

# **Are Country Towns and Villages Sustainable Environments for Older People?**

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# Abstract

This thesis asks the question of whether country towns and villages are sustainable environments for older people, through three case studies in the rural North East of England. The Introduction lays out the theoretical approaches of the study, in particular the ‘critical human ecology’ approach, within which is slotted the study’s own proposed theory of ageing as a distinctive stage in the life-course characterised by strong temporal dynamics. The third chapter reviews research on rural ageing. The fourth chapter reviews the various national policies that impact on ageing in rural places. These introductory chapters result in three sub-questions about the physical, social and policy impacts on older people in rural places. The Methodology chapter describes the qualitative approach to data gathering that includes unstructured interviews, observational place audit and policy content analysis.

Within findings that broadly confirm the literature on rural ageing in identifying a range of physical barriers and mixed social impacts, the study proposes understanding rural ageing in line with its own elaboration of ‘critical human ecology’. A series of interwoven environmental layers are posited that interact with people in later life, centring around two dynamics: a cohort/period dynamic and a transition/duration dynamic. As a study that is part central government-funded, the policy layer is of particular importance to this study’s analysis. At this level several important trends are identified: grant revenue focused on urban places; spatial policy focused on ‘city-regions’ with notions of the rural economy centred on tourism and attracting and retaining younger age groups; while problems raised by spatial remoteness are to be solved largely through interventions such as broadband internet and ‘assistive technology’. The study concludes by counterposing such trends with rural elders’ considerable community contributions and proposes a perspective within which greater recognition is accorded, and support provided, to elders’ rural stewardship.

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# Table of Contents

	Abstract	i
	Acknowledgements	ii
	Table of Contents	iii
	List of Figures, Tables and Abbreviations used in the thesis	viii
<b>1</b>	<b>Introduction</b>	<b>1</b>
1.0	Introduction	1
1.1	Reasons for investigating ‘the ageing countryside’	1
1.2	Definitions	3
1.3	Theoretical frameworks	7
1.4	Methods outline	15
1.5	Chapter Summary	17
1.6	Conclusion	21
<b>2</b>	<b>Ageing</b>	<b>22</b>
2.0	Introduction	22
<b>Part I</b>	<b>The Societal Impacts of Ageing</b>	<b>23</b>
2.1	Factors underlying population ageing	23
2.2	Numbers and proportions of older people	24
2.3	Perceptions of demographic shift	25
<b>Part II</b>	<b>Physical and Social Changes of Later Life</b>	<b>27</b>
2.4	Physical decline	27
2.5	Illness and disability in later life	29
2.6	Social ageing through life course issues	31
2.7	Drawing together the physical and social changes of ageing: ‘Time/Shift’ theory	35
<b>Part III</b>	<b>Older people Interacting with their Environment</b>	<b>37</b>
2.8	Qualities and location of housing	38
2.9	Qualities of the physical environment	39
2.10	Transport use	40
2.11	Health and social care use in later life	41
2.12	Risk of poverty in later life	43
2.13	Risk of loneliness in later life	45
2.14	Contributions in terms of employment, caring, volunteering and citizen participation	47
2.15	Conclusion	52
<b>3</b>	<b>Ageing (in) Rural Places</b>	<b>55</b>
3.0	Introduction	55
<b>Part I</b>	<b>Ageing Rural England</b>	<b>56</b>
3.1	Rural places in England	56

3.2	Causes of rural ageing	58
3.3	Locations of rural ageing	60
3.4	Older rural migrants	63
<b>Part II</b>	<b>Physical and Social Environments for Rural Ageing</b>	<b>67</b>
3.5	The physical environment for rural ageing	67
3.5.1	Qualities and location of housing	68
3.5.2	Qualities of the physical environment	70
3.5.3	Use of transport	72
3.5.4	Use of health and social care	77
3.6	The social environment for rural ageing	78
3.6.1	Risk of poverty	78
3.6.2	Risk of loneliness	80
3.6.3	Contributions in terms of employment, caring, volunteering, citizenship participation	83
3.7	Time/Shift issues and the rural environment	87
3.8	Conclusion	88
<b>4</b>	<b>Policy Environment for Rural Ageing</b>	<b>92</b>
4.0	Introduction	92
<b>Part I</b>	<b>Policies for Older People</b>	<b>92</b>
4.1	Housing, neighbourhood, access and disability	92
4.2	Health and social care policy	97
4.3	Economic policy	103
4.4	Rural elders in ageing strategies	104
<b>Part II</b>	<b>Policies for (Rural) Places</b>	<b>106</b>
4.5	Rural and urban funding allocations	106
4.6	Elders in rural policy	108
4.7	Rural planning policy	112
4.8	Sustainability policy	114
4.9	Rural places in Local Government Policy	118
4.10	Conclusion	118
<b>5</b>	<b>Methodology</b>	<b>121</b>
5.0	Introduction	121
<b>Part I</b>	<b>Framework for the Research</b>	<b>121</b>
5.1	The position of the researcher	122
5.2	The research questions	124
5.3	Research ethics approvals	126
<b>Part II</b>	<b>Data Gathering</b>	<b>127</b>
5.4	Type of data collection	127
5.5	Selection of case study places	129
5.6	Sources of place audit information	132
5.7	Selection of policy documents	133
5.8	Sampling of qualitative interviews	134
5.9	Recruitment and interview of key actors	138

5.10	Recruitment and interview of older people	139
5.11	Older people focus groups and walkabouts	144
<b>Part III</b>	<b>Data Analysis and Method Review</b>	<b>145</b>
5.12	Data analysis approach	145
5.13	Conclusion	147
<b>6</b>	<b>Pilot and Case Study Overview</b>	<b>149</b>
6.0	Introduction	149
<b>Part I</b>	<b>Pilot and Case Study Areas</b>	<b>149</b>
6.1	The case study counties: Northumberland and Durham	149
6.2	Overview: the three case study areas	152
6.3	Pilot study in Tynedale: Hexham, North Pennines and National Park areas	154
6.4	Case study in Alnwick: Coquetdale and Alndale areas	158
6.5.	Case study in Teesdale: Barnard Castle, Upper Dales and East Teesdale areas	161
<b>Part II</b>	<b>Pilot and Case Study Area Policy</b>	<b>165</b>
6.6	Pilot study review of local and regional policy	166
6.7	Supra-regional and regional level strategies	166
6.8	Northumberland county and Alnwick District Policies	167
6.9	County Durham and Teesdale District Policies	168
6.10	Conclusion	169
<b>7</b>	<b>Pilot Study in Hexham and Tynedale</b>	<b>171</b>
7.0	Introduction	175
<b>Part I</b>	<b>Physical Environment Themes</b>	<b>173</b>
7.1	Location and qualities of housing	173
7.2	Location and qualities of shops and services	178
7.3	Location and qualities of transport and access to health and social care	179
7.4	Settlement geography and infrastructure	186
<b>Part II</b>	<b>Social Environment Themes</b>	<b>188</b>
7.5	Poverty and disadvantage	188
7.6	Social networks and isolation	191
7.7	Employment, caring, volunteering and citizen participation	194
7.8	National, Regional and Local Policy	198
7.9	Conclusion	200

<b>8</b>	<b>Rural Physical Environment for Ageing</b>	<b>203</b>
8.0	Introduction	204
8.1	Location and qualities of housing	204
8.1.1	Housing rented privately from landed estates	206
8.1.2	Rented social housing	210
8.1.3	Private housing	212
8.1.4	Home maintenance	215
8.2	Location and qualities of shop and Post Offices	218
8.2.1	Grocery and other stores	218
8.2.1.1	Interview in Focus: Getting to the shops without a car	222
8.2.2	Post Offices	224
8.3	Location and qualities of transport and access to health and social care	227
8.3.1	Location and design of transport	227
8.3.2	Access to health facilities	236
8.3.2.1	Interview in Focus: Can't drive, can't use the bus	239
8.3.3	Access to social care	242
8.4	Settlement geography, infrastructure and climate	243
8.4.1	Hills and paths	243
8.4.2	Rest points: benches and lavatories	246
8.4.3	Pavements and crossings	247
8.4.4	Climate	249
8.5	Conclusion	251
<b>9</b>	<b>The Rural Social Environment for Ageing</b>	<b>256</b>
9.0	Introduction	256
Part I	Social Environment for Rural Ageing	257
9.1	Poverty and disadvantage	257
9.1.1.	Interview in Focus: Widowers staying connected	258
9.2	Social networks and isolation	260
9.2.1	Social networks	265
9.2.1.1	Interview in Focus: Two couples in transforming villages	265
9.2.2	Social isolation	269
9.3	Employment, caring , volunteering and citizen participation	272
9.3.1	Employment	272
9.3.2	Volunteering	274
9.3.2.1	Interview in Focus: Caring in a remote and a well-connected village	275
9.3.3	Contributions as neighbours and citizens	277
9.4	National and local policy	280
9.4.1	Older people and policy	280

9.4.2	Key actors and policy	281
9.5	Conclusion	285
<b>10</b>	<b>Discussion</b>	<b>289</b>
10.0	Introduction	289
10.1	Answering the research questions in the light of the study findings	289
10.1.1	What are the impacts of rural physical environments on older people?	294
10.1.2	What are the impacts of rural social environments on older people?	292
10.1.3	What are the impacts of rural policy environments on older people?	293
10.1.4	Are country towns and villages sustainable environments for older people?	295
10.2	Implications for theory	297
10.3	Implications and recommendations for policy	299
10.4	Contributions and limitations of the research	303
10.5	Recommendations for research	306
10.6	Conclusion	307
<b>11</b>	<b>Conclusions</b>	<b>308</b>
11.0	Introduction	308
11.1	A summary of the study and its findings	308
11.2	Rural places: sustainable for older people or good for older people?	311
	<b>Appendices</b>	<b>313</b>
Appendix A	Sample interview and consent forms	314
Appendix B	Quota and purposive older people samples	316
Appendix C	Policy analysis tables	323
	References for Tables C1-4	331
	<b>General References</b>	<b>336</b>



# List of Figures, Tables and Abbreviations used in the thesis

## List of Figures

- Figure 1 **Rural Ageing by English Local Authority Rural/Urban Category from 2003-2028**
- Figure 2 **Older People’s Interview Guide: The facets-of-life wheel**
- Figure 3 **Northumberland County showing the Former Administrative Districts including Tynedale and Alnwick District**
- Figure 4 **County Durham, showing the Durham Dales area**
- Figure 5 **Map of Tynedale District showing the Market Town of Hexham, the Well-connected Direction (North Pennines) and the Less Well-connected Direction (Northumberland National Park)**
- Figure 6 **Map of Alnwick District showing Rothbury Market Town, the Well-connected Direction (Swarland) and the Less Well-connected Cluster (Netherton)**
- Figure 7 **County Durham showing the Former Administrative Districts, including Teesdale**
- Figure 8 **Figure 8 Map of Teesdale District showing the Market Town of Barnard Castle, the Well connected Direction (Staindrop) and the Less Well-connected Cluster (Middleton-in-Teesdale)**
- Figure 9 **Flats and Specialised Housing for Older People in Hexham.**
- Figure 10 **Hexham Bus Station in 2007**
- Figure 11 **‘Angina Hill’ in Hexham: The route from the station and edge-of-town supermarkets to the traditional town centre**
- Figure 12 **Changing Levels outside Hexham’s Medieval Moot Hall**

- Figure 13 **a) Wide, Uncluttered Aisle in Edge-of-town Supermarket b) Disabled Parking at Edge-of-town Supermarket**
- Figure 14 **Social Housing in “Upperdale”: With ramp conversion (left); original front door steps (right)**
- Figure 15 **Terraced Housing Association Bungalows in a Teesdale Village**
- Figure 16 **Rothbury Town Centre Viewed from New Hillside Bungalows**
- Figure 17 **Playground on Flood Plain of Coquet, with Adjacent New Bungalows**
- Figure 18 **Fish and chip shop for sale in Teesdale village, 2008**
- Figure 19 **Butcher’s Delivery Van beside New Affordable Housing Scheme in Coquetdale Village**
- Figure 20 **Post Office in Rothbury 2008 (no alternative access)**
- Figure 21 **Post Office hours in a Coquetdale Villag**
- Figure 22 **Disabled Parking in Barnard Castle (with close-up of cobbles)**
- Figure 23 **Parking across Demarcated Bus Stop, Barnard Castle**
- Figure 24 **Military vehicle in a Coquetdale village**
- Figure 25 **Ian and Elaine from “Alnthwaite”, in their Electric Buggies**
- Figure 26 **The Bank in Barnard Castle**
- Figure 27 **New Path at Eastern End of Rothbury, from Town Centre to Highest Residential Level**
- Figure 28 **Older Path, known as ‘The Nick’, on Western End of Rothbury from Town Centre to Middle and Upper Layers of Hillside Residential Area**
- Figure 29 **Bikes and Benches in Rothbury**
- Figure 30 **Pedestrian Obstacles in Barnard Castle**
- Figure 31 **Older People Crossing in Rothbury**
- Figure 32 **Announcements Board by a Coquetdale Village Hall**

## List of Tables

Table 1	Theoretical Frameworks and the Ambit of the Research
Table 2	Age-related Changes Interacting with Environmental Issues
Table 3	Initial and Final Topical Division of the Rural Environment
Table 4	Pilot and Case Study Area Rurality and Age Profiles
Table 5	Sampling Themes Mapped onto ‘Human Ecology’ Subheads.
Table 6	Comparative Features of Pilot and Case Study Locations
Table 7	Tynedale Pilot Study: Specialised Housing and Accommodation
Table 8	Case Study Areas: Specialised Housing and Accommodation
Table 9	Local and County Hospitals and their Capacity to Treat Major Illnesses of Later Life
Table B1	Tynedale Pilot Study Quota Sample
Table B2	Teesdale Case Study Purposive Sample
Table B3	Coquet/Alndale Case Study Purposive Sample
Table B4	Supplementary Focus Groups and Walkabouts in the Study
Table C1	Pilot Study Policy Overview
Table C2	Supra-regional and Regional Level Strategies Reviewed
Table C3	Northumberland and Alnwick District Policies
Table C4	County Durham and Teesdale District Policies

## Abbreviations

CRC	Commission for Rural Communities
DCLG	Department of Communities and Local Government
DEFRA	Department of the Environment, Food and Rural Affairs
DoH	Department of Health
DETR	Department of the Environment, Transport and the Regions
DTI	Department for Trade and Industry
DWP	Department of Work and Pensions
GONE	Government Office North East
HMG	Her Majesty's Government
LAA	Local Area Agreement
LGR	Local Government Reorganisation
LSP	Local Strategic Partnership
I	Interviewer (author of this thesis)
MAFF	Ministry of Agriculture, Food and Fisheries
NDPB	Non-departmental Public Bodies (formerly Quangos)
NHC	Northern Housing Consortium
NSP	Northumberland Strategic Partnership
OECD	Organisation for Economic Cooperation and Development
ONE	ONE North East – Regional Development Agency
ONS	Office for National Statistics
P	Interview participant (used in reporting dialogue)
PM	Used when reporting interview with couple to represent the male participant
PF	Used when reporting interview with couple to represent the female participant
PSA	Public Service Agreement
RDA	Regional Development Agency
SOCR	State of the Countryside Report

# Chapter 1. Introduction

## 1.0 Introduction

This chapter explores the question of rural ageing, the topic of this thesis, and explains how it has been researched in this study. The reasons for the study research question: “Are country towns and villages sustainable environments for older people?” are set out in the first section. The second section sets definitions for the study’s main topics. The third section explores the study’s theoretical framework and how it breaks down the large subject matter envisaged within the scope of the research. A fourth section sketches the methodology, including why the case study method was chosen and how the subsidiary research questions were generated.

The Introduction then concludes with a fifth section that summarises each chapter’s contribution to respectively, the framing of the research question, the study’s methodology, and the findings and conclusions of the study.

## 1.1 Reasons for investigating ‘the ageing countryside’

The research question for this study, “Are country towns and villages sustainable environments for older people?” arises from a global phenomenon that is marked in England and the UK. This phenomenon is that, in comparison with urban and metropolitan areas, the countryside has both greater proportions of its population above retirement age, and the rate of increase of this section of the population is faster than for younger age groups. In England this shift is particularly marked in the highest ages – those aged 85 and over (see Chapters 2 and 3).

There are several known reasons for this phenomenon: first, due to a complex mix of cultural, aesthetic, planning, housing stock and employment issues, for five or so decades, rural areas have experienced more internal in-migration than urban ones, which has mainly consisted of moves by people in mid to later life. For reasons connected with education, affordable housing and employment opportunities, there is

also a net outflow of younger people from rural areas. There is also a slightly higher population longevity in rural areas. The place of the countryside in the English imagination, as well as the attraction of simpler, more interpersonal environments as cognitive capacities alter and decline with age, are further factors that might be supposed to attract older people to the countryside, as sketched in Chapter 3. In light, then, of this change in the rural population, and the fact that people in later life are actively seeking out rural environments, this study asks the question: “are country towns and villages sustainable environments for older people?”

At first glance, the popular reputation of rural life as more sociable, with more close-knit, supportive communities, might suggest clear advantages to country towns and villages as places in which to age. A possible social advantage to rural living is particularly interesting in a context where there is a growing research emphasis on social connectedness as part of human wellbeing (e.g. Searle, 2008); while social justice theory is beginning to frame social connection, in particular to the degree that it offers opportunity for ‘capabilities development’, as a human right (Sen, 2009).

But the picture that emerges from existing research on ageing and environment does not present a plain social advantage for rural over urban locations. Alongside research indicating more vibrant communities in some places, there is also evidence of socially divided, commuterised and lonely rural places and of a greater potential for social isolation in the higher age bands (see Chapter 3, Section 3.6.2).

As physical environments, rural places, in spite of the aesthetic advantages that might be supposed due to their country setting, have been viewed as challenging. Research has backed this up, indicating many physical barriers, ranging from remoteness from services and facilities combined with dwindling public transport and patchy community transport, harder-to-heat homes, lack of cheaper energy options, poorly functioning communications technologies; to a traditional public realm that presents many barriers to accessibility.

Furthermore as both a ‘city-regions’ approach and a ‘sustainable communities’ perspective enter the mainstream, rural areas find themselves increasingly at the periphery of policy: on the edge of the network of commercial spatial relationships that are prioritised in the regional economy; and ‘unsustainable’ in terms of development

because of their small populations and distance from centres of employment, education and health; factors which thus link rural living with emissions-heavy commutes.

In such a context, it may be supposed that rural dwellers who are disabled or in poorer health, those who cannot access private transport or the internet and those on low incomes may be particularly disadvantaged in comparison with their urban counterparts. That people over retirement age make up a large proportion of such groups is a further reason for this study.

## 1.2 Definitions

Although both ‘rural places’ and (though to a lesser extent) ‘older people’ are contested concepts, due to its focus as a study that is part-funded by central government (Department of Communities and Local Government) it is not the interest of this thesis to refine or qualify their definition. Thus these concepts have been loosely framed for the purposes of the literature review and more narrowly defined in line with government practice for the empirical phase of the study, as outlined below. The concept of a ‘sustainable environment’ for an older person is not self-evident and will therefore also be explored in this section and revisited in Section 10.1.4 of the discussion chapter.

### *Rural places*

Some analysts have questioned whether, in a country as relatively small and densely populated as England, there is a genuine difference between rural and urban areas. It has been argued that since England’s rural areas can be plausibly connected with its metropolitan areas in intermeshed, interdependent ‘city-regions’, from a city-regions perspective, a strict urban-rural distinction is obsolescent (Hoggart, 2005).

Nevertheless the sense persists that the ‘rural’ is a distinctive area of study and academic work continues to seek definitions, veering between three main approaches: functional (rural areas have different functions from cities); political (they tend to be more conservative and individualist in politics); and social constructionist (their difference from cities is a cultural ‘given’). Both based upon and going beyond such frameworks, a body of evidence has accrued to the effect that “a number of genuinely

unique economic, social and environmental challenges confront communities and policy-makers outside of cities” (Gallent *et al.*, 2008, p6). This is the approach broadly taken towards the rural in the literature review section of this study.

In selecting places for the case studies, however, the study relies upon a different, quantitative type of definition, that is, the recently-introduced cross-government urban/rural definitions, as explained below. Broadly speaking, these are based on an approach that splits England into hectare grid squares and accords them both a settlement type; and a sparsity score, the latter being based on the number of households in the surrounding hectares up to 30km.

*New urban/rural definitions.* New cross-government urban/rural definitions were introduced in 2004 (Countryside Agency *et al.*, 2004).<sup>1</sup> These have influenced the recognition of rural ageing in England by allowing a more standardised approach to identifying urban and rural areas, allowing comparison on a range of statistical indicators routinely collected by government. The 2004 criteria focus on two aspects of ‘rurality’ and also introduce a new kind of geographical entity for classification (Super Output Areas), which to some extent liberates analysis from the ever-shifting parameters of administrative areas, such as electoral wards. The criteria for rurality are: settlement form (where a settlement greater than 10,000 people is classified as urban); and sparseness or remoteness (number of households in the surrounding area up to 30km) (*ibid.*).

Classification at administrative level is still needed for some funding allocation and other purposes, so a separate project by the Department of the Environment and Rural Affairs (DEFRA, 2005a) has set out to classify local, district and unitary authorities and Primary Care Trusts, according to the percentage of their Super Output Areas that are

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<sup>1</sup> **In spite of this attempt to coordinate understanding of the rural across government, there are sometimes different definitions used for the different countries of the UK (in particular, Scotland); a broader-brush typology at local authority level is also used (see above); while a subsequent review of the uptake of the new classifications (Webster, Jones and Beedell, 2006) indicated that two years on, the new definition had yet to be systematically adopted by all government departments.**



classed urban or rural under the 2004 definitions. This enables comparisons to be made for statistics that are only collected at administrative entity level.

There is however, an exception to this approach in the government approach to collecting data on Market Towns, as outlined below.

*Market Towns.* The main weakness of the new rural definition is that it leaves out the functional aspects of rural places (as noted above in Gallent's 2008 review). In England, market towns are generally those settlements that historically functioned as markets and are defined to have a population somewhere between 2,000 and 30,000 (Swain, 1997; Countryside Agency 2000a; and MAFF 2000; all cited in Powe and Hart, 2007).

Although they may fail to meet all of the new definitional criteria for a rural place, some market towns have an important role to play in the hierarchy of rural settlements. While a market town will frequently have over 10,000 inhabitants and may exist in proximity to other urban and metropolitan areas and thus qualify as urban, the functional aspect is also important. It is typical of such settlements to function as a 'service centre' or 'hub town' for the surrounding rural area, attracting a far greater number of services and volume of transactions than would be expected for their size and population (Powe and Shaw, 2003). Bodies such as the former Countryside Agency (e.g. Countryside Agency, 2004), and recent rural strategies, have included Market Towns and 'service centres' within the rural remit, though many exceed the 10,000 population mark and/or exist in proximity with other urban areas. This exception has allowed this study to include Hexham, in Northumberland within the pilot study rural area.

#### *Older People.*

For the literature review Chapters 2 and 3, a broad definition of older people (those aged 50 and over) has been adopted. This was in order to include research sponsored or conducted by the former older people's charity, Age Concern,<sup>2</sup> as well as that commissioned or integrated in government policy on ageing, particularly employment and pensions policies. However for the purposes of the data-gathering phase, there is no more precise government definition of an older person to draw upon as there was in the

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<sup>2</sup> Age Concern merged with Help the Aged in 2010 to become Age UK and raised its age threshold to 60.

case of rural/urban distinctions. Eligibility thresholds for different government-sponsored services and interventions ranges from age 60 to 75<sup>3</sup> and the relatively recent strand of government 'Ageing' policy has continued to focus on people in their 50s in particularly with regard to workforce engagement.

While retirement age (at the time of the study 60 for women and 65 for men) is frequently used as a reference point, these criteria became redundant in 2010 when women's retirement age was raised to the 65 threshold. The implementation of the Pensions Acts (2007 and 2008) in increasing retirement age between 2024 and 2046, will again shift the parameters.

On the other hand, only a small number of formal or informal services based upon seniority are available below the age of 60 and around the country older people's associations are known as 'Over 60's Clubs'. As a cut-off point, 60 has a certain historical resonance. According to the British historian of old age, Pat Thane, since ancient Greece, continuing through medieval times to the present day, 60 or 70 have been the officially sanctioned ages at which individuals were allowed to withdraw from public duties (Thane, 2000). For the purposes of this thesis, therefore, older people are defined as those aged 60 and over.

#### *Sustainable environments for older people*

The clearest and most plausible way of tying down the very open concept of 'sustainability' is to first look at what is unsustainable. An influential strand within sustainability theory has explored the notion of tipping points, whereby pressures within a system can lead to a new state of organisation (e.g. Nicolis and Prigogine, 1989). The notion of alternate stable states in ecosystems has been traced back to Maruyama 1980 by Kay *et al.* (1999). Climate change theory elaborates the notion that this new state in fact can be one of enduring instability. In both cases the system might be said to have become unsustainable in its former state, although in the first the new state is one of equilibrium, in the second case, one of change. Applying this to the human realm might therefore lead to a definition of sustainable environments for older people which a) permit continuity b) do not provoke a destabilised state.

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<sup>3</sup> For example, although people at the time of this study became eligible for a free bus pass at 60, they were not eligible for Direct Payments (for social care) until they reached the age of 65.

### 1.3 Theoretical frameworks

An overview of the study's theoretical frameworks is specified in Table 1 below. As each study explicitly or implicitly adopts an approach to reality and being, as well as an approach to what counts as knowledge, these are made explicit at the outset. Being fairly conventional for a policy-oriented research topic, these are only briefly elaborated in this section. Longer exposition is reserved for the three distinct theoretical levels required in order to develop the research question. The first level, 'critical gerontology', concerns the wider socio-economic and political structures and discourses that bear down on older people and have historically contributed to their marginalisation. Overlapping with this, 'human ecology' theory, which derives from developmental psychology and has been partially adopted by some critical gerontologists, gives a more thorough and detailed account of the contexts of ageing. These include the cultural level and the impact of policy, but also range from contexts still remote from the person but affecting them, for example, the education received by their offspring, down to the level of the community and the individual's network of close relationships. In its latter development 'human ecology' also includes people's biological, psychological and behavioural characteristics. The third theoretical level of this thesis tries to crystallise an understanding of the biological, psychological and behavioural characteristics that are distinctive of people in later life and that are so important in their interactions with their multiple nested environments. The three theoretical layers combine to present a 'critical human ecology' of rural ageing.

**Table 1 Theoretical Frameworks and Ambit of the Research**

<b>Theory of:</b>	<b>Approach:</b>	<b>Thumbnail explanation</b>	<b>Main source</b>
Ontology and epistemology	(Critical) Realism; Social Science approach	The subject of research is conceived of as 'reality', which refers to a level beyond discourse and social constructs; the latter are, however, also relevant and subject to critical reflection (see below). Knowledge is attained through a scientific approach appropriate to the open systems researched in the social sciences.	Pawson (2006)
Theoretical approach to politics of ageing	Critical Gerontology	Prevailing discourse and social constructs about older people are inflected with ideology, in particular, ageism, that can be counteracted by systematic research attending carefully both to which of older people's distinctive characteristics are researched, and to questioning stereotyped accounts.	Bernard and Scharf (2007)
Theoretical approach to the human/environment interaction	'Human ecology'	The human environment is made up of embedded layers ranging from the bio-, psycho-, behavioural level of the body and its changes, the micro- level of face to face interactions, the meso- level of communities and settlements and the macro level of policy. The person can influence as well submit to these environments and the interactions between them.	Bronfenbrenner (1979, 2005). Keating and Phillips (2008)
Theoretical approach to the bio-, psycho-, behavioural characteristics of later life	'Time/ Shift' theory	Later life is a distinct developmental phase that is characterised by negotiation of two kinds of temporal dynamic. The first is a <i>cohort/period (of ageing)</i> dynamic, the second is a <i>transition/duration</i> interaction, where life-cycle transitions confront strong durational (or habituation) issues reinforced by later life cognitive changes.	This thesis, Chapter 2

### *Ontology and epistemology*

The source of the ontology and epistemology underlying this study is Ray Pawson's policy evaluation approach (Pawson, 2006) which is founded upon a realist philosophy of science and social science. Realism, after philosophers such as Harré, Putnam and Collier, is seen as the foremost post-positivist perspective, that acknowledges the object of social science to be 'open systems' (as compared to the 'closed systems' of the physical sciences), and steers a path between linear and random accounts of social change. Although Pawson's realism has been particularly applied to policy evaluation, it could in fact be usefully applied to any attempt at theorising an explanation for a particular state of affairs in a social context.

His 'realist' perspective favours neither qualitative nor quantitative approaches exclusively, and limits itself neither to law-seeking (the "nomothetic") nor the documentation of the unique ("ideographic"):

The guiding impulse is that it is still worth trying to adjudicate between alternative explanations even in the knowledge that further explanatory possibilities remain untapped in the unrelentingly open systems in which we live. What is more, it is assumed that much of the classical apparatus of empirical science – such as clear conceptualisation and hypothesis-making, the usage of critical comparisons, the discovery of empirical patterns and the monitoring of their scope and extent – are of considerable use in this explanatory quest. (Pawson, 2006, p19).

Pawson's particular objection to 'critical' realist approaches is that although they can provide a good counter-balance to harmful assumptions and everyday 'shibboleths', used as an epistemological approach they can gravitate to a 'normative' position (Sayer, 2000, cited in Pawson, 2006) – one which spells out how things 'should be'. He observes that this can crystallise into the adoption of political positions that may be contrary to the aim of enquiry. With this in mind, I shall now look at the study's main theoretical approach, critical gerontology.

### *Theory of the politics of ageing*

'Critical gerontology' is perhaps now the dominant contemporary approach in the study of later life. The findings of 'critical gerontology' informed research have the particular advantage of allowing a nuanced and counter-intuitive picture of older people which

exceeds the stereotypes reproduced in everything from policy and journalism to the way services are constructed. ‘Critical gerontology’ is a form of critical realism, which sets itself the task of investigating older people in society, with a view to unsettling the mistaken and ill-reasoned explanations of lay thought, discourse and action.

Critical gerontology can therefore be a corrective to the marginalisation of older people manifested in ageism (Townsend, 2007). These might be as subtle as the predominant focus on health issues in many services and structures designed for older people or even the agenda set for government-sponsored research on ageing (see Victor *et al.*, 2008, as outlined in Chapter 2, Section 2.14).

Only recently has critical gerontology taken on a spatial dimension, exploring inequalities experienced by older people in a range of geographical contexts (Keating and Phillips, 2008). Reviewing in particular research into rural ageing from this perspective, Phillipson and Scharf (2005) have noted that this has been somewhat disparate and that this may be responsible for research findings about rural ageing that seem contradictory:

The development of a more critical approach might assist in challenging distorted views and myths in relation to rural ageing. For example, depending upon the topic under analysis, and the subjective interpretation of the researcher, older people living in rural areas are often regarded simplistically as being either ‘favoured’ or ‘disadvantaged’, either ‘well-integrated’ or ‘socially isolated’. [...]. Other researchers have noted the often contradictory nature of research findings relating to rural ageing (e.g. Schweppe, 2000; Wahl *et al.*, 2000). (Phillipson and Scharf, 2005, p70).

According to Phillipson and Scharf, a more critical approach to rural ageing might include a ‘social division’ model, that explores how prevailing socio-political and economic structures may advantage or disadvantage rural older people. Additionally, rural older people might be regarded as a minority group; and their differences viewed through themes such as self-identity, poverty, deprivation, gender and ethnicity.

The conclusions from the literature review in Chapters 2-3 concerning which issues are likely to be most important for the older person/rural environment interaction correspond well with Phillipson and Scharf’s critical agenda, bringing out the heterogeneity among rural elders, and issues such as poverty and social isolation. The

policy review in Chapter 4 gives an overview of housing, health, economic, planning, ‘sustainability’ and rural policies that affect rural elders. Thus, in line with the agenda sketched by Phillipson and Scharf, it might be considered to provide a sense of the prevailing socio-political and economic structures and their impacts on older people. However, seeking to avoid political position-taking, in line with the Pawson approach to epistemology, outlined in the earlier section, this study will attempt to straddle the line between the anti-ageist and demythicising thrust of ‘critical gerontology’ and the capacity to generate conclusions that are policy-relevant in line with the study’s funding source.

### *Theory of human-environment interaction*

Human environments clearly have a number of layers and dimensions, socio-political layers being just one of these. How to break down the concept of the environment in a way that would be useful for investigating the research question has been an area of incremental learning for this research. Initially a way of broaching the concept of the environment was sought in theories about sustainable places which divide the environment into economic, social and environmental dimensions. The several problems arising with this approach included a vast and evolving literature on the dimensions’ interrelatedness and mutual influence. This division also imposed a governance perspective on a research question that was framed to favour the older person’s perspective – that is, it seeks to find out if places are sustainable for the people who live there, rather than for society as a whole. Furthermore, it was not possible to do justice to the full range of these three dimensions due to the disciplinary limitations of the researcher and academic setting. Another issue was that sustainability policies themselves appeared to be contributing problems and issues for rural elders that needed to be addressed in a critical way.

In the study’s third year, however, ‘critical human ecology’, a more human-centred approach in environmental gerontology was lighted upon (Keating and Phillips, 2008). On further investigating the work of Urie Bronfenbrenner from which Keating and Phillips had drawn for the ‘human ecology’ aspect of their approach, it became clear that in its later elaborations (e.g. Bronfenbrenner, 2005), his framework included an integral vacant slot for elaboration of the ‘human’ side of the equation. The researcher had been groping towards a way of conceptualising later life as a distinct developmental

phase since an early theoretical paper in the study's first year and as explained below, this could be nested neatly within the environmental layers proposed by 'human ecology'. Three research sub-questions deriving from the three literature review Chapters (2-4) mapped coherently onto Keating and Phillips' identification of the environmental layers relevant to rural ageing and could be straightforwardly reconfigured from the original 'sustainability theory' structure used to analyse the findings.

The theories of 'human ecology' and of 'critical human ecology' are now examined in more detail.

*Human Ecology Approach.* The 'human ecology' perspective is derived from the work of developmental psychologist Urie Bronfenbrenner (1917-2005), who used it mainly to study emotional and cognitive development in children and young adults. Bronfenbrenner's theory was developed over three decades and is highly complex, including an attempt to distinguish between the different layers of the environment which affect people, and people's interactions with them, as well as a four-component model of the way that human development within environments actually takes place (Person-Process-Context-Time) (Lerner, 2005). Keating and Phillips (2008) adopted certain aspects of this theory to fit with a 'critical gerontology' perspective of studying rural ageing. They emphasise three main points: first, its main premise, which is the importance for human development of interrelated ecological levels, conceived as nested systems. Secondly, they note the fact that these environments have permeable boundaries so that levels can influence and alter one another. Thirdly they observe that rather than being passive recipients of environmental influence, people have agency, based on both personal and environmental resources, that can change their environments and experience.

As noted, Bronfenbrenner himself was a developmental psychologist mainly concerned with the growth and development of children and teenagers in interaction in with their layered environments. His work should be understood within its intellectual context as an attempt to deepen the understanding of early development at a time when this had largely been researched through artificial experiments operating under laboratory conditions. By analysing what took place in the laboratory context and comparing it



with behaviour and cognition in more naturalistic settings, Bronfenbrenner (1979) was able to critique the one-sided account of cognitive and emotional development as a linear unfolding of inherent potentials (e.g. in Piaget) and develop new scientific methods for observing the context-dependency of developmental achievements. In later work, Bronfenbrenner (2005) recognised that his account laid too much emphasis on the environmental dimensions, at the expense of the characteristics of the human being embedded within it. Over the course of the 1990s, therefore, he strove to contribute a complexity to the human side of the equation – the attributes of human biology, psychology and behaviour – that can be seen as bringing greater balance to his theory. The later, ‘bio-ecological’ version of the ‘human ecology’ perspective identifies five main environmental layers, adding the characteristics of the developing person themselves to the micro-systems of face-to-face interactions with physical, familial and social aspects of the surroundings; meso-systems which are the set of micro-systems making up a person’s developmental niche; exo-systems – those not experienced personally but indirectly such as the nature of one’s children’s education or parental workplace; and macro-systems, such as culture, government and policy at various levels.

Keating and Phillips, writing in the context of rural ageing, highlight three main different types of environment: the *physical* environment, which:

includes the home, and the objects in the home, the built environment of buildings, roads and other amenities, and the natural environment, including climate and topography. It includes both objective elements and the meaning or evaluation of those elements (Lawton, 1999; Peace *et al.*, 2006). (Keating and Phillips, 2008, p4).

The second type of environment they highlight is the *interpersonal* environment, which is described in terms of personal social networks; and they also discuss a *policy* environment which includes ‘the values, programmes and services that affect rural older people’. They cite Lawton (1999) who also included norms and values along with law, regulation and programmes as part of the policy environment. Lawton’s has in fact been one of the most influential theories regarding the influence of the environment on older people, although its underlying psychological ‘behaviourist’ approach and concept of ‘environmental docility’ experienced by the most impaired elders (Lawton, 1982) make it a relatively simplified model.

Revisiting Bronfenbrenner's theory in the early 21<sup>st</sup> century, with the knowledge that it has been used to support understanding of ageing in rural environments, there is a clear opportunity to use the accumulating knowledge of physical and cognitive changes in later life to provide a more detailed model of the bio-, psycho- behavioural characteristics of the older person, which is the subject of the next subsection.

### *Theory of later life as a distinctive developmental stage*

Gerontology has been described as a generally undertheorised field, although rich in data (Bengtson *et al.*, 1997) and there have been few attempts to describe later life as a distinct developmental phase over the past 30 years (notably, Erikson, 1976, 1981). Erikson's theory could be described as a normative theory of psychological development in stages, of which the eighth and final stage is "integrity or despair". Like his other posited life stages, this presents a positive and negative node which are interrelated in that the achievement of the positive is stimulated by the experience of the negative. A more descriptive approach is represented by life course theory, which posits particular phases and transitions as part of the lifecycle of each individual resulting from complex interactions between human agency and environments over time and emphasises variability (Mayer, 2000).

While Erikson's theory is main psychological; life course theory combines psychological and social dimensions. Neither incorporates the biological changes of later life on which so much evidence has accrued over the last two decades. I therefore propose my own theory of later life as a developmental phase, depending in part on some of the life course effects identified by Vincent (2003 – see Chapter 2, Section 2.6). This brings together the biological (physical, sensory and cognitive ageing), the social/psychological (structures such as retirement and phenomena such as change in health and marital status) and the behavioural (impacts of these on key interactions with the environment). For reasons of brevity, I refer to this as the 'Time/Shift' theory. The theory, including its empirical basis in evidence from medicine, psychology and social science, is developed fully in Chapter 2, Section 2.7; but for the purposes of this introductory chapter, it can be summarised as a theory later life as a phase that pits people's formative knowledge, experience and habits against various social and personal pressures for change.

In detail, it can be explained as two sets of dynamic dyads that express the temporal aspects of cognition and of behaviour. The first is a cohort /period (of ageing) dynamic where a person's formative experiences and knowledge-base are juxtaposed with the different kinds of experience and knowledge that characterise the current period. The second is a transition/duration dynamic, where life-cycle transitions confront strong durational (or habituation) issues reinforced by later life cognitive changes. Part of the purpose of the thesis, therefore, will be to discover the particular way in which these dynamics of development in later life play out in distinctively rural environments and to draw out the policy implications.

Because this way of combining and interpreting the study data emerged late in the analysis and reflection stages of the research, there is a greater emphasis in the findings chapters on the research sub-questions: that is, the physical, social and policy environments viewed separately. However, each chapter also attempts some analysis of the ways in which these environments are interwoven and interact with the identified dynamics of later life, in order to answer the study's overall research question on the impacts of country town and village environments. This added theoretical dimension can illuminate the complexity and heterogeneity of the experience of rural ageing, as well as underlining how people in ostensibly secure, even idyllic, situations can yet find themselves particularly disadvantaged.

## **1.4 Methods outline**

### *The subsidiary research questions and the case study method*

The main research question is the thesis title: "are country towns and villages sustainable environments for older people?" Three further subsidiary research sub-questions have emerged from the three literature review chapters, reinforced by their coincidence with Keating and Phillips' formulation of the main subdivisions within the rural environment. These are:

- 1) What are the impacts of rural physical environments on older people?
- 2) What are the impacts of rural social environments on older people?
- 3) What is the impact of national, regional and local policy on rural older people?

Much of the work of the literature review chapters (2-4), in tandem with the analysis that took place for the original full report of the pilot study, has been to define sub-areas to each question and to eliminate some aspects of the environment from consideration. The consequence is that areas such as cultural, institutional and political environments have been left to one side as too complex to define and interpret without further recourse to complex theorising; and important dimensions about which data was gathered, such as leisure, entertainment and self-actualisation have been discarded in order to focus on dimensions of greater concern to policy development.

### *Study methods*

The case study method investigated the physical, social and policy aspects through three main methods: qualitative interviews with older people themselves and practitioners concerned with services that affect them; secondary census data analysis and place audit of the 18 rural places selected for the study; and content analysis of the policies, strategies and guidance that are applied to older people and rural places at national, regional and local levels.

### *Data analysis*

As noted, through the pilot and literature review the sub-questions were refined into a range of relevant subcategories that, for the sake of continuity, were used in all the findings chapters (6-9). Thus to answer research question 1) ‘What are the impacts of rural physical environments on older people?’ the following four areas have been reviewed:

- a) Location and qualities of housing
- b) Location and qualities of shops and Post Offices
- c) Location and qualities of transport and access to health and social care
- d) Settlement geography and infrastructure.

While to answer question 2) ‘What are the impacts of rural social environments on older people’, the following three areas are explored:

- e) Social networks and isolation
- f) Poverty and disadvantage
- g) Employment, caring, voluntary work and citizen participation.

Sub-question 3) about the impact of national, regional and local policy on older people in rural areas is in itself potentially vast and might also benefit from being broken down into such thematic subdivisions. However, in practice this was not a useful approach, due both to the diversity and number of policies reviewed at different phases of the research (as reported in Chapters 4 and 6, Part II) and the variety within older people's and key actors policy views, as reported in Chapters 7 and 9. These disparate findings are drawn together in the discussion chapter of the thesis, Chapter 10, Section 10.1.3 to answer the study's third sub-question.

## 1.5 Chapter Summary

**Chapter 1.** This introductory chapter presents the rationale for undertaking this research study, the definitions used for the study's three main terms (older people, rural, and sustainable environments) and the three interlinked theoretical frameworks (broadly speaking, on policy, places and people) within which the research took place. It has also introduced the reasons for the approaches taken to data-gathering and analysis in the pilot and case studies, as a prelude to the more detailed exploration of the study's approach to place-audit, qualitative interviews and policy content analysis that are presented in the Methodology chapter. It concludes with this chapter-by-chapter review of the thesis content.

**Chapter 2** of this thesis looks at the phenomenon of ageing societies, sketches a theory of ageing as a distinct developmental phase and examines seven key environmental dimensions for older people. It first sets out the reasons for demographic shift to an older population in the UK and how this has been perceived, in a way that might be supposed to affect policies as well as state provision for older people. Subsequently it explores some of the empirical data on later life, first in terms of physical differences between older people and younger adults, going on to distinguish changes that happen to everyone in later life and those that relate particularly to illness and disability. It then

looks at the social changes of later life, such as relationships with places, paid employment, volunteering and family life. Drawing together these different threads, it goes on to identify ageing as a distinct phase in the life course characterised by a dynamic between life course and duration effects, as well as between cohort and period effects. This is given the name of ‘Time/Shift’ theory. The chapter then examines these social and physical impacts of ageing in their interaction with the environment, under seven headings of housing, the public realm, transport use, health and social care use, contributions, risk of poverty and risk of loneliness. These headings will be examined with regard to the rural environment and modified accordingly in Chapter 3.

**Chapter 3** of the thesis looks briefly at the characteristics of rural places in England. It then explores the specific phenomenon of an ageing countryside: why it has come about and how population ageing varies between different kinds of rural places in England. Under the headings of the seven issues for older person-environment interaction identified in Chapter 2, it brings together the generic literature on rural places with the findings of research that has been specifically devoted to rural ageing. It finds a number of distinctive but fragmented issues for the elder-environment interaction in rural places that contribute modifications to all but two of the seven headings, as presented in Table 3 at the end of Chapter 3. The chapter includes reflection on the specifically rural expression of the ‘Time/Shift’ later life theory, in Section 3. 7.

**Chapter 4** of the thesis brings together salient points regarding national policy on ageing and national rural policy in an attempt to encapsulate the nature of the policy environment for rural ageing. It identifies several issues of importance, including: a new awareness of the importance of neighbourhoods as well as housing; a rising awareness of rural ageing as worthy of policy attention, although interventions tend to be conceived in terms of digital inclusion and voluntary and community self help. At the same time, health care policy focuses provision on core sites and services; while social care, given an ever-increasing role in keeping people in the community (and out of care homes) varies according to postcode and is fragmenting under the influence of a new ‘personalisation’ regime. Furthermore, general allocations of funds are shown to favour urban over rural locations, while historically and actually, planning policy favours a

concentration of development in larger urban places over smaller and more remote ones. This trend has only been intensified by sustainability policies. By connecting places together, transport is supposed to remedy this, but in the absence of funding and regulation, what happens on the ground continues to be difficult for transport planners to control. There is a brief reflection on the potential impact of these trends on rural older people, which will be further developed in the sub-regional and local policy analysis of Chapter 6.

**Chapter 5:** the Methods chapter, gives more details on the researcher's position, and explains the methods used for the research. The methods embrace dimensions of place (place audit), policies (policy content analysis) and people (qualitative interviews) that broadly coincide with the environment, political and human development aspects of the study's theoretical framework. An account is given of the research ethics approval processes, the criteria for place selection and the approach to place audit. The evolution of the approach to policy selection and review in the course of the thesis is also explained. The basis for choosing a purposive sampling approach to older people and professionals, and for generating the interview guides and consent materials is presented, along with an explanation of how focus groups and older people-guided walks supplemented the qualitative interviews in the study.

**Chapter 6** presents an overview of the main relevant characteristics of each of the case study rural areas, in terms of census data, services and facilities, public and private transport issues, and physical infrastructure. It shows how the three rural locations of the research each have some geographically unique and historically-determined qualities, different advantages and deficiencies in terms of the types of services and facilities they provide and their transport connectivity, while sharing broadly similar features in terms of population density and proportions of older people.

The second section of Chapter 6 provides a brief overview of regional and local policies operating in the researched rural areas and finds a hegemony of economic goals and targets shaping North East England policies at the expense of social issues. It also discovers policies for the rural economy focused on attracting younger people and families. This runs alongside a translation of the national trend in planning and sustainability policies towards concentrating transport, services and facilities, and jobs,

in urban areas, and a general lack of attention, or negative view, regarding ageing rural populations.

**Chapters 7-9** are largely based on qualitative data from interviews with key actors and older people and follow the division into physical, social and policy environments, as well as the subcategories for each of these areas. **Chapter 7**, the pilot study report, is a substantially reduced and reconfigured version of a much longer report submitted to the Department of Communities and Local Government in 2008. It is retained here in shortened form both due to its influence on defining the component issues entailed in the research sub-questions, and for its value in prefiguring and offering a different, (sometimes deeper), perspective on, the case study findings presented in **Chapters 8 and 9**. The latter two chapters address, respectively, the physical; and the social and policy aspects of rural ageing, according to the component issues identified in the literature review and pilot chapters, and based on the older people and key actor interviews.

**Chapter 10**, the discussion Chapter, brings together the strands of data presented in Chapters 6-9 and compares these with the literature review in order to present answers to the three research questions regarding the impact of the physical, social and policy environments on rural older people.

The chapter then follows ‘human ecology’ theory in reweaving together some of the different environmental domains in rural ageing in order to answer the study’s overall research question: “Are country towns and villages sustainable environments for older people?”

In separate sections, it draws out study’s implications for theory (in particular the potential explanatory value of ‘Time/ Shift’ theory), as well as the study’s implications for policy, alongside policy recommendations arising therefrom. It concludes with a summary of the study’s limitations and the limitations of the literature review, and some suggestions for further research studies.

The concluding **Chapter (11)** restates the study’s main findings with an evaluation of its contributions to theory, to the evidence base on rural ageing, to research methods on rural ageing and to the ethical underpinnings of policy development. It finishes with a



section that expands from the study's question about the sustainability of rural places for older people, to ask if rural places are good places to age.

## **1.6 Conclusion**

This introductory chapter has explained the reasons for investigating the 'ageing countryside' as lying in the fact that in England rural areas have larger proportions of their populations over retirement age, and are ageing at a faster rate, than urban areas. While rural areas are reputed to have social advantages over urban ones, as well as more attractive housing, and greater aesthetic and cultural appeal, research suggests many physical barriers to rural living and also throws up some potential social disadvantages. Furthermore 'city-regions' perspectives that replace the rural/urban distinction with one that focuses on functional networks of settlements connected with cities, encourage the concentration of development and resources on more urban areas. From a 'critical gerontology' perspective, the reason for undertaking this study would be that older people, historically a marginalised group, are more likely to be disabled or in poor health and have problems with accessing transport and new technologies, and thus may be particularly disadvantaged by rural location. From this study's somewhat extrapolated 'critical human ecology' perspective, the interaction between the various layers of the rural environment and people who are subject to the 'Time/Shift' dynamics of later life is likely to promote a deeper understanding of exactly what is at stake when rural places and people are marginalised in policy and the kinds of impacts this will have on real individuals.

The first Chapter will now explore the topic of demographic shift and the characteristics of later life, as a prelude to drawing out seven highly pertinent aspects of person/environment interaction.

# Chapter 2. Ageing

## 2.0 Introduction

This chapter begins by exploring the phenomenon of demographic shift to higher age groups in the UK and some reactions to it. These perceptions will be important when interpreting ways in which ageing and rural ageing are discussed in policy - which takes place in Chapters 4 and 6.

The second part of the chapter looks at what happens when people age, dividing ageing into its physical and social aspects, reflecting the distinction between medical and cognitive neuroscience accounts of ageing and social and life-course accounts. In each case, it looks at the kinds of changes that occur to everybody in later life, distinguishing them from those that vary more with the individual – but which are still more common in later life than at earlier ages. This part of the chapter concludes with a drawing together of the physical and social accounts in order to propose a theory of ageing as a distinctive stage in the life course.

The third part of the chapter looks at the interaction between ageing bodies and lives and seven aspects of the environment, thus contributing two sub-questions to the exposition of the study's main research question and preparing the way for the examination of ageing in rural environments that will take place in Chapter 3.

## **Part I    The Societal Impacts of Ageing**

This section will briefly present the phenomenon of (urban and rural) demographic shift in the UK and England, and explore some common responses to it.

As is well known, the majority of developed societies are undergoing a major demographic transition, whereby lower fertility and increasing life spans are transforming the age structure of society and tipping the balance to higher age groups. In the developed world, by 2050, the proportion of population made up by people aged 65 and over is predicted to be greater - by two thirds - than that made up by children under 15 (United Nations, 2004).

### **2.1 Factors underlying population ageing**

There are three main contributory factors in population ageing: longer life-spans, a lower birth-rate and the coming to pensionable age of the baby boom generation. Birth rates have been falling since well before the wide-spread use of modern contraception: indeed, they were first observed to be falling in the 1880s (Warnes and McInerney, 2004). At the same time, life span has been increasing for two reasons: the reduction of infant mortality, and through people actually living longer. The situation is changing so rapidly that organisations such as the Government Actuaries Department, which provides estimates of survival rates on which policy is based, regularly underestimate the increase in both longevity and of older people as a proportion of total population. Official figures from the ‘Continuing Mortality Investigation’ showed an astonishing 30% reduction in 60/65+ mortality between 1994 and 2002 (Dowling, 2005).

The most recent baby boom in the UK came in two waves between 1945 and 1965 with 29% of the total population (that is, around 17 million people) born within this 20 year interval (Huber and Skidmore, 2003). Based on current pensionable age (2010) of 65, the last of the baby-boomers will reach retirement age in 2030, which presents the potential for a degree of slowing to the phenomenon of an ageing society after that date.

## 2.2 Numbers and proportions of older people

The UK is not at the cutting edge of population ageing, lagging some way behind Italy and Japan (e.g., in 2000, the OECD analysis put the percentages aged 65 in each country as respectively 17.1% and 18.2% - compared to the UK's 16% - OECD, 2001). Nevertheless, population ageing is accelerating in the UK, and the higher age bands are growing at a faster rate than any other population group. It has been suggested that the 85 and over age group is the most rapidly increasing sector of our population. The numbers of people aged 85 plus are projected to increase by 85% by 2031 (DoH *et al.*, 2007).

At household level, the proportions of elders are even more impressive. A recent government consultation document estimates that 30 % of households are headed by an older person; and supports the evidence presented in Balchin and Finch (2006) that the older someone is, the more likely they are to live alone. More than three in five people aged 85 and over live alone; and a quarter of recent total projected year on year household growth was accounted for by older people. A study for the Demos think tank by Huber and Skidmore (2003) discusses the greater prevalence of divorce and separation among the coming generation of older people, the 'baby boomers'; while Haskey and Lewis (2006) describe the increasing trend for couples 'living apart together'. Added to the growth in the 85 plus age group, these trends are likely to result in even more older individuals living in one-person households.

In terms of gender, the overall ratio of males to females in the population has been relatively stable over the last 34 years, although the direction of change is towards the gender composition of the over 65s increasingly balancing out to include more males (38.3% in 1971 and 43.1% in 2005) (ONS, 2007a). To illustrate this catching-up phenomenon, between 1980-82 and 2004-06, life expectancy among men aged 65 in the UK increased by 4.0 years, while for women it was only a 2.8 year increase. That men's life-spans are catching up with women's is suggested by the fact that one-quarter of this increase occurred between 2002-6 (*ibid.*).

The issue of ageing and gender has generally been regarded in terms of women's financial disadvantage in later life, due to a dearth of opportunity to accrue occupational

and state pensions; however, recent Pensions Acts include measures to address this historical imbalance (see Chapter 4). Although women's lower lifetime earnings will continue to put them at an economic disadvantage in later life, a new gender issue is emerging: that of adapting services traditionally geared to a majority of older women to cater for increasing numbers of older men (Wilson, 1995).

## 2.3 Perceptions of Demographic Shift

The dominant discourse of the last half century viewed demographic shift in terms of 'the burden of ageing' or the 'burden of dependency' (see for example Walker, 1982; Warnes, 1993); and 'the demographic time bomb' (see for example Nuki, 1993; Ginn and Arber, 1999). Such approaches have been characterised by Robertson as 'apocalyptic demography' (1997).

The emphasis was on the cumulative economic impact of a section of the population perceived to have high welfare needs and low productivity. The low employment of older people has been a major source of concern, particularly in terms of what is known as the elderly support ratio – the proportion of adults of working age to those receiving retirement pensions. One common prediction is that fewer young people will have to work more and for less net income to support the rising numbers of welfare recipients. Smith and Mullan (2003, cited in Raynes *et al.* 2006) note that the reduction in numbers of young people means a decline in the youth dependency ratio (costs of education etc.) that partly offsets the rising elderly dependency ratio. Smith and Mullan also point out that there is plenty of scope to increase the active labour force to compensate for the predicted changes in dependency ratios, including more flexible employment practices and retirement provision.

Elsewhere, academics and commentators have responded to the bleak picture painted by the apocalyptic demographers with works such as: "Who's afraid of an ageing population?" (Vincent, 1996); or "The Imaginary Time Bomb: Why an ageing population is not a social problem" (Mullan, 2000). A response that has been around for a long time has been the idea of 'active ageing', which promotes substituting new roles for those lost with retirement (Havinghurst, 1954). This has manifested itself in recent decades as theories of 'productive' or 'successful ageing' (Moody, 1995; Rowe and

Kahn, 1998; O'Reilly and Caro, 1994), an approach that is increasingly taken up by policy, where the individual becomes responsible for the healthy lifestyles demanded by later retirement ages, and post-retirement contributions in the form, for example, of unpaid voluntary work.

These positive ageing theories may be a welcome counterpoint to the emphasis on dependency and the 'medicalisation' of later life that arises from an exclusive focus on illness, disability and decline. Equally, they challenge the 'disengagement' theory of Cumming and Henry (1961), which saw old age as a stage of progressive withdrawal from active life,

But whereas 'apocalyptic demography' focuses on older people's welfare needs and overlooks their various 'money economy' and 'gift economy'<sup>4</sup> contributions, positive and active ageing approaches can give insufficient attention to the personal and financial resources prerequisite to a healthy and active later life. Both approaches prioritise the collective outcomes of an ageing society for all age groups, overlooking its intrinsic value as a life stage, as noted by such as Harris (1999), Erikson (1976, 1981) and Laslett (1989). Although consideration of the enjoyment, integration and self-actualisation potential of later life is outside the scope of this thesis, it is still significant to bear in mind when evaluating the contribution of policy and discourse on demographic shift and will be returned to as such in the Discussion chapter, 10.

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<sup>4</sup> A 'gift economy' is one where valuable goods and services are regularly given without any explicit agreement for immediate or future rewards, and is a concept first outlined by theoreticians such as Marcel Mauss and Peter Kropotkin and revived and updated in the 1980s by Lewis Hyde.

# Part II Physical and Social Changes of Later Life

The impacts of ageing can be divided into physical and social effects. The physical effects are the subject of the first two subsections and are, respectively, capacities that are reduced or altered by age-related decline – irreversible cell death, slower cell replacement, inaccurate or faulty cell reproduction or functioning – and subsequently capacities that are reduced or lost due to disease or trauma. Although somewhat artificial,<sup>5</sup> the distinction is nevertheless useful for two reasons: first, it distinguishes between changes that will happen to everyone (or a large majority), and those that affect only a significant minority of individuals. Secondly, it reflects a continuing distinction in government policy between aspects that are seen to be treatable through policy interventions (mainly disease and disability – as in all the various stands of policy directed at falls, strokes, COPD etc.) and those that have, at least until the turn of the millennium, been seen as outside the remit of government – lower muscle strength, lesser cognitive capacity, diminishing sensory capacity.

## 2.4 Physical decline

Age-related decline is sometimes known as ‘normal ageing’. If, by ‘normal ageing’, is meant a process of ageing that is marred neither by ill health nor by disability, then it is misnamed because, as will be seen in the next subsection, ill health and disability are more ‘normal’ than sustained health at this time of life. However the variety in diseases and disabilities means that each only affects a significant minority, while the specific physical changes outlined below will affect the vast majority to a greater or lesser extent.

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<sup>5</sup> In reality, of course, there is a continuum between ‘decline’ and ‘disease’: for example, the accumulation of faults in cell functioning that lead to the accumulation of deposits in the neural tissues - the characteristic Alzheimer’s disease ‘plaques and tangles’ – that impair cognitive, and ultimately whole-body, functioning.

*Mobility.* A major role in decline is played by cell death in motor neurones which are non-renewable. This results in a reduction of motor capacity of up to 30% between the ages of 30 and 80 (Davey and Halliday, 1994). As a result, for many older people, steep gradients may be impossible and a further proportion cannot walk for more than 10 minutes without a rest (American Institute of Architects, 1985).

*Vision.* Eyesight deteriorates between the ages of 40 and 50 so that around 98% of people aged 65 years and older wear glasses and people aged 40 and over need twice as much light as a 20 year old; while people over age 60 need three to five times more light for the same level of visual perception.

*Hearing.* Bakke *et al.* (2008) note that hearing loss is the third most common chronic condition in the US after hypertension and arthritis, and the primary sensory disorder among older adults. It is six times more prevalent for those aged 75+ than for adults aged 18-44. In the UK, the Royal National Institute for the Deaf estimates there to be nearly 6 million people aged over 60 with mild to moderate deafness in the UK and that over 71% of people aged 70 and over will have some kind of hearing loss (RNID, 2007).

*Immune system and response to trauma.* It is well known that older people have less efficient immune systems (e.g. Rabin, 2000), recover more slowly from surgery and wounds, and also take longer lasting and more severe impacts from traumatic experiences, such as falling victim to a crime (e.g. Home Office Data, 2003).

*Changes in cognitive style.* The cognitive decline associated with ageing affects everyone. The higher the original intellectual level, the less noticeable the decline (as with physical fitness), and some abilities appear to remain intact while others deteriorate rapidly (Verhaeghen *et al.*, 2005) – in the latter category, the ability to navigate in three-dimensional space (see Craik, 2000). There is also an unequivocal link between ageing and speed of processing. New brain imaging techniques have shown structural changes in the ageing brain (mainly reduction in volume of key areas) and reductions in the efficiency of neural transmitters that are likely to underlie such changes.



Some research supports the idea that older people's way of making judgements changes as cognitive resources decline, making them more dependent on 'heuristics' and 'rules of thumb'. This is mainly based on the decline in 'working memory capacity' (the ability to keep the relevant information present to the mind) as a result of processes involved in normal ageing (Unsworth *et al.* 2005; Bielby and Papalia, 1975, cited in Rebok, 1987). An aggravating factor derives from the fact that while the capacity to focus attention is retained, screening out competing cognitive material becomes harder. Thus older people become more susceptible to interference from preceding cognitive tasks, and, as the day progresses, more likely to rely on set formulas or 'heuristics' rather than to take into consideration the full complexity of a situation (Park and Schwarz, 2000). This results in 'morningness' or the tendency to undertake important tasks earlier in the day, that is important for the way in which older people access services and facilities.

Overall, these changes in later life physical and cognitive functioning suggest older people will need more time both physically and mentally, better communication (for example, both written and aural), different schedules (complex activities earlier in the day), more rest points and potentially more navigable environments than younger age groups.

## **2.5 Illness and disability in later life**

### *Illness*

*Physical illness.* Census data shows that percentages of people with both long-standing illness, and having days of acute sickness, increase with higher age (ONS, 2002). The 2001 Census reported around 50% of those aged 75–80 reporting long-term illness that limits what they can do, increasing to over 70% of people aged 80 and over (Audit Commission, 2004a). The Department of Health's "National Service Framework for Older People" (DoH, 2001) states that two thirds of general and acute hospital beds are used by people aged 65 and over. This weighting to higher age groups appears to be sustained and increasing and in 2004, 43% of the NHS budget was spent on people aged 65 and over (DoH, 2006a, Figure 6.2). Not only is there more ill-health, but the incidence of two or more chronic illnesses at the same time, known as 'co-morbidity' or 'complex needs' is particularly characteristic of later life. Indeed, it is one of the main

determinants of the rate of deterioration in health, predicting the rate of decline in both functional capacity and morbidity (Fogel, 2005).

*Mental illness.* The ‘National Service Framework for Older People’ notes that at any one time, around 10-15% of the population aged 65 and over suffer from depression (DoH, 2001). The condition is usually reversible but manifests differently in older people than in younger adults. In older people, depression mainly manifests itself through the ‘negative’ symptom of withdrawal. Anxiety disorders – for example panics and phobias - are generally much lower in later life, with the exception of generalised anxiety disorder (see, for example, Flint *et al.*, 1996; Krasucki *et al.*, 1998).

*Dementia.* Five percent of the population aged 65 and over, and 20% of those aged 80 plus, have some form of dementia. Therefore as the population of 85 and over expands, as noted earlier in this chapter, the prevalence of dementia will increase. The Alzheimer’s Society has estimated that there will be 1.8 million people with dementia in England by 2050 (Alzheimer’s Society, 2007). Dementia is currently treated by mental health services, although it is in fact a terminal illness eventually affecting the whole biological system. The most frequent types of dementia are Alzheimer’s disease (50-60%) and vascular dementia (15-30%), but there are other subtypes, such as Lewy Body disease and Picks disease, with different effects on perception and behaviour (Sadock and Kaplan, 2007).

*Other illnesses and conditions affecting cognitive functioning.* Several diseases associated with later life including diabetes, circulatory disease, sensory deficits and vitamin deficiency also have a negative impact on cognitive functioning (Backman, Small and Wahlin, 2000).

### *Disabilities*

Tom Shakespeare, in his 2006 work “Disability Rights and Wrongs” characterises physical impairment as ‘a predicament’, “something which we might want to minimise but which we cannot ultimately avoid.” (Shakespeare, 2006, p63). The figures below indicate that the predicament of disability in fact affects the majority of people surviving to age 85 and over.

### *Types of permanent impairment characteristic of ageing populations*

The 1995 UK Disability Discrimination Act - updated in 2005 - defines disability as a physical (which includes sensory) or mental condition (HMG 1995, Section 1.1). Space considerations preclude detailed consideration here of the number of people with innate learning disabilities who are surviving into later life, although this is recognised to be strongly increasing. This subsection focuses on physical and sensory impairment.

Around one third of people from 75 – 84 use some kind of mobility aid; rising to over 60% of people aged 85 and over, while permanent mobility difficulties are particularly acute for women (Walker *et al.*, 2003). Only 10% of people aged 65-75 and 20% of people aged 75 years plus have a serious visual impairment (relating usually to a medical condition or illness, rather than to ageing-related decline). However, 90% of blind and partially-sighted people are aged over 60 (Burton and Mitchell 2006). Hearing impairments that are widely prevalent have two main causes – conductive or sensori-neural. The Royal National Institute for the Deaf estimates there to be 580,000 people aged over 60 with severe to profound deafness in the UK, while 55% of people over 60 are classed as deaf or hard of hearing (RNID 2007).

Overall, these figures and prevalences suggest that people in later life are more likely to be ill and/or disabled than other age groups in the population; furthermore, given the high prevalences we have identified, it is clear that they are more likely to suffer from two or more conditions at any one time.

## **2.6 Social ageing through life-course issues**

The theme of this section is that older people's lives have certain commonalities, whether they are healthy or unwell, rich or poor, largely by association with their stage in the life-course.

Various commentators have tried to divide these relatively neutral 'age-related' effects into categories. A Demos report on the ageing of the baby boomer generation identified life-cycle (chronological) effects; period (societal) effects; and cohort (generational) effects (Huber and Skidmore, 2003). John Vincent's analysis overlaps with two of these

dimensions (life-cycle and generational effects) but omitting period effects, adds a third: 'duration' (the time you have 'put in' with people and carers) (Vincent, 2003, p118). Bringing these two approaches together, I briefly review below life-course effects under the four headings..

#### *Life-cycle effects*

These effects include major changes to one's family and peer group brought about by the passage of time and by bereavement, as well as changes to one's income and housing directly or indirectly caused by losing a spouse. They may also involve adapting to a major illness or disability that alters capacities for mobility and/or social interaction and involvement. Any of these changes, as well as disengagement from the labour force, can provoke a transition from a multi- or bi-located life to one that is centred around a single location, that of the home. I will look at two of these lifecycle effects in more detail below.

*Locational effects.* These are the changes that take place in people's use of geographical space due to shifts in caring roles and relationship to the labour market, as well as to physical, sensory and cognitive capacities. The changes in use and access to geographical space are explored in depth in the seminal study of the contracting geographies of old age by Graham Rowles (1978).

*Psychological effects.* Key psychological events in the life-course such as the loss of parents are delayed ever longer in tandem with increasing life spans; yet most will have experienced them by the age of 80, giving another commonality to this age group. Another key later life event is the death of a spouse, increasingly likely for those aged 75 and over and significant as a risk factor for loneliness in later life. In later old age multiple bereavements in terms of siblings, relatives and peers can be anticipated, among them recent friends and acquaintances as well as those of longer standing (Woods, 1999)

#### *Duration effects.*

Directly in conflict with the experience of radical change in the social and physical environments outlined above, are the duration effects that derive from the number of years, decades and epochs spent in engagement with particular habits, people, homes,

places and activities. The idea is not uncontroversial, for example Gilleard and Higgs (1998, cited in Vincent 2003) suggest that people increasingly construct their identities in later life through the way they consume (which in the terms of this account might be a kind of ‘period effect’ – see below). Thus to these authors, identity in later life can be constructed through conscious choice between alternative purchases. Vincent counters this claim by noting the key role played by family and kinship relationships in people’s identities. The kinds of perspectives and depth of understanding that older people gain from years of repeated interaction with family, friends and even places; and that are simply not available to those without the duration of history that older people acquire – these are duration effects, that make older people particular susceptible to the kinds of life-course changes associated with senior years noted above.

### *Cohort effects*

Another conflict like that between duration and life-course events is that between cohort and period effects. I shall first examine cohort effects. A cohort might be defined as a group of people born within a particular historical epoch – before and after a major war; before and after a major change in the educational system, welfare rights or enforced military conscriptions; before or after the liberalisation of attitudes to homosexuality was enshrined in legislation (Vincent, 2003). The influence of a cohort can continue throughout life, as long as one is in touch with the surviving peers. Relationships between different cohorts can be antagonistic (e.g. between the altruistic ethos of those born before the welfare state and the self-actualisation drive of the baby boomers - Lesthaeghe and van de Kaa, 1986, cited in Champion and Shepherd, 2006). This can further reinforce cohort identification.

Furthermore there is a cognitive neuroscience basis for the supposition of strong cohort effects in older people. Cognitive science has found a ‘memory bump’ effect where most memories fall into either the first three decades of life or the last four years; mid-life for most older people being less memorable. With regard to factual knowledge, most permanent learning (the memory ‘permastore’) takes place between the teenage years and the third decade (Park and Schwarz, 2000). These memory base changes might be supposed to reinforce cohort effects in the following ways:

- one's identity and factual knowledge are likely to be strongly linked to a particular historical epoch;
- adaptations to new forms of technology, lifestyles and behaviours will require greater cognitive investment
- one's expectations of ageing are likely to be strongly influenced by the way older people were treated in the earlier part of one's life.

A particular phenomenon of places with large proportions of the population in the same cohort might be a reinforcement of these memory-base biases, increasing their resistance to period effects – a theme that will be picked up again later in this thesis.

### *Period effects*

Period effects are those of the current period that affect all people regardless of age, culture and so forth. Some important period effects include the ubiquity of mobile phones and email as means of communication, changes in attitude to the importance of the environment and environmental conservation; to modes of cohabiting and childrearing; and family duty, such as the duty of children towards ageing parents. Although it was initially assumed that older people would preserve more traditional and conservative attitudes to new ways of organising family life, research has shown them to be surprisingly adaptive, for example with regard to their expectations of care from the younger generation (Huber and Skidmore 2003). Uptake of mobiles and the internet is, however, slower among the older generation and may prove an obstacle to engaging them with services that use these as their primary mode of communication.

Perhaps the most important period effect is the attitude to and experience of later life itself, which is both reflected in and produced by government policies such as provision of home care or care homes, state pension, state retirement age, entitlements to benefits and to health and social care. Older people whose expectations were formed in earlier years and reinforced by their peer cohort may be disadvantaged in terms of relatively low expectations of state support but higher expectations of family support, less available now that a greater proportion of women participate in the labour force.

Part of the unique experience of ageing is of increasing disparities between one's cohort, one's 'reference point' memories and knowledge base, and the period being lived through.

## **2.7 Drawing together the physical and social changes of ageing: 'Time/Shift' theory**

From the last section two dynamics of later life, both concerned with the relationship to time, have emerged. This section will attempt to combine these in a theory that posits later life as a distinct life course developmental phase, which for brevity will be referred to as 'Time/Shift' theory, because in each case, temporal factors are in dynamic tension with pressures for change. This theory is not uncontroversial in that it stresses the limitations and constraints of later life, and the inevitability of compromise faced with these. This might be seen to feed into ageist stereotypes and promote the idea of older people as stuck in the past and reluctant to change. However, to put this into context, a similar case is sometimes presented regarding the response to what is now generally recognised to be a changing climate. The tension is between focusing all efforts on mitigating climate change through emissions reduction, and accepting it is now inevitable and, alongside mitigation efforts, it must also be adapted to in terms of infrastructure modifications and preparatory planning (e.g. DCLG, 2007a).

*Cohort/period dynamic.* The first dynamic is largely focused around cognition and learning, and draws together the understanding of cognitive ageing that is presented in Section 1.4 with the understanding of cohort and period effects contributed by the stage in the life-cycle presented in Section 1.6. It is also made more complex by the understanding of demographic shift and cohort characteristics that has been presented in Part I of this Chapter.

The nub of the first dynamic is that people in later life have a core knowledge and memory base that was formed within early adult life (largely between the ages of 15 and 30), but must live and operate within a period at 30-70 years remove from that time. To state this as a dynamic, rather than a conflict, emphasises that there is no determinism about how older people will choose to adapt and respond to the current period, but only

a disparity that they must somehow broach, and that is a far less feature of younger adult and child age groups, whose cohort will be consonant with their period of existence. Two complexities are added to this dynamic by demographic shift. The first is that older cohorts may form large minorities and thus reinforce cohort cognitive styles and preferences perhaps in opposition to some features of the current period (an iconic example of this is BBC television's 'Grumpy Old Men/Women' series where celebrities aged 50 and over complain humorously about aspects of modern life). The second complexity, offering a direct contradiction to this phenomenon, is that it may be a cohort characteristic to adapt to and explore the offerings of the current period or even to innovate. This characteristic has been ascribed to the Baby Boom generation as an aspect of a 'self-actualisation' ethos within different subsections of this chapter. A particular example might be the new trend among older people, noted earlier, for 'living apart, together'.

*Transition/Duration dynamic.* The second dynamic again draws on the information about cognitive ageing presented in Section 1.4 and combines it with notions of 'lifecycle effects' and 'duration effects' presented in Section 1.6. In this case there are three components operating in tension. The first part is the wealth of experience and habituation that is accrued through simply putting in time with places, people and communities. The second part is the decline in cognitive capacity to navigate new places and greater need for reinforcement with regard to new learning. The third part is the various accumulated changes of later life – changes in the body and its capacities, changes in the relationship network effected by declining mobility and/or bereavement, changes in the relationship to place and occupation brought about by income from a pension. The underlying idea here is that there are more pressures on people in later life to make radical adjustments to the way they live, but these changes will be harder to make, due to the combination of the time they have invested in living in a certain way, and their declining cognitive capacity to learn new places and lifestyles.



## Part III Older people interacting with their environment

Having reviewed the impacts of ageing at both a societal and personal level, this chapter now goes on to explore the interaction of the personal impacts of ageing described in Section II with various aspects of the social and physical environment. Reluctantly, for reasons of space, this discussion has had to exclude a consideration of the impacts of aspects of life that are not immediately germane to the research question, such as older people's enjoyment, entertainment and self-actualisation. Table 2 below shows how the physical and social changes of ageing relate to seven environmental issues that might be supposed important for policy makers.

Table 2      **Age-related Changes Interacting with Environmental Issues**

<b>Age-related changes</b>	<b>Environmental Issue</b>
Physical decline; loss of a spouse.	Qualities and location of housing
Decline of outdoor mobility and sensory perception	Qualities of the physical environment
Retirement income, decline in mobility, sensory perception and cognition; loss of spouse, ill health and disability.	Transport use
Declining health, loss of a carer.	Health and social care use
Life course change in quantity of disposable (and financially supported) free time due to end of caring responsibilities/exit from labour force	Contributions: employment, voluntary opportunities, citizen participation
Retirement income, rising costs and outgoings	Risk of poverty
Loss of mobility, dwindling financial resources, sensory or cognitive impairment, loss of peers, loss of spouse.	Risk of loneliness

## 2.8 Qualities and location of housing

The association of ageing with more need for light and space in the home will be clear from the preceding exploration of dimming vision and prevalence of mobility impairments. This coincides with an era when reducing energy supply and cost, as well as increasing the density of settlements, are seen as more sustainable in housing and planning policy, but result in smaller homes with smaller windows, placed closer together. Another factor affecting housing is the impact of the loss of a spouse, which might reduce the capacity of the single householder to afford the cost of running a shared home and might equally lead them to seek housing that is closer to alternative sources of support in terms of public services, friends and family.

A choice of housing in an area that is suited to older people's varying needs might therefore be considered an important dimension of a sustainable place to age. The kind of housing required might, according to the particular difficulties of the older person in question, include: being on one floor; having level access; having plentiful natural light; large corridors and service rooms such as kitchens and bathrooms negotiable with a mobility aid. It might also include being near to support services (family or statutory) or being near to peers and friends (sheltered housing).

Adaptability of the existing stock will also be a consideration given the widespread wish to stay in a familiar family home. Adaptability will depend on factors such as the material and strength of the walls and interior partitions, the amenability of the owner (when the home is rented), the availability and cost of adaptation services. Adapting in preference to relocating may approach a necessity where there is no suitable neighbouring housing, or faced with reducing capacity or desire to 'learn' a new place. This issue will be particularly relevant for the majority of people with dementia who continue to live at home (Killeen estimated the proportion to be around 80%) and even more so for the 25% of these who live alone (Killeen, 2000, cited in Martin, 2006).

Ability to maintain the home is also an issue. Of older people, 71% nationally owned their own homes in 2004, going beyond 85% among the 'younger old' in rural areas (Age Concern, 2005). Yet over 50% of those in poverty are homeowners (Burrows, 2003), and these are least likely to be able to access state support because of means-

testing. To alleviate this problem of later life, a national network of Home Improvement Agencies has been put in place which support both home owners and private renters to access maintenance grants or equity release to fund maintenance, but also help them to get reliable and tested contractors to carry out necessary improvements

Finally, the actual quality of the housing stock is also an issue. Standards of heating equipment and insulation in older people's homes are also likely to be inferior to those for younger people. In 2001 a third of older households lived in non-decent housing and this proportion increased with age (DoH *et al.*, 2007). Privately-rented housing was most likely to be non-decent (54%). The most common reason for a dwelling to be declared non-decent was insufficient heating (a lack of a reasonable degree of thermal comfort). This was reported for almost three in ten (28%) of all older households. Where the household head was aged 85 or over, this proportion rose to 42 % (ONS, 2005a). Initiatives such as Winter Fuel Payment but also the Warm Front public-private partnership of insulation and home heating improvement services are important attempts to mitigate this problem.

## **2.9 Qualities of the physical environment**

Medical accounts of ageing, such as Arking (2006) note that the occurrence of disease in older people is influenced by the interaction of three factors: age, genetic inheritance and environment. While biochemical scientists can mainly focus on moderating the impact of the first two, social science can explore the impact of the latter factor and attempt to gauge how it could be improved to extend the years of a healthy later life and prevent further impairment and disease.

With regard to the physical environment the most important issue is that of falls prevention. Around one third of people aged 65 years and over will fall at least once per year. This rises to around half of adults aged 85 and over. This is important because falls are the most common cause of death and injury for people aged over 75 years (Campbell, 2005, cited in Burton and Mitchell, 2006). Indoors and outdoors, trips and falls are a particular hazard for visually-impaired older people (Parkinson and Pierpoint, 2000; Thomas Pocklington Trust, 2007).

While falls indoors may be due to factors such as barriers and lighting that are in the control of owner occupiers, although less so for those in rented housing, both groups will upon entering the public realm find that such matters are largely out of their control. Public realm hazards include monitored crossings that with brief crossing times, steps without accompanying ramps for those in personal mobility vehicles, poor road and pavement conditions, uneven surfacings including decorative and historical materials, poor street lighting and lack of rest points and hand rails (Burton and Mitchell, 2006). Response to the hazards encountered in the physical environment for people with both normal age-related physical and cognitive decline and with disabilities might range from an over-reliance on private transport in preference to walking, even for small trips; as well as a reduction in trips out of doors through delegating everyday tasks, ordering by catalogue, phone or internet.

## **2.10 Transport use**

Of adults aged 70 and over, only 53% held a full car driving licence in 2008 (DfT, 2009a, Table 9.16), compared to 73% of all adults, and older people are less likely to hold a full licence than any other age group except those aged 17-20. However, there is a major difference in licence-holding according to gender: 76% of men aged 70 and over held a full licence, but only 36% of women. This appears to be a cohort effect based on the more polarised gender roles of the past, and the more balanced rate of licence-holding in the 17-20 group (where 36% of men and 35% of women hold a full licence) suggests it will disappear in a generation or two. However, for the current generation of older women, losing a spouse may mean suddenly finding themselves without private transport, a factor that will seriously impact their ability to access services and facilities.

Surveys of older people's driving habits find that they are largely aware of the problems that begin to occur with driving in later life that are due to age-related impairments, and modify their driving to deal with them. Reviewing the literature, Mitchell and Ling Suen concluded:

Elderly and disabled drivers are concerned with safety and try to avoid situations that cause stress, or with which they feel they cannot cope. These include darkness, heavy traffic, high speed roads, roadworks, bad weather, unfamiliar

areas, being lost, mechanical breakdown, illness, crime and being unable to summon assistance. (Mitchell and Ling Suen, 1998, pp22-23).

If older people's driving is different, and more cautious, than that of younger people, it might be predicted that they have fewer accidents and this is indeed the case. However, the older the driver, the more likely they are to have been the cause of the accident (DfT, 2009b, p5).

Partly as a result of lifetime lower levels of licence holding, partly due to lower incomes and partly because of the decline in driving capacity outlined above, older people generally make greater use of public transport than younger age groups. In 2007, of those aged 60 and over, roughly one third reported using buses at least weekly, compared to only a fifth of 30-59 year olds (DfT, 2008).

For car drivers adapting to the incremental loss of the capacity to drive at night, to drive new routes, to drive busy routes and then to drive at all will be reflected in the increasing importance of the home territory and the accessibility of public transport destinations that are important for them. For users of public transport and taxis, adapting to considerations such as cost, safety and availability of such services will have a major impact on the way locations are used.

## **2.11 Health and social care use in later life**

Adapting to the greater likelihood of episodes of illness, long-term conditions and disabilities that come with later life might include changing one's usage of health and social care. Health and social care use may be related to many things besides seeking relief or a cure: knowledge about available treatments, cultural attitudes; media panics; pressure from friends and family; and access to, and methods of funding, services.

### *Health services use*

It has already been identified in US research (relayed in Warnes and McNerny, 2004) that the younger pensionable population, while less likely to have a chronic disability or dependency, will have a higher demand for GP consultations and brief hospitalisations following cardio-vascular events and falls, than their predecessors. Evidence from the UK General Household Survey and Census 2001 (ONS, 2005a) suggests a comparable

picture in Britain. Of those aged 65-74, 20% had consulted an NHS GP in the previous two weeks, compared with 14% in 1972.

### *Social care use*

The Fair Access to Care legislation (DoH, 2002), which governs Social Services' eligibility criteria, makes it clear that local authorities are within their rights to cut social care provision in their locality to the legal minimum, that is, to provide it only to those whose incapacity puts them into the 'critical' risk category.<sup>6</sup> In spite of this, the number of home care hours provided has increased by around 1.2 million between 1994 and 2004 although government data clearly shows that councils are in effect providing more intensive services to a smaller number of households.

A statistic that might indicate the extent of underlying demand for social care services is the number of assessments for social care provision. Clark (2006) uses Department of Health statistics to show that less than half of older people offered assessments for eligibility to social care services actually receive them. While this is likely to be related to the Local Authority's ability to set 'Fair Access to Care' criteria at the highest level, it may also relate to a lack of capacity to "work the system". Clark cites a 2002 Help the Aged report which notes that older people "can find it particularly difficult to get past screening processes when referring themselves or their partners to social services" (Clark, 2006, p16). It is noteworthy in this regard that under-provision of social services is said to be strongly related to care home admissions (Association of Directors of Social Services/Local Government Association, 2003). Furthermore, in a small-scale qualitative study with people deemed ineligible for social care by their social services department, Tanner found a range of outcomes including examples of 'self-reliance' that could be seen as dangerous and potentially injurious to self-esteem (Tanner, 2001, p261).

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<sup>6</sup> **The Fair Access to Care criteria include four eligibility bands - critical, substantial, moderate and low. When placing individuals in these bands, the guidance stresses that councils should not only identify immediate needs but also needs that would worsen for the lack of timely help. Nevertheless, many councils only supply social care at the critical level.**

Around half of the social care budget is spent on people of retirement age and the use of social care services increases sharply with age (from 1.5% of those aged 65-74, 5.1% of those aged 75-84 to 14.5% of those aged 85 and over; Clark, 2006). These figures reflect both the ways in which older people on lower incomes are adapting to everyday care and support needs that come with physical and mental ageing, and the policies to maintain people in their own homes rather than moving them to institutional care when their support needs increase (see Chapter 4, Section 4.2).

## 2.12 Risk of poverty in later life

Due to factors such as lifetime low incomes, lower rates of participation in the labour market for women and people aged 50 and over, as well as the reduction in income effected by bereavement, and rising costs such as energy, council tax and transport, people in later life are particularly at risk of poverty.

While low income is a purely financial measure, poverty includes both income and the distribution of goods (so it can account for intervening factors such as the ‘cost of living’).

In 2004-5 all but 2% of pensioners received State Pension or other National Insurance benefits, and around 30% of pensioners received at least one income-related benefit including Pension Credit,<sup>7</sup> Housing Benefit or Council Tax benefit. Furthermore, around a quarter of pensioner units received a disability benefit at an average of £65 per week for couples and £51 per week for people living alone.

Balchin and Finch’s (2006) analysis of pensioner incomes shows wide variations, however, there are some general trends: older pensioners have lower incomes; male pensioners in all age groups have higher incomes than female pensioners and this differential is likely to persist until compensated for by policy initiatives, as median annual income for working age women of the baby boomer generation is around 60% of median annual income for male peers (Huber and Skidmore, 2003); and women’s role in childrearing and family caring mean less years in the state pension scheme

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<sup>7</sup> The Minimum Income Guarantee (Pension Credit) takes pension earnings up to a minimum of £136.20 per week for a single person at 2009/10 rates; and £202.40 per week for a couple.

(Only 45% of women at State Pension age are currently receiving a full basic State Pension – DWP forecasting division cited in HMG, 2009a).

Additionally, in 2004/5, 10% of pensioners were in receipt of income from earnings, with couples more likely to be in receipt than single pensioners. Recently retired pensioners were far more likely to have earned income compared to all pensioner units, with 26% reporting earnings as a source of income. This is one factor behind the finding of reduced income with increasing age (Balchin and Finch, 2006).

Incomes in later life are, however, predicted to fall in future generations, connected with a raft of factors including lower returns on investment, a loss of confidence in occupational pension schemes and a reduction in final salary schemes in the public sector.

However, recent investment in alleviating child poverty and improving levels of education could partly compensate for this, as income levels are strongly influenced by lifetime health, which in turn is closely associated with parental income in childhood and years of education (Smith, 2005).

*High Outgoings.* Excluding major overhauls in the way benefits are determined, pensioner incomes are characterised by their stability over time. This makes older people particularly vulnerable to unpredictable increases in the cost of living. One strand of policy for older people has been directed at mitigating this kind of impact and a number of benefits are available to older people, including Attendance Allowance,<sup>8</sup>

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<sup>8</sup> This provides financial help for severely disabled people over the age of 65 with the extra costs of care due to the effects of disability.



Minimum Income Guarantee,<sup>9</sup> Disability Living Allowance<sup>10</sup>, Housing Benefit, Winter Fuel Payment, Council Tax Benefit and Help with Health Costs.<sup>11</sup>

There is also a high association of fuel poverty with old age and it is known that 40% of households with one person over the age of 60 and 13% of couples over the age of 60 are fuel poor which means spending 10% and over of personal income on heating (National Audit Office, 2003, cited in CRC, 2006a). Fuel poverty has a strong connection with excess winter deaths (EWD). It is notable that the UK has a worse EWD record than countries with more severe winters than the UK, such as Finland, Denmark and Austria, which all have much lower levels of winter deaths (Healy, 2003).

## 2.13 Risk of loneliness in later life

Social isolation is a negative effect of both social and physical changes of later life. It may result from social exclusion effected by poverty and access issues as observed above, and/or loss of social networks that derives from bereavement and loss/lack of mobility. This section will look at the evidence for social isolation and loneliness as particular features of later life resulting from the impact of physical and life course changes.

Victor *et al.* (2008) note that ideas of social isolation and loneliness in later life arose from the British social surveys of the 1940s and 50s. Bringing this up to the present day, the latest cross-departmental older people's strategy, 'Building a Society for all Ages' (HMG, 2009b), based on epidemiological studies in England, the US and Australia, notes that inactivity and loneliness in later life detracts from some older people's wellbeing. It also quotes the (2004) findings of the English Longitudinal Study of Ageing, to the effect that the number of women experiencing loneliness rises from

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<sup>9</sup> MIG (*paid as Income Support*) is paid to people over 60 and helps with basic living expenses.

<sup>10</sup> DLA provides help to severely disabled people under the age of 65 with the extra costs of care due to the effects of disability. The benefit can continue after age 65 in certain circumstances. There is a *care component* for people who need help with personal care and a *mobility component* for people who need help getting around.

<sup>11</sup> This is for people aged 60 years and over includes free NHS prescriptions and eye tests. (Comptroller and Auditor General, 2002).

around 35% in the 50-59 age group to over 50% among the 80+ age group. Furthermore it notes that:

One million people over 65 report feeling trapped in their own homes and more than 180,000 have gone for a whole week without speaking to friends, neighbours or family (MORI, 2000). (HMG, 2009b, p46).

Victor *et al.* (2008) nevertheless highlight the important corrective that social isolation and loneliness are the experience of only a minority of older people. At the same time, their prevalence in the lives of younger age groups may be higher than assumed. Although they find the incidence of 'loneliness' has increased by about 10% over the last 50 years, this still means that two thirds of older people describe themselves as 'not lonely'. Their research also distinguished between three broad groups in respondents aged 65 and over – those for whom loneliness was an enduring experience across the life course (12-15%), those for whom it was decreasing in later life (5-10%), and those for whom it was getting worse (20-25%).

In terms of living alone, this is perhaps the biggest social change in terms of people's social relations in the post war period. While only 18% of people lived alone in 1971, by 2006 this had increased to 29% (Victor *et al.*, 2008). Victor *et al.* point out that we should not problematise living alone *per se*. Only 17% of those living alone in their study reported being often or always lonely and it is predominantly widowhood, rather than household size, that is linked with loneliness (85% of those who described themselves as often or always lonely were widowed), a phenomenon that is arguably declining as more second marriages take place and more men survive into later life.

Importantly, however, this study also discovered an often overlooked spatial aspect to social isolation, whereby either through declining mobility, residence in special 'separate' accommodation, or because of declining community and neighbourhood, people come to feel socially isolated where they live.

## 2.14 Contributions in terms of employment, caring, volunteering, citizen participation

Victor *et al.* (2008) note that while much research examines older people's social networks for how much social support they may provide, there is less tendency to scrutinise how much contribution the older person themselves is making to the social network.

In terms of community contributions, however, more is known. As a consequence of the life course 'period' effect of a state retirement age, and its associated benefits (ranging from the state pension to eligibility for the free bus pass from age 60) as well as longer life spans and the retirement of the baby boomer generation, there is an increasingly large group of relatively active and mobile adults who are not obliged to work full-time in order to secure an income.

### *As members of a community*

Le Mesurier presents evidence to show that a proportion of older people are active builders of social capital, which he defines, following Putnam as including "features of social organisations such as networks, norms and social trust that facilitate co-ordination and co-operation for mutual benefit" (Le Mesurier, 2006, p134; see also Chapter 3, Section 3.6.2).

In-migrants to rural places may be particularly socially active: Lowe and Speakman (2006) note that people who move to the countryside in mid-life may (either intentionally or as a side-effect, for example, of the lack of work available in the new location) find energy and free time for unpaid activities such as caring, volunteering or new leisure pursuits.

However, the degree of community involvement appears to be related to personal resources. The US study into "Liveable Communities" for those aged 60 and over found that there was a strong association between tenure, ability to drive, and engagement (American Association of Retired Persons, 2005). Other studies have similarly found that ability to contribute may relate to the resources that are associated with higher

social class (Fischer and Schaffer, 1993; Davis Smith, 2000, cited in Hill, 2006; Munton and Zurawan, Table A8, 2004).

*Citizen participation.* The idea that people could be partners in the commissioning of services, and that as citizens could have a say in issues affecting their own well-being and that of their community and their country became increasingly important towards the second half of the 20<sup>th</sup> century, beginning with the consultation requirements of the town planning system (Beresford and Croft, 1993). However, it is only in the last decade that a series of initiatives have arisen specifically aimed at putting older people at the centre of policy and practice developments. These can be seen in the work of the Debate of the Age (e.g. Harris, 1999) and Better Government for Older People (BGOP) (1999), and the Joseph Rowntree Foundation Older People's Advisory Group (e.g. Raynes *et al.*, 2006). Older people's involvement, as well as the institutional obstacles to fully involving some 'frailer' groups of older people, have become increasingly significant with the trend towards greater devolution of power to local levels in policy (see Chapter 4, Section 4.6 and 4.9; and below). Involvement is largely via third sector organisations such as Age Concern's Forums, Help the Aged's 'Speaking up for our Age' programme and Older People's Advisory Groups (OPAGs), the latter having been set up by the BGOP initiative.

In 2008 John Elbourne undertook a review of older people's engagement with government at the request of the Minister of State for Pensions Reform. He found that an impressively large number of older people across the UK engages in consultation with government, However coverage is patchy and many local authorities do not have any mechanism in place to capture older people's views. For most local authorities listening to the views of older people is not a priority and forums, OPAGs and the 'older people's representatives' appointed within councils do not necessarily work together as partners. The result is that government response to older people's views is patchy and irregular (Elbourne, 2008). This echoes the finding of the Audit Commission's research in the same year, which found that despite significant numbers of older people being involved many of their views are not being captured or responded to. Only a third of Local Authorities had meaningful engagement with older people (Audit Commission, 2008).

### *Influencing local government*

Over the 20<sup>th</sup> century an increasingly high proportion of votes cast can be attributed to people in later life – partly due to habituation and life-time familiarity with the issues at stake, but also partly due to a decline in proportions of younger age groups using their vote (e.g. Binstock, 2000). However, studies in the 1970s and 80s suggested that older people were generally less likely to take part in political campaigning or lobbying and considerably less likely compared to middle-aged and young groups to approve of “unorthodox political behaviour” (Ginn and Arber, 1999, p164-5). This may be a cohort effect, and, as noted in Section 2.5, the lifetime experience of the politically activist sections of the baby boomer population may be well along the way in transforming this picture.

Furthermore, in terms of participation as a councillor, there is a strong relationship with later life, and councils at all levels are known to have an older membership. The fourth biennial councillor census in 2006 found councillors to have an average age of 58 with more than 50% over 60 compared with just 0.3% under 25 and under 8% under 40; they are also predominantly (70%) male (DCLG, 2007).

### *Volunteering*

Older people make up a significant proportion of volunteers, although participation drops off in the higher age bands. Kate Hill’s 2006 literature review of “Older Volunteering” (2006) quotes the Rochester and Hutchinson 2002 study on the advantages for voluntary organisations in recruiting older rather than younger volunteers, including skills, experience and authority. Older people also gave more time and stayed longer than younger people (also found by Davis Smith, 1992). Furthermore, they showed more empathy for the issues experienced by older people than younger volunteers.

Hill (2006) also cites Attwood’s detailed analysis of the 2001 citizenship survey by age. This suggested that older people were more likely to be involved in services for older people, those connected to community and neighbourhood groups and with faith groups. They were least likely to be involved in schools and youth work.

Levels of volunteering are a product of current norms and practices and the Home Office's biannual citizenship survey appears to indicate that they can be increased by positive policies. The most recent (at the time of writing) strategy for an ageing society notes fewer retired than working age volunteers and implies that this may be changed by active strategies to increase older people's volunteering

In an average day more volunteering and socialising is currently done by people aged 45-64 than by people over 65. Increasing volunteer hours among the over 65s by 10 per cent is estimated as being worth over £500 million. (HMG, 2009a, p15).

However, Hill's (2006) report indicates several poor practices in organisations using volunteers that appear to discourage older people from volunteering, including the stereotyping of capacity with age, fixed retirement age and an emphasis on young volunteers in recruitment publicity. The implication is that levels of older people's involvement could be increased if good practice in recruiting and retaining older volunteers were adopted. Older people asked about their reasons for not volunteering were much more likely to cite poor health and lack of transportation (Fischer and Schaffer, 1993). Supporting this finding, Hill cites research in Canada that shows that the drop in volunteering rates after 75 years is largely caused by difficulties with health and mobility (2006, p10).

#### *Older people's provision of social care*

*As Carers.* Meadows and Volterra Consulting (2004) estimate that sizeable proportions of people over 50 are involved in caring activities – around 14% of men and 17% of women – totalling around 3 million people. She estimates the value of this unpaid care to be £15 billion per year. Childcare is evaluated separately, with more than two thirds of grandparents providing childcare over the course of a typical year and a quarter doing so in the course of a typical week. This care is estimated to have a value of £3.9 billion.

*Elder and Peer Caring.* While those in their 50s may predominantly be caring for parents or other ageing relatives, many of those aged 60 and over care for a partner. Approximately 5% of people aged over 65 in the UK are providing over 50 hours a week of care, but for women, this falls off after the age of 75, so that only 3% of those aged 75-84 and 1% of those aged 85 or more are providing this level of intensive care (Meadows and Volterra Consulting, 2004). While caring represents a major unpaid

social contribution made by older people, it must be borne in mind that there are physical and mental health implications of the caring role. For example, a longitudinal study of older carers found significantly increased levels of mortality when the carer reported physical or emotional strain (Shultz and Beach, 1999).

*Childcare.* Based on the data available in 2004, Meadows calculates that grandparents care for grandchildren for an average of just under 16 hours per week. They are the main source of childcare for families with children in Britain, and six out of ten families use grandparents for childcare over the course of a year (Meadows and Volterra Consulting, 2004). Meadows notes that “the value of the output of working parents is at least in part attributable to the unpaid childcare of the grandparents.”

#### *Consumers*

There are many ways in which older people can contribute to the local economy as consumers: through the expenditure of external and static pensions income on local goods and services (including care and domestic support), equity release (sometimes to commission home adaptations and improvements) and ‘downshifting’ house moves releasing ‘frozen’ capital that can then be spent on goods and services; and through giving their patronage to the smaller shops and services whose opening hours or dispersed location make them less accessible to working families. However, in terms of everyday retail purchases, the 2007 Family Spending Survey suggests that older people’s consumption is negligible – households including people aged 75 and over have the lowest weekly expenditure of any age group (Dunn and Gibbins, 2007).

Somewhat contrary to Dunn and Gibbins, Baker and Speakman found that patterns of consumer expenditure are determined less by chronological age and more by people’s stage in relation to a range of major life transitions likely to be encountered in senior years, which relate to the position in the life course. These include health changes; emotional pressures from role change and financial shifts; family pressures including dealing with health and well-being of parents, and grand-parenting. There are also significant cohort effects, such as the impact on the growing-older generation of baby boomers of having come to maturity in a period of affluence that emphasised personal fulfilment through individual consumption. These effects imply that older people may

become an increasingly significant consumer group as their cohort ages (Baker and Speakman, 2006).

### *Tax-payers and legators*

In spite of the contradictory information about older people as consumers, there is no doubt that they make significant contributions as tax payers as well as in terms of conserving and maintaining assets and passing them on to the next generation. Around 44% (4,780,000) of pensioners were taxpayers in 2007-8 (of whom 2% pay at the higher rate) (HC, 2009). In 2004, people aged over 60 owned about £932 billion in equity in their homes (DCLG, 2008, p13). In terms of private transfers of assets, there is a strong flow from the older to the younger generation in the form of legacies and bequests, particularly with increasing levels in the amount that can be inherited before inheritance tax (Howse, 2004, p6).

A Joseph Rowntree Foundation study on ‘Attitudes to inheritance’ found that 46% of its survey respondents had received some kind of inheritance. However, this was strongly linked to social class and tenure (Rowlingson and McKay, 2005).

## **2.15 Conclusion**

This chapter has looked in detail at the phenomenon of demographic ageing, and how it has been perceived and envisaged. It has noted that the greatest proportional increase in the population will be of those in the highest age bands (aged 85+) and that ageing populations have most commonly been seen in terms of increased demand for services and pensions income. It has been noted, however, that awareness of older people’s potential for a range of economic and in-kind social contributions is rising up the agenda.

The second section of the chapter tried to establish what is distinctive about later life. It found that this divided broadly into physical and social issues. Under the physical heading, it found that age-related physical and cognitive decline affects (almost) everyone, in terms of slowing and greater need for environmental supports ranging from better lighting to rest points and landmarks. It was nevertheless noted that the significance of its consequences at the individual level depends upon ‘baseline’ levels of



physical and cognitive functioning. There was also found to be a higher prevalence of various types of illness and disability which frequently entail both physical and cognitive consequences and are more likely to co-occur; at the same time it was recognised that ‘morbidity’ is not an inevitable accompaniment of old age.

From a social and psychological perspective, a range of ‘lifecycle’ effects was proposed, including locational, relational, cohort and period effects. This part of the chapter culminated with a drawing together of the physical and social effects of ageing into a theory of later life as a developmental phase characterised by two dynamic tensions. The first, the cohort/period dynamic, proposed that cohort (generational) effects that have both a social psychological and a neuropsychological basis can be seen to potentially conflict with period effects – the influence of the current era. The second, the transition/duration dynamic concerns the tension between cumulative or dramatic life-course changes relating to close relationships and social networks, as well as relationships with places, that are in tension with duration effects, in terms of habits, relationships and habitats cultivated over the course of several decades, and in a context of declining cognitive adaptability to new situations. That such dynamics are likely to be particularly salient to ageing in rural contexts will be further explored in Chapter 3.

In terms of the impact of these changes of later life on interactions with the physical and social environment, Section III looked at seven issues, of which four were concerned with the physical environment, and three with the social environment. The physical environment dimensions were: qualities of the home; qualities of the physical environment; the use of transport; and the use of health and social care. The social environment dimensions were: risk of poverty; risk of loneliness; and contributions in terms of employment, caring, volunteering, citizen participation. This division of human/environment interactions under the broad headings of the physical and social environment has generated two new sub-questions for the research study (as explained in Section 1.4 of the Introduction):

- 4) What are the impacts of (rural) physical environments on older people?
- 5) What are the impacts of (rural) social environments on older people?

It has also indicated seven subsidiary areas to be reviewed under those headings, although these will be subject to modification in the light of the distinctive properties of the rural environment, as outlined in the next chapter. The task for the next chapter is therefore to take these headings and subsidiary areas and relate them to the physical and social environment of rural places, after first examining the phenomenon of rural ageing in England.

# Chapter 3. Ageing (in) Rural Places

## 3.0 Introduction

Following on from the exploration of the changes of later life and how these interact with aspects of the physical and social environment in Chapter 2, this chapter explores the patterns and characteristics of rural ageing in England. It first looks at the characteristics of rural places in general and then presents six reasons why the countryside is ageing. It also looks at the differences in the age structure of the population at local authority and settlement level.

It then takes the seven dimensions of the environment identified in Chapter 2 as particularly significant for people in later life and looks as what, if anything, is distinctive about them in rural settings. In a separate section, it then reviews the characteristics of a rural expression of the cohort/period and transition/duration dynamics that were identified as characteristic of later life in Chapter 2. The concluding section of the chapter draws together these diverse and somewhat fragmented features of rural ageing to present a picture of what might be distinctive about growing older in the countryside from the perspective of the physical and social environment, and suggests some modifications to the component areas of the research sub-questions which will be used in the data analysis phase of this study. The following chapter (4) will then provide a similar contribution with regard to the policy environment.

# Part I – Ageing Rural England

## 3.1 Rural Places in England

Historically, rural settlements had two strong distinguishing features: their economy and function. Primarily, they were places where food was produced, processed and distributed; and, at the same time, they were subordinate to urban places in terms of the range and number of services and functions that they fulfilled. I will briefly review these historical distinguishing features and ask to what extent they persist in the 21<sup>st</sup> century.

### *The functions of rural places*

Classical theories of spatial location – why settlements grow up where they do – centre around the human need to consume. Von Thunen (1826) posited that central settlements would locate within a surrounding agricultural hinterland while Christaller (1933) and Losch (1938) proposed that places develop in hierarchies of size and importance according to the kinds of goods they sell and the populations they serve. Both historically and actually, country towns and central villages have developed more shops and services than would be expected for their size because they are operating services for the neighbouring smaller settlements.

Historical research has attempted to account for the number, size and spacing of these settlements. Bracey (1962, cited in Cloke, 1979) describes central villages as separated from one another by about five or six miles. Platt (1976, cited in Powe, Hart and Shaw, 2007) explains the number and positioning of country towns as the distance an agricultural producer from an outlying area could journey with horse-driven transport in one day, including time to dispose of the goods and return home – from three to six miles between the 17<sup>th</sup> and 19<sup>th</sup> centuries.

While a hierarchical relationship between hamlets, villages, towns and cities largely persists, the strong historical patterning has been somewhat modified due to the growth and increasing affordability of private and commercial transport. This has allowed a new kind of retail provision to emerge in the form of edge-of-town and out-of-town shopping facilities. It has also allowed people to shop from home in remote places using

mail order catalogues, mobile vans and phone-in delivery services. More recently, increasing broadband connection has made internet shopping an option in many rural areas. So over the course of the last century it has become increasingly possible for centres of habitation to exist at a remove from any kind of shop or facility.

The same development has allowed locations of habitation and of employment to become increasingly disparate, but in this case internet access may be likely to work against this trend, although currently home working only accounts for a small minority of rural employees. These issues will be explored in the next subsection.

### *The rural economy*

As an early-industrializing country, Britain's agricultural employment has been falling for about two centuries. It was already only 22% by 1850 and after a brief resurgence during the World War II, there was a further decline and by 1991, the number of agricultural workers in Britain had fallen to 200,000 (Howkins, 2003). Today, even in the most agricultural areas of Europe, the share of agricultural employment still does not, on average, account for more than 20% of employment (OECD, 1996a, cited in Shucksmith *et al.*, 2005) and the European agricultural industry only contributes between 2 and 3% of total Gross Domestic Product (Shucksmith *et al.*, 2005). In the UK, the Department for the Environment, Food and Rural Affairs (DEFRA) estimated that agriculture accounts for around 6% of rural employment (DEFRA, 2004, p8). Employees in rural businesses were more likely to be in manufacturing (25%), tourism (9%) or retailing (7%) than in agriculture.

Furthermore agricultural incomes have declined. This is partly due to the price reduction undergone by agricultural products produced in a more industrialised way and sourced globally. It is also likely to have been exacerbated by the downward pressure on prices from the increasingly dominant mass food retailers. Alternative land uses, for example, energy production, wood and fibre do not make up for the wider impact on the rural economy of the reduction in value of the raw materials for food and drink (Shucksmith *et al.*, 2005).

Howkins describes how:

[t]he combination of the declining size of the agricultural workforce and the subsequent virtual collapse of the old plebeian village institution, the changing attitudes on the part of farmers to the land and farming, together with the changing nature of those who lived in the countryside, created a social transformation in rural areas as great as the economic change produced by ‘tractors and chemicals’. (Howkins, 2003, p179).

Nevertheless agricultural concerns continue to feature prominently in the government approach to rural areas because of their spatial, environmental and strategic importance. The majority of the land in most Western countries is still put to agricultural use and farmers and foresters together still manage around 80% of the UK land mass (Miliband, 2007). At the same time, indigenous food production, in particular the notion of ‘food security’ – the ability to meet population need for food under a range of circumstances – has climbed up the policy agenda since 2008, related to a sharp rise in food prices due to a surge in oil prices that year (see for example DEFRA, 2008; HC Library, 2010). Agricultural practices also have a major impact on biodiversity and such issues as ‘ecosystem services’ such as cooling, carbon sink and drainage, all increasingly critical in the context of climate change impacts.

To sum up, while rural places may have lost their distinctive traditional function as centres of agricultural production and employment, they continue to hold an important place in national policy due both to agriculture’s central role in land management and due to the rising issues of food security and climate change.

### **3.2 Causes of rural ageing**

Alongside land use change, rural ageing has been identified by the Commission for Rural Communities as the most important contemporary rural issue (CRC, 2007). The State of the Countryside Report (SOCR) suggests that in responding to these changes, we will learn lessons that could be applicable to urban areas when they face comparable challenges of an ageing population in future years. In terms of broad brush figures, a recent Cabinet Office report on rural ageing (Cabinet Office *et al.* 2009) cites research commissioned from Oxford Consultants for Social Inclusion, using the government’s urban/rural classifications, to the effect that people of retirement age and over make up 23% of the rural population compared to 18% in urban areas.

Champion and Shepherd identify five factors behind rural ageing (2006, pp29-30). These are (placed in an order from general ageing factors to specifically rural ones):

- a) General demographic change resulting from increasing life expectancy and falling birth-rates
- b) The impact of past fluctuations in birth rates, with the main 20th-century ‘baby-boom cohorts’ now moving into old age
- c) The surge in net migration from overseas, affecting all areas
- d) ‘Counter-urbanisation’, whereby a net population exodus from the countryside has been replaced by net in-migration from urban areas
- e) The exodus of young adults from rural England.

The first two factors apply to urban and rural areas alike and have been discussed in Chapter 2, Section 2.1. The final two factors, d) and e) are discussed in Section 3.2 of this chapter.

Factor c) is not explored here, because it is as yet marginal. There is a cultural factor in this<sup>12</sup> but it is also a statistical finding. Currently, although many immigrants are from rural areas, they tend to settle in the more populous areas of the UK. In England, the majority of non-white people live in the urban regions of Greater London (45%) and the West Midlands (13%). In contrast, England’s more rural regions, the North East and the South West, have less than 2% of population from an ethnic minority (ONS, 2004). Some of the rural areas of the North East (where this study takes place) approach 100% white British ethnicity.

However rural ethnic minorities, including BME groups and migrant workers from other European countries, are likely to become more significant numerically in the future. The latter in particular are increasingly represented in the low-paid seasonal rural workforce. Evidence for growing numbers of international migrants in rural areas is found in the records of the Worker Registration Scheme (Champion and Shepherd,

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<sup>12</sup> **Ethnic minority populations in rural settlements are the main focus in Neal and Agyeman (eds., 2006). It is argued here and elsewhere (e.g. Garland 2006) that a conflation of rural places with Englishness and whiteness may reinforce the marginalisation of ethnic minorities in rural places.**

2006) and some of these may stay on to ‘age in place’ in rural areas. Furthermore, as urban migrant settlers turn into future generations of ‘counterurbanisers’ the proportion of rural elders from ethnic minorities is likely to increase, particularly as longevity in ethnic minorities begins to catch up with that of the indigenous population.

Furthermore, to Champion and Shepherd’s list of five factors, it has recently been possible to add a sixth, as census data establishes a small but significant advantage in longevity due to rural place of residence (Kyte and Wells, 2010).

### **3.3 Locations of rural ageing**

The distinctly rural factors on Champion and Shepherd’s list of the factors behind rural ageing are ‘counter-urbanisation’ and the out-migration of the young. ‘Counter-urbanisation’ has been identified since the 1960s as a net outflow of populations from urban settings and a net inflow to rural settings, down the settlement hierarchy – that is, the more rural the setting, the more likely it will experience a net inflow from more urban settings (Champion, 2002).

In spite of the standard assumption, rural ageing is not mainly due to the in-migration of retirees – this age group recently accounted for only 10% of the total (Countryside Agency, 2004). In fact, in 2004, older people were the least mobile group in the population (Age Concern, 2005). ONS migration statistics analysed by Champion showed that while 36% of those aged 20-24 had moved in the previous year, only very small percentages of those aged 60 and over – under 5% - had moved. The 60-74 age group had the lowest migration rate of all (ibid.). Although less frequent, older people’s moves are far more “‘efficient’ over the longer distances associated with moves around retirement age” – that is once they have made the move to a new region, they will tend to stay there. In regional terms, at least, it will be their final move (ibid.).

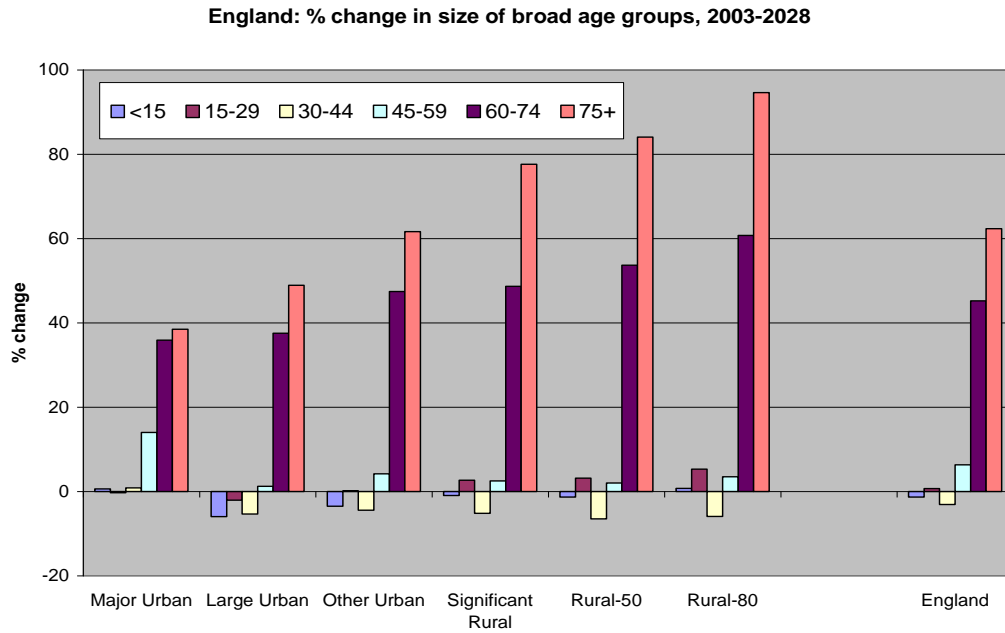
By contrast, it is those in mid-life who make up the bulk of ‘counterurbanisers’, and the largest population gains for rural areas are from families and the middle-aged (Lowe and Speakman, 2006).



Champion and Shepherd (2006) make use of the 'broad brush' way of categorising rural and urban England through the geographical unit of the local authority district (as described in the Introduction, Section 1.2), given that a large amount of statistical data is only available at this level. This system categorises England's 354 local authority areas into six types – Major Urban, Large Urban and Other Urban which together account for 196 Local Authority Districts; and Significant Rural, Rural-50 and Rural 80, which account for the remaining 178 districts. Significant Rural are those with more than the national average of 26% of their population living in 2004 category rural Super Output Areas; Rural-50 have 50% or more of the population in rural areas; and Rural-80 have 80% or more of their population in rural areas.

Based on this analysis, the degree of demographic shift between 1993 and 2003 appears to be closely related with degree of rurality. For both the under and the over 75 groups, the fastest growth was in the Rural-80 districts, followed by the Rural-50 districts, and the Significant Rural districts; the relationship continues right up the rural-urban hierarchy with the Major Urban district type seeing the smallest rate of increase in proportions of older people. A weaker pattern, but in reverse, is observed for the under 30 age groups, with clear differences between urban and rural areas.

Population projections carried out in 2003 for the 25 years up to 2028 suggest the continuation and expansion of the trend towards in rural ageing, but differently distributed depending on the sparseness/remoteness of place. Figure 1 below, reproduced from Champion and Shepherd (2006) shows how it is again in the most rural areas that the highest age groups will increase. (The 30-44 age group will decrease in most areas as the youngest of the most recent baby boomers reach the age of 45 in 2010).



**Figure 1 Rural Ageing by English Local Authority Rural/Urban Category from 2003-2028**

(Source: Champion and Shepherd 2006, Figure 2.6, p41) © 2006 Age Concern England.

Within this picture, of particular interest is the proportionate growth in the 85 and over age group, as well as the increasing survival rates of men in the higher age bands. Still using the Local Authority rural/urban definition, rural England’s 85-and-over population is projected to rise by from 310,000 to 874,000 (a 180% rise), and the population of men aged over 85 will increase by around 300%, swelling from 114,000 to 345,000. Comparing this with the rise in the general population of those aged 85 and over in the longer term presented Chapter 2, Section 2.2, it is clear how much greater is the proportionate rise in the higher age groups in rural areas as opposed to that in the general population

Even, as Champion and Shepherd point out (2006, p48), if rural migration goes into decline, (and recent SOCRs have reported a small trend in this direction), the net result is likely to increase the proportion of older people in rural settings, as current and past generations of migrants continue to age in place, but the balance is no longer refreshed by the middle-aged. It is clear, therefore, that rural ageing is an important phenomenon for the foreseeable future.

### 3.4 Older rural migrants

#### *High concentrations of older people*

As we have seen, overall, the skew towards older generations in rural areas is caused by a range of factors including ageing in place, outmigration of younger age groups and in-migration by workers in mid-life and by retired people. Such factors will have a differential impact on individual rural settlements depending on factors such as the housing stock, employment opportunities, amenities and facilities in each place. In terms of later life moves, motive also may be an important factor. US researchers have identified three types of motive for later life moves at state level: ‘amenity-driven moves’ – which tend to feature the recently retired; ‘assistance moves’ – where a health change, disability or bereavement results in a move to be nearer to family members; and ‘institutional moves’ when health problems overwhelm the capacity of the family to care for older relatives in the community (Binstock *et al.*, 2005 p77-78). I will argue below that different kinds of rural place may feature a predominance of a particular kind of later life move and suggest some of the impacts this is likely to effect.

*Amenity moves.* Mid-life and retiree ex-urban in-migrants to rural settlements mainly appear to fit into Binstock’s ‘amenity move’ category. In 1994, Warnes put forward an ‘amenity move’ explanation for the urban-rural shift among retired elders:

as people expect to be retired for longer and with increased assets and retirement income, more and more have decided not only to move house but also to migrate to areas that they regard as more attractive or amenable for retirement. (Warnes, 1994, p810).

The various amenities, or “pull factors” that attract them can be divided into the concept and prestige of rural living generally and its practical benefits more specifically. With regard to the former, numerous popular and academic writers have noted the pre-eminent place of the rural in the national imagination as the site of dreams of social and environmental harmony (Blum, 1982; Halfacree, 1997; Burchardt, 2002; Bavidge, 2006) or of social experiment and radicalism (Marsh, 1982; Shoard, 1987; Burchardt, 2002).

Regarding practical benefits of rural moves, these might include the qualities and size of housing, availability of particular space-hungry or geographically specific sports like golf, fishing and fell-walking; or more informally, the variety of walks and places to visit that are a feature of a dispersed settlement pattern. There are also “push factor” aspects in amenity moves, including lower rural crime rates (Champion, 2002) and lower rural housing densities. The policy of the green belt of ‘urban containment’ which has been a strong feature of the British Town and Country Planning system, appears to have introduced stark distinctions between urban and non-urban settlements in terms of population density, types and size of properties and open green spaces. A further “pull-factor” based on the evidence about physical and cognitive ageing outlined in Chapter 2, Part II might also be proposed. This might suggest that factors such as a general physical and mental slowing, increased difficulties with navigation, predominant ‘morningness’ and decline in the ability to ‘screen-out’ stimuli in order to focus attention, promote the attractions of simpler, less congested rural environments where there is, at least in theory, less pressure to act quickly and more social support for those needing assistance.

One result might be that where amenities and qualities of place are such as to attract large numbers of new residents, this might result in a community that is split between locals with their long-term associations and networks and ‘incomers’ with their different motivations and levels of commitment to the place (e.g. Bevan 2006; Scharf and Bartlam, 2008).

Some research has looked at the impact of the ‘rural idyll’ fantasies on the actual behaviour of rural in-migrants and suggested that the ex-urbanites can be harmful to the real places they move to because their new locations may not fit with their fantasy of rural living. When they try to fit the new place to the dream and it fails to conform, they become disillusioned. Or they may try to participate in ‘a kind of sanitized amenity countryside’, that conceals a grittier underlying reality (Cadieux, 2005). This feature of the image of the countryside and in-migrant motivation may account for the often-attested tensions between incomers and locals in rural areas.

Nevertheless in-migrants, with their imported know-how and wider networks of social contacts, as well as their enthusiasm, are also viewed as potential contributors to rural social capital:

The potential for positive change brought by in-migrants to rural landscapes lies in their investment in the place characteristics of ex-urban residential countrysides and forests. This enthusiasm can be harnessed to encourage involvement in what actually does go on in the rural landscape and in the processes that make it rural. (Cadieux, 2005, p226).

*Assistance and institutional moves.* In contrast with mid-life and retirement in-migration, moves taking place *within* rural areas are more likely to be driven by “push factors” – people might move from a village to a market town when no longer able to access shops and facilities by car; or to access specialised older people’s accommodation which tends to be clustered in market towns; or to be near to adult offspring for care needs – Binstock’s “assistance” and “institutional” moves.

The prevalence of ‘assistance’ type moves are described in Glasgow and Brown’s US study (2006), where a third of retiree in-migrants had adult children living near to their new location. Both ‘assistance’ and ‘institutional’ moves may account for the tendency remarked in the 75 plus age group to move against the grain of the dominant trend, that is, from more rural to more urban areas. They are the only age band – apart from the 16-24 age group - to make such ‘counter-counterurban’ moves (Age Concern, 2005). The Champion and Shepherd study identifies that this type of ex-migration is taking place across the settlement hierarchy at Super Output Area level. Those aged 75 and over are moving from (both sparse and less sparse) ‘Villages and Dispersed’ categories, and into towns, resulting in a 1.5% increase in the 75 plus age group in sparse Rural Towns and a smaller growth of this age group in Less Sparse Towns (Champion and Shepherd, 2006, Figure 2.11). However, the largest movement of the 75 plus group is to towns ranging between 10,000 and 100,000 in population (ibid., Figure 2.10). While such towns do not qualify as rural under the current government definition, some will meet the broader definition of a market town described in Chapter 1, Section 1.2, in that they serve a wide rural hinterland. They are also increasingly the main location of both ‘downshifting’ properties in terms of flats and conversions; as well as specialised

accommodation for older people including sheltered, extracare and nursing home accommodation.

These moves might have the impact of creating concentrations of people with high care and support needs in traditional settlements. The benefits may be that more services are both provided and self-generated by these age groups to cater for their needs. Deficits might be an unsuitable physical infrastructure for such age groups as noted in the previous section, or the potential for placing other age groups at a degree of disadvantage in terms of access to housing, and the range of services and activities on offer.

Overall, the skew towards higher generations will have a differential influence in individual rural settlements depending on factors such as the housing stock, employment opportunities, amenities and facilities in each place – meaning different kinds of ageing communities in different settlements. Ex-urban in-migrants in a rural settlement could mainly be attracted by amenities, while people moving between rural settlements could be driven by the need for assistance from family members or institutions. While the former moves could either split or enrich communities, the latter might have the impact of creating concentrations of people with high care and support needs who generate better service provision in those places but potentially displace younger age groups in terms of housing and amenities on offer there. The US example indicates that popular retirement destinations may eventually reach saturation point and lead to ex-migration of those in higher age-bands to less ageing places.

## **Part II Physical and social environments for rural ageing**

Within the following sections, which use the headings derived from the review of interactions between older people and the environment in Chapter 2, Part III, some areas with particular rural salience emerge that will lead to a modification of the environmental categories as presented in the conclusion of this chapter.

### **3.5 The physical environment for rural ageing**

Factors with a general impact on both physical and life course changes in later life are the rates of health and illness, which have been found to differ between urban and rural areas. A recent Cabinet Office report on rural ageing cited research from Oxford Consultants on Social Exclusion to the effect that healthy years and disability free years at age 65 are higher in rural than urban areas. However, among the poorest rural elders (lowest quintile) and the oldest old, urban and rural rates are much closer for mobility, activity and self-care problems. Furthermore, rates of depression, stroke, falls, dementia and other ill-health problems are expected to grow at a faster rate in rural than in urban areas over the next 15 years (Cabinet Office *et al.* 2009).

Fast and de Jong Gierveld (2008) note that it is common to assume that urban environments are better places for people with disabilities than rural environments; and that disabled people are more likely to live there. However their own (Canadian) study, supporting the tendencies predicted in the British study cited above, found that the reverse was true, with a higher percentage of rural than of urban elders describing themselves as having limited activities.

They refer to Kent *et al.* (2000, cited in de Jong and Gierveld, 2008, p65) to the effect that it is harder for someone with a disability to engage in a rural community due to factors including geographic dispersion and accessibility challenges relating to the natural and built environment, as well as a cultural emphasis on independence and self-sufficiency.

The following section will review qualities of the natural and built environment in rural areas to see how these differ from those in urban areas, and what impact this might have on rural elders.

### 3.5.1 Qualities and location of housing

#### *Rural older people's housing.*

There is a high proportion of both 'non-decent' and 'unfit' accommodation in rural areas. Around one third of rural homes are non-decent. Non-decent accommodation is that which is either not in a reasonable state of repair, and/or does not have reasonably modern facilities and/or not providing a reasonable degree of thermal comfort. In contrast to urban non-decent stock, which is predominantly social sector, rural non-decent housing is mainly in the private sector. About 3.9% of all rural dwellings are classified as unfit for human habitation. Common reasons for a property to be classed as unfit, across urban and rural settings, include disrepair, inadequate food preparation and cooking facilities and dampness (CRC, 2006a, p67).

Figures put together by the HoPDEV group from the 2001 Census suggest that there is far higher home ownership in rural as opposed to urban areas (DoH/ODPM, 2000). This is backed up by a more recent study on the housing and support needs of older people in rural areas (Bevan *et al.*, 2006) which found that 81% over 55 own their own homes in rural areas, although this percentage diminishes in higher age bands.

Correspondingly, there is comparatively lower social renting in rural areas. These lower rates of social renting are quite substantial, with the HOPDEV study finding about 10% fewer social renters in rural areas compared to urban ones for all ten-year age bands above 55 (DoH/ODPM, 2000), which is broadly confirmed by the 2001 census data (CRC, 2007). HOPDEV found a smaller urban/rural difference in private renters, their numbers being less than 2% greater in rural areas for most age bands above 55 (DoH/ODPM, 2000).

What is the picture for older owner-occupiers in rural areas? The shortage of affordable housing that has been noted by the CRC as a major rural issue will affect them both in terms of limiting their housing choice and that of younger people who might include



children or support workers. By the end of the 20<sup>th</sup> century, most of the new housing in rural England was being built in the private sector for the upper end of the market (DETR 1998, cited in Shucksmith 2000) and 40% of new households in rural areas could not afford to buy their own home. In recent years, considerable funding from the Housing Corporation<sup>13</sup> has been earmarked for affordable housing in rural areas. Furthermore, ‘Planning gain’ (‘Section 106’ in the 1990 Town and Country Planning Act – HMG, 1990) has been used to press developers to build a proportion of affordable housing in each new development over a certain size. However, each local authority can define planning gain in their own way. It may be a cost-efficient way of securing a balance of housing types, but in practice, is easily evaded where it is not perceived as in one or more of the participating parties’ interests – through, for example, smaller size developments that do not meet the minimum requirements.

The influential Taylor Review of Rural Economy and Affordable Housing found that the lack of affordable housing risked turning many villages and hamlets into exclusive enclaves of the wealthy and retired. Market towns were becoming ringed by “anonymous housing estates, business and retail parks” and needed to raise their planning aspirations and vision (Taylor, 2008, pp4 and 26).

It might be argued that current policies privileging brownfield development and at higher densities (CRC, 2007) might go some way towards redressing this imbalance in housing types, generating a supply of flats and smaller dwellings in existing settlements. However, the kind of housing that is attractive to smaller households – that is flats, terraces and semi-detached housing – has risen in price faster than detached housing. There is also a rural effect, whereby particular types of rural area have seen much sharper price rises. Dwellings in ‘less sparse hamlets and isolated dwellings’ are 67% more expensive than those in less sparse urban areas (CRC, 2007, pp34-5). Overall, housing affordability (a measure which compares the lowest quartile of local housing

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<sup>13</sup> **The Housing Corporation, established in 1968, was a Non-Departmental Public Body that governed funding and standards for affordable housing and housing associations in England until December 2008. After this date, its role was split between two new organisations, the Homes and Communities Agency and the Tenant Services Authority.**

with the lowest quartile of local incomes) is worse in rural areas, and particularly bad for smaller settlements and sparse areas (CRC, 2007, Fig. 2.4.5)

### 3.5.2 Qualities of the physical environment

*Physical infrastructure.* There are few studies to date that assess the impact of built environment, in particular the outdoors, on older people with disabilities and mobility problems. A study in Sweden found that uneven paving stones, icy streets and steps at entrances were obstacles for older people seeking to use public services and facilities (Valdermarsson *et al.*, 2005, cited in Eales *et al.*, 2008, p111). No studies have yet been identified that focus on the rural physical environment, although as noted below, this may be particularly hazardous. Showing the continued bias towards the built environment rather than the physical infrastructure and streetscape of settlements exemplified in both planning policy and policy for older people, the CRC SOCRs have gathered no statistical information on the prevalence of cobbles, steep kerbs and gradients in rural areas. These issues remain largely confined to conservation-related disciplines, for which accessibility is not a priority.

Traditional rural settlements are likely to have retained features associated with modest flows of pedestrians and vehicles – narrow streets designed for the horse and cart; narrow pavements and buildings, constructed for slighter bodies; twists and turns tacking up steep rises, designed for the comfort of a human or animal, rather than a machine. Johns notes how traditional townscapes have street plans organised around narrow plots, arranged along old roads or streams, that have remained intact since medieval times (Johns, 1965, p42). According to Johns, the characteristic British townscape style is the picturesque – preferring energetic, vertical or thrusting forms as opposed to the calm, elegance and order of classicism. The Italian influence of classicism was resisted, at least in provincial towns and villages, right down to the 19<sup>th</sup> century, creating a body of settlements that continue to be irregularly ordered and distinctive.<sup>14</sup> These are some of the very ‘picturesque’ features that are considered to attract tourists and day trippers to a town.

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<sup>14</sup> **These contrast with the regular and repetitive urban layouts created as the influence of classicism came to predominate, and according to Johns, reached their apogee in the 20<sup>th</sup> century modernist industrial cityscape.**

Johns notes that cobbles are common form of surfacing “obtained from the extensive boulder clay deposits of a region”, and have diverse sources, including river beds. Because they were cheap and available, they were commonly used for both walls and paving surfaces (Johns, 1965). Orbashi, however, notes that:

many neatly-laid cobbled streets bear little resemblance to their historic forbears. And even cobbled streets have been contested at times. In the old town of Lyon, they were asphalted over when stiletto heels were fashionable, and only reinstated once heel fashions became more accommodating (Repelin, 1990). (Orbashi, 2000, p180).

Thus while meandering layouts and irregular surfaces are typical features of historical settlements, both their authenticity and safety can be questioned – at least without some sensitively designed access modifications as recommended by Burton and Mitchell (2006). The very features that attract visitors (and settlers) may also restrict their freedom of movement in a rural place: the largest category of visitors to the countryside are wealthy people of retirement age (CRC, 2007, Fig. 4.3.7), largely those who can still drive (only 2% of visitors to the countryside use public transport). Baker and Speakman estimate the income generated by older day trippers to countryside locations to be around £5 billion per annum (Baker and Speakman, 2006).

*Natural environment.* The impact of the natural environment is arguably greater in rural than urban places. Bunce (1982) described how a typical rural settlement might have a clustered form and particularly favour remote locations:

Siting of a village in isolated valleys, on hilltops or on the edge of a forest can satisfy defence needs, while the internal morphology of the settlement, in particular the compact or clustered form, can act as a defence against the breakdown of the community. (Bunce, 1982, p48).

Small settlements may have historically arisen in high places, places cut off by ranges of hills or mountains, and places with a poor climate either for defensive reasons or because of proximity to the raw materials for agricultural or extraction industries. These places may continue to remain in habitation after the original defensive or economic need has gone because of aesthetic, amenity and/or cultural factors. Nevertheless, since extreme topography inhibits urban development, at least in the more developed

countries, it is arguably more likely therefore that a settlement with a particularly extreme topography and/or climate will be a rural one.

*Climate.* While extreme topography may also imply climatic extremes such as colder temperatures, and higher (un-braked) winds, the most important rural climatic issues for older people probably relate to those effected by climate change. The Intergovernmental Panel on Climate Change proposed that many areas of Europe may experience more intense rainfall over coming decades (Giorgi *et al.*, 2001 cited in Fowler *et al.*, 2005). Evidence suggests that extreme rainfall events – those likely to lead to flooding – have become more frequent over the last 40 years in particular parts of the UK, in particular the North of England and Scotland (Fowler and Kilsby, 2002a). Similarly, some areas of the UK experienced very low rainfall during periods in the 1980s and 1990s, culminating in the 1995-6 drought which mainly affected the North, particularly Yorkshire, where road tankers were necessary to maintain water supplies (Fowler and Kilsby, 2002b). Some of these problems have been exacerbated by changing land-use, including agricultural practices and building patterns, which reduce absorption of water by the land on a large scale. Coastal areas, many of which are rural, and the river systems draining into them, are particularly vulnerable. Around 10% of the UK population live near to rivers, and are at increasing risk of experiencing flooding on a regular basis. As many rural settlements are constructed around rivers or on coastal areas, and coastal rural areas are particularly popular with older people (Warnes and McNerny, 2004), climatic characteristics of rural places may be a significant issue in the future. However, this could equally work in a positive direction, as particularly at night when ‘urban heat island effects’ prevent urban areas from cooling, rural areas have a temperature advantage for older people whose ability to adapt to extreme heat is less than that of younger adults.

### 3.5.3 Use of Transport

There is a significant difference between urban and rural areas in terms of car ownership (CRC, 2007, p138). Between 72% and 88% of households in hamlets and villages own a car, compared to between 46% and 53% in towns and urban areas (*ibid.*). Around a half of rural households had access to two cars in 2005, while the figure for urban areas was around one third (ONS, 2007b). Furthermore, almost a third of the lowest income

households in hamlets and isolated dwelling areas ran two cars, which is close to the average figure for car ownership across all income levels (CRC, 2007).

This strongly suggests that a lack of accessibility is making low income households in rural communities run a car when they might not if they lived in areas with better transport services. (ibid., p27).

It is noted in conclusion to the 2007 State of the Countryside Report (SOCR) that: “Car use is currently critical in rural areas for accessing services and to meet wider social needs” (CRC, 2007, p144).

There is also recognition that while challenges raised by climate change and environmental sustainability prompt measures geared to changing transport behaviour, there is a risk of these having negative impacts on rural communities “if policies adopted at a national level do not recognise specific rural circumstances and needs” (CRC, 2007, p149).

*Older car owners.* The profile of car ownership among rural older people has been collated by Age Concern, using the start point of age 50. Under this analysis, the proportion of rural households aged 50 and over without a car is 14.7%, approximately half that of urban areas; while 41% of older rural residents belong to households with two or more cars (Lowe and Speakman, 2006). Bevan and Croucher’s rural respondents in Chapter 8 of the same report largely viewed the ability to drive as a key factor in rural living; while Canadian research found that older rural residents depend more on private transport than older urban people, because of the lack of public transport options (Turcotte, 2006, cited in Dobbs and Strain, 2008, p88). The latter also cite research to the effect that 60% of older persons in rural areas and small towns actively drive compared with 46% of elders in cities with populations of 30,000 and over (Bess, 1999, cited in ibid., p89).

*Not driving.* Not driving a private vehicle was associated with difficulties in access to shops, services and medical services. In the US, Glasgow and Blakely found that not driving meant less attendance at community, religious and club activities (Glasgow and Blakely, 2000). However, in Canada, size of social networks was related to the older person having one or more people who can be called upon to give a lift or otherwise

help with transport issues (Dobbs and Strain, 2008). UK research, as noted below, Section 3.6.2, suggests these networks contract with age, so not being able to drive or find lifts may be a phenomenon for those in the highest age groups. Public transport is less likely to be an option in rural areas. Figure 2.3.8 of the 2007 SOCR shows approximately 50% of village, hamlet and isolated dwellings within 13 minutes of a bus stop with a service at least once an hour; while for urban dwellings, the figure is 95% (CRC, 2007). Scharf and Bartlam in their study (2008) found that ageing in a rural community without transport options or with reduced mobility could make people feel confined in their homes, particularly where their environment was characterised by poorly-maintained or unlit paths and fast roads.

*Access as a rural issue.* The 2007 SOCR notes that:

Access to services continues to be an important issue for rural residents. Distances to service outlets tend to be longer than in urban areas, and public transport provision is usually worse. For those with cars in rural areas, travel times can actually be quite short, but for those without, journey times can be very much longer. (CRC, 2007, p19).

Since 2005, Local Authorities have been required to produce Accessibility plans based on Department of Transport indicators of accessibility which show percentages of people in an area who can get to a service outlet by various modes of transport within a specified time (DfT, 2007a). Because these are weighted by the kinds of transport most prevalent in an area, and in a rural area the majority get around by private car, the problem of accessibility does not emerge in these figures as substantially greater than for rural dwellers.

The government's most recent strategy for an ageing society reports that:

13 per cent of people living in rural areas in their later years report poor access to a range of basic services, including GPs, dentists, hospitals, post offices and local shops. Those on low income and those aged over 80 are significantly more likely to report poor access. (HMG, 2009a).

Access to services in rural areas may particularly affect older people, because services in rural areas are more likely to be dispersed at greater distances; and as we have seen in Chapter 2, Section 2.10, older people are less likely to hold a driving licence than all

except the 17-20 age group; and are more likely to use public transport. Those who drive will also develop more restricted driving patterns linked to self-monitoring in relation to sensory and cognitive decline.

A recent State of the Countryside report notes that services such as GPS, dentists, Post Offices and shopping centres were less likely to be within the specified distance in rural than urban areas. This distance was particularly marked in the most sparse rural districts and in relation to dentists (CRC, 2008). Analysis of English Longitudinal Survey of Ageing data from 2004/5 for the Cabinet Office found that 20% of people over 50 on the lowest incomes had difficulty accessing hospital care, while access to dentists and shopping centres was a problem for over 10% (cited in Cabinet Office *et al.* 2009). But there were no significant rural/urban differences for GP and Post Office access among this income group.

#### *Access to goods and services*

Facilitating access to services for more dispersed populations must count as one of the major expenses of rural provision, yet, in England, unlike Wales and Scotland, Local Authorities and Health Authorities do not compensate for the extra costs that arise from rural settings. Except in some flexibility for the way bus subsidy is allocated, there is no ‘rural premium’ in central government’s allocations to most local government departments.

*Access to other services.* While 2006/7 saw an increase in the provision of free cashpoints and supermarkets in rural and urban areas, NHS dentists, banks and building societies, job centres and petrol stations all showed significant decline (CRC, 2007, p21). The impact of trends in provision and location of major services is explored below.

*Shops and consumer services.* Many stores, including the main types of ‘comparison retail’ such as clothing and furniture, are attracted to the marketing advantages of dedicated malls – usually offering family-friendly, temperature-controlled, security-monitored and car-accessible environments. This presents increasing disadvantages to those who cannot drive to, or navigate within, these non-traditional outlets.

*Supermarkets.* This development is mirrored by the trend towards larger and ever more automated food retail outlets ('superstores') or food and mixed goods stores ('hypermarkets') at edge-of-town and out-of-town locations. Driven by economies of scale and purchasing muscle that enable them to undercut competitors in terms of price and choice, the four largest supermarket chains now account for 75% of food sales (by value) in Britain (OFT, 2006). Furthermore, year on year, new categories of retail are absorbed into the superstore retail space, to the point where the larger outlets can include hairdressing services, pharmacies and crèches (see, for example, Simms, 2007).

This has an impact on the more accessible (to those without cars) town centres. In 2002 and 2007, the New Economics Foundation (NEF) reports on 'Ghost Town Britain' summarised the increasing contraction in small shops and general stores across Britain which paralleled the expansion of large footprint supermarkets and superstores (Simms *et al.*, 2002; New Economics Foundation, 2007). They also noted that the impact of the rising dominance of the big supermarket may be hidden, as typically there is a time lag of two-to-three years before smaller stores are forced to close, having exhausted their remaining operating reserves.

*Bank branches.* Britain lost almost a quarter of its bank branch network in the decade between 1990–2000 due to structural changes in the industry, driven by consolidation within the financial sector and the rise of telephone and internet banking. By the end of December 2002, the country was left with just 10,754 branches, representing a loss of 10 per cent on the 1997 network and 33 per cent over the course of a decade.

*Post Offices.* The local post office was a unique national institution that historically filled a number of key roles in both urban and rural communities, well beyond its primary function as mail depot:

It has been local shop, government service centre and community hub for information sharing and social interaction. These functions are especially crucial in rural and poorer urban wards, where post offices often act as multi-service outlets. (Simms *et al.*, 2002, p12).

Evidence from the Post Office suggests that the rate of rural post office closures had reduced from 500 rural post offices per year in 2001 to around 150 per year by 2006 (Post Office, 2006). Nevertheless, a further wave of closures took place in 2008. This



followed the ending of the government's commitment to provide a subsidy to rural post offices in March 2006 (CRC, 2005).

*Internet access.* While contemporary alternatives to on-site service access centre around the increasing popularity of the internet, only a minority (around 20%) of older people is a home internet user (Ofcom, 2005), although this is increasing. There is also a rural-urban difference in that faster cable broadband is more likely in urban areas, whereas rural areas have slower telephone dial up connection. Recent data show that internet access is proportionately slower in village, hamlet and isolated dwelling as compared to urban areas (CRC, 2007).

### 3.5.4 Use of health and social care

There appears to be a general tendency towards better health in rural areas, albeit with considerable variation between areas and some variation along different dimensions of health. However, lower services use in rural areas may be due to other factors besides good health. For example, a lower level of use of health services in rural areas has been attributed to cultures of self-reliance, and the high visibility of accessing services in small rural communities (Mitchison, 2002, cited in CRC, 2006a). This may particularly be the case for stigmatising conditions such as mental health problems (Deaville, 2001, cited in *ibid.*). The Rural Disadvantage report (*ibid.*) also summarises research suggesting a 'distance decay' effect which means that the further people live from services, the less likely they are to use them. These effects have been found for illnesses including cancer, asthma, diabetes, and breast-screening.

While GP access is measured by ONS Neighbourhood statistics, access to hospital, increasingly difficult for older people as hospital services centralise, is only measured in research studies such as the English Longitudinal Survey of Ageing. This survey found that 14% of people over 50 found it difficult or very difficult to access hospital services in England, rising to 31% for people over 80 (cited in HMG, 2009a, p38). As noted within the last section, access to hospital is a particular problem for older people in rural areas, and particular those aged 80 and over.

Access to social care by rural elders is described in Sims-Gould and Martin Matthews (2008), who note the rise in home care around the world and in particular for rural areas and explore the provision of home care in rural Canada, drawing on data from four Canadian studies that include the experience of older people and their formal carers. Both groups in the home care process emphasised in particular issues of 'time, safety concerns, inclement weather and poor road conditions, petrol (gasoline) prices and agency interests' as factors in the accessibility and delivery of services. Privacy and anonymity concerns were also found to be important, particularly in very small communities.

Scharf and Bartlam, in the same publication, based on data from a range of (Western) countries, report a rate of 30-40% of rural elders having difficulty in accessing services such as health and social care. They also cite a report by the Countryside Agency/Age Concern (2005) to the effect that older people in rural areas are less likely to receive social services at home than those in urban areas.

## **3.6 The social environment for rural ageing**

### **3.6.1 Risk of poverty**

*Poverty.* In terms of poverty, rural areas are more heterogeneous than urban ones (Asthana *et al.*, 2009). A picture of average higher incomes and shorter periods on low income than urban areas is likely to be distorted by the impact of wealthy rural in-migrants (Chapman *et al.*, 1998, cited in Shucksmith 2000) and also obscures the higher outgoings (around the 12% mark) that fall to rural households (CRC 2007; Self and Zealy, 2008). In contrast with urban poverty which is concentrated in areas of poor housing, rural poverty is shown to be dispersed in pockets and less visible (Fabes, Worsley and Howard, 1993; Beatty and Fothergill, 1997 and 1999; both cited in Shucksmith 2000).

Although around one third of pensioners on low incomes are rural dwellers (Emmerson and Tetlow, 2006), rural-urban differences in incomes only show up for people in higher age groups (75 and over) whose economic disadvantage is equivalent to that of their urban counterparts (*ibid.*).

There is some evidence that the more remote the rural area, the more likely its older people are to be in poverty (Lowe and Speakman, 2006) and that those in the higher age bands living alone are at a particular disadvantage (Gilbert, Philip and Shucksmith, 2006). In particular people aged 80 and over may be less able to access services and participate in cultural activities than their urban counterparts (Cabinet Office *et al.*, 2009). Disadvantaged rural elders are also less likely to claim the benefits that are available to them (DWP, 2006), and furthermore, harder to reach out to because of the dispersed nature of rural poverty.

Low rural elder benefit uptake has been attributed to cultures of frugality (CRC, 2006a; CRC, 2006b; Shucksmith, 2000). There are also further, pragmatic reasons why benefit uptake can be lower. Anxiety around appearing needy, as well as the embarrassment of having to expose one's personal financial situation to others, or even a fear of having deductions rather than increases made, are among the reasons older people have given researchers for their reluctance to claim (McConaghy *et al.*, 2003; Cook *et al.*, 2004; both cited in Clark and Raynes, 2006). Such anxieties may be particularly acute in rural areas where social networks are smaller and connectedness greater, increasing the level of personal exposure experienced.

The CRC's 'Rural Disadvantage' reports (CRC, 2006a, CRC, 2006c) use the term to mean the "inability to participate fully in society". It is "about not being able to fit in and do the things that the majority of people do" (CRC, 2006a, p12). It is similar to the concept of exclusion but is a less extreme characterisation, suggesting the shades of grey between full participation and complete isolation. The study identified various critical factors for rural people in experiencing and escaping disadvantage including financial poverty and access poverty (that is access to transport and services that require travel). It also highlighted two other aspects of poverty with specific rural dimensions: fuel poverty and access to affordable housing, although there is little specifically rural statistical evidence for this.

### *Fuel poverty.*

In England, adequate heating is defined as 21°C for the living room and 18°C for other occupied rooms. A household is deemed fuel poor if more than 10% of its income goes towards maintaining a satisfactory heating regime. The DTI calculates that around 1.2 million households in England are fuel-poor. In spite of a policy goal of eradicating fuel poverty by 2010, the figure was found to have been rising since 2004 because of the increasing cost of energy (DTI, 2006, p26).

Figures for 2004 indicate that nearly 24% of fuel poor households lived in rural areas, with 7.1% of rural households fuel poor compared to 5.6% in urban areas. This amounted to around 297,000 rural households. Levels of extreme fuel poverty (where households had to spend more than 20% of their income on fuel) were slightly over 10% in isolated rural areas (BRE, 2006 cited in *ibid.*). In Bevan *et al.*'s (2006) study, many rural elders reported heating the home as a major problem.

While the prevalence of fuel poverty in rural areas may be linked to low rural and pensioner incomes, there are also links with the rural infrastructure, connected both with the limited availability of mains gas in rural areas, and with the prevalence of hard-to-insulate solid wall housing. Figure 2.4.10 of the SOCR 2007 shows the stark discrepancies between urban and rural areas in terms of gas supply and solid wall housing. While less sparse rural areas range between 57 and 67% who are not on the mains gas supply, the sparser areas range between 81 and 90% without gas. Similarly, between 34 and 53% of less sparse rural housing is of the solid wall variety; while in areas defined as sparse, the figures range between 46 and 66% (in each case the first figure is for villages, the second for hamlets and isolated areas) (CRC, 2007). By comparison, the figure for less sparse urban areas is 26%.

## 3.6.2 Risk of loneliness

As noted in the section on loneliness in the last chapter, changing communities with less people around in the daytime could lead to a sense of isolation. The outmigration of children for study, housing and work could have a similar impact. There was a sense in some of Rozanova *et al.*'s (2008) interviews that the younger generation was either priced out of the community or that longer working days and commuting meant they

were not physically present in the settlement. The commuting patterns of adults of working age in even the most remote rural areas are backed up by Champion *et al.* (2008) who found that since longer distance commuting is largely a response to the lack of suitable work locally, more remote areas are even more likely to see longer distance commuting (Champion *et al.*, 2008). Scharf and Bartlam (2008) found that population change (incomers, commuters, loss of younger generations) in some settlements had a negative impact on the perceptions of the social ambiance for many of their older interviewees, particularly those who had ‘aged in place’:

Such issues seem to threaten fundamental personal assumptions about both individual identity and collective identity as a village community, and indeed what it means to be a rural older person. (Scharf and Bartlam, 2008, p107).

A US example indicates that there may be such a thing as a saturation point for popular retirement destinations that leads to ex-migration of those in higher age-bands to less ageing places. The US retirement regions, such as Florida, are recording a trend of out-migration of people reaching retirement age away as well as a drop-off in new in-migration to the popular destinations such as Florida and California (Binstock *et al.*, 2005).

In terms of social isolation and connectedness older people may be particularly vulnerable where voluntary and family help breaks down due to declines in volunteer numbers and younger family members leaving in response to housing and employment needs (Cloke, 1994). However, there may also be advantages for the more remote and isolated communities, thrown more upon their own resources (Rozanova *et al.*, 2008), although services may at times overestimate the extent of what is on offer in terms of voluntary help and support (Bevan *et al.*, 2006). While there is generally greater involvement in volunteering and activities among rural older people compared with their urban counterparts (Wenger 2001; Atkin, 2003; Salamon, 2003; all cited in Wenger and Keating, 2008; Cabinet Office *et al.*, 2009), these tend to decline with age. A significant proportion of those aged 85 and over may be isolated through constricted social networks due to loss of a partner or other carer to keep them connected with wider activities as well as poor physical or mental health (Wenger and Keating, 2008).

Care, at least in a UK context, is unlikely to be provided by a friend or neighbour: it is the presence of a local relative that is key to enabling older people with care needs to age at home (ibid.). However, in a Canadian context, there is a cultural sense of connectedness with their community that is more marked in higher age groups (Fast and de Jong Giervelt, 2008); this may be a ‘duration effect’ as described in Chapter 2, Section 2.7.

A different way of understanding rural places is in terms of different kinds of social capital. Social capital refers to norms of trust and reciprocity that can improve the way society functions by engendering cooperation and coordinated action (Lehonten, 2004). Coleman (1988) divides social capital into obligations and expectations, information and social norms. He notes that it is more likely to develop in communities with a strong sense of internal identity and boundaries. Onyx and Bullen (2000) point out that on this basis it is likely that higher levels of social capital will be found in socially isolated and rural communities. Onyx and Bullen looked at social capital along six dimensions of participation in networks, reciprocity, trust, social norms, the commons and social agency; and measured it in both urban and rural communities in Australia. They found that social capital is higher in rural than urban areas, particularly in relation to participation in the local community, feelings of trust and safety and neighbourhood connections. Urban areas, however, scored higher on personal agency, proactive behaviour and tolerance of diversity (Onyx and Bullen, 2000, p38). They also found low connection between community connectedness and tolerance of diversity, which supports the notion that rural areas may gain their social strength at the expense of a degree of exclusion.

This understanding of the reason that isolated rural places in particular appear to be stronger in some dimensions of trust and connectedness might to some extent be challenged by the ‘critical human ecology’ theory presented in the Introduction to this thesis. Under this theory, the relationship between different kinds of environment would be used to account for the higher degree of self-help and community-mindedness found in some small rural settlements.

physical characteristics of a rural community such as population size and distance from a larger centre may affect the availability of formal services. In

turn, service availability may influence patterns of support among family and friend networks of older adults. (Keating and Phillips, 2008, p3).

Keating and Phillips also quote Alston (2007) to note that the view of rural residents as doughty and resilient can drive policies that are not necessarily in their interest, such as Australian initiatives championing self-reliance at a time of widespread drought that led to a withdrawal of services.

### 3.6.3 Contributions in terms of employment, caring, volunteering, citizen participation

#### *Employers.*

Several studies in the US support the notion that rural migration may enhance employment opportunities in the destination location. In the early 1990s, 550 American counties where the older population was expanding through in-migration were shown to outperform other non-metropolitan area averages for job growth – potentially as a consequence of retiree goods and services expenditure (Reeder and Glasgow, 1990; Glasgow, 1991). This analysis was supported by the studies of Hodge in British Columbia and Bennett on the Atlantic seaboard (cited in Binstock *et al.*, 2005).

Based on two earlier reports on the South West region of England and evidence from the southern U.S, it is suggested that ‘retirement region’ status leads not only to increasing demand for housing and health and social services, but also has substantial economic stimulation and job creation effects (Gordon, 1975; and South East Economic Planning Council, 1975; both cited in Warnes and McInerney, 2004).

#### *Employees.*

Rural areas have been shown to have better employment rates, particularly for those in higher age bands; this is partly accounted for by greater rates of self-employment and of part-time employment. Employment rates in rural districts for those aged between 50-64 are consistently 5% or more higher than in urban areas and translate into later average age of exit from the labour market. Equally, unemployment and long-term sickness are less prevalent than in urban districts (Green, 2006).

Rural areas have one further employment advantage for older people. Smeaton and McKay's report for the DWP notes that older people are twice as likely as younger workers to be employed in very small firms (those with 1-10 staff) (Smeaton and McKay, 2003, p3). They also cite evidence for particular kinds of regional enterprise structures being positively related to self-employment in rural areas and thus increased rates of employment for older people.

Earlier studies suggest that there may be a disadvantage for rural women in terms of employment. However, although traditionally and particularly within farming communities a rural culture that restricts female roles and employment opportunities has prevailed (Hughes 1997; Little 1997), this does not show up in terms of any employment or pay disadvantage (compared to their urban counterparts) for today's female rural dwellers (Henderson and Hoggart, 2003; Hoggart and Chen, 2006). Today's generation of rural older women are, however, likely to have been influenced by the cultural constraints of their adult life: they may be more likely to be involved in volunteering, and less likely to benefit from the opportunities to accrue an occupational pension compared to their male counterparts.

#### *Spending and donating*

The 2007 SOCR (CRC, 2007) identified that incomes in rural areas tend to be made up less from wages and more from pensions, savings income and self-employment (ibid.). This indicates one major advantage of an ageing countryside – stable and external sources of income that can compensate for the effects of the major economic fluctuations that are typical of the rural economy. This was particularly found during the Foot and Mouth crisis in Cumbria in 2001 where there was a loss of income from tourism of around £3 million, yet local employment was not affected ((Phillipson *et al.* 2004; Bennett *et al.* 2002, cited in Lowe and Speakman, 2006, p20).

Cumbria is one of several counties where non-employment income is greater than income from employment, and older people's expenditure has a vital sustaining impact on the rural economy. The degree of later life income from external sources varies between types of rural settlement: around 30% of the income of those aged 50-65 in sparse town and fringe areas is derived from private pensions, while in sparse villages



this proportion declines to 10%. These proportions increase up to age 75 when most show a decline (CRC, 2007), perhaps reflecting a period before which it became standard to invest in an occupational pension.

Keating (2008b) notes that while there is a sharp decline in rural participation in volunteering, community organisations and informal support to others after 75, no such decline affects charitable giving. Indeed, the rate of people over 75, with or without a disability, who give money actually increases slightly, suggesting that this may be a means by which people maintain community contacts when they no longer feel able to participate physically.

### *Volunteering*

Most research on older people's community contributions has centred around volunteering. Earlier research found that older people in rural settings were more likely than those in urban settings to take part in organised voluntary work and activities connected with religion (Hoggart *et al.*, 1995, cited in Lowe and Speakman, 2006). The same 'rural advantage' was reported for all age groups in a 1992 study, which also noted that ability to travel plays an important role for volunteers living in rural areas and determines how easy it is for them to access volunteering opportunities (Davis Smith, 1992). More recent surveys ("regular participation in voluntary activities in the 12 months prior to interview" 2001 and 2003) were reported in the 2006 SOCR (CRC, 2006b, Figures 36 and 37). They show the persistence of higher rural levels of volunteering (all age groups), with more volunteering taking place in the smallest and most sparsely populated settlements. A similar finding was made in their Canadian studies by Fast and de Jong Gierveld (2008), although with declining rates down the age spectrum, with the young contributing the most. The SOCR surveys also showed a slight decline in formal volunteering and a corresponding increase in informal volunteering between the periods surveyed.

The increasing numbers of older people making up the rural population might be supposed to result in more services and activities suitable for those in higher age groups; and a generally greater visibility of older people's issues. Rozanova *et al.* (2008) found that volunteering increased in communities which were more

homogeneous and which had more of the voluntary type organisations and opportunities that are due to older and more educated populations.

A question about how to interpret these higher rates of rural volunteering is raised by Fast and de Jong Gierveld, who note that: “in places that lack service infrastructure and have a small pool of people providing unpaid necessary services, there is a sense of ‘compulsory volunteerism’” (2008).

It may be that some people in rural communities feel pressured into volunteering because of social values, lack of local services, out-migration of younger residents, economic boom or bust and so on. Under such circumstances, participation in the volunteer sector may not be so beneficial (Fast and de Jong Gierveld, p73).

They also note that it is important to bear in mind those who do not want to be joiners; and well as those who may not draw the benefits of the ‘social embeddedness’ that community participation offers, due to social exclusion.

#### *Citizen participation*

The European Commission explicitly recognises the diversity of rural areas, describing them as “complex economic, natural and cultural locations” which differ markedly in economic structure and activity, natural and human resources, peripherality of location, demographic and social conditions and culture. At a national level, diversity has been acknowledged as an issue since the Department of the Environment’s 1995 White Paper “Rural England”. The paper highlighted the variation between different rural areas and promoted as a solution increased self-governance and responsibility for many of the services and activities which were once the domain of the welfare state. If self-governance is the solution, then many rural places seem to be moving away from that with Local Government Reorganisation (LGR) which is likely to make rural governance more remote. However, this might be countermanded by increasing devolving more powers to town and parish councils and making them more enjoyable and agreeable for the (largely older) councillors

The DCLG Citizenship surveys have shown that rural people are more likely to participate in consultation on local issues than urban people. However, a more detailed examination of the nature of participation in the surveys showed that this is only for

issues where there is clear local relevance. Fewer rural than urban people contact MPs and Government officials (CRC, 2007, p56).

### **3.7 Time/Shift issues and the rural environment**

The portrait of rural places characterised by a physical environment that is poor and barrier-ridden on several dimensions, and a social environment that is highly heterogeneous and harder to access with declining mobility, suggest a particularly strong expression of the ‘Time/Shift’ dynamics identified in Chapter 2, Section 2.7. I will look at each of the two dynamics in turn, in relationship to the aspects of the rural physical environment explored in the last two sections. With regard to the cohort/period dynamic, three particularly rural issues stand out. These are first, the larger proportions of older people in the countryside, and the corresponding lack of younger age groups, which might be supposed to reinforce cohort characteristics at the expense of greater adaptation to the current period – excepting, of course, that subsection of the baby boomer generation who are ‘early adapters’ and invested in a lifelong project of self-actualisation, (Chapter 2, Section 2.6) in which case, cohort reinforcement would work in an the inverse direction.

The second rural expression of this dynamic could be assumed to follow on from this first one, in terms of large clusters of older people reinforcing cohort preferences that then result in a range of services and facilities of particular appeal to mid to later life urban dwellers, for whom part of the attraction of rural areas is their traditional shops and offer of social activities. This would then go to further reinforce the first phenomenon.

The third rural expression of this dynamic might be the pressure on rural elders, faced with declining shops, amenities and services, to have greater recourse to modern communications technology, such as the internet and mobile phones. This would work in tension with the cohort tendency to prefer the modes and costs of communication enjoyed during the foundational cognitive years, such as when catching a bus, to rely upon the printed bus time table in the first instance, and the call-box in the second; rather than the bus company website and mobile phone back up as now promoted by many transport providers.

In terms of the transition/duration dynamic, one particular rural issue stands out: that concerning the long-term commitment made by many older people to their place of residence. Where this is losing its basic facilities such as shops, post offices, and bus services, as well as due to the limitations on housing choices in rural areas, which include both higher house prices, and the concentration of specialised housing and accommodation into hub towns, elders are pushed to relocate to the rural towns where such amenities are increasingly concentrated. But, but in so doing, social networks and daily habits are broken that have been built up over a period of many decades and that cognitive ageing would make much harder to relearn.

### **3.8 Conclusion**

To sum up, as Keating (2008a) notes in the introduction to her edited book on “Rural Ageing”:

[...] rural locality makes a difference. Population size and dispersion influence work patterns of community service providers, resources available to family/friend caregivers and patterns of participation of older adults. Together, they build a convincing argument that rural ageing is ‘place and space dependent’ [...] (Keating, 2008a, p123).

The analysis of evidence from Keating’s and other studies in this and the preceding chapter have highlighted certain aspects of the rural environment that might be of particular significance for rural elders. Table 3, below, shows how the headings regarding the interaction of older people and their environment from Chapter 2 might be amended following this chapter’s review of their rural dimension. Various changes to the headings have occurred, either because the close connection between two sets of topics in a rural context have led to their merger; or because the amount of material accruing under one heading within this chapter has suggested the need for subdivision.

Table 3 **Initial and Final Topical Division of the Rural Environment**

<b>Literature review subheads</b>	<b>Chapters 6-8 subheads</b>	<b>Explanation for change in subhead, if any</b>
Qualities and location of housing	Qualities and location of housing	No change
Qualities of physical environment	Settlement geography and infrastructure	‘Physical environment’ in a rural context needs to include climate and topography as well as the public realm.
- Use of transport - Health and social care use	Location and qualities of transport and access to health and social care	Two headings merged because health and social care access is largely a transport issue in rural areas.
-Use of transport	Location and qualities of shops and post offices	Also initially seen as a transport issue but given greater possibilities of home delivery and internet shopping, better considered as a separate issue in rural settings.
-Risk of poverty	Poverty and disadvantage	In rural settings, identified as including higher outgoings and extending to ‘disadvantage’ which covers service access and social participation.
-Risk of loneliness	Social networks and isolation	This covers the contrasts identified in the social connectedness found in different kinds of rural places.
Contributions in terms of employment, caring, volunteering and citizen participation	Employment, caring, voluntary work, citizen participation	No change.

This chapter has reviewed the research evidence to discover what might be distinctive about rural ageing. It first looked at the causal factors behind rural ageing in England and went on to chart the patterns of ageing in different types of rural settlements, including a faster rate of increase of people aged 85 and over and a greater proportions of older people in more remote rural and small rural settlements, as opposed to rural towns. It looked at the kinds of reasons that lead people to move to rural areas from urban ones and from more to less rural settlements and found different factors attracting movers (amenities, assistance and institutions) are likely to result in there being different kinds of ageing populations in different kinds of rural settlement.

In terms of the physical environment, there are increasing numbers of older people with ill health and disabilities in rural areas. Most of the physical aspects of rural living are quite negative for older populations. Problems include poor housing and lack of housing choice, barrier-ridden public realm and topography, over-dependence on the car in the face of lack of public transport and difficulties in accessing health and social care. Socially, there are some positives including particular ways in which older people actually provide benefits for rural areas which they themselves can then enjoy. More older people in an area are likely to result in more opportunities and activities, many of them run and generated by older people themselves. Staying in the workforce into later life may be more possible in rural areas, and there are more volunteering opportunities. However, volunteering will be more possible for those in good health and with private transport and in some cases, a lack of services may press people into voluntary activity in spite of their personal wishes. Those living alone and in the highest age groups were more at risk of poverty and wider social networks tend to fall away for the older old, and among those with ill health. In terms of social cooperation and connectedness, there may be advantages for the more remote and isolated communities although it is not clear to what extent these present a response to service deprivation, and to what extent they are due to the enhanced social capital found in isolated places with a clear identity. The social cohesion found in some rural areas may also be developed at the expense of a tolerance of diversity.

With regard to the Time/Shift outlook on what is distinctive about later lives, the last section of this chapter has identified that rural areas have characteristics that may intensify the temporal tensions characteristic of this developmental phase. In the first

place, larger cohorts of older people in rural settings may mean that service provision is provided in more traditional ways because there is a large enough clientele to justify this; and this may attract more of the cohort to live in the area thus further reinforcing this tendency. Furthermore, older people's cohort characteristics as well as interactions with their peers may tend to reinforce the reluctance to engage with newer technologies and approaches to service delivery and information provision which are being introduced in the wake of dwindling on site shops and services in rural places. In the second place, due to housing, amenities and transport deficiencies in villages and hamlets older village dwellers may be forced to make distant and disruptive house moves when life-cycle changes render 'staying put' problematic. Such issues, which interweave the physical and social aspects of rural environments, will be highlighted in the findings chapters of this study and conclusions drawn about them in Section 9.1.4 of the Discussion chapter, which attempts to answer the overall research question, "Are country towns and villages sustainable environments for older people?"

The next chapter will look at the impact of national policies on rural ageing issues and will contribute a fourth area for review to the sub-question on social environment; that is, the 'policy environment'.

# Chapter 4. Policy Environment for Rural Ageing

## 4.0 Introduction

This chapter provides a content analysis of national policies that implicate older people and rural places and provide a component of the rural environment for older people. Reviewed in the first section are strategies, white and green papers and legislation on areas where a strand of policy has developed specifically for older people. These are: housing and neighbourhood, health and social care, and economic issues, such as pensions and workforce inclusion.

The second section reviews place-related policies as these impact on older people, including rural policy, planning policy and sustainability policy, which is increasingly influential in the way rural areas are perceived and governed.

The chapter concludes with some reflections about the impact of these policies on the experience of rural ageing and the formulation of a third research sub-question to add to the two that have already been provided by Chapter 2 and that were broken down into researchable sub-topics in Chapter 3.

## Part I Policies for Older People

### 4.1 Housing, Neighbourhood, Access and Disability Policy

#### *Older people's housing and neighbourhood policy*

Even into late old age, most people live in private housing and in 2001, almost 75% of people aged 90 and over were living in private households; many supported to do so by policies that increasingly focus on supporting people to 'age in place'. Awareness of the problems in older people's housing, including the increasing eschewal by older renters of the many existing bedsit-style, sheltered housing schemes, prompted the first New Labour policy specifically dedicated to Older People's Housing," Quality and Choice



for Older People's Housing" (DoH/ODPM, 2000). The policy promoted a range of housing provision that supports older people's independent living, adequate information to support better accommodation choices, as well as responsive local housing policies that take into account older people's views and preferences. There is also an emphasis on improving the quality of older people's homes so that they offer better warmth, safety and security.

In 2008 the (then) Housing Corporation, the agency responsible for affordable and social housing, launched its "Strategy for Housing in an Ageing Society", noting that around one third of households in housing association properties are headed by someone aged 65 and over; and around 15% of all housing association stock is designated for older people. It cites the National Affordable Housing Programme Prospectus of 2008-11 as setting new provisos on bids to the Housing Corporation for specialised older people's housing grants: homes for older people should have at least three habitable rooms (outside of exceptional circumstances); and there should be evidence of housing need and clear links with local and regional housing strategies. It also commits to the Code for Sustainable Housing such that all new housing will be built to Lifetime Homes standards from 2011. Among other commitments are to promote the Housing Corporation's expectations of Housing Associations under disability duties and to support planners by disseminating a guide to help them estimate housing need of older people in their area and plan for future need.

Also published in 2008 was "Lifetime homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society" (DCLG, 2008). This is the first UK strategy explicitly acknowledging the relevance of the infrastructure of the physical environment (also known as 'neighbourhood' or 'public realm') alongside the characteristics of the built environment. The ministerial foreword by Baroness Andrews promotes the recognition that:

Our economy, our communities, and family life itself could not survive without the contribution older people make. To ensure this vital contribution is maintained people must be able to make the best choice for themselves about where and how they want to live, before and even as their circumstances change. (DCLG, 2008, p10).

The policy both highlights older people's contributions to their communities, and the importance of neighbourhoods that: "like homes, should be not only safe, but inclusive.

The park, the shops, the cinema and the health centre have got to be within reach and a pleasure for all.” (ibid., p11). However most of the concrete interventions proposed are in terms of housing – as announced in the subtitle, which makes clear that this is a housing strategy. It sets out plans for ensuring that all homes (not just affordable ones, as noted in the Housing Corporation strategy described above) are built to Lifetime Homes Standards by 2013. There is also a commitment to increase Disabled Facilities Grant by 30% by 2010 and to expand ‘handyperson’ schemes to support older people with home maintenance. A new national information service is to improve access to housing advice.

In spite of the dearth of concrete commitments at the Neighbourhoods level of the strategy, it is indicated that this will become increasingly important in policy as more evidence is gathered on what is required for a Lifetime Neighbourhood.

#### *Planning and access policy*

Particularly after the 2004 Planning and Compulsory Purchase Act (HMG, 2004), European Union planning approaches favouring ‘spatial’ planning over the traditional approach of ‘land use’ planning were adopted in UK policy. The aim is to shift the goal of planning from a focus on individual building projects to a consideration of the role and development of overall settlements. In effect, this change of role for planning means that it must take into account a much wider set of issues including inequalities in health and education, energy policy, the rural economy and urban design (Gallent *et al.*, 2008).

A parallel change has taken place in both the bodies responsible for planning and in the policy guidance issued for professional planners. The new Department of Communities and Local Government was set up in 2006 with a remit of integrating planning with issues of local government including social and economic inclusion and neighbourhood renewal.

Planning guidance in the UK, rather than being embodied in a single document, is incrementally issued and updated in a series of guidance documents, known as Planning Policy Statements (PPS), detailing aspects of the planning system. These are quite weak in terms of their enforceability, representing guidance rather than regulation, although

their guidance counts as a ‘material consideration’ when assessing planning applications. Furthermore, they are regularly updated and reconfigured in response to shifts in European regulation and political priorities

Like the ‘neighbourhood’ policy described above, the majority of PPSs remain focused on new developments rather than whole settlements. Exceptionally, within the set of statements so far issued, *Planning Policy Statement 6: Designing for Town Centres* (which has now been superseded) took a more spatial approach. It included a clear statement of what was required of local government in terms of accessibility and recommended health checks on the ‘accessibility’ of physical infrastructure and transport systems in town centres (ODPM, 2005). This statement, was however, subsequently withdrawn and replaced by a PPS on ‘Planning for Sustainable Economic Growth’ which removes these references to accessibility to a brief appendix (DCLG, 2009a).

More considered guidance on accessibility is also delegated to footnote status in main documents. Of the three guides thus commonly footnoted, the Department for Transport’s (2002) guide may be the most forward-looking of the three documents in that it includes discussion of the environmental needs of people with cognitive impairment (albeit learning disabled rather than older people). It also includes detailed technical information about the infrastructural requirements for people with different kinds of disability. The potential incompatibility of interventions for different kinds of disability was explored by Shakespeare (2006) but tends to be underplayed in policy documents of this kind.

In the following year, the Office of the Deputy Prime Minister issued a good practice guide on “Planning and Access for Disabled People”. The Guide was ahead of its time in its observation that “many people remain unnecessarily ‘disabled’ by ill-conceived environments. As a result, many people cannot take full responsibility for themselves and are prevented from contributing to society” (ODPM, 2003a, p20).

This document also noted potential conflicts between delivering inclusive environments and realising other requirements, including conservation and listed building legislation,

“although in most cases, a compromise solution that observes the requirements of the law can be found” (ibid., pp27-8).

In 2007, the Department for Transport’s “Manual for Streets” (DfT,2007b) gave advice on the design of new residential streets in England and Wales “aimed at any organisation with an interest in residential streets, from access officers to the emergency services”. It takes a promising direction in emphasising ‘place’, and ‘walkable’ environments (in line with sustainability concerns), rather than the usual vehicle-centred approach to roads, as well as stressing the importance of joint working among practitioners and street users.

In spite of the recognition of the importance of inclusive design and accessible environments, there remains a lack of explicit guidance on how to resolve the kinds of kinds of conflicts that arise in managing the physical environment for users with very different kinds of needs (including those without disabilities). There also continues to be fragmentation and a lack of dialogue between agencies responsible for the physical environment. No single authority has been tasked with promoting and enforcing inclusive environments.

### *Disability policy*

The emphasis of the disability rights movement on the barrier-free approach has led to its adoption in the legislation of some of the more developed countries, for example, in the 1973 Rehabilitation Act in the USA and the 1990 Americans with Disabilities Act. The UK followed with the Disability Discrimination Act 1995 (revised 2005; HMG 1995; 2005). The Act gave disabled people protection against disability discrimination in a wide range of areas, including employment, education, access to goods, facilities and services, membership of and access to private membership clubs, rented premises and adaptations to such premises. In 2005, the Act was improved and rights extended, introducing a new duty, the Disability Equality Duty, which came into force in December 2006. This required public authorities to promote equality of opportunity for disabled people.

In theory, this new legal requirement could be used to promote disabled access to the urban environment; although a search of current case-law indicates that such cases as

have so far been based on this new legislation are confined to the interior accessibility of buildings and transport stations (author-commissioned search, 2009).

### *Transport policy*

DETR first proposed Local Transport Plans in 1998 and these became a requirement under The Transport Act 2000 (HMG, 2000a) for all local authorities outside London; and an intrinsic part of the local planning process in 2004. The Local Transport Plan (LTP) sets out the integrated transport strategy for a local authority area and covers all forms of surface transport.

“Putting Passengers First: Government’s proposals for a modernised national framework for bus services” (DfT, 2006) reports on a review that found that, while the post-war decline in bus patronage is now levelling off, the quality of bus service provision varies greatly from place to place. It recognised the need for flexible solutions that can be adapted locally, and made proposals including measures to increase the quality and punctuality of services and support community transport options. Some of its recommendations were realised in the Local Transport Act 2008.

One of the stated aims of the Department of Transport is social inclusion, and it has been concertedly proactive in integrating disabled and older people’s access needs. In 2001, it published the report “Older People: their transport needs and requirements” and this was refreshed in 2009 with a resource guide for Local Authorities on “Transport Solutions for Older People” (DfT, 2001; DfT, 2009). Perhaps the most significant transport intervention for older people, however, was the development of the existing legislation requiring local authorities to meet half of local bus fares for people over 60. From April 2008, free off peak local area bus travel was extended to all disabled people and people over 60 in England.

## **4.2 Health and social care policy**

### *Health care policy*

The NHS has undergone a series of radical reforms that have transformed the service many older people grew familiar with over their lifetimes, based on a form of ‘gift’ economy, to something more akin to a standard business approach (Tudor Hart, 2006). One major trend is for reducing the number of healthcare providers, and at the same

time, for more responsibility to be delegated to local trusts and authorities. In recent years, the number of Strategic Health Authorities was reduced from 28 to ten and the number of Primary Care Trusts from 303 to 152. The structure of the Department of Health itself has continued to be amended and there have been changes to the number and functions of many of the regulation and monitoring bodies. For example the Healthcare Commission and Commission for Social Care Inspection merged in 2008, and the Commission for Patient and Public Involvement was to be abolished, and replaced by less powerful and numerous local 'LiNKs' organisations.

Two further trends are expected to have an important impact on older people. First, primary care trusts, responsible for GPs, are being transformed through creating budget-holding, semi-independent bodies – with limited funds from which to finance referrals. Secondly, there is increasing concentration of secondary (mainstream hospital) care in centres of expertise, signalling the demise of the local general hospital and a requirement for greater mobility from those using secondary services. There is also a decline in GP home visits. The proportion of GP consultations undertaken as a home visit in Great Britain fell from 22% in 1971 to 4% in 2003. Over the same period, telephone consultations increased from 4% to 10% (ONS, 2006, Figure 11.2); and home visits by nursing staff also rose.

Financial considerations may be of most significance in the immediate future of the NHS. The 2008 'Darzi' Report (HMG, 2008a) splits previously integrated services into 'core', 'additional' and 'enhanced' services which may potentially pave the way for introducing charges into the NHS system. On a more positive note it shifts the agenda of the NHS towards prevention, but with targets largely oriented to the adult age group such as obesity, drug and alcohol abuse and sexual health.

#### *National Service Framework for Older People*

To address some of the quality, equity and 'rationing' issues that have increasingly arisen in state-funded healthcare, the government has issued 'National Service Frameworks' which set national standards, with the aim of driving up quality and tackling existing variations in care, including a "National Service Framework for Older People" (DoH, 2001). It has also created sets of National Minimum Standards for public

health services, including “National Minimum Standards for Care Homes” (DoH, 2003).

The “National Service Framework for Older People” (DoH, 2001) focuses on those conditions which are particularly significant for older people and which have not been addressed in other NSFs – stroke, falls and mental health problems associated with older age. Older people are divided into three groups: entering old age, at a transitional period between active old age and ‘frailty’, and a final period of ‘frailty’. The 2006 report on progress with the NSF, “A New Ambition for Old Age” (Philp, 2007) announces a commitment to overcome barriers to active life for older people through inputs such as community equipment, foot-care, oral health, continence care, low-vision and hearing services. But as there was no announcement of how such inputs will be financed they can only be prioritised through making a case for their impact on overall policy goals and targets and therefore may continue to be neglected (Age Concern 2006).

Age Concern in particular identified Chiropody services and access to NHS dentistry as important policy gaps: the number of new episodes of NHS chiropody care fell by almost 20% in the period from 1996-97 to 2004-05; and less than half of all people aged 65 and over access any form of dental care, whether from the NHS or privately (Age Concern, 2006).

This report also noted that some important waiting times for services (including chiropody, hearing aids and wheelchairs) are currently outside the Government’s waiting times policy commitment – they are excluded from this criterion because they are not ‘consultant services’ (ibid.).

### *Care homes policy*

Up to the early 1990s, admission to care homes was at the discretion of the Local Authority, and as a consequence, people were admitted who could have continued living in their own homes with minimal support. When a duty to assess was introduced in 1993, admissions dropped and many homes became unviable and were sold. Further accelerated home closures in recent years have been linked to a range of factors including the low level of fees offered by Local Authorities for funded clients, difficulty

in recruiting or retaining staff, the new regulatory regime introduced by the “National Minimum Standards for Care Homes”, and increasing asset value of the property within which the care home was based in a time of house price inflation (PSSRU, 2002). Care home places continued to contract until April 2007, when:

for the first time in 14 years, no decrease was recorded in the number of older and physically disabled people living in care homes and long stay hospitals. (Laing and Buisson, 2007, p1).

However, new guidelines (DoH, 2009) advising local authorities to limit their spend on care home fees to 40% of social care budget, (based on the research finding that 25% of people receiving nursing care in a care home no longer require it after six months), are likely to accelerate home closures in the next decade. The announcement in 2009 of a pay freeze in the baseline care home fee that local authorities are prepared to pay will continue the reduction in care home choice for older people, who may be pressurised to accept places in homes far from neighbourhood and family. (This is in spite of the fact that older people technically have a legal right to be funded at whatever it costs the local authority to place them in a home that meets their needs, which can include the psychological need to remain in a familiar neighbourhood). Reports testify to serious problems around information on rights and options in relation to choosing, moving to, and paying for a care home care (OFT, 2005); as well as quality of care supplied in homes.

#### *Mental health policy*

“The National Service Framework for Older People” (DoH, 2001) devotes one of its eight standards to services for older people’s mental health, but does not commit extra funds, while the earlier “NSF for Mental Health” (Department of Health, 1999) was explicitly directed to “adults of working age” (up to 65). Mental health services for older people have continued to be something of a ‘Cinderella’ area, with severe cuts reported by the Royal College of Psychiatrists confirming the trend (Royal College of Psychiatrists, 2007). Nine years ago the Audit Commission reviewed services for older people with mental health problems and found a picture of patchy provision, often neglecting the needs of older people and their carers (Audit Commission, 2000). The Commission for Health Improvement (CHI, 2003) reviewed mental health trusts and



found that older people's services were inadequately staffed and low on the list of priorities.

The recent "UK Inquiry into Mental Health and Well-being in Later Life" (Age Concern, 2007) found that the majority of older people with mental health problems do not receive services and, among other findings, gives evidence of an invisible tide of older people with serious drug and alcohol problems.

### *Social care policy*

While NHS care continues to be provided 'free at the point of access' (within limits – see previous subsection), welfare programmes including social care have narrowed over the past three decades to target the most vulnerable via stringent means-testing. As noted in Chapter 2, Section 2.11 a large proportion – more than 50% – of those assessed for social care will not qualify for social care provided by their local authority. Even of those who do meet the criteria, all but the most financially deprived will be asked to make a financial contribution to their care, based on a means-test. The care needs of those who do not wish to pay or do not meet assessment criteria could be thus forced into the 'critical' category. A new emphasis on prevention in the form of the Prevention for Older People Pilots (POPPs – see DoH, 2006b) and a role in prevention for strengthened primary care trusts (announced in the 2008 Darzi report) could potentially remedy this deficient provision. However, the latter appears more focused on younger and adult prevention issues (see above), and given the constraints now imposed on percentage of spend to care homes, it is quite possible that funding for prevention may be provided at the expense of funding for care home places.

Various alternative ways to improve the social care system for older people and build in more preventative approaches have been proposed. A 'Sure Start to Later Life' scheme was mooted by the Social Exclusion Unit (ODPM, 2006) and developed by DCLG (2009b). It advocates local centres that bring together services around older people in the same way as has been done for children and families, thus increasing access and partnership working between different services. The idea is that services should be more centred on people and communities, easier to access and more coordinated.

A parallel trend is the reconceptualisation of ‘care’ that initially led to the implementation of Direct Payments legislation for disabled people, allowing them to use social care funding to gain autonomy by becoming employers of their own personal assistants (thus reversing the traditional relationship between carer and cared for). The Direct Payments legislation was extended to older people in 2000, but partly in recognition of the lack of demand and greater obstacles for older people acting as independent employers, the scheme has now been supplemented by a system of ‘independent’ or ‘personal’ budgets, where money available for social care is ring-fenced and recipients then have a certain autonomy about how it is spent, but do not have to take on the full employer role (HMG, 2007a). Both Direct Payments and ‘independent budgets’ are a choice offered to older people alongside traditional social care delivery. Along with a philosophy of care increasingly taken up by a range of services, known as ‘person-centred care’, this is known as the ‘choice’ or ‘personalisation’ agenda, as well as ‘the transformation of personal care’ (ibid.). The reduction in of block purchasing from service providers under this system may, however, make the operation of any but ‘personal service’ type social care businesses (for example, organised group activities) unviable.

‘Personalisation’ is also slightly undermined by developments in the Supporting People (SP) policy for tenancy support funding that was formerly included as a component of Housing Benefit but then extracted in order that it should be generalised across tenures and types of housing. At the time of this study, it funded generalised services such as dispersed community alarms and ‘handyman’ schemes as well as supporting the housing management for older people in specialised accommodation.

One of the last social care strategies proposed by the New Labour administration before the end of their term of office promoted the idea of a National Care Service, to parallel the National Health Service (HMG, 2009b), but (probably) funded through an insurance system. This would coordinate care services around individuals and enforce national rights and entitlements to social care, regardless of Local Authority resources.

## 4.3 Economic policy

### *Employment*

The first UK older people policy “Opportunity Age” stresses the continuity between the requirements of older people and the rest of the population. Employment policy is presented as the foundation stone of any ageing strategy:

A strategic response to ageing begins with employment. It is through work that most people build the resources they need to live a good life later on. Reducing levels of inactivity in the economy at all ages is the most effective way to offset the impact of future changes in the age structure of society. (DWP, 2005, p15).

The aspiration is to achieve an 80% employment rate for older workers, that keeps the ratio of workers to non-workers stable as the population ages. Steps to increase older worker employment include promoting skills and training for older workers (defined in the Skills White Paper); a range of ‘active employment’ policies tackle the barriers that people aged over 50 face in returning to work, including a campaign to change employer’s attitudes to older workers; more flexible possibilities in the transition from work to retirement, including graduated retirement; flexible working for those with caring responsibilities; support back into work for those with health problems.

“Building a Society for All Ages” (HMG, 2009a) is explicitly denoted as the successor document to “Opportunity Age” (DWP, 2005), “which” it claims “has largely been delivered”. For example, the workforce over retirement age is now 1.3 million – and is the fastest-growing sector of the workforce. It also notes the achievement of the Employment (Equality) Age Regulations (2006) which provide for a Default Retirement Age of 65 and making earlier retirement ages unlawful unless there is an objective justification given by the employer. “Building a Society for All Ages” also includes a host of ongoing and planned initiatives on a range of dimensions outside of employment including including equality and human rights issues, later life driving, preventative healthcare, grandparent support, pre-retirement classes and preparation.

### *Pensions*

The period between “Opportunity Age” and “Building a Better Society” saw two Pensions Acts (HMG, 2007b and 2008b) which tackled the historic inequalities in

entitlement, especially for women, by reducing the number of years (now 30) needed to build a full basic State Pension from 2010. As a result, three quarters of women reaching state pension age in 2010 will be eligible for full state pension, said to increase to 90% by 2025, thus evening up some of the existing inequalities between female and male pensioners. The Acts also introduced a gradual increase in State Pension age, between 2024 and 2046, to 68 for both men and women (suggesting new pressures to stay in the workforce longer) and more flexible options for drawing down the pension (suggesting more incentive to work part-time past retirement age) and a new duty on employers to come into effect by 2012 to automatically enrol all new employees into a good pension scheme.

## **4.4 Rural Elders in Ageing Strategies**

The first ageing strategy, “Opportunity Age” (DWP, 2005), notes the phenomenon of higher proportions of older people in rural areas, which looks set to continue. Rural issues make their first appearance in the strategy on page xvii of the Executive summary, where towards the end of a bulleted list of issues on the government’s ageing programme appears the item: “Tackling rural exclusion”. This theme is next picked up in Chapter 4 of the report (“Services that Promote Well-being and Independence”), where the main issues for rural exclusion of older people are noted as:

remoteness, lack of public transport and the centralisation of services [which] mean that many older people in rural areas can have difficulties in accessing essential services. This can also lead to them feeling isolated and excluded, particularly if they do not have access to a car. (DWP, 2005, p63).

It is noted that although the challenges facing rural elders are broadly the same as for urban elders, rural services may require different delivery mechanisms to make sure that older people are not excluded from them. The report cross-references to the 2004 Rural Services Review, which it is claimed has a specific focus on older people.

Other issues picked up in the strategy concerning rural elders include free local area off-peak bus travel for older people, with the expectation that it will have a significant impact. The initiative of the Link Age programme in supporting voluntary sector organisations to encourage take-up of benefits in the most deprived quarter of rural

areas is recorded. And rural elders are noted as having a higher rate of participation in paid employment in rural as compared to urban areas.

In the subsequent ageing strategy, “Building a Society for All Ages” (HMG, 2009a), older people living in rural areas have a stronger presence, indicating that the topic has risen on the policy agenda. Their first appearance is under the heading of “Building Communities for All Ages” in the executive summary, where for the first time, older people’s actual and potential contributions, rather than their needs, are the point of emphasis:

People in later life often provide the lifeblood of communities, through volunteering, caring and by playing an active role in neighbourhood life. This is particularly true in rural areas, where demographic change is more advanced. (HMG, 2009a, p10).

How to enhance this in programmes that allow rural elders to mix more with younger generations and pass on their skills as well as picking up new ones from younger people is the focus of the policy in this area. Also along these lines is a programme to increase older people’s activity levels by providing them with better information about options, including through the Pensions Service at the time of retirement, and subsequently, to see if this actually has an impact on older people’s activity levels. Rural elders will also be targeted within the new programme of ‘Digital Inclusion’ projects that will be active in sheltered housing but also in community hubs such as village halls. However the main approach to older people’s rural issues concerns voluntary and community self-help, a longstanding approach to rural issues noted in commentary on the 1995 rural paper above.

Transport for older people living in the countryside is a recurrent theme. Strategies in this respect include better information about community transport, support and guidance for setting up car-sharing schemes, the support of the new ‘driving for life’ programme – refresher driving training - in keeping older people mobile; and for those who cannot drive it is claimed there will be support in using public transport. Additionally highlighted in this regard is the importance of the provision of effective public transport in remote rural areas, as investigated by the Social Exclusion Unit (Cabinet Office *et al.*, 2009).

Rural older people's need are rising in recognition in general ageing policy, but, as was seen in the earlier section on Housing and Neighbourhood Policy, they are also beginning to be seen as contributors as well as service recipients, and there is less emphasis on purely economic issues. Nevertheless, this increased awareness has not yet translated into concrete action at the level of local government. A 2008 Audit Commission report noted that only 30% of local authorities were well-prepared for an ageing population and that among the least well-prepared were more rural than urban areas, and many of the areas with the highest proportions of older people (Audit Commission, 2008).

## **Part II Policies for (Rural) Places**

### **4.5 Rural and urban funding allocations**

Asthana *et al.* (2009) review resource allocation in the UK based on deprivation indices and area-based initiatives (such as the England National Strategy for Regeneration) and show how this systematically disadvantages rural areas where deprivation is dispersed rather than spatially concentrated (see also Chapter 3, Section 3.6). They describe this as a much overlooked form of social exclusion that is administrative, rather than economic, and particularly difficult to explore due to the complex nature of central government resource allocation formulae. There is also a cultural reason:

Within the rural context, the lack of attention that has been given to systematic administrative exclusion can also be linked to a discourse that portrays rural dwellers as un-needy (indeed, one could go so far as to say 'undeserving') on the basis of both their 'choice' of residence and their 'culture' of self-sufficiency. (Asthana *et al.*, 2009, p202).

The article notes that addressing social exclusion, a major agenda of the New Labour administration, is equated with meeting needs related to deprivation through the provision of public services, mainly to inner-city or declining industrial locations. For example, of 86 England Neighbourhood Renewal areas, only eight were part-rural. Of 524 Sure Start schemes, only 15 were identifiably rural (although a programme of 43 mini-schemes was developed to address this deficiency). Other similar area-based initiatives such as Early Excellence and Children's Centres were likewise targeted to

deprived urban areas. NHS funding, based on the 'AREA' formula, has an age-weighting but also a set of non-age related deprivation indicators that can cancel out larger allocations for older populations. This results in a situation where the difference in per capita funding between the most deprived and urban quintile of catchments and the least deprived and rural ones is £400 per head lower in the latter, in spite of the higher age of the rural population (Asthana and Gibson, 2008). This disregards the fact that age is a better indicator of likelihood of illness rather than deprivation. So:

although rural affluent communities are better off using standardised measures, they can have higher crude or absolute burdens of disease than their deprived urban counterparts. (Asthana *et al.*, 2009, p209).

An indicator of the unsuitability of the formula was the fact that 6% of the most urban, deprived PCTs ended 2005-2006 in deficit, whereas 71% of the most rural, advantaged ones did. Such chronic under-funding can result in further service reconfiguration and spatial concentration, a phenomenon whose impact on rural elders is suggested by the high proportion with problems in accessing hospital care, as noted in Chapter 3, Section 3.5.4.

Nevertheless, the recent Cabinet Office report on rural ageing (Cabinet Office *et al.*, 2009) notes that, although raised by service providers in rural areas, the question of formula-based healthcare funding for rural areas has been regularly and recently reviewed and found adequate. It contains a small component of rural supplement to account for the higher cost of ambulance services in rural areas. Initial evidence for rural/urban PCTs is reported as finding no funding based inequities because of a new system of payment by results and the merging of PCTs into larger entities. The report also notes that for social care, the 'Adult Personal Social Services Relative Needs Formula' includes "a top-up that reflects the greater costs of providing domiciliary services for older people in rural areas".

Outside of area-based initiatives, local authority funding is also part-determined on the basis of a standard formula, which has a strong urban bias, with an average per capita allocation of £382 for shire counties compared to £607 in metropolitan counties and £819 for London boroughs (*ibid.*) Gibbs and White (2000), using an alternative approach, noted how standard deprivation indices tend to overlook the nature of

disadvantage in rural areas, in particular, the importance of measures of access to and provision of public services, including public transport, in rural areas. All of these 'administrative' factors have a significant impact on the manner and extent to which services are provided to rural populations. One outcome is exemplified by findings of such as the Audit Commission in 2006, which identified that the proportion of over 65-year-olds who are helped to live at home is 40% higher in London boroughs than in rural counties and twice the rate of London pensioners receive intensive home care.

## **4.6 Elders in Rural Policy**

Rural policy has been a strong feature of the European Union's activities since it came into being in the post war period; and it has also ascended the national agenda since the 1995 Rural White Paper, "Rural England", (DoE/MAFF, 1995), after a long period at the margins (Murdoch and Pratt, 1997). The paper highlighted the diversity of rural areas and promoted increased self-governance and responsibility for many of the services and activities which were once the domain of the welfare state (an approach that now looks set to return with the 'Big Society' ethos of the 2010 Coalition administration).

Since this time, rural policy has been characterised by repeated shifts and reconfigurations in governance structure and ambitious initiatives aiming for equity between rural and urban areas, which have, however, not been followed through, as outlined below.

While agricultural issues continued to take precedence in rural policy, social issues gradually began to ascend the agenda in the 90s. "Our Countryside: the Future", the first New Labour Rural white paper, was published in 2000 (DEFRA/MAFF, 2000). This document explores rural policy in relation to sustainability. It also announced annual services-monitoring and rural-proofing, the latter implying a 'social justice' approach to pursuing universal services for all, regardless of place of habitation.

In 2001, DEFRA replaced the Ministry of Agriculture, Food and Fisheries (MAFF). This was partly in response to the Foot and Mouth epidemic that year. The social and



economic viability of rural areas had now gained precedence over agricultural concerns in the new ministry:

A fundamental difference in the way Government approached the delivery of rural economic and social policy was signalled by the creation of DEFRA, one of whose central pillars is the whole rural affairs agenda. (HMG and WAG, 2002, p13).

This period also saw the establishment of a new NDPB, the Countryside Agency (1999-2006) in response to a perception of rural decline and in order to unite the social and environmental aspects of rural policy. It took the role of continuing the Rural Services Survey begun in 1991, and also began to publish annual “State of the Countryside” (SOCR) reports in its first year of existence (whose collation and analysis of rural data has been heavily drawn upon in Chapter 3). It combined these with the role of ‘rural proofing’ the impact of all policies. This function turned out to be difficult to deliver for several reasons, including that proofing would take place too late in the policy process or not at all in many cases (see Chapter 5, Section II which shows how this continued to be the case at regional and local level, with the exception of Transport policy). Another issue was that rural proofing indicators were provider rather than user generated, while for many of the areas monitored, rural data was never disaggregated from urban data (CRC, 2005).

DEFRA undertook a review of the (2000) Rural White Paper in 2004 and a new Rural Strategy was produced in the same year. The Rural Strategy continued with the social focus, announcing three priorities for rural policy in the form of: economic and social regeneration, tackling rural social exclusion and protecting and enhancing the countryside. It also proposed considerable devolution of responsibility for rural affairs to regional and local level, in terms of public, voluntary and community sector agencies (based on the findings of the 2003 Haskins Review). It proposed to reform the Countryside Agency, which ultimately led to that body’s merger, in 2006, with English Nature, in the form of a new agency ‘Natural England’, which unites landscape and environment issues in one body; while the Commission for Rural Communities (CRC) took on the social and exclusion aspects of rural affairs (until its abolition in the 2010 cull of NDPBs). Both bodies were overseen by DEFRA. The rural development function of the Countryside Agency, however, did not move to the CRC, but was

transferred to the Regional Development Agencies (Gallent *et al.*, 2008). The Regional Development Agencies, as their name might suggest, have been particularly concerned with economic development; recently, they are now to be replaced by Local Enterprise Partnerships which can cross regional boundaries but may miss out some rural areas all together. Taken together, these changes have had the effect of sidelining the social side of rural governance, a trend that has been further reinforced by the impact of Local Government Reorganisation. As noted by Asthana *et al.*:

a socially progressive agenda has failed to materialise (Ward and Lowe, 2007). At the national level, rural policy continues to be dominated by the land management agenda. (Asthana *et al.*, 2009, p205).

#### *Older people in rural strategies*

The first rural strategy of the New Labour administration (DEFRA/MAFF, 2000) highlights rural elders' needs for access to services and transport options. Within DEFRA's next (2004) rural strategy, the "ageing of the countryside" and the impact of later life in-migration are noted in several places. As with the first rural strategy, older people's needs are seen in terms of needs for services and in connection with social deprivation:

Those particularly affected include the unemployed, those in insecure or part-time employment, others on low incomes (including some self-employed) and many elderly people. (DEFRA, 2004, p24).

These themes are also found in some of the publications of the Countryside Agency (1999a and 1999b) although for others, the ageing rural population receives no mention whatsoever (e.g.2000, 2001).

The Rural Services Standard, a monitoring programme that developed the work of the Rural Services Survey (RSS), might also be expected to cement the place of older people in rural policy. The RSS was conducted by the former Rural Development Commission (RDC) in 1991, with further surveys in 1994 and 1997. It was created to "provide information on [. . .] what access people living and working in rural areas have to public, private and voluntary services and whether the availability of these services is increasing or in decline". The Countryside Agency took over and extended the survey in 2000 as the Rural Services Standard (publishing results in 2001 and 2002) to incorporate not only a survey of rural parish councils (as in previous sweeps), but also a

geographical analysis of the distribution of rural services based on pre-existing datasets on the location of service outlets.

However, the majority of the RSS standards in these surveys were of limited relevance to older people. This was partially rectified in the 2006 standard by the inclusion of a standard that concerns older people supported to live at home through care packages, although this was in fact just an extension of an existing public service agreement (PSA) to the rural monitoring programme. Many other dimensions that might be important to older people living in rural communities were, however, missing; and statistical monitoring data was ultimately relegated to the website in favour of a 'case study' led approach, presenting beacons of good practice around the country, including various initiatives for older people (CRC, 2006d, pp2-3). In line with the trend in the latest ageing strategy reported above, these case studies have an emphasis on community participation and self-help. For example, one concerns the successful project in Belford, Northumberland, where the community responded to the closure of the local care home by raising funds to acquire and run the building as a centre for a range of initiatives to support older people to live independently at home and to: "do whatever we can to make sure that just because they live in a rural area they are not isolated." (ibid., p1).

Many of these deficiencies in older people's presence in rural policy have recently been addressed by the development of a specific paper on rural ageing (Cabinet Office *et al.*, 2009). Below I highlight some of the specific issues picked out in the paper.

*Health and Social Care.* Issues of access to health and social care are addressed in the Cabinet Office report (2009). Potential solutions proposed are in terms of mobile health care services; personal budgets; telemedicine for consultations and diagnosis; and telehealth for long-term conditions. Furthermore, research by the King's Fund is cited which supports the idea of more flexible, multi-skilled professionals in rural health care teams who can deliver services close to home (Harvey and McMahon, 2008, cited in Cabinet Office *et al.*, 2009, p28).

*Transport.* The Cabinet Office report on rural ageing notes that 2008 Local Transport Act provided new flexibilities for Local Transport Authorities from April 2008 that

make it possible for community bus service drivers to be remunerated and also relax restrictions on the sizes of vehicles that may be used under community transport permits. New statutory guidance for Local Transport Plans which will take effect in 2011 onwards stresses the need to improve connections between transport and local services through Local Strategic Partnerships and Local Area Agreements. Several innovative transport solutions are proposed including schemes to support rural older people's driving (Cabinet Office *et al.*, 2009).

*Rural elders and social exclusion.* The report (Cabinet Office *et al.*, 2009) defines older people as those aged 50 and over in order to highlight the importance of preparing earlier for later life and to include the work/retirement transition. It notes that rural older people experience similar rates of disadvantage to older people in urban areas and that problems centre particularly around remoteness and sparsity, factors making it hard to access transport, health and social care, and social and civic activities. It also notes that rural elders are more likely to report that they live in poor quality housing. The strategies to address older people's exclusion in rural areas include several 'innovative transport' initiatives, as noted above, as well as guidance for Rural Lifetime Neighbourhoods, drawn up in partnership with the Commission for Rural Communities. There is also a strategy to increase intergenerational and older people's volunteering. In terms of employment, teaching will be marketed as a career for the over 50s.

## **4.7 Rural Planning Policy**

Planning and planners currently only have a partial remit over rural areas. The 1947 Town and Country Planning Act limited the involvement of planning in rural areas to non-agricultural land use (although Gallent *et al.*, 2008 note signs that this could be about to change). Land used for agriculture and forestry is governed by a disparate body of EU and UK policies, while the main remit of rural planners has concerned buildings, in particular changes in use of built-upon land and new developments.

As note in Part I, the 2004 Planning and Compulsory Purchase Act in England and Wales moved the role of Local Authority planners from a largely 'reactive' responsibility for land development control to an enhanced function, in line with European planning policy, of spatial planning. It also charged planning with the wider

purpose of contributing to Sustainable Development (Cullingworth and Nadin, 2006). The practical means by which these goals were to be achieved were a single tier of 'Local Development Frameworks', replacing Local Plans and Unitary Development Plans. New Regional Spatial Strategies replaced Regional Planning Guidance and structure plans.<sup>15</sup> Regional Spatial Strategies were given statutory status and the Local Development Frameworks and (the new) Local Transport Plans were required to be consistent with them (HMG, 2004).

Of the planning guidance documents noted in Part I, only one concerns rural places specifically. This is PPS 7: 'Sustainable Development in Rural Areas' (ODPM, 2004). The Key Principles section of this policy notes that:

Accessibility should be a key consideration in all development decisions. Most developments which are likely to generate large numbers of trips should be located in or next to towns or other service centres that are accessible by public transport, walking or cycling, in line with other policies set out in PPG13, Transport. Decisions on the location of other developments in rural areas should, where possible, give people the greatest opportunity to access them by public transport, walking and cycling, consistent with achieving the primary purpose of the development. (ODPM, 2004, point 1 (iii)).

Most of the policies emphasise this accessibility aspect of rural planning although there is a requirement for planning authorities to set out in local development documents their policies for allowing some limited development in, or next to, rural settlements that are not designated as 'service centres'. They are permitted some flexibility about new development 'where it provides the most sustainable option in villages that are remote from, and have poor public transport links with, service centres' (ibid., 2004). There is also an emphasis on development that 'respects and where possible, enhances' the historical and architectural character of country towns and villages, contributing to a sense of local identity and regional diversity. Nevertheless, (and in spite of this), new development should be on brownfield rather than greenfield sites, outside of exceptional circumstances.

This focus of contemporary rural planning is broadly continuous with the 'Concentration' policies which have arisen over the 20<sup>th</sup> century as the main spatial

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<sup>15</sup> Up to their abolition announced in 2010.

planning approach to governing dispersed rural settlements. They originated in ‘key settlement’ policy in the UK in the 1930s and were intended to counter the trend of rural depopulation by focusing development and guaranteeing service provision only in certain selected settlements (Cloke, 1979).

Cloke (ibid.) highlights that limiting the success of such policies has been the lack of attention to the importance of ensuring transport connections between key settlements and their less-favoured neighbours. The latter problem, of connectivity, persists, in spite of policy measures to improve the likelihood of connectedness with the hinterland by introducing Local Transport Plans (HMG, 2000a), which are required to be integrated with local spatial plans, at least in theory ensuring the connectedness of outlying areas. The Countryside Agency issued guidance for “Local Transport Plans: a better deal for rural areas” in 2003, that supports rural areas in preparing the second round of LTPs (for 2006-11) to be delivered in 2005. It notes in particular the need to include forthcoming accessibility monitoring guidance in tackling rural social exclusion.

However, as reviewed in Chapter 6, Section 6.8 and 6.9, there is considerable flexibility in how this is carried out. In practice it is often left to ‘community transport’ or ‘innovative transport solutions’ to solve the issue at the lowest possible cost. It has yet to be seen whether the provisions of the Local Transport Act 2008 (HMG, 2008c) will have any positive impact on this situation.

## **4.8 Sustainability policy**

The UK government was one of the first to develop a national sustainability policy in response to the 1987 Brundtland Report. It is strongly coloured by a three capitals approach (conserving and enhancing economic, social and environmental capital), although at different points in its evolution, different pillars have been more or less emphasised. The government’s initial interpretation of sustainability in 1994 fitted with the contemporaneous emphasis on environmental and resource use components and a political philosophy that promoted economic competition and individual self-determination as against social policy (e.g. Thatcher, 1987).

However, when the New Labour administration came to power in 1997, the Rio +5 summit was identifying the importance of the social and poverty dimensions of sustainability,<sup>16</sup> and subsequent UK sustainability strategies made more of this – while continuing to place considerable weight on the economic aspect (DETR, 1999 and DEFRA, 2005b).

The second UK sustainable development strategy was introduced in 1999, with a new set of monitoring indicators to accompany it. The (162) indicators stretched across five themes: economy; community; environment and resources; raising awareness; international cooperation and development.

The Local Government Act 2000 (HMG, 2000b) gave local authorities responsibility to promote the well-being of their communities and develop local strategic partnerships to help them do this. Section 4 of the Act requires each authority to produce community strategies (of which a statutory requirement is that they should promote sustainable development). These are the (Sustainable) Communities Strategies that are described in Chapter 6, Section 6.7-9.<sup>17</sup>

In 2003 the ODPM issued “Sustainable Communities: Building for the Future”. This initiated the bringing together of disparate areas of governance for local areas into a ‘Communities’ policy (this could also be broadly described as a ‘spatial planning’ approach). This was explicitly linked to the Sustainable Development Agenda. It covered issues across housing, planning and regeneration in both urban and rural areas and announced the structural shift that was later realised in the creation of the Department of Communities and Local Government in 2006 (ODPM, 2003b).

Progress on government sustainability policy was reviewed by the watchdog NDPB in 2004 under the title “Shows Promise. But Must Try Harder” (Sustainable Development

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<sup>16</sup> **The UN General Assembly held a special session to appraise five years of progress on the implementation of Agenda 21 in 1997 and this was known as Rio +5. A new General Assembly Resolution promised further action in wake of recognition of uneven progress on several dimensions.**

<sup>17</sup> **Sustainable Community Strategies have also come to absorb the Local Agenda 21 requirements embraced at the 1992 Rio Earth Summit.**

Commission, 2004). This review found implementation to be patchy. It recommended a rethink of the goals of sustainability policy, with economic development as being secondary to an overarching policy goal of sustainability. A revised Sustainable Development Policy (the third to be issued since 1994) was published in 2005, under the title “Securing the Future” (DEFRA, 2005b). Compared to the earlier strategies the 2005 version placed greater emphasis on combating climate change and fostering environmental equity. The accompanying new set of indicators also placed more emphasis on climate change, as well as making more interconnections between economic, environmental and resource issues; and between national and international levels of sustainable development. The year of 2006 saw the publication by the Treasury of the Stern Review on the Economics of Climate Change. The Climate Change Act, the first legislation of its kind globally, was enacted in November 2008 (HMG, 2008d).

The most recent monitoring report on sustainable development indicators (from the 2005 strategy) showed clear progress since 2003 on some energy, recycling and emissions indicators, and several social indicators including crime, fear of crime, mortality rates, infant mortality differences, road accidents, rough sleepers and homeless households. However, there was deterioration in many measures in the same time frame, including community participation, households living in fuel poverty, energy supply (consumption exceeding UK production) and carbon dioxide emissions from electricity generation (DEFRA, 2009).

As sustainability policy becomes more focused on arresting greenhouse emissions in response to climate change, a kind of enhanced version of concentration policy is promoted, whereby ‘sustainable places’ are increasingly becoming synonymous with ‘urban places’ – places that benefit from efficiencies and economies of scale in terms of infrastructure provision, shorter journeys to work (Boyle *et al.*, 2001) and the well-established benefits of business agglomeration (Weber, 1929).

Sustainability theory based on biosystems in the natural world has also introduced the idea of ‘tipping points’ to the scale of human settlements. Like ecosystems, towns and villages may be seen to flip between states of rich and abundant life and apparent sterility. There have been various attempts in planning policy to capture this, ranging



from the densely detailed ‘Catchment Area Analysis’ (Williams, 2000) to the formulaic Local Development Framework approach to rural sustainability, that sets development criteria based on key facilities such as schools, pubs, village halls.<sup>18</sup>

The former has been judged too resource-hungry to be feasible, while the latter and its variants was effectively critiqued by Taylor as narrow and inflexible (2008, p97).

An historical example of ‘sustainability’ type criteria in action shows how, though they may at the time appear logical and resource-prudent, they overlook what would some would describe as a ‘cultural sustainability’ aspect (Throsby, 1999). This has been particularly evident where there is not only disinvestment from settlements seen as ‘non-key’ (or unsustainable in today’s language), but active policies of demolishing them and rehousing the population. The notorious Category D village policy applied in County Durham between the 1950s and 1970s (Pattison, 2004) included both aspects but because villagers views and most importantly, the investment they had made in their housing and villages, was not taken into account, it largely failed in its goals. Primarily an economic policy focused on managing the settlements that remained as the mines closed across the west Durham landscape, this planning policy effectively withdrew local authority grants, services and infrastructure maintenance from selected villages whose mines had closed down, regardless of the preferences of local communities. Few villages were actually ‘wiped off the map’ in this way but many were depleted of population. At the same time a major groundswell of community activism was called into being in response to the perceived insensitivity of the policy’s operation and the lack of respect for the views, wishes and financial investment of local communities. This effectively led to the abandonment of the policy and most of the D-rated villages are still in existence in County Durham.

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<sup>18</sup> **The exact wording of the policy was: “A smaller village will be regarded as having adequate services if, within it, there is at least**

- a school or a shop selling food to meet day-to-day needs and either**
- a village hall / community centre or a pub.**

**There must also be a public transport connection to a larger settlement with a wider range of services.” (Tynedale District Council 2005a, p34).**

This latter example might suggest that policies that sideline places considered at some level or another ‘unsustainable’ may have an unintended impact of strengthening them culturally and politically.

## **4.9 Rural Places in Local Government Policy**

The 2006 white paper ‘Strong and Prosperous Communities’ (DCLG, 2006a and 2006b) develops the agenda as outlined in earlier white papers and in the Local Government Act 2000 towards the strengthening of local leadership and further devolution of powers to the local level, including moving Local Authorities towards a service commissioning role. Particularly significant for this study is the new power to unite existing metropolitan and district authorities into new unitary authorities, a process which was taking place in a number of rural areas England at the time of this study (and reactions to which are described in Chapter 7, Section 7.8 Chapter 9, Section 9.4.1 and 2).

However, the main emphasis in all sections of this policy is on city-regions, with a separate subsection on: “Strong cities and strategic regions” for the majority of themes, but no corresponding section on the rural hinterland. The policy makes only a passing reference to the particular disadvantage experienced by rural areas (DCLG, 2006b, p16).

## **4.10 Conclusion**

This policy review has identified several policy issues that may be of relevance to the issue of rural ageing. The first of these is an early, but growing awareness of the importance of neighbourhood environments, as well as housing, in supporting an ageing population, although guidance in making these accessible tends to be footnoted in specialised publications which underplay the complexities of resolving conflicting access interventions. The second is health care that is increasingly concentrated to core sites and core services, with peripheral issues such as transport to and from care sites and access to paramedical dimensions such as wheelchairs and dentistry increasingly devolved to individual responsibility. The third trend is that social care continues to vary between local authorities and is still focused on those with the highest needs, in spite of various initiatives to evolve more preventative approaches and to reduce the numbers of people who are funded in care homes. The fourth trend, towards personalisation of service through expanding the kind of social care funded, while potentially developing to give greater personal control to older people, (even funding

‘capabilities development’ objectives) will probably result in a greater fragmentation of services.

A fifth issue is that while rural ageing has begun to rise in the policy agenda in the last decade, and the new ageing strategy (HMG, 2009a) makes regular mention of the distinctive issues for rural elders, and particularly of their contributions, there is increasing return to self-help and communitarian solutions as opposed to welfare and public services.

This may be in line with the way in which rural policy of the last two decades has moved towards, then back away from, foregrounding rural social issues (and social justice issues relating to rural governance) over agricultural ones. Rural policy itself may even be diminishing as a distinctive policy strand as reflected in increasing local government reorganisation away from multiple district rural authorities towards larger unitary authorities. Nevertheless, the current formulae for estimating resource and services need, as well as targeted ‘area-based initiatives’, appear to favour urban districts on measures such as per capita local authority and NHS funding, provision of special services and regeneration initiatives.

Planning policy urges respect for the historical and architectural character of places, while prioritising in all cases brownfield over greenfield development, even at the risk of detriment to that character. Both historically and actually, it has tended to favour infrastructure, transport and development in key settlements at the expense of more remote and poorly-connected settlements. Transport policy has so far failed to remediate the connections between the two.

Sustainability policy has intensified this trend, attempting to achieve energy and transport efficiencies through focusing development (including affordable housing) on places that are already more densely populated, and well served in terms of transport, employment and facilities.

These national policy trends undoubtedly effect the environment on rural ageing, in ways that are not yet entirely clear. For example, it is possible to speculate, based on the reflections on the longer working lives entailed in the pensions policy described in

Section 4.3 above, alongside the better rural working options for older people described in Chapter 3, Section 3.6.3, that in future, people in mid to later life could be attracted to rural settings for reasons of work, rather than retirement. Additionally, the physical and cognitive decline associated with more senior years described in Chapter 2, Part II, may increasingly interact with urban environments that are becoming ‘densified’ and less friendly to private transport in response to sustainability policy, to drive more older people into rural towns and villages that are themselves undergoing the same kind of transmutations in microcosm, with the bigger settlements getting more densely built up and populated and leeching services and permanent population from the smaller settlements.

This shows the larger contribution of policy to rural social environments and justifies the addition of a third research sub-question: “What is the impact of national, regional and local policy on rural older people?” While potentially policy impacts could be analysed according to the areas identified in the sections of this chapter, in the manner that the physical and social environment have been in the preceding chapter, it has been decided instead to following Keating and Phillips (2008) in treating it as a subcategory of the social environment. This is mainly due to the difficulty of separating and researching the impacts of many different strands of policy acting in concert, as indicated above.

The next chapter, on Methodology, describes the way in which this research set out to gather evidence to answer the three research sub-questions on the physical, social and policy environments for rural ageing that have been the subject of the last three chapters. Some of the issues addressed in this chapter will then be revisited in the review of case study area policies (Section II of Chapter 6); and an overview of the main impacts of policy on rural ageing in the case studies forms Section 10.1.3 of the discussion of findings in Chapter 10.

# Chapter 5. Methodology

## 5.0 Introduction

The definitions, theoretical frameworks and main methods of this study have been set out in the Introductory chapter. The first part of this chapter completes the account of the study's context in providing a brief account of the nature of the researcher's position in relation to disciplines, values, and the research topic.

The bulk of the chapter is dedicated to a description of the data gathering phase of the study, in terms of place selection, sampling frame, instruments and materials, details of place audit, policy and interview data gathered and how these were respectively analysed. Integrated within the section is a consideration of how the pilot phase led to modifications, particularly in the ways in which policy and interview data was analysed and reported.

## Part I: Framework for the Research

### 5.1 The position of the researcher

The researcher has a mixed disciplinary background from sciences and humanities and has drawn evidence from across disciplines and types of policy to build up a picture of key issues in rural ageing. This background has included the study of normal cognitive ageing as well as of dementia to MSc level, social research in a charity which acted as an advocate for older people, and prior to that, degrees in philosophy, history of art and architecture and psychology. The current approach to the research topic is also influenced by its setting in a school of Architecture, Planning and Landscape and informed by a basic grounding in spatial planning acquired through a three month research training module in the first year of the project.

The above background has influenced the study in two main ways. First, the understanding that people with dementia can (and want to) be communicated with, but are often left out of studies due to the obstacles involved, led to an attempt at the pilot phase (albeit unsuccessful) to draw in people with dementia living at home.

Furthermore the importance of taking into account the cognitive as well as physical advantages and disadvantages of rural living informed both the literature review chapters and the place audits.

The second aspect is connected with the researcher's voluntary sector background and advocacy role: carrying on from this, and in spite of fundamentally realist/critical realist epistemological position, the researcher has aimed to focus the study in particular towards the disbenefits (rather than advantages) of rural living and has also sought to maintain a sensitivity towards ways in which ageism may influence policies that have a potential negative impact on rural older people's wellbeing.

Finally, to take up the opportunity for this funded research, the researcher migrated in mid-life from a metropolitan area to a small country town. Ageing in rural areas therefore, over the course of the study, became a question of personal, as well as academic, concern.

## **5.2 The research questions in relation to case study method**

As explained in the Introduction to this thesis, the case study method is both compatible with the conceptualisation of the people/place/policy relationship adopted for the study; and with the 'human ecology' framework for approaching the study of human/environment interaction, which looks the human environment from a range of different scales and perspectives. Lewis (2003) reviews a range of definitions of the case study and concludes:

we see the primary defining features of a case study as being multiplicity of perspectives which are rooted in a specific context (or a number of specific contexts if the study involves more than one case). Those multiple perspectives may come from multiple data collection methods, but they may also come from multiple accounts – collected using a single method from different people with different perspectives on what is being observed. (Lewis, 2003, p52).

The dominant methodology for case studies is presented by Yin (1994). It argues the need for a minimum of three case studies, selected on the basis that they would be

expected either to confirm or to disconfirm a theoretical hypothesis (or set of hypotheses). At least two would be required to establish the hypothesis and further back-up for the theory would be contributed by a third which was anticipated, due to its particular features, to disconfirm the hypothesis.

Yin emphasises that while sampling within the case study population may be carried out according to a particular method – random sampling or quota sampling for example – the case studies themselves are not to be regarded as samples (they are not actually selected through a sampling method) and thus data may not be merged or compared between the case studies. Therefore in the case where multiple case studies are used, the only basis for selection is whether the case is thought likely to confirm or disconfirm the theoretical hypotheses.

In an initial attempt to follow Yin, a hypotheses of this type originally considered for this study included the proposal that: ‘rural market towns are sustainable for older people, but rural villages are not’, with the sub-hypothesis that rural market towns are increasingly the focus of infrastructure, services and housing development, but transport and services links with rural villages, as well as their internal facilities, are declining – all plausible hypotheses based on the literature review reported in Chapters 2 - 4, as well as research work conducted for Gilroy *et al.*, 2007.

Under the Yin approach, this hypothesis could be tested in two places where strong market towns contrast with service- and transport-depleted rural hinterlands – and in a third place, where strong village services and dynamic transport systems persist. At the pilot phase of the study and exploring possible candidates for the case studies, it emerged that village vitality and connectedness are dependent on a range of factors, including historical factors, funding streams, the location of a settlement upon a school/work route (thus ensuring predictable and regular patronage) and quality of the road link itself, which may be geographical rather than contingent on highways policies. So connections as well as facilities in villages are quite variable on a village-by-village basis and rural areas likely to fit the hypothesis are hard to find.

Therefore further hypotheses of this nature were attempted – of which the most thoroughly explored was that rural ageing was sustainable in prosperous but not in

deprived rural areas. This was rejected on the grounds that rural deprivation occurs in 'pockets' and that, as noted in Asthana's study cited in Chapter 3, Section 3.6.1, rural areas are more heterogeneous on socio-economic measures than urban ones. Furthermore, according to the Northumberland Sustainable Community Strategy, this phenomenon may be especially marked in the one of the counties for the case studies (NSP, 2007). To explore the variation, Indices of Multiple Deprivation were gathered for potential study areas. Two Super Output Areas in the town of Hexham alone were distant in rank by approximately 22,000 places (out of a total 32,482 Super Output Areas in England).

As noted in Chapter 4 Section 4.2.1, deprivation indices are likely to have an urban bias, therefore more rural-relevant indicators were also scrutinised, including 'Barrier to Housing and Services Rank', 'Number of Households with No Car' and 'Percentage of Households with no Central Heating'. This time, looking at villages, these indicators again underlined that no generalisations can be made about rural areas or sets of villages. In Tynedale, two villages were in the top ten 'Barrier to Housing and Services Rank' for the 32,482 SOAs in England, and one of these had 14% of households with no central heating but only 8% of households with no car. Yet it was next to a village where 19% had no car (suggesting better connections) and only 6% had no central heating. On the IMD, there was only slightly over 1000 rank places between the two. On the ground, in the pilot study, one of these villages was found to be thriving with shops, facilities and multiple activities for older people; while the next village was quiet, with closing facilities and empty streets. Ultimately the heterogeneity of rural places defeated the Yin approach to case studies.

After the pilot phase of testing the data-gathering instruments, therefore, it was decided that this research would constitute a comparative, exploratory study, and that rather than testing hypotheses it would seek to answer some basic questions about the impacts of aspects of rural environments on older people, looking in particular at negative impacts. On this basis only two case study areas were required, which could be compared with the aim of bringing out similarities and differences. Lewis notes that 'there is some disquiet in the literature about the role of comparison in qualitative research', and its value should be seen in terms of understanding, rather than measuring, difference



(Lewis, 2003, p75). In this respect, it seems to be an appropriate method for an exploratory study.

The case study method then, consisted of gathering data in one pilot and two case study rural areas in order to answer the research questions as set out in the thesis Introduction and emerging from the three literature review chapters (2-4):

- a) What are the impacts of rural physical environments on older people?
- b) What are the impacts of rural social environments on older people?
- c) What is the impact of national, regional and local policy on rural older people?

Broadly speaking, these questions relate to the ‘place’ (physical) ‘people’ (social) and ‘policy’ (policy) dimension of rural environments, which were accordingly investigated using methods including place audit, qualitative interviews, and policy content analysis. In practice there is overlap in the way these methods are used to respond to these questions, as is further explored in later sections. Overall, however, these three sub-questions can help to respond to the overall study question: are country towns and villages sustainable environments for older people? This general, overarching question also provides a context that allows the interwoven nature of these different dimensions to be explored.

#### *Case study selection*

*Population of interest.* The initial methodology for the project as submitted for funding by the study’s supervisors, Rose Gilroy and Tim Shaw, was focused on the:

phenomenon of older people (the near and recent retirees) moving from urban and suburban locations to market towns with the aim of considering how policy makers and key actors could be enhancing these localities to better meet their current and future needs. (Gilroy and Shaw, 2005).

The proposed design was initially followed in terms of developing a theoretical framework, the basis for the introductory and literature review chapters of this report. As will have become clear from Chapter 3 in particular, however, there are several problems with basing a study on older in-migrants to market towns: only 10% of rural

in-migrants are retirees (Countryside Agency 2004); and furthermore not all of these are ex-urban movers – one important source of the influx of older people to market towns may be people aged 75 and over from the surrounding rural areas (Champion and Shepherd, 2006). Additionally, regional policy records that Northumberland is the county with the lowest in-migration in England (Bosworth, 2006).

Thus, not only did the probability of recruiting sufficient numbers of retiree immigrants to market towns seem low, but it was also plain that in the North East, at least, this is not the main group responsible for the ageing of market towns. Neither are they the only group of ‘elders’ for whom the services and amenities provided in a market town are important. Therefore the population of interest was expanded beyond ex-urban retiree in-migrants to market towns.

Furthermore, as we saw in Chapter 3, Section 3.3, market towns are not the most aged kind of settlement in the rural hierarchy: villages and hamlets are likely to have even higher concentration of older people, who may furthermore have greater difficulties accessing services and facilities than those living in rural towns. This was the justification for expanding the scope of the research from older people in market towns to include those in the outlying villages – while retaining the market town focus.

## **5.3 Research ethics approvals**

Early on in the development of the methodology it was decided to seek formal medical research ethics clearance from the Local Research Ethics Committee, based at Newcastle University in order to include people with dementia. The reasons for this were both the high numbers of older people with this condition; and, as noted in Chapter 2, Section 2.8, the high proportion who live at home, of whom a significant proportion live alone. Based on these statistics, it was assumed that the door stepping recruitment method described below (see Section 5.10) would undoubtedly draw in elders with this condition and it was considered unethical automatically to rule them out, even though their inclusion required a lengthy ethical scrutiny procedure designed for clinical trials and similar interventions.

Submitting the study and its materials to this process had the benefit of ensuring that scrutiny was given to the impact on older people of both the interview procedure and the focus groups approach used in the study. This was accordingly modified to conform with best practice as currently understood.<sup>19</sup> The recommended approach for soliciting views from people with dementia, for example, by asking indirect questions, was taken into account in the development of contacts in the pilot study phase (Allan, 2001).

Ultimately, however, this attempt to include people with dementia was unsuccessful both with the older people themselves and with their carers. Not so much the complexity of the information, consent and supplementary materials required by the ethics procedure, as their sheer quantity, was found overwhelming by potential participants. These included both an elder with dementia encountered through the door-to-door recruitment method in Hexham (Research Notes, Hexham), and a focus group of carers of people with dementia and their cared-for also carried out in Hexham (reported in Chapter 7, Section 7.5). The study was duly withdrawn from the local ethics procedure prior to the case study phase.

A further local ethical procedure was externally imposed on the study towards the end of the first case study when access to a senior county council member was sought. Compliance with the Durham County Council ethical research procedure delayed access to the final Key Actor interviewee by around eight months but also led to a slight improvement to the Key Actor interview guide. This was due to the requirement to add a disclaimer footnote to the effect that the interviewee in participating in the study expressed their own personal opinion and did not speak on behalf of their organisation (see Appendix A).

## **Part II: Data Gathering**

### **5.4 Types of data collected**

The Social Care Institute of Excellence Paper “Types and Quality of Knowledge in Social Care” (2004) enumerates the following sources of evidence:

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<sup>19</sup> See, for example, <http://www.corec.org.uk/applicants/index.htm>.

- 1 Research knowledge
- 2 Policy knowledge
- 3 Practice knowledge
- 4 User knowledge
- 5 Organisational knowledge

This is quite a useful categorisation of the various kinds of knowledge that are available to case study research that goes beyond the standard qualitative/quantitative distinction. Juxtaposing the different levels and types of knowledge used also has the advantage of highlighting that the reports given by older interviewees are not of a qualitatively different kind to those given by practitioners. This is an argument for using data gathered through qualitative interviews with both older people and other groups as more than just exemplars of current discourse, or as purely representative of perceptions (rather than capable of conveying real experiences). Both Key Actors and older people, in common with all those attempting to convey experience (including writers of policy and practice guidance), may be mistaken, inaccurate or biased; yet, collated together with research evidence and documentary evidence, their words can provide useful information on realities beyond the purely discursive.

In effect, all five types of knowledge have been used in this research study. While the first three chapters mainly explored Category 1 and the fourth and sixth chapters focus on Category 2 ( Policy knowledge), the information in Chapters 7 – 9 is drawn largely draw on the last three categories: Practice, User and Organisational knowledge.

As with most case studies, this approach also combines qualitative and quantitative methods, although the use of quantitative methods is mainly confined to secondary sources and some ‘counting’ aspects of place audit (e.g. numbers of benches in a town centre). The main types of evidence gathered for the case studies fall under three general headings: observational, documentary and interview. Had the topic been narrower or the researcher’s pre-existing expertise greater, evidence about institutions, regulatory regimes and political systems might also have been considered highly relevant and worthy of inclusion in the case study analysis. However, it was considered that too much investment was required to understand both the empirical and theoretical

aspects of these issues and they must be put aside as outside the remit of the study, perhaps to be considered within a larger, multi-disciplinary future study as suggested in Chapter 10, Section 10.6.

The place audit strand of the research combines all three types of evidence with a fourth – use of secondary government statistical data. The next three subsections review the sources for the information used in each strand of the case studies : respectively places, polices and people.

## 5.5 Selection of case study places

The two case studies and pilot study were all located in the North East Region, with its distinctive historical and cultural profile. Each was under a different administrative authority at district level for most of the study's duration. The areas were selected for the study on the grounds of both their rurality and their ageing populations. Table 4 below shows the demographic characteristics of the three areas investigated. Within each area, six settlements were visited, including a centrally-situated market town, two settlements in an outlying commuting rural area and three in a more remote rural area. Of the three selected areas: Tynedale, Teesdale and Coquet/Alndale (in Alnwick), the Tynedale area was chosen for the pilot study due to its convenience to the researcher as a starting point for testing the proposed study methodology. In terms of the whole district it was also marginally less 'ageing' and 'rural', although more sparsely populated. It was also less deprived: unlike the two case study areas, it was not included in Local Authority areas tracked by DEFRA as being in the lower quartile of (economic) performance indicators for local authorities.<sup>20</sup>

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<sup>20</sup> There are 44 across the UK and the seven lagging rural districts in the North East are Derwentside, Wear Valley, Easington, Sedgefield and Teesdale in County Durham ;and Alnwick and Berwick upon Tweed districts in Northumberland (DEFRA, 2005a).

**Table 4 Pilot and Case Study Area Rurality and Age Profiles**

Local Authority, town name	urban/rural classification 2001 (1)	Rural % pop. Including Market Towns (1) 2001	% of pop. Pensionable (60/65) (2) 2008	Size of territory (hectares) (2) 2001	Pop. density (hectares) (2) 2001
Alnwick LA, (Rothbury)	Rural - 80	100%	25.6%	107,951	0.29
Teesdale LA (Barnard Castle)	Rural - 80	100%	24.7%	83,611	0.29
Tynedale LA (Hexham)	Rural - 80	82.4%	23.7 %	220,634	0.27
Newcastle LA	Major urban	1.83%	17.4%	11,344	22.88
North East	N/A	30.1%	20.1%	857,309	2.93
England	N/A	26.91%	19.1%	13,027,872	3.77

Sources: (1)DEFRA 2002; (2) ONS Neighbourhood Statistics

All included market towns featured in the most recent academic review of market towns (Powe and Hart in Powe, Hart and Shaw, 2007), which allowed some basic socio-demographic variables to be drawn from an existing source of specialised analysis. Two of the towns were characterised in Powe and Hart as ‘long distance commuter’ (Hexham and Rothbury) and one as ‘remote’ (Barnard Castle). In terms of town residents, one had ‘average values’ (Hexham), one had ‘more in-migrants’ (Barnard Castle) and one had an ‘older population’ (Rothbury). In terms of affluence or deprivation, all three were in the class ‘slow improving (unemployment)’ (ibid., pp22-24).

### *Lines of Rurality*

To draw in hamlets and villages with different degrees of remoteness, two lines of rurality leading from the hub-town centre to the outlying remote hamlets were chosen for the empirical data collection and the older people interviews. The initial concept was that one should be well-connected for public and private transport (number and regularity of bus services, complexity of junctions, quality of road link etc.) and the other less so. Various “lines” out from the town of Hexham in Tynedale were investigated. It soon became clear from the pilot phase (Chapter 7, see for example, Section 7.3) that one distinguishing factor of poorly-connected places might be failing to fall onto any clearly identifiable transport line. Remoteness was not so much a question of distance from a more urban centre, as of lying outside the main transport routes to it.

Therefore, at the case study phase, instead of looking at well- and less well-connected transport routes radiating from a ‘service centre’ town, the latter branch was reconceptualised as a less well-connected cluster of settlements. Furthermore, as a rule of thumb for choosing villages, it was decided that the ‘well-connected direction’ should fall into the ‘commuter’ or ‘city-region’ zone as defined in regional and local spatial strategies; while the ‘less well-connected cluster’ should fall outside this zone. According to the Regional Spatial Strategy for the North East, neither the pilot nor the case study areas are wholly included within a City Region. For the Tyne and Wear City Region a note observes that “The city-region can also be considered to include parts of Alnwick and Tynedale Districts” (GONE, 2008, p29). For its part, the Tees Valley City-Region is “considered to include parts of Teesdale and Wear Valley Districts and to influence the northern parts of North Yorkshire, including the rural service centres of Northallerton and Richmond” (ibid., p29). Accompanying maps show where the commuter zone is intended to fall in each case and thus for the pilot study and the two case study areas, the ‘less well-connected direction/cluster’ has been selected from settlements that are not included in the city-region.

One exclusion from the place – and older people – sampling frame was isolated farms and dwellings. This was due both to the door-stepping approach which might have caused alarm in more remote areas, but also to the researcher’s considerations of personal safety.

## 5.6 Sources of place audit information

The observational data gathered for each case study formed the basis for the place review in Chapter 6 (by settlement) and for providing a context for some of the discussion under the eight human ecology subheadings in Chapters 7-9. All four data sets described below underwent (mainly minor) modifications between the pilot and case study phases.

1 *Physical infrastructure*: An analytical grid was developed for observing the qualities of the physical infrastructure of the hub town and outlying settlements.

2 *Transport facilities*. Information on public and private transport facilities including petrol stations, taxis, bus and coach routes, and community transport options were collated through leaflets and flyers gained in news agents and tourist information offices, from information posted at transport stops, local investigation and enquiry and internet search.

3 *Activities*. Leisure and social options for older people were drawn from notices in the community halls, sports and leisure centres, arts centres, local press and local newsletters, GPs and churches and through formal and informal interviews with local people.

4 *Vital services*. Food shopping, postal services, GP and dental services and nearest secondary care facility in the settlements visited were noted through observation, talking to people in shops and services, and information available online.

5 *Specialised housing* The provision of specialised and care home accommodation in each of the settlements selected for the case study was based on the data compiled and updated by the Elderly Accommodation Counsel, the main national information service for older people and their advisors seeking specialised accommodation by place or post code.



6 *Statistical overviews.* Tables recording the proportion of individuals of retirement age, the proportion of households led by a person of retirement age, deprivation indices, car ownership, housing tenure of older people and proportions of older people in receipt of benefits were created, using Office of National Statistics ‘Neighbourhood Statistics’.

Due to the large quantity of information gathered for this study, it has not been possible to include examples of this tabulated information in the Appendices; however, they are the source materials for the some of the discussion within this chapter (Section 5.2 and the small number of tables that it was possible to include in Chapters 6-9).

## **5.7 Selection of policy documents**

The selection of policies evolved from the approach used in the pilot study, where an attempt was made to review every relevant available policy, including all the different documents of the local development plan, the local homelessness plan, best value action plan and sub-regional cultural strategy. The large scope of the review necessitated a data-mining approach, using electronic search functions to identify specific terms and contents within the policies, without the time or ability to grasp their overall focus and to reflect on its meaning and implications for the older population.

Therefore, at case study phase, not only were the organising subheadings for policies reduced to physical/social environment framework, but there was a narrowing down of the policy review to six or seven core documents per case study area. The selection criteria for these was that they should be cross-referenced in the Local Development Framework and address issues relevant to rural ageing as identified in the first three chapters – planning, sustainable communities, economy, transport, housing, health and social care – and, if available, older people. This narrowing down of the policy pool reviewed was felt to be justifiable on the grounds of the increasingly integrated and cross-referenced nature of local policy, as well as the more demanding nature of the policy analysis approach used at the case study phase (see below, Section 5.12).

## 5.8 Sampling of qualitative interviews

The overall approach of the study is focused on the interaction of particular categories of older people – those minorities identified in the literature review as at risk of experiencing difficulties and obstacles in dealing with particular dimensions of the physical and social and policy environment. Of interest therefore, are the views of those who are to some degree responsible for particular aspects of the physical and social environment – the Key Actors, who are practitioners or professionals; and those older people whose characteristics make them more vulnerable to particular aspects of the social and physical environment.

Purposive samples were generated using a set of five key rural ageing themes that were derived from an initial literature review on the characteristics of rural elders, in line with the recommendation of Ritchie et al. (2003, p97), that “a literature review will identify characteristics that are known to have an impact on the subject being investigated”. I have called these Key Rural Ageing Themes, and they were used to select the pilot study Key Actor interviewee samples and both Key Actors and Older People samples in the case study phase (for a tabulation of how older interviewees fitted into these categories, see Appendix B). The Table 5 below shows how these map on to the final version of the seven Human Ecology Subheads as presented at the end of Chapter 3.

**Table 5 Sampling Themes Mapped onto ‘Human Ecology’ Subheads.**

Key Rural Ageing Theme	Human Ecology Subhead
1. Transport and Access to Services and Facilities	1. Location and qualities of housing 2. Location and qualities of shops and post offices 3. Location and qualities of transport and access to health and social care
2. Access to health and social care	3. Location and qualities of transport and access to health and social care.
3. Disabilities and the physical environment	1. Location and qualities of housing 4. Settlement geography and infrastructure
4. People on low incomes	5. Poverty and disadvantage
5. Economic and social contributions	6. Social networks and isolation 7. Employment, voluntary opportunities and citizen participation

*Older People.* The pilot study phase used a quota sample of older people. The quota was based not on replicating the statistical representation of types of elder in the general or the rural population, but rather on the more limited ambition of finding at least one person in each category (male/female; higher/lower income; tenant/owner occupier etc.) in each of the three types of settlement: the market town, the well-connected direction and the less well-connected direction. This goal of the pilot study sample was fulfilled – see Appendix B, Table B1.

At the case study phase, older people recruitment adhered more closely to the above five key rural ageing themes, which were by this stage operationalised into simple characteristics easy to ascertain with the older interviewees – for example, transport and access to services was operationalised as car ownership or non-car ownership. The way each theme was operationalised is presented in Tables B2 and 3, column 2 (in Appendix B). Therefore, the main change in recruiting between the phases of the study was that in the case study phase, I more actively sought particular categories of interviewee.

To find the sought-for categories of older people, I used observation (external grab rails, bars and handles as well as ramps signalling a disabled person; no visible car or no bus calling at the village signalling transport problems; social housing signalling a low income). I also solicited suggestions from staff in local shops and Post Offices, and from older interviewees themselves (e.g. ‘do you know anyone in the village who uses a wheelchair or a buggy’; ‘do you know anyone in the village who has to rely on the bus’; ‘do you know anyone who rents a house from one of the big estates’). In the case of Teesdale, where I was told by professionals gaining access would be difficult, I attended four luncheon clubs in the villages and market town of the study, all run by the same organisation. This resulted in useful background information but only one actual interview appointment, although two further interviewees were reassured by a familiar face who had been officially introduced to them when I knocked on their door.

The recruitment process itself threw up many interesting issues from people who were happy to speak informally but did not want to engage with the consent process. Rather than lose such contributions, they were recorded in the Research Notes for each study area, and where relevant the notes, rather than the conversations themselves, are quoted in the findings chapters.

Through such approaches, it proved possible to recruit at least two interviewees for each of the purposive dimensions, with one exception. Although the “Key Dimension” of “access to health and social care” was partly covered by the number of people recruited in each direction of the study with a health problem needing regular GP or hospital visits, I also sought to gain access to people receiving social care in each direction. However, while the Coquet/Alndale sample included two people receiving social care, within the Teesdale area my purposive recruitment approach had identified no-one in this category. More importantly, as it is the only dimension in the transport and access theme, I had not succeeded in identifying any non-car users in the well-connected route. I therefore decided to try to find both categories in one supplementary focus group, choosing tenants in the sheltered housing scheme recommended to me “Teesville”. None of the four scheme residents included in the group was still driving, so their views on mobility issues were important for the well-connected direction. Unfortunately, however, none in the group currently received social care, which meant that only one of

my criteria was met. This sub-dimension was the only one unrepresented in the two case study samples.

*Key Actors.* The salient categories for Key Actor interviews were also derived from the Key Rural Ageing Themes described above. The frame worked as follows:

- For the transport and access to services category, I interviewed professionals working in public transport and community transport.
- For the use of health and social care category, I interviewed professionals in public health, primary and/or social care.
- For low incomes and social exclusion, professionals concerned with affordable and sheltered housing (for rent), housing support schemes, general support and advocacy, as well as representatives of social activity and carers' support groups, were interviewed.
- For older people with disabilities and the physical environment, I interviewed planning officers, a representative for the older people's section of the Local Area Agreement, and local Older People's representatives.

At the pilot study phase, it was regrettable that all but three of the Key Actor interviewees were drawn from the public sector. This was largely due to both availability of those approached to participate and the fit between my framework categories and public sector roles. Better coverage of the voluntary sector was subsequently achieved within the case study phase.<sup>21</sup> The independent and private sectors (e.g. care homes, home care agencies) were resistant to attempts to bring them into the study made at the pilot phase so this line of enquiry was not pursued for the case studies. One further limitation of the pilot Key Actor sample was that the fifth theme, that of older people's economic and social contributions, was not well included at the pilot study phase. This was redressed through using more voluntary sector interviewees and changing the relevant question at the case study phase.

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<sup>21</sup> **There were four voluntary sector and one Social Business interviewees in Teesdale. There were four voluntary sector, one Social Business and one Social Enterprise interviewees in Coquet/Alndale.**

## 5.9 Recruitment and interview of Key Actors

### *Key Actor recruitment*

In contrast with the older interviewees, who were given the choice between having their interview tape-recorded or hand-written, the Key Actor interviewees were offered a hand-noted interview only. This was to both to facilitate access and to limit the number of transcriptions required for the study. Confidentiality and – as far as possible – anonymity were guaranteed to respondents. ‘Off the record’ remarks have been treated as such and not included, although they may have informed areas further investigated in other strands of the data collection.

### *Key Actor Interview Guide*

The Key Actor interview guide in its pilot form consisted of a series of 12 open questions. For reasons of ease of analysis and comparison across sectors it was decided to use the same interview structure for all key actors. However, clearly for each Key Actor only a proportion of the questions would apply to their work, so participants were encouraged to talk for as long as they wished on each topic and not to dwell on topics of which they perceived themselves to have limited knowledge.

The interview was deliberately designed to be simple and to cover one side of A4 paper. It was made clear that a 30 minute discussion would be acceptable; the majority of the interviews, however, lasted for an hour or more.

The Key Actor interview initially took the form of a focus on the three domains of the research question: older people, rurality and sustainability (as noted earlier, the latter was the theoretical approach initial used to structure understanding of the rural environment). It also enquired about partnership working in all three areas, and structural issues such as involving older people as consultees, and training and support in using evidence. The rural, sustainability and partnership strands of questioning were dropped as the answers they elicited were too vague. The revised interview for the case study phase is much more focused on older people in the interviewee’s catchment rural areas (the main issues, the costs and contributions of ageing populations, the policies in place for older people and any barriers to their effective functioning). It is reproduced in Appendix A.

Besides this, two rather different questions were included: the first sought to probe professionals' views about particularly problematic settlements and the causes for their decline – without specifically asking if they attributed it to ageing populations ('Are any places fading or failing in this area? If so why and what should be done in your view [if anything]?'). The second sought to explore the anticipated impact of the Local Government Reorganisation taking place towards the end of the interview period, whereby the small district authorities would be merged into larger, county-wide ones in both case study areas ('Do you have a view about the impact of the new unitary authority on any of the issues we have discussed?')

## **5.10 Recruitment and interview of older people**

For each area, police clearance was sought before beginning the recruitment. It was partly sought as a safeguard to the researcher's own safety, and partly to avoid wasting police time, due to widespread awareness of bogus caller crime in the study areas at the time of approach. Following clearance in writing, interviewees were recruited by calling door-to-door.

The actual method of the door-stepping recruitment was evolved through discussions with the local community police officer to minimise risk to both the researcher and the older person, by forewarning police of time and dates of visits; carrying a personal alarm and mobile phone, and parking near to the sites of visit. After discussion with the police it was concluded that leafleting households in advance to prepare them for the researcher's visit could be exploited by bogus callers. Therefore a cold-calling approach was adopted.

The approach piloted in Hexham consisted of approaching people on their doorsteps with a fairly informal spoken introduction to the research. The printed formal information sheet describing the study was offered. It was also made available in a larger print version and taped version for those who requested it. As a courtesy, everyone approached for participation in the study was given a copy of a local

Information sheet, providing listings of leisure activities and support services in their area, as well as national services and phone lines.<sup>22</sup>

Once a person had agreed to participate in the interview, a place and time was arranged. In the majority of cases, people wished to carry out the interview at the time of first approach, in their own homes.

In the pilot phase, I used focus groups to recruit categories of older people that I had not been able to find through door-stepping (people with dementia and their carers; remote rural dwellers – see Appendix B, Table B4). In the case study phase, with one exception, as described above, I decided to use the focus group option to supplement lacunae in the actual interview data – people’s views on the physical infrastructure of their settlements, which I decided could only be determined by involving them in practical ‘walkabouts’ in their town centres (see below).

#### *Older People’s Interview.*

The older people’s interview was an unstructured interview, based around an interview guide. The design of the older people’s interview guide took as a model the “facets of life wheel” described in “Environment and Identity in Later Life” (Peace *et al.*, 2006) – see Figure 2 below. This method had been found to “permit expression of the interpenetration of the social and material aspects of environmental life”.

As respondents could spin the wheel to read the eight topics and their associated prompts, they could see at a glance the scope of enquiry and control the ordering of discussion by prioritizing the topics that interested them. People were free to elaborate on or add topics or issues that they thought relevant and to ignore whatever did not seem important. It became a prompt for open-ended and recorded discussion. The *facets of life wheel* seemed to enhance people’s confidence in collaborating on these themes as they could anticipate the wider context and the ways their particular account might fit. [...] (Peace *et al.*, 2006, p27).

Eight domains were decided upon for the older people’s interview guide, each accompanied by prompts and coloured, laminated discs were created to present them.

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<sup>22</sup> **The sheet, which was quite lengthy, was originally intended only for participants. As the ethics committee considered this would constitute ‘an inducement’, the offer was extended to everyone approached for the interview, whether or not they accepted.**





Figure 2 **Older People’s Interview Guide: The facets-of-life wheel**

*Interview guide domains.* As in the Peace *et al.* study cited above, the material and social aspects of life were interwoven in the eight domains. The first set of domains on the older people’s interview cover the more informal side of economic and social contributions as well as the material aspect of use of place, through domains of: ‘routines’, ‘places you go’, ‘people you look out for’. The second set aimed to bring out what people need from their rural environment, socially or materially: ‘The Place you Live – why is it special/problematic?’, ‘Changes – what changes have you seen?’; ‘Problems or difficulties’, ‘People looking out for you’.

Following the pilot study, one of the eight domains of the older person’s interview was changed due to lack of response (‘Belonging’ changed to ‘Information’ – a dimension that has been identified as significant in many policies and studies about older people’s needs). A further domain, ‘Changes’ was amended by including a supplementary prompt ‘How do you make changes happen’, in order to include the more formal side of ‘citizen participation’ to the set of ‘contributions’ domains.

*Interview procedure.* The interview was carried out in the following way. An initial check was made of the participant's preferred form of address. The attempt was made to give older people as much control as possible of the situation. They were given: the option of the interview being hand-noted or tape-recorded; an information sheet which fully informed them of what was involved in participation and the reason for the study; and a consent procedure, which emphasized their right to end the interview at any time. The 'facets of life' wheel gave them a choice in what they spoke about and when.

In practice the wheel was found to be successful at eliciting accounts of older people's needs, contributions, activities and problems in their communities. The majority of participants preferred to refer to it than the same questions reproduced in black and white text format, which they were also offered.

*Older People's Local Information sheet.* The listings in the local information sheet, offered to everyone approached to participate, were drawn from local papers, community notice boards in village halls and town centres, stands in the GP surgeries, the public library and the local police station. A guide to local Social Services, the Pensions Service and the local Home Improvement Agency were added using official sources. Because a new dimension on 'Information' had been added to the older people's interview guide at case study phase, it was possible to use the Local Information sheet to probe this dimension.

*Participant Consent Form, Focus Group Consent Form, Carer's Assent Form,<sup>23</sup> Health Professional Assent form.<sup>24</sup>*

These forms were developed in line with the recommendations on the national Research Ethics Committees (COREC) website.<sup>25</sup> Arrangements to guarantee confidentiality and anonymity were outlined, with the caveat that should interviewees report having been abused, this would have to be reported on to the appropriate authority. The Research

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<sup>23</sup> **When the study was withdrawn from the formal ethics process, as described above, no further attempt was made to interview vulnerable people, so the Carers Assent form and Health Professional Assent form were dropped.**

<sup>24</sup> See note above.

<sup>25</sup> (<http://www.corec.org.uk/applicants/index.htm>)

Ethics Committee stipulated that the consent and assent forms must also make clear that the same waiver to confidentiality applied should interviewees report having acted abusively to another in the course of the interview. A feature of the consent form that was verbally emphasised to participants was their right to terminate the interview at any point should they so wish.

*Participant Information Sheet, GP Information sheet*

In order to cover all the requirements of the COREC protocol (on website as above) the sheet ran to 4 pages of 14 point type, and covered the following dimensions:

- The purpose of the study and your role
- What will it be like?
- When and where?
- How will you know it's safe?
- How much of your time will it take?
- How will it benefit you?
- Is there anyone else you can contact with questions and complaints?

The sheet was presented to participants to read in their own time, and the main points were also picked out by the researcher as part of the procedure for inviting people to join the study and prior to the interview. Similar information was developed for the benefit of the General Practitioner, should their assent be required on behalf of an older person with dementia resident in an "Elderly Mentally Infirm" care home; in the event, these were not required by any participants in the pilot phase and the dementia strand of the research was abandoned at the case study phase.

*Interview participants' form.* The interview participants' form was designed to gather empirical information relevant to the quota in the pilot phase, then the purposive sampling criteria in the case study phase. If people had chosen to stay in touch with the study, their name and address was taken, but not otherwise. Names and addresses were stored in on a password protected computer, and used for the exclusive purpose of sending interested parties the results of the research. Perhaps the hardest aspect of the quota and purposive sampling was to determine people's income without causing

offence. A question about source of income was the only indicator of economic situation used: it asked if there was income from state pension; pension credit; other pension; work; other source. Based on median figures, occupational pension might be a reasonable proxy for having an adequate income in retirement, just as being in receipt of Pension Credit suggests a lower income (Age Concern, 2006a). To back up the sometimes rather cursory information given by interviewees – along the lines of “I get a small pension from my husband’s work” – a question about housing tenure (broadly correlated with personal financial resources) was asked and reported, once a rapport had been established in the interview.

## **5.11 Older People Focus Groups and Walkabouts**

Details of the four focus groups and two walkabouts conducted for the study are given in Appendix B, Table B4.

*Older People Focus Groups.* The wheel was also used in all but the pilot study focus group for people with dementia, where a spoken approach was preferred by participants. Adapted consent forms were also given to the focus groups, bearing in mind that confidentiality would be considerably reduced by the group discussion situation.

*Older People ‘Walkabouts’.* The older people’s “Walkabouts” also used adapted consent forms, based on the new dimension of video-recording introduced to this aspect of the data gathering. Each participant signed a form and gave their consent only for academic use of the resulting video. The ‘walkabout’ approach was broadly based on method developed by a small scale study by the WISE (Well-being in Sustainable Environments) research unit at Oxford Brookes University (Burton and Mitchell, 2006). This study investigated the interaction between people with dementia and the outdoor environment, interviewing 20 older people with dementia and their carers and 25 without. The statements given in the interviews were cross-checked through accompanied walks with the research subjects where they indicated the visual and other cues used for navigation and in some cases, the strategies used when they lose their way. In my adaptation of this approach a preliminary session of formal discussion with older people about their physical environment was followed by a group walk around

places they had highlighted as particularly problematic. The group was asked to set the time limit for the walk and the pace, and the researcher's role was to ask prompt questions in particular locations and to make a video-recording of the event (the results inform in particular Chapter 8, Section 8.4).

## **Part III: Data Analysis and Method Review**

### **5.12 Methods of data analysis**

#### *Policy data*

The pilot study approach to policy analysis was split between the 'word count' approach described above and a thematic review, looking at policy specifically for older and disabled people; main planning documents; older people consultation in policy formation; and policy gaps and barriers. It included Key Actor remarks on policy and policy-related issues.

Following this approach, the case study phase began with a 'word count' of six core documents for the pilot and case studies, this time contrasting mentions of older, disabled and younger age groups. However, as a better understanding was gained of policy impacts based on Key Actor interview responses, this approach was modified.

The main policy analysis approach in the case studies represents a more holistic and interpretive approach of policy contents. Rather than seeking out mentions of older and disabled people, or contrasting mentions of older and younger people, I aimed to extract the main goal and purport of the policy, and to present this with some reflection on how it might impact on older populations and rural populations. Specific interventions for older people, disabled people and people on low incomes were scrutinised but not tallied: focus was on what each core document added to the picture of the policy for that area, rather than its success in name-checking the groups of concern to this research.

#### *Interview Data*

*Pilot phase.* The NVivo 6 software programme was initially used to analyse the qualitative data at the pilot phase, with key actor and older people interviews coded and reported under the same nodes according to the Key Rural Ageing Theme headings (see

Table 5 above), disregarding the somewhat disparate focus of their source interview guides. In the course of the revisionary phase for the sake of consistency and comparability, the pilot phase findings have been reorganised under the eight human ecology themes. This is in spite of the fact that the human ecology nodes were not used to code the data. It was nevertheless felt to be adequate in that the human ecology nodes could be broadly mapped onto the Key Rural Ageing Themes as noted in Table 5 above.

*Case study phase.* The ‘human ecology’ approach, literature review, as well as the pilot study phase place and services audits, confirmed a way of dividing up the research sub-question topics into subcategories which were used as NVivo nodes. Largely due to the ‘unfriendly’ interface of the NVivo software (notably a small panel with a low control of scrolling and screen image qualities, making it difficult to move back and forwards within a text of any length), each ‘node’ was printed out and a paper version was used as the basis of the thematic analysis presented in Chapters 7 - 9. A marker-pen based ‘colour-coding’ technique enabled links between citations within very lengthy nodes (for example, relationships with family), so that further sub-domains could be abstracted and reported under section subheadings.

Following the initial item-by-item analysis and reporting, a further dimension was added. This consisted of more in-depth portrayal of individual interviews, or pair and small group interview comparisons, which were slotted into the item-by-item structure. These picked out certain important themes and allowed them greater development and contextualisation, showing the interweaving of the physical with the social, as well as the agency of rural elders themselves in resisting the barriers with which rural life presents them.

To generate these longer accounts, a table based on a fine categories of the physical and social environment was used, so that in one quick view, the salient features of the interviewee’s physical and social circumstances could be grasped and used a basis for writing up a narrative which conveyed their particular experience.

## 5.13 Conclusion

This chapter has focused on the methods used in the pilot and case study data-gathering phase. The position of the researcher is noted as informed by a range of disciplines with a particular background and interest in cognitive ageing and an orientation towards areas that might contribute to improving older people's lives as well as a sensitivity to the influence of ageist outlooks on population ageing.

Reasons for selecting a two case study, exploratory method over a three case study, hypothesis-testing method are presented as largely due to the wide variability between and within clusters of rural places in terms of deprivation, service availability and connectivity. These render implausible from the outset the kinds of generalisations required for hypothesis-making and suggest the greater usefulness of a simple comparative study between similar cases with different geographical, historical and administrative characteristics that might bring out issues of commonality and those that are place-distinctive. .

The basic purpose of the data-gathering phase is explained as being designed to answer the study's three research questions about the impacts of the physical, social and policy environments on rural older people in two different rural areas. It is also to provide a new set of evidence to compare and contrast with that which has already been gathered about rural older people, as presented in Chapter 3.

The contribution of the research ethics procedure to the improvement of the research materials is discussed as well as the reason for withdrawing from the main research ethics process after the pilot phase.

Subsequent chapter sections have reviewed the sources of the data collected for each of the place/policy/people strands of the study (that is Place Audits, Policy Review and Qualitative Interviews). These have included a description of various small changes that have been made to the research instruments and data gathering approach as a result of the pilot study.

In discussing the sampling approach, five Key Rural Ageing Themes derived from an earlier version of the literature review are enumerated that have informed both key actor and older people purposive samples. A major shift in the approach to policy analysis in the study between pilot and case study phases has been described, which moved beyond an electronic search for mentions of older rural people and their subgroups, in favour of a broader apprehension of policy contents and intent, which can then be the basis of estimating the overall policy impact on older rural inhabitants.

Having established methods used and their limitations, the next chapter will give an overview of the Place Audits and Policy Review for the pilot and case study areas, by way of introduction to the study findings presented in Chapters 7-9.



# Chapter 6. Pilot and Case Study Overview

## 6.0 Introduction

This brief chapter presents a combination of policy review, key actor interview and place audit for the pilot and case study areas, as a way of providing the context for the more detailed analysis of their physical and social environment under eight subheadings undertaken in Chapters 7-9.

The first part of the chapter will explore the physical and social characteristics of the pilot and case study areas and highlight qualities related to sub-regional context, ageing, rurality, identity and character. The second section, based on analytical tables to be found in Appendix C, reviews case study area policies, selected on grounds that were explained in Chapter 5, Section 5.7. It concludes with a brief summary of characteristics of the pilot and case study areas, as well considering the potential impact of regional and local policies on the areas' ageing populations.

## Part I – The Pilot and Case Study Areas

### 6.1 Overview of Case Study Counties

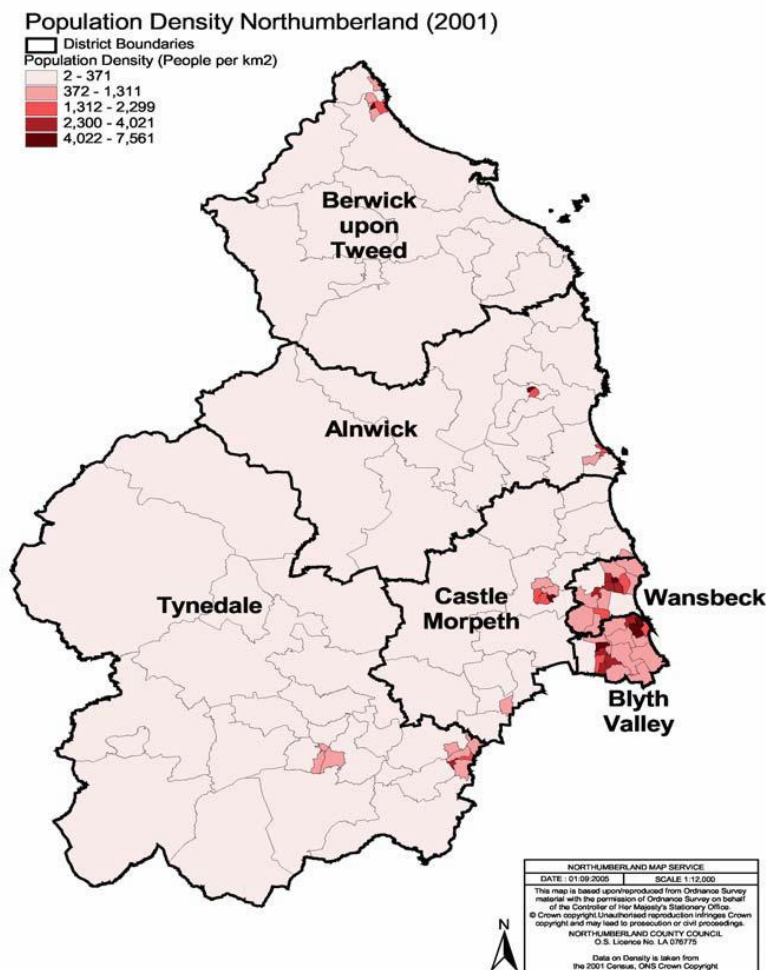
#### *County of Northumberland*

The pilot study and one of the case studies are located in the county of Northumberland. With its land area of 501,301 hectares (1,940 sq miles), Northumberland is the sixth largest county in England, although it is one of the smallest by population (307,190 at the 2001 Census) (Northumberland Housing Board, 2007). Almost half of Northumberland's population live in the urban South East corner of the county, while most of the rural population is clustered in the market towns of Alnwick, Berwick Upon Tweed, Morpeth and Hexham, together with a small number of towns and villages.

This geographical population distribution pattern [...] makes Northumberland a very challenging place in which to deliver efficient and effective public services [...], as the concentration and distribution of services does not always reflect the need. (Northumberland Housing Board, 2007, p5).

Although levels of unemployment are near the national average, income from employment is significantly lower than the national average. There is a very large range between the most and least affluent parts of the county: some are among the “most deprived” in the country but others among the “most affluent” (NSP, 2009, p5).

Figure 3 below shows the administrative districts of Northumberland up to 1<sup>st</sup> April 2009, (when the rural local authorities were merged with the county council to create a unitary authority). It can be seen from the map that the pilot study district of Tynedale forms part of the rural west of the county. The case study district of Alnwick extends to the eastern coast, although the case study area within the district is towards the centre and west of this district, as is clear from Figure 6 in Section 6.4 below.



**Figure 3 Northumberland County showing the Former Administrative Districts including Tynedale and Alnwick District**

(Source: Northumberland Housing Board, 2007, p7)

### *County Durham*

The case study Local Authority of Teesdale, part of the ‘Durham Dales’, is also in the rural west of a county – in this case, County Durham. In fact it is the most westerly of the seven former local authority districts in County Durham – see Figure 7 in a later section of this chapter. County Durham has a population of 493,000, representing 20% of the total population of the North East region (most of which is in the Teeside and Tyne and Wear conurbations). It occupies an area of some 220,000 hectares (Durham County Council, 2006), less than half the area of Northumberland but with a population that is around 40% higher.

Nevertheless, Durham faces a broadly similar range of challenges to those of Northumberland, including lower than average incomes and the peripherality of the rural west of the County. Average income levels for the county were around 80% of the national average and did not increase at the same pace as the North East as a whole

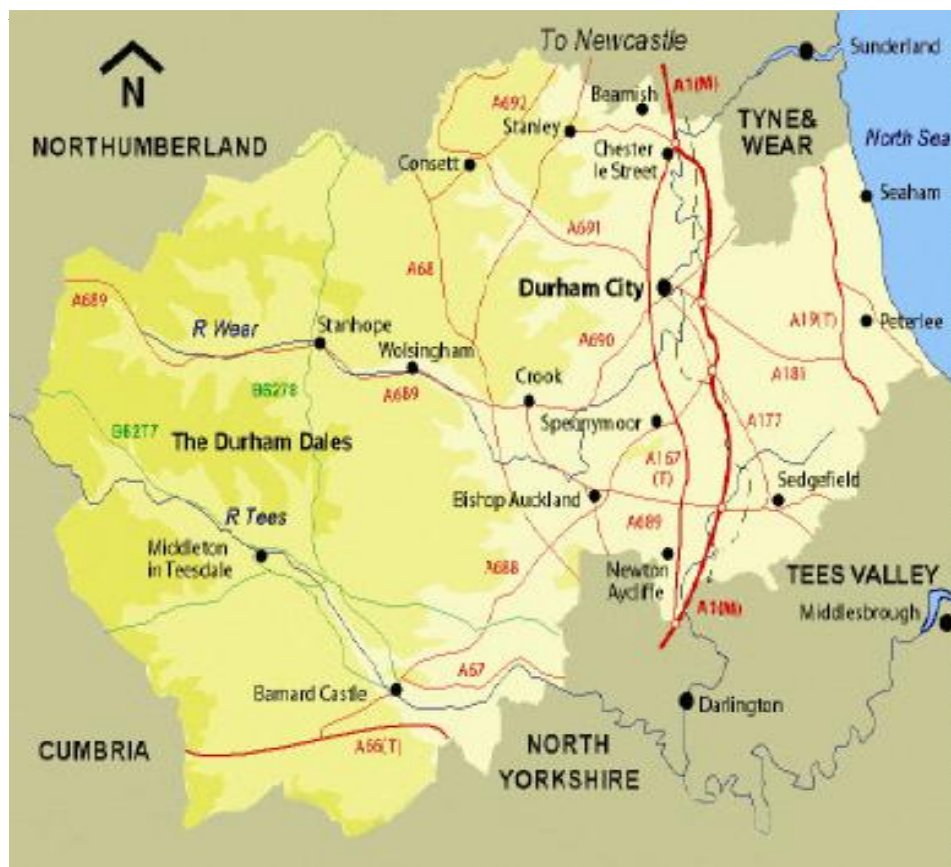


Figure 4 County Durham, showing the Durham Dales area

(Source: Durham Housing and Neighbourhoods Group, 2007, pp4-10)

Durham (see Figure 4 above) has a continuing negative environmental legacy from its former industrial base. The mining industry created a host of small villages scattered across the landscape with differing profiles, presenting administrative challenges.

The dispersed nature of our settlement pattern means that there are a large number of towns and villages across the County serving hinterlands of differing sizes; which makes it difficult to prioritise investment. (County Durham Economic Partnership, 2008, p9).

Key Actor interviewees' views of the case study counties, districts and constituent communities varied depending upon a professional's area remit. None of the Northumberland professionals attempted to reflect on the community structure of the whole county in the way that this Durham professional did:

County Durham is really a county made up of 560 villages. A typical Durham village has a population of 200 people, but they're all different. It's difficult to generalise about them. (Public Health – Teesdale and Wear Valley).

A Teesdale interviewee shows a similar attempt to conceptualise county-wide trends:

The county's getting older. [...] County-wide its happening but doubly so for Teesdale. This is one of the most rapidly ageing populations in the region. Older people from the East are tending to migrate towards the West of the county. (Communications – Teesdale).

The Northumberland interviewees tended to highlight, instead, places and patches of the county that do not seem to fit with the overall profile. There was no uniformity in this – Tynedale, Amble and Berwick were, respectively, picked out as 'outliers' by three different interviewees, as places where people responded differently to services or to getting involved.

Overall the impression that emerged was of Northumberland as a place that is inherently more disparate, more complex, harder to govern and to service, than County Durham.

## **6.2 The three study areas: overview**

Each study area consisted of a market town, two villages in a well-connected direction and three in a less well-connected cluster. Each study area therefore consisted of a subsection of a local authority district. The local authority administrative districts

Table 6 Comparative Features of Pilot and Case Study Locations

	<b>Hexham and Tynedale District</b>	<b>Rothbury and Alnwick District</b>	<b>Barnard Castle and Teesdale District</b>
<b>Percentage of district population over retirement age</b>	21.2% (2001) 23.7% (est. 2008)	22.8% (2001) 25.6% (est. 2008)	22.3% (2001) 24.7% (est. 2008)
<b>Percentage of market town population over 65 (2001)</b>	21%	26%	22.5%
<b>Total population of market town (2001)</b>	11,447	2,475	5,401
<b>Character of market town</b>	Town centre with pedestrianized area, five shopping streets, three tourist attractions, edge of town car parks with four major supermarkets	Town centre with two shopping streets, one edge of town car park, no major supermarkets.	Town centre with three shopping streets, one tourist attraction, two central car parks, one central major supermarket.
<b>Character of well-connected direction</b>	Former lead mining and agricultural villages towards North Pennines.	Commuter villages with large modern housing estates towards A1.	Historical land-owning estate villages and council estate-dominated settlements.
<b>Character of less well-connected direction</b>	Agriculture and tourism dominated villages towards and within Northumberland National Park.	Traditional villages around enclosed Coquet river valley with no northern exit route.	Former lead-mining and agricultural villages around lower slopes and exposed ridges of Upper Dales area

(Source: Census data (2001); ONS Neighbourhood Statistics Estimates; author observation)

within which the case study settlements lie, and the case study areas themselves, are described whilst avoiding naming any but the market town settlements, to protect the identities of the interviewees in Chapters 7, 8 and 9. Table 6 below summarises some of the main characteristics of the pilot and case study areas, and provides summary statistics drawn from a larger tabulation of census data at Super Output Area level which was conducted at the fieldwork phase.

In terms of the way in which areas and catchments were perceived by professional interviewees, five out of ten interviewees for the Teesdale case study actually had the district of Teesdale as their remit; a further two interviewees were responsible for both the Teesdale and Wear Valley areas, known together as “the Durham Dales”. Within policy both Durham Dales and Teesdale were accepted entities.

However, with regard to the ‘less well connected’ direction, the Coquet/Alndale district was rather more separate from the (now ‘former’) Alnwick District Authority than was the Upper Dales/East Teesdale district from the Teesdale District Authority, based in Barnard Castle. This is because the Coquet/Alndale district was centred on rural areas that might be supposed to depend upon the market town of Rothbury, rather than the Alnwick district administrative centre to its east. The overall case study was therefore given a distinctive name to underline this fact. Three interviewees covered the (former) Alnwick district authority area and two covered smaller areas internal to the district. One – in Public Health – embraced the emerging administrative entity of “North Northumberland” – an area that had formerly stretched from the top of Alnwick District to the border with Scotland, but was under redevelopment in response to the forthcoming Local Government Reorganisation to include all of Alnwick District Local Authority and to extend South of it to the Castle Morpeth authority (Public Health – Northumberland).

### **6.3 Pilot study in Tynedale: Hexham, North Pennines and National Park areas**

The pilot study was based in Tynedale, one of six local authority districts of Northumberland. Tynedale is a relatively prosperous local authority and historically

unusual in the North East, in that its population grew rather than shrank in the decade between 1991 and 2001, partly due to high rates of new housing (Tynedale District Council, 2005a). The population grew by 2.7% in this period; however, in the following decade, the 2000s, the population of the North East also grew slightly.

*Rurality.* Tynedale is the largest district authority in England (1,381 square km/858 miles) and the second least populated in the country (59,000) – the reasons underlying its claim to be “the most rural district in England” (Countryside Agency/One North East, 2002a).

*Population Age.* ONS Neighbourhood Statistics give the proportion of people of retirement age in Tynedale as approximately 21.2% for 2001, rising to an estimated 23.7% in 2008.

*Case Study Settlements.* The village settlements within Tynedale are connected with the market town of Hexham in a well-connected direction towards a former lead-mining settlement and agricultural centre and in a less well-connected direction towards a similarly sized agricultural village and the Northumberland National Park (see Figure 5 below).

*Market town.* Hexham is the largest of the three towns in the study, having a population of about 11,500. It is the most central of the three market towns in Tynedale – the others are Prudhoe to the east and Haltwhistle to the west.

*Connectivity.* A train station at its periphery links Hexham to the main market towns along the Tyne Valley and to the cities of Carlisle and Newcastle at the east and west extremes. Hexham is approximately 45 minutes by train from Newcastle and approximately one hour by train from Carlisle. The bus route adds about 20 minutes to the journey each way. Hexham is also at the hub of the transport network for the Tynedale region, with a centrally sited bus station linking 27 bus routes to more than 70 destinations (Northumberland County Council, 2006).

By car, Hexham is 26.3 miles (42.4km) from Newcastle, on a trunk road which is mostly dual carriageway, and 36.5 miles from Carlisle on a mainly single-carriageway

stretch of the same trunk road. In terms of Powe and Hart's (2007, p22) classification of market towns by their commuting functions, the market town of Hexham comes into the 'long distance commuting' group, feasibly located to be a dormitory town.<sup>26</sup>



Figure 5 Map of Tynedale District showing the Market Town of Hexham, the Well-connected direction (North Pennines) and the Less Well-connected Direction (Northumberland National Park)

(Source: <http://www.tynedale.gov.uk/residents/webpage.asp?id=3>)

<sup>26</sup> Only a small number of market towns reviewed in the study came into the "remote" category, rendering commuting unlikely, including the border town of Berwick-upon-Tweed; while the largest group, including the neighbouring Tynedale town of Prudhoe, came into the "close to urban" category.



*Identity.* Hexham has a strong and distinctive identity dominated by three important architectural edifices: the massive structure of the Abbey, founded in the 7<sup>th</sup> century; the medieval moot hall and the 14<sup>th</sup> century gaol. These features, and its location between the Northumberland National Park to the North, Hadrian's Wall country in the centre and North Pennines to the South (as shown on Figure 5) make it an attraction for tourists and day trippers and a popular base for exploring the rural North East. For example, in 2002, the Hexham Tourist Office received approximately 100,000 visitors per year (Countryside Agency/One North East, 2002b) and tourism accounted for around 10% of local employment that year (ibid., p23).

*Shops and services.* Hexham's market place hosts a Tuesday organic food market and a Saturday mixed-goods market, which alternates with a bi-weekly farmer's market; there is also a separate market place for (weekly) livestock sales on the town's perimeter, providing a continuing commercial link with the agricultural industry. In 2002 there were 299 retail units in the town of which 197 were shops, including 31 for food and drink. The remaining 102 units were either offices, health or dental care premises, visitor facilities or charity shops (Countryside Agency/One North East, 2002c). The town's large number of charity shops (12 in 2007) give an impression of a declining central function that may relate to the increasing number and floor space of edge-of-town supermarkets. A moderately successful industrial area at the town's north edge provides manufacturing and sales employment for the district.

*The Age Structure of Hexham.* At the 2001 census, the four central wards of the market town had an overall population aged 65 and over of 21%. However, it is likely that numbers over the past decade have been substantially raised by the increasing concentration of care home and specialised housing places within the town. There were, in 2007, more than 330 units of independent accommodation designed for older people, close to or within its centre including unsupported flats and sheltered housing (Elderly Accommodation Counsel, [www.housingcare.org](http://www.housingcare.org)).

## 6.4 Case study in Alnwick: Rothbury, Coquetdale and Alndale areas

It can be seen from Figure 5 above that Alnwick District borders Tynedale to the south west and the Berwick-upon-Tweed to the north. Alnwick is the only one of the three Local Authority districts in the study to have a substantial coastal area. The 2007 Sustainable Community Strategy for Northumberland presents Alnwick as forming part of Northumberland's 'rural border land' (also including Berwick). The other two districts of Northumberland are characterised as 'rural hinterland to Tyneside' and 'urban coastal plain' (NSP, 2007, p13).

*Rurality.* Like Tynedale, the district is one of the most rural and sparsely populated in England, having a population of 31,029 (in 2001) and covering an area of 1,079 square kilometres. This equates to an average of .29 persons per hectare (compared to Tynedale's 0.27 and a national average of 3.77).

*Population Age.* ONS Neighbourhood statistics gave the proportion of people of retirement age in Alnwick District at the last Census as 22.8%, rising to 25.6% in 2008.

*Case Study Settlements.* The case study area is focused on the small market town of Rothbury which lies between the extremes of a very remote cluster of agricultural and industrial settlements to its north in the Coquet Valley, and the well-connected commuting district of Alndale to its East, which lies on the main commuter trunk road between Newcastle and Edinburgh, the A1. These directions are respectively represented in Figure 6 by the towns of Netherton in Coquetdale and Swarland in Alndale. Part of the Coquetdale area forms one of the main training camps for the Ministry of Defence (the Otterburn Ranges) and this as well as its rising, mountainous extremes have effectively sealed it off as any kind of 'through route' in the modern era. The land around Coquetdale is divided between increasingly large-scale farming and forestry planting, and industrial quarrying.

Alndale is a seldom-used term for the valley and towns of the River Aln and I use it in this study to refer to the area between Rothbury and the important North/South route of

the A1 trunk road, which connects Berwick-upon-Tweed, Alnwick, Morpeth and Newcastle, and can be seen marked in green on the map in Figure 6.

*Market town.* The market town of Rothbury, like Hexham, is one of three in its local authority district (the other two are Alnwick and Amble, as shown in Figure 6 above). Situated at the base of the Coquet Valley, it is the smallest in the study with a population of around 2,500. Although a natural services centre for Coquetdale, it is decreasing in importance as a rural service centre (and not categorised as such in the Regional Spatial Strategy – GONE, 2008), due to its reducing services. In the last five years it has lost both its petrol station and one of its two small supermarkets, while swelling in terms of family-sized, large scale residential housing at its periphery. Its tourist trade relates to its situation between two large National Trust properties, Wallington and Cragside, as well as its proximity to Coquetdale which is favoured by walkers.

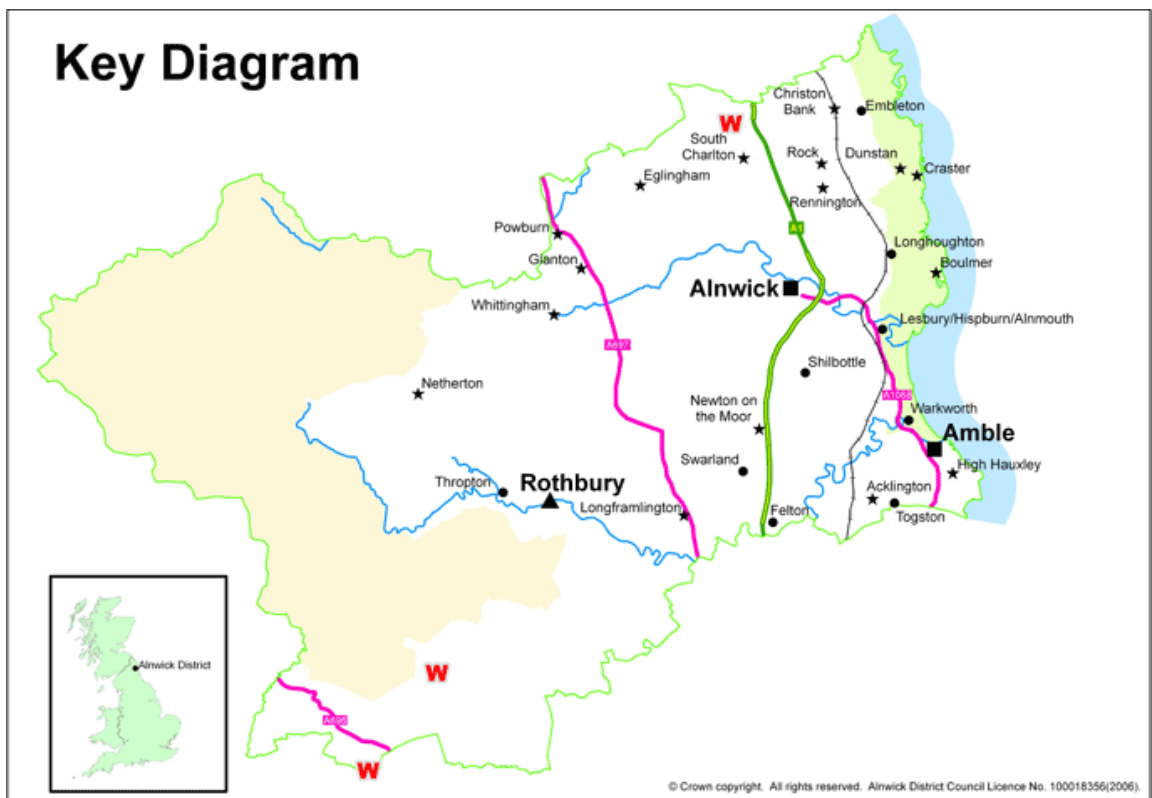


Figure 6 Map of Alnwick District showing Rothbury Market Town, the Well-connected Direction (Swarland) and the Less Well-connected Cluster (Netherton) (Shape markers represent size of settlement from ■ , the largest population to \*, the smallest population)

(Source: <http://alnwick.devplan.org.uk/keydiagram.aspx>)

*Connectivity.* Rothbury lies in a valley accessed between three narrow, twisting roads, one of which passes across high moorland to Alnwick. Some heavy industrial traffic from the rural hinterland passes through its centre; but it is not otherwise on any major transport routes.

It is eccentrically linked to the other market towns in the area. Although part of the Alnwick Local Authority district until April 2009, it is not linked with the market town of Alnwick but with that of Morpeth (under the separate, Castle Morpeth authority) by the main bus service, as in its school catchment areas and postcodes. Bus links between Rothbury and Morpeth were daily, while at the time of the study, Rothbury was linked to Alnwick with the once-per-week bus service that was also the only public transport serving Coquetdale.

*Shops and Services.* Perhaps due to Rothbury's lack of a large supermarket at either its centre or periphery, it has few chain store branches and its high street is characterised by around 30 small independent businesses. These include a large shoe emporium, a traditional ironmonger's, a toy shop, two delicatessens (one with a national reputation and mail order business) and two local clothing stores. It also has three cafes, two bakeries, a large newsagent and various gift and antique shops. There is only one charity shop. It hosts a monthly farmer's market.

*Identity.* Rothbury has always been secondary in the area to the district administrative centre of Alnwick, one of two local seats of the Percy family, Dukes of Northumberland. Its identity is linked with this family, to the extent that there is said to be a Rothbury 'accent' based on an historical Duke's rolled 'r'. The current Duke of Northumberland owns large tracts of land in Rothbury which is in the process of development in large estates of executive homes at its periphery. The town also has links with the North Eastern inventors and entrepreneurs, the Armstrong family, who own the estate and seat of Cragside on the outskirts of the town, now run by the National Trust. For example, Rothbury's traditional Almshouses are named the 'Armstrong Cottages'. The town is divided into two halves by the Coquet river and riverside park.

*Age Structure.* The electoral ward of Rothbury was, in 2001, the most aged of all the three study towns, with over 26% of the population aged 65 and over.

## **6.5 Case study in Teesdale: Barnard Castle, Upper Dales and East Teesdale areas**

Teesdale was one of the two Local Authority districts in the Durham Dales geographical area up to 1<sup>st</sup> April 2009. Teesdale is a rural district lying between Cumbria in the west and the more urbanised coastal area of County Durham and Teeside in the east. Above it is the more deprived rural area of Wear Valley (see Figure 7 below). Teesdale is one of five County Durham districts forecast to see significant population growth, an increase primarily attributable to net increases in ‘in-migration’, rather than any natural population growth through an excess of birth rates over death rates (Northern Housing Consortium, 2008, p18).

Land ownership in Teesdale is largely in the hands of four major estates, including the Raby Estate, and the Strathmore Estate. Barnard Castle is the main district town and was the seat of the Teesdale local authority up to April 1<sup>st</sup> 2009.

*Rurality.* Six of County Durham’s seven Local Authorities (amalgamated in April 2009) are more than 50% rural (‘Rural 50’) and this makes County Durham essentially rural in nature, according to the Urban/Rural Definitions, prepared by the Rural Evidence Research Centre for DEFRA (DEFRA 2002).<sup>27</sup> Teesdale itself qualifies as ‘Rural 80’ (see Table 4 in Chapter 5) and in closer focus, 100% of its population according to the 2001 census is categorised as ‘Rural’ under these definitions. Teesdale District is both smaller, and in 2001 less sparsely populated than the Tynedale pilot study district, with the same population density as Alnwick District (0.29 people per hectare, as compared to Tynedale’s 0.27).

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<sup>27</sup> **Only the district of Chester-le-Street is identified as less than 50% rural.**



**Figure 7 County Durham showing the Former Administrative Districts, including Teesdale**

(Source: Durham Housing and Neighbourhoods Group, 2007, pp4-10)

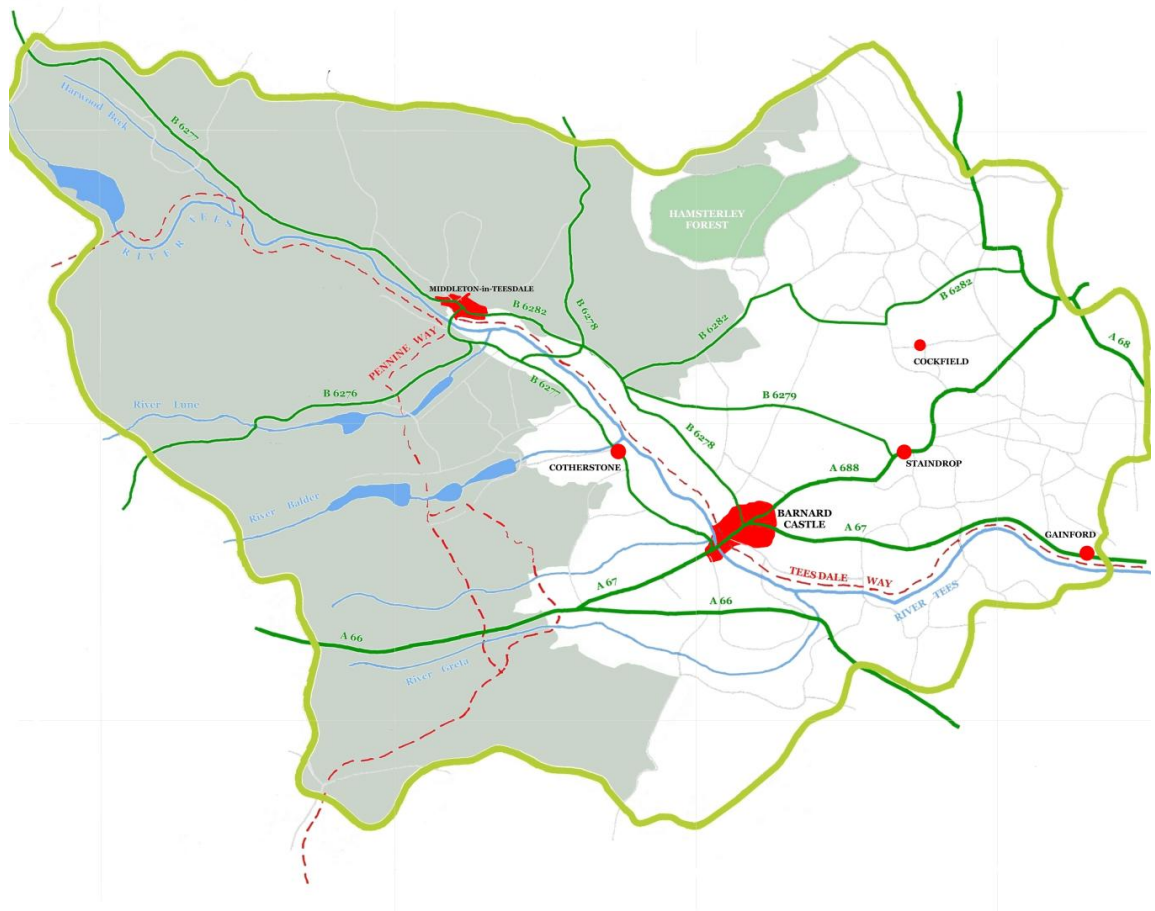
With an area of 325 square miles (approximately 842 square kilometres), Teesdale is the largest district in County Durham, but the one with the smallest population, at around 24,457 people (Teesdale Partnership, 2007). The district is largely rural with approximately 27% of the population living in and around the market town and administrative centre of Barnard Castle, its main service hub. Outside of the market town, along the rivers Tees, Greta and Gaunless, cluster a number of villages and hamlets some of which, in the north east of the district, were formerly mining communities.

*Age Structure.* Almost a quarter (24.7%) of the population was estimated to be of pensionable age in 2008, placing it midway between Tynedale and Alnwick in terms of percentage of older people.

*The Case Study Settlements.* Now primarily devoted to agriculture and tourism, the area was traditionally a mining centre. The Upper Dales area, which has significance both in terms of its natural history and as a tourist attraction, includes former lead mining villages and a large territory is owned by the Strathmore Estate. The former coal-mining villages of Evenwood and Cockfield to the east of Teesdale have a more suburban character, due to their proximity to the towns of Bishop Auckland and Newton Aycliffe. For this reason they were not considered for the well-connected direction of the study, although they were in the same general direction, between Barnard Castle and the A68. The well connected direction included villages along the first 7 miles of the A686 from Barnard Castle to Bishop Auckland, which were highly varied in character, although the large land holdings of the Raby Estate in the area were indicated by a white and dark blue livery for buildings in their ownership.

*Market town.* Barnard Castle (see Figure 8 above) has a population of approximately 5,500 within its central wards, less than half the population of Hexham. It is similarly embedded in large rural area, although lying at its southern end, rather than centrally. Affecting its role as a rural service centre is the proximity of not one but two major towns, both to its east: Bishop Auckland at around 14 miles distance (population approximately 25,000); and Darlington at around 23 miles away (population approximately 98,000). It has links to smaller rural towns on its western side, along the A66 to Cumbria.

Uniquely of the three market towns in the study, a major trunk road passes through the town centre (the A67 to Darlington and indirectly to Bishop Auckland). There is no train station, but the town is linked by twelve local bus routes to 29 different towns and villages; and by six coach services to 28 different destinations.



**Figure 8 Map of Teesdale District showing the Market Town of Barnard Castle, the Well connected Direction (Staindrop) and the Less Well-connected Cluster (Middleton-in-Teesdale)**  
 (Source: Teesdale District Council, 2007)

*Identity.* Barnard Castle has an important historical built environment, with over 1,000 buildings listed as being of architectural or historic interest. The remains of the castle and the castle walls are sited at the edge of the town as it towers above the Tees River, which divides it from the neighbouring village of Startforth (not included in this study). Barnard Castle has been described as having two town centres, one based on its Market Cross, which is central to the main street successively named Thorngate, The Bank, Marketplace and Horsemarket. The other centre is based on Galgate, which is on the line of the old Roman road and meets Horsemarket at a right angle. Behind the right angle formed by the two streets is the old medieval town with narrow lanes leading to the back passage from which the town cows were driven to pasture (Fraser and Emsley,



1978). To the west of Galgate and the north of the town are large developments of Victorian and 1930s housing as well as estates of modern bungalows. The town hosts a large museum with some items of national importance, the Bowes Museum. The Regional Spatial Strategy designates Barnard Castle as a 'rural service centre' (GONE, 2008, p30).

*Shops and Services.* The three main shopping streets are disproportionately strong in charity shops, and national chains and franchises. The strength of the tourist trade is indicated by the large number of cafes, restaurants and gift shops. The town has one large supermarket and one smaller grocery store at its centre. It has several bakers, delicatessens and a petrol station.

*Age Profile.* Barnard Castle had 22.5% of the population at or over the age of 65 in 2001. However, as with Hexham, this proportion is likely to have increased due to more specialised accommodation for older people being built in the town.

## **Part II Pilot and Case Study Area Policy**

### *Policy Selection and Review Approach*

This section focuses on the nature of the policies developed and delivered by governance agencies at regional and local level. The criteria for selecting policies is described in Chapter 5, Section 5.7 and the method of analysing policies is noted in Section 5.12. The pilot study policy review covered 22 policy documents across eight policy themes, but used a thematic search approach focused upon categories such as older and disabled people. By contrast, the case study policy review embraced the main focus of the policies and then extrapolated their impacts on older populations. Because of the more in-depth approach, the number of documents reviewed was limited to major policy documents cross-referenced in regional spatial strategies and any specific older people policies.

## **6.6 Pilot Study review of Regional and Local Policies**

There are two main differences between the pilot and case study approach to policy review. First, the approach piloted had a greater focus on specific mentions of older and disabled people as well as on consultation and partnership working. Secondly, unlike the policy review tables for the case studies, views of Key Actors were also taken into account at the pilot stage.

The pilot study policy review is presented as Table C1 in Appendix C. To summarise here, in all, 22 documents were reviewed, covering dimensions such as planning, housing, transport, and the Local Area Agreement. Only four out of the 22 documents had a strong focus on older or disabled people. The economic/regeneration perspective led to a low emphasis on older populations. Where older people issues were addressed, the focus was on facilities (housing and transport) rather than accessible environments. Key Actors were particular concerned about the lack of supplementary resources for rural areas they considered more expensive to provide services to, difficulties in staffing some kinds of posts, including social care posts, and the lack of funding equity between different client groups, in particular older people and learning disabled people, of whom the latter were perceived to gain much higher funding allocations. There were also concerns about the amount of change to which services were subjected through policy shifts. Key Actors' views with regard to policy are further explored in Section 7.8 of the Pilot Study.

## **6.7 Supra-regional and regional level strategies**

This section summarises the policies that are presented in Appendix C, Table C2. The emphasis in regional and supra-regional strategies is on increasing economic productivity, halting counter-urbanisation and halting migration out of the region; combined with the 'sustainability' emphasis on reducing commuting by car, these policies place the development emphasis on towns and conurbations. Rural areas are by implication, peripheralised. They appear in policies as places where development is balanced with environmental concerns and whose economies are to be boosted mainly by cultivating tourism.

The emphasis on reducing commuting and making things less comfortable for car drivers – by, for example, reducing non-residential parking (GONE, 2008), could disadvantage rural dwellers, especially car-dependent disabled people. Public transport systems focusing on connections between settlements and large ‘hubs’ could decrease connections and social capital between clusters of villages in a rural area. A focus on ‘innovation’ in ‘demand-responsive’ public transport systems could be at the expense of continuity and connected with this, lose an opportunity to influence demand by committing to regular, reliable and continuous transport services.

In theory, however, policies that pledge to improve urban housing and reduce counter-urbanisation in the region could reduce the pressure on rural house prices and thus increase housing choices for rural dwellers.

## **6.8 Northumberland county and Alnwick District policies**

This section summarises the policies that are laid out in Appendix C, Table C2. These policies echo the regional and supra-regional approach described in the last section. Of particular note is the visual and thematic focus on young people in economic policy (NSP, 2009), overlooking both older people’s actual and potential contributions. Regeneration in housing policy is focused specifically on run down former coalfield area and two “city-commuter” areas. While difficulties in recruiting home care staff in Alnwick and Berwick are recognised, the solutions are largely seen in terms of Telecare and Extracare housing. Alone of all the policies reviewed, the transport policy (Northumberland County Council, 2006) has a strong accessibility awareness and has been formally rural-proofed. However, from its use of the term ‘elderly’ for older people, to its focus on their needs to access health services and healthy lifestyles rather than work and education, its approach is potentially limiting to older people’s access. The focus for rural public transport is on work and education commutes, suggesting that overall, older rural public transport users will not be prioritised.

The local development framework for Alnwick (Alnwick District Council, 2007) recognises the importance of the car for rural users, and the need to increase rural

accessibility, while continuing to envisage the solution in terms of ‘innovative transport solutions’. In its emphasis on rural jobs and its housing allocations, of which a quarter are to go to ‘sustainable village centres’, it differs from the regional strategies in envisaging the continued development of rural settlements outside of market towns. However, allocations are to be based upon somewhat arbitrary ‘sustainability criteria’ (as in the Tynedale policy) that fail to address the mutable nature of rural settlements.

The Older People’s Strategy (NSP, 2008), while raising awareness of issues county-wide and including recognition of older people’s contributions as well as their needs, mentions the importance of reducing barriers in the public realm only in passing, and focuses solutions on housing and adaptations to the home. It has weak implementation proposals and does not mention mainstreaming older people’s issues in structural policies.

The overall downplaying of the county’s older population is reflected in the Local Area Agreement, where of a total of 112 targets, 47 are for children and young people and only 9 are specifically for older people.

## **6.9 County Durham and Teesdale District policies**

This section summarises the policies that are presented in Appendix C, Table C3. The levels at which policies are available for County Durham and Teesdale within it are slightly different from those for Northumberland. While the Local Development Framework was available at District level in Northumberland, in Durham, Teesdale also had its own Sustainable Community Strategy (Teesdale Partnership, 2007). In contrast with the parallel strategy in Northumberland, Teesdale takes a ‘Russian Doll’ approach to the three sustainable development ‘pillars’ with the economic theme at its centre. However, it also exceeds these three pillars and reflects its rural location by adding a fourth, ‘access’ to its priorities. While the focus towards the ageing population is on older people leading active and independent lives, none of its nine structure themes concerns older people, although one of the themes is on Children and Young people.

The Economic strategy for County Durham (County Durham Economic Partnership, 2008) recognises the predominantly rural nature of the county and the need to develop and diversify the rural economy. However, it does not acknowledge older people’s role

in that economy and in discussing the town of Barnard Castle it notes a need to ‘restore balance’ to its age structure by increasing the proportion of younger people, a notion also echoed in the Teesdale District Local Development Framework (Teesdale District Council, 2007). The Durham sub-regional housing strategy (Northern Housing Consortium, 2008) also focuses on more housing for younger people in Barnard Castle although it notes the housing needs of older people among its four main objectives. It observes housing pressures in rural areas caused by right to buy, holiday and retirement homes. In its focus on regenerating run down former mining communities there is a danger that older people’s housing needs could be sidelined.

The Durham Local Transport Plan (Durham County Council, 2006) observes the problems introduced by the ‘dispersed village pattern’ of the county. While using the potentially stigmatising language of the ‘elderly’ to refer to older people, it has a more progressive view of older people’s transport needs, in terms of leading an active life, and pays attention to the enabling qualities of the public realm as well as public transport in supporting older people’s mobility. Bus-taxi links and an emphasis on ‘reliable’ (rather than merely innovative) community transport links are proposed as ways to deal with the rural areas biggest problem, that of accessibility. There is also a focus on transport to hospital, with, for example, a service already in place to Darlington Hospital that provides a passenger assistant .

Durham’s Local Area Agreement (County Durham Partnership, 2008) has selected 65 targets, of which three target older people and 24 children and younger people – proportionately even fewer than in Northumberland.

## **6.10 Conclusion**

This chapter has introduced the pilot and case study areas, the central market town in each, and the well-connected and less well-connected directions (or clusters) from which the five village settlements for each area study were selected. It presented each area’s rural and demographic characteristics, as well as some key aspects of their distinctive identities.

From this overview it emerges that both Northumberland and County Durham's rural areas are in the west of the county and more urban areas are in the east. Both counties are perceived in policy as economically disadvantaged within the UK and there is strong pressure to raise both participation in employment and average earnings. Within this context, however, the small village structure and higher population density may make Durham easier to govern than Northumberland, with its extremes of deprivation and privilege, a densely populated south east corner, extremely sparse rural areas and very distinctive towns and areas such as Tynedale, Berwick and Amble.

Hexham, Barnard Castle and Rothbury emerge as three rather different kinds of market town, ranging in size from Hexham, which would count as urban in the government's 2004 rural/urban definitions, to Rothbury which barely meets the minimum population size qualification for a market town with around 2,500 people. Hexham is central and well connected both to other market towns and to metropolitan centres east and west, Barnard Castle is well connected in an easterly direction to Teeside conurbation towns and cities; Rothbury is situated close to the Northumberland market towns of Alnwick to its east and Morpeth to its south, but is somewhat cut off both from the former and the northerly direction by virtue of its topography.

The focus on policy for the region and case study areas showed four overwhelming characteristics: older populations make a marginal appearance in most policies and interventions for them are based on housing and transport rather than environments and involvement, with a few notable exceptions. In spite of all the rhetoric of sustainability, most emphasis is on increasing growth, productivity and aspiration and on regenerating run down former coal field areas. Sustainable communities are sought through 'quick-fix' solutions of focusing new development on places that are already well-provided with transport, businesses and amenities. Rural problems are intended to be solved by 'community transport', 'innovative transport solutions', 'better connectivity' but developing and diversifying rural employment is largely envisaged in terms of the cultivation of tourism. Older people's potential and actual contribution to rural economies is only recognised in such specialised documents as the (draft) Older People's Strategy for Northumberland. Such approaches cement the idea that economic productivity is of most importance, and that rural areas and their older populations are peripheral to this.

# Chapter 7. Pilot Study in Hexham and Tynedale

## 7.0 Introduction

This chapter presents the findings from the pilot study Key Actor and Older People qualitative interviews under the eight ‘ageing and environment’ headings identified in Chapters 2 -4. It represents a resumé of a much longer report prepared for the study’s co-funders, DCLG, which has been simplified and reorganised. However, it does not include the extensive ‘interviews in focus’ which are a feature of the case study findings chapters that follow, and that have allowed greater exploration of the theoretical, ‘critical human ecology’ dimension of the study. Its primary reason for inclusion therefore is to introduce the many aspects of rural living for older people and to highlight some of the emergent themes that will be explored in the case study chapters, as well as offering some strong examples of the way these affect individuals. It concludes by signposting some of the most important of these.

### *Interview Attribution*

To protect the study participants in accordance with the study’s ethical consent procedure, I have anonymised their identifying features as far as possible. For the Key Actor interviewees, this means that their job title is not used, but only the function of their department or organisation, followed by the catchment area of their professional activity. Key Actor interviewee designations are always in Roman font, while those of older people are always in Italic font. For Older People interviewees, I have given each a fictional name that conveys gender.

Due to the very small populations of many of the 18 settlements visited, outside of the market town, I have also created fictional place names for the older person’s settlement. In order to avoid the repeat description of whether the settlement is on a ‘well-connected’ or in a ‘less well-connected’ cluster, the type of name given also indicates the type of route or cluster in which the settlement is located, as follows. The well-connected route settlements have a *prefix* with strong local associations, in this case ‘Hexen’ (as in “Hexendale”, ‘Hexenheads’). The settlements on the less well-connected

direction all have a *prefix* based on a standard adjective or preposition (upper, over, inner, middle, under, edge, little, nether) combined with the same suffix. A place beginning with a local-sounding name (Hexen, Tees, Aln) is therefore on a well-connected direction; a place beginning with an adjective (Upper, Outer, Under) is therefore on a less-well connected direction or cluster. The inconvenience of this method is that it does not support the use of area maps and plans as were presented in Chapter 6, Part I, which could simplify understanding of the geographical and access issues. It is hoped that the verbal explanations are adequate to presenting the issues without giving away the exact locations.



## Part I Physical Environment Themes

### 7.1 Location and qualities of housing

Hexham is amply provided with both general purpose and specialised accommodation options for older people. One clear example is the distribution of specialised housing and care homes in the Tynedale area (see Table 7 below).

**Table 7 Tynedale Pilot Study: Specialised Housing and Accommodation**

Place name	Care Homes (within 5km)	Specialised Housing Schemes for rent (within 5km)	Specialised Housing for Sale
Hexham	7 (of which 3 provide nursing care and 1 specialist EMI care)	8 schemes, of which 3 unsupported and 5 with warden or manager	4, of which 2 unsupported, 1 with warden or manager, 1 with community alarm service.
Hexendale	0	2 schemes, of which 1 unsupported, 1 with warden or manager	0
Hexenheads	0	1 unsupported	0
Underwald	0	1 unsupported	0
Overwald	0	1 with non-resident manager and community alarm service	0
Innerwald	0	0	0

Source: [www.housingcare.org](http://www.housingcare.org)

This situation was affirmed by one professional interviewee:

The supply of older people's housing stock [in Hexham]: there is enough, not a massive shortage. Void levels are very low. There are not massive waiting lists. The waiting lists are for family housing. (Housing Association, Tynedale).

The Key Actor at Tynedale Housing Department noted how the smaller, bedsit-style stock is unpopular with older people. A sheltered housing scheme on two floors in central Hexham, for example, consists of over 40 bedsits and one bedroom flats with only one lift to the upper floors. This district's first extracare scheme was in the process of beginning building at the time of the pilot study, and was mentioned by about half the Tynedale Key Actor interviewees.

In accordance with this picture of good provision, at the time of the pilot study, steps were even being taken to fill the gaps in the range of Hexham's specialised accommodation, for example, four two-bedroom bungalows were in the process of being built (Housing Department, Tynedale). Although at the time of the study there were no care homes in the five villages reviewed (one in "Hexendale" had just closed down) and a dearth of Elderly Mentally Ill (EMI) places in Hexham (meaning some older people with dementia had to go to the adjacent town of Corbridge) all but "Innerwald" had a 'for rent' sheltered scheme; while 'for sale' sheltered provision was available in the market town.

While sheltered housing flats in the hub town were centrally sited, houses and bungalows tended to be further out, and in hilly locations (see Figure 9c below). In both "Overwald" and "Hexenheads", the sheltered schemes were at a distance from the village centre and on a steep rise, and interviews with their residents suggested this could be a factor limiting older inhabitants' activities (*David, "Overwald"; Margaret, "Hexenheads"*).

One care home was also very centrally located in Hexham town centre (see Figure 9d), a feature that may be more characteristic of rural settings, where lower land prices render it possible for older people's accommodation to take up prime situations in a town.



**Figure 9 Flats and Specialised Housing for Older People in Hexham. Clockwise from upper left: a) ‘for sale’ sheltered housing (red wall) on one of Hexham’s three main shopping streets b) Typical institution-to-flats development near Hexham town centre c) ‘for rent’ housing association bungalows on hill out of town d) town centre care home.**

*Home maintenance*

The Housing Association interviewee noted that stock was ageing: “It’s a pity more money hasn’t been invested in the stock several years ago.” (Housing Association, Tynedale). The Tynedale Older People’s Representative noted that Tynedale was the only Northumberland District to sponsor a Housing Improvement Agency (that supports people to maintain private housing – both rented and owner-occupied). Although it is intended to operate across Northumberland, in practice it has a strong local bias.

Within the sub-region an average of £1.132m has been spent on Disabled Facilities Grants over the last five years (between 2002/3 and 2006/7), varying considerably between local authorities, ranging from £48,000 in Berwick-upon-Tweed to £457,000 in Tynedale in 2006/7. (Northumberland Housing Board, 2007 pp58-59).

This district advantage, however, was likely to be lost with the merging of the six Northumberland Districts into one unitary authority that took place in April 2009.

### *Housing qualities*

Reflecting the problem with restricted space in specialised older people's accommodation, one interviewee, *Renee*, living in a local authority (general needs) two-storey council house had fallen down a narrow set of stairs and damaged her spine; but refused to be moved to a bungalow, for fear of losing her second bedroom. Poor design was a problem for an older person in a Housing Association bungalow in one of the villages on the well-connected route, whose access to her home was impeded by steps up to the front door:

The first year I was here, I fell from the top steps to the bottom, it was really nippy out. It puts me off going out on an icy day, I'm frightened I would slip. (*Margaret, 86, widow, Housing Association tenant, "Hexenheads"*).

This was also observed to be a problem in the bungalows in "Innerwald". These steps may be included in rural bungalows to prevent residents from becoming snowed in or flooded, but nevertheless in many situations presented a safety hazard and ramp access was being substituted piecemeal across several such estates.

### *Rural Housing and Heating*

*Insulation.* A Warm Zone affordable heating scheme operating in Northumberland uses the opportunity of visiting people with insulation issues to make sure that they are receiving the financial benefits to which they are entitled, which can enable them to improve the thermal adequacy of their homes (NSP, Northumberland). However, one interviewee with an overview (ibid.) noted that the Home Improvement Agency was overlapping in some of its welfare and safety checks with the Warm Zone Scheme. Furthermore, he observed that stone-built properties, common in Northumberland, were extremely expensive to insulate, at around £3,000 per property, compared to those with

cavity walls, which cost on average £100 per property (Northumberland Strategic Partnership, Northumberland). While one-off projects to insulate stone housing were being coordinated at the time of the pilot study, the move to channel various targeted grants through the medium of the Local Area Agreements means there is an ‘outcomes oriented’ trend away from many small, one-off projects like this to fewer, bigger projects where “there’s a better return on your money” (NSP, Northumberland). The result is that a rural stone house will in future be unlikely to receive an insulation grant (ibid.).

*Heating.* In the North East particularly, coal has been the fuel of choice. Many older people or their spouses have worked for the mining industry and continue to receive a pension partly paid in coal. This was the case with *Ruth*’s widow’s pension. Two interviewees in sheltered schemes, one in the well-connected and one in the less well-connected routes, used coal-based heating systems (*Rita* in “Hexenheads” and *Evie* in “Underwald”); and at least three owner-occupier village-dwellers continued to use coal as their main form of heating (*Ruth, Betty* and *Geoffrey*).

One person in a well-connected village, who chose not to participate in the study, noted that the coal heating in her sheltered housing scheme was a major problem both to run and in terms of heating efficiency (Research Notes, Tynedale). For *Evie*, in a “less well-connected village” it appeared to pose a significant health risk. She had already had two serious falls involving hospital treatment, one indoors and one outdoors:

P.: I can’t kneel on my knee, the one I had replaced, they said I shouldn’t put the strain on it, so I have to bend from the waist to do the fire every morning. It gives me heartburn. I wish they would come and do something. In this day and age, we shouldn’t be shovelling coal. [...]

I.: It must take a lot of planning to keep the fire stoked up to the right temperature.

P.: Well, by the morning, the fire’s been out for hours. You get out of bed and it’s perishing. [...] (*Evie, 83, widow, Housing Association tenant, “Underwald”*).

Prior to this interview, I had spoken to the (general needs) Housing Association responsible for the estate where *Evie* lived. They noted that while there were a few Disabled Facilities Grants available to change coal-based heating systems to electric central heating, they could encounter some resistance in rural areas: “The pit pension

can include free coal. If people have had it all their lives, it's hard to get them to change.” (Housing Association, Northumberland). *Evie* had, however, been unable to feed back on her personal experience with coal heating, and other housing issues, as her Housing Association's tenant feedback meetings were in the larger “Overwald” village and no transport was provided for tenants living elsewhere.

## 7.2 Location and qualities of shops and Post Offices

### *Hub town*

Interviewees noted the decline in the hub town's provision of Post Offices, from three to one (the east and west end branches closed) while the reasonably sized central office was reduced to a small concession in the basement of the local department store, with correspondingly long queues. Decline in corner shops within the hub town was also regretted (*Richard* and *Marian*, Hexham).

The town was, however, exceptionally well-provided with five large supermarkets, four in edge of town locations with large parking facilities. In line with the studies of supermarket impact noted in Chapter 3, Section 3.5.3, this may have been a factor in the decline of corner shops and the gradual depletion of the old town centre. Four elders commented on the decline in the town's high street where increasing numbers of voids have been taken over by charity shops (*Patricia, Isobel, Carole, Richard* and *Marian* – all Hexham).

At the same time, in terms of their space allocation, the supermarkets could have represented an advantage for older people. A wheelchair user interviewed as part of a study on market towns undertaken concomitantly with this research (Gilroy *et al.*, 2007) complained that most of the shops in the town's only pedestrianized shopping street presented barriers, because of the practice of crowding in as many goods as possible in narrow aisles with displays at either end. This suggests that there would be a clear advantage for increasing public transport access to the large footprint, wide-aisled, edge-of-town supermarkets (see Figure 13b), which at the time of the study were remote from bus stops and visited only by a twice-weekly minibus for those registered disabled, run by a local voluntary sector group for the (registered) disabled.

### *Villages*

All but one village (“Hexenheads”) had managed to retain a Post Office or visiting postal service, and all of the five villages visited in Tynedale had some kind of on-site food vendor. However, in two cases (“Hexenheads” and “Innerwald”) these were small tourist cafés stocking a limited range of ‘essentials’ for locals. Both were owned by non-commercial interests: a village Trust and the Northumberland National Park respectively. In both cases, however, they were supplemented by mobile delivery services: “Hexenheads” had access to a door-to-door grocery van (interview with *Betty*) while a store in a neighbouring village made a regular delivery of orders to a community refrigerator in “Innerwald” village hall (*Focus Group 1, Community Women’s Group, “Innerwald” rural area*).

## **7.3 Location and qualities of transport and access to health and social care**

Hexham is viewed in the Regional Spatial Strategy as a commuter-belt town, in the Newcastle city region (GONE, 2008). The town is also connected with metropolitan centres of Carlisle and Newcastle and with other Tyne Valley towns by rail and by a modern trunk road, the A69, which bypasses the town centre. Furthermore, the central bus station has 27 bus routes to more than 70 settlements.

### *Public transport*

Although Hexham had bus links with most locations in its rural hinterland, the bus station itself was outdated (see Figure 10 below) and inadequate both for the volume and age of its main users. Furthermore buses into and around Hexham are mainly confined to commercial hours, thus confining bus users on evenings and Sundays. However, older people along the two lines of rurality visited for the pilot study demonstrated greater access options than a simple choice between public and private transport. These included blending public and private transport together where bus timetabling and reliability were an issue; services including mobile sales vans and free-of-charge delivery from town and village shops; lift-giving, lift-sharing and car-loaning.



Figure 10 **Hexham Bus Station in 2007**

As noted in the last section, Hexham also had a disability access bus linking different points in the town for those eligible (being registered disabled) which operated between one and two days per week over the period of the study. But for those not eligible for this service, the connections between supermarket and main town areas, as well as between bus and train stations in the town were inadequate – the long (650 metre) pedestrian walkway linking the two was extremely steep in parts (see Figure 11 below) and had insufficient rest points; while the two town buses linking the train and bus stations did not call near to the supermarkets and had no clear timetable.





Figure 11 ‘Angina Hill’ in Hexham (estimated gradient 1 in 3 metres): the route from the station and edge-of-town supermarkets to the traditional town centre

### *Community Transport*

Community Transport is often mooted as the solution for rural transport problems. Two professionals concerned with community transport at county level were interviewed for the project (Voluntary Rural Transport Project, West and North Northumberland; Community Transport, Northumberland). Both interviewees testified to a service in transition, as one government funding stream for rural transport came to an end and there was a push for greater rationalisation of services (uniting leisure transport with hospital transport schemes, eliminating duplication of routes, measurable outcomes).

The RAMP (Rural Access Mobility Project) model was being piloted in Berwick during 2007 on a free-of-charge basis although the plan was to introduce a charge if it was adopted (Sources: Northumberland Strategic Partnership, Northumberland; Community Transport, Northumberland).<sup>28</sup> By the time of the case studies, some aspects of the RAMP model were being rolled out.

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<sup>28</sup> Subsequent policy documents explain that the idea behind RAMP was to bring together all transport planning and procurement in one “Integrated Transport Unit”, that oversees buses, mini-buses, community transport, car schemes, taxis and ambulances. (See <http://www.newcastle.gov.uk/wwwfileroot/regen/ltp/ADPChapter6SharingGoodPractice.pdf>, p15). This had not happened at the time of writing.

### *Private transport*

All but one of the fifteen households in the pilot interview sample had access to private transport. The exception, *Oswald*, had lost his licence on medical grounds and was about to move from the market town's periphery to its centre as a consequence. In fact, all participants, including *Oswald*, even those living in Hexham town centre and those making regular use of the public transport system, could be said to be highly dependent on private transport for their daily needs. Some used the car every day, or more than once a day. Reasons for high car use varied, and although some interviewees were simply enjoying the opportunities of a well-resourced retirement or accessing discount stores in distant locations, for others the car was more essential. One worked part-time seven days per week as a shepherd (*David*); one suffered from angina which affected the amount of walking she could do (*Ruth*); the third had a combination of serious mobility and gastric problems (*Renee*). In the words of Renee:

If I couldn't drive, it would be serious, I'd be like a – what do you call it? – I wouldn't be able to get out. (*Renee, 77, divorced, council tenant, Hexham*).

Two interviewees (*Ruth* and *Oswald*) also reported driving while seriously unwell and the rationale they provided suggested restricted local support networks in combination with a form of transport they had used exclusively for a long period of time, implying a lack of confidence to consider other options.

Hexham itself was well-resourced in terms of parking and charges were reasonable (40p per hour being an average parking meter fee), although on market days of Tuesdays and Saturdays, town centre parking could become exhausted, forcing private vehicles into the town's main public car park, connected with the main centre by the same steep and uncompensated walkway without rest points that links the bus and train stations (see Figure 11). Road links with both the well- and less well-connected rural areas, however, were hazardous: in the former case, a steep narrow turning from the town centre to the "Hexendale" road; and in the latter case a tricky right turn across a dual carriageway.

### *Access to health and social care*

Many of the difficulties with delivering social and medical services in rural areas are directly linked with transport, in that either the carer or the client must travel long distances to access the service.

*Primary Care.* Both directions visited in the pilot study are provided with a full-time general practitioner in a midway location (“Hexendale” and “Overwald”, respectively). Following the national picture of falling provision, (CRC, 2007), access to dental care is more precarious, with only two NHS practitioners in Hexham serving the outlying rural district.

Overall, rural primary care services are likely to be easier to provide now with better roads and increased numbers of older people using private transport: “Elderly people are far more mobile than they used to be – they regularly use taxis and drive.” (Primary Care Trust, Tynedale).

The emphasis in the National Service Framework for Older People (DoH, 2001) on assuring access for older people to specialist services had resulted (at the time of the pilot study) in a situation where people with complex and multiple conditions needed to make repeat journeys for consultations at the GP surgery with a different nurse specialist:

I want to rationalise these visits so I can carry out all three checks at once – but it’s not straightforward. There is a specialist heart disease nurse, a specialist diabetes nurse and so on, it is about getting them into the surgery at the same time. This is the way medicine works now, and it’s hard. (Primary Care Trust, Tynedale).

By the time of the Case Studies, this kind of difficulty with the system was in the process of being ironed out (see Chapter 8, Section 8.3.2).

### *Secondary Care*

The Primary Care Trust interviewee noted a dearth of beds for people recuperating from operations in Hexham hospital, meaning they must be displaced to more distant hospital sites for rehabilitation with all the attendant problems of remoteness from family and visitors. Another issue for rural older people’s access to medical care, raised by directives that aim to raise standards, is the increasing concentration of the

various specialisms in centres of excellence, often widely dispersed geographically. This can be assumed to have a particularly significant impact on those living in rural areas distant from major public transport networks.

Acute surgery is almost entirely done by North Tyneside, the Freeman hospital, and Wansbeck. It's virtually impossible to get from Prudhoe to Wansbeck by public transport to see a relative and get back in one day. [...] there is a taxi service at Hexham hospital for relatives to get to and from the Freeman, but they don't advertise it. [...] (Primary Care Trust, Tynedale).

A focus group held with carers in Prudhoe (see Appendix B, Table B4) observed that even though people were aware of this service, they did not use it, because the time allowed between drop-down and pick-up was too brief:

I: I've heard there is a taxi service, but they didn't advertise it.

P: But there's only one a day, it's only one o'clock and you have to be home by 3.00, so you've only got about three quarters of an hour with the person you're going to see, and if they happen to be having an X-ray, or a bath or something, that's your visiting time over, so it's not a good service. It's very difficult. (Focus Group 2, Carers' Support Group, Prudhoe).

Another participant sent to the Wansbeck hospital in Ashington (around 38 miles from Hexham), noted that the transport service appeared insufficiently coordinated with the hospital appointments system: "they said that they would send an ambulance to take me. And they would be here at 8.15 – 'but you won't be there in time for your appointment'"! (Isobel, 82, widow, owner occupier, Hexham).

#### *Ancillary health care*

There was little of interest in this category arising from the interviews, apart from some people's remoteness from services and the patchy provision of home-visiting services including chiropody and physiotherapy.

#### *Social Care*

A discussion group carried out for the concomitant Market Towns Study, noted earlier, suggested some stubborn financial and recruitment obstacles to equitable provision of services to rural areas. Most home care work requires car ownership, in spite of the low financial rewards (Voluntary Sector key actor quoted in Gilroy *et al.* 2007, p78).

There is also competition from other, easier and ‘cleaner’ work, such as retail. There is an intrinsic funding bias against rural workers as well, in that the social care task is costed by unit and travelling time is not included in the fee.

It is very difficult if you need a home help: no-one can go, because they can’t get there. The quarter of an hour visit allowed by Social Services will be taken up by the travelling – driving – to get to the person’s house. (Primary Care Trust, Tynedale).

Independent Audit by the Commission for Social Care and Inspection (CSCI) (CSCI, 2006) found that Northumberland is indeed lacking in social care provision, particularly in ability to provide an out-of-hours service. It is likely to be the large proportion of elders who require care but do not meet the County Council’s ‘critical’ rating on the Fair Access to Care criteria who are most disadvantaged by this situation.

A Voluntary Sector interviewee co-ordinating carers’ groups observed a lack of funding for preventative work meaning that people move to the critical level of (“Fair Access to Care”) criteria for social care support much faster than before.

In spite of professionals’ concerns, the three older people in the pilot sample who were themselves recipients of intensive home care, seven days per week, voiced no dissatisfaction. The “Hexenheads” interviewee was appreciative: “I have to pay, but it’s worth it. I don’t begrudge the money at all, she’s worth every penny. (*Margaret, 86, widow, Housing Association tenant, “Hexenheads”*).

In terms of third sector support services, one Key Actor interviewee noted the lack of voluntary sector infrastructure in country towns:

A market town like Hexham often won’t have the infrastructure that large towns have. Age Concern has a large branch in Newcastle and Ashington. There are disease-specific groups in the county but few in Hexham itself. They may have very small local branches because the population is so low. (Primary Care Trust, Hexham).

In spite of this, Hexham did host some important voluntary sector providers for the Tynedale area, benefiting, as noted above, from a dedicated access organisation that ran a shopping bus for people registered disabled; providing the base for an organisation

coordinating carers groups; as well as hosting day care for people with dementia in the community rooms of a sheltered housing scheme.

## 7.4 Settlement Geography and Infrastructure

A GP in a Primary Care Trust noted Hexham's intrinsic geographical barriers:

The town is unusual, built on a north-facing slope on the south side of the river, with a flat east-to-west plateau for the town centre. People find it difficult to park in the Wentworth car park and walk into the town centre, or even use buggies. It creates access problems. (Primary Care Trust, Hexham).

The first Voluntary Sector interviewee, responsible for a project providing day trips for isolated rural elders, was particularly conscious of the hazards of several local towns and cities for people with mobility impairments:

We risk-assess everywhere we go – how people can get about in wheelchairs, how are the pavements, how busy is the road. [...] Penrith, Carlisle, Hexham and Morpeth – a nightmare!  
(Voluntary, Rural Transport Project, West and North Northumberland).

In Hexham two steeply-descending streets were the main location for 'prestige' shops in the town, hosting gift shops, furniture shops and restaurants, but were very difficult for older people to use. This was because they had no benches and were in places extremely narrow, not having enough width for a person in a wheelchair to turn around, to get into or out of shops. The pavement width was particularly hazardous at a blind corner, as well as on a street used by cars and lorries leading to the walkway between the town centre and railway station.

A further barrier in Hexham were large cobbles on a central, flat, attractive shopping street, which included the town's only independent new bookshop, as well as restaurants, gift shops and a newsagent. This street also had narrow pavements. While picturesque and distinctive, it effectively excluded anyone with a mobility problem or using a mobility vehicle.

Furthermore, certain historical features, including the changing level steps in the central market square (see Fig 12 below); and a picturesque street near the park consisting of a

brook flowing between raised pavements on either side, might present particular challenges to people with a cognitive or mobility impairment.



Figure 12 **Changing Levels outside Hexham’s Medieval Moot Hall**

On the plus side, and perhaps reflecting its size, and its number and range of amenities (town centre park, riverside park, town centre shops, edge of town shops), Hexham was well-provided with four accessible, level public lavatories, open outside commercial hours – even though the town centre facility was quite difficult to locate and not well signposted. Furthermore, three of the four edge-of town stores had good disabled parking and were generously laid out, with wide clear aisles and electric or hand-driven wheelchairs available for disabled shoppers (see Fig 13 below).



Figure 13 a) **Disabled Parking at Edge-of-town Supermarket** b) **Wide, Uncluttered Aisle in Edge-of-town Supermarket**

The outlying villages appeared more hazardous and barrier ridden than the market town and lacked disabled-friendly features such as dropped kerbs, marked or monitored crossings. “Underwald” lacked a bus stop. There were a few indications of the difficulties older people had experienced with various physical aspects of their settlements. One participant in a less well-connected village reported being hospitalised following a fall outdoors caused by a badly maintained pavement between her estate on the edge of the village and the church on the outskirts (*Evie, “Underwald”*). Another noted that: “In “Hexendale” and Hexham in particular, you have to watch where you put your feet, or you trip up.” (*Betty, “Hexenheads”*). She went on to speak of a friend who had fallen in Hexham’s pedestrianized central shopping street.

Another participant noted that Hexham’s pavements would not be wide enough for an electric wheelchair (*Oswald, Hexham periphery*); while one spoke of a friend in an electric wheelchair who is obstructed by pavement parking in the residential area of the town (*Patricia, Hexham*). Two older people remarked in passing that they could not get up and down the hills in Hexham (*Renee, Hexham; Evie, “Underwald”*).

## **Part II Social Environment themes**

### **7.5 Poverty and disadvantage**

#### *Deprived places in the Pilot Study rural area*

Tynedale is a largely prosperous area, and Hexham a largely wealthy town, with areas in the upper quartile for the England Index of Multiple Deprivation. However, as is typical of rural areas, it has pockets of deprivation, notably the East End of Hexham, which is largely made up of council estates. One professional commented that:

Priestpople ward is a problem. There are streets that are pockets of deprivation. It is too hilly. But there are not many older people there. Younger households have been put up there and the turnover of lets is quite high. (Housing Department, Tynedale).

The most deprived village area visited for the pilot study according to its IMD ranking was “Underwald” in the third quartile for England (IMD rank 14,761). The two elders



interviewed in “Underwald” were Housing Association tenants and both appeared to have unmet support needs. *Della*, who was chair bound had no motorised buggy, only a basic walking-trolley. This meant that she was confined to her garden area for trips outdoors and even this she could only manage with assistance. Support from adult children, and a regular morning visit from a neighbour, home carers, and medical staff gave her a limited amount of social contact. She also received communion at home from a visiting cleric. As noted in earlier sections, her neighbour *Evie*, in spite of two serious falls, was still hauling coal for her heating system.

#### *Low income and high outgoings*

Five or six of the sample of older people interviewed might be assumed to be on low incomes. Five had an income based on the state pension only (and in some cases means-tested benefits). One, aged 80, continued to work part-time as a shepherd, a traditionally low-paid occupation. Nevertheless, interviewees largely avoided the topic of money and none had obvious financial difficulties (on the basis of appearance of housing). Only the dementia carers from a remote village outside the study catchment area, interviewed in a supplementary focus group, really explored the areas that have been described as rural disadvantage in Chapter 3, Section 3.5.4, in particular the access poverty connected with remoteness – although this had not been the distinctive dimension targeted in this focus group.

The focus group at the dementia day care centre in Hexham was originally run with the hope of including people with dementia in the study (see Appendix B, Table B4). The group consisted of two people attending a day centre in Hexham, and a dementia sufferer. Three of the participants in the group lived on a housing estate near to the Otterburn Ranges, about 25 miles from Hexham. Unlike the other two focus groups in the pilot study phase, participants cannot not be quoted directly, as they did not agree to sign consent forms and other paperwork necessary for formal participation in the project.<sup>29</sup> What they had to say was recorded by hand.

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<sup>29</sup> **The focus group participants said that, as service users, they were overwhelmed with forms to fill in and requests for personal information requests. They would not consider completing any more forms, even those designed to protect their rights. (Research Notes – Hexham)**

To underline the remoteness of the Otterburn Ranges, and the resource input required by the day centre to include them, it required two 50 mile round trips for each day that clients are brought to the centre and returned home. Clients and their carers come to the day centre at least two days per week. Neither of the two carers in the group was able to drive, and both considered public transport to be their main problem.

There is only one bus on one day per week (No.883) that goes into Hexham, the hub town, for shopping. The bus drops them near the edge-of-town zone in Hexham (where the main supermarkets are) at 10.30am and returns to Otterburn at 13.45pm. On this one day per week, the carers are obliged to walk a mile from their estate to reach the nearest village bus stop – and, therefore, another mile back with shopping when the return bus has dropped them off.

They rarely have access to a lift from family or friends. Neighbours are viewed positively, but not to the extent where it would feel comfortable to ask for help. One of the carers had adult children in a neighbouring village, but they were too busy commuting to work to lend support – giving the lie to the assumption that rural elders are guaranteed support if they have family living locally. So incompatible were the rural commuting and family support that the adult child of another of the carers had given up work to support her mother.

Three factors supported these villagers in being able to remain in their village – a small local village shop, Hexham's town centre food hall which makes no charge to deliver telephone orders into the rural hinterland; and the respite of the dementia day care provision. All three services were precarious and had been under threat at the time of the interview. At the same time, it is well-known that dementia sufferers find it particularly difficult to adjust to new places and housing, placing a pressure on the carers to continue the struggle to support their spouses to age in place.

## 7.6 Social networks and isolation

### *Support from neighbours, friends and family*

No-one interviewed in the sample appeared entirely without support. However one single retired farmer, whose nearest relations were taken up with farming, noted that during certain seasons they would be unavailable to support him (in this instance, at lambing time) (*Oswald, periphery of Hexham*). *Oswald* also had neighbours who were hostile and made life difficult for him. Another interviewee, *Isobel*, living in a new cellular estate, also at the periphery of Hexham also found neighbours unhelpful:

I think that an awful lot of very old people, in the town, or at least at this end of the town, and they don't mix and don't help each other. [...] And the younger people are all working and don't have time for the old people. At least that's my interpretation. (*Isobel, 82, widow, owner-occupier, Hexham*).

The one report of intergenerational strife in this study was also from *Isobel* in Hexham:

[...] Well, down by the river, a while ago, in the summer, and the dog was in the river, swimming, and there were five boys on the top of the brick shelter place that they had, and they were throwing stones at me and the dog. [...] I mean, if the dog turned on them, I would be the one in court. (*Isobel, Hexham*).

Picking up on the idea that the market town of Hexham might not provide the best sense of community for older people that arose in particular in *Isobel's* interview, several key actors spoke of some communities having the wherewithal to sustain their older populations which others lacked. The village of "Hexendale" often arose as a positive example in this regard; and one Key Actor contrasted the cultures of Hexham and Haltwhistle as follows:

There are families who've been in Haltwhistle for generations. It's something about the size of the place. It can sustain people. They can still get most of their shopping in the town centre on the main street – it's a single street for shopping. It still has a hospital and a care home – The Green Home. The care home still has a residential unit with a day centre. Plans for the future of the home have been up and down. But what a sense of community around that hospital! (Voluntary Sector 2, Tynedale).

A key actor interviewee remarked that a lot of people want to stay in their village until the end of their lives, and a lot have been able to do so because of support from

families. “There is a lot of family support. But it depends where families live and what their priorities are” (Housing Association, Tynedale).

Discussion of help from neighbours, rather than family, arose particularly among those in the small villages and hamlets scattered about the Northumberland National Park. The Focus Group held in “Innerwald” (see Appendix B, Table B4) recounted many instances of mutual self-help in difficult circumstances and the readiness of neighbours to come to one another’s aid even when reciprocity could not be reasonably expected. In contrast with the hub town, no intergenerational problems were reported in the villages. It is possible that this could be connected with the caution and discretion exercised in smaller communities, rather than reflecting a complete lack of difficulties.

#### *Unsustainable isolation*

For two people in the study, *Oswald* and *Geoffrey*, their rural location had clearly become unsustainable. Admittedly with some assumptions made, each can be said to exemplify one of the two types of ‘sustainability’ noted in the introductory chapter (Section 1.2), as well as revealing something of the impact of layered rural environments interacting with the cohort/period and duration/transition effects described in the Section 2.7 of Chapter 2.

*Oswald* lives at the periphery of a market town and relies on his car for continued mobility, being physically unable to use the bus (whose route goes past his door). Due to a series of strokes, he has lost the ability to drive, but it is not so much this in itself (his road is on a major bus route, connecting him with the town centre) as his poor mobility and his lack of social support (only relatives work in farming and poor relationship with neighbour) that force him to relocate to a sheltered scheme. This is the kind of ‘unsustainable rural living’ where one stable state becoming impossible to sustain, leads to another stable state.

But on deeper examination, *Oswald* also exemplifies a duration/transition dynamic in interaction with the layered environments of ‘human ecology’ theory. As a lifelong farmer, when he had to give up farming, he had retired to a bungalow right on the edge of Hexham, with fields and farmland on either side. He disliked the hustle and bustle of ‘the big town’ as he called Hexham and wished to avoid it for as long as he could. Thus

a lifelong close connection with the countryside (duration effect), in combination with a life-course transition (losing the ability to drive or use the bus, due to declining health) destabilised his situation. This destabilisation then interacted with his immediate personal environment that included a hostile neighbour, and local relatives being engaged in an industry (farming) which has become less profitable and smaller-staffed, meaning that he has few social resources to call upon to help him continue to age in place in his semi-rural setting and he is forced to move.

*Geoffrey* exemplifies the other kind of ‘unsustainability’ where a stable state transmutes to one of ongoing instability. Caring for his wife with dementia in a sparsely populated periphery of “Hexendale”, *Geoffrey*, by his own admission, developed an alcohol dependency that seriously impaired his health. Although, unlike Oswald he was not without social support – a daughter in the next village, attending the twice-weekly dementia care day centre in Hexham, receiving visits from formal carers three times a week, and securing the services of a chauffeur in exchange for use of his car – certain positive but unadaptive personal qualities such as a strong sense of autonomy and personal agency may have led him to overestimate his resources as a carer. However, other factors came into play: the duration of his marriage, the continued widespread concern about the quality of care in care homes and the inflexibility of care managers in allowing the use of respite funding, to, for example, support a couple to take a holiday together. This may also have been a factor in *Geoffrey*’s refusal to avail himself of a respite break which also added to the pressure on him as a carer. In this case it seems that the national and local policy environment on older people’s care, very possibly along with a strong duration/transition dynamic, shaped an unsustainable situation for an older rural dweller.

Another kind of environmental impact bore upon *Carole*, in Hexham, who was attempting to provide most of the weekday care for her spouse, in spite of her age and declining state of health. She could have sought support, but by her own report, had been irritated by an obstructive and uncooperative attitude from care services on first encounter and determined to carry on without their help.

### *Population change in rural settlements*

In the smaller communities visited for the study, several older participants noted the changes brought about by different kinds of people coming to live in their villages: *Ruth* and *Betty*, in particular. As *Betty* commented:

There's been lots of changes since I was a little girl. The main thing that strikes me is, I used to know everybody that lives in the village, but I don't know so many now. After they built the pensioners' bungalows in "Hexendale", farming people retired there and left their houses here, so new people moved in. These new people are commuting to Prudhoe, Hexham, Newcastle even. Their time is spent out of the village. More than half the people that live here now, I haven't a clue who they are. (*Betty, 78, widow, owner-occupier, "Hexenheads"*).

These absent inhabitants, using the village as a dormitory, contrast with the interfering and insensitive retiree in-migrants described by the inhabitant of the most remote village included in the pilot study:

Some of the incomers get sick of the loneliness and the isolation up here. I'm not saying they're bad people. Some just get out of line with their ideas. They come here and in a matter of minutes, they want to run the place. They should sit back a bit and listen to people. (*Lawrence, 64, married, owner-occupier, "Innerwald"*).

A Care Trust interviewee was particularly concerned about instances of younger in-migrants who then "parachute in their parents" when the parents come to require care and support. Some older in-migrants had become isolated after such moves. He also had examples of people who move out to remote rural settings "for peace and quiet" when they become seriously ill, but for whom it may be hard, or impossible, to arrange services (Care Trust. West Northumberland).

## **7.7 Employment, caring, volunteering and citizen participation**

Two of the sample were still in part-time work: one a shepherd aged 80, working seven days per week; the other having just reached the retirement threshold continuing to work part-time in the local library.

Of all the key actors interviewed, only one, (predictably) the Tynedale Older People's Representative, showed an awareness of the potential range of older people's contributions to their communities, as employers, employees, consumers of retail and also as volunteers (Older People's Representative, Tynedale ).

Other respondents particularly highlighted practical obstacles around volunteering, from the lack of insurance available for drivers of public vehicles aged 70 plus (Northumberland County Council), to the needs for CRB checks and monitoring for health and safety and care standards pushing up the costs of involving of volunteers in social care towards those of in-house provision (Care Trust, West Northumberland).

Two respondents described considerable past investment in voluntary roles (*Patricia* and *Ruth*) but claimed that they were no longer able to contribute in this way; two described small ongoing contributions – baking for the weekly tea dance (*Rita*) and cleaning and flower-arranging for the local church (*Evie*).

Among this interviewee sample, informal community contributions reported were connected with neighbours and friends, while support for grandchildren had taken place mostly in the past (with one exception, *Rita* who still cooked for her grandsons).

More than half the sample spoke about giving support to friends and neighbours, ranging from “neighbourhood watch” style vigilance on behalf of others' security, property and possessions (*Patricia* and *Renee*), to (age-peer) friends who gave and received lifts (*Patricia, Renee, Oswald, Geoffrey*), supported bereaved spouses (*Renee*) and even supported the bereaved through terminal illness (*Ruth*).

Nevertheless, with the guided interview domain “people you look out for” and further prompts, some respondents denied that they were capable of looking after anyone (any longer), or mentioned only minimal contributions. It was only as they talked around their lives that a network of support emerged:

I: [reading guide theme] “People you look out for”... Is there anyone you keep an eye on? Or sometimes?

P: That I keep an eye on? Not really, no, I couldn't be bothered. But mind, if I see a neighbour like and if I'm going up the road [in the car], I'll say, do you fancy a lift up the road, like you know, I'll give them one. Like the lady next door. But apart from that, no. (*Renee, 75, divorcee, tenant, Hexham*).

Later in the interview, the respondent was visited by the widow of a deceased friend and explained that, albeit begrudgingly, she was providing some regular support to him. At another point, she asked me to switch off the tape as she described her support for a neighbour during a bereavement, support that had not been reciprocated when she herself fell ill. She also mentioned a younger neighbour across the road, on whom she would check up if she had not been seen for a few days.

All in all, the interview method was not particularly effective at bringing out the impact of older people's contributions to their communities. This may have been due to the low priority and value generally given in normative discourse to older people's input, but was undoubtedly also connected with the nature of the sample (see Appendix B, Table B1), where there was no explicit attempt to recruit people active in paid or voluntary work. This was amended at the Case Study Phase.

### *Citizen Participation*

The pilot Key Actor Interview guide included a particular focus upon older people's involvement as consultees, but this was not reflected in the pilot Older People's Interview guide or sampling frame. For that reason, all the information in this section comes from the Key Actor Interview sample.

For one Key Actor: “The hardest section to involve is the under 25s. Older people are banging on the door to let you know their opinion” (Housing Department, Tynedale).

This perception may be connected with the routine involvement of Parish Councils in planning consultations. Such bodies will normally be given major local plans and policies for review as part of their normal round of activities. Councils generally are known to have an older membership (see Chapter 2, Section 2.14). A key actor



interview confirmed that this is the perception of Parish Councils in the Tynedale area:

One advantage Tynedale has – being rural – is the influence of parish councillors. They play a critical and vital role in the sustainability of local communities. Perhaps 80% of councilors are 55+. They tend to be dominated by elders. (Older People's Representative, Tynedale).

For another key actor, the parish council's input was less helpful:

Parishes tend to be conservative, very parochial in outlook, as you would expect. [...] People tell you what they don't like – but won't necessarily tell you what they do like, or give a suggestion for an alternative. Often they won't understand the situation fully, but will perceive it from a parochial point of view. (Planning Department, Tynedale).

Besides the involvement of local councillors in major consultations, Key Actors seemed dissatisfied with the degree to which they had managed to involve older people in their policy-making. A typical remark was:

There are carers' forums, but we rarely, if ever, involve the public in the organisation of policy steering groups. Carers and county councillors represent the public and steer policy. But do county councillors have a good idea of local views? (Care Trust, West Northumberland).

Another interviewee at the Northumberland Strategic Partnership noted plans for an older person's board – to correspond to an existing "Children and Families Trust", but this was by no means guaranteed implementation (NSP, Northumberland). A 2007 website search uncovered no sign of the existence of such a group.

In line with their more focused (or limited) organisational goals, voluntary organisations appeared to be more successful at involving elders in their policy-making, although mainly relating to small-scale projects (Voluntary Sector 1, Voluntary Sector 2, and Northumberland County Council interviewee's description of older people's representation in the Community Transport Sector).

The Tynedale Council Older People's Representative described involvement in the older people's consultation component of the Older People's Housing strategy. He also noted how older people had been included in the recent Best Value review of access to services. However, later on he qualified these remarks:

there are inevitable gaps. Sometimes it's difficult to engage stakeholders – it doesn't matter if it is Older People or Minority Ethnic Communities. Given the rurality, it is even more difficult. (Older People's Representative, Tynedale).

Other Key Actor interviewees highlighted the recent failure and dissolution of the Hexham 'Older People's Forum'. At last contact with local professionals, the plan was to link in with already extant older people's groups in the district, based on the idea that their existing independent function (apart from consulting with the council) was a better guarantor of their continued operation than a dedicated consultation role.<sup>30</sup>

## 7.8 National, regional and local policy

### *National policy – resource allocation*

The perception of inadequate or inequitable resources was, perhaps unsurprisingly, widespread, across sectors. The issues raised can be divided into three aspects, the first two of which are typically rural: funding for sufficient staff to carry out specific and new roles; funding for the extra costs involved in providing services to rural areas; and equity of funding for different sections of the population.

In terms of inadequate funding for staff, two key actors at Tynedale council (Older People's Representative and Housing Department) commented on the necessity of wearing several different hats and carrying out a range of functions that in a larger local authority would be discrete and separate roles.

Those in care and local government posts particularly highlighted the limited resources available compared to the difficulties involved in providing services in rural areas. One interviewee particularly highlighted the lack of a rural premium and the urban nature of the commonly used deprivation indices.

P: If I get on my high horse, I would say that people assume Hexham's a prosperous town, it doesn't need extra resources put in. But they forget the rural factor. You used to get extra money for patients who lived 3 miles and more away – as long as you were the nearest doctor. You even used to get paid for

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<sup>30</sup> Personal communication, Community Liaison Officer, Tynedale Council – 26/01/2007.

the walking distance on some of the routes – over the high moors in the Blanchland area, there's no road. So you got a 'severe rural allowance' for looking after people there.

I: And has that stopped now?

P: Well, the latest thing the government has suggested is that they won't fund a rural supplement because they want to put the extra resources into deprived areas. In most rural areas, the markers they use for deprivation don't really measure the kind of deprivation rurality creates. (Primary Care Trust, Hexham).

Another respondent noted the unanticipated side-effects of Supporting People funding being dependent on estimates of reasonable costs based on urban support staff, whereas rural costs were much higher. This had led to some schemes cancelling their support service all together, which had not been an intention of the policy (Housing Association, Northumberland). Another respondent attributed EU expansion and 2012 Olympics as the factors which had taken funding away from schemes to enhance sustainability in rural areas: "When you look at the practicalities, sometimes I don't think the right priority is given to rural areas. Even such things as the costs of refuse collection and to maintain roads." (Older People's Representative, Tynedale).

A more general lack of equity between resources made available for older people and for learning disabled people was highlighted by two interviewees (Care Trust, West Northumberland; Voluntary Sector 2, Tynedale). Perhaps unsurprisingly, both voluntary sector respondents emphasized the need to continually fundraise to maintain their services, and about the changes and shifts in funding sources that required regular changes of funding strategy (Voluntary Sector 1 and Voluntary Sector 2). This is a key issue as greater involvement of the voluntary sector in services provision is rolled out. A recent study has underlined the impact of straitened resources on the quality of voluntary sector services provision (Hopkins, 2007).

### *Local Policy – Services Gaps*

In terms of service gaps, two interviewees noted the need for advocacy services for older people in the area – respectively, general advocacy and advocacy specifically to comply with the new rights of older people with mental health problems under the new Mental Health Act (Care Trust, West Northumberland; Voluntary Sector 2, Tynedale). A review of Older People's Advocacy in the English Regions (OPAAL, 2006) shows several advocacy services but they are all in the metropolitan areas of Tyne and Wear.

The review reports that “The North East has by far the lowest number of projects identified of any of the regions” (ibid., p4).

#### *Local Government Reorganisation (LGR)*

The few professionals who spoke of it sounded broadly positive about the merger of the six Northumberland Local Authorities with the current County Council. This was likely to result in unified housing strategies:

Strength would lie in the six districts coming together with a common understanding about approaches to planning – so that developers can’t play one off against another. We’ve brought the House Builders Federation onto the board – everyone is working to a common goal. It’s about trying to work in a cooperative way – it’s about developing a common understanding. (NSP, Northumberland).

A similar coming together was also happening at agency level with a project underway for joining three large Newcastle and Northumberland Housing Associations (Housing Association, Northumberland). A possible negative outcome for elders in relatively well-resourced local communities such as Tynedale might be expected to be the reduction in the benefits of LGR by pooling of their council tax contributions with those of poorer areas such as the Berwick-upon-Tweed district. Conversely, people of all ages in the more deprived areas might be the beneficiaries of a more equitable sharing of revenues across the county, including a share in the benefits of wealthy older immigrants flowing from the more desirable parts of the county to the less privileged areas.

## **7.9 Conclusion**

This chapter has used the eight-part division of the rural environment to analyse the pilot study older people and Key Actor interviews, and in doing so it has picked out some features of rural living in later life that are generalisable and have already emerged in the literature review. It has also found other issues that are likely to be quite specific to Hexham and Tynedale. In the former category are matters such as the particular social advantages in terms of neighbourly support and community co-operation within small and remote communities – here the village of “Innerwald” located in the Northumberland National Park. Keating and Phillips (2008) view such rural phenomena

as exemplifying the way in which aspects of the rural environment are interwoven and interdependent, in that a dearth of services can stimulate people's own self-provision.

The dependence of this community response to the human side of the human-environment equation might be illustrated in the case of the Otterburn Ranges dementia carers, who although living in a clearly delimited community, (a council estate, a mile out of a remote village), had not developed similar social capital and self-support. This appeared to be due to their initial lack of financial resources and access poverty.

Linked with this phenomenon was the observation of a professional, backed up in two older people interviews, who considered the large market town not a supportive community for older people. It will be interesting at the case study phase to find if this might emerge in other market towns, or whether it is an observation specific to a large, comparatively wealthy and well-connected market town such as Hexham. Hexham's resources in terms of the number of supermarkets (five, including the two most 'upmarket' in the UK, Waitrose and M&S), its large edge of town car parking facilities as well as many central parking sites and bays, and even its four public lavatories, seem to attest to its strong (hinterland) visitor and tourism draw, as noted in Chapter 6, as well as relating to its spatial extent and distinctive geographical qualities in having two separate commercial centres.

The pilot study has also indicated the complexity of the sustainability of rural places for older people and the way in which personal capacities, support networks and place of habitation interact. *Oswald* and *Geoffrey* were two older men for whom a rural situation had become, in its different ways, unsustainable. This was shown to be potentially linked to the interactions of a transition/duration dynamic, working in tandem with various layers of the environment historically and actually, such as demands of running a farm and inflexible respite care.

From a 'critical gerontology' perspective, it is noteworthy that of the professionals interviewed for the pilot study, only the Tynedale Older People's Representative showed an awareness of the potential range of older people's contributions to their communities. Others highlighted obstacles to older people's involvement. The range and depth of older people's contributions to one another's wellbeing emerged from the

longer interviews and included two women helping out widowed neighbours, respectively through bereavement and through terminal illness.

Yet the pilot study failed to pick up on older people's contributions as volunteers and in local government. This was therefore amended in the case study phase reported in the next two chapters through purposive sampling that included older people with this kind of more formal active role in their communities.

A further critical issue arose in discussion of national approaches to the allocation of funding streams, which were observed increasingly to favour urban areas, picking up the findings of Asthana *et al.*, (as noted in Chapter 4, Section 4.5).

The next chapter looks at the issues around rural physical sustainability, as raised in the pilot study, in greater detail, through the case studies findings from Teesdale in County Durham and Coquet/Alndale in Northumberland.

# Chapter 8. Rural Physical Environment for Ageing

## 8.0 Introduction

This chapter picks out the issues raised by key actors and older interviewees from the two case study areas about the physical environment for rural living. Sometimes findings from the two case studies are contrasted, sometimes they are merged together and in places, the situation in hub towns is compared with that in outlying settlements, or the well-connected direction is compared with the less well-connected direction.

The findings of the study raise many of the issues that have already been encountered in both the review of research on rural ageing in Chapter 3 and the pilot study in Chapter 7, as highlighted through cross-references to these chapters. There are also some new issues arising and two 'Interviews in Focus' highlight for closer examination two kinds of rural access problems. The conclusion of the chapter emphasises how some older people are particularly disadvantaged by new systems of distribution of goods in our society as well as living in a rural area at a time when efficiency prevails over equity as a policy goal, broadly favouring investment in urban areas over rural ones, due to the greater number of beneficiaries there.

## 8.1 Location and Qualities of Housing

### 8.1.1 Housing rented privately from landed estates

Both Northumberland and Durham were characterised by large land owning estates which not only influenced development decisions within the county (in terms of the kinds of developments for which they would release land), but acted as landlords for much of the housing privately rented to older people in rural areas. The actions and influence of the landowners was a repeated topic of comment by both older people and Key Actor interviewees in both case and pilot studies. In both case study areas, professionals were particularly concerned about estate housing for rent that did not meet decent homes standards, particularly in terms of internal state of repair and thermal comfort:

But some of the things that do concern me about the Estates is the state of the property. You know, and we've got some really elderly clients who are probably living on peppercorn rents in property that is desperately in need of renovation, desperately in need of central heating systems and all that sort of thing. We've got ladies in their 80s still lighting coal fires and things like that. (Older People's Support, Alnwick).

Unfortunately the big estates look after the exterior of the properties but the interior hasn't been upgraded since the 40s or 50s. That includes the Duke of Northumberland. (Housing Association, North East).

We recently undertook a Private Sector Stock Condition Survey [...] Most of the unfit accommodation is owned by Raby [the Raby Estate]. Their stock is by far the worst we came across. Yet we don't want them to raise their rents or there will be a homelessness issue. (Planning, Teesdale).

As particularly clarified in the Teesdale case study, the Local Authority's scope for positive influence was limited by the likelihood that pressure on the landlords to improve standards would result in a rent raise which would then place the housing beyond the means of older occupants. A concern was also voiced about the charges applied to tenants for maintaining the exteriors of the housing in Teesdale (which in contrast with the interiors, were held to a high standard of appearance), as well as the bureaucratic processes required when older people needed interior adaptations carried out.

Professionals seemed to have a sense of powerlessness on these issues faced with the influence of their local large-scale landowners.



The one older person interviewed individually living in an estate-owned house, which was in the well-connected direction of Teesdale, however, provided a completely contrasting picture. *Phil*, in his 80s, had been made redundant by the estate well before retirement age, but had been allowed to remain in his tied house in “Teesville”: “when they made me redundant, they let me stop here as long as I wanted to, rent free.” Following his recent bereavement, his daughter had also been allocated an estate house on his road: “She makes sure I don’t starve.” Furthermore, he had not had to consult the estate about grab rails he had had installed in the property, (which was one of the concerns raised by a housing officer in Teesdale District Council).

If it’s an improvement to the house, you don’t have to ask. As long as you keep the place reasonably tidy, they don’t trouble you. (*Phil, widower, 81, tenant “Teesville”*).

Stuck in less suitable tied accommodation provided by a landed estate was *Bob*, a member of the “Upperdale” luncheon club visited for the study (see Chapter 5, Section 5.8, for a discussion of this aspect of the recruitment approach). A former gamekeeper for a different large local landowner, he had lived alone for most of his life in a tied cottage in a remote setting, which was connected with Barnard Castle by one bus per week, which allowed him only two hours for picking up his pension and some of his shopping. For his social life, he relied on lifts from fellow lunch club members: “he’ll be ringing round trying to scrounge a lift, and some days he’s had to miss luncheon club, because he’s no-one to bring him” (interview with friend). Losing his eyesight, and living alone, he was particularly in need of social contact. His dependent situation was perhaps underlined by his refusal to undertake a one-to-one interview, in spite of his friend’s offer of her home for the meeting and the repeated assurance of confidentiality and anonymity.

The desperate situation of older people in isolated rural dwellings was painted in another Teesdale interview, which indicated how difficult it might be to engage with such individuals, either as a service provider or as a researcher:

There are some very extreme cases in some of the old isolated farms in the dales. We had a case recently where environmental health were called in, because an old couple were running a farm well into their old age, and the husband fell ill, so the wife was trying to look after him and keep the farm going all on her own. So of course there were animals dying and it was very unpleasant. It was a very outdated building, they owned it, with no running water, no electricity, no

toilets. We tried to offer her support with the caring and so on, but she refused. (Social Care, Teesdale and Wear Valley).

Such accounts suggest that the extremes of older people's rural housing will by their very nature largely be relayed through third party accounts.

### 8.1.2 Rented Social Housing

Six people in the study – three in each Case Study area – were in social housing, one of which was specialised older people's housing (*Claire*) with a clear welfare identity, labelled as “almshouses”. A further focus group was also carried out in a Housing Association sheltered scheme, on the point of closure, in Teesville. Social housing in all three areas studied was mainly housing association owned, while Local Authority housing was relatively thin on the ground, but still existed in places such as the Coquet Valley, in the second case study, and Hexham in the pilot study. As in the Hexham example (see Chapter 7, Section 7.1), certain locational disadvantages of the council housing were outweighed for the tenant by the size of the accommodation, which had once been a family home.

Two elder households in the study (respectively in the well-connected and less well-connected directions of Teesdale) had bought their council housing and were benefiting from the quality of the construction in terms of insulation, which considerably cut their heating bills.

We're double-lined here, 3 inches of insulation, it's very good. We don't ever have a fire on. You shut the door, and with the telly and the lights on, that's enough, it holds the heat. (*Arthur, 77, married, owner occupier, "Tees Grove"*).  
We had the walls insulated here, it's great. We hardly ever have the heating on, we've done double glazing on the windows and we had new doors. [...] (*Gordon and Sheila, 60s, owner-occupiers, "Outerdale"*).

For the latter couple, a further advantage was the 'close' like nature of the council estate (now in mixed public-private ownership), which had engendered a strong social community, giving an added sense of mutual aid, security and belonging (see Chapter 10, Section 10.1.2).



Figure 14 **Social Housing in “Upperdale”:** With ramp conversion (left); original front door steps (right)

In terms of housing being managed by Housing Associations, poorly designed or unsuitable general needs bungalows, as discussed by interviewees in the pilot study (Chapter 7, Section 7.1), was also observed in both case study areas. Although the people living in the housing in Figure 14 (above) would not agree to an interview, they spoke informally on their doorsteps. One noted the poor design with high steps that had to be converted piecemeal to ramps as inhabitants’ access needs increased. These ramps, all built at different times and in different ways, zigzagged the estate and impeded access by car, an obstacle for loading/unloading as well as house-car transfers for people with significant disability

*Paul*, in what was originally a council-built terraced bungalow, mentioned that the accommodation was too small for his many possessions and for heating by coal (it became too hot, too quickly). The social housing he had been allocated was typical of several seen in the Teesdale area in its dimensions and prospect (see Figure 15 below). Social housing like *Paul*’s, as illustrated in Figure 15 below, was visibly smaller than most private and family housing in the area and clearly identifiable as welfare provision. In response to this legacy of poor and undesirable housing, in Coquet and Alndale, a major local social housing provider was creating ‘lifetime’ homes for all generations, that were conceived as aspirational housing – built with a minimum of two bedrooms, with the aim of avoiding the kinds of ‘unlettable’ housing problems that have dogged social housing providers in the North East. The housing association interviewee noted these as being due either to changes that make a settlement unviable to older people, or when the housing itself is seen as too small or otherwise unattractive to meet older people’s expectations. “We are trying to build for the next few generations. Here we

don't like demolishing buildings. We want to build for a very long time.” (Housing Association – North East).



Figure 15 **Terraced Housing Association Bungalows in a Teesdale Village**

Whether social housing remains desirable to future tenants is not just a question of the quality of build, however. *Martha*, a social housing tenant in “Tees Grove” was also a trustee of the housing association from which she rented and believed that part of the problem was that rents had never been ring-fenced for the upkeep of social housing, hence its deterioration and general poor state of repair. This view was substantiated by the warden of sheltered housing in Teesville, who was interviewed as part of a focus group there (see Appendix C, Table C4).

P: The council let this place run down. They took the rents and they didn't reinvest them. The money should be ring-fenced. They refurbished two flats, just to show us what they would look like. There were three bedsits knocked into two flats. Those flats have never been empty. It's the bedsits where there's a problem. (*Warden, “Teesville” Sheltered Housing Scheme*).

Evidence from *Claire* in Rothbury and *Jenny* in “Middlevale” suggested that even where repairs and updates to Housing Association homes were carried out, it was to specifications unsuitable for the older tenants, suggesting that besides a lack of funds, there was a lack of appropriate expertise in the Housing Associations running the property.

[...] they gave us new bathrooms, and the baths are twice as high. Well I've got my own shower and they did put that back and they did tile the wall, but most of the folk here are very elderly, some are quite little height wise and like me they have a very big job getting in. (*Claire, Rothbury*).

The pilot study (see Chapter 7, Table 7) was the area best provided with specialised older people's accommodation, where it was amply available both according to Key Actor interviewees and to a web-based tally of provision. All the care home provision, and most of the 'for purchase' sheltered housing was in market town locations, but all the villages in the less and well connected directions had "for rent" sheltered schemes, with the exception of the most remote village visited for the study sited in the National Park area of Northumberland. By contrast in the cases study, as may be observed from Table 8 below, no villages had "for rent" sheltered schemes, except for "Teesville" and this scheme was scheduled to close (as described below).

One positive feature with regard to specialised older people's accommodation in rural as opposed to urban areas was its central siting. This was observed in Chapter 6 for Hexham and was also identified in Barnard Castle, which had a residential home on the main street and plans for a further home within the town's central area according to a Key Actor interviewee.

Rothbury in particular lacked a care home, and the peculiarities of its topographical siting isolated it in transport terms from the nearest market town within its administrative district, where, nevertheless, older people were placed when they needed residential or nursing care accommodation, much to their chagrin and that of their relatives.

A typical view is represented below:

P: A lot of people I know who were born and bred in Rothbury are getting shipped out to Morpeth and Alnwick. I've got a friend in an awful state, in a care home away from Rothbury, she would love to get back home. (*Wendy, married, 64, tenure unknown, Rothbury, CA Case Study*).

**Table 8 Case Study Areas: Specialised Housing and Accommodation**

<b>Place name</b>	<b>Care Homes (within 5miles)*</b>	<b>Specialised Housing Schemes for rent (within 5km)</b>	<b>Specialised Housing for Sale (within 5km)</b>
<i>Barnard Castle (and Tees Grove) (I)</i>	3 (of which 0 provide nursing care and 1 specialist EMI care (Whorlton Grange))	7 schemes of which 4 unsupported and 3 with scheme warden or manager	2 schemes of which 1 unsupported and 1 with scheme warden or manager
<i>Teesville (I)</i>	4 (of which 2 provide nursing care and 2 specialist EMI care)	1 scheme, with scheme warden (scheduled to close)	0 schemes
<i>Upperdale (I)</i>	0	0	0
<i>Outerdale (I)</i>	0	0	0
<i>Edgedale (I)</i>	0	0	0
<i>Rothbury (II)</i>	1 (Royal Air Forces respite home: RAF former employees only)	2 of which 1 unsupported and 1 with scheme warden/manager	0
<i>Alnby (II)</i>	0	1 unsupported scheme	0
<i>Alnthwaite (II)</i>	0	0	0
<i>Thropton (II)</i>	0	0	0
<i>Middlevale/Nethervale (II)</i>	0	0	0

(\* source: Commission for Social Care Inspection website: [www.csci.org.uk](http://www.csci.org.uk))

(+ source: Elderly Accommodation Counsel website: [www.housingcare.uk](http://www.housingcare.uk))

This problem was also explored in the interview with the Rothbury key actors:

We used to have several residential care homes, but two closed due to personal reasons. [...] We get exasperated families who would like their older people in care locally, it would be less far to travel. (Primary Care Trust, Rothbury).

I think it was somebody from Rothbury who got in touch with us about their friend who'd been put in a care home in Amble and was saying, I feel that they're isolated. I'm visiting them, but its costing me a fortune. (Older People's Support, Alnwick).

Teesdale, whose market town was well-provided with care homes and sheltered housing, and with according to one professional, the possibility of overprovision, was nevertheless on the point of losing warden provision in its sheltered schemes district-wide, as well as closing the last of the sheltered schemes in the five outlying villages visited for the study. The main reason was a County-wide decision with regard to the Supporting People funding, a section of Housing Benefit for tenancy support, of which the 'older people' component had been streamed towards older people in sheltered housing, but was now (and abruptly, without a transitional period) to be opened up to older people in the wider community.

The same process in Northumberland was being applied far more gradually and apparently, in a more inclusive and participative way. Nevertheless, even in Northumberland, the Supporting People allocation was an area of dispute in that central government considered too much of the grant allocated to older people, whereas the county council officer responsible considered the overall grant had been under-allocated for the area and its needs and that the division of the grant between different types of recipient was right for the county.

The effect of the closure of a village sheltered scheme was explored in the "Teesville" focus group. It emerged from the focus group that the scheme had been closed down in a particularly invidious way, with tenants being invited to choose between several retrofitting options including the one they selected, a refurbishment with a smaller number of bigger flats. They all signed contracts agreeing to move out of the scheme, on the basis that this would only be for a year while the refurbishment was carried out. At this point they were told that the scheme would be closed down and that they would

all have to relocate (to accommodation in Barnard Castle or further afield, as there was no other specialised housing in “Teesville”).

The impact was both physical in terms of upheaval, and social in terms of losing a small and close community. These sheltered housing tenants were the first of a group of what might be called “in-betweeners” older people, whose lives were disrupted by an intense period of rationalisation and outcomes-directed policies, which sought a more diffuse ‘advantage of the many’ over the protection of the few. Furthermore, there was an indication in the account of the older people and staff that they had been treated in a less than open manner – perhaps even ‘hoodwinked’ – with regard to the way in which their agreement to accept removal from the scheme was obtained. This links with a similar finding in the transport section below, concerning the removal of a bus service.

### 8.1.3 Private Housing

Obtaining land for development, including affordable housing was an issue in the case study areas, although the nature of the professionals interviewed led to a contrasting picture of the two case studies. As the interviewee from the Alnwick Planning Department remarked: “We’re so developed here but we have lots of spaces for new developments” Coquet/Alndale, with plentiful land available, nevertheless dedicates most of it to prestige and family housing, due to the policies of the predominant landowner in the area, the Duke of Northumberland. The other area, Teesdale, was said to have a shortage of land for development, leading to more infill-style schemes and conversions to flats.

In Teesdale, there’s nowhere to build new houses, no land left. The Housing Association I work with [independent role] can’t find the land to build on. (Public Health, Teesdale and Wear Valley).

This was born out by the comments of two older people interviewees and general observations of the kind of developments going on in each area.

From around the 1930s onwards, bungalow-style housing had grown up around the outskirts of market towns and villages in all areas visited for the study. This was particularly notable in Rothbury (see Figure 16 below), but also a feature of the ‘suburb’



of Barnard Castle on the far side of the Tees (Startforth) which was just beyond the case study area.



Figure 16 **Rothbury Town Centre Viewed from New Hillside Bungalows**

Several interviewees in private bungalows appeared to be highly satisfied with the quality of their housing: for example *Grace*, living in the village of “Littlevale” insisted on giving a guided tour and *Sam*, in Barnard Castle described the move as “the best thing we ever did”. Living at the periphery was not an issue for *Harry* in Barnard Castle, nor for *Emma* in Teesville, because they were still driving (unlike the problem it presented for *Oswald* in Hexham in the pilot study).

In one case in Rothbury, however, the bungalow was sited on the flood plain of a river and just adjacent (sharing a boundary wall) with a children’s play ground (see Figure 17 below). The bungalows illustrated were in fact one of two developments for older

people in Rothbury (the other being *Claire's* almshouses to the east of the town) that were later to be flooded in the extreme rainfall events of 2008.

### *Planning issues*

Housing developments taking place locally were an issue of interest and concern for around half of the interviewees in each case study area. People were largely dissatisfied with the kinds of developments taking place in their village or town, in terms of size, location or the kinds of people they brought into the community and the way these incomers, often commuters, would use the community. In “Outerdale” in Teesdale, *Ray* and *Jean* found that new developments blocked light to their garden, changed the character of their village, displaced valued neighbours, and diminished local play spaces for children. *Emma*, an inhabitant of the new estate at the edge of the village of “Teesville” commented upon how, although a life long inhabitant of the village, and very involved in many activities and the village social life, she would only rarely use the local Post Office or shops, nor would she take a walk in the village, (although she loved to walk when on holiday). This reflects some of the concerns in 2008 Taylor review of Rural Economy and Affordable Housing (see Chapter 3 Section 3.5.1) about the impacts of poorly-planned development on rural areas.

In the well-connected direction of Coquet/Alndale, near to the A1 and rapidly commuterising at the time of the study, the impact of the more divisive kind of development – a very different style of property built at the edge of the settlement, was marked. *Ian* and *Elaine* felt generally that the character of their village had changed generally for the worse in terms of sociability and that the new development of 450 chalet style mobile homes on the periphery of their village not only caused power cuts and waste problems but introduced a new, and inimical, kind of person to the social mix. *Sally* regarded some of the people in the new estates at the edge of her village, in the same line of rurality, as unwilling to give time or commitment to the local community, but wanting to take services and help when life became difficult. (These issues are explored more fully in Chapter 9, Section 9.2.1)

Many interviewees commented on their residential areas being mixed with incompatible uses, ranging from a polluting waste treatment plant sited by the council adjacent to a large residential estate, a military range with its attendant airborne and road vehicles,

heavy industrial vehicles through a town centre (both Rothbury), and tourists taking up all the parking spaces in the summer months (“Upperdale”, “Nethervale” and Barnard Castle in particular).

Several were housed in areas in vulnerable to flooding and two had experienced the impact of inundation, which became particularly acute in the Coquet/Alndale area in the autumn of 2008, as presented in the final section of this chapter (8.4.4).



Figure 17 **Playground on Flood Plain of Coquet, with Adjacent New Bungalows**

Although since the time these bungalows (Figure 17) were constructed, planning guidance against building on flood plains has strengthened (CLG, 2010), the fact that this area is one of the few that is near the town centre but not on a steep hill (see Section 8.4.1 below) is clearly behind the planning permission given for this development.

### 8.1.4 Home Maintenance

Some professionals recognised problems with continued use of coal heating by older people, although a social housing professional responsible for schemes which continued to be heated by coal fire noted that this was often due to its affordability for older people, particularly those who received a coal delivery as part of a Coal Board pension, a legacy of the dominant historical form of employment in some areas.

As noted in Chapter 7, Section 7.1 of the pilot study, an older interviewee in social housing in the less well connected direction continued to run coal heating despite a recent serious fall. As well as the physical strain, she noted the inefficiency of the method for heating the home adequately in the mornings. A couple in private housing in a less well-connected village in Teesdale were however, content to heat the home with a combination of coal and electric heating and their description of the rituals around the coal fire suggested it had a value in their lives that was greater than its functional purpose.

Those in more remote settlements, without a gas connection, and using oil had been alarmed by recent price hikes – which in one case had led to concern about security of storage:

When the man came to deliver the oil from [company name], I pointed the holly bush out to him and said it was blocking the view in that corner, and I was going to have it out. He advised me not to do that, because then my oil tank would be exposed and with the price of oil now, someone could think it work their while to park up in that field and steal my oil. (*Frank, divorcee, 68, owner-occupier, "Edgedale"*).

Several interviewees demonstrated versatility in their use of heating resources, combining different methods that might include coal, wood, oil, electricity, calor gas or natural gas (where available) and in one case (*Irma* in "Upperdale"), pooling fuel acquisition with neighbours to keep costs down.

However, a Key Actor interviewee in Teesdale noted the impact of a combination of traditional housing and oil, coal and calor gas heating on the area's carbon footprint, which is very high. Looking ahead at a prospect of rapidly increasing energy bills, the public health interviewee was considering proposals to pipe in cheap oil from Eastern Europe. He was also considering the twenty year plan proposed by the Community Energy Trust to pipe heat from the earth's core. Within a shorter time frame, a Social Housing provider in the North East spoke of improving insulation standards in their properties, as the UK still lags behind Scandinavian countries in this respect.

In terms of supporting older people with insulation and energy costs, Warm Zone schemes, as highlighted by a professional interviewee for the Durham Dales, were a

source of some confusion in Teesdale and needed to be simplified. Suspicion and even resentment of the schemes was expressed by two Teesdale interviewees, backing up this point. In Northumberland, there seemed to be one main organisation, Northumberland Warm Zone Partnerships, which also carried out assessments and benefit checks on older people when they visited, (given the importance of income to adequate heating). However, as noted in Chapter 7, there appeared to be some overlap in this service with the work of the Northumberland Home Improvements Agency.

In terms of home upkeep, while female relatives, particularly daughters and sisters, were a mainstay of help in this area, in both case study areas, older interviewees were making use of ‘handyvan/ handyman’ style neighbourhood services provided in these areas (as noted by the professional interviewees) for the larger or more awkward tasks. However, while Teesdale’s older residents were eligible for the County Durham “HandyVan” service run by Age Concern, the Social Care team were not able to refer to this service (a general restriction was that they are not able to refer to services that they do not themselves provide/commission). The Age Concern service was also restricted to those aged 50 and over and excluded younger disabled adults. Therefore, at the time of our interview, Social Care in Teesdale was working towards starting up their own Home Maintenance Support service for both disabled and older people. This not only suggested a certain amount of duplication, but also a situation of competition for funds which might prove detrimental to both schemes. Professional interviewees gave examples of older people struggling in this area. But in spite of this, no elder with home maintenance difficulties was encountered in the study.

In terms of cleaning, two interviewees in Teesdale needing home help appeared dependent on private individuals, with all the unreliability and discontinuity that might entail (many of the available domestic staff for the area purportedly having been attracted to work for a care agency). In Coquetdale, however, two interviewees noted an affordable and reliable cleaning agency that relieved them of these tasks. Aids, adaptations and gardening requirements also appeared to be well in hand in the areas studied, provided by a mixture of occupational therapists, Age Concern and housing providers.

## 8.2 Location and qualities of shops and Post Offices

### 8.2.1 Grocery and other stores

The majority (30 out of 32) of interviewees talked in detail about where they go for their weekly food shop and for their ‘top up’ shopping trips. The only two interviewees who did not indicate where they sourced their groceries were the two in the study who had completely lost their eyesight, *Godfrey* and *Emily*. Both said that all their shopping was done by their daughters (and did not identify the location).

The pilot study area appeared to be exceptionally well-provided, with five large supermarkets and many smaller food stores in the hub town, while all the outlying villages had at least one small outlet. In Teesdale, the hub town had only one large local supermarket (and a smaller Co-op outlet). Both the price and congestion of parking in Barnard Castle discouraged some elders. There were plentiful specialist food suppliers in the main shopping area of the town, but these were beginning to decline in number as charity shops, takeaways and chain franchises filled in the voids of failed enterprises. The larger Teesdale villages in both the well and less-well connected directions were well supplied with a range of shops, including small supermarkets, although these were considered expensive by local people. Indeed, driving to more urban locations under 30 miles away for a better mix of lower prices, cheap petrol outlets, and convenient and cheaper or free parking, was part of the rural lifestyle for most elders with private transport in both case study areas.

Perhaps as a consequence, the range and variety of shops in the two larger villages Teesdale villages visited was visibly declining at the time of my visit, with a fish and chip shop and general store in “Upperdale” joining others closed or up for sale at this time.



Figure 18 **Fish and chip shop for sale in Teesdale village, 2008**

There were two Teesdale villages without any kind of food outlet and in one of these, the shop-cum-Post Office was a recent and lamented loss. Professionals commented that loss of small village shops and Post Offices was happening all over the Durham Dales. While the Post Office was regarded as particularly important for older people, it was the closure of shops that had the most significant impact. In one settlement, where the colleague of an interviewee lived, the closure of the village's only shop six months earlier had led to some people deciding to move out "because you can't get a pound of sugar or a loaf of bread there".

Some in the village were using an online supermarket. A Northumberland county councillor had seen the internet as the solution to rural elders' access problems:

And I had conversations with a County Councillor who told me that: "They don't need Post Offices, Post Offices are outdated. Let them use the bank, go on the internet." And it's just like, we're a generation too early for that. (Older People's Support, Alnwick District).

Nevertheless based on this widespread approach to the problem of loss of rural services, various schemes to support older people to use the internet were being started up, and online ordering was felt to be a potential solution to this problem – alongside the existing local delivery van system. A variation on this option was for older people to

use their social care budgets to pay neighbours to do their shopping for them – either in the traditional way, or through the internet. This was proposed by a senior manager in County Durham:

We did a project on older people and internet shopping. A lady aged 90 thought it was great, she could get a choice of food that she couldn't get from the local shop. It was difficult to roll out on a wide scale, computers are expensive, and older people needed support to use them. But with Individual Budgets and an assistant helping you, those costs could reduce. (Older People's Representative, County Durham).

In Coquet/Alndale, there was a stark contrast between the less well-connected direction, where none of the settlements visited for the study had a food store, and the well-connected direction, in the A1 commuter belt, with two flourishing enterprises, one a Post Office-cum-grocery store, another a large delicatessen style shop popular both with locals and commuters; and in the same village, an independent butcher's shop. Those living in the less well-connected direction without private transport, or with limited money to spend on petrol, depended for their grocery shopping on the once-weekly bus service to Alnwick, rather than their nearest town of Rothbury. The Coquetdale settlements were also able to avail themselves of the Rothbury delicatessen and butcher willing to provide rural deliveries based on telephone orders; and community enterprises, such as deliveries to a local pub in "Middlevale" and "Nethervale" at weekends. By contrast, those in the hub town itself, though lacking any large supermarket (a moderate-sized Co-op was the sole grocery store), had a large choice of small specialist food outlets and stores selling clothing and household goods.

Two distinctive phenomena emerged from the exploration of the shopping offer and habits, in each case study area. The first was the contrast between the more even distribution of services in Teesdale's two 'directions of rurality', and Coquet/Alndale's starker contrast, noted above, between a well-provided easterly side, near the main commuter district of the region, and its depleted rural west, becoming less and less viable for those without private transport.

The second phenomenon was the richness and individuality of the shopping 'offer' in Rothbury itself, a phenomenon that seemed to be linked to the lack of a large supermarket either in its centre or at its periphery. For older people on limited budgets, comparisons were made between grocery prices within the town and in the other market



towns in the district, and several older people as in Teesdale shopped externally for price advantages. On the other hand, the shopping experience itself and the sociable atmosphere of the town centre were a source of enjoyment to older consumers. In the following extract, *Claire*, living alone with serious illness, describes walking her dog (a 'Pets as Therapy' dog) in Rothbury:

P: Erm yes, the hills are quite steep. But what we do, is we hedge hop. We stop at the newsagents, she gets biscuits there. We stop at the chemists, she gets biscuits there, and there's just her dinner actually, what she gets in that dish beside you, it makes her sensitive, because she thinks she's getting a meal, when she's getting there at the top. And when the chemist and the pharmacist come up and "hello Isla, do you want your breakfast?" And that's new chemists that have arrived. It used to be Mr [name], which was a small privately owned place. It's now part of Boots, and they've still kept it on. And Isla, she's just like Greyfriars Bobby. She's just a repetition of Greyfriars Bobby<sup>31</sup>. That's all it is. (*Claire, 66, widow, Housing Association tenant, Rothbury*).

In spite of some professionals' enthusiasm, only one person in the study regularly shopped for their groceries on the internet. This was *Annie*, based in Rothbury, who had been treated as something of a phenomenon by the delivery van driver:

P: Oh Asda was wonderful. The only thing was, the man hugged me, when he came to deliver them. He said, "Who ordered them for you pet?" And I said: "Nobody, I did." And he said: "Well I never! You know" he said, "my mother wouldn't know how to switch the thing on." (*Annie, 75, widow, owner-occupier, Rothbury*).

Others had toyed with the idea: *Colin's* wife had the internet, but preferred to select her items in person. *Colin* himself noted that the Tesco van was a more common sight in Rothbury now, and he was concerned that it would put the local shops out of business. *Dorothy* mentioned that since the Post Bus had been withdrawn in the remote village of "Nethervale", internet shopping had taken off with some people in the village. The two processes may be quite closely connected, in that not only has the internet reduced the amount of daily business conducted through the Royal Mail, but internet ordering has increased the business of private delivery companies with their own transport networks.

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<sup>31</sup> Greyfriars Bobby was a famously loyal dog in 19<sup>th</sup> century Edinburgh to whom the local community erected a memorial on his death.

*Lynette*, living in “Nethervale” had nevertheless found broadband too expensive for the rewards and now uses a neighbour’s instead. A similar experience in the Teesdale case study area was noted by *Sheila*:

P: Tesco would deliver, Asda are just starting to. But we’re not on the net anymore. We were on the net, but we found it too expensive to run. Also, there was a very slow signal. It was frustrating. My daughter does it for me now, much quicker than we could. But I don’t like to do my shopping on the internet anyway. I wouldn’t want to do it on the net. I like to see things. (*Sheila, 61, married, owner-occupier, “Outerdale”*).

The two youngest interviewees in Teesdale, *Irma* and *Martha*, were online, but also did not currently use the internet for grocery shopping for a similar reason: they prefer to choose their goods in person. *Sally*, with terminal illness, was looking forward to a time when it would become her only choice and was prepared to use it then.

### 8.2.1.1 Interviews in Focus:

#### Getting to the shops without a car

This is the first of two ‘interviews in focus’ in this chapter. My two interviewees, both living alone and neither driving, experienced some difficulties in accessing shops and other facilities. The only remaining shop in “Middlevale”, in Coquetdale, based in the pub, is tourist-oriented, selling crafts and gifts. Although it also stocks some household essentials, it does not sell food.

The village had its once-a-day, weekday Post Bus service<sup>32</sup> cut a few months prior to the interviews. This connected the Coquetdale villages with one another and with the market towns of Morpeth and Rothbury. Villagers without their own transport wanting to use a supermarket were now obliged to rely instead on a single, once-weekly service to Rothbury and Alnwick.<sup>33</sup> The inconvenience created can be gathered from the fact that the market town of Alnwick is 20 miles from “Middlevale”, whereas Rothbury is only 8 miles. I asked Jenny if she was able to continue shopping in Rothbury, but she complained it would leave her there for too long (as there is only a single service per day). A similar complaint was made by Patrick, 90, also living in “Middlevale”, who

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<sup>32</sup> This was Route 270, Morpeth-Alwinton.

<sup>33</sup> This is Route 813.

not only missed Rothbury for shopping but for seeing friends and a favourite leisure walk on the river bank.

Jenny was sustained by fortnightly visits from her son, and what appears to be the strong network of support in the villages of the Coquet Valley. This included the voluntary-run service that takes rural elders to and from the GP and hospitals when required, a neighbour with a car who takes her to a neighbouring village to collect her pension; and the village's resident taxi service, run at cost price for the over 60s by the philanthropic village pub landlord. When she was recuperating from an operation, the mobile delivery vans that ply the area (see Figure 19 below) had enabled Jenny to stay independent by shopping from home. She would not use them now for reasons of expense, but still has a regular delivery from the milkman and noted the possibility of getting the Rothbury grocery stores to deliver to her remote Coquetdale village. "There's a grocer in Rothbury and a butcher. You put your order in to the grocer on Tuesday and to the butcher on Friday, and they deliver once a week." (*Jenny, 84, widow, tenant, "Middlevale"*)



**Figure 19 Butcher's Delivery Van beside New Affordable Housing Scheme in Coquetdale Village**

The other village discussed in this section, “Edgedale” in Teesdale, was relatively better served by public transport. It had two bus services on weekdays, but neither was very convenient. One service connected only to adjacent villages where it was necessary to change bus to gain access to shopping centres in the urban, east side of the county (11 miles away); the other, linked with the nearest market town (7 miles away), consisted of only three buses per day, between 9am and 2.30pm. The nearest ‘vital village’ (at a distance of 6 miles) with a Co-op store and general shops and cafes was inaccessible by bus. Paul, a relatively young divorcee, who like Jenny, does not drive, never went there. A recent incomer to the area, Paul had moved there to escape anti-social young people in his urban home town, and a village luncheon club was his only regular social contact in the new location. His nearest relative was a daughter living 118 miles away.

The continued existence of a local shop joined with the Post Office meant that Paul could manage between shopping trips to east Durham. The limited bus services had a greater impact on his ability to develop a social life in his new location (see Chapter 9, Section 9.2.1).

## 8.2.2 Post Offices

Each hub town in the three areas studied had one Post Office. In the pilot study town of Hexham this had declined from three distributed across the large town centre within the memory of some interviewees. The location of the remaining office had potential problems in terms of both its basement location (although connected to the street with a wheelchair ramp) and status as a concession in a larger store that was continually changing hands. In Rothbury the town Post Office had a single entrance with steep stone steps and thus would not be accessible to someone in a wheelchair or using some kinds of walking aid (see Figure 20 below).



Figure 20 Post Office in Rothbury 2008 (no alternative access)

Several villages had lost their Post Office within the decade preceding the study. Even where the Post Office still had a premises (sometimes in a village hall or shop), the service could be as minimal as one hour on two days per week (see Figure 21 below).



Figure 21 Post Office hours in a Coquetdale Village

The most accessible Post Office was in Barnard Castle, which was connected with the town centre by a disabled-accessible crossing and had level access with the street. This is likely to be a result of the dedicated disabled access organisation working within the market town, described in more detail in the final section of this chapter.

In the outlying villages, Tynedale villages were well-served, with a daily service in three villages and even in the most remote village, within the National Park area, a twice weekly service at the village hall. Only one village, in the well-connected direction, was without any service at all. The same state of affairs existed in Teesdale, with a regular daily service in three villages, twice per week in one village, and no service in one settlement in the well-connected direction. Post Offices were highly valued by some older interviewees:

But if I want to know anything, I'd go to Margaret at the Post Office. For example, I used to get my hair cut in Crook until the hairdresser had a heart attack, he survived but he's not cutting hair any more. So I asked Margaret where should I go. She told me about the lady across the road, she'll come round and cut your hair. Margaret does a good trade, it's a good meeting place. (*Frank, 68, divorcee, owner-occupier, "Edgedale"*).

Coquet/Aldale was less well-served than Teesdale, with only one daily service in the well-connected direction (the other Post Office in the well-connected direction was a recent closure at the time of the study) and in the less well-connected direction, only a morning service, with no afternoon or weekend opening whatsoever, in any of the Post Office outlets in the valley. In all, three of the six settlements visited in the Coquet/Aldale study had no Post Office service whatsoever.

Older interviewees in settlements that had lost their regular Post Office outlet regarded it with a degree of nostalgia, for both the practical functions, but also the social ones, as a meeting place and source of community information:

P: It was a shop cum Post Office. It was fantastic. You found out everything that was going on there. If anyone needed help, you'd hear about it in the shop – and you've lost all that now. (*Sheila, 61, married, owner-occupier, "Outerdale"*).

Sheila also said that although village hall events are also announced in the local newspaper, you used to get reminded about them when you went into the Post Office and cajoled into going. This backed up the study noted Chapter 3, Section 3.5.3, about the 'community-making' function of this kind of business.

## 8.3 Location and qualities of transport and access to health and social care

### 8.3.1 Location and design of transport

The majority of Key Actor interviewees emphasised the status of transport as a major issue for rural elders. No less than eight out of the 22 professional interviewees in the case study described it as the most important factor, in terms such as: “the biggest issue”, the “main problem”, “the big thing”, “the biggy”. Voluntary sector organisations accounted for six of the eight interviewees making this assertion; it is significant that they are a group of professionals who might be supposed to be closest to older people’s daily concerns. A public health professional seemed to have a clear overview of the requirements for rural transport that fitted well with the feedback from the older people interviews:

You often need 3 or 4 different dynamic transport systems in a rural area – some of which are formal, some informal. It is difficult to build policies around the informal ones, but that is where the dynamism is. You need community taxis, people carriers, etcetera. (Public Health, Teesdale and Wear Valley).

These various transport options are explored below.

*Transport connectivity.* Of the three study areas, the pilot study hub town was the best connected, by road, rail and bus, both with its adjacent market towns and with the metropolitan areas to its east and west. The least well connected of the three hub towns was Rothbury, with no train, few bus routes, no bus shelter within the town (in common with the pilot study village of “Underwald”), and only one bus per week to its nearest neighbouring market town of Alnwick. While there were stronger bus links with the market town of Morpeth and the city of Newcastle, both lying to the south (through the A1 and A697), these routes did not extend to either northern or eastern destinations. The reasons for Rothbury’s isolation was due both to topographical factors – it is in a bowl-shaped valley, with a high ridge on exposed land dividing it from its neighbouring market town of Alnwick on one side – and to journey ‘chaining’ factors – it represented a ‘diversion’ on most North-South transport routes via the A1 to its east.

The Coquetdale direction in this case study was even more cut off, being situated on a route that ran only into Otterburn military range, sometimes closed to private vehicles. At the time of the study, the Coquetdale post bus had been axed, leaving a provision of only one service, one day per week (route 813), linking the Coquetdale villages to both Rothbury and Alnwick, but with the sole return journey provided leaving people for several hours in Rothbury – too long for the elders interviewed to wish to use it in this way. A further factor in older people’s choice to shop in Alnwick was the large town centre supermarket, while Rothbury’s smaller food shops were relatively expensive:

P: [...]a bottle of lemonade that was £1.25 at the [Rothbury] Co-op, the same thing was only 75p at the [Alnwick] Morrisons. Some people get the bus to Morrisons or one of the other supermarkets for shopping. Now pensioners have the free passes, you could save money by doing it, but they are limited to what they can carry. (*Wendy, 64, married, tenure unknown, Rothbury*).

Nevertheless, as noted in Section 8.2.1.1 above, the loss of the Post Bus had cut one older interviewee off from his lifetime friends and some of his favourite places for leisure walks.

Furthermore, the manner in which the Post Bus had been withdrawn was a model of poor practice, as described by interviewee *Dorothy* in “Nethervale” who had taken it upon herself to liaise with the provider organisation during the process. She told me that: “they stopped the post bus in the last year. There has never been any notice or any consultation.” She had tried to find out what was happening when the timetable began to change and there was no longer any information about when the bus would be arriving:

P: The post bus used to come at 11.15am. Then it was changed with no notice to 12.15. Ladies who were working as waitresses in the market towns had to give up work – the bus got them there too late. Then they changed it again, and it arrived at 1.15pm. If you took it to Morpeth, that gave you 20 minutes, then it was time for you to get back on the bus again. You couldn’t effectively do your business there. I found extreme difficulty in speaking to anyone about the way the post bus was organised. I discussed it a year ago with the [parish] council; I’m on the council. Then I spoke to a lady who organised them from a base in Gloucester. I spoke to Glasgow twice, I was put on to Southampton. Honestly, I was sent on a ‘Round Britain Tour’. I ended up in London. They sent me the timetable. I said it was no good, they need to send them to the parishes between here and Morpeth, because at the moment, no-one knows what time the bus is. (*Dorothy, 71, married, owner-occupier, “Netherdale”*).



Because the company did not notify users of the new times, the bus appeared to be underused hence not required, when this was not in fact the case. This links with the incident recounted earlier, in which the older people in the “Teesville” sheltered housing scheme were persuaded to sign their agreement to moving out of the scheme, on a premise that turned out to be false, that is, that the move would only be temporary. These two examples could suggest that the relative isolation of rural older people may sometimes be exploited by organisations wishing to cut costs quickly.

Somewhere in between Hexham and Rothbury in terms of its connectivity was Barnard Castle, which was well-connected by bus to the urban areas to the east of the county; had a thin, but daily service to the western areas; but no services running north to south (for example to towns such as Stanhope in Weardale or to Richmond in Yorkshire). There were seven transport providers in all including coach companies, but only two main providers, one of which was widely reckoned (including by the key actor transport interviewee) unreliable, with an ageing fleet that frequently broke down. As in the Hexham study, bus users (who included key actors) talked of needing to use lifts from friends or relatives when the buses failed them:

When you are waiting for a bus in the dales, anything might turn up: they don't spend any money on maintenance. They have a reactive policy on repairs. If the bus breaks down, then it will be repaired. If you're a regular bus user then it's a nightmare.

[...]

[My colleague] is a regular bus user. A bus broke down only last Friday, to the great inconvenience of all the passengers. If you have an appointment, say at Darlington Hospital, you need to leave a couple of hours early, in case something goes wrong with the bus. (Voluntary, Social Activities, Teesdale).

The roads were well-maintained at the time of the study and fast, somewhat at the expense of those living in villages through which they ran, none of which had a formal pedestrianized crossing. Residents of “Tees Grove”, waiting on this same road for taxis, or buses stop, were also endangered by the speed of passing cars, according to one interviewee.

*Free bus pass.* The free bus pass, just introduced around the time of the Teesdale case study, had made little impact on the service itself. However, by the time of the Coquet/Alndale case study, the free bus pass was having an impact on rural elders'

shopping “commutes” (leaving the car at home to save the cost of the petrol; or travelling further afield to access lower costs at cheaper stores – see quote earlier in this section). The Northumberland fleets were in the process of updating to meet the EU lower floor requirement by 2017 and there was a possibility that better systems of logging older users (and thus gaining more subsidy), although not yet introduced, might in future improve the viability of rural routes with mainly older users. However, the majority of the fleet was still unsuitable for wheelchairs, delays caused by older users were not popular with bus drivers, and there was still no likelihood of a conductor service that might support users with access difficulties to avail themselves of this kind of transport.

An interesting sub-category of the driver group emerged, probably linked to the advent of the free bus pass for all in 2008. This was composed of people who were using, or about to use, both bus and car – either in combination or alternately - of which there were three in Coquetdale and four in Teesdale (in other words, around a quarter of older people sample). Sometimes this was an informal park-and-ride arrangement to get to a main bus route to larger town (e.g. *Lynette* in “Nethervale”); sometimes it was a car used for more local errands and a bus for longer, distant trips (e.g. *Colin* in Rothbury, *Michael* in Barnard Castle).

*Town bus.* Barnard Castle itself had the best internal bus system, with regular daily buses circulating to older people’s specialised accommodation and some of the more distant outlying housing estates. With three official stops, the bus was permitted to stop ‘in any safe place’, allowing people in the outlying estates to reach their homes through this service and making it less likely they would become cut off, as had *Oswald*, living at the periphery of Hexham. Rothbury’s town bus ran only on a Friday, organised by the voluntary sector organisation “Transport in North Northumberland”. “There’s a lot of red tape to it. You have to phone this, phone that, if you want to use it.” (*Edie*, 82, married, tenant, Rothbury).

*Community Transport.* In terms of community transport, leisure transport was provided by a range of clubs and groups, but this was generally confined, as in the pilot study, to people living outside of the market towns, whilst those within them were presumed to be able to take advantage of public transport hubs. This did not work well in Rothbury,

where only one bus per week connected the town to the neighbouring market town of Alnwick, site of an Age Concern and a very strong range of leisure options for older people. The logistics of routing as explained above, meant that the connection with southerly Morpeth was stronger, but the range of leisure options was much smaller in this town.

Access style transport was relatively well-provided in Teesdale in terms of the Durham Dales Access bus. Although unusable by *Emily* (who, due to lack of vision, needed someone to accompany her on trips) it was considered by *Irma* to be a valuable service “It is good, I think it’s good, a lot of people use that” (*Irma, 64, married, owner-occupier, “Upperdale”*). There was also an Upper Dales service run by a Methodist family which did not run on Sundays. Annual transport vouchers supplied by the local authority could be spent on buses, taxis or coach trips. But taxis were expensive and community taxis on the wane due to regulations issues, as noted below.

*Taxis.* Vouchers for taxis were also provided to older people in the Northumberland case study area. In terms of taxis, the voluntary sector coordinating organisation Teesdale Day Clubs had expended time and effort in educating and working with the local taxi companies in Barnard Castle, so that they could meet the requirements of local older people, both in terms of their equipment and practical assistance. The manager described the ways in which the local taxi service had been developed by her organisation.

When I started there were no disabled access taxis, but things have improved immensely. We put pressure on the taxi companies in terms of who we would give our contracts to. We needed them to provide a minibus with a chairlift in order to award our contracts. Now there are two minibuses in the Dale with chair lifts. (Voluntary, Social Activities, Teesdale).

However, outside of Barnard Castle, none of the outlying villages had its own service at the time of the study, and a community taxi in the less-well connected direction had just ceased operation, a problem for some of the older interviewees. In the pilot study Hexham had two taxi ranks and both larger villages along each line of rurality in Tynedale also had a clearly advertised central taxi service. Rothbury itself had no taxi service, but the nearby village of Thropton, at the base of Coquetdale, ran the service for

the west of the case study district, while a company in Longhorsely ran the service of the East of the Coquet/Alndale district. Coquetdale itself also benefited from a partly philanthropic venture run by the landlord of the “Middlevale” public house; for example one interviewee claimed he made available lifts into the nearby market town or to the nearest main bus route at cost price for pensioners, albeit only between the hours of the school run. The main complaint about local taxi services as well as community transport arising in the study was the limited hours provided – either due to competing pressures from bigger customers, such as schools, or due to taxi companies being small family firms with no need or obligation to provide a round-the-clock service.

*Multi-location lives.* Private car use was deemed very important by car users, and very few in the study had neither a car nor access to regular lifts from neighbours, friends or relatives. Older people who could afford it, and wished to, used their car to lead multi-location lives, just as rural people in employment might do, *Michael* in Barnard Castle, for example, driving to a voluntary wildlife conservation job 50 miles away on a regular basis; *Martha* in Tees Grove driving her daughter to part-time work in a distant urban area; several interviews noting that they stayed with hairdressers, doctors or dentists in places where they had formerly lived or work long after there was any practical reason for doing so, apart from preference and continuity.

Driving was seen as a necessity by those in remote villages, to get to places that are not on public transport, or at times that public transport does not run. However, there were serious problems with rural driving, foremost among which were parking and the cost of petrol. The Interviews in Focus with *Jenny* (8.2.1.1) and *Emily* (8.3.2.1) show how much someone with good social skills can organise for themselves, in terms of grocery shopping and keeping active, but also the limitations, when disability renders them dependent on others for many ordinary tasks of life. In all, three older interviewees in the study mentioned important places they would like to get to, but could not get to because of a lack of transport and all three were in the less-well connected cluster of their area.

*Parking.* In both Barnard Castle and Rothbury, town centre parking was problematic for older people. Rothbury’s new edge of town housing had apparently swollen the number of car users in the town centre, none of whom wanted to use the municipal parking

facility because it carried a charge, and was further from the shops than the free town centre parking. The pressure on parking spaces meant that drop kerbs for wheelchair users would be parked over (as observed and filmed in the older people ‘walkabout’ for this town), and the town’s three disabled parking spaces might be insufficient, given the number of older (disabled) inhabitants. In Barnard Castle, the two hour limit on the free parking in the town centre was not observed by users, and was also cobbled, even in the disabled area (see Figure 22 below), and the central car parking had a high minimum charge of 80p per hour. The result was that older people with mobility difficulties would drive to other towns for their shopping needs rather than risk the parking problems in this area.



Figure 22 **Disabled Parking in Barnard Castle (with close-up of cobbles)**

Another problem for older people in Barnard Castle was vehicles parking over designated bus stops, as shown in Figure 23 below. According to the local organisation for disability access, this is legal with the current markings used, but could be made illegal if the local authority marked it up differently.



Figure 23 **Parking across Demarcated Bus Stop, Barnard Castle**

*Electric buggies.* The electric buggy is often seen to be a solution to disabled people’s ability to get about outdoors. In practice the qualities of the physical infrastructure and

topography can make this difficult. In Hexham and Barnard Castle in particular, the use of an electric buggy could be impeded by pavement parking and other street obstacles, as well as steep rises and cobbled surfaces. The disability access organisation in Barnard Castle saw supporting people in buying and using these vehicles as an essential part of their role.

Their service included hiring out mobility equipment so that people could experiment with different kinds and styles before making a private purchase, and also offered training in the use of scooters, as well as advising the police about the legislative issues around them.

But there is an issue with scooters. Someone did a “hit and run” on a pedestrian. People think there is no law governing the use of scooters, but there is a law. It says that pedestrians have the right of way. We are going to do some scooter training. We already run a presentation with a mobility consultant, a lady from Trading and Standards. [...] We advertised for as many people as possible who are driving or thinking of driving scooters to attend. We want to ask them: “Have you got it right?” (Voluntary, Disabled Support, Teesdale).

Out of the market towns, streets without paving in a Coquetdale village were deemed unsuitable for their use by a provider due to competition with industrial traffic:

I don't get out as much as I'd like to – it's even difficult walking here, the roadsides are so chewed up. Once you get out of this village, the big wagons from the [Name] Quarry and the timber wagons from the hills, this is the only way they can come, they can't use the other roads. I was thinking about a mobility scooter – a man came up, but he had such a scare with the gravel wagons, he said: “These scooters don't have the power to get out of the way if you had to. They are not for villages like this” (*Jenny, widow, aged 84, tenant, Middlevale*).

Military traffic from the Otterburn ranges was also a problem in this area (see Fig 24 below).



Figure 24 **Military vehicle in a Coquetdale village**

However, in an Alndale village, the surfacing was good enough for one couple to undertake buggy races to the local bottle bank (see Fig 25 below).



Figure 25 ***Ian and Elaine* from “Alnthwaite”, in their Electric Buggies**  
(Used with the subjects’ consent)

*Coping without a car.* In Coquetdale, *Jenny* had showed real resourcefulness in putting together for herself a package of transport provision and delivery services when she was housebound recovering from an operation (see 8.2.1.1 above). However the similarly

resourceful *Emily* near “Upperdale” showed the limitations of this approach, where, in spite of her many social contacts and supporters, she was still unable to get to gym facilities vital for her rehabilitation from a leg ulcer, and was about to lose reasonably priced taxi access to Darlington hospital, due to the closure of the Upperdale service (see Interviews in Focus, in Section 8.3.2.1, below).

The two single men in the study unable to drive or access lifts from friends or relatives (*Paul* and *Oswald*) found themselves acutely disadvantaged. One was unable regularly to participate in a valued central activity of church attendance or regularly see a sole close relative (*Paul* in Edgedale); while as we have seen in Chapter 7, *Oswald* was obliged to move house from the market town periphery to its centre, due to inability to access shops and services from the periphery, once deteriorating health had made driving impossible. Gradual voluntary sector recognition of the centrality of the car for rural older people trying to stay independent had, however, at the time of the second case study, resulted in the first voluntary sector scheme to get older women driving after a bereavement, cited by the public health interviewee as a good direction for innovative services:

If that scheme wasn't there, some of these people would be knocking on our door to say: “can I have more help with my shopping?” We should be looking at more opportunities like that. (Public Health, Northumberland).

### 8.3.2 Access to health facilities

*Primary care.* In all three areas studied, there was at least one GP in the hub town, and in both of the ‘lines of rurality’ researched, GPs were generally well-appreciated. Only one person in the study had a problem getting to and from the GP, which was in the less-well connected Teesdale village of “Edgedale”, where an hourly bus service meant visits needed to be carefully scheduled. In Coquetdale, besides a part-time GP in the village of “Middlevale”, the Rothbury surgery (which claimed to have 33% of its patients over 60, and an even higher percentage attending surgery from that age group) has the whole study area within its catchment. Considerable effort was made to accommodate the remote rural dwellers including extending surgery hours to accommodate those with younger working relatives:



Since the early summer, we started having extended opening hours. People use that to bring their elderly relatives in. If the older person's relatives are working, they can only bring their relatives in when they are not working. (Primary Care Trust, Rothbury).

Furthermore, by the time of the case studies, the problem noted in the pilot of elders with complex conditions needing to make repeat visits to the GP to see a number of different specialist nurses, was being resolved with tailored sessions for people needing multiple consultations, described by the practice manager as a special “complex clinic” – where patients “come in once and are reviewed by a whole host of people.”

*Secondary care.* Although all three study hub towns had their own small hospital, these were all limited to a greater or lesser degree in the medical services they were able to provide. As the health service generally undergoes a process of centralisation, and major treatment for many health problems typically suffered by older people is taken away from smaller general hospitals and concentrated into centres of excellence in urban areas, access to these both for the patient and for their carers is becoming increasingly problematic. This was an issue raised by both older people and by several professionals concerned with their well-being.

Although hospital ambulance services exist these are problematic in several respects: they are not well advertised to potential users in many cases, they come at fixed and often inconvenient hours (including very short visiting times for carers), and the service itself may be uncongenial – for example, one interviewee claimed the taxi driver was (against regulations) a smoker.

P: Today I had to go to the Freeman [hospital]. The taxi provided by the hospital comes so early, if I took that, I'd be there all day. This is what put me off. I'd have to be there at 8am for an 11am appointment. Then there's the smoking in the cab, it's a smelly service. So my son took me. A private taxi would cost too much. I feel as if I put him out, having to take us back and forwards. I'm 80 and my husband's 83. I still drive, but I'd be too nervy to drive to Newcastle. (*June, 80, married, owner-occupier, "Alnthwaite"*).

Carers may, or may not know that they are, eligible for transport to and from the hospital. This may lead to long bus journeys entailing one or more changes. In Teesdale, *Sylvia* had been able to visit her husband in hospital in Darlington and Bishop Auckland hospitals (where he had a triple by-pass operation) only because her sister-in-law gave

her a lift to get there: “If I’d tried to take the bus, I’d have had to change three times.” Ray had been given a lift to receive treatment at the James Cook Hospital in Darlington by his brother (his wife no longer drives).

In the Tynedale pilot study, the GP had noted the near impossibility of getting to the Tyneside hospitals by public transport and an older person had reported the inconvenient times proposed by the hospital’s ambulance service.

As shown in Table 9 below, respiratory disease, heart disease and cancer were all unable for the most part to be treated at local hospitals, thus entailing long round trips for patients and carers. On the other hand, all the hub towns offered rehabilitation services and all but Rothbury offered palliative care.

**Table 9 Local and County Hospitals and their Capacity to Treat Major Illnesses of Later Life**

Hospital	cancer	heart	hip	pain	Palliative	Psych-iatry OA	rehab	Respir-atory	stroke
Alnwick	x	x	X	x	√	x	√	x	x
Rothbury cottage	x	x	X	x	x	x	√	x	x
Richardson (Barnard Castle)	x	x	X	x	√	x	√	x	x
Hexham (Tynedale)	x	x	√	√	√	x	√	x	√
N’land	√	√	√	√	√	√	√	√	√
Newcastle (see key below)	NGH	F	F	NGH	NGH,W	NGH	W	F	F, NGH, W
Durham	√	√	√	√	√	√	√	√	√

NGH = Newcastle General Hospital F= Freeman Hospital W = Walkergate Hospital

*Ancillary care.* In terms of the more minor and ancillary health services, such as dentists, opticians, physiotherapists, podiatrists and stroke rehabilitation, place audit and interviews indicated that one or more of these could be difficult to access outside of the hub town, backing up Age Concern’s finding (2006, see Chapter 4, Section 4.2), that these aspects of health provision tend to be overlooked. A voluntary sector interviewee in Barnard Castle complained of how the NHS depended upon their service to supply wheelchairs.

We prop up the NHS with wheelchair and mobility aids loans to people. But we get not a penny from the NHS for this. Equipment loans range from one day to three months. The NHS are supposed to provide people with wheelchairs, but from the time you get a measuring up appointment to receiving your wheelchair, the waiting list is currently one year. The [voluntary sector organisation name] cannot keep propping up the NHS. (Voluntary, Disabled Support, Teesdale).

Unless an initiative had been put in place, as in Rothbury’s cottage hospital, to provide such services in one site locally (including transport there and back for rural elders, which was provided in Rothbury on the same voluntary basis as for the GP), older people were likely to experience problems in accessing at least one of these services. A public health interviewee in Durham noted the problems with accessing stroke clinics in the rural areas.

[...] people who’ve suffered a stroke, for example, if they need to get to a stroke clinic in Barnard Castle, there is no transport, it would cost £16 for them to get down and do the exercises. So they don’t come. (Voluntary, Disabled Support, Teesdale).

*Phil* in “Teesville” noted his problems going (or more precisely, getting back from) the dentists; while *Emily* near to “Upperdale” had difficulty getting to her gym equipment, necessary for her rehabilitation from leg ulcers, as outlined in the ‘interview in focus’ below.

### 8.3.2.1 Interview in Focus:

#### Can’t drive, can’t use the bus

The next interviewee, *Emily*, is an 85 year old retired civil servant who has, in the last year, entirely lost her eyesight. She has lived for 20 years in a row of four houses by a farm between two villages, in the less well-connected direction in Teesdale. She has no

long-standing connections with the area, having moved from her native Lancashire to be near her daughter – who subsequently moved 25 miles away.

She lives alone in a three-storey, detached house, originally chosen for its beautiful views, which she can no longer enjoy. She feels unable to move to somewhere more convenient for three main reasons: she has learned to navigate her house over 19 years of partial-sightedness; she fears that its value would soon be consumed in paying a £500-a-week charge for extracare accommodation in Barnard Castle; and although she has been widowed for ten years, the house is her last connection with her husband:

P: Oh I wouldn't have left here then, because I was so used to here, and I always felt Dennis was here.

I: You said you wouldn't want to move from here, partly because you feel like your husband's here? [...]

P: [...] So they lifted the sundial away and my grandson dug a hole and lined it with stones, and when we got the ashes back with Dennis in, we put it in there, and put a big stone over the top, and then the sundial on top, and made soil all round the sundial and planted gorgeous white tulips and flowers, and the gardener keeps that nice when the flowers are there, you see. (*Emily, 85, widow, home-owner, between Barnard Castle and "Upperdale"*).

Due to her loss of vision, she is unable to use public transport unaccompanied, even though both the weekly Durham Dales Access bus and the hourly Arriva bus between "Upperdale" and Barnard Castle use the B road which runs by her front door. In spite of this she has received some support with transport from a range of sources in her community.

- At the time of the interview, she has been supported to get to her monthly eye appointment in Darlington Hospital by a community taxi service based in Middleton, although its future was under threat when we spoke. (It was in fact disbanded shortly after the interview according to a Key Actor informant).
- She belongs to the lunch clubs organised by Teesdale Day Clubs in "Upperdale" and "Outerdale" and they provide transport to and from these activities in exchange for a £1 transport token (County Durham over 60s can choose between £34 a year of transport tokens or a free bus pass).
- The Day Club organiser picks up and delivers her prescription medicines from the pharmacy.
- Her GP drops in on her way home once a week.
- She is being treated at home for a series of abscesses by a community nurse.

- Her daughter phones every night and visits once a month to do her washing and stocks up her freezer.
- She has a next door neighbour who offered assistance should she need help during the night.

Although with these layers of support she has managed to organise some essential needs, she still has the problem of a lack of people on hand during the day and a lack of exercise. With her recent complete loss of vision, she has become confined to the interior of the house and is effectively inactive.

P: I can't walk down the drive, I can't walk into my garden. Oh, and I used to spend all my time gardening. (*Emily, between Barnard Castle and "Upperdale"*).

Up until about twelve months prior to the interview, she was given lifts to make occasional shopping trips and to attend exercise classes in Barnard Castle to alleviate her leg ulcers, but the lift-giver has now moved house. The taxi cost for a return journey would be prohibitive and the local authority could not find an economically feasible way of supporting her.

As a private home owner on a middle income, *Emily* would not be eligible for Direct Payments or an independent budget, which might support someone less well off to remain connected (although at the time of the study, there was no clear guidance about whether these sources could be used for transport). Furthermore, she has rejected those social care services she has so far tried, such as a community alarm, or a care worker, because they were both expensive and unreliable. A voluntary befriending scheme for the blind was likewise found undependable, with only sporadic visits which seemed to have dried up completely.

As she remarked:

P: [...] You see when my husband was here it was wonderful, we had the car and we just went wherever we wished, we never dreamt about the future when he would...[trails off] (*Emily, between Barnard Castle and "Upperdale"*).

### 8.3.3 Access to Social Care

Key actor interviewees were quite strongly aware of problems providing social care in rural areas, due to a complex of reasons including recruitment difficulties, rural elders' resistance to receiving services and inability to 'work the system':

One main issue is that you have a generation reluctant to ask for and accept help. People who should have Attendance Allowance, for example, won't apply. Others apply, but then talk themselves out of it. You send someone to fill in the form with them. A typical response to one of the questions: "Can you get in and out of the bath?" would be: "Well, I manage all right, I just have a little wash at the sink." (Voluntary, Social Activities, Teesdale).

This confirmed some of the evidence about rural provision of social care summarised in Chapter 3, Section 3.5.4. The two older people receiving social care in the case studies (and three in the pilot study) were quite satisfied with it, but one issue that did arise that may be original to this study was interviewees who had abandoned their engagement with this service because of its inadequacies in terms of, for example, carers who were expensive but arrived late and did little work (*Emily* near Upperdale); a social care service that petered out with no explanation (*Martha* in Tees Grove); and a social care interface that was obstructive and uncooperative (*Carole* in Hexham).

Of the five older people using social carers interviewed for the study, however, all were making intensive use of the service (seven days per week). The only example of a three day per week service was in the case of a full time carer in "Hexendale" getting top up support. Taken together these findings may suggest that the discrepancy observed in national trends of service provision between more provision for those with intensive needs, and less for those with lower level needs, could be particularly marked in rural areas, where the nature of the journeys involved between visits could suggest a benefit in more concentrated and regular visits.

However, in both case study areas, key actor interviewees saw a potential solution to this problem in the forthcoming personalisation of social care or 'transformation agenda', allowing perhaps a further expansion of the recruitment pool for social care to casual workers – neighbours, friends or relatives of those needing care.

On the plus side, personal budgets will allow rural older people to utilise community strengths. It will also provide a new source of income for people

who may not want full-time, formal employment. (Public Health, Northumberland).

This professional went on to elaborate:

In small villages, where younger people have moved away, the personal budget can support people to work collaboratively, to provide care for each other, this could empower them and bring them back into economic activity again. I think this could really work in the North and I know the North well. (Public Health, Northumberland).

In the places where this was being piloted, outside of the case study catchment areas in Northumberland, the employment needs of mothers with school age children were being matched with the care needs of older people in a synergistic manner.

Teesdale appeared to be more advanced in the field of telecare, and was in receipt of a “Preventative Technology” grant that had enabled interventions in the form of “about 20 devices” including fall detectors, bed monitors, door exit monitors and a new device called “Just Checking”.

There are passive infrared monitors, you stick them around the property and develop a graph of someone’s actions around the house. For example, if someone is at the early stages of dementia and they say that their carer hasn’t been in today, you can check on the monitor and find that someone came and went, so it’s likely they did get the carer visit. [...] If there are carers, you can check that they are going in for the amount of time that they’re paid for. (Social Care, Teesdale).

## **8.4 Settlement geography, infrastructure and climate**

### **8.4.1 Hills and paths**

All three hub towns were traversed by a major river, with the result that each had a steep descent to the river flood plain. In all three study towns, this affected residential areas and in two it made some shopping streets difficult to access. Only Rothbury lacked shopping areas rendered inaccessible by their gradient. However, in all three cases, transition between residential areas and major facilities and amenities of the town lying on a higher or lower level could be a problem for older people.

In common with Hexham, Barnard Castle had a steeply-descending street that had a distinctive focus on hairdressers, gift shops and restaurants, but was very difficult for older people to use it as had no benches, and presented various obstacles for people in mobility vehicles, including bollards to prevent pavement parking and advertising placards from shops (these are not illustrated as they are on the other side of the road from the pavement in Figure 26 below).



Figure 26 **The Bank in Barnard Castle**

In Rothbury, also in common with Hexham, it was the narrowness of some pavements, rather than their gradient, that presented problems. Rothbury’s public library was an exception, situated at a point where the gentle ascent of the high street rises more abruptly. However, an older interviewee with mobility problems was still able to reach this from her home in the town centre.

The main difficulty caused by Rothbury’s topography was not the transition between different facilities and amenities, as in Hexham, but between the town centre and the residential area, due to the rather ‘improvised’ nature of the pedestrian routes up the steep hillsides where housing was arranged in zigzagging rows parallel to the town high street. Of three paths in use, one was dark, narrow and overhung with the foliage; the second was exposed and visible in open fields, but had no hand rails or rest points. The third was little more than a track between the backs of houses, with uneven stone surfacing at certain points, overhanging foliage, and slippery grass passages with no hand rail. Yet most of the housing in the residential area was of the kind that attracts older people – bungalows dating from the 1930s to the present day (see Figure 16 above); attractive new, but small-scale two or three bedroom houses; traditional almshouse-style housing quite high up above the east of the town (not the same as the



river-level scheme inhabited by *Claire*). One professional reported picking up an older person there to take them to an event and finding that because she was unable to drive, she had become dependent on friends and neighbours “to do everything for her”.

And what’s she supposed to do, she’s supposed to move somewhere? I mean, why would you build older people’s houses on the top of that hill in the first place? (Voluntary, Older People’s Support, Alnwick District).

*Colin*, living on the hillside and looking ahead to a time when his own already compromised mobility might fail, observed that people need taxis or lifts when the hill becomes too steep to negotiate. *Wendy* in Rothbury remarked that she now uses the car all the time when she goes out because: “They have seats at the top of the hill, but they want one in the middle of the hill.” *Edie*, living on the (equally steep) residential area on the other side of the river had been confined to her home for two years since a decline in her mobility. She got about using a walker trolley: “I can take the basket out and it does fold up. I don’t like to walk uphill, so I never go to the village to do shopping, it would be too much.” (*Edie*, 82, married, tenant, Rothbury).



**Figure 27 New Path at Eastern End of Rothbury, from Town Centre to Highest Residential Level**



Figure 28 **Older Path, known as ‘The Nick’, on Western End of Rothbury from Town Centre to Middle and Upper Layers of Hillside Residential Area**

### 8.4.2 Rest Points: benches and lavatories

All three hub towns were well provided with benches in certain of their central areas, but benches were not evenly placed, and notably lacking from steep streets and residential areas. Benches were furthermore not uniformly usable, being in a poor state of repair in the less visible locations – for example, the war memorial garden at the top of Galgate in Barnard Castle. In Rothbury the benches were sited near to places where noisy vehicles such as motorbikes tended to get parked (see Figure 29 below).



Figure 29 **Bikes and Benches in Rothbury**

Hexham, as we have seen, was well-provided with four accessible, level public lavatories, open outside commercial hours – even if the town centre facility was quite difficult to locate and not well signposted. Rothbury had an exceptionally well-maintained and internally accessible public lavatory, although it was oddly sited at a

steep rise from one of the town's two main shopping streets, entailing a series of steep slopes and sharp bends for wheelchair users, and a long run of concrete steps for the more mobile. Barnard Castle's Victorian public convenience was down steep steps and had been closed down by the town council. Its one remaining public lavatory was level with the street and run by the local supermarket. At the time of the study it was open only during supermarket hours, so that outside of these the town had no public lavatory at all.

### 8.4.3 Pavements and crossings

Two of the market towns had extensive cobbled surfaces, each presenting distinctive problems for older users. In Hexham, the cobbled street included the town's only independent new bookshop, restaurants and gift shops. In Rothbury, there were only small cobbled areas across residential parking areas on the far side of the main shopping street, not presenting major problems for those who wished to avoid them. However, those living outside of Rothbury who used Alnwick as their main shopping centre complained of the treacherous surfaces in the town centre there, where cobbles were almost unavoidable in parking areas and the main street. The following quotes convey the strong feelings these evoked: "Well, if you walk, you're likely to break your neck." (*Ian, Alnithwaite*); "the pavements are pretty bad, Alnwick especially" (*Patrick, "Middlevale"*). *Jenny* noted:

It's quite a walk, especially in Alnwick, with those foul cobblestones. If only they'd made a smooth path along them, for people with wheelchairs and trolleys and push chairs. They seem to think it's more picturesque that way, but it's a hazard. (*Jenny, 84, widow, tenant, "Middlevale"*).

In Barnard Castle, not only was the main free parking made of very uneven cobbling, but the disabled spaces had been newly created as cobbled surfaces by the council and were now in a poor state of repair, with many cobbles loose and uneven (see Figure 22 above). On the positive side however, (as revealed in the 'older people's walkabout' the local voluntary sector organisation devoted to disability access in Teesdale, had managed to gain permission from the private owner of the main cobbled parking to run a tarmac path across it in one place, at least allowing one crossing point for people with mobility issues, and in mobility vehicles.



Figure 30 **Pedestrian Obstacles in Barnard Castle**

Furthermore, this same voluntary organisation had supported a campaign to reinstate a town-centre bench that had been removed when a public building was renovated. It had also instated drop kerbs at the town’s main crossing points and introduced a new crossing point by the council offices. It had also requested and achieved an extension to the crossing time at the central crossing when this was too brief for older people. Both interviewees and elders taking part in the town centre “walkabout” in Rothbury commented on the lack of any crossings in their town centre, meaning long waiting times and hazardous crossings at complex junctions used by military and heavy industrial vehicles.



Figure 31 **Older People Crossing in Rothbury**

Added to their other problems, which have arisen in earlier sections, including lack of a bus shelter, parking over drop kerbs and lack of disabled parking, as well as

exceptionally narrow pavements in places, the Rothbury Over 60s group (who participated in the “walkabout” there) might have benefited from an organisation like the disability access organisation in Barnard Castle, that could have helped them to broker some of the changes needed to navigate through the complexities of legal responsibility, ownership and financing regimes to fix the problems in the town.

#### 8.4.4 Climate

Climate issues were not an issue in the pilot study but arose in the Teesdale case study in the form of the microclimate in the less-well connected cluster of villages. “Upperdale”, in that cluster, was said by one of the professional interviewees to have a smog over it in winter because of the situation and the amount of coal-burning. This was confirmed by an interviewee in nearby “Outerdale”: “People say we are one of the highest smog areas in the country.” One interviewee there noted that an incomer had campaigned, without success, to have it made a smoke-free zone, but did not find it an issue herself:

PF: It does hang, if you’re coming in about tea-time-ish in the winter, when it’s getting dark, and people are lighting their fires, you can see it sort of hanging about, but we never feel that we’re breathing it.

PM: You never get the smog that you cannot see through, or anything like that. (*Irma, 64, (and husband), married, owner-occupiers, “Upperdale”*).

Another of the cluster settlements was exposed on a high ridge and a few degrees colder than the surrounding areas; fog was also a problem there. Snow and ice, however, were routinely accepted by older people as part of the hazards of country living, for which it was the individual’s responsibility to prepare, and to take care. One interviewee had broken an ankle in a recent period of snow trying to stand aside from the heavy traffic on her road, which is the access road for a school, but this was the only incident of being affected by snow and ice. Her response was very stoical:

P: And these two men came running across the road and they said “Can I help you?” And I said, “I’d rather get up on my own, if you don’t mind, because I’m anything but graceful” And he said: “Well that’s all right.” And I got up and this man said: “Well, I’ll ease you off the ice. Meanwhile don’t be frightened, I’ve got to grab you and take you off the ice.” And I thought, well, I was all right, and I got up and I walked down to the village, and I went to the class [...] And it was the following Tuesday, my two daughters came in together, and they said:

“We’re giving each other back up, mother. Either you go to the doctors tomorrow, or we take you.[...] (*Annie, 75, widow, owner-occupier, Rothbury*).

During the ‘Walkabout’ phase of the study in Barnard Castle, which took place in high summer, intense rainfall highlighted the town’s poor street drainage, where channels from roof guttering were both too narrow and too clogged to support the downflow of water, thus flooding the pavements and making them impassable for one of the mobility impaired Walkabout participants who consequently withdrew from the group.

*Dorothy* and *Claire*, both from the Coquet/Alndale case study sample, were affected by the unmediated effects of the kinds of “extreme rainfall events” that have become increasingly common, particularly in the North of England, over the last decade. Both were flooded out of their homes in September 2008 and *Claire* had already experienced some flooding prior to this.

On 6<sup>th</sup> September 2008, after a summer of heavy rains, flash flooding occurred in Yorkshire, Shropshire, Herefordshire and Worcestershire, but Northumberland was particularly badly affected (BBC News, 2008a). Parts of the county’s river system, in particular the Wansbeck and Coquet rivers, were vulnerable due to the flooding coinciding with ‘spring’ tides<sup>34</sup> on the East coast which prevented the rivers from draining into the sea. In Morpeth, where 400 people were evacuated, the floods were estimated as costing around £3,000,000 in damages to the local authority. In all, 120 homes along the Coquet Valley were flooded (BBC News, 2008b), including Rothbury town which was completely cut off, and houses in the village of “Nethervale”, the furthestmost village in Coquetdale where two of the “less well-connected cluster” interviewees resided. Water came down from the hills behind the main village centre and flooded a row of houses; while, further up the town, a road into a neighbouring village was destroyed.

In Rothbury water was “waist high” in the riverside houses, which had to be evacuated, as did residents of the new developments of bungalows – the Maltings – near the riverside (see Figure 16); and the low lying 19<sup>th</sup> century almshouses at the town’s East end, inhabitants were still not able to return to their homes almost one year on.

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<sup>34</sup> A ‘spring tide’ is a regularly occurring form of high tide, rather than a seasonal one.

*Claire* had made her bedsit accommodation into a national centre for organising campaigns for better recognition of the rare health condition from which she suffered. Already, at the time of our interview, she had suffered from milder floods:

P: It's only happened twice this year, but last year it happened a lot more.

I: So how often has it happened to you?

P: It's been up here, not when I've been here, it came up right through and the ducks were swimming round in the grass. (*Claire, widow, aged 66, Housing Association tenant, Rothbury*).

Three months later, she had to evacuate her home and was eventually rehoused in another village. It is likely that the paperwork associated with her campaigning work would have been at least partly destroyed.

*Dorothy*, aged 72, was also flooded out of her home – this time by hillside floods – and was living at the time of the interview with her husband and dog in a holiday cottage while the original home was repaired and restored. Apart from the hamlet inhabited by *Emily*, “Nethervale”, where *Dorothy* and her husband live, was the smallest settlement visited for this study, with approximately 34 inhabitants, many of them past retirement age. At the time of our interview, in May 2009, the Environment Agency still had not provided the village with a flood prevention plan.

P: At the parish meeting last night, they said they'd been on to the Environment Agency. There's a flood prevention plan for Morpeth and Rothbury, we know “Littlevale” have asked [them], we've asked for one. But there's been no response yet, although we've a meeting with them on the 8<sup>th</sup> July, so we'll be putting the question again. (*Dorothy, 71, married, owner-occupier, “Netherdale”*).

In mid-July 2009, the “Nethervale” area was again experiencing flooding and it seems unlikely that any flood protection plan was in place by this point (Northumberland Gazette, 2009).

## 8.5 Conclusion

This chapter has shown the physical characteristics of the two case study rural areas for their older inhabitants and their service-providers. It has found a fragmented mosaic of

outcomes in different areas of life, in some of which rural older people seem significantly disadvantaged, but also some areas where their experience could be better than for an urban elder – the organised voluntary services to and from the GP and cottage hospital in Rothbury for example. This conclusion highlights some of the main findings of the chapter, in particular those that appear either to strongly confirm or contrast with the findings of the literature review and pilot study.

Some social and sheltered housing was found to be of very small dimensions and clearly and visibly “welfare provision”, that was furthermore somewhat inexpertly maintained by generalist providers. Older people in tied estate housing might, however, benefit from exceptional philanthropic policies, as in the case of *Phil*, who lived rent free and was able to move his daughter into similar housing nearby when bereaved. Such tenants could equally find themselves in a desperate and deteriorating situation, as in *Bob*’s case, due in particular to the remoteness of accommodation tied to rural employment such as being a gamekeeper. Potentially *Bob* and the elderly farmers (mentioned by a Key Actor) who also lived in an isolated dwelling, were also tied to their housing by decades of habituation and the fact that relocation would imply moving to a different settlement.

The smaller market town in the study lacked a care home, a problem for those needing this kind of accommodation and their carers. Furthermore, unlike the situation in the pilot study area, sheltered housing in both case studies was increasingly confined to market towns. Out of ten case study village settlements in the case study phase only one still had a sheltered scheme and that was in the process of closing down. The manner in which this closure had been handled appeared at the very least to be a misuse of participative processes but might also leave room for concern over the transparency of the procedures used by the Housing Association. A similarly disquieting and undemocratic process was conveyed in one interviewee’s account of how the Post Bus service had been dispatched in Coquetdale.

Handyvan/man schemes as discussed by some professionals seemed to be reaching their target audience well and home maintenance generally appeared to cause few headaches. The rising cost of oil for heating caused some concern, and fitting with the impression



of the Public Health interviewee in Durham, the various schemes in that county to help older people with insulation and heating bills were the cause of some confusion.

While the number of holiday homes in villages was remarked upon by two interviewees, almost half in each case study area raised the issue of unsuitable new developments in their town or village. Various sitings of facilities and industries incompatible with residential use also arose in the course of the interviews. The powerlessness of the general public in the UK to appeal against planning decisions may have contributed to the sense of general grievance.

A large proportion of interviewees did not limit their shopping to their nearest supermarket but drove up to 27 miles to access supermarkets in other towns. The introduction of the free bus pass had made this kind of long distance grocery shop an option for more older people wanting to avoid the high prices of local stores. The villages had lost a diversity of shops in the last couple of decades and some, like “Upperdale”, were in the process of losing what remained. Nevertheless, the use of home deliveries and mobile vans was poorly represented in the study and only one person used the internet to shop. Four settlements had no Post Office, three of which had lost it in the last decade, and one of which had lost it in the year prior to the interviews. The absent Post Office was regarded with keen regret and nostalgia by some interviewees.

The bus connections in the less well-connected route in Teesdale were better than those in both directions in Coquet/Alndale; however, one of the two service providers in Teesdale was notoriously unreliable. Community transport was patchily provided across the region and in general, hub town dwellers were presumed to be well connected due to their proximity to a transport hub. However, this was not always the case as some routes were logistically favoured in terms of chaining locations together. As Rothbury involved a detour for most routes between main locations in the area, it was not particularly well-served. Due to the timing of the case studies, it emerged only in Coquet/Alndale that since the advent of the free bus pass in 2008, about a quarter of interviewees had taken to using the bus and car either in combination or alternately – with a sort of informal park- and-ride to access the bigger bus routes a novel way of avoiding expensive journeys and city parking.

Driving was seen as a necessity by those in remote villages, to get to places that are not on public transport, or at times that public transport does not run. However, there were serious problems with rural driving, foremost among which were parking and the cost of petrol. The Interviews in Focus with *Jenny* and *Emily* showed how much someone with good social skills can organise for themselves, in terms of grocery shopping and keeping active, but also the limitations, when disability renders them dependent on others for many ordinary tasks of life. In all, three older interviewees in the study mentioned important places they would like to get to, but could not get to because of a lack of transport and all three were in the less-well connected cluster of their area (out of a total of ten case study interviewees in the less well connected clusters).

Only one interviewee in Teesdale had a problem in accessing primary care from his remote village, due to the infrequent bus service. The older people in Coquetdale were supported by a voluntary service to give them lifts to and from the GP and hospitals – even those in the conurbation of Tyne and Wear. Outside of that GP’s catchment area, however, a major problem for older people was in getting to hospital, both as patients and as carers. In “Alnthwaite” an interviewee had found the hospital taxi to be unsuitable on many levels, including timing and the cab driver being a smoker. She had asked her son to take her instead. *Sylvia* in Barnard Castle similarly relied upon a lift from her sister in law when she wanted to visit her husband in the urban hospitals, because the bus journey involved was too long and involved changes.

While two Teesdale settlements had poor microclimates, both accumulating fog and one particularly vulnerable to wind and with lower temperatures than the surrounding areas, the main climate issue was in fact a climate change issue. In the Coquet/ Alndale case study area there were severe floods in early September 2008 due the combination of an extreme rainfall event (and a spring tide in the case of those flooded by the Coquet). Two of the interviewees had experienced flooding at the time of interview and a third was living in a new home on the river’s flood plain (and was also forced to leave her home subsequent to the interview). Six months later, although “Nethervale” villagers were in talks with the Environmental Agency, there was still no flood protection plan in place.

Both market towns had very steep areas on which bungalow-style housing had been built. In Barnard Castle one of the main shopping streets was also on a steep hill (similar to the situation in the Hexham pilot study market town). In Rothbury the lack of accommodating linking paths on steep hillsides had made interviewees give up walking to the town centre, preferring instead to access it by car. The existence of a disability access organisation in Barnard Castle and the lack of one in Rothbury appeared to underlie some of the strong contrasts in accessibility within the two towns.

The next chapter now goes on to explore the social aspects of rural living in the two case study areas.

# Chapter 9. The Rural Social and Policy Environment for Ageing

## 9.0 Introduction

The last chapter focused mainly on aspects of the rural physical environment and how older people both overcome and are constrained by them. This chapter looks at the rural social environment of which older people form an increasingly important part. It attempts to identify existing themes from the literature review, connect with themes from the pilot study, as well pinpointing any new and emerging themes regarding the social environment for ageing in rural areas. As well as showing the impact of the social environment on older people, it also indicates the ways in which older people themselves affect their social world through their choices and actions. As in the last chapter, some sections include “Interviews in Focus” which illustrate or enlarge on a theme through a more detailed individual or group of interviews. These accounts often indicate the interaction of the social with the physical environment in older people’s lives that was explored in Chapter 7.



Figure 32 Announcements Board by a Coquetdale Village Hall

## 9.1 Poverty and disadvantage

Key Actor interviews focused on particular kinds of rural disadvantage, such as fuel poverty, and coal heating systems, as discussed in Chapter 7, Section 7.1. But they also noted a reluctance to receive services. In Teesdale the Social Care interviewee emphasised the difficulty of providing services for a tough generation who had been through a great deal and learned resilience:

They're tough old boots; they survived the poor conditions earlier in the century, and have become very self-reliant. It's to do with isolated communities. They have a lot of support from family and friends.

[...]

People in urban areas are much more demanding and have less family support. They are nice, friendly, very grateful here. But very independent-minded. We have to force some of them to take services. (Social Care, Teesdale).

While practitioner interviewees tended to stress rural elders' independence and resistance to support, as well as their inability to 'work the system', older people themselves might speak of being independent-minded but in terms of discussing social care and medical services, focused more on things they disliked and that had put them off from receiving services. Aspects they disliked about services included the fear that they could be invasive (*Elsie*), or conversely, experiences of finding them difficult to access (*Carole, Martha*), requiring too much financial self-exposure (*Martha*) or unreliable (*Martha, Emily*) and representing poor value for money (*Emily*).

At the same time as the discourse of professionals and older people focused upon taking up or refusing social care services, actually being in receipt of services seemed not to be a solution to a set of serious isolation and exclusion issues as highlighted in the case of *Geoffrey* in "Hexendale" in the pilot study (Chapter 7, Section 7.6).

In terms of the kinds of rural disadvantage experienced by those in higher age groups in terms of being able to afford transport to keep in touch with friends and pursue preferred activities, those in some villages may be worse off than those in market towns. However, village life may in some cases offer compensating activities and opportunities for socialising. This is highlighted in the next "Interview in Focus" below, through the case of *Patrick*, a widow living alone in "Middlevale" in Coquetdale and *Godfrey*, a widower living alone in Rothbury.

## 9.1.1 Interview in Focus:

### Widowers staying connected

*Patrick* and *Godfrey* are men in a similar financial situation confronting bereavement of a spouse, declining physical ability and a restricted income (both live rent free in homes provided by their children). The difference between them is that one lives in a remote village (“Middlevale”) and the other in a ‘hub’ town (Rothbury). Further commonalities include being in their early 90s and suffering long term health conditions, including visual impairment. Each experiences a measure of isolation and boredom due to the limitation placed on their activities by failing eyesight and mobility.

While *Godfrey*, in his market town, is at walking distance from the pub where his friends meet, *Patrick* in his remote village, and has been effectively cut off from his peer group by the recent loss of the bus link between his village and the nearest market town. But he is not without compensating social resources in the village.

*Godfrey*, the son of Pegswood miners (near the market town of Morpeth, around 24 miles away) had retired aged 72 with his wife to Rothbury from a remote Coquetdale farm, where he had spent 40 years as a farm labourer and member of the Plymouth Brethren community. Now 93, he has lived in the flat above his son-in-law’s shop for 21 years. For the first eight years in Rothbury (up to the age of 80), he was self-employed as a gardener. Up until four years ago, his wife continued to share his life. Even two years prior to the interview, he was still able to run his allotments by the riverside:

P: When I first came here – well I’m losing my eyesight now – I used to spend most of my time there, but I loved gardening there, I absolutely loved it, aye. (*Godfrey, widower, 93, tenant, first floor flat, Rothbury, CA Case Study*).

Because of his eyesight, there is now very little he can do to entertain himself at home alone, although he does receive a regular talking (taped) local newspaper for the blind. Nevertheless, twice weekly he manages, with support, to walk to the pub about 300 yards from his flat, where he meets old friends to “have a bit natter, you know, about the old times”.

He is still able to perform some small domestic tasks. Otherwise, everything comes to him in his flat: two of his three daughters live in the town and visit daily – one coming regularly at 8 every morning to help him start his day, although mainly in terms of making sure he gets his medication. His third daughter, who lives in a more remote location in the district, still manages to visit twice per week. He receives a weekly visit from his granddaughter and her daughter; as well as from his daughter-in-law, the widow of his only son. His son-in-law, working in the shop below the flat, is able to make sure he is safe in the daytime. His GP makes home visits, the vicar visits him at home on a monthly basis to give communion and an old friend telephones him every Monday.

The flat could be a dull place for *Godfrey*, but leaving it (probably for a care home in Alnwick as there are none in Rothbury) would mean longer journeys for the many family members who wanted to visit him regularly: “I’ve said, I’ve often said ‘I’m ready for the home’ but they’ll not hear tell of it” (*Godfrey, Rothbury*).

*Patrick*, aged 90, is a war veteran originally from a peri-urban area of Tyne and Wear, who worked for most of his life for the Coal Board. He spoke of regular contacts both from his daughter, a busy headmistress living in the city, and from his granddaughter, a doctor working part-time for the village practice. *Patrick* had in fact moved to the village from his suburb (effectively making the reverse of *Godfrey*’s village-to-country town retirement move) to be near his granddaughter. As well as his granddaughter’s care, *Patrick* also receives one or more daily visits from care workers who support him with meals.

The Coquetdale Post Bus service which used to enable older people in the valley to get to their nearest market town of Rothbury for shopping and leisure (see Chapter 8, Section 8.2.1.1) was recently withdrawn. *Patrick* is very sorry that, due to the termination of the Post Bus, he is not to be able to get to Rothbury, where he liked to meet other war veterans at the British Legion Club and to enjoy the beauty and tranquillity of its riverside walks: “Actually, I love it. I do, I really love it. If I only had more transport.”

However, he is still able to attend the lunch club that takes place at the village school once a week, escorted to and from his house by the club organisers. There is no longer a functioning church within the village where he lives, but he receives regular visits from the vicar of the neighbouring village, and his granddaughter's husband takes him to church occasionally. The Post Office has closed, but there is still a small shop based in the pub there where he feels able to ask for any information he needs and during recent power cuts in the village, the landlord telephoned him to let him know what was happening. The weekly bus to Alnwick that still stops in the village not only enables him to carry out most of his weekly shop himself, but keeps him in touch with older people from the neighbouring villages who share news during the journey.

P: Yes, there was a man on the bus yesterday, his mother was 85, and he was speaking about, how he'd had to go and leave wherever he was to go and look after her, so he'd had to go into the home where she was and look after her. I just heard that, you hear things when you're on the bus going to Alnwick.

I: Right so it's quite social on the bus is it?

P: Yes. Social, very social.

*(Patrick, 90, widower, tenant, ground floor flat, "Middlevale", Rothbury Case Study).*

*Patrick* in his remote Coquetdale village which has just lost its regular bus connection with the neighbouring market town may not be able to keep in touch with his friends, but he is nevertheless by no means as cut off and isolated as might initially be assumed.

## 9.2 Social networks and isolation

### 9.2.1 Social networks

*Paul* in "Edgedale", who featured in the 'interview in focus' in Chapter 8, Section 8.2.1.1, was perhaps the most isolated older person interviewed for the study, yet he was in his early 60s, mobile and in reasonable health (walking a dog each day) and attending a weekly over 60s day club in his village. His isolation was partly due to the limitations of his local bus service (preventing him from getting to church on Sunday or going to evening events in the nearest market town as he would have liked). Taking a taxi was largely out of the question financially (except on rare occasions such as to access the trains for a visit to his daughter, living over 100 miles away); therefore in a sense it was the cost of transport that had isolated him socially. But it was also his lack of



connections within the village (said nevertheless to be extremely friendly by his fellow villager *Frank*), his lack of any nearby friends or relatives, as well as an uncongenial (disturbed) but over-friendly neighbour, that made him appear particularly isolated and disadvantaged.

*Martha*, also in the Teesdale case study, was to some extent in the polar opposite of Paul's situation. She had too many social contacts, was making too many family caring and community support inputs, to the extent that she seemed depressed (even desperate) at points of our interview. Yet the two interviewees had something in common, which is that both were from relatively privileged backgrounds and having financially foundered, had been forced to a later life of rented social housing. Emerging from their interviews was an ethos of pride, independence and self-help which may have been somewhat against their interests.

The social activities and amenities offer in each of the market towns visited was surprisingly rich, with each town having particular areas of excellence. Those living in villages who did not drive would be cut off from these due to rural buses' hours of operation (commercial hours from around 8 or 9 to 6, Monday to Saturday, in many cases). Villages themselves appeared to vary considerably in the activities on offer, between the extremes of a plethora of informal and formal, voluntary-sector organised activities as found in "Hexendale" in the pilot study, to the limited formal activities *Paul* found in "Edgedale", and the lack of centre and sociability found in "Tees Grove" where people kept their doors locked because of anxieties about the travelling community (at the time of my visits there) and where the community centre had been subject to a break-in.

As the research progressed, however, I learned that both formal and informal activities in villages, however, such as self-organised coffee mornings and regular tea dances at a village hall, might not necessarily be advertised in a public place although they would emerge from interviews with older people. For example, it emerged from talking to *Susan* in "Alnby" that it had its own over-60s group with weekly meetings in one of the church halls. I had not been able to pick this up from the village newsletter.

Overall, there seemed to be little correlation between the remoteness of a settlement and the number of activities available. The photograph of the notice board in that opens this chapter (Figure 32) which was in the village of Netherton, (marked on the map in Chapter 6, Fig 6) shows that the Coquetdale villages provide quite a range of options (as was also shown in *Lynette* and *Patrick*'s interviews – elsewhere in this chapter). Village pubs tended to be more intergenerational than their town counterparts and varied from mainstay in terms of activities and services ('the pub is the hub'<sup>35</sup>), as in two of the Coquetdale villages; as places for informal socialising as reported by *Phil*, a widower, in "Teesville"; or places felt to be for 'not for us' as reported by *Gordon* and *Sheila* in "Outerdale" and by *Frank* in "Edgedale".

Across the three study areas, there was a variety and range in social networks, although with some general trends. As noted by Wenger and Keating (2008, see Chapter 3, Section 3.6.2) people in later old age often had more restricted and family-based networks, whereas the social networks of the younger old ranged further afield and included wide friendship and kinship connections. Both market towns were reported to have a warm and involving social atmosphere, with Rothbury standing out in particular in this regard, while villages were extremely variable in terms both of individual experiences and of their reports of connections with neighbouring communities.

Northumberland social networks did not go entirely without celebration: "there are lots of good things happening, lots of friendships, networks, family, that you find in rural areas" (Public Health – Northumberland). But in comparison with Teesdale, Northumberland Key Actors described a more disparate and lonely rural scene, with, in particular, issues of isolation and bereavement coming up a lot. Northumberland Key Actors tended to dwell upon those rural elders who might, for a number of reasons find themselves without support:

The other problem here is that people who have retired to the area lose their social scene and their friends. When one becomes poorly, one becomes the carer, and has lost their social network. They would have had a social network if they had stayed in the original area with their friends. It's quite an issue, people moving to the area. (Primary Care Trust, Rothbury).

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<sup>35</sup> Inaugurated by the Prince of Wales in 2001, 'The Pub is the Hub' is a voluntary organisation that encourages local authorities, local communities, licencees, pub owners and breweries to work together to support, retain and locate services within rural pubs. See website: [www.pubisthehub.org.uk](http://www.pubisthehub.org.uk).

Not only “incomers”, with their weaker community ties, are affected by depleted social networks, but this can happen to anyone who survives their friends and neighbours:

Friends and neighbours are becoming ill and dying. [...] In rural areas, children and grandchildren move away, leaving older people more isolated. (Public Health – Northumberland)

I know of a lady [...] she’s now in her 90s, all her friends have died. She simply has no friendship circle left, they’ve all gone. (Voluntary, Older People’s Support, Alnwick District).

Similarly Northumberland Key Actors seemed less positive in their references to other professionals and to working together. However, this may have reflected the time that the interview took place, around LGR, with some anxieties about employment and duplication issues. The generally less positive atmosphere of the Northumberland professionals’ outlook may also reflect the fragmented and ‘hard-to-govern’ nature of the county, as well as its more sparse population, as noted in some of the local policy literature in Chapter 6, Section 6.1.

By contrast, Key Actors in Teesdale appeared to benefit from very positive interrelationships, emerging both in the language they used to discuss one another and (with some exceptions) their joint working.

These quotations indicate the sense of cooperation, and enthusiastic partnership picked up in some of the Teesdale interviews:

[...] we’re a bit spoiled here. The Day Centres are really good, the Doctors’ surgeries are excellent, the Mental Health team is brilliant. The social workers are great, you can just pick up the phone to any of them. I’m on first name terms with so many people, the consultant and so on. (Housing Support, Barnard Castle).

We established the Disability Access Forum in Barnard Castle from the PCT. The local people were that enthusiastic, that it went independent from the PCTs. [...]As the NHS, we’ve challenged Durham County Council’s Transport Plan and it was welcomed by them and they made changes accordingly. They can throw a left hook, but they can take it on the chin as well. (Public Health, Teesdale and Wear Valley).

There were also accounts of fruitful joint-working relationships in an integrated health and social care team, and sharing of policy models and expertise between small local charities and even a voluntary sector worker who, completely outside of her formal role, delivers hearing aid batteries to older people in rural settlements in arrangement with

the local hospital. However, as noted in Section 9.4.2 below, where it came to funding issues, strong tensions between the powerful fund holders in health care and other sectors remained.

The positive social scene in Teesdale also emerged in the way Key Actors discussed the social atmosphere in their villages.

There is a tendency here to have good communication links with the community. There was a very vibrant community attached to the mines. People cling together. (Voluntary, Carer's Support, Teesdale and Wear Valley).

A willingness to get involved was a particular theme:

Local people are good at giving to local causes: the sense of community here, I've never seen anything like it. [...] It's like the East End of London, the same sense of neighbourliness. (Voluntary, Social Activities, Teesdale).

This is not to say that interviewees painted an entirely rosy picture. There was an awareness of rural social isolation and particular villages or individuals in villages who are not well networked.

There are a lot of mental health issues around the area, an awful lot of depression, especially in the rural bits. People get isolated in their homes and come to us with depression or agoraphobia. (Housing Support, Barnard Castle).

In Teesdale's less-well connected cluster there was some evidence from two interviewees that the villages did not network between each other and in fact represented rather inward-looking communities. Part of the problem might have been the lack of a connecting bus route, but equally, it could be ascribed to settlement morphology, economic, housing and historical factors. Two lead-mining villages in the cluster, "Upperdale" and "Edgedale", six miles distant, had no bus connection and apparently little to tie them together in terms of social activities. "Upperdale" although less than two miles from "Outerdale", in spite of its relative number of shops and services, was not a centre for interviewees, who were more connected with Barnard Castle. However, by contrast the villages of the Coquet Valley appeared to be well interlinked. Village notice boards advertised events in neighbouring settlements, and interviewees talked of friends and connections in "The Valley" (rather than naming their village specifically). This might be due to the only recent loss of a bus that linked up settlements within it, but also suggest the Valley's geographical coherence and historical and employment commonalities.

The most remote settlements – “Innerwald” inside the Kielder Forest in the pilot study, and “Nethervale” at the top of the Coquet Valley – were those that appeared to have a greater degree of mutual aid and higher motivation to work together. Notably, both had a community location that could take commercial deliveries then distribute them on a trust basis– a village hall and pub respectively. One interviewee picked out the village of “Nethervale” as exceptionally well-networked in this respect:

I was contacted by this lady a couple of years back because they wanted to set up a lunch club for older people in [neighbouring] “Middlevale” [...]. And I was saying to her things like: “What about getting the people from their homes to the lunch club?” And she was saying: “It’s not a problem.” And I was saying: “Well it seems to be a problem everywhere else”. But she was saying: “This is a really tiny community and we’ll all just go and get them.” (Voluntary, Older People’s Support, Alnwick District).

Both case study areas included villages undergoing rapid social change. While “Alnby” and “Alnthwaite” near the A1 in the Coquet/Alndale study, were commuterising because of their location and new developments, “Outerdale” was quite remote from major road links but had lost its own facilities over the last several years, and thus attracted more second and holiday home owners. Older people’s experience of the changing social atmosphere within these settlements is described in the interviews in focus below.

### 9.2.1.1 Interview in Focus:

#### Two couples in transforming villages

These “Interviews in Focus” illustrates two different kinds of transforming rural community and their effect on the older inhabitants.

The village of “Alnthwaite” is on the well-connected direction of the Coquet/Alndale Case Study and probably the best connected of all the settlements visited for this research, being situated directly off the A1 around almost equidistant between Newcastle and Berwick-upon-Tweed.

*Elaine* and *Ian*, aged respectively 77 and 84, were in the unusual situation of being home-owners in receipt of pension credit – all their assets having been sequestered by

the post-colonial government in the country they had left towards the end of the husband's working life. A relative had helped them to buy a house in *Elaine's* home county and at the time of our interview, they had lived there for 21 years. They had made a significant contribution to village life by getting an amateur theatrical company going in the village hall and *Elaine* had sat on the parish council. They continued to take an active, if reduced, part in the life of the wider community, attending church in a neighbouring village and volunteering once a month at a charity shop in a nearby coastal town. They got out of their village around twice a week to go shopping at one of Alnwick's two supermarkets, collecting "the gossip" in a café in a neighbouring village and calling by the local garden centre.

Although they lived opposite the bus stop and the only local shop which was also a Post Office, *Elaine's* mobility problems made them highly dependent on some form of motorised transport. Both needed mobility scooters but only one would fit into their car. Both had serious health problems and as their health deteriorated, they would become more and more confined to the village, which was changing in ways they disliked:

PF: Yes, yes, I mean all those new houses down there...

I: Oh, yes, I wanted to ask you about that, that wouldn't have been here when you came here?

PF: No.

I: What was that before?

PF: Fields.

PM: Fields, sheep fields, goat fields, horses.

PF: Ponies, I mean, you could walk past and have a chat with them. Now it's suburbia.

I: People commuting, is it?

PM: Yes, they're commuting to Newcastle.

PF: This is a dormitory.

I: And they probably, do you ever get to know them?

PM: Very seldom, you do, but very seldom.

PF: Not really, a lot of them don't even say good morning.

I: Used to city ways I suppose?

PM: Whereas you walk through this place with the old folk, you won't walk past them without saying good morning [...] (*Ian and Elaine, 77 and 84, owner occupiers, "Alnthwaite"*).

Along with the unfriendly commuters, *Ian* and *Elaine* did not like or use the extensive range of facilities that had flourished with their arrival. This included a golf club with restaurant, an equestrian school, sports centre and working men's club. These were

connected with a transformation of the village which seemed clearly linked to its location by the main north to south trunk road, the A1. Besides large developments of new houses that had grown up on either side of the village's main avenue, the Forestry Commission had sold its land to developers who had constructed a caravan park with 450 mobile homes.

*Ian and Elaine* resented the kind of person that the caravan park had introduced to the village "They're from another class. There's no other way of putting it" as well as the attendant pressure on the power infrastructure that had resulted in occasional power cuts.

The impression emerged of a place which was initially a haven for a couple who had had to flee from a dangerous political situation overseas; but as they become increasingly confined to it, became less and less suited to their needs and outlook.

*Ray and Jean* live in "Outerdale", (near to "Upperdale" and about 8 miles from the hub town of Barnard Castle) and have done so for the past 45 years (*Ray* was born in Startforth, on the other side of the River Tees from Barnard Castle). "Outerdale" is a 'working village' – that is, agricultural land behind and between houses is still used for grazing livestock. Towards the north end of the village, it is normal to see cattle in the green space between buildings. But there are fewer and fewer green spaces in "Outerdale". According to my interviewees, even the village green would have disappeared to development if the villagers had not managed to raise funds in 1992 to protect the land around the village hall as a play area for the local children.

Across the last four and a half decades, *Ray* and *Jean* have seen the village lose its vitality as services have dwindled:

We've been in this village for 45 years. It used to have a primary school, two chapels, a shop and post office. They've all gone. (*Ray and Jean, mid-70s, married, home owners, "Outerdale"*).

And in the wake of its reduced self-sufficiency, more houses have been sold to the types of owners who are by their nature, highly mobile:

There are a lot of holiday houses up here. [...] One chap was here for 25 years, he just left recently, now his house is a holiday house. Up until recently we've always had neighbours – then they've gone. It was about four years ago that Fred went. Then Jane and Bill went to Canada [...]

We know our other neighbours to talk to and things like that, but they don't visit the same. All the newcomers, they seem all right like, there's no problem there, but you don't see 'em much. (*Ray, "Outerdale"*).

The two chapels within the village have been converted into houses now, and there is no church within walking distance that *Jean* can attend (she no longer drives, so the church in between "Outerdale" and "Upperdale" is inaccessible to her). There is such a premium on green space that neighbours have offered to buy part of the couple's garden; but *Ray*, loving his garden and also fearing disputes, refuses to sell.

*Ray* led an outdoor life as a dry stone waller until two years ago, when he was 75. In light of the importance of the garden and the outdoors in his life, it is not surprising that in his view (and that of his wife):

PM: The main problem is the new housing going up opposite us and blocking our view. The lady before had planning for two or three little ones. But no-one would build them. Then they put in a bid for what you see there, these five bedroomed houses, with no land around them.[...]

PF: To my idea, a village should have green patches, or it isn't a village.

PM: But they're filling all the green up, aren't they? They've only turned down one planning application and that was for the land around the village hall. But all the rest were accepted. (*Ray and Jean, "Outerdale"*).

*Ray* reminisced about the days when the village was full of children:

PM: Our grandson used to play with the neighbour's son. There are no children down here now. A great flock, there used to be. It's a quiet road now, retired people come down here. (*Ray, "Outerdale"*).

And he reflected that the kind of housing being built would not attract families with children:

PM: [...] if every house builds a house in the garden, there's going to be nowhere for the children to play. There used to be a young lady living in that house, she used to ski down that garden slope, but there'll be none of that now. (*Ray, "Outerdale"*).

The pressure on land in this village appeared to have undermined relationships with neighbours (*Jean* discouraged *Ray* from relating a further ongoing land dispute). The



couple rarely use the remaining village amenities of pub and twice-weekly mobile post office. An occasional outing to the film screenings at the village hall seems to be the limit of their engagement. Once their view is blocked out by the large new houses overshadowing their front prospect, the remaining pleasures and familiarity of their location will be considerably diminished and the prospect of a move to Barnard Castle where they currently do all their shopping, will become more likely.

### 9.2.2 Social isolation

However, conversely, the influx of skilled and well-networked incomers with time on their hands could also revitalise a somewhat dormant community. This was regarded as a nuisance by interviewees in both “Innerwald” (in the pilot study) and “Upperdale” (*Irma and John*):

There are an awful lot of incomers here, unfortunately they all come and live here because they like the place so much, and then as soon as they get here, they change it! (*John, 60s, married, owner-occupier, “Middlevale”*).

However, a former Teesdale villager now living in Barnard Castle recognised that incomers were filling vacancies that local people for various reasons were reluctant to occupy.

The issue of children who have had to move away because of jobs, housing and education needs arose in two interviews (*Sally and Gordon and Sheila*), but equally if not more common was the new notion of younger people who are living locally but too busy to be of much help to their older parents because of commuting to work in metropolitan locations, or the hours that they need to work in their more local jobs.

One had five children, of whom one lived only 15 miles away, yet noted:

My five children are all in touch regularly on the phone. Easily once a week. They can’t come up as often as they would like, but they come up a few times in a year. (*Gillian, widow, 83, home-owner, Rothbury, CA Case Study*).

Another Rothbury dweller admitted:

My husband does the shopping and hoovering, my daughters clean the windows and change the curtains. We’re struggling. My husband’s 82 as well, my daughters both work. We struggle a bit. (*Edie, 82, tenant, Rothbury, CA Case Study*).

An “Alnthwaite” village dweller told me:

I drag the bin to the gate once a week. I don’t like to ask the children because they’re all working so hard. My daughter did the pelmet there, they do the things I cannot do. (*June, 80, married, carer, home owner, “Alnthwaite”, CA Case Study*).

Another had just recovered from a debilitating stroke and although still able to drive, was unable to walk more than short distances:

I: Any children or relatives nearby?

P: Two, both in the village.

I: That’s useful.

P: We don’t see any, we would see more of them if we didn’t live as near. It’s true! If they had to come further to see you...

[...]

I: [When you were recovering from your stroke] did your children muck in, or were they too busy?

P: No, no, they had their lives, they both worked, you know, and children and....  
[...]*(Emma, 71, married, home-owner, Teesville, T Case Study)*.

Other interviewees, far from receiving help and support from children, were continuing to perform a parental role, for example, through caring for grandchildren, as in the case of *Lynette* in “Nethervale” (see Section 9.3.2.1. below) and *Sylvia* in Barnard Castle. The latter was on medication for depression, yet

P: I’ve got my daughter round the corner, Calne Road, she’s got four children, but their father left, you know. They’re aged 16, 13,5, and 2. I do a lot of grandmothering, their mother works part-time as a tailoress, three days a week, and when she’s out, the children come round here. It’s a nice place for the children. You’ve got a playground nearby. (*Sylvia, 65, married, tenant, market town, T Case Study*).

Those without children living nearby were nevertheless usually living in reasonable proximity to another close relation who would do things for them, such as a niece, nephew or siblings – and only one interviewee in the case study phase (*Paul* in “Edgedale”) appeared to be more or less entirely without such family support.

Generational tensions arose in particular in one interview in Hexham (*Isobel*), and one in the Coquet/Alndale case study (*Ian* and *Elaine* in “Alnthwaite”), who both described experiences of anti-social behaviour from young people. The most negative perceptions of older people in study, however, came from Teesdale Key Actors. Barnard Castle was described by a Housing Support professional as: “A bit like the Eastbourne of the

North”. She added: “It is affecting the ordinary people in the town”, and saw it as meaning the closure of shops directed at younger age groups and their replacement by charity shops as well as impacts such as a shortage of housing for younger family and young people having to “fight each other for rented accommodation”. Another, in response to what he saw as the Regional Spatial Strategy’s view of Teesdale (playground for the Teeside area), conceptualised it as “a playground with an older people’s ghetto clagged in the middle.” He was particularly concerned about a local village where:

we had a meeting [...] about activities for young people and they literally said: “that’s not necessary here, we’re all older in this village”. (Communications, Teesdale).

Outside of this, a largely tolerant, and often concerned and protective attitude between the generations was expressed by older people and Key Actor interviewees. Race/ethnicity issues were raised in two interviews in Rothbury and one in “Tees Grove”. In the case of Rothbury, the most uniformly “white” of the three market towns, two interviewees conveyed the sense of an imaginary outgroup of ethnic others giving a solidarity to the local sense of belonging.

P: [...] People come up here from the South, especially from Leicester. They won’t say it, but it’s the immigration. If you go down to the village, it’s all South Country accents. They wouldn’t say it to you, because you look official. But people do talk about it among themselves a lot. (*Colin, 73, married, owner-occupier, Rothbury, CA Case Study*).

Another interviewee in Rothbury also raised concerns about ethnically mixed communities. This was *Godfrey*, who noted his belief that ethnically mixed communities must be a hindrance in the context of education. *Martha*, living in “Tees Grove” near to Barnard Castle, a kind of no-man’s land on the route to the Appleby Horse Fair where the council has sited a traveller stop-over, felt that new laws give the travelling community unjust privileges over the ‘static’ community: “When we complain, we’re told that we’re being racist!” However, some of the local views she reported suggested some quite extreme attitudes openly expressed in meeting of the local market town council:

P: One of the local people said: “It’s not a problem that couldn’t be cured with a tin of lighter fuel and a match”

I: What, setting their cars alight?

P: Setting their caravans alight.

I: Setting their caravans alight. Oh, [...] is that in the [local] paper, or word of mouth?

P: No, it was said, actually in the council chamber, and erased from the minutes. How's that for.... The Chair said, the Chair said: "Will you expunge those from the minutes." (*Martha*, "Tees Grove").

As noted in Chapter 3, Section 3.6.2, discussions of rural social capital have identified how some benefits in terms of participation and trust can be at the expense of the tolerance and proactive behaviour that characterised urban social capital (Onyx and Bullen, 2000).

## **9.3 Employment, Caring, Volunteering and Citizen Participation**

### **9.3.1 Employment**

Two people in each of the three rural areas studied were working part-time on a paid basis at the time of the interview. The jobs undertaken were: shepherd, librarian, supply teacher, tourist information worker, care worker and family business accountant. The ages of those in paid employment ranged from 60 (*Martha*, teacher, "Tees Grove") to 80 (*David*, shepherd, "Overwald").

Furthermore, both case studies identified older people who had or currently worked long past retirement age due to both skills shortages (dry stone waller and specialised quarry worker) and through choice (self-employed newsagent and gardener).

The case study sample had purposively selected people who were either in work or volunteering; or caring on a full or part-time basis (see Appendix B, Tables B2 and B3) but the fact that it was not hard to identify this sample suggests that there is a range of employment opportunities for people at or above retirement age. Significantly, however, these opportunities were mostly in low-paid work, that perhaps would not have been feasible for those without a supplementary income in the form of a pension. This might highlight a particular contribution that older people can make in a rural settings, supplementing the finding reported in Lowe and Speakman (2006) and CRC (2007), that stable external retirement income has a role to play for keeping rural communities going.

Furthermore several older people in the study– predominantly, but not exclusively, those in owner-occupied housing – were acting as regular small scale employers of free lance contractors of various kinds, most notably those providing domestic and gardening services.

However, among professionals there was little recognition of older people’s capacity to make economic contributions in their communities as employees (or employers). In the pilot study, as we have seen, only the Older People’s Representative spoke of this side of rural ageing. In the Teesdale study, a communications officer from the council was also aware of this important contribution, as was the Public Health interviewee:

There is a perception of concern about the ageing population, but not an awareness of what older people can give. Some research showed that older people start-ups were more successful than those of younger people. (Communications, Teesdale).

When you look at the skills of retired people in the community, there are all the elements there for a fantastic social enterprise. I’ve tried to encourage the local CBS [Community Business Service] to do this, but they’ve got their own agendas. People in their 50s come with their own built-in patience and wisdom. I’d encourage it. (Public Health, Teesdale and Wear Valley).

This reflects the strong lack of awareness noted in regional and local policy (see Chapter 6, Sections 6.7-6.9) about older people’s potential economic contribution. This is despite the fact that, as we have seen from Chapter 6, Section 6.9, workforce participation is a major issue for County Durham economic policy.

In the Coquet/Alndale study, none of the interviewees mentioned older people’s contributions as employees and employers; although one noted the higher age groups of her staff of ‘handymen’ and the job satisfaction they gained from this kind of work. As she noted “Having older staff is more reassuring for older people”. Aside from these few examples, most of the responses concerning older people’s contributions to their communities were focused on unpaid voluntary work.

### 9.3.2 Volunteering

It was only at the case study phase that a more concerted effort was made to include volunteers in the sample and to ask them about voluntary and citizen participation activities. In both case studies, about a third of the sample either volunteered in the present, or had done so in the past, in activities ranging from several examples of informal support of older peers; to participation as a board member of a school, housing association or land management trust, to environmental stewardship activities, youth work, and work in the local tourist office. In each case study, however, about two thirds of interviewees did not speak of current or past voluntary contributions, of whom only half (or a third of the sample) had obvious hindrances such as being in the highest age group or with serious health conditions, heavy caring responsibilities or in paid employment. However, this group coincided with those giving the briefest and most superficial interviews, suggesting the possibility that either the interview did not go far enough in exploring participatory activities; or that people's style of engagement is also expressed in the amount of time they are prepared to give to participating in a research study.

Whereas in the pilot study (see Section 6.7), practitioner interviewees highlighted the obstacles to older people's involvement as volunteers, in the case study phase, Key Actors did not recognise any major obstacles. Several services, including both those in the voluntary and those in the public sector, relied upon older people's work as volunteer drivers (into their 80s), assistants, trustees and board members.

The majority of our volunteers, at least 10 out of 15, are over 60. We can employ people over 70: as long as they abide by DVLA rules and have a medical, our insurers will insure them. We would probably only have people in their 80s if they'd been with us for a long time. (Voluntary – Transport – North Northumberland).

There was also a high awareness among practitioners of older people's unpaid, informal contributions in their communities as neighbours, carers, campaigners and supporters of younger people.

With regard to caring, several of the older interviewees were caring full or part time for a spouse, parent or sibling; and three were caring for grandchildren. However, only one

spoke of receiving the carer's allowance and being linked into a carers' organisation (*Ian* in "Alnthwaite"); while *Lynette* (see next section), inputting considerable care to her toddler grandson, received some kind of remuneration "from the county" although she did not know the official name. Several of the carers were struggling with their own health problems (including *Ian*, *June*, also in "Alnthwaite", *Sylvia* in Barnard Castle and in the pilot study, *Carole* and *Geoffrey* in Tynedale). Unlike *Geoffrey* in the pilot study, caring for his wife with dementia with support from social services three days per week (and the Dementia Care Trust day centre in Hexham), the case study carers were receiving little support from formal care services. *Martha*, caring for her sister (stroke victim) and mother (with cancer) living two doors down, explained a range of reasons why there was no formal support, including social care that had petered out inexplicably, uncomfortable aspects of engaging with services, and, as explained in Chapter 8 (Section 8.3.3) dissatisfaction with those services she had received. *Sylvia*, in a similar situation as an unsupported carer, first for her husband with a heart condition and now for her daughter, a single mother, was at least receiving input from her GP for her depression.

### 9.3.2.1 Interview in Focus: Caring in a remote village

*Lynette*, aged 61, was working part-time to top up her income and caring for a dependent – her baby grandson – based in the location of "Nethervale", a remote Coquetdale village. The location contributed both greater physical obstacles and what appeared to be a superior degree of social support.

She received a state pension, and a small private pension (around £30 per week) and both she and her husband continued to work part-time to supplement their income. But at several points in the interview she expressed the sense of being under financial pressure: "It costs a fortune to live out here." Partly this is due to the remoteness of the village "if you run out of anything, it's down to Rothbury which is ten miles, for a bottle of milk or a loaf of bread." But it is also likely that a large component of the financial pressure has been due to the location where she does most of the caring, her daughter's pub, around 39 miles away. She said she receives some money for this: "I do get paid

through the county with her on her disabled thing...” but could not clarify whether this was Carer’s Allowance or some other form of financial assistance.

Financial considerations underlie both the number of shopping trips she makes per month and their location – a three-weekly or monthly “stock up” trip to cut-price supermarkets and petrol stations in the urban south-east corner of Northumberland, 30 miles away. An important factor in this is that her daughter also lives in the urban south-east corner of the county.

Although she has the free bus pass, she describes the single weekly bus that calls to her village as no good for other than leisure purposes: it takes too long to get to Alnwick, and once there, leaves only a very short period for shopping. She says that most of her time is now taken up with caring and working: “I’m working harder now than I’ve ever done.”

She reports plenty of activities going on in both in her own and in the neighbouring villages of the Coquet Valley. Her caring responsibilities have reduced her involvement in these.

I: So you’ve been looking after him for 15 months, so has that changed all the activities you can do?

P: Oh, well, it’s curtailed me archaeology.

I: Yes.

P: And the... they run a Country and Western do further up the valley in the beginning of June, and we go up and see the bands and things, so it’s curtailed that a little bit. (*Lynette, 61, living with partner, owner-occupier, “Nethervale”*).

Later in the interview she noted she also had to give up her painting class to care for her grandson, but was carrying on with yoga in the next village. *Lynette* was born in Newcastle but married a farmer in “the Valley” as several interviewees referred to Coquetdale. Although they are now divorced and she lives with a new partner, she wants to stay:

P: We had the farm further up, but when I came down here, [*whispering*] I got rid of the husband.

I: Sorry? You got rid of the husband. Right! [*laughs*] Yes. It’s quite a small community I imagine. But something about it has kept you here.

P: Oh, yes, I wouldn’t move.



I: It's probably quite hard to put into words, but can you think what it sort of means to you?

P: Oh, it's just home. Well, it's the whole valley, the whole valley. (*Lynette, "Nethervale"*).

Elsewhere in the interview she describes a community where everyone will lend a hand and contribute:

P: But it's good, normally, if anybody knows you're heading down [to Rothbury], you say: "Is there anything you want?" and the same applies to other neighbours, they say: "I'm going here" or "I'm going there: do you want anything?". So, it's grand. (*Lynette, "Nethervale"*).

And again, further on:

I: Do you ever give people a lift that can't get about?

P: Anybody you know that's on the road! You just pick them up.

I: Right, yes.

P: You know, somebody walks through to "Middlevale" or something like that, and you see them. (*Lynette, "Nethervale"*).

Although she had given up her own broadband connection, "I wasn't getting enough out of it", she is able to ask her neighbour when she needs some information from the internet "anything I need I just ask Meg next door, she's good. We all help each other around here."

The strong social connectedness in this village (also reported by *Dorothy*, another "Nethervale" resident discussed in Chapter 8, Section 8.4.4), appeared to be linked to the clear and defined geographical and cultural identity of this rural region, which *Lynette* called "the Valley". *Lynette* was under pressure but her stresses appeared to be nowhere near as great as those of *Martha*, caring for her mother and sister in "Tees Grove", based only two miles from a market town, but with far fewer natural and social advantages.

### 9.3.3 Contributions as Neighbours and Citizens

In terms of neighbourly support, around half in the pilot study had spoken of support they gave to friends and neighbours ranging from "keeping an eye out" for their property to nursing a deceased friend's husband through terminal illness. In the case studies it was particularly those living in close-style estates or isolated groups of houses

who had supportive relationships with neighbours and local communities. There were several examples given of support received from and given to neighbours ranging from lending provisions (*Gordon and Sheila*) to regular lift-giving (*Grace, Jenny*), helping with odd jobs (*Annie*) and mowing a neighbour's lawn (*Phil*). However, there was only one example of a neighbour getting another's shopping (*Wendy* shopping for *Gillian* in Rothbury) and no examples paralleling that of *Ruth* and *Renee* in Tynedale, who were giving regular support to widowed neighbours.

### *Citizen Participation*

The pilot study had looked quite closely at the question of citizen participation from the perspective of consultation. It found that consultation of older people was patchy both spatially and temporally and that even in the voluntary sector, it was often project-related rather than occurring at an organisational level. At the case study phase, a number of professionals had found no shortage of older people willing to engage in consultation, although Durham was also found to lack an older people's board parallel to the younger people's consultative body at county level, as had been found in Northumberland at the pilot phase (Chapter 7, Section 7.7). In parallel with an example in the pilot study, however, sometimes older people's input could be overwhelming:

There are a lot of older people who are actively engaged in policy-making, to the point where you think: 'Go away!' (Planning, Alnwick District).

Four of the Teesdale respondents (*Frank, Sam, Emma* and *Irma*) and two of the Coquet/Alndale sample had been active in local government (*Dorothy*, and *Ian*); while *Martha*, in Teesdale, had stood for local government but failed to win a seat by a short margin. In Teesdale, *Frank, Sam* and *Irma* had expressed dissatisfaction with the experience, on grounds that included excess red tape, a sense of the consultation being lip service only and the need to engage in controversy within a small community.

P: I was the Chairman and Vice Chair of the Parish Council. But at the time I was working. To do the job right, you have to commit yourself. You've got to put the hours in. I was working 10 hours a day, 7 days a week. I didn't have a lot of time. I bought a book when I was vice chair, and read up on the rules and regulations. If you do the job right, there is a lot to know. In one case, a planning application came in and a man who was the Parish Councillor was related to the applicant. It was his nephew. I asked him to leave the meeting while it was discussed in case of conflict of interest. They said they didn't do things like that. I said it was just the rules and regulations, you have to do it, you have to follow the rules and do the job right. They might be following the rules that were in

place 30 years ago, but things have changed since then. I didn't go by what the other councillors thought, but I bought the books and followed those. They didn't want to get up to date.

I wouldn't do it again. I like to speak my mind and I offend people. I say things I shouldn't say. I don't want the hassle, I'm getting too old. (*Frank, 68, divorced, owner occupier, bungalow, "Edgedale", T Case study*).

I used to put one night a week, more or less, into the Parish Council, for 30 years, and that's not including the people who come to visit you on council business during the daytime. There was a lot more weight being put onto the Parish Council before I finished. Some of it didn't make a lot of sense. [...] There was a lot more consultation coming in when I left; that wasn't *why* I left – but older people were leaving and younger people were not coming in to fill their place. [...] I was asked by two ladies locally how come an incomer got onto the Parish Council. I said "You tell me." The locals wouldn't come on, but they complained when incomers took it on. There's a lot of apathy in these villages. Probably there is in Barnard Castle as well. I noticed when we came here, one or two wards in Barnard Castle have vacancies. I have thought about standing. But we worked for 50 years, usually 12 hour days, 7 days a week. I think I've done my share. Now I want to be doing something that I really want to do, for myself and my family. (*Sam, married, 73, owner-occupier, Bungalow, Barnard Castle, T Case Study*).

Yes, I was on the parish council for about, 8 years? I can't remember now.... But I stopped because we had to state what companies we had stocks and shares and things in. It was when the government were thought to be sleaze and all that sort of thing. And I thought, what's it got to do with my next-door-neighbour, you know, who I have any money with. But it was to stop favouritism in contracts. We never made any contracts, we were the Parish Council, and then I found it far too, I just couldn't stand it in the end, it was just so "E.U.", it wasn't an ordinary meeting after that. There were so many different statutes and so many [?] I thought, I've had enough of this, I gave it up. (*Irma, 64, married, owner-occupier, terrace house, "Middlevale", T Case Study*).

The impression was of a civic function that could have been made both more congenial for older people, and more effective for local government, perhaps with greater support from a paid clerical worker, more transparency in terms of how consultation is used, less 'red tape' and perhaps formal training.

*Lobbying and campaigning.* For *Martha*, aged 60, a true baby-boomer in terms of values and commitments, active citizenship permeated much of her conversation and determines many of her activities. Living on an estate built on former military site near Barnard Castle, she had led a local protest group campaigning on the siting of a waste transfer station by her estate. In spite of the eventual failure of both the legal action, and

of her attempt to be elected a councillor on this issue, she continued to monitor the safety of the transfer station with the group.

She was prepared to try to make a difference.

And I'm proud to say I lead the one and only demonstration Barnard Castle has ever seen. We waited until high season, on a Wednesday market day, boiling hot day, the whole town came to a standstill. We went right through the town, round the Market Cross, back up again to the council offices, where one of them chained himself to the chamber whilst the meeting was going on. And they had to disband the meeting because of the noise. (*Martha, 60, married, Housing Association tenant, "Tees Grove"*).

But she did not think the next generation would get involved to anything like the same extent as hers had; a sentiment echoed in other interviews undertaken for this study (e.g *Sally* in "Alnby", Older People's Representative, Tynedale).

## 9.4 National and local policy

### 9.4.1 Older people and policy

*Martha*, as discussed in the last section, was the only interviewee who talked at length across several national policy issues, while *Claire*, 66, was narrowly focused on the concerns of her information network for people with a rare radiation sensitivity. Both *Martha* and *Claire* had raised their concerns with the legislature – either through parliament or the higher law courts - although neither was satisfied with the outcome.

By the time of the Coquet/Alndale interviews, LGR had become a big theme, and two interviewees, *Sally* and *Jenny*, expressed the belief that this had been done against the will of the voters – who had voted for a separate (urban) South East Northumberland district. A year before reorganisation, there was a view among some Teesdale interviewees (*Arthur, Martha*) that the new system would be flawed, but that the existing system nevertheless had needed to be improved.

Several others in the study had comments about national policy of a generally critical nature, regarding, for example Post Office closures, tax on pensions or MPs' expenses – but, with the exceptions of *Martha* and *Claire* who had taken their concerns to a National judicial forum, citizen participation was confined to sitting on, or writing to, a local town or parish council.

## 9.4.2 Key Actors and policy

The main policy issues were raised by interviewees in response to question 5 “Are the right policies in place for older people?” and its subclause “Are there policy gaps, or barriers that prevent policies from operating effectively?” Responses mainly concerned funding – funding inequity between urban and rural areas, funding inequity between health and social services, voluntary sector precarious and ‘trend-led’ funding streams; as well as short-term government initiatives and grants that lead to a pattern of mushrooming and shrivelling services in rural areas. These are briefly discussed under the relevant subheading below.

### *Rural/urban funding allocations*

The all-age rural themes of hidden need and of the (uncompensated) higher costs of providing services in rural areas arose in both Case Studies, as they had in the pilot study (see Chapter 7, Section 7.8).

A Rural Network Partnership from Devon supported by Plymouth – based around providing services in a rural area – cost three times as much to run as an urban one would. Our nurses are only able to get to see four people in a day, with all the travelling they have to do to get to each person. (Public Health, Teesdale and Wear Valley).

I used to work with delivering care in North Northumberland. We found that it cost many more pounds to deliver the same unit of care there compared to in the South East. But no extra money was provided and we got stretched. (Care Trust, Northumberland).

Alone among those interviews, a public transport planner noted that he had been able to secure a kind of “rural premium”.

We had a financial allocation to area programmes based on population, the extent of rurality and the index of deprivation. So more rural areas got more money. (Transport, County Durham).

However, the background economic picture presented in the Key Actor interviews was one where rural areas were largely a secondary consideration for councils and a national government policy that has targeted resources onto more intensely populated, and visibly deprived, areas. In Northumberland this relates to the urban South-East corner of the county; in Durham it is the conurbations on the East coast and the former mining communities on the eastern extremities of Teesdale and Wear Valley.

A politicised view of how resources are allocated between rural and urban areas is presented by some Key Actors, while others viewed the impact of grants based on deprivation indices as verging on the arbitrary. Some seemed to regard the economic context within which they operate as in some senses beyond the reach of policy and politics, being simply a consequence of sparse population. This was particularly the case in Teesdale:

Here you have one of the smallest Local Authorities in the county. It suffers from economies of scale [...]. (Voluntary, Carers' Support, Teesdale and Wear Valley).

A big barrier that prevents any policies from operating effectively in rural areas is lack of money. There are things that could be done in Teesdale, but that would cost a lot more because of the rural nature of the place. (Voluntary, Social Activities, Teesdale).

The most obvious solution to this dis-economy of scale might seem to be the forthcoming LGR. With regard to this, some interviewees anticipated a potential for increased resources, others foresaw a further marginalisation of rural areas (see final subheading in this Section).

#### *Health and social care funding inequity*

A theme that arose in both case studies was the funding inequity between health and social care, deriving from a situation where savings made by social care became absorbed into the health care system. Financially independent health professionals did not feel the need to communicate on an equal level with social care services.

This was also a problem concerning the divide between social care costs incurred by older people that might be seen as a result of chronic or terminal health problems and thus eligible for NHS funding – an issue known as Continuing Care Funding. And forthcoming NHS budget-holding changes were anticipated with some misgivings by a participant in a Local Strategic Partnership:

We'd like to bring [older person] back onto the LSP, get her on the Health group to take on the PCT. She thinks they're very high handed, and don't consult. The PCTs will be very powerful in the LSP. They get 80% of the health budget now, or soon will. You have to work with them. (Communications, Teesdale).

The perception of a separate and un-collegiate health service was equally expressed by a Northumberland interviewee:

There is a problem with the health service, however. They are very insular, a law unto themselves and they don't want to speak to us. (Housing Association – North East).

### *Voluntary Sector Funding*

All Voluntary Sector interviewees (four in the Teesdale case study; five in the Coquet/Alddale study) were operating under the tyranny of finite and ever-changing funding streams. The regional staple of funding from the Northern Rock Foundation was still forthcoming despite the 2007 semi-collapse of its parent bank – but its future was uncertain. As in the pilot study, perceived threats included competition for 'Big Lottery' monies, as well as the vagaries of grant-makers' charitable interests, shifting from year to year in unpredictable ways that made forward planning hazardous.

New factors on the horizon in voluntary sector funding – the personalisation of social services, PCTs taking on most of the NHS budget and able to use it to buy voluntary sector services for their patients, as well as "participatory" budgeting initiatives – were particularly salient for the Northumberland case study, taking place as it did at the time these were beginning to be rolled out locally.

PCT fund-holding seemed the most promising stream for the sector, with several interviewees either receiving or hoping to gain, funding from this source. Personalisation was seen to offer promising new streams for some voluntary sector providers but also promised to make the block-contract staple of purchasing more problematic. To smooth the transition, there was an interim "individual service fund" for voluntary sector providers in place of the former block contracts (Care Trust – Northumberland).

Participatory budgeting, where voluntary and community organisations participate in a day event to raise interest in a new service and receive funding for it based on a service-user vote, was mentioned by one interviewee. She anticipated it would require a large time investment (a day-long event) for a relatively small sum of money (£1,500) and might also increase tensions between voluntary and community sector competitors.

However, she reported back in an e-mail a largely positive impression, in that she had gained funding and found it a useful way for increasing networking contacts (Social Business - Housing Support – Northumberland).

#### *Changes in funding and services organisation*

A big background theme arising in the interviews was the continuous change and transformation in funding and services organisation that has been a feature of the last decade. The major recent change that has had most impact in Durham is their dramatic reallocation of Supporting People<sup>36</sup> monies which took place in the new 2008 financial year, within which most of the interviews took place. Such were the ramifications of this change that it was also commented on at length by Northumberland professionals, interviewed at the end of 2008 and into early 2009. The move by Durham was commented on by several interviewees as too sudden, harmful to both providers and service recipients, and a model of how not to change services.

Durham's Value Improvement Project was a disgrace. It took away Supporting People contracts for Sheltered Housing. (Housing Association, North East).

Furthermore, Supporting People itself was an exceptionally unpopular funding stream, viewed as both inequitable and as cramping of services innovation. As one interviewee pointed out, from the start:

The pot allocated for each area was supposed to be based on a needs assessment. But the needs assessment was not undertaken. The pot was therefore based on what was being currently spent. Northumberland came out badly [...](Housing Association, North East).

The Supporting People Manager described how the Audit Commission had been critical of the amount spent on older people:

But we have strong information about the ageing population in Northumberland and we didn't think we spent too much on older people. It was interesting to be criticised for it. If you look at the need out there, the resources we are putting into that need are not excessive. (Supporting People, Northumberland).

#### *Local Government Reorganisation (LGR)*

Nineteen out of the 22 Key Actor interviewees answered the question "Do you have a view about the impact of the new unitary authority on any of the issues we have

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<sup>36</sup> These are monies that used to cover the "tenancy support" component of Housing Benefit and were abstracted from it beginning in 2003 to extend housing support beyond Housing Benefit claimants and, following further changes, to include private sector tenants and owner occupiers.



discussed?” Categorising and collating the responses was a reasonably straightforward task as there were only six main types of response, and most of the responses clustered into four of these categories (although some Key Actor responses fitted into more than one of these categories). Of those who responded, only one did not have a firm view.

Two in Teesdale looked forward to increased resources for their work after unification; and one predicted a decrease in resources. None in Northumberland were looking forward to increased resources but two predicted a reduction – this was in the light of local authorities losing considerable resources in the Icelandic banking crash of October 2008 as well as the cost of the September 2008 Morpeth and Rothbury floods, and the need to make what was said to be £55 million of savings in the course of the reorganisation.

Three in Teesdale and one in Coquet/Alndale predicted more remote government for rural areas from the urban centres following reorganisation; while four in Teesdale and six in Coquet/ Alndale predicted an opportunity for better, more integrated government arising from the change. This last view was illustrated by comments about the current of lack of coordination in policies and approaches across small rural district authorities and the sense of spatial inequalities arising from these.

## **9.5 Conclusion**

This chapter has reviewed the impact of the social environment on older people in the two case study areas. It first looked at poverty and disadvantage, noting that some of the most disadvantaged interviewees may have been excluded due to the study’s exclusion of people in remote and isolated dwellings from the sample. The kinds of disadvantage encountered had included the lack of access to cheap and convenient fuels, as discussed in Chapter 7, as well as poor quality and undesirable medical and social care services, and poor and dwindling transport services also touched upon in that Chapter. The first of the ‘Interviews in Focus’ noted the situation of *Patrick*, an older interviewee in a small remote village who had lost access to a peer group and favourite walks in his neighbouring market town when the Post Bus service was terminated, but nevertheless retained some social connections. The next Section, on social networks and isolation, enlarged on this finding, with the example of an elder who was disconnected due to poor transport networks, compounded with a lack of connections within the village – an

example suggesting that ‘rural disadvantage’ may include elements provided by the environment in interaction with the qualities of the individual. The contrary example of Martha, however, illustrated that social involvement alone is not enough to overcome rural disadvantage generated by too heavy and unsupported caring duties in a situation of financial constraint.

While both market towns were rich in activities, villages could also offer many formal and informal social opportunities, and this was not related to their remoteness. The difference was that these were harder to find out about, with less likelihood there would be a full listing in the local paper.

The discussion of relationships in Northumberland, both those between professionals and in their view of the qualities of the rural communities, was less positive and celebratory than in Durham, where there was great enthusiasm for people’s ability to work in partnership and to get involved. However, emerging from the older people’s interviews, some Teesdale villages appeared inward-looking and poorly networked between themselves, relating instead to the nearest market town. By contrast, the villages of the less well-connected direction in Coquetdale were well-linked and mutually supportive.

Both areas included villages undergoing rapid social change – mainly in terms of commuterization in the villages near the A1 in Alndale; and mainly in terms of holiday and second homes in “Outerdale” in Teesdale. The cases of two older couples who had spent, respectively 21 and 45 years in their villages but were now witnessing rapid and distressing change, were explored in the second ‘Interviews in Focus’ subsection. ‘Incomers’ were felt to be keen to change things, but one interviewee admitted that their willingness to get involved could be filling gaps left by local apathy.

Two interviewees noted children who have had to move away for work, but more common was the mention of children living nearby who struggle to help because of their jobs. Some interviewees were themselves helping adult children, mainly with grandparenting while daughters worked. Almost all the interviewees had children or other close relatives within reasonable distance. Intergenerational tension was only

noted by one older couple, but two Teesdale Key Actors noted tensions with older people in Barnard Castle and nearby villages.

Race and ethnicity issues were raised by three interviewees, and some in the Teesdale case study, on the route to the annual Appleby Horse Fair patronised by the travelling community, had become angry and defensive in response.

In terms of employment, there appeared to be many examples of working beyond retirement age, usually part-time, in response to both local skills shortages and the wish to continue working. Most of the work was of the low-paid kind, suggesting that it might not have been feasible as the sole source of income, thus highlighting the findings related in Chapter 3, Section 3.6.3 of the importance of stable, externally sourced retirement income in keeping rural communities afloat. Professionals in Teesdale highlighted how older people's actual and potential employment contributions are undervalued locally, while in the Coquet/Alndale study, contributions were raised mainly in terms of voluntary roles. Many more interviewees were active in a voluntary capacity at the case study phase, due to the purposive sampling approach.

There was an impressive range of voluntary contributions among interviewees, from environmental stewardship, working as a teaching assistant in the village school and volunteering at the local tourist office. Key Actor interviewees in both public and third sectors noted how they dependent on their older volunteers; and were also strongly aware of older people's unpaid, informal contributions as neighbours, carers, campaigners and supporters of the young. As in the case of Patrick, noted earlier, the third Interview in Focus showed Lynette, caring for a grandson in a remote village, to be well-supported by the warm social atmosphere. This contrasted with *Martha*, caring for her mother and sister in a village only two miles from Barnard Castle, but which lacked a good and supportive social environment, a factor that appeared to contribute to her apparent depression.

A great deal of neighbourly support was discussed, but only in one case did this extend to shopping for a neighbour (*Wendy* in Rothbury) and there were no examples of neighbours seeing each other through bereavement or terminal illness, as in the pilot study.

In terms of citizen participation, as the pilot study found, there was no Older People's Board in County Durham to parallel the Board for Younger People within the county council. Six case study participants had been active in local government, but three had found this problematic for reasons including red tape, over-regulation, requirements for personal financial disclosure and a sense of 'lip service' consultation. *Martha*, a typical baby boomer activist, had committed herself passionately to several causes, including a campaign for her village, but she felt that future generations would not get so involved. *Martha* was also the only interviewee to talk at length about several national policy issues.

Local Government Reorganisation was raised by a few, who admitted the existing system needed to be improved, although they were not sure if LGR was the solution. Key Actors' policy focus included funding inequity between urban and rural areas, power imbalance between health and social services, the precariousness of voluntary sector funding streams and the possible contribution of new funding streams such as "individual budgets" for social care and participatory budgeting. The Supporting People funding stream (and its sudden withdrawal in Durham) came in for criticism in both case study areas while LGR was viewed as possible source of more integrated government across the counties in question, although some predicted more remote government for rural areas and a reduction in resources.

# Chapter 10. Discussion

## 10.0 Introduction

This chapter will first summarise and bring together some of the findings presented in Chapters 7-9, in order to draw some conclusions about the environmental layers that impact on the sustainability of rural places for older people, in terms of their physical, social and policy environments. In attempting to provide an overall answer to the main research question, “are country towns and villages sustainable environments for older people”, the emerging theoretical approach developed in Chapters 1 and 2 of this thesis comes to the fore. This supports exploration of the interwoven nature of the physical, social and policy environments and their impacts on people at a stage of life that is characterised by a ‘Time/Shift’ dynamic.

Subsequent sections address the potential implications for theory and policy of the study’s findings, including policy recommendations. Reflections on the contributions and limitations of the study lead into proposals for further research arising from it.

## 10.1 Answering the research questions in the light of the study’s findings

### 10.1.1 What are the impacts of rural physical environments on older people?

*Positives.* The issues highlighted in Chapters 2 and 3 indicated several ways, outside of the obvious aesthetic advantages, in which rural physical environments might actually be more advantageous for older people than urban ones, including the navigability advantages of the ‘picturesque’ style typical British townscape as described by Johns (1965 - see Chapter 3, Section 3.5.2) and the benefits of cooler rural night temperatures in the context of a warming climate increasingly featuring protracted heatwaves (*ibid.*). Outside of older people’s enjoyment of the aesthetic and amenity benefits of the natural environment, positives of the physical environment did not arise from the pilot and case

studies, in which the stereotype of a poorer rural physical environment identified by Keating and Phillips (2008) was largely borne out.

*Negatives.* The impacts of the physical environment were in several ways problematic. These included a stock of small and poorly maintained older people's accommodation, increasingly concentrated into market towns. In some cases, this was in the process of being supplemented by more spacious and attractive modern specialised housing, but this was taking place on a small scale compared with the quantity of existing stock. A simple lack of choice and quality in available housing might be one factor in older people's reluctance to move in some cases. Likewise, the lack of a care home easily accessible from rural areas, as in Rothbury, could be a serious issue both for those needing to live in such accommodation and their carers. Cheap rented or tied housing provided by landed estates could be exceptionally supportive to older tenants or substandard in many important aspects. Increasingly, voluntary sector organisations were supporting older people (both owners and tenants) with aspects such as heating and home maintenance, although the pressure to show efficient use of funds meant expensive interventions benefiting few householders would become increasingly unlikely. Stone walls and oil heating in particular led to more expensive heating bills that might push older people into fuel poverty.

The public and community transport service was often perceived as poor in aspects including reliability, routes connections, times of running and continuity of service, to the extent that most public transport users were also dependent on back up lifts from those with private transport. Furthermore, the transport nostrum of connecting settlements up hierarchies of size seemed in some cases to have isolated natural clusters of settlements, with much to share in terms of resources and facilities, from each other (in particular the case of "Edgedale" and "Upperdale" come to mind in this regard). To treat places in spatial and transport planning as "beads on a string" is an alternative way of making the most of community resources and facilities in a situation where these are scarce, and might be preferable to the current approaches of constructing them as rungs in a hierarchy or as meeting or failing the criteria for sustainability. This idea has been revived by Bannister, who described the advantages thus:

Growth could also be concentrated along corridors so that smaller settlements are linked together. This type of development – sometimes known as beads on a string - allows a better quality public transport service to be provided and the different locations can provide the full range of services and facilities that complement each other. In this way economic opportunity is matched up with the different social requirements of SRC [sustainable rural communities]. (Bannister, 2005, p7).

This approach might contribute to countering the phenomenon observed by Taylor (2008), noted in Chapter 3, Section 3.5.1, where ‘service centre’ type towns, the only ones deemed sustainable for development under current policies, become ringed by ever-more-remote estates of housing, business and retail parks.

Access to the GP was not generally problematic (except again the case of “Edgedale” for the transport reason noted in the preceding paragraph), being facilitated by the number and siting of surgeries, their opening hours and in one case, coordination with a voluntary group guaranteeing transport for those who needed it. But access to hospital, in spite of taxi and ambulance services, was experienced as difficult by several interviewees and noted as a problem by key actors, bearing out the way this issue has been highlighted in the literature review (Chapter 3, Section 3.5.4). There were some suggestions that access to social care and medical home visits, except for those with the most intensive needs, could be impeded by quality of service – another factor which may underlie comparatively lower use of social care in rural areas as identified in the same section of Chapter 3.

Post Offices and shops were declining in both villages and market towns, yet the new kind of large-scale supermarket offered an access advantage for those in a wheelchair or with a walking aid if the aisles were uncluttered (which seemed to depend on provider policies). At the same time, access to these supermarkets was not always straightforward and patronage depended on factors such as location of bus stops, cost and availability of parking, relative perceptions of value for money and factors such as being near to a low cost petrol station. Places that lacked a big supermarket, like Rothbury, had kept their mix of traditional independent shops, but several older interviewees considered these overpriced and preferred to travel further afield to places perceived as more reasonable.

The physical infrastructure of rural places was perhaps the most challenging aspect of the rural environment, with quaint historical features retained (or in one case, Barnard Castle's disabled parking, added) presumably to enhance the tourist appeal of a settlement, but at the expense of older people's safety and comfort. Intractable geographical and historical features such as steep escarpments and narrow roads were experienced as problematic by older people but the kinds of small, low cost interventions that could have alleviated the difficulties they posed were only being introduced in one of the study towns, generated by the local disability access organisation. Even where this was the case, in Barnard Castle, some obstacles, such as pavement parking and important shopping streets without rest points, remained unsolved. Climate change had contributed a new hazard of flooding not only for those living by rivers and mountainsides, but for disabled people negotiating poorly-drained town centres. Flood and amenities planning seemed slow in responding to these new challenges.

### 10.1.2 What are the impacts of rural social environments on older people?

The study confirmed the literature review in finding considerable diversity in rural places, but some social advantages to rural living for older people including that small and isolated places may have better connectedness and cooperation. This was not only the case in remote clusters of villages as in those in the Northumberland National Park in the pilot study and in the Coquetdale Valley in the Coquet/Alndale case study, but also operated at the smaller scale of heterogeneous close-style estates, notably in "Outerdale" and Rothbury. In comparison with urban areas, villages in particular appeared to have more harmonious relations between older and younger generations. While it was noted that this could be an artefact of the greater caution necessary in voicing criticism in smaller communities, it appeared, in the case of *Paul*, an actual, though modest compensation, for the social isolation of his new setting, to which he had moved to escape teenage anti-social behaviour in his home town.

But the study also identified that social connectedness in rural places is highly variable and rapidly changing in terms of commuterization or multiple houses used as second



and holiday homes. These can make a place feel lonely and unfamiliar for older people who have become used to living there over a number of decades. This kind of aggravated sparsity can also reduce the kinds of information flows that keep people going to community events and learning about social and leisure options.

While most of the interviewees had children living in the district or county, and only two had lost all or most children to distant employment markets, local children mainly commuted to urban locations for work, or had to work long hours to meet living costs, and therefore had less time for their older relatives than would have been the case when fewer women participated in the workforce. Nevertheless several interviews revealed the commitment of offspring to their older parent's welfare in terms of regular or daily visits and support.

Social isolation, poverty and disadvantage did not appear in simple and straightforward forms among the study's interviewee sample, but intermingled several rural factors that have led to them being more closely explored in the last subsection.

In terms of older people's social contributions, in spite of these being underplayed by policy and most professionals, both the pilot and case study phases revealed older people continuing to work well past retirement age, mainly in low paid, part time employment of the kind that would be unlikely to sustain a family with children. This suggests that those older people in rural areas who are able to subsist on low paid work, in most cases because they are also in receipt of one or more pensions, may be usefully filling gaps in the rural workforce.

### 10.1.3 What are the impacts of rural policy environments on older people?

The research took place between 2006 and 2009, at a time when rural places were at the spearhead of demographic shift nationally due to the outmigration of younger age groups and ex-urban migration of people in mid-life and older. This was also a period of intensifying change in public services (in particular health and social care), governance (in terms of LGR) and the economy (in terms of peaks in oil prices in 2008, and onset of

recession that year). At the cusp of these changes, the study found several policy trends of importance: grant revenue focused on urban places; spatial policy focused on ‘city-regions’; while the problems raised by spatial remoteness were met with policy interventions focused on innovations such as broadband internet and ‘assistive technology’.

Awareness of the financial constraints on rural public services were part of the reason that older people and key actors welcomed LGR, while aware that it might have the effect of weakening rural representation. City-regions policy was probably behind the neglect of the rural economy in regional and sub-regional policy - only at district level policy was importance accorded to rural jobs and business. Even then, the rural economy was mainly seen in terms of attracting younger people and families, and supporting the tourist industry, which as we have seen above, might be supposed to entail particular disadvantage for older rural residents.

Technologies such as the internet, seen as a solution to dwindling shops and transport services in rural places met both with resistance in terms of the equipment and learning required and with regard to the rural problem of poor and slow reception (discouraging several of those who sampled it); while the loss of choice entailed in internet shopping and the delivery charge discouraged several of this generation from taking up this option. Assisted technologies, proposed by Key Actors as a solution to rural recruitment problems in social care may be questioned in relation to their perceived energy consumption (whatever its actual impact) in a context where rising energy costs are a particular rural issue. Furthermore, where older people are generally anxious about the impacts of food and transport prices rises on a static pension income, such technology may be perceived as passing some of the costs of social care back to the consumer.

Other policy changes such as redeployment of Supporting People funds in Durham and withdrawal of Post Bus service in Coquetdale implied poor practice in communicating and consulting with older users by large organisations in a hurry to restructure. Elsewhere short-term funding in the voluntary sector rendered precarious some relied-upon transport and infrastructure services.

Yet under the radar of policy, many these rural elders provided a range of input – from volunteering, paid employment, working as a town or parish councillor to ‘good

neighbour' and informal carer - to communities whose potential to retain younger age groups through well-paid employment and suitable housing is increasingly compromised. (In part, this is a result of the growing 'sustainability' policy pressure to concentrate and centralise jobs, housing and transport services in urban areas). Several of the older interviewees undertook part-time or voluntary jobs that would probably not have been possible for them if they had they had been their sole source of income, thus keeping alive skills and activities that were important for the viability of the local economy.

### 10.1.4 Are country towns and villages sustainable environments for older people?

Having looked at the three identified aspects of rural environments separately, this section will return to the more complex understanding of their interrelationships, both with each other and with people experiencing the distinctive dynamics of later life that was presented in the Introduction to this thesis (Section 1. 3).

In light of rural diversity and of the study's evidence, there is clearly no one factor that makes a place unsuitable for ageing, nor one category of person for whom rural residence is unsuitable. While the study did not access the most remote dwellings and people in the greatest disarray, (as noted in Section 10.4 below) it did manage to include a range of elders in difficult and extreme circumstances, including those registered blind, with debilitating health conditions, widowed and on low incomes. However, many of these nevertheless were well-supported and leading lives of variety and interest. Overall therefore, and in contrast with some of the evidence suggested by the literature review, for example, Wenger and Keating's (2008) research cited in Chapter 3, Section 3.6.2, no single factor emerged that identified people as more at risk of poverty and isolation, such as being aged 85 plus or with significant disability. Those who exhibited unhappiness or stress were invariably suffering from a combination of disadvantages. In the cases of *Paul* and *Emily*, these were the lack of long-term local social contacts of late-life incomers living alone, and suffering difficulties with accessing transport. In the cases of *Martha* and *Sylvia*, these were heavy caring

responsibilities combined with significant financial constraints (and in spite of being well-connected with family in terms of having spouse and children on the same street). The particular tension for *Lynette*, in “Nethervale” was also a lack of financial resources, added to the strain and expense of her remote location as she tries to help her daughter in the care of her grandson around 40 miles distant. However, unlike the four cases mentioned above, the particularly supportive social atmosphere of her village went some way to compensating for these difficulties.

Likewise, there were two strong examples where severely disabled and bereaved individuals such as *Patrick* and *Godfrey* – registered blind, losing mobility, and widowed – were quite well supported by their family and communities in spite of locational disadvantages. These were, in *Patrick*’s case, a dwindling bus service and lack of local shops and services, and in *Godfrey*’s case, of having to adapt from a life spent outside, working on the land, to being suddenly confined to a small first floor flat in a town centre.

If the six interviewees described above were experiencing considerable stress, for none of them had rural living become completely unsustainable. Although *Emily*’s health had suffered from issues most likely to connected to her isolation (moving furniture around alone) and lack of transport (unable to undertake prescribed gym exercises), she showed great resourcefulness in developing a range of transport and social options in spite of her lack of friends and family locally.

Going back to the definition of ‘sustainable environments’ set out in Chapter 1, it would seem that in the terms of this study, there could be two kinds of cases in which a rural environment could be said not to be sustainable for an older person. In the extreme case, if an older person is forced to move house against their will, or dies due to causes linked with poor housing, or their external environment, the place might be assumed unsustainable for them. In the more mundane case, if they pass from a condition of stable health and activity to destabilisation in terms of crises of various kinds that might include accidents and injuries, hospital treatment, financial problems and/or relationship breakdown, the unsustainability of the nature of the habitation might also in some cases be a factor in this.

As noted in Chapter 7, *Oswald* and *Geoffrey* in the pilot study respectively illustrate each kind of loss of sustainability – *Oswald* had been pushed by various factors to put his edge-of-town house on the market and move to a more central location within Hexham; *Geoffrey*, caring for his wife with Alzheimer’s had developed an alcohol dependency which would lead to him predeceasing his wife by the end of the study’s data-gathering phase.

The questions for all eight cases arising in this subsection, however, is if the rural dwelling had become less sustainable or in fact, unsustainable, what are the factors contributing to this? It is here that the original addition to ‘critical human ecology’ theory proposed in Section 1.3 and Chapter 2 (Section 2.7) of this thesis, in terms of ‘Time/Shift’ theory, can add a level of explanation. This will be discussed in the next section.

## 10.2 Implications for theory

As noted at the end of Chapter 7, duration components can be observed for *Oswald*, explaining the semi-rural, edge of town location chosen by a retired farmer. Furthermore, discussions of the situation of *Emily* in Chapter 8 have underlined how part of her reason for clinging to her remote rural dwelling place, in spite of her isolation, was due to its being her last connection with her husband (a duration effect) as well as a place which she had learned to navigate before she lost her eyesight. For her part, *Martha*, overloaded with caring and community shaping responsibilities, was a lifelong committed activist, who lived out her teens and twenties in the 1960s and 70s and was strongly influenced by her generation’s sense of social responsibility. From the materials gathered for this study, many more such connections can be drawn between people’s cohort of formation, period of current actions, and conflicts in making health and locational transitions.

The particular significance of ‘Time/Shift’ theory for rural areas is due to the way in which such tensions are exacerbated by the many fragmented dimensions of rural difference mapped out in Chapters 3 and 4 of the literature review, for example, the policy emphasis on developing accommodation choices for older people in more urban settlements, lower provision of social care and longer distances to travel for hospital

care, the way in which some remote communities are particularly close and supportive. Such factors suggest that transitions that involve house moves are also likely to involve relocation with all that entails in terms of loss of continuity and social networks. Transitions in terms of health decline are less likely to be compensated with formal carer support and easy access to secondary care than in urban areas. Cohort characteristics such as mistrust of residential and nursing care or reluctance to use the internet and mobile phones are likely to be reinforced by peers, due to the greater proportion of the rural population made up by older people, and to come up against the increasing pressures from cash-strapped rural services pushing technological approaches that older people find hard to embrace.

So far such issues have made a partial appearance in rural research in terms of the impact of 'Life course' issues in rural ageing (see, for example, Daly and Grant, 2008), which discuss transitions, duration and cohort effects. These authors also refer to the impact of Atchely's (1999) continuity theory and its interaction with the discontinuities introduced to people's lives by aspects of rural ageing. However, this discussion does not explore the dynamic or conflictual aspects of these life course issues in their interaction with present day rural settings, nor does it attempt to integrate these with the emphasis on biological, psychological and behavioural aspects of the developing person that appear in later life (Bronfenbrenner, 2005).

If established, the value of the theory would be, in a general sense to complete the extension of human ecology theory to later life, begun by Keating and Phillips (2008), with an emphasis on the 'human' side of the equation that balances the original theory's exploration of the environment. If extended to explore the contrast between rural and urban ageing, this theory might also help to underline the extent of the challenges faced by rural elders in adapting to the technological and information challenges of the contemporary period and in making significant life transitions. It might also have some explanatory value in terms of issues that have hitherto been attributed to the cultural level, such as rural elders' low uptake of benefits, or insistence, in the face of evidence of poverty and deprivation, that they have a good quality of life. Indeed, it might allow further insight into the ways that cultures tend to be built in response to a dearth of alternatives.

While growing from some of the components identified in life course theory (e.g. Vincent, 2003), by formulating these into pairs of dynamic tensions, ‘Time/Shift’ can reveal later life as a developmental phase characterised perhaps more than any other by temporal disjuncture. The idea of a need to find unity in the face of fragmentation can also be seen to be present in Erikson’s eighth and final stage of ‘integrity versus despair’ but the ‘Time/Shift’ formulation removes the judgmental, normative focus of Erikson’s formulation (1976, 1981). At the same time it provides a reason why an emotional state of despair might have been found by the psychologist to be so characteristic a hazard of this phase of life.

### **10.3 Implications and recommendations for policy**

#### *Implications for policy*

*Policy goals.* The broadly Benthamite, results-focused ethics that has been gaining force in policy at the expense of older ‘social justice’ approaches, could be crystallised in the idea of putting efficiency above equity. The outcome of according the ‘advantage of the many’ greater weight than the ‘disadvantage of the few’ has, as suggested by Chapter 4, Section 4.5, been to the general detriment of rural older people. The impacts arise from a number of dimensions – including grant funding streams that focus on concentrated areas of disadvantage and thus miss dispersed rural patterns of poverty; sudden changes to schemes such as Supporting Housing; the spread of broadband reducing information and services availability for those who cannot or do not want to use it; the similar issue of increasing use by internet retailers of couriers rather than standard mail services, having the perverse impact of cutting rural transport provided by Post Bus.

Thomas Scanlon in his seminal work “What We Owe to Each Other” (1998) proposes powerful examples to illustrate the point that ethical arguments rely on the idea that we would not trade the advantage of the many for the extreme disadvantage of the few. Yet if the implications of analysis in this discussion chapter are accepted, national and local policies in interaction with other environmental and life course issues, may be placing small numbers of older people in situations of significant disadvantage. From the sudden closing of a village sheltered housing scheme with many long-term residents, to the policy emphasis on reducing non-residential parking facilities, to the increasing concentration of specialised older people’s housing in more urban settings: in all these

cases an aggregate benefit has outweighed the consideration of individual adverse outcomes. And yet as we have seen in Sections 10.1.2 and 3, older people make significant contributions to rural communities that are unlikely ever to regain the importance in terms of employment and goods distribution which led them to arise in the first place.

*Sustainability policy.* Sustainability policy in encouraging more densely developed places and greater concentration and centralisation of services in more urban areas may do so at the expense of rural older people. In seeking to concentrate jobs and services in more urban places, sustainability policy could be having the perverse impact of rendering rural places difficult to live in for any but hypermobile of commuters, and hard to visit except by the better-resourced tourists with private transport – thus raising, rather than reducing the carbon footprint of rural areas. A sustainability policy that takes seriously the dimensions of environmental and social (rather than simply foregrounding economic) sustainability might value the self-generated resources of many rural settlements and value residents who do not use their town or village merely as a dormitory.

*Economic policy.* Economic policy might recognise the potential of a body of people increasingly active and able, who may be able to afford to work on low wages in the kinds of activities that can increase the sustainability of rural communities, including social enterprises, such as local authority run Post Offices or community-run shops, ‘the pub as the hub’ movement and the kinds of rural transport initiatives that are currently staffed by older volunteers but could proliferate and go some way to solving rural transport difficulties, for example, if people were able to supplement pension income through community taxi enterprises.

*Health policy.* We have seen that although rural older people are thought by Key Actors to be independent and resistant to services, part of the reason for a lower percentage of rural people accessing health and social care may be the quality of the services themselves. In a vicious circle of provision, services that are not effectively provided because of insufficient funding streams, as explained in the subsection on theory, above, may be rejected by users making it appear that they are more independent and self-sufficient than is in fact the case (thus making it less likely services will receive proper



funding in the future). A better feedback mechanism on people's experiences of needing, attempting to access, and using rural social care and medical services (particularly ancillary health services that the literature review and case studies showed to be a gap in rural provision) might end the cycle of underprovision and take the strain from rural carers and individuals struggling unsupported.

*Planning policy.* The emphasis on tourism in the rural economy, combined with the smaller revenues of local authorities in large, sparsely-populated areas, has resulted in a physical environment and public realm that is riddled with uncompensated barriers for people with less than ideal physical and sensory capacities. As we have seen in Chapter 4, Section 4.1 currently, responsibility for the public realm of roads, crossings, restpoints, and pathways is distributed between a number of national and local bodies, all with different funding streams and criteria. Thus it is difficult for policies regarding the accessibility of the physical realm - crystallised in policy terms as 'Lifetime Neighbourhoods' – to gain and retain resources and influence. The impact on rural older people is also unclear as statistics on falls outdoors and their causes are not as yet routinely collected.

#### *Recommendations for Policy*

The main policy recommendation concerns a recognition that as more and more women enter the labour force and as people live longer lives with more years of good health after retirement, but a cognitive need for simpler, calmer and more interpersonal environments, a countryside that is partly run by and for older people is not a problem but an asset. This recognition would include a greater appreciation and promotion of the economic role that older people can play as employees, self-employed and employers in rural settings through economic policy that promotes their involvement; as well as development of social enterprises and various fiscal tools that might support greater input and involvement by older people in providing services and support to their rural communities.

Appreciation of the resources that older people bring to local government might be enhanced through tailoring the organisation and work of parish and town councils to favour older people's participation.

At the same time, older people's need for a modicum of support in terms of better access to and better quality of social care, medical and ancillary health services might be furthered by clearer minimum standards on these issues and a greater commitment to exploring the real reasons behind lower use of social and health care services in rural areas.

The 'human ecology' approach with its added 'Time/Shift' element has shown that as problems in rural ageing are caused by interactions between two or more problematic elements – for example, lack of transport options plus poor social networks – those responsible for changes to rural services need to be aware of the implications. While a large majority will be able to adapt and find new ways to meet needs, a small minority will be thrown into crisis. As part of this recognition and enhancement of the role and support needs of rural elders, large public and private organisations whose actions affect the wellbeing of rural older people should be encouraged to subscribe to a code of conduct with regard to timely and transparent consultation and compensatory measures for those who are most affected by their service reconfigurations.

A rural physical infrastructure that provides fewer barriers to older people could be assured in four ways: first by highlighting to the bodies responsible for the rural economy the importance of older day trippers and visitors to rural tourism, and thus the advisability of small interventions to make sure that historic and barrier-ridden rural environments do not exclude this core visitor group. Second, very much in the manner that Home Improvement Agencies have spread across the UK (and thus extending the government's Lifetime Homes policies to its aspiration for Lifetime Neighbourhoods), a network of disability access organisations, on the model of that encountered in Barnard Castle, could be promoted to provide action on the ground and in response to the issues encountered by older and disabled people, thus making their rural towns and villages more accessible. The third intervention to improve the rural physical infrastructure might consist of a regulation or guidance statement driving planning authorities to monitor their settlements both in terms of the proportion of people over retirement age, but also with regard to streets and quarters of towns and villages with high concentrations of older people's housing, be it specialised accommodation as found in Hexham and Barnard Castle, or simply a predominance of single story terraces and bungalows, as found in Rothbury. Areas with such a predominance either in terms of a

quarter to a third of people over retirement age, or a preponderance of older people's housing types, might then be assured priority status in terms of Lifetime Neighbourhood interventions. Lastly, and facilitating the preceding three dimensions, at national level, the currently fragmented responsibilities for the quality and accessibility of the public realm should be united under one ministerial department or, at the very least, the remit of a national champion, who could both promote the Lifetime Neighbourhoods agenda and integrate it with other agendas that will impact the public realm including climate change adaptation and sustainable transport.

## **10.4 Contributions and limitations of the research**

This research aimed to look at the impacts of the rural physical, social and policy environments on older people in country towns and villages. Its contributions are in terms of confirming some of the findings of previous research on the physical and social rural environment for ageing, and in increasing understanding of the complex nature of rural which interweaves physical and social dimensions in a way that varies from individual to individual and which the study proposes has a particular interaction with temporal dynamics in the life course.

The topic-by-topic breakdown of the physical and social environment seems to confirm some of the straightforward correlations indicated by some of the more quantitative studies relayed in the literature review chapter, of, for example, remote places with greater obstacles to services access, and of market towns as better resourced in terms of housing, transport and employment than villages. But on closer examination, in particular through the detailed 'Interviews in Focus' presented in Chapters 8 and 9, a quite varied picture emerges of compensating social advantages in some smaller settlements and of some social stresses and tensions in market towns (in particular Hexham and Barnard Castle) as well as rapidly transforming villages that nevertheless have widely varying impacts depending on the characteristics of those ageing there.

I would summarise the limitations in this study as twofold: some characteristics of the interview samples in the two case study areas that are an artefact of the recruitment method used; and the relatively long time period of data collection, during which considerable organisational and economic changes have taken place.

*Sample issues.* In the case of this study, the cost in terms of time and fuel in visiting remote settlements led me to focus on “better bets”: housing that was clearly occupied by older people (in terms of approaching bungalows, houses with net curtains, artificial flowers, photograph frames, older-style ornaments), rather than taking my chances with less identifiable homes. This is likely to have resulted in a bias in the sample towards older people with some distinctive qualities in terms of mobility and attitude to ageing. Perhaps at the simplest level, one might posit a group who are less mobile and/or are not troubled to live in accommodation or show consumer choices associated with higher age groups. This group might also, perhaps, have other characteristics – for example such as greater readiness to accept services and facilities designed for older people.

Another bias in the sample was contributed by my identification – my Newcastle student identity card worn on a chain – arguably more of an advantage in Northumberland than in Durham, perhaps unreadable or even repellent to some potential participants. My approach of calling in the daytime would automatically exclude those with full time occupation (paid or voluntary). Although interviewees were given the option of seeing me in a community facility outside the home, in practice, none wanted to go to this trouble. This being the case, the approach would also significantly discourage those who were conscious of failing standards of domestic cleanliness and home maintenance; or those who were living in conditions of destitution. Backing up this assumption, in practice, only one home I visited for the study was in a state of disorder – belonging to an older person who described themselves as on medication for depression.

A further important exclusion was that contributed by the remit outlined in the study title, which focused the enquiry on “country towns and villages” and thereby excluded those in the most remote and disconnected dwellings.

In spite of these two limitations, the study nevertheless managed to contact elders in a range of difficult and extreme situations, allowing a clear picture to form of some of the main challenges of rural ageing.

*Duration of the data gathering phase.* From the pilot study, I found that to gain access to a range of professionals across the range of the purposive sample, as well as the time

to orientate and familiarise oneself with the six settlements visited for each rural area, a period of between eight months and year was required. As the purposive sampling approach was extended to the older people sample in the case study phase, a further source of potential delay was introduced, in trying to locate people fitting into specific categories. The data gathering began in October 2006, around one year after the beginning of the study. After September 2008 the study was continued on a part-time basis and concluded almost 34 months after the start date.

Interviews for the pilot study phase stretched over a year within which few major organisational or economic issues arose. However, the case studies, which ran between December 2007 to August 2009, took place on either side of major administrative and economic changes. Indeed they can be seen as representing two discrete historical time periods – before and around Local Government Reorganisation, before and around the collapse of the Lehman Brothers (September 15<sup>th</sup> 2008) and partial nationalisation of British banks; and before and around the personalisation of social services (also April 2009 in Northumberland, to be piloted by 2010 in Durham); before and around major changes to Supporting People funding (Durham April 2008; Northumberland pending); before and after free bus passes for people over 60; before and after the Northumberland floods of September 2008.

The alternative to this temporal organisation of the study – indeed the approach that was framed in the original study protocol – would be to carry out all the professional interviews at one time frame, and all the older people interviews in the next time frame. The problem with this approach, however, is that it would both potentially weaken the ‘triangulation’ of practitioners and older people’s views within case studies; and it would ignore the problem of Northumberland and Durham policy changes being temporally out of step with each other.

The stepped nature of the case studies, while imperfect, has also allowed a quasi-longitudinal dimension to emerge over the three years of the data collection. This develops from a pilot study phase when the biggest threat to older people’s wellbeing appeared to be a lack of positive focus on their contributions in policy and practitioner discourse; to 2009 when energy, transport and fuel costs were increasing, interest on savings reduced to fractions; ‘extreme rainfall events’ becoming an expectation rather

than an exception; and more power being devolved to centres of local governance while at the same time in the region studied, these centres were becoming more remote from rural areas.

Further consideration is needed of the methodological implications of viewing stepped case studies through a longitudinal lens. Some might regard it as intrinsically invalid, given the disparities between the areas and samples. It remains the case, however, that the case studies themselves are more internally coherent with this approach, and the events of each of the three years of the study can be traced across both Key Actor and Older People interviews.

## **10.5 Recommendations for further research**

Certain lacunae in the research evidence base have emerged in connection with the issues raised in the previous paragraph. These might include further studies on the low access of rural people to health and social care. The distinctive characteristics of the rural physical as opposed to the housing environment as yet remain unknown and thus have not entered into the rural analysis of the State of the Countryside reports. Therefore the suggestion is for the English House Condition Survey to be extended to embrace qualities and accessibility of the physical infrastructure of places (cobblestones, steps, curbs, public lavatories, rest points, bus shelters). This might in itself require a foundational research study to determine the best and most useful indicators. Routine collection of the location and causes of falls among older people taking place outside the home would also be useful in this regard.

A pilot study might seek to find solutions for older rural people who will never become internet users, for whatever reason, through taking advantage of the transformations already occurring in the social care system in terms of e-services and service brokerage by social care professionals. The study might look at extending e-brokerage to a kind of advocacy role, where for a nominal fee, actions and information are made available to non-internet users.

On a broader scale, a similar study to the present one might be conducted by a multidisciplinary team that included those with an expertise in areas considered too

complex to master within the limits of this research, including the impact of local politics and local institutions on rural settlements. In order to more firmly establish the new level of theoretical explanation proposed, this study would need to be designed explicitly to investigate the formation and young adulthood of interviewees (in both urban and rural settings), their peer relationships and associations, in juxtaposition with their current lived experience.

Further recommendations for policy are likely to arise from the results of such studies.

## **10.6 Conclusion**

This chapter has used the findings presented in Chapters 7-9 in order to answer the study's three sub-questions and main question. It has looked at particular cases of older people for whom rural living is less sustainable or unsustainable and found a complex of social, physical and policy dimensions interacting with rural dimensions behind older people's difficulties. Looking at the development level, it has identified how particular temporal dynamics can exacerbate or entrench such difficulties in a rural context. This chapter has noted the explanatory contribution of this new dimension of 'critical human ecology' theory, while acknowledging that it would benefit from further testing in purpose-designed studies. The study's limitations have been noted as recruiting people in certain, identifiable types of housing associated with later life and relying upon people's willingness to be interviewed in their own homes, which may have excluded some of those with failing standards of housing upkeep. The three year duration of the data-gathering phase has been examined and found to increase the internal coherence of the case studies somewhat at the expense of their comparability, although factors external to the study design also weaken this. Policy implications and recommendations and recommendations for further research have been outlined that particularly focus on improving the rural physical environment and the recognition and promotion of older people's inclusion in the rural workforce, as well as in local democracy. Bringing in the contribution of 'Time/Shift' theory, there is also a proposal to require good practice in service providers making substantial changes to rural services on which many in later life depend. The final chapter of this thesis will restate these findings and proposals before offering some final reflections on the countryside as a place to grow older.

# Chapter 11. Conclusions

## 11.0 Introduction

This brief chapter concludes the thesis with a summary of what the study has contributed, as well as its limitations, and a final section provides a closing reflection on the topic of rural ageing, extending the question from the sustainability of rural places for older people, to the question of whether rural places are good places in which to age.

## 11.1 A summary of the study and its findings

Findings gathered from a pilot and two case studies in the North East of England have been used to answer the study's three research sub-questions on respectively, the physical, social and policy environments of rural places. There has been a particular emphasis on the problems rather than the benefits of rural living (the latter of which will be discussed in the next section); and it should be emphasised that many of the problems identified exist for all rural dwellers, not just older people. Nevertheless, for the reasons explained below, the problems are often more acute for those in later life.

It has been found that rural places, both market towns and villages, have several uncompensated physical characteristics that can be particularly hazardous for elders. Socially, they can vary from warm and involving communities at the level of the settlement or the housing estate, to polarised or even dormitory settlements that offer few clear social advantages over urban areas.

In terms of policy, younger age groups and families are favoured at the expense of recognising older people's needs and contributions. Sustainability and 'city-regions' policies are focusing development, employment and housing on more urban places and thus further peripheralising the countryside, with impacts on older people that include declining housing and transport options. Solutions to rural access problems in terms of new technologies that are not always well adapted to rural settings in terms of quality of service (e.g. broadband) and perceived costs to the consumer (e.g. assistive technology),



may go against the preferences and resources of rural elders and thus add to their experience of disadvantage.

Factors that appear to make rural settlements unsustainable (or less sustainable) for individual older people, however, were found to include two or more factors in interaction with the relative remoteness and sparsity that characterise the rural location. Examples might include a depleted social network plus the lack or loss of the ability to drive; or heavy caring duties accompanied by stringent financial constraints. The 'Time/Shift' theory of later life presented in this thesis proposes that understanding of the sources of such tensions and resulting adverse outcomes should include temporal issues such as: duration of experience with a place or person combining with the transitions required by later life; and cohort characteristics reinforced by a body of peers but under pressure from new ways of providing services and information.

In terms of contributions to theory, the discovery that came some way into the research process of a way to unite political, environmental and developmental theoretical levels suggests further lines of enquiry that put this approach at their centre. The beginnings of this integration outlined within this thesis have provided satisfaction on both an academic and a personal level. The additional layers posited by Bronfenbrenner in his later elaborations of 'human ecology' theory (2005), when integrated with the 'critical human ecology' theory proposed by Keating and Phillips (2008), have enabled the interweaving of a new theory of the older 'person' with existing theoretical layers concerning 'place' and 'policies'. On a personal level this has enabled the contributions made by the actual disciplinary setting of this study within a School of Architecture, Planning and Landscape, to be complemented by the contributions of the researcher's prior intellectual formation, which has included the study of developmental psychology and cognitive ageing, as well as engagement with the politics of ageing through a long-term involvement in an older people's NGO.

Four main dimensions of policy have been discussed in Chapter 10: policy goals, economic policy, sustainability policy and planning policy. The main policy recommendation is to moderate the 'concentrating' impact of sustainability policies in focusing jobs, housing and transport on urban areas which has the perverse impact of making rural places increasingly habitable and visitable only by those in private

vehicles, thus raising their carbon footprint. This might be done by reviving the “beads on a string” idea of settlement interconnections which has been raised by Bannister with regard to fostering more sustainable rural communities. Policy must also embrace the opportunities afforded by an ageing rural population in terms of people economically suited to lower-wage rural employment, including revitalising rural social enterprises, due to their stable external pension incomes. Feedback of rural elders experiences of social, medical and ancillary services needs to be collated in order to understand how rural older people may be better and more fairly supported without over-reliance on ‘cultures of independence’ that may in part derive from inferior quality or harder-to-access rural services. Various interventions proposed with the aim of improving the public realm and physical infrastructure of rural places include a ministerial department, or champion, devoted to improving the accessibility of neighbourhoods for people of all ages and integrating this agenda with adaptation to climate change and sustainable transport policies. The insights allowed by ‘human ecology’ with ‘Time/Shift’ theory have focused attention on the actions of core providers of rural services whose service changes can have a disproportionate negative impact on a small minority of rural elders that needs to be guarded against through creating and observing good practice standards regarding rural service change. A requirement to follow such standards might also have a beneficial outcome on services continuity, for example, if a dimension could be included requiring that no service should be withdrawn without clear research on its impact on rural older people and proposals for how to alleviate serious impacts included.

The main limitations of the method were presented as connected with the sampling frame and timeframe of the study. In the first case, the study has focused on older people in particular types of housing and who are likely to be at home, as well as receptive to visitors. It has for reasons of protecting the researcher as well as the researched, excluded elders in remote, isolated dwellings, although a range of challenging conditions from extreme remoteness, to physical and mental illness, sensory and physical disability, and financial and transport restrictions, were able to be included within the sample. The long duration of the data-gathering phase, during which considerable changes took place both in the countryside and nationally, has been shown to weaken comparisons between case studies in some respects, although some of the examples of time-lapses that have taken place between the application of policies within

different North East authorities indicates the impossibility of perfect parity between examples.

## **11.2 Rural Places: Sustainable for Older People or Good for Older People?**

The recent emphasis on a ‘spatial’ dimension of the experience of ageing appears timely in the light of the changes and transformations to England’s rural places that have occurred over the post-War period and that recent policies on ‘city-regions’ and sustainable places will only intensify. A ‘critical gerontology’ perspective focuses on how older rural people can be marginalised by such changes, while ‘a critical human ecology’ perspective looks in detail at aspects of the social, physical and policy environment that may entrench such marginalisation. The added layer of a theory of later life as a phase that pits people’s formative knowledge, experience and habits against various social and personal pressures for change can deepen understanding of how even people in the most financially secure and idyllic rural situations may encounter rural disadvantage.

Yet the question of the sustainability of rural places for older people is clearly not the same as whether the countryside is a good place to age. As noted in the Introduction (Section 1.4), while data on social and leisure activities was collected in the study, it was decided to focus this thesis on dimensions of greater concern for policy development. The data that was set aside on activities for ‘mind, body and soul’ in the pilot and case study areas painted a picture of places overflowing with options for shared, enriching pursuits of the kind many people look forward to as central to their retirement years.

Besides these opportunities for ‘capacity development’ offered by rural settlements, in several other ways, the countryside appears to be a better place for older people to age than the city. Away from the churning and change of the urban environment, lower density populations and lower footfall services allow more time and space for people experiencing physical and cognitive slowing. Although barrier-ridden, many of the traditional ‘picturesque’ style rural townscapes are more navigable and distinctive than

grid-based classical urban layouts. Less competition from younger age groups means more chance of extending the period of employment and activity, often supported by a stable external income that contributes to the local economy. Other advantages that there has not been space to explore further in this thesis include a lower crime rate, less anti-social behaviour and cooler summer night-time temperatures (in a changing climate where heatwaves are more likely). Lastly, the greater concentrations of older people in rural areas mean at the very least, a greater number of peers, as well as the likelihood that at least some services and amenities will be more sensitive one's age group. This thesis has suggested some ways in which these rural environments could be improved for older people based on the premise that not only do older people have the right to choose to age in rural locations, but that in a future of more densified, car-unfriendly and heat-vulnerable urban places, they will increasingly demand to do so.

# Appendices

# Appendix A – Sample Interview Forms

## A1 Case Study Older People Interview Guide

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### Older People in Rural Settlements Interview Guide

1 Routines

Shopping, seeing people, exercise, work?

2 Places you go

Street, shops, towns, holidays?

3 People you look out for

Advice, care, company, transport?

4 People looking out for you

Transport, company, advice, care?

5 Information

Who do you ask? Where do you go for advice?

6 The place you live

What does it mean to you, why is it special, problematic?

7 Problems or difficulties

Health, heating, housing, transport, places, people?

8 Changes

What changes have you seen?  
How do you make changes happen?

## A2 Case Study Key Informant Interview Guide

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### Key Informant Interview Guide

- 1 Please describe your role within your sector
- 2 What do you currently have on your desk?
- 3 From the perspective of your role, what are the main issues for older people in your area?
- 4 From the perspective of your role, what are the impacts of older people in the area (costs & contributions)?
- 5 Are the right policies in place for older people? Are there policy gaps, or barriers that prevent policies from operating effectively?
- 6 Are there any places that are fading or failing in this area? If so why and what should be done in your view (if anything)?
- 7 Do you have experience/get support with using evidence to support your policies – for example, training on ONS statistics, how to use research evidence?
- 8 Are you able to involve older people as consultees in your work?
- 9 Do you have a view about the impact of the new unitary authority on any of the issues we have discussed?

*Disclaimer: your views are confidential and rendered anonymous as far as possible in the final report. It will be clear in the report that you have expressed a personal opinion and do not speak on behalf of your organisation on these issues.*

## Appendix B – Quota and Purposive Older People Samples

**Table B1 Tynedale Pilot Study Quota Sample**

<b>Quota sampled</b>	<b>Total</b>	<b>Hub Town</b>	<b>Well-connected route</b>	<b>Less well-connected route</b>
Male and Female Gender	10 F, 4 M, 1 couple (=15)	4 F, 1 M, 1 couple (=6)	4F, 1M (=5)	2M, 2F (=4)
Lower and Higher Age (up to 79 = lower; 80+ = higher)	8 lower age band 7 higher age band	4 lower, 2 higher	3 lower, 2 higher	1 lower, 3 higher
Driving a private vehicle and No Car	8 driver; 7 not driver	5 driver, 1 not driver	1 driver, 4 not driver	2 driver, 2 not driver
Home internet users and non-user	3 users, 12 non users	2 users, 4 non-users	5 non-users	1 user, 3 non-users
Single person household; couple household	10 alone, 5 couples	4 alone, 2 couples	4 alone, 1 couple	2 alone, 2 couples
Owner-occupiers and tenants	9 owner occupiers, 6 tenants	5 owner occupiers, 1 tenant	3 owner-occupiers, 2 tenants	1 owner-occupier; 3 tenants



<b>Quota sampled</b>	<b>Total</b>	<b>Hub Town</b>	<b>Well-connected route</b>	<b>Less well-connected route</b>
Detached houses; terrace houses; bungalows; specialised older people's housing.	5 detached houses, 2 bungalows, 3 terraces, 5 sheltered housing	2 detached houses, 2 bungalows, 2 terraces (1 of which 'general needs' rented from Housing Association)	2 detached houses, 1 terraced house, 2 sheltered housing	1 detached house, 3 sheltered housing
State pension, means-tested benefits only (Lower); occupational pension, savings etc (Higher)	2 working; 5 lower; 8 higher	1 working, 1 lower, 4 higher	2 lower, 3 higher	1 working, 2 lower, 1 higher
Indigeneity (at Local Authority level) (I = born in the Local Authority area or moved there before age 1; L = local: moved to area after age 1, but pre-retirement; P = post-retirement in-migrant)	7 Indigenous; 6 Local; 2 Post-retirement	2 Indigenous; 4 Local	3 Indigenous, 2 Local	2 Indigenous, 2 Post-retirement

<b>Quota sampled</b>	<b>Total</b>	<b>Hub Town</b>	<b>Well-connected route</b>	<b>Less well-connected route</b>
Sensory impairment	6 visual and/or hearing impairment	1 partially sighted and hard of hearing; 1 waiting for hearing aid; 1 waiting for eye operation	1 macular degeneration	1 waiting for eye operation and hard of hearing; 1 deaf in one ear
Other illness or disability	3 diabetes, 2 angina, 2 recent falls, 1 alcoholism, 1 hip replacement, 1 knee replacement	1 recent fall indoors	2 angina, 2 diabetes (one with alcoholism), 1 hip replacement	1 person with diabetes and angina; 1 having undergone knee replacement
Caring for spouse with...	1 with stroke; 1 with mobility impairment; 1 with Alzheimer's	1 with stroke	1 with Alzheimer's	1 with mobility impairment
Receiving social care at home	3 receiving home care 7 days per week; 1 living with spouse receiving care at home 7 days per week	1 with stroke	1 with angina, stroke, asthma; 1 living with spouse receiving care at home 3 days per week (Alzheimer's)	1 chair bound, with diabetes

**Table B2 Teesdale Case Study Purposive Sample**

<b>Key Rural Ageing Theme</b>	<b>Older Person Characteristic</b>	<b>Total</b>	<b>Hub Town</b>	<b>Well-connected route</b>	<b>Less well-connected route</b>
<b>Transport and Access to services</b>	No private car	<b>4</b>	4	0	2
<b>Access to health and social care</b>	Social care received	<b>0</b>	0	0	0
	Health problem requiring GP and or hospital visits	<b>7</b>	2	2	3
<b>Low incomes and social exclusion</b>	Rented tenure	<b>4</b>	1	2	1
	Receiving welfare benefit (e.g. Pension Credit, Housing Benefit)	<b>3</b>	1	1	1

<b>Key Rural Ageing Theme</b>	<b>Older Person Characteristic</b>	<b>Total</b>	<b>Hub Town</b>	<b>Well-connected route</b>	<b>Less well-connected route</b>
<b>Disabilities and the physical environment</b>	Sensory or mobility impairment	<b>3</b>	1	1	1
<b>Contributions of rural elders</b>	Paid employment or regular voluntary work	<b>3</b>	1	1	1
	Caring for spouse, parent or grandchildren	<b>4</b>	2	2	0

**Table B3 Coquet/Alndale Case Study Purposive Sample**

<b>Key Rural Ageing Theme</b>	<b>Older Person Characteristic</b>	<b>Total</b>	<b>Hub Town</b>	<b>Well-connected route</b>	<b>Less well-connected route</b>
<b>Transport and Access to services</b>	No private car	<b>8</b>	4	1	3
<b>Access to health and social care</b>	Social care received	<b>2</b>	0	1	1
	Health problem requiring GP and or hospital visits	<b>11</b>	4	4	3
<b>Low incomes and social exclusion</b>	Rented tenure	<b>5</b>	3	0	2
	Receiving welfare benefit (e.g. Pension Credit, Housing Benefit)	<b>2</b>	1	1	0
<b>Disabilities and the physical environment</b>	Sensory or mobility impairment	<b>10</b>	6	2	2
<b>Contributions of rural elders</b>	Paid employment or regular voluntary work	<b>5</b>	1	2	2
	Caring for spouse, parent or grandchildren	<b>4</b>	1	2	1

**Table B4 Supplementary focus groups and walkabouts in the study**

<b>Pilot/Case Study</b>	<b>Name/place of group</b>	<b>Reason for group</b>
Tynedale Pilot Study	Focus Group 1: Dementia Carers and Dementia Sufferers/ Day Care Centre in Sheltered Housing Scheme, Hexham	Unable to access people with dementia and their carers through door-to-door approach
	Focus Group 2: Voluntary Sector Carer’s Support Organisation/Carer’s Group/ hired rooms, Prudhoe	To increase number of carers in the study
	Focus Group 3: Women’s Institute, “Innerwald”; “Innerwald village hall	To increase representation of most remote village in the study (where it had been possible to obtain only one brief interview)
Teesdale Case Study	Focus Group in “Teesville” sheltered housing scheme	To increase representation of non-drivers and those receiving social care living in well-connected study route
	Video-ed “Walkabout” in Barnard Castle town centre	To better understand older people’s experience of the physical infrastructure of their rural settlements
Coquet/Alndale Case Study	Video-ed “Walkabout” in Rothbury town centre	As above.

## Appendix C Policy Analysis Tables

### Table C1 Pilot study policy overview

Chapter Section	Data Source	Result of Analysis
Overall Policy Review (22 documents – References at end of this Appendix)	Mainly electronic versions	4 out of 22 documents have a strong older or disabled people focus
Main Policy Documents on Older or Disabled People (4 documents)	<b>Tynedale Older People’s Housing Strategy</b> <b>Tynedale Homelessness Strategy</b> <b>Northumberland Local Transport Plan</b> <b>Northumberland LAA</b>	With minor exception of some LAA targets, focus on facilities (housing and transport) for older people , rather than accessible environments
Older and disabled people in Main Planning Documents (2 documents)	<b>Hexham Market Towns Health Check</b> <b>Tynedale Local Development Framework</b> Key Actor Interviews	Economic/regeneration perspective leads to low emphasis on OP issues
Policy Mechanisms and Context (22 documents)	Key Actor Interviews	<ul style="list-style-type: none"> <li>- Partnerships – diffuse, hard to draw conclusions</li> <li>- Evidence – some naïve or ‘cut-and-paste’ approaches to research evidence.</li> <li>- Resources – lack of a rural premium or premium based on urban indices of deprivation; difficulties in staffing posts, lack of equity between different client groups.</li> <li>- Change and Stability – in some cases change threatens working relationships</li> </ul>

## Table C2 Supra-regional and Regional Level Policy

Name and date of policy	General Themes
<i>The Northern Way (2004)</i>	<ul style="list-style-type: none"> <li>- Raising economic productivity and participation</li> <li>- Focus on City-regions</li> <li>- Rural west of county seen in terms of tourism.</li> </ul>
<i>The Regional Sustainability Framework for the North East (2004, updated 2008)t</i>	<ul style="list-style-type: none"> <li>-Per capita gross value added and employment rates</li> <li>- emissions, resources use</li> <li>- better access to services and levels of car ownership</li> <li>- better life expectancies</li> <li>- housing quality, affordable housing, fuel poverty</li> <li>- conservation, tourism spending.</li> </ul>
<i>Regional Economic Strategy (2006)</i>	<ul style="list-style-type: none"> <li>- reduce the North East productivity gap</li> <li>- halt out-migration of young people from the region.</li> </ul>
<i>Regional Spatial Strategy (2008)</i>	<ul style="list-style-type: none"> <li>- economic growth</li> <li>- regeneration</li> <li>- halt counter-urbanisation</li> <li>-halt outmigration from region</li> <li>-stem commuting to work</li> <li>- decrease car parking in non-residential areas</li> <li>-rural areas to be integrated in region</li> <li>- tourism as a growth element for the rural economy</li> <li>-need to balance development against environmental protection.</li> </ul>



<p><i>Regional Housing Strategy (2007)</i></p>	<ul style="list-style-type: none"> <li>-role of housing in arresting outmigration from region</li> <li>-role of housing in arresting counter-urbanisation</li> <li>- concentrating population and jobs in the region's more accessible areas</li> <li>- reduce the need to travel to jobs, services and facilities.</li> </ul>
<p><i>Regional Transport Strategy (GONE, 2008)</i></p>	<ul style="list-style-type: none"> <li>- arrest growth in commuting by car</li> <li>- do this by measures such as those above regarding concentrating jobs</li> <li>- improve public transport connections</li> <li>- a focus on towns and service hubs and their links with conurbations and main settlements.</li> <li>- a channelling of feeder rural transport systems to these hubs</li> <li>- nurturing of demand-responsive innovative public transport systems.</li> </ul>

### **Table C3 Northumberland and Alnwick District Policies**

<p><b>Name of Policy</b></p>	<p><i>Sustainable Community Strategy for Northumberland (2007)</i></p>
<p><i>General themes</i></p>	<ul style="list-style-type: none"> <li>-proposes economic, environmental and social aspects of sustainable communities as of equal importance</li> <li>- wages considerably lower than national average</li> <li>- a third of workers commute to Tyneside daily and 15% reverse commute</li> <li>- one of challenges noted as population ageing</li> <li>- but issues noted as similar for younger and older people</li> <li>- aims to increase GVA per capita and life expectancy</li> <li>- aims to reduce deprivation and carbon footprint</li> </ul>

<b>Name of Policy</b>	<i>(Draft) Economic Strategy for Northumberland (2009)</i>
<i>General themes</i>	<ul style="list-style-type: none"> <li>-aims to attract more inward migration and reduce outward migration</li> <li>- aim to reduce gaps between best and poorest performing areas by increasing connectivity and spreading new opportunities around the county</li> <li>- children, education, young people and families are major themes</li> <li>- no images or positives mentions of older people</li> <li>-some kinds of activities that older people contribute through are mentioned – looking after grandchildren, business start ups</li> </ul>
<b>Name of Policy</b>	<i>Sub-regional housing strategy for Northumberland (2007)</i>
<i>General themes</i>	<ul style="list-style-type: none"> <li>-main objectives same as those of regional housing strategy, except with more emphasis on climate change</li> <li>-main priority is regeneration of run down former coalfield areas as well as two “city commuter” areas</li> <li>- larger size of rural housing seen as the draw for in-migrants; solution seen in terms of providing more affordable housing</li> <li>- difficulties in recruiting homecare staff in Alnwick and Berwick</li> <li>- five page section on older people’s housing</li> <li>- identifies need for more extracare, housing support services including Telecare</li> </ul>

<b>Name of Policy</b>	<b><i>Local Transport Plan for Northumberland (2006)</i></b>
<i>General themes</i>	<ul style="list-style-type: none"> <li>- most accessibility aware of the all the policies reviewed</li> <li>-also only document to have been formally rural-proofed</li> <li>- shows awareness of overlap between older and disabled people</li> <li>- rather ‘distancing’ terminology of ‘the elderly’ out of step with most other policies reviewed</li> <li>- emphasis on older people’s access to health services and healthy lifestyles rather than work and education</li> <li>- priorities for rural public transport are school and work (greater ‘footprint’) services.</li> </ul>
<b>Name of Policy</b>	<b><i>Alnwick District Local Development Framework (2007)</i></b>
<i>General themes</i>	<ul style="list-style-type: none"> <li>- strong rural component aiming to regenerate market towns, develop sustainable tourism, develop a sustainable integrated transport system and increase accessibility</li> <li>-notes need for rural economic regeneration</li> <li>- two thirds of new housing in major towns of Alnwick and Amble, 10% in Rothbury and around a quarter in ‘sustainable village centres’</li> <li>- besides ‘innovative’ transport solutions, notes the continuing importance of the car in providing rural sustainability</li> </ul>

<b>Name of Policy</b>	<b><i>Older People's Strategy for Northumberland (2008)</i></b>
<i>General themes</i>	<ul style="list-style-type: none"> <li>- first strategy to view longer lives as cause for celebration</li> <li>- recognises older people's (OP) 'social capital' contribution</li> <li>- interventions for OP are largely specialised housing and adaptations to the home</li> <li>- importance of public realm mentioned only 'in passing'</li> <li>- could contribute to 'marginalisation' of OP through approach that a specialised policy (rather than mainstreaming throughout other policies) is sufficient.</li> <li>- lack of concrete tools for putting recommendations into effect</li> </ul>
<b>Name of Policy</b>	<b><i>Northumberland Local Area Agreement (2006)</i></b>
<i>General themes</i>	<ul style="list-style-type: none"> <li>- Only one of the 35 designated targets is for people of retirement age and over (up to 75)</li> <li>- of all 112 targets (includes elective targets) , 47 are for children and young adults, 9 for older people</li> </ul>

## Table C4 County Durham and Teesdale District Policies

<b>Policy</b>	<i>Sustainable Community Strategy for Teesdale</i>
<i>General themes</i>	<ul style="list-style-type: none"> <li>-four priorities are people, environment, access and prosperity</li> <li>-Russian Doll approach to sustainable development, with prosperity at the heart of the approach</li> <li>-Nine structure themes include one devoted to Children and Young People, but none on older people</li> <li>- policy dominated by mentions of Children and Young People at the expense of older and disabled people.</li> <li>- recognises ‘ageing population’ as a challenge, focus is on older people leading active and independent lives.</li> <li>-consultation phase highlighted ‘improving Barnard Castle as a service centre’ and ‘improving links to outlying areas’.</li> </ul>
<b>Policy</b>	<i>Economic Strategy for Durham</i>
<i>General themes</i>	<ul style="list-style-type: none"> <li>-particular focus on Durham’s severe productivity gap</li> <li>-Strong awareness of Durham’s predominantly rural character.</li> <li>- Rural West Durham is identified as one of five county districts</li> <li>-development and diversification of the rural economy highlighted</li> <li>-awareness that the rural economy dependent on a small number of employers and therefore vulnerable</li> <li>- awareness that rural in-migrants responsible for large part of business start ups</li> <li>-awareness of contribution to land management made by hill farmers</li> <li>- but does not acknowledge the predominantly older age group of these</li> <li>-focuses on participation rates for younger people</li> <li>- notes the need to restore ‘balance’ to Barnard Castle age structure (i.e. more younger people)</li> </ul>

<i>Name of Policy</i>	<i>Subregional Housing Plan for Durham</i>
<i>General themes</i>	<ul style="list-style-type: none"> <li>- rural areas disproportionately affected by Right to Buy council house sales, second, holiday and retirement home purchases</li> <li>-result is higher than average house prices, exacerbated by planning restrictions</li> <li>- yet focus is on regeneration in run-down former mining communities</li> <li>- focus in Barnard Castle is for housing for younger people.</li> <li>- yet prioritises and devotes analysis to the housing needs of the local population of older people as part of one of its four main objectives</li> </ul>
<b>Name of Policy</b>	<i>Local Transport Plan for Durham</i>
<i>General themes</i>	<ul style="list-style-type: none"> <li>-outdated language of the ‘elderly’</li> <li>- yet policies are broader than N’land – to support older people to lead an active life</li> <li>- awareness of importance of both public transport and walking accessibility</li> <li>- awareness of the importance of bus-taxi links</li> <li>- highlights accessibility as the biggest problem for the rural population and importance of the county’s three ‘Rural Transport Partnerships’</li> <li>- chapter on rural issues, mentions that it has been rural-proofed</li> <li>-Durham’s pattern of dispersed villages problematic for public transport.</li> <li>-awareness of need for reliable community transport solutions as well as improving attractiveness of public transport and linking people to urban hospitals by public transport</li> <li>- one such service, to Darlington memorial hospital, with a passenger assistant, is already in place.</li> </ul>

<b>Name of Policy</b>	<i>Teesdale District Local Development Framework</i>
<i>General themes</i>	<ul style="list-style-type: none"> <li>-supportive of rural communities</li> <li>- but focused on rural areas as tourism asset</li> <li>- focus on siting employment and housing near transport hubs</li> <li>- focus on attracting families to ‘rebalance’ the population and support education and health services</li> </ul>
<b>Name of Policy</b>	- <i>County Durham Local Area Agreement</i>
<i>General themes</i>	- 65 indicators of which three target older people, 24 children and young people

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