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Social Exclusion and Ageing in Diverse Rural Communities

Findings of a cross-border study in Ireland and Northern Ireland

by

Kieran Walsh
Eamon O'Shea
& **Thomas Scharf**

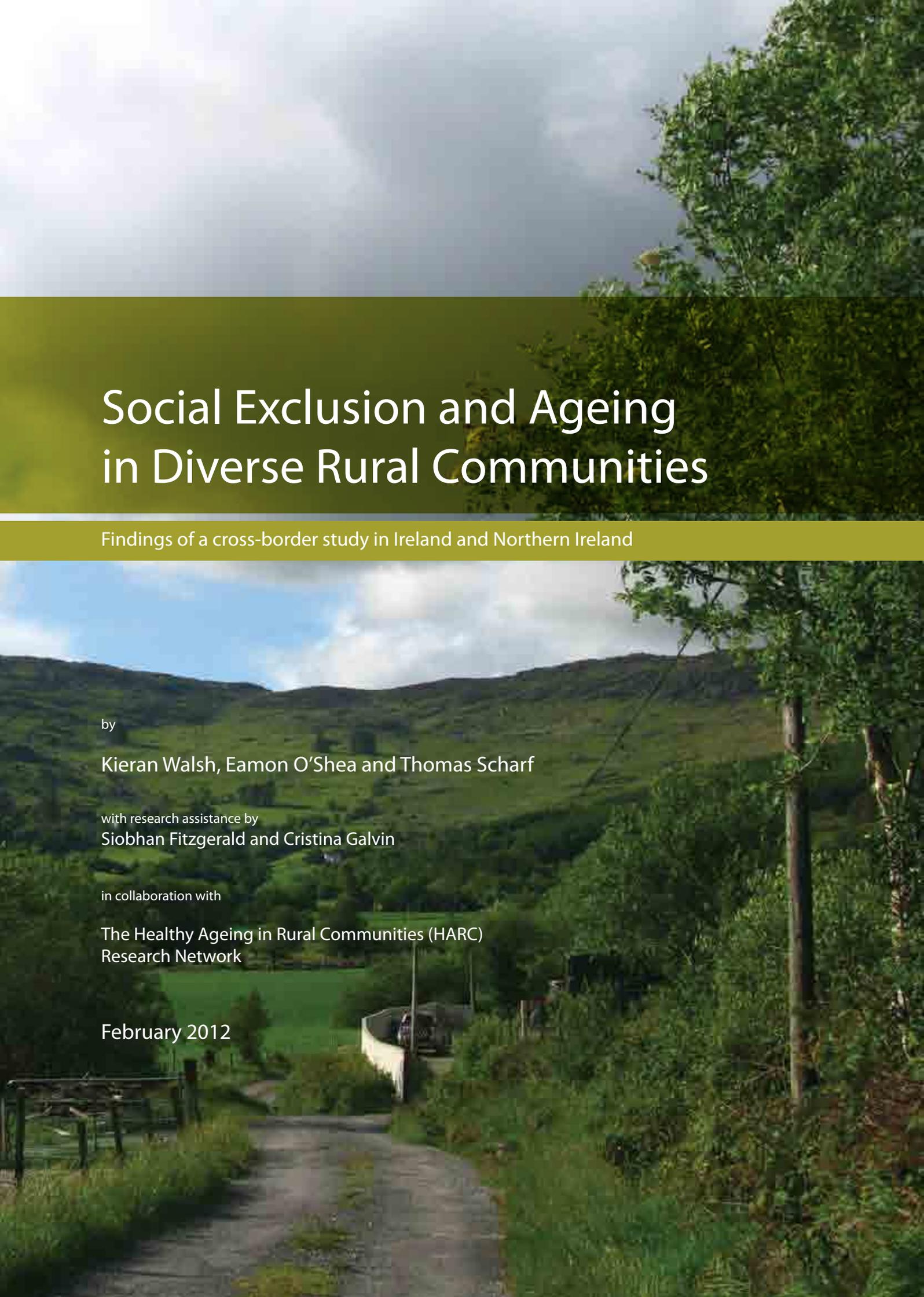
Irish Centre for Social Gerontology

in collaboration with
The Healthy Ageing in Rural Communities (HARC)
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February 2012

Members of the Healthy Ageing in Rural Communities research network who contributed to this report include:

Brendan Bonner

Manager, Investing for Health initiative, Public Health Agency Northern Ireland

Sheelah Connolly

Research Fellow, Irish Centre for Social Gerontology, National University of Ireland Galway

Martina Gavin

Social Care Supervisor, FORUM Letterfrack, Connemara, Galway

Caroline Maguire and Seamus Donnelly

Rural Older People's Coordinators, Rural Community Network, Tyrone

Michael Murray

Reader, Institute of Spatial and Environmental Planning, Queen's University Belfast

Eamon O'Shea

Professor of Economics, Irish Centre for Social Gerontology, National University of Ireland Galway

Thomas Scharf

Director, Irish Centre for Social Gerontology, National University of Ireland Galway

Kieran Walsh

Research Fellow, Irish Centre for Social Gerontology, National University of Ireland Galway

www.harcresearch.com

Researchers

Siobhan Fitzgerald

Research Assistant, Irish Centre for Social Gerontology, National University of Ireland Galway

Cristina Galvin

Research Assistant, Irish Centre for Social Gerontology, National University of Ireland Galway

For further information please contact:

Dr. Kieran Walsh (tel: +353-91-495460; e-mail: kieran.walsh@nuigalway.ie)

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Executive Summary

Why did we do this study?

Currently, our understanding of social exclusion and how it affects the lives of older people in diverse rural settings in Ireland and Northern Ireland is poorly developed and based primarily on anecdotal and fragmented evidence. We have little knowledge of how age, the life-course and place – individually and in combination – impact on the potential for rural-dwelling older people to experience exclusion in later life. Nor do we have insight into how older people conceptualise, react to and deal with exclusion, or how communities view advantage and disadvantage in later life. How the relationship between older people and their communities influences the experience of social exclusion in rural areas is also largely unknown. Arising from such knowledge deficits, we cannot be sure if being older and living in rural communities increases or decreases the potential for exclusion in later life, nor whether rural places are good or bad places in which to grow old.

What was the aim of the study?

The study aimed to explore how age and rurality combine over the life-course to impact on the likelihood of exclusion in later life from material resources, social relations, and services in contrasting rural contexts (i.e. village rural, dispersed rural, island rural, remote rural and near-urban rural) and to develop a conceptual framework that emphasises the role of individual and rural diversity in the construction of age-related rural social exclusion.

The study is structured around five core objectives:

- To explore the meaning of social exclusion for older people in diverse rural communities;
- To investigate the role of the relationship between ageing and rurality in generating social exclusion across each of the rural settings;
- To assess the implications of social exclusion for well-being among older people living in these rural settings;
- To explore differences across Irish and Northern Irish settings;
- To identify appropriate policy and practice responses to address social exclusion among rural older people.

While practice and policy are very important elements of the work, the core contribution of the research is to develop and test a theoretical framework that can improve our understanding of social exclusion among rural older people in Ireland and Northern Ireland.

How was the study conducted?

A qualitative approach was used to generate information on ageing in 10 different communities across Ireland and Northern Ireland. A community in each jurisdiction represented one of five different kinds of rural communities: island, remote, dispersed, village and near-urban. The research involved three strands:

Community Consultations: A focus group was organised with community stakeholders in each of the 10 study sites. The purpose of these consultations was to gather the views of local stakeholders on ageing and social exclusion in

their community. In all, 62 stakeholders from the voluntary, private and public sectors took part in these consultation events.

Face-to-Face Interviews: The main body of work for this study involved 106 in-depth semi-structured interviews with older people across the 10 communities. The purpose of these interviews was to elicit the experiences of a diverse group of rural-dwelling older people, with a focus on exclusion, inclusion and participation. The sample included 49 men and 57 women, ranging in age from 59 to 93 years. The sample included sub-groups of older people regarded as being at particular risk of social exclusion, such as those aged 80 years and over; older people living alone; and those with a disability or a chronic ill-health condition.

Scottish Case-Study: A context analysis, involving desk-based research and stakeholder interviews, was conducted on rural-dwelling older people and social exclusion in Scotland. The analysis assisted in identifying elements of best practice, in a similar socio-cultural context, that helped to inform recommendations for policy and practice responses for the main Irish and Northern Irish work. The full analysis can be viewed at www.harcresearch.com.

What did we find?

Stakeholder Views

The community consultations illustrate how place, economic, social, infrastructural and individual factors can influence the exclusionary process for rural-dwelling older people. Across the 10 communities, there was evidence of rapidly changing economic and social structures; decreasing public service provision; and a community capacity for innovation and voluntary activity. While stakeholders noted changes in social connection, and the difficulty of engaging some older people in communal activities, the potential for older people to be included was highlighted across all sites. Various tipping points emerge as important for pathways into and out of exclusion, most notably local systems of social support and the mindset of

older people themselves. The findings point to questions around how communities conceptualise vulnerability and inclusion in different ways and the potential for differences to emerge between subjective and objective views of exclusion.

Domains of Social Exclusion

Social exclusion emerged as a multidimensional construct for older people in rural areas. From the interviews with older people, it was possible to identify five domains of social exclusion in the lives of rural-dwelling older people. These included:

- 1. Social connections and social resources:** Opportunities for social connectedness and supportive relationships.
- 2. Services:** Access to health and social care, and general services and infrastructure.
- 3. Transport and mobility:** Access to private transport and public rural transport schemes.
- 4. Safety, security and crime:** Feeling safe and secure in one's home and community.
- 5. Income and financial resources:** Having sufficient income and the capacity to budget.

Older people could be excluded in one or multiple domains, or indeed not excluded in any of the domains. There are complex linkages between each of these domains that determine the nature and depth of exclusion experienced by older people living in rural communities. Thus, the different areas under each domain may represent an outcome of exclusion, or a component in a process of exclusion, e.g. lack of financial resources limiting social participation. The findings support previous work on social exclusion and ageing for non-rural settings. However, there are nuanced patterns and relationships that are particularly evident in rural settings, such as changes in rural socialisation, geographic location and distances, and weak service infrastructure.

Mediating Influences on Social Exclusion

Reflecting the complexity of individual lives in rural communities, the interviews with older people demonstrated that there are particular overlapping and interconnecting factors that influence whether a person is more or less likely to be excluded across

the various domains. It is how these factors combine and interconnect in an older person's life that shapes the potential for older people to be excluded in their rural communities. These factors, which stem from individual and rural diversity, include:

1. **Individual capacities:** Personal agency and sense of independence; coping and adaptive capacity; and the ability for risk management.
2. **Life-course trajectories:** Life-course transitions and trajectories including bereavement; health and functional independence (also related to having to stop driving); and ageing.
3. **Place and community characteristics:** Geographic and natural elements; people in the community and community cohesion; and attachment and belonging.
4. **Macro-economic forces:** Emigration and migration; changing economic production within rural areas; depletion of social services and social meeting points; and the impact of the economic recession on communities and their residents.

exclusionary frameworks. The framework proposed in this study (Figure 1), therefore, views age-related rural social exclusion as both multidimensional, in terms of domains, and multi-layered, in terms of the relationship between potential mediating influences and domains.

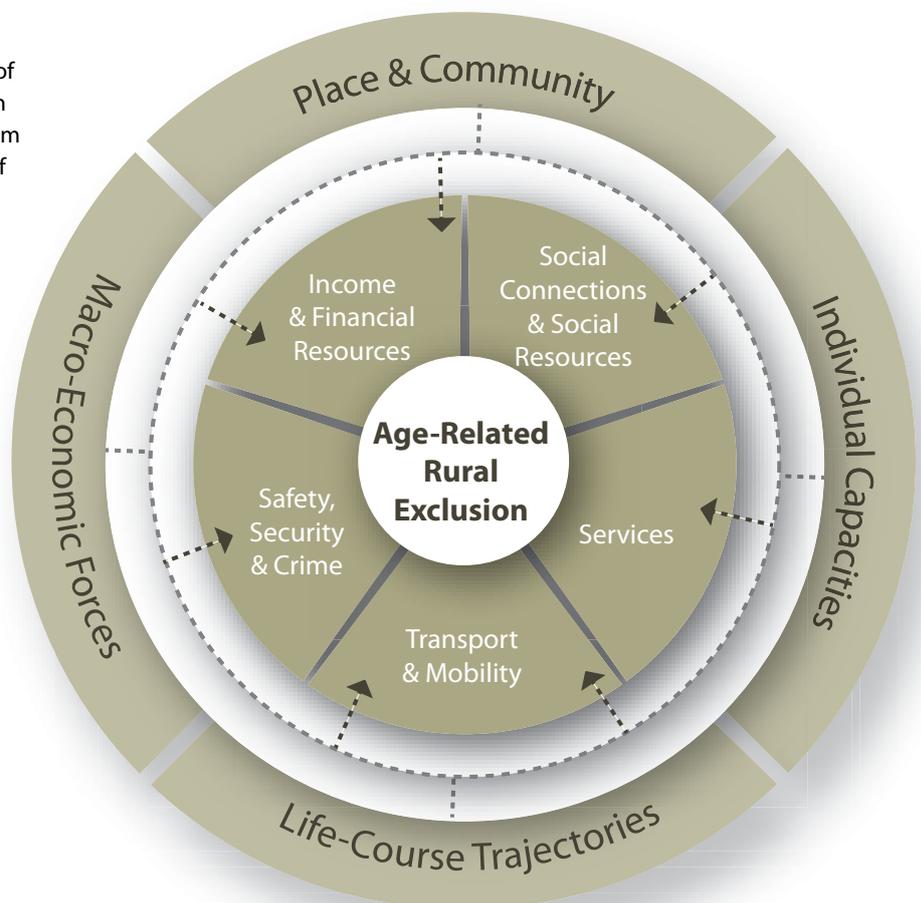
What are the key recommendations?

The following 10 recommendations reflect the importance of a multi-level, multi-agency response to social exclusion among older people in rural areas that is focused on social production, social resources and social connectivity. They are an acknowledgement of the multidimensionality of exclusion and the consequent need for integrated, intergenerational responses. In many cases, the recommendations call for the more direct involvement of older people themselves in addressing some of the problems identified in this report. The key task of government, therefore, is to work with local communities to empower older individuals to live more independent and connected lives, thereby enhancing capabilities, maximising advantage and reducing disadvantage in later life.

Figure 1:
An age-related rural social exclusion framework

An age-related rural social exclusion framework

Our findings have confirmed the existence of key domains of exclusion for older people in rural Ireland and Northern Ireland. Aside from developing a cross-border understanding of age-related rural social exclusion, this is an important contribution to the international literature because of the limited empirical and conceptual work on rurality and exclusion among older people. More importantly though, the research has demonstrated the influence of mediating factors, surrounding individual and rural diversity, on the exclusionary experiences of rural-dwelling older people across the various domains of exclusion. This represents an original contribution to international knowledge on rural ageing, which helps to enhance the explanatory power of domain-based



We recommend:

- Establishment of an All-Ireland Commission on rural transformation for successful and inclusive ageing.
- Agreement on values and goals with respect to social progress for older people in rural communities.
- Measurement of social progress and social gain in rural communities through an annual social audit of inclusion, exclusion and quality of life.
- Development of an assets-oriented Elders' Council in rural areas to promote and highlight the capabilities and contributions of older people.
- Identification and nurturing of social entrepreneurs within rural communities as service providers, building upon the existing network of volunteer providers and community-based organisations.
- Provision of basic seed and start-up capital grants for rural projects meeting specific social inclusion/exclusion criteria.
- Utilising existing large-scale and credible social organisations to maximise participation and inclusion of older people.
- Establishment of intergenerational programmes addressing advantage and disadvantage in rural areas, including schools-based initiatives.
- Development of appropriate informal meeting points for older people living in rural communities; places where people can connect better with community and place.
- Greater flexibility with respect to the promotion and development of accessible transport in rural areas.

people living in rural communities, with particular emphasis on the influence of individual and rural diversity. Participation and connectivity should be the key drivers for any new policy on the social inclusion of older people in rural areas. Any new intervention should recognise the desire among rural older people to maximise the capabilities that they possess and to remain firmly attached to the people and places that define their communities.

Implementing these recommendations will not require much by way of additional public resources. However, it will require a commitment by policy makers to recognise the complexity and diversity of the ageing experience in rural communities. We have produced a robust analytical framework for examining social exclusion among older





1 Introduction

Background and Justification

Older people living in rural areas have been largely absent from the research and policy process in Ireland and Northern Ireland. Unsurprising, then, is the lack of consideration given to social exclusion and growing older in Irish and Northern Irish rural communities. There are no major data sets or studies that have explored ageing in rural communities and the influence of place on the life-course experiences of older people. The lack of relevant research encourages the perpetuation of a range of myths and stereotypes about rural ageing and exclusion, such as the common view that rural older people are particularly vulnerable to isolation and loneliness, that they are fearful of crime, and that they have limited access to essential services. Conversely, rural communities and rural spaces are also often idealised as natural habitats for older people, contributing to a tendency to romanticise age and ageing in rural settings. However, evidence from other countries, and to a limited extent from Ireland and Northern Ireland, points to a more complicated and multifaceted picture, not least arising from the heterogeneity of the rural older population and the diversity of the places in which they live. Moreover, there are legitimate questions around the degree to which exclusion and inclusion can be viewed as binary opposites, and the possibility that related forms of advantage and disadvantage might co-exist in people's later lives.

The international literature suggests that social exclusion is itself a complex process operating across several domains and impacting on the capabilities of older people and their ability to participate fully in society. Exclusion is multidimensional in its construction and involves the lack or denial of rights, resources, goods

and services, and a lack of ability or barriers to participate in normal relationships and activities in economic, social and cultural spheres. Social exclusion among older people is likely, therefore, to affect not only their quality of life and health, but also to affect, and be affected by, the social capital and social cohesion of the society within which they live, as well as impacting on social justice and equality. However, while there is a growing international body of work on exclusion and older people, our knowledge of how age itself can influence the potential for exclusion in later life is still underdeveloped.

The impact of exclusion is also likely to be mediated by the kind of rural community older people live in, particularly the capacity of place, and the geographic, socio-demographic and economic characteristics of that place, to strengthen or weaken the capabilities and potential of older people. There are different types of rural spaces and communities, just as there are different kinds of older people living in them: does it matter if you are living in a dispersed or remote rural community, or a near-urban or island community, or in an Irish or Northern Irish village? While different social structures and varying levels of service provision and transport in rural communities are all likely to be key factors, there is little information available on how exclusion is manifested in the lives of rural older people in different places. Added to this, there is difficulty in identifying social exclusion in rural environments, because deprivation is not often found in concentrated clusters of settlements, as is sometimes the case in urban neighbourhoods. The breadth of socio-economic and demographic characteristics in the rural landscape only further underlines the diversity of these rural places.

Moreover, older people living in low-income households sometimes qualify their experience of poverty by emphasising the more positive aspects of rural life. This is exacerbated by the tendency of some older people to favourably compare economic and social circumstances now with more impoverished times in the past when life was more difficult, with lower levels of government support available to people than today. As a result, rural older people are often portrayed as being more resilient and self-sufficient, reinforcing the hidden nature of rural disadvantage and, potentially, justifying the inaction of policy makers. This report will interrogate these notions in the context of individuals' lived experiences.

In summary, while international research suggests that social exclusion is likely to impact on multiple areas of older people's lives, we do not know if this is true for a diverse group of older people, with different life-course trajectories, in the context of the social, economic and cultural structures of rural Ireland and Northern Ireland. Nor do we know if being older and living in rural communities increases the potential for exclusion in later life, and indeed if the construction of exclusion in these communities is in some way uniquely rural, or varies across different kinds of rural communities. In essence, our understanding of the interplay between individual and community factors in causing or reducing exclusion is not well developed.

Building on the existing literature, the key contribution of this study is, therefore, to develop and test a framework that can improve our understanding of social exclusion among rural older people in Ireland and Northern Ireland. The intention is not to problematise rural ageing, but to reflect its complexity, variability and capacity to yield both advantage and disadvantage, thereby informing future policy development. This report uses new data, generated through face-to-face interviews, to allow the voices of rural older people in Ireland and Northern Ireland to be heard for the first time on matters of exclusion in rural communities. Understanding how older people and their communities conceptualise exclusion is likely to be crucial for any meaningful policy intervention. The report will provide insight on two potentially conflicting hypotheses: rural living facilitates a deep

attachment between people and places thereby enhancing social connectivity and quality of life; rural areas are poor places in which to grow old due to a paucity of services and opportunities.

The report builds on earlier baseline work by the research group on attachment, contribution and diversity in rural Ireland and Northern Ireland (HARC, 2010; O'Shea et al., in press). This work, which looked at three case-study sites across Ireland and Northern Ireland, demonstrated that rural ageing is far from a generic set of experiences on either side of the border. The diversity of people and places were powerful influences on the lived experiences of rural-dwelling older people. The research indicated how these influences shaped the potential for exclusion and inclusion in later life amongst those living in rural communities. More importantly, this exploratory study pointed to our limited understanding of exclusionary processes within rural communities for older people in Ireland and Northern Ireland. It also demonstrated our lack of knowledge about how the relationship between people and places serves to protect against or enhance existing exclusionary mechanisms.

Aim and Objectives

The study aimed to explore how age and rurality combine over the life-course to impact on the likelihood of exclusion in later life from material resources, social relations, and services in contrasting rural contexts (i.e. village rural, dispersed rural, island rural, remote rural and near-urban rural) and to develop a conceptual framework that emphasises the role of individual and rural diversity in the construction of age-related rural social exclusion.

The study is structured around five core objectives:

1. To explore the meaning of social exclusion for older people in diverse rural communities;
2. To investigate the role of the relationship between ageing and rurality in generating social exclusion across each of the rural settings;

3. To assess the implications of social exclusion for well-being among older people living in these rural settings;
4. To explore differences across Irish and Northern Irish settings;
5. To identify appropriate policy and practice responses to address social exclusion among rural older people.

As part of objective 5, the process of social exclusion in Ireland and Northern Ireland is compared to Scotland, through consideration of similarities, differences and elements of best practice. Including Scotland as a case-study allows for an analysis of exclusionary processes and policy responses in an equivalent set of rural regions, where there are similarities to Ireland and Northern Ireland in terms of social, cultural and rural economic structures.

Report Structure

The structure of the report is as follows:

Chapter 2 provides an overview of policy related to social exclusion and older people living in rural communities. **Chapter 3** reviews the relevant international literature, and presents a working model of age-related rural social exclusion derived from a critique of the current state of knowledge. **Chapter 4** details the methodology used in this study, including the study approach, the individual research strands and a description of the participants and participating communities. **Chapter 5** explores the views of community stakeholders on ageing and exclusion in their rural communities and serves as a contextualisation of the participating community sites. **Chapter 6** presents findings on the domains of social exclusion emerging from the analysis of interviews with older people in the rural communities. **Chapter 7** describes the individual, life-course, place, and macro-economic mediators of social exclusion for rural-dwelling older people. **Chapter 8** discusses the findings of the study and presents a conceptual framework for understanding age-related social exclusion in rural communities. **Chapter 9** outlines the study's conclusions and presents a set of policy and practice recommendations.



2 The Policy Context

This chapter provides an overview of the policy context relevant to older people and rural social exclusion. We first set the broader European context. We then outline the key policy documents in Northern Ireland and then consider the core policy agendas in Ireland.

Europe

Policies aimed at reducing social exclusion have become a key feature of social policy-making in European Union (EU) member states in recent years (Atkinson, 2002; Scharf, 2010). Regular National Action Plans highlighting progress in tackling exclusion were replaced in 2008, when the 27 EU nations were required to present National Strategic Reports every three years aimed at demonstrating progress towards meeting common objectives on social protection and social inclusion (European Commission, 2008). Such action plans and strategic reports provide a helpful summary of measures taken by EU member states to reduce poverty and social exclusion. In relation to ageing policy, they also provide a basis for examining the degree to which older people are identified as a key target group for social policy interventions.

While the initial National Action Plans provided nations with scope to address a broad range of issues that addressed the multifaceted nature of social exclusion, recent documents have tended to adopt a more limited view of ageing policy. For example, the UK National Action Plan for 2001-2003 addressed measures designed to tackle disadvantage associated with low incomes, poor housing, ill health, social care needs, and vulnerability to crime in later life (Department for Work and Pensions, 2001). The equivalent plan from

Germany identified the potential risks posed by the exclusion of older people from access to new technologies and a failure to claim state benefit entitlements (Federal Republic of Germany, 2001). In 2008, by contrast, EU member states tended to concentrate much more on a narrow range of measures designed to maintain employment rates amongst older workers and to extend people's working lives (European Commission, 2008). Thus, the Czech Republic report for 2008-2010 highlights various measures designed to promote active ageing, lifelong learning and active employment policies (Czech Republic, 2008). The Netherlands report for the same period follows a similar approach, whilst also making a strong case against early retirement (The Netherlands, 2008; p.46). Such a strategy reflects a dominant theme of European social exclusion policy, with participation in the labour market being perceived as the prime route to social inclusion. This type of approach to ageing policy tends to overlook forms of exclusion in later life that reach beyond work and employment, including, for example, disadvantage arising from age discrimination, limited material resources, lack of access to services, or one's place of residence (Scharf, 2010). For the purposes of this report, it is also worth noting that rural ageing and ageing in diverse rural settings tend not to feature in national reporting of measures designed to reduce social exclusion.

Northern Ireland

The current policy arena related to older people and social exclusion in rural areas of Northern Ireland can best be understood with reference to three key government publications. Firstly, in 2005 the strategy document for older people in Northern

Ireland, *Ageing in an Inclusive Society: Promoting the Social Inclusion of Older People*, was issued. Its vision is “To ensure that age related policies and practices create an enabling environment, which offers everyone the opportunity to make informed choices so that they may pursue healthy, active and positive ageing”. The strategy was accompanied by an action plan for 2005/06 dealing with economic and financial inclusion, healthy ageing, safety, access to facilities and services, equality of opportunity, and coordinated service provision. A new draft strategy was anticipated for consultation in winter 2011-12.

Secondly, the Office of the First Minister and Deputy First Minister, in conjunction with the then Secretary of State, sponsored the publication in 2006 of the *Government’s Anti-Poverty and Social Inclusion Strategy for Northern Ireland: Lifetime Opportunities*. This carries an explicit commitment to working towards the elimination of poverty and social exclusion in Northern Ireland by 2020 and, in a life-cycle approach, it gives attention to older citizens beyond working age. The expressed ambitions include security and financial independence, age flexibility within the labour market, decent housing, access to social infrastructure, and home-based community services support. Specific mention is made of enhanced rural accessibility through rural transport, social participation to benefit the lives of older farmers and their families, and support for local authorities to identify and address gaps in the provision of services for older people in rural areas.

Thirdly, the Department of Agriculture and Rural Development issued a *Draft Rural White Paper Action Plan* in 2011 that has a time horizon outlook of ten years. The document outlines the engagement by all government departments in rural affairs and identifies policy priorities related to the themes of urban–rural linkages, access to services, rural communities, rural economies and sustainable countryside. Ninety wide-ranging actions are listed and, throughout, the overarching consideration is to assist rural areas in fulfilling their potential through rural development and environmental management measures.



In pushing forward these combined policy trajectories, the Northern Ireland Executive has most recently published, in November 2011, a *Draft Programme for Government* for the period 2011-2015. This headlines a commitment to deliver a range of initiatives designed to tackle poverty and social exclusion. Of relevance to the themes addressed in this research report is the stated intention to establish a £13 million package to tackle rural poverty and isolation for implementation over the period 2012/13 to 2014/15. Unquestionably, the well-being of older



people will feature in that priority as evidenced by the content of the previous *Rural Anti-Poverty/Social Inclusion Framework 2008-2011*. This was devised by the Department of Agriculture and Rural Development and highlighted, *inter alia*, some of the challenges for older people connected with rural living: an ageing rural population, pensioner poverty, isolation, and the recurrent issue of access to public transport. However, reference was also made to the absence of data in some areas and the need for a more systematic approach to the gathering and application of rural data.

Ireland

In the context of Ireland, no dedicated policy focusing on social exclusion and older people living in rural communities has been developed. Instead, as in Northern Ireland, relevant policy documents emerge primarily in the areas of poverty and social inclusion, and rural development.

Perhaps the principal and most coherent policy framework for older people and exclusion stems from a series of strategies and national action

plans on poverty and social inclusion, reflecting Ireland's contribution to the European Council's commitment to combating poverty. The National Anti-Poverty Strategy, entitled *Sharing in Progress*, was first adopted in 1997. Aside from highlighting relevant areas such as income adequacy and rural poverty, this document provided a basis for the subsequent *National Action Plan Against Poverty and Social Exclusion 2001-2003*. The plan introduced high-level objectives that included: facilitating participation in employment and access by all to resources, rights, goods and services (including health, housing and transport services); preventing the risks of exclusion; and helping the most vulnerable (including older people). The *National Anti-Poverty Strategy Review* in 2001 and the following *National Action Plan Against Poverty and Social Exclusion 2003-2005* emphasised explicit themes on older people, health, and housing/accommodation, among others, under these objectives. In overall terms, older people and rural disadvantaged areas are recognised as being vulnerable to poverty and exclusion and in need of policy and practice attention, but this is largely done separately rather than in combination. For older people, the focus appears to be primarily on health care and financial circumstances, with very often a blurring between poverty and social exclusion as concepts and as a set of processes and outcomes.

In many ways, the national action plans on poverty and social inclusion have provided an umbrella framework for subsequent policy that has, in a broad way, referred to tackling disadvantage and inequality, and at some level made reference to older people or rural areas. This is evidenced in the *National Development Plans* (2000-2006; 2007-2013) and the different social partnership agreements (*Programme for Prosperity and Fairness 2000-2003*; *Sustaining Progress 2003-2005*; *Towards 2016: Ten Year Framework Social Partnership 2006-2015*). The most recent document to build on the earlier national action plans is the *National Action Plan for Social Inclusion 2007-2016*. While this document goes further than previous plans in considering aspects of participation and engagement for older people, the focus is still very much on the traditional areas of care, income support and services.

In Ireland, there is also policy relevant to this research report in the area of rural and spatial development. Building on the principles of *The Cork Declaration: A Living Countryside* (1996), the *White Paper on Rural Development* sought to develop a coherent and comprehensive strategy to respond to structural and social changes in rural places, and to address issues of economic and social underdevelopment in rural areas. As a part of this process, the White Paper stipulates the need for rural policy to be underpinned by a social inclusion dimension for rural-dwelling people. The Paper recognises the potential for vulnerable groups, including older adults, to suffer multiple disadvantage in rural communities. The White Paper again draws on the original National Anti-Poverty Strategy as a guiding framework. Similarly, the *National Spatial Strategy 2002-2020* in a broad sense focuses on exclusion and disadvantage in rural communities. Other developments and state instruments in rural and community development are also important to consider. The LEADER programme, which is run as part of the *National Rural Development Programme 2007-2013*, aims to address rural disadvantage by funding local responses and initiatives, including the provision of basic services for a rural population. In addition, Pobal, which supports communities (both urban and rural) in achieving social inclusion, reconciliation and equality, coordinates a number of key funding streams and projects. These include: the Programmes of Grants for Community and Voluntary Organisations; the Rural Social Scheme; the Rural Transport Initiative, which specifically targets older people; and, of relevance to border and Northern Ireland communities, the PEACE III programme which supports initiatives and projects on reconciliation.

Summary

The various policies and policy instruments illustrate an awareness of both the ageing and rural dimensions of disadvantage and exclusion in Northern Ireland and Ireland. However, the policy response in Northern Ireland has been more direct and specific in addressing issues relevant to older people living in rural areas. While the upcoming National Positive Ageing Strategy in Ireland may highlight rural ageing issues, it is unlikely to contain specific recommendations that will lead to an integrated policy response across the relevant agencies in relation to participation and connectivity. In general, in both jurisdictions, there has been a failure within policy to adopt a more holistic and considered view of how ageing and rurality intersect to influence the exclusionary experiences of rural-dwelling older people. Similarly, there has not been appropriate recognition of how the diversity of people and places may exacerbate or mitigate these experiences. Nevertheless, the various policies do highlight the durability of issues relevant to rural-dwelling older people (e.g. service adequacy and access, housing, health, income adequacy, and transport) over a 15-year period. Paradoxically though, through highlighting the enduring nature of many of the issues that affect older people living in rural areas, they also demonstrate the limited success in tackling these issues.



3 Rural Ageing and Social Exclusion

This chapter reviews the relevant literature on social exclusion and ageing in rural communities. It begins by locating this research study in the current state of knowledge on rural ageing. A review of existing frameworks and theory on the conceptualisation of social exclusion and ageing is then presented, followed by a description of the empirical evidence on ageing, life domains and exclusion. Research investigating the role of place in the construction of exclusion is then reviewed. Finally, we critically evaluate the current understanding of age-related rural social exclusion and draw on the existing literature to present a working model of exclusion for rural-dwelling older people.

Rural Ageing: Gaps in Knowledge

Rural ageing has largely been neglected in research in Ireland and Northern Ireland. This is problematic since older people represent 12 per cent of the aggregate rural population in Ireland and 14 per cent of the aggregate rural population in Northern Ireland (CSO, 2006; NISRA, 2001; 2008). Forty-seven per cent of people aged 60-74 in Ireland live in rural areas (Evason and Devine, 2005), which outside of developing nations in Africa and Asia represents one of the highest proportions of older people living in rural areas globally (United Nations Statistics Division, 2010). Despite a growing focus in gerontology on the environmental contexts of ageing (Wahl and Weisman, 2003), and a relatively long-standing interest of international researchers in ageing within rural environments (e.g. Blume, 1969; Burholt, 2006; Burholt and Naylor, 2005; Cribier, 1973; Wenger, 1984; Wenger, 2001), rural ageing as a field remains relatively underdeveloped

(Burholt, 2006; Heenan, 2010). In the context of the island of Ireland, where data pertaining to rural ageing are available, information tends to come from small-scale studies that have a strong emphasis on issues surrounding service delivery.

The increasing complexity of the geographies of families, the distancing of key support networks, the trend towards compulsory voluntarism, the geographic and climatic conditions of rural places, the declining infrastructure of some rural areas and the gentrification of others (Cloutier-Fisher and Skinner, 2006; Hanlon et al., 2007; Joseph and Cloutier-Fisher, 2005; Kearns and Joseph, 1997; Ryan-Nicholls, 2004; Skinner and Joseph, 2007) mean that rural ageing is for many older people an increasingly complex and variable process, and indeed an increasingly complex research setting. It is unsurprising, then, that researchers have highlighted the need for further consideration to be given to rural ageing. A range of critical knowledge gaps exist. For example, there is a limited understanding of social and support networks among rural older people (Wenger and Keating, 2008); knowledge of the relationship between health, service access and rural places (Keating et al., 2011) is underdeveloped; there is little known about older people's participation and contribution in rural communities (Dorfman and Rubenstein, 1994; Skinner and Joseph, 2007; Walsh and O'Shea, 2008); and we lack information about exclusionary and inclusionary channels within rural places (Commins, 2004; HARC, 2010).

Such information deficits within the general field of rural ageing have contributed directly or indirectly to our lack of understanding of exclusion for rural-dwelling older people. More than this, however, the existing evidence base for rural ageing is limited

in two key respects. First, and outside of some notable examples (e.g. Keating, 2008) and cursory categorisations based on population density scales, research tends not to differentiate adequately between different types of rural communities (e.g. remote, dispersed, near-urban or island). However, it must be noted that certain kinds of rural communities (e.g. remote) have attracted more attention than others (e.g. island). Second, research largely overlooks the heterogeneity of the older population that is resident in rural areas (Burholt and Naylor, 2005; Keating et al., 2011; Krout, 1988; Rowles, 1988). Such diversity, where it is considered, focuses on key dimensions such as age, gender, and social class, rather than other important factors such as differences in length of residence and variations in life histories and perspectives (HARC, 2010). Added to such limitations are long-standing issues relating to differences in definitions and understandings of locality and the categorisation of rural places across nations (Dwyer and Hardill, 2010; Keating, 2008; United Nations Statistics Division, 2005).

As a result, the capacity for meaningful and comparative analysis in rural ageing research, both at the quantitative and qualitative level, has often been compromised. More importantly, not accounting for the diversity of people (in terms of demographic profile, life-course perspectives and resources), and the diversity of places (in terms of socio-cultural attributes, geographic location and structure, population composition and level of infrastructure), means that the fundamental interplay between individual and community characteristics remains unexplored. This has consequences for many knowledge gaps on rural ageing including those outlined above concerning social and support networks, health and service provision, and participation. The focus of public policy has, thus, been overly narrow, concentrating on one-dimensional needs and interventions rather than understanding and targeting the true complexity of any issues that may exist. In the context of this research, the crucial question is whether or not this interplay influences the lived experiences, and therefore the exclusionary experiences, of rural older people.

Social Exclusion and Ageing: Definitions, Frameworks and Theory

Since the 1980s, social exclusion has been used, both as a concept and as a model, to extend more traditional understandings of issues relating to poverty, low income and deprivation. Exclusion, along with related notions of social inclusion and social cohesion, now figures highly on the European social policy agenda (Atkinson 2007; Davey 2007). Understood as a broader concept than poverty, the idea of exclusion draws attention to the processes that lead to the disengagement of individuals, or groups, from mainstream society and the negative impact of such disengagement on individuals' life chances (Moffatt and Glasgow, 2009). While there is no single accepted definition of social exclusion and its meaning continues to be contested (Morgan et al., 2007; Shucksmith, 2004), the term usually refers to the dynamic processes of being excluded from key systems and institutions that can shape the economic and social integration of people within a society (Walker and Walker, 1997).

In a similar way Room (1995, 1999) distinguishes exclusion from poverty by asserting that exclusion is about (a) multidimensional disadvantage (rather than exclusively focusing on income and expenditure); (b) dynamic analysis of processes; (c) recognition of the importance of local context and not simply about individual living standards; (d) relational issues such as inadequate social participation, lack of social integration and lack of power; and (e) catastrophic disconnection from society to multiple disadvantage. Commins (2004) views exclusion in terms of failings in systems, rather than failings in individuals, which ultimately result in the denial of citizenship. In his report on *Combating Exclusion in Ireland 1990-1994*, Commins (1993) highlights the multidimensionality of social exclusion, suggesting that exclusion should be considered as the failure of one or more systems: the democratic and legal system, which promotes civic integration; the labour market, which promotes economic integration; the welfare state system, promoting social integration; and the family and community system, which promotes interpersonal integration. Relational analyses,

such as that offered by Room (1999), underline the significance of context and the importance of understanding the constraints and opportunities facing individuals and groups within particular types of setting. The work of Commins (2004) and Room (1999) is not focused on older people, and the latter is not focused on rural areas. However, each indicates a holistic conceptualisation of social exclusion, in how it impacts on an individual's life, and in how it is constructed within and by a place or community of residence.

According to Levitas (1998), however, the term 'social exclusion', as it is sometimes used in policy discourse, is "intrinsicly problematic" because it presumes a dividing line between an "included majority" and an "excluded minority". Levitas states that this has several negative effects including: obscuring inequalities and differences among the included; framing inequality and poverty as an aberration rather than an integral feature of capitalist societies; and preserving existing structural inequalities between those who are marginalised and those who are not. In a review of the literature on social exclusion Levitas et al. (2007; p.9) consequently adopted a 'working' definition that embraces the complexity of disadvantage and exclusion for the general population:

Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.

This holistic and multidimensional view of social exclusion is summarised in the Bristol Social Exclusion Matrix (Levitas et al., 2007). This model, although again not specifically targeting older people or rural places, is helpful in understanding the possible areas or domains of life from which individuals and groups – including older people – can be excluded. The dynamic nature of social exclusion means that the areas highlighted under the domains of resources, participation and quality of life often present both as outcomes and as risk factors.

- Resources: Material/economic resources; access to public and private services; social resources.
- Participation: Economic participation; social participation; culture, education and skills; political and civic participation.
- Quality of life: Health and well-being; living environment; crime, harm and criminalisation.

Guberman and Lavoie (2004) developed a framework on social exclusion that accommodates the vulnerabilities and marginalisation experienced by some older people. Drawing on a critical gerontological tradition (Estes et al., 2003), the framework was derived from key themes within the literature. The framework views exclusion not as a binary opposite to inclusion, nor as a point on an exclusionary/inclusionary continuum, but instead as seven intersecting domains of social and institutional exclusion. Even though the work does not focus on the rurality dimension, it does consider *territorial exclusion* and it is useful for reflecting real-life complexities of society. Grenier and Guberman (2009) describe the domains in the following terms:

- *Symbolic exclusion*: Negative representations associated with particular groups within society.
- *Identity exclusion*: Dismissal of distinctive/multiple identities by reduction to one identity, such as age.
- *Socio-political exclusion*: Barriers to civic and political participation resulting from a lack of involvement in decision making, collective power, limited political clout or agency.
- *Institutional exclusion*: Exclusion from social and political institutions resulting from decreased services that negatively affect their health and well-being and/or no consultation with the individual or their caregivers regarding their care.
- *Economic exclusion*: Lack of access to income or material resources required to meet basic needs.

- *Exclusion from meaningful relations:* Exclusion from the development and maintenance of meaningful social relationships through the absence of networks, lack of access to them, or rejection from them.
- *Territorial exclusion:* Geographical isolation, regulation to spaces with limited opportunity for social involvement, lack of geographical mobility or control over one's environment.

Similarly, Scharf et al. (2005), in a study of ageing in disadvantaged urban neighbourhoods, identified five domains across which older people could be potentially excluded. These domains were later applied to older people in rural communities (Scharf and Bartlam, 2008). In this respect, while the conceptualisation does not constitute a formal model of age-related rural social exclusion, it provides the closest model available in the literature. The domains are as follows:

- *Exclusion from material resources,* reflecting the central role played by income and material security in determining individuals' ability to participate in society.
- *Exclusion from social relations,* which acknowledges the importance attributed to the ability to engage in meaningful relationships with others.
- *Exclusion from civic activities,* recognising the need for individuals to be able to engage in broader aspects of civil society and in decision-making processes which may in turn influence their own lives.
- *Exclusion from basic services,* drawing upon the key role played by access to services in and beyond the home in terms of individuals' ability to manage everyday life.
- *Neighbourhood/community exclusion,* reflecting the contribution made by the immediate residential setting to individuals' sense of self and, potentially, their quality of life.

Finally, in an analysis of data from the English Longitudinal Study of Ageing (ELSA), Barnes et al. (2006) identified seven core domains of exclusion:

social relationships; cultural and leisure activities; civic activities; basic services; neighbourhood; financial products (bank account/pension); and material goods.

Reaching beyond formal conceptualisations, there have been efforts to understand social exclusion in the context of the life-course (Elder et al., 2003). This suggests that individuals not only construct their own lives through choice and action but within the constraints of historical and social circumstances. Viewing the complexity of people's lives through the lens of the life-course, and its various transitions, provides insight into the diversity of exclusionary experiences. Similarly, and building upon the concept of the life-course, Cumulative Disadvantage Theory speculates that different life-course trajectories arise from early inequalities (Dannefer 2003; DiPrete and Eirich, 2006). The Blau and Duncan (1967) Model of Cumulative Disadvantage, for example, illustrates the direct and indirect effects of 'status variables' such as ethnicity, gender and social class on outcomes across the life-course, thus generating insight into the disproportionate impact of social exclusion on vulnerable groups. Bäckman and Nilsson's (2011) analyses found that resource deficiencies can accumulate over time, exacerbating risks of social exclusion throughout the life-course.

Currently, age itself is poorly understood as a mediator of social exclusion (Scharf et al., 2005). Shucksmith and Chapman (1998) state that there is increased need for policy to attend to the specific needs of this group and the diversity of experience within a heterogeneous older population. The need for such a focus is underlined further when it is considered that the older population may also include other groups of people who are susceptible to exclusion, including people with disabilities and chronic ill health, people who live alone, and people belonging to a minority ethnic group. Research on social exclusion, however, has tended to concentrate on the labour market domain, focusing on those of employment age or children and young people (Scharf et al., 2004). When viewed from a life-course and ageing perspective this is a limited model of exclusion. Pierce (2008) and Walker (1999) outline, for example, how

modern concepts of ageing, framed to a large extent by economic activity, pose difficulties for older people – a group who, for the most part, are excluded from paid employment.

Jackson's (1999) gendered analysis of exclusion is also useful in the context of age. While age may mediate forms of exclusion, it does not produce categories of people excluded in uniform ways. The analysis suggests that the notion that 'old people' (and within that category, 'widows', 'older old' and 'older men') are a homogenous group must be challenged. Victor and Scharf (2005), in an analysis of social isolation and loneliness, offer further insight into the varying risks among different groups of older people. For instance, loneliness was linked with marital status and most acute among those who were single, who never married and who were widowed. Similarly Prunty (2008) suggests that some older people living in rural areas, living alone, and living in the Border, Midland and Western regions of Ireland, and those who had lower levels of educational attainment, were more vulnerable to exclusion and poverty than others. In an analysis of longitudinal data, Barnes et al. (2006) also found that there were several key characteristics of the older population that enhanced the risk of exclusion in multiple areas of life. These included being 80 years and over; living alone or having no children; and poor mental and physical health.

In summary, while there is recognition that the conceptual understanding of social exclusion has been advanced over the years, social exclusion remains a contested notion. Commins (2004) highlights that there is still a concentration on single categorisations (e.g. age or employment status) with little recognition of the intra-cohort differences, or indeed of how individuals can hold multiple identities and fulfil multiple categorisations. Nevertheless, as Silver and Miller (2003) note, although there may be questions with respect to its precise nature and measurement, social exclusion is an important means of highlighting the complex multidimensional, cumulative and dynamic character of social disadvantage in contemporary society. It is useful at this stage to draw on the available literature to summarise the key frameworks and research findings that are relevant to the exclusion of older people in rural communities. This includes the work of Guberman and Lavoie (2004), Barnes et al. (2006), Levitas et al. (2007) and Scharf et al. (various years). As can be seen from Table 3.1, the conceptualisations concentrate on the identification of domains of exclusion. While there are differences in meanings and interpretations across the domains, there is considerable overlap.

Table 3.1:
Existing frameworks on social exclusion

| Guberman and Lavoie (2004) (Age-related) | Barnes et al. (2006) (Age-related) | Levitas et al. (2007) (General) | Scharf and Bartlam (2008) Scharf et al. (2005) (Age-related) |
|---|---------------------------------------|------------------------------------|--|
| Economic exclusion | Economic participation | Financial products | |
| | Material/economic resources | Material goods | Material resources |
| Institutional exclusion | Access to public and private services | Basic services | Service provision and basic services |
| Exclusion from meaningful relations | Social resources | | |
| | Social participation | Social relationships | Social relations |
| Socio-political exclusion | Political and civic participation | Civic activities | Civic activities |
| | Culture and education | Cultural and leisure activities | |
| | Health and well-being | | |
| Territorial exclusion | Living environment | Neighbourhood | Neighbourhood |
| | Crime, harm and criminalisation | | Changes within rural communities |
| Identity exclusion | | | |
| Symbolic exclusion | | | |

Domains of Social Exclusion

It is now helpful to consider the empirical evidence that exists on ageing and social exclusion across some of the life domains documented in the literature. This section is not an exhaustive description of all previous work in these areas, but instead functions as a summarising overview of current empirical knowledge.

With respect to social connection, the beneficial effects of strong social relations for the health and well-being of older people have been well documented (Gray, 2009; Grundy and Sloggett, 2003; Litwin, 2011). Conversely, the lack of meaningful relationships is identified as a major risk factor for mental illness (Kristjansson et al., 2001; Litwin, 2011) and social exclusion (Barnes et al., 2006; Levitas et al., 2007). Indeed, the 1999 Millennium Survey on Poverty and Social Exclusion (PSE) singles out social relations as key to understanding the overall dynamics of social exclusion (Gordon et al., 2000; Levitas et al., 2007). Decline in family care due to social and economic changes (Pickard, 2002) has increased reliance of older people on a wider network of friends, neighbours and/or professional supports (Pahl and Spencer, 2004). At the same time, however, Wenger et al. (2001) found that older people rely on family members for help with and counsel on personal problems, while friends and neighbours were significant for social contact. It is no surprise, then, that older people without children, or who have been without a partner for a long period, have the weakest social ties and the lowest levels of accumulated social capital (Gray, 2009). Rural older people have been found to be particularly vulnerable to loss of social relationships, whether through death of family members and peers, declining health (Drennan et al., 2008; Gray, 2009; Wenger et al., 1996), or simply basic transport issues (Crosland and Wallace, 2011). While the Living in Ireland Survey found that overall, older Irish people have generally high levels of social contact (Layte et al., 1999), loneliness was a problem for some, and most particularly for those living in rural areas. This finding has been confirmed in more recent studies of predictors of loneliness among older adults in Ireland (Drennan et al., 2008). International studies link loneliness with numerous socio-demographic

'risk factors' such as age, social and economic circumstances, a person's living situation, social networks, family function and the quality of social relationships (Mullins et al., 1996; Victor and Scharf, 2005). Wenger et al. (1996), however, found that while loneliness was more common among those living alone, close relationships with non-family members often compensates for a lack of spouse or children. Bowling and Gabriel (2004) and Hawkey and Cacioppo (2007) highlight that availability of social connections and frequency of loneliness strongly impacts on quality of life, with noticeable increases in levels of social isolation above the age of 75 years.

Research shows that older people consistently rank transport as a high priority (Bartley and O'Neill, 2010). The importance of access to transport in averting risks of social exclusion for older people in rural areas cannot be overstated, with several studies citing transport access – and particularly the car – as a 'lifeline' (Newbold et al., 2005; Rosenbloom, 2001) and as contributing to 'successful ageing' (Litman, 2003; Scott et al., 2009). Research has connected the ability to drive with identity and a sense of independence (Bartley and O'Neill, 2010; Davey, 2007; Gilhooly et al., 2002), with both Rothe (1994) and Eisenhandler (1990) concluding that driving is a way to preserve autonomy and self-worth. A review of available research highlights that older people in rural areas are car-dependent (Oxley, 2000; Pucher and Lefevre, 1996; Rosenbloom, 2000) and that stopping driving has detrimental effects on well-being (Edwards et al., 2008; Kim and Richardson, 2006; Metz, 2000). Recent research conducted on the island of Ireland examining the transport needs of older people confirms that lack of transport is a key concern for older people in rural communities (Ahern and Hine, 2010). Keating (2008) states that, although a lack of access to transport poses fundamental problems for all older people, the problems are compounded for people in remote locations. Essentially, due to public transport being typically unavailable beyond village centres (Ahern and Hine, 2010), access to a car is the difference between receiving and not receiving services. This has been shown to have implications for older people's health and well-being, participation, social connectedness and life satisfaction (Banister and

Bowling, 2004; Bartley and O'Neill, 2010; Davey, 2007; Keating, 2008; Scott et al., 2009).

Feeling safe in a community has been connected to the quality of life of older people (Fahey et al., 2007; Gabriel and Bowling, 2004; Little et al., 2005). The majority of literature on this area focuses less on experiences of crime and more on perceived vulnerability to crime. This may be partly due to some official statistics showing that older people report the lowest victimisation rates (CSO, 2010). Feeling unsafe and fear of crime have been shown to impact negatively on older people's community participation and therefore their sense of inclusion (James et al., 2003). According to the Northern Ireland Life and Times Survey 2003, 86 per cent of older respondents listed fear of crime as one of the most significant issues in their lives (ARK, 2004). In Ireland, fear of crime is particularly high amongst women aged 65 years and over; those who believe crime is increasing in the locality; and individuals who have a history of victimhood (Department of Justice, Equality and Law Reform, 2009). Within the international literature, older women are also cited as one of the groups most likely to anticipate crime, yet are the lowest group to be affected by crime, establishing a paradox of risk and fear (Ferraro, 1995; Hollway and Jefferson, 1997). However, much of the research on fear of crime amongst older people concentrates primarily on urban environments (Phillipson et al., 2001; Ward, 1986). This may reflect the fact that urban households are twice as likely to experience vandalism and harm as rural households (CSO, 2010), and that the 'idyllic construction of community' in rural areas is suggested to generate feelings of security among rural dwellers (Little et al., 2005). Nevertheless, the notion of the 'outsider' in rural areas is also discussed in the literature, with evidence of some rural communities feeling at risk when exposed to those unknown to them (Little et al., 2005).

Material and financial resources feature strongly in the literature on social exclusion and ageing (Hoff, 2008; Levitas et al., 2007; Zaidi, 2011). As outlined by Shucksmith and Chapman (1998), a disproportionate number of those in poverty are older people, and a disproportionate number of older people are in poverty. Analysis of survey data in the UK indicates that 28 per cent of pensioners

are less likely to have the funds to pay for basic public/private services (Levitas et al., 2007; Patsios, 2006) and that a large proportion of older pensioners are excluded from elderly-specific services (e.g. home helps etc.) due to an inability to pay. Fahy (2001) argues there is a paradox in the wealth and income distribution among older people. Older people may be asset rich (i.e. own their homes) but income poor, with dwellings often their main form of wealth. Prunty's (2007) analysis of 2004 data from the European Survey on Income and Living Conditions (EU-SILC) indicates older people are affected by higher levels of poverty in comparison to younger people. The results also showed that 33 per cent of older rural dwellers were prone to poverty compared with 21 per cent of older urbanites. This pattern was previously documented by Layte et al. (1999). However, 2009 data from the EU-SILC survey indicate a decrease in the 'at risk of poverty rate' among the older population in Ireland. That said, the findings still show that older people in rural areas are likely to have almost €100 less per week than older people in urban communities. For the most part though, and as illustrated by analysis of data from The Irish Longitudinal Study on Ageing (TILDA), there is considerable heterogeneity with respect to older people, income and poverty (Barrett et al., 2011). This highlights once again the need to consider the diversity of the older population in exploring age-related exclusion.

Finally, the importance of access to health and general services is emphasised throughout the social policy literature (Levitas et al. 2007, p.88). Studies have highlighted the particular problems associated with the closure of basic services such as post offices, shops, pharmacies and pubs, and the impact this has had on quality of life for older people (Anderson et al., 1999; Scharf et al., 2001). A report on the quality of services in rural Scotland (Philip et al., 2003) identified a shop, primary school, general practitioner (GP) and community hall as the core services for a rural community. Dwyer and Hardill (2010) assert that such services encourage social inclusion by enhancing older rural residents' access to the resources, rights, goods and services that facilitate meaningful participation in community life. According to a 2003 UK government report, however, 40 per cent of older

people in rural areas have problems accessing services (Scharf and Bartlam, 2006). Research has also shown that older people in rural areas are disadvantaged in accessing health services in comparison to urban areas and larger towns (Dwyer et al., 1990; Garavan et al., 2001; Goins and Krout, 2006; O'Shea, 1996). Day care, long-term care, and longer waiting times for emergency ambulance services are all core issues (Roderick, 1999; Scannel and Gifford, 2010). Many older residents of rural areas are compelled to move outside their local areas to seek shopping and services. While those with reasonable incomes and transport are not necessarily affected by issues of distance and depletion of services, older people who are less well off are invariably more at risk of exclusion (Milne et al., 2007). Disability and isolation impact directly on service access (Haas, 1990). Problems of restricted mobility, limited income, and lack of access to transport are therefore compounded by distance, adding unnecessarily to people's experience of exclusion from basic facilities (Loschen, 1986; Milne et al., 2007, p.437; Scharf and Bartlam, 2006, p.12), and burdening them with a 'double disadvantage' (Gething, 1997, p.515).

Social Exclusion and Place

As noted throughout this chapter, the local context within which people live is particularly important in understanding the process of social exclusion. There has been an increasing recognition that place, and its various components, may play a significant role in structuring social and economic equalities (Buck, 2001). Disadvantage and exclusion affect localities as well as the people who live within them (Cattell, 2001). This is not simply in terms of how places represent locations or concentrations of disadvantage, but how places, through their social, cultural and economic characteristics, can influence and shape the construction of social exclusion for local residents. In a study of older people living in deprived urban neighbourhoods, Scharf et al. (2002) found that quality of life is closely related to individuals' personal feelings about locality and space, particularly with respect to local deprivation and incidences of, or perceived vulnerability to, crime. Importantly, Scharf et al. (2000) also note that the

shared experiences of such issues with other older people sometimes serves to temper the impact of neighbourhood decline.

In their study on quality of life and disadvantage amongst older people in rural communities, Scharf and Bartlam (2006) found that ageing in place can represent a significant challenge for some older people. Changes in interpersonal relationships, with a weakening of social connections and a loss of local services, mean that older people's rural places could hold significant challenges with respect to quality of life. Wenger (2001), in an analysis of the myths and realities of ageing in rural communities, found that the rural idyll of close-knit supportive communities does not always hold true for older residents. Conversely, accumulated social capital within rural communities has been suggested to have the potential to protect older people from rural marginalisation. In a study of objectively disadvantaged rural older people, Kivett (1988) linked high rates of subjective well-being to such factors as a sense of connectedness and personal space.

Not only is social exclusion in later life under-researched in rural contexts, but there are also questions around how best to assess and measure exclusion in such settings (Commins, 2004). There is significant difficulty in identifying social exclusion in rural areas (Connolly et al., 2010). Deprivation, poverty and marginalisation are rarely evident within concentrated clusters of rural-dwelling people as they might be in urban neighbourhoods. Cloke and Davies (1992) state that in comparison to the 'immediacy and scale' of such problems in urban environments, even traditional indicators of deprivation (e.g. unemployment, poverty, poor living conditions and social stress) are often hidden in rural communities. This highlights the need for greater knowledge of the pathways that lead to social exclusion in rural communities and in different kinds of rural communities (Shucksmith, 2004; Shucksmith and Chapman, 1998). Additionally, there are many difficulties when attempting to compare levels of exclusion and disadvantage in rural areas within and across jurisdictions. Differences in population composition, socio-economic structures, types of welfare provision and physical geography all serve

as barriers to meaningful comparative analysis. Milbourne (2004), in a study on marginalisation and exclusion in rural Britain and the United States, notes the complexity of defining areas of disadvantage. With regard to policy and public discourses, meanings associated with poverty and exclusion differ and are considered to be context-specific.

However, at a more general level, and outside the specific context of social exclusion, there is a significant literature on the consequences of rural transformation and decline. Depleted service infrastructure, remote and disconnected geographies and small dispersed populations have produced difficulties with respect to service access, social connectedness and mobility (Joseph and Chalmers, 1995; Krout, 1988; Ryan-Nicholls, 2004). The question, then, is to what extent the vulnerabilities associated with older age combine with rural deprivation to produce what some have suggested is a 'double jeopardy' for rural-dwelling older people (Joseph and Cloutier-Fisher, 2005; Krout, 1986). Krout and Bull (2006) point out that because of poorer health, deficient housing, less personal resources and few options for health and social care, rural environments can place significant demands (or 'environmental press', to use the term of Lawton and Nahemow, 1973) on older people. Other international researchers have also highlighted such challenges (Goins and Krout, 2006; O'Shea, 2009).

There is a substantial body of research that points to the strength and complexity of older people's emotional connections to rural places. Living and ageing in a community over a prolonged period of time can result in an accumulation of memories, attachments and associations. In some cases, this reinforces the personal identity and sense of belonging of rural dwellers (Heenan, 2010; Rowles, 1983, 1993). Consequently, an emotional bond or attachment between people and places can emerge (Gustafson, 2001; Rubinstein and Parmalee, 1992; Shumaker and Taylor, 1983). Place attachment is a multidimensional construct that is considered to encapsulate a variety of elements including: location satisfaction; historical perspective; aesthetic and emotional components; social support; social integration; appropriateness of the

environment; and relocation constraints (Burholt, 2006). Scannel and Gifford (2010) also suggest that attachment to place is derived from personal, psychological processes and place dimensions. Nevertheless, because of the diversity of life histories and perspectives, older people do not relate in the same way to their communities and therefore are attached to their places in different ways and to different degrees (Burholt and Naylor, 2005).

What is clear from this brief review of literature on place is that our knowledge of the linkages between exclusion and rurality is underdeveloped. What is also clear, though, is that there are not only questions around how place (and its various social, economic and infrastructural components) may influence the exclusionary process, but also how the relationship that older people have developed with their rural communities may influence individuals' potential for exclusion.

A Working Model of Age-Related Rural Social Exclusion

This chapter has reviewed both the conceptual and empirical knowledge on social exclusion and ageing in rural areas. The review has not been able to cover the entirety of the literature on exclusion and ageing. It represents, however, a concise synopsis of existing work directly relevant to this study and offers some insights that have informed the research. Moreover, the chapter illustrates what we know and what we do not know about age-related rural social exclusion.

The theoretical frameworks presented in the literature suggest that social exclusion is a multidimensional construct that can influence a variety of different areas or domains of people's lives. As we have seen from Table 3.1, the majority of these domains are shared across the various paradigms, which in turn lends weight to the multifaceted nature and composition of the current conceptions of exclusion. In some form or another, each of these frameworks points to institutional (e.g. access to services and service provision) and social (e.g. norms, civic activities and social opportunities) components of exclusion. They

also, of course, indicate individual components, but these appear to concentrate on inequalities of accumulated resources (e.g. financial, material or social), rather than considering deeper and more meaningful aspects of individual diversity, as suggested by Abrams and Christian (2007). As we have seen, empirical and other theoretical work outside of these exclusionary models would suggest that an individual's life-course, and the perspectives that are shaped over that life-course, are necessary elements to consider for understanding exclusion. While the importance of life-course factors may be acknowledged, implicitly or otherwise, by the various researchers, they do not explicitly feature in the formal models.

This brings us to a theoretical juncture of cause and effect. The frameworks, for the most part, acknowledge how the domains represent outcomes of exclusionary processes and, equally, risk factors or process elements of exclusion. In other words, one domain, such as a lack of financial resources, may result in exclusion in another domain, such as participating in social activities. The intersections between the various forms of exclusion point to the complexity of causal pathways. It is likely that any conceptualisation of exclusion that aims to capture the reality of the social world will have to recognise these intersections. Beyond this, however, the existing frameworks do not explain why exclusion across the various domains occurs. In part, this may clarify the vagueness and ambiguity associated with social exclusion as a concept. Therefore, accounting for individual perspectives and life-course trajectories is outside the scope of many of the existing conceptualisations.

Similarly, environmental settings are treated more as an indicator of age-friendliness than a dynamic context, with which an older person can form a relationship, and which can influence their experiences. The exception, perhaps, is Scharf and Bartlam's (2008) conception of the neighbourhood and the notion of changes within rural communities. In the previous section, we have seen how empirical work and other theoretical ideas indicate that place could play a significant role in the exclusionary process. Added to this, none of the existing conceptual frameworks

deal with age-related rural social exclusion. Thus, even aside from any questions of how individual and place factors may influence exclusionary experiences, we do not know if the various domains of exclusion documented in the literature exist for rural-dwelling older people, and especially for rural older people in Ireland and Northern Ireland. The implications of diverse kinds of rural communities for such domains are also unknown. We have seen how different characteristics of rural communities (e.g. geographic distance and service decline) may increase susceptibility to exclusion, while other characteristics (e.g. accumulated social capital) may decrease vulnerability to exclusion.

As outlined in the introduction to this chapter, the key aim of this research is to develop a framework that can address these current knowledge deficits and improve our understanding of social exclusion among rural-dwelling older people in Ireland and Northern Ireland. In doing so, it is helpful to first create a working conceptual model of age-related rural social exclusion. This will then be applied to the qualitative lived experiences of older people in this research. This model builds on the existing frameworks and draws on the empirical research within the rural and gerontological literature. At this stage, its purpose is not to describe in detail age-related rural social exclusion. Instead, the model functions as an outline structure against which various assumptions can be tested and from which a refined conceptual model can be derived.

With reference to Figure 3.1, our working model includes a social domain, a services domain and a financial resources domain, all of which are interconnected. During the course of this research we will establish if older people in rural communities in Ireland and Northern Ireland experience exclusion across these domains, and indeed any additional domains. We will also establish if the various domains intersect in how they shape experiences of exclusion across one another. In addition, our model includes individual diversity and rural diversity, where the former encompasses individual perspectives and life-course experiences, and the latter includes natural and geographic elements, community cohesion, place attachment and belonging, and economic and social restructuring. We will explore if these

individual and rural factors, either in singular terms or in combination, influence the potential for older people to experience social exclusion across each of the domains.

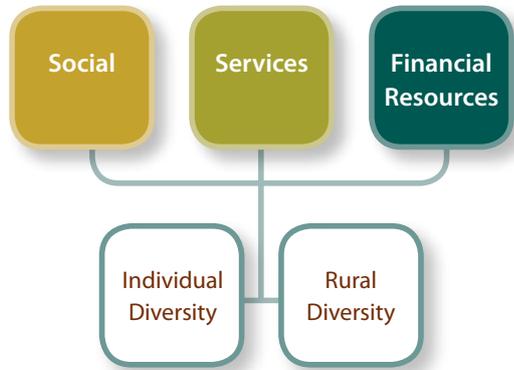


Figure 3.1: A working model of age-related rural social exclusion

It is not the expectation, or the objective, of this research to disentangle the complex causalities of social exclusion for older people in rural areas. The intricate circular and dialectic nature of social exclusion sets that task outside the scope of a single study. For instance, not only are individual factors likely to influence experiences of exclusion, but experiences of exclusion are likely to some degree to influence individual factors. While we acknowledge such flows, our purpose here is to increase the explanatory power of our conceptual thinking by narrowing our focus to the linkage between the domains of exclusion and individual and rural diversity.



4 Methodology

Approach

This work builds on a baseline study on older people in rural Ireland and Northern Ireland, completed by the HARC research network (HARC, 2010; O'Shea et al., in press). In doing so, the research approach incorporates some of the key methodological and conceptual learnings of the earlier study. A qualitative case-study methodology was used to understand the complex economic, social and health behaviours of older people living in real-life rural contexts (Luck et al., 2006). The approach, and the key research questions, were informed by the working model of age-related rural social exclusion presented in Chapter 3. Our approach also drew on principles of ecological multi-level analysis (Conradson, 2005; Thrift, 1999), encompassing the levels of the individual, the community and external macro-level factors, and in this way acknowledged the multiple forces that might contribute to older people's social exclusion.

To account for the diversity of rural settlements the research focused on five different types of rural community: dispersed rural, remote rural, island rural, village rural and near-urban rural. These categorisations were derived from an official Irish rural typology and a UK rural classification. Descriptive definitions of each of these community types and details of the rural classification used in this study are presented in Appendix 1. Some of these community types (e.g. remote) have received more attention in the social exclusion literature than others, but each offers a particular set of characteristics, in relation to population sparseness, settlement structures and geographic location, that raises interesting issues around place and exclusion. Five sites in Ireland and five sites in Northern Ireland were chosen to represent each

community type, providing ten case-study sites in all. The research involved three strands of data collection.

Community Consultations

Community consultations, in the form of focus group discussions with rural stakeholders drawn from public, private and voluntary organisations, were held in each community. The primary purpose of these consultations was to understand the potential for inclusion and exclusion of older people within each case-study site, with a particular emphasis on how the economic, social and structural characteristics of these places facilitated or hindered the inclusion of older people. A secondary purpose was to source a 'project enabler' who, in combination with the other local stakeholders, could assist in identifying and recruiting older participants for the study.¹ Stakeholders were selected on the basis of their professional role in each of the community case-study sites, or as a result of their experience of dealing with older people in the locality. The type of stakeholder participant varied across the sites, reflecting an opportunistic approach to the identification and eventual involvement of stakeholders in each area. Participants included voluntary service providers, home-care workers, community workers, public health representatives, retired professionals (e.g. post office master and nurse), and local representatives from national bodies and charities (e.g. The Society of St. Vincent de Paul, Age Northern Ireland, Irish Farmers' Association and the Gaelic Athletics Association [GAA]). Community consultations typically

¹ Because of ethical restrictions surrounding privacy and confidentiality, active health professionals were not chosen as project enablers.

lasted for 90 minutes. In all, 62 people took part in the community consultations across the ten sites. Towards the end of the study, a feedback forum was also organised to which participating communities were invited. The purpose of the forum was to provide an overview of the key findings and to elicit responses on community-level policy recommendations. Findings arising from the community consultations are presented in Chapter 5 of this report.

Face-to-Face Interviews

The core body of work comprised 106 face-to-face in-depth interviews across the ten community case-study sites. The purpose of these interviews was to gather the experiences of a diverse group of older people living in different rural contexts, with a focus on exclusion, inclusion and participation. Levitas et al. (2007) and Chamberlayne et al. (2002) state that understanding people's subjective experiences of exclusion is crucial for informing conceptual frameworks, policy and practice. The interviews took a life-course approach, which has been found to assist in developing an awareness of the diversity of exclusionary experiences (Bäckman and Nilsson 2011).

The 'project enabler', identified through the community consultations, was given formal criteria outlining the range of interviewees sought for the study. While recognising the limitations of such an approach, this was the best way of ensuring access to as wide as possible a group of older people in rural areas. The objective of this research was not necessarily to find the most excluded people in each community, but instead to interview a range of older people within each site. This was thought to more accurately reflect the diversity within the local older population and the balance in potential between exclusion and inclusion. It was, however, clear from both the previous HARC study (HARC, 2010) and the international literature that it was necessary to account for groups of older people who were considered to be at particular risk of exclusion. These groups included people living alone; people aged 80 years and over; people not originally from the communities; and people with a disability or chronic health condition. A full list of these groups and a more detailed description

of participation criteria and recruitment is given in Appendix 2.

A semi-structured interview guide was used to explore the various topics of interest. Key topics included daily life and involvement in rural communities; community context and characteristics; accessing services; sense of home and safety; community relationships and informal supports; income, necessities and standards of living; and quality of life. A short profiling questionnaire was also used to collect socio-demographic and background information. Interviews were conducted within four weeks of the community consultations and typically were completed by members of the research team over a two-day period at each location. The project enabler organised the interviews with older people, which took place either in the person's own home or in an appropriate community-based location. Findings from the interviews with older people are presented in Chapters 6 and 7 of this report.

Scottish Case-Study

A case-study context analysis was conducted on rural-dwelling older people and social exclusion in Scotland. This case-study provided a review and analysis of policy and practice responses to social exclusion for older people in Scottish rural communities. The analysis assisted in identifying elements of best practice, in a similar socio-cultural context, that helped to inform appropriate policy and practice responses for the Irish and Northern Irish context. The work involved extensive desk-based research and a literature review; a request for 'on the ground' information from all members of the Scotland National Rural Network; and ten face-to-face semi-structured interviews with key national stakeholders. The stakeholders included representatives of national age organisations, national consumer groups, national age and rural voluntary organisations, and government departments. Findings and insights from this analysis² will be integrated into the discussion of policy recommendations in Chapter 9 of this report.

² The full analysis of the Scottish case-study is available at www.harcresearch.com.

Ethics, Recording and Analysis

Given the potentially sensitive nature of the research topic, ethics approval was sought and received for this work from the Research Ethics Committee in NUI Galway, and from Queen's University research ethics oversight. Together with an informed consent process (involving information sheets and consent forms) for all participants, ethics protocols were developed for accessing communities and participants, dealing with participants who might become distressed during interview, and researcher safety.

All individual interviews and community consultations were audio-recorded and transcribed. A coding framework was developed based on inductive codes and refined as a thematic analysis was performed on the data using NVivo 9 qualitative analysis software.

The Community Sites and Interview Participants

The final selection of participating communities was based on the desire to achieve a geographical spread of sites within each jurisdiction and, because of the difficulty in accessing communities, opportunistic sampling. In many cases we drew on our regional networks of rural stakeholders and social care professionals, who provided local knowledge on which communities best fulfilled each rural community type. The population structure of all sites, apart from Rosemount, showed an over-representation of older people relative to national and jurisdictional averages (Ireland: 11 per cent – CSO, 2006; Northern Ireland: 12 per cent – NISRA, 2001). There were clear differences across the case-study sites with respect to accessibility, settlement patterns, and social and cultural structures. It was also clear that these communities were at different stages of economic and social development, with some showing evidence of decline, while others (in relative terms at least) were benefiting from increased infrastructural capacity. The ten communities, a brief description of their characteristics, and the number of older people interviewed in each site are presented in Table 4.1.

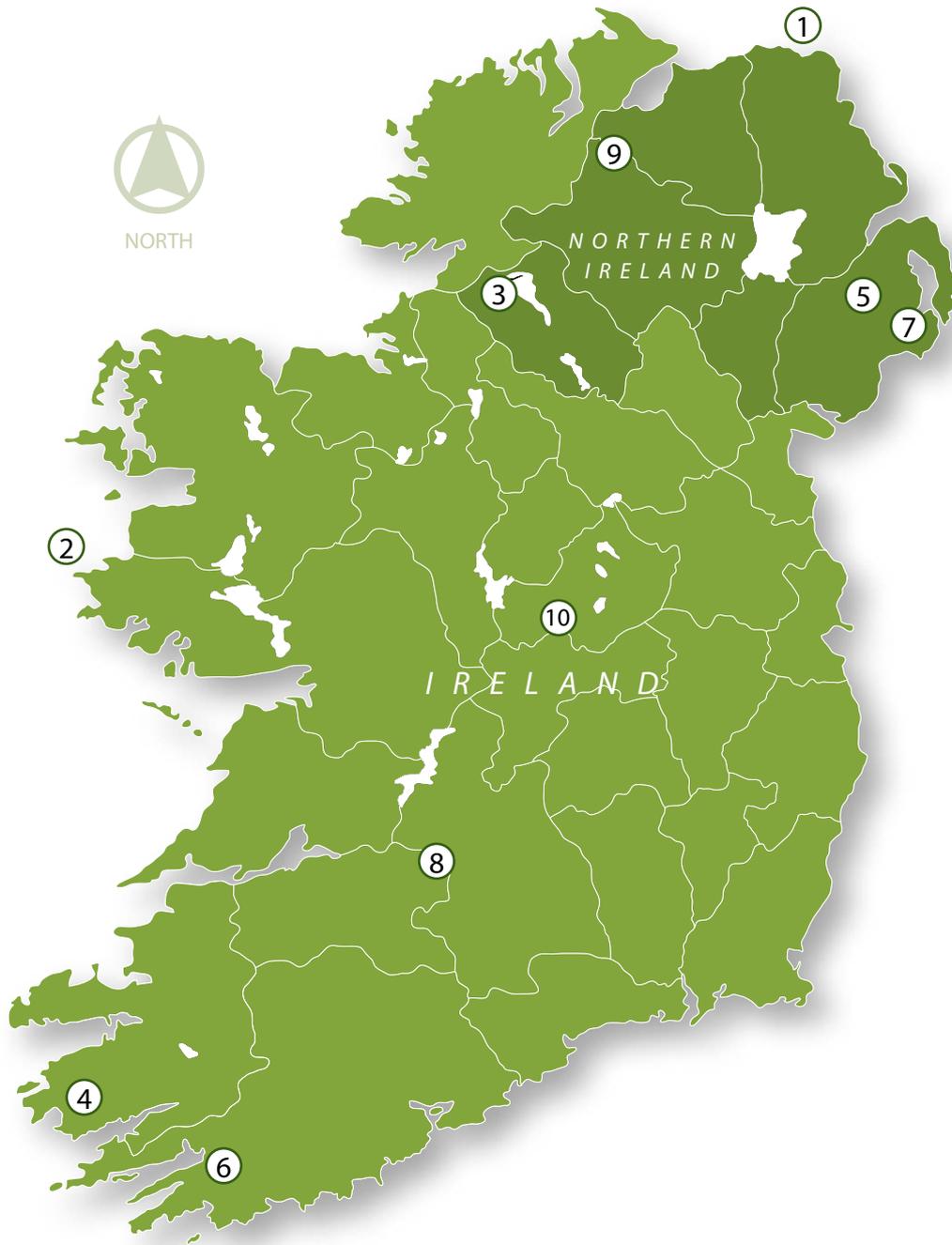
The geographic locations of the sites are marked in Figure 4.1. Appendix 3 presents a more detailed overview of each case-study area, including more detailed geographical maps and a description of demographic, economic and socio-cultural characteristics.

Of the 106 interviews, 49 were conducted with men and 57 with women. Participants ranged in age from 59 to 93 years with an average age of 76 years (standard deviation = 7.6). One person was divorced from their spouse, one person was separated from their spouse, 16 were single and the remainder (88 people) were split evenly between those who were married and those who were widowed. Thirty-three per cent of the sample were aged 80 years or over; 24 per cent did not have any children; 48 per cent were living alone; and 35 per cent were not originally from the community of residence. Twenty-nine per cent of the sample did not have access to private transport; 39 per cent considered themselves to be farmers.

Table 4.1: The participating case-study sites

| Name (and site number) | Description | Population Structure | Older People Interviewed |
|------------------------------|---|-------------------------|-----------------------------|
| Island Rural | | | |
| 1. Rathlin | Island off the north coast of County Antrim with Scots-Irish heritage with 100 inhabitants approx. Traditionally Catholic. | 32.6% (60 & over) | n=12 |
| 2. Inishbofin | Island, in a non-gaeltacht region, off the north-west coast of County Galway with 199 inhabitants approx. | 16.5% (65 & over) | n=7 |
| Remote Rural | | | |
| 3. Garrison | Village in border area of west County Fermanagh, which had cross-border roads barricaded until 1995. Predominantly Catholic. | 23.9% (60 & over) | n=10 |
| 4. Dromid | Village in gaeltacht area in south County Kerry, considered the newest village in Ireland (c.1989). | 13.3% (65 & over) | n=13 |
| Dispersed Rural | | | |
| 5. Finnis | Hamlet and dispersed dwellings situated on a townland and local authority junction in County Down. Cross-community primarily. | 21.3% (60 & over) | n=11 |
| 6. Coomhola | Valley in south-west County Cork encompassing a series of townlands with dispersed dwelling patterns. | 14.7% (65 & over) | n=10 |
| Village Rural | | | |
| 7. Clough | Accessible village situated within principle commuting zone for east County Down. Predominantly Protestant. | 14.2% (60 & over) | n=10 |
| 8. Upperchurch | Village situated in the hills of north County Tipperary in the Irish midlands. | 19.1% (65 & over) | n=12 |
| Near-urban Rural | | | |
| 9. Donemana | Accessible village situated in close proximity to major city in north County Tyrone. Predominantly Protestant. | 19.8% (60 & over) | n=10 |
| 10. Rosemount | Accessible village situated in close proximity to three major urban centres in south-west County Westmeath. | 11.2% (65 & over) | n=11 |

Figure 4.1: Geographical location of the case-study sites



Methodological Challenges and Limitations

Conducting research on sensitive topics, with potentially vulnerable populations, and in complex community settings, can give rise to particular sets of challenges. It is helpful to consider some of the challenges encountered during the completion of this research, and how some of these challenges act as limitations to the work while others were overcome through the study design.

Community Relationships

Accessing some community sites was more difficult than others. Consequently, at an early stage in this work, it became clear that forming strong partnerships with the various communities was fundamental to the success of the research. This was in terms of gaining access to sites, gathering insight into the socio-cultural structures of the communities and identifying older people to take part in the study. A significant amount of time was invested in making the necessary local contacts, explaining the details, implications and outcomes of the research, and fostering a sense of shared ownership of the work. Given that all of the community organisations and contact points were assisting the study voluntarily, and that some were under significant resource pressure due to recessionary cutbacks, this period of trust building and partnership development was essential.

Place Classifications and Boundaries

There were several issues concerning rural place classifications and place boundaries. First, rurality in Ireland and Northern Ireland is fundamentally different, with a greater degree of urbanisation apparent in Northern Ireland. This is evident in the differences between the population densities in the two regions (Ireland: 60 persons per square kilometre – CSO, 2006; Northern Ireland: 132.5 persons per square kilometre – NISRA, 2010) and the proliferation of large regional towns in many regions in Northern Ireland. Such differences not only impact on distances and accessibility, but are also likely to impact on the nature of places themselves. Second, even within a single jurisdiction, region or county, there are variations

within particular community types and a village in one area may be very different to a village in another area. Finally, within places, and as evidenced during the course of this research, there can be significant variation in geographic and infrastructural characteristics. This was particularly clear in the remote sites, where relatively small distances (e.g. one or two miles) could entail real differences in the lived experiences of older people. Such variations were further compounded by blurred place boundaries which impacted on a person's personal sense of identity within a community. These issues have implications for comparing experiences across participants and therefore must be considered, as they reflect the real-life complexity and diversity of rural communities.

Participant Recruitment

The community partnerships were key to the success of participant recruitment in this study. The project enabler and local gatekeepers from the community consultations were in the best position to identify, in a sensitive manner, people who fulfilled the criteria for participation. Their familiarity and relationships with potential participants allowed people to decide to participate without feeling pressurised by an outside party. That said, there was difficulty in accessing some of the most disconnected individuals within the various communities. Gatekeepers sometimes had difficulty in identifying the most 'vulnerable' individuals in the locality and even when identification was possible it was not always feasible to recruit these individuals.





5 Community Context:

Stakeholder Views of Ageing and Exclusion in Rural Areas

Introduction

This chapter presents findings arising from the consultation focus groups with community stakeholders. Its purpose is to synthesise the key factors that, in participants' views, shape the economic, social, cultural and health context of the participating community sites and to identify, from the community perspective, both the challenges of ageing in these places and the potential for exclusion for older residents. Not surprisingly, those who participated expressed strongly positive views in relation to the places in which they lived. However, participants were equally aware of the challenges facing ageing populations in rural areas across a number of dimensions. The consultations with stakeholders generate a complex picture of rural ageing that reflects the heterogeneity of experiences and perceptions, yet shows some convergence in relation to key challenges and opportunities. Five interconnecting thematic areas were identified by participants as being most important in relation to ageing and exclusion in rural areas: place; economic circumstances; social provision; social connectedness; and individual risk factors.

Place

The nature of place was a significant descriptor of the case-study sites. While this partly reflected the classifications used for site selection, there were clear commonalities within and across the various community types. Participants in Garrison and Dromid (both remote) and in Coomhola (dispersed) emphasised the rurality that characterised their communities and the wider geographic region. Here, rurality was associated with long distances,

population sparseness, small-scale agricultural production and, in some cases, a strong sense of remoteness and isolation:

Now it is mainly a small farming area. Most of them come from a farming background, you know, quite smallish... I suppose it's quite rural. It's a long ways away from Bantry town, for instance.

(Stakeholder – Coomhola)

According to stakeholders, distance and isolation did not automatically imply exclusion but they certainly rendered inclusion more problematic. This was true too for the island communities (Rathlin and Inishbofin). In these cases though, seasonal factors appeared to influence their rural nature. While winter months and harsh weather conditions accentuated the sense of rurality, summer tourism appeared to mask the islands' more isolating elements. The size of the connecting mainland ports also seemed to play a role: Rathlin's port, Ballycastle, constitutes a small town (population 5,089 – NISRA, 2001) and Inishbofin's port, Cleggan, constitutes a small village (population 282 – CSO, 2006). People were aware of the relative nature of the exclusionary process in the context of geographic elements of place, but were equally conscious of the difficulty of distinguishing further exclusion once the former has been recognised:

Firstly, anyone who lives on an island is socially excluded immediately...so then when you're living here in the context of the island community, what are you socially excluded from?

(Stakeholder – Inishbofin)

Stakeholders from Upperchurch, Clough (both villages), Rosemount and Donemana (both near-

urban), and to a lesser degree Finnis (dispersed), recognised the relative centrality of their communities with respect to large regional towns and cities. A clear sense of accessibility removed any notion of geographic remoteness from their experience of rurality:

You see...you're only fifteen/twenty minutes from Athlone, Tullamore, Mullingar. You're an hour from Dublin now. You're an hour from Galway.
(Stakeholder – Rosemount)

While participants in most of these communities still considered themselves to be very much rooted in rural areas, stakeholders in Clough noted how centrality and nearness served to subdue, to some extent, the rural features of the place:

It's like...fairly rural, but the fact that it's a tremendous amount of traffic...it is very busy most of the time. So I mean...the city comes to the community through traffic. It's coming, coming, coming and going all the time you know.
(Stakeholder – Clough)

In all of the sites, participants highlighted the subjective nature of both place and exclusion. There was a reluctance to equate distance from places and people with isolation and loneliness. Instead, there was a recognition that sometimes aloneness was freely chosen and for some people had become a way of life rather than always being an indicator of exclusion. A recurring theme was that distance from others did not always lead to exclusion or poor quality of life:

My father now is 90 and he's living on his own about two miles from any house anywhere. He wouldn't get out of there... I mean, he's happy as Larry [phrase to indicate being as happy as possible]... I mean for him it's good how isolated it is.
(Stakeholder – Dromid)

Economic Circumstances

In each of the case-study sites, stakeholders described how a combination of macro-level factors, including mechanisation, declining farm production, rural decline, centralisation, service restructuring and rural development strategies, have transformed local economies, impacting directly on rural settlement and economic opportunities for rural residents. People were aware of the global context of their existence and how relatively powerless they are in shaping or influencing world economic trends and structures. The concern among some stakeholders was that the changes that have occurred have sometimes undermined the cohesive capacity of their communities and their ability to maintain an inclusive, active and integrated environment for older people.

Much of the discussion with community stakeholders on economic factors focused on the past and present role of the agricultural sector within their community and the economic implications of changes arising from the sector's diminished importance. Increasingly, the agricultural and fisheries sector served as a smaller component of the local economy and provided fewer economic opportunities for community residents. This led to structural adjustment which had consequences for farm viability and ultimately employment:

Well, agriculture, yes, but...today it would be a one-man operation now. Years ago it used to be five or six men. So now it's down to just one man.
(Stakeholder – Finnis)

While participants across several sites (including Finnis, Donemana, Garrison, Upperchurch, Dromid and Coomhola) stated that farming was still relatively strong, the majority of farmers in these communities now work on a part-time basis and rely on public subsidy payments and/or disparate sources of off-farm employment for their income:

Most of the farming community of my age group and younger were part-timers... That's the way it was going very much. All the young people will be part-timers. They will have to be.
(Stakeholder – Coomhola)

While farming still represents the primary source of local economic production, participants in some sites suggested that tourism has now superseded traditional agriculture-related activity. This was especially true for Inishbofin and Rathlin islands, and to a lesser extent Dromid and Coomhola. In the majority of sites, the construction sector was a major employer for trades-related work in the recent boom period, especially for younger men. Now that employment in this sector has diminished in Ireland and Northern Ireland, as a result of the current recession, people were worried about the social and economic consequences, as younger people are forced to move away from home to find work. People were concerned not only about effects on family networks and relationships, but also about the impact of population decline on local economic activity and service provision. Emigration was perceived to be a growing problem in many areas. While in recent years, migration from these communities involved younger people moving to urban centres for third-level education and/or employment, international emigration was increasingly prevalent because of the economic recession:

There's still a fair wee bit of emigration from here...thirty young men went to Australia inside two months. That's hard to believe.
(Stakeholder – Finnis)

Participants recognised that the areas where they lived could not, by and large, sustain a viable jobs market for their young population and that this had implications for settlement patterns. As one participant noted, commuting was one of the few ways in which members of the younger generation could hope to remain in the area when jobs were more plentiful in the surrounding region:

I feel that the best we can hope for, not ideal as I've said already, but the best we can hope for is that...people will build here and commute.
(Stakeholder – Upperchurch)

In more centralised sites, the growth in commuting was a product of the site's location and a part of the community's new function as a commuting zone for urban employment. In these cases, people often moved into the community in order to be able to purchase housing, and travel to work in other areas.

Participants expected that economic conditions would worsen in the future, with all that implies for maintaining viable populations in their communities. However, it would be incorrect to say that people were always pessimistic in relation to future possibilities. There was a thread running through the conversations that communities had suffered similarly severe periods of economic hardship in the past and, with support, could endure the current economic difficulties. Participants often referred with pride to the hard-working nature of members of their communities, lauding their capabilities and their adaptive capacity:

One thing I notice about Coomhola is that there are a lot of fellas started off their own little businesses and, thanks be to God, the recession hasn't closed any of them down yet. But I think that's a very important thing.
(Stakeholder – Coomhola)

Social Provision

Within each case-study site, participants described a health and social service infrastructure that was reliant on both public and community-based voluntary components, but increasingly on the latter. The public services available to people in rural areas varied widely across the different communities and between Ireland and Northern Ireland. Generally, participants in the more remote and scattered areas described a health and social services public infrastructure that was typically weak (Rathlin, Inishbofin, Coomhola, Dromid, Garrison). Those in the more central regions (Upperchurch, Rosemount, Finnis, Clough, Donemana) tended to describe a more accessible state infrastructure, either in the immediate community or within close proximity. Such distinctions reflect traditional critical mass and economy of scale imperatives in respect to social service provision. Our data also suggest that public provision and related infrastructure is generally stronger in communities in Northern Ireland than in Ireland. While the higher population density in Northern Ireland is certainly likely to be a factor in explaining that

difference, so too is the more developed welfare state in that region and a greater emphasis on universal provision.

Stakeholders in each site did recognise the value of particular state services (e.g. public health nurses, home help, day care, emergency response services) and state-funded or subsidised facilities (e.g. community development complexes, ferry services and pier development – Inishbofin and Rathlin). Public health and district nurses were especially praised in geographically isolated and dispersed settlements (Finnis, Garrison, Dromid, Coomhola, Rathlin and Inishbofin). They were considered to play an important role in keeping dependent older people living in and connected to their local surroundings, acting as both provider and mediator of state-organised health and social care. This was especially true on the islands, where consistent lobbying had achieved 24-hour nurse cover:

It's the security [of the district nurse] especially for someone older, or for anyone...if something did happen after 5 o'clock in the afternoon that you can have somebody there.

(Stakeholder – Rathlin Island)

Participants across all sites noted the importance of home helps for older people to remain living independently in the community. Stakeholders saw the value of home help services not just in terms of domestic and social care assistance, but also as a means of combating loneliness for housebound older people:

[A] big benefit we find say from the home help service... It's having someone to talk to or having someone to talk with, whether it's about the weather, how they're feeling or just general chitchat. It's invaluable. Invaluable.

(Stakeholder – Coomhola)

Participants in each of the sites referred to the impact of the economic downturn and repeated cuts in state expenditure on their communities. Stakeholders reported that any reduction in public services places an increasing burden of responsibility on families and community groups. Accordingly, participants described how the community and voluntary sector now dominates

the community fabric and drives much of the social provision for older people. There was a clear sense that communities looked beyond the lack of public provision and recognised both their responsibilities and capacity to deliver an alternative service:

If one was dependent on the state services or semi-state services or public services to look after every single person in the community, there would be a lot of problems in the community...the voluntary groups are coming in and doing a huge amount of work that I suppose...should be done by a state agency.

(Stakeholder – Uppercchurch)

Stakeholders worried, however, about the ability of communities to continue to respond to gaps in public provision, especially since these gaps were likely to widen in the future. Participants suggested that community and voluntary effort could only achieve so much and that many forms of exclusion were not amenable to long-term change without significant public intervention. It is unsurprising, then, that stakeholders in the majority of communities were more concerned with retaining the existing state infrastructure than attempting to negotiate new state provision:

... if we can maintain those services I'd be happy. There's no point in saying "we're not getting enough". I think the people are doing very nice, thank you very much. But if the services are hit again... I'd be very worried.

(Stakeholder – Coomhola)

In addition to concerns about allocations of home help hours, there were significant issues around transport provision (although rural transport schemes were highlighted as being a vital, albeit limited, resource), long-term and respite care, and the lack of mental health services. Overall, there was a strong sense of frustration evident when discussing the weakness of public service provision. While participants recognised current economic constraints, they felt neglected as communities, if not always as people. For some communities, the demise of the state social infrastructure system in rural areas simply signified an intensification of what was perceived to be a pre-existing social marginalisation:

All the money, the public money arrives in Stormont [Northern Ireland government]. The first slice is sliced off for Belfast. And then there comes another slice to Derry and certainly up around the north... they're very well equipped, they've good roads, they have everything that we don't have. And by the time it has dropped to Omagh it has dropped, the slice has got smaller, and by the time it gets to Fermanagh, it's a very thin slice. Of everything. Of everything!
(Stakeholder – Garrison)

Some of the case-study sites had already established themselves as community lobbyists, recognising their capacity for advocacy and building a relationship with their local political representative in government. For these sites (Rathlin, Inishbofin, and to an extent Garrison and Dromid), which were traditionally considered geographically disadvantaged or socially marginalised, it was a case of continuing to lobby to protect the existing services.

Participants highlighted the significant role of community leaders and local advocates in improving services for older people. These individuals were described as key agents in

encouraging and developing innovative responses to social regeneration in rural areas. Community leaders were often already embedded within a particular community organisation (e.g. Age Northern Ireland, the GAA) and often worked within the framework of those organisations to address the deficits of the local area. In other cases, they acted initially as individuals identifying a need and then subsequently establishing a community-level response to that need. In a time of severe economic recession, stakeholders felt that it was important not to underestimate the role of local social entrepreneurs in addressing the needs of marginalised population groups within local communities. Participants referred to the work done by local organisations and individuals to enhance the connectedness and well-being of older people in the case-study sites – examples are listed in Table 5.1. In many cases, these voluntary activities were the primary source of social engagement for older people and, in the opinions of stakeholders, the primary reason why older people in their communities were less likely to be excluded and more likely to be able to participate in the normal relationships and activities available to the majority of people in their locality.

Table 5.1: Examples of community activities and structures available for older people

| Communities | Activities/Structures | Description |
|-------------|--|--|
| Inishbofin | Order of Malta | Assisting in social care provision and transport. |
| Rathlin | Tuesday Club | Social and recreational activities. |
| Garrison | Garrison Women's Group | Recreational activities. |
| Dromid | Ionad Lae na Dromada (social and day centre) | Meals on wheels, luncheon club, carers' respite, exercise and entertainment. |
| Finnis | Range of parish activities | Dancing; card playing – once a week typically. |
| Coomhola | The social centre | Social and recreational activities. |
| Clough | The Old Schoolhouse Club | Social and recreational activities. |
| Upperchurch | Social housing | Two village schemes mainly for older people. |
| Donemana | Dennett InterChange | Luncheon club, meals on wheels, befriending service, respite for carers and adult education. |
| Rosemount | GAA Community Centre | Social and recreational events. |

Note: This table presents only some examples of community-run activities and services available for older people, which were highlighted by community stakeholders. It does **not** represent an exhaustive list of all activities and services relevant to older people in each community.

Social Connectedness

Participants highlighted the changes which, in their view, have weakened the social fabric of rural places, thus contributing to potential social exclusion. The loss of natural meeting points for rural people featured heavily in such accounts. Over the years, post offices, pubs, police stations, creameries and local shops had closed in many communities. While the loss of these facilities reflected a major decline in physical infrastructure, it was their loss as community interfaces and social meeting points that especially impacted on the social lives of older residents:

And that was another sad thing that happened in rural Ireland, because the post office is a great place. Well certainly for senior citizens to meet and chat. And that was a sad thing.
(Stakeholder – Rosemount)

Together with more macro-level trends in rural transformation (e.g. the shift from rural production to urban employment), the closure of these meeting centres was described as having extracted much of the daily activity from these sites, thereby reducing the opportunity for casual social interaction, especially for older people. One person noted that part of the problem is the authorities not understanding the implications of losing such services or facilities for the social lives of rural-dwelling older people:

To me I think it's about having a framework that you can measure the social impact from something like the rural post office or transport. We don't have frameworks there to be able to measure that and if we can't measure them, we can't quantify what it means to individuals, and when you can't do that you can't change social policies.
(Stakeholder – Upperchurch)

Participants in a number of sites highlighted how understandable restrictions on alcohol intake and driving meant that some older men were now afraid to drive to the local pub, with negative implications for maintaining social networks. The declining role of religion and religious institutions was also mentioned as impacting negatively on

social interaction. The local church was no longer attended by all members of the community and, therefore, was no longer a broad community-based interface facilitating interaction and exchange across the generations.

Yet, even in the face of fundamental changes to social and economic structures, most participants still considered their communities as having elements of the rural idyll of being close-knit, supportive, places that recognised and celebrated the value of older people. Stakeholders generally asserted that neighbourliness and a willingness to help older people were still prominent features of the community landscape. In some cases this was reinforced by the work of local organisations (for example, community associations, not-for-profit groups and church groups):

You'll find in a city...you tend to lock your door, you go inside and sit and nobody knows your neighbour either side of you. You never know who's there, you know. But I certainly think around here they do tend to look out for each other and care more about [each other].
(Stakeholder – Clough)

Participants suggested that rural communities tended to offer most help in times of immediate crisis. This was particularly true when somebody from the locality died. Indeed some participants referenced well-attended funerals and the assistance given to families after bereavement as an indicator of the strength of the community:

If there's a problem, people will come and give help, no problem...if somebody dies, you might say that all the neighbours gather around them and they're looked after. The relatives and all. It's just one of those things. They'd attend wakes.
(Stakeholder – Donemana)

For some people, this unity of purpose was a reflection of the communal nature of rural places and the traditional reciprocity and interdependency that underlined rural social structures, even if sometimes that support was latent, in deference to concerns about privacy, particularly within close-knit communities. Inherent within this form of interdependency is a willingness

to help and a flexibility that serves to broaden the remit and responsibilities of individuals, groups and services. If help is needed, people are expected to provide it, even if providing support exceeds job specification or professional competence. This is illustrated by an anecdote from the voluntary coordinator of rural transport in one locality:

He [rural transport driver] said today "I put a handle on a shovel; I put a slate on a roof; I put a bulb in a house; and I brought a coffee cake to a woman. And they were all people that weren't on the bus."

(Rural transport coordinator)

Although such interdependency was rarely formalised, participants, especially in the island communities, felt that this kind of cooperation was a fundamental element of rural life. It also reflected the fact that many of the service providers (state, voluntary or private) were also residents of the local community and aware of the mutual gains associated with fostering interdependent relationships:

...it's a different set-up because we're part of the community if you know what I'm saying and we're constantly interacting with our patients all the time like...but we're dependent on them as well see. This is what you forget...if something happens, then I'd be relying on these guys here to give me a hand or whatever.
(Public health nurse)

Individual Risk Factors

Participants in the community consultations separated external and internal sources of exclusion for older people in rural areas. Distance, weaknesses in social services and poor social connectivity were often beyond the control of older people but it did not automatically follow that exposure to some or all of these factors would lead to social exclusion. Instead, stakeholders felt that personal attributes and personal circumstances often determined the extent of the impact of such external sources of exclusion on the lives of older people. Some people were suggested to be more resilient than others with an in-built

stoicism that helped them overcome external sources of exclusion, both singular and multiple. Others were described as more optimistic, with a strong psychological desire to keep involved in society, irrespective of economic, social or cultural obstacles. In other cases, stakeholders felt that when people's personal circumstances changed for the worse, for example through sickness or bereavement, they may become more susceptible to exclusion.

Living outside core settlements in the countryside without access to private transport was identified as a major risk factor for exclusion. There was general agreement across all sites that the car was central to maintaining connectivity in rural areas. Therefore, not having access to a private car, having to stop driving, or no longer being able to rely on someone else to drive, was considered to impact negatively on connectedness and increase an unwanted dependency on others:

I mean, if they're not mobile and they can't drive a car [any longer], I mean, they have to be taken everywhere. Well, I mean, they're depending on somebody to come to them.

(Stakeholder – Dromid)

Older people with limited financial resources also emerged as a concern for some community stakeholders. Money was seen as a key element in giving people maximum choice in older age. In Northern Ireland, participants highlighted the low value of the state pension as impacting negatively on older people and reducing their opportunity sets. Although the potential to qualify for other state benefits was acknowledged (for example, disability and single pensioner allowances), rate payments, fuel costs (outside fuel allowances), and other expenses were seen as a significant drain on people's resources, especially if living alone. In Ireland, while the state pension, in relative terms, was considered to be reasonable, older women with little attachment to the labour force over their lifetime were highlighted as a particularly vulnerable group in relation to income adequacy.

Community stakeholders highlighted that older people living alone (through bereavement or otherwise) and/or suffering from a disability or

ill health were another group at risk of becoming socially excluded. While the availability of the public health nurse and home help services modified such risks, there was still a concern that some of these vulnerable older people were unknown to the state agencies and/or were outside the communities' structures and sphere of influence:

...there have been cases where people would have travelled along with somebody and that person may have got sick or maybe they were moved into a home or maybe they died and... they're not getting out and about the same, you know, and likes like that. And people can get isolated very quickly.

(Stakeholder – Donemana)

Stakeholders in a number of case-study sites (Upperchurch, Garrison, Finnis, Coomhola) also suggested that new residents, especially those with no previous connection to the area, were at higher risk of exclusion, or at the very least had to work harder to be included. Older retirement migrants, with no previous connection to the area, had fewer opportunities or network relationships available to them to integrate fully into the locality. Participants stated that any potential for exclusion is intensified when these residents live alone or require any form of health and social care assistance.

Generally, participants were aware of the existence of people who potentially could be isolated in their communities but were reluctant to interfere, or when they had tried to make contact had been rebuffed. There was often resignation and frustration among stakeholders as to what one could do in such circumstances. If people did not want to come out and meet others then it was difficult to know how far a community could go, given that privacy had also to be respected. At the same time, there was unease in all of the sites about people who seem to be outside the community, whether that was freely chosen or not.

Participants spoke about the mind-set of older people themselves and the difficulty of changing that mind-set if it were set on isolation and aloofness. It was difficult to get these older people to participate in community activities or to avail of a specific service:

... there's a percentage, I said, that are automatically included because of their interest in cards and GAA... but there's probably greater than 50 per cent are not really included in anything. Now they're not excluded... but of their own volition... they don't get involved.

(Stakeholder – Rosemount)

Stakeholders offered several potential reasons for older people not engaging with neighbours or the social services. First, it was suggested that sometimes older people did not want to accept what might be perceived as any form of public support or charitable assistance because of a negative stigma associated with the very act of taking help. Second, several stakeholders highlighted that some older people believed that they were now well-off in comparison to what they, or previous generations, had in the past. Third, isolation was seen for some as a personal choice, enforced in the case of some older men by gendered social roles, which compounded the difficulty of engaging them in activities that they had not participated in previously. According to participants in this study, these factors combined to varying degrees to create a stoicism among some older people, that led to them being excluded from normal activities of daily living. A mixture of resilience, pride and lack of knowledge combined to keep some older people marginalised and outside of public and social spheres of influence:

[Participant 1]: It totally depends on what they see as necessary in their lives or what they would like. Some people are as happy as can be with the basic.

[Participant 2]: And some people have a ferocious sense of independence and I mean, they wouldn't want to give it to anyone, to say that they were getting meals on wheels or they couldn't cook their own dinner or whatever like.

(Stakeholders – Dromid)

The problem identified by stakeholders is that in the absence of multi-level agencies of social support incorporating state, community and informal structures, such withdrawal can have serious health consequences for some of these people, leading to undiagnosed illness, up to and including premature death.

Summary

Recognising inclusion and exclusion among older people is a difficult task, especially at the community level. Yet, the findings from the community consultations with stakeholders illustrate the complexity of rural communities in terms of their rapidly changing economic and social structure, their relationship with the state, their capacity for innovation, and their ability to adapt. The findings also point to the impact of place (as a geographic and infrastructural context and a community of people) and the role of economic, infrastructural and social factors in determining the potential exclusion of older people from economic, social and civic life. Exclusion does not automatically arise from the failure of public provision or the failure of the community sector or the failure of individuals and their families. Instead, according to these findings, exclusion is more likely to arise when there are multiple failures across these systems. What was not clear from the focus group analysis was how close some communities are to such breakdown.

Participants in all sites considered that the potential for inclusion was high because of the 'close-knit' nature of their communities - often in contradiction to what they then went on to describe in relation to older people. This is not surprising, since people are unlikely to speak in derogatory terms about their own locality. Community stakeholders appeared to concentrate on individual risk factors when talking about those who were excluded in their communities. This has the effect of individualising the experience of exclusion rather than recognising some of the connections between risk factors and the community context. Communities are likely to conceptualise vulnerability in older populations differently, just as older people are likely to do themselves. Accordingly, just as older people may fail to recognise their individual needs, so too may communities fail to understand the full meaning of exclusion as it affects particular vulnerable groups within an area. Moreover, most participants articulated a dichotomised view of inclusion and exclusion, with little recognition or acknowledgement of how both processes might exist simultaneously in an older person's life.

It is for that reason that we must consider the lived experiences of older people themselves in an effort to identify domains of exclusion and the mediating factors that increase or reduce the potential for exclusion. What is clear from our discussions with the community focus groups is that exclusion is likely to be a complex phenomenon, influenced by external and internal factors, but, ultimately, only properly understood through hearing the voice of older people themselves.





6 Domains of Social Exclusion

Introduction

This chapter examines potential sources of exclusion and inclusion in the lives of older people living in rural areas in Ireland. Drawing on face-to-face interviews with older participants across the ten sites, we identified five domains of exclusion that applied to older people in rural communities: social connections and social resources; services; transport and mobility; safety, security and crime; and income and financial resources. Some of these represent refined versions of the domains identified in our working model of age-related rural social exclusion (presented in Chapter 3) and some are additional domains identified during the analysis of interviews with older people. The domains are often interconnected and overlap to a considerable degree, reflecting the multidimensional nature of exclusion affecting rural-dwelling older people. It was, therefore, possible for participants to experience social exclusion in one or in multiple areas of their lives, while not experiencing it in other domains.

Social Connections and Social Resources

Opportunities for Social Connectedness

Social connection emerged as a dominant theme in our interviews with older people. Developing a strong sense of connectedness was linked to feelings of belonging within the community and reflected an individual's opportunities for social contact and participation. It also reflected participants' capacity to develop and maintain social networks, at both a formal and informal level.

While most participants considered themselves to be connected, maintaining connectedness in older age often proved challenging.

The research underscores how the presence of community-based organisations can provide opportunities for engagement and connectedness in rural areas. As noted by many participants, the absence of community-based organisations can be deeply felt. For example, lamenting the lack of social outlets in her area, one woman voiced disappointment at the absence of social activities for older people in her area and the lack of opportunities to have a "good auld chinwag":

There's not much of a community thing here because they're all too busy...and I suppose they hadn't the numbers... We never had a night for... the elderly – you know how most places now have something...a mass in the community hall and they have a meal for the elderly and they all get together? We never had that once here now... Well I missed it because you get to know the people...and talk to the people.

(Female participant – E02)

People spoke about the reduction of spontaneous and informal social interaction in rural areas and a perceived weakening of social ties, further highlighting the importance of more formal community-based organisations.

Well I wouldn't think it's as sociable in the neighbourhood as it used to be... Even though people would be friendly enough... When I came here first...maybe fifteen years [ago]...you'd say, "Oh gosh I'll go down the road and I'll visit Mary..." But I don't think that you would do that now.

(Female participant – A02)

In several accounts, the informality of social relations in years gone by was contrasted with the perceived reserve of present-day interactions. Loss of regular face-to-face contact due to structural and technological adjustments in the labour market, for example more capital intensive farming practices, and the faster pace of contemporary life appeared to heighten the risk of exclusion. The “different camaraderie” that existed years ago and the freedom to drop by unannounced was missed by one man in particular:

You wouldn't walk up to a door now and shove in the door and...you know sit down. You'd have to have a kind of reason for going... No you wouldn't meet much people every day... Younger people today, they don't pass much remarks yet they fly by in the cars, sure they'd hardly blow the horn at you... It's not like years ago there'd be a lad passing in the pony and trap...and he'd have time to pull up and shout or come in for the lend of something.
(Male participant – A04)

Participants described how family, friends and neighbours used to gather in a house to play music, perform recitations or just to have a chat. Céilís or sciochts, as these gatherings were called, were a focal point of social interaction in days gone by. A sense of nostalgia for a bygone era was frequently expressed, with particular emphasis on the companionship that such get-togethers generated:

Long ago...there were more people living [here]... and they céilied more with each other... Like, we used to have...dances...maybe three times a week up at the hall... In the wintertime we did have what we used to call 'socials' and they were a dance where ya had the supper, the tea. And we had plays. We'd a load of house dances [too]. We used to have wee parties in houses...and we were asked from one house to another...there was always something being organised.
(Female participant – K01)

The proliferation of television was cited as a principal factor in the breakdown of traditional ways of socialising.

The weakening of social relations within such small communities was also attributed to a decline in the number of places where people could socialise informally. For example, the closure of local post offices reduced participants' opportunities for social interaction and compromised their capacity to maintain a sense of connectedness:

We used to have a lovely post office down here, but they closed it. A post office and shop... It was an awful shame because it was a great place to meet...every time you'd go down to the post office there was two or three people you knew, you know. You'd be chatting to them.
(Female participant – K01)

Similarly, the closure of rural pubs or changed pub opening hours – with some opening later in the day – was viewed as a constraint on local residents' social relations:

...there's no pub in the village now, so there's no, no focus point in that respect. It used to be a focal point for anyone that frequented the bar.
(Male participant – S04)

In this context, the introduction of the smoking ban and tighter restrictions on drink driving in Ireland and Northern Ireland were also perceived as having had an impact on both the sustainability of rural pubs and the social opportunities of some older people – particularly men. The closure of local creameries and travelling creameries also affected men more than women. Delivering milk to the local creamery was an opportunity for men to gather and talk even if talking was largely confined to farming, sport and local gossip.

While many participants voiced dismay that “there's no social life for older people” (Female participant – remote K02), others felt “a sense of belonging and being part of the community” (Male participant – village K05). Expressing a view typical of several participants, one man emphasised that it was often the efforts of individuals themselves that underpinned their social inclusion:

[You can] come to a society and lock yourself away...and then say nobody cares. But then it's down to you... I've so many things to keep me

occupied that I haven't time to sit and say, "oh, I feel terrible."

(Male participant – K05)

Attitude to social engagement mattered because if people felt that you did not want company then you were largely left alone. The onus, therefore, was very much on the individual to make the first move:

If you don't go out and mix, people are saying "ah, he's not a mixer" and you don't go near them... They leave you alone...you're left alone if you don't mix. You have to go out.

(Male participant – E02)

Some participants in our study were active members of their communities, helping to organise local groups and clubs and contributing to voluntary activities. Such community involvement completely changed the life of one woman:

All day you're...looking forward to, oh what's happening now tonight. [Laughing].

(Female participant – E11)

Not everyone was able to be as socially active in their communities as they might wish. This was especially true for people who suffered from poor health or who had a disability. Some participants referred to lacking the energy to engage more in their communities, or to being dependent on others to facilitate their social interactions:

Can't do my work now and have to get up and depending on my home help to do everything for me. And days can be dreary if somebody don't call.

(Female participant – K05)

Social Resources

Analysis of interview data suggests a clear link between the quality and quantity of social resources and vulnerability of older people to exclusion in rural communities. As distinct from social connectedness, social resources reflect the interpersonal relationships that older people accumulate and develop with family, friends and neighbours, and which not only provide a source of support but often represent

a reciprocal investment. Themes of reliance and interdependency were, therefore, prevalent within participant descriptions of social resources.

Findings indicate that relationships were the most important thing in their lives and that supportive relationships served to mitigate life's tribulations. For several of those interviewed, relationships – whether with friends or family – not only provided physical assistance at a time of crisis but also vital emotional support:

Somebody would come and sit down and talk to you. They'll point out the good days and you've bad days now but there are more good days coming. And that gives you a great, great lift...

There were people there for me...

(Male participant – C06)

While in some instances social networks may have been composed of a variety of different people, the most important relationships were often cited as being family relationships. Indeed, a large number of interviewees spoke about how family were the most important contributor to their life satisfaction. Frequency of contact with family members was for some clearly related to a sense of being valued and being cared about:

'Tis very important [that my sisters are around]. I'd feel lost without them...there's plenty of contact. She was here three days at the weekend now because I wasn't very well... I'll possibly see her again tomorrow. If I want her I'll just ring her and she'll be along... We have a telephone conversation every day.

(Female participant – E02)

Strong family bonds across generations clearly added to the quality of life in older age for many. Conversely, being separated from family members, particularly children and grandchildren, can emphasise a disconnection from the lives of loved ones. One woman described the importance of her relationship with her family, which was also evident in how she spoke about her grandchildren and the way she pointed to pictures of each of them:

Oh yes family is important, very important and... children are important...to me... I like seeing the

children...if you don't see...your grandchildren for a year or so...it's [hard]...that's something you have to be philosophical about.
(Female participant – C02)

Availability of family members varied considerably and according to individual circumstances. Some older people had no living relatives, for example, while in other cases, relatives may live a long distance away, which was particularly true for those living in remote or island communities. However, in the example of one older woman close proximity to family did produce an unwanted dependency on their time and resources:

[I help my family out] too much...that they don't want to leave... [My son] lives here and he has no job at the minute so that's another thing that's bad everywhere... And [my daughter], she... doesn't drive now and when I'm not here I don't know what she's going to do.
(Female participant – S03)

Indeed, some participants did not have close ties with their families at all. Even where older people had children or other relations living nearby, they had little contact with them:

Oh sure there's no-one really to visit, I've only one lad...living near at hand and...I don't really visit him often enough... The way it is now, his son and daughter, they're away... The wife would be working and he'd be working and most times you go there's no-one there.
(Male participant – A04)

The research highlights how minimal involvement with existing family can leave older people feeling disconnected – an important dynamic in the context of risk of social exclusion.

However, familial interactions were not the only source of important relationships for participants. As one woman put it: “you have to have friends” (Female participant – village E02). Others stated friends and friendship were what gave most meaning to their lives. It was evident from the descriptions of older people in this study that the contribution of friendship and companionship to a person's life was significant – whether

these qualities emerged from relationships with individuals, family or neighbours:

...any friend I have is...lovely and...I can go into any house at any time and sit down and chat... Just ring anyone and they're there... The telephone never stops. So...Eircom cut me down to the bill for every month now instead of two to see would I be able to pay it. [Laughing]... Because it used to go up sky-high.
(Female participant – C02)

Relationships with neighbours also emerged as an important social resource for older people in this study. Many participants talked about the sense of support that they garnered from their interpersonal relations with neighbours and the crucial nature of this support in later life. The notions of trust and reliance with respect to relationships with neighbours were threaded through the narratives of older people. For instance, the benefit of strong relationships with one's neighbours was crucial for this woman following the death of her husband:

I wouldn't have survived without the neighbours... When [he] died...they came from across the far side of [placename]...to help me out that evening...because he died very sudden... And [they] were marvellous.
(Female participant – AC01)

Some interviewees outlined how neighbours provided the kind of practical and financial support usually only associated with close relatives:

The man next door now pays the ESB bill and he provides the fuel for me and... I don't have any bills... They're quite good with a few pound as well [laughing].
(Female participant – A02)

Study findings reveal the particular vulnerability of older people in the absence of meaningful and supportive relationships with family and neighbours. A dwindling pool of friends and neighbours due to old age or illness invariably diminished social resources. For example, when asked about the possibility of relying on help from neighbours, this man said:

Well...they're getting on in years too... And so I can...foresee a time...where if I was incapacitated in some way, I might have difficulty...in finding anybody to help out...so that's the trouble.

(Male participant – S05)

In other cases, cultivating relationships with neighbours appeared to be more difficult, with problems surrounding accessibility, social opportunities and a question mark over the willingness of neighbours to engage:

[I'm] not really close to neighbours as such... unfortunately. Maybe that's a downside... Our immediate neighbour is only there...in recent years and...we talk over the fence...say hello... But really there's no...further contact other than that... And I...think it's maybe as much in their case too – I don't think they want it. I think they want to keep to themselves... They're happy to say hello but that's...basically it.

(Male participant – 04)

In most cases, however, neighbours were considered to be an important resource. Even in cases where conflict and disagreement occur, there was recognition that support would still be available:

If you're ever in trouble, if you need any help, especially...on the farm...there's always somebody to call on. I mean...we don't always agree on everything... We would disagree; we fall out every now and again, but if anything goes wrong everybody helps everybody.

(Female participant – C04)

Reciprocity was a central element in many of the relationships that were described by interview participants – whether these relationships were with family, friends or neighbours. In some instances this referred to an emotional and psychological investment in the relationships, whereas in other instances it referred to the reciprocal provision of support and assistance. In this respect, there was recognition amongst some of the participants that interpersonal supportive relationships were driven by an interdependency of both parties. This form of interdependency can

imbue older people's lives with value and meaning as this woman's experience illustrates:

I have a brother and he's 87 and...I have him every second Sunday for his dinner... I drop over to see him maybe every fortnight and I do little jobs for him... When I was sick he'd light the fire and bring in the fuel there for me...and put out the ashes and he still does it and...[the] slop bucket – when it gets too heavy for me he'll bring it out and...all that kind of thing.

(Female participant – A03)

Analysis of the narratives reveals that those who have interdependent relationships with others generally tend to speak with a sense of fulfilment and can confer a feeling of identity and self-worth, as this man intimates:

To a certain extent although I'm not fit to do too much...I'm still there to...give advice... Sometimes...I'd be talking to the ferry man. On a bad day, they would say to you, "Now what would be the best time of the tide to go?" And all like that, they still relate to me...because I always worked on the sea. I was always involved in the boating.

(Male participant – C06)

Loneliness

Although the majority of older participants did not describe themselves as being lonely, loneliness emerged as a serious issue for a number of interviewees. Living in a remote rural setting combined with ill health could reinforce a sense of isolation. Loneliness and increasing frailty went hand in hand for one person; however, reflecting a stoical attitude common among her peers, she insisted on getting on with life:

You must ignore the pains, you, you just can't give in to the pains like. You just push it and go.

(Female participant – S02)

The view that loneliness represents a normal part of life in rural communities was pervasive. Asked whether she was satisfied with her life, one woman's response typified such a view:

*Oh God I am yes, I'm happy in my own way like...
Apart from being lonely... It's a part of life.*
(Female participant – S02)

Loneliness was often perceived as being a matter of individual choice: *"I think lonely, you make it yourself"* (Female participant – near-urban C01). However, some participants equated loneliness with a perceived desire amongst rural older people to maintain their independence:

No, I'd call that independence... In a way, some people wouldn't want anybody knocking on their door.
(Male participant – S07)

Reduced social networks – the fact that, *"there's not a lot of people to visit anymore"* (Female participant – island C02) – featured strongly in accounts of a breakdown in social ties in some rural areas. This appeared to be especially difficult for those who had lived in these areas all their lives. The passing of one's friends and family inevitably reduced the opportunities for social interaction:

Nearly all my friends are dead... And...all my sister-in-laws bar one...are dead... And my brother-in-laws. And...I had six brothers but there's only two of them left.
(Female participant – A01)

Lacking someone to talk to for days at a time increased one female participant's sense of being alone:

Now last weekend I didn't see one soul from when I came home from town on Friday until Monday morning...nobody... It's a long weekend. I usually go to my daughter every Sunday but she was working.
(Female participant – S02)

The awareness that rural loneliness might be mitigated by a wider sense of social responsibility and concern for one's neighbours arose in many narratives. However, remoteness of place could still hinder participants' social involvement, especially when living alone. A woman living in a geographically isolated area in Northern Ireland described the sense of isolation she felt:

It's okay when you're younger, you know, but when you get old it's not... [It gets] very lonely...because...the neighbours are nearly all working...and you wouldn't see them... I'm on my own a lot.
(Female participant – C02)

Feelings of loneliness varied according to the seasons of the year. In some communities, the winter months were described as being particularly difficult. In others, it was the summer months, when social activities were suspended, that were more likely to give rise to feelings of loneliness.

Some participants recognised their loneliness and drew upon a range of personal resources to counteract its negative effects. Several people derived comfort from religion. Others distracted themselves from their sense of isolation by listening to the radio, taking a walk or chatting to others. Even participants who did not feel lonely regarded the opportunity to get *"off out chatting"* as being important in reducing the risk of exclusion (Female participant – remote C02).

Services

The availability of services and suitable community infrastructure was a dominant theme within participants' experiences of exclusion. Although the service structures of each community differed in scope and scale, service accessibility shaped the majority of older people's experiences of health, socialisation, culture, and consumer choice. While this may be true for all older people, the relevance of rural settings emerged as an important influence on those experiences.

Health and Social Care Services

Adequate health and social care provision was very important to participants in this study. Reflecting the different levels of care infrastructure across the 10 communities, participants described varying degrees of satisfaction with their access to and quality of care services – often depending on the service being discussed. Certainly, some participants, particularly those from village and near-urban sites, lived in close proximity to health

clinics and therefore talked about the accessibility of health services in their area. This was especially evident for those in some of the Northern Ireland communities. For others, accessing health services required significant travel.

In general, most participants were satisfied or 'happy enough' with primary health care, such as GP services. Nevertheless, particularly for those living on an island, there can be issues with respect to access and standards of care. For example, one islander recounted with dismay a recent health scare that required a medical consultation outside of the doctor's scheduled island visits:

...he said no, he didn't make call-out visits to the island...it was too expensive for him to come and leave his practice.

(Male participant – C06)

Additionally, satisfaction with health services depended very much on the level of care that is needed and at the stage of lifecycle a person had reached:

So, I cannot hand on heart say that I am dissatisfied with what we have at the moment. Okay. Come back in five years' time maybe when...I'm a bit older and I'm requiring more.

(Female participant – K02)

People were aware that they would have to travel to receive hospital care for serious illness. This did not mean that they were happy about this and many reflected on how difficult these journeys can be for someone with a serious illness:

...when you have a serious illness you have to travel. There's no way that you'd be seen here for it. It's maybe 100 miles for you to go to Belfast... Chemotherapy and radiotherapy and all that.

(Female participant – C04)

Not surprisingly, therefore, local community or district general hospitals were universally regarded as being important, particularly in relation to emergency cover and routine tests. While the value of a local hospital was mentioned in several of the sites, it was especially emphasised in more remote and isolated communities. As one man

noted, without hospital services people in these communities could be in severe difficulty:

Oh God. Very necessary, very necessary... Bantry hospital is very, very necessary. You see, now they put in a new scanner there and they can handle the stroke. That scanner will see where there's damage done and so on and so forth and a person that'd have to go to Cork for that scan... Because in times gone by, the road to Cork, the shock on the road used to kill the people... and you'd see the ambulance going for Cork and sure you could nearly say, by the end of the week, the hearse was after it.

(Male participant – K10)

Reduced services, and in some cases the closure of local hospitals, were a matter of general concern. One older woman described the consequences of a local hospital closure on residents of her community:

They closed [the hospital] – it affected [us] before it affected anyone else, because they isolated us completely. And the whole joke is if you have a heart attack, then don't worry you'll be dead before the ambulance comes.

(Female participant – S02)

Other participants expressed frustration that expensive hospital facilities were not being used to their full potential:

Well, like everyone else I'm not happy about the fact that Downpatrick [hospital] has just been opened about, if it's even four years opened now. And it cost 60 million... they don't even have at night time, accident and emergency in it.

(Female participant – S01)

Participants' opinions on the quality of hospital care were divided. While some were dissatisfied with the hospital services in their areas, usually seen as a product of ongoing spending cutbacks, others, whose local hospital services had been maintained, spoke highly of the care they received.

In relation to primary care, study participants emphasised the pivotal role played by the public and district health nurse services to older people

in rural areas across Ireland and Northern Ireland. In most sites, the community-based nurses were viewed as a fundamental part, if not the key part, of the rural health and social care infrastructure:

Oh it's [district nurse care] absolutely essential, we couldn't do without them. We really couldn't.
(Male participant – K03)

In some cases, traditional call-in services were still a prevailing feature of the health and social care infrastructure. Where this applied, participants suggested that the public health nurse was particularly important to the 'older old' and those with serious health conditions:

...nurses always call here... If we want anything... we have the number here... of course they'd have to come if there's anything [we suffered from], but if you were over 80 they'd always call.
(Male participant – K02)

Nevertheless, people were concerned generally about the capacity of the public health system to continue in the face of increasing cutbacks and workload. Due to spending cutbacks affecting community health services, public health nurses were increasingly seen as undertaking functions far beyond their brief. In this regard, one participant referred to the circumstances of a man living alone in his community whose home help service had been discontinued:

He needs the service of somebody to do more for him in his house and... that's been taken away... Because of his handicap, he can't make his dinner and the nurse is having to do that which is really not their remit at all.
(Female participant – K02)

Island participants particularly emphasised the crucial nature of such a service. The need for a round-the-clock nurse on the islands, which may be cut off from the mainland during bad weather, was repeatedly raised by participants:

Like, if the boat or the helicopter couldn't travel in a ferocious gale or something... you still have a nurse that could keep you alive.
(Female participant – C02)

Islanders spoke of the battle they have fought to keep the service of the public health nurse. While Rathlin had recently secured the facility of 24-hour care, Inishbofin appeared to be at risk of losing their service:

I think everyone would have to pack up and go if... the nurse left... You'd feel so lost because nobody would know how bad or how good they are... whether they should be sent to hospital or whether the helicopter should have to come... the whole thing'd be up in disarray altogether.
(Female participant – S02)

Home help services were widely praised and highly valued by participants. Older participants in receipt of care and those not in receipt of care identified home helps as being a core requirement for living independently in the community. One older woman with restricted mobility and living alone in an isolated area highlighted the fundamental importance of her home help:

Sure I'd be dead or lost only for [name of home help]. I really would. ... somebody that you can trust... And somebody that's so... helpful like... She does all my shopping and everything... the home help is the best.
(Female participant – K05)

Interviews pointed not only to varying levels of home help provision across the research sites in Ireland and Northern Ireland, but also to increasing pressure on the service arising from budgetary constraints. As a consequence, while some participants derived considerable benefit from their access to a home help, others were unable to benefit from such support at times of acute need. For example, one woman felt that she needed assistance following her discharge from hospital, but was unable to secure it:

You were depending on your family all the time... They had to take days off... There's no such thing as you could get a person in... for an hour or so in the morning to get you sorted out... You come out of the hospital and you can do what you like after that. Nobody comes to you.
(Female participant – K04)

Accessing home help has become a major issue for many older people: “I used to have a home help... there’s no home helps now... I’m still looking for it” (Female participant – island K01). Even where services were provided, their scope was perceived as being increasingly limited:

... I [only] get fifteen minutes. Now what under God can you do in fifteen minutes? But that didn’t used to happen...our marvellous health system... they cut it down... So you just manage as best you can.

(Female participant – C05)

In addition to the instrumental support provided, participants emphasised the valuable social function of the home help service. The home help represented some participants’ main point of social contact and companionship, providing a buffer against isolation and loneliness. It was not uncommon for participants to refer to their home help with affection:

[The] home help comes Sunday and Tuesday... and maybe she’ll come on Friday...but that means there’s always someone here... I don’t... ever feel lonely.

(Male participant – K01)

In addition to providing emotional support and practical assistance, home helps allowed those who might otherwise be transferred to a long-term care facility to remain independent in their own homes. One man noted what he considered the irrational strategy of reducing home help services, when alternative care options were more costly and less efficient:

There is no place a person can be looked after cheaper than in their own home... Sure, once you go into hospital you’re costing...it mightn’t cost you when you have a medical card but it’s costing the state then... And you’re blocking an acute bed that’s badly needed, whereas with a little help at home...you [wouldn’t] have to be in hospital.

(Male participant – K10)

Long-term care was thus a significant issue for many older people in this study. Loss of independence was often framed within such discussions:

The worry of [mine] is I would hate to be sitting in a nursing home. Because I visit a few people and...they just become the same... People do not get any better in a nursing home. It might prolong their life but I can’t see by very much because the environment, it must hurt them. It would hurt me anyway, if I went in and couldn’t get out.

(Male participant – K05)

Many interviewees stressed a reluctance to be a burden to their families. However, the majority of participants expressed a clear desire to remain at home, pointing out also the high costs associated with nursing home care:

Well I wouldn’t like to leave my home...so hopefully I won’t... If...you own anything at all, it can be quite expensive – five to six hundred pounds a week.

(Female participant – S04)

Government regulations on long-term care funding were a source of concern for older people in Ireland and, especially, Northern Ireland. Means testing, restrictions on savings and retrospective payments based on housing assets were raised during interviews. One female participant had signed over her home to her son, stating that she was unwilling to hand over her property to the government if she needed long-term care:

There’s a rule in the North of Ireland...that if you own your property and you take ill and have to go into a home and be cared for by the state – they sell your house and take the money... My husband and I bought this house 54 years ago... it took us seven years...of heavy slog and work... to pay it back... And I said to the family, there’s absolutely no way the government is going to get it. Because I worked blood, sweat, toil and tears to keep this place together.

(Female participant – K04)

Distance from care homes posed a significant problem for several interviewees. Those living in remote areas of south-west Ireland, in particular, believed the sizeable population of older residents merited locating a care home in their vicinity. In the same community, cutbacks had also affected long-term care services and provision of respite care:

Oh God, there's badly need of a nursing home here...there's loads of old people...that would [need one].

(Female participant – S02)

General Services

The general service infrastructure within each of the communities had changed considerably over time. While the depletion of rural services was a general theme, it was clear that the various sites had different levels of infrastructure and that participants within these sites accessed the available services in different ways.

Just as with health and social care services, the fact that some communities (village and near-urban especially) were closer to large urban centres, and generally possessed more developed infrastructure, meant residents of these sites were less likely to be concerned about the availability of essential services. Yet, the majority of participants, even within these communities, spoke generally of the decline in service infrastructure in rural areas. As previously mentioned, pubs, post offices, creameries and shops were all parts of the local infrastructure that had closed or that had been reduced in some way. Losing the presence of the local police in the locality was another indication of the decreasing availability of important rural services:

I think that hit rural Ireland fierce bad... I remember when I was young...the village where I was from there had four guards and a sergeant in it. And that's gone.

(Male participant – E03)

Participants reminisced about the way things once were in their communities, describing the activities that went on around their community and the sense of vibrancy that was once present:

In my young days [this village] was a very thrifty village, a very thriving village. Now there's nothing. It's sad to see it like that.

(Female participant – C02)

These descriptions were often in contrast to that of the islanders from Inishbofin and Rathlin.

Although the islands started from a very low service base, and still showed signs of depleted service infrastructure, the services available on the islands had vastly improved in recent years. The introduction of electricity, enhanced ferry services and additional places to eat and socialise – while in some cases seasonal – were testament to this:

Living here now is equal to the mainland. Because everyone has everything, you know. The houses are good, you know. And there's everything coming in here that we have on the mainland. So there's no...no one is missing anything.

(Female participant – C02)

Nevertheless, with increased mobility and contact with the mainland there is less emphasis on self-sufficiency and a growing dependency on the mainland:

Long ago, years ago, we had our own fowl, and home eggs, cows, milk, butter... And even when we didn't have a ferry — as we call them now — over, we didn't miss it one bit because everybody had plenty for themselves, you know.

(Female participant – K01)

Similarly, for some of the more central and accessible rural areas, good transport structures and networks meant that the lack of services in local areas was not as critical if alternative and better-endowed urban centres were easily reached. This was particularly mentioned in Clough which was on a primary bus network and had benefited from increased development in recent years:

...you can step out onto the main road...and the buses come from Newcastle and...they change over for Downpatrick going to Belfast, going to Ballinahinch or they'll come the other way and go down to Castlewellan and on down to Newry or you can head down to Newcastle, down to Kilkeel. It's just an ideal spot for moving around with your bus pass.

(Male participant – K05)

Even though geographically isolated and more sparsely populated sites had a tendency to be underserved (particularly in Ireland), the relationship between place and service

infrastructure was for many participants a relative one. People found ways around deficiencies in service provision, viewing weaknesses in services provision as a minor irritant that had to be overcome rather than endured.

Oh, the services are ok... And you can always go to town. If there's an emergency or anything like that you get a helicopter... Oh there would be things that you might have to send to the mainland for alright but that's not a problem either, [not] like it used to be... You can ring instead of going out there... And that makes a big difference.

(Male participant – K03)

Transport and Mobility

The importance of private transport as an economic and social link for older people within rural communities cannot be underestimated. In particular, the car was viewed as being indispensable in maintaining a sense of independence and social connection. While the last section reported some people not being concerned about services access, for many of these individuals this was in the context of still being able to drive. The car provided access to a range of facilities, especially when participants lived outside service centres:

If I can't drive it's very awkward, you know. We're two miles out.

(Female participant – S01)

The dangers associated with walking along country roads often prohibited going on foot:

It is a very dangerous road...they're flying past there...like 80 miles an hour... It's terrible... I couldn't walk on my road.

(Female participant – C02)

Transport issues take on additional importance in relation to accessing health services:

Well I mean at our age, or my age or anybody's age, well especially getting on a bit, how would I

get around without a car, or how would she get around? I take her everywhere like to the doctor and everything.

(Male participant – S07)

Some participants felt that if they did not have access to private transport, they would have to move from their rural area in order to be closer to basic services. For those who can drive, the car provides a lifeline, particularly in a community where there is limited rural transport:

If I hadn't my car I would be finished completely... Really and truly.

(Female participant – C03)

The car, however, was not only a necessity, but a symbol of independence for many participants. The association of the car with autonomy and self-sufficiency, indeed, is typical. 'Doing things for oneself' was highly valued among participants and the capacity to drive was critical to some people's ability to maintain that independence. Reflecting a preference for self-sufficiency, there was a general reluctance, particularly amongst those who have a car, to approach neighbours for a lift unless absolutely necessary:

You need to be able to drive...if you want to get out and be independent...so you're not relying on anyone... If I really was really stuck they'd [neighbours] give me a lift, but then again I don't want to be...that way inclined, you know... I wouldn't be asking every minute... I couldn't take that.

(Female participant – S06)

Disability, in particular, was identified by older participants as posing a significant barrier to involvement in local activities. The car thus acts as a vital aid to maintaining a link to the community for those who, otherwise, would remain entirely cut off because of health problems:

I wouldn't live without a car now because I can't cope because of my leg.

(Female participant – C02)

Reliance on one's own private vehicle to get around means that when the car is not there the potential

for isolation and disconnection is enhanced. Thus, being able to drive, in many instances, acts as a deterrent against loneliness and social exclusion:

There was something wrong with the car last, last Saturday... couldn't get it started and so, only got it back yesterday... For that few days, I was as lonely. For we knew we couldn't get into the car and go and visit some of the rest of them.
(Female participant – S02)

Some older women – many of whom had never learned to drive – were dependent on their husbands, or other relations or neighbours, to get around. As a result, they ran the risk of becoming even more dependent on others if their circumstances were to change, for example upon the death of their husband:

Well, I'll be honest with you, when my husband died, I had no car. I couldn't drive. And that's when it was hard.
(Female participant – K04)

By contrast, some participants who had never learned to drive did not consider themselves necessarily disadvantaged. This was a reflection of their personal energy and resourcefulness to make their own way, which included driving a tractor to the shops, or as this man says: “I thumb it. Thumb it up and down... I'm well known. I always get a lift” (Male participant – remote K03). Some people took obvious pride in their ability to get around without a car. Just as the car was a symbol of independence, so too it appears are the mobility strategies of some older people:

[Transport] was never [an issue]... I'm so mobile like... well I normally walk six or seven miles a day... At 76, yeah... And when... I'd be going to town I wouldn't look for nobody to take me... Slip down the road and walk to [the] bridge... down onto the main road, and by the time I'd be there... a neighbour or someone would come along... Someone that I know well would pick me up and bring me into town.
(Female participant – K03)

Where adequate public/rural transport systems exist, older people did use them. Indeed, such

transport was indispensable for those who could not drive or were unable to because of health conditions:

We have that [rural transport] once a week every Thursday to go into town to do the shopping... But, I mean, I'd be hungry only for it because, with the knee, I wasn't able to walk up to the village.
(Female participant – E04)

Where such a service is low-cost, it is a distinct advantage for older people living in rural areas. For example, one female participant referred in positive terms to her local rural transport system which runs a subsidised ‘social car scheme’ and operates on call:

An older person can enrol with them and... if they have to go... say, [to] the hospital for an appointment or the hairdressers, they can ring up.... And that's a huge benefit.
(Male participant – S05)

Many of the difficulties associated with exclusion are framed in the context of a deficient public transport system. Where public transport is available in rural areas, connections are often bad, thus further augmenting feelings of remoteness from friends and family:

If you hadn't a car, well you would use the bus, but like I can go different places in the car that I couldn't go on a bus. Now, for instance, I go down to my sister-in-law in Portstewart... where to get a bus would mean you have to get a bus... to Derry and from Derry to Coleraine and from Coleraine out to Portstewart.
(Female participant – C02)

Safety, Security and Crime

Safety, security and crime were important dimensions of life for older people in this research. Discussions on this topic were often initiated through discussions on the closure of local police stations. Feeling safe in one's own home and in one's own community was highly valued. Living in a safe environment was considered to provide both a personal and social confidence with respect to a

person's surroundings. Perceptions and experiences of safety, security and crime were often a reason for continuing to live in an area or, in extreme cases, for considering moving.

Fortunately, the vast majority of participants felt safe and secure within their own homes and in their communities. However, issues surrounding crime in the community arose among a number of participants, with one woman commenting:

Do [I] feel safe and secure living here? Yes, but not as much as I did, I think. Yeah, there's a lot you know more talk you'd feel about break-ins and all that, you know. That I'd be wavier now about doors locked and having my key where I'd be wanting to have it and if there was anything happened to get out and...you know, all that, where it never entered my head before. You never know like in the times there are.

(Female participant – K03)

A small number of participants had been victims of crime. People spoke especially about robberies of tanks of oil, building supplies and farmyard machinery:

There have been some robberies, not so much robberies of houses, robberies of machinery. Tractors, eh, I'd a wee trailer stolen last year out of my yard and...a really good car trailer stolen out of the yard last year. I only had it a year and even more recent months there, thieving and robbing is quite rife.

(Male participant – S03)

In other cases, the robberies were more invasive, targeting participants' homes while they were away or while they were asleep. As one man who lived alone in a remote part of a valley noted, these break-ins can have a significant impact on how secure people feel in their own homes:

[Interviewer:] And would you say it's a nice place to live?

[Participant:] 'Tis okay. 'Tis okay. I was burgled a few times about 20 years ago... Well it was in the middle of the night... It would yeah. It would. It would yeah [make you feel insecure here].

(Male participant – K09)

Some people felt the situation with respect to crime had become worse and, more importantly, had impacted upon how people went about their daily business. The following quote is a good example of how some people viewed the deterioration of safety and security in rural areas:

... I must say it's changed so much in the 11 years that we've been here. The crime, even this last six months, in this area. Oh jeppers creepers, it's terrible. I mean, there was a guy done down there three days ago. His house was broken into. It seems as though whoever's doing it must live in this area, and must know the area and know when people are going to be in the house, and when they're not going to be in. It's changed so much. You couldn't leave the door open.

(Male participant – E06)

Despite a number of crime-related incidences reported in this study, it would be incorrect to say that a culture of fear pervaded in the communities participating in the study. Many participants in each of the sites talked about how safe they felt in their communities:

Still a great community, it's still great and we still don't lock our houses, we don't lock the door, well I don't anyway. I feel safe, very safe.

(Female participant – C04)

This was emphasised in all of the rural communities as being one of the reasons for remaining living in these places:

It's pretty much the same as you'd find anywhere but there's a freedom to it. Because, you don't have to worry about people attacking you or anything like that. It's so special because of the freedom, you know. I wouldn't like to live permanently anywhere else. It's good. It's nice and you feel... you feel safe. That's the most important thing I think, for any older person you know?

(Female participant – C02)

Sectarianism did emerge with respect to participants' sense of safety and feelings of security in Northern Ireland. However, for the most part, significant sectarian issues were set in the past, with general acknowledgement that things were

now better. Throughout the interviews, it was clear that participants were conscious of the Troubles and the impact this had on some areas. Past events did leave a mark within the community and participants described a sense of fear when significant events happened:

Well during the Troubles you know they were a wee bit standoffish [speaking about neighbours] because some people were getting shot, they were in the UDR and that, and then some of the Catholics were getting shot and the Omagh bomb there was people that lived in this area that was killed... And then gradually you heard how many they [killed]... It was such a thing. Terrible, aye. It had an impact, it scared people. More I remember being in Omagh, you know there was always bombs in Omagh, if you saw a car on the street and nobody in it...you were suspicious, aha. You would be that wee bit scared till you got past it in a way.
(Male participant – S03)

There was agreement, however, that contemporary rural life in Northern Ireland was now more relaxed in relation to religious conflict and related violence. Participants noted the substantial reduction in sectarian-related crime and violence:

There have been changes, you know, but I think at the minute they're more for the better than for the worse. You know I feel that things have settled down a bit.
(Female participant – K04)

Despite improvements between people of different religions, a number of older people highlighted the continued existence in their communities of a minority of individuals who still create tensions:

Well, back a couple of years ago now this was a very bitter village. But it's changed, it's changing... You still get a wee bit, you know, some of the young ones, cause trouble.
(Female participant – S02)

Income and Financial Resources

Wealth and financial resources emerged as an important domain when considering age-related exclusion. A large number of participants relied solely on state contributory and non-contributory old age pensions. Having money and the capacity for consumption was essential for many aspects of life, including social connection, health, transport and access to services. Participants strongly asserted the relationship between money and choice, but did not describe a straightforward dichotomy between poverty and non-poverty. Instead, interviewees' accounts offered more nuanced and subtle views on rural older people's living standards. People's own expectations, past and future, in relation to living standards were critical in determining their perceptions of relative exclusion in this domain.

In terms of getting by from day to day, participants prioritised certain types of financial outgoings. Paying household bills featured strongly in accounts from both Ireland and Northern Ireland, with many participants expressing concern about the rising costs of energy bills. In Northern Ireland, the payment of rates represented a significant issue and often dominated discussion around financial matters. One older woman noted that paying one's bills was particularly difficult when living alone in comparison to living with others:

There's only one person to pay the electric, there's only one person to pay the phone, there's only one person to pay the rates and insurances. If there were say four or five in a house, but there's just the one person to do the one thing. You have to look ahead, you have to remember that you have to get all these things done and I would never, never go in debt.
(Female participant – C02)

In Northern Ireland, participants expressed the view that the state pension was too low to be able to get by financially. There was a sense amongst some that if a person had to rely solely on this income, as some other participants did, then they could find it very difficult to pay the various household costs. People with disability allowance and the lone pensioner allowance acknowledged the substantial influence these had on their standard of living. There was

some dismay, however, over the means testing and threshold limits set for other benefits and allowances. There was a general feeling that those whose income or savings were just above the threshold for additional financial support often struggled to survive.

Despite the relatively low value of the state pension, some participants in Northern Ireland highlighted other elements of the welfare state, especially in relation to health care, that provided equivalent financial benefits:

But then you see we don't have the doctor or nothing to pay. Our health service is free.
(Female participant – K02)

Pride was generally described as an issue among older people in regard to access and take-up of benefits. Some participants highlighted a reluctance on the part of older individuals to access their benefit entitlements:

You see another thing is the pride in the older generation 'cos they won't even go to look for benefits. If they're not automatically supplied they won't go for them.
(Female participant – S02)

The cost of running a car was repeatedly mentioned in the interviews. While the car was seen as a vital resource, it could also represent a significant drain on resources:

God, if I hadn't the car. But the expense of the car is another thing. You know, there's tax, insurance and there's ah, wear and tear and you have to have it right.
(Male participant – A04)

For some participants, a balance had to be struck between paying for household bills and running a car:

...anybody who's on a pension gets a bit of regular money but some people might not find it enough for, I think for heating bills and stuff. We might even have to give up our car soon. Well you see it's either, you've got to choose between, taxing and insuring a car or paying an enormous, that's the...only bugbear is the price of the fuel.
(Female participant – C03)

As a result, while the majority of participants in Ireland and Northern Ireland stated that they had a reasonable or good standard of living, they spoke about having to budget and plan for expected and unexpected or 'rainy day' costs. The need for budgeting was particularly emphasised if a person had to exist on the state pension in either jurisdiction. In many cases, however, budgeting was viewed as a simple fact of life, the importance of which had been accepted and understood during harsher economic periods in the past.

Some interviewees suggested that living in rural areas was more affordable than living in an urban area. For example, although the prices of fuel and building materials were higher on an island, one island resident described having generally lower living costs:

Excellent, I mean, look at this lovely house we live in... there's nothing to spend your money on here. Nothing. So we spend it on rather nice food and nice wine. Well, that's all, really. We sort of go abroad once a year. So we live extremely well, couldn't live like this in a city, that's for sure, on my pension.
(Female participant – K05)

Finally, several participants spoke about the differences in attitude to spending across the generations. Interviewees talked about an inherent difference in the approach to finances and debt accumulation between older and younger adults, and in many cases a different set of expectations with respect to wealth and material resources. In particular, many older people expressed an aversion to accruing financial debt:

Mind you I'm from a generation, I mean I was born in 1937 so I'm from a generation who, although I didn't suffer poverty, there was plenty of poverty 'round about me you see. I don't think the younger generation are frightened of debt. I don't think they have any fear of being in debt, but my generation you would never be in debt, you would do without rather than getting into debt, the young people nowadays they just flash the credit card.
(Male participant – K06)

Summary

This chapter identified five domains as being particularly important in determining the potential for exclusion among older people living in rural areas, refining and extending our original three domains included in the working model presented in Chapter 3. These domains are in keeping with evidence on social exclusion and ageing emerging from rural communities in the literature from other countries and for non-rural settings, where similar patterns have emerged. However, there are specific nuances evident within the findings that are particularly unique to rural communities: changes in rural socialisation, geographic locations and distances, and weak service infrastructure to name but a few. While the domains have been presented independently, there are complex interactions among them that ultimately determine the nature and depth of exclusion felt by older people living in rural communities. Thus, many of the different dimensions in each domain can be both an outcome and a part of a process that can exclude older people from one or more additional domains. For example, poor social connection is likely to be exacerbated by fear of crime, weak public transport, low income and the absence of community-based services. In contrast, the potential and propensity for loneliness can be offset by vibrant community services, adequate income and positive feelings of safety and security. Moreover, the domains identified here are not immutable and will be affected by personality, life-course events, life transitions and macro-economic forces. The next chapter will consider how these and other issues related to individual and rural diversity influence the social exclusion of older people in rural areas.





7 Mediating Influences on Exclusion

Introduction

While the previous chapter points to the multidimensional nature of social exclusion, the information collected in interviews with older people also suggests a deeper, more fundamental set of connections that emphasise the complexity of the exclusionary process. Exclusion, once again, is not simply an outcome that can be viewed within the confines of a single domain in a person's life. Instead, the interviews with older people suggest that there are overlapping and interconnecting factors that mediate and influence the experiences of exclusion across the various domains. These mediating factors emerge from both individual diversity and rural diversity, as reflected in the working conceptual model presented in Chapter 3, and relate to the complex nature of individual lives in personal, social and local contexts. The mediating factors include individual capacities, life-course trajectories, place and community characteristics, and macro-economic forces. The combination of these factors, and how they intersect in an individual's life, shapes the potential for older people to be excluded in rural places. In this chapter we will describe these mediating factors and outline how they can influence, in positive and negative terms, the exclusionary experiences of older people across the domains presented in Chapter 6.

Individual Capacities

When exploring the potential for exclusion across the various domains, individual factors are perhaps the most difficult set of influences to disentangle. What really comes across as

important in determining the nature and depth of exclusion across these various domains are people's disposition and attitudes towards life and their adaptive and coping capacity. The interviews highlighted the role of these factors in shaping how older people in rural communities experience, perceive and deal with the various domains of exclusion. People are different, and their attitude to life and the ways in which they cope with what happens during life can determine degrees of both inclusion and exclusion in later life.

Personal Agency and Independence

Many older interview participants spoke about their sense of independence and their recognition of their own personal capacity to control and influence their lives. This was evident across different parts of a person's life and in many of the domains of exclusion.

For some individuals, a sense of independence was linked to, and reinforced by, a need to maintain financial and functional autonomy from family and others. In essence, older people did not want their family members to feel obliged to support them in later life. Participants wanted to pay their own way. While this was typically mentioned with respect to day-to-day living costs, some individuals were concerned about being a longer-term and posthumous financial burden:

I have the money for my funeral laid back... I feel that my son next door has three young children and if, God forbid, I died next year or the year after he could have two in college and I would hate to put that burden on him.

(Female participant – A02)

For others, independence and personal agency were directly connected to care needs and care provision. People spoke about taking responsibility for their own well-being and not wanting to impinge on the lives of their family members. Participants' independence was considered to be inextricably linked to that of their families:

I don't think it's fair, you bringing children into the world and you rear them to be independent and have a life of their own, ya know. And to think that you'd be the cause of them not having a life at that age... I wouldn't like now to have any of my family thinking they had to look after me.
(Female participant – C02)

Some participants wanted to avoid the nature of dependency itself, where requesting or requiring help was seen in a negative light. By having to depend on someone, an individual might feel obligated to that person, thus compromising their sense of self-efficacy and identity:

I can do everything at the moment. I can do everything for myself. Thank God, ya know. And I hope it'll remain like that. Because, it's not easy to be dependent on somebody.
(Male participant – C01)

This desire to be autonomous so as not to be a burden on others, or to appear weak or dependent, points to a social construction of exclusion in the lives of some older people. However, in many cases a sense of independence and agency was related to a deeper personal need linked to stoical character traits and personal identity. Functional independence was not a necessity for maintaining a sense of independence or indeed agency. In many cases it reflected a relative construction that depended on a person's particular state of health and well-being. As one older woman illustrates, who was unable to go outside her home without personal assistance, feelings of independence can be closely related to a sense of mastery and autonomy within one's own surroundings:

Yerra, sure it is great to be able to get out of the bed. I come up to the kitchen, go out the back kitchen and make [food]... I don't make that much... But still, yerra I'm as happy as Larry

[phrase indicating being as happy as possible] thank God. As long as I'm not tied inside in the bed, that's all I need.
(Female participant – K05)

For several participants, independence was about the way they chose to live their lives, even if that meant sometimes living an isolated life. In such cases, people did not describe an introverted or lonely existence. Instead they stated that while they were comfortable mixing with others, they were equally comfortable and content in their own company. For some, solitude was a preference, but it was underlined and, in many instances, superseded by a need for a personal sense of autonomy and space:

Some people want to have company at all times, you know. I'm a loner as far as I'm concerned. I'm quite happy with my own company and I can chat to people when they do come... You have the space. You have the time. You're your own boss.
(Female participant – K05)

Work and community involvement were also highlighted with respect to independence and agency. These roles and activities were a source of feelings of self-worth. Participants felt that they were still capable of making a valuable contribution and spoke about an inner drive and even an ambition:

You'd say "What the hell, a lad of 82 with ambition?" But I have!
(Male participant – E08)

For a number of individuals, it was evident that civic action and community advocacy were sometimes a product of a recognised agency to effect change in their own lives and in their communities:

But you have to fight for what you want... So, it's good to fight. You have to do it... if you feel strong enough about it.
(Female participant – C02)

Age itself was noted to be, in some contexts, a liberating process. As one participant describes, the experience of ageing can provide both a sense of self-confidence and perspective, allowing a person

to set aside social norms and act and express themselves in the manner that they truly wish:

Well when you're older you can be a bit more brazen... Now you don't kind of care... If I see a young man I'd say, "Oh God, you're handsome." Now you wouldn't say that eh, 50 years ago... So growing older has its advantages, yes.
(Female participant – S03)

As evident in these examples, a strong sense of independence and personal agency can help to bolster a person's self-efficacy, helping individuals in some cases to advocate or do things for themselves and in others cases to be content in their own personal circumstances. This in turn may protect against actual and perceived exclusion. However, some of these examples also suggest that maintaining a sense of independence, and to a lesser extent agency, can themselves be linked to exclusion. If a person's sense of independence is driven by the desire not to be a burden on family or friends, they may not seek help when they actually need it. Even for those whose need for independence is derived from a deeper psychological disposition, stoicism may mask what would otherwise be considered exclusion. Consequently, it is important to recognise the dual role of a need to maintain a sense of independence and the fine margins that can determine its impact on the exclusionary process.

Coping and Adaptive Capacity

Many older people in this study have developed a capacity to cope with life events and stresses and have adapted to difficult and changing circumstances. Sometimes this adaptive capacity took the form of conscious and protective strategies created in response to life's challenges. In other instances, the ability to cope and adapt was a by-product of the way individuals lived their lives and the social and economic context of their upbringing. Regardless of the origins, participants described how this capacity helped them to be resilient in the face of general and age-related exclusionary processes and structures.

The majority of interviewees referred to the importance of remaining active in life as a bulwark

against exclusion, as well as being important for health promotion. People were conscious of age-related symptoms and their implications, and aware of the physical benefits of living active lifestyles. For others, it was clear that this was less about physical health and more about what was simply viewed as 'keeping the mind occupied'. Just as work was a moderator of personal independence, so too was it a means of providing a sense of purpose and interest in daily life. Having a strong and enduring work ethic was, for some, the dominant factor in how they lived their lives:

I've a few cattle and I look at them and feed them...but it's not about money, do y'know. It's something to keep the mind occupied... Mentally, it's a big thing. People say "oh, I'll never work again, I'll retire." But that's very easy said and not easy done. Because if you've nothing to get up in the morning to, only go up and down the road, and go somewhere. I notice an awful lot of people retiring from jobs like that...next thing health starts deteriorating.
(Male participant – E04)

Many interviewees described how keeping busy helped to create a natural rhythm to life and served as a crucial foundation for emotional well-being. Routines and activities, linked to hobbies, personal interests, club membership and volunteering, were seen as important for adding structure and purpose to daily life. This was particularly mentioned in the context of the long winter evenings, when there was less to do and more time to think. As one older woman noted, being busy can help to prevent feelings of loneliness and protect against needless worries, even during times of potential stress:

There isn't time [to be lonely]. Because, if I got lonely I'd put one thing aside and I'd get something else, and there wouldn't be any lonely... It's good to be busy. It keeps your mind occupied and keeps you from worrying... It's like people going to the hospital and you're saying "Oh, they had to spend the night on a trolley." I spent the night on a trolley; I thought it was the best of craic!
(Female participant – C02)

Preserving some continuity with respect to lifetime participation in various activities was a key factor for some interviewees in protecting against potential exclusion. Several participants described how important it was for them to maintain their particular lifestyle and set of interests even in later life. This meant that retirement for some people was seen as a relative and flexible notion – especially for older farmers. One 80-year-old man described his reluctance to adopt what he considered the typical retirement lifestyle:

Well what I know...any of those who stopped, died! You know if I didn't have my sheep, what'd I do all day? If I was in [placename], and retired, you go out to walk. Well if you can teach a farmer to walk, you know! As a hobby? [Laughs] It's not on!... You have to be a townie and walk the dog.
(Male participant – K05)

People recognised how their own abilities and circumstances influenced their preferences and their expectations with respect to work, participation and activities. Thus, participants talked about how accepting personal circumstances, whatever their origins and consequences, was an important part of an approach to life. This is described by one older woman living alone who was responding to a question about participating more in the community:

I'm fine [laughing]. Leave me alone [general laughter]. No I'm fine. But you know, do you see, if you are able you see, you'd love those things. You see for, if you're not able for them you don't enjoy them...you're content with the situation as it is.
(Female participant – K04)

Expectations also featured in whether people considered themselves to be happy or satisfied with their lives. Several participants spoke about their standard of living and how, because of the nature of their upbringing, excessive material wealth was not a priority. Consequently, having to cope with absences or shortages or deprivation was anticipated and a reflection of never having lived in any other way. People talked about adapting to the natural ebb and flow in life and not focusing on, or complaining about, the negatives.

This was inherent in how some people dealt with particular challenges and in how they assessed their personal satisfaction and happiness. One interviewee, who was living without any mains electricity or telephone, described this approach to life:

Yes I am satisfied...but no-one didn't say to me, you could improve... So, therefore I took it for granted that I was happy enough, I am contented yah... D'you know taking the rough with the smooth. Life was never that bad. You see, some people say "Oh God, aye it was." Not really, ya know. You can either get into a routine or a tummy rut. The routine is: "take it as it comes, make the best of it." That was my attitude. Tummy rut is: "I have no money to go anywhere"... So, the tummy rut part is no good.
(Female participant – K05)

Social resources were a significant part of the coping and adaptive capacity of many participants. This was less about being dependent on the active support of particular individuals, as described in the previous chapter, and more about how interviewees recognised that social connection can be used as a coping mechanism. Chatting or meeting with others as part of a daily routine gave participants something to look forward to and helped to pass their day. More importantly, it was a source of psychological strength and emotional comfort. For people who had a disability or chronic ill health, social contact was particularly valuable and cherished. For others, the company of people was a way of distracting themselves from their concerns during periods of emotional distress. One older woman, who had suffered a number of traumatic family bereavements, described her strategic and therapeutic visits to neighbours when feeling upset:

So what can you do? Life is hard... I puts on my coat and I goes out. And I'd go to some house and we'd talk about something else. And they don't enquire there, but they always know. [Laughs]... Yes, find the one [neighbour] that's home. You'll always find the one with a couple of young children, she can't go anywhere like. So you go to that house... And they know, they know, they'll never say anything to me. They'll say "Always

call if you want to. Come anytime you want. The door's always open". If it isn't they'd be gone somewhere. But [then] I'd go to the next one.
(Female participant – K02)

Religion and faith provided an important source of support for some older people and developing a spiritual framework allowed them to interpret and cope with life's challenges. Some participants who were dealing with disability and chronic ill health spoke about the importance of religious faith and the sense of resilience that it provided. For others, having a spiritual belief system allowed them to view life's tragedies and losses from a different perspective, and one that can shield against feelings of loneliness and despair:

But the thing is, I never feel alone...that's what I feel...they're [bereaved family members] all around me yerrah. I have that inner sense of, I don't know what it is... I suppose it is [faith]... You see when we were growing up like...our religious practices were more stricter... You never forget what you're taught as a child. It does not leave you.
(Female participant – K05)

Regardless of individual coping and support strategies, older people generally spoke about the need to continue to work at life, focusing on its more positive dimensions. Even where problems exist, people felt it was very much a case of being thankful for what you have. Some individuals appeared to be more aware of their life-course and personal context, and as a consequence were accepting, but not in a fatalistic way, of their future life trajectories. In essence, although a number of people acknowledged that life was far from perfect, there was a palpable sense of contentment with life and recognition of the importance of living in and for the present moment. This is illustrated by one older man who reflected on his life in his rural community:

You were better off to be struggling away with life... Well, 'tis my life. 'Tis, quite natural to me. So far, thank God, I've my own boss [wife]... Well now, I have ould angina and I don't know what road that's going to take. But yerrah, I have various old thing-a-majigs, but I takes no notice of

them. I'm managing away. There's nothing serious and... I know that we have problems and various things but, I don't live thinking like that, unless 'tis happening [laughs].
(Male participant – K10)

Risk Management

During a number of interviews with older people it was apparent that some participants actively engaged in a process of age-related risk management. While in part this related to an individual's coping and adaptive capacity, it was often prospective in nature and was concerned with the identification and avoidance of age-related and potentially exclusionary challenges, some of which may be a future outcome of a current set of circumstances. Inherent within this process was an older person's ability to understand the likelihood of good and bad things occurring in the future.

In some instances risk management was simple pragmatics. Several participants talked about the need to move to a house that was more manageable in size and more conveniently located. For a small number of people this move followed the loss of a spouse and was made in anticipation of difficulties with respect to social connection and accessing services. In other cases, it arose from a desire to be near to family and to manage complex health needs associated with increasing disability:

Hopefully in another lot of months, we're moving down beside him [son]. We've got plans, we've got permission for a house, bungalow... we're going to be all on the one level. You know the stairs and all now, it's getting to be we're not as fit for the stairs as we used to be.
(Female participant – S02)

Age-related ill health and a fear of falling were also motivating factors for interviewees using health-related technologies. While some participants had pre-existing conditions, many people used pendant alarms as a precautionary health measure, even when the probability of an adverse health event happening was low. Other interviewees used the alarm for security reasons and in response to a heightened awareness of the risk of robberies:

Even the yoke [pendant alarm] around our neck now [interviewer name] boy, at night I'd always have it like... Yeah. I'd always make sure I'd have that near me or on my neck like. So as if I heard anything, press the button, the alarm would wake up my family.

(Female participant – K03)

Managing risk was often about the welfare of more than one person, with couples taking joint decisions on long-term planning and lifestyle choices. In these cases, it was about minimising risk for the surviving person, when one of the couple required care or died. Typically, these decisions related to securing increased support and social connection and sometimes required a substantial life change to be made now or in the future:

The thing is with me having the heart attack, it's made me... I thought I was invincible. And having that now, I've started to think, well, if I fell off the perch here now, [wife's name] is stuck here on her own... So we've made the decision that we're going to sell up eventually, and go back [to home country]. Not because we're unhappy with Ireland and the people, because we're not. But I want [wife's name] to be where me son and daughter are, and me grandchildren... Because we're getting older, you see.

(Male participant – E06)

Life-Course Trajectories

Examining the experiences of the participants pointed to the importance of the life-course in understanding cumulative disadvantage and exclusion. While difficult to disentangle over the course of a single interview, wealth, land ownership, educational attainment and socio-economic status combined to influence individuals' potential for exclusion in later life. In addition to these traditional determinants of life-course advantage and disadvantage, however, was the degree of social capital accumulated, with respect to supportive and nurturing relationships, and resourceful and cohesive communities.

Moreover, it was apparent from an early stage in this research that events within an individual's

life-course, and in particular the transitions that a person experienced, had a strong influence over their exclusion or inclusion, both in the past and in later life. Certainly the lives of some individuals were more fragmented than those of others, marked by greater challenges, bigger obstacles and larger transitions. While recognising that such life experiences can help to develop resilience and an adaptive ability in the long term, major life events can also impact negatively on psychological and physical well-being in later life and a person's capacity to remain included in society.

Bereavement

Bereavement was a major life challenge for many of the older participants in this research. Interviewees referred to the catastrophic nature of bereavement and the ensuing sense of loss and hopelessness. In effect, it was a period of significant transition for participants, which could require substantial adjustment both in lifestyle and in emotional consciousness. Inevitably some individuals found the transition easier to make than others, often reflecting their access to more substantial social resources and social capital. For those who had difficulty, there were clear consequences with respect to social connection, psychological health and well-being and, where the principal earner had died, financial stability.

More than one-third of the interview sample were widowed and for that reason many participants focused on the death of their spouse as a major turning point in their lives. For women who were still rearing their families at the time, this meant being a lone parent and having to rear children and earn an income for the family at the same time. Such circumstances were inevitably associated with significant challenges:

But he's dead for 30 years I'll tell you the truth. The oldest one of my children was 12 and the youngest was three when he died. So... life wasn't easy. I'll tell you it wasn't easy then... I've had to, you know, cut turf, milk cows, feed calves, shear sheep, set the garden, with a spade and shovel d'you know.

(Female participant – K04)

Participants talked movingly about the impact of the death of their spouse on their lives. While some individuals had time to adjust to this loss, others were more recently bereaved and were still in mourning. No longer having a partner to accompany them to various events had reduced some participants' social opportunities. Indeed, and as described in the section on transport in the previous chapter, some older women had also relied on their late husband to drive thereby connecting them to the outside world. Mostly though, participants described the lost sense of companionship that was a legacy of the death of their spouse. Interviewees spoke about the emotional loneliness that now inhabited their lives, a situation that they sometimes found difficult to cope with:

But, my husband died in, well he's dead now 13 years, and since he died I feel very lonely and eh... it can be very lonely, really... As I said I can't... change the fact that it is very lonely when you're a widow and living alone.
(Female participant – S02)

Other participants, typically older women, spoke about the death of a child. For these interviewees there was a clear sense of loss and psychological longing. There appeared to be an emotional void within their lives that impacted on their long-term sense of well-being and, to an extent, on their sense of purpose in life. These feelings were certainly intensified for those who had lost more than one child:

I do miss my daughter. I'll always miss my daughter. No matter what the world says, I'll always think of poor [daughter's name]. [Son's name] I don't think too much of, he was only 11 months. But I know his death when he died at 11 months was a big shock to me. And of course my first child was my very first, and you're so looking forward to your first baby. To find that it had died at birth, that's not a very pleasant thing to happen. So what can you do? Life is hard.
(Female participant – K02)

Bereavement, however, was not confined to those who were married or who had families. Several participants commented on the death of friends. As illustrated in the previous chapter, friendship was

an important cornerstone in people's lives and for many was their sole source of companionship:

I used to have a man every morning of the year. He used to always call but he died, he died there in March... he had heart failure. He always called. He'd put you laughing, he'd say something. He was a bit of a funny joker... But the poor devil, ah he was a great old friend.
(Male participant – K06)

From the descriptions of a number of participants, there was a sense of an accumulated set of bereavement experiences that accompanied the life-course and that encompassed the death of siblings, parents, neighbours and friends, spouse and children. In these cases there appeared to be an emotional fatigue from the extent of the loss and, as a consequence, a reduced enthusiasm for life.

Health and Functional Independence

Life events surrounding health, disability and independence were dominant within the biographies of many participants. Health and functional independence were considered to be the most significant contributors to older people's well-being in this study. As one older man succinctly stated:

Health is number one, yeah.
(Male participant – A04)

Health was seen as being key in either facilitating participants' inclusion or in bringing about their exclusion from the normal relationships and activities of daily life. Poor health can limit participation in the daily life of one's community and act as a barrier to maintaining connectedness with others. Equally, health influences older people's ability to access services and to be independent with respect to private and public transport. Consequently, health was often prioritised as one of the most, if not the most, important elements of participants' lives:

...well I have what I need and that's good health [laughs]. That's my prime...at my time of day, nothing else matters only your health.
(Male participant – K06)

Of course, the causal pathway may also be reversed, where for example a lack of access to services could potentially result in poorer health as indicated by some of the quotes in the previous chapter. In this research, however, health emerged strongest in terms of how it, and the transition into ill health, can influence exclusionary experiences across the various domains. A number of individuals spoke about physical and mental health conditions that had influenced their life trajectories during their younger years. In some cases, these events altered the direction of participants' lives or effectively delayed their progression into subsequent stages, or removed those stages from their life altogether:

And, I was there [England] about two years when I got TB. So it got worse, I thought I was going to die so I came back to Ireland. And eh, went to a sanatorium here in Ireland and eh, they told me I'd be three months in hospital, which I thought was endless. But it turned out that I was four years there... That's a big slice out of your life [at the age of 17].

(Female participant – K02)

For other participants, health issues were a more recent age-related challenge that impacted directly on how they lived their lives now. Around a quarter of those interviewed had a chronic health condition or disability. Encapsulated within participants' descriptions was an acknowledgement of the transition from a relatively healthy independent state to an increasingly debilitated and incapacitated state. This was characterised by reduced functionality, increased need for pain management and recognition that life was changing:

...since I retired a few years ago I took rheumatoid arthritis which is such a, [laughs] such a nuisance. Aw God it's awful...sometimes you go for months where you can't walk and you can't do things and you can't lift anything. Yeah, you can't comb your hair and, God almighty. So I feel that I'm growing old earlier than expected.

(Female participant – C04)

Several participants were receiving care. These individuals recognised their functional dependency on others and the loss of their capacity for independent living. As described previously, some

individuals were accepting of their health context, and drew solace from their relative state of well-being. Some participants, however, struggled with such dependency and lamented their former abilities to do everything for themselves:

Well I miss being like...I'd love to get up just to... wash the dishes or do something you know... You want to be able but you can't do it. But you just have to put up with it.

(Female participant – S01)

Age-related health conditions and disability also influenced other transitions within the life-course. Due to increasing functional disability there was an acknowledgement amongst a small number of participants that they would at some point in the near future have to stop driving. These interviewees anticipated that life would be much harder as a result. Other participants had already made the decision not to drive. This was not the easiest transition to make in a rural community, as noted by one older man whose vision was impaired:

Jesus Christ it was [a big change], of course it was! [Laughs]. It was very strange. I don't really mind now, but the first few months, the first six months it was awkward.

(Male participant – K07)

Several participants served as carers themselves over the course of their lives. Interviewees had cared for parents, siblings, other relatives, spouses and their terminally ill adult children, with a number continuing to act as carers in later life. For some people these were rewarding periods of their lives, while for others the memories were a source of distress and heartache. In a similar way to personal health influencing life-course trajectories, so too did caring responsibilities:

I was tied down with sick people. And I wasn't tempted to leave. I was always happy at home... my poor grandfather was blind for 20 years. And I left school at 14 years to mind and see after him. Ah, I did. And, when that was over...my father and mother...had to be seen after. And here I am today now and I only having my girl [home help] here to see after myself. So that's my history now.

(Female participant – K05)

Ageing

Many of the findings presented in this report emphasise the importance of the ageing dimension in understanding exclusionary pathways. This includes age-related mobility issues, reductions in peer networks with increasing old age, reduced opportunities for income generation, and increased susceptibility to health conditions. In this manner, perhaps the most pronounced life-course transition for older participants in the research was old age itself. It is essential to recognise that age and the ageing process underlie not only the other life-course challenges and transitions, but many of the experiences associated with exclusion across the various domains, including age discrimination. Bound within old age are significant life changes, including age-related health, retirement and shifting roles within family and community structures. As we have already seen, for some the ageing process is about adapting to these changes and focusing on the positive aspects of life.

Others, however, appeared to have more difficulty in accepting change in their own lives (as illustrated in some of the quotes on health deterioration and dependency), and change in their communities. Some participants focused very much on the past and were clearly more comfortable speaking about what life was like when they were young, rather than what life is like now. For a small number of these individuals, their descriptions of former times portrayed a set of familial, community and societal structures and values that were more in line with what they considered appropriate, especially when contrasted with their current circumstances and environments. For others though, it was more about a longing for a life that was lost. These participants described life in general, and their participation, in these rural communities as being full, active and satisfying. This was illustrated by one older woman who described vividly her life in an idealised and vibrant community almost 50 years previously:

When I was em, say in my twenties, you know, it was very alive, full of vibrancy, full of community. And nobody need be without anything that anybody else had...it would be totally forthcoming... But I was so much a part of that.

That was my life. Because I was never anywhere else. I never went away to college or to school or to anything. And that was me, that was my life. And it was marvellous like d'ya know.... There's a lot of individualism now.

(Female participant – E12)

Therefore, age as a process of the life-course and a life transition can, for some, prove to be a challenge in itself. This in some cases can lead people to choose contemporary exclusion through living, in some sense, in the past.

Place and Community

Place, as an embodiment of a geographic location and a community of people, was a pervasive dimension of the lived experiences of interviewees. It was clear from the early stages of this research that place and community did not function simply as a location, but were constructed from both real and perceived elements. These elements had a multifaceted impact on older people's lives and helped to determine the quality of the accord between interviewees and their rural places, and ultimately their sense of well-being, belonging and attachment to these places. People generally liked where they were living and had strong attachments to people and places. These attachments could help mitigate or compensate for some of the dimensions of exclusion associated with the domains identified in the previous chapter. This includes those dimensions that were place-based, such as declining community infrastructure and reduced opportunities for social connection.

Geographic and Natural Elements

At its most basic level, it was the geographic and natural components of place that featured in older people's descriptions of their relationship with their environment. Space, distances, accessibility and the rural countryside were the key aspects. For some interviewees, particularly those in centrally located communities, these were predominantly positive features emphasising a sense of connectedness:

I think it's a great locality. That's my personal opinion... You're no distance from anything. You realise where we're living now, you're only

half an hour from Athlone, Mullingar, Tullamore, Longford... That's all.
(Male participant – E03)

In more remote locations, distance and accessibility could enforce a sense of geographical isolation and disconnection (as described in the previous chapter), especially for those who were becoming more conscious of their age and their capabilities:

Sure where I am is very remote. You know, there's no shops near us. No nothing... I like living there but I am getting older. I find it hard.
(Female participant – C02)

Interviewees noted the relative qualities of geographic remoteness and emotional isolation. For some, there always seemed to be others living in a more remote location who were more isolated:

Some people now, you see I mightn't, mightn't be typical, you see there are people who would maybe live maybe a mile up the road who would feel more isolated. I don't, I personally don't feel isolated you see.
(Male participant – S03)

Older participants across many of the sites spoke about the aesthetics of their rural places. This was particularly common amongst the participants in regions that were geographically isolated or dominated by countryside. For some, the beauty of the surrounding landscape appeared to offset the debilitating effects of distance and accessibility, while for others it was clear that their place was a source of personal fulfilment and pride:

...oh well the view...the view up that road...I have thousands upon thousands of people met every year with the past...the past 70 [years]... My God I've met all over the world and they never saw a grander view up there the road before.
(Male participant – K02)

Fresh air and open spaces were attributes commonly associated with rural areas and held as important elements of place. So too, and perhaps more frequently cited, was the peaceful nature of rural life and the seclusion that it sometimes afforded. For some people, however, even if they

lived in a rural area all their lives, places could sometimes be too peaceful:

I was over...[in England] with a friend of mine... and Jesus I put in a better time for a week with him than I did about [here]. I thought it huge quiet when I came back, I thought it hard to settle down again. I missed the buzz. It's too quiet... And I was only away a week [laughs]. Ah Jesus Christ I nearly went back [laughing]! It's too quiet about [here].
(Male participant – K03)

It was evident in some interviews that people's relationship with places, or different elements of places, evolved over time. This is noted by one older man who talks about the best aspect of his area and how his own preferences changed during the course of his life:

Quietness I suppose. If you look for quietness. Well now you asked me there a while ago did I ever get restless when I was young: I thought it was horrible in my teen days here, but now I wouldn't go out of it in a thousand years. Yerrah I couldn't, and I wouldn't... But then as you get older it's a grand life here, I think anyway.
(Male participant – K06)

Weather and the seasons combined to influence perceptions of exclusion and inclusion in rural places. Therefore, just as in the previous chapter where the seasons were shown to influence social connection, so too could weather influence the nature of rural places and how these places impact on individual lives:

... you get walkers passing over the road there: they would say to you, "A lovely place to live." I says, "Aye," but I says, "would you live here in the wintertime? Oh I wouldn't think so!"
(Male participant – C02)

Although the islands and the mountainous and hill areas were perhaps most susceptible to harsh conditions, people in general spoke about winter months and the way daily routines can become more difficult:

Well the winter last year was terrible. Four days I couldn't get out of...the house... I live down in the

bottom, it's a hill up everywhere I'm going. It was impossible. Aye. It was impossible to get out.
(Male participant – S03)

While some individuals highlighted how bad weather could intensify feelings of remoteness and loneliness, others noted the more direct impact of weather conditions on personal health and safety. For some, this led to questions about remaining living in the area:

You'd think you'd be safe on the grass, you know. Walking on the grass but the two heels went from under me and I hit the backs of my shoulders off the ground and I cracked ribs and I wasn't right for three months. If there's another winter like that winter, I wouldn't like to be living yonder.
(Male participant – K03)

For the most part though, participants recognised the duality of weather conditions and the capacity of climatic and seasonal changes to alter places that people live, and how a person relates to those places, in both negative and positive ways:

...it's nice here when the sun is shining, I mean, you can't beat it, you know. But then you get days when it's pouring rain and you say "what a bloody place" you know.
(Male participant – C01)

People and Community Cohesion

Place and community were inextricably linked by older participants in this research. The proximate presence of neighbours, friends and family reinforced a sense of connection and of continuity within a community. In all of the case-study sites, the majority of participants spoke about the friendly and supportive nature of their places, often citing the people as the 'best thing' about living in the area:

Well everybody knows you, everybody and they'll look out for everybody you know, they'll look out for each other.
(Male participant – S03)

However, participants living in communities that were experiencing a shifting social structure, which

adjusted the potential for community cohesion and individual connectedness, were conscious of major demographic and physical changes in the landscape. Vacant homesteads now populated the countryside in some areas, contributing to a sense of loss and a diminished sense of community belonging:

My old neighbours are all gone...on this side of the main road, there's no old neighbour left now that we lived with. Houses, their houses are closed... They passed away boy. Age got them. Oh age got them... There was a lot of [our family name] there. There isn't a one there now. I'm the last of the little heroes.
(Female participant – K05)

Participants in some of the community sites noted how a large proportion of the younger population was leaving, migrating to urban centres and emigrating abroad in search of employment. In some areas, however, there was still a substantial younger cohort, renewing the local population and maintaining strong family connections in the area. This helped to preserve the sense of continuity for older residents:

There'd be nearly much the same breed of people... I suppose nearly every house, there's someone belonging to the old stock, do you know. Whether there's, say they're a grandchild...or someone come back.
(Male participant – A04)

In the majority of communities, however, inward migration had significantly affected the area's population composition. While older participants spoke mostly about a new commuting population, several areas attracted other population sub-groups. In scenic communities, with a high level of tourism, people had bought or built houses as holiday homes. This meant a swelling of the population during summer months with a subsequent fall in the wintertime:

And the majority of people that are in here now are all people from outside...they got all holiday homes...there's about three or four houses down there now that are empty in the winter time.
(Male participant – C01)

On the islands, because of the reduction in family size, and the number of people who died, participants suggested that there were notably fewer residents than when they were young. People had also moved into some communities who were perceived to be seeking a more alternative natural lifestyle:

...at least three-quarters of them they're all well, what they call them around here is "hippies".
(Male participant – K02)

With the shift in demographic composition of places, so too was there a shift in religious orientation in some Northern Ireland communities:

...you got more predominantly Catholic and now it's a good few of the opposite kind now, but that doesn't hurt.
(Male participant – C06)

As a consequence of such population processes, and in combination with other economic and social changes, many participants were conscious of how relationships within their rural communities were changing, and how these in turn changed the character of places. Fundamentally, the connectedness across a community was perceived to be no longer resolute or centred on life within the community. For some participants, it was a reflection of a contemporary more affluent rural life, where people were busy with their own lives, including having to commute long distances for work, and where dependency on neighbours was no longer as necessary as before. This is described by one older man, who also highlights a potential positive feature arising from reduced neighbourly contact:

...that's why the spirit of neighbourliness has gone. It isn't what it used to be. Because when people became well off it makes you more independent. You're not depending on the other fella you know?... Yeah, but on the other side like there's the good points to that, that maybe people were too close to each other and knew too much about each other.
(Male participant – E01)

For other participants, the influx of new residents was considered to impact on community connectedness. Although these individuals were technically living in the area, they were not always well known and remained outside the traditional community structures. In some cases people stated that new residents typically did not get involved in the community. In other cases, however, interviewees recognised that new residents can sometimes invigorate a community, but can also dilute the cohesive elements of a place. This was thought to be particularly true in smaller areas:

...it was like a very close community. Perhaps now with a lot of extra new people, of course it's not as close...it's good that they come in because you need them to come in, and it's good because it broadens the community a little bit and it brings new ideas and things. But it loses that closeness, that friendliness, it definitely does.
(Female participant – C04)

For a number of participants, it was clear that new population groups presented a significant issue. These attitudes contributed to underlying tension within communities and could put considerable strain on interpersonal relationships:

He's a runner-in...they try to give the impression...they're better than you are... You know, people who don't...mix in with the [people here]. You say "hello" and "good day" and all that sort of thing, but it begins and ends with that.
(Female participant – C05)

For some, although not all, participants who moved into an area in later life there was a clear question about whether they would ever belong to a community and whether it was ever possible to be truly included:

They still have this thing about, they call them "blow-ins" here...if you wanted to come and feel at home, and be included you would have to wait a while and you could be very disappointed.
(Female participant – S02)

Tensions in communities in Northern Ireland were sometimes more long-standing and reflected traditional religious differences within the

jurisdiction. While in all areas participants asserted that their relationships between Protestant and Catholic neighbours were now better (as demonstrated in the previous chapter), there were also historic and contemporary circumstances that gave rise to a complex set of relationship dynamics:

Well there's some of them...they turn out to be the 12th and all and they're bitter and they don't want to see our side getting anything or getting on ya know. But that is not so much. Then there's some of them the best like, better neighbours than the Catholics ya know.

(Male participant – 03)

A number of participants stated that although they did not feel unsafe in their communities, there was a need to be generally cautious and ignore the sectarian-related activities that may be happening:

You see even today, even today if there's a rumpus of some kind, not necessarily an armed rumpus, sometimes you're better to, you know nothing, see nothing or hear nothing. A shut mouth makes a wise head.

(Female participant – 05)

For participants who belonged to a religious minority in a community, this meant carrying on with daily life, even when faith and culture-based celebrations of the majority were underway:

Now there still is a wee bit you know, you see the flags mast for the Orange parade...on the 12th of July and this but, so you just avoid it, on that day you avoid it because there's always a lot of people about.

(Female participant – 02)

In relative terms, participants described how their communities were not extensively affected by the Troubles. Nevertheless, people had been killed in a number of the sites during this period and accordingly the communities had at various levels felt the impact of such violent instances. Participants spoke about how even in the face of these traumatic sectarian events, there was a resilient bond between Protestant and Catholic members of the community:

There was quite a few people shot in the Ulster Defence Regiment, but it didn't tear the community apart, thank goodness... But, it didn't divide the people.

(Female participant – 13)

Therefore, while many participants acknowledged that remnants of religious tension remained, it was felt that this was typically confined to a minority on both sides of the religious community. For several participants, the strength of cross-community relationships was founded on a traditional reliance between rural neighbours:

It was there in the background. I always thought it was there in the background, but in a rural community you depend a lot on your neighbour. Neighbours help one another out. And there was always that respect.

(Female participant – 31)

Attachment and Belonging

Attachment to place and a sense of belonging emerged as important determinants of an older person's relationship with their place and their satisfaction with living in their community. To a degree it also served as an indicator of the person's perceived inclusion and exclusion in an area. Feelings of attachment were typically based on multiple dimensions. In a broad way, people spoke about the landscape, the sea that surrounds them and the quality of their rural countryside. While it was the aesthetic elements of these characteristics that were often referenced, there seemed to be a deeper reassurance for some older people in being embedded in such an environment. For these individuals, there was a clear sense that they were connected to and felt attached to these elements of place:

Oh it is beautiful. Oh, don't give me another place in Ireland, I'll tell you the truth, here is where I want to be... What's the best thing about it? Can't you look out there? [Laughing]...there's something, I couldn't describe it to you, d'ya know, there's a peace there whenever I go out among the land... There is, a great peace there.

(Female participant – K04)

A number of older farmers spoke about the land that surrounded their homestead and that they worked all their lives. From their descriptions of farming or tending the livestock, it was clear that for them there was a contentment and emotional comfort in still being around and involved in the land. This was underlined by an attachment to the nature of work and a sense of pride in achieving a livelihood from farming. It was also evident that for a number of participants there was a therapeutic benefit to this way of life:

If I was there now of a Sunday I'd go home from mass and I'd have things done and...I'd go off through the fields. I could travel, God I could walk miles down through everyone's nice fields you know and places that you were when you were a gossan [boy]... If you just go out on the field and a cow is after having a calf and you see him racing around the field and everything good. It's, it's a great lift to anyone.

(Male participant – A04)

Similarly, older fisherman and other participants who worked at sea felt a strong attachment to the ocean. As these individuals were typically from the islands, they still felt connected to the sea and in some sense reassured by its presence. People on the islands (regardless of when they arrived) tended to regard the ocean as a scenic component of the landscape. For native islanders, as the sea had provided a livelihood, a food resource and a source of recreation, it was an inherent part of their life-course:

The sea means my life... I can't explain to you how much I love the sea. I have great respect for it too. And eh, I came home safe all the time thank God.

(Male participant – K01)

Participants also spoke about an attachment to the general way of rural life, which stemmed from a rural community-based upbringing. Often this was in contrast to the experiences of these participants in large cities and towns, where they felt that the nature of country people was not accommodated by the urban environment:

Because if you're a countryman it's a nice place to live. Because it's the space and the openness.

Because when I started to work first... I had to stay in Belfast... I think a countryman feels too closed-in in the town. He's too near to everything and he can't go and have a bit of a chat or lie across a gate or something like that! You know what I mean? It's just your life and if you have to change, you just can't do it.

(Male participant – K05)

Feeling at home was a core determinant of attachment and a sense of belonging for interview participants. The majority of people regarded the case-study communities as being their home. The question then was, what constitutes home for older participants? For many individuals who were native to these communities, being born and reared in a place was the definitive reason for feeling at home:

This is my roots. And they're here, firmly established like the oak tree in the soil... Never wanted to be anywhere else. Never wanted to go anywhere else. Em...loved it. Loved the people.

(Female participant – E12)

This was often strengthened by having been away from their communities working for extended periods. People spoke about this native connection (which in some cases extended back for generations), about the relationships that they accumulated, about the feelings of safety and about how these places were the centre for much of their life history. As one participant described, home can also be a product of considerable personal effort and investment. In this case, there was a sense that home is something that has to be worked for and that is earned, and as a result is more cherished:

And by degrees...bits of land come up for sale and we bought it as it came up...it was the only thing that was sure. Everything else, you hadn't it only barely started and...something happened and it was gone... The whole idea was to get a home together. And that was all done preparing to get the home. Get the bit of land and get a home.

(Male participant – K10)

For some participants communities were home because it was where their family was and, in particular for older women, where they had

reared their families. Therefore, while certainly interconnected, home was typically place-based for some participants and relationship-based for others. In the case of some individuals there was a sense that as long as there was a relationship connection, home could be anywhere:

Well, because...[husband's name] is here and you know, you're together and we've sort of set it all up and, home is where the heart is.
(Female participant – K06)

There were a small number of interviewees who felt that their houses or their communities were not home. Typically, these people were not originally from the case-study sites and described how home was somewhere else, usually where they themselves were born and reared. While some of these participants had moved to the community later in life, in many cases they were older women who married into an area and had never truly forgotten where they were from originally. As one woman illustrated, feelings of home for some people were very much localised and a reflection of old family connections to a specific area or homestead:

I never call this home at all [laughs]... No, I think you know home is where you're born and reared. I'm always going down home.
(Female participant – C02)

While length of residence was certainly a factor, so too was a feeling of acceptance by local inhabitants. In this sense, it was less about the person feeling like they belonged and more about whether they felt that the native residents thought that they belonged:

Ah I don't think I'll ever belong in a sense... Because I don't think I'll ever be in a situation where they'll say, yeah you're part of one of us. They'll accept me as such but they'll never see me... as I said when I came in, I'm a blow-in so I'm, to me, I'll always be a blow-in. And some people here for 15 years and they'd still be regarded as blow-ins.
(Male participant – K05)

Indeed, feelings of acceptance could also be a function of whether they themselves perceived a distinction between those who were born in a place and those who were not. This could be an issue even for people who had moved to a community when they were children:

Well, I think in my opinion... but I've been here 66 years now, I tend to say that I'm a long-term resident. My definition of an islander is somebody who is born and reared on an island... You become an islander by tradition I think, more than anything else. It's an inheritance, let's put it that way.
(Female participant – K04)

However, some interviewees who moved into an area in later life had clearly formed a connection to their community and felt truly at home. This was their justification for remaining in the area:

I don't want to be anywhere else, do y'know. I was born and bred in Longford but if I got a chance to go back there in the morning I wouldn't go because this is my home now. This is my life. All my friends are here.
(Male participant – A04)

Macro-Economic Forces

It was clear from the interviews with older participants that the macro-economic context at the jurisdictional level influenced the potential for age-related exclusion in rural communities. These macro-level factors, which in many cases reflect broader global trends and patterns, shape the context of the case-study sites themselves at the meso-level, and in turn impact on the lives of older people at the micro-level. This is apparent within the previous section on place and community, and across many of the domains of exclusion outlined in the previous chapter (e.g. services and social connection). The objective here is not to repeat those findings, but to summarise the key points of evidence and to highlight the influence of the macro-economic context of the island of Ireland on the exclusion of rural-dwelling older people.

The most influential macro-level factors concerned changes in the economic structure of rural areas, most notably the declining importance of agriculture and the increasing importance of towns and cities to the economic well-being of all citizens. The majority of older participants were aware of how broad economic and social trends were affecting rural places and the residents who lived in those places. Participants spoke about the demise of traditional industries, such as farming and fishing, and the subsequent drop-off in economic opportunities leading to migration into urban areas. Interviewees in a number of communities described how there just did not seem to be the same number of people around these areas anymore:

See farming changed completely. Is one of the things, that there's very, very few full-time farmers so, as a result, the place is nearly empty by day d'ya know. There's very few except the slow fellas like myself knocking around.
(Male participant – E07)

As outlined under the sections on social connection and services, in some sites the depletion of local infrastructure and service outlets reduced older people's access to services and reduced the number and quality of places that people could meet and gather. This depletion was the inevitable consequence of economies of scale arguments in relation to the provision of public and social services. Aside, perhaps, from the experiences of those in the village of Clough, where interviewees spoke about the introduction of additional services, the majority of communities showed some evidence of cycles of rural decline, i.e. where depopulation led to a reduction of services which led to further demographic change and migration patterns, which in turn fed into further reductions in services.

For many interviewees, the economic recession was the most immediate concern. The downturn in the economy in both Ireland and Northern Ireland was described as affecting life on several levels. As highlighted in the section on health and social care, some participants were concerned with planned and rumoured closures of community-based health and social care services and local hospitals, or key services within local hospitals. Severe government

budgetary constraints meant reduced allocations to community-based providers, including those in voluntary organisations:

It's cut down. I was talking to a home help today and she told me that she gets a half an hour a patient. Now that's no good to anybody.
(Female participant – A03)

Interviewees from several sites highlighted the rising rates of unemployment in their communities. These participants felt that job losses, particularly for those who worked in the construction sector, were damaging the fabric of rural communities. People were concerned for the welfare of families attempting to pay mortgages and for the long-term economic implications for the local community. Interviewees stated that, as a consequence, emigration to other countries was a growing problem in many areas. There was a clear sense of regret that once again large proportions of the younger generations had to leave to find work abroad. People described how emigration was affecting local organisations and community groups. In addition, people were conscious of the fact that not only would the population fall in number but that the community would lose some of its vibrancy and cohesion:

Oh God. One thing was if we could see this recession lift a bit is one of the things... It's impacting on the [GAA] club, it's impacting on the population because people now with the qualifications are having to leave.
(Male participant – E02)

While none of the participants spoke directly about the implications of emigration on their own support networks, there was an implicit concern that such a reduction in the population in the community would impact on informal support structures, including care-giving potential within families. As a counter-balance to these downward population shifts, there was evidence of emerging patterns of counter-urbanisation. However, as outlined in the section on place and community characteristics, inward population movements (comprising primarily commuters, holiday home owners and retirees) did not always lead to greater levels of cohesion in the community.

Summary

While identifying domains of exclusion is an important element in understanding participation and non-participation in rural life as people get older, there are mediating factors that influence whether a person is more or less likely to be excluded. The factors that were described in this chapter mark a refinement of the individual diversity component (in terms of individual capacity and life-course trajectories) and the rural diversity component (in terms of place and community characteristics and macro-economic forces) included in the working conceptual model presented in Chapter 3. One of the most important of these mediating factors is individual capacity and the ability of people, through personality and temperament, to overcome some, if not all, of the elements related to poor social connections and social resources, absent services, weak transport networks, fears about safety and security, and low income. Adverse life events and consequent debilitating life-course transitions and trajectories can exacerbate exclusion whatever the domain. Conversely, a person's relationships with a place and their attachment to that place can help to overcome exclusion for some, while weak attachment can do the opposite. Finally, macro-economic forces through their impact on demography, migration, economic structure and unemployment can impact on pathways into and out of exclusion in later life.





8 Framing Age-Related Rural Social Exclusion

Rural Elements of Social Exclusion

The aim of this study was to improve understanding of social exclusion among older people living in rural areas. This is a field in which Commins (2004) cautions that research should be sensitive to context and open to paradox. While social exclusion remains a contested construct with many different definitions, almost always it is associated with multidimensional disadvantage and an inability of those affected by exclusion to participate in the normal relationships and activities available to the majority of people in society. In research on ageing, the concept of social exclusion has been used to expand interest in the needs and circumstances of older people in a manner that reaches beyond analysis of their income levels. There is acceptance now that specific types of disadvantage accrue to older people living in rural areas, with increasing attention focused on identifying multiple elements of disadvantage in older age (Scharf and Bartlam, 2008). As also shown by this research, what tends to happen is that older people in rural places are disproportionately affected by changes in population structure, fragile social connections (due to dispersed settlement patterns, migration and bereavement) and absent services, resulting in a dual marginalisation arising from age and place. While some of these elements are likely to exist as much in urban as in rural areas, and the same methodology applied here could justifiably be used in studies of urban communities, our focus has been on how the particular characteristics of rural places influence the potential for social exclusion among older people.

Previous work in Ireland suggests that rural social exclusion is closely related to the dynamics of public service provision, which in turn has implications for the role and position of older people in rural societies (HARC, 2010; O'Shea, 1996). Economic efficiency criteria are normally used to make private and public resource allocation decisions, with social equity and distributional consequences receiving secondary consideration. Low population density and geographically dispersed clients/consumers lead to low levels of demand. Economies of scale arguments are then used to justify the limited provision of services in rural areas – evident in the centralisation of schools and medical and policing services, and in the limited public transport in the rural communities studied as part of this research.

One of the difficulties in conducting research on the topic of rural social exclusion is the tendency of older people, and indeed their communities, to have low expectations with regard to participation and inclusion. This, in part, gives rise to the invisibility of, and the incongruity of seeking out, exclusion in rural landscapes, potentially rich in natural advantage and aesthetic beauty. There are indeed many paradoxes at play, not least the fact that some older people downplay disadvantage in favour of a stoic response that emphasises the positive features of rural living. It would be inaccurate to say that rural older people are uniquely resilient. This research suggests, however, that there appears to be a particular form of place-based and cultural resilience, common amongst some rural-dwelling older people, which stems from the traditions of communal work, an earnest work ethic and an inherent attachment to living in their rural communities. Unravelling the sources of such resilience, and its place-based cultural connections, is worthy of further study.

The heterogeneity of the rural experience is evident in the data presented in this report. This is also evident in other countries. In Canada, for example, Eales et al. (2008) identified four distinct groups of rural older adults: community active, stoic, marginalised, and frail. While each group had particular needs, some were rather more disadvantaged using any objective criteria. While recognising that older people in rural areas are likely to be as different from one another as they are from their counterparts in urban areas, there are important elements of rural life that all older people share as a result of where they live (Kim, 1980). These include relative remoteness, isolation and inaccessibility, and the lack of good transport systems that connect people, places and services (Ansello, 1980). Conversely, of course, there are benefits associated with rural living that for some people can mitigate the experience of disadvantage. Such benefits typically include the beauty of the physical landscape, a sense of belonging and attachment to place, and a range of features associated with the quality of social relationships. Older people living in rural areas may, therefore, experience both advantage and disadvantage contemporaneously and over time, leading to considerable ambiguity about overall well-being and exclusion.

An issue in research of this type is whether or not it is possible to engage with the real outliers in rural society; those who have no contact with family, neighbours or health and social care services. This study depended on project enablers, recruited through the consultations with community stakeholders, to identify suitable older people to interview, with a view to achieving a wide sample of people. This approach worked to the extent that on any objective criteria there was heterogeneity in relation to the people interviewed. Social isolation is not always a disadvantage, but becomes one if it leads to loneliness and ill health and, in the continued absence of social contact, the accumulation of further risk factors. While we interviewed many people with significant risk factors for exclusion (people living alone in difficult housing conditions, with ill health and fragile social networks), leaving the various sites, it was difficult to know whether there were people in that locality that were so marginalised that they were invisible

to the communities within which they lived. Reaching such people represents a major task, both for communities and for the health and social care system, but they do exist and – subject to their consent – might usefully be drawn into society's mainstream.

The methodology of the study reported here allowed us to use the personal testimony of older people to explore advantage and disadvantage for rural older people in Ireland and Northern Ireland, while acknowledging the complexity inherent in any such study. Further complexity arose through our attempts to identify differences and similarities in lived experiences across five contrasting community types (village, dispersed, island, remote and near-urban) and, more problematically, two jurisdictions. Nevertheless, we are confident in terms of our conceptualisation of social exclusion for rural-dwelling older people that our findings are reasonably robust across community type, and across Ireland and Northern Ireland. It is not always possible or appropriate to say if older people in one community type or in one jurisdiction are more or less excluded than those in another setting. What our research shows is that exclusion is a construction of individual and rural characteristics and, crucially, of the interplay between them. Consequently, restricting one's focus to a single dimension, such as place, would undermine our understanding of social exclusion. What must be acknowledged for future research and policy development are the nuanced variations in older people's experiences across these rural contexts.

With respect to the community types, there were differences in terms of infrastructure, geographic location, and settlement structure – such as that between dispersed and near-urban sites, or even island and remote sites – that did shape the exclusionary experiences of older people. This is perhaps most apparent in terms of the domains of exclusion; individuals in remote and island communities inevitably had less access to services than those in village and near-urban settings. Things become more complicated, however, when accounting for the relative impact of these experiences. This is more likely determined by individual life histories, personal preferences and, again, the heterogeneity of the rural older

population. A person living in one area for their entire life may react differently to a lack of services in their community than someone who has recently moved from an urban area. It would also be wrong to think that the potential for exclusion only moves in one direction across such geophysical and infrastructural dimensions: we have seen how aesthetic elements intertwined in these dimensions can provide compensating factors for older people. Aside from differences in typology, each community possessed its own particular demographic and cultural milieu, contributing to the unique social diversity within each site. On the basis of the richness of the data collected, each site could warrant a research report on ageing and exclusion in its own right.

Differences between communities in Ireland and Northern Ireland were also apparent. As noted in Chapter 4, Northern Ireland is more urbanised than Ireland. This not only has consequences for infrastructure, accessibility and settlement patterns, but also for the nature and the economic, cultural and social orientation of places. In general, the older populations in the Northern Ireland sites seemed to be more diverse, with a greater mix of retirees, non-farming residents and religions. In some instances, this had an impact on cohesive elements of these communities and the communal sense of identity, while in others it did not. The history of the Troubles in Northern Ireland added another specific dimension to issues around social integration and safety. Distinctions in the welfare systems of the two jurisdictions meant that public service provision was less developed for Irish rural communities and pension payments lower, in absolute terms at least, for residents of Northern Irish communities. Both of these factors had consequences for older people in this research.

It is also important to consider the experiences of rural older people from different religious backgrounds in Northern Ireland. We included both Protestant and Catholic communities in this research and interviewed people belonging to both traditions where possible (four of the five communities). The findings showed that exclusion across the various domains did not differ according to religious tradition. Even where issues of sectarianism and religious integration did

exist, the impact of participants' experiences was similar, as was the shared desire for reconciliation. This provides an insightful orientation marker for tackling the cross-community exclusion of older people in rural communities. One clear distinction did emerge. For Catholic participants, the breadth of the parish helped to reinforce a place-based sense of identity and sense of connectedness. For Protestant individuals, due to the variety of churches and congregations in a single community, and the relatively small size of some of these congregations, the sense of community connectedness was different and more fragmented. Future research might usefully explore the implications of this socio-cultural pattern on inclusion and exclusion.

Understanding Age-Related Rural Exclusion: A Framework

In Chapter 3 we focused on five different approaches to understanding social exclusion (see Table 3.1), one of which is general (Levitas et al. 2007) and four of which are age-related (Barnes et al., 2006; Guberman and Lavoie, 2004; Scharf and Bartlam, 2008; Scharf et al., 2005). Although terminology and definitions vary across the approaches, and authors acknowledge different outcome/process roles of each domain, it is possible to identify common trends and convergent patterns across the domains. What emerges is the consistency and durability of economic/material resources, access to services, environment and neighbourhood, social resources, and social relationships as domains of exclusion for older people and for the general population. Money matters, people matter, environments matter, relationships matter, and services matter, irrespective of age, and mostly in interconnected ways. Health is only mentioned in one of the frameworks, suggesting that it may be more of an enabler or dis-enabler than a constituent domain. This is not surprising and there are numerous empirical studies that confirm the veracity of the various domains identified for older people.

However, these frameworks did not generally account for individual diversity and rurality to an appropriate depth, leaving many questions

unanswered surrounding the existence of the various domains in rural areas and their linkages with individual and rural factors. Therefore, as a set of conceptual explanations applied to the context of rural-dwelling older people, these models were limited in their explanatory power. The aim of this work was thus to develop and test a conceptual framework that would incorporate both the rural elements of exclusion and individual diversity. To do this we first derived the working conceptual model presented in Chapter 3, which was then tested against, and refined in accordance with, our research findings. Our revised framework is graphically illustrated in Figure 8.1. The framework demonstrates that age-related rural social exclusion is both multidimensional, in terms of the domains, and multi-layered, in terms of the relationship between mediating influences and the domains. This marks the original contribution of our research to the conceptual understanding of social exclusion for rural older people.

With reference to Table 8.1, our data support the multidimensional conception of social exclusion, as noted in previous research, but we do this for rural settings which, for the most part, have been neglected in such work. The five key domains are: social connections and social resources; services; transport and mobility; safety, security and crime; and income and financial resources. Above all, social connections and social resources and services emerged as dominant themes in our fieldwork. As outlined in preceding models of exclusion, there are complex interactions linking the domains, which ultimately shape the nature and depth of exclusion experienced by rural-dwelling older people. Consequently, a domain can represent both a set of outcomes and a component in a process that can exclude older people from one or more of the other domains; for example, lack of access to public transport may exacerbate issues around services access and social connection.

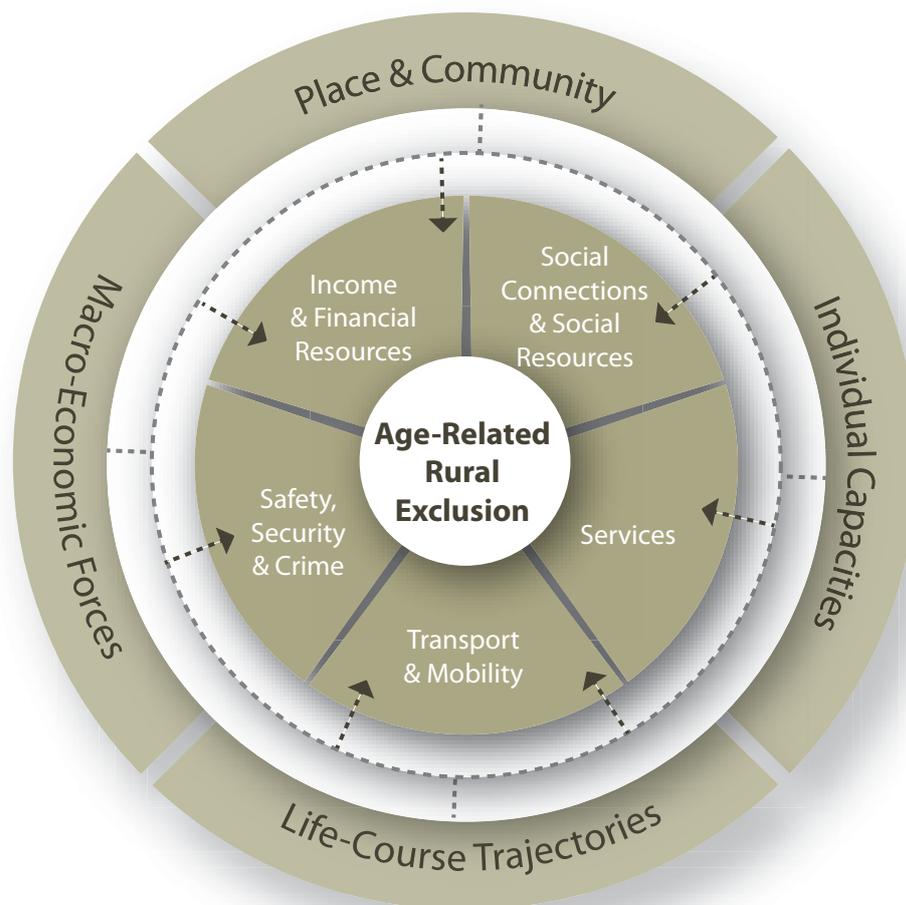


Figure 8.1: Age-related rural social exclusion framework

| | Guberman and Lavoie (2004) (Age-related) | Barnes et al. (2006) (Age-related) | Levitas et al. (2007) (General) | Scharf and Bartlam (2008) Scharf et al. (2004) (Age-related) | Age-related Rural Social Exclusion (2012) |
|---|---|---------------------------------------|------------------------------------|--|---|
| Economic, Financial and Material | Economic exclusion | Economic participation | Financial products | | Income and financial resources |
| | | Material/economic resources | Material goods | Material resources | |
| Service provision and access | Institutional exclusion | Access to public and private services | Basic services | Service provision and basic services | Services |
| | | | | | Transport and mobility |
| Social relations and resources, and participation | Exclusion from meaningful relations | Social resources | | | Social connections and social resources |
| | | Social participation | Social relationships | Social relations | |
| | Socio-political exclusion | Political and civic participation | Civic activities | Civic activities | |
| | | Culture and education | Cultural and leisure activities | | |
| Health | | Health and well-being | | | |
| Environment and neighbourhood | Territorial exclusion | Living environment | Neighbourhood | Neighbourhood | |
| | | Crime, harm and criminalisation | | Changes within rural communities | Safety, security and crime |
| Discrimination and ageism | Identity exclusion | | | | |
| | Symbolic exclusion | | | | |

Table 8.1: Previous frameworks and the new domains of age-related rural social exclusion

In this study, the domains emerged only slowly from our discussions with older people. People generally liked where they were living in terms of both the physical environment and the people who were their neighbours. It is not then that surprising that participants would initially want to talk about the advantages associated with growing old in a rural community. Some domains of exclusion were also easier to talk about than others, particularly those that were non-personal. There appeared to be an expectation among participants that interviewers would focus on weaknesses in infrastructure and consequently they were willing to talk, often at length, about these issues. Similarly, people were happy to discuss safety and security concerns, given perceptions of higher rates of crime in today's society, and opportunities for social connection, because of social changes in rural communities. However, participants were more circumspect when it came to talking about loneliness, being left out of the community, and money, resulting in part from low expectations and a learned resilience. These issues are more personal, intrinsically linked to identity and achievement for some, making it more difficult for some individuals – especially when talking to a stranger – to be forthcoming about the disadvantage or exclusion they might be feeling.

The complexities of disadvantage among older rural dwellers are captured in this study through the identification of mediating factors that can enhance or diminish the implications and consequences of the identified domains of social exclusion. Four mediating factors were identified: individual capacities, life-course trajectories, place and community, and macro-economic forces. While the empirical literature on exclusion, and age-related exclusion, broadly supports such findings, these linkages have not previously been incorporated into a conceptual model of social exclusion for older people. On their own, or in combination, these factors served to influence both the perception and reality of exclusion among study participants. For example, a person who experiences a transition into ill health and dependency in later life, and who lives in a geographically remote and socially fragmented community, may find it more difficult to maintain social connections and to access local services, thereby experiencing exclusion across these

domains. However, an individual with ill health who has developed a capacity for coping and adaptation and who might still live in an isolated area, but one with a strong sense of community, may have less difficulty in maintaining social connections or accessing services – or indeed not feel as excluded in these domains as might be expected.

Representing health as a life-course trajectory does not ignore its potential to be an outcome of social exclusion or underplay its importance in older people's lives. Health was often cited by older participants as the most crucial component of their quality of life. However, its influence on exclusion and inclusion across the domains means that it is especially important to recognise the mediating role of health as a life transition. This further highlights the circularity embedded in exclusionary processes. As noted previously, mediating factors that influence experiences of exclusion are likely in themselves to be shaped by these experiences. For example, transitions into ill health may make it more difficult to access centralised health services, which in turn may result in the exacerbation of existing health problems.

It is accepted that disadvantage has both objective and subjective elements, and international research has noted that there is often a considerable disparity between objective evaluations of disadvantage and the subjective evaluation of that experience (Scharf and Bartlam, 2008). This is why, on more than one occasion, interviewers in this study were faced with having to reconcile the enduring physical and emotional well-being of an interviewee with the visibly run-down nature of their physical surroundings and/or their lack of social contact. Rural older people have different views on what constitutes disadvantage and many have developed alternate methods of coping with life's hardships and challenges. We do not claim that the framework presented in Figure 8.1 disentangles causal pathways. However, the framework does help to account for these subjective and objective elements of age-related rural social exclusion and assists in illustrating the influence of individual and rural diversity on the experiences of older people across the various domains of exclusion.

The identification of mediating factors allows us to paint a more complete picture of age-related social exclusion among older people living in rural areas of Ireland and Northern Ireland. While the domains of exclusion are easier to measure and quantify, and perhaps easier to comprehend, it is the mediating influences that shape: (a) the extent to which exclusion within the domains is experienced; (b) individuals' ability to cope with or be resilient towards that exclusion; (c) the internal choices of an individual to focus on and prioritise other areas of life; or (d) all three. Our framework, and the relationship between the set of domains and mediating influences, points to the fine margins between those who feel and are excluded and those who feel and are, to all intents and purposes, included. What follows is a discussion of each of the domains of exclusion and their relationship with the mediating influences of individual capacities, life-course trajectories, place and community characteristics, and macro-economic forces.

Social Connections, Social Resources and Mediating Factors

The opportunities older people living in rural areas have to connect with friends and neighbours represent a key element in understanding their inclusion or exclusion. Most older people participating in this study were happy with their connectivity to family and friends. Families were particularly important in generating a sense of well-being. Many participants had children and grandchildren living in the locality, leading to frequent social contacts. Family relationships were highly valued and, in many cases, reflected a reciprocity that involved elements of both work and leisure; the former through task-sharing, the latter through visits and social outings. Family circumstances were prone to macro-economic influences; in some cases, local economic decline had led to increased emigration and the vibrancy of the local community had been dampened. Having good neighbours never fully compensated for the absence or loss of family. However, while relationships with neighbours had generally become less involved and more formal over time, people still nurtured and valued such relationships. For many participants, good non-kin

relationships distinguished life in the country from life in the city.

The potential for exclusion was greater for people who had never married or had lost family through emigration, especially if they now lived alone and/or were in poor health. Sometimes connectivity could be altered suddenly by the death of a spouse, partner or close friend, resulting in a cumulative decline into emotional isolation and loneliness. Bereavement often had connotations far beyond the understandable grief associated with the loss of a loved one; in some cases, the economic and social dependence on the deceased meant that normal life could never properly be resumed for the person left behind. But neither did it follow automatically that living alone due to bereavement or for other reasons resulted in social exclusion. Resilience, stemming from individual coping capacity, was a key element in helping people overcome disadvantage, with more resilient people able to deal with the inevitable changes associated with ageing, including bereavement. Some people took great pride in how they were able to deal with absence and loss, jealously guarded their privacy, and were happy to have lives that were not dependent on others.

Individual capacity, and especially psychological make-up, often determined people's ability to survive and prosper in an environment, but so too did the nature of place and community, and their relationships with both. Small pleasures, like a neighbour calling, a visit to the pub, a can of stout heated on a stove each night, talk about the match, a strong attachment to the land, or the simple aesthetics of the place in which they lived, seemed to instil resilience and offer participants the motivation needed to overcome the potential disadvantages of living alone. Sometimes idiosyncratic or routine place-based contacts and relationships, not necessarily deep, had long-term effects on the ability of older people to remain positive, even in the most challenging of circumstances.

According to participants in this study, the closure of rural post offices and creameries, reflecting broader global economic trends, has been particularly damaging to social cohesion due to

their importance in community social life. For some people, the building of community centres has been a somewhat artificial substitute, given the informality and dual purpose (business and pleasure) attached to creamery and post office social exchanges. Men might often go to creameries on business, but the contacts and chat that ensued were crucial in keeping them in touch with their neighbours and their community. Getting men, in particular, to visit community centres in the absence of a 'meaningful' purpose was altogether more problematic as witnessed by their general absence from such places. Sometimes exclusion was preferred to social connectedness programmes. It was interesting that in one of the sites, Rosemount, the GAA Social Initiative was being used, with some success, to attract men back into communities and community centres by linking purpose and latent self-interest with social contact.

Services and Mediating Factors

Almost all participants in the study were aware of the debilitating effects of macro-level trends, such as rural population decline, on service provision in their areas. Once certain lower population thresholds were reached services either diminished or were completely withdrawn. As a consequence, most participants now went to nearby larger towns for shopping and to access general services. This meant that private cars were often essential. Disadvantage was almost guaranteed with the multiple problems of poor public transport and few amenities and services within acceptable travelling distances (Cattan, 2001). The absence of rural proofing for services in Ireland and its haphazard application in Northern Ireland (Burgess, 2007) has contributed to the invisibility of some rural dwellers, compounded for older people by ageism and age discrimination. Increasingly, older people in rural areas are obliged to travel to services rather than have services come to them. This was evident throughout the study and in all of the sites, but particularly in relation to issues around community-based care in Ireland.

The absence of public services in rural areas has been offset by the development of alternative local community-based services that often depend

on the availability of local social entrepreneurs to recognise particular needs and put in place appropriate responses. These services were often critical in promoting social inclusion in rural areas. Charitable organisations, such as the Society of St. Vincent de Paul and Age Northern Ireland, offered practical support for older people. Housing programmes for older people, developed through the auspices and prompting of different types of social housing organisations, provided both housing and social reconnection. Church-based organisations provided meeting opportunities and friendship schemes designed to combat social isolation and loneliness. Community development organisations and community-based not-for-profit organisations organised lunches, meals on wheels, recreational activities (such as cards and bingo), and built and refurbished buildings where older people could meet and socialise. Very often, these forms of low-level intervention were the difference between being able to remain in the community and not being able to stay in their own homes. Without community-provided services, communities would be much poorer and social exclusion would be much more extensive.

One of the practical issues, referred to earlier, is to ensure that those who need services, whether provided publicly or voluntarily, receive them when and where they need them. Unfortunately, even where services were available, some people living in the rural communities in this study did not use them, whether they needed to or not. This happened because of carefully nurtured stoicism, concerns about stigma or, in the case of older men, gendered social roles that saw any offer of social provision or social support treated warily. This raises interesting questions about service provision in rural areas. First, given scarcity of resources, what public services should be seen as priorities for older people and, more precisely, for which older people? Second, what can be done to promote the voluntary provision of services in rural areas and should these services be subject to some guiding hand rather than left to idiosyncratic and fragmented provision? Third, how can older people, particularly men, be encouraged to take up existing services and does non-take-up reflect genuine preferences? These questions are important since very often marginal

changes in the provision of the appropriate services can have transformative effects on recipients' quality of life.

Transport, Mobility and Mediating Factors

Transport is a particular challenge for rural older people who do not own a car. It was striking how much dependence there was on the car across the various sites, and how much the absence of a car impacted on behaviour. For example, it was clear that even when people felt comfortable and connected within their own communities, they did not like having to ask neighbours for lifts, at least on a continuous basis. Many of those without cars were prepared to go to any lengths rather than be beholden to neighbours for lifts. Participants worried about reaching a stage when they might no longer be able to drive, or where they might have to depend on others to drive them to places should they fall ill. For some participants, however, transitions into ill health, poor vision or dependency meant that this had already happened. Even when people recognised the expense associated with running a car, they felt it a price worth paying for independence.

Public bus services in rural areas have been rationalised, especially those serving unprofitable and remote rural communities. This has led to considerable hardship for those people who continue to depend solely on public transport for getting around. Free travel was introduced because public transport has long been acknowledged as important in ensuring access to local services and facilities and in facilitating older people's engagement in social activities (Banister and Bowling, 2004). The irony is that older people have free travel but no opportunity to exercise that freedom. If the public transport system is weak or non-existent then it matters little that the entitlement is universal. Public systems of transport allow older people to remain active in the face of age-related decline.

The importance of alternative and innovative forms of rural transport was highlighted in Ireland and Northern Ireland, where various schemes existed in both jurisdictions to compensate for the absence of market-based public transport. Where such schemes existed, in both jurisdictions, they were

highly valued and well used, particularly it seemed by women, for shopping and accessing basic services in the larger towns. People appreciated the independence and social contact associated with travelling on rural transport buses; the only complaints being that they were not frequent enough – usually once or twice a week – and the routes not varied or flexible enough. The buses clearly acted as a social service for local communities. It was little wonder, therefore, that people worried about the service being withdrawn due to current economic pressures. There was, however, very little evidence in the majority of sites of more flexible services being developed. This was particularly evident in Ireland. The lack of experimentation was striking given the importance of transport in the lives of older people and the potential for large gains to be made from better use of existing infrastructure.

Safety, Security, Crime and Mediating Factors

One of the paradoxes of visiting tranquil and scenic rural areas is to find that some residents live in fear of theft and burglary. Remoteness, spatial isolation, scattered neighbours and the absence nowadays of a visible rural police force combined to nurture anxiety and fear of illicit behaviour. While the vast majority of people in this research had not experienced crime directly, we did encounter some who had been burgled. People spoke about local thefts of equipment, farm machinery and other valuables causing understandable anxiety to older people in the various sites. Some people living on their own were especially concerned, particularly those living in remote areas with no close neighbours. Any reports of violent break-ins raised anxiety further in the local population. Older people could sometimes rationalise simple break-ins and opportunistic theft, but any reports of physical attacks by intruders caused huge concerns. Community alert schemes provided some comfort and relief, as did alarm systems and neighbourhood watch schemes. But what some people wanted, particularly those who were fearful of crime, was more local police and/or a stronger mobile police presence, which again had been reduced due to macro-economic and social patterns.

Other macro-level trends, such as increasing urbanisation and counter-urbanisation of the larger villages and the nearby towns, have generated social problems usually associated with more urbanised areas. It is hardly surprising, therefore, that many older people referred with nostalgia to past levels of security and how little crime existed in rural areas in their childhood. Low crime rates have added to the quality of life for rural dwellers and a sense of safety for older people in the past, and there is a perception that this is being steadily eroded, even if it is sometimes difficult to separate fact from myth in relation to both current and past rates of rural crime. Nevertheless, fear has debilitating physical and psychological effects, whatever its origins.

In the main, participants were reassured by the low rates of crime in their communities. This is not surprising since rural communities are often associated with reduced perceptions of crime and increased feelings of safety (Quine and Morrell, 2008). Moreover, some people had high levels of trust in neighbourhood and community to assist if anything did occur, stemming from strong elements of place-based social cohesion. This was evident, for example, in the testimony of one couple who, after having multiple break-ins when living in a remote part of the community, managed to secure sheltered housing through the local community housing association. The move subsequently transformed the couple's social outlook and restored their confidence. Attachment to place and a sense of belonging were particularly strong factors in influencing people's sense of safety. People talked about the importance of a strong, cohesive community when adverse events happened; the fact that their community recognised the need for direct intervention in times of trouble was a source of both consolation and strength that allowed people to overcome fear and anxiety. Weak communities and weak attachment to place were likely to exacerbate the sense of social exclusion associated with both legitimate and manufactured fears about safety and security.

Income, Financial Resources and Mediating Factors

Resilience has been an enduring theme in relation to the people interviewed in this study, and it arises again in regard to income and financial resources. When people spoke about money and whether they had enough of it, nobody admitted that they were short or needed more. Nor did they admit to having too much money. Almost all respondents contextualised income and financial resources in relation to past experience or in relation to just having enough. There was certainly a reluctance to speak openly about financial disadvantage. People referred to having more now than in the past, or being better off than some of their neighbours, but rarely commented on whether their income placed any constraints on their day-to-day behaviour. When money was spoken about it was in terms of not being a burden on anyone else or having enough for a decent burial, as one woman noted. Yet it was quite clear when interviewing some participants that they had brought disadvantage accumulated over a lifetime into their later years. This manifested itself in the poor housing conditions in which they lived, the constraints they placed on unnecessary consumer expenditure and their thriftiness in relation to day-to-day spending. Conversely, it was clear that some respondents had more than adequate resources that allowed them run cars, take holidays and support their adult children.

Many participants depended solely on the old age pension for financial resources, which was considered reasonable in Ireland and not so reasonable in Northern Ireland. Budgeting was a feature in both jurisdictions, as was the notion that a combination of periodic and once-off costs could serve as a financial tipping point. Increasing home fuel costs were especially an area of concern. Hillyard and Patsios (2011) presented similar findings and demonstrated that the living standards of pensioners in the two jurisdictions have worsened during the recession.

What was interesting was how uncertain older people were in relation to entitlements over and above the old age pension. There was sometimes an information gap about in-kind benefits in

particular. But even with full knowledge, it was unlikely that all entitlements would be taken up. Older people had low expectations and a fear of stigmatisation that combined to make them wary of accessing any benefits, even when these were available. Similarly, resilience and independence often prevented people regarding themselves as disadvantaged, which inevitably increased the likelihood of further disadvantage if the appropriate benefit entitlements were not accessed. People worried more about increasing charges for health and social care, particularly about the catastrophic costs of long-stay care, and what those costs may mean for house ownership, than about levels of income or benefit. However, as documented elsewhere (Hillyard et al. 2010), participants were concerned about stealth taxes, both those that were already introduced (e.g. rates in Northern Ireland) and those that were expected (e.g. housing rates in Ireland).

Identifying the real hardship cases remains a challenge in relation to the amelioration of poverty among older people living in rural communities. All of the data at national level suggest that more generous old age pensions have served to reduce absolute poverty for older people in Ireland. But hard cases still exist and relative poverty remains a problem for some. What this study tells us is that even when people talk about financial circumstances, they do not always recognise the gravity of their own financial situation, preferring instead to focus on the lifetime improvement in their financial position. In addition, many older people are not spending, but are saving and hoarding in preparation for the 'rainy day', which for many means admission to long-stay care or indeed paying for their own funeral. The prevailing philosophy of not being a burden is, therefore, preventing some older people from full participation in economic and social life.

Summary

Age-related social exclusion is evident among older people interviewed for this study, but so too is social inclusion, and often in a stronger way. Older people like living in rural communities and, by and large, participate in the economic and social life of their communities. When exclusion occurs, it is likely to emerge in five interconnecting domains: social connections and social resources; services; transport and mobility; safety, security and crime; and income and financial resources. But mediating factors of individual capacity, life-course, place and community, and macro-economic forces ultimately determine the extent to which exclusion impacts on individual well-being and quality of life. The framework for age-related social exclusion, presented in this chapter, offers new insights into the exclusion of rural-dwelling older people and contributes to our conceptual understanding of advantage and disadvantage among older people living in rural areas. However, the framework would benefit from further research to ascertain its usefulness beyond Ireland and Northern Ireland. Nevertheless, the framework does offer a conceptual reference point for the development of social exclusion indicators for older people. Future research and policy development might usefully concentrate on this task.

What is clear is that subjective disadvantage is different to objective disadvantage for older people living in rural areas. While acknowledging the various issues outlined in this chapter with respect to subjective experiences, these findings raise the question of whether our objective measures of disadvantage are altogether appropriate to a rural-dwelling older population. Many older people interviewed for this study did not identify with being disadvantaged, even though a seemingly objective measurement would place them, at the very least, in an 'at-risk' category. Resilience, coping and adaptive capacity, risk management, values and expectations all combined to lower expectations in regard to social inclusion. This makes it even more important that structures and processes are put in place to ensure that older people raise both expectations and outcomes in regard to their involvement and engagement in rural life.



9 Conclusions and Recommendations

Conclusions

It is fair to say that existing policy for older people in Northern Ireland and Ireland demonstrates an awareness of the potential difficulties facing disadvantaged older people living in rural places, particularly in relation to income adequacy, connectivity and service provision. There are a number of different agencies in both jurisdictions charged with the responsibility of making life better for rural dwellers, young and old. What this report has done is to widen and deepen the information base on the meaning and experience of exclusion for older people living in different rural communities. The main policy conclusion that emerges from the report is that there needs to be a renewed and integrated effort to maximise both the capabilities and participation of older people living in rural areas. This means looking beyond standard approaches that concentrate solely on vulnerabilities and absences, for example income and transport, and instead looking at what might be achieved through increased investment in people and communities as a means of enhancing citizenship for all those living in rural areas. The older people interviewed for this study have a deep attachment to rural life, but are only too aware of the trade-offs involved in living in the countryside, sometimes in remote and isolated spaces. But their narrative, as communicated in this report, is not always about distance, or separation, or financial hardship. Instead it is as much about the frustration of being outside of a civic and political discourse and decision-making process that increasingly puts a lower value on being old and on rural living – a combination of circumstances that makes life more difficult for older rural dwellers than it should be. Addressing this problem requires recognition of the diversity of rural older people and the identification

of new structures and mechanisms to facilitate older people and their communities to address the issues that they themselves identify as constraining or restrictive. What older people need is to be able to achieve a higher quality of life through better communication with family, friends and each other, meaningful participation in community life, and a resource allocation process that enhances rather than diminishes their citizenship. Achieving better outcomes for older people living in rural areas will not always require additional resources, but it will require a new focus on inclusion, diversity and participation.

The report has also made an important and theoretical contribution to the literature through the development of a new multi-layered and integrative framework for the exploration of social exclusion among older people living in rural areas. Social exclusion, as identified in this report, is multidimensional and multi-layered, incorporating personal, social, cultural, institutional and environmental aspects. The framework emerging from the findings confirms existing conceptual development, emphasising as it does the domains of: social connection and social resources; services; transport and mobility; safety, security and crime; and income and financial resources. It goes further, however, by identifying key mediating factors that influence the shape, texture and trajectory of exclusionary processes affecting rural-dwelling older people. These mediating factors encompass life-course trajectories, place and community, individual capacity and macro-economic forces. Social exclusion for older people in rural areas can, therefore, only be properly understood by exploring the overlapping domains through the lens of these mediating factors, which are themselves interdependent and intertwined.

It is clear from our analysis that older people living in rural communities are generally satisfied with their lives, although there are legitimate questions about whether need was always able to be identified at an individual level and at the level of the community. One certainly got the impression, for some people at least, that expectations about optimal quality of life had been trimmed to fit prevailing paradigms about what could legitimately be expected for people of their age living in their circumstances in rural areas. Nevertheless, the range of communities explored in Ireland and Northern Ireland gives confidence regarding the robust nature of the satisfaction levels of people interviewed for this study. The fact that we found that older people enjoy living in rural areas is important. This is because there is an increasingly technocratic view, based on a narrow conception of efficiency, that vulnerable rural older people would be better off living in more urban environments. Place was important for enhancing well-being and quality of life for the vast majority of participants, not just the aesthetic beauty of rural landscapes, but the strength of the relationship that has evolved over time between people and the places they call home. Many participants spoke about feeling attached to the land, feeling at home, and feeling like they belonged. All of these served to forge enduring relationships and connections, thereby making social exclusion less likely even when the objective conditions existed for that to happen. Community remained the focal point of people's lives, notwithstanding the changes that have occurred in rural places, and remained the reference point for belonging, home, support and even identity. That is not to say that people were always satisfied with their neighbours or that negative changes had not occurred that had damaged their communities. On the contrary, people talked about how their communities were continually being undermined by individualism, selfishness, economic materialism and the outward migration of younger people. But even within the changing context of rural living, including more complicated relational structures and points of reference, there was evidence of local renewal and adaptation, often without the assistance of central and local government and almost always without their financial support.

There was also a remarkable consistency across communities in relation to perceptions of advantage and disadvantage. Specifically, social connection and social resources were the key generic domains of social exclusion. It is here that policy intervention can have the most immediate and enduring effect. It is here too that local communities themselves can mobilise to improve connectivity among people and provide some of the social resources that can enrich the lives of all those living in the community. Social relationships are key, therefore, to maintaining inclusion pathways for older people and anything that undermines or weakens such relationships increases the risk of exclusion. So, for example, older people without family and friends, living on their own, with little attachment to community and without the opportunity or means for social contact are always likely to be at risk of exclusion. If such a person is outside the sphere of influence of the community and not in receipt of basic services then that risk increases further. Older people living in rural areas keenly felt the absence of services, including public transport, and were acutely aware of the debilitating impact of these absences on the quality of their lives. Family support is also integral to assisting rural older people to remain active and connected in their rural communities, which makes the absence of family support an important risk factor, particularly if other mediating factors are at play, such as ill health or weak attachment to place and community. But family relationships are not without their ambiguities; older people value reciprocity and spend a lot of time ensuring that they do not become a burden on their families.

What was remarkable across the sites was how much deprivation some older people could bear, how low their expectations were in relation to material goods, and how good they were at putting perspective on their relative poverty. Individual capacity influenced the reaction of older people to poor economic and social circumstances. People took pride in their self-reliance, stoicism, hardiness and toughness in the face of difficult conditions, often citing life-course experience of having overcome worse conditions and circumstances in the past. Material resources tended to be particularly underplayed, reflecting perhaps the internalisation of material disadvantage across

the life-course. Through resilience, impoverished positions were often accepted, rationalised or made better, leading to a significant gap between the subjective assessment of exclusion among older people and any reasonable objective evaluation. The danger is that rural resilience can result in a reluctance of older people to acknowledge themselves as disadvantaged, which leads to an increased likelihood of them experiencing further exclusion and, equally important, being ignored by policy makers. A good example of this is the reluctance of some older people to claim all of the social protection benefits they were entitled to, causing them to fall further behind other groups in society. That is why it is so important to have objective measures of poverty and exclusion so that we can tell who is excluded and who is not in rural areas. For sure, it is difficult to generate such data, as we found in this study in relation to our failure to always locate extremely marginalised older people or those who did not want to engage in any discourse about their own experience of living and ageing in rural areas. Nevertheless, the strong message coming from our analysis is the need for reliable and multidimensional indicators that measure quality of life and exclusion in rural-dwelling older age. This will be the objective of future work.

One of the strong messages coming from the research is the need to recognise the diversity of rural environments and the importance of working with local communities to improve the quality of later life. Recognising the multidimensionality of exclusion means that a whole range of different actors and agencies need to be involved in providing solutions to the problems of disadvantage in rural areas. Promoting inclusion does not just involve older people, but entire communities. Local community-based organisations are already filling the vacuum left by departing, or absent, public services, especially in the areas of social care, housing and transport. However, there has been less emphasis on maintaining and strengthening social connections and social relationships in rural areas. In that regard, one of the key challenges is to find some way of restoring informal meeting points for rural people to come together; opportunities for casual interaction are particularly important for

maintaining a sense of belonging to place and community. Older people spoke with nostalgia about the importance of post offices, creameries and dance halls for communal living and social interaction and lamented their disappearance from the rural landscape. There is also potential for intergenerational programmes in rural areas to create the reciprocity and shared experience necessary for communal living. Many of these programmes could be based in primary and secondary schools, which are ideally placed to reach out to older people in rural areas, with mutual benefits to pupils, students, families and society. Indeed, local schools in rural areas could be used much more as meeting points and social connection hubs outside of school hours facilitating both inter- and intra-generational contact.

Comparative evidence available for Scotland, produced as part of this CARDI-funded research³, affirms the importance of transport, housing and access to health and social care in addressing social exclusion among older people living in rural communities. So too is the provision of social supports and social contact for older people in rural areas. Like Ireland and Northern Ireland, and despite demographic changes in family life, family and kinship networks still remain important sources of emotional, practical and financial support for Scottish older people. Participation has been recognised as central to community resilience among older people and is a key driver within the current joint initiative by the Scottish government and local authorities in the form of the Scottish Community Empowerment Action Plan launched in 2009. Community empowerment is defined as a process where people work together to make change happen in their communities by having more power and influence over what matters to them. Interesting initiatives to enhance inclusion and participation include: the establishment of social enterprises run by older people to provide basic services for other older people; community car schemes; community care hubs; and oral history

3 The Scottish case-study was completed by Dr. Michael Murray from Queen's University and is available as a complementary report to this research. It can be accessed at www.harcresearch.com.

projects. What is evident from Scotland is how much more central older people are themselves in resolving issues of potential social exclusion in rural areas. There does seem to be a deeper appreciation among practitioners and policy makers that older people are assets to rural society rather than being a burden and that they are recognised for their capabilities as much as their vulnerabilities. Policy in Ireland and Northern Ireland needs to be recalibrated to reflect the centrality of older people in rural life and their capacity to address exclusion within their own communities. Our interviews with older people, in Ireland and Northern Ireland, uncovered a latent capability, enthusiasm and desire among many of them for greater participation and engagement in civic and social life. The first step in unleashing that considerable potential is to change expectations and mindsets among older people themselves and in the community within which they live. Policy makers can facilitate change by recognising older people as potential agents of change and renewal rather than by always portraying them as burdensome and dependent within a moribund rural culture.

The credibility of the framework for social exclusion developed as a result of the qualitative work in this report is enhanced by the variability of the communities that produced it across the two jurisdictions. We have already seen how much convergence there was in relation to the drivers of social exclusion among older people living in rural areas on both sides of the border. There were, however, some nuanced differences between Ireland and Northern Ireland, the first being that rurality in the former was more pronounced, primarily as a result of differences in the structure, density and distribution of the population. Different welfare state systems also led to the emergence of differences in health and social care provision, with evidence of greater formality in provision and less fragmentation of delivery in Northern Ireland. The involvement of community-based voluntary organisations was a feature of the Irish social care system, often as main providers, which was less evident in Northern Ireland due to the greater emphasis on universality and state provision. The other major difference was, of course, the influence of the Troubles on the ageing process, which came across in the interviews in Northern Ireland, and

was absent from any of the discussions in Ireland. When the Troubles were discussed in Northern Ireland, it was clear that people both Protestants and Catholics had been affected, some of them directly, and that opportunity sets for participation and connectivity had been curtailed and truncated over the life-course as a result. While this saddened people, most now tended to focus on the fact that relationships between the two communities were improving, albeit slowly. What is most interesting, however, is that social exclusion in older age showed very few differences, in terms of domains or the influence of mediating factors, between predominantly Catholic and Protestant sites in Northern Ireland. Religion may have defined people and their identities, creating some separateness, but it did not prevent similar forms of exclusion from affecting people in older age living in rural communities in Northern Ireland.

Recommendations for Policy

The enhancement of citizenship and solidarity requires that the social and distributional consequences of public policy for rural areas be given higher priority than is currently the case in Ireland and Northern Ireland. Social objectives must be explicitly considered if effective strategies for meeting social need and reducing social exclusion in rural areas are to be devised. New age-specific and place-oriented social indicators must be developed and used to determine progress in the reduction of social exclusion among older people living in rural communities. Benchmarks need to be established and progress measured with respect to social connectivity, social resources, social services provision, transport, income, safety and security, and general quality of life issues for people living in rural communities. The use and application of indicators and targets have contributed to the alleviation of poverty in Ireland through focusing attention on policy instruments, programmes and outcomes. The same strategy could serve an equally important function in addressing overall rural deprivation and social exclusion for older people living in rural areas.

As part of this process, local communities must be supported more in providing support for older people through various schemes that have

inclusion and intergenerational relationships as their underlying philosophy. Social entrepreneurship is an important element in the development of social progress for older people in rural areas. The development of social entrepreneurship does not have to start from scratch as there already exists a pool of potential entrepreneurs in many parts of both jurisdictions, many of whom we met during the community consultations for this project. However, more will have to be done by government to encourage and support people with socially innovative ideas in rural communities. This means the introduction of seed capital and start-up grants for social production, using similar schemes to those currently available to economic entrepreneurs. Entrepreneurs should be given support in identifying commercial social opportunities and generating realistic business plans that match economic imperatives with the realities of social economy provision. Utilising existing social organisations such as sporting, farming and church groups and youth movements will also be important in stimulating and embedding innovative response to disadvantage in rural areas. Health and quality of life are affected and influenced by the choices we make as individuals and through our engagement and participation in the communities within which we live. Consequently, social organisations and community agencies have a key role to play in creating and meeting the expectations of older people in regard to ageing well in later life in rural areas. Change will require entire communities working together in an integrated way to place older people at the heart of decision making, where their capabilities are recognised and used to sustain the communities within which they live.

The following ten recommendations reflect the importance of a multi-level, multi-agency response to social exclusion among older people in rural areas focused on social production, social resources and social connectivity in rural communities. They are an acknowledgement of the diversity of the ageing experience in rural communities, the multidimensionality of exclusion and the need for integrated, intergenerational responses to the problems facing older people in rural areas. The key task of government is to work with local communities to enable and empower older individuals to live more independent and

connected lives, thereby maximising advantage and reducing disadvantage in later life:

- Establishment of an All-Ireland Commission on rural transformation for successful and inclusive ageing.
- Agreement on values and goals with respect to social progress for older people in rural communities.
- Measurement of social progress and social gain in rural communities through an annual social audit of inclusion, exclusion and quality of life.
- Development of an assets-oriented Elders' Council in rural areas to promote and highlight the capabilities and contributions of older people.
- Identification and nurturing of social entrepreneurs within rural communities as service providers, building upon the existing network of volunteer providers and community-based organisations.
- Provision of basic seed and start-up capital grants for rural projects meeting specific social exclusion criteria.
- Utilising existing large-scale and credible social organisations to maximise participation and inclusion of older people.
- Establishment of intergenerational programmes on advantage and disadvantage in rural areas, including schools-based initiatives.
- Development of appropriate informal meeting points for older people living in rural communities; places where people can connect with community and place.
- Greater flexibility with respect to the promotion and development of accessible transport in rural areas.

The establishment of an All-Ireland Commission on rural transformation for successful and inclusive ageing would be recognition of the common problems facing older people living in rural areas in Ireland and Northern Ireland. This report has

highlighted convergence in respect of the issues facing older people, particularly in regard to participation and connectivity. The Commission could operate within the framework, for example, of the All-Ireland Institute of Public Health and identify common approaches to addressing the needs of rural-dwelling older people, thereby enhancing their health and quality of life. Part of the work of the Commission would be to find agreement on the values and goals with respect to social progress for older people living in rural communities. This is necessary to counter-balance an emerging view that increasingly questions the political and economic wisdom of supporting people living in rural areas given the potential economic costs of meeting their life-course social needs. This argument tends to divide the landscape into urban and rural, with the former favoured because of the scale and cost advantages associated with high-density living. As public resources become scarcer, support for policies that provide services for older people living in dispersed and remote rural areas will also decline. In such circumstances, it is easy to see cumulative cycles of decline emerging with devastating consequences for rural populations. But is this what we really want to happen, particularly for older people with a deep attachment to place and community? A new Commission would allow us to openly tease out the consequences of both overt and covert discrimination against people living in rural areas, including, in extreme situations, their non-citizenship. Now is the time to have that discussion, rather than have the lifestyle decisions and way of life of older people constantly undermined by under-funding and under-provision of basic services. Introducing measures and indicators to track social progress would be an important part of any reform process, particularly since we highlighted the importance of individual and rural diversity in affecting social exclusion among older people.

The picture painted in this report is one of optimism in relation to growing old in rural communities. The people interviewed were for the most part engaged and engaging, and enjoyed living where they lived, but were conscious of the constraints that living in rural areas sometimes placed on their ability to participate fully in social

and cultural life. What is clear is that they have more to give to the communities within which they live, having come through so much and accumulated invaluable experience, wisdom and resilience over a lifetime. The establishment of local Elders' Councils in rural areas would be an important vehicle for allowing older people to use that experience and wisdom to impact positively on their communities. Part of the difficulty of making policy for older people, whether in rural or urban areas, is the association of age with dependency and loss. This is not the case for the majority of older people, making it imperative that they be given an opportunity to continue making a contribution to economic, social and civic life. Public policy has a key role to play in developing and supporting appropriate structures and processes to allow older people to remain active in their own communities. This can be done through ensuring older people are consulted in relation to community development projects and engaged as advisors/mentors on government-funded projects seeking to promote economic and/or social development in local areas. Funding for any local projects should be contingent on the involvement of older people in the administration and/or delivery of the project. Public funding and grant support for existing community-based social organisations, for example sporting clubs, voluntary providers or church groups, should also require such agencies to actively support and facilitate older people's involvement in their work, both as participants and recipients. Unless older people are seen as assets and partners in community-based activities they will remain excluded from conventional pathways of participation and connectivity that younger people take for granted as part of normal citizenship.

Basic seed and start-up capital grants for community-based organisations that focus on innovative responses to exclusion among rural older people would be an important signal of the unmet needs that exist in rural areas. In particular, more effort is required to seek out and engage those outside of mainstream rural life, for example reclusive older people, hard-to-reach older people, recently bereaved older people and cognitively impaired older people. Finding and supporting such people is not easy but there is evidence of

an older marginalised rural constituency that has been left behind; a constituency that communities and neighbours know exists but feel powerless to reach and help. We can also do more positive things like supporting and developing appropriate meeting points for people living in rural areas, thereby allowing them to connect more with friends and neighbours. Inter-generational programmes organised through schools can also be used to create community awareness of the needs of older populations in regard to contact and communication. Similarly, we can organise public transport better and make sure rural transport schemes are retained to allow for easier access to people and places. Women are often much better at remaining connected than men, or at least there appear to be more social opportunities for them, so gender-specific activities may be necessary to keep men connected to each other and to their communities. Bereavement can often trigger a spiral of disconnection within rural communities leading to loneliness and isolation. Preventing such a trajectory should be a key element of any strategy for social inclusion in rural areas. It is acknowledged that these recommendations, while necessary, may not be sufficient to impact on those who are lonely and isolated living in rural areas. However, they are a first step in reaching out to disadvantaged older people. Public policy can be an important part of the process of stimulating community responses to social exclusion, often at very little cost to the exchequer.

Finally, it is important to recognise some of the limitations of this report. There was a difficulty in accessing those older people who were completely outside of mainstream community relationships and service provision. We were also constrained by ethics which did not permit the use of health care providers to access such individuals, for obvious reasons of confidentiality and trust. It is questionable whether enough time was spent in communities, or with participants, to allow us to build up a complete picture of inclusion and exclusion in the lives of rural older people. But then, to do that would have required a different study, one that focused on the ethnography of rural living for a smaller number of people. Finally, the absence of policy makers and decision makers from the narrative is a further limitation and one that

can only be resolved by future work. Ultimately, the research carried out for this report should be a starting point, not an end point, for a sustained exploration of rural ageing in Ireland and Northern Ireland. Rural is a good place to grow old but maintaining that life for those who enjoy it, and improving it for those who are disadvantaged and outside of mainstream rural life, is now the challenge. What is critical is that policy makers recognise rural diversity and accept older people as allies and assets in meeting the many challenges associated with rural living.



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Appendix 1

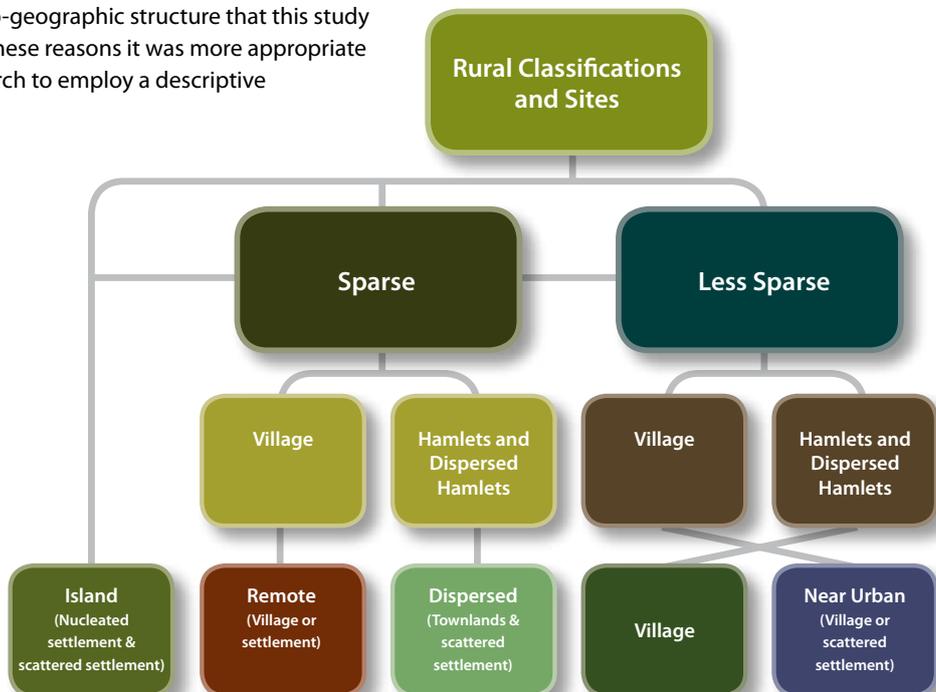
Rural Classification and Community Definitions

To inform the identification of suitable case-study sites across the community types (island, remote, dispersed, village, near-urban), the research drew on rural classifications, adapted from the Department for Environment, Food and Rural Affairs (DEFRA) in the UK (Bibby and Shepherd, 2005) and a rural typology (types 1 to 6) as documented in a report on Irish Rural Structure and Gaeltacht Areas (Centre for Local and Regional Studies and Brady, Shipman, Martin, 2000). In the case of the former, the classifications are based principally on geographic analysis of population density per hectare. In the case of the latter, the rural area typology is derived from a national analysis of District Electoral Divisions (DEDs) focusing primarily on the scale and type of economic production, and thus are not directly applicable to the small areas and the socio-geographic structure that this study targets. For these reasons it was more appropriate for this research to employ a descriptive

classification of the community types. The adapted classifications and how they relate to the five community types are described below:

Description of Island Sites (Sparse and Less Sparse)

An island rural area is a land mass surrounded by water and separate from the main island of Ireland. By their nature, island sites are likely to have sparsely populated areas in combination with clustered settlements and/or a more nucleated village structure. Thus island sites are likely to be a combination of 'structurally weak' areas (Rural Area Type 4 in the Irish Rural Structure and Gaeltacht Areas Report typology) and 'marginal areas' (Rural Area Type 5).



Description of Remote Sites (Sparse)

Remote sites are sparsely populated settlements and villages, which have a nucleated or partially nucleated structure. Remote sites are considered to be 'structurally weak' (Rural Area Type 4) if not 'marginal areas' (Rural Area Type 5), and therefore disadvantaged rural areas. In remote sites there is not direct or easy access to large urban centres with strong service infrastructure.

Description of Dispersed Sites (Sparse)

Dispersed sites are sparsely populated areas with scattered dwellings. Primarily a townland, or a collection of townlands, dispersed sites do not have any discernable nucleated structure but are recognised as being an identifiable rural community. By their nature, sparsely populated dispersed sites are 'structurally weak' areas (Rural Area Type 4) that while maybe socially isolated, are not significant distances from urban centres with strong service infrastructure.

Description of Village Sites (Less Sparse)

Village sites are less sparsely populated areas with a nucleated structure of dwellings and local businesses. Although limited in scale, there is evidence of a local service infrastructure. In the context of this study, and to discern these sites from the sparsely populated sites, villages are not in remote regions and are relatively close to larger urban centres. While agriculture is still reasonably strong in the area (akin to Rural Area Type 2 – 'very strong areas' or Rural Area Type 3 – 'strong adjusting agricultural areas'), villages have a commuting population.

Description of Near-Urban Sites (Less Sparse)

Near-urban sites are rural areas close to main urban centres, with high population densities, high levels of commuting to work and relatively low reliance on farming and agricultural production (akin to Rural Area Type 1 – 'peri-urban areas'). For the purposes of this research near-urban sites can either possess more nucleated village-like structures or dispersed scattered settlement structures – hence the cross-connection in the diagram above.

Appendix 2

Participation Criteria and Recruitment

Interview participants had to fulfil the following basic criteria for participation:

1. Sixty-five years of age or over for older people resident in Ireland.
2. Sixty years of age or over for older women and sixty-five years of age or over for older men resident in Northern Ireland.
3. Not have experienced substantial cognitive decline.
4. Not have experienced substantial functional decline that would alter behaviour or prove debilitating to the person during the course of the study.
5. Not suffer from severe sensory losses that would prevent them from participating.
6. Not possess communicative difficulties that would prevent them from participating.

Fulfilment of these criteria was judged by the 'project enabler' and the other local gatekeepers in each community who assisted in identifying and recruiting participants. In addition to these criteria it was necessary, as much as possible and as appropriate, to include older people from diverse backgrounds and from the risk categories for social exclusion established in the international literature. These included:

- Older people aged 80 years and over
- Older men and older women
- Older people living alone
- Older people living with a sibling
- Older people living in an isolated area

- Older people with no access to private transport
- Older people who have no children
- Older people with a chronic health condition
- Older people with a disability
- Older people who are not originally from the community
- Older people who belong to a minority group (e.g. foreign national, member of the Traveller community, different religion to community mainstream)
- Older people living on the state pension and/or benefits
- Older farmers and non-farmers

While some of these categories were relevant to all communities, others were not. It is also important to note that some participants fell into more than one of these categories.

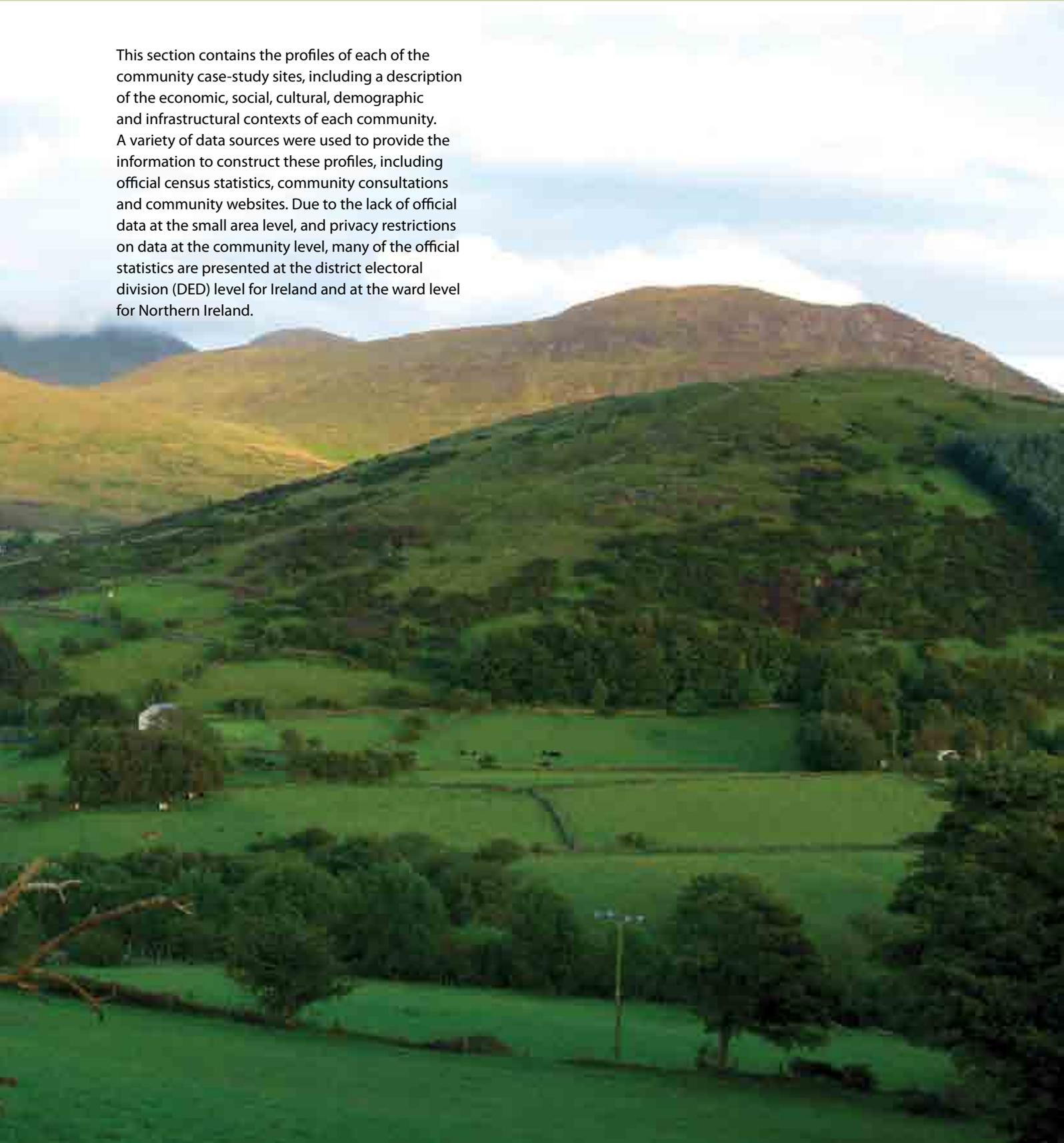
Once potential participants had been identified by the project enablers and the local gatekeepers, information sheets were distributed to each individual to ensure an informed decision on participation could be made. The project enabler coordinated the recruitment of the participants and liaised with the research team in order to organise suitable dates, times and venues for the interviews. Interviews typically took place in a central community location (e.g. community hall) or in the homes of the older participants, depending on their individual preference.



Appendix 3

Community Profiles

This section contains the profiles of each of the community case-study sites, including a description of the economic, social, cultural, demographic and infrastructural contexts of each community. A variety of data sources were used to provide the information to construct these profiles, including official census statistics, community consultations and community websites. Due to the lack of official data at the small area level, and privacy restrictions on data at the community level, many of the official statistics are presented at the district electoral division (DED) level for Ireland and at the ward level for Northern Ireland.



Island Communities

Rathlin Island, County Antrim

Rathlin is the only inhabited offshore island in Northern Ireland. Six miles long and one mile wide, Rathlin lies seven miles north of Ballycastle town and about thirteen miles east of the Mull of Kintyre in Scotland. Its small size belies the rugged and varied scenery, from lofty 150m cliffs in the west to rolling lowland bog and lakes in the east. The island has many designated areas of special scientific interest with a rich diversity of plants and other wildlife, large tracts of heathland, offshore reefs and sea caves as well as three lighthouses and Neolithic, Bronze Age and Early Christian settlements. The island's 'stepping stone' location between Ireland and Scotland has also meant that it has a strong Scots-Irish heritage, with many traditions rooted in the Hebridean culture.

The population, having peaked at 1,200 people in the late 18th century, has stabilised in recent decades at just over 100 people. According to the Rathlin Development and Community Association, there are 14 men aged over 65 on Rathlin and 18 women aged over 60. A majority of the older cohort on Rathlin are aged 75 years and over. The population is considered

to be in a healthy state at present with a number of younger families now living on the island, although it remains the case that most school-leavers find work beyond its shores. According to the 2001 census (NISRA, 2001), a majority of islanders - 69.9 per cent - are from a Catholic background, while 28.3 per cent are from a Protestant background or are members of other Christian faiths.

The population of the island swells during summer months and holiday periods when tourists visit. The ferry service, offering nine/ten sailings per day in summertime, has not only dramatically increased tourist numbers but has vastly improved the transport links to the mainland for the islanders. It also provides a significant source of local employment. While the island was previously a major centre for the production of kelp, and still hosts some small-scale farming and fishing enterprises, tourism nowadays forms the basis of the local economy. Two guest houses, a hostel, a restaurant, a shop and a pub are clustered around Church Bay - the main village and ferry dock - and are the primary facilities on the island. In addition, there is a Catholic chapel and a Church of Ireland church and while there is an island primary school, local children must go to the mainland for post-



Source: Central Statistics Office - SAPMAP - downloaded 02:08:11; License number 01/05/001





primary school. Ballycastle is the primary service and retail centre for the islanders. After a period of day service only, the island has now secured 24-hour district nurse cover through a two-nurse rotation. Given the high proportion of older people living on Rathlin and that a large number of these people live alone, this cover was considered to be crucial for the health and well-being of older islanders. GPs from two clinics in Ballycastle visit several times during the course of the year, typically every three months. For hospital care the islanders have to go to the mainland (Ballycastle or Coleraine – 20 miles away), but weather and travel complications mean appointments are often missed. Long-term care, in the form of a private nursing home, and respite care are also located in Ballycastle. A 'Rapid Response' programme has recently been set up on Rathlin in conjunction with the coast guard for accessing emergency care. There are also floating support workers on the island who help older islanders access information on rights and entitlements and

obtain necessary benefits. These workers organise a series of community activities, including the Tuesday Club (offering recreational and social activities), for the older residents. Older people themselves are very much involved in the old Rathlin tradition of model yacht-making and racing, and play a key part in passing on the practice to the younger generation.



Inishbofin Island, County Galway

Inishbofin island is situated seven miles off the coast of north-west Connemara, in a non-gaeltacht region of County Galway. The island's mainland ferry port is Cleggan village which is seven miles from Clifden town and 55 miles from Galway city. Inishbofin, known in Irish as Inis Bó Finne or Island of the White Cow, is approximately 5 miles in length and 3 miles wide and consists of five townlands: West Quarter; Fawnmore; Middle Quarter; Cloonamore; Knock. There are a number of islands surrounding Inishbofin including Inishturk, and several uninhabited islands: Inishark which lies adjacent to Inishbofin; Damhoilean; Inis Laighean; and High Island. The island offers many attractions including medieval fort structures, rugged cliffs, sandy beaches, seal colonies, and rare bird and wildlife. Inishbofin is also known for a strong tradition of Irish music and song.

Although the population was thought to be in excess of 1,600 people in pre-famine times, there are now approximately 199 people living on Inishbofin (CSO, 2006). Census figures also suggest that 16.6 per cent (or 33 people) of the population are aged 65 years and over. However, this figure is thought to have reduced in the last five years due to a number of deaths. The island's population

consists mainly of locals, but over the years a number of people have moved onto the island either for retirement or lifestyle reasons. The Island does have a tradition of migration where people have to leave the island for post-primary education, third-level education and for employment.

Housing patterns on Inishbofin are mixed with some dwellings clustered around the traditional village areas and others scattered across the island. Although not possessing a strong nucleated structure, the majority of the island's services and amenities are located in the Middle Quarter around the main pier. A ferry serves the island three times a day during the summer season and twice a day during the winter season. The island has a primary school, a Catholic church, a community centre, a local shop and post office, a pub, three hotels, a hostel, self-catering cottages and guesthouses – although much of the accommodation on the island is seasonal (Easter to October). For groceries and other services, islanders typically travel to Clifden town, where there is a district hospital, a number of large supermarkets, pubs, restaurants, hotels, and GP clinics, or to Galway city for more extensive retail and service outlets. Traditionally a strong fishing and farming community, agriculture still plays a significant part in the local economy but



is pursued primarily on a part-time basis with many of the islanders having multiple jobs and roles on the island. Inishbofin's major source of employment, and the basis of its local economy, is tourism.

A public health nurse, who liaises with a GP on the mainland, lives full-time on the island and acts as the primary provider of health and social care. The Order of Malta assists the public health nurse with respect to transport for patients and other activities. For emergency cases, the coast guard helicopter, or in less urgent cases the ferry, is used to transport patients to accident and emergency care in Galway University Hospital. Nursing home care and respite care are not available on Inishbofin, resulting in islanders having to travel to the mainland for these services. Home help is also not commonly available. The main social activity for older people on the island is typically informally organised through the community centre. There are no regular activities or outlets specifically for older people. While there is a high degree of car ownership on the island, many older people rely on family members for transport, or cycle, walk or use the local taxi service.



Source: Central Statistics Office – SAPMAP – downloaded 17:01:12; License number 01/05/001



Remote Communities

Garrison, County Fermanagh

Garrison, a village of 357 people (NISRA, 2001), is situated on the eastern shores of Lough Melvin in County Fermanagh. Garrison is five miles from Belleek, 13 miles from Bundoran, 25 miles west of Enniskillen and 26 miles north-east of Sligo. The village commands striking views of the lake which is not only known for its beauty and the unique species of fish called the Gillaroo, but also noted for its 'chi' – the special energy which draws Tai Chi masters to the area every summer. Garrison also has a river running through it – the Roogagh.

Located just a few hundred metres from the border with Ireland, the village was completely cut off from the south during the Troubles. In an effort to halt the trafficking of explosives into Northern Ireland, all border crossings were closed by the British armed forces in 1971. The road closures severed generational and cross-border ties and are said to have had a serious impact on trade and employment. Removal of the barriers in the mid-1990s allowed the free flow of traffic across the border and enabled the development of village businesses.

Data on population age structure from the 2001 census (NISRA, 2001), at the ward level, suggest that 23.9 per cent of residents are aged 60 years and

over. 2001 census data also indicate that Garrison is predominantly a Catholic community, with 92.7 per cent of the population reporting being from a Catholic community background and 6.4 per cent reporting being from a Protestant or other Christian-related community background. Within Garrison and the surrounding hinterland, 16.4 per cent of households were categorised as 'lone pensioner'. In addition to a strong local population, anecdotal evidence would suggest Garrison is also home to returned emigrants and a significant number of retired migrants, including those from England and other parts of Northern Ireland.

In terms of services, the village has two shops, two pubs, a pharmacy, a day care centre, a community hall and a restaurant. The nearest bank and GP clinic are located in Belleek, which is also the main local retail and service centre. For more extensive availability of services (e.g. a dental surgery, hospital and accident and emergency care, and large supermarkets), residents have to travel 25 miles to Enniskillen. The nearest private nursing home is five miles away in Belleek and Enniskillen also has a convalescence home with 12 beds. While in the past farming would have been the primary source of income, most people now commute for work – mostly to Enniskillen. There are few jobs in tourism in the locality, and since Belleek pottery outsourced the bulk of its operations to other countries, the factory now employs less than 100 people locally.





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The day care centre, run by the Lakeland Community Care charity, provides day care for older people twice a week and mental health day care provision one day per week. The main social outlets for older people in Garrison are the Garrison Women’s Group and a senior citizens’ group in a nearby community. Both organisations provide social and recreational activities for older people. In addition, there is a ceíl dancing club and a fishing club in the village. Garrison is served by Ulster Bus one day per week. While there used to be a bus service from Enniskillen to Ballyshannon and Bundoran three times weekly, it was deemed no longer viable. A community rural transport service, Rural Lift, is available, which provides transport to the day care centre and an on-demand service.



Dromid, County Kerry

Dromid village is situated in the Inagh Valley in south-west County Kerry, approximately six miles inland from the Ring of Kerry on the Iveragh peninsula. Dromid, which is in a gaeltacht region, is located off the N70 approximately eight miles from Waterville, 10 miles from Caherciveen and 32 miles from Killarney. Dromid, also referred to as Dromoda, is in the Mastergeehy (Máistir Gaoithe) DED, even though the parish of Dromid extends out to the main Waterville-Caherciveen road. While there was an older settlement known as Killeenleagh (Cillín liath) in the area, Dromid is thought to be the newest village in Ireland having been established circa 1989. The village is known for its community development complex, which includes a community centre, enterprise units, social housing and a hostel, and for its long-established GAA club, Piarsaigh na Dromada. With extensive mountain, valley and lake walks such as the Kerry Way and the Ring of Kerry, Dromid is nestled in a region that attracts large numbers of visitors each year.

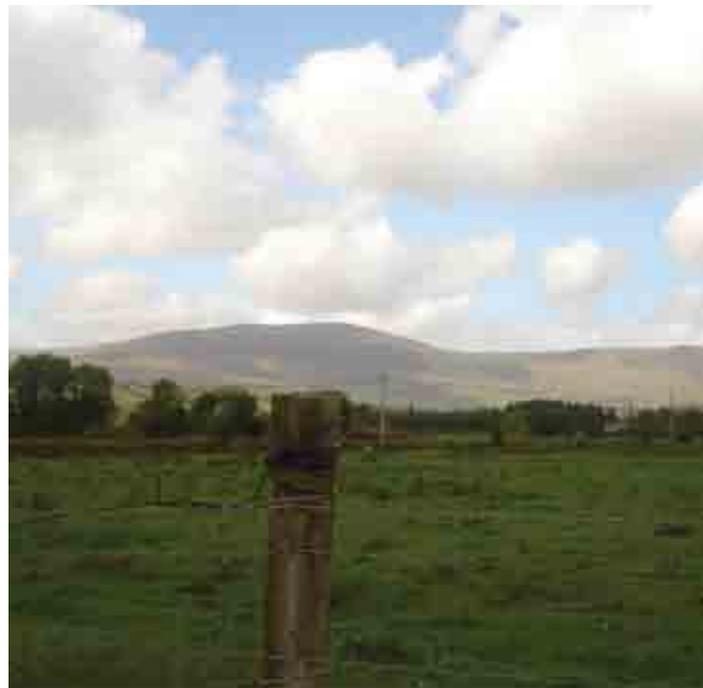
According to 2006 census figures, the population of the Dromid area is approximately 249 people, with a population age structure that suggests 13.3 per cent of inhabitants are aged 65 years and over (CSO,

2006). The local population is comprised primarily of people who are native to the community, with a number of returned emigrants in the area due to the participation of the community development association in the 'Safe-Home' return-emigrant programme. There is also some anecdotal evidence to suggest that a number of foreign nationals, mainly English nationals, are also resident in the community.

Dromid village has a nucleated settlement structure, but one that is small in size. The majority of housing in the area is dispersed across the surrounding hinterland. The village itself has a primary school (built in 1971), a Catholic church (opened in 1991), a pub, a small shop (built in 1989) and the community development complex (opened in 2001). Caherciveen, with a number of shops and a supermarket, a community hospital and GP services, is the main service centre. Outside of the community development complex and a small software company, employment opportunities are limited and there are few enterprises (aside from the hostel) that benefit from the tourism of the region. Farming, albeit on a small scale and often on a part-time basis, is still a feature of the community, but employment sources



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are concentrated in the local towns. The area has been affected by migration to urban centres, but in more recent times has experienced international emigration. This is due to the decline of the construction sector and the closure of a number of companies in the surrounding towns.

Limited long-term care beds and respite (reportedly just one bed), along with day care, are available in Caherciveen hospital. The closest private nursing home is 37 miles away. Accident and emergency care is available in Tralee general hospital, 40 miles away. All of the services available for older people in the Dromid area are provided by Ionad Lae na Dromada (social and day centre), as a part of the community development complex. Services include meals on wheels; a luncheon club; laundry; carers' respite; chiropody; and exercise and entertainment. As public transport does not run through the village, the car is the primary mode of transport for older people. However, rural transport is available through Kerry Community Transport for bringing older people to the social centre once a week and for going to Caherciveen once a week.



Dispersed Communities

Finnis, County Down

Finnis is comprised of a hamlet and a surrounding hinterland in the heart of County Down. Finnis, which derives its name from the Irish 'Fidh-Innis' meaning 'wooded island', is almost completely encircled by the Lagan River and its tributaries, and is surrounded by hilly countryside running in parallel ridges from nearby Slieve Croob (1,755 ft). Finnis consists of a pub, a Catholic church, a primary school and two local halls. The community is 1.5 miles from the village of Dromara, 22 miles from Belfast, 13 miles from Lisburn and 13 miles from Banbridge. Dromara is the locality's primary service centre with a post office, supermarket and other shops, police station, GAA club, a large health clinic (six doctors approx.) and five Protestant and other Christian churches. Public buses run on a daily basis from Dromara to Banbridge, Lisburn and Belfast. The locality (Dromara/Finnis) is also split between two rural transport areas, where members aged 65 years and over can travel for free on their designated community transport, but typically only within the specific community transport area. Finnis also straddles two Census Output Areas (COAs), which makes it difficult to accurately determine the population of the area and its age structure. The first COA (in the Gransha ward), which encompasses the larger portion of the Finnis townland, had a population of 383 in 2001 (NISRA, 2001). People aged 60 years and over comprised 14.3 per cent of the population. The second COA (in the Ballyward ward), which also includes a portion of the Finnis townland, had a population of 408 with 21.3 per cent of the people aged 60 years and

over. In terms of religious background, 32.6 per cent of the Gransha COA were of Catholic community background, while 63.4 per cent were of Protestant or other Christian community background. In the Ballyward COA, 59.2 per cent of the population had a Catholic community background and 39.3 per cent had a Protestant or other Christian community background. Census data (NISRA, 2001) show that the figures for lone pensioner households were 6.3 per cent (Gransha COA) and 10.9 per cent (Ballyward COA) respectively, both below the 12.8 per cent average for Northern Ireland.

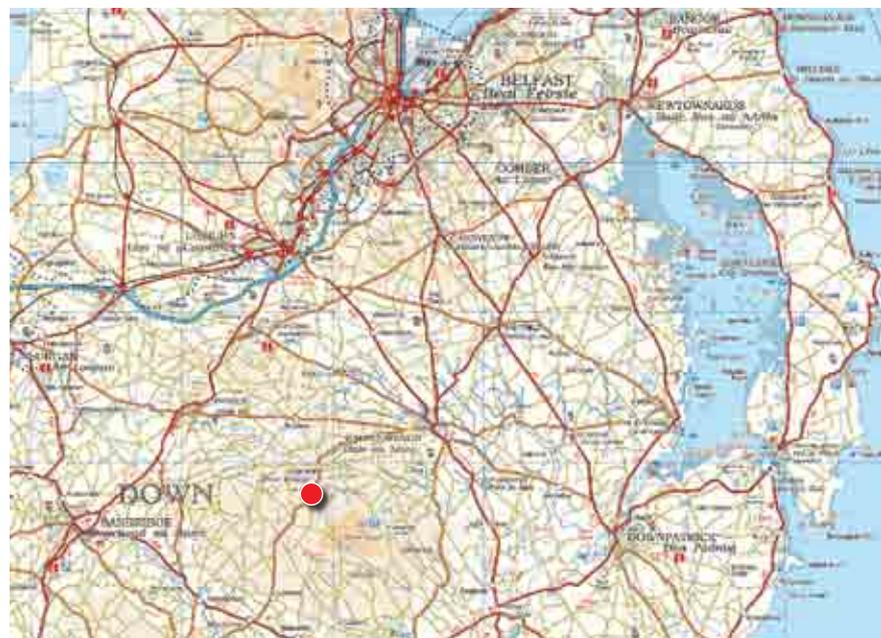
Traditionally Finnis was a strong farming area, with a history of tillage, flax production and sheep farming. While agriculture remains relatively significant in the area, the majority of the working population commute to the surrounding urban communities for employment. The economic downturn in the construction sector is also said to have impacted on the local economy and resulted in the recent and increasingly prevalent emigration of young people. Nevertheless, the region is not ranked amongst the top most deprived areas in Northern Ireland. Finnis spans two boroughs (Banbridge and Lisburn) and sits on the junction of several townlands, including the townlands of Finnis itself, Massford and Dromara. This has implications for service use and often leads to complications in negotiating home help allocations and coordinating bus times across rural transport regions. This borough and townland junction also appears to impact on the sense of identity of the local population: some individuals identify themselves with Finnis, or a specific townland in the surrounding community, and some identify themselves with the larger Dromara area.



The strength of volunteerism among older people in the Finnis/Dromara area means there is a strong network of social activities and social groups for senior citizens to draw upon. In conjunction with the local parish committee and other senior citizen groups, bowling, whist drives, dancing and Irish music nights are regular activities. Older people also organise charity fundraisers and cross-community events.



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Coomhola Valley, County Cork

Coomhola valley, which includes such townlands as Coorylaoire, Dromduve West, Coorycomade, Kealanine, Farranfada, Doirenacoille, Inchinagowen, Cooleenmaine, Courloun, Derryduve and Corran, is situated in south-west County Cork near the Kerry border. The valley is located off the N71 Bantry-Glengariff road, six miles from Bantry, six-and-a-half miles from Glengariff, 23 miles from Skibbereen and 50 miles from Cork city. The Coomhola valley rises into hill and mountainous landscape, in the Cork and Kerry Shehy mountains, to overlook Bantry bay and the Beara peninsula. Coomhola forks with the neighbouring Borlin Valley and a close relationship has always existed between the two communities. The local GAA club, St. Colums, also draws its membership from the two valleys. For that reason the area is often referred to as the Coomhola-Borlin area. With extensive mountain, valley and lake walks and a range of local historic sites, Coomhola attracts large numbers of visitors each year, reflecting the significant tourist economy in the wider south-west Cork region.



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Drawing on data from the 2006 census small area population statistics (CSO, 2006), the population of the Coomhola Valley is approximately 332 people. Figures for population age structure at the larger Glengariff DED level would suggest that 14.7 per

cent of the population are aged 65 years and over. As with similar regions, the area would have been affected by emigration in the past – primarily in the 1930s, 1950s and 1980s – but in recent years a number of young families from the surrounding communities have bought or built property in the area. Anecdotal evidence would also suggest that a significant proportion of foreign nationals (mainly English, Dutch and German) have moved into the region. In some cases, these people moved for retirement purposes while in other cases it was in pursuit of an alternative, more natural lifestyle.

Coomhola, with its dispersed housing patterns, does not have a nucleated structure. The valley has a primary school and Catholic church and while it previously had a post office and local shop, the closest discernable service infrastructure is now approximately one-and-a-half miles away in the form of a supermarket and hotel in the community of Ballylickey, on the Bantry-Glengariff road. Bantry is the primary retail and service centre, with several shops, pubs, restaurants, hotels, a police station, GP clinics and a general hospital (with a public health nurse base, a long-stay care ward, and accident and emergency care). Consequently, while tourism may make a significant contribution to the general region there are few enterprises that can benefit directly within the valley area.





Traditionally a strong farming community (albeit on a small scale), agricultural production is still evident in Coomhola, but primarily on a part-time basis and heavily supported by payments from the Rural Environment Protection Scheme (REPS). The major sources of employment are based in the regional towns. While a number of people still work in the local construction sector, anecdotal evidence suggests that unemployment and emigration are becoming more of an issue.

Day care is available once a week in Bantry hospital. The main social activity for older people, however, is a 'social centre', which is organised typically every second week in the hotel in Ballylickey. The social centre is run by the Coomhola-Borlin Community Development Association and involves lunch, card playing, dancing, singing, and community outings. The social centre and the hotel itself are considered to be the focal point of the community for older people. The car is the primary mode of transport for older people in the Coomhola area. Public transport does not run through the valley. Rural transport is available to bring people into Bantry town to collect their pensions and do their shopping, and to bring people to day care – although there is difficulty in accessing some homes located on narrow roads further up the valley.



Village Communities

Clough, County Down

The village of Clough is situated on the A24 from Belfast to Newcastle in County Down, Northern Ireland. The village, which is overlooked by the Mourne mountains, is approximately seven miles from Downpatrick, seven miles from Newcastle, 22 miles from Newry and 26 miles from Belfast. Although embedded in rural countryside, Clough represents a significant crossroad junction in the region. As a consequence, a substantial amount of traffic flows through the village to and from the large regional towns and Belfast city. While Clough itself is not known as a tourist destination (although it does possess an Anglo-Norman castle), the surrounding vicinity has a lot to offer locals and visitors: Murlough House and Nature Reserve, the Drumlin Hills, Forest Parks, the Mourne mountains and Tyrella beach.

Drawing on data from the 2001 census (NISRA, 2001), the population of the Clough area is approximately 291 people. Figures at the ward level for population age structure suggest that 14.2 per cent of the population are aged 60 years and over.

While Clough still has a strong local population, in recent times there has been an influx of young families (through social housing and building on family land). Because of the village's central location, Clough has also attracted a significant commuter population who have moved into the area in order to be able to work in Belfast and the surrounding towns. Clough is predominantly a Protestant area, with some traditional loyalist ties, and a small Catholic community. Figures from the census indicate 72.9 per cent of the population are from a Protestant background while 24.7 per cent are from a Catholic background.

Clough has two churches – a Presbyterian Church and a Unitarian Church – a large primary school, a petrol station and shop, a supermarket and a half-day post office. No pub exists in the village. GP clinics are available in the nearby village of Dundrum, and the surrounding towns; however, a new health centre is under development in Clough. The primary retail and service centres in the region are Newcastle and Downpatrick, with the closest hospital located in the latter. Residential and respite services are also available in the surrounding towns. The village, which was traditionally a supplier of labour and trades for the surrounding farming



community, is now primarily outward looking for employment. Primarily people commute to the large regional towns or Belfast city to work. While agricultural production remains evident in the area, it plays a relatively small role in the local economy.

The primary social activity available for older people in Clough is organised by the Old Schoolhouse Club, which is run by local community members, and provides recreational and social activities, outings and occasionally information sessions for older residents. Other activities include those organised by the local churches and take place in the local church halls. Although the car remains an important source of transport for older people in the local community, there are other alternatives available. Due to its central location, Clough benefits from an extensive public bus network, with frequent buses available to the major regional towns and Belfast city. In addition, through Down Community Transport, Dial-a-Lift and Social Car schemes provide door-to-door travel for older people.



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Upperchurch, County Tipperary

The village of Upperchurch is situated in north County Tipperary. The village lies in the Slieve Felim hills on the R503, 10 miles from Thurles, 22 miles from Roscrea, 20 miles from Nenagh, and 31 miles from Limerick. The village of Drombane is six miles from Upperchurch, and a close connection has always existed between the two communities, including a strong GAA club. For that reason the area is often referred to as the Upperchurch-Drombane area. Upperchurch comprises agricultural farmland amidst hill and mountainous landscape. Consequently, the area has become known as a popular hill-walking destination and the base of the Upperchurch and Drombane hill-walking group.

Drawing on data from the 2006 census small area population statistics (CSO, 2006), the population of the Upperchurch area is approximately 314 people, although the population of the greater Upperchurch/Drombane area is suggested to be in the region of 1,200 people. Figures for population age structure at the DED level suggest that 19.1 per cent of the population are aged 65 years and over. Upperchurch consists mainly of a strong local population who are native to the area. However, the village's central location relative to large regional towns and Limerick city has meant that some people have moved into the area in order to

commute for employment. Anecdotal evidence also suggests that population numbers have remained generally steady in the last three decades, with new families building in the area even though a relatively high number of young people have moved to cities and regional towns to pursue third-level education and to source employment.

In terms of services, Upperchurch has one shop, a post office, three pubs, a primary school and a Catholic church. Post-primary students attend school in outlying villages such as Borrisoleigh (five miles away). Social housing is available for older people in the village with a total of five houses built in all. Thurles represents the primary retail and service centre, with large supermarkets, restaurants, hotels and GP clinics available. The nearest hospitals to serve Upperchurch include a community hospital in Thurles, Nenagh General Hospital, Limerick Regional Hospital and the Regional Hospital Tullamore. ShannonDoc (out-of-hours GP service) serves the communities of North Tipperary. The creamery, once one of the main providers of employment, has closed. The Garda station has also closed. Upperchurch still has a strong farming community, although agriculture is an increasingly small component of the local economy. The primary sources of employment for people resident in the village and in the surrounding hinterland are located in the large regional towns or Limerick city.



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The Upperchurch/Drombane Development Council and the local GAA club organise most of the community activities for the general population. An active retirement group does exist in the locality, run by the Rural Social Scheme, and this organises some social and recreational activities for older people – although it is perceived to be attended by those aged 75 years and over only. Long-term care facilities are available in the larger regional towns in the area and a private nursing home is available in Borrisoleigh (five miles away). Home help is generally available within the area. The Kilcommon/Upperchurch Rural Transport Initiative offers transport to Nenagh once a week and Thurles once a week.



Near-urban Communities

Donemana, County Tyrone

Donemana is a village nestled in the foothills of the Sperrin mountains in County Tyrone, approximately 9 miles north-east of Lifford in County Donegal, 8 miles from Strabane, and approximately 11 miles from Derry city. The village is surrounded by agricultural farmland and rural countryside, and is located on the banks of the Dennett river. Donemana has a heritage that can be traced back to the Plantation of Ulster in the early 17th century and its name, also given to the surrounding townland, is derived from the Irish *Dún na Manach*, meaning 'fort of the monks'. As well as a tradition of Gaelic football with the nearby *Clann na nGael* club, the village has been successful in cricket.

With a population of 591 people, Donemana is the largest of 13 villages in the Strabane District Council area (NISRA, 2001). According to 2001 census data, 117 people or 19.8 per cent of the village population is aged 60 years and over. The community is predominantly Protestant, with 42.5 per cent of the population belonging to a Presbyterian background, 36.3 per cent Church of Ireland and 14.3 per cent Catholic. The community is comprised of a strong local population, who are native to the area. Some people have also moved in to the community, to avail of its central location.

Village services include a doctor's surgery, pharmacy, post office, two grocery shops, two primary schools, a butcher, a fast food outlet, an Orange hall, three pubs and a not-for-profit community organisation, known as Dennett InterChange. The development of a new health centre is also planned for the community. Donemana has four churches: a Presbyterian church, a Church of Ireland church, a Roman Catholic church and a Baptist Church meeting house. The main shopping and service centres are Strabane and Derry city. Agriculture is still relatively strong in the hinterland surrounding Donemana. However, the majority of people commute to Derry city and the large regional towns for employment. Anecdotal evidence would suggest that because of the closure of local factories, many young people decided to move away from the community to find work. Those who stay often build homes on family land, but planning permission is becoming increasingly difficult to obtain in the area due to changes in planning regulations.

Services and social opportunities for older people in Donemana are concentrated in the Dennett InterChange community resource centre. The community centre serves a radius of about 10 miles and provides services that include: a luncheon club operated three days a week; a senior citizens' club; meals on wheels; a podiatry service once every second week; a respite service for carers;

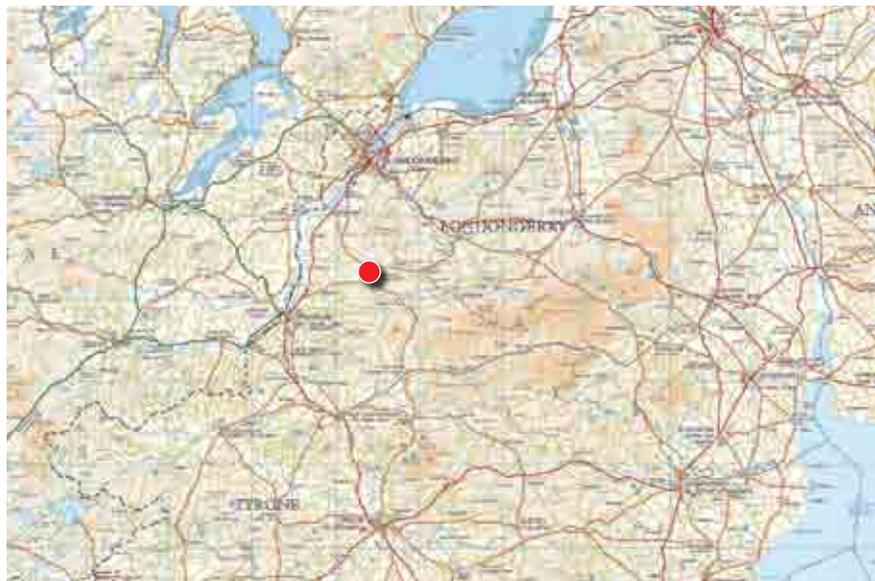


a maximising access to services programme; a grants and benefits programme; and information and training sessions. In addition to making use of the available services in the community resource centre, older people are also involved in volunteering, fundraising and decision making. The Friends of Silverbrook community group is also organised by local older volunteers to provide a social outlet (e.g. storytelling, singing) for older people in the area.

Ulster Bus services are available from Donemana to Strabane and Derry, but the service is not considered to be sufficiently frequent. Rural transport is available through a community transport scheme which runs three days a week and is used to transport people to and from the luncheon club. The local GAA club and the community resource centre also share a bus which brings people to the senior citizens' club and other events.



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Rosemount, County Westmeath

The village of Rosemount is a small community, situated in the heartland of County Westmeath. Rosemount sits within a triangle of three large regional towns: Athlone, 14 miles away; Mullingar, 17 miles away; and Tullamore, 15 miles away. The village is also just four miles from the town of Moate. Rosemount is bordered on both ends by bridges and it is from the river that runs through it that Rosemount derived its Irish name - Baile an Bhric Óig (Ballybrickoge) – ‘the town of the young trout’. The village is known for its GAA club and for the high level of interest in GAA activities.

2006 census data put the total population for the specific area of Ballybrickoge at 45 people, or 17 households (CSO, 2006). However, the population of the surrounding hinterland in combination with the village of Rosemount is suggested to be in the region of 600 people, with approximately 200 houses in the catchment area. Population age structure data, at the DED level, suggest that 11.2 per cent of residents are aged 65 years and over. The local population is primarily native to the community and up until recently has remained stable in number. While surrounding areas experienced large-scale housing development in the past 10 years, Rosemount did not. Rosemount’s economy is predominantly trade-based and until the current recession, there was no unemployment. The collapse of the construction industry has had a major impact on the community, with a significant

number of the younger generation being forced to emigrate. The loss of young men is considered to have had a serious impact on the local GAA team and other civic organisations and activities in the community.

Rosemount consists of a primary school, a Catholic church, a pub, a local shop and an extensive GAA complex, which includes a community centre, changing rooms and a number of pitches. Both the local shop and the community centre represent the nucleus of the village, but it is the GAA community centre, with its large, multi-purpose hall, kitchen and meeting room, that serves as a hub for community activities. Rosemount GAA club is therefore the main centre of sporting, recreational and social facilities in the parish, accommodating the activities of up to 15 different community organisations on its premises. While Moate is the core local retail and service centre, with shops, restaurants, a post office, GP clinic (with five or six doctors) and a private nursing home, the larger regional towns of Athlone, Mullingar and Tullamore are used regularly and accessible by motorways and national road networks. The closest general hospital with accident and emergency services is located in Tullamore.

Activities for older people centre mainly around the Thursday Club, which was set up to provide social and recreational opportunities for older people in the local community – although numbers in



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attendance at the club are said to be in decline. Card games, attended primarily by older people, are also available in the community centre once a week. Additionally, Rosemount is newly enrolled in the GAA Social Initiative which aims to encourage older men to participate more in the community. A rural transport bus service runs from Rosemount to local towns on Fridays. While there are no night buses, the pub does provide transport to take people home – yet there is often reluctance on the part of older people to avail of this service.





Irish Centre for Social Gerontology

Irish Centre for Social Gerontology
National University of Ireland Galway
Galway
Ireland

T: +353 91 495461
E: icsg@nuigalway.ie
W: www.icsg.ie



W: www.harcresearch.com

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