



Revitalising Rural



RURAL
SERVICES
NETWORK

Realising the Vision

MANAGING AN OLDER RURAL POPULATION





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Realising the Vision

The Rural Services Network

We are a membership organisation and we work on your behalf for rural communities.

The RSN is the national champion for rural services, ensuring that people in rural areas have a strong voice. We are fighting for a fair deal for rural communities to maintain their social and economic viability for the benefit of the nation.

Our membership comprises 116 rural local authorities plus over 210 other rural service providers and interest groups including Rural Housing Associations, Healthcare Trusts and Charities. We also have over 200 larger Parish or Town Councils in the Rural Market Town Group.

You can find out more about the RSN at our website www.rsnonline.org.uk.

We always welcome new members and if you are interested in joining the RSN, click here for more information. [Join the RSN!](#)

Revitalising Rural, Realising the Vision

Revitalising Rural, Realising the Vision is a campaign run by the RSN, which sets out a number of policy asks in 14 key subject areas to help support rural areas to achieve their full potential, and to 'level-up' areas of historical underinvestment.



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MANAGING AN OLDER RURAL POPULATION



Why it matters

Rural communities should be places where people of all ages live together and experience a good quality of life, with fair access to a range of opportunities and services. That includes people from older age groups, who typically form a large cohort within rural communities.

As people grow older there is an increasing risk that they become isolated and vulnerable as their day-to-day needs are not met. For many avoiding this risk means having access to some alternative means of transport, should they no longer be able to drive.

An ageing population also has implications for service providers, who must address their needs. If it is not fully factored and costed in, there is a high risk that demand will overwhelm statutory services, in particular health and social care systems.

People's housing requirements change as they age, especially if they develop long term conditions which impede their mobility. Giving older people the option of moving locally to more suitable accommodation will benefit them and free up housing stock for younger age groups.

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Many older people remain fit and active, contributing significantly to their communities. This much is clear from their involvement in volunteering and local activities or societies. Indeed, growing numbers continue to participate in the labour market beyond traditional retirement ages.

The national policy context

Key elements of national policy include:

- Health and care – the Government published a Prevention Green Paper in 2019, the main goal of which is to extend, by five years, how long people live healthy and independent lives (by 2035). It seeks to achieve this with various initiatives, some which could be seen as applying more to older age groups, such as health checks and screenings, and some which apply across all age groups, such as encouraging healthier lifestyles. Major reform of the adult social care system (and not least its funding) has been promised for some time, with Government proposals awaited. This can be expected to have implications both for care provided to clients in their own home, and for that provided at care homes.
- Loneliness Strategy – the Government published a loneliness strategy in 2018. Whilst this potentially applies to people of all ages, it is recognised that loneliness and isolation affects many older people, especially those living alone. The strategy identifies the link with poor health, and it announced that, by 2023, GPs would be able to refer anyone experiencing loneliness to take part in community activities or voluntary services.
- Housing and planning – a Lifetime Homes Standard was drawn up by the Joseph Rowntree Foundation, given concerns that so many homes are unsuitable for, and hard to adapt to the needs of those with limited mobility or worsening health. It set 16 design principles covering issues such as parking, doorways, and service controls. National Planning Policy Framework expects local planning authorities to account for the housing needs of older people in their Local Plans. However, authorities must provide strong evidence should they want new build housing to exceed existing regulations (and so approach the Lifetime Homes Standard).
- Concessionary travel scheme – when people reach the state retirement age for women, they are entitled to apply for a pass which allows them to travel free on local buses, except at peak travel times. This England-wide scheme is nationally funded through a reimbursement paid to bus operators that carry concessionary passengers. The national scheme is topped up in some areas by the local authority, extending it to cover peak travel times.



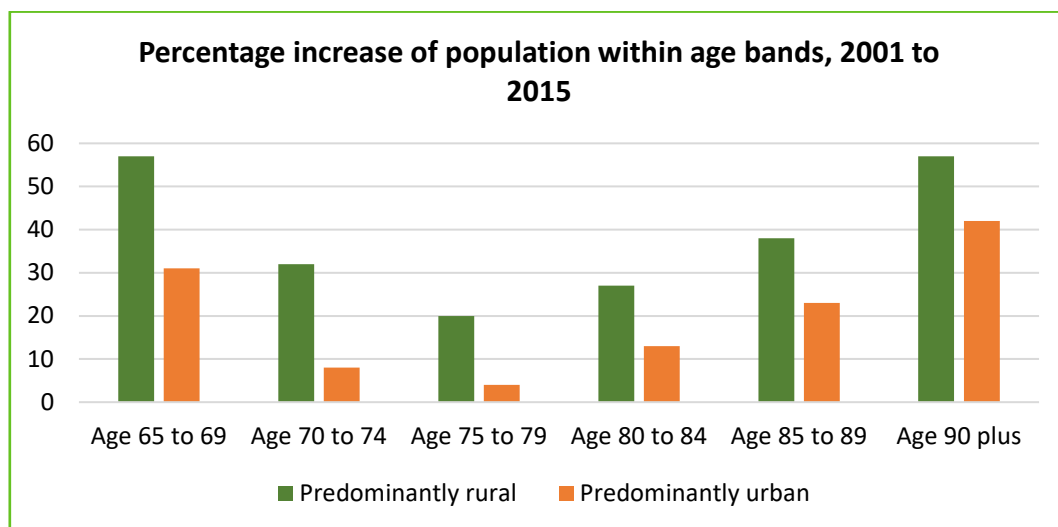
The rural dimension

Older people form a significantly larger proportion of the population in rural than in urban areas.¹ Just under a quarter of England's rural population (or 2,415,000 people) is aged 65 or over. Indeed, 3% of the rural population falls into the very elderly, or age 85 plus, category.

Share of the population within older age groups, by type of area (2018)

	Age 65 to 74	Age 75 to 84	Age 85 plus	All aged 65 plus
Rural areas	13.9%	7.9%	3.0%	24.8%
Urban areas	9.1%	5.5%	2.3%	16.9%

Over time, older age groups are forming an increasing proportion of England's population. However, this demographic trend is most pronounced in predominantly rural areas. Over the period 2001 to 2015 the number of people aged 90 or over increased by 57% in predominantly rural areas.



¹ 2019 Mid-Year Population Estimates, Office for National Statistics.

Indeed, official population projections show that the share of the population in predominantly rural areas which is aged 65 or over is expected to rise to just under 30% by the year 2035.²

Local authority expenditure on adult social services is 6% higher in predominantly rural areas than in predominantly urban areas (as measured on a per resident basis).³

Those predominantly rural local authorities also face paying relatively high hourly charges where they commission home care for clients in need.

Local authority expenditure and costs for adult social care services (2019/20)

Type of local upper tier authority	Net total expenditure on adult social care per resident	Average hourly cost of home care by an external provider
Predominantly rural areas	£312	£18.04
Predominantly urban areas	£294	£16.30
Additional rural expenditure or hourly cost	£18 or 6%	£1.74 or 11%

Older people living in rural areas are more likely to be caring informally (on an unpaid basis) for someone else than their urban counterparts. Statistics show that:

- 24% of older people who live in rural areas provide unpaid care; whereas
- 18% of older people who live in urban areas provide unpaid care.

Almost 4,400 sheltered housing developments are in rural areas or a fifth of the England total.⁴ They hold 16% of dwellings on such developments, indicating that rural sheltered housing developments tend to be smaller than average. Developments in rural areas are less likely to have a warden than those elsewhere, although having a resident warden is still the most common set-up.

Number of sheltered housing developments and dwellings in rural areas of England (2010)

	Number in rural areas	Rural share of England total
Sheltered housing developments	4,384	20%
Dwellings on these developments	98,307	16%
Dwellings with a resident warden	46,808	15%
Dwellings with a non-resident warden	33,650	16%
Dwellings without a warden	17,849	20%

² *Subnational Population Projections for England: 2018-based*, Office for National Statistics (2020).

³ *Adult Social Care Activity and Finance: England 2019-20*, data tables from NHS Digital (2019).

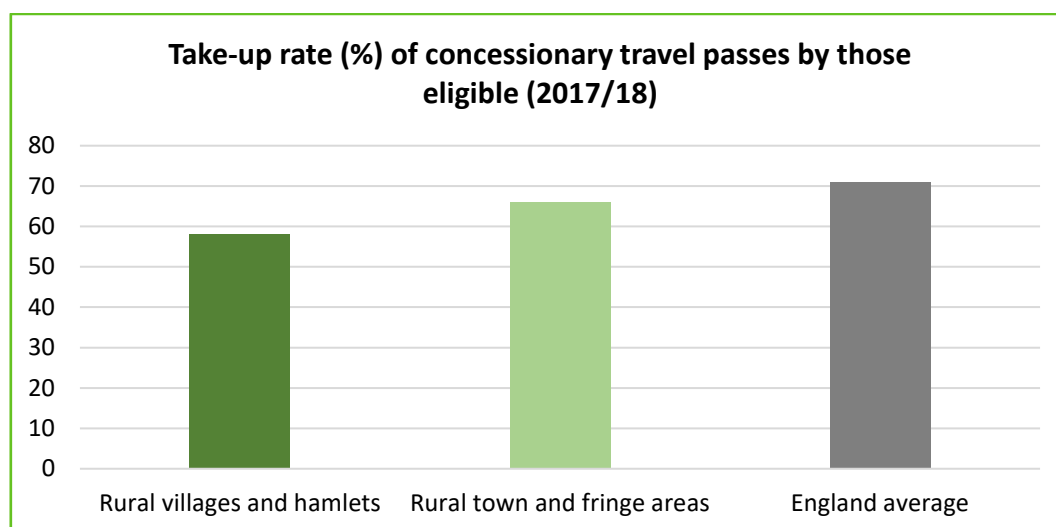
⁴ Elderly Accommodation Council database, analysis from 2010.

Some 75,000 residents are living in care homes in rural areas of England.⁵ They comprise just over a fifth (21%) of all residents living in care homes in England. The largest group are those that live in care homes which are run outside the public sector and which have no provision for nursing care.

Residents living in care homes in rural areas of England, by type of care home (2011)

Type of care home	Rural areas: number of residents	England: number of residents	Rural share of England total
Local authority run with nursing care provided	228	1,539	15%
Local authority run without nursing care	1,849	12,907	14%
Run outside the public sector with nursing care provided	29,701	140,547	21%
Run outside the public sector without nursing care	43,252	205,360	21%
Total: living in all care homes	75,030	360,353	21%

The take-up rate of passes giving concessionary travel on local buses is relatively low in rural areas. Among residents who are eligible for a pass (of whom nine in ten are eligible due to older age), 58% of those living in smaller rural settlements have acquired one.⁶ This low figure undoubtedly reflects the lack of availability and frequency of bus services in many rural areas.



⁵ 2011 Census of Population, Office for National Statistics.

⁶ *National Travel Survey 2017/18*, Department for Transport (2018).

Moreover, evidence shows that those who do take-up a concessionary bus pass make less use of it if they live in a non-metropolitan or shire area.⁷ The average pass holder in a non-metropolitan area used their pass for 62 journeys over the course of a year (compared with 228 journeys by Greater London pass holders and 110 journeys by those in other metropolitan areas).

Although there are no rural-specific figures, survey findings show that the age group which is most likely to volunteer is the 65 to 74 age group.⁸ Some 67% of them said they had volunteered within the last year and 46% had volunteered within the last month.

Policy solutions

Almost all sections of this Revitalising Rural document have something of relevance to say about adapting to an ageing population. Older people need local services, transport options, accessible health and care provision, appropriate housing and access to leisure or social activities, to name just a few. Some specific policy asks are listed below, but others appear elsewhere in this document.

⁷ *Bus Statistics*, based on survey of travel concession authorities, Department for Transport (2019).

⁸ *Community Life Survey 2018-19*, Department of Digital, Culture, Media & Sport (2019).



Managing an Older Rural Population

Specific policy asks

Build suitable housing: Government should ensure new housing suits the needs of an ageing population by strengthening national planning guidance or allowing local planning authorities more leeway to set standards. This should take proper account of the Lifetime Homes Standard - including through Building Regulations. Better planning should also deliver sheltered and supported housing to meet rural needs. Co-housing schemes should be promoted as places where older residents could benefit through mutual support, with scope to be service hubs for the wider community.

Adapt existing homes: funding for Disability Facilities Grant and other reablement measures should be increased, so that more people (most, though not all of them, older people) have a chance to benefit from home adaptations that help them to continue living safely in their own homes.

Offer travel options: Government should amend, with funding, the statutory concessionary travel scheme, so it fits the rural context. This would permit concessionary travel before 9.30 a.m., since rural bus routes run less frequently and waiting for a following service can be impractical. It would also extend concessionary travel to community transport schemes since many villages have no traditional bus route.

Refocus on loneliness: Government should recommit to its Loneliness Strategy, announcing continued funding for it beyond 2021. This should include a further funding round for local initiatives which can address loneliness in rural and other areas, such as good neighbour or befriending schemes. The role of face-to-face local shopping, banking etc. should not be overlooked.

Improve health and care visits: travel downtime for community health and care staff visiting patients in outlying rural areas should be taken fully into account and should not mean shorter visits. Emergency service call outs could be more efficiently handled in rural areas if services were more integrated. For example, creating specialist community paramedic roles or, for non-acute cases, allowing ambulance services to dispatch other health professionals.

Relevant policy asks appear in several other chapters of this document and include asks on social care provision see chapter on Access to Rural Health and Care Services, on community transport see chapter on Rural Transport and Access to Services, and on good neighbour schemes see chapter on Parish Councils and Rural Community Action.