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# Commission for Rural Communities

Tackling rural disadvantage

## **Rural disadvantage** Quality of life and disadvantage amongst older people – a pilot study



An operating division of the Countryside Agency

February 2006

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Commission for Rural Communities  
(an operating division of the Countryside Agency)

**Commission for Rural Communities: Tackling Rural Disadvantage**

This pilot study to examine quality of life and disadvantage amongst older people in rural areas forms part of the Commission for Rural Communities' first major thematic study to gather evidence about rural disadvantage. It is a pilot approach to better understand how older people living in rural areas actually experience disadvantage. The pilot study draws heavily on the real life stories of a sample of older people and, as such, brings to the fore the voices of a group previously not publicised or heard widely. Many of the messages reveal real hardships as well as the compensations associated with life in a rural area. The Commission will be working in partnership with others to take this work forward and continue in its aim of tackling rural disadvantage.

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## Rural disadvantage

Quality of life and disadvantage amongst older people – a pilot study

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## Executive summary

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### Introduction

This study highlights different forms of disadvantage experienced by older people living in diverse rural settings. It addresses the experience of disadvantage across the life course, and the impacts of such disadvantage on rural older people's quality of life. As such, the research seeks to contribute to the Commission for Rural Communities' aim to develop policies that better meet the needs of disadvantaged people in rural areas.

The report is based on research undertaken using qualitative techniques, and completed within a three-month time period. The primary aim is to provide evidence of the lived experience of older people in rural communities, thereby enabling the voices of disadvantaged citizens to be heard. Designed as a pilot study, a secondary research aim is to provide useful lessons for future studies of rural ageing.

The research draws on screening interviews with 91 people aged 60 and over living in different types of rural community in the Midlands and North West of England. Participants were recruited with the help of a diverse range of stakeholder groups. In-depth interviews were undertaken with a sub-sample of 21 people who took part in the screening process, and who were identified as being disadvantaged in at least one aspect of their lives. Eight case studies were subsequently developed to highlight particular features of the disadvantage faced by rural older people, with analysis of interview transcripts concentrating on four types of disadvantage that potentially limit individuals' quality of life:

- Lack of access to material resources;
- Inadequate or poor quality social relations;
- Lack of access to services and amenities; and
- Disadvantage linked to rural community change.

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### Limited material resources

For some, there was evidence of real financial hardship, with money worries having a profoundly negative impact on health.

While several research participants claimed not to be unduly affected by limited material resources, most revealed at least some difficulty in getting by financially. For some, there was evidence of real financial hardship, with money worries having a profoundly negative impact on health. In other cases, relatively small items of expenditure were regarded as being beyond reach. This was especially the case when such outgoings were linked to perceived luxuries, such as attending social gatherings.

In describing their financial circumstances, many participants had clearly adapted to living in relative hardship during the course of their lives. As a result, they continued to manage their finances with great care, seeking to avoid seemingly unnecessary expenses or incurring debt. Participants generally had very modest expectations in relation to their finances, emphasising instead the importance of being able to feed oneself and one's family, and the capacity to pay one's household bills.

Even where finances were stretched, participants sought to manage without seeking additional support from the state, relying instead on the help of informal sources. This reflected a widespread resistance to becoming dependent on the financial support of the state. Some participants had overcome an initial reluctance to claim state support – often the result of a financial crisis, or of a sudden deterioration in health – and reported a significant improvement in their quality of life.

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### **Coping with area change**

Disadvantage associated with area change contrasted expanding rural settlements with those that were stagnating. Most research participants had lived in their current settlement for a considerable length of time, and nearly all could comment on the aspects of their communities that they liked – the attractive surroundings, local family, friends and neighbours, the peace and quiet. However, concerns were expressed about the way in which communities had changed in recent years, with an apparent deterioration in the quality of social relationships, and a loss of local services featuring prominently in older people's narratives. Some participants were worried about the lack of locally affordable housing for younger family members.

Many participants emphasised the impact of a changing local population on the nature of rural social life. A perceived loss of intimacy within the local area was usually combined with a view of a more positive past. The fact that (younger) neighbours were at work during the day featured as a negative point in several interviews. The traditional argument that ageing in rural areas is synonymous with being part of a vibrant community characterised by close bonds between local family, friends and neighbours did not appear to hold true for all research participants. For those who are disadvantaged by lack of income or chronic ill health, and whose participation in community life may be limited, ageing in place might therefore represent an issue for concern.

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## Social relationships

Some participants suggested that the ability to cope with being alone and with isolation was a key feature of rural life, even though some people might struggle under such conditions. Those experiencing disadvantage in terms of their social relationships described not only an emotional sense of loneliness, but also more subtle feelings of isolation that arise from the types of change occurring within their community. Such changes during the lifetime of research participants appeared to reinforce the isolation of some older people. This was most likely to be a feature when participants' health was poor or when they appeared to have little in common with younger people who had moved into the area. Alongside the experience of loneliness and isolation, there was also evidence in some interviews of a strong sense of community and of supportive relationships with family, friends and neighbours. A number of participants saw compensating factors in living in the countryside and described issues around independence, privacy and freedom as key to their determination to remain in the countryside.

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## Access to services

Loss of facilities within the community, or within easy reach of residents, appeared to diminish some older people's quality of life and limited their ability to participate in social activities.

Two key issues emerged in relation to service issues. Firstly, most participants reported a loss of services in their rural areas and, secondly, they tended to voice concerns about being able to reach services located further away. Loss of facilities within the community, or within easy reach of residents, appeared to diminish some older people's quality of life and limited their ability to participate in social activities. At a yet more fundamental level, lack of street lighting and footpaths left a number of older people feeling unable to walk around their neighbourhoods, especially in the evenings or when the weather was poor.

Access to services located further away was perceived as being less problematic for those with access to a car. Nevertheless, most participants identified transport as being a key concern in their community when it came to accessing more distant services. All respondents regarded physical access to resources and amenities as being dependent on health and mobility. Even if there was a good bus service, it was not always possible to use it if one had poor health. In this study, rural older people emphasised the need to be resourceful when confronted by the difficulty of accessing services, using their informal contacts to secure lifts to GP surgeries, shops and the like.

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## Disadvantage and quality of life

Despite the experience of disadvantage, most older people taking part in this study reported having a good or very good quality of life. This tended to reflect a complex set of attitudes and expectations of life. In relation to individual attitudes, the research participants displayed a dominant culture of independence and self-sufficiency. Many also appeared to have very low expectations of their current and future lives, having coped with different types of hardship throughout their lives.

The urge to qualify the experience of disadvantage was especially pronounced in relation to the theme of limited material resources. Reflecting a widespread attitude of self-reliance, older people experiencing financial problems tended to play down the extent of material disadvantage in their narratives, whilst simultaneously emphasising their ability to cope with hardship. Such views also meant that several participants opted to manage without seeking to claim additional state benefit entitlements. However, older people who had successfully claimed state benefits – usually through the support of other people, rather than on their own initiative – tended to comment that this had improved the quality of their lives.

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## Conclusions

The research reported here was conceived as a pilot study. As a result, any conclusions arising from the study should be treated cautiously. Nevertheless, the study's findings appear to confirm patterns identified in previous research on rural ageing, whilst extending this to develop a perspective focused on the experience of disadvantage.

Above all, the research highlights the dispersed, and often hidden, nature of disadvantage in rural locations. While disadvantage in urban areas is commonly concentrated in particular (deprived) neighbourhoods, disadvantage in rural areas is spread unevenly – and often unpredictably – across hamlets, villages and small towns.

While disadvantage in urban areas is commonly concentrated in particular (deprived) neighbourhoods, disadvantage in rural areas is spread unevenly – and often unpredictably – across hamlets, villages and small towns.

The study also shows the degree to which rural older people tend to play down their experience of disadvantage. This was especially evident in participants' accounts of their material circumstances, but also applied to other forms of disadvantage. While most of those taking part in this study identified themselves as getting by reasonably well financially, several interviews provided evidence of real hardship. In this sense, disadvantage amongst rural older people may be hidden simply by the fact that it has been personalised and internalised by those who experience it.

The report argues that policy approaches should increasingly reflect the hidden nature of disadvantage amongst rural older people. For example, outreach work which focuses on overcoming attitudinal barriers to benefit take-up and on maximising rural older people's incomes, might be useful in overcoming material disadvantage. Policies designed to improve the affordability of housing in rural areas might help to meet the care and support needs of longstanding residents of some rural communities by giving younger people the opportunity to live closer to ageing family members.

The report concludes with the recommendation that future research be conducted in order to develop a fuller picture of both advantage and disadvantage amongst older people in rural areas. Such research should be designed in a way that ensures that the voices of older people feature prominently in research outputs.



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## Introduction

Within the context of the Commission for Rural Communities' focus on rural disadvantage (Commission for Rural Communities, 2005a, 2005b), the research reported here addresses a range of forms of disadvantage experienced by older people living in diverse rural settings. This is important given previous research which has drawn attention to the multiple risks of social exclusion faced by many older people living in urban communities (Social Exclusion Unit, 2005; Scharf et al, 2002; Scharf et al, 2002, 2004, 2005a). This report seeks to fill a significant knowledge gap arising from the absence of recent research relating to disadvantage amongst rural older people. By conducting research in rural areas which is broadly comparable to that undertaken in urban areas, it is possible to explore the potentially different forms of disadvantage experienced by older people living in rural and urban settings. In addressing the experience of disadvantage across the life course and the impacts of such disadvantage on individuals' quality of life, the research seeks to make a contribution to the Commission for Rural Communities' aim to develop policies that better meet the needs of potentially marginalised older people.

### **Four types of disadvantage that potentially limit individuals' quality of life:**

Lack of access to material resources;

Inadequate or poor quality social relations;

Lack of access to services and amenities; and

Disadvantage linked to rural community change.

This report is based on a research study undertaken using qualitative research techniques. The primary aim of this approach is to provide evidence of the lived experience of older people in diverse rural communities, thereby enabling the voices of disadvantaged older people to be heard. Evidence from the research will contribute to a broader thematic study being undertaken by the Commission for Rural Communities into rural disadvantage. Designed as a pilot, a secondary aim of the research is to provide useful lessons for future studies of rural ageing in the UK. In particular, the research seeks to explore the effectiveness of a variety of strategies in accessing the views of potentially hard-to-reach older people.

The report addresses a range of forms of disadvantage. Following the approach suggested by the Joseph Rowntree Foundation (Darton et al, 2003: 4), we understand disadvantage "to signify a wider set of difficulties preventing people from participating fully in society, including poverty but also, for example, limiting factors in one's life situation (such as a lack of skills), unequal levels of health and well-being associated with economic disadvantage, and discrimination". Paralleling earlier research which identified a range of forms of social exclusion faced by older people living in urban neighbourhoods, in this study we concentrate on four types of disadvantage that potentially limit individuals' quality of life:

- Lack of access to material resources;
- Inadequate or poor quality social relations;
- Lack of access to services and amenities; and
- Disadvantage linked to rural community change.

Drawing on 21 in-depth interviews and eight case studies of people aged 60 and over who experience a range of forms of disadvantage and live in different types of rural community in the Midlands and North West of England, the report addresses five key questions:

“I mean, they come from Buckinghamshire and all over and I suppose they’re younger, and I mean that does make a difference, doesn’t it to the generations? I mean, they’ve probably come into the village to a big new house and they come, the wife has a brand new car, the husband has a company car and in a short while they have a four-by-four, a Barbour jacket and wellies with straps on. That’s like trying to be country people.”

(Miss Richards, id17)

- What are the key characteristics of disadvantage faced by rural older people, and how are these identified through individuals' narratives?
- How does the experience of disadvantage vary according to such factors as age, gender, health status and rurality?
- To what extent does disadvantage reflect the influence of life course factors and/or the impact of old age?
- Why do some people who experience multiple forms of disadvantage report a good quality of life and what are the policy implications of this?
- In what ways does rural disadvantage vary from that experienced by urban older people?

In this research, as in previous studies, an additional focus is on the conditions and drivers that might lead to different forms of disadvantage in later life (Phillipson and Scharf, 2004; Scharf et al, 2005a; Social Exclusion Unit, 2004). The main drivers of disadvantage in studies of largely urban older people have been identified as:

- **Age-related characteristics:** older people may be disproportionately affected by certain kinds of losses or restrictions relating to income, health or reduced social ties. Such changes might take place across all points of the life course but they are likely to feature more prominently in later life given income changes associated with retirement, the impact of chronic disabling conditions, coping with loss and bereavement, and increased needs among people adjusting to living alone.
- **Cumulative disadvantage:** birth cohorts may become more unequal over time. For example, limited educational and work opportunities at early points in the life course may have long-term consequences in terms of reduced income in old age or limited awareness about how to access the full range of social and health services.
- **Community characteristics:** older people, who may have strong attachments to their locality, may also be vulnerable to changes associated with population turnover, economic decline, loss of services and amenities, and rising levels of crime and insecurity within communities.
- **Age-based discrimination:** the impact of ageism within economic and social policies may contribute to various forms of disadvantage in later life. The debate around ageism has challenged the link with age as a form of dependency, emphasising instead various forms of positive engagement that can be maintained throughout the latter half of the life course (Phillipson and Scharf, 2004).

In this study, we seek to identify the degree to which similar conditions and drivers are associated with disadvantage for rural older people. Given the diversity that exists between rural areas of England, our research has also been guided by the need to differentiate – where possible – between the experiences of older people living in different types of rural area. Consequently, the report draws on the recently adopted classification of rural areas. This identifies settlements with populations of below 10,000 people as rural, and further distinguishes between sparse and less sparse rural localities (Commission for Rural Communities, 2005c).

# 1

## The rural context

Largely the outcome of variations in migration patterns, rural areas of England tend to have higher proportions of older people than urban areas. Although there may be substantial variation between rural areas in the nature of such migration, the general pattern has been for younger people to migrate both to and from rural areas, while the older population tends to remain relatively stable. The phenomenon of 'ageing in place' is especially pronounced in rural areas. While 15 per cent of people living in urban areas are aged 65 and over, the equivalent proportion in rural areas is 18 per cent (DWP, 2005b: 12). The average age of residents of urban areas is around 42 years, but the equivalent figure for rural areas is 50 years (Countryside Agency, 2003).

The proportions of rural older people are likely to increase significantly in the next two decades as a result of additional migration to some types of rural area, combined with further increases in life expectancy (DEFRA, 2004: 9). According to the Office for National Statistics (ONS, 2004), in the next 25 years the number of people aged 65 and over in rural areas of England will increase by 20 per cent more than the average increase for England as a whole. One outcome of differences in past and future migration trends – of both younger and older people – will be an even greater variation in the already uneven distribution of older people across different types of rural area (Warnes and McInerney, 2004).

# 20%

In the next 25 years the number of people aged 65 and over in rural areas of England will increase by 20 per cent more than the average increase for England as a whole.

There is relatively limited evidence about the numbers of rural older people experiencing disadvantage, or indeed about their characteristics (Shucksmith, 2003). The absence of relevant research underpins the perpetuation of a range of stereotypes of rural ageing (Lowe and Stephenson, 2002), a number of which emphasise the positive experiences of older people living in the countryside. Amongst the myths frequently associated with rural ageing are those that highlight the integration of older people within close and supportive family networks, that draw attention to the supportive nature of rural communities, and that suggest that rural older people have fewer service needs because they are healthier and more satisfied with life than those who live in urban communities (Wenger, 2001: 119).

One reason why such stereotypes persist is that rural older people's disadvantage may not be easily recognisable or measurable. For example, the Opportunity Age report highlights the difficulty of assessing the material disadvantage of rural older people: "Because deprivation is not often found in concentrated clusters of people, it is harder to identify – and therefore harder to tackle. Older people in rural areas may be suffering from acute deprivation, but may remain hidden from view amongst apparent neighbouring affluence" (DWP, 2005a: 62). The fact that most older people in rural areas report good physical and mental health, and visit a GP less often than those in urban areas (Countryside Agency, 2003), contributes to a general perception that rural older people are a relatively advantaged social group. This view is likely to be reinforced by disparities between objective assessments of disadvantage and rural older people's subjective accounts.

“I mean, my rent's paid for by the housing benefits people and if you're getting Housing Benefit well, you're laughing all the way to the bank.”

“I don't envy anyone living in the rural areas unless they've got enough money... to keep themselves viable as far as transport and running a vehicle.”

(Mr Williams, id5)



Consequently, older people living in low-income households may seek to qualify such disadvantage by emphasising the more positive aspects of rural life (Philip and Shucksmith, 2003: 466). This in turn reflects a prevalent attitude amongst rural older people, willingly taken up by service providers, that emphasises notions of self-sufficiency, independence and pride (Wenger, 2001: 124; Wenger and Burholt, 2001: 579).

Drawing on the findings from national surveys, the existing evidence relating to disadvantage amongst rural older people may be summarised as follows:

Isolation appears to be most pronounced amongst those who live alone, who are without local family, and who lack adequate material resources (Le Mesurier, 2003: 14).

- **Low income:** Similar proportions of older people in urban and rural areas live in low-income households. In 2000/2001, one quarter of pensioners in rural districts were living on low incomes (Countryside Agency, 2002: 75). Just under ten per cent of pensioners in rural areas rely solely on the state retirement pension and other state benefits for their income; of this group, two-thirds are single pensioners (Countryside Agency, 2002: 76). There is also considerable diversity amongst rural older people in terms of income, with those in remote rural areas being much more likely to live on low incomes than older people in more accessible rural areas (Philip et al, 2005). Low incomes for some rural older people may be compounded by the non-take up of state benefits, with some research suggesting that take-up rates of key benefits are lower in rural than urban areas (National Audit Office, 2002: 26).
- **Social isolation:** Several studies draw attention to the potential disadvantage faced by rural older people in terms of social isolation (DWP, 2005a; Social Exclusion Unit, 2005). Estimates of the prevalence of isolation amongst older people vary – often as a result of differences in measurement approaches (Cattan, 2002: 11). Isolation appears to be most pronounced amongst those who live alone, who are without local family, and who lack adequate material resources (Le Mesurier, 2003: 14). Feelings of isolation may also be associated with lack of access to a car (DWP, 2005a: 62). Although rural households, including those of older people, are generally more likely to have access to a car than those in urban areas (Department for Transport, 2004: 12), 40 per cent of people aged 75 and over in rural areas lack access to a car (DEFRA, 2004: 68). Car use by older people is especially prevalent in smaller rural settlements (Department for Transport, 2001: 41).

- **Access to services:** Forty per cent of older people in rural areas report difficulty in accessing services (Countryside Agency, 2003). Restricted mobility and lack of access to transport is regarded as a key problem for older people in both urban and rural areas. However, in rural areas the greater distance between people's homes and basic services may exacerbate such disadvantage. For example, 12 per cent of all rural households live more than four kilometres from a doctor's surgery (DWP, 2005b: 30). Of the 800,000 households in question, 108,000 comprise a single pensioner (DEFRA, 2004: 68). Similarly, of the more than half a million rural households that are located over two kilometres from their nearest post office, an estimated 70,000 comprise a single pensioner (DEFRA, 2004: 68). In terms of formal service support, older people in rural areas are less likely to receive help from social services to live at home than those who live in urban areas (Countryside Agency, 2002).

# 40%

Forty per cent of older people in rural areas report difficulty in accessing services (Countryside Agency, 2003).

In summary, existing research evidence points to a range of ways in which rural older people might experience disadvantage. While such disadvantage might not represent the norm in rural areas, there are important gaps in the evidence base relating to disadvantage amongst rural older people. Above all, there are few accounts of disadvantage from the perspective of those who live on a low income, experience social isolation, have limited access to services or find it difficult to cope with changes in their communities. In drawing on in-depth interviews with disadvantaged older people living in rural areas, this report seeks to contribute to the evidence base on rural ageing, and to highlight future directions for research and policy on rural older people.

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## Methodology

This study sought to build on the methodological approach adopted in previous research on disadvantage amongst older people living in urban areas. The earlier research involved a survey of 600 older people in three English cities, and was followed up by in-depth interviews with 130 people (Scharf et al, 2004, 2005b). While drawing on the lessons from the urban study, in several respects the methodology adopted in the rural study described in this report differed from the earlier work. Above all, the research presented here was conducted as a pilot project within a relatively short time period (just over three months). There was no scope in the time available to conduct a major survey of rural older people or, indeed, to develop a study that would cover a wide range of geographic areas. In addition to generating new empirical data, a key aim of the pilot study was to explore the usefulness of various research methods in accessing the experience of disadvantage amongst older rural people. From preliminary discussions with stakeholders and health care workers, the researchers were aware of a number of potential tensions amongst this group of older people. This included a prevailing ethos of survival coupled with a sense of modest expectations that might result in a tendency to low self-reporting of disadvantage and a distrust of outsiders. A major challenge, then, was to identify research strategies that would be sensitive to such issues, whilst also generating data that could be usefully compared with existing research.

In the following paragraphs, we summarise the key features of the research design. We return to discuss the strengths and weaknesses of the chosen research approach in the concluding section of the report.

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### Research ethics

No research activity can be considered free from ethical consequences and the study sought to meet the highest standards in ethical research. Whilst no obvious risks to collaborators and participants were involved, the study adhered to the comprehensive guidance laid out by the Social Research Association (SRA). The researchers followed the standard protocols specified by the SRA for regularly checking ethical considerations throughout the duration of the study (Social Research Association, 2003).

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### Research phases

An advisory group was established which consisted of policy makers, service providers and academics to inform and guide all stages of the research process, and to provide expert support to the researchers. The study occurred in four linked phases: establishing access and identifying stakeholder groups; developing research tools; collecting empirical data, analysing and presenting findings; and developing implications for the way forward.

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## Stakeholder groups

In a first step, key stakeholder groups already working with potentially disadvantaged older people were identified. Because of time constraints these were limited to groups working in areas within a day's travel of the research team's base, specifically the counties of Cheshire, Shropshire and Staffordshire. The aim of working with such stakeholders was threefold:

- Firstly, to capture as broad a range of older people as possible within the limited timescale of the project. By working with different stakeholder groups, the research sought to capture the diversity of disadvantage faced by rural older people, including disadvantage linked to limited financial resources, poor health, lack of access to basic services and social isolation.
- Secondly, building on the first point, to recruit participants likely to reflect different forms of disadvantage; and
- Thirdly, to minimise any sense of threat that the researchers as 'outsiders' might pose to potential participants. In this respect, the stakeholders would be able to liaise between participants and the research team and, where necessary, respond to individuals' concerns about taking part in the research.

The following groups collaborated on the project: a Citizens Advice Bureau, a community transport scheme, a local Age Concern branch, a Rural Community Council outreach scheme, and a local branch of Mind.

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## Development of research tools

Two research tools were developed for use in the pilot study. The first was a short screening questionnaire intended to identify rural older people who were experiencing one or more forms of disadvantage. The three-page questionnaire drew on previous work undertaken by the research team in urban settings, but was adapted to take account of the study's rural context. In addition to collecting standard socio-demographic information, the questionnaire included a range of questions designed to assess older people's vulnerability to different forms of disadvantage, as well as their quality of life (see Appendix B).

The second research tool was an interview guide (see Appendix C). This provided the format for semi-structured, face-to-face interviews and explored issues such as older people's experiences of daily life, their perceptions of rural life, the management of household finances, the types of social relationships in which they were engaged, and access to services and amenities. Information relating to individuals' biographies was also collected, thereby providing data that would allow the impact of life course factors on individuals' experience of disadvantage in later life to be assessed, as well as offering insights into changes in their experiences of living in a rural area. The interviews generally took between 45 minutes and one hour to complete.

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## Data collection

After piloting, the screening questionnaire was administered by staff and volunteers from the stakeholder groups who were encouraged to screen as many older people as possible within the given time period. This process took place in October and November 2005, and the organisations involved (all with charitable status) were paid for their work. Ninety-one questionnaires were subsequently returned to the research team who assessed individuals on the basis of their vulnerability to the following four forms of disadvantage:

1. **Material disadvantage:** such disadvantage was assessed according to individuals' judgements about their financial situation. Those indicating that they were 'just about getting by' or were finding it 'quite difficult' or 'very difficult' to manage were judged to be disadvantaged on this dimension.
2. **Social relations:** disadvantage arising from inadequate or poor quality social relations was assessed by examining the degree to which individuals were socially isolated or were prone to feelings of loneliness. This approach recognises the conceptual distinction between isolation and loneliness. While isolation reflects an objective situation in which people lack contact with others, loneliness refers to individuals' perceived inadequacy in the quality of their social relationships (Victor et al, 2000, 2004). Loneliness in particular has been suggested as a key determinant in defining well-being and quality of life (Bernard et al, 2004). First, using an index of isolation to measure the frequency with which respondents had contact with family, friends and neighbours, we identified individuals as being socially isolated if they lacked at least weekly contact with people belonging to two or more of these groups. Second, we asked people whether they ever felt lonely, and selected those who indicated that they often felt lonely as being the most vulnerable. The selected indicator of disadvantage relating to this domain included participants who were either socially isolated or often lonely.
3. **Lack of access to services:** this form of disadvantage was assessed on the basis of individuals' responses to questions asking how easy or difficult it was to access a post office, a bus service, a chemist, a corner shop or newsagent and a general practitioner. In order to identify older people experiencing the greatest degree of difficulty in accessing services, a relatively high threshold of disadvantage was selected on this dimension. Consequently, respondents were judged to be disadvantaged in this sphere if they experienced difficulty accessing at least four of the five services identified above.
4. **Community change:** disadvantage linked to community change was assessed on the basis of responses to a question on community satisfaction. Individuals who indicated that they were either 'slightly dissatisfied' or 'very dissatisfied' with their community as a place to live were categorised as being disadvantaged on this dimension.

...we asked people whether they ever felt lonely, and selected those who indicated that they often felt lonely as being the most vulnerable.



...we seek to provide evidence of the impacts of multiple disadvantage from the perspective both of older people who judged their quality of life to be (very) good and of those research participants whose quality of life was reported as being not so good.

Twenty-one in-depth interviews were undertaken in October and November 2005 with potential interview participants selected if the screening process indicated that they experienced at least one of the four forms of disadvantage described above. Because of the short time-scale involved, interviews were set up as soon as participants fitting the criteria began to emerge and so took place alongside part of the screening phase. Fourteen participants assessed as experiencing multiple forms of disadvantage were approached for interview first. However, in order to achieve a sufficient sample size and to incorporate a suitably broad range of forms of disadvantage, in some cases individuals experiencing just one form of disadvantage at the screening stage were also interviewed. In a second step, seven research participants who were disadvantaged on one of the specified dimensions and who also indicated that they occasionally felt lonely were drawn into the sample.

Interviews were subsequently transcribed and subject to content analysis, with the focus on generating information that would answer the research questions previously outlined. A number of research participants were selected for more detailed case study analysis. In the eight case studies, summarised below, we seek to provide evidence of the impacts of multiple disadvantage from the perspective both of older people who judged their quality of life to be (very) good and of those research participants whose quality of life was reported as being not so good. The case studies were selected to reflect variations in quality of life and the nature of individuals' vulnerability to different forms of disadvantage, as well as such characteristics as age, gender, marital status and place of rural residence.

“Well they go to work, the younger ones do... and they haven’t got time. You see there was a lot of old people in here when I came because my mother and father-in-law were living then. Well, there was nearly every house had got a pensioner living in it. Well, you went and did things, you helped one another and that... [now] the people just seem to keep theirselves to theirselves. They don’t want to know.”

(Mrs Andrews, id1)

## Research findings

### Results of screening process

The key characteristics of the non-probability sample of 91 rural older people who took part in the screening interviews can be summarised as follows:

- The sample included 38 men (42%) and 53 women (58%), ranging in age from 60 to 91 years (mean age: 74.2 years).
- 44 respondents (48%) were married or cohabiting, 33 (36%) were widowed, eight (9%) were divorced or separated and six (7%) were single having never married.
- 40 respondents (44%) lived alone, and most of the remainder lived with one other person – usually a spouse. Twelve respondents (13%) lived in households comprising three or more people.
- Drawing on the recently revised classification of rural and urban areas (Commission for Rural Communities, 2005c), and the postcode information provided by 80 research participants, all respondents lived in areas categorised as belonging to the 'less sparse' settlement type. Twenty-two respondents lived in hamlets and isolated dwellings, 13 in town and fringe settlements, and 23 in villages. The remaining 22 respondents lived in areas subsequently identified as 'urban' (i.e. with populations of over 10,000 people). This arose from the subjective evaluations of both stakeholders and research participants who judged their place of residence to be rural. These were usually small market towns or settlements on the edge of towns. Given that this pilot study focuses on the self-reported views of older people, we have therefore chosen to include all 91 respondents in our analysis. However, where relevant, attention is drawn to any apparent similarities and contrasts between 'urban' and 'rural' participants.
- Many people had lived in their rural community for a considerable length of time. With a range of between one and 86 years, the mean length of residence was 33.7 years. This figure did not vary between those living in rural areas and those living in areas subsequently classed as 'urban'. Sixty-eight per cent of respondents (n=62) had lived in their current community for 20 years or more. Of those questioned, 86% were either fairly or very satisfied with their community as a place to live.

# 38/53

The sample included 38 men (42%) and 53 women (58%), ranging in age from 60 to 91 years (mean age: 74.2 years).

# 31%

Thirty-one per cent (n=28) found it difficult to access a post office... 46% (n=42) a chemist.

- Access to a range of services was identified as being difficult for some respondents. Thirty-one per cent (n=28) found it difficult to access a post office, 39% (n=35) a bus service, 46% (n=42) a chemist, 37% (n=34) a small shop or newsagent, 56% (n=51) a supermarket, and 31% (n=28) a general practitioner. For those with access to a car (66%, n=60), most of whom were men, service access was noticeably less problematic. Again, these proportions did not significantly vary between people living in rural areas and those living in areas subsequently classed as 'urban'. As might be expected, residents of hamlets and isolated dwellings reported the greatest degree of difficulty in accessing services.
- Most respondents were in very regular contact with other people. Sixty-nine per cent of those questioned (n=62) were in at least weekly contact with family members, while 75% (n=67) saw local friends and 78% (n=71) saw neighbours at least once a week. At least occasional feelings of loneliness were reported by 34% of respondents (n=31), with 14% often feeling lonely (n=13).
- Over half of the sample (55%, n=50) reported that they were living comfortably or doing all right when it came to managing their finances. Just five of those questioned (6%) were finding it quite or very difficult to manage, with the remainder just about getting by.
- In relation to health, 55 respondents (60%) reported that their health was either good or very good for their age, 21 (23%) indicated that their health was neither good nor poor, and 15 (17%) reported poor or very poor health.
- The overwhelming majority of respondents reported a good or very good quality of life (76%, n=69). By contrast, only six individuals (7%) suggested that they had a poor or very poor quality of life. For the remainder (18%, n=16), quality of life was judged to be neither good nor poor.

While the approach adopted in this pilot study led to the recruitment of a number of older people living in areas subsequently defined as being 'urban', our analysis suggests that there are few significant differences within this particular sample between those living in the 'urban' and rural settlement types. On none of the characteristics described above was there sufficient evidence of distinctions between participants living in areas that, according to official definitions, were 'urban' or 'rural' in character.

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## Assessing disadvantage

The principal aim of the screening process was to identify individuals experiencing at least one, and preferably two or more forms of disadvantage who might be willing to participate in the in-depth interview phase of the research. Using the approach to assess individuals' experience of disadvantage outlined above, the 91 older people recruited to the screening phase of the research could be categorised in three ways:

- Twenty-five respondents (27%) were not disadvantaged on any of the four dimensions examined;
- Thirty-seven respondents (41%) experienced one form of disadvantage; and
- Twenty-nine respondents (32%) were identified as being multiply disadvantaged (i.e. were disadvantaged on two or more dimensions).

These proportions did not vary according to the characteristics of participants' place of residence. Although numbers living in the different types of rural area, and indeed in areas subsequently categorised as 'urban', are small, the same pattern of responses appeared to apply across area types. Given such overwhelming similarities, and to make subsequent sections of the report easier to read, in what follows less attention is to be paid to the apparent urban/rural split within our sample. However, we return to this theme in the concluding section of the report.

As noted above, staff and volunteers from a range of stakeholder groups recruited the 91 older people who participated in the screening process. Although clear information was given in which the focus of the study was defined as being about rural disadvantage, it became apparent, both through analysis of the questionnaires and at times in the interview process, that not all stakeholders had applied such information to the recruitment process. This was evident not only in relation to the classification of 'rural' areas, as outlined, but also in the selection of people likely to be experiencing some form of disadvantage.

Most of those taking part in the screening process consequently failed initially to meet the inclusion criteria for the qualitative phase. Moreover, not all of those assessed as being multiply disadvantaged (i.e. disadvantaged in relation to two or more dimensions of disadvantage) were able to take part in a second interview. Of the 29 potential participants, six completed the screening questionnaire but declined to be contacted by the research team for interview, two provided contact details but subsequently refused to be interviewed, and a further two could not be contacted. In-depth interviews were conducted with 14 of the remaining 19 potential participants. In order to boost the sample, as noted above, a further six interviews were conducted with people who experienced one form of disadvantage.

- Thirty-seven respondents (41%) experienced one form of disadvantage; and
- Twenty-nine respondents (32%) were identified as being multiply disadvantaged (i.e. were disadvantaged on two or more dimensions).



**Table 1.** Aggregate measure of disadvantage cross-tabulated with quality of life (number of cases)

Aggregate measure of disadvantage	Quality of life					Total
	Very good	Good	Neither good nor poor	Poor	Very poor	
Not disadvantaged	9	12	4			25
Disadvantaged on 1 domain	10	24	3			37
Multiply disadvantaged	1	13	9	5	1	29
<b>Total</b>	<b>20</b>	<b>49</b>	<b>16</b>	<b>5</b>	<b>1</b>	<b>91</b>

Source: Screening interviews for study of rural disadvantage

The research also sought to address the quality of life of rural older people who experience disadvantage. **Table 1** illustrates the nature of the relationship between well-being and disadvantage, confirming a pattern established in earlier research (Scharf et al, 2005a; Smith et al, 2004). Older people who report a poor or very poor quality of life, or who indicate that their quality of life is neither good nor poor, are much more likely to be (multiply) disadvantaged than those who judge the quality of their life to be good or very good. Almost half of those identified as being multiply disadvantaged indicated that their quality of life was either good or very good (n=14). However, it is also worth noting that this group was also most likely to report their quality of life as being 'neither good nor poor' or (very) poor (n=15). The possible implications of these data will be explored in more detail within the analysis of the interview data.

### Interview participant characteristics

In this section, we highlight key characteristics of the sample of 21 rural older people who were identified as experiencing multiple disadvantage, and who participated in the in-depth interview phase of the study. In describing the sample, it should be emphasised that this group of research participants is not representative of the older population living in rural areas of England or indeed of those experiencing disadvantage. Such representativeness would require an alternative research design. However, developed as a pilot study, the research reported here seeks to identify aspects of older people's disadvantage that are likely to have a wider relevance to rural areas.

**Table 2.** Sample of disadvantaged older people in rural areas: interview participant characteristics

ID	Age	Sex	Marital status	Household size	No. of children	Tenure	Access to car	Area type <sup>1</sup>	Area	Years in locality	Key roles	LLI <sup>2</sup>	Lonely <sup>3</sup>	Self-rated health state	Self-rated quality of life
1 <sup>4</sup>	74	F	Widowed	1	2	Owner	Yes	Peaks	Hamlet	48		Yes	Occ.	Good	Good
2	78	F	Married	2	1	Owner	No	Peaks	Village	33	Carer	Yes	No	Neither	Good
3	74	M	Married	2	1	Owner	No	Peaks	Hamlet	74	Carer	Yes	Often	Neither	Neither
4	71	M	Married	2	0	Owner	No	Mid Staffs	'Urban'	50		No	Often	Good	Good
5	60	M	Divorced	1	2	Renter	Yes	Mid Staffs	'Urban'	(49)9 <sup>5</sup>		Yes	Often	Poor	Poor
6	86	F	Widowed	1	0	Owner	Yes	Shrops	Hamlet	86		Yes	Occ.	Good	Good
7	67	F	Widowed	3	2	Shel'd	No	Shrops	'Urban'	50	Carer	No	Occ.	Neither	V. good
8	73	F	Widowed	2	3	Renter	No	Shrops	'Urban'	8	Carer	No	Often	Good	Good
9	82	F	Widowed	1	1(dec'd)	Owner	No	Shrops	Village	52		Yes	Occ.	V. good	Good
10	66	F	Widowed	1	2	Owner	No	Peaks	Hamlet	45		No	Occ.	V. good	Good
11	80	M	Divorced	1	2	Owner	No	Cheshire	Hamlet	13		Yes	No	V. good	Good
12	67	F	Married	3	1	Owner	Yes	Cheshire	Village	19	Working	No	Occ.	Neither	Neither
13	91	F	Widowed	1	2	Shel'd	No	Cheshire	Village	91		Yes	Occ.	Neither	Good
14	62	F	Widowed	2	0	Owner	No	Cheshire	Village	2	Carer	No	Often	Neither	V. poor
15	67	F	Married	3	4	Owner	Yes	Cheshire	Hamlet	11	Carer	No	No	Good	Good
16	77	F	Divorced	1	1	Shel'd	No	Shrops	Hamlet	70		Yes	No	Poor	Neither
17	79	F	Single	1	0	Owner	No	Shrops	Village	79		No	No	Neither	Neither
18	75	F	Married	2	4	Renter	Yes	Cheshire	Town	75		Yes	Often	Poor	Good
19	80	M	Married	2	4	Renter	Yes	Cheshire	Town	80		No	/	Neither	Neither
20	80	F	Married	2	2	Owner	Yes	Mid Staffs	Village	36		Yes	Often	Neither	Good
21	78	M	Married	2	2	Owner	Yes	Mid Staffs	Town	30		Yes	No	V. poor	Good

**Notes**

- 1 Area type based on revised rural and urban classification (Countryside Agency, 2005c). All participants live in areas belonging to the 'less sparse' settlement type. While the classification identifies all Census output areas within settlements of over 10,000 people as urban, some stakeholder groups judged particular 'urban' areas as being rural (on the basis of a subjective evaluation).
- 2 Interviewer assessed limiting long-standing health condition.
- 3 Self-rated loneliness (Not lonely; occasionally lonely; often lonely).
- 4 Highlighted rows indicate research participants selected for case study analysis.
- 5 49 years as farmer in rural community; 9 years in county town. This participant's experience of life as a tenant farmer in a rural community, and of the transition to urban living, was judged to be of considerable comparative value to the research.

The evidence presented in **Table 2** shows that older people in rural areas who experience disadvantage are a diverse group. Such diversity is reflected in a variety of socio-demographic and individual characteristics:

- The sample encompasses six men and 15 women.
- Participants ranged in age from 60 to 91 years, with the sample having a mean age of 74.6 years.
- In relation to marital status, nine participants were married, eight were widowed, three were divorced and one was single having never married.
- Household size is closely related to marital status. Nine research participants lived alone. The remaining participants lived as part of a shared household; nine lived with one other person, and three shared a household with two other people.

- Most participants had children still living, with numbers ranging from one to four. Just four participants reported never having had children, while one person had outlived their only child.
- In relation to housing tenure, 14 participants either owned their homes outright or were still in the process of purchasing their homes. Of the remainder, four were renting their homes from either social or private landlords, and a further three lived in sheltered housing.
- Nine of the 21 participants had access to a car.
- Research participants had often lived in their current community for many years. Length of residence ranged from two to 91 years, with a mean value of 45.8 years. Six participants reported having lived in the same community for their entire lives. Only three people had lived in their current community for less than 10 years.
- Participants lived in a diverse range of settlement types. Seven lived in hamlets and isolated dwellings, three in town and fringe, seven in villages, and the remaining four in settlements subsequently classified as 'urban'.
- Limiting long-standing illness (LLI) is considered to be a useful indicator of health status and is widely used in health research (Jordan et al, 2000). This category of illness includes respiratory, circulatory and musculo-skeletal disorders such as heart disease, diabetes, asthma, emphysema, and arthritis. Within this pilot work we used researcher evaluation of LLI, and identified 12 participants as having at least one chronic health condition which limited their lives in some way. However, a number of those with such conditions reported having a good or very good state of health for someone of their age. Overall, eight participants had good or very good health, four reported having poor or very poor health, and the remainder described their state of health as being neither good nor poor.
- Six participants lived with a partner or child who had one or more limiting long-standing illness and for whom they were the main carer. Of these, two mothers were taking care of adult children and one woman was taking care of her 93-year-old mother, all with severe mental and physical disabilities.
- Six participants reported never feeling lonely. Of those who felt lonely, seven reported occasional feelings of loneliness, and a further seven were often lonely.
- In relation to quality of life, participants were asked: 'In very general terms, how would you rate your quality of life?' Of the 21 disadvantaged older people taking part in this study, 14 reported a good or very good quality of life. Just two participants reported having a poor or very poor quality of life. The remaining five participants indicated that their quality of life was neither good nor poor.

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In general terms, the diversity of the sample of disadvantaged older people in rural areas on which this report is based mirrors that of the older population as a whole. However, the sample differs in one key respect with all research participants describing their ethnic background as being white. While this may represent a typical characteristic of the population of rural older people in Britain, it is not typical of the older population in general in which there are growing numbers and proportions of minority ethnic older people (Nazroo et al, 2004).

Initial analysis of the characteristics of research participants provides several indications of the pathways that are associated with disadvantage in later life. These are in many ways comparable to those identified in previous research with urban older people (Scharf et al, 2005a).

- First, for women in particular, the transition to widowhood appears to represent a key risk factor. Although few in number, divorce may also be associated with disadvantage in later life, especially for men.
- Second, chronic ill health appears to be associated with heightened vulnerability for some rural older people. This raises questions about the opportunities for health maintenance available in rural locations.
- Third, being an informal carer – often for a very long time – appears to be related to disadvantage in a number of ways. Such roles may have a profound impact on individuals' material circumstances and on their opportunities to develop social relationships.
- Fourth, long-standing residence in a rural community may also be linked to disadvantage for some older people. In this respect it is useful to explore the drivers of such disadvantage, focusing on changes relating to both rural communities and individuals who live in such communities.

These issues will be explored in greater detail in the case study analysis to follow.

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## Forms of disadvantage

The sample of disadvantaged rural older people also varies in terms of the number and variety of forms of disadvantage experienced (**Table 3**). In this study, we focus on four different types of disadvantage relating to material conditions, social relationships, access to services, and community change. Drawing on information from the screening process, seven participants were identified as being disadvantaged in relation to a single domain, while 14 were disadvantaged on two or more domains.

In this small sample of 21 rural older people, the most common forms of disadvantage experienced related to participants' limited material resources and inadequate social relationships. Such disadvantage affected respectively 14 and 13 of those taking part in in-depth interviews. While eight participants were disadvantaged in relation to access to services, only two of those interviewed were judged to experience disadvantage in terms of community change.

# 21

In this small sample of 21 rural older people, the most common forms of disadvantage experienced related to participants' limited material resources and inadequate social relationships.

The most common combination of different forms of disadvantage in this study linked lack of material resources to inadequate social relationships. This affected six people in the sample. Lack of access to services was combined with limited material resources on four occasions, and with inadequate social relationships for a further four people. For both individuals affected by community change, this was combined with inadequate social relationships.

**Table 3.** Sample of disadvantaged rural older people

Case no.	Individuals disadvantaged in relation to:			
	Material resources	Social relationships	Access to services	Community change
1	■			
2		■	■	
3		■	■	
4		■		■
5	■	■	■	
6			■	
7	■			
8	■	■		
9	■		■	
10	■			
11		■		■
12	■	■		
13	■			
14	■	■		
15	■		■	
16	■		■	
17	■	■		
18	■	■		
19	■	■		
20		■		
21		■	■	

**Source:** Screening interviews for study of rural disadvantage. Shaded cells indicate participants included in the case study analysis. Cells marked with '■' indicate dimensions of disadvantage affecting participants.

## Findings from the in-depth interviews

In this section, we present findings from in-depth interviews with the 21 rural older people who were judged to be disadvantaged in relation to at least two central aspects of their lives. While the eight case studies form the central focus for the analysis, where appropriate, relevant data are also drawn from the remaining 13 interviews. The selection of eight individuals (including one couple) for case study analysis was informed by the research questions, with a main focus on examining disadvantage from the perspective of older people who judged their quality of life differently. As already noted, in the sample as a whole, more people reported a (very) good than a (very) poor quality of life. This distribution of perceptions was also reflected in the choice of case studies.



**Table 4.** Summary of case studies

ID no.	Name	Key characteristics	Forms of disadvantage	Quality of life
1	Mrs Andrews	74, widowed, has two children, lives in hamlet	Material resources	Good
3	Mr Hughes	74, poor mobility, main carer for wife, one daughter, lives in hamlet	Social relations, access to services	Neither good nor poor
5	Mr Williams	60, divorced, no children, forced to leave tenant farm, lives in county town (an urban area under the Countryside Agency's new rural definition)	Material resources, social relations, access to services	Poor
6	Mrs Evans	86, widowed, no children, lives in hamlet 8 miles from large town	Access to services	Good
9	Mrs Lloyd	82, widowed, lives alone in row of terraced houses in village on edge of large town	Material resources, access to services	Good
14	Mrs Rowlands	62, widowed, no children, lives in retirement complex on village edge, main carer for 93-year-old mother	Material resources, social relations	V. poor
17	Miss Richards	79, single (never married), lives alone in large village	Material resources, social relations	Neither good nor poor
18/19	Mr & Mrs Thomas	Married couple, four children, living in town and fringe settlement, forced to leave farm due to financial difficulties	Material resources, social relations	Good

As a result, four people were selected from those who reported their quality of life to be poor, very poor or neither good nor poor, and four from the group reporting a good or very good quality of life. Within each of these sub-groups, the research sought further to select individuals who displayed different forms of disadvantage and then to ensure a certain degree of diversity in relation to the characteristics of age, gender, marital status and place of residence. Key characteristics of the case studies are presented in **Table 4**.

The analysis which follows draws on evidence from the in-depth interviews with a particular focus on the eight case studies. One potential drawback of this approach is that such evidence may become decontextualised from individuals' biographies. In order to overcome this weakness, fuller descriptions of the case studies are included in an appendix to this report (Appendix A). When reviewing the data presented below, readers might also find it useful to relate these findings to individuals' more detailed biographies. Participants' names, those of other individuals, and – where appropriate – place names have been altered in order to protect the identities of those taking part in the research.

### **Different forms of disadvantage**

A first research question relates to the representation of different forms of disadvantage through individuals' narratives. Here we explore the ways in which rural older people who are vulnerable to disadvantage talk about the challenges faced in their daily lives. In this section, where possible, the degree to which such experiences vary according to individual characteristics such as age, gender and health status is also addressed.

## Material resources

Earlier research shows that access to adequate material resources is closely linked to well-being in later life. In this study, a number of those interviewed reported being relatively well off and described themselves as being financially secure. Even where participants had limited resources, most tended to comment that they could just about manage on their finances. In some ways this contrasts with the experience of older people in some urban communities who appear to be more willing to express the view that they find it difficult to manage on their current income (Scharf et al, 2002, 2005a). While it would be worth exploring such attitudes in more detail in a larger study, this apparent difference might reflect variations in the concentration of poverty in urban and rural areas. In urban areas, where relatively high proportions of older people may be prone to poverty, individuals living on low incomes are more likely to be surrounded by, and to engage with, others in a similar situation. As a result, urban older people might be more likely to have developed a way of talking relatively openly about the experience of material disadvantage. In rural communities, where poverty in older age is more dispersed, those affected by this form of disadvantage may find it difficult to communicate the nature of their financial situation to others. Despite the fact that several participants claimed not to be unduly affected by limited material resources, most participants' narratives revealed at least some difficulty in getting by financially. For some, there was evidence of real financial hardship, with money worries having a profoundly negative impact on health.

Despite the fact that several participants claimed not to be unduly affected by limited material resources, most participants' narratives revealed at least some difficulty in getting by financially. For some, there was evidence of real financial hardship, with money worries having a profoundly negative impact on health.

*... sometimes I find it very difficult. Same as just at the moment now, I've had a lot of bills to pay and it's really getting me run down, you see.*  
(Mrs Andrews, id1)

In other cases, relatively small items of expenditure were regarded as being beyond reach. This was especially the case when such outgoings were linked to perceived luxuries, such as attending social gatherings. For example, Miss Richards reported finding it difficult to afford to participate in meetings of the Women's Institute:

*Well, WI is, yes, very, very expensive, because you pay 30p when you go in. And think, that's for your cup of tea and cake and then there's a raffle, so you reckon it up in the year...*  
(Miss Richards, id17)

*Well... you think sometimes 'well I could just do with that' but I think, 'well, you can't afford it', you know. A little bit of a luxury or something like that, you know.*  
(Mrs Andrews, id1)

Limited material resources affected both men and women. However, when living as part of a couple, it was evident that women tended to be financially dependent on their husbands. Mrs Phillips made this point when she compared her income with that of her husband:

*Mine is about £49. His is a bit more, £100 and something but if we'd got, if I, if anything happened to Ted and I'd got to live on that, I wouldn't live. I couldn't live on it because it's only £49 a week.*

(Mrs Phillips)

The perceived ability to manage financially was related by some participants to the sense of security frequently associated with home ownership. This view was evident in Mrs Fletcher's response to the question why she would not wish to move house: *"One thing, we own it [the house] and I don't want to sell it."* Mrs Andrews also echoed the sense of security home-ownership brought when stating: *"But you see it's me own house, so I've nothing to worry about there, you know."* Nevertheless, during her interview Mrs Andrews also went on to describe her severe anxieties about money, particularly relating this to the costs of maintaining her home.

In describing their financial circumstances, it was apparent that many participants had adapted to living in relative hardship during the course of their childhood and adult lives. As a result, they continued to manage their finances with great care, seeking to avoid seemingly unnecessary expenses or incurring debt:

*As long as you're thrifty and you don't spend on excessive things it's a reasonable standard of living.*

(Mr Williams, id5)

*I mean there's no way we're borrowing. I mean if we've got bills coming in, we just save... When you get to our age you've got more or less everything that you want. But I mean we had this place decorated last year, it's never been finished off, everything is just everywhere. We've got things we don't really need, you know.*

(Mr Hughes, id3)

*Well, you've got to be very careful, haven't you? I mean if you've never had a lot of money it teaches you to be careful. And there again, you cut your coat according to your cloth, don't you?*

(Mrs Smith, id16)

Emphasising the apparent capacity of rural households to manage through difficult financial times, Mrs Thomas – who had recently moved from a hamlet to a rural settlement on the edge of town – described a very modest lifestyle. She referred back to the time when she and her husband were tenant farmers, arguing that a key indicator of their ability to manage was that her family always had enough to eat:

*We'd always had pretty well of food. Being up at the farm we'd have something killed and we'd have plenty to eat, either pork or chicken...*

(Mrs Thomas, id18)

“Well, if we lived in town...  
it'd be perhaps a three minutes  
walk down to the doctor's, to the  
doctor's see. And dentist, and  
everything, yeah. Oh, it's much  
easier. And shops...”

(Mr Hughes id.3)

This reflects a pervasive perception of what constitutes a necessity of daily living amongst rural older people in this study. On the whole, participants appeared to have very modest expectations in relation to their finances. Of greatest importance was the ability to feed oneself and one's family, and the capacity to pay one's household bills. Some bills proved harder to pay than others. Although not expressly a focus of the interview, all but one respondent reported concerns over the Council Tax, as Miss Richards explained:

*I mean you get the quarter off and a little bit more off as well. But when your Council Tax, the full Council Tax it's £1,700 and something a year, with your quarter off it's £1,300 and something. Well you just think of that with all your commitments out of an £83 pension.*

(Miss Richards, id17)

A particular source of worry relating to Council Tax– as noted by participants – was an inability to predict possible future increases in the cost of such bills:

*I reckon it's worse than the mortgage, you can pay your mortgage, with luck, can't you? If you keep your job and you know, get two of you working, you can cope with that because you've planned for that, haven't you? But you can't plan for this, can you? You know a great damn thing, and what could it be? What's it going to be in ten years' time? What have you got to find?*

(Mr Hughes, id3)

*The Council Tax... It's very disheartening when you put the wireless on, local news, and you hear Council Tax is going up by so much. I mean, we've got our pension, but the pension never rises enough to pay extra on the Poll Tax.*

(Mrs Lloyd, id9)

In addition, some respondents – including those who were relatively secure in financial terms – expressed that view that as rural dwellers they did not receive the same level of amenities and resources as people who live in urban areas. This was not only linked to a perceived absence of street lighting, pavements and public transport, but also to the lack of local policing:

*Well, I think really the Council Tax is too much... I say to some people sometimes, 'I only get three weeks' pension', you know. 'Oh why is that? You should get it, you know'. 'Well, they take one week off you', I say, 'in Council Tax, for a start'. I think when you're a certain age I think they should allow you a bit, because we get nothing here just... Dennis said 'Ooh do you know what I saw this morning?' I said, 'What?' 'A policeman' he said. I said, 'You never did'. He said, 'I did. But he was in a motor car'. I mean we used to have a policeman, he used to ride on his bike through the village, see if you were all right.*

(Mrs Evans, id6)

Even where finances were stretched, most participants sought to manage without seeking additional support from the state. This reflected a widespread reluctance amongst study participants to claim state benefits or to become dependent on the financial support of state. Former farmers in particular appeared unwilling to seek help with their finances:

On the whole, participants appeared to have very modest expectations in relation to their finances. Of greatest importance was the ability to feed oneself and one's family, and the capacity to pay one's household bills.

*I mean actually you live in a cocooned little world when you're farming or living in the rural areas. You don't know anything about housing benefits, you don't know anything about Disability Living Allowance... you're so wrapped up in surviving and work. Well, I never stopped work. I just totally burnt myself out. And that's what happens with farmers, they will not ask for help, they're too proud, and I was too proud and I thought the only way they're going to get me off the farm is in a pine box. Well, looking at it now it seems a totally ridiculous attitude.*

(Mr Williams, id5)

Nevertheless, some participants had overcome an initial reluctance to claim benefits and support from the state. This was often the result of a financial crisis, or of a sudden deterioration in an individual's state of health. An outcome of a successful benefits claim was often a significant improvement in participants' quality of life. This was reflected, for example, in the comments of Mr Williams, who suggested "...if you're getting Housing Benefit, well you're laughing all the way to the bank". In another case, the help of a hospital social worker had resulted in a successful claim for Carers Allowance, as Mr Hughes, whose wife is virtually chair-bound, explains:

Mr and Mrs Thomas had benefited greatly from the financial backing of a charitable organisation that works on behalf of farmers experiencing hardship.

*And so we got this great ruck of money out you see, because we had this thing for her sitting in, you know for driving round in, and a new wheelchair, and something else and - I mean, they're hundreds of pounds aren't they? I think they cost £1,500 one lot of them, you know, it's a lot of money isn't it? Well, we couldn't have done if we hadn't have had this help. She couldn't have had one, it's as simple as that, because we'd never had afforded one.*

(Mr Hughes, id3)

Other participants managed without state support because they were able to call upon income from alternative sources. Family members, friends and neighbours occasionally appeared willing to contribute to household finances – either directly, as in the case of Mrs Lloyd whose son-in-law helped out with food shopping, or indirectly, by offering lifts or helping to manage a bank account. Some participants received help from seemingly unusual sources:

*The grocery van brings my pension, that makes it a little bit better. I know they're not supposed to, but it's just an understanding that. She's ever so good, you know and she just brings it.*

(Mrs Andrews, id1)

Mr and Mrs Thomas had benefited greatly from the financial backing of a charitable organisation that works on behalf of farmers experiencing hardship. The couple not only have their accommodation paid for, but they also receive help with household bills, including the Council Tax.



“When we were kids, we’d got nothing, but I wouldn’t swap it for today. So what you did was to go down and play football in the road, and someone would sneak you half a pint outside the pub. There were concerts, dances, all sorts, you know, there was plenty of entertainment then. It was much nicer, you know.”

(Mr Hughes, id3)

### Area change

The issue of area change was one of contrasts between those rural areas that were perceived to be growing – as evidenced by the construction of new housing and a rising population – and those that appeared to be stagnating. As previously noted, many research participants had lived in their current settlement for a considerable length of time, and a number had spent their entire lives not just in the same location but also in the same house. All could comment on the aspects of their communities that they liked – the attractive surroundings, local family, friends and neighbours, the peace and quiet – and most were very satisfied with their community as a place in which to age. However, some also identified concerns with the way in which their community had changed in recent years. Particular concerns were expressed about an apparent deterioration in the quality of social relationships, and a loss of local services, including the closure of village schools, doctors' surgeries, post offices and shops. While these issues are also addressed below, it is important to emphasise in this section the perceived impact of such area change on individuals' sense of attachment to their rural community.

Many participants commented on the impact of a changing local population on the nature of social life in their communities. An apparent loss of intimacy within the local area, combined with a view of a more positive past, was a feature of many interviews:

*All doors open, you could go anywhere. You set off from here, I was reared near up there so we used to go and demand a cup of tea. Graeme lived down there, so we used to stroll in there, Bob Saunders lived there, you could stroll in there, another uncle lived there, it was the same all through the village. It was wherever you went, "are you coming in here and having a cuppa?" You know what I mean? Oh, it was much nicer. When we were kids, we'd got nothing, but I wouldn't swap it for today. So what you did was to go down and play football in the road, and someone would sneak you half a pint outside the pub. There were concerts, dances, all sorts, you know, there was plenty of entertainment then. It was much nicer, you know.*  
(Mr Hughes, id3)

Mrs Lloyd was acutely aware of changes in her local area and at the time of interview was considering moving house after having lived for 52 years in the same village. The motivation to move arose from her own ageing – characterised by a deterioration in health and a loss of mobility – and that of her contemporaries. However, it could also be attributed to a diminished sense of community in her village:

*You see, the lady that lives there she was a bit older than me, and the people down the road they're 82 and 83 and the one on this side of the road she must be getting on for 90, so we can't get about. If I don't go to see them or something... we're all getting old, and the young ones that are coming in all the way along... you can hardly believe there was 26 children to get on the bus that came along here when Rose went to school, my [deceased] daughter. Now I don't think there's a child. They all go to work. They go out in a morning, eight o'clock to half-past and then, after I walk up to the bus there's nobody to say hello to, you know. The whole set-up has altered and is still altering because they're doing a lot of work, as you know, down here, and it's not the same any more and I was tempted to put my name down for a bungalow with a warden.*  
(Mrs Lloyd, id9)

The fact that (younger) neighbours are at work during the day, and no longer appear to work in the local area, featured in a number of interviews as a negative point. Mrs Andrews commented that this resulted in the absence of a sense of community within her hamlet:

*Well they go to work, the younger ones do... and they haven't got time. You see there was a lot of old people in here when I came because my mother and father-in-law were living then. Well, there was nearly every house had got a pensioner living in it. Well, you went and did things, you helped one another and that... [now] the people just seem to keep theirselves to theirselves. They don't want to know. And if the least little thing goes wrong, they are up in the air... I can't say as it's a community like it used to be, this row isn't. No.*

(Mrs Andrews, id1)

The traditional argument that ageing in rural areas is synonymous with being part of a vibrant community characterised by close bonds between local family, friends and neighbours did not appear to hold true for all research participants. Some older people clearly perceived area change to be a threat to their once seemingly stable rural communities. For those who are disadvantaged by lack of income or chronic ill health, and who may consequently be less able to participate in community life, ageing in place might therefore represent an issue for concern. It is likely to make a great difference to an individual's well-being if they feel that they are able to choose to grow older in a familiar environment, rather than feel obliged to stay in such a place due to chronic health problems, a lack of mobility, or the absence of sufficient resources to move elsewhere.

Whilst some participants noted that new housing developments also had certain advantages, in particular the maintenance and even expansion of services and facilities, for example doctors, chemists and shops, such developments also carried losses. Miss Richards voiced concerns about what she sees as failures on the part of the local planning authorities:

*They knocked a bungalow down... that a builder built for himself and his wife, to put six houses. He applied for building on some of the land, he's dead now by the way, but he was refused it. Now a person's got it passed for six houses. And I think it is unfair, very unfair. The Garage is now demolished and there's another four big houses where the Garage stood. They sold petrol. There is no petrol or Garage in the village.*

(Miss Richards, id17)

A central source of concern for some older people was the lack of affordability of homes for younger family members. The only daughter of Mr Hughes, for example, could not afford to live close to her ageing parents:

*I don't know, but I feel sorry for young people. Our daughter certainly can't live here... could never buy a place here. Never, ever, will be able to. I mean you're talking... God, I remember a place when I was in me thirties, they were asking 300 quid for it. And it was put up for sale, somebody came and bid £45,000. Well that's it, in't it? Nobody [local] had got it. Now anywhere round here, you're talking £400,000 at least, so how can anybody young buy it, with a mortgage and Council Tax, you know. They can't do it, can they? So, I mean, she has to live in the town.*

(Mr Hughes, id3)

All of these issues and concerns had implications for the quality of social relationships.

### Social relationships

Disadvantage in terms of individuals' social relationships is addressed in this study with reference to feelings of loneliness and the experience of social isolation. While loneliness and isolation are often related, it is important to note that one can also exist without the other. This is reflected in the interview data where some participants described not only an emotional sense of loneliness, but also more subtle feelings of isolation that arise from the types of change that have occurred within their local communities (described above).

The fact that rural communities had changed during the lifetime of research participants appeared to reinforce the isolation of some older people.

Of the case studies, four participants reported often feeling lonely and three had occasional feelings of loneliness. Just one participant (Miss Richards) reported never feeling lonely. Mr Williams had reflected considerably on the differing nature of social relationships in rural and urban communities, especially since having been forced to leave his farm for financial reasons. Living in a market town, where he had relatively limited contact with other people when not engaged in voluntary work, he suggested simply that *'it's a lonely experience in a small village'*. Mrs Lloyd, who reported that she found the winter months to be a particularly difficult time to engage with other people, supported this view:

*The clocks alter, you draw the curtains at four o'clockish and you don't see anybody again. And I'm off the main road, so I can't even see people going past.*

(Mrs Lloyd, id9)

The fact that rural communities had changed during the lifetime of research participants appeared to reinforce the isolation of some older people. This was most likely to be a feature when participants' health was poor or when they appeared to have little in common with younger people who had moved into the area:

*I mean, they come from Buckinghamshire and all over and I suppose they're younger, and I mean that does make a difference, doesn't it to the generations? I mean, they've probably come into the village to a big new house and they come, the wife has a brand new car, the husband has a company car and in a short while they have a four-by-four, a Barbour jacket and wellies with straps on. That's like trying to be country people.*

(Miss Richards, id17)

*Well, the few [local residents] just around are friendly but you don't see anything much now of what I call the new people up in the barns and that. They're very nice when you do see them but they've sort of divided the village in half almost now because they're at the top and we're at the bottom, we don't mix very much.*

(Mrs Evans, id6)

When comparing the situation when he was young to the position now, Mr Hughes described a degree of feeling out of place in the village where he has lived all his life:

*I don't know many people. Them up there, they say they're very nice, but I don't know them.... Now Sally and Les, 'course we know them. Ruth down there, she's very good, she'll take you anywhere if you ask her. That one down there's some very fancy doctor. That's about it, that's all we know. Some lawyers and barristers over there. You see, we're not quite... you know what I mean, don't you?*

(Mr Hughes, id3)

Alongside the experience of disadvantage, there were nevertheless also signs in some interviews of a strong sense of community and of supportive relationships with family, friends and neighbours. Where support was provided, this came mainly from family. Even in the face of financial security, Mrs Murray (id2) illustrates the importance of such informal high-level support, without which she and her husband would not be able to continue living in their home. The Murrays live in a smallholding about three miles from the nearest hamlet. Their house is situated about half a mile up a hill at the top of a winding farm track. Mrs Murray is not in very good health although her mobility is good. She has never driven and her husband, who is now extremely frail, can no longer do so. They receive extensive help from friends and family:

*Our son-in-law comes over most days, doesn't he, to look at the horses and to muck out. Rachel (that's our daughter), she will pop in... in the evening as she did last night because she did all my shopping. Now on Thursdays, usually a friend of ours comes and takes me to [local town] to do shopping in Sainsbury's and just potter... and two very good friends come usually once a week because Peter, the husband, cuts the lawns for us. Gladys sometimes helps him, his wife, but they're in their sixties and not young, and then Gladys will come in and chat, and have a cup of tea or whatever...*

(Mrs Murray, id2)

Alongside the experience of disadvantage, there were nevertheless also signs in some interviews of a strong sense of community and of supportive relationships with family, friends and neighbours.

In some cases, especially where people had lived in their communities all their lives, long-standing neighbours appeared to be very willing to provide help to participants whose own health or that of their spouses had deteriorated. For example, Mr Hughes, who was caring for his disabled wife, commented on a very good relationship with a (younger) neighbour, who had told him *"if you want me any hour of the day or night, two, three, four o'clock in the morning, I will leap over the wall"*. Mrs Evans was also able to call on the support of neighbours at times of crisis:

*I have got my emergency contact. That's saved my life twice because I fell there and I couldn't get up... Well, I could have died out there because nobody could see me. I was nearly against the wall. Dennis [neighbour] came down and he said, 'Well where are you?', you know... I couldn't move. That's when I broke two bones in my shoulder. And then the next time I was out by the greenhouse there and I backed into the wall. But nobody would have found me there. Then they came down and sent for the ambulance because my head was bleeding so. But I don't know what you could do (more), but with anybody visiting, you know. There's no visitors. They don't come round and visit you at all.*

(Mrs Evans, id6)

“I like people. I’m a person who needs people. So some days unless the phone goes, I don’t speak to anybody. So if I was in the town I could then push mum into the town and we could talk to people, or if mum wasn’t with me anymore I could just walk round the shops and meet people.”

(Mrs Rowlands, id14)



But beyond such stories was also a sense of change, as described above, linked to the issue of 'non-country' people moving in with whom one had little in common. This was also directly related to the ageing of friends and neighbours, as Miss Richards explains:

*Well right, if my neighbour wasn't very good, if she phoned me and said she'd got to have the doctor or something, well, I would follow it up you see, and you don't get that today... I had a friend, she lived just outside the village there, and I was working, because I used to work up at the school, and I called every day from school, to check on her, because she was doing all sorts of funny things, and I would go and do her hearth before I went to school in the morning and light her fire and make sure she was all right. But, you see, that has gone now. And like my friends and that, we are all getting older that you can't just do the same for one another. I mean up the lane there, she's 87 in January. The couple down here, he's 90 and she's 86... I mean, yes, times have changed.*

(Miss Richards, id17)

Participants seemed to be very aware of differences between town and country. For Mr Williams, who had been forced to leave his farm when experiencing financial difficulties, the move into town was "a terrible experience". Even though he had lived in his current community for nine years, he continued to feel relatively isolated from those around him:

*It's like a totally different world living in a town. Everybody seems to... there's no community spirit and everybody looks after number one and if... well I find they find it even difficult to say good morning to you.*

(Mr Williams, id5)

Some saw compensating factors in living in the countryside and described issues around independence, privacy and freedom as key to their determination to remain in the country. For Mr Hughes this was expressed in very physical terms:

*You'd miss everything. You're closed in, suffocated [in town]. But here, you're free, you know what I mean?*

(Mr Hughes, id3)

Conversely, Mrs Rowlands had moved into a small retirement development about a mile outside a large village, on her return from Spain two years ago after the death of her husband. She is now the main carer for her 93-year-old mother and reports often feeling lonely and a very poor quality of life. She finds living in the countryside incredibly isolating. She cannot drive because of poor sight in one eye and feels that life would be very different if she were living in a town:

*I like people. I'm a person who needs people. So some days unless the phone goes, I don't speak to anybody. So if I was in the town I could then push mum into the town and we could talk to people, or if mum wasn't with me anymore I could just walk round the shops and meet people.*

(Mrs Rowlands, id14)

Loss of facilities within the community, or within easy reach of residents, appeared to diminish some older people's quality of life and limited their ability to participate in social activities.

### Access to services

Two key issues emerge from this pilot study in relation to service issues. Firstly the majority of respondents reported a loss of services in their rural areas and, secondly, they tended to voice concerns about being able to reach services located further afield.

Loss of facilities within the community, or within easy reach of residents, appeared to diminish some older people's quality of life and limited their ability to participate in social activities. Mrs Evans, who had lived in the same village all her life, reported on the loss of a village hall:

*I've no idea. I don't think they could make it any better now, now it's in this state. I'm not sure because years ago we used to have a little village hut and then, when they built the new hut at [larger village one and a half miles away], what they call the parish hall, they said this [one] wasn't good enough to have functions in, you know and it was sold, it went. But it was very good and then of course everybody went then because there was no transport. But we had lovely times in there, much happier than in the parish hall, I think. But of course, the people's changed and the building's changed. And the school went, you see. That altered when the school went, and then when they sold the farm cottages the local people couldn't buy them, they were too expensive. They're out of anybody's question now.*

(Mrs Evans, id6)

Most participants identified transport as being a key concern in their community when it came to accessing more distant services. All respondents regarded physical access to resources and amenities as being dependent on health and mobility.

At a yet more fundamental level, lack of street lighting and footpaths left a number of respondents feeling unable to walk around their neighbourhoods. Here Mrs Phillips describes the concerns of her elderly, frail husband when she suggests making her own way into the local town. They live in a cottage a few yards off a bend with poor visibility on a busy main road with no shops or other facilities near by. Mr Phillips, who is 92, walks with a zimmer frame and uses a hearing aid only when he has to, insists on driving in order to meet the couple's need for mobility:

*I could walk up and get on a bus and go into [local town], but he won't let me. I could go on my bike but he won't let me... He's frightened of me getting killed you see.*

(Mrs Phillips, id15)

For Mrs Rowlands taking care of her profoundly physically and mentally handicapped mother, the lack of pedestrian facilities is worsened by her need to push her mother's wheelchair:

*(The) road is diabolical to walk, that pavement is... about 12 inches wide and the camber on it, it throws me into the road. There's no earthly way I could push a wheelchair on that pavement. It's not so much the growth of the trees and the bushes, it's the infiltration of the earth coming across the path. I'm sure if that was taken back, but you see this is the only road with a pavement. If I turn left, there's not a pavement, so I could cause a major accident if some car swerved to miss mum and I.*

(Mrs Rowlands, id14)

“I vow the post box keeps moving further away...”

(Mrs Lloyd, id9)

“Well, we’ve no lights, we’ve no street lights anywhere, and I don’t go out in the dark because I’m frightened of falling since I had a stroke.”

(Mrs Smith, id16)

Mrs Smith says that she does not go out at night because of the poor lighting:

*Well, we've no lights, we've no street lights anywhere, and I don't go out in the dark because I'm frightened of falling since I had a stroke.*

(Mrs Smith, id16)

Most participants identified transport as being a key concern in their community when it came to accessing more distant services. All respondents regarded physical access to resources and amenities as being dependent on health and mobility. Even if there was a good bus service, it was not always possible to use it if one had poor health. Because he cannot afford a car, Mr Williams relies on walking and local bus services, which are good. He says that if he was still living in a rural area it would be different because:

*Unless you've got transport you're beat before you start... and if you can't walk very well, and you haven't got the best of health... well, it can be a soul destroying experience, stuck out in the sticks... unless you can drive and you've got public transport... well you're far better off moving into the town.*

(Mr Williams, id5)

Of the nine participants who had access to a car, six were women and three were men. Nine women and three men reported that they did not have access to a car. The independence and mobility that having a car afforded was explained clearly by Mrs Albright, who has difficulty in walking very far and who lives with her husband in a small hamlet:

*Just to go round to the Village Hall, which is just around the corner, we have to go in the car. The only problem would be if we couldn't drive any more, then we would have to leave it [the hamlet].*

(Mrs Albright, id20)

She feels that public transport would not help:

*Well I don't think we could really, you know... Les's knee, and he's got a lung condition. I don't think we could get on and off buses easily.*

(Mrs Albright, id20)

Concerns about future needs were also echoed by Mr Rogers, who is 79 years old and living with his wife in a small hamlet of 1960s detached houses about six miles from the nearest town. Mr Rogers is in very poor health. There is a bus to the hamlet but he does not consider the provision of ordinary public transport sufficient for older, frail people:

*But also there are areas where, as you get older, where you think, if neither of us can drive, we're stymied... And if you've got to get a lot of shopping, you can't carry a lot of bags on the bus. It could come a day when one of us is left on our own, which obviously is going to happen, and the other one is incapacitated, either can't drive, can't walk, whatever...*

(Mr Rogers, id21)

Concerns about future needs were also echoed by Mr Rogers, who is 79 years old and living with his wife in a small hamlet of 1960s detached houses about six miles from the nearest town. Mr Rogers is in very poor health. There is a bus to the hamlet but he does not consider the provision of ordinary public transport sufficient for older, frail people.

In this study, rural older people emphasised the need to be resourceful when confronted with the difficulty of accessing services and amenities:

Well, if we lived in town... it'd be perhaps a three minutes walk down to the doctor's... And dentist, and everything, yeah. Oh, it's much easier. And shops...  
(Mr Hughes, id3)

*They [town people] don't understand the country. You have to be very resourceful to live in the country and I feel as though a lot of people are mollycoddled to such an extent in this modern society that they don't know... they haven't a clue how to survive. If the power's cut off, if they have a foot of snow this country would come to a standstill. But when I was farming and living in the country we went for a week without electricity. You just make do.*  
(Mr Williams, id5)

When asked what keeps him in his current community, Mr Hughes replied simply: *"It's home isn't it? And quiet"*. Moreover, retirement housing options were generally not seen as a positive alternative to present housing, as Mrs Thomas said: *"I wouldn't like to have to be put in one of them little people's one-roomed things."*

Another female respondent, Mrs Albright (80) echoed this. She and her husband (79) are both experiencing ill health, in particular severe mobility problems. They have lived in their village for 36 years, which is a small hamlet about six miles outside the nearest town:

*I've liked living here. And not to be able to have a garden you know, but it's getting hard... we'd have to downsize, get rid of most of the furniture and books and things because, you know, they're so small these retirement places.*  
(Mrs Albright, id20)

Like other participants in the study, Mr Hughes who, as previously mentioned thought having to live in a town would be "suffocating" still thought that life would be easier if he lived in the local market town:

*Well, if we lived in town ... it'd be perhaps a three minutes walk down to the doctor's... And dentist, and everything, yeah. Oh, it's much easier. And shops...*  
(Mr Hughes, id3)

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## **Disadvantage through the life course**

Having examined the characteristics of different forms of disadvantage experienced by a small sample of rural older people, we now turn to an examination of the pathways that lead to such disadvantage. A particular issue to be addressed in this context is the degree to which disadvantage amongst older people in rural and urban settings is generated in similar or distinctive ways.

Material disadvantage, as reflected in participants' limited financial resources, was most commonly linked to low incomes during individuals' working lives. In this respect, the rural data correspond closely to a pattern of cumulative disadvantage identified in urban communities (Scharf et al, 2005a, 2005b). People who have limited access to the labour market or who have spent their adult lives in low paid employment are unlikely to have been able to set sufficient money aside to be able to support a financially comfortable retirement. Even though several participants had acquired housing assets, either through inheritance or by paying off a mortgage, this capital was tied up in their homes and did not allow for more than a modest standard of living. However, few participants had expectations of a higher standard of living, and there was a pervasive belief that it was the individual's responsibility to make the best out of a difficult situation.

By contrast, many described the hardships that they and their families had experienced at earlier points in their lives, and felt that any current financial difficulties were insignificant when compared with those of the past. This was evident, for example, in the way in which Miss Richards described her current circumstances as being much better than those when she was a child:

While there was a certain resistance to claiming certain state benefits, those who had successfully claimed additional benefits commented on the financial security that this had provided.

*You lived in a cottage with just a cold-water tap, a tin bath on the hearth and your toilet was a cesspit at the top of the garden, and I couldn't believe that until I moved here, I didn't know what it was to have a bathroom, hot and cold water... I mean in the day of me going to the village school which was down College Lane, they came to school in pinnies and clogs and runny noses and a hankie pinned here...*

(Miss Richards, id17)

Given such comparisons, most research participants described themselves as being able to manage on their current incomes, however limited, often by budgeting very carefully. While there was a certain resistance to claiming certain state benefits, those who had successfully claimed additional benefits commented on the financial security that this had provided. In this context, many participants appeared to have internalised the experience of material disadvantage over the course of their lives, and no longer regarded their limited financial resources as being something exceptional or a matter that was worth becoming upset about.

While most participants had experienced some form of material disadvantage throughout their lives, for others financial insecurity in later life had nevertheless come about as an abrupt and unanticipated shock. A particular concern emerged in relation to the situation of former farmers and agricultural workers, two of whom had lost their businesses and livelihoods as a result of bankruptcy. Mr Williams and Mr Thomas described lives of hardship and isolation, whilst at the same time expressing a deep sense of personal identity linked to the farming way of life. In losing that way of life, both men conveyed profound feelings of regret and loss. Both had found the imposed move from their farms to more urban settings traumatic, with Mr Williams in particular having suffered severe mental distress. The sudden transition from work to enforced retirement was not something that either of these men felt able to anticipate or to prepare for. As a result, both had become dependent on the financial support of others – either of the state or, in the case of the Thomases, of a charitable organisation.



Even though this study deals with a relatively small sample of rural older people, we were struck by the lack of reference in older people's narratives to experiences of unemployment and job insecurity during individuals' working lives. In some urban studies, such life course factors have been closely associated with disadvantage in later life (Scharf et al, 2005a). In this respect, future research should consider exploring in more detail rural older people's accounts of their working lives and of their routes out of the labour market.

For some participants, routes into social isolation and loneliness represented a long-standing condition linked to the difficulty of coping with the loss of a partner and/or a child earlier in the life course. Others reported on the impact of losses, combined with the onset of chronic health problems, which had occurred later in life. Such losses tended to coincide with the difficulty of forming relationships with new neighbours in a rapidly changing rural community:

*We were all young together up here. I like the area, but I've lost most of my friends because I'm old. I mean people do die. It's... you can't help it. But I mean, what people I've got to know, you've got to make the first approach always but the young ones never have got time, have they? I mean I know what it's like. They're all working and, well they haven't even got time to have children today.*

(Mrs Lloyd, id9)

While widowhood represented an important turning point in the lives of many women taking part in this study, for men the equivalent transition was relationship breakdown and subsequent divorce. Several participants, both male and female, were providing care to other family members. However, the transition to a caring role was perceived by some as a difficult and isolating experience:

*Mum isn't the easiest of people. If she was here now, you would think what a lovely old lady. I have threatened to get, you know, a recording of her sometimes, but I don't think she'd believe it was her. So I can't go to bed till about one o'clock because she had a hemi-colectomy 35 years ago which now, as she's got older, the problems have become worse... She can be in bed at five or six or half-past-six, so then by one o'clock she really does need attention. So I get her up at one o'clock, clean her up, put her back to bed. Then last night she woke me up at three, she woke me up at four, she woke me up six. Then I was up just after seven and it takes quite a while to get her out of bed, get her into the bathroom, get her to have her breakfast, before the carer helps me wash and dress her. And then it's beat the clock to get her hair done, a bit of her jewellery on, and her make-up done before they're knocking on the door at quarter-to-ten to take her to [the day-care centre].*

(Mrs Rowlands, id14)

While widowhood represented an important turning point in the lives of many women taking part in this study, for men the equivalent transition was relationship breakdown and subsequent divorce.

“We were all young together up here. I like the area, but I’ve lost most of my friends because I’m old. I mean people do die. It’s... you can’t help it. But I mean, what people I’ve got to know, you’ve got to make the first approach always but the young ones never have got time, have they? I mean I know what it’s like. They’re all working and, well they haven’t even got time to have children today.”

(Mrs Lloyd, id9)

These findings generally mirror those from studies conducted in urban areas (Scharf et al, 2005a). However, other participants suggested that the ability to cope with being alone and with isolation was a key feature of rural life, even though some people might struggle under such conditions:

*They [town people] don't know what hardship is. And to go out into the rural areas... on a November day at about 4 o'clock in the afternoon, it's as foggy as a bag and you're the only person on that farm. They don't know what it's like. It can be a very frightening, lonely experience or existence. I mean you haven't got all these lovely street lights and all these amenities... I can understand why the suicide rate is so high in farmers. It is a soul destroying experience, if you are living right out in the middle of nowhere and your wife's at work, your daughter's at school and you are there, or your wife's left you and you haven't got anybody. I can understand farmers going down the field and not coming back.*

(Mr Williams, id5)

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## Disadvantage and quality of life

In relation to individual attitudes, the study population was characterised by a dominant culture of independence and self-sufficiency. Moreover, people appeared to have very low expectations of their current and future lives, having coped with different types of hardship throughout their lives.

A key question arising from the data was why some people who are experiencing multiple disadvantage continue to rate their quality of life as good. Amongst older people in this pilot study, the fact that most reported a good quality of life closely reflected individual attitudes built up over the life course, and their expectations about the present day and the future.

In relation to individual attitudes, the study population was characterised by a dominant culture of independence and self-sufficiency. Moreover, people appeared to have very low expectations of their current and future lives, having coped with different types of hardship throughout their lives. This was described by Miss Richards – as someone reporting a quality of life that was neither good nor poor – in the following way:

*I started working there when I left school, seven in the morning till seven at night for 15 shillings a week. And I left there when mother had her stroke and the wage was £4 a week. After her'd died, I got a job in the kitchen up at school and that was the most was £24 a week. For 14 weeks' holiday a year you only got a retainer which was £13. In 1980 I'd lost my hours from 30 down to 15 because children stopped having hot dinners... Consequently I've never handled a big wage. So consequently, you know, you come home, you'd be upset, you'd have a cry, how am I going to manage? Well then, what I did, I thought I could do a bit of babysitting, and that is what I did and the pay for that was £1 an hour.*

(Miss Richards, id17)

Mr and Mrs Thomas, having coped with the strain of bankruptcy and an enforced move away from their farmhouse, simply felt that they “*couldn't be any better off*” under their present circumstances. As with other respondents, Mrs Evans also had modest expectations and conveyed a sense of self-sufficiency when replying to the question about whether there was anything that might make her life better:

*Not really, only I get a bit annoyed with myself you know. I haven't got much patience you see. My husband... used to say, 'You're like your father, you've got no patience'... I have got a bit more now, but if things do annoy me I get in a bit of a paddy. But I have to control myself, you know. But otherwise, really and truly for an old person, I think I'm very well off. Very content. I can eat all right and I can sleep fairly good. So I mean, I haven't got much to worry about. I can cope, you know.*

(Mrs Evans, id6)

A culture of caring for family members, and of providing support to vulnerable members of the local community, was also evident in a number of narratives. In some cases, the preference for family care was bound up in a desire to maintain a rural way of life and to avoid becoming dependent on the state:

*... it put the fear of the Lord into them [my parents], the thought of them having to go into old folk's homes after they'd been used to seeing the sun get up and dead silence.*

(Mr Williams, id5)

Mr Hughes, who is the main carer for his severely disabled wife, reported a quality of life that was neither good nor poor. He held a very modest view of what would add quality to his life, describing his current life in the following way:

*It's not a good life, you know what I mean? It's not an ideal life, not by a long way. The ideal life would be me sitting here and having my dinner brought in, or going out – my ideal life would be outside, like we used to have lovely lawns up here. That would be the ideal life, two or three years ago. We've got photographs of it, with lights on, and rose bushes, and all mowed, and all the edges done and all the drive neat.*

(Mr Hughes, id3)

For many people in this study, good and poor quality of life was closely related to the quality of personal relationships. For example, Mrs Lloyd felt that she has a good quality of life, and commented that “*having people that care*” is the most important thing in her life:


*I've got two brothers, both had major heart surgery. My youngest brother used to come and do a lot for me. He's got a lovely wife too, but they live at Telford. Anyway, that didn't make any difference. They still come most weekends, either Saturday or Sunday, you know? They really care. My sister will be 90... and, as I said, her son is very good. He's good to his mother too, very good. He's never married and, you know, he comes and I thank him every time, and he said, 'it's no problem, Auntie Edith, it's no problem', you know? And I'm quite sure it's not a duty to him, you know? ... So I'm lucky in that respect.*

(Mrs Lloyd, id9)

Mrs Rowlands felt that her quality of life was very poor, and expressed a desire to move away from her present village location into a town. However, she recognised that it would be difficult to put her 93-year-old mother through the associated upheaval. As a result, Mrs Rowlands felt trapped in her home. When asked about what makes her life good, she replied: *“Being alive, that’s all I can say. And some days I’m not bothered one way or the other”*. She could see little opportunity to improve her life and to escape the feeling of entrapment. This was clearly illustrated by her reply to a question of what she would most like to be taken into account by policy makers and service providers:

*I definitely think that a pavement should be accessible to push a wheelchair on, I definitely do. I know it’s a meagre, silly thing to say, but... if you’d got an invalid mother, where could you push her?*

(Mrs Rowlands, id14)



When asked about what makes her life good, she replied: *“Being alive, that’s all I can say. And some days I’m not bothered one way or the other”*. She could see little opportunity to improve her life and to escape the feeling of entrapment.  
(Mrs Rowlands, id14)

## Conclusions and implications for policy for disadvantaged rural older people

### A pilot for future research

The research reported here was conceived as a pilot study. As a result, any conclusions arising from the study should inevitably be treated with some degree of caution. Nevertheless, analysis of the screening interviews and in-depth interviews with disadvantaged rural older people allow a number of tentative conclusions to be drawn about the situation and lived experiences of this important and frequently overlooked, population group. Significantly, the pilot study's findings appear to confirm patterns identified in previous research on rural ageing, whilst extending this to develop a perspective focused on the experience of disadvantage. In this concluding section, we also highlight several policy implications that arise from the study, and identify a range of issues that should be considered in future research on disadvantage amongst rural older people.

### Evidence of disadvantage

Summarising the findings from the in-depth interviews, the research drew attention to a range of ways in which disadvantage affected older people in rural areas. The research yielded evidence of the impact of limited material resources, the poor quality of social relationships, lack of access to services and changes within rural communities on older people's well-being. Evidence was also found of the impact of life course factors and life events in generating disadvantage in later life. While these themes also are characteristic of disadvantage and exclusion experienced by urban older people, there are several key features that mark out rural disadvantage in later life as being something distinctive.

The study shows the degree to which rural older people tend to play down their experience of disadvantage. This was especially evident in participants' accounts of their material circumstances, but also applied to other forms of disadvantage.

Key finding: rural disadvantage is often dispersed and hidden in nature. Above all, this pilot study highlights the dispersed, and often hidden, nature of disadvantage in rural locations. While disadvantage in urban areas is commonly concentrated in particular (deprived) neighbourhoods, disadvantage in rural areas is spread unevenly – and often unpredictably – across hamlets, villages and small towns. Moreover, the study shows the degree to which rural older people tend to play down their experience of disadvantage. This was especially evident in participants' accounts of their material circumstances, but also applied to other forms of disadvantage. While most of those taking part in this study identified themselves as getting by reasonably well financially, several interviews provided evidence of real hardship. In this sense, disadvantage amongst rural older people may be hidden simply by the fact that it has been personalised and internalised by those who experience it.

While most people taking part in the initial screening phase of this study were not disadvantaged, the research does also demonstrate that older people who experience disadvantage in rural areas are not a homogenous group. Participants in this study differed not only in terms of their age, sex, marital status and household composition, but also in relation to such characteristics as the length of residence in their current locality, their health status, and the roles they performed.

### **Hearing older people: rural voices**

A central feature of this study has been its attempt to bring the voices of disadvantaged older people in rural areas to the fore. However, the research demonstrates that this is not a straightforward task. As noted above, the manner in which rural older people talk about the experience of disadvantage is itself a key research finding. While evidence of significant disadvantage was identified in this study, research participants often sought to minimise the nature of their difficulties during the course of the interview. Most reported a good quality of life despite being disadvantaged in one way or another.

The urge to qualify the experience of disadvantage was especially pronounced in relation to the theme of limited material resources. Reflecting a widespread attitude of self-reliance, older people experiencing financial problems tended to play down the extent of material disadvantage in their narratives, whilst simultaneously emphasising their ability to cope with hardship. A culture of self-sufficiency meant that some older people opted to manage without seeking to claim additional state benefit entitlements. However, older people who had successfully claimed additional benefits – usually through the support of other people, rather than on their own initiative – tended to comment that this had improved the quality of their lives.

### **Social and physical rural isolation**

Further significant features of disadvantage centred on the physical isolation of some rural settlements, and the social isolation that arose from changes within local population characteristics. Many rural areas – especially those in the areas covered by this study – have experienced a considerable growth in population in recent decades, with relatively affluent people migrating from urban areas into traditional properties within rural areas that once would have been the homes of manual workers and trades people. However, such growth in population numbers was often matched by a loss of local services and amenities. For some older people, especially those who had lived in the same community for a substantial part of their lives, the rapid population change within their hamlet or village had fundamentally altered the settlement's character and had generated a certain degree of dissatisfaction with their community. Many older people commented, for example, on the difficulty of forming and maintaining close relationships with recent in-migrants. Such issues, moreover, 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.

One of the principal reasons why many of those who participated in the research were able to report a good or very good quality of life despite such disadvantage was the provision of a substantial degree of care and support by family, friends and neighbours.

### **The importance of informal support**

This study focused on the experiences of disadvantaged older people living in rural areas. One of the principal reasons why many of those who participated in the research were able to report a good or very good quality of life despite such disadvantage was the provision of a substantial degree of care and support by family, friends and neighbours. This was evident in relation to at least three of the forms of disadvantage addressed in the research. In terms of material disadvantage, family members often appeared willing to help with the costs of making ends meet or assisted in the process of claiming state benefits.



The importance of family, friends and neighbours in overcoming isolation and loneliness was a recurring feature of many older people's narratives. Access to services within the local area and further away was often facilitated by the willingness of members of older people's informal support networks to provide help with transportation. It is clearly important that policy and practice should be developed in a way which supports the willingness of families, friends and neighbours to provide these types of help.

### **Policy implications**

Turning to potential policy implications, and recognising the limitations of the evidence base, this research raises several issues of concern.

#### **•Disadvantage in various forms**

The research confirms the existence of a range of forms of disadvantage amongst rural older people. Some forms of disadvantage represent central concerns of current policy making in relation to rural ageing. This applies in particular to a focus on issues around tackling social isolation and lack of access to services. Such an emphasis appears to be important, not least because these are the themes that appear to bear directly on older people's evaluations of the quality of their lives. By contrast, there seems to be relatively little focus on the material disadvantage of rural older people. On the one hand, this is likely to arise as a result of a relatively limited evidence base. On the other, it probably reflects the dispersed and hidden nature of rural poverty, and the fact that older people in rural areas tend to talk about material disadvantage in a way which minimises the impact of this on their daily lives. This becomes an important methodological issue in surveys of poverty and social exclusion, especially where subjective evaluations of individuals' financial circumstances are to be made. But the issue is also important for policy and practice. Outreach work which focuses on overcoming attitudinal barriers to benefit take-up, and on maximising rural older people's incomes, is likely to become increasingly important within the context of an ageing rural older population.

#### **•Transport is key**

This pilot study highlighted once again the importance of transport and mobility as key policy concerns for rural older people. Many of those interviewed, identified access to transport as being the key to a reasonable quality of life. Older people who had access to a car, or some other form of transportation, were able to access a wide range of services, could maintain social relationships and could participate in civic activities. Individuals who could not afford to maintain a car, whose health meant that they could not longer drive or use public transport, or who lived in areas where public transport was limited experienced a reduction in the quality of their lives. The sense of being confined to one's place of residence was especially pronounced in some rural settlements, where the absence or poor maintenance of footpaths, the lack of street lighting, and fast-moving traffic were reported.

This pilot study highlighted once again the importance of transport and mobility as key policy concerns for rural older people. Many of those interviewed, identified access to transport as being the key to a reasonable quality of life.

While a number of research participants provided evidence of the willingness of other local residents to help meet their transport and mobility needs, it continues to be important for rural policy to consider the needs of older people when planning transport services. Further public support for innovative forms of service provision, such as community buses, taxis or Dial-a-Ride schemes, might represent an appropriate way of meeting such needs in some rural areas.

- **Improving benefit take-up**

This research highlights a prevalent set of attitudes amongst older people in rural areas that focus strongly on independence and self-sufficiency. Such deep-seated attitudes are particularly evident in relation to older people's management of their personal finances. As a result, when faced by low incomes and the difficulties of making ends meet, rural older people may be reluctant to investigate the possibility of seeking support through state benefits, or to take up their benefit entitlements. In this context, it continues to be important for the policy process, both nationally and more locally, to consider ways of improving benefit take-up amongst older people in rural areas. This might require government departments to develop outreach programmes which specifically target the needs of rural older people. Consideration might also be given to innovative schemes aimed at providing information to potentially disadvantaged older people in rural areas. Such schemes could usefully draw upon the types of networks that rural older people are involved in, and provide links through GP practices and a range of voluntary schemes. This is of considerable importance. In this study, receiving benefit entitlements was shown to have a positive impact on the well-being of some older people and their family carers who were experiencing difficulty in key areas of their lives.

- **Managing area change**

This study also raises questions about the impact of area change on rural older people. Many participants in this research suggested that rapid change in their communities had had a negative impact on the quality of their social relationships. This raises issues around the way in which the expansion of rural settlements is managed. In particular, some older people suggested that the rising cost of rural housing meant that their children and grandchildren could no longer afford to live within the local area. As a result, family members were seen less frequently, and the provision of care and support to ageing relatives became more problematic. Policies designed to improve the affordability of housing in rural areas represent a step in the right direction when it comes to addressing the support needs of longstanding residents of some rural communities. Developing appropriate health and social care services to meet the needs of older people and their carers who lack proximate family support will continue to be an important theme for rural policy makers.

Many participants in this research suggested that rapid change in their communities had had a negative impact on the quality of their social relationships. This raises issues around the way in which the expansion of rural settlements is managed. In particular, some older people suggested that the rising cost of rural housing meant that their children and grandchildren could no longer afford to live within the local area.

### **Lessons for future studies**

Finally, it is useful to build on the experience of conducting this pilot study, in order to identify a range of issues that future studies of disadvantage amongst rural older people might wish to consider. In this respect, it is useful to begin by reviewing some of the limitations of this pilot study.

Conducted within a short time-scale, a major challenge faced by the research team was the need to recruit relatively quickly a sample of disadvantaged rural older people. This was only possible by focussing the research on a limited range of rural areas (all located in the Midlands and North West of England), and by co-operating with a range of stakeholder groups that could provide initial access to rural older people. A direct consequence of this approach is that the research findings cannot be generalised to rural areas of England as a whole, and that the generated sample of older people is unlikely to be representative of disadvantaged older people within the chosen study areas. Although the research explicitly drew on the support of different types of stakeholder group, and this strategy was successful in generating a diverse sample of older people, the respective group inevitably knew all research participants. Older people who experience disadvantage but are not connected in some way to such organisations were therefore absent from the study. Future studies should consider how disadvantaged people who are not known to traditional stakeholder groups might best be recruited.

The small sample size in this study meant that it was not always possible to draw attention to differences in the experiences of sub-groups of disadvantaged rural older people, according to such characteristics as age, sex, and settlement type. An added difficulty associated with the use of stakeholders as a source of recruitment is that the research team was dependent on the stakeholders to identify potential participants living in rural areas. In some cases, stakeholders' and participants' evaluations of what is rural differed from (new) administrative definitions of rural areas and a number of interviews were conducted with 'urban' older people. In future research, it would be important to ensure that stakeholders only recruited participants in areas that were identified as rural according to official definitions. This would require the checking of postcode data prior to the commencement of any form of fieldwork.

### **Further research needed to aid policy development**

Having conducted this pilot study, we would argue strongly for the need to build on the research to develop a much fuller picture of both advantage and disadvantage amongst older people in rural areas. The absence of major studies on England's rural older population represents a major shortcoming and a significant barrier to future policy development. It is unlikely that existing nationally representative datasets, such as the English Longitudinal Study of Ageing or the General Household Survey, are sufficiently broad in scope to allow researchers to address adequately the theme of disadvantage amongst rural older people.

The qualitative data arising from these interviews, as demonstrated in this study, provide important data relating to the concerns of rural older people and significantly ensure that the voices of older people appear where they belong – at the heart of the research.

Building on the experience of research conducted by members of the research team in urban communities, we suggest the need to conduct a major representative survey of older people in rural areas that would explore issues around individuals' social relationships, their material resources, involvement in civic life, use of services, health, attitudes and quality of life. Such a survey would allow a much more rounded view of rural older people's disadvantage to be developed than is the case in a small pilot study. However, we also believe that a survey should be part of a mixed methods research design which would also involve conducting in-depth interviews with advantaged and disadvantaged older people living in different types of rural settlement. The qualitative data arising from these interviews, as demonstrated in this study, provide important data relating to the concerns of rural older people and significantly ensure that the voices of older people appear where they belong – at the heart of the research.

“...because for one thing it’s a lonely experience in a small village where they’ve got no amenities, no transport. They can be isolated and if bad weather comes on and they’re not very well – even if they have got a car – at least if you’re in the town you can ring up on the internet and get your groceries delivered, I suppose you can in the country, but I don’t recommend for old people to live in the country.”

(Mr Williams id5)

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## Appendix A: Case studies

The case studies have been written with the aim of giving a composite picture of a selection of research participants who experience disadvantage in both different and similar ways. They have been structured around daily life, area change, access to services, material resources and quality of life, and in doing so draw out themes around social relationships, social capital and disadvantage through the life-course. Particular attention is paid to issues specific to being an older person in a rural area.

### Case study

# 1

#### Case study 1: Mrs Andrews (id1)

*“Sometimes I find it very difficult ...”*

Mrs Andrews is a 74-year-old widow who lives alone in a row of about 30 terraced houses that were built to house workers from the nearby stone quarry. Her home is situated about a mile from the nearest village at the top of a hill and is surrounded by open fields, close to moors. She has lived in the same house for the past 49 years. She has two sons, one of whom visits her daily.

#### Daily life

Mrs Andrews gives a very concise description of her daily life:

*Well I get up in the morning and I do my grates, have my breakfast. I mean, I have to have an injection because I'm a diabetic, you see... then I do my washing or whatever, you know, just a normal routine... this week I've been cleaning the walls down and cleaning brasses and pictures and things you see. It's a bit heavy. I have to keep doing a bit, sitting a bit. Because I can't keep going all the time, you know, and then I go out. I went to the Friendship on Tuesday afternoon and we've got Mothers' Union this afternoon, and my son takes me into [nearby market town] sometimes on a Wednesday when I want to go. And then we have the minibus on a Thursday to go to [another town], if we go. I don't go every week and that goes every week, but I don't go every week because I don't just feel as I just don't want to.*

She has two friends who pick her up and take her to bingo at least once a week, and sometimes twice, and there is a grocery van that calls to the road twice a week.

#### Area change

Mrs Andrews is very aware of changes within the local area which she feels are attributable to townspeople moving in:

*I can't really explain but people in the country do seem to mix better than people in the towns... this row when I first came here, you knew everybody. Everybody all mixed in, if there was anything going off, everybody clubbed together. Same as the Coronation and when Prince Charles got married, we all had a party out in the field at the bottom. Now you don't know half of them now. The older ones have gone, the houses have been sold, people from away have come in and bought them, so you don't know them and they don't mix with you, you see.*

When asked what she thought that might be about she replied:

*Well they go to work, the younger ones do... and they haven't got time. You see there was a lot of old people in here when I came because my mother and father-in-law were living then. Well, there was nearly every house had got a pensioner living in it. Well, you went and did things, you helped one another and that... (now) the people just seem to keep theirself to theirself. They don't want to know. And if the least little thing goes wrong, they are up in the air... I can't say as it's a community like it used to be, this row isn't. No.*

### **Access to services**

Mrs Andrews considers she has good access to services. The local village has a primary care team which fund-raised to purchase a minibus:

*...you make your appointment and you say, 'can I have the minibus?' and it picks you up at the door and brings you back. Charges you, it should be 85p, but I give them £1, and it's very good like that, you know. And if I want to go to [major regional] Hospital, or anywhere, same as to the chiroprapist, and like that, you ring up, we have a, where you can ring up and you can get a car and he takes you half price with having a pensioners' ticket, you see. So... we're not really bad off really for transport.*

There is no regular bus service where Mrs Andrews lives and she relies heavily on her son to take her to the local town to use the bank and shops.

### **Material resources**

Mrs Andrews feels that it is more expensive to live in the country than in the town:

*Well... you can't just go out and get something when you want it... same as the grocery van, the things that you buy off him are dearer than what you could get in the supermarket in the town, you see.*

She receives a small, additional pension from her late husband's employers and has a reduction on her Council Tax. Even so, she worries about money and describes finding it hard to manage and says that her financial worries negatively affect her well-being:

*Well, sometimes I find it very difficult. Same as just at the moment now, I've had a lot of bills to pay and it's really getting me run down you see... I've got nothing... it's just living more or less on me pension.*

She says that she manages to have the necessities but is careful about what she buys in the shops:

*Well... you think sometimes 'well I could just do with that' but I think, 'well, you can't afford it', you know. A little bit of a luxury or something like that, you know.*



### Quality of life

Mrs Andrews describes herself as liking other people. She enjoys her social life with her friends, her shopping trips with her son and sees her five grandchildren every week. Mrs Andrews feels that she has friends living around her, and says that her neighbours, a younger couple, are very supportive. She also describes ways in which she supports them, as this example of her dealings with the local coalman shows:

*I mean he doesn't see him, you see, because they're out when he comes normally. And so he said about his coal, and I said 'well, I'll pay for it Paul and you can pay me'. And he says, 'fair enough', he says 'if you don't mind', he says, 'that saves having a big bill when we miss him'. So that's that.*

Informal help by others is also much appreciated:

*The grocery van brings my pension, that makes it a little bit better. I know they're not supposed to, but it's just an understanding that. She's ever so good, you know and she just brings it.*

Whilst she is experiencing some health problems that are limiting her mobility and causing pain, money worries seem to have the most negative effect on Mrs Andrews' quality of life, and financial support for older people is the main issue that she would like to see government addressing:

*Well, to either take the Community Charge off you or give you a little bit more pension because really things are going now out of all proportion. I mean, coal's just gone up, he's told me it's going up again by Christmas, so you see you've got to find everything all on the top, you know. And they keep saying 'oh, central heating', but central heating's no cheaper than what the coal is, and I prefer my coal. And... this 17% valuation tax, I think that should be scrapped because it makes everything so expensive... it's a lot of money.*

### Case study

## 2

### Case study 2: Mr Hughes (id3)

*"Here, you've got to manage..."*

Mr Hughes lives a quarter of a mile up a long, steep hill on the edge of the small rural village where he was born and has lived all his life. The house is about 300 yards or so in from the road, at the end of a narrow dirt track with steeply raised grass edges on either side. The countryside around is bleak in places, very windswept and exposed. His home is a traditional double-fronted, solid, stone house on two floors, with two reception rooms and a large kitchen. Mr Hughes is 74 years old, with osteoarthritis in both knee joints so he cannot walk very far. He is the main carer for his severely physically handicapped wife who is 73, and who is wheelchair bound. Mr Hughes does not have a car so, although the village has a small shop cum post office and a pub at the bottom of the hill, because of his mobility problems he cannot use them. It is six miles to the nearest shopping area, which is a market town on the edge of the Peak District.

### Daily life

Each day, two carers come in to help with bathing and dressing in the morning, and again in the evening to help make Mrs Hughes comfortable for the night. The Hughes have one daughter, who lives in the market town and visits them at least once a week. She takes Mr Hughes, and sometimes her mother if she is well enough, shopping. She also helps with visits to the doctor, hospital appointments and any other necessary trips, and if she cannot visit herself, their granddaughter calls instead. Mr Hughes says that they have a very good relationship with a close neighbour, who told him *“if you want me any hour of the day or night, two, three, four o'clock in the morning, I will leap over the wall”*.

### Access to services

The nearest primary care team is four miles away in a neighbouring village. In addition to help from his daughter, Mr Hughes uses the bus service to surrounding towns offered by volunteers in the local community, which he thinks is wonderful. He can manage to walk down the drive to the road to meet the mini-bus. He finds it hard to maintain the drive, and its poor condition is exacerbated by the traffic from the carers' cars: *“...but one carer, it was perfectly flat, he turned it into a ploughed field, you know, with weather like this? He made it so bad, you couldn't walk across it”*. Mr Hughes says he got fed up with trying to maintain the access, describing one recent occasion when *“from two o'clock till half past five I was over there. I went from this end, swept it, moved it, and come back. I'd done it at half five, she'd [a carer] come at six, and made it just as bad, that deep... all right while it was sunny and baked hard, she couldn't do any damage”*. Consequently, the bus belonging to the day care centre that his wife used to attend is unable to reach the house, and his wife has now become practically housebound.

### Area change

Mr Hughes is aware of a number of changes that have occurred in the local area over the years. Of immediate concern is the greatly increased cost of local housing, which means that his daughter would be unable to afford to live nearby:

*I don't know, but I feel sorry for young people. Daughter certainly can't live here... could never buy a place here. Never, ever, will be able to. I mean you're talking... God, I remember a place when I was in me thirties, they were asking 300 quid for it. And it was put up for sale, somebody came and bid £45,000. Well that's it, in't it? Nobody [local] had got it. Now anywhere round here, you're talking £400,000 at least, so how can anybody young buy it, with a mortgage and Council Tax, you know. They can't do it, can they? So, I mean, she has to live the town.*

He describes a fundamental shift in intimacy within the community:

*All doors open, you could go anywhere. You set off from here, I was reared near up there so we used to go and demand a cup of tea. Graeme lived down there, so we used to stroll in there, Bob Saunders lived there, you could stroll in there, another uncle lived there, it was the same all through the village. It was wherever you went, "are you coming in here and having a cuppa?" You know what I mean? Oh, it was much nicer. When we were kids, we'd got nothing, but I wouldn't swap it for today. So what you did was to go down and play football in the road, and someone would sneak you half a pint outside the pub. There were concerts, dances, all sorts, you know, there was plenty of entertainment then. It was much nicer, you know.*

Mr Hughes also feels that the situation for older people living is past decades was rather different to the present:

*Well, people looked after one another more, didn't they? You know, the families. Somebody was there from the family, they looked after them. Well they don't now, do they? No, it's much different.*

He compares the situation when he was young to the position now, and describes a degree of feeling out of place in the village where he has lived all his life:

*I don't know many people. Them up there, they say they're very nice, but I don't know them.... Now Sally and Les, 'course we know them. Ruth down there, she's very good, she'll take you anywhere if you ask her. That one down there's some very fancy doctor. That's about it, that's all we know. Some lawyers and barristers over there. You see, we're not quite... you know what I mean, don't you?*

### **Material resources**

Their daughter helps the Hughes to organise their finances, and if they want anything they save up for it: *"I mean there's no way we're borrowing. I mean if we've got bills coming in, we just save."* Mr Hughes is clear that he doesn't want material goods, yet is also aware of not being able to afford to maintain the house to the standard he would wish:

*When you get to our age you've got more or less everything that you want. But I mean we had this place decorated last year, it's never been finished off, everything is just everywhere. We've got things we don't really need, you know".*

Nevertheless, he feels that living in the countryside is less costly than living in a town:

*"I think it's cheaper, because if you haven't got anything you manage without it. When you're in there [the town] and she's having a look, ooh we want this, you're round fetching it, aren't you? Whereas here, you've got to manage, and you can. Oh we live all right, we do.*

Mr Hughes is in receipt of disability benefits. When his wife was being discharged from hospital recently, they received advice and help from a social worker who helped them to apply for Carers Allowance. The successful claim was backdated:

*And so we got this great ruck of money out you see, because we had this thing for her sitting in, you know for driving round in, and a new wheelchair, and something else and – I mean, they're hundreds of pounds aren't they? I think they cost £1,500 one lot of them, you know, it's a lot of money isn't it? Well, we couldn't have done if we hadn't have had this help. She couldn't have had one, it's as simple as that, because we'd never had afforded one.*

Along with other research participants, Mr Hughes was very concerned about the Council Tax, in particular because of the associated unpredictable costs:

*I reckon it's worse than the mortgage, you can pay your mortgage, with luck, can't you? If you keep your job and you know, get two of you working, you can cope with that because you've planned for that, haven't you? But you can't plan for this, can you? You know a great damn thing, and what could it be? What's it going to be in ten years' time? What have you got to find?*

### **Quality of life**

Health issues have the biggest impact on Mr Hughes' quality of life. He describes the fact that he and his wife are home together as his biggest source of happiness, especially because the doctors had warned him that his wife might not be able to return home after her last spell in hospital. He feels that the one thing that would improve his quality of life would be an improvement in his wife's health. He says his life is not ideal at the present:

*It's not a good life, you know what I mean? It's not an ideal life, not by a long way. The ideal life would be me sitting here and having my dinner brought in, or going out – my ideal life would be outside, like we used to have lovely lawns up here. That would be the ideal life, two or three years ago. We've got photographs of it, with lights on, and rose bushes, and all mowed, and all the edges done and all the drive neat.*

Like other participants in the study, Mr Hughes thinks that life would be different if he lived in the local market town:

*Well, if we lived in town ... it'd be perhaps a three minutes walk down to the doctor's, to the doctor's see. And dentist, and everything, yeah. Oh, it's much easier. And shops...*

When asked what keeps him here, he replied *"It's home isn't it? And quiet."* He feels that if government could know one thing about life for older people in rural areas it would be concerns about access to emergency services:

*Well, there's only one thing that concerns me, duck, if they are cutting down on ambulances and things, same as air ambulance... I mean, they're vital, aren't they? I mean how much do you put on a life? You can't, can you? Anybody's life... No, but what I've heard – well, I've read it in the paper, don't know whether they're scare-mongering or not, saying that Staffordshire area, 28 ambulances have been cut down to 11. Which I don't think streamlines a lot, I don't. Do you? If you've got 28 and they're pretty busy, what are 11 going to do? It's not streamlining, is it? It's just cutting down. I would tell them that, tell anybody that, I don't agree with that, no.*

### Case study

# 3

### Case study 3: Mr Williams (id5)

*"I don't recommend for old people to live in the country..."*

Mr Williams is a 60-year-old divorced man who lives in local council rented accommodation on a busy road on the edge of a county town. His home is a terraced house with a newsagent shop at the end of the row and a distribution centre opposite. The area appears more industrial than residential. He moved here shortly after financial pressures forced him to leave his tenant farm in the area where he had been born and lived for 50 years. He greatly misses his previous life and says that farming was all he ever wanted to do, but that *"it's a young man's game"*.

#### Daily life

Mr Williams describes his state of health as poor, and he struggles with depression – which was precipitated when he was forced to leave his farm and move to temporary accommodation on a council estate in town:

*I felt like a total fish out of water and it ruined me it did... It put me in hospital, an acute psychiatric ward, and I tried to commit suicide twice... But I've got out of that dark tunnel and I've moved on... and I've learned to live with life. There is life beyond the farm gate.*

He is fully mobile and works as a volunteer for fifteen hours over three days a week with a local charity. The remainder of the time he says he *"hardly talks to anyone"*. At the same time, he appreciates where he lives because of the ease of access to basic services and amenities, which he feels is different to living in the country:

*...because for one thing it's a lonely experience in a small village where they've got no amenities, no transport. They can be isolated and if bad weather comes on and they're not very well – even if they have got a car – at least if you're in the town you can ring up on the internet and get your groceries delivered, I suppose you can in the country, but I don't recommend for old people to live in the country.*

### **Access to services**

Because he cannot afford to maintain a car, Mr Williams relies on walking and local bus services, which are good. He says that if he was still living in a rural area it would be different because:

*... unless you've got transport you're beat before you start... and if you can't walk very well and you haven't got the best of health... well, it can be a soul destroying experience, stuck out in the sticks... unless you can drive and you've got public transport... well you're far better off moving into the town.*

### **Area change**

Mr Williams describes the move from his farm as “a terrible experience” and says that he does not feel part of the community where he now lives:

*It's like a totally different world living in a town. Everybody seems to... there's no community spirit and everybody looks after number one and if... well I find they find it even difficult say good morning to you.*

Mr Williams felt that there were clear attractions to living in the country, but also distinctions between different sorts of country lifestyles:

*You feel as though... well I was my own gaffer, I ran my own farm. It's a totally different ball game if you work, say, for JCB or somebody. You might live in the country, but if you're working in a factory it's not quite the same. But to live in the rural areas and you love the job you're in, it's fantastic.*

### **Material resources**

Mr Williams describes himself as having a reasonable standard of living, even though he relies entirely on state benefits for income: “as long as you're thrifty and you don't spend on excessive things it's a reasonable standard of living”. He considers that it is more expensive to live in the country than in the town because of the need to pay taxi fares to access amenities and health services. He also believes that higher rates of Council Tax in rural areas had resulted in people he knows choosing to move into the town:

*I don't envy anyone living in the rural areas unless they've got enough money... to keep themselves viable as far as transport and running a vehicle.*

He feels that once a person is in receipt of Housing Benefit they are secure and relatively free from financial worry:

*I mean, my rent's paid for by the housing benefits people and if you're getting Housing Benefit well, you're laughing all the way to the bank.*

### **Quality of life**

Mr Williams feels that he has poor quality of life because he no longer lives in the country. However, he also describes himself as having a meaningful life as a result of his voluntary work, and the way in which this structures his weekly routine. He believes that the government needs to take into account the fact that older people in the countryside often struggle to meet the needs of daily living, particularly if their health deteriorates. He thinks advice should be given to older people to consider moving to the town:

*Well don't leave it too late. It's not to hang onto the property until they are so fragile that they had to be carried out. If they can just see the light... it'd cut their work down. It's cheaper to live in the town than it is in the rural areas. It's to move into the town, into a nice flat or something that's a lot less work and a lot more convenient. A little old folk's bungalow. But don't leave it too late.*

## Case study

# 4

### Case study 4: Mrs Evans (id6)

*"I don't think they could make it any better now, now it's in this state..."*

Mrs Evans, 86 years, has lived in the same small village all her life. She originally lived with her parents on a smallholding nearby and when they became frail, she moved with them and her husband into what had been the village shop, a stone built, double-fronted cottage. The village is about three miles from a busy trunk road, and is spread over a steep little hill. Mrs Evans lives in the last house on the winding road that leaves the village at the bottom of the hill.

#### Daily Life

Mrs Evans has friends who live nearby that she sees on a daily basis, and who give her the only help with daily living tasks. They are a recently retired couple, whose daughter and family also live next door to Mrs Evans. She provides a very succinct account of her daily routine:

*Well, I get up round about eight o'clock now, since they've altered the clock. I used to get up about half-past-seven but it's about eight o'clock now. Then I get me breakfast, usually porridge, yeah, and wash up. Now I try and do the hearth because my friend comes down, but and I think well if I can do it, I'll do it, you know. And then wash up. Well [then] we have a cup of tea about 11 o'clock and then sometimes I have a cold lunch and then I have me dinner at night or if I could get it ready, sometimes I have it in the middle day, and then just tea at night, for a change. And I listen to my tapes quite a lot – talking books – I listen to those. I don't watch television very much because I can't see it. And then I sit quietly in the evening and get a drink and go to bed. It varies from about half-past nine to half-past ten.*

Mrs Evans is partially sighted and also has significant hearing loss. She finds the limitations these conditions place on her daily life very frustrating:

*Well I can't see now, you see. I used to like a whist drive, but I wouldn't be able to see. I miss me sight, you know, because I used to... I can't knit and I can't sew and I can't go to bingo, you know? Those sort of things vex me... because I always used to be knitting or sewing or altering things, you know. I loved doing that but I can't do it now. I miss that... nothing to do with my hands. I suppose I could make mats and that but there's no-one to learn you now.*

So she mainly sits by the fire, listening to local radio or to her talking books.



### **Access to services**

There are no primary care facilities in the village. Mrs Evans relies entirely on her neighbours to take her anywhere she needs to go, including the chiropodist, the doctor and shopping. She paints a complex picture of transport and its relationship to village life, describing how residents used to participate in community events more years ago because they had no transport. Yet she recognises how limiting it is to be without a car in the present day, particularly since there are no buses to the village:

*Well, there's no buses, you know. If you hadn't got neighbours or somebody that could take you – because I can't drive any more – I mean you'd be stranded really. Used to come a travelling shop... but now they never come. Of course people don't want it, there's nobody here, they all go out shopping. All got cars, you see, beside about two of us.*

### **Area change**

When asked what would make her life in the village better, Mrs Evans found it difficult to know. Instead, she spoke about changes to the neighbourhood, including – as with other participants – the high cost of housing:

*I've no idea. I don't think they could make it any better now, now it's in this state. I'm not sure because years ago we used to have a little village hut and then, when they built the new hut at [larger village one and a half miles away], what they call the parish hall, they said this [one] wasn't good enough to have functions in, you know and it was sold, it went. But it was very good and then of course everybody went then because there was no transport. But we had lovely times in there, much happier than in the parish hall, I think. But of course, the peoples changed and the building's changed. And the school went, you see. That altered when the school went, and then when they sold the farm cottages the local people couldn't buy them, they were too expensive. They're out of anybody's question now.*

Mrs Evans felt she had good friends, neighbours, who had taken her “under their wing”. In line with other respondents, she also felt that the long-standing residents of the village did not mix with the new arrivals, although she did not see this as particularly problematic:

Well, the few just around are friendly but you don't see anything much now of what I call the new people up in the barns and that. They're very nice when you do see them but they've sort of divided the village in half almost now because they're at the top and we're at the bottom, we don't mix very much.

### **Material resources**

As with other respondents Mrs Evans felt that the Council Tax is unfair and that, as an older person and as a country resident, she did not receive many services as a result:

*Well, I think really the Council Tax is too much... I say to some people sometimes, 'I only get three weeks' pension', you know. 'Oh why is that? You should get it, you know'. 'Well, they take one week off you', I say, 'in Council Tax, for a start'. I think when you're a certain age I think they should allow you a bit, because we get nothing here just... Dennis said 'Ooh do you know what I saw this morning?' I said, 'What?' 'A policeman' he said. I said, 'You never did'. He said, 'I did. But he was in a motor car'. I mean we used to have a policeman, he used to ride on his bike through the village, see if you were all right.*

She relies on her neighbours to help her with bills and routine financial management:

*Well, June helps a lot if I have to fill those forms in. Dennis can write a cheque for me if I tell him what I want, how much, and where to put it and that if I send a cheque anywhere. And I can manage to sign it, but I can't see what I've written unless I get my magic eye out.*

Mrs Evans says that she manages on her income. She feels that life in the towns is more expensive than in the country and, as with other respondents, she describes a particular attitude to shopping that involves a routine and making do:

*I think they're expensive in the towns myself... I should think you could live cheaper in the country if you could get your, if you'd got a car and you could just run and fetch it. But a lot of people now, I think they make a mistake. They go, 'Oh I've got to have some milk'. Off they go, fetch the milk. I say, 'Well how much does that pint of milk cost you?' 'Oh, we've run out of bread'. And I say, 'Well, why don't you do a good amount of shopping? ...not keep running off two or three times a week... I usually buy things that'll keep. I mean when I want a bit of something fresh, I just say, 'if you're going in, bring me so and so'. It's not very often... because I can get milk and eggs you see, off the milkman.*

She relies heavily on her neighbours for help with shopping:

*Well I usually think and make me list, you know. I can manage to write me list out, but when I'm in the supermarket, I can't see really. I say to June mostly, she used to take me, she's got poorly hands now, so she can't carry the things. But I make a list, you know, and then one or the other comes with me. They say this and that, what I've got on my list. And then they'd say, 'Oh there's so and so, would you like that? Or 'that's a good buy', you know. They're very helpful. I couldn't do without them, I don't think. Because I couldn't go on the bus. Not alone, I don't think now. I used to, but I feel a bit afraid now, going. Because me eyesight's getting worse, you know...*

### Quality of Life

Mrs Evans found it hard to say what would improve her quality of life. Having no immediate family she was very grateful to her neighbours for their support. At the same time, she articulated a sense of isolation and felt that a more formal sort of contact would be useful:

*I've no idea I'm afraid ... Dial-a-ride, you've got to give 48 hours' notice. I said you don't know what's going to happen in the next 48 hours. I have got my emergency contact. That's saved my life twice because I fell there and I couldn't get up... Well, I could have died out there because nobody could see me. I was nearly against the wall. Dennis came down and he said, 'Well where are you?', you know... I couldn't move. That's when I broke two bones in my shoulder. And then the next time I was out by the greenhouse there and I backed into the wall. But nobody would have found me there. Then they came down and sent for the ambulance because my head was bleeding so. But I don't know what you could do (more), but with anybody visiting, you know. There's no visitors. They don't come round and visit you at all.*

As with other respondents, Mrs Evans had modest expectations and conveyed a sense of self-sufficiency and coping, as when she replied to the question about whether there was anything that might make her life better:

*Not really, only I get a bit annoyed with myself you know. I haven't got much patience you see. My husband... used to say, 'You're like your father, you've got no patience'... I have got a bit more now, but if things do annoy me I get in a bit of a paddy, But I have to control myself, you know. But otherwise, really and truly for an old person, I think I'm very well off. Very content. I can eat all right and I can sleep fairly good. So I mean, I haven't got much to worry about. I can cope, you know.*

### Case study

# 5

### Case study 5: Mrs Lloyd (id9)

*"I vow the post box keeps moving further away..."*

Mrs Lloyd is an 82-year-old widow who lives in a hamlet with no local facilities that skirts the edge of a busy main road. Her cottage is situated at the far end of a row of similar dwellings along an unadopted track running at right angles to the road. The nearest town is rapidly expanding and its outskirts now reach a mile from Mrs Lloyd's house where she has lived for the past 53 years. She moved there from a nearby village when she married her husband.

### Daily life

Mrs Lloyd says she has a "hectic" life. Her only daughter, Rose, died some years ago, leaving two young children who are now in their twenties. When they were younger, Mrs Lloyd helped care for them, and she now has a close relationship with her son-in-law whom she sees every day:

*I try to keep a routine for my work like I've always done. Monday, if I've got washing I do my washing; sheets on a good day or if not, I leave it and do it another day. Housework routine you know, just give it a flick over some days and when I'm feeling more energetic I have a better clean. I like the garden, so I always try to get out in the garden, or outside if it's fine, sometime during the day. To post a letter I have to walk right to the top of the bank... if there's any cards or letters I walk up there and back, although I vow the post box is getting further away. But anyway I can walk... well I normally can walk and I try to live... I live a hectic life in a way. Well I... going back, my daughter died... she had cancer of the pancreas and died at 40, and she left Sofie and her boy was... he was seven and I brought them up because their dad wanted to continue with his job which he's done 'til this year and I've always cooked meals for them ... and we had to have taxis to get them backwards and forwards until they left school, so you know it's kept me quite busy and then unfortunately again Arthur, their dad, developed cancer, bowel cancer, but he had an operation in April this year and he's remarkably well. He's picked up... well it's a success I think but he's still going for check-ups. But he comes still for his dinner every day because he's packed up work and so I still... I'm still caring for somebody. I'm a beggar that way, keeping my time occupied.*

### **Area change**

Mrs Lloyd is acutely aware of changes in the local area, which are prompting her to consider a move. These are related to her own ageing and that of her contemporaries, as well as to a diminished sense of community in the hamlet:

*You see, the lady that lives there she was a bit older than me, and the people down the road they're 82 and 83 and the one on this side of the road she must be getting on for 90, so we can't get about. If I don't go to see them or something... we're all getting old, and the young ones that are coming in all the way along... you can hardly believe there was 26 children to get on the bus that came along here when Rose went to school, my daughter. Now I don't think there's a child. They all go to work. They go out in a morning, eight o'clock to half-past and then, after I walk up to the bus there's nobody to say hello to, you know. The whole set-up has altered and still altering because they're doing a lot of work, as you know, down here, and it's not the same any more and I was tempted to put my name down for a bungalow with a warden. I don't see Phyllis. Again, she used to come round and I'd make a cup of tea, and we'd have a cup of tea and piece of toast each in the morning. Well then, I never see her, again because she said, 'if I come round he's looking for me' ... I think Alzheimer's is awful.*

She compares this with how it was when she and her husband first moved to the house:

*We fitted in... We were all young together up here. I like the area, but I've lost most of my friends because I'm old. I mean people do die. It's... you can't help it. But I mean, what people I've got to know, you've got to make the first approach always but the young ones never have got time, have they? I mean I know what it's like. They're all working and, well they haven't even got time to have children today. They think, 'oh I'm giving up a lot'. It's all altered so much. I mean, home doesn't come first now, it's work comes first.*

However, Mrs Lloyd feels that to leave her home and garden would not be a positive move:

*I've been over the years to visit so many people that have given up, and gone into a home, and they just sit in the same chair. You go in, you know, they're all there and, you know, what a boring life. I don't know whether I could settle, you know.*

### **Access to services**

When she first moved to the hamlet, there was a little shop in one of the houses, but the lady who ran it moved to Birmingham to be near her daughter and the shop closed. Into her mid-sixties Mrs Lloyd rode a bicycle until she was forced to stop because of Ménière's disease:

*Oh, I often wish I could ride a bike and go, you know? It's the freedom. I think anybody who's had transport of their own must miss that worse than anything.*

Nowadays, Mrs Lloyd finds it difficult to access services and has to rely on lifts from her son-in-law or take a taxi, as she illustrates when she describes a recent visit to her GP:

*It cost me £9 for the taxi. £4.50 to go down, he expected a tip, so it cost me £9 just to go to the doctor and back, which is bad. And then Mary said to me, 'well you ought to have got in touch with Dial-A-Ride' is it or something? I mean, you have to pay and you've got to give them notice. How do you do that? I mean, they've got to know the day before and quite often, if you're in pain, you want to see the doctor that day, don't you?*

Mrs Lloyd has a 90-year-old sister living in a local village with her son. This nephew comes each Thursday and takes Mrs Lloyd to a supermarket in the town "and I'm glad of a bit of company".

### **Material resources**

Although she is careful with her money, Mrs Lloyd says that she doesn't do without essentials. She is helped in this by her son-in-law and describes a reciprocal relationship:

*I keep watching very carefully what the balance is because I don't want to run into anything... I was brought up never to have anything unless I could pay cash for it, so I haven't got a card. I'm one of the old fashioned ones. If I haven't got the money, I don't have it and that's the end of it. But clothes-wise I've got quite a lot of clothes and I think, 'now well I can do without it'. Curtains, I could do with winter curtains but I think, well I might move, I might not be here, you know. So I'm careful. I manage though, I don't go without. And of course it's a good thing in a way I'm still cooking for my son-in-law. He comes up here and with cooking for him I cook for myself and he's very good; he buys the meat and the big things you know, brings them here for me to cook and he's grateful. We help each other. He's mowed the lawn for me...*

As with other respondents, Mrs Lloyd worries about the Council Tax:

*The Council Tax... It's very disheartening when you put the wireless on, local news, and you hear Council Tax is going up by so much. I mean, we've got our pension, but the pension never rises enough to pay extra on the Poll Tax.*

### **Quality of life**

Mrs Lloyd reports having a good quality of life. She feels she is lucky in her family and says that “*having people that care*” is the most important thing in her life:

*I've got two brothers, both had major heart surgery. My youngest brother used to come and do a lot for me. He's got a lovely wife too, but they live at Telford. Anyway, that didn't make any difference. They still come most weekends, either Saturday or Sunday, you know? They really care. My sister will be 90... and, as I said, her son is very good. He's good to his mother too, very good. He's never married and, you know, he comes and I thank him every time, and he said, 'it's no problem, Auntie Edith, it's no problem', you know? And I'm quite sure it's not a duty to him, you know? Then my elder brother, he lives in Cambridgeshire, and he's under Papworth Hospital. Backwards and forwards into there for check-ups but he's had... it's 12 years since he had his major op. and he's wonderful really. So I'm lucky in that respect.*

She is an active gardener who would be “lost” without her garden. She has always grown her own vegetables. But she finds the winter difficult:

*The clocks alter, you draw the curtains at four o'clockish and you don't see anybody again. And I'm off the main road, so I can't even see people going past.*

One of the things she feels would be most useful would be to have someone to call on her every six months to see if everything is okay and to check whether her circumstances have altered. She is hopeful that the expansion of the town will continue and will eventually mean that her road is absorbed into the development which will bring street lighting and footpaths.

## **Case study**

# **6**

### **Case study 6: Mrs Rowlands (id14)**

*“Being alive... And some days I'm not bothered one way or the other”.*

Mrs Rowlands is a 62-year-old widow who lives with her 93-year-old mother. She returned to England from Spain two years ago on the death of her husband. This was followed soon after by the death of her father. Her present home is about a mile outside a large village with a number of facilities. It is a pre-fabricated house in a retirement complex of about 20 other properties.

### **Daily life**

Mrs Rowlands' daily routine centres on her mother who is severely mentally and physically disabled. Carers come in the mornings to help her dress and wash her mother, who attends a day-care facility twice a week:

*Mum isn't the easiest of people. If she was here now, you would think what a lovely old lady. I have threatened to get, you know, a recording of her sometimes, but I don't think she'd believe it was her. So I can't go to bed till about one o'clock because she had a hemi-colectomy 35 years ago which now, as she's got the older, the problems have become worse... She can be in bed at five or six or half-past-six, so then by one o'clock she really does need attention. So I get her up at one o'clock, clean her up, put her back to bed. Then last night she woke me up at three, she woke me up at four, she woke me up six. Then I was up just after seven and it takes quite a while to get her out of bed, get her into the bathroom, get her to have her breakfast, before the carer helps me wash and dress her. And then it's beat the clock to get her hair done, a bit of her jewellery on, and her make-up done before they're knocking on the door at quarter-to-ten to take her to Rose House.*

On the days her mother is in day care Mrs Rowlands goes shopping in the nearest town, some seven miles away. She describes her life as “*very frustrating, very lonely*”. She has two female friends, one of whom she sees on a weekly basis and the other about once a month. Both come to see her, as she can no longer drive because of sight problems. Mrs Rowlands would like to go on the trips one of her friends takes with the Mothers' Union, but would not return in time to be there for her mother in the evening.

### **Area change**

Mrs Rowlands is not aware of any particular changes to the area in the short time she has lived there. She bought her home without having seen it and whilst she thinks the setting is beautiful she finds the location very limiting and isolating.

### **Access to services**

Mrs Rowlands, as with other respondents, identified having independent transport as key to living in a rural area. Because she cannot drive she relies on “*Dial-a-Ride*” if she is going out on her own. The state of the footpaths mean she finds it difficult to get to the nearby village on foot:

*Obviously I'm outnumbered really because nine out of ten people have got their own transport, haven't they? I can't... maybe life would be a little easier if I could push mum out in a wheelchair, but Park Road is diabolical to walk. That pavement is, in parts, is about 12 inches wide and the camber on it, it throws me into the road. There's no earthly way I could push a wheelchair on that pavement. It's not so much the growth of the trees and the bushes, it's the infiltration of the earth coming across the path. I'm sure if that was taken back, but you see Park Road is the only road with a pavement. If I turn left, there's not a pavement, so I could cause a major accident if some car swerved to miss mum and I.*

### **Material resources**

Mrs Rowlands feels that she is able to afford the things she needs, but notes “*I wouldn't live beyond my means anyway*”. She says that she is careful about what she buys and worries about the cost of fuel, which is bottled gas:



*They're very, very expensive to run. I mean, in the winter when mum's here, it costs me £6 a day to run, because obviously she's old and she feels the cold and the heat has to be quite high for long periods.*

When her mother is at the day-care centre Mrs Rowlands keeps the heating off.

### **Quality of life**

Whilst she finds the people living near her very friendly, Mrs Rowlands says they are all with a partner or married. She says she misses not having a partner very much and feels that she does not have anyone to turn to. Independence is important to her and she says she does not want to “burden” her neighbours or friends because “they’ve got their own lives to lead. And they’ve probably got their own problems”.

Ideally, Mrs Rowlands would like to move but feels that she cannot put her mother through the upheaval. She would prefer to live in a town “because I like to be independent and I don’t feel I am here”. Mrs Rowlands describes her quality of life as being very poor and when asked about what makes her life good, she replies: “Being alive, that’s all I can say. And some days I’m not bothered one way or the other”. For Mrs Rowlands, feeling trapped in her home was one of the most difficult things to cope with, as illustrated by her reply to what she would most like to be taken into account by policy makers and service providers:

*I definitely think that a pavement should be accessible to push a wheelchair on, I definitely do. I know it’s a meagre, silly thing to say, but... if you’d got an invalid mother, where could you push her?*

## **Case study**

# **7**

### **Case study 7: Miss Richards (id17)**

*“I’ve been hatched here, I haven’t flown in...”*

Miss Richards is an 80-year-old woman who has never married and has lived in the same area all her life, and 31 years in her present home. She has one brother who is 85 and who lives in the nearest large town, about ten miles away, and who drives to visit her regularly. She lives a quarter of a mile outside a large, expanding village with a number of shops, a chemist and a primary care centre. Although her house is outside the village, there are a number of other properties surrounding her, and the village itself is rapidly expanding towards her. She and her fiancé built the house she lives in and it was completed just before he died.

### **Daily life**

Miss Richards is an outgoing and confident woman and describes an active life in which she is very engaged with village activities and people. She is physically fit, although she does have some problems with her breathing which limit her activities at times. As well as receiving much support, particularly from younger generations, she also describes giving support and the following extract from her interview, whilst long, provides a succinct summary of her life and life in the village:

*Well, if I want anything from the shop I go. Well, some days no-one comes, and then you see, I've got friends. Now their children's children have got children so they come. Like yesterday Mary's daughter came. She'd been to the doctor's [with the baby], he's six months old, for his injections. So she phoned, "will you be in this afternoon? I'm going to the doctor's, I'll call round". So she rolled up with him and had a cup of tea and a biscuit, and she plonked him in that chair there and he was as good as gold. Well then, her sister comes. Her two are at school, but sometimes they come to dancing in the village hall, dancing lessons. Well she will come while they have their lesson and this is how life just goes on, you know. Different ones pop in. Well it's gone from one generation now down the generations you see, so and then you can go visit anyone. There's a neighbour across the field. I mean she's poorly at the moment. Well I can phone and say how is she, "would you like me to just go to the shop or anything you want?" Well, there's another old couple round the corner. She phoned me this morning because she belongs to the WI and she's 86... she phoned me this morning because her memory is going ... I wanted to ask her did she want a ticket for the Christmas party because we have a meal, you see, and to tell her that it would be £10... And she does want to come, you see, so I said "I will pay the £10 and then you can bring it or I'll fetch it" you see, because I feel very sorry for her because she's been quite a well educated woman you see, and like I think, sometimes these younger ones like at WI, they haven't the patience with them and I've loads and loads of patience... her husband is 90 last January and he had bowel cancer in the summer. He's had the operation and he's doing fine and she just feels you know, she mustn't get ill, she wants to look after him... when I bake I usually pop round with something in a box for them because now I was told that she gets a bit bothered with the cooker, the switches. So they've just gone on now to Meals on Wheels three times a week, which will save her cooking. So this is really how we live in the country.*

### **Area change**

Miss Richards considers there have been a number of changes in the area, both in new housing and in the types of people moving in, some of whom are not interested in integrating with existing residents:

*We have got a lot of new people come into our village through the new houses. Some are very nice, but others really don't want to know you, and a lot of them are not country people. And we are down to earth, country people... I mean, they come from Buckinghamshire and all over, and I suppose they're younger, and I mean that does make a difference, doesn't it to the generations? I mean, they've probably come into the village to a big new house and they come, the wife has a brand new car, the husband has a company car and in a short while they have a four by four, a Barbour jacket and wellies with straps on. That's like trying to be country people... And they seem to know, some of the, more about the village than the likes of what I know. And they don't...*

Along with other respondents she describes the high cost of new housing which means that local people cannot afford to stay in the area: "£500,000, well, that is not for the likes of us".

Whilst she doesn't feel she has any real problems with anti-social behaviour or crime, she also describes a difference in the attitudes and behaviour of some younger people:

*Well that is, they used to go round the houses, souling, 'please give us, missus, a soul cake, if you haven't got a penny, a halfpenny will do, if you haven't got a halfpenny then God bless you'... [now] they come dressed up and to the door and then they just shove a jar at you, 'trick or treat? If you don't give us a treat we'll do a trick'. One year it was all tomato sauce all over my gate and fireworks thrown up the drive. You know, it's so silly, the price of fireworks. And they go to the shops... it's normally eggs they buy and chuck...*

### **Access to services**

Miss Richards feels that facilities in the village are generally very good, and that the main thing she lacks is choice, although she has learnt to compensate for this throughout her life:

*It's choice, really. But I think country people, if you've lived in the country all your life you just get used to doing without these things and you do the best you can. See like with me last week, what I did was lemon, honey and glycerine for this cough and to loosen it up. Well, many a one would go to the chemist and buy cough mixture and there again, that isn't cheap to buy is it?*

Although there are buses to some local towns, she feels that transport is a major issue for rural people. She relies on lifts from friends and, as a pedestrian, she also finds using the road to the village difficult at times because of the lack of a footpath combined with the increase in vehicle traffic:

*There is that much traffic going along, horseboxes, tractors, that where do you get? Because two big vehicles [passing each other]... and if it's wet with an umbrella up, the hedges want cutting... where are you to get? Yes. And the roads are in such a state as well.*

### **Material resources**

Miss Richards describes a close knit and complex picture of shared resources within the community, which has continued amongst her immediate friends and neighbours:

*I mean when I was a child there was a farm at the church, the Browns, and my brother and I used to go there to play... Mr Brown was a wheelwright joiner and [had] an undertakers business, so there was a boy as old as my brother, and the girl, the next girl, the second one, was two years older than I am. and every so often Mrs Brown used to say, "before you go home, come to the door". Because you never went in the house in those days, you played outside you know, in the fields... you went to the back door and you would be given a brown-paper parcel, done up with string. Now they were the Sunday best of the two eldest, one for my brother and one for me... Well, you went home and you were thrilled to bits because my father was only getting 18 shillings a week and my first pair of Wellington's were Marie's and you were thrilled to bits with them. She'd outgrown them. And when the vans came round with the food and Mrs Brown used to go to the van and we children would be with her at the gate, and she would buy us*

something, a barley sugar stick and we were always included with her little brood. Well, when she died, it was rather sad, she ended up two legs off and the daughter which is a great friend of mine today, she's 76, and she said to me, she said, 'Why, I've often wondered, why were you so good to my mother and dad?' And I said, 'Well, I can tell you why, because they enriched my childhood'. And Mr Brown died very suddenly and Mrs Brown sent for me to go and I often wondered why she sent for me and she said, 'Well, I knew Dorothy would know what to do'... the daughter came and Mrs Brown was doing nothing about getting him laid out or anything and there were feather beds in those days and I said to Nancy, 'What is your mother going to do about laying dad out?... So I said to Nancy, 'I can do it if you'll help me', because he was a big man, you know, tall. So anyhow the son lives at Upper Farm, so ... I went down home... got some clean white sheets and I went to the farm and asked Frank, 'would you bring a door' and would he come and help us to carry him downstairs and lay him out on the door across the settee in the sitting room? And that is what we did... And this is how we lived in those days. Well today, what happens? The undertaker brings a bag, they're removed, aren't they? Chapel of Rest. Well, all that is added on to funeral expenses and that is why it is so dear.

Miss Richards has a small amount of savings, which allows her to plan the maintenance of her house so she does not worry about that. She says that she is "only on the straight state pension of £83 a week" and worries about day-to-day finances because:

...everything's going up... look at Council Tax for a start, you see. I mean you get the quarter off and a little bit more off as well but when your Council Tax, the full Council Tax it's £1,700 and something a year, with your quarter off it's £1,300 and something. Well, you just think of that with all your commitments out of an £83 pension."

She says that she watches what she buys in the shop: "you look at things and you think, 'oh I mustn't get that', you see". She also describes carefully managing other regular expenditure, sometimes relying on friends to help out:

Well, what I do, I don't pay direct debit. I pay quarterly for the telephone and... you don't use the telephone no more than necessary... I went on to a water meter which is much cheaper because it used to be £300 or £400 because it's more or less based on rateable value, isn't it, and you're economical with that, you do a full load of washing, you've just got to use your brain of how you can make money go out... £83 is nothing, is it? I mean I forego a social life, you know, you think twice, like with a WI outing, if it's somewhere where you've been before, you don't go. You don't go to the theatre in [local town] because it means the getting there, you see. You've just got to budget all the time. You see like coal now, it's over £9 a bag... I mean I buy five bags at a time. And then I have logs as well and I have a friend that brings me a few logs, and like at Christmas time he'll roll up with six bags – that's your Christmas present – which is useful. And like with the morning sticks, the same again, he'd probably bring you a bag of chopped morning sticks. It's your friends, you all help one another. You know, in different ways.

She belongs to the Women's Institute which she very much enjoys. However, although there are a number of other clubs in the village, she feels that she can't afford to take part:

*Because now you see, WI subscription for this next year's gone up to £22... WI is very, very expensive, because you pay 30p when you go in... that's for your cup of tea and cake, and then there's a raffle. So you reckon it up in the year.*

Although she owns the house she lives in, she has always found it hard to manage financially. She started working in the local grocers and gives a succinct description of her working career:

*I started working there when I left school, seven in the morning till seven at night for 15 shillings a week. And I left there when mother had her stroke and the wage was £4 a week. After her'd died, I got a job in the kitchen up at school and that was the most was £24 a week, 14 weeks' holiday a year. You only got a retainer which was £13. In 1980 I'd lost my hours from 30 down to 15 because children stopped having hot dinners. It's all based on hours, numbers of dinners, so consequently I've never handled a big wage... you'd come home, you'd be upset, you'd have a cry, 'how am I going to manage'? Well then, what I did, I thought I could do a bit of babysitting, and that is what I did, and the pay for that was £1 an hour... that is what I did to help me to survive and keep out of debt because I've no debt at all... because I don't believe in debt.*

Miss Richards gave up work the first time to look after her mother, and then again to look after her father. When she gave up work to look after her father, she and her fiancé were saving up to buy the land her home is now built on:

*Well as I say, you work for these things, you save your money. I forewent, we forewent holidays because we had parents to look after... Well then, I had to give up, I gave up work to nurse him at home for six years and not a penny coming in. Just had him and his pension. It wasn't very much in those days and because I had got £600 in the bank, you couldn't have anything. And when I think now of what you can get, carers and the lot, but I've no regrets, I've done duty to parents and I would do it again. Yes.*

### **Quality of life**

Miss Richards feels though that she is now well off compared to how things were for her as a child:

*You lived in a cottage with just a cold-water tap, a tin bath on the hearth and your toilet was a cesspit at the top of the garden, and she couldn't believe that until I moved here, I didn't know what it was to have a bathroom, hot and cold water... I mean in the day of me going to the village school which was down College Lane, they came to school in pinnies and clogs and runny noses and a hankie pinned here...*

She thinks that her quality of life is very good in that it exceeds any expectations she might have had as a child, although she feels it is more expensive to live now: *"Oh good, good, absolutely. If I had've been told how I would end up, yes."*

She feels that the one thing the government could do to improve the quality of her life would be to increase the state pension:

*It's nothing to live on is it? In comparison to a working person, probably in the £300 and £400 a week bracket. I mean we have to pay the same price, don't we, for everything?*

## Case study

# 8

### **Case study 8: Mr and Mrs Thomas (id18 and id19):** *"The last pigman..."*

Mr Thomas is 80 and his wife is 75. They moved to their present accommodation from their farm a mile and a half away three years ago. Their home is a semi-detached bungalow in a suburban development on the edge of what they describe as a *"big village"*, which is itself around three miles from a large town.

#### **Daily life**

Mr Thomas is healthy, but Mrs Thomas has chronic breathing problems and uses a scooter to get around locally. She goes out each day to get the paper and says she likes to see what is going on, and to open the door to get the fresh air. Mr Thomas goes out once a week to the local farmers auction with a friend who collects him, but describes himself as never having *"been one to go out and I don't see why I should start now"*. Mrs Thomas has also become involved in the *"65 club"* which she describes as *"just around the corner"* and goes on the trips that they organise which she enjoys very much. Mr Thomas feels that he is *"not old enough for that yet"*. Apart from the *"65 club"* Mrs Thomas says *"there is nothing to do really"*. She reports that there are no additional facilities or leisure activities she would like to see, but says she thoroughly enjoys it when people greet her when she is out and about.

#### **Access to services**

The village houses a primary care team, as well as a range of other facilities, including shops, hairdressers, post office and pubs. Neither Mr nor Mrs Thomas drive, but they do have access to a car when required (through their children). Mrs Thomas uses her scooter for getting about in the village and finds the easy access to basic services very beneficial. They consider the local bus service very good and Mrs Thomas describes using the service to attend an optician's appointment in the local town recently:

*I caught the bus the other day, which surprised me an awful lot. I never caught the bus for a long time... but it came right to the door, there...picked me up and dropped me off the opposite side, which was very good.*

### Area change

The couple describe many changes in the area over the years. Mr Thomas can recall when the land they now live on was open fields, but says that *"it is expanding all the while now"*. He says that in the past *"you could make a living on a small farm, you can't now... I am the last pigman around here"*. He worked until he was 77, and described himself as working *"night and day"*. At one time he used to work at night in a local colliery about 12 miles away and then work on the farm during the day, cycling between both. Despite his wife's protestations he doesn't want to do anything much now. She says that her husband misses his pigs because *"that's what he has always done"* and that he would usually only leave the farm twice a year – on Christmas Day to meet friends in the pub and for a party on New Year's Eve, and maybe the auction *"a twice or two"*. They realise that they were struggling on the farm, not only in terms of physically caring for the animals. The couple described feeling under pressure from authorities to comply with legislation *"if they made a mistake that was fine, if I made a mistake well, they didn't like that"*. Mr Thomas feels very angry at government policy, particularly in the way that BSE and the foot and mouth outbreak were handled, which he felt has ruined the livelihood of small farmers.

Mrs Thomas reported feeling more part of the community than her husband. They both describe very little contact with the neighbours because *"they all seem to go out to work now"*. Mrs Thomas describes a conversation with the insurance man, who reported being asked by a customer to get him a pint of milk, because he had not been able to leave the house and had not seen anyone for two weeks. She says that they don't see a lot of people and she wishes they could get out more.

### Material resources

Mr Thomas had seen many changes in farming over the years: *"On a small space you'd never make a lot of money, but you could make a living. Now you can't do nothing on a small farm now"*. The couple were forced to move because of BSE and the foot and mouth outbreak, which they say crippled them financially. Their present home was bought by a charity working on behalf of farmers experiencing hardship, and the Thomases live there with the continuing support of the organisation: *"they have been more than good to us... they come very often to see us, to see if everything is all right... they fetch us a hamper at Christmas"*. The organisation pays a number of bills for the couple, including the Council Tax.

Mr Thomas found the change from the farm to the village *"not very good, but we are living in a different condition... the house we were living in has been knocked down since"*. At a practical level they both feel they have a better standard of living now. But almost as a direct contradiction, on the other hand they feel they had a better standard of living when they were on the farm, in that it was where they wanted to be and were living the life they wanted to lead, as Mr Thomas explains:



*We had a better standard of living when we was up there at the farm. You see the way of life, it didn't made anything or nothing, it was just as long as you lived...*

Mrs Thomas feels more positive about the move than her husband yet also echoes this sense of basic expectation:

*And we've always got pretty well of food, we'd always had pretty well of food. Being up at the farm we'd have something killed and we'd have plenty to eat, either pork or chicken, or you know, something like that and I mean this is something that we've done. But the farmhouse was very, very damp, not damp, it was wet, and that was the only thing you know it... weren't good at all. It's been soon knocked down, you know. I think they only had to give it a push and it fell down. But we liked it there. I mean I did, never mind him.*

### **Quality of life**

Overall Mr and Mrs Thomas feel the changes in their life have been positive. All of their financial needs are met by the charity that owns the house and they cannot identify any improvements they would like to see: “we couldn't be any better off”. They have no plans to move anywhere else, but Mrs Thomas says “we could do without getting old”. She wishes she and her husband could go out more and voices a profound sense of loneliness, as here when she responds to a question about necessities for older people:

*I think between me and you I think somebody... they should have somebody calling on them. Some days we don't see a living soul.*

## Appendix B: Screening questionnaire

### Older people's quality of life in rural communities

**A1 Record respondent's sex**

Male	1
Female	2

**A2 Enter respondent's age (in years)**  
What was your age last birthday?

**A3 Are you single, married, living as a couple, widowed, separated or divorced?**

Single, that is never married	1
Married	2
Living as couple	3
Widowed	4
Separated	5
Divorced	6

**A4 Including yourself, other adults and any children, how many people are there in your household (include people who normally live in the household and either share one meal a day with person or share the use of the living room)?**

*Enter number of persons*

**A5 What do you call the community you live in?**

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**A6 How long have you lived in this community?**  
*Enter number of years* 

---

  
*if less than a year, enter number of months* 

---

**A7 In general, how satisfied are you with this community as a place to live?**

Very satisfied	1
Fairly satisfied	2
Neither satisfied nor dissatisfied	3
Slightly dissatisfied	4
Very dissatisfied	5

**A8 If you needed to access any of the following services, how easy or difficult would you find this?**

	Easy	Neither easy nor difficult	Difficult
A post office	1	2	3
A bus service	1	2	3
A chemist	1	2	3
A corner shop	1	2	3
or newsagents			
A medium to large supermarket	1	2	3
A GP	1	2	3

<b>A9 Can I just check, do you (or your husband/wife/partner) own or have the use of a car?</b>	
Yes	1
No	2
<b>A10 (if appropriate: excluding your husband/wife/partner) How often do you see (any of) your child(ren) or other relatives to speak to?</b>	
Never/no relatives or children	1
Daily	2
2-3 times a week	3
Weekly	4
Fortnightly/monthly	5
Less often	6
<b>A11 Do you have any friends in this community?</b>	
Yes	1 (ask a12)
No	2 (go to a13)
<b>A12 How often do you have a chat or do something with one of these friends?</b>	
Never	1
Daily	2
2-3 times a week	3
Weekly	4
Fortnightly/monthly	5
Less often	6
<b>A13 How often do you see any of your neighbours to have a chat with or do something with?</b>	
Never/no contact with neighbours	1
Daily	2
2-3 times a week	3
Weekly	4
Fortnightly/monthly	5
Less often	6
<b>A14 Do you ever feel lonely?</b>	
Yes	1 (ask a15)
No	2 (go to a16)
<b>A15 How often do you feel lonely?</b>	
Often	1
Occasionally	2
Rarely	3
<b>A16 Taking everything together, how well would you say you (and your husband/wife/partner) are managing financially these days?</b>	
Would you say you are ...	
Living comfortably	1
Doing all right	2
Just about getting by	3
Finding it quite difficult	4
Or finding it very difficult	5

<b>A17</b>	<b>Would you say that for someone of your age, your own health is generally ...</b>	
	Very good	1
	Good	2
	Neither good nor poor	3
	Poor	4
	or very poor	5

<b>A18</b>	<b>in very general terms, how would you rate your quality of life?</b>	
	<b>Is it ....</b>	
	Very good	1
	Good	2
	Neither good nor poor	3
	Poor	4
	Or very poor	5

### **Contact details**

<b>A19</b>	<b>Sometime in the future keele university may want to interview you again as part of their research. Would you be willing to take part in another interview?</b>	
	Yes	1 ( <i>ask a20</i> )
	No	2 ( <i>close</i> )

<b>A20</b>	<b>In order for the university to identify the people they want to speak to, they need to have your name and address. Is this okay?</b>	
	yes, okay	1

*(record person's name and address; if possible please provide a telephone contact number)*

No, not okay	2
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*Reassure respondent that only anonymised information from the screening questionnaire will be given to university for data processing.*

*End of interview. Thank respondent for his/her help.*

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## Appendix C: Interview schedule

Older people's quality of life in rural communities.  
Centre for Social Gerontology, Keele University.

### Interview schedule

#### 1. 'Typical day questions' – managing everyday life

Thinking about your daily routine ...

- a) Could you describe for me a typical day in your life, starting from the morning and going through to the evening?
- b) Would you leave the house on a typical day?
- c) Where might you go on a typical day?
- d) Who might you see or speak to on a typical day?
- e) What would make a typical day special for you?
- f) Having talked about your typical day, do you think that this would be different if you lived in an urban area? (If so, in what way?)  
(*Prompt: positive or negative perceptions?*)

#### 2. Managing the local environment

Thinking about living in the local area ...

- a) How long have you lived in this community? (*NB: info available from screening tool*)  
If applicable:
  - Have you always lived in a rural area?
  - Have you lived in different types of rural communities? If so, how do you think these communities differed?
- b) How little or how much do you feel at home in this community?
- c) What was this community like when you first lived here?  
(*If appropriate: how did/does living in a rural area compare with your experience in the town/city?*)
  - And how has it changed since then?
- d) What are the good things about living here? (*Prompt: do you think that these things are typical of rural areas?*)
- e) What are the bad things about living here? (*Prompt: do you think that these things are typical of rural areas?*)
- f) Do you think that the good/bad things about your community would be the same in an urban community?
- g) How do you think people from outside the community view this area?
- h) How good or bad do you think this area is as a place to grow old in?
- i) What would make this area a better place to grow old in?
- j) What are the facilities like for older people in this community? (e.g. clubs, places to meet, organised outings)
- k) Are there parts of the community that you feel uncomfortable visiting?
- l) How safe would you feel if you had to go out alone in this community after dark?
- m) What has got better in this community in the past 10-20 years?
- n) What has got worse in this community in the past 10-20 years?
- o) Do you have any plans to move out of this community? (If so, why are you planning to move? Where would you plan to move to?)

- p) If for some reason you had to move away from this community, what would you miss most of all?
- q) And what, if anything, would you be pleased to get away from?
- r) Are there any circumstances that you think might affect the suitability of this community as your home in the future?

### **3. Social relationships**

#### **Thinking about family, friends and neighbours ...**

- a) Do you have any family in the local community?
- b) Do any members of your family come and visit you?
- c) How easy or difficult is it for your family to visit you?
- d) Do you ever visit members of your family?
- e) How easy or difficult is it for you to visit your family?
- f) In general, how do you keep in touch with family members?
- g) How would you describe the people and families who live here?
- h) Would you say that the people who live in this area are friendly or unfriendly?
- i) Are neighbours ever a problem in your area?
- j) In an emergency, how much or how little help do you think you would get from your neighbours?
- k) Do you ever visit or receive visits from neighbours?
- l) What about friends? Do you have any friends in this community?
- m) Do you have any friends who live further away?
- n) How often do you see or speak to your friends?
- o) Where do you tend to meet with these friends?
- p) How do you keep in touch with your friends?
- q) Is there anything that prevents you from seeing people who are important to you more often? (*Follow up: If so, what and how might this be overcome?*)
- r) Do you currently receive any help with aspects of daily living? (*If so: who provides this help?*)

### **4. Necessities**

#### **Thinking about the ways in which older people get by financially ...**

- a) As an older person, what sort of things do you feel that you need to have a good standard of living?
- b) What types of things would you regard as necessities for an older person?
- c) Do you think that older people in rural communities need different things to older people who live in urban areas? If so, what?
- d) Thinking about your own situation, would you say that you have a good standard of living?
- e) Is there anything that you feel that you have to go without? What and why?
- f) Do you ever have to go without things that you would regard as a necessity? (*Follow up: What type of things? Why do you go without such things? How often?*)
- g) How easy or difficult do you find it to manage on your current income?
- h) When you go shopping, do you ever have to make difficult decisions about what you can afford to buy?
- i) After you have bought the things you need, do you ever have any money to put to one side? (*If so, what do you usually use this money for?*)

- j) Are there extra things that you think you need as an older person that you don't need at other times of life?
- k) Compared with people around you (people like yourself, and who you compare yourself with), how well off do you think you are?
- l) Do you think that the cost of living is higher in this community than elsewhere? *(Follow up: Does this cause you any difficulties?)*
- m) Some people claim benefits in addition to their state pension. Have you ever tried to increase your income by applying for state benefits? *(If not, why not? If so, follow up: explore attitudes towards claiming benefits and why they take up or don't take up benefit entitlements; focus on different types of income benefits)*
- n) If for some reason you needed advice on state benefits, where would you go to find such advice?

## 5. Services

### Thinking about services in this area ...

- a) How good or bad do you think services are for older people in this area? *(Probe: health and social care, chemist, public transport, commercial and financial services, leisure services)*
- b) Have you had any particular problems using services in the past year or so?
- c) What do you think could be done to improve services for older people in this area?
- d) How good or bad is this area for shops?
- e) Can you get everything you need from the local shops?
- f) How easy or difficult is it for you to use local post offices and banks?
- g) How easy or difficult do you find it to manage your finances (e.g., to arrange direct debits or to pay bills)?
- h) Do you ever get help from someone to manage your finances? (e.g. help from family to arrange payments)
- i) How easy or difficult is it for you to get around in this community? *(Probe: explore transport and mobility issues)*
- j) How easy or difficult is it for you to travel to other places?

## 6. Quality of life

### Thinking in general terms about the good and bad aspects of life ...

- a) Thinking about your life as a whole, what is it that makes your life good – that is the things that give your life quality?  
*(Probe 1: What is it about this that makes your life good?)*  
*(Probe 2: What else makes your life good?)*
- b) And what is it that makes your life bad – that is the things that reduce the quality of your life?  
*(Probe 1: What is it about this that reduces it? Can you tell me more about this?)*  
*(Probe 2: What else makes your life bad?)*
- c) Thinking about all of the good and bad things that you have mentioned, which one is the most important to you?
- d) What single thing would improve the quality of your life?

And finally, we are doing this research for government. If there was one message that you would like us to pass on about the situation of older people in rural communities, what would that message be?

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