Department for Environment Food & Rural Affairs

2013 Rural Ageing Research Summary Report of Findings

TNS BMRB

Department for Environment Food & Rural Affairs

Contents

This report presents headline findings from Defra's 2013 Rural Ageing Research project.

This mixed-method research – conducted by TNS BMRB in conjunction with the International Longevity Centre (ILC) – explored the impact of ageing populations in rural areas for service design and delivery.

Why was this research conducted?

Although rural communities have much to offer, social isolation is a growing concern, and where poverty and deprivation do occur they can pose real problems for older rural residents.

Older people (and other vulnerable groups) also suffer most from the loss of local services and high costs of living.

In light of these challenges, Defra is developing policies and programmes intended to support local strategies for the protection and improvement of services.

Defra commissioned this research in order to develop further understanding of older people's needs – in order to help ensure that policies and solutions address them.

Specifically, research explored:

- The **social profile** of older people in rural England
- **How they use rural services-** and how this impacts demand, design and delivery
- **Older residents' needs** – and any challenges and barriers to meeting these
- Where Local Authorities are in terms of forming and acting on **cohesive 'rural ageing' strategies**, and
- Evidence of **good practice** and innovative solutions

How was data collected?

Multi-method research was conducted iteratively over several stages. Research explored the issue of rural ageing from a variety of angles, with each data strand feeding into the next – to develop a more 'holistic' understanding of the problem, implications for designers and deliverers, and potential solutions.

This report includes data and analysis from all 5 strands of research, including:

An **Evidence Review** - including a literature review and secondary data analysis of the 2010 English Longitudinal Study of Ageing (ELSA) and the 2009/11 Life Opportunities Survey.

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Policy Review of 15 English Local Authorities (LAs) - utilising desk research, and input and review by the LAs about the specific plans and policies related to service provision for older users - to ascertain the extent to which LA planning encapsulates the concept of 'rural proofing.'

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Qualitative research with 1) service users (aged 50-85+) and 2) service designers and deliverers

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Good practice **case studies** developed from the above

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A National Learning Lab held in September 2013 with representatives of government, charity and community service providers.

More detail on each research stage is given in Chapter 10 - Methodology.

On their own, none of these research elements provide a complete picture of rural ageing – and all have their own limitations.

For example, the Evidence Review helped identify issues related to rural ageing, placed these against urban comparisons, and provided useful early direction about potential key issues of interest – highlighting the areas of housing, health and transport as service areas to focus on for later research. But quantitative research alone can't speak to the full range of issues people experience 'on the ground' that might not be picked up in existing survey data. Likewise, qualitative research (with service users as well as designers and deliverers of services) provided a grounded, 'real life' picture of the rural ageing challenge, what life is like for older rural residents, and considerations for trying to meet their needs. However, it is not a representative sample of the older rural population at large.

In response, validation was provided through the workshop discussion with stakeholders in the National Learning Lab – which checked to see if findings from other research elements resonated with their own experience, and extended findings further by adding their own views to the mix.

What's included here?

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

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

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

Beyond the summary information in this report, there is a wealth of further information provided separately for readers with specific questions or interests. In each chapter, check the guidance (under the chapter title) to see where data is drawn from in case you want to find out more.

Where can I find out more?

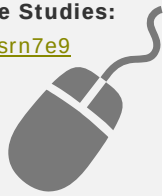
Interim reports

The principal research stages have been detailed in three interim publications available on the Defra website.

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

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

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



Support for service providers

Defra's Rural Communities Policy Unit (RCPU) is the centre of rural expertise within Government, and is able to advise policy-makers across Whitehall Departments on the likelihood and possible scale of rural impacts.

The RCPU can provide up-to-date information on rural areas and access to key rural stakeholders.

National level guidance is available for rural proofing as a source of information and advice for policy makers, service planners and delivery agents**.** Defra have also developed a suite of local level rural proofing materials, with the aim that guidance will help local decision makers to rural proof local policies and practices.

For help with rural evidence and statistics, the RCPU's economists, statisticians and research experts are available to help. The Statistical Digest of Rural England also provides a wide range of useful statistical data on the issues affecting rural England.

For more information, visit:
www.gov.uk/defra

If you work for a Central Government Department and would like help and advice on rural proofing, or would like to consider hosting a Rural Proofing Workshop with Defra's help - please email

@ rural.communities@defra.gsi.gov.uk

- Rural areas face a range of costs for service delivery – including lower economies of scale, higher per-capita costs, and increased costs of travel. This can make it very difficult for service providers to meet the need of the rural population generally, and the needs of older users specifically.
- Rural service providers also face a difficult challenge in trying to meet the needs of older populations alongside those of other vulnerable groups, as well as the community at large. This is particularly true at a time of 'making do with less', due to tight and shrinking budgets, and a shrinking volunteer base.

- Although older rural residents offer much to their local communities, they can also face significant challenges. There are often barriers to acting on this or voicing need to service providers. Failure to plan ahead or engage with preventative care and intervention can result in older residents engaging with services at 'moments of crisis.'
- Challenges in rural service provision can be exacerbated by unequal population distributions, for example due to high retention of older residents and low influx of younger residents and families. This can result in volunteer shortages, lack of local care staff, and loss of community services.

- Many rural authorities are only beginning to formally identify and respond to older users' needs. The spirit of 'rural proofing' does inform general service analysis and development. However, there is little evidence of a strategic, coherent response in terms of targeted and actionable goals.
- Older rural users tend to rely on private transport until loss of licence, and present barriers around use of public transport. Although a range of community and voluntary sector solutions exist, availability is variable and gaps remain. Lack of transport access can reduce social and civic participation, limit engagement with health services. This increases the need for costly home visits to meet users' needs.

- There is a need for increased availability of appropriate housing stock, and availability of home-based care, support and adaptations. Given the range of barriers around voicing need and accessing care, where solutions are currently available these are not always taken up or planned for.
- It is difficult to provide the full range of health services required within rural communities whilst retaining quality and specialist skill. High travel costs are unavoidable, both in terms of providers offering in-home care, and in terms of users travelling to health services.
- Lack of service integration can also result in inefficiencies or service gaps

Introduction

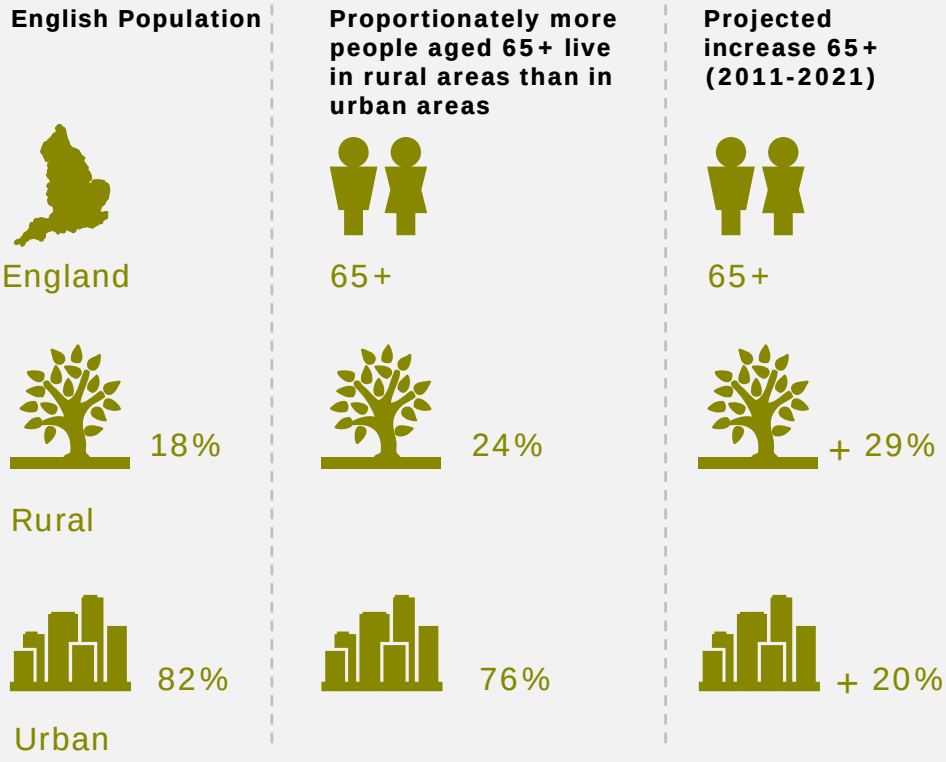
Ageing is on the agenda in the UK, as the **older population continues to rapidly grow in size.** 19% of England's population is defined as Older (60/65+), and the fastest rate of UK population growth is amongst the oldest age groups (aged 85 and older). The older age group is also growing faster in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

There is also evidence that **older populations pose disproportionate challenges for rural areas** compared to their urban counterparts. Nearly a quarter of older people live in rural areas, and the older population is increasing more quickly than in urban communities.

As they age, older rural residents' requirements for **costly and resource intensive services** such as Health, Social Care and Transport are likely to increase. Service planners in rural areas face a dual burden – trying to efficiently and adequately provide services to a demanding and potentially vulnerable population, but needing to do so in an era of austerity and deep funding cuts.

This research was commissioned in order to better understand the challenges posed by rural ageing – in general and in terms of specific key services of Housing, Transport and Health – and ways to meet these.

The older population in rural and urban areas



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

Older residents: what do you need to know?

This section reflects findings drawn from all stages of the research, particularly the qualitative research with older rural residents and service designers and deliverers, as detailed in the qualitative research report. Findings were further validated and extended by stakeholders at the learning lab. Any specific statistics included are drawn from the evidence review.

Key findings

As a group, older people in rural areas have some socio-demographic advantages over their urban counterparts in terms of average income and education levels. They are more likely to be physically active and report fewer mental health problems overall.

Older people can also be a strong resource – economically and socially invested in their local communities, with high volunteering rates.

Although older users tend to want to age in place, they are unlikely to be proactive in terms of arranging support they need to do so.

A variety of barriers exist for many in this population group around voicing unmet need, seeking out services for challenges faced, or considering future support needs.

Lack of forward planning can result in presentation to services only at critical moments, complicating service designers and deliverers' ability to plan for and respond to user needs. So service providers have to be reactive rather than strategic and proactive, which can often be more expensive and carries increased risks of lack of integration.

Service designers and deliverers may need to 'go to users' via consultation, proactive identification of need, and cross-service signposting.

Cross-referral may be required when users present in critical moments of need.

Pockets of relative advantage

In some ways, **older people in rural areas are better off than their urban counterparts**. Secondary data analysis shows that overall, they have higher incomes, are less reliant on means tested benefits, have higher education levels, and are more likely to hold private pensions and income from assets.

As a group, older residents also experience better mental health – including lower rates of depression – and higher levels of physical activity than urban ones.

However, it is important to remember that potentially rosy picture belies **significant challenges** – and pockets of deprivation as well as advantage. 18% of all older people in rural areas live below the poverty threshold.

Education, income and exercise levels of rural versus urban residents

	Rural	Urban
Post secondary qualifications	29.6%	22.3%
Main income derived from private pensions / assets	37.2%	27.8
Exercise regularly	70.7%	63.0%

Source: 2010 English Longitudinal Study of Ageing.

Older residents as a resource

There is also no doubt that **the older population can be a hugely valuable resource in rural areas**, representing significant social capital.

Many older residents are strongly **invested** in their communities, and heavily represented in the rural **volunteer population** – both in terms of formal involvement with community organisations or volunteer efforts as well as via providing general support to friends and neighbours.

Many older residents spoke of needing less from public services because they instead **looked out for each** other as neighbours and lent a hand themselves when they could.

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

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

Source: 2010 English Longitudinal Study of Ageing

However, this community-level support is a finite and variable resource – and reliance on voluntary or community level solutions to fill gaps an incomplete solution to the problems of rural service provision. Increasingly, there are issues around the **sustainability of relying on an ageing volunteer population**. There is also some concern – conveyed by users and deliverers of services who we interviewed, and Learning Lab representatives – about whether this 'community orientation' in rural areas will filter down in future generations as new residents move in.

Barriers to planning for need

There were **real issues raised within this population around users identifying, voicing and planning for their needs from public services**. When asked directly about their needs, service users often focus on positive experiences and default to a belief that they are managing well presently, without much unmet need.

However this research suggests that underlying this attitude are many **barriers for service users around thinking about, talking about and acting on need**. This was particularly true for the 'oldest old' in the sample; there were indications of a generational effect, with older service users more likely overall to display a culture of 'fending for themselves.'

Barriers to older service users identifying and planning for need included:

- An attitude of 'making do' with what they have
- Not wanting to be a 'burden' on others
- Fear of admitting need and denial about the implications of ageing
- Low expectations of services and a feeling of personal responsibility for their choice of residence
- A tendency for initial reliance on community and family support
- Limited awareness of relevant local services
- Fear of external action being taken if they do express a need

Service users may **express a 'making do' attitude** with public services – in interviews with older users, some even expressed discomfort or embarrassment in investigating what assistance they might be entitled to.

This was linked to **not wanting to impose a burden on others** and a reluctance to seek out help. Linked to this, some older residents voiced a perception that the media often framed the ageing population as placing an increasing strain on the country's finances – which they were reluctant to add to.

Wider **fear around acknowledging the implications of ageing and considering future need** was also evident, limiting forward planning. Users voiced attitudes that it was unnecessary or impossible to plan ahead, and generally showed little forward consideration about how to head off future problems related to health or mobility.

For example , many service users in the qualitative research indicated that they had no plans for how to manage with worsening mobility issues or cope when their partner or only family member passed away.

"The point is if I hadn't got a car and I hadn't got any neighbours to take me about, well I would be lost you see so that is the difference……I don't know what would happen. I hate to think about it."

(89, Male, Village Hamlet and Isolated Dwelling, Less Sparse, Herefordshire)

Underpinning these attitudes were typically **low expectations of rural service provision**. Many older service users felt that they had knowingly made a choice to live in the location so could not complain about the shortcomings. Additionally residents often expressed strong attachment to their local area and felt that the broader benefits of rural living far (e.g., geography, beauty, community) outweighed the drawbacks of sparse service provision.

Older residents also often **preferred to rely initially on informal community networks** (e.g. friends, family, church) rather than call on more formal support services – particularly among those who had lived in their area for a considerable time. However, newer residents were often less familiar with their neighbours and wider community, and less likely to feel that this community-level support was available to them.

Additionally, there were some **suggestions that these informal networks were weakening** – eroded by an influx of residents who were unfamiliar with the 'rural community' way of life, or by the loss of communal meeting spaces by the closure of public services such as post offices.

Older residents often had limited awareness of services and found them **difficult to identify and navigate**. For those willing to seek out information, there was interest in making it easier to understand the range of services available to them in a local area. However, access points and marketing for many services had moved online – often shutting out older service users who were not internet-literate.

Additionally, although service users did not mention it themselves, it was noted within the providers sample that some users may fail to interact with services due to **fear of social services intervention** and what the consequences might entail.

> It's difficult to say really, because if you haven't needed it yet… you're not quite sure what you'll need in the future
>
> *92, Female, Town and Fringe, Sparse, North Norfolk*

Why does it matter?

The range of barriers identified above can lead to users **asking for support from services only at 'critical moments'** (e.g. upon loss of mobility, health emergencies, or events such as loss of a partner) **with a multiplicity of complex needs**.

This can present serious challenges in terms of planning for and delivering services for this group. Urgent response is often required, and providers need to be conscious that users presenting with one need may have vulnerabilities in a variety of areas and need signposting and engagement support.

New needs on the horizon?

Of course, there is no one 'type' of older service user – needs are variable and shift over time. Service providers expressed some concern about planning for changing need – particularly given that the **new generation of older residents from the 'baby boomer generation'** who would be likely to start requiring support from services in the near future. There was some feeling that this group's expectations around service delivery are likely to be significantly more demanding than the previous generations' and advance planning for this is required.

What needs to happen now?

Providers must be aware **that proactive identification and engagement with older service users is required** given the range of barriers around articulating current need and planning for future needs related to ageing.

Contingency plans are also needed to deliver services which are currently being delivered by volunteer networks.

Case study

The VIP (Vulnerable Person's Intervention Partnership) project in Craven is operated by Social Services in conjunction with the Fire Service for vulnerable people including the elderly.

Social Services identify a vulnerable person, they refer the Fire Service to conduct a free home safety check. Whilst in the home, they identify any other service needs using a checklist and send the information to the appropriate agencies or organisations.

What are the general challenges of delivery in rural communities?

This section triangulates findings from all stages of the research. Principally drawing on the qualitative research with service designers and deliverers, the findings are also supported by the evidence review and stakeholders at the learning lab. Obviously, there is no one type of 'rural area' – the local composition, geography, and challenges of rural communities differ significantly from area to area. However, across the areas represented in the research some key issues were repeated.

Key Findings

Ensuring older users have access to appropriate services poses a range of common challenges for providers - primarily related to lower economies of scale, higher per capita costs and increased travel and opportunity costs.

These general challenges are further exacerbated by:

- A shrinking funding base and general financial pressures.
- A perception by service providers that government funding models and the costs of securing funding are not sensitive to rural services.
- The importance of maintaining diverse communities in rural areas.
- Fragmentation of demand within both the whole rural community and older rural populations.
- Barriers around efficient online service delivery due to the limitations of computer literacy or limited broadband access in rural areas.
- The cost of providing information - and some services - across multiple platforms and formats.

Two key challenges of rural service delivery

Both rural service users and service designers and deliverers represented in this research indicated that older residents have a strong preference to age in place – in their rural community if not in their home itself. Given this preference, designers and deliverers will often need to bring services to users.

However, our research highlighted some general challenges which make can make rural service delivery difficult. These challenges are typically only exacerbated when providing for older residents specifically. Two key challenges emerged, particularly for sparser areas:

1. **Lower population density** impeding economies of scale, resulting in higher per capita unit costs for service delivery; and
2. **The "penalty of distance"** – that is, the distance from providers in towns/villages to rural users service users involves higher **travel costs, opportunity costs**, and **unproductive time** for staff.

The issues above can be particularly problematic in terms of ensuring older users have access to adequate public transport as well as vital health and social care services.

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

> For us it's really a case of us having the resources to go out and see people [and] the cost of travel to actually go out. So having the ability to travel ...is certainly for us a barrier. Staff in our team that cover the rural areas may take a whole morning out of their workload... because of the time taken to travel to and from
>
> *Herefordshire, Unitary Authority, Health*

Other common problems

As detailed below, designers and deliverers of rural services also face a host of additional challenges, including:

- Funding and financial pressures
- The need to maintain diverse communities
- Fragmentation of demand, and
- Delivery mode requirements

Funding and financial pressures

Service designers and deliverers in rural areas, like their urban counterparts, are operating within an environment of diminishing funding resource. General financial pressures are further exacerbated by:

- Sparsity allowances which do not cover the increased costs of rural service provision arising from the two key challenges outlined above.
- Reported disproportionate impact of financial cuts in rural areas – as these increased costs are not perceived to be taken into account in funding allocations, policies, and models.
- The **costs of securing funding**, in particular, the policy of 'competition' and bidding for contracts imposing additional costs on services. This is perceived as diverting money away from service delivery and deterring smaller rural private providers from trying to compete.
- Challenges around keeping services sustainable via service **charges or co-payments** whilst avoiding unexpected 'downstream' effects. Fee introduction can reportedly shift service utilisation to more acute, and often free, services – while also reducing business demand and thus impacting business sustainability.

What are the general challenges of delivery in rural communities?

Maintaining community diversity

The difficulty of maintaining services to diverse communities within rural areas is an additional overarching challenge facing service designers and deliverers - particularly the demands of rural-urban migration and problems associated with reducing numbers of workers, taxpayers, volunteers and informal carers to support the needs of older residents.

The consequences of uniformity in communities were wide ranging, and reported to include:

- The creation of **'elderly ghettos'** if communities do not maintain and/or attract populations of families and younger people – this could result in areas with extremely high levels of older residents but few other resident types to support them and ensure community sustainability.
- **Difficulties in attracting staff** for careers that service older populations, because of the relative scarcity of those of working age and the low wages and status of caring jobs.
- **Higher investment and resource costs for services to source appropriate volunteers** within this diminishing volunteer pool.

Fragmentation of Demand

Rightly, service designers see their roles as serving the whole community.

Rural areas are not made-up of homogeneous communities – rural communities within districts are different, other vulnerable/needy groups exist alongside and older populations are also becoming more and more diverse.

This **diversity** results in many different groups seeking different bundles of services and further **fragmentation of demand** within already constrained conditions.

> It's not possible to meet all the needs of the whole community in North Yorkshire because there's so many different, competing needs, but we do the best we can with the resources we have.
>
> *Craven, County, Transport*

Delivery mode requirements

Providers report that achieving accessible and cost effective information and service delivery is a significant challenge, particularly in terms of the cost of providing information and selected services across **multiple platforms** and formats – e.g., print, telephone and online – to ensure older people have appropriate access to information.

For many providers **the push towards digital platforms** were problematic for older rural populations given the limitations of broadband in rural areas, and for older people who are not computer literate, have low IT confidence or don't want to access information online.

Where do we go from here?

Many of these general challenges are unlikely to change for rural providers, and solutions are often complex and will take time to come to fruition.

Overall, research suggests the need for:

- **Creative solutions to service funding** and **efficient delivery** to moderate the challenges of lower population density and the cost of distance. This is particularly critical to provide social, personal and home based care which meets older users' needs.
- Greater use of the **Social Value Act** in the contracting and commissioning of rural services, in order to look beyond price and focus on community benefit when awarding a contract.
- **Strategies to maintain diverse rural populations**. Particularly in terms of maintaining levels of workers (e.g. formal carers), volunteers and informal carers within communities to meet the needs of older residents.
- Pursuing fuller **internet connectivity** in rural communities. Although some older residents have barriers around internet use, as a more computer-literate generation ages it will be important to ensure internet infrastructure is in place to meet their needs.

Do we have a coordinated response?

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

Key Findings

- The extent to which rural authorities conduct formal rural proofing for older populations is mixed.
- Overall, although many challenges have been identified, there does not seem to be a coherent and consistent response about how to meet older residents' needs.
- Plans included in the policy review tended to cover both rural and urban areas rather than providing 'standalone' rural plans, making it harder to know whether and how well challenges are being identified, planned for, and met.
- The 'spirit' of rural proofing however often informs service analysis and development. Rural areas do typically include some strategies for older people – if not always explicitly.
- At present, there is little consultation taking place with the older rural community to inform or adjust service strategies. Most councils have used proxy measures (e.g. general demographic data) rather than direct engagement of older residents.
- Using intelligence derived from community concerns to inform commissioning is needed.
- At all levels - from Council to service-level design and delivery – providers need to develop specific, actionable, and measurable plans/goals for meeting the needs of older rural populations. However, a holistic approach is needed to avoid unexpected consequences of cost transfer.
- Services need to be user centric, reflect local context, and be responsive to local need. Consultation, engagement, and user feedback activity with older populations can help ensure that service plans are targeted and fit for purpose.
- Additional sharing of evidence and best practice is also required, in order to develop innovative and creative responses.

As part of this research, we **surveyed 15 local authorities** to understand current strategies for understanding and meeting the needs of older residents in their areas. We also spoke to a range of service designers and deliverers in our National Learning Lab.

Ideally, in order to provide targeted and responsive solutions to the challenges of ageing in rural areas, local authorities would:

1. Have a **clear understanding of the specific, contextual challenges** for their area and older population,
2. Have a **clear and documented strategy** for responding to these – including specific actionable goals, and
3. Be **moving towards verifiable process** on these.

Are local authorities planning for rural ageing?

This research suggests that **most Councils clearly recognise the challenges** of rurality with regard to providing services for older people. Service designers and deliverers were widely aware of the disproportionate representation – and impact of – older residents, and were grappling with the best ways to manage increasing pressures placed on rural public services by older populations.

However, **the extent to which authorities are conducting formal 'rural proofing' is mixed**. In general, we found limited evidence of systematic rural proofing of older people's services, although the 'spirit' of rural proofing has informed service analysis and development in a number of Councils. A number of local authorities have also reflected some of the underpinning principles of rural proofing in planning and service development.

Most local authorities have developed **overarching strategies** that focus on older people – often part of plans for responding to particular pressures (such as rising health and social care costs) alongside general plans for delivery of mainstream services for older people.

These **strategies tend to cover both urban and rural areas** within a local authority's remit, rather than consisting of standalone 'rural plans' – making it harder to understand whether and how the challenges of rurality are being addressed in practice.

Although local strategies did often mention older residents – including discussion of linkages between overall services and older peoples' services – the degree of documentation of this as a specific issue varied greatly between authorities.

Do older residents have a voice?

Many local authorities carry out some form of **consultation activity** with older people when developing strategies. However, there was very little evidence that these consultations tend to directly inform or change the provision of services.

Consultation strategies ensuring a continuing engagement with older people appear to be rare. Councils had occasionally set up older people's forums where participants could voice concerns regarding services, but again it was **unclear how much these fed into policy channels**.

How are Councils solving the challenges?

Some Councils took a **proactive approach**, developing recommendations that, if established, would immediately begin to tackle some of the specific issues older people face in rural areas. These recommendations included the commissioning, for example, of 'village agents' to provide advice to older people in places with little access to services.

Other local authorities took a broader approach to the problems facing older people in rural areas, highlighting a range of issues such as service gaps and a lack of extra care housing. These strategies, while highlighting the challenge of delivering services to rural areas, usually **provided no testable solutions for dealing with the problems they found.**

There was very little evidence that corporate level plans were actually delivering service improvements for older people in rural areas. The nature of the challenge was often described, but the extent to which services had changed, and any real impacts these changes had on older people were absent. This may represent the complexities of establishing baselines in these policy areas but without a clear analysis of the problem, accompanied by some measures of progress, it will be hard to establish what good looks like and whether it is being achieved.

This was true for nearly all the Councils examined, who gave **no clear sense of what good looks like for older people** across the three key service areas (housing, transport and health). Comparisons of outcomes for older people between urban and rural areas were also not identified by most councils, despite population analysis often being strong. This can make it **difficult to share best practice**; impact is difficult to identify and prove.

Combined with this, there is a perception that infrastructure for knowledge sharing amongst planners and providers has decreased – largely due to recent funding cuts which previously supported knowledge transfer and networking amongst providers.

Is there evidence of innovation?

Examples of service innovation which could be applied in other local authority areas were found.

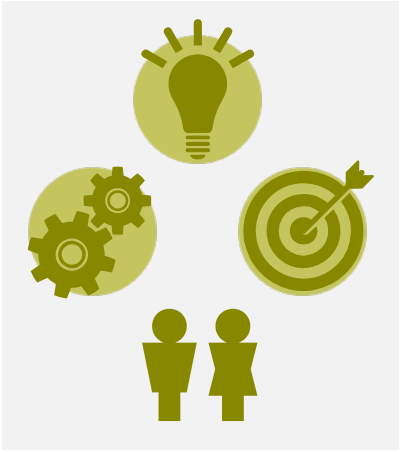
Initiatives had been set up to keep services open that older people used – for example, a rural grants scheme. Developments had been carried out to improve access to services for older people, including making routes leading to priority destinations such as GPs, shops, and sheltered housing easier to navigate.

There was **little evidence of innovations to reduce the cost of services** to older people in rural areas. Some Councils did acknowledge the need to reduce service costs, and yet there was no specific commitment in terms of developing plans.

The few Councils that did demonstrate innovation in this area did not specifically aim the developments at older people.

Where do we go from here?

- At all levels - from Council to service-level design and delivery – providers need to develop **specific, actionable, and measurable plans/goals** for meeting the needs of older rural populations.
- Services need to be user centric, reflect local context, and be responsive to local need. Consultation, engagement, and user feedback activity with older populations can help ensure that service plans are targeted and fit for purpose



This section reflects findings drawn from all stages of the research, particularly the qualitative research with older rural residents and service designers and deliverers. Findings were also supported by the evidence review and validated and extended by stakeholders at the learning lab. Specific statistics are drawn from the evidence review.

Key Findings

This research suggests that older rural residents have a strong preference to age in place as long as possible – if not in their own home, then in their local area.

This preference will increase the need for rural housing, and/or adaptive measures and home-based care, that supports independent living for the ageing population of rural England.

However, to meet these needs providers need to address:

- The lack of an appropriate range of housing stock and in-home services; and
- Limited awareness, availability, utilisation and integration of 1) personal and social care services provided in-home and 2) home maintenance and adaption (HMA) services.

Currently, plans and solutions for meeting these housing and social care challenges are often fragmented. However, where successful services employed a range of principles that enabled users to maintain independence and engaged users in efforts to overcome the barriers to service take up.

Ageing in place

Older users typically **want to maintain autonomy, self-reliance and independence as they age**. This often includes a **desire to stay in their homes** for as long as possible, with appropriate care and support when required. If and when older people living in rural areas do decide to move they have a very strong desire to **stay within and connected to their local community**.

Older people living in the most rural areas (Rural-80) are more likely to be owner-occupiers than those in urban areas –

81% live in owner occupied housing compared with

68% in major urban areas

Source: 2010 English Longitudinal Study of Ageing

Below we discuss challenges related to helping older residents stay at home as they age – and, when this is no longer desirable or practical, to moving to more appropriate housing within their rural community.

Staying in home

Social and personal care provided in home, including **home maintenance and adaptations** (HMA), are instrumental in allowing older rural residents to safely and independently continue living in their own homes and to retain access to their communities. Access to these services is particularly important in sparser areas given the difficulties in providing specific affordable, supportive age appropriate housing (discussed below) within these communities.

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

- Cost of in-home service provision
- Cross-service coordination
- Declining numbers of volunteers and availability of informal carers
- Barriers to take-up of services – due to low awareness , user misconceptions and low expectations

More than a third of rural residents ages 65+ have difficulties with the activities of daily living (ADL). Rates of people experiencing difficulty increase with rurality (from 34% amongst significantly rural areas to 37% of Rural-80 residents).

There appears to be a gap in delivering services to meet these difficulties for rural residents – many of those reporting need are not receiving help.
For example, a 6 percentage point gap exists between Rural-80 residents reporting difficulty with ADL (37%) and those receiving help with ADL (31%).

Source: Life Opportunities Survey, 2011

In-home services

The **high cost** of in-home service provision for dispersed populations is a key challenge, and results in a range **negative outcomes** for service deliverers including higher travel and opportunity costs, as well as higher levels of unproductive time for staff.

Cross-service coordination

Services also often **don't work together very well** to ensure older users' needs are met. When service delivery is not seamless - during the process of assessment, referral and funding. For example, this can delay delivery and/or fail older people (e.g. delays to essential adaptations and services or staying in hospital when care could have been provided at home. Services need to work together to ensure that older users' needs are met.

Availability of volunteers and informal carers

Informal carers play a critical role in providing care and support to older rural populations. However, in conjunction with **declining numbers of volunteers** the availability of informal carers is declining – coinciding with a period of **increasing demand.**

As this **mis-match between supply and demand** worsens, it may reduce the ability of some older people to receive home-based care in a manner acceptable to them.

Older residents as carers

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

24% in rural areas

compared to 18% in urban locations.

Source: Life Opportunities Survey, 2011

Barriers to take-up of services

Where assistance is available, there can also be issues around take-up of services by those that need them.

As discussed in Chapter 5, **limited awareness** and utilisation of services among older residents is a challenge for service designers and deliverers. Older users may also have **misconceptions and low expectations** of public services – for instance:

- Older service users expect they will need to privately organise and pay for these services out of their own pocket.
- Publicly-provided or subsidised in home services are viewed as primarily for those with extreme needs - the 'particularly poor and poorly' - and avoided by those who don't believe they fit this criteria.
- A fear of social service intervention exists for some, who therefore prefer private or third sector support over government providers.

Rural homes are less likely to be adapted for ageing

The extent to which older people's homes included modifications to help with current or future mobility needs differs by rurality

	Rural 50	Rural 80	Urban
Homes that include modifications	31.2%	38.0%	42.7%

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

How are challenges being addressed?

Overall, the policy review identified little evidence of a cohesive response by service designers and deliverers in meeting these myriad challenges. However, where providers were successfully meeting the needs of older residents this was achieved by:

- **Promoting service accessibility** via:
  - Enhanced delivery of services in home; and
  - Removing gatekeeper roles to open up services for self-referral.
- **Timely and fast response** for non-emergency situations in the home.
- **Individual service branding**, to get around people's fear of social services. However, an unintended consequence of multiple brands is reduced depth and breadth of brand awareness – which may be reflected in services users' low knowledge of service availability.
- **Informal care arrangements** - commonly provided by friends, family, neighbours and community or church groups - plugging gaps to ensure older residents can maintain their independence and autonomy in their setting of choice.
- By **community businesses** designing services to enhance accessibility and inclusiveness. For example, by supermarkets providing community buses for shopping trips and ensuring extra staff are available to assist older customers on the days the community bus runs.

Case study

The Swifts and Night Owls service in North Norfolk is available to residents aged over 65 who require immediate but not emergency assistance, such as personal care, help getting out of a chair or pulling the plug out of the bath. This service aims to prevent emergency admissions and provide peace of mind to older people and their carers.

Staying in area

If older people living in rural areas do decide to move they generally want to stay within and connected to their local community.

However, **older users don't tend to plan for future housing needs**, often waiting until they are pushed by health or other urgent circumstance. This poses dual challenges for service providers – who need to try to 'nudge' older users to plan ahead, and to respond to housing crises when they do occur.

The current lack of **appropriate housing stock** – particularly of 'intermediate' housing options – presents an additional challenge to service providers.

> We're expecting a 100% increase in the over 80 year olds in the next 15 years and that puts a huge amount of pressure on where they live …The trouble we've got now is we haven't got the housing stock
>
> *Craven, District, Housing*

Ensuring adequate housing stock for older residents is complicated by:

- **tensions between building sustainably / efficiently** (i.e. near services) and meeting the needs of older people within their very immediate local community
- **market barriers** (such as land costs and developer interest) to building bungalows/ low density dwellings to meet user demand.
- limited progress in **attracting private developers** into rural communities, and then integrating housing for older people within new mainstream developments.
- **Resident resistance** to housing developments in some rural villages and hamlets.

> People themselves don't see the need [for a full spectrum] of housing options, but we know it makes all the difference. We need public education to think about what they need
>
> *Herefordshire, Unitary Authority, Housing/Health*

How are challenges being addressed?

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

- **User needs-mapping** and **proactive planning** – for example strategic housing market assessments and Neighbourhood Development Plans.
- Council-level **housing purchases** to fill stock gaps (e.g. full market rented properties).
- **Working with developers** to achieve housing targets. Successful councils utilised/purchased economic expertise from larger councils to demonstrate financial viability of particular schemes, be more assertive with the developers and where sites aren't viable for older residents obtaining a contribution… to build houses elsewhere.
- **Public engagement activities** and road shows to garner support for new developments.

Where do we go from here?

Increased levels of **appropriate housing stock** to support independent living is required, as is **enhanced availability and utilisation of home based care and support**.

However, there are a number of barriers to older rural residents moving into appropriately supportive housing if and when this is needed, and receiving home based care and support if needed.

Therefore:

- Increased **integration and coordination** between services are needed to avoid leaving older rural residents at increased risk of harm and unplanned emergency care; and inefficiencies in service provision and not using taxpayers' money effectively.
- Further **needs mapping** and **proactive neighbourhood and community planning and engagement** is needed to address current shortages and ensure the future availability of needed stock as communities age.
- Service providers should be **alert to older users not planning for future housing needs**, with a tendency to move when they were pushed by health or other circumstances (e.g. death of a spouse). This requires service providers to both try to nudge them to plan and respond to crises when they occur.
- **Alternative funding and delivery structures** may also be required to help ensure services are sustainable moving forwards.

Transport – responding to the challenge

This section reflects findings drawn from all stages of the research, particularly the evidence review and qualitative research with older rural residents and service designers and deliverers. Findings were further validated and extended by stakeholders at the learning lab. Specific statistics are drawn from the evidence review.

Key Findings

- Unsurprisingly, transport accessibility was a critical issue with complex implications for social isolation and health service access. Service users were typically reliant on private transport until forced to give up their licences, usually due to health issues, and expressed a strong desire to maintain their independence in this way for as long as possible.
- This initial reliance on personal transport had a knock on effect on the take up of public transport services, reducing their efficiency and sustainability and ultimately raising barriers around keeping these services running for users' eventual needs.
- There was evidence of informal private transport arrangements and services provided to fill this gap; however, there were a range of barriers to take-up linked to low awareness, a reluctance to ask for help from 'strangers', and the need to overcome entrenched habits in transport use.
- Proactive signposting and other communications are required to increase service user's awareness of alternative transport options. In the long term, there is a need for joined up transport planning with overall community planning to ensure accessibility for service users and prevent social isolation and related vulnerability

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

Transport barriers can limit older residents' access to basic services, reduce social and civic participation, and pose critical challenges to engagement with health services – as providers are required to deliver more in-home visits for those that can't access services independently. This raises serious financial and practical issues.

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

Private transport

Older rural residents are typically **highly reliant on private transport** to meet the challenges of transport in rural areas, and tend to remain so until forced to use alternatives – usually as a consequence of worsening mobility issues or losing their driving licence.

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

However this delayed use of public transport had a knock on effect on the demand for public services making it less likely that they will be available when service users eventually need them.

Service providers and designers noted that loss of private transport access often signalled a key crisis point in older users' lives, with linked **risks of increased social isolation and access barriers to health and social services.**

> We end up doing an awful lot of home visits just because the patients can't get here on public transport, people who are physically capable of getting here but can't
>
> *Herefordshire, Unitary Authority, Health*

> The point is if I hadn't got a car and I hadn't got any neighbours to take me about, well I would be lost you see... I don't know what would happen. I hate to think about it
>
> *89, Male, Village Hamlet and Isolated Dwelling, Less Sparse, Herefordshire*

Private and public transport

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

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

Source: English Longitudinal Study of Ageing, 2010

Older service users without private transport face a range of challenges, including:

- Infrequent, inaccessible, unreliable and inconvenient bus services
- For many, lack of affordability of taxis and private hire as an alternative transport option
- Issues around the accessibility and practicality of relying on informal transport arrangements
- Low user awareness and take-up of bookable car and mini- bus services – and the cost of these

Buses

Providing an efficient and suitable range of bus routes and timings across rural areas (particularly sparser areas) is an extremely difficult challenge. The overall lower use of and demand for services – exacerbated by older residents' frequent reluctance to user services until absolutely necessary – meant service providers we spoke to found it nearly impossible to provide the **full routes and timetables** needed by users.

Adapting bus fleets to the ageing population was also an increasing concern – difficult, expensive, but necessary to avoid excluding those who are less mobile.

Although many rural residents report positive experiences, there is also evidence of a range of challenges in terms of meeting older users' needs.

These include:

- Buses running **infrequently or unreliably**;
- Bus stops and buses themselves being **inconvenient or inaccessible** (particularly for those with mobility issues); and
- **Timetabling or route mis-match** (e.g., with routes being geared towards school runs rather than daytime shopping, health trips or afternoon/evening social activities)

The reality of limited bus services raises a series of negative consequences for the older service users, including:

- General **reduction of engagement** with bus services overall
- knock on effects to **social engagement** and **access to vital services**
- **Difficulty accessing health care** – particularly for early morning appointments – and returning home from health visits

Taxis and private hire

Many older residents often paid out of their own pocket for taxis and private hire cars as an alternative mode of transport to vital services such as health appointments.

There were however concerns raised by both users, as well designers and deliverers of services, around the **affordability** of this approach if this was to be used in the long-term, particularly for those ineligible for in-home health and social care arrangements.

Older residents often have to pay large amounts of money to travel significant distances to receive the care that they required, often in the nearest urban area.

Informal transport options

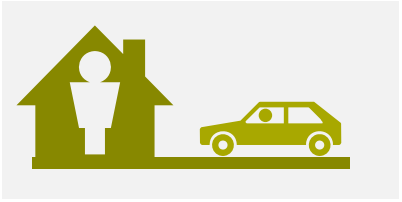
Across the research, there was good evidence of rural **residents helping each other out** on an ad hoc basis and communities providing informal transport.

However, the accessibility of informal transport options (e.g. lifts from younger residents and family members) for older rural residents – and the practicality of relying on these – can be **highly variable**.

Our research suggests that older residents without close family or friends nearby are often reluctant to 'be a burden' on neighbours or acquaintances.

In areas with high population densities of older residents – and few younger residents to volunteer assistance – there **may also not be appropriate drivers available**.

There were also examples of informal neighbourhood schemes beginning to disintegrate as the volunteer base aged and coordination began to fail.

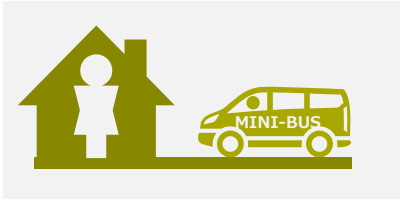


Bookable cars and mini-bus services

A range of bookable cars and mini bus services were available in many rural areas in the sample – variously run by private companies, government providers or charity and community groups.

They had been developed in response to the aforementioned challenges with bus use and were considered vital by users and service providers in terms of ensuring access to social activities, health appointments and basic services for those with mobility issues.

However, **low awareness, reluctance to use and sometimes high cost** of these alternative transport options can lead to low take-up by older service users. There is also a key challenge around **changing engrained habits** of a car (and, to lesser extent, bus) dependent population to the notion of booking ahead, and overcoming some service user's fear of having 'strangers' to provide transport services.



Strategies to address transport barriers

This research identified a range of strategies to respond to the challenges above, including:

- **Awareness raising, and proactive identification and 'warming up' of potential service users** via conversation, 'free trials' and networking with local older 'movers and shakers'– to overcome barriers around 'asking strangers for help'; **breaking habits** of private rather than public transport use, and timetabled rather than on-demand provision; and unfamiliarity with services. This often requires face to face contact with users.
- Some providers were also providing **signposting services at critical moments of vulnerability** (i.e. loss of mobility, loss of license) via voluntary outreach (e.g., Red Cross Provision) – and working with a range of providers to identify potential users (e.g., local Age UK chapters)
- Helping **to keep people (safely) independently mobile** – for example, via Schemes such as '95 Alive' designed and delivered support to older rural residents to help keep them safely on the road, providing advice about key issues like timing medication use to avoid drowsy driving and other practical safety measures.
- **Reducing the need to travel to services** – through mobile provision of health, social or personal services, either directly to rural residents or via village halls and other centralised locations.
- Ensuring that alternative transport options are available both for **health services** and general visits.
- **Proactive consultation and user feedback** assessments regarding preferred routes and reasons for cancelled services.

Strategies to address transport barriers (cont.)

- **Committing to quality measures specifically regarding older users' needs** – for example, providing training for providers on how to help less mobile users.
- **Prioritising adverse weather measures.** For example, a Craven district transport planner noted that significant effort and planning had gone into ensuring access routes were ploughed during winter snow, in part to help avoid older user isolation in planning budgets to protect the most vulnerable.
- **Attempting to embed services in communities via volunteer provision** – to minimise trust issues, draw on local community strengths, and help reduce service costs.

Where do we go from here?

- **Proactive communications and signposting** of services to older users is required in the first instance to help make users aware of what is already available and reduce barriers to use.
- Transport planning needs **linking with overall community planning initiatives** to build heterogeneous communities which ensure the viability of alternative transport links via the younger populations. Additionally in the short term, to avoid vulnerability and social isolation for those unable to use provided transport options.
- Rural service providers will need to continue to **bring services to users** where possible, in recognition of current barriers to accessing health services and social activities, particularly for the most vulnerable. Community transport cannot provide a full 'replacement' for public transport.
- Service providers may be able to better face challenges of economies of scale by increased **linked up working** across both the public and private sectors, and across parishes.

Health – responding to the challenge

This section reflects findings drawn from all stages of the research, particularly the evidence review and qualitative research with older rural residents and service designers and deliverers. Findings were further validated and extended by stakeholders at the learning lab. Specific statistics are drawn from the evidence review.

Key Findings

Designers and deliverers of rural services related to health are faced with a host of challenges, including:

- User barriers, including users not admitting and acting on health need when they should, and the knock on effect this has on service capacity at critical times
- Issues with transport access necessitate resource-heavy home visits or shifting the burden onto users to travel to services.
- Fractured and fragmented services, with poor interworking between health and social care services.

To meet the increasing health challenges presented by the older rural population, designers and deliverers should aim to:

- Develop services that offer flexibility, are accessible and easy to navigate
- Proactively identify or screen for need in an integrated manner, make it easier for users to voice need, and engage in holistic assessment, referral and signposting as necessary.
- Continue development of joint working approaches – e.g. between health and social care providers

User barriers

Service users themselves **tend not to identify unmet need from health services**, and are also reluctant to discuss challenges around getting the health care that they require. However, **unmet need exists** – many older rural residents do not seek out preventative health care or even acute treatment, and in some cases avoid seeking care even in **moments of emergency and health crisis.**

There are a **range of reasons older rural people are not voicing health needs**. These include a reluctance to voice need due to many positive experiences with health providers – for example, with local pharmacists or GPs. As discussed, older rural residents also tend to display a 'make do' attitude, as well as explicit and implicit fear of emerging age-related health issues.

This lack of proactive planning around health needs, and tendency for older people to present to health services in moments of crisis, poses significant challenges for health services providers. **More intensive, immediate, invasive and complex responses are required** when many older residents come into contact with services.

Although this situation may not be unique to rural service users it is important that service providers for older rural people are: 1) aware for the need to prompt/ facilitate older people to voice their unmet need, and/or 2) implement identification/assessment schemes to screen for need.

Just under a third of older residents (65+) living in rural areas rate their health as either bad or very bad (30.8%). Additionally around 2 in 5 of these residents report living with limiting long term illness (40.4%)*

Proportionately, there are lower levels of medical facilities for older people in rural areas compared with urban areas, including GP surgeries, pharmacies, and hospitals**

Less than half of rural primary care trusts have around the clock community nursing services in place to support end of life care***

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

Access and transport

Transport availability, convenience and cost are key barriers to accessing health services for older people in rural areas. For many the centralisation of specialist health services have exacerbated barriers, increasing travel costs and travel times, and the stress of having to travel when ill or when visiting a sick relative/friend.

Service providers are required to manage difficult tensions between the centralisation of specialist and acute health and the provision of proactive preventative, primary and community-based services.

In particular, our research suggests that in relation to centralised services designers and deliverers must be aware of the need to:

- **Provide information** to patients and the public about: (1) travel to and from hospital and centralised services, including volunteer and community transport schemes; and (2) the trade-off between travel and the benefits of treatment in a specialist centre
- **Improve flexibility** of appointments to account for rural (public) transport
- Address difficulties with the **cost of car parking** at hospitals
- **Work with public transport providers** to improve bus routes and services provided

> From what I can gather there is a hospital that does better hearts or one that will do eyes… they all seem to have their own individual thing… for a lot of older people who don't drive it is hopeless!
>
> *55, Female, Town and Fringe , Less Sparse, Oldham*

> Last week, just to pick up a prescription…jump in the car, off you go, bob's your uncle but, if I didn't have the car, how would I get there? That would be a big worry..
>
> *64, Female, Village Hamlet and Isolated Dwelling, Less Sparse, Herefordshire*

Where patients face challenges in travelling to healthcare services, providers should look to the provision of home visits from healthcare professionals. However, due to the greater demands on time and resources of service providers in rural areas this is often difficult to achieve uniformly.

None the less it is imperative that options to be seen at home are included in flexible and accessible services.

How are the challenges being met?

Although planned responses to improving health services for older people in rural areas were generally localised, where it did occur, the approach was underpinned by the following principles:

- **Promoting accessibility**, achieved by:
  - **Decentralising** health services from hospitals to primary care settings, or from a centralised design to hub and spoke design.
  - Offering a full range of **preventative services in local GP surgeries** (e.g. hearing tests, diabetes screening and ulcer checks) – or via virtual wards – to prevent unnecessary hospital admissions
  - **Delivering services to users' homes or more locally**, e.g. delivering repeat prescriptions to Post Offices.
  - Opening up services for **self-referral** to cut out the need for GP referral (and therefore GP appointment).
- Taking a **user-focused approach** to designing and delivering services, to ensure services are tailored to needs but also to enhance service take up.
- Providing **'joined-up' integrated services** across organisational boundaries.

Telehealth and telecare in Norfolk

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

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

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

Falls Prevention Service run by the NHS Trust in Herefordshire

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

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

Where do we go from here?

With many more rural residents living longer, there will be a sizeable increase in the proportion of older people living with multiple long-term conditions and frailty and therefore the number of people requiring care and support in the near future.

Going forward, designers and deliverers should aim to:

- Make services as **easy to navigate**, as possible, so that older rural residents can know what care and support is available and how to access those services
- Improve **flexibility and accessibility** of services, in particular:
  - By increasing provision of community based services
  - By enhancing availability and utilisation of home based options; and
  - To account for often inflexible rural (public) transport.
- Prompt older people to voice unmet need, and/or implement proactive **identification and screening** programs.
- Provide **holistic assessment, engagement, referral and signposting** – this must include assessment and referral within and between services and sectors.
- Further enact or enhance **joint integration and co-ordination between services**, particularly health and social care services, and public transport providers
- Be **consumer-directed,** allowing older rural residents to have choice and control over their lives and health and when the time comes to die well.

Key Finding

Lower economies of scale, higher per-capita costs, and increased costs of travel means funding doesn't stretch as far in rural areas – at a time when services are under increasing financial pressure.

Service providers must use limited funding pots to meet the needs of their older populations, other vulnerable populations, and the community at large. Meanwhile, voluntary and community sector budgets are tight, and shrinking volunteer bases mean needing to do more with less.

Implication

Government policies and funding structures need to recognise the challenges of lower density and greater distance. A one-size-fits-all policy or funding approach won't address rural need. For example, rural areas are inherently 'outliers' to policies based on averages – and 'digital by default' will be challenging to deliver given barriers around broadband access and user take-up.

Build on emerging creative solutions – e.g. resource sharing across local authorities, and increased collaboration with and between the voluntary and community sector. We must overcome the 'communication gap' and share good practice and service solutions.

Key Finding

Overall, lack of service integration can result in inefficiencies or support gaps.

Implication

Increased integration and coordination between services are needed to avoid leaving older rural residents at increased risk of harm and unplanned emergency care; and inefficiencies in service provision and not using taxpayers' money effectively.

Key Finding

Although older rural residents are active and valuable members of rural communities, many also face significant challenges – and often aren't acting upon these or voicing need to service providers. Unlikely to plan ahead, engage with preventative care, or seek early intervention, older residents often present to services at moments of crisis and with increased complexity.

Implication

Service providers need to keep in mind older users' reluctance to seek help – and, at times, to interface with services. In addition to services that cater for crises and provide urgent response, service providers should ideally undertake holistic assessment, referral, and signposting to meet users' need – working within and across services (public, voluntary and private).

Key Finding

Many rural local authorities are only at the beginning stages of understanding and responding to older users' specific needs.

Although local authorities are typically aware of the challenges presented by ageing rural populations – and the 'spirit' of rural proofing informs general service analysis and development – there is little evidence of a coherent, strategic response or documentation of targeted, actionable goals.

This can make it difficult to know whether, and how successfully, needs are being met.

Implication

At all levels - from Council to service-level design and delivery – providers need to develop specific, actionable, and measurable plans/goals for meeting the needs of older rural populations.

Services need to be user centric, reflect local context, and be responsive to local need. Consultation, engagement, and user feedback activity with older populations can help ensure that service plans are targeted and fit for purpose.

Key Finding	Implication
Challenges in service provision can be exacerbated by unequal population distributions due to high retention of older communities and low influx of families and younger residents – which can result in volunteer shortages, lack of local care staff, and loss of community services.	Rural local authorities need to be mindful of the need to maintain diverse rural populations through proactive community planning. This may require innovative solutions and linked-up working to retain key services such as local schools and shops to ensure the ability to attract a wide range of residents

Key Finding	Implication
In order to facilitate ageing in place – in users' home and/or local area – there is a need for increased availability of appropriate housing stock, as well as availability of home-based care, support and adaptations. Where solutions are currently available, user reluctance around planning for future need can inhibit take-up – until pushed to by circumstances.	Service providers should be alert to older users not planning for future housing needs. This requires service providers to try to nudge residents to plan and respond to crises when they occur. Proactive community planning is needed to address current shortages and ensure the future availability of needed stock (e.g. Neighbourhood Development Plans). This needs to include neighbourhood and community engagement, development of innovative solutions, and creative collaboration with developers.

Key Finding	Implication
Reliance on private transport until loss of licence – and a range of barriers around public transport use – can result in limited access to basic services, reduced social and civic participation, and reduced engagement with health services. Although there is evidence of innovative community and voluntary sector solutions, availability is variable and gaps remain. Lack of transport access can also raise serious financial and practical issues for health and social care providers by necessitating home visits to meet users' needs.	Service designers and deliverers must recognise that the loss of independent transport can pose a key risk moment for older residents. Proactive mapping, signposting of alternative transport, and linked-up working for efficient provision is required – as is tailoring provided options to overcome barriers to use. Alongside this, reliable and affordable transport access to health services must be maintained.

Key Finding	Implication
There are a range of barriers to older residents voicing need, seeking preventative treatment, and at times even accessing the acute care required – resulting in presentation in critical moments. It is difficult to provide the full range of care within rural communities whilst retaining quality and specialist skill. High travel costs are unavoidable – both for providers in delivering home care, and in terms of users travelling to specialist care.	Signposting the range of services available (e.g., social care, transport assistance, etc.) and improving the flexibility and accessibility of services (in terms of services provided, and transport access to these) is required. As elsewhere, integration and coordination are also required to ensure user needs are identified and met. Proactive identification and screening may be required for more 'hidden' user health issues, and to prevent delayed presentation.

Details of each research element are as follows. In-depth interim findings are available for several of these research elements – see links in Section 1 to find these.

Evidence review

The evidence review utilised a **systematic analysis of existing literature and secondary data** to understand what was already known in the field and where gaps existed.

Following the Civil Service Rapid Evidence Assessment guidelines a tailored list of search terms was applied to the Web of Knowledge academic database and filters were applied to ascertain the key relevant literature. Once the relevant literature had been identified, it was examined to gain insight into service delivery for older people.

Analysis of secondary data of the **English Longitudinal Survey of Ageing (ELSA)** and the **Life Opportunities Survey (LOS)** also informed the evidence review.

Binary analyses were augmented by a variety of logistic regression models, designed to test the relationship between rurality and specific characteristics, while other influencing factors were controlled for.

Through the evidence review three substantive policy areas were identified for further exploration: Housing, Health and Transport.

Policy review

A **policy review** was undertaken amongst a number of Local Authorities (LA) classified as predominately rural – as well as one 'comparison area' which was classified as urban but also included some rural areas – to review policies related to provision of services for older people across: adult social care, public transport, housing, leisure and culture.

The review sought to gauge to what extent each LA's approach to service delivery encapsulated the concept of 'rural proofing'. Fifteen (15) LAs (predominantly rural, with one more urban comparison) were randomly selected.

The policy review utilised desk research, and input and review of a performance template by the LAs.

Qualitative interviews

In-depth interviews were conducted **with 41 older rural residents and 25 designers and/or deliverers of rural services.**

Interviews with older service users were conducted face-to-face in their homes, while service designers and deliverers were interviewed by telephone to provide maximum scheduling flexibility and convenience.

Fieldwork was conducted between May and July 2013, with iterative phasing between service user research (May 2013) and interviews with designers and deliverers (June and July 2013).

Sample

To ensure diversity of coverage across key variables of interest, purposive sampling using a maximum variation approach was undertaken. The aim of this approach is not to create a statistically representative sample but to ensure representation of a range of potential variables of interest.

In depth interviews were conducted with **service users** living in seven English Local Authority Districts including both rural and an urban authority with a minority rural population- South Northamptonshire, North Norfolk, Rother, West Devon, Herefordshire, Oldham and Craven.

Interviews were conducted across a mix of settlement types and age ranges. Age ranges were:

- 50-59 amongst females and 50-64 amongst males
- 60-74 amongst females and 65-74 amongst males
- 75-84 years
- 85 and above

Within the Districts postcodes within the following settlement types were included:

- Rural Town and Fringe (TF) - Less Sparse
- Rural Town and Fringe (TF) – Sparse
- Rural Village, Hamlet & Isolated Dwellings (VHID) - Less Sparse
- Rural Village, Hamlet & Isolated Dwellings (VHID) – Sparse

Qualitative interviews (cont.)

The users sample also ensured a mix of gender, income, housing type, health status, mobility level, connection to the internet and typical mode of transport.

Interviews were also conducted with service **designers and deliverers.** These included a wide variety of public (representing county, district and parish authorities), private and third-sector services in the districts of Craven, Herefordshire and North Norfolk.

The sample focused on providers of services in transport, health and housing, as well as individuals with a role in overall strategic planning for older users in these areas (e.g., county-level planners).

Discussion coverage

Semi-structured discussion guides were developed for use in all interviews to ensure consistency of topic coverage. Separate guides were prepared for sessions with service users and service designers and deliverers.

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

Analysis Approach

TNS-BMRB's qualitative analytical approach is inductive – building upwards from the views of respondents – and drawing on researcher observation, in-session notes, audio recordings of research sessions, and interview transcripts. Interviewers initially reviewed transcripts for key themes and patterns.

Ideas and hypotheses were then tabled and debated by the qualitative project team at an internal analysis workshop. The data was then synthesised into a series of thematic charts.

Researchers then interrogated the data using a content analysis approach called 'Matrix Mapping' which allows researchers to map the data and draw out key themes and patterns.

Case studies

Twenty case studies were selected to explore best practice examples of services provided to older people in rural communities. Chosen case studies reflected the principles of rural proofing.

An initial 35 case studies were generated through a review of the evidence review, policy review, the qualitative research phase, desk research and stakeholder interviews. The majority of the case studies were national (England) but also included a small selection of international examples.

The 35 case studies were then filtered down to 20 via a process that ensured they met a set of ten good design principles, had the potential to replicated and included a good geographical spread of examples.

Learning Lab

The Learning Lab event brought together key stakeholders in roundtable dialogue – from a variety of backgrounds, and national and local level perspectives. Delegates were provided with top line research findings to contextualise and spark discussion as to how good practice might be rolled-out on a larger scale.

Two key questions were put to attendees to focus their discussions:

- What are the main challenges presented by the findings of this research, and how do these compare to the experiences and/or knowledge of attendees?
- Where are there opportunities to tackle these challenges, and how can these be encouraged and actioned at policy, commissioning and service levels?

The expertise of the stakeholders was also drawn on in further developing the dissemination strategy for the research, post-publication.

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