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Social Isolation as it Affects Older People in Rural Areas

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1.0 Introduction

People of any age, living anywhere can experience isolation for reasons that might include personality, restricted income, poor transport options, or because of bereavement, health issues, having moved away from social networks, or stayed in an area when closest ties have moved out. As it is well-known that rural communities have problems with access and keeping younger members, and that older people often have restricted incomes and health issues, the interaction of the two might be supposed to result in a blight of social isolation among older people in the countryside. This chapter, based the findings of earlier research and a recent study in three rural areas in the North East of England, will try to get beyond this straightforward equation to show that the connection between growing older in a rural place and finding yourself cut off from others is more complex.

Given the immense variation in people's personal capacities as well as in the character, infrastructure and resources of individual towns and villages, identifying exactly who is at risk of social isolation is not easily captured in straightforward equations. Nevertheless, this chapter will argue that certain kinds of changes and transformations in rural places would appear to put older people particularly at risk. Equally, the interaction between some ageing-related changes and challenging rural environments can be highly isolating.

The chapter begins with a look at the evidence for social isolation and loneliness as particular hazards of later life - although noting that most older people are not lonely or isolated. Rural settlements in England are then presented as places at the cutting edge of demographic ageing, with both higher proportions of their populations above retirement age and ageing at a faster rate. Having indicated the high representation of people aged 60 and over in rural settlements, the account moves on to some concrete examples of what rural environments are like for older people, drawn from a recent qualitative study. An example is given of clustered towns and villages that fit a positive stereotype of rural living, characterised by mutual support and tight social networks. This is by way of introduction to the other side of rural communities, the results of the rapid change in rural places over the past few decades: settlements split along lines of old and new developments; villages near major transport routes with empty daytime streets; holiday locations, lacking shops and services and deserted out of season; and an increasing concentration of infrastructure and older people into country towns, with concomitant tensions between age groups.

The chapter then moves on from looking at the qualities of places, to a closer focus on the physical and social changes of later life that might put people at risk of social isolation when they interact with rural environments. It briefly reviews evidence from studies on rural ageing about what kinds of older people are at risk. The next section uses qualitative interviews from the North East study to show how older people from a range of ages and circumstances can come to feel more or less cut off from social life, and how it affects them.

Some of these stories indicate how a small voluntary or statutory input to people's lives is making a difference and allowing them to maintain a degree of connection that could allow them to move out of social isolation. Yet services in rural places are often struggling to maintain continuity and quality in a context where the recruitment pool is smaller and the costs of service delivery may be considerably higher, when the diseconomies of a small scale and transport costs are factored in. The chapter therefore concludes with some examples of services that can make a difference to isolated rural older people, and how these services might be better supported to continue and extend their work.

1.1 Later life social networks, social isolation and loneliness

Social connectedness is increasingly recognised as an essential component of wellbeing for most people (e.g. Searle, 2008). The value placed upon social involvement is shown in major

surveys about the meaning of poverty, such as that conducted by Gordon *et al.*, (2000), where the majority of respondents include social customs, obligations and activities as part of life's necessities; some examples are: "celebrations on special occasions such as Xmas" (83 %), "visits to friends and family" (84%), and "visiting friends or family in hospital" (92%). This last category was, in fact, the fourth most highly rated out of all 54 options (which included a wide range of financial and access issues).

From a governance perspective, social networks are regarded as important in maintaining people's health, wellbeing and quality of life – and thus allowing them to contribute to their families and communities, and reducing their need for formal services. Research on social networks has thus particularly probed issues that have service use implications, such as the availability of informal care for older people, and the connection between social activities and health. However, researchers are now taking increasing interest in these issues for their own sake, as an important part of people's quality of life.

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. While loneliness is a self-reported state, social isolation is based on external markers, such as the number of friends and relatives people report regular contact with on the average day or week. In practice many surveys and research tend to use the terms of social isolation and loneliness more or less interchangeably. The latest cross-departmental older people's strategy, 'Building a Society for all Ages' (HMG, 2009), drawing on epidemiological studies in England, the US and Australia, continues along the lines of recent studies, noting that inactivity and loneliness in later life detract from some older people's wellbeing. It also notes a gendered dimension, quoting the (2004) findings of the English Longitudinal Study of Ageing, to the effect that the proportion of women experiencing loneliness rises from 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, 2009, p46).

Victor *et al.* (2008) nevertheless highlight an important corrective to this picture: social isolation and loneliness always affect 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' among older people has increased by about 10% over the

last 50 years, two thirds of older people still 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%).

One cause of the increase in loneliness could be the rise in the numbers of people living alone, 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). However, the authors 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). This phenomenon may thus come to diminish as numbers of men and women surviving into later life begin to even out. Thus, while in 1984, there were 156 women for every 100 men over 65, in 2009 the ratio had fallen to 129:100 and by 2034, it is predicted to fall again to 118:100 (ONS, 2010).

Importantly, however, the Victor *et al.* 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. Given the much-reported closures of rural post offices, shops and pubs, as well as the increase in rural commuting, second and holiday home ownership, these kinds of lonely, declining communities might be expected to be particularly prevalent in the countryside. The next section will look at rural places in England from the perspective of age profile.

1.2 Ageing Rural Places: rate and proportions of older people

The countryside has the highest proportions of people over retirement age in England, and numbers are increasing. Observation of this trend has been even more striking since the introduction of new rural/urban definitions in 2004 (Countryside Agency *et al.*, 2004), which have enabled some fine grain analysis of the population differences between more and less remote towns, villages and hamlets. These have identified that rural places have been ageing

more rapidly, and at a greater rate, than urban ones. 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. Within this picture, of particular interest is the proportionate growth in the 85 and over group. Still using the Local Authority rural/urban definition, rural England's 85-and-over population was projected to rise by from 310,000 to 874,000 (a 180% rise) between 2003 and 2028 (Champion and Shepherd, 2006), which is around twice as high as the predicted increase in this age group for the UK as a whole (DCLG, 2008).

Some of the reasons for rural ageing are shared with all areas of the UK – the post-war baby boomer generation reaching retirement age, life spans that are increasing year on year,¹ a long-term trend towards fewer children, born later in life. The increase in the UK adult population due to immigration from overseas also has a small impact on rural areas that will in time result in increasing numbers of ageing ethnic minority rural elders (Champion and Shepherd, 2006). More specific reasons are related to the UK trend for adult migration from the cities to the countryside, a phenomenon that has been observed since at least the late 19th century (Marsh 1982). The trend has intensified in since the 1960s so that the population in rural areas is generally increasing, while that in urban areas is reducing (Champion, 2002). This phenomenon has seemed to slow somewhat in the early 21st century (CRC, 2010, p21), but may be predicted to be likely to persist, not least due to sustainability policies that encourage increasingly built-up and densely populated urban environments, with smaller homes and gardens.

Against conventional wisdom, which sees rural living as a retirement lifestyle choice, the bulk of ex-urban migrants are middle aged people, and the largest population gains for rural areas are from families (including young children) and the middle-aged (RuSource, 2007). Therefore, even if, as Champion and Shepherd point out (2006, p48), the 'counter-urbanisation' flow goes into decline, 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.

¹ A small advantage for rural dwellers in terms of life span was also recently identified (Kyte and Wells, 2010).

Another other factor specific to rural ageing that is unlikely to change, in the short-term at least, is the outmigration of post-school age young people in pursuit of education, housing and jobs in more urban areas. In spite of some initiatives aimed at keeping younger people in their rural communities, such as dispersed higher education provision (e.g. the Universities of Cornwall and Cumbria), affordable housing and travel-to-work schemes, and region-wide efforts to promote of rural employment, the leaching of young adults to metropolitan areas has continued. Recent figures show a stark contrast between urban areas, where 20% of the population is between 16 and 29, and rural areas, where this age group accounts for only 13.7% of the population (CRC, 2010). Furthermore, evidence is accumulating to the effect that even when young people do stay put in rural places, because most jobs are still in urban areas, long commutes and bi-located lifestyles effectively subtract them from their home communities (see next section).

1.3 Place qualities that affect the experience of rural ageing

Thriving rural places

For incomers and long-term dwellers alike, rural places have definite advantages over urban ones as places to grow older. For a start, the proportionate prevalence of people in later life (in many rural towns and villages, retirees make up a quarter to a third of the population) suggests the likelihood of age-appropriate activities, as well as shops and services that are used to catering to older customers. The physical environment offers valued connection with the natural world and the seasons (see Peace *et al.*, 2006), opportunities for healthy outdoor activities, and often, ample dwelling space (relative to urban homes), which becomes important when, for retirement and/or health reasons, people come to spend more time where they live. In terms of the social environment, there are many places where even for in-migrants from suburbs and cities, it is possible to find the neighbourliness, mutual help and support that are the staple of the cultural stereotype of a rural community (e.g. Cloke, 1994). These may particularly be found in remote and isolated communities, for the very reason that they are thrown more upon their own resources (Rozanova *et al.*, 2008).

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.

In some cases the greater strength of isolated rural places in terms of some dimensions of trust and connectedness might be less due to a clear and bounded territorial identity, as inferred from Coleman's work, than an artefact of necessity:

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, which led to a withdrawal of services.

Declining community resources

It has also been found in the UK that services may at times overestimate the extent of what is on offer in terms of voluntary help and support in rural areas (Bevan *et al.*, 2006). In particular, younger age groups may be missing. As noted earlier, in more recent years, research has suggested that even where younger people do not move out, they may not be available to help. 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.* (2009) 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, and that work patterns in even the remotest rural communities are now characterised by long commutes.

Communities split between incomers and 'locals'

Although, as noted earlier, the trend to migrate from urban to rural areas is slowing, the England figures for 2008/2009 alone show net internal migration to rural areas of 40,000, while urban areas lost 59,000 people to internal migration (DEFRA, 2011). The analysis by Champion *et al.* (2009) cited above, suggests that even the most remote rural areas are now commuterizing due to lack of local work. The most recent statistical digest of rural England (DEFRA, 2011) gives figures that suggest an association between rural in-migration and commuter lifestyles. The new way of defining rural areas divides them into 'rural towns', 'villages' and 'hamlets and isolated dwellings' – all of which can be more and less sparse. Between 2001 and 2009 the population of less sparse villages and isolated dwellings increased by 6%, "greater than any other rural or urban area type". These figures suggest the potential for dramatic changes in the communities of both sparse and less sparse rural places.

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).

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).

In contrast to this tranche of active, contributing in-migrants in rural areas, a recent trend noted by a practitioner in the North East study and that seems confirmed in evidence from the US (Glasgow and Brown, 2006) is the tendency of adult children to ‘import’ parents who have developed care needs, into the rural community where they have located. Such parents may find themselves cut off from former social networks and potentially isolated if children work during the day time.

Increasing concentration of services and facilities in ‘hub’ towns

Over the 20th century the main spatial planning approach to governing dispersed rural settlements has been known as ‘concentration’ policy – concentrating services and facilities in more central locations. This originated in the 1930s ‘key settlement’ policy in the UK, that was 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 problem of connectivity persists, in spite of policy measures to improve the likelihood of connectedness with the hinterland by introducing Local Transport Plans (HMG, 2000), which are required to be integrated with local spatial

plans, at least in theory ensuring the connectedness of outlying areas. Because transport in rural areas is privately provided, albeit with some subsidy, routes which do not have regular, bulk use (such as school and work journeys and connections with train lines) are vulnerable to cuts.

As sustainability policy becomes more focused on climate change mitigation through arresting greenhouse gas emissions, 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.

With regard to older people’s needs and preferences, this kind of concentration in rural areas has two main ramifications: the increasing focus of older people’s specialised accommodation into more populous places; and fewer services and retail outlets in villages, with more and more pressure for remote rural dwellers to travel to distant points to access services and to order in goods by means such as mobile van services, telephone orders, mail order catalogues and the internet. The difficulties caused by concentration in rural services are only added to by the focus on larger, specialised providers in the health service, particularly with regard to hospital care.

Reflecting these transformations, recent statistics show that in England, older people are particularly concentrated in the more sparse rural towns, where around 29% of the population is over retirement age, and 53% is over 45 (DEFRA, 2011). Furthermore, while growth in rural areas is greatest in less sparse areas, as noted earlier, the second biggest growth between 2001 and 2008 was in sparse rural towns, which grew by 5.3% (CRC, 2010)

1.4 Elders’ accounts of changing rural places

Research by the author into ageing in 18 rural settlements in the North East of England between 2006 and 2009² identified strong examples of all the subtypes of rural community identified above, both the well-connected and apparently thriving, and those ruptured by development, tourism and commuterisation as well as potential social tensions arising from

² ‘Are country towns and villages sustainable environments for older people?’, funded by ESRC and DCLG (Brooks, 2011).

services concentration in market towns. To retain anonymity in what were often very small settlements, but to allow easy reference, pseudonyms are used for older people respondents (indicated by a name in italic font) and any identifying details altered. For service-provider respondents, a generic name is given their sector, service and catchment area. The terminology used in Table 1 is used to describe the respondents' locations. As indicated in Table 1, 15 villages and three country towns were visited for the study, five for each of the three case study areas. Of the five, two villages in each area visited were well-connected with the market town by bus and road and three were less well-connected.

Table 1: North East Study – locations of towns and villages

Case study main town and rural area	Hexham, West Northumberland	Rothbury, South-central Northumberland	Barnard Castle, East County Durham
Well-connected direction	Hexhamshire villages (2)	'A1' villages (2)	East Teesdale villages (2)
Less well-connected direction	Villages towards Northumberland National Park (3)	Coquetdale villages (3)	Upper Teesdale villages (3)

Thriving rural places.

Contributing to the social atmosphere of a settlement were factors such as neighbourliness and informal socialising, clubs, associations, activities and events, and participation in the community by local businesses, whether in the form of a yearly event for local people or in regular contributions in terms of subsidised services. Interviewees' accounts of neighbourliness ranged from lending provisions (*Gordon* and *Sheila*) to regular lift-giving (*Grace*, *Jenny*), helping with odd jobs (*Annie*) and mowing a neighbour's lawn (*Phil*). The study threw up one example of a neighbour regularly doing another's shopping (*Wendy* shopping for *Gillian* in Rothbury) and two examples of widows who saw the husbands of deceased neighbours through illness or bereavement (*Ruth* and *Renee* in Tynedale). In the smaller communities, homes in close-style estates or linked groups of houses such as terraces seemed to benefit from particularly supportive relationships with neighbours and local communities.

The social activities and amenities offered in each of the three market towns visited for the study was surprisingly rich, with each town having particular areas of excellence – Hexham had over 40 groups and 350 members for its University of the Third Age; on weekdays, three Barnard Castle churches held popular, open-to-all coffee mornings. Lacking a large-scale superstore of any kind, Rothbury had retained a range of independent stores in its small, friendly centre and a rich musical culture including a summer festival and New Year piping ceremony.

The 15 villages visited for the study varied considerably in the activities on offer, between the extremes of a plethora of informal and formal, voluntary-sector organised activities, as found in one of the Hexhamshire villages (estimated to have over 80 clubs, for a population of less than 1,500), to the limited formal activities in a remote, former lead mining village in Upper Teesdale and the lack of centre and sociability found in a large council estate settlement in East Teesdale, where doors were kept locked and the community centre had been subject to a recent break-in.

The most remote settlements – one in the Northumberland National Park in the Hexham study, and one at the top of the Coquet Valley in the Rothbury study – 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 specially built shed by the village hall, and a pub, respectively. The Coquetdale villages, running north from the town of Rothbury into the territory of the Northumberland National Park, were rich in low-cost, community activities compared with the better connected (but commuterised) villages east of Rothbury, near to the A1 trunk road.

One of the smallest Coquetdale villages, with a population of less than 40 people, was picked out 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 village ...]. 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 Sector, Older People’s Support, Northumberland*).

Likewise, the Focus Group held with a Women's Institute Group from remote villages in and around the Northumberland National Park 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. One participant in a focus group in the Northumberland National Park was looking after two sisters in their late 90s:

Interviewer (I):[...] and you go and stay over with them?

Focus group participant (FGP): Four nights a week. [...] *Tina*, the younger of the two, who's 96, was one of my mother's best friends.

I: Right, yes. So how are they coping out in [remote village] in their late 90s?

FGP: Well *Evie's* 98, and a half, and she's fine, really. She has a lady that does her shopping, and I feed her.

I: Right. So they get some carers; are these carers from the local social services that come in?

FGP: One of them does, *Tina* does.

I: Yes, yes. But you do the cooking?

FGP: I take food. [...] (*Focus Group, North Tyne WI, Northumberland National Park*)

Lynette, living in a Coquetdale village, described a community where everyone will lend a hand and contribute:

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, 61, co-habiting, Coquetdale*).

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 resident interviewed for the study), appeared to be linked to the clear and defined geographical and cultural identity of this rural region, which *Lynette* called "the Valley". *Lynette*, still in part-time employment to keep up her income and pay for her regular 80 mile round trips to care for her grandson in a distant village, nevertheless felt supported by her community on a day to day basis, although expressing a degree of stress "I'm working harder now than I've ever done".

For non-drivers in Coquetdale, the stresses of remote location were even greater. The once-a-day, weekday Post Bus service had been 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. The nearest place for basic groceries was around seven miles distant, and 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. The inconvenience created can be gathered from the fact that the market town of Alnwick is 20 miles from central Coquetdale, whereas Rothbury is only 8 miles. *Patrick* was very sorry that, due to the termination of the Post Bus, he was no longer 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 was still able to attend the lunch club that takes place in his local village school once a week, escorted to and from his house by the club organisers. There was no longer a functioning church where he lives, but he received regular visits from the vicar of the neighbouring village, and his granddaughter’s husband took him to church occasionally. The village Post Office had closed, but there was still a small shop based in the pub where he felt able to ask for any information he needed 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, Coquetdale*).

Patrick in his remote Coquetdale village which had just lost its regular bus connection with the neighbouring market town may not have been able to keep in touch with his friends, but he was nevertheless by no means as cut off and isolated as might be assumed purely from his location.

Divided rural places

Most rural elders however did not benefit from such smoothly running and caring communities. Some illustrative examples of the different kinds of social disjuncture affecting older people that can arise in a rural community are thus presented in the next section.

Two of the study areas included villages undergoing rapid social change. While the well-connected villages near the A1 in Rothbury study were commuterising because of their location and new developments, one of the Upper Teesdale villages was only two miles from a larger village with a supermarket, but had lost its own facilities over the last several years. Many had left and houses had been put up for sale, attracting more second and holiday home owners.

A long-term, socially involved inhabitant of one of the 'A1' villages, *Sally* regarded some of the people in the new estates, at the edge of her village, as unwilling to give time or commitment to the local community, but wanting to take services and help when life became difficult, for example, after a bereavement. She described how many young people, including her own sons, had left the village to find work, and there were fewer and fewer people in the village willing and able to give their time for voluntary activities. For this reason the local scouts organisation had folded and other local activities were also under threat.

In another of the 'A1' villages, the impact of the more divisive kind of development – a very different style of property built at the edge of the settlement, was marked. Besides large developments of new 'executive style' houses that had grown up on either side of the village's main avenue, plus a raft of expensive leisure facilities to cater for the new inhabitants including equestrian and sports centres, the Forestry Commission had sold land to developers who had constructed a caravan park with 450 mobile homes. *Ian* and *Elaine* felt generally that the character of their village had changed for the worse in terms of sociability. The new development of chalet-style mobile homes on the periphery of their village not only caused power cuts and waste problems but introduced an incompatible kind of person to the social mix.

Both *Ian* and *Elaine* had serious health and mobility problems and as their health deteriorated, they were likely to become more confined to their village, which was changing in ways they disliked:

Elaine: Yes, yes, I mean all those new houses down there...

[...]

Interviewer: What was that before?

Elaine: Fields.

Ian: Fields, sheep fields, goat fields, horses.

Elaine: Ponies, I mean, you could walk past and have a chat with them. Now it's suburbia.

Interviewer: People commuting, is it?

Ian: Yes, they're commuting to Newcastle.

Elaine: This is a dormitory.

Interviewer: [...] Do you ever get to know them?

Ian: Very seldom, you do, but very seldom.

Elaine: Not really, a lot of them don't even say good morning. [...]

Ian: 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, 'A1' village*).

In the other small 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 [neighbouring village], 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, Hexhamshire*).

In Upper 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. *Ray* and *Jean* have lived in their village, about 8 miles from the hub town of Barnard Castle, for the past 45 years. It 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. Even the village green would have disappeared to development if the villagers had not managed to raise funds 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, Upper Teesdale*).

The loss of the shop-cum-Post Office a few years earlier had detracted from village social life, according to another interviewee:

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, Upper Teesdale*).

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.

And in the wake of the village's reduced self-sufficiency, more houses have been sold to the types of owners who are less physically present in the settlement:

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*).

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 main church outside the town 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 reminisced about the days when the village was full of children:

Ray: 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.

And he reflected that the kind of housing being built would not attract families with children:

Ray: [...] 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.

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, within walking distance of their home, seemed to be the limit of their engagement.

Absent younger generations

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 rising issue, noted earlier, 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, disabled, with five children, of whom one lived only 15 miles away, relied on a friend and neighbour for her weekly shopping. She 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, *Rothbury*).

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, married, *Rothbury*).

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. (*June*, 80, married, 'A1' village).

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, East Teesdale village*).

Hostile places?

The only negative perceptions of rural older people in study came from practitioners interviewed in market towns, suggesting that a degree of hostility from other generations could arise from tensions around older people's influence, and demands on housing and services. This was particularly the case in Barnard Castle which has a high and increasing provision of older people's specialised accommodation. It 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 professional in the town, in response to what he saw as the Regional Spatial Strategy's view of Teesdale (a 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 nearby 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 Officer, Teesdale).

Table 2 below illustrates how older people's specialised accommodation had become concentrated in country towns in the three case study areas.

Table 2 Specialised Housing and Accommodation in 2009

Place name	Care Homes (within 5 miles)*	Specialised Housing Schemes for rent (within 5km)	Specialised Housing for Sale (within 5km)
<i>Barnard Castle</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>East Teesdale villages</i>	4 (of which 2 provide nursing care and 2 specialist EMI care)	1 scheme, with scheme warden (scheduled to close)	0 schemes
<i>Upper Teesdale villages</i>	0	0	0
<i>Rothbury</i>	1 (Royal Air Forces respite home: RAF former employees only)	2 of which 1 unsupported and 1 with scheme warden/manager	0
<i>'AI' villages</i>	0	1 unsupported scheme	0
<i>Coquetdale villages</i>	0	0	0
<i>Hexham</i>	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.
<i>Hexhamshire villages</i>	0	3 schemes, of which 2 unsupported, 1 with warden or manager	0
<i>Villages towards Northumberland National Park</i>	0	1 unsupported, 1 with non-resident manager and community alarm service	0

(* source: Commission for Social Care Inspection website: www.csci.org.uk, 2009)

(+ source: Elderly Accommodation Counsel website: www.housingcare.uk, 2009)

Inadequate infrastructure

The other side of the coin is where a town or large village lacks a particular kind of specialised accommodation, meaning long journeys for carers and the kind of social isolation caused by being cut-off from lifetime social networks for those obliged to make care-based moves. Rothbury, the smallest town in the study, with a population of around 2,500 in particular lacked a care home, and the peculiarities of local topography 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:

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, Rothbury*).

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*).

1.5 Age-related qualities and social isolation

Moving on from place-related problems, various strands of evidence can be brought together to suggest how the physical and social changes associated with ageing begin to have an effect on rural people's social networks in later old age. Although illness, disability, loss and loneliness are by not inevitable accompaniments of later life, and should not be allowed to overshadow awareness of the significant contributions made by older people to their rural communities, they do help to highlight the need for some compensating interventions.

Broadly speaking, age-related changes can be divided into the physical and the social. The physical effects are, respectively, capacities that are reduced or altered by age-related decline, and capacities that are reduced or lost due to disease or trauma. Although somewhat artificial, the distinction is useful for distinguishing between similar changes that will happen to everyone (or a large majority), and a wide range of different issues, that each affects a significant minority of individuals. Similarly, the social changes of ageing, which could be

more clearly labelled as ‘life course issues’, include those that will affect almost all of us and those that impinge on large minorities. These include major changes to one’s family and peer group brought about retirement and bereavement, as well as the direct or indirect impacts wrought by such transformations on an individual’s housing situation and income.

With regard to age-related physical changes, these can generally be summarised as ‘slowing’ that is largely irreparable, but will have a greater or lesser impact depending on a person’s pre-existing capacities. Slowing relates to a range of capacities such as muscle strength, cognitive response and recovery from illness. Other kinds of normal, age-related decline include the need for more light to maintain the same levels of visual perception (three to five times the amount of light is needed by a person of 60 compared to a person of 20) (Burton and Mitchell, 2006); a retention of verbal and attentional capacity but a loss of navigational abilities, as well as of capacity to screen out interference, both of which make many older people prefer quieter places, and choose earlier times for the day’s main tasks (Park and Schwarz, 2000).

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.

Data from the last Census 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, 2004). 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.

In terms of types of illness and disability that afflict significant minorities of elders, 5% 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 notes that there are currently 750,000 people with dementia in the UK, and estimates that this will rise to 1 million people by 2021. Around two thirds of people with dementia continue to live at home many living

alone, particularly as only 40% of people with dementia have received a diagnosis (Alzheimers Society, 2011).

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). Of blind and partially-sighted people, 90% are aged over 60 (Burton and Mitchell 2006). The national charity Action on Hearing Loss (formerly the Royal National Institute for the Deaf) estimated that 63% of people with all types of hearing loss are over retirement age and of those with severe hearing loss, 83% are over retirement age. Over 70% of people over 70 have some form of hearing loss (AHL, 2011).

Such 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. In terms of social relationships, these rates of illness and disability imply high rates of people of retirement age called upon to be a main carer for a spouse or other close relative; and the greater likelihood of losing that spouse through transfer to residential care and/or bereavement.

Directly in conflict with these experiences of radical change in health, mobility and closest relationships 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. This has been described by Vincent (2003) as a ‘duration effect’ of later life. He notes the key role played by family and kinship relationships in people’s identities and 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. Such duration effects can be assumed to make older people particular susceptible to the dramatic life course changes associated with senior years.

In rural areas, these age-related changes are often mediated by other issues, such as the ability to access transport. Paradoxically, driving continues for many people long after getting around on foot has become hazardous. However, older people generally are less likely to be car users than younger age groups. 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. There is also 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 (although equal rates of licence-holding among the current 17-20 group suggests this will disappear). 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.

More rural than urban older people are car owners (Cabinet Office *et al.*, 200). Bevan and Croucher (2006) found rural elders 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 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). In the UK, research has found 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). Thus, not being able to drive or find lifts may be a phenomenon for those in the highest age groups.

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 (as outlined in Mitchell and Suen, 1998, pp22-23), 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, 2009).

Public transport is less likely to be an option in rural areas. Figure 2.4.5 of the 2010 State of the Countryside (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 96% (CRC, 2010). Although services have improved considerably since 2003, they have been fairly stable in recent years (compare CRC, 2007).

The 2007 SOCR highlights the issue of journey times for rural public transport users:

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).

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. Transport, as well as health, factors could also be related to the finding that 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.

The next section will present some examples of the real-life conflicts experienced by rural older people facing these age-related changes but attempting to stay socially engaged, before going on to review the kinds of services that can support older people with these issues.

1.6 Rural elders accounts of social isolation

The following six accounts indicate how ageing related changes to health and household, as presented in the last section, can interact with elements in the individual life story to create conditions conducive of social isolation. To interpret some of these stories, however, the concept of ‘rural disadvantage’ is useful. The CRC’s ‘Rural Disadvantage’ reports (CRC, 2006a, CRC, 2006b) 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), suggesting the shades of grey between full participation and complete isolation.

Remotely-located homes, chosen for a job, or the proximity of a close relation who has since moved away, were the respective problems of *Bob* and *Emily*, both of whom had a severe

visual impairment. A recent move based on escaping teenage anti-social behaviour in his home town, resulted in *Paul's* isolated life in a remote Teesdale village, where he had no pre-existing connections. *Oswald*, a life-long farmer used to views of open fields, had chosen to live right at the perimeter of a market town, which became a problem when declining health prevented him from driving. *Geoffrey* and *Sue's* house in a beautiful location at the edge of a thriving village may have seemed an ideal retirement location; but when *Sue's* Alzheimer's meant she needed full-time care, *Geoffrey's* health also plummeted, isolating him from village social networks. Finally, *Isobel*, a widowed former teacher living in a close-style estate at the centre of a bustling market town, defied many of the assumptions that might be made about the relationship between location and social isolation.

The diversity within these examples, which include a former rural worker, living in tied accommodation (*Bob*), and a high-flying academic in his early 70s, (*Geoffrey*), as well as the range of locations, from *Bob's* remote hillside cottage to *Isobel's* detached bungalow near the heart of a bustling market town, suggest the variation in circumstances that also needs to be taken into account when considering rural elders' social wellbeing.

At the same time as they were experiencing difficulties, most of the above examples were benefiting from some kind of voluntary sector input that was helping to counter some of the isolation of their circumstances, and this will be described in the final section of this chapter, after looking in more detail at their stories.

Bob

Bob was fortunate to the extent that his tied accommodation provided by a landed estate in Upper Teesdale continued to be made available to him although he had retired from his work for the estate. He had worked in a solitary job connected with land management, and lived alone for most of his life in the tied cottage, which was connected with the nearest village, as well as to the town of Barnard Castle, by only one bus per week. He became dependent on this service when he had to give up driving because he lost his eyesight. He used the two hours the allowed him in the country town to pick up his pension and some of his shopping. For his social life, he relied on a weekly lunch club, one of a number organised in the villages and towns of Teesdale by a voluntary sector coordinating group, based in Barnard Castle (see next section). In the course of one such lunch club, he agreed to say a few words about his situation, in particular that losing his eyesight and living alone, he was particularly in need of

getting out of the house and spending time in company. But he had to rely on lifts from fellow lunch club members to get to the lunch club. He preferred not to go into more detail, but his friend at the club later elucidated: “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”. Bob was typical of the kind of rural elder it is difficult to involve in a formal study. He only agreed to speak only on an informal basis and refused to take part in a one-to-one interview that could have allowed further insight into his situation.

Another Teesdale interview indicated how difficult it might be to engage with the most isolated rural older people, 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 people’s reluctance to move from homes that are no longer suitable for them – perhaps due to duration effects, the years of experience people build up with a place and the style of life that goes with it – can lead to desperate situations that will, by their very nature, be relayed largely through third party accounts.

Emily

Emily, an 85 year old retired civil servant, was, by contrast, glad to talk about her situation, as it lessened the time she would be spending alone. She had lived for 20 years in a row of houses by a farm between two villages in Upper Teesdale, but had 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 lived alone in a three-storey, detached house, originally chosen for its beautiful views, which she could no longer enjoy. She felt unable to move to somewhere more convenient for three main reasons: she had learned to navigate her house over 19 years of partial-sightedness and was now blind and thus unable to learn a new layout. She also feared that the value of the

house would soon be consumed in paying the £500-a-week charge for extracare accommodation in Barnard Castle. Finally, although she had been widowed for ten years, the house was 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 *Charles* was here.

In fact, she had interred his ashes in the garden:

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 *Charles* 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 was unable to use public transport unaccompanied, even though both the weekly Durham Dales Access bus, a community transport service, and the hourly Arriva bus between the nearest village and Barnard Castle used the B road which ran by her front door. In spite of this she had shown great resourcefulness in organising transport from a range of sources in her community, and her daughter visited once per month to stock up her freezer.

Although with these layers of support she had managed to organise some essential needs, she still had the problem of a lack of people on hand during the day and evening, and a lack of exercise. The abscesses from which Emily suffered dated from a hospitalisation three months prior to the interview for a slipped disc, which had occurred when she tried to move furniture on her own. As well as receiving visits from the community nurse to dress the ulcers, Emily had been advised to stay active. But she had become confined to the interior of the house and was 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, a near neighbour, has now moved away. The taxi cost for a return journey

would be prohibitive and the local authority could not find an economically feasible way of supporting her.

I'm just in the pitch black, I can't see you, I can't tell whether I've the fire on, I can't tell whether it's daylight or the middle of the night, so as I say, at 6 o'clock, I'm so fed up of my own company, I just go to bed. But of course nobody comes at night when I'm in bed. So.... Well, nobody comes during the day, they're all working you see. It's only me, Lady of Leisure! [laughs] Well, it's horrible, that's why I talk too much when I meet anybody. (*Emily, 85, between Barnard Castle and Upper Teesdale*).

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. Furthermore, she had rejected those social care services she has so far tried, such as a community alarm, or a care worker, because she found them 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 at the time of the interview.

Paul

Paul was an independent-minded and educated person who had lost his agricultural business in his 50s and never recovered financially, only being able to find employment at a much lower level until retirement. Two years prior to the interview he had accepted a transfer from his housing association in order to escape the well-known blight of anti-social behaviour by young people in the large urban area of Teeside where he had grown up. However, life for him in the remote Upper Teesdale village where his housing association had a row of cottages presented difficulties: he did not drive, had no pre-existing connections with the new location, and his only child lived almost 120 miles away.

The village had two bus services on weekdays, but neither was very convenient. One service connected only to nearby settlements without services, where it was necessary to change bus to gain access to shopping centres in the urban, east side of the county; the other, linked with the nearest market town, consisted of only three buses per day, between 9am and 2.30pm. The nearest village, only 6 miles away, with a small supermarket, general stores and cafes, as well as an active and lively social scene centred around the village hall, was inaccessible by bus.

The continued existence of a local shop joined with the Post Office meant that Paul could manage to keep himself in supplies between shopping trips to east Durham. But the poor bus service severely constricted his ability to develop a social life in his new location.

He 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). His isolation was partly due to the limitations of his local bus service, preventing him from getting to church on Sunday as he would have wished:

the Methodist Chapel over the road, two years ago, they generally did have a service every Sunday. Not every Sunday, but usually, but since that time, they've got the idea, to have joint services with other chapels. The idea being to temporarily close down three chapels for one Sunday, and everybody get together at a fourth one, and it's quite all right for people who have cars, but it's no good for me. (*Paul, 64, divorced, Upper Teesdale village*)

He was also, due to the limitations of the bus service, unable to attend the nearest University of the 3rd Age group, or to join in the wide range of activities in the nearest big village:

well, it's just up the road, but there's no buses at all going in that direction, and if I wanted to get [there], I would have to take a round trip on three different buses, and it would be a round trip of about 25 miles, I would have thought.

Another reason for his isolation was probably the mismatch between his background and experience and the housing he found himself in, which was very small, with some difficult neighbours. Although he attended the weekly lunch club in the village, and chatted to a few people at the bus stop, this had not resulted in friendships and he was at the mercy of a neighbour with severe mental health problems who visited him several times daily.

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); 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, his lack of any nearby friends or relatives, as well as uncongenial neighbours, that made him appear particularly isolated and disadvantaged.

Oswald

Oswald, aged 80, a single man, had worked as a farmer all his life, and when he had to give up farming, 12 years earlier, he had retired to a bungalow right on the edge of Hexham, with fields and farmland on either side.

Interviewer: Right, yes. So what made you decide to come up here, because you're still quite a distance, aren't you, from the town?

Oswald: I didn't want to be stuffed into the middle of the town, you know, because I didn't want, the atmosphere's too crowded, even then, and now, it's a sight worse.
(*Oswald, 80, single, edge of Hexham*)

Although his home was on a bus route, he had a mobility problem that led him to rely upon the car and up until recently this allowed him to keep him in touch with friends. However, a recent stroke meant that he had to give up driving.

Oswald: And ever since I've had all these friends of mine, because I've these strokes and a lot of my friends have also had strokes but they've died. And "You were lucky, you're still here!" I says, I sometimes wish I wasn't, mind...

Interviewer: Do you miss your friends?

Oswald: Oh aye, well, there's maybe one or two still calls very occasionally, but they fall off eventually, you know.

He had one sister, of a similar age, and a middle-aged nephew living in the area, but because they were both working, and the nephew's agricultural business was particularly time-consuming, he lacked any practical social support from them. These factors had forced him to seek to move further into the town, to a for-sale sheltered housing scheme.

Interviewer: Do you know anyone in Hexham, when you move, will you have somebody nearby?

Oswald: Oh yes, *Tom Hodge*, I'm going into number 35 and *Tom's* in 34, he's another farmer.

Interviewer: Was he out in the Shire as well?

Participant: No, he came from my district, way up the Tyne [...]

This suggested some relief of his current social isolation and an important contribution of specialised housing for older people. At the time we spoke *Oswald* had successfully organised the purchase of his sheltered flat, but was worried that he would not be able to get anyone to come and help him with the move. Because it was the lambing season, his nearest young relations, his nephew's family, were unlikely to be available to help.

Geoffrey

Caring for his wife with dementia in a sparsely populated periphery of a lively Hexhamshire village, *Geoffrey*, a retired academic, had developed a number of health problems that contributed to his further isolation. On paper, he had quite good social support – a daughter in the next village, twice-weekly respite when his wife attended the dementia care day centre in Hexham, visits from formal carers several times a week, and the services of a friend who acted as a chauffeur in exchange for the use of his car. But his commitment to his wife's wellbeing had resulted in a level of exhaustion that, combined with the peripheral location, meant he had few remaining social contacts.

Geoffrey and *Sue* had been in the market town of Hexham since the early 1960s, and moved out to the edge of their Hexhamshire village ten years before the interview, part of the reason for their move being connected to disputes with a neighbour. This may have influenced their choice of a house far down a country lane at the edge of the village, with nobody living nearby. For the first four or five years in the Hexhamshire village, they had been regular attenders at the village church and music concerts. But for the last four or five years, since *Sue*'s dementia had become more serious, they had stopped going out together. *Geoffrey*'s back problems meant he no longer drove and felt that *Sue* had come to the point where she needed someone with her all the time. Even his groceries were ordered in by phone from the village store. It seemed that *Geoffrey* had always been sociable and involved in local life, acting for years as a referee at a local rugby club. However, his main social outlet at the time of the interview was occasional phone conversations with one or two former work colleagues. As *Sue*'s main 24 hour carer, and in spite of the care workers' regular visits and his wife's bi-weekly attendance at a respite centre, he had come to the point where given the choice, he preferred to stay in and catch up on his sleep.

Yes, you can get very, very frustrated. For example, last night, we went to bed at half past eight and I was knackered. And she didn't, she was wandering around the house, coming into the bedroom, slamming doors, and bed, standing up, going out, talking all the time, I haven't slept. And then this morning she was up at a quarter to seven, doing God knows what. There are various scenarios, various. (*Geoffrey, 72, married, edge of Hexhamshire village*)

There were other reasons, apart from *Geoffrey*'s exhaustion, that the two no longer went out as a couple:

Interviewer: Does she go out much with you.

Geoffrey: No, no. She used to, but you get ten yards and she, I mean I've been in there with her, in that yard with her, and she's crying, she wants to know where home is, and I say there it is.

Interviewer: Yes.

Geoffrey: And she doesn't realise this is her home, and she's standing there looking at it.

At the time of the interview, Geoffrey had just come out of hospital from an operation and was trying to give up alcohol, upon which, by his own admission, he had become dependent since becoming a carer.

Isobel

It might be assumed that a town centre location in a friendly, cellular estate might be the solution for an isolated older couple such as *Geoffrey* and *Sue*. But rural towns with high populations of older people are not necessarily friendly places. A voluntary sector manager working with carers in Tynedale, contrasted the cultures of her local towns and villages as follows:

It is much harder for people in bigger areas like Prudhoe or Hexham to get into groups. The social structure and social activities are very different between villages and towns. [...] A coffee morning in Hexham is totally different from one in Haltwhistle. Everyone knows everyone in Haltwhistle, the dynamics are different and the conversation is different. In smaller communities, the links between people are stronger – it gives a better feeling of community identity. Things are not so geared to status. (*Voluntary Sector, Hexham*)

The experience of another interviewee, *Isobel*, living in a new close-style estate in Hexham, supports this view.

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, Hexham*).

At the time of our interview, *Isobel* had lived in Hexham for over 30 years, of which 14 had been in her present home, in the kind of estate that people living in smaller settlements, including Upper Teesdale villages and the small market town of Rothbury, had found particularly friendly. Asked what most affected her quality of life, *Isobel* replied:

Isobel: I think friendliness. I lived in the Lake... Well, Barrow is very near the Lake District, and if you're out walking, people always said "hello, good morning, good

afternoon. Nice day, raining” you know, it was something. Here, they would think you were barmy if you said Good Morning or made any comment.

Isobel also reported various problems with the younger generation. As well as general discourtesy towards older people on the street, such as taking over the pavement in large groups, school children were rude to her when she showed concern for their safety, and had thrown stones at her dog when she was out walking: “I said ‘Hoy, cut that out!’ . I got ‘verbal’ .”

Although *Isobel* could not be characterised as lonely, her experiences in a bustling, prosperous market town reflects some of the negatives that were noted in the earlier section on “changing rural places” and shows the potential for isolation in bigger rural settlements, as noted by the voluntary sector worker quoted at the head of this section.

1.7 What services can do for socially isolated rural elders

The first part of this section will look some of the services that have arisen in earlier sections and from other examples identified in the North East study, and how they have helped or hindered older people to stay connected in their rural settlements. It will also reflect briefly on the kinds of conditions and inputs that can support such services to operate at the optimum level.

The main interventions that help older people to stay socially connected in rural areas can broadly be divided into support with three areas: access, social life and place-making. The first group means services that support older people’s physical access to essential and valued places and facilities and might also include interventions to improve the accessibility of the public realm. The second group includes the providers of social activities and support groups which involve and assemble older people on a regular basis. The third group of interventions, concerned with place-making, touches upon planning and connections that shape the places where older people live and can make for more or less integrated and cohesive communities. This section will now present some of the services that can alleviate rural social isolation in more detail

Access

The free bus pass for the over 60s, made uniform across the country in 2008, is likely to have had a significant impact on many older people’s ability to keep up social connections and

activities in a geographical area beyond their immediate place of residence, (and was uniformly welcomed in the North East case studies). It might also, paradoxically, help to maintain rural services that would otherwise be cut, due to increasing use by older passengers, particularly when the new Smart Card technology is available on all services.

The Smart Card can gauge how many pensioners are using the service more accurately. Then you can say to the operators “You won’t get the extra money based on these figures if that service isn’t running”. The Scottish Executive are paying to have card readers installed on all the buses, but we may not have the money to do it. (*Public Transport, Policy, Northumberland*).

However, besides the problems with route coverage and service hours that have emerged from earlier sections of this chapter, many older people cannot use public transport unassisted – either for health and mobility reasons, or simply due to confidence and familiarity. This is the reasons for the existence of such schemes such as the Age Concern North and West Tyne Rural Access Project. Run by a small core of funded staff and 40-50 volunteers, this organisation was at the time of the study enabling isolated rural older people in the villages to spend a day out together once a month, sharing a social lunch and visiting shops and entertainment centres around the county, with one-to-one support from a volunteer. Each trip involved a group of 12-16 people, who were referred to the service from a variety of sources. It cost £5 per person per day, including £2 for lunch. Using transport provided by local Community Transport projects, the scheme was able to pick people up from home and deliver them back at the end of the trip, but this meant a few villages were unable to be included as not having enough eligible users. For those that were included, the scheme could help them to forge new friendships where they lived:

People develop friendships, they are not trapped or isolated any more. Even just through coming out together once a month, or every other month. (*Voluntary Sector Access Project, West and North Northumberland*).

At the time this organisation was contacted for the study, they were developing their activities to be more to attractive older men including horse racing, historical and museum trips. However, they had not extended their service to include the market town or urban population, in spite of the likely need for such as service in these kinds of settlement (as indicated, for example, in the case of *Oswald*).

In West Tynedale, the Adapt (‘Action by Differently-abled People in Tynedale) bus was enabling older people and others registered disabled to access the main edge of town supermarkets with a dedicated minibus service twice a week – these sites were not visited by the main bus service and were difficult to access on foot. Adapt were also, ahead of the guidance along these lines in the most recent government ageing and rural strategies (HMG, 2009; Cabinet Office *et al.*, 2009), developing a targeted service to train or retrain older women to drive, if they found themselves stranded after the death of a partner, summed up in the words of a public health officer.

[...] Quite often they had passed the test but lost confidence because it was always the husband who drove the car. ADAPT have a scheme for confidence building, retraining to get these women driving again. It’s a lovely group of people, looking at confidence levels, skills levels, coming together as a supportive social group. If that scheme wasn’t there, those some people would be knocking on our door to say: “can I have help with my shopping”. We should be looking at more opportunities like that. (Public Health, Northumberland)

In Teesdale, the Day Clubs organisation, based in Barnard Castle, was disseminating the experience it had gained in organising village lunch clubs for older people (see next section) to train up the local taxi service to better serve the needs of their older and disabled customers. The organisation used the leverage of its transport contracts to pressure local firms to equip themselves with disabled access taxis and minibuses, and trained drivers to offer a better service, in terms of treating older people with care, helping them into and out of cabs and factoring in extra time to do so.

A public health practitioner in County Durham described the need for rural areas to have a healthy mix of public, private and voluntary sector provision, what he described as “dynamic transport systems”. However, the informal parts of such systems could easily fall foul of the risk-averse streak in contemporary culture, as described by a public health officer in County Durham.

Pete used to run a rural voluntary taxi service, it was an informal service. Doctors knew about it and communicated to their patients. It just worked. Like newsagents used to hold prescriptions for people until the General Medical Council got to hear about it and closed it down. They were asking if it was safe for a newsagent to be holding 25 different medicines. [...] It’s the way the old world gets taken over by risk management considerations. (Public Health, County Durham).

In some rural towns and villages, access on foot can be just as problematic as by vehicle. Cultivating the picturesque aspects of rural places to increase their tourism appeal, combined with the smaller revenues of local authorities in large, sparsely-populated areas, has in many cases resulted in a physical environment and public realm riddled with uncompensated barriers for people with difficulties walking or navigating. 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. The Teesdale Disability Access Forum (TDAF), started up and chaired by a disabled elder, has learned how to liaise with all these authorities to gain funding on a year-by-year basis for improvements to accessibility in their area. An example of an access-friendly intervention was the tarmac path they had installed across a large cobbled parking area in Barnard Castle, otherwise impassable for many elders. They had also added drop kerbs and textured pavements at crossings, and arranged the removal of obstructive street furniture. Besides this TDAF trained older people in the choice and use of personal mobility vehicles, providing a wheelchair loan service to older people recovering from operations, and access to a wide library of health and mobility information. The model of the TDAF could be usefully extended to many other barrier-ridden rural towns with high proportions of their population above retirement age.

Social

Rural areas are often quite well-provided with general social activities, from exercise classes to faith-related gatherings and further education. But these can present various obstacles for people in higher age groups. For example, costs increased dramatically for most adult education provision over the period of the North East study, as subsidy was withdrawn from classes deemed unrelated to skills and employment training. The location and premises presented serious problems for several older people who would have liked to attend church regularly, but needed more comfortable seating, provision of a lavatory, or a safe pedestrian route to and from the premises. The pace of the activities on offer could be a two-edged sword. One light exercise class for the over-60s in Rothbury was found too slow by the patrons, until one of their number agreed to take over to teach the class at a more rigorous level.

Oh when we started, the lady that took us, well, we were all sort of 60ish, 60 odd, she was about 25, she thought we were all, she treated us like old ladies. And then the numbers started to fall off, and I mean, we used to stand in a circle, and they were

very gentle exercises, and one of the girls that went to the class, she was 70-odd, she's 71 now I think. And she decided she wanted to train to be an instructor, and we persuaded her to take the class. Now she has really, we have a good work out [...] (*Annie, 75, widow, Rothbury*).

The timing of activities was a difficulty for interviewees who preferred not to go out at night, while others were limited by public transport timetables, many of which end around 6pm in rural areas. There can also be difficulties for the organisers of activities in situations where people's health is less certain and numbers may vary considerably from week to week.

These challenges suggest the advantages of age-specific groups. Two kinds of organisations emerged in this regard, one run mainly by older people themselves, in the form of 'Over-60s' clubs, and the dedicated voluntary sector organisation described earlier, the Teesdale Day Clubs organisation, which besides a host of complementary activities, organised volunteers to provide lunch for groups of elders in a large number of rural towns and villages in the region. At the time of my visit, the weekly event comprised a good quality three course meal, with a subsidized price of £3 (rising to £4 by 2011), a fund-raising raffle, with prizes donated by members and friends of the organisation, and sometimes a speaker. In each club, local volunteers helped to get older people to and from the events and serve and clear the meals, while part-time paid employees provided professional catering in line with attendees' preferences. For some of the interviewees in the study described in the previous section (*Bob, Emily, Paul*), as well as a very low cost, good quality meal, the club was their main social contact and entertainment for the week. As noted earlier, this organisation used its knowledge of and contacts with older people to support other services. As well as developing local private transport for older people, as noted earlier, it also emerged from the interview with the staff that there are synergies with the health service:

And I always keep two boxes of hearing aid batteries. I deliver them to the doors of the people who need them. It's just a delivery role, it's outside my remit to actually fit them. The hospital runs this service through me, I get to all the villages and make sure people get their batteries renewed every so often. (Voluntary Sector, Social Activities, Teesdale).

Many of the towns and villages visited for the study benefited from an over-60s club, which tended to be run by older people themselves, and could range from minimal groups meeting

up for a chat and a coffee once a week, to dynamic ventures that took a key role in the life of the village, - the East Teesdale example included a programme of invited speakers, fundraising bakes for the village Christmas lights, regular whist drives and raffles.

Another key role is played by support groups for people with particular kinds of health problem and their carers. Northumberland had a problem with providing out of hours social care at the time of the study (CSCI, 2006) that may be common in rural areas. As indicated in the case of *Geoffrey* and *Sue*, it is very easy for carers to become isolated and exhausted by the wakefulness and unpredictable demands that characterise some types and stages of dementia. Voluntary organisations such as the Dementia Care Partnership, running a day care group in Hexham, provided a skilled understanding of suitable and acceptable activities for people with dementia who were hard to engage or had challenging behaviour, and who therefore would not be accepted by the larger groups run in the local care home. This provided carers, twice weekly, with a place where if they so wished, they could get together for an afternoon's respite from their duties, or else take a respite break at home, while the organisation engaged the person with dementia in a light craft and social activities.

Place-making

Some of the problems in keeping places alive related to declining shops and services. There area already many examples of successful community-run shops, and the first charity-run Post Office launched in Sheffield in 2011 (DGLG, 2011). Based on their external stable incomes and community knowledge, a wider range of such enterprises could conceivably be managed and run by older rural people, perhaps supported with formal back-up from the voluntary or public sector.

However, some of the unsocial places that had arisen in the countryside were more the products of transport and planning practices that might be revisited. One such is the time-honoured transport planning approach of connecting settlements across hierarchies of size, rather than (also) according to facilities and amenities they might usefully share. This came out clearly in the case of *Paul*, whose options for meeting like-minded people in his remote Upper Teesdale village, as well as for the kinds of walks, interest and faith-related activities that he wished to pursue, would have been substantially expanded had there been any kind of

affordable transport link to the thriving, well-networked larger village with its vibrant village hall, only six miles distant.

Patrick's experience in Coquetdale shows how even a once-weekly bus, that links together a cluster of geographically connected villages, (and in this case also links up with a larger hub), can become a sociable and enjoyable trip for older users, who can use the opportunity to get to know geographical neighbours and find out more about what is going on locally. 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. This idea has been revived by the sustainable transport expert David 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 also contribute to countering the phenomenon observed by Taylor (2008), in his influential review of the rural economy, 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.

It equally needs to be considered that problems with access in villages might contribute to the high concentrations of elders in country towns that can provoke social tensions, as suggested by the interviews from Barnard Castle and with *Isobel* in Hexham. This suggests the case for abandoning the easy oppositions that appear in Local Development Frameworks such as those between ‘sustainable’ and ‘unsustainable’ settlements, or between ‘hub towns’ and ‘service centres’ on the one hand, and ‘villages’ on the other. A more sensitive, case-by-case way of deciding about the siting of some sheltered housing and care home provision that relates to need, connectivity, and a suitable plot of land, could provide a better foundation for decisions about the location of such provision.

A possible way forward to such issues may lie in the new 'Neighbourhood Plan' approach to community planning that features in the Localism Bill and Draft National Planning Policy Framework, and is now being piloted in cities, urban, rural and locations around the country (DCLG, 2011, p9). The idea is that Local Authorities, working with community groups and Parish councils (on which certain categories of older residents are generally well-represented), will shape plans for the future development of settlements that may be more in line with local people's understanding of how their community currently works. Furthermore, it is proposed that some of the profits of development will go back into the communities, via a 'New Homes Bonus'.

If ratified via a local referendum and adopted, Neighbourhood Plans will have statutory status. However, various aspects of the policy context could weaken their credibility, for example, if they based on inadequate evidence or consultation, if they are uniformly subordinated to wider Local Authority Plans and if they are always required to be compatible with the 'presumption in favour of sustainable development' that has as its top priority 'economic growth' and 'jobs' (DCLG, 2011, p9). Nevertheless, the idea that committed, long-term residents of a town or village might be able to wield some influence that goes beyond choosing between the Local Authority's predetermined development options, and has the potential to influence Local Authority understanding of the character and local vision for the community could contribute to the cementing of more cohesive, friendly and 'present' communities that can support and retain their older populations.

1.8 Conclusion: the role of services in rural elders' social isolation

The overall message that has emerged from the discussion of the role of services in alleviating older people's isolation above is that a 'dynamic' system of public, voluntary and private provision is likely to be able to make a difference to older people rural places. To keep them going, they need reliable and good quality back up support from formal services. This would be aided by a more equitable funding for rural services, taking into account the greater cost of provision to dispersed populations, and the higher health and care needs of ageing populations. Funding formulae also need to get beyond the current focus on concentrations of need that automatically favours urban areas with their denser populations (see Asthana and Gibson, 2008; Asthana *et al.* 2009). The voluntary sector, by its nature able to be more flexible and responsive to needs, can act quickly to fill in gaps; it is, however,

continually dogged by the requirement to make a case that fits with the ever-shifting agendas of grant-making bodies that are particularly geared towards innovation. Private services, from domestic help agencies to rural taxi companies, might all benefit from the expertise built up by the voluntary and public sectors in meeting the needs of rural older people. The work of the Teesdale Day Clubs organisation described in the previous section has shown how an imaginative, proactive voluntary organisation is also supporting health and transport services for older people in its area.

This kind of sharing could happen on a more systematic basis, with through Forums of private, public and voluntary providers, structured to guarantee an equal footing to differently-resourced providers and to include the voice of older people's representatives. Links with between such Forums under some kind of umbrella body could support the replication of successful local initiatives so that the benefits of, for example rural Access Projects, Day Clubs, Disability Access Forums, Dementia Care Partnerships and Adapt transport services – along with other other strong projects from across the sectors - could become more uniformly available to rural elders across England.

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