jobcentre network since that date, but the 2010 figures are nonetheless reported here as the best rural analysis available.

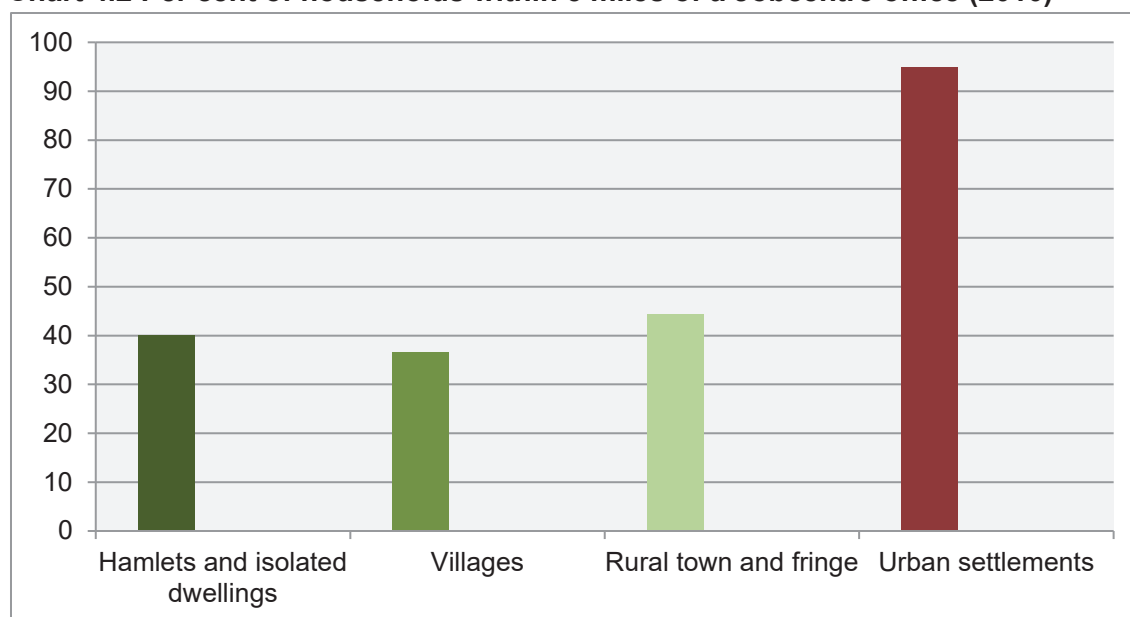
That analysis measured both the location of Jobcentre offices and the percentage of households living within 5 miles of a Jobcentre office. Perhaps unsurprisingly it found that Jobcentres were overwhelmingly located in urban settlements (with a population over 10,000). To be precise, in 2010 there were:

- 3 Jobcentres located in villages, hamlets or isolated dwellings;
- 20 Jobcentres located in rural town and fringe areas; and
- 578 Jobcentres located in urban settlements.

The number of Jobcentre offices in rural locations had more than halved during the decade from 2000 to 2010, whilst the number in urban locations was unchanged. It seems fair to conclude that, from a rural perspective at least, there was centralisation of this service.

It may well be the above figures included subsidiary or outreach offices, since DWP gave the total number of Jobcentre Plus District Offices across England as only 326 by January 2014. Whilst there have certainly been further closures since 2010, it seems unlikely they were on a scale which accounts for this discrepancy.

Turning now to household distance from a Jobcentre, as the chart below shows, there is again a very clear rural-urban differential. In rural areas around 40% of household are within 5 miles, but in urban areas is it almost 95%.

Chart 4.2 Per cent of households within 5 miles of a Jobcentre office (2010)

Footnote: So as not to clutter up the chart, this excludes sparse areas. Figures are lower still in sparse areas, but do not alter the overall rural-urban message.

In short, for those who are unemployed in rural areas, accessing a Jobcentre may not be easy, especially when distance from this facility is combined with issues around public transport provision (see earlier chapter).

Working Tax Credit

In-work families who earn less than specified amounts can claim the Working Tax Credit. The thresholds in 2015/16 were £13,100 for a single person, £18,000 for a couple, £24,370 for a couple with one child and £28,920 for a couple with two or more children. The amount of credit paid tapers off as these thresholds are approached. Slightly different earning thresholds and rules apply to the self-employed and disabled. Claimants must also work at least a given number of hours per week (the limit being lower for those with children, who are lone parents or who have a disability). It is not available to those aged below 25 unless they have children.

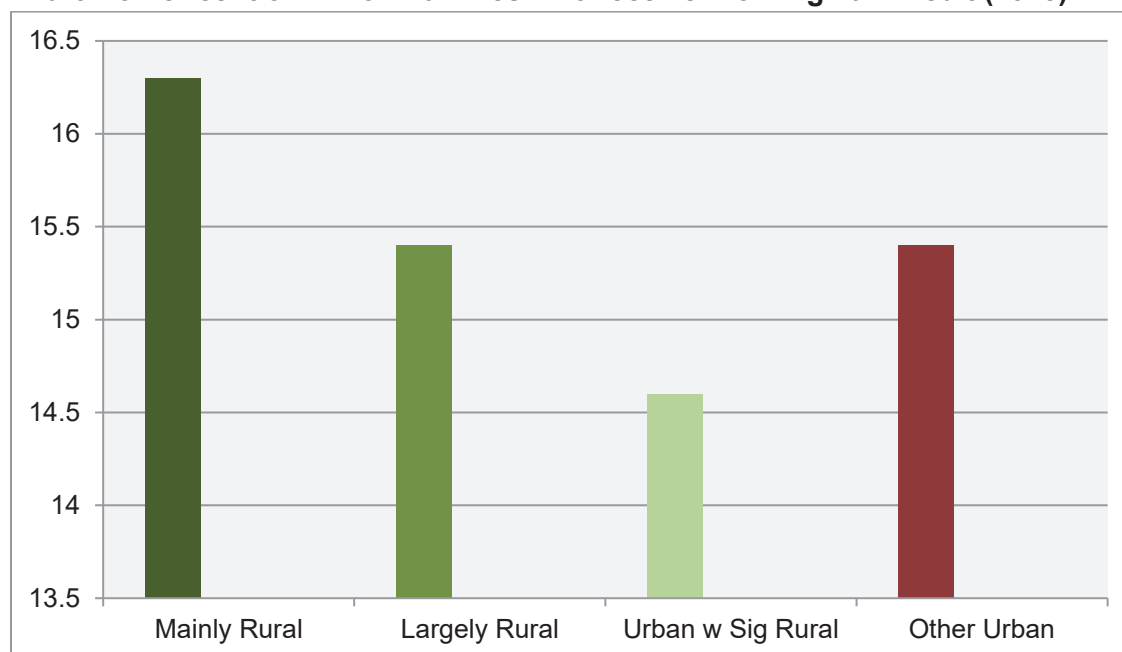
There is also the Child Tax Credit benefit, which has not been analysed here, largely because of its overlap with and similarity to the Working Tax Credit.

The Department for Work & Pensions caseload data set for Working Tax Credit (WTC) claimants in August 2013 has been analysed for this report at the local authority level. It finds that the proportion of in-work families who receive WTC is (overall) much the same in rural and urban classified local authorities. However, if rural authorities are split into their three sub-groups we discover that:

- In Mainly Rural authority areas (the most rural grouping) the proportion on WTC is 16.3%, which is above the England average;
- In Largely Rural authority areas (the next most rural grouping) the proportion on WTC is 15.4%, which is the same as the England average;

- In Urban with Significant Rural authority areas the proportion on WTC is 14.6%, which is below the England average.

Chart 4.3 Per cent of in-work families who receive Working Tax Credit (2013)



Source: DWP caseload data set for Working Tax Credits

This pattern may reflect the relatively low wage levels that are typically found in less accessible rural areas (according to the ONS Annual Survey of Hours and Earnings) and perhaps, also, the prevalence of seasonal and part-time work.

It should be noted that claims for Working Tax Credits are generally made either by phone or online and there is no office visit required.

Pension Credit

Low income pensioners are entitled to claim a Pension Credit on top of their Basic State Pension. Data on this was analysed by Rural England in an 'Income and Poverty' paper that formed part of its vulnerable older people study. A summary of that material follows.

According to caseload data from the Department for Work & Pensions in November 2014 there were 4.2 million people claiming the Basic State Pension in local authority areas with a rural classification. They comprise nearly 42% of England's Basic State Pension claimants.

Table 4a: Number of claimants for Basic State Pension and Pension Credit (2014)

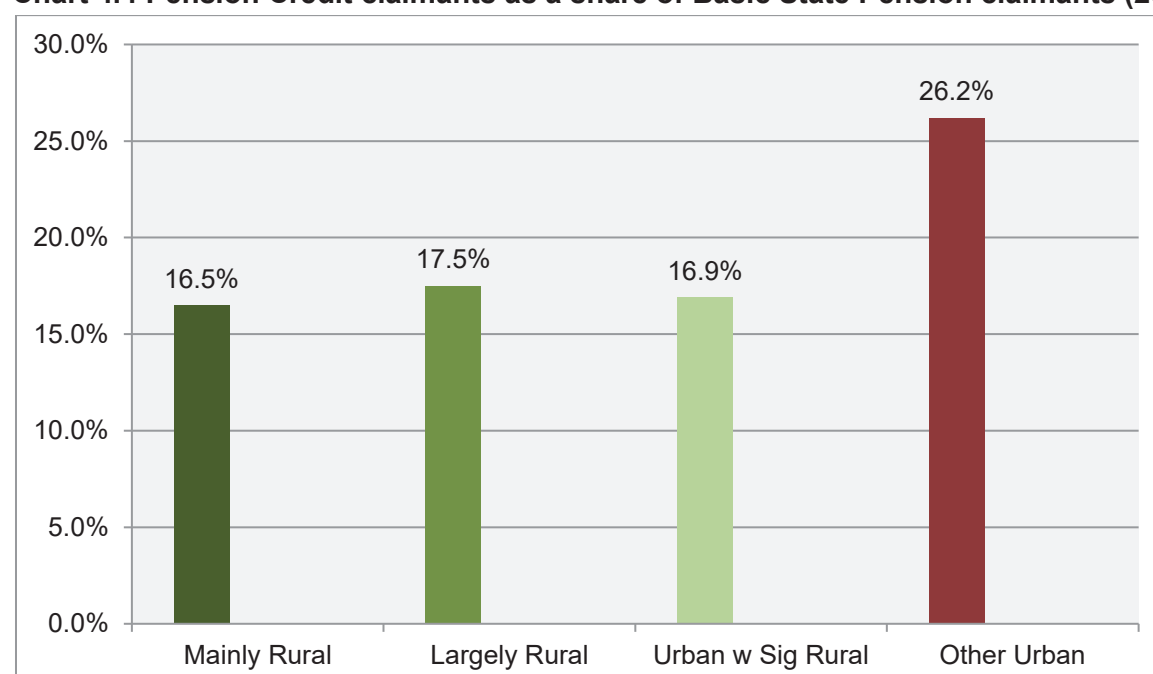
	Basic State Pension claimants	Pension Credit claimants
Mainly Rural areas	1,185,820	195,800
Largely Rural areas	1,500,150	263,260
Urban with Significant Rural areas	1,518,040	257,110
Sub-total for Rural categories	4,204,010	716,170
Other Urban areas	5,874,860	1,538,420
England totals	10,078,870	2,254,590

Source: DWP caseload data on pensions for November 2014

The figures in the table for Pension Credit claimants show that:

- It was received by more than 716,000 people living in rural classified local authority areas;
- Who comprise 32% of recipients across England (so less than the 42% rural share on the Basic State Pension).

Chart 4.4 expresses those on Pension Credit as a proportion of those on the Basic State Pension. In rural local authority areas around 17% are also on Pension Credit, whilst in urban local authority areas around 26% are also on Pension Credit.

Chart 4.4 Pension Credit claimants as a share of Basic State Pension claimants (2014)

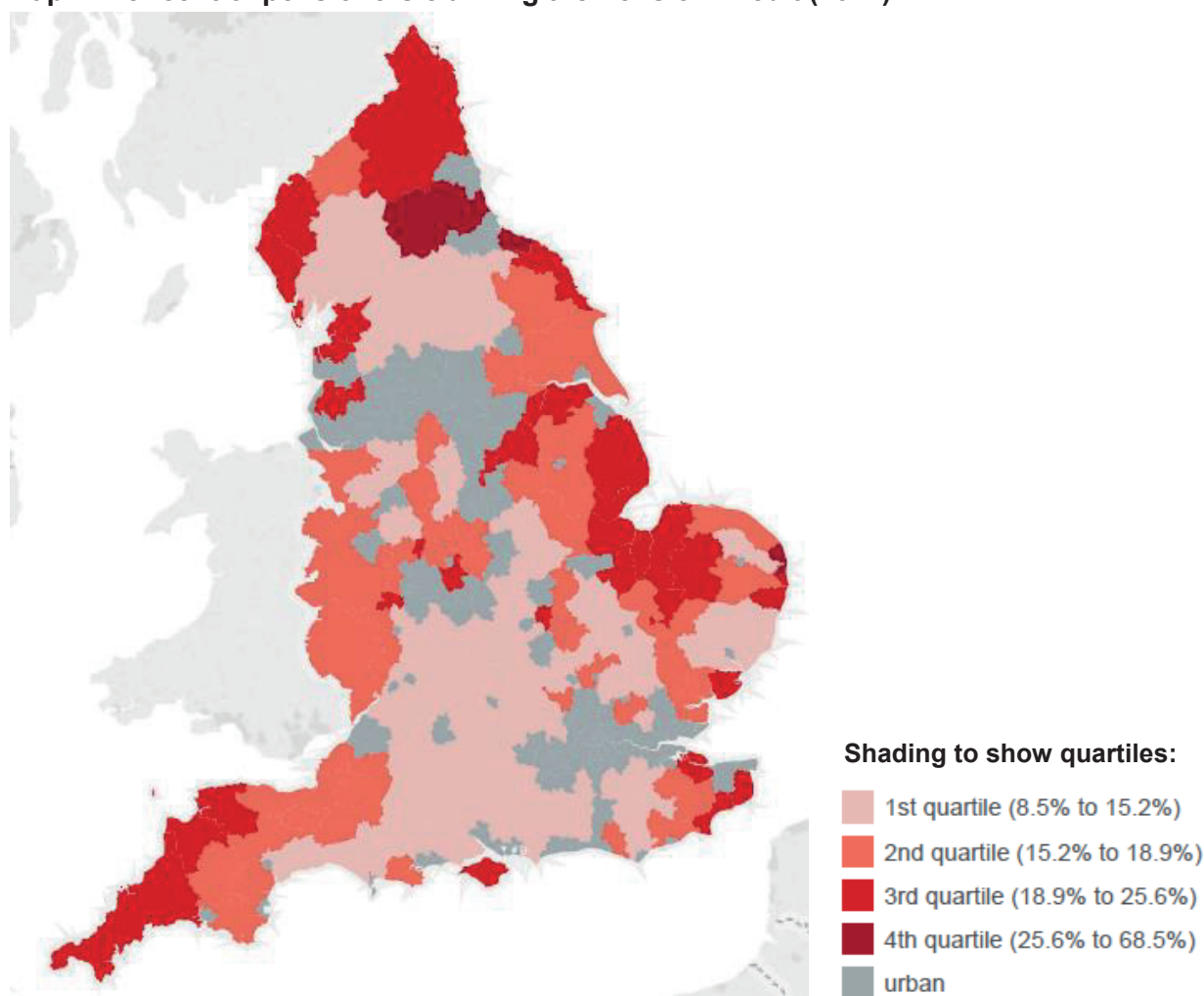
Source: DWP caseload data on pensions for November 2014

The Rural England paper concludes that the size of the rural-urban differential for Pension Credit claiming is surprisingly large and hard to explain. This is because (depending on the

measure used) there is no rural-urban difference or only a small difference in the proportion of older people who are on low incomes. The paper suggests two possible explanations. One is that a very disproportionate number of rural pensioners living in (defined) low income households nonetheless have an income above the threshold for claiming Pension Credit. This is not particularly satisfactory, since the financial thresholds for these two concepts are similar. The other is that a disproportionate number of low income rural pensioners fail to claim Pension Credit. Claims are generally initiated by a phone call to the claim line, which should be straightforward from any location. The Department for Work & Pensions estimates that nationally about 1 in 3 of those eligible to claim do not do so. Some (now dated) research by Scharf and Bartlam, based on interviews with rural pensioners, found that many were stoical and reluctant to claim welfare, though it did not draw an urban comparison.

It is worth noting that there is considerable variation among rural classified local authority areas. The highest proportions on Pension Credit seem typically to be found in coastal and industrial rural areas. The areas with the very lowest proportions on Pension Credit are mainly within the London commuter belt. Darker red areas on the map highlight areas in the north east, along the east coast and in the far south west.

Map 1: Per cent of pensioners claiming the Pension Credit (2014)

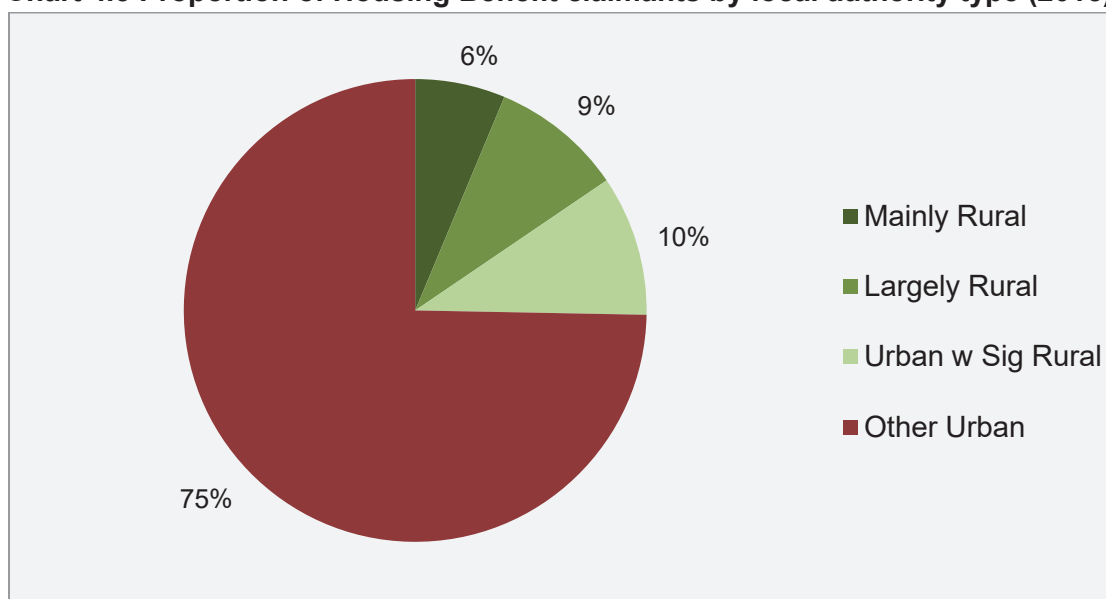


Housing Benefit and Council Tax Benefit

Those who *rent* their home may be eligible for Housing Benefit payments, if they receive other benefits or have a low income. Those who *own* their own home may be eligible for help towards paying Council Tax, known as Council Tax Reduction (or previously as Council Tax Benefit), if they receive other benefits or have a low income. The detailed rules for Council Tax Reduction are set by individual local authorities, so it is not possible to compare rural with other authorities on a like-with-like basis. There is also, it should be noted, a great deal of overlap between these two benefits and other benefits within the welfare system.

Caseload data for Housing Benefit is available from the Department for Work & Pensions at a local authority level and it has been analysed for this report. The analysis finds that 1,026,000 of the Housing Benefit claimants in November 2015 were from rural classified local authority areas, so they comprised just over a quarter of the England total. This is less than the population share of those local authority areas, which is close to a third. Given the overlap with Jobseekers Allowance and Pension Credit (amongst others) that fact may not be too surprising. It may, however, also reflect the relatively small size of the rental housing market in rural areas.

Chart 4.5 Proportion of Housing Benefit claimants by local authority type (2015)



Source: DWP Housing Benefit caseload statistics for November 2015

Housing Benefit claims are made to the local authority (district, borough or unitary council). Typically local authorities encourage online applications, whilst also offering a telephone helpline and providing face-to-face assistance for those who need it. Physical access to council offices could therefore be an issue in a minority of cases.

Citizens Advice bureaux

People may turn to various providers of advice and support for help with welfare claims. For example, some older people may turn to Age UK. The Citizens Advice network is another obvious source, whose remit includes the provision of information and advice about welfare.

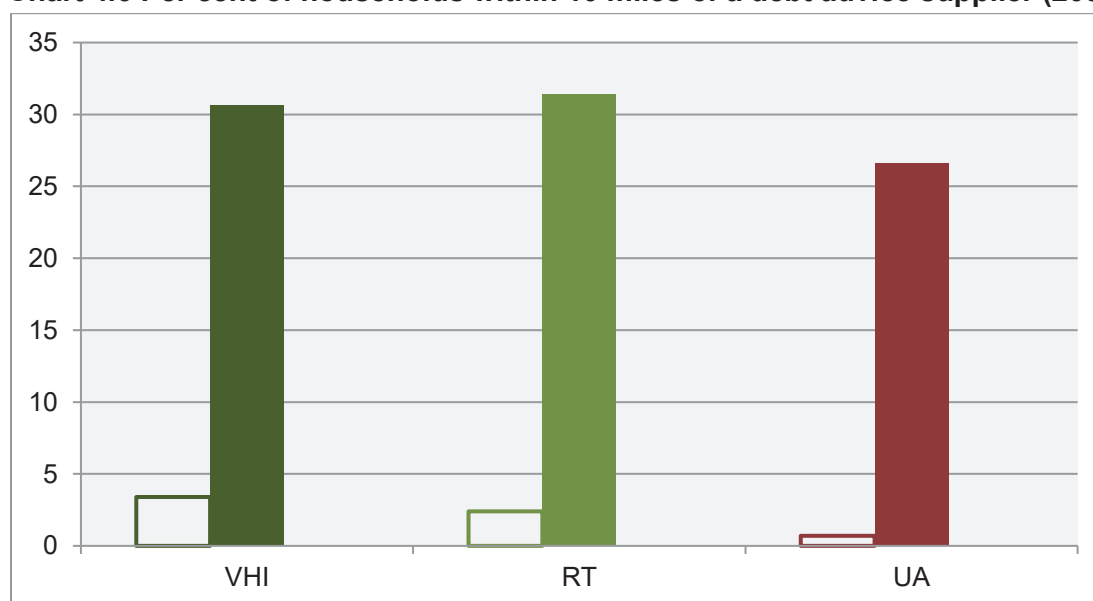
Its advice is typically given over the phone or during a visit to a local Citizens Advice office. Some of them will make home visits and some will provide advice by email. The network delivers advice from 3,500 locations across the UK (which includes outreach and institutional sites). To give an indication of its reach it is noted that the Citizens Advice website lists the presence of: 8 local offices in Dorset; 5 in Somerset; 9 in Northumberland; and 8 in Norfolk.

There was some (now rather dated) analysis produced by the Commission for Rural Communities to measure the physical access that households had to debt advice services, which were described as Citizens Advice offices, Age UK offices and other local providers. Although this chapter is not about debt, the analysis – which covered 1,015 facilities across England – is clearly still relevant.

The chart below separates sparsely populated areas (the fully coloured bars) from non-sparse areas (bars with only an outline). It shows that:

- Overall around 5% of rural households live more than 10 miles from a debt advice supplier;
- That is a larger percentage than for urban households, though the difference is not great;
- The far more significant difference is that between households (rural or urban) in sparsely populated and non-sparsely populated areas;
- In rural sparsely populated areas around 30% of households live more than 10 miles from a debt advice supplier.

Chart 4.6 Per cent of households within 10 miles of a debt advice supplier (2008)



Source: Legal Services Research Centre

Only 64 of the 1,015 debt advice suppliers were actually located in rural settlements (with a population up to 10,000).

It should be noted that Universal Credit is due to replace (or combine) six benefits for those out of work or on low incomes. They are Jobseekers Allowance, Employment and Support

Allowance, Income Support, Working Tax Credit, Child Tax Credit and Housing Benefit. It is being introduced gradually at certain locations, the most rural so far being Cumbria.

In conclusion, the proportion of rural people or households on welfare is typically rather lower than the proportion in urban areas. However, it still amounts to fairly significant numbers and there is some evidence levels of take-up are affected by rurality. Most of the access to these services happens at-a-distance, by the internet, phone and post, so it does not require (regular) physical access to an outlet. Arguably the greater issue, now, is rural access to information and advice services.



Access to cash

Whilst we rely more and more on electronic transactions and futurists talk about the cashless society, individuals and many businesses nonetheless depend on access to cash to varying degrees. This is particularly true for those who cannot or prefer not to use credit and debit cards. It is equally true for retail and other businesses making low cost sales, especially where they need to deposit takings and have change for customers. In 2015 cash was still used for 45% of all payments and particularly for low value transactions.

Bank or building society branches are an obvious and traditional point of access to cash as, of course, is the network of post offices. Access to ATMs is another measurable factor. What cannot readily be measured are things such as wages paid in cash by employers, cash transactions with self-employed trades people and cash-back facilities at supermarkets or smaller shops.

According to recent polling research by TSB the two types of facility that people consider most desirable to have on their local high street are a post office (named by 74% of people) and a bank branch (73%). Traditional means of access to cash and personal financial services would still appear to be seen as important.

Bank and building society branches

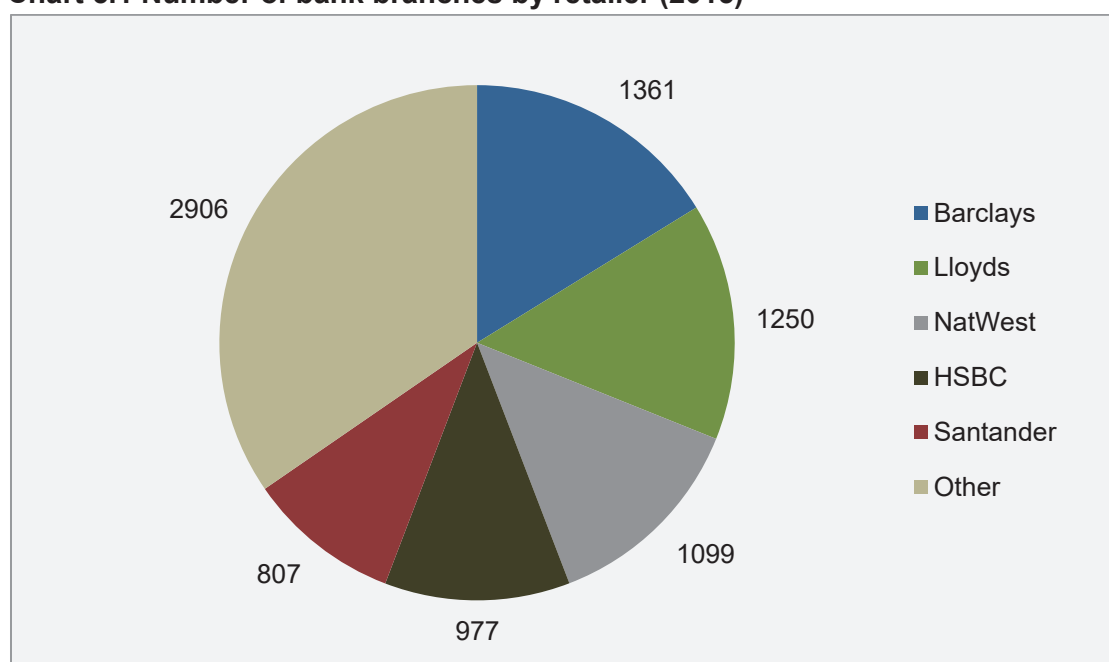
Despite this, the long term trend of branch closures shows little sign of slowing, as the retail banking sector seeks to cut costs and boost competitiveness, driven by the growth of online and telephone banking, industry mergers and new entrant banks. Digital technologies, such as mobile Apps, contactless cards, faster payments and cheque imaging, are all disrupting the market. This may create issues around physical access to bank branches, especially in rural areas. It could also add to the financial exclusion affecting certain groups. New entrants to the retail banking market, such as Metro and Virgin, tend to locate their branches in urban centres.

The British Bankers Association said in 2015 that the number of customers visiting its members' branches had fallen by 30% in just the previous three years and that many of those visits were now to seek advice or discuss products, rather than to conduct basic financial transactions. NatWest and RBS reported that by the end of 2014 the proportion of their transactions that took place in a branch had fallen to around 10%. In practice the pattern has become more complex with two thirds of bank customers now making use of multiple channels so, for example, they both visit a branch and use internet banking.

A voluntary pledge by three of the major banks not to close branches where they were “the last bank in town” was dropped in 2014. However, in 2015 the main high street banks, consumer groups and Government signed up to a protocol on branch closures. This commits banks to assess the likely impacts, where a closure is proposed, to publish the results and to consider alternative options for users, such as nearby branches, ATMs and post offices, as well as telephone and online banking.

According to the Campaign for Community Banking Services (CCBS), at the end of 2015 there were 8,400 retail bank branches across the UK. The make-up of these is shown in the pie chart below.

Chart 5.1 Number of bank branches by retailer (2015)



The CCBS recorded 479 branch closures during 2014, which was a high number relative to previous years. Moreover, some 124 of these were the last bank branch in their community and this particular trend is said to have most affected rural towns and seaside communities. A paper by Timothy Edwards points out that the problem is very pronounced where different banks are undertaking their own closure programmes and these overlap, causing a multiple loss (or even complete loss) of branches at the same location. One recently publicised case is Glastonbury in Somerset, where the two remaining branches are due to close around the same time.

As the table below shows, the longer term trend is that there were 2,750 bank branch closures over a decade, which is a 25% reduction in the branch networks.

Table 5a: Number of bank branch closures across the UK

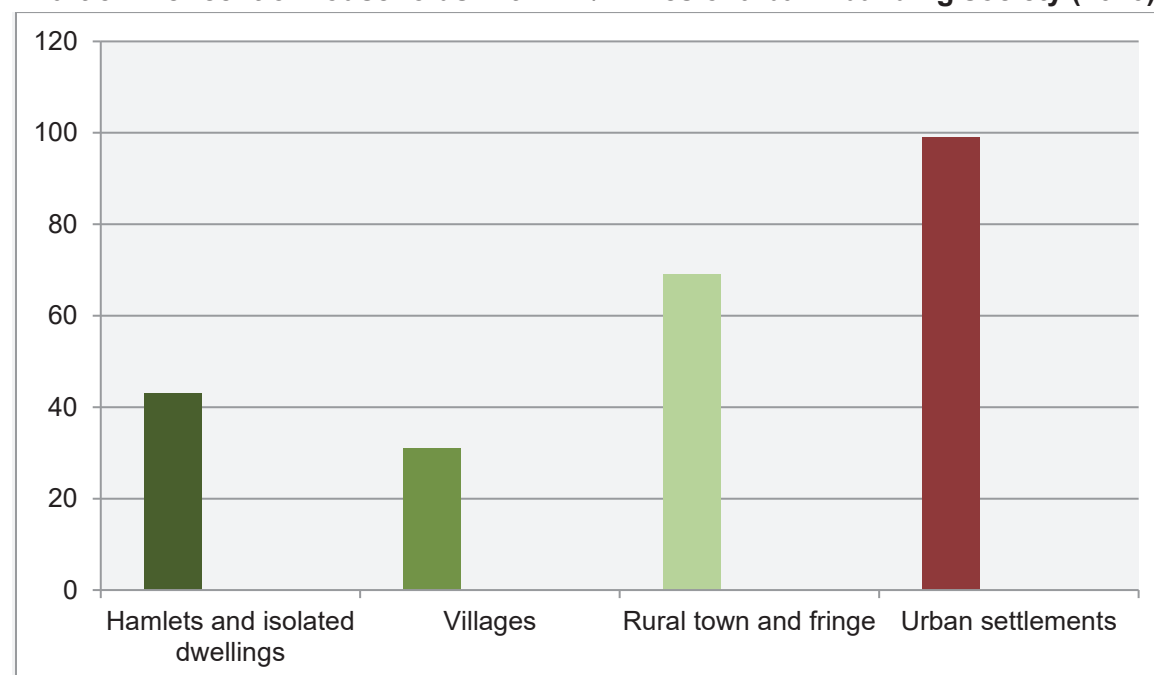
Timescale	Number
Branches closed during 2013	222
Branches closed during 2014	479
Estimate for branches closed during 2015	650
Estimate for branches closed over 2006-16	2,750

Source: Campaign for Community Banking Services

All of the above refers to the UK and to both rural and urban areas. The most recent analysis for rural England would appear to be that on access to bank and building society branches by the Commission for Rural Communities in 2010.

This showed that branches were largely (87%) in urban locations (with a population of 10,000 or more). Nonetheless, at that date there were 1,238 branches in rural town and fringe areas, and 79 further branches in village locations.

The same source provides data for the proportion of households that lived within two and half miles of a bank or building society branch. The figure for village households, at just over 30%, was particularly low.

Chart 5.2 Per cent of households within 2½ miles of a bank/building society (2010)

Footnote: So as not to clutter up the chart, this excludes a small category classed as sparse areas.

The Post Office Network

As the CCBS comment, Governments have been cautious about intervening in commercial decisions by the banking sector. To a considerable extent they have looked to the Post Office network to help plug geographic gaps. The Post Office is both a direct provider of

banking and financial services, and is a portal for accessing accounts of other banks. In practice, by 2014/15 this meant:

- It operates a Post Office Card Account (POCA) into which relevant customers may receive their state pension, welfare benefit or tax credit payments;
- The Post Office was piloting its own personal current account in certain branches;
- It was possible to withdraw cash from a personal current account of 20 other banks;
- In most cases it was also possible to deposit cash and/or cheques into these personal current accounts; and
- It was possible to access banking services for business accounts of at least 8 other banks. Details of the services on offer vary, though attempts to standardise the offer are underway.

Research conducted by Citizens Advice in 2013 discovered that:

- In rural and remote areas 55% of all current account holders had at some point made a cash withdrawal at a post office;
- In these areas 22% of all current account holders made at least a weekly cash withdrawal at a post office; and
- Just over half (51%) of those making a weekly withdrawal did so because they didn't have a bank branch nearby.

These findings indicate that the post office network is an important source of cash for rural consumers. With 2.9 million POCA account holders (rural and urban), it could also be said that the network is an important means by which those on low incomes access cash.

One issue cited in the research that should be of some concern is that customers often felt there was a lack of privacy for banking transactions in (the new style) Post Office Locals, where one shared counter handles both post office and other shop business.

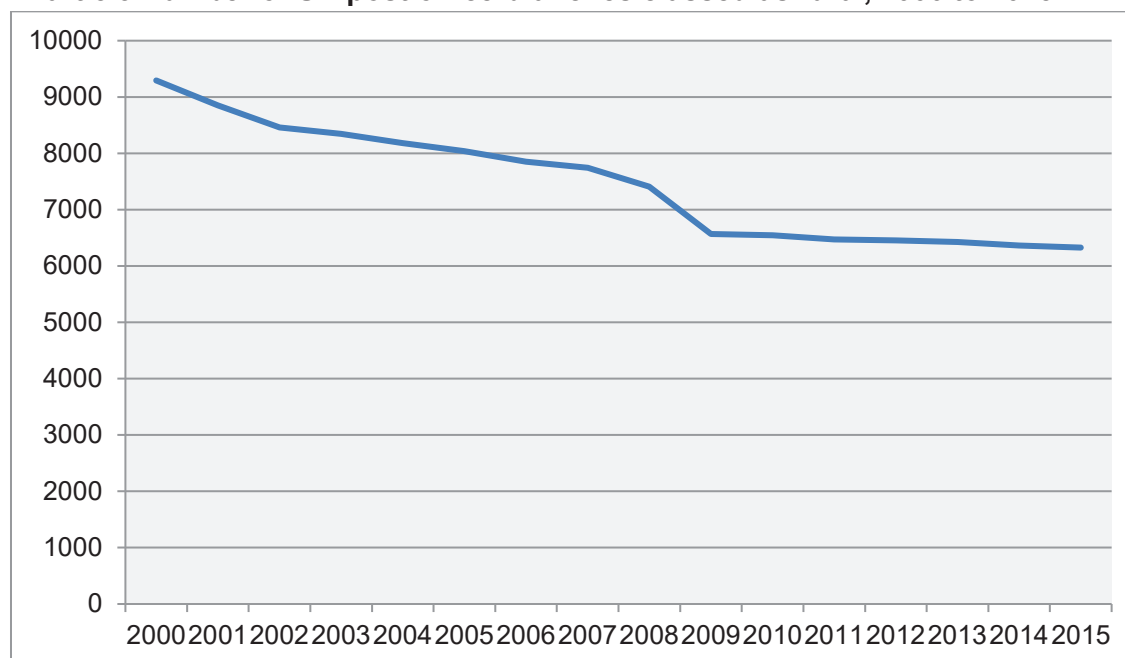
Post Offices branches operate under various contractual forms. A small number of Crown Post Offices owned by Post Office Limited (POL) can be found in larger urban centres. Most post offices are effectively contracted out, either as larger franchises operating from within chain retail stores or being managed by an independent sub-postmaster. Others (in small rural settlements) are run by the Post Office as outreach or satellite services on a part-time basis e.g. in a village hall or as a mobile service. The Network Transformation Programme, as well as providing the investment to modernise the network, is turning all outlets into one of four tiers by 2018 – Crown Post Offices, Post Office Mains, Post Office Locals and Community Post Offices.

Over the last thirty years the post office network (or number of outlets) has almost halved in size though, as the chart below illustrates, in recent years the downward trend has stabilised. By March 2015 there were 11,634 post offices across the UK (including 8,825 in England). Stated Government policy is to maintain a network of around 11,500 branches. This is more than the total number of branches of the various retail banks.

Of these, 6,327 or more than half were located in rural locations (with less than 10,000 population). This up-to-date but UK-wide figure may somewhat overstate the rurality of the network in England: analysis from 2010 showed that 44% of English outlets were then rural.

Returning to the UK figures, there was a net loss of 27 post offices in rural locations during the year 2014/15 and a net loss of 76 in rural locations over the five year period 2010-15. The chart plots the trend for a fifteen year timespan.

Chart 5.3 Number of UK post office branches classed as rural, 2000 to 2015



Source: Post Office Limited

'Access criteria', which are laid down in Government policy for the network, include a measurement of physical access to a post office in rural areas. One of the criteria is that 95% of the rural population should live within three miles of a post office outlet. In 2014/15 the Post Office reported that 98.7% of the rural population lived within that distance. This clearly exceeds the target, though it represents a small decrease on the 99.1% recorded in previous years.

Another access criteria of interest is that 95% of the population within every postcode district should live within six miles of a post office outlet. This captures variation across the country and any localised gaps in provision. In 2014/15 there were only three postcode districts which fail on this criteria, all of them in Scotland.

Despite some decline in post office numbers and accessibility, it seems fair to conclude that the network remains one of the most widespread of any service type in rural England.

ATMs or cash machines

According to LINK, which provides the network between UK cash machines, by 2015 some 72% of all cash was accessed via an ATM. Moreover, the volume of cash accessed in this way has increased by 1% in transaction terms and by 2% in value terms, when compared with the previous year.

There were roughly 70,600 cash machines across the whole of the UK by the end of 2015, of which 52,800 were free to use. This means that the number of cash machines has grown

by 12% in the last five year and the proportion of machines that are free to use has risen during the same period. It is telling that 97% of cash withdrawals are made at free to use machines.

These published figures are not split into rural and urban locations. We can, however, note that:

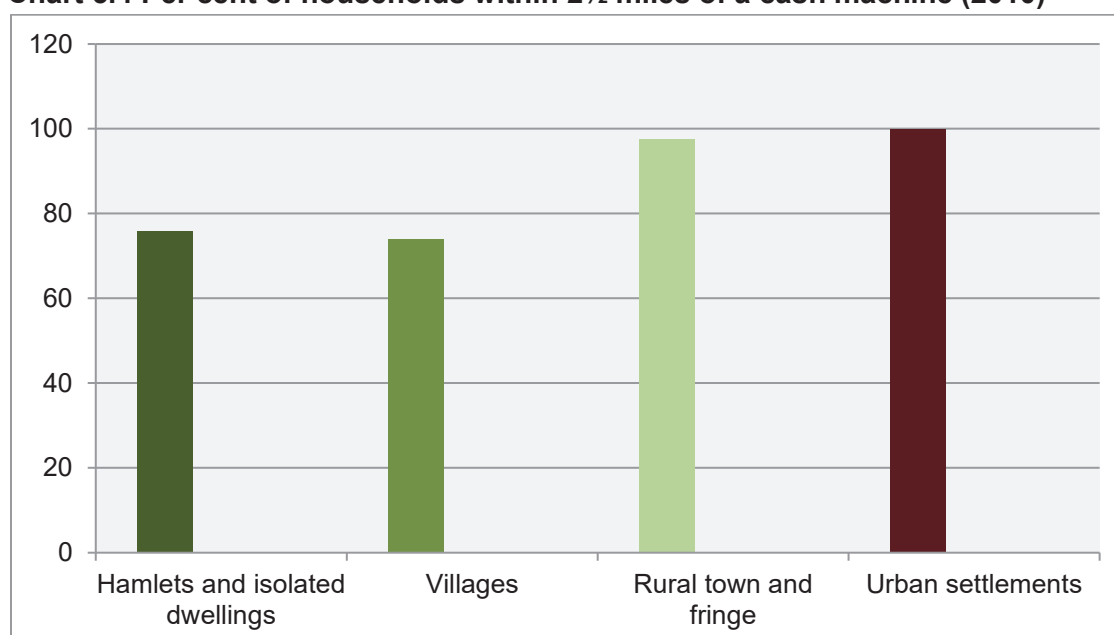
- 18,600 of the free-to-use cash machines are at bank branches, so they can be expected to have a similar pattern of rural accessibility (though some small branches will not have a machine);
- 34,100 of the free-to-use cash machines are at other locations, which are likely to include things such as supermarkets, convenience stores, petrol stations and rail stations.

It is also worth noting that LINK operates a financial inclusion programme, which subsidises the introduction of free to use cash machines in neighbourhoods that are lacking one. Over 900 cash machines have been installed for this reason. From a rural perspective the issue will be that the programme has so far targeted neighbourhoods with a concentration of deprived households (according to the Government's deprivation index), which will largely mean urban areas.

The last rural analysis of access to cash machines would appear to be that undertaken by the Commission for Rural Communities in 2010. At the time just over 11% of all cash machines, whether free to use or pay to use, could be found in rural locations (settlements with a population under 10,000).

The 2010 analysis shows (see chart 5.4) that access to cash machines was good in rural towns. In smaller settlements around a quarter of households lived more than two and a half miles distant. It is likely there has been some increase in rural cash machine numbers since that date. However, it is not known how many of the rural cash machines are pay to use.

Chart 5.4 Per cent of households within 2½ miles of a cash machine (2010)



Footnote: So as not to clutter up the chart, this excludes a small category classed as sparse areas.

Credit unions

Credit unions have developed in many localities and among some groups, using a mutual and not-for-profit model where they are owned by their savers who are the members. They often make use of volunteers to reduce costs. Typically credit unions appeal to those who wish to see some of their savings used for the benefit of a community and they can provide loans for those who might not get them elsewhere (or who might otherwise be tempted by payday lenders). A few offer more sophisticated products, such as ISAs, insurance and mortgages.

The Association of British Credit Unions Limited (ABCUL) reports that in June 2015 there were around 350 credit unions in England, Scotland and Wales, with roughly 1,238,000 customers between them. They have deposits of £1,130,000 and loans of £720 million.

ABCUL report both short-term and longer-term growth in the sector, with:

- Membership up 6% in the year to 2015 and up 125% in the decade to 2015;
- Deposits up 12% in the year to 2015 and up 196% in the decade to 2015; and
- Loans up 7% in the year to 2015 and up 146% in the decade to 2015.

No rural specific figures appear to be available, though it is evident from the list of credit union names that many have been set up to serve residents in largely rural areas.

This chapter has not analysed, though it acknowledges, that many people access their finances (though not cash, per se) through internet, mobile and telephone banking. It also acknowledges that many transactions are cashless, using credit cards and debit cards. Nonetheless, access to cash remains important for both individuals and businesses. It would appear that bank branches are among those which are services currently most at risk of contraction in rural areas. This makes the sustainability of the Post Office network – beyond the current publically-funded modernisation programme – all the more important.



Further education

All young people in England are now expected to participate in education, training or an apprenticeship until the age of 18. For most this means attending further education (FE), a term that encompasses general FE colleges, tertiary and sixth form colleges, and various specialist colleges (including land based colleges). It should be noted that large numbers of adults also study at FE colleges, many of them on a part-time basis. It should also be noted that many remain at school until age 18, rather than attending a FE college.

Many qualifications acquired in FE are classified as level 3, which fall into three categories: Academic (A levels); Technical (entirely vocational BTEC and C&G); and Applied General (BTEC and C&G that offer a mix of academic and vocational content). This is currently the subject of further review.

FE colleges also deliver qualifications at levels 4, 5 and 6, including higher national and degree courses. FE should not be confused with higher education (HE), which is for post-18 students seeking level 4 to 8 qualifications. Most HE is delivered by universities, though it can be delivered at colleges (as are almost half of land based degrees).

Student numbers

Further education (FE) institutions offer young people (leaving school) and adults a wide range of both academic and vocational training and qualification opportunities. According to the Skills Funding Agency in 2014/15:

- There were 955,000 qualifications studied by FE students in England who were aged under 19; and
- There were 2,579,000 qualifications studied by FE students in England who were aged 19 or over.

Student number figures published by the Association of Colleges are slightly lower than this, because some students study for more than one qualification.

No rural breakdown of these figures is available or, it appears, could easily be generated. What is known, from the 2011 Census, is the percentage of the working age population in rural and urban areas who have obtained a level 3 or higher qualification. (Level 3 is typically earned in FE or schools, though higher levels are often earned in HE.) As the following table shows, that percentage is somewhat lower in rural areas than it is in urban areas.

Table 6a: Per cent of residents aged 16 to 74 with at least a level 3 qualification (2011)

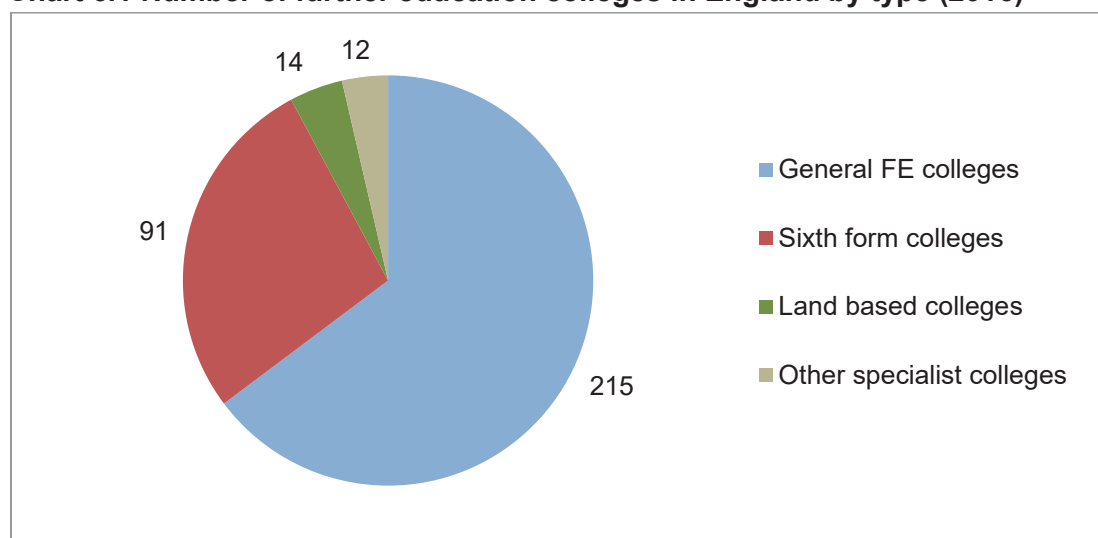
Settlement	Per cent
Hamlets and isolated dwellings	12.2%
Villages	11.8%
Rural towns and fringe	11.9%
Urban areas	12.4%

Source: 2011 Census results for rural England (Defra)

Further Education colleges

According to the Association of Colleges in April 2016 there were 332 organisations operating as FE colleges in England. The number of college locations or sites is higher than this, because there have been organisational mergers between some previously separate colleges, some colleges operate from various sites and there are some colleges which operate in federations. For example, two thirds of formerly independent land based colleges are now part of general FE or tertiary colleges, or universities.

The 332 organisations fall into a number of categories, as illustrated by the following pie chart. About two-thirds of them can be classified as general FE colleges, with the remaining third being a mix of sixth form colleges, land based colleges and other specialist colleges (including two art and design colleges, and some for those with learning disabilities).

Chart 6.1 Number of further education colleges in England by type (2016)

Source: Association of Colleges. Note that this source excludes school sixth forms.

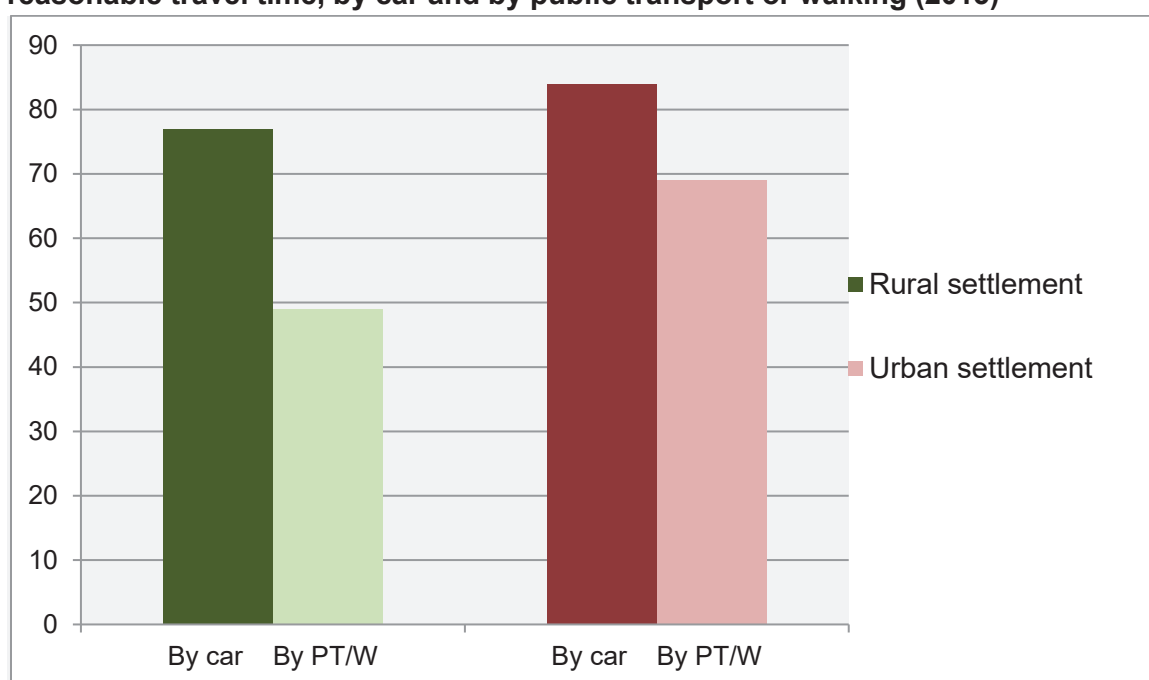
General FE colleges provide academic and technical or professional education or training for both young people moving on from school (usually at age 16) and for adults. Sixth form colleges provide an academic education for 16 to 18 year olds, especially for those looking to go on to university or higher vocational education. Land based providers, whether independent or part of a general FE college or university, offer education and training that is focussed on topics such as agriculture, arboriculture, countryside management, fisheries, equine management and wildlife management, and as such support particular sectors of the rural economy.

Travel access to further education

The Defra Statistical Digest of Rural England contains some figures for access to FE institutions. These figures are based upon the Department for Transport's 2013 accessibility indicators, which measure the percentage of likely users of a service (which in this case is FE institutions) who can access it within a 'reasonable travel time'. This is measured both by car and by public transport or walking (PT/W). The analysis shows that:

- 77% of likely rural users could (in terms of time) reasonably get to a FE institution if travelling by car. The urban comparator is 84%; and
- 49% of likely rural users could reasonably get to a FE institution if travelling by public transport or walking. The urban comparator is 69%.

Chart 6.2 Per cent of likely users of FE institutions able to reach them within a reasonable travel time, by car and by public transport or walking (2013)



Source: Defra Statistical Digest of Rural England

The conclusion must be that rural users are heavily dependent upon access to a car in order to reach FE institutions, whether that is their own car or being given a lift by someone else. It is noted that the youngest age for obtaining a car driving licence is 17 (assuming the driving test is passed and car ownership costs are affordable). A licence for a moped can be obtained at age 16.

The other impact on rural living is that of choice. The same dataset shows that:

- The average user in a rural area has reasonable access to 2 FE institutions, if dependent on public transport or walking;
- By comparison the average user in an urban area has reasonable access to 4 FE institutions, if dependent on public transport or walking.

Having less choice of FE institutions is also likely to mean less choice of study courses.

Travel barriers to further education

Previous work by the Rural Services Network identified that the cost of travel to FE can be an issue for rural students who must travel some distance. There is no statutory transport provision for this age group and no statutory concessionary fares scheme for them. The statutory provision and scheme only applies to school pupils up to age 16. It is for individual local transport authorities or FE institutions to decide whether or not to subsidise transport for FE age students and they are not specifically funded to do so. Unsurprisingly, the picture therefore varies geographically and it can be subject to change e.g. if local authority budgets come under pressure. In 2011 the Campaign for Better Transport said that half of local transport authorities were reviewing or in some cases reducing post-16 transport. Whilst this is not simply a rural issue, logically the impacts are likely to be greater in rural areas.

A 2012 report by the Commission for Rural Communities (CRC) concluded that, “young people in rural areas are more dependent than their urban counterparts on public transport, particularly for accessing education and training”. It added that, “the high cost and low availability of public transport in rural areas is a significant challenge for young people, and can act as a barrier to their post-16 choices and overall progress into employment”. Evidence gathered for that CRC report found that in some rural shire areas the cost of a student travel pass was increasing and in some areas travel was only subsidised to the nearest FE college.

A research report published by the Department for Education concluded that:

- Learners in rural areas spent about £18 a week on travel, compared with about £15 a week for learners in urban areas (a 20% rural premium);
- 22% of young people in rural areas said that the cost of transport was a barrier or constraint, compared with 17% of young people in urban areas;
- Average travel time to/from post-16 education and training providers was 90 minutes per day in rural areas, compared with 40 minutes per day in urban areas;
- Perhaps surprisingly, 70% of young learners in rural areas were dependent on public, college or school transport, compared with 50% of young learners in urban areas. This was largely explained by only 8% of young learners walking to school or college in rural areas.

A limited number of students in England are entitled to a means tested and Government funded bursary of up to £1,200 (in 2015/16), which goes towards costs such as transport, clothing and books. This is paid to students in defined vulnerable groups, such as those on disability payments or on income support in their own name. FE colleges may also choose (and around three-quarters surveyed say they do) either to lay on transport or to pay discretionary bursaries to some of their students e.g. those from low income families. Students attending a specialist course that is not available close to home are sometimes also eligible to apply for a means tested residential bursary.

Apprenticeships

Over the last five years apprenticeships have grown significantly and become a key plank in national skills policy, displacing most other funded provision for adults in the workforce. Of the almost 500,000 apprentices starts during 2014/15, the highest number (almost 300,000) were for intermediate or level 2 apprenticeships, with rest being either advanced (roughly 180,000 at level 3) or higher (roughly 20,000 at level 4 and above).

FE colleges play a key role in the delivery of apprenticeships. Traditionally those undertaking them combine part-time study for a qualification at a college with employment, thereby gaining on-the-job experience to develop workplace skills.

Some apprenticeships (though a minority) are taken up by 16 to 18 year olds. According to Landex access to the workplace can prove a particular challenge for young apprentices from rural backgrounds. Whilst colleges may provide home-to-college transport, it is not feasible to provide such transport to a range of, often widely dispersed, employers' premises.

The CRC report, cited above, cited certain rural barriers with the apprenticeship model. Two key issues can be summarised as:

- Small businesses: rural economies are heavily dependent upon small businesses and have few larger employers. Since small firms are less likely to engage with FE colleges and take on apprentices, this reduces the pool of opportunities in rural areas;
- Transport: apprentices may face significant challenges travelling between home, workplace and college, given the distances involved and the lack of public transport or the inconvenient times of services. Where reasonable public transport does exist, travel costs may prove a deterrent.

It is worth noting that within a Government target to increase the number of apprenticeship starts (paid for by a levy on larger employers) is a Defra target to triple the number of agriculture and horticulture apprenticeships.

School sixth forms

Of course, many 16 to 18 year old students who follow an academic route of A levels will stay on at a school sixth form, rather than transferring to a FE college. It is claimed that it is a minority of secondary schools which have a sixth form and the availability of the school option, therefore, clearly varies from one rural area to another. According to the Association of Colleges there were 442,000 students in school sixth forms in 2015, which was 36% of all the 16 to 18 year olds in education (in schools and colleges).

It is not possible to produce a clear rural assessment of the situation. The only rural analysis that appears to exist is that for all secondary schools. This is shown below, though it inevitably overstates access to school sixth forms (perhaps significantly so). Hopefully, both the rural and urban figures are overstated.

The figures are, once again, based upon the Department for Transport's 2013 accessibility indicators, which measure the percentage of likely users of a service (in this case secondary schools) who can access it within a 'reasonable travel time'. This is measured both by car and by public transport or walking (PT/W). The analysis shows that:

- 69% of likely rural users could (in terms of time) reasonably get to a secondary school if travelling by car; and
- 39% of likely rural users could reasonably get to a secondary school if travelling by public transport or walking.

Interestingly, these figures are slightly lower than those for FE institutions, even if they do overstate the position for school sixth forms.

Chart 6.3 Per cent of likely users of secondary schools able to reach them within a reasonable travel time, by car and by public transport or walking (2013)



Source: Defra Statistical Digest of Rural England

This, again, implies a heavy dependency on access to a (probably parent's) car among rural school sixth form students. Either that, or students are making public transport journeys that are not 'reasonable' in terms of travel time.

Funding for further education

Finally, this chapter turns to public funding for FE colleges, which comes from two main sources. The Department for Education pays for students up to age 18 through the Education Funding Agency (EFA) and the Department for Business, Innovation & Skills pays for students aged 19 or over through the Skills Funding Agency (SFA).

Consolidated accounts for FE colleges, produced by the Association of Colleges, show that:

- Income from the EFA was £3,667,000 in 2014/15, which is 7.4% less than it was five years earlier in cash terms (more in real terms);
- Income from the SFA was £1,227,000 in 2014/15, which is 31.6% less than it was five years earlier in cash terms (more in real terms); and

- Other income streams were £2,275,000 in 2014/15, which is 16.9% less than it was five years earlier in cash terms (more in real terms).

It is noted that the core adult skills budget of the SFA was given some protection (going forward) by the 2015 Spending Review.

The way in which both the EFA and SFA budgets get allocated to FE colleges was changed in 2013/14. The EFA budget for 16 to 18 year olds is now based on a fixed rate per pupil, but with supplements for: more expensive-to-resource courses; students without good GCSE grades in English or maths; students with learning disabilities; and students from disadvantaged areas. This last supplement is likely to benefit urban FE colleges, given the more scattered pattern of rural disadvantage.

The funding for adult learners via the SFA is still qualifications based, but is undergoing further changes. Whilst apprenticeship funding will still pass to providers, its application will be under the direct control of employers. The advanced learner loan scheme, previously only applicable to students aged 24 or over, will be extended to all suitably qualified students aged 19 or over.

In conclusion, access to further education is now of even greater importance, since all young people are expected to participate in education, training or an apprenticeship until age 18. In rural areas many young people will face long or complex journeys to FE and will have less choice of FE institutions that they can realistically access. Opportunities for apprenticeships are also likely to be scarcer, because there are typically few larger businesses in rural areas. The evidence base raises an important question about the availability of funding for travel to FE which could add a cost barrier, particularly for those living in rural areas.



The retail sector

Rural households, like any others, typically depend on access to retail outlets both for their weekly shop and for top-up shopping or day-to-day purchases. That said, home delivery of items which have been ordered online now plays a significant role.

In this section the main focus is upon food shops and convenience stores, though it is acknowledged less frequent shopping trips for other purchases (clothing, homeware, etc) will be important. Of particular interest here are shops which are village stores, offering local provision to those in small settlements, and shops at rural towns, providing a wider offer in high streets or at supermarkets. This chapter does not deal with Post Offices, which are covered within the 'access to cash' chapter, though many rural Post Offices are co-located with shops.

The retail sector is frequently reported as being in flux, with (notably) supermarkets facing a squeeze from both the discount chains and from online shopping. Whilst there is evidence that town centre high streets have faced challenging trading conditions, the shop closure rate fell in 2015 to its lowest for a few years. Nationally, there was a reported net reduction of 498 shops i.e. closures minus openings, during 2015. In practice, some locations would appear to be doing much better than others, including some rural service centres.

Food stores and convenience stores

The last simple count of certain retail outlets in a rural location would appear to be that reported in 2010 by the Commission for Rural Communities (CRC). It includes information on convenience stores, which are generally defined as having a sales area of less than 3,000 square feet. The data shows that just over a fifth of convenience stores in England are located in a rural area (settlements with under 10,000 population). This is broadly in line with the rural population share.

Table 7a: Number and per cent of convenience stores in rural and urban areas (2013)

	Number	Per cent of total
Villages, hamlets and isolated dwellings (a)	668	8.2%
Rural town and fringe areas (b)	1,080	13.2%
Rural total (a + b)	1,748	21.4%
Urban areas	6,405	78.6%

Footnote: this source uses figures for multiples or chains with at least 10 convenience store outlets.

The same data source contains a count of supermarkets. Looking solely at them, this data shows that more than 17% are located in a rural area. The most striking difference between these two tables is that rural supermarkets are predominantly in the rural town and fringe areas, whereas many of the convenience stores are to be found in villages.

Table 7b: Number and per cent of supermarkets in rural and urban areas (2013)

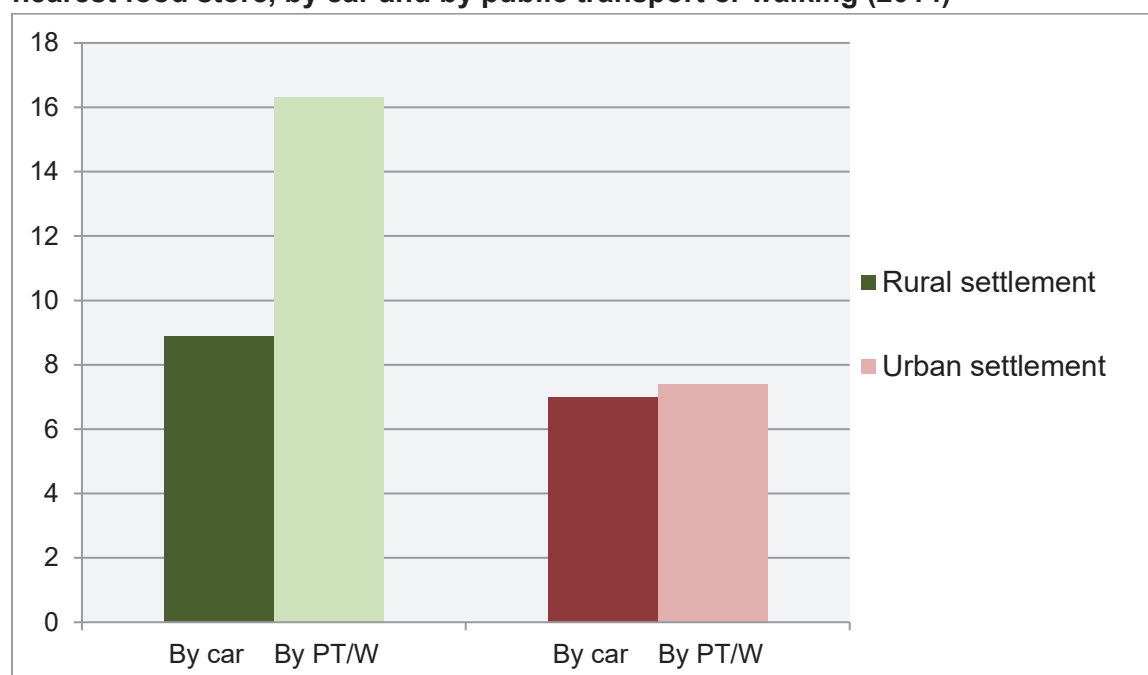
	Number	Per cent of total
Villages, hamlets and isolated dwellings (a)	118	1.9%
Rural town and fringe areas (b)	928	15.3%
Rural total (a + b)	1,046	17.2%
Urban areas	5,030	82.8%

There are more recent figures for average journey times to reach (all types of) food stores within the Department for Transport's accessibility indicators. These are for 2014 and they show journey time both by car and by public transport or walking (PT/W). This data set shows that:

- The average journey time by car for a rural household to reach the nearest food store is just under 9 minutes;
- The average journey time by public transport or walking for a rural household to reach the nearest food store is over 16 minutes.

For rural households (unlike their urban counterparts) there is a substantial difference in journey time, depending on the mode of transport used.

Chart 7.1 Average minimum travel time, in minutes, for households to reach the nearest food store, by car and by public transport or walking (2014)



Source: Department for Transport travel time statistics.

Defra present another cut on this data set, to measure whether users can access food stores within a 'reasonable travel time'. This shows that:

- 65% of rural users could reasonably travel to a food store by car; and
- 49% of rural users could reasonably travel to a food store by public transport or walking.

The latter figure implies that a good half of rural users cannot reasonably access a food store unless they use private transport such as a car.

There is further evidence about convenience stores in the Local Shops Report, which is published by the Association of Convenience Stores (ACS). This is a diverse sector which includes chains or multiples, wholesaler owned groups of stores, entirely independent stores and co-operatives owned by their customers. This report says that across the UK as a whole there are almost 20,000 convenience stores in rural areas, which is 39% of the national total.

These ACS figures are much higher than those from the CRC, even bearing in mind that one refers to the UK and one to England. The CRC figures would appear to omit independents, which are said to account for three-quarters of convenience stores. There may be other differences in definitions e.g. of convenience store and rural. Nonetheless, whichever source is used the fact remains these outlets are important within rural areas.

The ACS report also tells us that:

- 83% of their customers make a visit at least once a week; whilst
- 25% of their customers visit the store on a daily basis; and
- The average shop customer visits it 3.8 times per week.

It also finds that the customer base contains a broad mix across the age spectrum and of household types. The three main user groups are (in order) single people, couples with young children and the retired.

Town centres

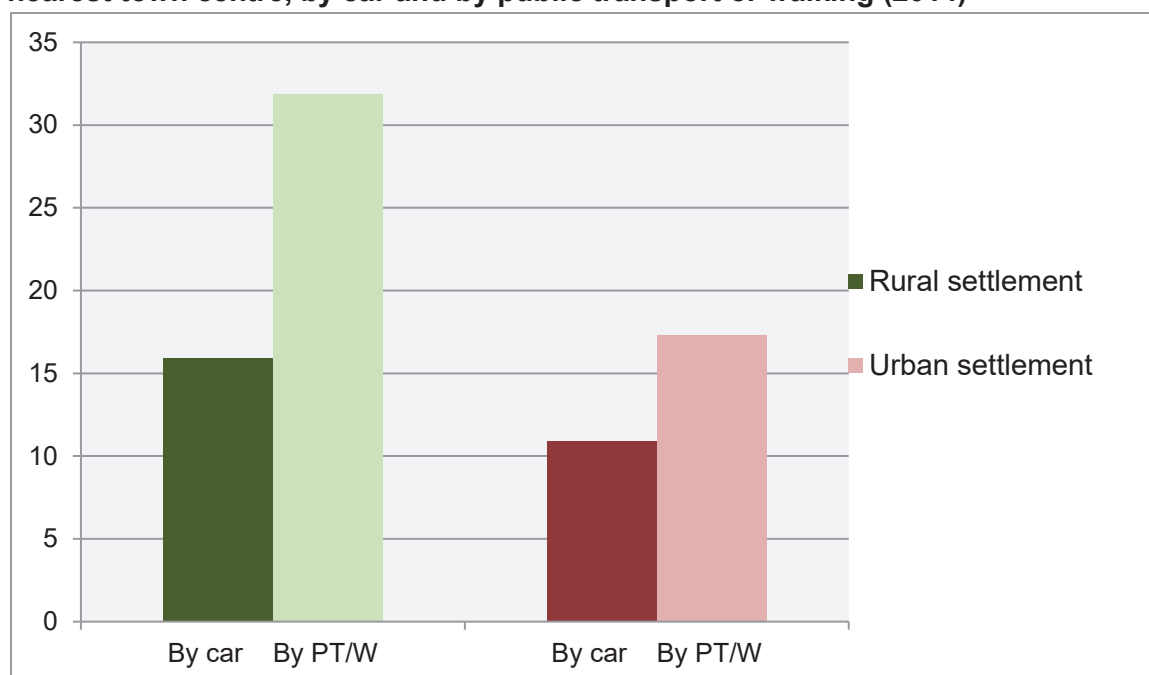
Of course, rural residents will have access to a much broader mix of retail outlets, both food and non-food, if they go to a rural or nearby town centre.

The Department for Transport accessibility indicators calculate the average journey time for users to reach the nearest town centre. Once again, they are for 2014 and show journey time both by car and by public transport or walking (PT/W). They show that:

- The average journey time by car for a rural household to reach the nearest town centre is just under 16 minutes;
- The average journey time by public transport or walking for a rural household to reach the nearest town centre is just under 32 minutes.

However, rural average figures mask a degree of variation. A breakdown of the figure for travelling to a town centre by public transport or walking shows that it is 26 minutes in rural towns, 34 minutes in villages and 41 minutes in hamlets/isolated dwellings. What seems likely to vary more is how often the public transport runs in some of the smaller settlements.

Chart 7.2 Average minimum travel time, in minutes, for households to reach the nearest town centre, by car and by public transport or walking (2014)



Source: Department for Transport travel time statistics

Turning to the Defra analysis of this data set, which measures access within a 'reasonable travel time', we find that:

- 48% of rural users could reasonably travel to a town centre by car; and
- 21% of rural users could reasonably travel to a town centre by public transport or walking.

In this case there is a clear implication that most rural dwellers cannot reasonably access a town centre unless they use private transport such as a car.

Home delivery

Rural people may be able to overcome poor physical access to retail outlets by making use of online shopping and home delivery services i.e. e-commerce. Not least those which are operated by the major supermarket chains, although home delivery would appear to be equally as important in non-food sectors.

According to the Institute of Grocery Distribution, in 2015 almost 9 billion of the sales in the UK's 177 billion grocery market were made through online shopping. This gives it a 5% market share. The industry prediction is that online grocery sales will reach 17 billion by 2020, giving it more than an 8% market share.

If, instead, the measure is the number of grocery shoppers using online channels, the figures are more impressive. In 2015 a quarter (25%) of grocery shoppers said they had used online shopping during the previous month and 11% were using online as their main source of grocery shopping. In the great majority of cases shoppers make use of the home delivery option, though others make use of click and collect (from the store) services.

Unfortunately, no disaggregation has been found of these, or similar, figures to rural and urban areas. It seems plausible that online shopping is of particular value to rural customers, though it is also possible they face certain barriers to its adoption.

A recent report by WIK-Consult for Citizens Advice highlights the rapid growth rates (“constant double digit”) in e-commerce in the UK, which is already Europe’s largest e-commerce market. However, it notes that rural consumers in some areas may be held back by poor broadband connectivity. It also cites innovations, such as parcel shops and self-service parcel lockers, which it finds are largely to be found in city locations. This could mean that rural consumers are particularly dependent on home delivery.

Community shops

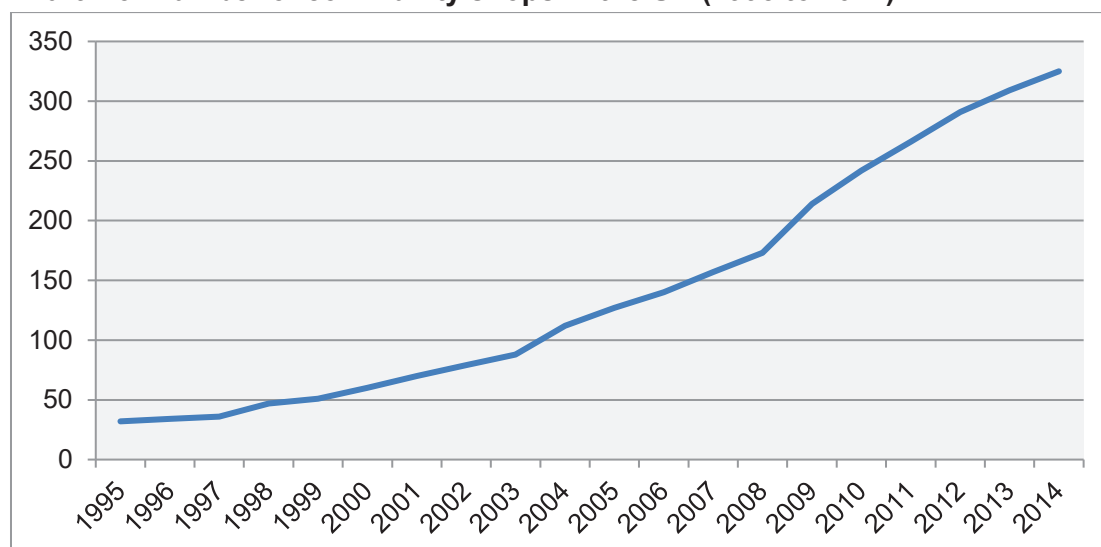
One way in which communities have been able to retain local shops, including where they may not be commercially viable, is by taking on their operation.

According to the Plunkett Foundation in 2014 there were 325 community shops open and trading across the UK, of which 277 were in rural England⁵. Another 150 were in the planning and development stages (but not yet open), of which 119 were in England. Whilst there are also urban examples, community shops are predominantly found in rural areas.

These are shops which are run by and for their local community, typically to meet a particular need, such as that arising from the closure of an area’s only commercial shop. Most of them operate as community benefit societies, which trade primarily for community benefit, which are owned by their (community) members and which will re-invest any profits they make.

A timeline of figures which runs back to the mid-1990s shows that the community shops sector has undergone both sustained and steady growth (see chart 7.3).

Chart 7.3: Number of community shops in the UK (1995 to 2014)



Source: Plunkett Foundation

⁵ It is understood these figures have since risen to 343 shops across the UK and 294 in rural England.

Although some community shops are run entirely by paid staff and some are run entirely by volunteers, the majority of them rely upon a mix of the two.

Table 7b: Proportion of community shops run by staff and volunteers (2014)

Who the shop is run by	Per cent
Entirely by paid staff	11%
Entirely by volunteers	22%
By a mix of paid staff and volunteers	67%

Survey figures also show that 95% of community shops stock some local food produce and, for those that do so, on average it represents 23% of their total sales. They would therefore appear to be significant contributors to local economies.

From a rural perspective, in particular, it is notable that 70% of these community shops are outlets for Post Office services. This probably reflects the fact that many are the last remaining shop in a settlement and hence are the obvious place to locate a Post Office.

Traditional markets, farmers' markets and farm shops

Traditional markets, farmers' markets and farm shops provide further access to food stuffs, in the latter two cases with a particular focus on local products. As such, they may bring particular benefit to rural economies as well as rural consumers.

The National Market Traders Federation says that there are 1,126 traditional markets across England, Scotland and Wales. Most of these will be street markets, though some will be located in dedicated spaces or buildings. It is not, however, known how many of these are in rural locations or are serving rural areas.

An interesting comparison is with farmers' markets. According to the Farmers Retail and Markets Association (FARMA) there are now roughly 750 registered and unregistered farmers' markets in England. Once again, some will set up in urban locations and it is not known how many can be said to serve rural areas. It can, though, be expected that many of the producers selling at these markets will be rural based.

The number of farmers' markets appears to have peaked, at least for now, with some contraction since 2008. Nonetheless, they have a combined turnover of £250 million a year, provide an outlet for 4,000 farms and 5,000 other producers, and were visited by 27% of all households over the course of a year. In a 'local food webs' survey conducted by CPRE the main reasons customers gave for making purchases at farmers' markets were: to support local producers; because of product quality; to support their local economy; and because of the product taste. The main reasons potential customers gave for not making purchases were: the cost of items; lack of choice or availability; and the time or inconvenience involved.

FARMA are a source of some (now) rather dated figures about farm shop numbers. They have estimated that there were 4,000 farm shops across the UK as a whole, which had a combined turnover of £1.5 billion. These will be providing direct benefits to local rural economies, as well as offering a retail service of use to many rural consumers.

Finally, it is worth noting that the CPRE report, referred to above, contains a considerable volume of evidence about the value of local food production and networks in general, which includes things such as country markets and food box schemes.

In conclusion, predictably the indicators show that rural communities have less access to convenience stores, supermarkets and town centres than their urban counterparts. It would be useful to build up a time-series of data to understand how rural shop numbers are changing. The evidence points to significant numbers of commercially run shops closing. There is, at least, one sub-sector showing sustained and strong growth, which is community-run shops, some of them taking on premises previously used as commercial shops. Of considerable significance is the rise of online shopping and retail home delivery, which shows every sign of continuing. This could be of real value to rural households who find it hard to reach shops, although some will be held back by poor internet connectivity and much of the innovation (including parcels shops) is focussed in urban centres. Rural towns will need to provide an attractive offer, perhaps making the most of markets and local foods, if they are to compete with the online marketplace.



Mental health services

Rural residents who experience mental ill-health may access advice and support that is available by phone or online. However, in many cases they need physical access to relevant facilities, treatments and support agencies. Indeed, sometimes to specialist services.

This chapter differs somewhat from others in terms of the type of material included. In part this reflects the complex nature of mental health services and in part it reflects a paucity of recent rural evidence or analysis about service provision. As such, much of the chapter is a review of literature and some of the evidence cited is older than that used in other chapters.

The issue of carers is clearly relevant to this chapter. However, to avoid covering the issue twice it is mainly dealt with under the older people's services chapter.

Mental health is an issue that has risen up the political agenda during the last year or two, though according to charity, MIND, the budgets of Mental Health Trusts reduced by almost 8% in real terms over the four years to 2014/15.

Remaining in a state of good mental health is important, not least because of its impact on physical health, relationships, education and employment. Poor mental health impedes an individual's ability to function in everyday settings and undertake everyday tasks. Long term or severe problems stop people from achieving their potential.

Common mental health problems include anxiety, depression, panic disorders, phobias, post-traumatic stress disorder, obsessive compulsive disorder and eating disorders. These may cause emotional stress and affect how people cope with their lives. Less common conditions include psychosis, such as schizophrenia and bipolar disorder, and these may result in lifelong impacts. Self harm and suicidal thoughts are also towards the less common end of the spectrum.

Mental health is often associated with other socio-economic factors such as low income and debt, long term unemployment, poor educational attainment, isolation and lack of social support. How such factors play out across rural England is therefore likely to influence the geographic prevalence of mental health problems.

Service types

The nature of this service topic, with many organisations involved and many types of service provision, makes it especially challenging to assess from a rural perspective. Whilst a good many of them are likely to require physical access to facilities or treatments, some will be

accessible by phone or online. It may therefore follow that certain conditions, requiring specialist help or referral treatments, are harder to deliver accessibly in a rural setting.

Often the first point of call will be an individual's own GP, who may be able to refer on to other NHS services, whether based at that GP surgery, at a local health centre, in a specialist mental health clinic or as an outpatient at a hospital. The types of (secondary) services on offer in this way can include help for drug misuse, alcohol problems or with psychological therapies.

There is also the Child and Adolescent Mental Health Service (CAMHS), which works with schools and colleges amongst others. Each CAMHS is locally based and is a multi-disciplinary team within the NHS that draws upon therapists, psychologists, social workers and others.

Those who experience stress at work may be able to access an occupational health service (whether in-house or bought in), though this seems likely to be related to larger employers and so, perhaps, less common in a rural setting. One option is for employers to buy in occupational health services through a NHS accreditation scheme.

As a recent publication from charity, MIND, makes clear, a great many people with mental health issues do not actually use such formal or statutory services, but rather are helped by "a patchwork of local health and non-health services that provide advice, information and support". It notes that whilst these may individually make what seem like small interventions, collectively they offer "a fabric of support which is crucial to health and wellbeing". They will include various community-based, charitable and volunteer organisations, including well-known bodies like The Samaritans. In some cases their interventions may be home support, befriending and signposting, all of which seek to ensure that individuals' problems do not escalate and require more expensive treatments. The NHS Choices website lists a number of the main charity helplines offering phone-based advice on particular mental health issues.

Nor should the role of information leaflets and online advice be overlooked. In many cases they may help people, and their carers, to understand their problems and what options for help exist.

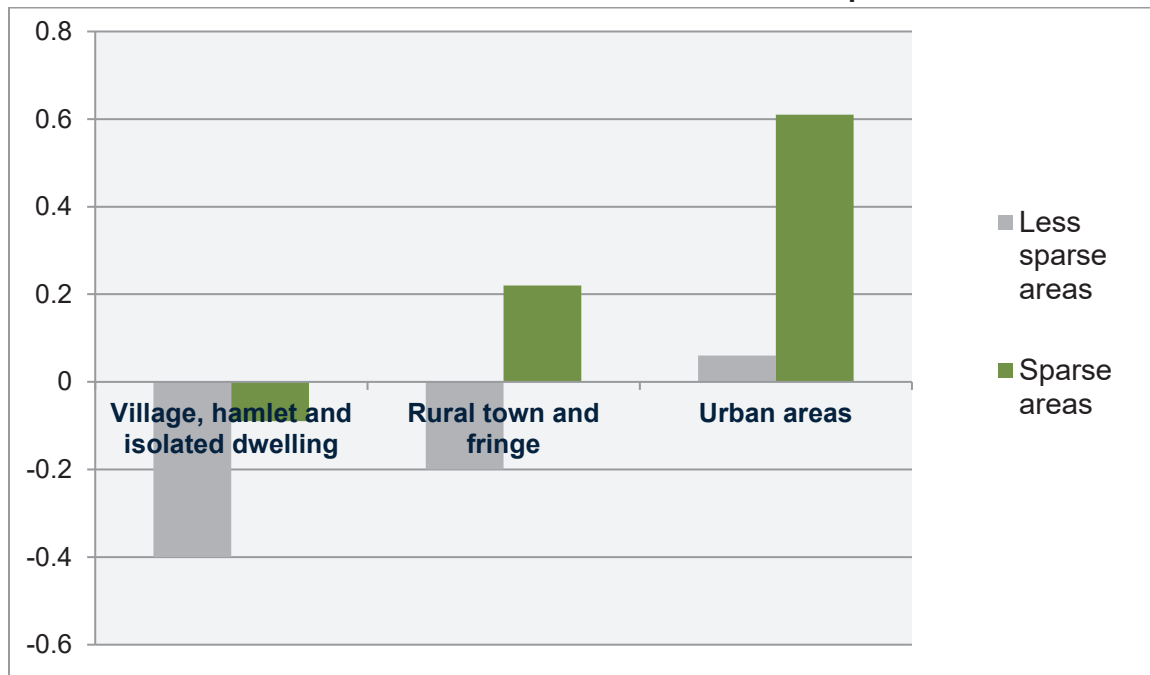
Mental health prevalence

According to MIND, in any one year roughly one in four people in the UK experience some sort of mental health problem and about one million adults are seen by secondary mental health services, such as those provided by the NHS. This, of course, can be seen as the tip of the iceberg, since many people will be seeking help elsewhere, such as charitable or voluntary sector advice and support services.

The Commission for Rural Communities undertook a rural analysis of the mental health indicator that was used within the 2004 version of the Indices of Deprivation. That measures the proportion of those aged less than 60 who suffer from mood or anxiety disorders, itself based on records from GP visits. A value of zero represents the national average, with positive figures being worse (more prevalent) than average and negative figures being better (less prevalent) than average.

This analysis showed that, taken as a whole, rural areas scored better than average (-0.28). However, in sparsely populated areas mental health rates were worse. Indeed, in rural towns in sparse areas mental health prevalence was above the national average. A map which accompanies this analysis indicates there is considerable local variation, with many coastal rural areas and seaside towns having a high prevalence. There would also seem to be some correlation with rural areas that perform less well economically.

Chart 8.1 Mental health indicator from the 2004 Indices of Deprivation



Source: Commission for Rural Communities

Research by Mayers finds that rates of patient consultation for mental health are lower in rural than in urban areas (at least among males, which were the subject of that research). However, he adds that consultation rates “may reflect geographic isolation and social stigma as much as true illness prevalence”.

This point is expanded upon in a report by the Scottish Association for Mental Health. They list certain challenges from a rural perspective, such as:

- Culture: they note a culture of stoicism and self-reliance in many rural communities, with mental health not perceived as something which needs treatment or support;
- Stigma: the long-term stigma that can come from having had mental ill-health may be pronounced in small communities and may deter people from seeking help;
- Confidentiality: things such as home visits by mental health professionals may be much more visible within smaller communities, causing people to hide their problems;
- Access: physical access to mental health facilities and services will be harder for some rural residents, especially if they do not have their own means of transport.

Farmers are one particular group which has been identified as at risk from stress due to their isolation whilst working. Indeed, Mayers noted that farmers make up the largest number of suicides of any occupational group in the UK. A particular issue is that their isolation makes

them less likely to seek support if feeling suicidal. In fact rates of mental illness among farmers are relatively low, but there is a tendency for those who experience it to internalise their problems and avoid seeking help. It was calculated that during the 2001 to 2003 period two-thirds of distress calls made to the Rural Stress Information Network – a charity which supports farmers – came from callers who were aged over 60.

Suicide rates

One particular issue which has been the subject of earlier rural analysis is suicides, perhaps because it appears to have a rural dimension. Most of the evidence indicates that suicide rates are higher in rural than in urban areas, albeit there is considerable local variation.

A review by Peters and Jackson found evidence that suicide rates were higher in rural areas for both sexes. Another study by Fitzpatrick showed high age standardised rates for suicide in the 1990s in areas classified as remote rural. This was particularly marked for males, as the following table shows. These are Great Britain figures and may over-state the England position, since some of the highest rates are in the Scottish Highlands and Islands.

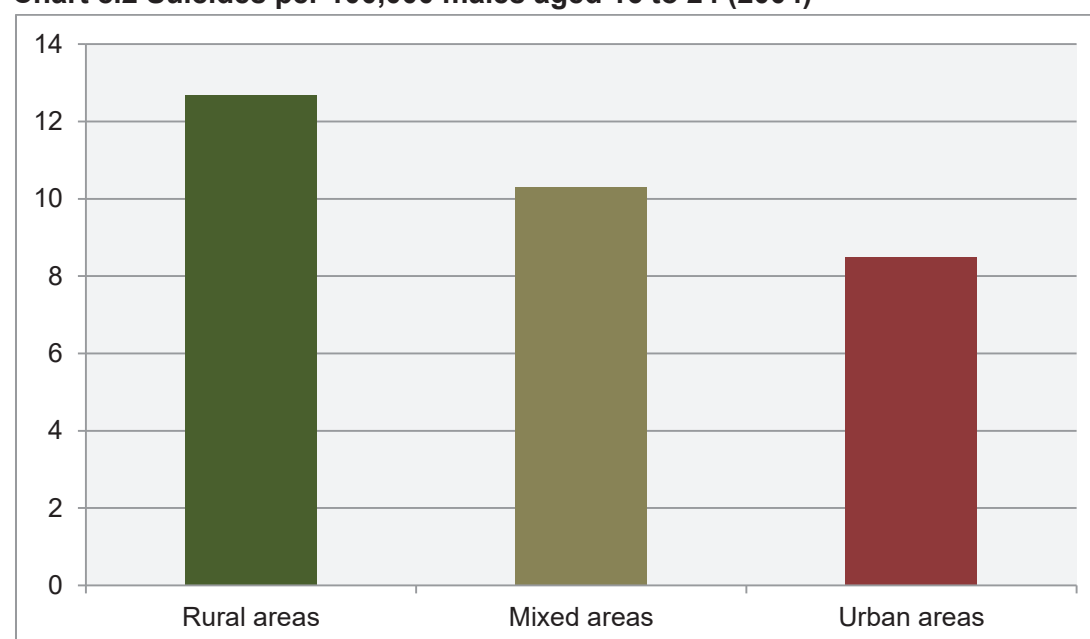
Table 8a: Age standardised suicide rates per 100,000 population (1991-97)

	Rate in remote rural areas	Rate across whole of GB
All ages, males	19	15
All ages, females	6	5
Age 65+, males	24	18
Age 65+ females	8	8

Source: Office for National Statistics

This picture is backed up by some analysis of 2004 figures for suicides amongst young males aged 16 to 24. As the chart below shows, the suicide rate was found to be markedly higher in rural classified local authority areas, where it was 12.7 per 100,000 young males.

Chart 8.2 Suicides per 100,000 males aged 16 to 24 (2004)



Source: Office for National Statistics

Service provision and access

The research by Mayers included a survey of 26 Mental Health Trusts, which concluded that access to mental health services is consistently more restricted in rural locations than it is in urban locations. Even where Trusts were providing services within rural areas, they felt that access to those services was incomplete. This may disrupt a client's ability to access different elements of a healthcare pathway.

The same research surveyed a range of third sector organisations helping to provide services. Their perception of provision in rural areas – and especially in remote rural areas – was equally negative. They pointed to a lack of specialist professionals, the infrequency of home visits, poor access to in-patient facilities, lack of access to alternative care options and a lack of understanding of rural needs. Mental health services were felt to be lower quality in rural than in urban areas. Professionals in Community Mental Health Teams often found it impractical to visit rural clients in terms of time, cost and so efficiency. The research went on to explore the scope for alternative methods of provision, such as teleconferencing with rural mothers who experienced post-natal depression, about which it was generally positive.

Research has mapped Mental Health Trust (MHT) services and analysed the associated Minimum Data Set. This work classified MHT areas as either rural or non-rural. It found that:

- There were fewer doctors, nurses, social workers and therapists per head of population, working in rural than in non-rural areas;
- This held true across all types of service area examined, which were Community Mental Health Teams, assertive outreach, crisis resolution, early intervention, community rehabilitation, day care and psychotherapy;
- There were fewer bed days provided for patients per head of population in rural than in non-rural areas. The difference was especially marked for intensive beds;
- There was no rural-urban difference in lengths of stay for those admitted, but those in rural areas were less likely to be admitted for drug abuse and more likely for mood disorders;
- Patients in rural areas received less contact from mental health professionals and more contact from social workers; and
- One specialism where rural areas had fewer professionals was old age psychiatry, a finding which is of interest given the older age profile of rural areas.

According to Nicholson rural provision of mental health services can be affected by issues of recruitment, transport and cost. There may also be specific issues that arise for psychiatric professionals operating in rural areas, such as lack of networks and training.

North Staffordshire Combined Healthcare NHS Trust reported on feedback from a Rural Mental Health Survey conducted in 2010 to engage with service users and other rural residents through a rural outreach project. The top five issues identified by the survey were:

- Stigma and discrimination associated with mental health;
- Lack of services available in rural locations;
- Lack of information about the services in rural areas;
- Cost of travel to get to services; and

- Lack of public transport to get to services.

One challenge addressed by a local (Staffordshire) initiative was the provision of long-term multi-disciplinary team support for those with more complex mental health problems, who cannot be referred back to their GP after a short-term intervention.

Support for dementia

Dementia (including Alzheimer's) is a mental disorder and degenerative condition that mainly afflicts older people. A recent study by Rural England has confirmed that older people form a disproportionate share of the overall rural population (23% are aged 65 or over) and this will become more marked over time, since the ageing of our population is due to happen faster in rural than in urban areas. In 2010 it was projected there would be a 75% increase in the number of people with dementia by the year 2031. It can be assumed this will have major implications for rural areas, especially those which are popular retirement locations.

Some research by Marshall is studying how living in rural areas impacts on people who are experiencing dementia, with a focus on the Peak District National Park area in Derbyshire. The project proposal notes that there may be both negatives and positives, but among the former is more limited access to GP surgeries, issues with access to post-diagnosis support services and the availability of paid carers.

Scottish research by Clark et al found that the experience of dementia patients in rural areas was similar to that of urban patients (and was generally positive about the services they did receive). However, services available to them were more limited and some faced an additional concern with physical isolation. The service providers who were surveyed identified a range of rural issues, which included travel distances, the extra costs involved, a lack of transport options, a more limited range of services for clients and shortages of skilled staff. A key dilemma was how best to balance demands for specialist services against the need to improve access to more mainstream preventative services.

Another Scottish study by Szymczynska et al reached very similar conclusions, adding that it can be difficult to achieve an early diagnosis in rural areas. It noted that, given the paucity of other specialist services, the role of primary care staff and particularly GPs was greater in rural areas. Training for primary care professionals was therefore especially important. Transport difficulties and distant services made it harder to access post-diagnostic services and acted as a barrier to use for patients and their carers. In rural areas it was especially important to provide training for general staff, to address issues of stigma and to signpost access to those services provided.

The NHS Atlas of Variation in Healthcare compares the number of dementia patients on GP records with the expected prevalence. The mismatch between these two figures is therefore the degree of under-diagnosis and under-recording of dementia. Maps show that different types of area can have high levels of under-recording, but among them are a number of largely rural places, such as Devon, Dorset, East Riding of Yorkshire, Herefordshire, Norfolk, Somerset and Wiltshire. Reasons for under-diagnosis include poor access to memory clinics and a lack of systems within secondary care to identify dementia and refer people.

The available evidence, then, all seems to concur that there are particular limitations with support services for rural residents experiencing dementia. This would seem to place more responsibility on carers and communities, as well as on primary healthcare professionals.

In conclusion, many people experience mental health issues at some point. Their service needs will vary considerably, from access to information or advice through to specialist forms of treatment. Overall, the prevalence of mental ill health is lower in rural areas than elsewhere, though it is more common in the most sparsely populated areas. Suicide rates are higher in rural areas than elsewhere and farmers are the occupational group at greatest risk. Research shows that the NHS provides fewer mental health services in rural than in urban areas, with fewer professional staff per head of population. Bearing in mind the ageing rural population, it is of interest that services for dementia patients are similarly more restricted in rural areas.



Older people's services

Most older people live healthy and active lives, especially if the group is defined as everyone aged 65 and over. Nonetheless, older people are the key driver of demand for health care services and many rely upon other services which are designed to meet their specific needs. Their ability to access these easily is of considerable interest from a rural perspective.

This chapter looks at health care services, older people's social care, sheltered housing and certain other support services which enable older people to continue living at home. It also notes the crucial role of carers, who may themselves need support services.

Many community transport schemes are targeted at older people, including those who can no longer drive. They are covered by the local buses and community transport chapter.

Demographic trends

Recent research by Rural England has shown that in older people form a disproportionately large share of the population in rural areas. Moreover, projections indicate that the ageing of the population profile is expected to be particularly marked in rural areas. This trend is very apparent for those aged 85 and over which, measured as a share of the total population, is projected to more than double between 2012 and 2037.

The following chart is based upon population estimates for 2013. It finds that those aged 65 or over comprise roughly 23% of the rural population and 16% of the urban population.

Chart 9.1: Percentage of the total population which is aged 65 and over (2013)

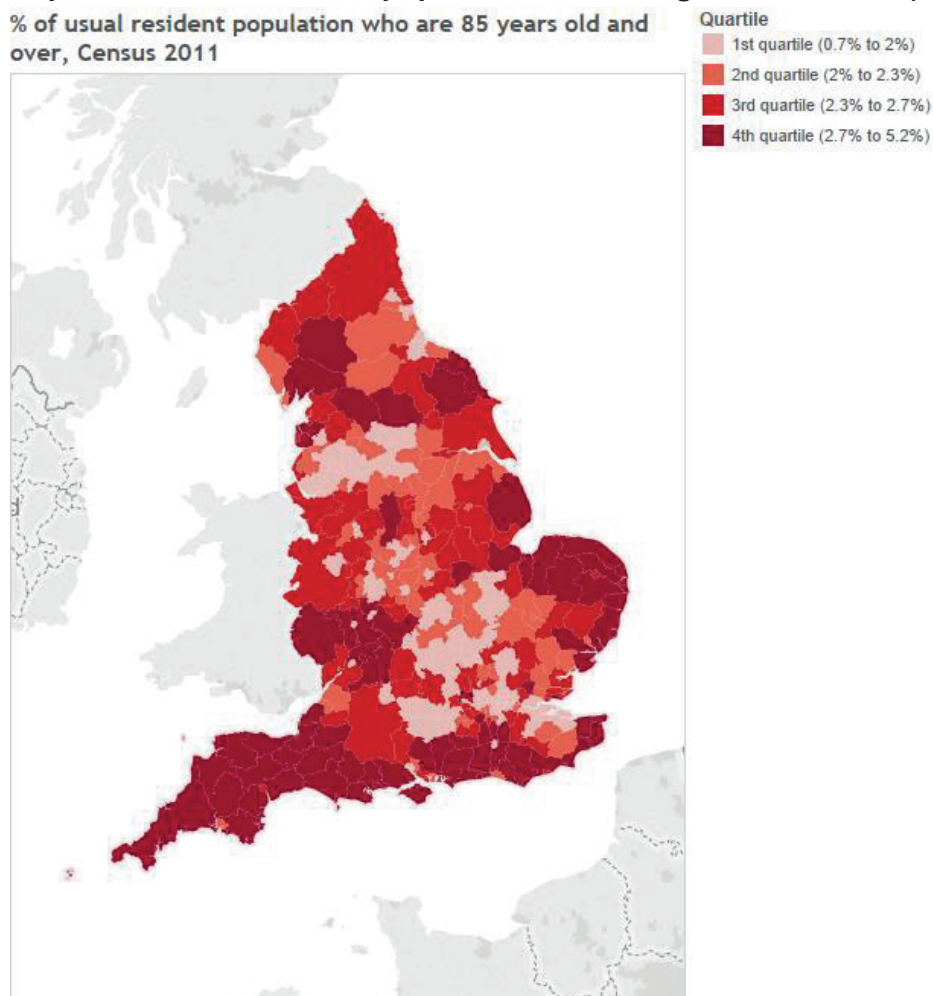


Source: Defra statistics

There is, however, considerable variation across rural England, with a particular concentration of older age groups in the South West and in coastal areas. The map which follows focuses on the 85 and over age group and illustrates this geographic variation, with the dark red areas being those that have the highest concentration.

Map 2: Percent of resident population who are aged 85 and over (2011)

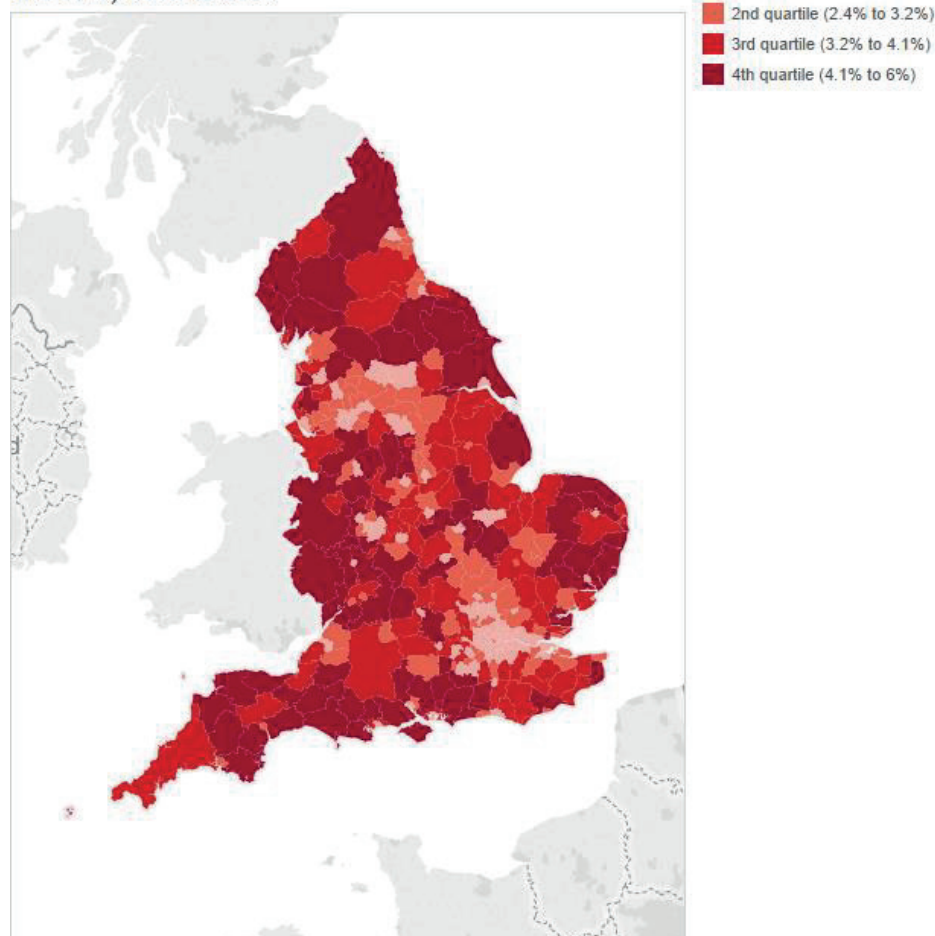
% of usual resident population who are 85 years old and over, Census 2011



Map 3 then looks forward, showing the projected change in the share of (total) population which is aged 85 and over, with the dark red areas being those expected to see the greatest increase by the year 2037. Among the dark red areas are much of the south coast, the Marches, East Anglia, east Lincolnshire, East Riding of Yorkshire, North Yorkshire, Cumbria and Northumberland.

Map 3: Projected change (2012 to 2037) in the population share aged 85 and over

Predicted change in % of resident population 85 years old and over, 2012 to 2037



As other research has noted, both the existing high proportion of older people and the projected ageing of the population profile present considerable challenges for those who are delivering services in rural areas.

Further information about population trends and ageing can be found in publications from the Rural England research project on *Vulnerability as Affecting Older People in Rural Areas*, in particular the paper on vulnerability due to poor health.

Healthcare services

Analysis by the Office for National Statistics finds that most of the 65 to 74 age group are not limited by long-term health problems or disabilities. However, by age 75 to 84 similar proportions say they do not have such limitations, are limited a little and are limited a lot i.e. close to a third in each group. Then among the 85 and over age group the majority say they are limited a lot by long-term health problems or disabilities. Along with pregnant women and babies, older people are the most frequent users of health services.

The Commission for Rural Communities published 2010 figures for the number of GP surgeries located in rural areas of England. This showed that there were 1,987 GP surgeries in rural areas, which was almost 20% of the total. This is just above the rural (all

ages) population share, though it could be argued this is necessary given the older age profile of rural areas – 23% of the 65 and over age group live in rural areas.

Moreover, only 1,247 of the rural sites were defined as principal GP surgeries: the remaining 740 were secondary or outreach sites, offering valued but probably part-time and more limited services.

In terms of location, the rural GP surgeries were split roughly two-thirds in rural town locations and one-third in village/hamlet locations. It is notable that only half of the village/hamlet surgeries were classified as principle sites.

Table 9a: Location of GP surgeries by settlement type (2010)

	Principal GP surgeries	Other GP surgeries	All GP surgeries
Villages/hamlets	327	326	653
Rural towns/ fringe	920	414	1,334
All rural areas	1,247	740	1,987
All urban areas	7,093	1,097	8,190

Source: Commission for Rural Communities

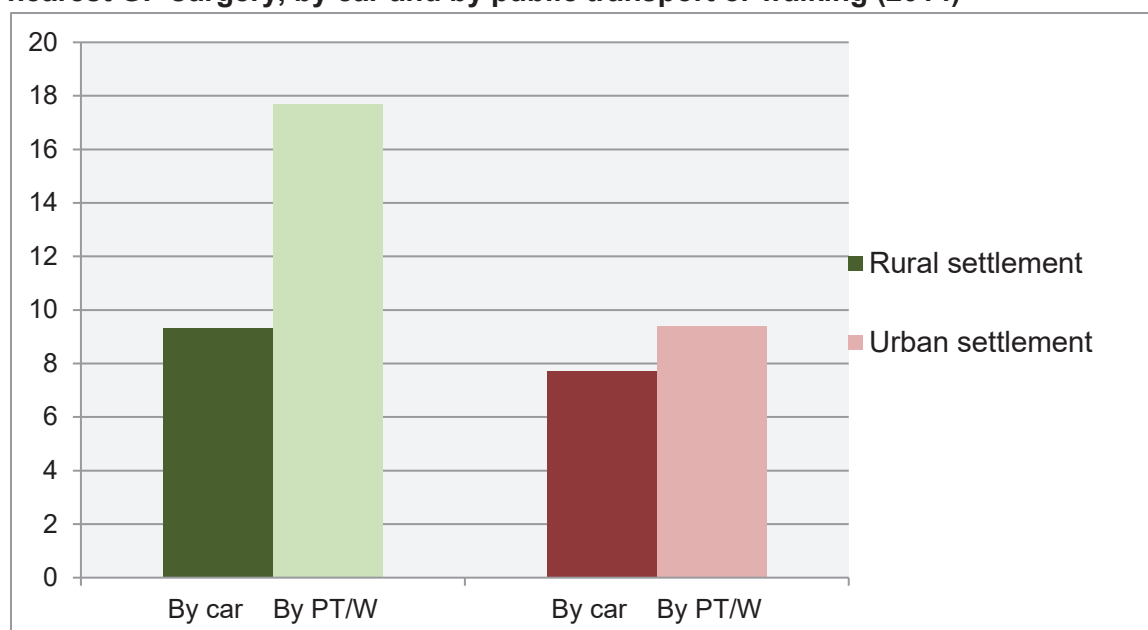
The Department for Transport accessibility indicators provide further and more up-to-date rural information, measuring average travel times for households to reach a GP surgery in 2014. These figures cover all households and not just those with older people, but they remain relevant.

Accessibility indicators show that:

- The average journey time by car for a rural household to reach the nearest GP surgery is just over 9 minutes;
- The average journey time by public transport or walking for a rural household to reach the nearest GP surgery is almost 18 minutes.

This does not take account of the frequency of public transport, which could pose a further limitation for older people in rural areas. It might also be added that for those who are frail (whether or not in rural areas) it is unlikely that taking public transport or walking will be realistic options. One research project by the International Longevity Centre (ILC) on rural ageing quoted GPs as making a lot of home visits in rural areas to those who were still physically capable because of the lack of public transport.

Chart 9.2 Average minimum travel time, in minutes, for households to reach the nearest GP surgery, by car and by public transport or walking (2014)



Source: Department for Transport travel time statistics

Some now rather dated figures also exist for the number of GPs per head of population. This derives from an analysis of Primary Care Organisation (PCO) areas, as configured in 2008, in which they were classified as either predominantly rural or predominantly urban. The analysis, by the Commission for Rural Communities, found a somewhat higher ratio of GPs in rural PCO areas. Specifically:

- There were 63 GPs per 100,000 residents in predominantly rural PCO areas; and
- There were 58 GPs per 100,000 residents in predominantly urban PCO areas.

Again, it could be argued that this is necessary given the older age profile in rural areas. It should also be noted that beneath these average figures there is considerable variation, with some of the highest GP ratios in northern and south western rural PCOs, yet some of the lowest GP ratios in rural PCOs close to metropolitan areas e.g. in the south east, midlands and north west.

Unpaid carers

As McNeil and Hunter put it, “most care for older people is not provided by the state or private agencies but by family members, at an estimated value of £55 billion annually”.

The 2011 Census collected information about those who provide unpaid care for someone else. Much of this is likely to be provided by a partner or other family member, though it could equally be by a friend or neighbour. Unfortunately, these figures do not distinguish those caring for (only) older people, although it seems likely that is what they most often measure.

As the table shows 11.6% of all rural residents (or more than one in nine) were providing unpaid care. There are modest rural-urban differences. A slightly larger proportion of rural

residents were providing unpaid care than were urban residents (10.0%). That difference is entirely explained by those who were providing between one and nineteen hours of unpaid care per week.

Table 9b: Percentage of residents providing unpaid care (2011)

	Rural areas	Urban areas
Not an unpaid carer	88.4%	90.0%
Provide 1 to 19 hours per week	8.0%	6.2%
Provide 20 to 49 hours per week	1.3%	1.4%
Provide 50 or more hours per week	2.4%	2.4%
Column totals	100.0%	100.0%

Source: 2011 Census

The ILC report, referred to earlier, contains further evidence, focussing on informal care provided by older people themselves. It says that, “older rural residents are much more likely than their urban counterparts to provide some form of care to one another – 24% [are doing so] in rural areas compared to 18% in urban locations”.

The research by McNeil and Hunter predicts that older people’s need for care will outpace the number of family members who are able to provide it. Their projections are that by 2032 demand for care will have increased by 60%, whilst the number of children available to provide that care will have increased by a much smaller 20%. Whilst their research is national, a significant part of the growing demand for care is likely to be located in rural areas.

There does not appear to be much or any substantive rural research on support for carers. The most recent specific reference found on this topic is dated 2003. This is surprising given the growing importance of the issue.

Social care services

The fact that unpaid care is widespread does not, of course, mean that access to formal social care should be overlooked or underplayed.

A (now somewhat dated) report published by the Cabinet Office in 2009 noted that 550,000 people aged 65 or over in rural areas had some level of social care need. This comprised roughly 30% of the age group. The report concluded that, “social care needs among older people are projected to increase more rapidly in rural areas [than elsewhere]”. Indeed, the number needing social care in rural areas was expected to rise by 70% over the next 20 years to reach 930,000 (which compares with a 50% rise in urban areas).

However, public expenditure on adult social care has been reducing. According to Age UK the amount spent by relevant local authorities on this function dropped by an average 20%

between 2011/ 2012 and 2013/14 (even whilst it rose by 40% as a share of their total revenue budgets). This is seen as having led to a focus on helping older people assessed as having the most substantial or critical needs. Those assessed as having moderate needs are now unlikely to be receiving help, with only 13% of local authorities still providing for this group by 2013/14.

Home care: a 2010 report for the Rural Services Network (RSN) included evidence gathered from some largely rural county and unitary councils, identifying certain challenges they faced providing domiciliary care or home care for older people. These included:

- Difficulties with staff recruitment, not least attracting younger people to join the workforce and a paucity of intermediate care staff. To some extent this could be ameliorated by having multi-disciplinary care teams and broadening the skills base of their existing staff;
- Issues where bought-in or contracted care service providers were reluctant to provide for older people in outlying locations because of the extra cost of doing so;
- A growing demand for services that reflected the relatively high levels of home ownership typical in rural areas, including for home adaptation, home cleaning and handyman services.

Self-directed support: there has been a move to offer self-directed support, where older people use direct payments to choose a service provider of their preference. The RSN report included evidence about this, too. Challenges included:

- That there were simply fewer services available in rural areas for older people to choose between;
- That older people in isolated areas appeared less likely to want to take up the offer of self-directed support.

In short, offering clients a choice may be an attractive idea, but it is not necessarily a realistic or practical one in rural areas.

Older people's day centres: the RSN report also included evidence about access to day centres. This included:

- That the location of day centres was often urban focussed, with smaller settlements being unable to justify provision;
- That there was less likely to be specialist provision in rural day centres, such as for those with dementia;
- That the lack of public transport made it hard for some rural older people to get to day centres, especially where centres did not have their own transport;
- That luncheon clubs and the like could offer a partial and cheaper alternative in rural areas.

This set of findings fits with those from Pugh et al who found considerable variation in the provision of adult social care services across rural areas, but overall that people in rural areas were less likely to receive services than their urban counterparts. Their report concluded that services cost more to deliver in rural areas and more of the burden in the time and cost of accessing them fell upon rural service users.

Housing

Some older people move into sheltered accommodation, where they no longer have all the responsibilities that go with looking after a house (and possibly garden) and where some support will be close at hand. Yet they are still enabled to live independently.

A rural analysis exists of data from the Elderly Accommodation Counsel 2010 database. It found that:

- There were 4,384 sheltered housing developments located in rural settlements, which were 20% of the total number across England;
- There were 98,307 dwellings on these rural sheltered housing developments, which was 16% of the total number across England. This indicates that rural developments are on average smaller than those in urban areas.

Since 23% of older people live in rural areas, it could be said that sheltered housing is still therefore under-represented.

Some 48% of dwellings on sheltered housing developments in rural areas have a resident warden. Another 34% of them have a non-resident warden and the remaining 18% have no warden. (This compares with 53%, 33% and 14% respectively for dwellings on sheltered housing developments in urban areas.)

Table 9c: Number of sheltered housing developments and dwellings (2010)

	Sheltered housing developments	Dwellings on these development	Dwellings with resident warden	Dwellings with non-resident warden	Dwellings without a warden
Villages/hamlets	1,531	26,136	9,205	10,602	6,329
Rural towns and fringe	2,853	72,171	37,603	23,048	11,520
All rural areas	4,384	98,307	46,808	33,650	17,849
All urban areas	17,366	517,863	274,060	172,510	71,293

Source: Elderly Accommodation Counsel database

The RSN report, cited above, found that rural county and unitary councils considered there was a shortfall in sheltered housing provision, with demand outstripping supply. Contributing factors were seen as being in-migration of older people to rural areas, a lack of available grant funding and a poor public perception of such housing.

The 2011 Census provides data for the number of residents who were in care homes. It shows there were just over 75,000 residents in care homes in rural areas of England. Whilst a minority had (in house) nursing, the majority did not. In all, 21% of English care home places were in rural locations, which is close to (but still slightly less than) the rural share of the older population.

Table 9d: Residents in care homes, by type of home (2011)

Type of care home	Rural residents	England residents	Rural share of total
Local authority run, with nursing	228	1,539	15%
Local authority run, without nursing	1,849	12,907	14%
Run by other body, with nursing	29,701	140,547	21%
Run by other body, without nursing	43,252	205,360	21%
Totals	75,030	360,353	21%

Source: 2011 Census

Social contact and support services

If public services are under pressure, an area of growth would appear to be schemes offering support, signposting and regular contact for vulnerable older people, which in many (but not all) cases are delivered locally by volunteers. These include First Responder schemes, Village Agent/Community Agent schemes, Good Neighbour schemes and Befriending schemes.

The Elderly Accommodation Counsel (EAC) has sought to log and review information about First Responder schemes. They identified 31 such schemes in England, which were of two kinds:

- Agency-based schemes, where organisations which have frequent contact with older people (such as Age UK, adult social care and fire services), seek to identify whether there are other specific and unmet needs they can refer to an appropriate partner organisation;
- Agent-based schemes, which are usually known as Village Agent or Community Agent schemes, where volunteers assist vulnerable people (mainly older people) to access services through support and signposting. Many of these are managed by county-based Rural Community Councils.

The first responder schemes typically deal with issues such as access to community transport, healthcare, social care, home improvements, home safety, benefit entitlement, housing and clubs/activities. The EAC report logged:

- 17 agency-based schemes, 12 of which appear to operate in largely rural areas;
- 14 agent-based schemes, 13 of which appear to operate in largely rural areas.

Many Rural Community Councils are also known to have established Good Neighbour schemes, which provide regular contact for vulnerable and isolated older people in rural communities, as well as potentially being able to assist them with day-to-day tasks.

Quite how much of rural England has access to one or other of these support schemes is not known. The majority of Rural Community Councils host or help manage some such scheme, which is likely to operate in locations where there are sufficient volunteers. The Agency-based schemes seem typically to be county-wide. Nonetheless, many of these schemes

appear to have expanded and, if case studies are anything to go by, they are much valued by those they serve.

In conclusion, a disproportionate share of the rural population comprises older people and the ageing of the population is taking place fastest in rural areas. This has implications for certain services, not least that older people are the key driver of demand for health services. A reasonable share of GP surgeries are rurally located, though many of these are secondary or outreach surgeries which are likely to offer restricted services and opening hours. One clear trend is reducing expenditure on adult social services, with that support increasingly now focussed on those with the most severe needs. It is notable that many older people are themselves caring for others. Population projections indicate that the need for carers is set to rise sharply in rural areas, whilst numbers of their children who might act as carers will grow only slowly. Where rural areas are more fortunate is that they host many of the (mainly volunteer based) schemes supporting older people to continue living in their own homes.



Public health services

The overall aims of public health policy are as applicable to rural as to other communities. It is known, however, that the priorities for public health vary across different geographies and there may well be a rural dimension to this. There may similarly be a rural aspect to the successful delivery of services or projects which promote public health outcomes.

Services which bring about public health benefits are the responsibility of local authorities, the NHS and a range of other organisations, so partnership working is important, not least through local Health and Wellbeing Boards. Actions may be delivered by statutory services, such as local roads, children's services and education, or by other discretionary initiatives and projects, such as tackling fuel poverty. Some of this will be guidance and advice, to encourage people to live healthier lives and to improve their own life chances.

Context

The Health and Social Care Act 2012 significantly altered the public health system, giving upper tier local authorities new responsibilities and funding, to improve the healthy life expectancy of their residents and to reduce health inequalities. Local authorities are supported in this by executive agency, Public Health England, and they work within a Public Health Outcomes Framework. The NHS was also given a new legal duty by the Act to improve health inequalities.

The King's Fund suggests that local authority action should be prioritised around nine areas, which are: the best start in life (early years); healthy schools and pupils; helping people find (and keep) good jobs; active and safe travel; warmer and safer homes; leisure access to green and open spaces; strong and resilient communities; public protection by regulatory services; and appropriate spatial planning. As this list indicates, in practical terms most outcomes are likely to be achieved by incorporating public health considerations into the design and delivery of various local authority strategies and services, and by local authorities similarly using their partnership capabilities to influence other local organisations. That said, preventative projects and initiatives also form a key part of public health efforts.

Public health indicators

On some of the headline measures of health rural communities score relatively well. For example:

- The life expectancy of rural populations is better than the national average;
- Infant mortality rates in rural areas are lower than the national average; and

- Years of life lost due to cancer, stroke and coronary heart disease are lower in rural areas than the national average.

The Public Health Outcomes Framework (PHOF) provides a standard set of indicators for measuring public health. These have been updated for the period 2016 to 2019, with a focus around action against four objectives:

- Improvement against wider factors which affect health and wellbeing e.g. poverty, road accidents, homelessness, fuel poverty and social isolation;
- Helping people to make healthy choices and live healthy lifestyles e.g. take-up of health checks, smoking, diet, obesity, alcohol intake and drug misuse;
- Protecting the population from threats and major incidents e.g. vaccination uptake, air pollution and STD diagnosis;
- Reducing the population living with preventable ill-health or dying prematurely e.g. from cardiovascular diseases, suicides, hip fractures and dementia.

The table below shows, for five randomly selected largely rural shire counties, the PHOF indicators where they have worse than average scores (marked with an X). In other words, these are important public health issues comparing these areas with the rest of England. Of course, there are other PHOF indicators where these areas score close to the average or better than the average. It is, nonetheless, valid to highlight particular rural public health issues and to look for rural patterns among the indicators. In doing so it is noted that this has necessarily been based on PHOF indicators that were used up to 2016 (rather than the 2016-19 indicator set).

Table 10a: Public health indicators where score notably worse than England average

PHOF indicators	Northumbria	Cumbria	Herefordshire	Dorset	Norfolk	Total out of five
School readiness indicators (most or all)	X	X	X	X	X	5
School pupil absence					X	1
Entry to youth justice system		X	X		X	3
16 to 18 year old NEETs	X		X			2
Employee sickness					X	1
Road casualties	X	X		X	X	4
Hospital admissions from violent crime	X					1
Fuel poverty	X	X	X			3
Social isolation			X	X	X	3
Breastfeeding	X	X	X			3
Smoking prevalence	X	X		X a	X	4
Child and/or adult obesity	X	X		X b	X	4
Completion of drug treatment	X		X		X	3
Readmission for alcohol conditions	X	X			X	3
Young people self harming	X	X		X	X	4
Living active lifestyle	X	X				2
Diabetes	X	X				2
Provision of health checks	X	X		X	X	4
Access to health screening	X	X				2
Chlamydia detection		X	X	X	X	4

Vaccination coverage			X	X	X	3
Late HIV diagnosis		X	X	X	X	4
Tooth decay in young children		X	X			2
Mortality from preventable diseases	X	X				2
Suicide rate	X	X			X	3
Emergency hospital readmissions	X					1
Preventable sight loss		X	X	X	X	4
Excess Winter deaths among elderly				X	X c	2

Footnotes: a = specifically young people smoking; b = specifically obesity among very young children; c = females only with excess Winter deaths.

A number of conclusions may be drawn from this analysis of the PHOF indicators:

- These largely rural shire areas score badly on a cluster of indicators with an access to services dimension, such as provision of health checks, access to health screening, late HIV diagnosis, Chlamydia detection and preventable sight loss. Whilst we cannot be sure, it would be surprising if their rurality was not part of the explanation. This could be due to difficulties people face reaching services and/or the under-provision of services;
- There are also some well rehearsed rural policy concerns among the indicators where these shire areas score badly, such as social isolation, fuel poverty and road casualties. The issue of rural suicide rates is covered in the chapter on mental health services;
- All five of these shire areas scored poorly on many or all of the school readiness indicators, which variously measure a child's development whilst in reception class or during year one. This raises interesting questions, not least whether the pattern holds true for other largely rural shire areas and why it should be. It might relate to the socio-economic background of children or the quality of early years schooling;
- In four of the five largely rural shire areas young people self harming is a particular issue that is highlighted by the PHOF. It is not easy to speculate why this should be so and no previous rural evidence on this topic is known;
- A north-south pattern can be detected within some of the indicators. For example, mortality from preventable diseases, diabetes and lack of an active lifestyle are particular issues in the two northern shires, but are not highlighted in the other three shires.

There is clearly scope to undertake further rural analysis of the PHOF indicators set, to explore these and other public health issues in more detail than is possible in this report. Ideally, this would dig down to a finer grained level of geography.

Access to services

The research for this report has not found any evidence about people's access to public health services for rural communities in England. It has identified some rural material from the USA, but it cannot be assumed that its findings will hold true in the England context.

That said, some public health services will be delivered at GP surgeries and there is data about rural access to them. This data (from the Department for Transport 2013 accessibility

statistics) is analysed in greater detail in the older people's services chapter. Suffice to say in this chapter that it shows:

- 56% of rural households have reasonable access to a GP surgery by public transport or walking;
- 74% of rural households have reasonable access to a GP surgery by car.

The rural figure for access by public transport and walking is notably lower than that for urban households (67%). The figures for access by car are similar (with urban at 76%). Clearly, the implications must be that some rural households will find it difficult to access those services that are typically provided at GP surgeries.

It is also relevant to review the public health priorities of some largely rural shire areas, as stated in their Health and Wellbeing Strategies. To offer some consistency, the following table shows the priorities for the same five shires that were featured above.

Table 10b: Strategic priorities in selected Health and Wellbeing Strategies

Area	Strategic priorities
Northumberland	Supporting children and families with poor health outcomes. Tackling alcohol misuse, poor diet and obesity. Addressing mental health issues. Supporting the independence of those with long-term conditions. Having public services that suit the disabled and those in poor health.
Cumbria	Tackling poor health and Tackling health inequalities across the county. Improving health and care provision. Create health and wellbeing services fit for the future.
Herefordshire	Reducing harm from alcohol. Stopping smoking. Improving dental health among children.
Dorset	Reducing harm caused by smoking. Reducing circulatory disease. Reducing road traffic collisions. Tackling problems linked to diabetes. Tackling anxiety and depression. Improving care for those with dementia.
Norfolk	Improving the wellbeing of pre-school children. Reducing obesity. Improving support for those with dementia and their carers.

Of course, this does not tell us whether services and support for these priorities are being delivered accessibly at present. But they will, presumably, be the focus of future action. In which case a question must be how effectively those actions reach into rural areas.

Funding of services

A research report by the Rural Services Network (RSN) examined the public health budgets that were transferred from the NHS to local authorities. Looking at the financial allocation per resident figures for 2013/14 and 2014/15 it concluded that, in general substantially more funding was being given to urban than to rural areas. It added that, whilst it may not be surprising if the very lowest allocations are for some of the Home Counties in the south east, there are also low allocations for rural authorities in the midlands and north. It cited East Riding of Yorkshire, whose 2013/14 budget allocation for public health would almost have doubled had it received the national average (rising from an actual £25 per resident to £49 per resident).

The following table is taken from the RSN research report.

Table 10c: Public health grants made to local authorities

Local authority area	Allocation per head of population	
	2013/14	2014/15
Surrey (the lowest)	£20	£22
East Riding of Yorkshire	£25	£27
Rutland	£27	£28
Devon	£27	£29
Cumbria	£28	£31
Shropshire	£29	£32
Leicester (city)	£60	£66
Birmingham	£72	£73
LB of Westminster (the highest)	£132	£133
England (average)	£49	£51

Original data source: Department of Health

Allocations for 2013/14 were largely based on historic levels of spending on public health. The RSN said that this resulted in lower rural allocations for two reasons:

- Rural areas were historically less likely to have received funding to target deprived areas; and
- The historic funding formula had included a Market Forces Factor, which was essentially a form of London weighting.

According to Shropshire Council, because its area is largely rural it must serve seventeen market towns spread across the county and it cannot realistically deliver public health services from one central, accessible location. This means having more service outlets and incurring higher staff travel costs. Records from a conference indicate that the Chief Executive of Public Health England accepted that any future allocation formula should take account of cost factors associated with delivery in sparsely populated areas.

The initial public health budget allocations to local authorities were intended to move away from their historic base and towards a target level. However, in 2014/15 the Department of Health uplifted budgets for all areas so the gap between the highest and lowest allocations remained much the same. At the start of 2015/16 the Department kept all the allocations as they had been the previous year (except for correcting some minor data errors). In June 2015 the Department announced an in-year £200 million (7%) reduction to public health

budgets and in February 2016 it announced a further £160 million reduction, spread over the following two years. It is not known whether these reductions have affected all area equally.

In conclusion, rural populations score relatively well on a number of headline health measures, such as the prevalence of cancer, strokes and coronary heart disease. An analysis covering some rural shire areas shows, however, that they score badly on certain of the Public Health Outcomes Framework indicators. This includes well known rural concerns, such as fuel poverty and road casualties, as well as measures that may imply poor access to services, such as take-up of health screening and late HIV diagnosis. It is both notable and surprising that these shire areas also scored badly on school readiness (or young child development) and on self harm by young people. Funding for local authority public health work is based upon historic levels of expenditure and has not been updated as expected. Funding per resident is lower in rural areas than it is elsewhere.



Community assets

Various policy initiatives have sought to encourage communities to take ownership of and to manage local assets, such as buildings and land. This can be either to sustain facilities and services at risk of closure or to create new ones where there is local need. Most likely this will plug gaps in public or private sector provision. Examples of such initiatives include community asset transfers, community land trusts and support for social enterprises. The skills of local people could equally be seen as assets, but to provide some focus this chapter sticks to land and buildings.

Some commentators have seen this 'self-help' approach as particularly valuable in rural areas, not least if it helps address traditional problems with access to services and the high cost of their provision. Indeed, a community asset approach is one option to tackle the rural delivery concerns identified elsewhere in this report, such as with village shops. This chapter is therefore cross-cutting and has relevance to many service topics.

Overview of community assets

According to a national report by Power to Change, the sectors in which community organisations held most assets in 2015 were: sports and leisure (£400 million); housing (£300 million); finance (£225 million); multi-use facilities (£110 million); and transport (£100 million). Shops and pubs were much smaller sectors, with an asset value of £10 million each.

From a rural perspective this may confirm some expectations and challenge others. Doubtless most rural community land trusts fall within the housing category, whilst rural community buildings and village halls fall within the multi-use facilities category and rural community transport schemes fall within the transport category. However, the strong profile achieved by community-owned shops and pubs in rural discourse does not yet seem to be reflected in national asset values.

What is certainly true is that community assets can involve heritage buildings, theatres or arts spaces, libraries, cafes, play areas and parks, woodlands, allotments, sports facilities, renewable energy projects and so on, in addition to the more obvious rural examples such as village halls, shops, post offices and pubs.

One survey of interest is that run by Locality of the 492 community organisations in England that were managing assets and were its paid up members. Although Locality delivers the Community Ownership and Management of Assets Programme, this cannot – of course – claim to be a complete register of such organisations. Some rural based organisations may

instead look to other support bodies, such as Rural Community Councils and The Plunkett Foundation. Nonetheless the statistics that were gathered through this membership survey provide some useful evidence. In 2014 the 492 community organisations:

- Employed 10,500 staff;
- Mobilised 24,000 volunteers (both delivery roles and trustees);
- Delivered services or activities to 384,000 people;
- Had an annual income of £315 million; and
- Owned £652 million worth of community assets.

Of particular relevance to this report is that 16% of these community organisations operated in rural areas and a further 20% operated in mixed (rural/urban) areas.

The groups that most frequently were using services or activities at these assets were, in order: the unemployed; older people; young people (aged 16 to 24); and children (aged 15 or under).

The main types of activities being delivered at these assets were, in order: advice and information services; volunteer training; festivals and local events; arts and cultural activities; and education.

Community buildings

Village halls and other similar community buildings must be among the most widespread and established type of rural community asset.

According to Action with Communities in Rural England (ACRE) there are almost 10,000 village halls or rural community buildings in England. In 2014 these were estimated to have a combined asset value in excess of £3 billion. Upkeep of the buildings presents a significant cost challenge. A 2009 survey by ACRE found that 65% of village hall groups had carried out improvement or rebuilding work to their hall during the previous five years. Similarly, 60% of the groups said that they had plans for capital work during the following five years. The annual rate of investment in improvement and rebuilding work is about £13 million.

These village halls enable a wide variety of social, sports, arts and recreation activities to take place within rural areas, as well as hosting local services in many cases. ACRE notes that:

- Three quarters of village halls are used by nursery or pre-school groups;
- Three quarters of village halls are used for arts or cultural activities;
- Half of village halls are used to provide health and wellbeing services; and
- One in ten village halls are used to provide retail services (such as a WI country market or an outreach post office).

However, outreach GP surgeries in village halls are reducing in number in response to cost and regulatory pressures.

The volunteer management committees which run these halls put in an average of 18.5 volunteer hours per week which, if priced at the 2016 national minimum wage (£7.20 per

hour), is worth £6,800 annually in the case of each hall. Just over three quarters of the managing groups are registered as charities and just under three quarters of them own their halls on a freehold basis.

This reliance on volunteers makes the halls economical to run. In half of all cases the annual running costs (at 2009 prices) were less than £5,000. For most village halls hire and rental charges were sufficient to cover around three quarters of their running costs. The remainder was typically made up from things such as local fundraising and parish council grants.

Directly or indirectly the village halls also create employment opportunities, with an average hall supporting seven (mostly part-time) jobs. 66% of the halls employ a cleaner, 26% employ a caretaker, 25% employ someone for grounds maintenance and 20% employ a bookings secretary. Many of the other jobs are people who earn a living by delivering a service or offering classes where they hire or use a village hall. In this regard, particularly popular activities are fitness classes, dancing classes, yoga and adult education classes.

Community-owned shops and pubs

The chapter on retail services contains a section about community shops. It quotes figures from the Plunkett Foundation, which found that by 2014 there were:

- 277 community-owned shops open and operating in rural England; plus another
- 119 community-owned shops that were in the planning stages.

It is understood that numbers have continued to rise since the last published figure in 2014⁶.

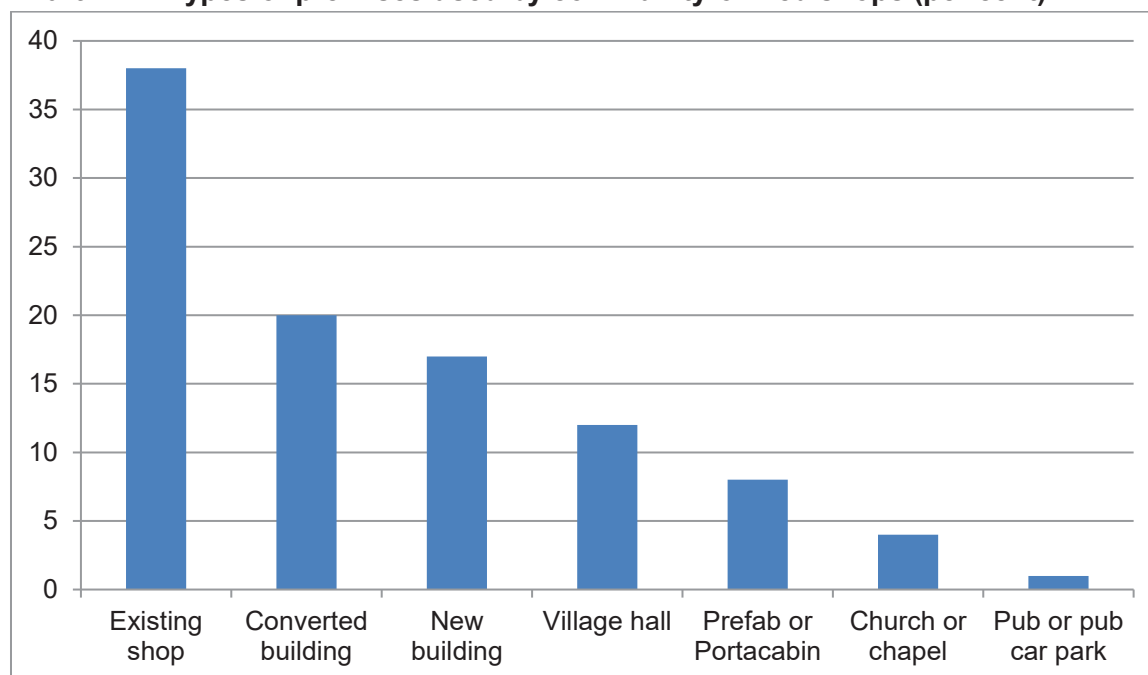
Numerically, there has been substantial and sustained growth. The number of community-owned shops grew by 91% over the five years from 2004 to 2014 and by a further 52% over the five years from 2009 to 2014. Moreover they appear to be resilient, perhaps because they do not depend upon a single shop owner. Some 94% of the community-owned shops that are ever known to have opened are still open for business.

As the chart on the next page shows, the most common location for community-owned shops is in a formerly commercially-run shop i.e. one that had closed or would otherwise have closed. Other common locations are converted buildings (from some other use), in a new build premises and in a village hall.

The trend, however, is towards more conversions and new build premises, which have the advantage of offering bespoke retail space and more opportunities for combining shops with other facilities.

According to CAMRA there are also now around 70 community-owned pubs across the UK. Case studies of them indicate that many are to be found in rural England. The Plunkett Foundation counts pubs operating as a co-operative (which are likely to be a subset of the community-owned total). It says there are now 43 UK pubs operating as co-operatives and that 28 of these are located in rural England.

⁶ It is understood that the current figure is 294 community-run shops in rural England.

Chart 11.1: Types of premises used by community-owned shops (per cent)

Source: Plunkett Foundation

It is possible that rural communities are among those most likely to assume ownership of assets such as shops and pubs. This could be because shop and pub closures are more keenly felt within small communities. It is, after all, less likely that there will be a nearby alternative to use and it may be the village's last outlet. It may also be encouraged by the presence of very local governance structures, such as parish councils, helping to foster a sense of self-help and volunteer action. However, this should not be seen as an easy win: Pub is the Hub notes that more than 50% of the groups who seek to save or open a community-owned pub are unable to see their plans through to fruition.

Asset transfer and acquisition

Community asset transfer is where statutory or public sector bodies pass assets over to community based groups, usually at below market value, in order they can be used for some public benefit. It has had considerable profile since the Quirk Review in 2007, which considered ways to promote the approach. Despite this virtually no national (let alone rural) data about the number community asset transfers taking place has been found.

The only such source found relates to 2010 and to the early rounds of the Advancing Assets Programme. The programme was then assisting 110 projects, 22 of which had by that stage successfully transferred. An evaluation report noted that 36% of the projects were located in rural areas, which is a relatively high percentage. It also found that the most common types of assets supported by this programme were former school buildings, community centres and libraries. These figures should, however, be treated with some caution given their datedness and changes to the policy landscape since (which includes the Locality support

programme and Big Lottery funding). The bigger question must be what impact this activity is now having on the provision of facilities and services in rural areas.

Since the Localism Act 2011 a Community Right to Bid has existed allowing communities to apply to have eligible privately owned land or buildings classified as Assets of Community Value (ACV). If accepted these go onto a register which is held by their local authority. Should the asset subsequently be put up for sale, the registering community group has a six month window in which to produce a bid, though it remains for the seller to decide whether or not to accept that bid.

Figures from the Department for Communities and Local Government showed that between 2011 and 2015 in excess of 1,800 buildings and land parcels were listed as an ACV. According to CAMRA easily the most common type of asset to be listed is a pub (31% of the total).

However, in less than 10% of all cases had these registered assets come up for sale. A mixture of failed, rejected and abandoned bids meant that there were just 11 cases which had led to a successful asset transfer to a community (with a further 27 still being under consideration). It is not known how many of these were in rural locations nor whether there are any features particular to the rural subset. This could prove an interesting area for further exploration.

Community land trusts

Community land trusts (CLTs) are community based organisations which build in order to meet specific community needs, in most cases for affordable housing. Most are very local, although some operate over a wider area such as a county.

According to the National Community Land Trust Network (NCLTN) there are now 170 CLTs in England and Wales. Whilst the CLT idea is not new, it is only a decade since the first national demonstration pilot programme (2006 to 2008) and roughly half of the CLTs have been formed within the last two years (2014 to 2016).

A review of 49 English CLTs that are featured on the NCLTN website reveals that most of them are located in rural areas. Some 34 appear to be operating locally in rural areas and another 5 operate across whole shire county (or mixed rural-urban) areas.

There is also a notable degree of geographic clustering among the featured rural CLTs, which may have developed because communities learn from each other and replicate practice they have seen nearby. The most obvious cluster is 6 of these CLTs in Devon and another 6 in Cornwall. Other smaller clusters are the 4 CLTs in Cambridgeshire, the 3 in Somerset, the 3 in Oxfordshire and the 3 in Cumbria. Of course, the featured list represents less than a third of all CLTs so this should be treated with some caution. However, a schematic map by NCLTN would seem to add weight to this spatial distribution, perhaps showing another cluster in West Sussex.

By 2014 Moore says that 283 new affordable homes had been completed or were in development by English CLTs. The NCLTN aim was to reach 1,000 homes by 2016 and, based on CLT plans, it believes around 3,000 affordable homes will be delivered by the year 2020.

Moore noted that the rural examples had typically come about as a result of community-led plans or local housing needs surveys. These had identified the need for affordable homes and had engaged residents in a way that made them favourable to the necessary housing development. It seems likely that that finding, from 2014, could also now be applied to neighbourhood plans.

In conclusion, growth in the number of community owned assets would appear to be a continuing trend. Throughout this chapter there is evidence – albeit some of it sketchy – that the community assets approach is of particular relevance in rural areas. Some of this stems from traditional assets, such as the very sizeable network of village halls, but the increase in community owned shops, pubs and housing schemes may also be disproportionately in rural locations. Of course, whatever the benefits of the approach – and its proponents cite many – a real test is whether the outcome is better access to services for rural communities, which could arise from the provision of additional local facilities or it could simply offset a decline in public and private sector provision.

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