Older People and Village Services

Research Report to: Age Concern in the Midlands and Eastern Regions of England

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A study funded by Age Concern East Midlands, Age Concern West Midlands, Age Concern Eastern Region and Age Concern, England, undertaken by Peter Dwyer and Irene Hardill in the Graduate School, Business, Law and Social Sciences, Nottingham Trent University.

This qualitative study is an evaluation of the impact on quality of life and well-being of older people aged 70+, living in very rural areas, of community-based services and activities, to inform future service development and planning. The research consisted of an evaluation of six examples of services offering that 'little bit of help' delivered by local Age Concerns to older people in a variety of village/dispersed rural settings in England. A total of 69 participants were interviewed in the course of the fieldwork. Of these 25 were key informants and 44 were older people who made use of one of the six village services under consideration.

Key findings

- Village services such as lunch clubs, befriending and information and advice services, actively promote the social inclusion of older people for relatively small cost. They are highly valued by service users, older volunteers and the wider rural community.
- Whilst there is nothing intrinsically problematic about living in very rural settings, aspects of contemporary country life, notably a lack of transport options and locally available services, may exacerbate the social exclusion of older rural residents.
- The overwhelming majority of users of village services are female. Older men are often reluctant to engage with the services currently on offer in rural areas.
- The users of village services are almost exclusively white.
- Loneliness and isolation are strong and recurrent themes in the lives of many older people living in very rural settings.
- Village services significantly enhance the lives of older rural residents for relatively little cost.
- As part of a wider package of formal and informal support, village services play an important role in maintaining older rural residents in their own homes. As a result, often they negate the need for more expensive institutionalized care packages.
- The system of competitive tender (often for time limited funding), which underpins many village services is innovative, in that it stimulates providers to identify and, *if successful,* meet the pressing needs of older rural residents. However, such finite funding arrangements also have major resource implications for providers and, in the long-term, undermine the stability and quality of services.
- Village services, of the type reviewed in this study, would be unsustainable without the continuing goodwill, commitment and generosity of both paid staff and older volunteers working in the voluntary sector.
- The expertise of Age Concern in providing trustworthy services to meet the diverse needs of older rural residents is recognized by service users and funders alike.

Background to the study

Current public policy is designed to build economic development and service delivery around market towns as local 'hubs' and this may well meet the needs of the majority of the rural population. However such a policy thrust poses challenges to those organisations serving older people living in more remote rural areas. The research took place in very rural areas in three Midlands regions (East Midlands, West Midlands and the East of England). The study area forms a swathe of land in middle England stretching from the North Sea in the east to the Welsh border in the west, from Herefordshire in the south to Derbyshire in the north. The project has focused on older adults in 'remote rural communities' but defining remote rural areas is not straightforward. Today there is no sharp dividing line on the ground between what is rural and what is urban. That said, rural areas are at the cutting edge of a major social transition, offering an important reference point for policy makers and analysts in understanding the broader implications of demographic ageing. Hence Age Concern's interest. Older people are concentrated in rural areas, and such areas are generally characterised by an ageing population.

Older adults in rural areas pose specific challenges for those charged with service delivery because of the dispersed nature of the population (the morphology of rural settlements and their geographical context), access to public and private transport and accessibility, and social isolation. Moreover in the new mixed economy of welfare, the contracting out of service delivery may involve the public, private, voluntary and community sectors, in combinations that vary spatially. Therefore today we find very diverse modes of service delivery.

The six projects chosen by the commissioning panel form indicative examples of the range of projects local Age Concerns deliver in rural areas. These 'low level services' give 'that little bit of help' and are highly valued. They can help sustain self confidence and identity. The six promote the well-being of clients in different ways, by offering information and advice or overcoming social isolation. The information and advice projects increase the number of older citizens accessing their rights to benefits and thereby gaining economic inclusion. The other projects focus on overcoming social isolation.

Method and sample

A total of 69 participants were interviewed in the course of the fieldwork. Of these 25 were key informants and 44 were older people who made use of one of the six village services under consideration. Within the sample of key informants interviewed, six were the Age Concern managers/executives responsible for the service overall and seven were paid workers involved in the day to day delivery of services to users. A further six were volunteer workers involved in delivering rural services to older people. The remaining six key informants had specific insights into the funding arrangements of services.

Policy recommendations

- Village services are beneficial to both individual older people and wider rural communities. Their social value is not reflected in current funding levels. Funding should be increased to reflect the economic and social benefits that these 'low level' interventions have for older users and public welfare providers such as local authorities, health trusts and other agencies.
- Social clauses should become an accepted element of public service contracts. This would allow the wider social value of village services to be recognized, measured and ultimately funded by service commissioners.
- The full additional financial costs (e.g. of transport and staff time) of providing services for older people in rural areas need to be factored into future funding arrangements.
- The short-term competitive funding arrangements that finance many village services create a disproportionate administrative burden and deflect resources away from frontline services. It would be more cost effective and appropriate for service commissioners to reward previously recognized and trusted providers of high quality services for older rural users with longer contracts, subject to annual monitoring.
- The financial costs of managing, training and maintaining the volunteer workforce that underpins many village services should be recognized by commissioners and factored into contracts.
- In rural areas which lack frequent bus services, older people should be provided with mobility vouchers to enable them to purchase transport from a range of providers to meet their day to day needs.
- Providers of village services must ensure that the diverse needs of Black and Minority Ethnic (B&ME) senior citizens are considered fully when establishing, delivering and developing those services.
- Providers need to find new and innovative ways of engaging with older men in rural areas. More thought needs to be given by providers to the specific needs of older men and ways of encouraging them to engage with village services in the future.

Chapter 1 Introduction

1.1 Background

This report to Age Concern in the East Midlands, West Midlands and Eastern Regions of England focuses on older people in rural communities. Current public policy is designed to build economic development and service delivery around market towns as local 'hubs' and this may well meet the needs of the majority of the rural population. However such a policy thrust poses challenges to those organisations serving older people living in more remote rural areas. As a result, Age Concerns across the three Midlands regions (see Map 1) commissioned the authors to evaluate the impact on quality of life and well-being of older people aged 70+, living in very rural areas, of community-based services and activities, to inform future service development and planning. Through a consideration of six services delivered to older people in a variety of village/dispersed rural settings (two in each of the three regions), this report aims to:

1. Identify and promote examples of effective practice and innovative approaches across diverse communities in the three regions
2. Identify key factors in securing sustainability/delivery of these sorts of projects
3. Identify the benefits for older people, in terms of their self-perception of the impact on their well-being
4. Capture the views of older people through a range of mechanisms including locally based consultation events and semi-structured interviews
5. Develop the evidence base of effective preventive interventions for older people living in remote rural areas
6. 'Translate' the outcomes of this study into a context which is of interest to and relevant to local commissioners.

In this research we have employed a qualitative user participatory approach that combines a literature/policy review, key informant interviews, focus groups and individual semi structured interviews with older people living in very rural settings.

Map 1: The Study Area

1.2 Research context

The focus of the research is '*older users of village services in remote rural areas*' resident in three English regions, the East Midlands, West Midlands and the East of England. The study area forms a swathe of land in middle England stretching from the North Sea in the east to the Welsh border in the west, from Herefordshire in the south to Derbyshire in the north.

While certain communities in the East and West Midlands were cradles of the Industrial Revolution, the vast majority of the land area in the two regions was bypassed by the Industrial Revolution, as was the East of England. However, farming is no longer the foundation of the rural economy, nor is it the lynchpin of rural society. The three regions represent 37 per cent of the land area of England and 30 per cent of the population (Hardill et al.,2006). The three regions are composed of a mosaic of physical and socio-economic landscapes; from the intensively farmed Fens in the east across to the central scarplands, and then westwards to the Malvern Hills, the Cotswolds, the Marches and parts of the Peak District. The project has focused on older adults in '*remote rural communities*' but defining remote rural areas is not straightforward. Today there is no sharp dividing line on the ground between what is rural and what is urban (Champion and Hugo, 2004).

1.3 Rural areas, demography and ageing

The use of definitions of urban and rural areas for official purposes stretches back to at least the last quarter of the nineteenth century (SERRL, 2002). Then the structure of local government itself was based on a clear distinction between 'urban' (county boroughs, municipal boroughs and urban districts) and 'rural' (rural districts and most counties). Subsequently these two types of area formed the basis for the reporting of a wide range of official statistics. It was not until the local government reforms of the 1970s (which arose partly because of the increasing 'dissonance' between local government boundaries and the realities of geographical development, leading to the spread of urban land across administrative boundaries), that different approaches to defining urban and rural areas became necessary (ibid).

The 'fuzzy' distinction between urban and rural areas was first commented upon by Ray Pahl in 1965 in his book *Urbs in Rure*, which showed that much of the countryside shared many characteristics previously seen in urban areas. More recently, thinkers such as Manuel Castells (1989) have deconstructed the nature of cities, so that they are seen as integral parts of a 'space of flows', and this has prompted some writers to argue that urban/rural differences are little more than a state of mind (Halfacree, 1995). At the same time others (sociologists and geographers) have written about rural areas as spaces of 'exclusion', especially in terms of social class and ethnicity, rather than in terms of age *per se* (see Sibley, 1995; Urry, 1995; Holloway, 2007).

There remains, however, plenty of evidence that a key urban/rural difference, such as settlement size, does indeed influence people's life chances (see Denham and White, 1998). Concerns in rural areas centre on accessibility and the natural environment. Certainly the distinctions between urban and rural are less clear-cut than they once were, but they are still real (Carter, 1990). The notion of rurality continues to reassert itself, not least in the policy domain. This occurs, for example, in considerations of how a dispersed population might most efficiently be provided with health and care services, or where, and how best, to subsidise public transport links (Champion and Shepherd, 2006 :32). Such concerns require

clear geographical definition. However it is difficult to say precisely what constitutes 'ruralness' and therefore it is not straightforward to define rural areas.

It was dissatisfaction with the notion of a definition based upon a simple classification of places as either urban or rural that led to a comprehensive review of the use of definitions for official purposes (SERRL, 2002). At the time there were a number of definitions in use across government. The review recommended that the new definition should be based upon the relatively enduring basis of settlement structure, rather than the more rapidly changing demographic, social and functional characteristics of places.

In 2004 the Office for National Statistics published this new definition of rural areas covering England and Wales (Bibby and Shepherd, undated). The structure of the definition of rural is based on the type of settlement in which the majority of the population in Census Output Areas[1] (COAs) resides. Areas are identified first as lying within settlements of more than 10,000 population, in which case they are termed 'urban' COAs. The rest are called 'rural' COAs and these can be further classified, according to the type of settlement in which the majority of the population of a COA lives, as 'rural town and fringe', 'village' or 'hamlet/dispersed'. This definition of rural places emphasis upon the morphology of rural settlements (i.e. their physical *form*) and the wider geographic *context* of such settlements (Bibby and Shepherd, undated). This approach ensures that the focus remains clearly on the most enduring physical aspects of the settlement. Using this definition, within all three regions there are remote rural communities (such as east Lincolnshire, north Norfolk and Shropshire) (ibid).

Rural areas are at the cutting edge of a major social transition, offering an important reference point for policy makers and analysts in understanding the broader implications of demographic ageing. The perceived quality of the rural environment is one of the most important factors in the appeal of rural areas as places to live. Surveys reveal that rural dwellers are more content than urban dwellers (Cabinet Office, 1999). Some 89 per cent of people living in rural areas said they were content with where they live, compared with 20 per cent in cities. In one national survey, 71 per cent of people expressed the view that the quality of life is better in the countryside than elsewhere, and 66 per cent said that they would move there if they could do so (ibid). In consequence, rural areas are amongst the fastest growing parts of England - in terms of both population and employment, but the population profile of rural areas is very different to that of urban areas.

Older people are concentrated in rural areas, and such areas are generally characterised by an ageing population (Wenger, 2001). As a recent Age Concern book on rural England noted, "ageing has become a powerful factor in shaping rural areas … 1 in 12 is over 75" (Lowe and Speakman, 2006 : 9). There are three different concepts of ageing: the rising average age of the population, the rise in absolute numbers of older people, and the rise in the proportion of the population who are older (Rees, 2003). For rural England each of these is occurring together, and will continue to occur for the next three decades (Baker, 2003). The demographic profile of rural areas is shaped by:

- the out-migration of younger adults to urban areas,

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[1] The 2001 Census Output Areas are designed specifically for statistical purposes. They are based on data from the 2001 Census and are built from postcode units. The system created Output Areas with around 125 households and populations which tended towards homogeneity. The 175,000 Output Areas 'nest' within wards and parishes, and normally consist of whole unit postcodes. The system produced compactly shaped areas, following natural boundaries where possible, but the underlying patterns of streets and postcodes may result in convoluted shapes.

- the in-migration to rural areas of adults in mid and later life from elsewhere in the UK and further afield.

These two flows are compounded by the fact that rural dwellers are living longer. As a result the demographic profile of rural areas is changing, becoming skewed towards older adults when compared with urban areas (Hardill, 2006). Demographic ageing has socio-economic, socio-spatial and socio-cultural dimensions because of the ways in which gender, ethnicity/race, health and well-being, mobility (or lack of), ability to live independently, income and social class intertwine to shape the life chances and lived experiences of older adults in England's rural areas (Byrne, 1999; Shucksmith, 2000). Demographic ageing also impacts on the wider rural community through support ratios, strength and vitality of voluntary and community groups, the provision of (public) services etc. Adults aged 70+ are more likely to live alone, be women, and live in poverty (Lowe and Speakman, 2006).

1.4 Social exclusion, demography and ageing

Older adults in rural areas pose specific challenges for those charged with service delivery because of the dispersed nature of the population (the morphology of rural settlements and their geographical context), access to public and private transport and accessibility, and social isolation (Shucksmith, 2000). Moreover, in the new mixed economy of welfare, the contracting out of service delivery may involve the public, private and voluntary and community sectors, in combinations that vary spatially. We therefore today find very diverse modes of service delivery. While some such services (transport, doctors, health care, social care) are delivered through a *formal organisational structure*, other services are delivered less formally. Such fourth sector service delivery (Williams, 2003), involves informal neighbouring and time giving on a one-to-one basis in recognition of an 'unmet need' at grass roots level, on the ground. Such informal *neighbourhood community based services and activities* that rely upon neighbourhood/community networks are part of the fabric of rural community life (Le Mesurier, 2006), and include such diverse activities as befriending and home visiting by members of church groups etc., social activities at village halls, informal gatherings and social contact that occur while accessing services at village post offices, or when visiting village pubs. The important social role that rural post offices play in the lives of older village residents was highlighted in recent work undertaken by Age Concern (2007).

1.5 The six projects

The six projects chosen by the commissioning panel form indicative examples of the range of projects local Age Concerns deliver in rural areas (Table 1 overleaf. A more detailed outline of each project is offered in Annex One). These services align with their mission to promote the well-being of older people and to help make later life a fulfilling and enjoyable experience. The type of services provided can include information and advice services, day centres, lunch clubs, etc. Some of these activities are 'low level services'[2]. These services give "that little bit of help" and are highly valued. They can help sustain self confidence and identity (Baldock and Hadlow, 2002 :3). In common with many other voluntary sector organisations (VSOs) the surveyed organisations rely upon the unpaid contributions made by largely older volunteers for service delivery (Raynes et al., 2006). The six promote the well-being of clients in different ways, through

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[2] This term is used by health care professionals to refer to services that help older people remain independent (Clark et al., 1998). Concern has been expressed with the term 'low level', as it suggests that some services are less important than others (Craig et al., 2007).

offering *information and advice* (Projects 3 and 5) or *overcoming social isolation* (Projects 1 ,2, 4 and 6). The information and advice projects seek to increase the number of older citizens accessing their rights to benefits, and thereby gaining economic inclusion. The other projects focus on *overcoming social isolation.*

Name of project, area covered	Current funding partner(s)	Nature of service	Clients
Project 1 – Community Warden Service	Part funded by County Council, District Council, Parish Councils, Health and Social Care Services, and on occasions local charities Clients make a contribution	Daily contact (in person/telephone) undertaken by PT paid worker	Up to 15 clients (largely solo women, 80+) supported daily in their homes
Project 2 – Mobilising Local Communities	County Council Clients make a contribution	Service coordinated by a paid worker, who helps community groups Case study lunch club managed by volunteer manager (retired) and delivered by 16 volunteers, organised on a 4 weekly rota	About 30 female and 3 male clients (largely 70+) attend one lunch per week, some use community transport
Project 3 – Accessing Welfare Rights	Age Concern reserves (service established by grant from central government)	Service delivered by 1 PT paid worker and about 6 volunteers	175 clients helped over the 2 years of central government funding, and generated £744,783 in unclaimed benefits
Project 4 – Befriending Services	Two elements: Mainstream befriending service funded by County Council 2 year pilot of specialist befriending service for people in the early stages of dementia partially funded by a charitable foundation grant.	Services co-ordinated/ delivered by 2 paid part-time workers, alongside a team of 4 paid befrienders doing 2 hours per week each and around 7 or 8 volunteer befrienders visiting a single client (numbers can vary over time)	Clients numbers vary between 60-90 across the two services Waiting lists have varied between 0-10 clients in lifetime of service
Project 5 – Information and Advice Service	Funded for 3 years by a range of partners including an major international financial services provider, a non departmental government body and Age Concern	Provide access to information and advice to isolated older people in rural areas	58OO plus people accessed information and advice (NB this figure is for six linked services of which project 5 was one element)
Project 6 – Lunch club/ Mobile Care Service	Grant funded by a charitable foundation for set up and running costs for initial 3 years. Last 3 years supported by grants from 2 different charitable trusts. Clients make a contribution.	Service co-ordinated by part-time paid worker, and delivered by paid worker (minibus driver) and volunteers	Up to 150 clients who attend fortnightly lunch club in seven villages are able to access mobile hand, foot and hair care available at each club

Table 1 The six case study projects

1.6 Structure of the report

After this short introduction the report is divided into five chapters. Chapter two highlights the methods employed. Chapter three focuses on older people, village services and the challenges of exclusion. In Chapter four we evaluate the impact of the village services; in the penultimate chapter we examine the challenges of delivering village services in the mixed economy of welfare. The final chapter is a conclusion where we offer the key findings and policy recommendations, as well as highlighting some examples of good practice to help shape project sustainability, future policy and practice.

Chapter 2 Methods

2.1 Introduction

This chapter outlines and discusses the methodological approach which underpinned the research and the techniques used in the fieldwork. In line with the sponsors' requirements, the research team combined a range of qualitative techniques (Mason, 2002; Ritchie and Spencer, 2003) with a user friendly participatory approach to

> "evaluate the impact on the quality of life and well-being of older people aged 70+ living in very rural areas, of community-based services and activities, to inform future service development and planning" (Age Concern Tender Document 2007 : 1).

The study, described below, combined literature/policy review, individual key informant interviews and focus groups and semi-structured interviews with older people living in very rural settings, with a view to exploring the following relevant key research questions:

1. To what extent are the welfare needs of older people living in very rural areas being adequately met?
2. What is the relative importance of formal and informal community-based welfare services and activities in meeting such needs?
3. What roles do gender and ethnicity play in mediating access to village services for older people living in very rural areas?
4. How effective is current service delivery in improving the quality of life of older people in very rural areas?

By exploring these four questions with service users, and those engaged, in various capacities, with service delivery/provision, the research team were attempting to consider how and why particular approaches may, and importantly may not, be effective in improving the well-being of older people in rural England.

Prior to starting the research, the regional Age Concerns commissioning the research invited local Age Concerns throughout their areas to put forward appropriate services as case studies for inclusion in the study. To be considered these projects had to be engaged in delivering 'low level' community based services to older people living in villages or hamlets or dispersed rural settings with populations of 3,000 inhabitants or less (see discussions in chapter 1). It should be noted from the outset, that the term 'low level' is utilised in this report only to emphasise that the types of service under consideration here are only low level in terms of both costs and relative profile, when compared to other more mainstream services (e.g. medical, community and residential care initiatives) designed to meet the needs of senior citizens (see also chapter 5).

Following discussions at the initial meeting of the Inter-Regional Project Steering Group, six village services, two in each of the three prescribed regions, (i.e. the East Midlands, West Midlands, East of England) were chosen for further exploration. An outline description of these services is offered in Table 2 below.

ASSIGNED NAME	OUTLINE OF PROJECT
Project 1 – Community Warden Service	Community warden giving emotional/practical support to housebound/lonely, bereaved, and people convalescing after hospitalisation in dispersed villages in remote part of a county.
Project 2 – Mobilising Local Communities	Rural county-wide initiative to grow community self help networks, analysis centred on a neighbourhood lunch club held in a parish centre
Project 3 – Accessing Welfare Rights	Helping older residents access entitlements in a tightly defined area (former mining communities and rural villages in part of a county)
Project 4 – Befriending Services	Two linked befriending projects which provide a regular social visit for clients living alone or in isolated settings
Project 5 – Information and Advice Service	Service offering information and advice on benefits and services to older people in dispersed rural areas including a dedicated worker to visit older people in their homes to help clients access welfare entitlements
Project 6 – Lunch club/ Mobile Care Service	Combines a regular social event and meal with delivery of mobile hand, foot and hair care to older people living in very rural settings

Table 2: Outline of the six village projects

2.2 Research design: a qualitative user participatory approach

The research was deigned to get at the perceptions, experiences and expectations of both the users and the providers of the services under investigation. A qualitative research approach "concerned with peoples' own accounts of situations and events [and] with reporting their perspectives and feelings" (Hakim, 1987 :8), was therefore deemed to be appropriate. Within the study, the gathering and analysis of qualitative data proceeded in three linked phases.

Phase 1: Systematic literature review and scoping survey of the six projects.
In this phase existing research and literature was gathered and reviewed. This included a 'rapid review' of relevant national policy developments related to social inclusion/exclusion and older people, and the identification and the collection of 'grey literature' valid in relation to the six specified projects.

Phase 2 : Interviews with key informants.
The initial fieldwork consisted of a set of semi structured interviews with key informants directly involved in delivering the six services under consideration. The research team envisaged interviewing four key respondents for each service: routinely the Age Concern manager overseeing a particular service, a paid worker and a volunteer worker involved in the day to day delivery of the service to users and someone connected to, or with insight into, the funding issues for the service. Key informants were invited to discuss how particular services supported older people in very rural settings. They were also asked to identify what they considered to be the most effective forms of provision and any key factors

involved in sustaining and delivering such services. The key informants also helped facilitate access to the older users interviewed in phase three.

<u>Phase 3: Interviews with older service users resident in very rural settings.</u>
This phase utilised both focus groups and semi-structured interviews to access the views of older service users. As Morgan notes "the classic strategy for dealing with diversity in focus groups is to create groups that maximise the similarity of participants within groups whilst emphasising differences between groups" (Morgan, 1988 :59). Lack of resources, and indeed appropriate respondents, did not allow for focus groups to be differentiated by gender or ethnicity. However, it was the research team's intention to conduct one focus group with six users from each of the identified services. Additionally, two users from each of the six projects were to be individually interviewed in their own homes. These individual interviews were considered to be an important element of phase 3 of the data gathering, as they will allow more isolated individuals and/or people who are not able to leave their home to attend a focus group and be included in the research.

The brief for the research project also required that the research team made use of participative research methodologies and involved older people as *researchers* within the study. Becker and Bryman define user participatory research as "research in which users are active participants in the process of commissioning, designing and/or carrying out individual research projects or programmes" (2004 :409). This is part of a wider shift that emphasises that people should not be seen as merely passive recipients of welfare services and benefits, but actively involved in shaping welfare policy. In line with the applicants' previous work, the project was underpinned by a methodological approach which prioritised working *with* participants in the research process, as opposed to 'doing research on' people i.e. an *interactive* rather than an *extractive* approach.

Drawing on both the literature on user participatory research (e.g. Barnes, 2004) and our previous practice, with a view to engaging meaningfully with both service users and service providers (e.g. Dwyer, 2002, 2005), an abductive approach underpinned the study (see Blaikie, 1993 for further discussions). This offers the possibility of taking seriously the various understandings of both welfare service users and providers and moving backwards and forwards between their accounts to develop a more comprehensive understanding of relevant issues. The overall objective of using an abductive approach was to allow perceptions and experiences of users, in this case older people living in very rural settings, to combine with those of key informants (i.e. those engaged in the provision of services), to provide grounded evidence to improve future policy and practice. Several other practical rather than philosophical decisions were also taken. First, a commitment to being clear and honest with participants about the basis of their involvement and the objectives of the study informed all stages of the data gathering process. Secondly, we conducted the fieldwork interviews in environments and a manner which put the older users at ease. Thirdly, all older users who took part in the fieldwork each received a £10 store voucher of their choosing to thank them for their participation. Fourthly, a retired senior citizen was employed as a project researcher to help conduct the focus groups and individual interviews alongside the two academic members of the research team. Fifthly, we aimed to recruit six volunteer senior citizens to undertake the individual interviews with older users alongside the project researcher. Each volunteer received £20 remuneration in the form of a store voucher for undertaking this task. As discussions below indicate (see '*Issues arising from the fieldwork*'), ultimately several modifications in approach had to be undertaken as phase three of the data gathering unfolded.

<u>2.3 Generating the fieldwork data</u>

2.3.1 The interviews

All interviews were conducted within the three specified regions between July 30th and December 3rd 2007. Individual interviews lasted between 35 and 75 minutes with focus groups ranging from 1 hour to1½ hours duration. A range of appropriate locations were used for the interviews, including participants' offices, homes and the village halls/community centres used by service providers. To allow for meaningful comparison of similar themes across the six projects under investigation, and in order to ensure consistency of approach within the research team, a common set of five questioning guides was developed (refer Annex 2). These guides were structured to ensure that discussions remained focused but also allowed participants the space to develop their own approach in answering. A degree of flexibility was encouraged, in that if an issue that related to later questions arose spontaneously, it would be explored at that point in the session. Question guides were piloted and refined in initial interviews.

2.3.2 The sample

A total of 69 participants were interviewed in the course of the fieldwork. Of these 25 were key informants and 44 were older people who made use of one of the six village services under consideration. Within the sample of key informants interviewed, six were the Age Concern managers/executives responsible for the service overall and seven were paid workers involved in the day to day delivery of services to users. A further six were volunteer workers involved in delivering rural services to older people. The remaining six key informants interviewed had specific insights into the funding arrangements of services.

Of the 44 service users interviewed, 32 were women and 12 were men. They were aged between 58 to 93 years of age. A total of 18 service users were interviewed in four focus groups, 16 were interviewed individually and 10 in pairs as married couples or as requested by users (refer to Tables 1 and 2 in Annex 3 for further details). The sample included both partnered older people and those living alone.

2.3.3 Handling/analysis of data and ethical considerations

Each interview was routinely recorded on audiotape and additional field notes were taken by the researcher[3]. Tapes were then transcribed verbatim and the resultant transcripts analysed using grid analysis (Knodel, 1993), cross sectional thematic code and retrieve methods, and in situ non-cross sectional analysis as appropriate (Mason, 2002; Ritchie et al., 2003). In line with the applicants' previous work, a Nud*ist 6 software package was used to assist this process. In order to allow participants the opportunity to reflect upon the interview, participants subsequently received a paper copy of their transcript by post and were invited to feedback any further responses or corrections to the transcript. Ten participants responded to this request, highlighting minor typing corrections; no substantive changes to transcripts were suggested.

Ethical considerations are an important aspect of qualitative research (Mason, 2002; Lewis, 2003). From the outset an awareness of this aspect of the research process informed the study. The research was designed to comply with the Economic and Social Research Council's research ethics framework and the project was subject to the ethical governance procedures of the research ethics committee of the College of Business, Law and Social Science, Nottingham Trent University. Two basic principles, namely informed consent and confidentiality (Lewis, 2003 :65-67) underpinned the fieldwork. In practical terms this led to the development of a short introductory session preceding every interview/focus

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[3] On 3 occasions participants requested that notes be taken rather than have their interview recorded.

group. Immediately prior to interview each participant received a written information sheet (see Annex 4), outlining the scope and purpose of the study. The issues of informed consent and confidentiality were then explained and respondents were asked formally to record their willingness to participate by filling in a consent form (Annex 5). Strategies to maintain anonymity included secure storage/restricted access to data and the removal of identifying locations and personal details from research outputs. The research team were mindful of the potential for interviews to cause discomfort or stress to some participants and spent time prior to each interview to put people at ease. Interviewees were then given the opportunity to pose any questions or queries that they might have for the researcher and it was emphasised that they could withdraw from the interview at any time if they so wished.

2.3.4 Issues arising from the fieldwork
Fieldwork in social research is a process of negotiation and reflection that rarely, if ever, proceeds entirely as initially planned. This study is no exception and a number of issues that arose in the fieldwork require discussion. For example, the original tender document for the study stated:

> All older participants will be aged 70 plus at the time of interview, half the sample will be female, half male. We are aware that women outnumber their male counterparts in older age but propose an even number of participants by sex in order to ensure that the effects of gender may be fully explored. Furthermore, the imbalance between older men and women is predicted to fall in future (DWP/ONS, 2005).

The original aim of involving equal numbers of male and female participants in the fieldwork interviews proved to be impracticable as the majority of the users of the six services were female. Men were included in the study as and when the six project partners were able to arrange access to male users. This adaptation to the original sampling strategy can be defended as it reflects the wider reality in relation to community based village services (see discussions in chapter 3).

As the aim of the research was to capture the views and experiences of older senior citizens, the specified age threshold for user participation was age 70 plus. Four users within the sample were younger than this i.e. 58, 64, 67, 67. This did not become apparent until interviews had been arranged in conjunction with the project partners. Rather than cause distress to these participants the interviews proceeded as arranged. The four were all eager to take part in the study and to exclude them would have undermined the user centred approach on which the study was based. It is worth commenting here that whilst these four respondents were chronologically younger than their fellow participants, they had much in common with certain older users. All four had physical impairments that had developed with the passage of time and the two who were living alone clearly valued the companionship that the service they used offered. These participants illustrate that chronological age is but one aspect of the ageing process and that ill-health and social isolation may 'age' people in other ways.

Another sampling issue emerged at one of the focus groups with users. On arrival the interviewer discovered that two of the participants were in fact volunteer workers on the project under discussion. Having ascertained that the users were more than happy to include the two volunteers in the focus group, discussions proceeded and the insights of these two participants were coded and analysed as those of key informants.

Other practical considerations led to two further variations in fieldwork practice. First, on two projects key informants who assisted the research team in accessing respondents advised that, due to the highly dispersed locations of individual

users, focus groups were inappropriate. As a result, additional individual interviews with users of Project 1 (*Community Warden Service)* and Project 3 *(Accessing Welfare Rights)* were carried out, instead of the proposed focus groups.

On three projects (i.e. 1 *Community Warden Service*, 2 *Mobilising Local Communities,* 3 *Accessing Welfare Rights*) it was not possible to recruit an older volunteer to assist the researcher with the individual interviews. The value of increased and more active participation of older people in the planning and data gathering elements of research projects has been noted elsewhere (Burholt et al., 2007). In this study the involvement of older people as researchers was limited. However, where older people did play a part as interviewers, their participation proved to be a useful and enjoyable experience. Where older volunteers were recruited, they each received a set of guidelines, the question guide, and some appropriate reading about the process and practice of qualitative interviewing.

2.4 Conclusions

This chapter has outlined the methodological approach that underpinned the research and also the ways in which the qualitative data central to this study was generated and analysed. Adaptations to the original plans for data gathering have also been addressed. In many respects, chapters which outline methods (such as this one), make for very 'dry' academic reading. On a more practical level the processes and practices described here should be viewed as an attempt to promote, in a systematic way, a grounded understanding of village services and their impact on older rural residents lives. As KI10 states, this is a worthwhile if far from easy task.

> I suppose ultimately at the end of this we'd all love to have some way of quantifying what these kind of woolly services like befriending do. What difference do they make. We're trialling different things with the [funder] to try and get the before and then after and different views, a practitioner's view and a user's view. But it is notoriously difficult. If you ask a befriending client, 99.9% of the time they will say it was lovely, couldn't be better. But ask them why, why does that make a difference to them and they really struggle. Often I think because they don't want to acknowledge what life was like or would be like now, which is very frightening imagining what life is like without it. So I'd love to have an answer to how you capture that really (KI10).

The subsequent chapters draw on data generated in the field to provide theoretically informed, empirical evidence about the lives of older people living in rural settings, the challenges of delivering village services and the impact that they have on older users' lives. This report represents an attempt to give 'voice' (see Beresford, et al., 1999) to the perceptions, experiences and expectations of frontline providers and older users of village services. It is hoped that the grounded insights presented in this report will inform future service development and planning and, ultimately, lead to an improvement in the lives of older people who live in rural locations.

Chapter 3: Older people, village services and the challenges of social exclusion

3.1 Introduction

A detailed consideration of the complexities of debates around notions of social inclusion/exclusion is not a primary task of this report. However, it is important to briefly discuss and define the idea of social exclusion in order to contextualise certain issues that emerge from the empirical work on the six village services that are central to this research. As Room notes, whilst the "notion of *poverty* is primarily focused upon distributional issues: [i.e.] the lack of resources at the disposal of an individual or a household. In contrast, notions such as *social exclusion* focus primarily on relational issues, in other words inadequate social participation, lack of social integration and lack of power" (1995 :5). Social exclusion is, therefore, a broader concept than poverty. It moves beyond issues of income and wealth, which can be an underlying cause of marginalisation, to consider other aspects such as gender, ethnicity and age and the impact that they may have on individuals' lives. Social exclusion implies an inability to participate effectively in economic, social and cultural life and, in some characterisations, alienation and distance from mainstream society (Byrne, 1999).

Levitas et al. (2007) offer one of the most recent and comprehensive reviews of social exclusion. They conclude that:

> 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. (Levitas et al., 2007 :9)

In developing the Bristol Social Exclusion Matrix they highlight ten dimensions, all of potential importance when exploring social exclusion across the life course:

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

More specifically, in a recent internal consultation exercise, Age Concern chief officers identified socially excluded older people as being:
- Isolated, lonely, on the outside
- Difficult for service providers to reach or provide services to
- Not able to play a full part in society because of their age
- Unable to access all the things the rest of us take for granted
- Faced with barriers caused by discrimination and their own perceptions of difficulties
- Lacking connections and information
- Lacking meaningful choices. (Harrop, undated).

Whilst all of the dimensions noted in the above definitions have a resonance for older people, whether they live in urban or rural environments, subsequent discussions highlight several particular aspects of social exclusion that have emerged directly from the process of undertaking this study and analysing the fieldwork data. Initially, the ways in which a rural setting may promote exclusive outcomes for some older people is considered. Section 3.3 focuses on diversity issues, particularly in relation to gender and ethnicity and the delivery of the village services central to this study.

3.2 A rural dimension to the social exclusion of older people?

3.2.1 Introduction
Research highlights that the proportion of older people living in rural areas is significantly higher compared to urban locations and that the number of older people in rural districts will continue to rise in the next two decades (Help the Aged/Age Concern, 2005). Allied to this, social exclusion has been shown to be a factor in the lives of some sectors of the rural population in England (Shucksmith, 2006). Certain authors argue that specific types of disadvantage accrue to those living in rural settings. For example, Pugh et al. (2007) note that people living in rural areas are less likely to receive social care services than those in urban environments. Likewise Cattan states that, "older people in rural areas are at a particular disadvantage, with the multiple problems of poor public transport and few amenities and services within acceptable travelling distance" (2001 : 3-4).

The problems faced by older people who live in rural settings are a common feature of much research. The lack of accessible public transport has been highlighted as the "the most significant issue" facing older people in the countryside (CRC/Housing Corporation, 2006). Isolation, due to a lack of contact with relatives and/or other local community members, has been noted (SEU, 2006). The problems that older people in rural areas may have in accessing general practitioner and hospital appointments, as well as home helps and community care services, are also well known and unlikely to diminish given additional cost implications of providing rural services and a tendency towards the increasing centralisation of services (Defra/Age Concern, 2006). These familiar themes were a consistent feature of discussions with respondents about the reality of rural living and the delivery of services to users.

3.2.2 Transport issues
For key informants charged with delivering services to rural areas transport was a central and consistent concern.

> It's the transport. Always the transport. Providing safe accessible transport and its giving people the confidence to come out of the door and meet each other (KI9).

> The geography makes a big difference. Because in this particular scheme, the warden actually does a lot of mileage going between the villages. And actually not only just between the villages but between the villages and going to the shop. Because none of the villages have a shop… Often they [the villages] are quite tight in terms of their own community because folk have lived there a long time… they are also part of the [Region] commuter belt. They are fairly well off villages. But in terms of facilities it feels to me as though they haven't got anything at all (KI15).

> So it can be difficult to get workers and volunteers. Simply providing the service is difficult. Its also very expensive you have to have transport to get

around to visit somebody's home. You can be talking about a farm track a mile and a half off the next tarmac road (KI10).

The above quotes summarise the major concerns highlighted by key informants. Delivering services to a dispersed population of users with often limited mobility was a constant challenge. For the five projects where services were provided directly to users in their homes (i.e. projects 1-5),in effect the financial costs of transport combined with staff travelling time to limit the number of users whose needs could be catered for. The availability and recruitment of volunteers (a key resource in five of the six projects), within a specific area and/or with access to a car, was an additional problem. Project 6 'Lunch club/mobile care services' (where a dedicated minibus picked up older people from their homes to deliver them to fortnightly lunch clubs in local village halls, where they could socialise and also access mobile hand, foot and hair care services), highlighted the extent to which meeting the transport costs integral to these services was a constant headache for service providers.

> Transport in the southern region of the area that we administer is very sparse and to this end we, therefore, have our own minibus. This is where one of the biggest costs is…. Our costing for transport alone last year, 2005/06 was £6,100. That is basically servicing the vehicle obviously, and insurance. Insurance is very high. You're looking at something like £1.5k for insurance purposes. And obviously the physical running and cost of the vehicle. Which of course last year was not helped by the fluctuation in the fuel prices anyway. Which were going up and down like yoyos. Again we've looked at that and we believe we can cut back on that fuel bill or on that transport bill by at least £1,000 a year. So we'll reduce that down as well (KI1).

Faced with the end of the time limited external funding that had allowed for the purchase of the minibus and staff costs, the service manager was in the process of exploring various ways to reduce future costs to maintain the service. In this way the 'rural premium' (Craig and Manthorpe, 2000) inherent in delivering services in the countryside further compounds the universal problems that occur when welfare services are financed via competitive and fixed term funding arrangements (see chapter 5 for fuller discussions).

The loss of local services is a key feature of the changing character of many villages across England (Lowe and Speakman, 2006). For many of the younger and more affluent commuters, noted by KI15 above, this is relatively unproblematic. Access to a car and the ability to drive bring supermarkets and other service within reach. In contrast, the majority of the older users we interviewed did not drive and in many cases a lack of viable transport options limited their mobility and access to routine services such as shops and/or their ability to socialise by visiting friends.

> Well I think its most unfair for people living in the rural areas that they can't sort of get on a bus. Because as you are older you can't walk so far. I mean until I was 80 I could walk. I walked and really enjoyed it. But that's the trouble and that is one snag of being in the country. Is you can't get to so many places (U18).

> I can manage. Its just the days are rather long at time. I can't get out you see, I cannot go anywhere. Can't walk very far. In a small village I can't go and wait for a bus for it's a long wait. I could have a taxi but again I've got to come back. You are cut off in this village (U5).

> Yes because it is very rural here. At least two people live a long way out of here. There are no buses in this area…. There's a gentleman in there [lunch club] who lives in a little cottage along there, he can't get a bus to

[location] He has to go to [location]...They don't get a lot of help, well certainly don't get any help transport wise... Isolation, loneliness. A lot of them just need a bit of stimulation, a bit of conversation... Its a big farming area round here so they are spread far between (KI3).

The geographical isolation of older users who live in single dwellings away from villages combines with a lack of viable public transport options to segregate certain people from wider society. Consequently, whilst there is nothing intrinsically problematic with living in the countryside, in many instances the realities of contemporary rural life promote the social exclusion of older people. The overwhelming majority of users interviewed did not drive a car. However, the minority who continued to drive clearly identified the importance of a car for maintaining links to the wider world.

Last August to November I packed up driving on my own accord. I said I can go on buses. There's only 3 a day...So I was without any car. So I went and bought another. I couldn't cope with[out] it. I was sat in the house [thinking]. 'I'll go and see, my motor, oh I've no motor'. After four months it got to me. I couldn't cope with it any longer so I went and got another' (KI26).

KI26 was an active older man (aged 70+) who was a volunteer worker for project 4. He had decided to stop driving due to advancing years. Having found he was becoming socially isolated in his own home and with no viable transport options, he felt he had no alternative other than getting back behind the wheel. In a similar vein, a car was vital to U36, who was the key carer for his wife (U38) who had become impaired in later life.

I've got a car and I can drive... go anywhere I want, but there is going to be a day when they say you can't drive anymore...I've got to get her to the doctors in [location]. Again if I didn't have the car I'd be snookered (U36).

Data in this study, therefore, supports previous assertions (e.g. Cattan, 2001; Manthorpe et al., 2004; CRC/Housing Corporation, 2006; Clough et al., 2007) that problems with transport are a major issue for older rural residents. However, as Craig and Manthorpe (2000) note, it is important to consider the most appropriate ways to ensure older people's mobility so that they can both access local services and socialise on occasions. The Government's recent commitment to fund free bus travel for senior citizens across England should not be dismissed lightly; nonetheless, it may not be the most effective solution to the transport problems faced by older residents in dispersed rural communities. First, for the policy to be effective there needs to be a regular, frequent bus service, something which is lacking in many rural areas today. Secondly, as the following data illustrates, for older people with impairments bus travel is not a viable option:

Family carer 1: There are buses, but dad wouldn't use one.

U17: I don't use them. You get bus passes [but]... No, I wouldn't be able to get on a bus now. No not now.

Family carer 1: Dad always had a car.....

U17: I think they got [buses] 2 or 3 times a day.

User 17 is typical of many of those that we interviewed. He was 85 years old and had lived in the same village all his life. With advancing years he had trouble with his hearing and needed a frame to support his walking. Although still very much his own man and proud of the fact that he remained in his own home, he was increasingly reliant on his daughter (who lived approximately an hour's drive away), to maintain his situation.

U17: Well I'm a country man. I prefer to live in the country. We've lost everything in this village, we've lost the shop, post office everything.

Interviewer: So your daughter does the shopping?

U17: Yes

Family carer 1: I come on a Tuesday and we go to …. , which is a long way from here, but it gives him a ride out

Interviewer: So there's no shops at all?

U17: No. Just one pub now that's all we've got. We've still got a paper round and a milk round.

This reliance on informal transport offered by family, neighbours and/or services provided by the voluntary sector, was clearly valued by many of the older users who participated in the research. (For fuller discussions on informal support refer to chapter 4). When asked about transport to attend medical appointments, older users were very positive about the cars they could book in advance, (sometimes subject to a fee), which were provided by various local organisations:

There's the [location] Voluntary Service. I can get help from them if I want it. Doctors appointment and things like that (U22).

In the village we've got a wonderful service called [name]. They sort of take people down to the surgery which is a way away...They are ever so good. There is always somebody who will give up their time (U32)

Use a taxi. Or if I'm going to the clinic for dressing, I go twice a week for dressings, and my niece drives me there and drives me back (U21).

Elsewhere in one of the fieldwork regions, a couple of respondents spoke about the advantages of 'funny money'. On probing further it was revealed that this was a set of vouchers that could be redeemed with local taxi firms when individuals wished to embark on a journey. With the onset of free bus travel this service had been withdrawn. The above discussions, however, point perhaps to the most practical solution to the travel problems faced by older rural people. Given that regular bus services are unlikely to be expanded, or even maintained at current levels, it may be more appropriate to continue funding appropriate agencies to provide a prebooked service for essential appointments. Alongside this the provision of vouchers to enable older rural residents without cars to purchase transport from a range of providers (including the private sector), for shopping/social trips, would enhance user choice and offer the most practical solution to meeting isolated older people's needs.

3.2.3 The positives of ageing in a rural setting
When discussing rural living, a noticeable difference arose between the key informants and service users we interviewed. Key informants, understandably perhaps, given the many challenges faced by service providers (see above and chapter 5), tended to focus on the more negative aspects that country living could have for their clients. In contrast, older service users framed their initial response to questions about living in rural settings in a more positive light.

I think people are more friendly in the country...That's right they [neighbours] keep an eye on me…. I'm in a bungalow all on my own and there's nobody near but the neighbours come (U16).

It's so nice to go out of my front door and have a little walk and see somebody you know (U19).

Everybody there, even when the wall was going to flood, everybody was looking for one another….They all want to know one another and all do

things for one another. I've only got to say I've got to pick some pills up and that's it (U33).

I think I'd feel isolated in a town even with next door neighbours. My daughter lives in the town she doesn't even know the next door neighbours name. I think that is awful. I know everyone in my village (U37).

At the heart of these responses was the feeling of community spirit and mutual self help which users believed living in the countryside engendered. The support of immediate friends and neighbours was a common theme running through users' narratives. Another consistent theme was the general peacefulness and comparative safety of rural life as opposed to urban living.

Out here we don't have any problems. We've no trouble with yobbos about really. We get the telephone box broken into now and again. That's down the road. We don't have anybody raving about or anything like that. I think we're all right…..Well only thing is that you have to travel 6 miles to shop. There is no shop here at all. There's no pub, so we can't go and have a pint (U44).

It also needs to be emphasised that none of the users we interviewed directly expressed a desire to live in a town or city. The sample of users included people who had lived in the deep rural locations all their lives, alongside more recent arrivals who had migrated in retirement. Some of these were returning to their rural roots after a life time of work away, whilst others were seeking new and more pleasant surroundings away from the towns they had previously lived in. On several occasions such moves were motivated by a desire to be nearer to their adult children, who themselves had previously chosen to relocate to a rural setting. Many genuinely were making the most of their lives and were aware of the advantages of what they considered to be idyllic (in terms of scenery) locations. However, underneath this general satisfaction, there was a recognition of the problems that being old in the countryside may bring, particularly for those living alone in geographically isolated settings.

More peaceful in the countryside. Not so easy to shop (U27).

I mean wonderful views and everything but you do need human contact. (U22).

I can go all day and not see a person (U41).

Loneliness, of course, is not limited to those living in physical isolation in the countryside. Many older people lead lonely lives surrounded by other people in the heart of cities.

There are also different facets of loneliness. Emotional loneliness may emerge through the lack of a significant other/partner, whilst social loneliness is caused by a lack of wider social networks (Burholt et al., 2007). It is important to note that some of the users who participated in the study had lived fulfilling and often self contained lives, either alone, or with a partner, for many years. User 41, for example, had lived on a farm with her husband for many years. Her physical isolation did not become a problem until she was widowed; an event she was clearly still coming to terms with at the time of interview.

For key informants, the additional costs of providing services to older people dispersed over large geographical areas created additional costs in terms of both time and money. Although social exclusion remains an enduring part of some older rural residents' lives, the diversity of settings and experiences among the aged rural population needs to be noted.

> Villages have different resources, patterns of housing tenure and populations… within villages retirement and old age may be experienced very differently. Close knit extended families exist alongside isolated older people whose family live far away or who have little or no contact (Manthorpe et al., 2004 :103).

There is nothing intrinsically problematic about ageing in a rural setting (Wenger, 2001). Indeed, many older people, including the users interviewed in this study, cite relative peace and quiet and the support of fellow members of their immediate village community as distinct advantages when compared to urban living. These findings mirror those reported elsewhere (Burholt and Naylor, 2005). The positive benefits to health and well-being that living in the countryside may promote for retired residents should not be overlooked. However, as people become older or frailer, the loss of life partners, diminishing material resources and a lack of access to local services, may, in certain rural settings, combine to exacerbate the social exclusion of some living in the countryside (Milne et al., 2007).

3.3 Meeting diverse needs? Issues of gender and ethnicity

3.3.1 Introduction
An essential part of the remit of this study was to consider the role of the village services in meeting the diverse needs of rural residents aged 70 plus. Allied to this was a concern to consider the ways in which gender and ethnicity may mediate access to, such services. Subsequent discussions centre on how these issues played out vis a vis the six projects considered in this study. The issues raised, however, have significance for wider debates about social exclusion and service delivery.

3.3.2 A women's world?
Although steps were taken to interview equal number of older men and women, it proved to be impossible to recruit the number of male respondents originally envisaged. The majority of older users of the village services central to this study were women, typically over 75%. Female users routinely attributed the scarcity of their male counterparts to natural attrition.

> Its a natural thing. Men die off first and leave their widows. We've got a load of widows. Gina is a widow. My husband divorced me (U7).

> But you see there are more women aren't there. Where we are there are only two men and one more coming. All the rest of us are single females (U29).

Similarly, with the exception of two volunteers working on projects 3 and 6, all those with a direct role in the day to day delivery of services were women. Given the reality of occupational segregation by gender within the paid labour market, and the historical overrepresentation of women in what is often the low paid care sector (Yeandle, 2007), this is not surprising. The fact that village services are highly feminised places in terms of both clientele and workers may, however, be one factor in the lack of male engagement with the services on offer. This was particularly the case in the four projects with a primary aim of overcoming social isolation (i.e. Projects 1, 2, 4 and 6). Managers and workers on these projects were aware of this problem.

> Luncheon clubs or coffee clubs and things are not necessarily how men will socialise at any time in their life. And so its kind of Hobson's choice when they get older. There's nothing else. Maybe that's something we need to explore. But at the moment you know nobody is saying to men, 'What do you want from these services and how would you like to engage with them?'

.... So maybe part of it is we've set up a service that meets some clients' needs but doesn't always meet others. I do think that befriending, just by its very nature, is not naturally [something] where men go, 'Oh yes fantastic. I want a befriender. He might say, 'I want my grandson to come to the footie with me' (KI9)

Where men do connect with these 'social care' type services there appear to be three specific reasons that trigger their engagement. First, a particular need or impairment will put them on the radar of service providers.

One gentleman is totally blind.... So his barriers are down already in a sense that, he is honest about the fact that if things were different he wouldn't have a befriending service and he wouldn't have got to day care. But because he can't see he hasn't got a choice. Do you see what I mean? He loves it and he and his befriender get on like a house on fire (KI9).

Secondly, many of the limited number of male users who do access these types of services initially often engage with them alongside their wives.

I'm not aware of any more clubs that actually seek out older men, to encourage them to join. If they are there they are there. If they've come along. They may originally have started with their partner and then their partner may have died and they've continued on that basis. But I can understand if you're a lone man with 40 women then it may not be your ideal environment (KR13).

U14: I come because the wife comes [earlier in the interview]......
[Later discussions]

U16: No they [men] won't come will they. We've had a few and they've not come [back] have they....I'm a widow now but my husband he would never come...

Interviewer: Why is that?

U14: Too many women... I've got to come [looking at his wife]

U13: ......But would you come on your own?

U14: No   [Focus Group A]

Thirdly, if a man has some sort of pre existing local connection to those who are delivering the service this may trigger involvement.

Well [manager] is related to my wife's side of the family and my wife died 7 years ago and she asked me if I'd like to come along as I lived by myself. And that's how I started... I was the only man there for a long time. There's one more now. It doesn't bother me though. I'm happy to sit there. I enjoy my food and a chat (U9).

These three points are also salient in respect of projects which aimed to provide information and advice to older people (Projects 3 and 5). Data from key informants and users consistently highlights the reluctance of many older men to admit they have particular needs and or/seek help. The consensus among the key informants we interviewed was that, once again, it was often women who were instrumental in getting their partners to engage with available support services.

Men are much more likely to use their wife as the source of information. So again as in many of our activities if you go into clubs it tends to be women that go to clubs. Occasionally some mixed ones but there are very few all men clubs as well. So men tend to access things via their partner. The crucial thing we consider is men tend to be on their own. They are a specific group who we do need to target. But are really quite difficult. We tend to do that through medical referrals and you know things related to these. So yes

while we aim to do it, women are much more accessible in terms of gathering information and passing it on to husbands (KI7).

Men are sometimes a little bit harder than the women to get information from. They quite often say, especially if the wife or the partner is sitting with them, they will say, 'Oh I can do that. I can do that'. And of course the partner then chimes in, 'Well you can't. I've got to help you get dressed. I've got to help you do this' (KI27).

U17: No, I wouldn't[have applied for attendance allowance] without my daughter no.

Daughter carer: Dad would have carried on.

Interviewer: You'd have just soldiered on would you?

U17: Yes

The above data highlights older males' reluctance to seek help in meeting the financial and/or care needs that may emerge in old age. U17 is a good illustrative case. This older man had lived, all his life, within 200 metres of his birthplace in a small but scenic village. He had worked exclusively in farming and had provided for his own family and his siblings from an early age after being orphaned. Although the cottage he lived in was basic and he had limited financial means, the make up of the village around him had changed over the years. Many residents of the village were now commuters and the value of the houses had rocketed. He was clearly of limited means but was used to seeing himself in the provider role and proud of his independent status. Without his daughter's intervention, which had set in train his successful application for attendance allowance (as suggested and supported by the worker in project 5), he would no doubt have followed the habits of a lifetime and made the best of it, whilst becoming increasingly reliant on the support of his daughter.

Sopp et al's (2007) recent report supports the views alluded to by key informants in this study, namely that the reluctance of many men to seek help in old age is linked to the (stereotypical) gender roles they have been socialised into throughout their life course. The role of many older women in previous decades, as 'kin keepers' and informal carers, has plugged them into wider social networks. The use of services such as lunch clubs and befriending services in later life may thus reflect earlier gendered norms and practice. Such services may well be alien and daunting for older men, whose work based informal networks tend to diminish on retirement and who have developed identities around the role of worker and family provider (rf. Arber et al., 2003; Ruxton, 2006 for fuller discussions). Maintaining the façade of the self reliant 'independent man' may mitigate against older men recognising the new needs that growing older may bring and then seeking help to meet them.

Well I think its because they've always had to, them that have had children, have always had to go to the doctor with them, go to school. It more or less becomes a natural thing to do. Whereas a man is more independent and generally the breadwinner, he doesn't feel he should ever need help or look for help. Really once they realise its not that difficult, just to go and talk to somebody, they are really surprised. Once they've just had a chat they find its not so bad at all. 'I've been dreading doing this [but]' ….. There are one or two talks that I've set up, for instance, the [name of male club]. We are actually starting to reach men. I think its raising awareness. Going to see 35 railway men (KI6).

Once these barriers have been overcome older users appear to value the services on offer.

Then she arranged an interview with a man and he befriended me...We talk about things which are men's talk...He meets me half way in conversation and we get on very well together....When they asked me to join I said I don't want to play silly games (U19).

However, as U19 makes clear, it is important for providers to consider the ways in which support might best be tailored to suit older men's requirements. Sopp et al. (2007) report that older men would prefer access to what they regard as 'normal clubs', which reflect their interests in earlier life, rather than what they see as dedicated older people's clubs. Increasing the presence of male staff and volunteers within village services for older people could also prove fruitful (cf. Ruxton, 2007). It is not the intention of this report to give the impression that all older men in rural settings lead lonely, isolated lives and are in dire need of help. Whilst the needs of older, male, rural residents, in respect of loneliness, vary across a diverse population, the support "networks for older men seem to be less positive than those of women... they could do with more support and engagement, but on their terms, if they want it. Some of them need more help to access services and resources." (Sopp et al., 2007 :11 and 14).

3.3.3 Ethnicity

Throughout the process of undertaking the fieldwork that informs this study the research team attempted to recruit senior citizens from Black and Minority Ethnic (B&ME) communities to participate in interviews and focus groups. As the tables in Annex 2 indicate, these attempts failed. All participants who took part in the study were white. Within the six village projects under consideration users from minority ethnic communities were extremely scarce. There were only two occasions when key informants and users could confirm meaningful engagement with the services on offer by older people from B&ME communities.

We did have, but he went back to India though didn't he. We did have someone quite a while and then he went back (U15).

We haven't got any black minority ethnic [users]. We had a Polish gentleman who sadly passed away this year. We have had Irish people, sadly they've passed away as well (KI9).

[I]get them attendance allowance, and for younger ones disability living allowance. All my clients were white, there were no BME. There were more male clients in the former mining communities; they came for example because of breathing difficulties [as a legacy of mine working] (KI23).

It is important to note here that the fieldwork was carried out in very rural areas of the English countryside where the population is overwhelmingly white. It is probable, therefore, that the absence of older B&ME users reflects the very limited numbers resident within the fieldwork settings. This was generally the view of the key informants who took part in the study.

We have a Chinese lunch club. We have a Bangladeshi lunch club. They are both based in [Location] where you tend to get the bigger communities. There are probably very few other ethnic minorities who attend clubs but one of the things that we have, we have Community Link team, [and they] are focusing on this year is that we are making some contact with the gypsy communities, Polish communities, Portuguese communities, because they are now growing in [County]. An awareness of a relationship with them (KI13).

In terms of, there is diversity in [region] the only significant population of any black minority ethnic communities happen to be in [Town]. So there are very few in rural [region] ...So what we have actually done is where there is a significant population we have negotiated some funding with [Regional]

District Council to specifically develop and advise them. Someone who will
go in and develop the community links (KI7).

As the above quotes indicate, key informants were aware of their duty to engage with potential B&ME clients, and, indeed, they were able to cite (as above) the ways in which they were attempting to meet the requirements of diverse minority ethnic communities. It is likely that the older users who participated in this study reflect the wider ethnic characteristics of the local rural populations that they inhabit. There was no evidence in the fieldwork of service providers displaying discriminatory attitudes in relation to older B&ME citizens. Also, there was evidence of local Age Concerns providing specialised services in places where older minority ethnic communities were visible within rural towns. However, as the quotes from U15 and KI9 indicate, some older B&ME users of village services do live in very rural settings, albeit in often very limited numbers. It needs to be reiterated that diversity is not just a numbers game. The data from U12 (below) highlights that there may well be some barriers to overcome, and adaptations to be made, if and when B&ME older people in very rural locations look to access support services.

I think it might be a little daunting for them. For me it wouldn't be if we did
have someone from another community. But when you're older you are
very, very set in your ways and if we came across older people from a
different culture, different community, different religion, a different lifestyle.
I don't think that they would find that they would want to fit in with us,
because they wouldn't want to do the kind of things that we do. Would I
want to fit into one of their communities? (U12)

3.4. Conclusions

This chapter has introduced the notion of social exclusion and assessed its relevance to the village services under consideration in this research. As a complex and multi-dimensional concept social exclusion affects both the quality of life for individuals and the equity and cohesion of society as a whole (SEU, 2006). Social exclusion for older people can include social isolation, brought about by weak or dissipated kin and/or neighbourhood/community networks and a lack of access to appropriate services. These may be a feature of urban and rural life. The discussions of social exclusion in this chapter have focused primarily on three important issues that emerged from analysis of the fieldwork data i.e. the impact of the rural setting, gender and ethnicity.

The challenges faced by the providers of rural services have been increasingly documented (e.g. Help the Aged/Age Concern, 2005). In some ways a rural setting may exacerbate the social exclusion of some older residents living in dispersed villages and hamlets. Physical isolation, a lack of public transport, an inability to afford or drive a car in old age and a lack of specialised local services, may combine to the detriment of some older rural residents' well-being. Nevertheless, it is important to avoid simply problematising the lives of older rural residents (Wenger, 2001). Rural settings and the needs of older populations living within them are diverse. Research, including this study, also highlights the advantages that growing old in the countryside may encompass. For example, a village setting may have a positive impact on older people lives, in part, because of the often "high levels of informal support [that] exist despite apparent service fractures" (Manthorpe et al., 2004 :102).

In the words of KI9, many older men face 'Hobson's choice' when it comes to village services i.e. not much of a choice at all. This study suggests there may be work to be done to engage older men more fully in the future. Discussions with the limited number of men who did make use of the services provided by the six

projects would support the view that they are warmly welcomed by both staff and other users. There is clearly no deliberate attempt to exclude men on any level. A key challenge for the future is for providers to find new and innovative ways of engaging with older men in rural areas in order to overcome their apparent reluctance to take the first step as, and when, they need support. Some thought needs to be given by providers to the specific needs of older men and how village services can, in future, be tailored more to meet their particular, gendered requirements. A final note of caution needs to be added here. These discussions of gender and social exclusion have focused on the problem of a lack of male engagement. Other studies (e.g. Manthorpe et al., 2004) have identified the vulnerability of very old women, in often poor health, living in rural settings. Providing better support for older rural men should not come at a cost to their female counterparts.

The absence of B&ME participants in this research has been noted. Two points need to be emphasised here. First, racialised ideals of the English countryside as a space solely populated by an homogonous, white population need to be challenged if the social exclusion of B&ME citizens living in rural areas is to confronted (see Neal and Agyeman, 2006). Secondly, wider evidence suggests that the social care needs of B&ME groups in rural settings are neglected (Pugh et al., 2007). It is important that the diverse needs of older B&ME people living in the countryside are fully considered when establishing, delivering and developing village services.

Chapter 4: Promoting social inclusion: the impact of village services

4.1 Introduction

As noted in the previous chapter, social exclusion "involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities" (Levitas et al., 2007 :9). Having explored village services in relation to social exclusion in chapter 3, the task here is to outline the ways in which community based services may promote the social inclusion of older people living in very rural locations. From the outset it should be noted that all six of the village services under investigation made tangible, positive differences to the lives of the older people they served. The users interviewed clearly valued the services they received and had nothing but praise for the workers and volunteers who delivered the various services. The positive impacts of the 'low level' village services we explored are highlighted below. Their social impacts in terms of promoting social interaction and overcoming the isolation of older people living in the countryside are discussed in section 4.2. This is followed (in section 4.3.) by a consideration of the material impact that the two rural information and advice services (Project 3 *Accessing Social Rights* and Project 5 *Information and Advice Service*), have made on the lives of older rural residents. It should also be noted that village services often play a key role in allowing older people to continue living in their own homes for as long as possible. The preventative aspects of village services are outlined in section 4.4.

4.2 Overcoming isolation: the social impacts of village services

Across all six of the projects key informants and users alike stressed the ways in which village services enhanced the day to day life of older people in the countryside. On occasions, access to services was seen as making the difference between life and death. One user was very matter of fact about the regular visit he received.

> Well in the first place to see you're alive first thing in the morning….Saves a lot of trouble if you're lying on the floor (U22).

A key informant also spoke in graphic terms of services keeping older people alive, both in the sense of helping to promote more fulfilling lives and also, more graphically, potentially by preventing suicides among depressed, older, rural residents.

> If you said to people under 50 that's what you are going to get, that's what your life is going to be, I think a lot of them would choose euthanasia. I think a lot of them would choose to opt out. Older people are either socially and culturally inhibited from doing that, or physically [stopped] from doing that, they can't get their hands on tablets you know. And I think befriending is as life and death as that. Its about, is that person alive- as in their heart is still going-[existing] or are they alive [i.e. leading a fulfilling life] . And when you see somebody who has been alone for a very long time developing that relationship with a befriender I think that's when that person comes alive again (KI10).

While the above quotation may appear to some to be over dramatising the situation, many key informants were aware that a key measure of the success of the services they provided was the extent to which they helped individual users overcome isolation.

> Because its about valuing people. Its giving them the opportunity, just talk about their lives, to talk about their hopes, just in the same way we all have conversations in our day-to-day lives or reminisce. It gives them an

opportunity to have someone walk in the door who will listen to them. Its their time and it makes them feel valued. Some of our clients literally do not see anybody else all week. So its essential from that point of view. And even those who do, even those who have family support, will have a different conversation with a befriender than they would do from any member of the family. Because what if they want to say something about the quality of care they are receiving. What if they just want to say, my daughter is driving me batty... Its somewhere to off-load... All of the things we take for granted because we walk out the door and go to the shop and buy some milk and have a bit of a you know [chat] or if somebody says to you, did you watch Eastenders last night? All those little connections we make with people that we think, oh that was great. Because you're not alone in your little bubble. You become isolated as you get older (KI9).

I'm trying to think of the right word, they are isolated, they really are. When they can't get out they spend a lot of time in their home. I think that the older generation for some reason in a lot of areas are being neglected and I feel that by doing what I do its helping them not to be neglected (KI24).

Likewise users routinely spoke of lives characterised by loneliness, with their own or fellow rural residents' isolation compounded by a lack of mobility and/or the dispersed nature of country living.

No isolated is not too strong a word. One of the people who attends our group in [village], this lady actually lives in [village] which is quite a large area. But she also lives a mile along a narrow winding road from, I won't call it the main road, but from the more main country road. So she lives over a mile from the village, she has osteoporosis quite badly, she can't drive any more. She's 84 I think. [Name] is a perfectly lovely lady, mentally switched on, enjoys having visitors. Anybody who goes she loves them. But she cannot herself go out because she can't walk a distance down the road and she can't drive. Now there are only 2 other properties up there. So if she doesn't see her neighbour she doesn't see anybody. She's not ill enough to have home help or nurses or carers because she is able to get about in the house. But she can't go out (U12).

I think with a lot of them, they don't see anyone do they from one end of the week to the other. I think the chat and the friendship that evolves. Things get talked about and solved and then we can all understand other people's problems. You know I think that is so important. Especially when you live alone... Well its important now to me... And just the companionship. Being able to talk to people. I mean some of them don't see very many people at all. It's the companionship. It's amazing because now I'm on the other end of it and a customer, I know that people love to talk... talk to someone who understands what you are saying about being lonely and not being able to get about and things like that, that is so important (U23).

I think it is. You see my husband was disabled, not severely, but he had had a stroke. Now there's an awful stigma attached to anyone who has had a stroke. As soon as they walk with a limp or can't use an arm or something there's a big stigma. And although he had been in the teaching profession all his life and was therefore a very outgoing, confident person, you suddenly become very withdrawn when you've had a stroke. And we weren't able to go to hardly anything. This was one thing that he said, yes I think I could that. So I said to [workers name], really for him rather than for myself, would [husband's name] and I be able to come to the Age Concern and she said, yes certainly ... We actually were extremely happy to find somewhere we could have a lunch out once a fortnight where people took

no notice of the fact that my husband couldn't use a knife properly. He didn't have to be embarrassed. Because we are all in the same boat. In [location] we had a lady who is partly sighted, someone who is an amputee (U12).

The companionship offered by a regular/daily/weekly visit from a warden or volunteer befriender, or the chance to attend a lunch club on a regular basis, were clearly valued. They provided a focal point, something to look forward to, something to be actively enjoyed.

U16: The friendship....Talking and all that. Chatting. We play games and things. Meals every time we come... I am on my own yes and I've got no family at all

U15: I'd be lost without coming here really. This is lovely.... People are so friendly. Its nice to talk to people when you live on your own.

U13: Oh its smashing...I can't wait for it to come. Wish it was every week.

<div align="right">(Taken from Focus Group A)</div>

Interviewer : So you mentioned you get warm food. But what other benefits do you get from coming to the lunch club do you think?

U8: Well meeting other people, chatting for a couple of hours. You know.

U9: When you live by yourself you spend so much time alone, just to come along here and have your lunch and talk to people it breaks the day up. I spend hours and hours sitting by myself. I've got 2 sons that visit me from time to time but I spend a lot of time by myself and I find by coming here and chatting to people, having a nice meal, I look forward to it every week.

Q: What would you feel if the luncheon club had to close?

U8: Oh it would be awful.

U9: I'd be rather upset I think. I look forward to it on a Tuesday and Thursday. I manage to cook in between times for myself. But I must admit I look forward to Tuesdays and Thursdays.

<div align="right">(From joint interview with U8 and U9)</div>

Well she brightens up my morning. I wish she would stay longer but she has to go to see quite a lot of other people... Its nice to have someone. You see I'm by myself here such a lot... She comes to see me. She just sits and talks. She tells me what she's done in the garden over the weekend, that sort of thing. She's a nice woman. I'm lucky to have someone like that calling. I've never said much to her about it. If you like tell her she's a very nice person (U5).

The data cited above clearly emphasises the ways in which village services promote the social inclusion of older adults in rural settings. The importance of social engagement in promoting well-being in later life has been noted elsewhere (Le Mesurier, 2003; Victor et al., 2006). Village services play an important role in sustaining older rural residents by providing points of contact with the wider community. As noted above, even those with access to familial support networks value the opportunities they provide for social interaction. For those older people who live alone in isolated settings, without regular contact with family members or neighbours, they are a vital resource.

Many village services rely greatly on older volunteers to deliver services to rural residents (rf. chapter 5). Interviews with volunteers also provided insights into the benefits of voluntary work for those individuals who were on their own.

Following the death of her husband loneliness was part of KI8's life even though she was in close proximity to her supportive family.

> There must be dozens of old people sat out there. I live on my own. My husband died very suddenly 2 years ago but I'm quite active. But my family live in the same village as me, my daughter and grandchildren do, so I'm never lonely. But I am lonely. There are times when I feel lonely. I've got my telephone and I've got my dog and I can sit in my chair and I can see my daughter's house. But in the early hours of the morning sometimes or when they're out for the day or they are on holiday, so I know that sort of feeling if you like, in a way. But these old people must feel it all the time. Just sometimes if you don't feel well and 'I'm thinking, oh I can't …' So I know what its like to live on your own (KI8).

When discussing her work as a volunteer, it was apparent that she herself looked forward to meeting her client and enjoyed having a positive role in the wider community that brought her into contact with others and thus helped to alleviate the loneliness she herself felt on occasions. This particular case also illustrates the ways in which the death of a partner often triggers a need for support from beyond the home. KI8's older client had long lived a largely self contained life alongside a companion on the edge of a village. It was only following her partner's death that she had become lonely and depressed and in need of some outside support to help her over her bereavement. A regular visit from KI8 helped to stimulate and sustain a wider social life again.

> I felt through my job as a befriender that I had to get her motivated into doing things. Because she got that she wasn't doing anything… I took her shopping, or we went shopping to a place locally and she looked at this jacket and I said to her, why don't you try it on? She said, its lovely…. But she tried this jacket on and she just blossomed in this jacket. It was only £29, we weren't going to break the bank with this jacket. But she couldn't wait to wear this jacket. She was going to wear it while we went [out]. I was taking her out to lunch for her birthday… Even though I was only able to do the job properly for about 9 months it made a hell of a difference to her, that 9 months. It went from her sitting in that kitchen and having her breakfast and just doing whatever to looking at the clock and thinking 'I must open the door because Aunty will be here soon. I must be ready because we've decided we're going to see the parrots today, so we'll be taking off as soon as she gets here'… It put an interest back into her life. We shopped for the dog, her dog. Instead of just ringing the pet man and saying bring the normal delivery…

> Then she started, because she's a great photographer, cameras like you've never seen, great big lights and stuff. She'd gone digital. Something went wrong with the digital camera, now I'm not technical, but it needed something, so I got her interested again in the photography. Because I brought her here to [Town] and the ladies sorted it out. I gave her the camera one day when the spring flowers were coming up and said, go and take some photographs. I took photographs of her and [dog's name] on her birthday and then the neighbour got them developed and sorted out. So there's a big discussion then about photography. She'd forgotten that she liked and enjoyed photography so much. I was beginning to awaken a lot in her that had gone, they'd gone shall we call it, for a while. I'd read to her. I have the newspaper to take it and read. Read her the story of a dog on the back page. But I wished I'd known her longer (KI8).

The above case is particularly poignant. At the time of interview KI8's client had become seriously ill and she had been moved into residential care, where her health further deteriorated and she died. This case perhaps shows both the

value and the limits of 'low level' interventions such as those under consideration in this report. Ultimately, ill health forced KI8's client to leave her home of many years. However, the befriending service, and in particular the best efforts of the older volunteer, helped to ensure that her final months at home had purpose and dignity.

4.3 Combating poverty: the material impact of rural information and advice services

The existence of low levels of material resources in old age and the negative impact that this may have on well-being, has been noted elsewhere (Burholt and Windle, 2006). Two of the projects under investigation here i.e. Project 3 *'Accessing Social Rights'* and Project 5 *'Information and Advice Service',* played an instrumental role in meeting the needs of older rural users who were in financial difficulty. Both of these services employed part-time workers whose roles involved publicising benefit rights to older people and then helping individuals to fill in the necessary forms to access their entitlements. There is clear evidence that many rural users were either unaware of their social security rights and/or unable or unwilling to engage with the complexities of the benefit system.

The general problem of under claiming social benefits by older people, and the more particular challenges of improving take up in rural areas, are acknowledged by the government and service providers alike (Gibson-Ree, 2004). The advice and information projects in this study had a direct impact on enabling users to access their entitlements. A number of key informants and users spoke of the reluctance of older people to claim state benefits. For example,

> Basically these people have never wanted to claim anything, they are the old school. Don't want to claim anything. Don't think they are entitled to it. We can manage on what we've got. And when I tell them especially one of the forms, that a millionaire can claim this money, doesn't matter how much they've got in the bank, they are really surprised (KI24).

The reasons for non take up of benefit are many and varied but certainly include ignorance about entitlements, the often complicated forms that benefit claims entail and a view that somehow claiming benefits is a sign of individual failure and of 'scrounging off the system'. The issues related to getting older people to claim are illustrated by the case of U18 below.

> Interviewer: If [project worker] hadn't come along do you think you would have applied for Attendance Allowance[4]?

> U18: I'm not sure whether I would have. Probably if the daughter had stayed here. She would have perhaps pressed me. But my husband and I are both frightened that we are cadging. Trying to cadge something…I can say. I've worked hard all my life. Unfortunately my first husband got killed. I had 3 daughters and a son and he was just 7 months old and my husband got killed in a motorbike accident.[In the late 1940s] We didn't have any money because we were like just a young couple, he'd just come back out of the air force. We hadn't got any savings. So when he got killed they were so good at the factory where they worked that the collection was £2-300. I was frightened it would get lost so I put it straight in the bank and then I

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[4] Attendance Allowance is a "tax-free benefit for people aged 65 or over who need help with personal care because they are physically or mentally disabled" (DWP website). It is currently paid at two levels: £64.50 per week and £43.15 per week dependent on levels of impairment.

was told that if I'd got some help with my rent - because my widow's pension was just £2 14s 6d a week and my rent was 7 shillings and 6 pence - if I got some help with the rent then my children could have free meals at school. Well because I'd got that money in the bank apparently I wasn't entitled to anything. So I vowed then, that I would never apply for anything. I would just work and work. Luckily my health was good until I was 80.

U18 was unable to claim in the 1940's as the benefits suggested to her by a social worker were subject to a means test. In the interview it was clear that she resented the intrusion into her affairs that had ensued following the death of her first husband and, as she states, she vowed that she would never again apply for anything. However, this stance was compromised by changes in her situation. Her current husband had been unwell and hospitalised and she herself had suffered two broken hips in separate falls. The intervention of the project worker and the subsequently successful application for Attendance Allowance was instrumental in ensuring the fullest recovery from her ailments.

U18: We were so lucky, we were put in touch with somebody called [project workers name]

Interviewer: I see from these notes that you've written, which are very useful thanks very much, that you got Attendance Allowance.

U18: Yes.

Interviewer: Has that made a difference to you?

U18: Oh absolutely. Absolutely. Because unfortunately it seemed I was in for a run of bad luck. With this hip neither [location] Hospital or the physios attached to [location] Hospital found out what was wrong with this. So my daughter suggested that there was someone in [location] that would probably find out what it was. So we paid privately, thanks to the money [the Attendance Allowance]...... I [also] found out that I'd got a bruise just above the knee that hadn't been diagnosed and of course it was nearly 12 months since it happened. So it needed massage work on it. A massage every week. And three lots of exercises I had to do. But it meant that the physiotherapist had to visit me because it needed that personal treatment. So of course she had to be paid every week. But, again, thanks to money coming in I could do it and its worked out beneficial...What I would have done without [project workers name], I don't know...I just want to emphasise that I was so lucky that [project worker's name] came along and I was awarded the allowance. Its made me feel so happy about it because you do not feel as if you re begging something.

The project worker had explained the lack of means testing in relation to Attendance Allowance and offered direct help with the application process. Without the help and individualised support of project workers it is clear that many of the participants we interviewed would not have accessed their entitlements. U18 is an example of how relatively low cost welfare advice projects may overcome older rural residents' reluctance to claim benefits and is a testament to the ensuing improvements to their everyday lives. Other users we interviewed noted similar positive improvements to their lives following the interventions of project workers.

She [project worker] fought for [husband's name] to get extra help with his disability. Because he gets disability [benefits]... Then she helped us fill everything in, she did everything for us. As far as [husband's name] getting help with getting about in the house like showering. I have to help him and he has to help me... I was having a really bad time of it last year. What else did she help us with? Oh Pension Credit, rent, rebate and council tax. She

did all that for us. And I mean somebody even come from Pension Credit to see us…. A letter come and it come and we were told how much we could get money-wise, leaving me in tears. It still chokes me about it now. Because we have never, ever, even to be able to go out and buy something without thinking oh. You know simple things. It made such a big difference to our lives, it really did (U24).

There are clear cost implications to funding home visits in rural settings but such services should be maintained in the future. Highly individualised support is routinely required when processing benefit claims forms and face to face discussions have practical benefits to rural users above and beyond general telephone or internet advice lines. Users clearly recognise the value of such services (see U24 above) and the additional benefits of home visits to often isolated older people should not be forgotten.

I think I enriched people's lives, when I made a home visit they thought of me as a friend, they welcomed me (KI23).

The positive knock-on effects of information and advice services which reach out into rural locations should not be overlooked. Personalised visits often help to spread the message about benefit rights and entitlements to wider audiences. On several occasions visits had alerted other users or carers to the potential availability of benefits, who then contacted their local Age Concern for help and advice.

I was going to say because of [father in law's name] getting it my parents got attendance allowance as well. My father has through Age Concern. Age Concern are the experts on this, they know exactly what to do. Whereas I don't think you or me, the man in the street particularly as you get older, it doesn't help at all (Family carer in attendance at interview).

Yes, [spreading] from one person, 'oh its great all this extra money'. And I remember [project worker] saying that she helped everyone on the street. It just went down the doors, all the way through because everyone heard about it (KI22).

Welfare advice and information projects which reach out to offer a personalised service to older residents in dispersed rural locations clearly enhance users' access to rights, resources and services and as such actively promote social inclusion and help to prevent pensioner poverty. Discussion here has focused on how these services qualitatively enhance the lives of older rural residents. However, as KI22 noted when reporting that a particular project had generated £750,000 of successful benefit claims in each year of its existence, harder evidence about the success of personalised benefit advice in rural areas also exists.

The stats speak for themselves. Its not some vague outcome. These are raw numbers where you can see the benefit and then the outcome, the anecdotal evidence from the service users, its clear to us it's a very important service that works (KI22).

4.4 The preventative dimension of village services: supporting independent living

The personalised information and advice services discussed in section 4.3. clearly play a role in preventing poverty among rural users. Similarly, the ways in which other services (i.e. lunch clubs, mobile warden services, befriending schemes) help to relieve the loneliness and social isolation endured by some older rural residents have also been discussed. The significance of these 'low level' rural community based interventions in preventing both individual suffering and financial costs needs to be acknowledged. In a number of instances key informants reported that routine contact with older users of village services led to

the identification of problems that, if left unacknowledged, would have had serious implications. For example, echoing Raynes et al. (2006), KI1 noted that the simple act of providing a service to cut toe nails as part of the mobile care service offered by Project 6 can help prevent falls and the subsequent broken limbs which often then occur. His colleague who had day to day contact with older users also highlighted the ways in which she was able to intervene to persuade reluctant older people to seek help and thus prevent potential future problems

> She had a problem with her ulcer on her leg and she wouldn't go to the doctor. Now once the foot care lady had said to me, 'there's a problem there', I can then take them to one side and say, you know you must go to the doctors. And if they don't I can then contact the doctor and say, 'I think this lady needs a visit can you'... Its not major things. But its preventative.... preventing them from falling, which can cause something else....You know I mean there was a lady maybe about six months ago, I don't think she'd had her toe nails cut for a year. How she walked I do not know. But we caught that in time you see, because we managed to persuade her. It is little things (KI3).

In a similar vein, a worker from an information and advice project, who had made initial contact at the request of a client's daughter in order to explore the possibility of securing benefit to help pay for social care to relieve her burden, was able to convince a reluctant old man to seek the medical help he needed.

> We were able to reach one particular man in a very isolated village, where he was born...the only daughter she lives in [location], she had to travel, her own family is suffering. She has to do the garden for him, cook his meals, he relied on her totally. ...He was very reluctant but we just had a little chat the first visit and I said to him 'how would you like to get some money' and he became interested. I could see the gentleman couldn't move, his legs were so swollen they were like tree trunks. He'd never been to the doctor....Wouldn't ask for any help except from his daughter...I said we're helping your daughter, we're not helping you. Your daughter needs help. So I took it from that angle... And because the focus was taken away from him it worked (KI6).

The value of village services in enabling older people to continue to lead a decent life in their own homes, and also in potentially saving hard cash through the early identification of problems, was clear to key informants.

> I've never been able to see the sense in managing a crisis as the only way of dealing with it. Unfortunately that's what its become now in the statutory services. Both health and social services. Its never been sensible in my mind to actually not spend £25 and then spend £20,000 further down the line. And I know these things are a big leap of faith but another service that I manage is the [name of service] in [rural location] and that's about looking at making somebody's home safe. So we spend £25 to put a rail up and OK by a big leap of imagination we stop somebody having a hip replacement, which in turn saves the system £25,000. Now why isn't that sensible? And for me to be able to stop somebody going through that indignity and that upset and that life changing process that just does it for me in terms of practice...Some days its hard work trying to convince people why things like this should happen. But the payback comes when you see somebody living an independent life. You know it is what you would want for your own mum and dad isn't it? (KI15).

> They want some company more than anything else. They want somebody to talk to rather than sitting in a chair all day long. Just to know that somebody is coming in if there is something they need... It helps to keep them living in their own homes independently (KI16)

In a very real sense village services play an important role in maintaining older rural residents in their own homes for as long as possible. These services therefore delay or negate the need for more expensive institutionalised health and social care packages and promote independent living among senior citizens in the countryside.

4.5 Conclusions

The village services central to this study represent excellent value for money. For comparatively little financial outlay they have definite positive impacts on the lives of older people in rural settings. They promote social inclusion of older rural people by helping to combat loneliness and social isolation. They also help to alleviate poverty in old age by alerting older people to their entitlements and enhancing benefit take up, particularly when they offer an individualised one to one service in rural residents' own homes. Furthermore, they increase the ability of many older rural residents to stay in their own homes for as long as possible. Raynes et al. note

> "Older people want help which will enable them to remain independent. Currently the majority of services for older people are focused on the highest needs of the frailest people, with provision mainly sourced from health and social care budgets. These services are not what many older people want. Older people say they want what is best described as 'that bit of help' (Clark et al., 1998), to help them remain independent." (2006 : x)

Village services are 'low level' in terms of financial costs and where they feature in relation to other funding priorities, but they are far from low level in terms of their positive impact on the lives of older users.

Chapter 5 The challenge of delivering village services in the mixed economy of welfare

5.1 Introduction

In this chapter we focus on the challenges of delivering public services from the perspective of the key informants (paid staff, volunteers and funders). The case study Age Concerns deliver services that align with their mission to promote the well-being of older people and to help make later life a fulfilling and enjoyable experience (Robson et al., 2004)

> The older person is the beneficiary (KI15).

> We close the door to nobody. The doors are open (KI1).

> Our work is about changing people's lives (KI23).

> The approach we have with old people may be different from the statutory [sector]. It is much more supportive and low key. And that mistakenly is sometimes taken as being not specialist. It isn't, it's actually working with what people need. And actually giving them the service that they will find most useful (KI7).

The type of services provided can include information and advice services, day centres, lunch clubs, etc. Some of these activities are 'low level services'[5]. These services give 'that little bit of help' and are highly valued. They can help sustain self confidence and identity (Baldock and Hadlow, 2002 :3). In common with many other Voluntary Service Organisations (VSOs), the surveyed organisations rely upon the unpaid contributions made by largely older volunteers for service delivery (Raynes et al., 2006). In an era of growing mistrust in many public institutions, there is still at least the perception of higher levels of trust in the Voluntary and Community Sector (VCS) (Paxton et al., 2005). This is an important plank in the political case for more VCS involvement in service delivery. People, especially those from excluded groups, trust the VCS because it is NOT the statutory sector. Currently the majority of services focus on the highest needs of the frailest people (as opposed to low level services) with provision mainly sourced from health and social care budgets. But, in the mixed economy of social care, the range of low level services available varies spatially from locality to locality (Craig and Manthorpe, 2000).

The six projects are examples of low level services targeted at socially excluded older adults in rural areas (see Table 1 and Annex 1), and they represent a small part of the range of services provided by each of the Age Concerns. The staff that manage/administrate them have a portfolio of services that they are responsible for. All the paid staff involved in service delivery work part-time and some are on fixed term contracts. Five projects use volunteers for service delivery (Project 1 does not).

The information and advice projects (Projects 3 and 5) are about expanding the number of older citizens accessing their rights to benefits, and thereby gaining economic inclusion. The remaining four projects that focus on overcoming social isolation (Projects 1, 2, 4 and 6) are largely funded by the statutory sector (see also Craig and Manthorpe, 2000). One project (Project 4) received some clients who were too needy for the service (in terms of their dementia), while another (Project 3) had clients requesting help who did not reside in the geographical area of service delivery.

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[5] This term is used by health care professionals to refer to services that help older people remain independent (Clark et al., 1998). Concern has been expressed with the term 'low level', as it suggests that some services are less important than others (Craig et al., 2007).

After this brief introduction, the Chapter is divided into three further sections. Section 5.2 focuses on funding regimes; this is followed by a section on service delivery from the perspective of the voluntary organisation. Section 5.4 provides a brief conclusion.

5.2 Funding challenges

5.2.1 Complexity of funding regimes
The six projects have quite different funding arrangements: fixed term grant (such as Project 6); annual contract (with service level agreements with the statutory sector) (such as Project 2); annual contract with multiple funders (statutory sector and charitable trusts) (such as Project 1); others have had a range of funding sources since the project was established (such as Project 4). They illustrate the diversity of funding sources local Age Concerns rely upon.

Competition was one of the guiding threads of public policy under the Conservative Governments of the 1980s and 1990s. Whereas the Conservatives looked to the market primarily for the disciplining and economising effects of competition, the Labour Government sees the market as a source of innovation and improvement (Entwistle and Martin, 2005). There are concerns that funding in the form of contracts, with services specified by the funders, can bring significant costs, especially to the independence of the VCS. Fears within the sector include reduced legitimacy with service users, and new barriers to citizen participation as volunteers (Ilcan and Basok, 2004; NCVO, 2005). The Association of Chief Executives of Voluntary Organisations (ACEVO) has called for greater emphasis on added social value in contract design and evaluation. The VCS, it has been argued, will need to assert more vehemently its intrinsic value to society, to consumers and to users, if it is not to be simply a stepping stone from the public to the private sector (Paxton et al., 2005).

Interviewees with service level agreements that are negotiated annually did talk about the challenges that the statutory sector faces each year, as they juggle trying to maintain low level services whilst supporting critical cases of serious need.

[Funding] hasn't changed in 4 years (KI10).

Approximately 10 per cent cutback each year since we started... over three years it's been cutback (KI14).

We have a service level agreement for each scheme, or each project that we fund. We agree that and sign that off obviously at the beginning and that gets reviewed on an annual basis to make sure that it's still appropriate. So there will be some specific standard terms and conditions, if you like, that apply to all of them (KI11).

Within the next 2 years all the services, all services commissioned by social services will have to be tendered for. One problem in... is that they have set their limit for tendering I think ludicrously low...services under £50k a year we won't tender for because its not worth the costs of the tendering. A tender is very bald. There's the service specification, can you do it for that amount of money and have you met our tick boxes? Age Concern in the old structure it was all about these lovely things called added value, so we talked about volunteers and we talked about you know all the extras the befriending client gets because they are working with an Age Concern befriender, so they get our benefits and all this sort of thing. Don't count. Not what they've asked for (KI10).

In 2004 the National Council for Voluntary Organisations (NCVO) carried out research into the VCS experience of government funding relationships for service delivery, especially in the light of changes with the 2000 Competition Act (NCVO, 2004).There is significant variation in the VCS's experience of funding for service delivery by local public sector bodies. There are tensions between national targets and local autonomy and knowledge, which can cause a mismatch between funding priorities and local needs. Public service delivery contracts are also subject to the competition rules of the EC Treaty (Cox, 2003).

The Government is moving away from grant funding of VCS organisations towards awarding contracts for delivering public services. According to a recent report for NCVO, grants represented 52 per cent of Government funding to charities in 2001-02 in comparison with only 38 per cent in 2004-05. In the same period contracts increased from 48 per cent to 62 per cent (Wilding, Clark et al., 2006). Grant income from charitable trusts and the Big Lottery remains important as it allows local Age Concerns to establish new projects that address an unmet need (Projects 3 and 6). In the case of Projects 3 and 6, successful bids were the result of local knowledge of an unmet need being addressed in an innovative way. The VCS is recognised as having a wealth of knowledge and experience of working with users to design and deliver projects. This knowledge, in the case of Age Concern, comes from their role as advocates and advisors on the needs of older people.

As grant income is for a finite period it can create a challenge if a demand for the service exists at the end of the project. KI1 said, "we've had six years funding out of the Lottery, which is the max[sic] you can get basically. So we're now looking for other avenues of funding." In the meantime the local Age Concern was, "going to put in £12,000 of our own money" to continue the project (KI1). KI22 also indicated that core funds at another Age Concern were being drawn on,

> Once the funding finished and we saw the results and what a need it was, then yes it was decided that's not a service we can take away lightly. So now we're funding it through core funds. Until we can find other funding streams. So part of my role is trying to find funding (KI22).

Another commented that,

> we are not going to let our clients suffer just because somebody is not giving us the money. But that I suppose is part of the people we are as well. That can't continue forever can it? (KI9).

5.2.2 Funding dilemmas
The short term nature of funding has a profound impact on local Age Concerns as they try and maintain services to older adults.

> There is no long term money… we just can't plan. You're getting some projects that are only for a year and it takes 3 or 4 months to get started. 3 months to wind down because the staff have to know what's happening (KI22).

> I think the one thing you learn is that funding comes and goes but you need to remain constant… go with the flow and seek appropriate funding (KI7).

> Lot of our projects… get topped up with core funds because we have to meet the targets. But there's extra work generated just from running the project that doesn't meet targets. So we would just help them out (KI22).

> The original intention was that the two befriending services would act as a pilot. It worked in these very rural communities. It would work in other rural communities elsewhere in ….. It was never rolled out because… [it was not] on nobody's list (KI10).

While each Age Concern is aware of the costs of delivering a service, actually achieving full cost recovery was not always possible. There were examples of projects receiving no funding to cover project administration/management:

> The project was pared to the bone and as a consequence there were no funds for admin support… just sufficient funds to cover her salary (KI23).

> We get no management costs for it and never have (KI11).

> What we hadn't anticipated is that the funder wouldn't fund our salary. So it was a moral obligation. We are a cheap option (KI9).

Voluntary sector performance can be hard to define, much less measure. Local Age Concerns increasingly need to gather evidence to convince funders. As they receive funding from a number of sources they are likely to be subject to a number of regulatory regimes, with different approaches to performance management and reporting. The administrative burden of such record keeping was alluded to by some respondents:

> There were targets, lots of stats to collect, which I understood as I had worked for… I looked at the contract and understood the implications so I collected stats for… and stats for Age Concern. I did a monthly, six monthly and final reports for… on claims, visits, phone calls, surgeries, talks etc., and for ACE the stats were monetary, the total benefits we accessed that was what they were concerned with, and they were calculated in a very specific way (KI23).

> What we've never been good at in the voluntary sector is… full cost recovery. So if somebody says, we've got £20k, we can do it. That's what we've always done in the past. Instead of thinking, actually for that serviced to run properly and efficiently it's going to cost (KI9).

But there are a number of possible ways forward; the first one may be the greater use of social clauses, which are requirements within contracts or the procurement process which allow the contract to provide added social value through fulfilling a particular social aim (see NCVO, 2004 and socialwelfaredelivery.org.uk). Voluntary and Community Organisations (VCOs) could try and persuade local government to better utilise its well-being powers, introduced in the Local Government Act 2000 ("power to do anything which they consider is likely to achieve… the promotion or improvement of the economic… social [or] environmental well-being of their area" (ibid). This means that organisations demonstrating a contribution to the social, economic and environmental well-being of their community can argue that funding should continue. This may help to minimise the tendency for the mainstreaming of funding to draw resources away from services successfully provided by VCOs.

> Social Clauses describe relevant, legitimate and value for money aspects of a procurement lifecycle which fulfil a particular social aim. This may include social requirements within the technical specification and award criteria of a contract, where they are relevant to the subject of the contract and compliant with public procurement legislation, as well as the UK's value for money policy (or equivalent commitment)

> (see socialwelfaredelivery.org.uk).

Examples of community benefits that local Age Concerns may be able to provide under Council contracts could include:
- promoting the independence of older people;
- promoting and helping maintain the well-being of older people (by increasing their access to healthy food and providing sociable shopping opportunities);
- encouraging and building on neighbourhood support and volunteering;

- stimulating the local economy: encouraging the development of local, not-for-profit small businesses / social enterprises;
- Networking with local partnerships.

However, commissioners can find it difficult to factor in the role that social clauses can play, where they should be used in the procurement cycle, and how they are affected by EU rules on tendering[6]. Local Compacts, which have been developed in all but a handful of areas in England, have the potential to play a vital role in improving funding relationships. Another positive way in which relationships between the VCS and local public bodies can improve is through Local Area Agreements (LAAs). Currently in the East Midlands seven of the nine LAAs refer to the third sector. However, a new round of LAAs are to be brokered, and as part of the Comprehensive Spending Review announcement the Government recently published the single set of 198 national indicators that will underpin the new performance framework. Two indicators refer to the VCS: indicator 6 is about volunteering, and indicator 7 is about an environment for a thriving third sector. (http://www.communities.gov.uk/publications/localgovernment/indicatorsdefinitio ns). The Government undertook a consultation on the detailed definitions of the set to ensure that the methodology for measuring individual national indicators at a local level was sound.

We found instances of 'added value'. For example, in delivering a particular service, staff (paid workers and volunteers) often give additional help to users above and beyond their specified role. Often this entails workers signposting users to other services that Age Concern and other providers offer. Additionally, the workers we interviewed routinely offer help to older people beyond the specific geographic boundaries of their service.

> If the warden realises that somebody is constantly struggling financially then they've got access to our information service…The warden will go in and… suss out where areas of need are…sometimes… they need other things introducing into their life… plug him into all of our other services (KI15).

> They use us as an information service and quite often I will follow something through for them or help with it. You know you don't need to do that do you (KI3).

While Government policy statements have recognised the 'added value' that VCOs bring, to an extent the concept of 'added value' has muddied the waters because it has led to many, particularly in procurement and audit, to try and quantify 'added value'. Commissioners need to be clear what value it is they are seeking and they should include an expectation that communities and users will inform the delivery of the service.

The practice of an ethic of care to older people by Age Concern in summed up by KI9, "we are people orientated and not target driven in that we actually basically do a lot of the work, we do it out of good will'. However, there is evidence that public sector stakeholders get exasperated with VCOs trying to win arguments about funding on the grounds that they do 'good work' (Chapman et al., 2007). How VCOs articulate and demonstrate their value is an evolving area. Some measurement challenges include:
- Costs/problems averted because of the service (such as living longer at home, no need for sheltered housing) but this may be a saving on another budget/agency.

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[6] The North East Centre of Excellence (NECE) has completed a survey of social clauses in public procurement and this was the topic of the January 24th 2008 Newcastle Workshop on Irene Hardill's ESRC Public Service Delivery Project (http//www.socialwelfaredelivery.org.uk).

- Administration and management costs may not be covered in contract.
- Clients helped that are not in target population.

Current policy drivers for promoting the potential for procurement from the VCS include:
- The Local Government White Paper 'Strong and Prosperous Communities' (2006), which highlights the potential of the VCS to bring expertise and experience with user groups, as well as innovative and cost-effective approaches, to service delivery;
- The National Procurement Strategy - local authorities should stimulate diverse markets, consider 'community benefits' and improve engagement with suppliers;
- Comprehensive Performance Assessment (to become Comprehensive Area Assessment in 2009) – local authorities assessed on the effectiveness of their corporate procurement arrangements;
- Local Area Agreements - guidance states that the VCS should be considered for the delivery of public services.

5.3 Public service delivery: voluntary organisation perspectives

5.3.1 Introduction
Public service delivery has resulted in more being expected of Age Concern's workforce (paid staff and volunteers, who may perform the same tasks). Whereas in public and private sector bureaucracies there is a clear cut differentiation between employer and employee, employee and non-employee, provider and recipient, chairperson and director, voluntary organisations are characterised by stakeholder ambiguity, where the roles of employer, manager, employee, volunteer and user overlap (Billis and Glennerster, 1998). The Age Concerns are 'lean' organisations. While they employ paid staff, they rely on unpaid volunteers working in a number of capacities. The six projects are delivered by different combinations of paid and unpaid workers, who are highly motivated and generous with their time, exhibiting both a strong work ethic and an ethic of care:

> I probably I do more than I need to do. I don't need to go, I don't need to do all the extra work… They use us as an information service and quite often I will follow something through for them or help with it. You know you don't need to do that do you (KI9).

One paid worker said her biggest challenge is

> when I'm off sick or on holiday there's nobody to cover for me… I feel as if I'm letting them down if I take a holiday (KI16).

5.3.2 Using Volunteers
The 1990 NHS and Community Care Act and more recent policy developments assumed an untapped pool of volunteers ready to contribute to the provision of caring and other services at little additional cost (Wardell et al., 1992). Recent research on volunteering has reported frustration about last minute policy changes and exclusion from geographical areas and types of volunteering favoured by government's increasingly tighter targets.

> Charities could not exist without volunteers - I have 187 volunteers in Age Concern…without those 187 volunteers…Age Concern would not exist (KI1).

Volunteers, volunteer efforts and voluntary and community organisations are embedded in a community context (Milligan and Conradson, 2006). The community context both influences the causal processes shaping volunteering and can be the target of volunteer efforts (Omoto and Snyder, 2002). Age Concern's volunteers are largely older adults, and their availability in the right location (with the requisite skills) determines the capacity of some projects:

> We match a volunteer to a befriender… they tend to live physically closer to the people that they befriend… But it is quite time consuming as well, for people that volunteer. It can be emotionally draining work befriending (KI10).

> With spatially targeted schemes in rural areas with dispersed populations the availability of potential volunteers is borne in mind when planning services:

> It's always an issue getting volunteers [in rural areas]. And we do particularly targeted work to try and get volunteers in appropriate area (KI7).

> At the same time as we were looking at the venue suitability, we were also looking at the availability of volunteers in that area. And they came together as they say (KI1).

> Wherever possible we recruit volunteers from the area we're targeting (KI22).

Local Age Concerns need volunteers with a range of skills (such as management, nursing, volunteer experience gained elsewhere etc.) to undertake:
- Professional – committee work, advice and representation.
- Clerical – raising money, administrative and organising work.
- Personal services – i.e. service delivery - visiting, driving and other services.

All the Age Concern staff interviewed stressed the value of volunteers to them in a number of capacities, including committee work, "a very good male on the committee who had a very high powered job … he was a very generous man with his time. He knew how to approach people" (KI12). Skills and experience derived from paid work are important but so is experience from voluntary work: "I'd been working for 3 years with Citizens Advice" (KI24). For some schemes volunteer labour is essential for service delivery: "obviously the service relies a lot [on volunteers]; in fact I would say wholly…certainly a great percentage" (KI1).

Volunteering usually combines elements of self interest and giving to others, and this was clearly articulated by the volunteers interviewed.

> Living alone its something to do and to fill my day… I help the Red Cross… although I've been a farmer's wife with children of my own, it's just, I like to be part of the community, I like to join in. I join in most things that are going on in the community (KI2).

> I lost my husband 14 years ago…and I had a shop in town… then I retired a few years ago and of course when you're a person that is active, so I'm a… member of… Lions, and I like doing things for people. It keeps me fit, keeps me busy (KI5).

> I need the befriending service almost as much as it needs me (KI8).

The above quotations reveal that voluntary work benefits both clients **and** volunteers. Age Concern volunteers tend to be the same age as the clients (and often older). Some clients can become volunteers:

> befriending project leaders… encourage some older men who have been referred as a recipient of befriending to become befrienders…meets a need for them as well. I think especially post bereavement side of things (KI9).

This allows people to volunteer to 'give back', as well as keep themselves active. Volunteers practice a strong ethic of care,

you don't just see them...every other Monday. You keep an eye on them... because its your pleasure. I've brought people in my own car if they haven't been able to get (KI2).

Volunteers also become clients, as is illustrated by U26, who played a critical role in the establishment of Project 6, through negotiating for the project to use a village hall. U26 now benefits from the service as a client, as does U10, who helped establish the project, and now enjoys lunches and the social contact provided by Project 2.

5.3.3 Paid staff
The paid staff were engaged in the management/administration and delivery of projects. Strategically each organisation faces three key challenges. They have to address/anticipate/react to:
- Shifting government agendas
- The need to ensure Age Concern's goals/mission are complied with
- The need to make their local Age Concern more flexible and responsive to shifting policy agendas

As was noted earlier, each Age Concern had a small number of paid staff and a much larger unpaid volunteer workforce delivering a growing range of 'services'. In so doing they are more target driven to meet contractual demands. Each one faces an annual funding dilemma, demanding entrepreneurial behaviour, *"a lot of my job is spent finding...pots of money, building up relationships with trusts... trying to find a way of keeping the service going"* (KI22). Managing an unpaid volunteer workforce is now more onerous in part because of the record keeping demands of service delivery. Volunteers now undertake a selection process, undergo training, and there are appraisal procedures. In addition some staff play important community roles, such as on partnerships (health, LAA, Local Strategic Partnerships (LSPs) etc):

Because we've got a title that includes the words Age Concern...I'm on all sorts of different committees and bodies and things like that now, and get involved in all sorts of different projects, just by the fact that I work with older people. I feel that again we can't pass by opportunities where we are invited to engage with things because you never quite know what that opportunity might lead to. So I work very closely with the police (KR9).

Two key strands of duties emerged from the interviews i.e. managerial duties relating to the voluntary organisation and operational issues

The sheer scale of the job means that I try to be very disciplined about what I do (KI13).

There's no time to be strategic or time to develop. That's your problem. You are being reactive all the time and that's not really my natural style (KI9).

I always have one eye on the budget. I have to make it work in that way (KI15).

Expanding services brings with it the management of more staff:

We got funding for a specialist befriending service, for dementia and that meant taking on another paid work[sic] and all the associated work around that...with no increase in our hours or increase in our pay. It was expanded...I haven't got the capacity to manage them properly (KI9).

Working above contracted hours was a strong theme, especially of staff engaged in service delivery, with regular contact with clients, as is indicated below. As one manager acknowledged, *"they theoretically work part-time.... a certain number of hours a week. They put an enormous amount more in"* (KI10). One employee was doing an extra 10 or 15 additional hours per month, but did indicate that

you just give too much. I have to limit my time now because there is my own quality of life. So I now try to be more controlled. I've stopped doing the weekends. You don't get any overtime (KI6).

But another engaged in service delivery commented

the worst thing about the job is the travel and the stress...there was no back up, no admin help I was on my own, I had a problem with excess hours, it was stressful and pressured and it made me feel ill. There were targets, lots of stats to collect (KI23).

For some of those engaged in service delivery, clients were more like friends, blurring the client/professional boundary.

If somebody needs something in the town where I live then I'll do it in my time and get it for them and take it the next day...Sometimes if they are not too far away I will go and visit at times. I went to see a gentleman last week who had been a client and he's now gone into a home. So I took his, one of his neighbours with me and we went to visit him. It's very hard. You get closer to some than you do to others which is always going to be the case. But there was one that [died] I just sobbed buckets...When she died it was awful. It was like losing my Nan (KI16).

5.4 Conclusions

The low level interventions delivered by local Age Concerns help preserve the independence of clients, and in delivering these services we came across numerous examples of 'added value' in terms of wider environmental/social/community benefits (for carers, families and volunteers). However, these services are currently reaching clients who are/have been 'sociable', those who will accept help or those who have people in their social networks who are aware of services that may help them (see below). Age Concern acts as a facilitator in enabling older adults to access their rights, based on contingency. If a wrong is righted then Age Concern has done its job. We also feel that rather than highlighting 'needs', a focus on services that enable older people as citizens to access their rights (to benefits, social inclusion through social contact etc.) is a more positive approach. Project 3 has resulted in the material improvement in clients' lives through a 'one off' advice service helping clients access welfare entitlements, such as the receipt of attendance allowance.

The client groups that we reached tended to be more people that were more sociable than non-sociable people that would tend to attend the groups, rather than be completely house bound... Men are much more likely to use their wife as the source of information... but there are very few all men clubs as well. So men tend to access things via their partner. The crucial thing we consider is men tend to be on their own (KI7).

We have shown that the local Age Concerns surveyed have had a successful history of recognising and responding to unmet need in their areas, and being innovative in public service delivery, forming what Hodgson (2004) describes as authentic civil society (characterised as complex, diverse and organically developing) as opposed to 'manufactured civil society' that is orchestrated by government. Each Age Concern is heavily reliant on the unpaid work of volunteers (in a variety of roles, not merely service delivery), and on a paid workforce that is dedicated, working often part-time on fixed term contracts. However, innovation in the sector can be stifled by the target-driven nature of local authority work. Ten years ago Russell, Scott et al. (1997) urged the VCS to resist pressure to seek contract funding in order to maintain independence from the state and to affirm its developmental role. More recently Kevin Curley (Chief Executive, National Association for Voluntary and Community

Action) has warned that the shift away from grants is dangerous because it takes away the freedom of the sector to decide its own areas of work. There is some research that supports these concerns. Hodgson (2004) contends that VCS groups are increasingly being "stifled through being forced to work towards a bureaucratic mandate laid down by the state". Recent research for NVCO has challenged reports that the rise in Government funding for charities is eroding their independence from government (Wilding et al., 2006).

Chapter 6 Conclusions

6.1 Introduction

The purpose of this concluding chapter is largely to present the key findings and policy recommendations that emerge from the study. These are followed by a brief consideration of the notion of best practice and how this fits with the village services considered. In the final concluding comments we argue that the community based services and activities delivered in rural settings, which are central to this research, help to promote the social inclusion and citizenship status of older people aged 70 plus living in very rural settings.

6.2 Key findings

- Village services such as lunch clubs, befriending services and information and advice services actively promote the social inclusion of older people for relatively small cost. They are highly valued by service users, older volunteers and the wider rural community.
- Whilst there is nothing intrinsically problematic about living in very rural settings, aspects of contemporary country life, notably a lack of transport options and locally available services, may exacerbate the social exclusion of older rural residents.
- The overwhelming majority of users of village services are female. Older men are often reluctant to engage with the services on offer in rural areas.
- The users of village services are almost exclusively white.
- Loneliness and isolation are strong and recurrent themes in the lives of many older people living in very rural settings
- Village services significantly enhance the lives of older rural residents for relatively little cost.
- As part of a wider package of formal and informal support, village services play an important role in maintaining older rural residents in their own homes. As a result they often negate the need for more expensive institutionalised care packages.
- The system of competitive tender (for often time limited funding), which underpins many village services is innovative, in that it stimulates providers to identify and, *if successful,* meet the pressing needs of older rural residents. However, such finite funding arrangements also have major resource implications for providers and, in the long-term, undermine the stability and quality of services.
- Village services, of the type reviewed in this study, would be unsustainable without the continuing goodwill, commitment and generosity of both paid staff and older volunteers working in the voluntary sector.
- The expertise of Age Concern in providing trustworthy services to meet the diverse needs of older rural residents is recognized by service users and funders alike.

6.3 Policy recommendations

- Village services are beneficial to both individual older people and wider rural communities. Their social value is not reflected in current funding levels. Funding should be increased to reflect the economic and social benefits that these 'low level' interventions have for older users and public welfare providers such as local authorities, health trusts and other agencies.

- Social clauses should become an accepted element of public service contracts. This would allow the wider social value of village services to be recognized, measured and ultimately funded by service commissioners.
- The full additional financial costs (e.g. for transport and staff time) of providing services for older people in rural areas needs to be factored into future funding arrangements.
- The short-term competitive funding arrangements that finance many village services create a disproportionate administrative burden and deflect resources away from frontline services. It would be more cost effective and appropriate for service commissioners to reward previously recognized and trusted providers of high quality services for older rural users with longer contracts, subject to annual monitoring.
- The financial costs of managing, training and maintaining the volunteer workforce that underpins many village services should be recognized by commissioners and factored into contracts.
- In rural areas which lack frequent bus services older people should be provided with mobility vouchers to enable them to purchase transport from a range of providers to meet their day to day needs.
- Providers of village services must ensure that the diverse needs of B&ME senior citizens are fully considered when establishing, delivering and developing village services.
- Providers need to find new and innovative ways of engaging with older men in rural areas. More thought needs to be given by providers to the specific needs of older men and ways of encouraging them to engage with village services in the future.

6.4. Village services as an example of good practice?

In this study we have presented evidence that highlights the ways in which village services make a positive difference to older rural residents' lives. Data cited relating to the six projects under examination clearly show how the various services provided enhance the lives of older service users. However, it should also be acknowledged that these services have a wider resonance in rural communities. The trust that older users have in services managed and delivered by local Age Concern branches is mirrored in the confidence that users' family members have in the Age Concern name. The local Age Concern office is often the first port of call for family members who are seeking information about the welfare and support options available for older partners and relatives. This is an important point because, as Clark et al. (1998) note, many older people want to explore the possibility of accessing 'that bit of help' which will enable them to continue living in their own homes for as long as possible. Access to reputable organizations, such as Age Concern, that offer community-based services and activities in rural settings, can provide older people with a viable alternative to reliance on (sometimes non existent) informal, familial support and promote independent living among rural residents. Additionally, interviews with key informants in this research support the view that commissioners of support services for older people in rural settings view Age Concern as a well established partner, with the expertise to deliver appropriate services.

On a number of levels, the village services under consideration here can be seen as examples of best practice for meeting the needs of older rural residents. However, a few notes of caution need to be added at this point. First, clearly more work needs to be done to engage older rural men more fully in the future. Secondly, it is likely that at present only very low numbers of B&ME senior citizens are resident in the very rural areas that are the focus of this study. In the future, it is vital that providers of village services take seriously the needs and requirements of any B&ME senior citizens who wish to access village services in

rural settings. Thirdly, a more general point needs to be emphasized. In the course of this research it became apparent that the future viability of village services depends largely on the willingness of individual paid workers and volunteers, who deliver frontline services, to continue to subsidise provision. They do this by working a significant number of hours above contract and/or providing help and support for people with significant impairments who should be in receipt of more specialised care (e.g. dementia services) but are unable to access this due to resource constraints elsewhere. This kind of support clearly fits with the ethos and practice of many who work in the voluntary sector but whether or not continuing to prop up failing systems of statutory support represents good practice is another matter altogether.

6.5 A question of senior citizenship

T. H. Marshall famously defined social citizenship as ranging from "the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the civilised life according to the standards prevailing in society" (1949 :33). It is a definition that entails two linked elements. On the one hand, citizenship implies a right to a basic minimum of financial support; on the other it suggests that a citizen can expect to participate meaningfully in wider society (Dwyer, 2004). In recent years citizenship status has become synonymous with activity in the paid labour market and this in itself can be problematic for older people who are no longer in paid work. However, citizenship also implies the ability to access a range of resources and conditions that promote social well-being (Ackers and Dwyer, 2004). In his discussion of social exclusion, Craig (2004) argues that the concept of citizenship has a relevance for older people and notes the ways in which accessing a range of social benefits and services may enhance their independence, mobility, social participation and sense of well-being. Clough et al.'s (2007 :91-3) recent discussions also draw three conclusions that are important when considering the idea of 'senior citizenship'. First, whilst "the terms 'low-level' and 'that little bit of help' have been important in promoting the ordinary and practical services that people want", it may now be time to abandon them "because they suggest some services are less important than others…. Secondly, alongside terms such as treatment and prevention, we want to give primacy to well-being. In later life, as at other life stages, citizens should be supported in leading full lives. Thirdly, rather than talking of older people's needs, we should focus on their rights as citizens" (2007 :91-92).

The authors of this report broadly embrace the sentiments behind these three conclusions. We have used the term 'low level' to highlight the fact that the village services under consideration here are low level *only* in terms of both their financial costs and profile relative to other services (e.g. medical and residential care initiatives) that older rural residents may have need to access. However, the evidence presented in this study demonstrates that, not only are village services valued by older users, but they are also high impact, cost effective services that increase the social and material well-being of older people living in the countryside. In various ways they promote social inclusion and citizenship by enhancing older rural residents' access to the resources, rights, goods and services that encourage social interaction and meaningful participation in community life.

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Annex 1: The six projects

The six projects have been anonymised and for each project we present a summary table that highlights the project aims, a brief description of project, clients and area covered, a description of how they were developed, and what their future is likely to be.

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Project history
Age Concern mobilized the statutory sector – the County Council, District Council, a number of Parish Councils, and Health and Social Care Services and on occasions local charities to fund the project by an annual contract. Service provided since 2001. But there are complex annual negotiations.

Area of coverage
Warden services covers remote part of a rural English county with very dispersed settlements comprising 7 small villages (most have no facilities) - clearly defined geographical area of service delivery.

Project aims to: improve quality of life, sense of security by giving 'just that bit of help'

Service delivered to those of: pensionable age, living in designated area, needing emotional/practical support (without crossing care boundaries), housebound/lonely bereaved, isolated with following hospitalisation or during debilitating illness

Clients recruited by a variety or routes: district nurse (60%), word of mouth (20%), warden advertising (20%) – word of mouth includes clients identified by a network of community volunteers who identify potential clients to Age Concern

Clients make small weekly contribution £3.00 for the Village Warden

Role of PT village warden
To know clients and becomes a trusted person for them to ask for assistance
Offers emotional and practical daily support: 'watchful eye' - daily weekday visit/telephone call, check calls to ensure safe and well, light cleaning, small household tasks, occasional transport, shopping, errands etc. She assists with small practical tasks, but more than anything provides a point of reassurance and security

Outcome
From 2001-6 service enabled 44 people to stay at home for as long as possible and continue to be independent and living in their own familiar community
Survey of clients shows that the service is part of a package of support clients receive (in addition to family (60%), carers (30%) and domestic help (10%))

Future
The project is highly valued by all the funders, but there are annual tensions in securing funding from the multiple funders.

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Annex 1.1 – Community Warden Service

Project history
Project forms part of a suite of low level services delivered across the county by Age Concern for the county council since 2004. The contract is negotiated annually, and the budget for the suite of services has been cut by 10 per cent per annum for 3 years, so this year the funds are being supplemented from Age Concern reserves

Area of coverage
Community networks supported across a rural county, analysis focused on a neighbourhood lunch club in a small town, held at a parish community centre

Project aims to:
- Enable older people and their carers to manage the challenges of ageing
- Help to retain choice and control
- Work with social clubs, groups and local volunteers
- Help to support older people in their own community

Challenges of ageing: maintaining independence, social isolation, rural isolation

Part time worker: offers information and practical advise, is an information broker and facilitator, various resource packs, volunteer training available – works with volunteers in communities

Services shaped in consultation with older people and their family carers

Future
The project is highly valued by the funder, by Age Concern and by clients. Age Concern is seen to possess the expertise and networks to mobilize community networks across the county, especially in remote rural areas. While this is the case the budget has been cut regularly, and uncertainty as to future funding rests on the fact that governance structures of the county are to change

Annex 1.2 – Mobilising local communities

Project history and funding
A grant was secured by Age Concern from central government (2005-7). But the demand for the services provided by this grant remain so since spring 2007 Age Concern cover the costs of a reduced service from reserves because of the continuing demand for the service.

Area of coverage
Tightly defined area for service delivery covering a number of former mining communities and some rural villages with high levels of deprivation

Project aims to enhance quality if life and promote well-being by accessing entitlements and improving economic circumstances of older people

The service
Information and advice offered on a range of subjects for people aged 60+ and t those caring for older friends, partners or relatives

PT worker and volunteers offer help with advice on, or applications for benefits such as: Pension Credit, rent/council tax rebates, attendance allowance, disability living allowance, incapacity benefit, carers allowance, social fund payments bereavement benefits, retirement pension

Outcomes
Range of activities undertaken: talks (25, with 699 attendees); mail shots, 4 events, Surgeries held (99 over 2 years, with 452 attendees) publicized with flyers, posters and articles in parish magazines, used parish halls, County Council's mobile contact point (a bus), 175 home visits undertaken resulting in 248 claims, and 306 benefit checks.

£744,783 unclaimed benefits generated for 175 clients over the 2 years of the project

Communities proved harder to reach in the more rural areas challenge has been to get people to accept help, fiercely independent

Future
The original project has grant funding from central government (2005-7). Once this funding ending because the demand for the services had not been fully satisfied by the g
provided by this grant remain so since spring 2007 Age Concern cover the costs of a reduced service from reserves because of the continuing demand for the service.

Annex 1.3 – Accessing Welfare Rights

Project history
Two elements: Mainstream befriending service funded by County Council. Subsequently a
2 year pilot of specialist befriending service for people in the early stages of dementia partially
funded by a charitable foundation grant was established.

Area of coverage
Very geographically isolated communities with limited local facilities and transport. Communities
also affected by the economic pull of region urban centres leaving rural communities with higher
than average numbers of older people, or large numbers of partial occupancy homes used by
commuters and as holiday homes.

Project aims to:

The service
The befriending projects use a mix of paid staff and volunteers to provide a regular social visit.
Visits are generally every two weeks or monthly but can be more frequently for a shorter period
to support someone after bereavement etc.
Befrienders do not perform practical tasks but may support the befriendee to bake, play games,
take a short walk or visit a garden centre or other local trip. The arrangements are by mutual
agreement between the befriender and the older person.
The befriending projects can form part of a care package but are more often for people who
cannot be suitably placed (limited availability of day care and care assistants) and for whom no
local family carers exist.

Outcomes
30-45 clients per service befriended at any one time (i.e. 60-90 in total)

Future
Funding is a constant problem as there have been no year on year increases in core funding from
the county council to meet the increasing cost of providing services. The future of the specialist
service is dependent on attracting further funding from new sources once the pilot period has
finished.

Annex 1.4 –Befriending Services

Project history
Established in 2003.
Funded for 3 years by a range of partners including an major international financial services provider, a non departmental government body and Age Concern.

Area of coverage
The project under consideration in this research was one of six linked projects which were established to operate in geographically defined areas. In this case it operated across a wide ranging rural area.

Project aims to:
Help isolated older people living in specified rural areas access information and advice about a range of services including health, housing, benefits, debt and community care.

The service
The part-time paid worker (7 hours per week) and volunteers publicised available services at rural events and locations. Additionally, the paid worker carried out home visits to offer advice re benefits and services and assist in form filling for claims to benefits. Also Parish Link persons were recruited in very rural locations as conduits for further enquires to Age Concern

Outcomes
An additional £690,000 in benefits was claimed by clients
5800 plus clients accessed information and advice
114 Parish Links were established in very rural locations
(NB these figures relate to the six projects rather than the one that was the primary focus of this study.)

Future
The project funding has ended and much of the outreach work to rural clients has subsequently ceased. Further reduced funding has been found to provide information and advice but it is highly likely that individualised support in rural clients homes may end.

Annex 1.5 - Information and Advice Service

Project history
The service was established in response to the lack of hand hair and foot care for senior citizens in rural locations. It was funded for its first six years since (2001) by grants from combination of charitable bodies. This funding has since ended.

Area of coverage

Seven rural villages dispersed across a wide area.

Project aims to:
take much needed care out into the rural areas to relieve the lack of physical care and the mental anguish created by loneliness, isolation, being house bound and the lack of a comprehensive transport network

The service
The project is staffed by 2 part time co-ordinator- and one full time driver and 46 volunteers,
A mini bus, with disabled facilities, which tows a trailer, equipped to administer hand, foot and hair care using the bespoke facilities on board. It links into the local parish/village hall network and uses those amenities to form the basis of a social club. There is entertainment, mental and physical stimulation and the opportunity to freely socialise with their peers. Coffee/tea mid morning and a hot luncheon meal is provided. Transport, door to door is provided for those with a need.

Outcomes

150 older people across the seven locations access the service on a fortnightly basis.

Future
Funding for the project ended in 2007. Age Concern remains committed to the service and alternative forms of funding were being sought at time of interview. A range of changes to the service were under discussion including reducing the paid workers' hours and significant increases to the users payments in order to retain the service in the future

Annex 1.6 – Lunch Clubs/Mobile Care Servic

Annex 2. Research instruments

AGE CONCERN MANAGERS QUESTION GUIDE

INTRODUCTION/NOTES TO INTERVIEWER
- Who we are, what were interested in. Refer them to the info sheet
  (Emphasise the very rural and older people age 70+)
- Outline and emphasise informed consent and confidentiality/anonymity refer to the consent form
- Check if OK to record for transcription– we routinely send participants a copy of the interview once transcribed to ensure that they are happy with the content of the interview – so emphasise 'we will post you a copy if that is all right'
- Emphasise we know that ACE offers a range of services to older people but in this project we are focusing on just one of these, and that is what we would like to focus on in the interview

BACKGROUND/CONTEXT
1. Can I start by asking you to outline the key elements of (THE SERVICE)?
Prompts: *What is Age Concern(LOCATION) role in relation to THE SERVICE?*
                      How would you describe your role?
                      How is the workforce organised? Do you have paid workers or volunteers or both?
                      What role do volunteers play in service delivery, are there recruitment/retention issues?
2. How does the fact that you are providing a service to older people living in <u>very rural</u> areas impact on your approach?
Prompts: *any particular issues that need to be addressed?*
3. Who uses (THE SERVICE)?
      Prompts: What are the typical characteristics of your service users? e.g.

      older, living alone, gender, ethnicity, low income etc?

      Do you have any data in relation to the age, gender and ethnicity, family circumstances etc. of service users? Will you be able to provide us with numbers/figures etc.?

                      Do you feel you are reaching all the potential clients in your area?
                      How do you publicise the service? Or are people referred to you? By whom?
Are there any groups individuals who you feel may be missing out on the service you provide?(If?) Why do you think this maybe the case? Lack of money staff shortages etc. to expand?

4. How is (THE SERVICE) funded? Is it funded?

Prompts: *Is there a single funding source or multiple ones?*
                     Are there any conditions attached to your funding (such as targets)? Any time limits?
      Do the users have to pay to access the service? How much? All of them?

ESTABLISHMENT/AIMS/IMPACT OF THE PROVISION
5. When was (THE SERVICE) established? How did (THE SERVICE) come about?
Prompts: *Why was it established in the first place? Who/which organisation(other than ACE) was proactive in seeking funding/establishing the service?*
                     In response to what ?? e.g. perceived unmet needs? a particular case that highlighted a local issue? Changes i.e. cutbacks in other

in local services? Discussions with other service providers, older people, advocates? Knowledge of a similar scheme elsewhere in the country?
Responding to a particular proposals or pots of money?

6. What are you trying to achieve by providing (THE SERVICE)?
Prompts: What would you say is the central aim of (THE SERVICE)? To provide what? Information, companionship, a particular service? add to health and well being of user?

Do you think you are successful at achieving these aims (as specified)?   Do you have specific targets to meet for service delivery? Are the target set achievable?

7. To what extent are the welfare needs of older people in very rural areas being met?
Prompts: How might gender or ethnicity impact on their needs?

8. What role does (THE SERVICE) play in meeting their welfare needs? How does (THE SERVICE) impact on your users lives?
Prompt: What difference does (THE SERVICE)make to the lives of users?

positive/negative impact on health and well-being? In what ways? What evidence

do you have for this?

DEVELOPMENT /THE FUTURE

9. Has (THE SERVICE) subsequently been developed in any way since it began?
Prompts: What underpinned such developments (if any)? Consultation? Evaluation? Evidence? A hunch?

10. How would you like to see (THE SERVICE) developed in future?
Prompts: Are there any improvements you would like to make? feel are necessary? What could you do to enhance your service?

11. What challenges (if any) do you face in relation to the future provision of (THE SERVICE)?
Prompts: What are they? What is the biggest challenge you face? e.g. Lack of money? temporality of funding? Staffing (paid and volunteers) issues?

12. How confident are you about the future of (THE SERVICE?)
Prompts: Short-term long-term? Explore reasons for answers

13. Would you like to add or discuss anything else before we finish?

Thank you.

And remind them about the transcribed interview and get an address for forwarding.
END

PAID WORKERS/VOLUNTEERS KI QUESTION GUIDE

INTRODUCTION/NOTES TO INTERVIEWER
- Who we are, what were interested in. Refer them to the info sheet
  (Emphasise the very rural and older people age 70+)
- Outline and emphasise informed consent and confidentiality/anonymity refer to the consent form
- Check if OK to record for transcription– we routinely send participants a copy of the interview once transcribed to ensure that they are happy with the content of the interview – so emphasise 'we will post you a copy if that is all right'
- Emphasise we know that ACE offers a range of services to older people but in this project we are focusing on just one of these, and that is what we would like to focus on in the interview

BACKGROUND/CONTEXT
1. Please tell me about your role in relation to (THE SERVICE)? What do you do?
*Prompts: What does your job entail? Full- time/part-time, paid/unpaid?
                Hours per week?*
2. Can you describe a typical working day/day as a volunteer?
    Prompts: How many people would you be involved with in a day? How? Over how big an area? What are the particular issues that you encounter in your work with older clients? What are the best and worst aspects of what you do?

3. What are the particular challenges that you face in relation to your day to day work?
Prompts: Time pressures? Finances limiting provision, having to do more that the job entails , going beyond routine duties, paper work form filling limiting time spent with clients?
4. Who are your older clients?
Prompts: Outline the characteristics of your older clients gender, ethnicity, family status, financial situation, impairments etc.
                How are people referred to you? Do you think you are reaching all your potential clients?
5. Please describe the area (location) you work in?
Prompts: Does the fact that you are involved in delivering a service to people living in rural areas create any particular challenges for the work that you do?

AIMS AND ACHIEVEMENTS OF (THE SERVICE)
6. What are the problems faced by the older people you work with?
Prompts: Are these exacerbated by a particular set of circumstances?
7. Why is your work with older people important?
8. What are you trying to achieve through your work?
Prompts: Which particular needs of older people are you trying to meet through (THE SERVICE) your work? Financial/care/medical etc.; companionship, overcoming isolation; providing social interactions, transport? promote independence, keep people in their own homes, improve their mental and physical well-being?
9. How successful do you think you are in achieving your aims/meeting the needs of your clients?
*Prompts: Evidence?? which aspect(s) work particularly well and which don't
                Is there anything that could be done to improve (THE SERVICE)?*
10. How does your work impact on the lives of the older people you work with?
    Prompts: what difference does (THE SERVICE) make on their day to day lives? positive/negative?

11. How do you see this work developing in the future?

Prompts: Is the service secure, sustainable? Will you continue to be involved
                  in it?
12. Would you like to add anything else before we finish?

Thank you.

<u>And remind them about the transcribed interview and get an address for
forwarding.</u>

END

For volunteers:
Why did you get involved with this voluntary work?

FUNDERS KEY INFORMANTS QUESTION GUIDE

INTRODUCTION
- Who we are, what were interested in. Refer them to the info sheet
  (Emphasise the very rural and older people age 70+)
- Outline and emphasise informed consent and confidentiality/anonymity refer to the consent form
- Check if OK to record for transcription– we normally show participants a copy of the interview once transcribed so as to ensure that they are happy with the content of the interview – so we will post you a copy if that is all right
- We know that ACE offers a range of services to older people but in this project we are focusing on just one of these, and that is what we would like to focus on in the interview

Why did you fund this project?
Prompts: statutory duty? meeting a specific need? Charitable provision?

How was the decision to fund the service reached?
Prompt: What criteria did you use? Was the service put out to competitive tender? What is the success rate of the applications to funding ratio? To what extent does the client group who receive the service influence your decisions? How much of a priority are older people in relation to the work you fund?

Can you outline the nature of the funding?
Prompts: How much? Are there any terms and conditions attached? Are there time limits? Is the project co-funded? Is match funding required?

What expectations do you have of the service provider?
Prompts: are there any targets/standards/ set that they have to meet? What about equality stipulations re clients etc? Any other governance mechanisms? How do you monitor the provision of the service?

Would you like to add anything else before we finish?

Thank you.

And remind them about the transcribed interview and get an address for forwarding.
END
INTERVIEW GUIDE FOR ACE USERS INDIVIDUAL INTERVIEWS

INTRODUCTION/INTERVIEWER NOTES
- All told this should take no more than 60 minutes
- Who we are: From NTU doing research for age concern about older people who live in rural areas we're interested in exploring their day to day lives and the services that are available to them. Refer tem to the information sheets which they can read.
- Outline and emphasise informed consent and confidentiality/anonymity refer to the consent form.
- Ask them to say right their first name on the card and explain we're going to change them later.
- Check if OK to record for transcription– we normally show participants a copy of the interview once transcribed so as to ensure that they are happy with the content of the interview – so we will post you a copy if that is all right. Do they want a copy??
- Ask to sign consent form and explain £10 vouchers

- We know that ACE offers a range of services to older people but in this project we are focusing on just one of these, which is **STATE PROJECT**
- If anyone needs a break let me know and we'll stop
- I'm looking for your views about your day to day life and particularly **STATE PROJECT**
- It is useful if you say your name before speaking and also if you wait till someone else has finished
- **THERE ARE NO RIGHT AND WRONG ANSWERS**

PART 1 PERCEPTIONS OF THE SERVICE ETC.

1Could I start by asking you your first name and your age how long you have lived here etc. I'll start off
Prompts: AGE, Marital status, place and length of residence

Then stop and test the tape and new Microphone.

2. How long have you all been using THE SERVICE?

3. How did you find out about it in the first place?
Prompts: Did you have to wait before getting a place? How long? Were there any reasons why you started to attend applied for the service? Loss of partner, feeling lonely, need to get out and about, recommended by friend, family member? (Specifics will differ dependent on particular service)

4. Why do you come to /use THE SERVICE?
Prompts: companionship, a meal? see friends? To use the services provided e.g. hair, foot and hand care? Ease of location, access to transport to get you to THE SERVICE?

5. What do you like about THE SERVICE?
Prompts: company? Chatting with friends? Getting out of the house? Being able to ask the workers for help? Knowing you have got an event to go to that day? What's the best thing about the SERVICE?

6. How would you feel if THE SERVICE stopped running and you could no longer use it/attend?
Prompts: Sad/not bothered? Why? What is it about the SERVICE that you value?

7. Are there any ways in which THE SERVICE could be improved?
Prompts: If you could change one thing about it what would it be? Free more frequent??

8. What about the cost of THE SERVICE?
Prompts: How much is it? Can you afford it? Does it give value for money? Why so?

9. Do you go to/make use of other services?
*Prompts: which ones? In relation to the other services how important is **this SERVICE**? How do you rate this one compared to others? Where does **THE SERVICE** rank? If you had to list them in priority order how high would you put this one? Why? What makes it is so good/bad High /low on your list? about it?*

PART 2 GROWING OLD IN THE COUNTRYSIDE ETC.

I now want to move on and ask you some more general questions about being older people living in the countryside:

10. Do you think that being an older person living in the countryside is any different from living in a town or city?
Prompts: Is it better or worse in the country? How so? What is better or worse?

11. How does living, here, in a rural area impact on your daily lives?
Prompts: does the fact you live in small villages have any particular advantages/disadvantages?: Pleasant surroundings, village life, being with people you know? lack of local services, shops, doctors, transport, living alone in an isolated place? What are the best things about being an older person in the countryside? and what's the worst?

12. What changes would you like to make to your daily life if you could?
Prompt: Change in living arrangements, see more of other people? Get out more local shops and services? Are there anything you would like to see change in you would you make to your day to day lives here in the countryside?

13. How do you feel as a man/B&ME senior citizen who makes use of the SERVICE? (To men/B&ME clients as appropriate)
Prompts: Were you reluctant to attend/ make use of the service in the beginning? How do you feel now? Do you feel comfortable/welcomed/ apprehensive? What initially put you off? How might the service better meet your needs as an older man or B&ME older person? Do you get put off by female/ majority environment?
ENDING THE SESSION
Is there anything else you would like to add or discuss?
Any questions for me?
Thanks and distribute vouchers
Check re transcripts?
For interviewers: general useful prompts for follow up questions
I. How do you feel about ?
II. Can you say a bit more about that/what you mean by that ?

USERS: QUESTION GUIDE FOR FOCUS GROUPS

INTRODUCTION/NOTES TO INTERVIEWER
- All told this should take no more than 90 minutes
- Who we are: From NTU doing research for age concern about older people who live in rural areas we're interested in exploring their day to day lives and the services that are available to them. Refer tem to the information sheets which they can read.
- Outline and emphasise informed consent and confidentiality/anonymity refer to the consent form.
- Ask them to say their first name on the card and explain we're going to change them later.
- Check if OK to record for transcription– 'we normally show participants a copy of the interview once transcribed so as to ensure that they are happy with the content of the interview' check if this ok
- Ask to sign consent form and explain £10 vouchers
- We know that ACE offers a range of services to older people but in this project we are focusing on just one of these, which is STATE THE SERVICE
- If anyone needs a break let me know and we'll stop
- I'm looking for your views about your day to day life and particularly the care on the move project.
- It is useful if you say your name before speaking and also if you wait till someone else has finished their point
- **THERE ARE NO RIGHT AND WRONG ANSWERS**
- If you have a different opinion please share it with the group

PART 1 PERCEPTIONS OF THE SERVICE ETC.
1. Could I start by asking you your first name and your age how long you have lived here etc. I'll start off Prompts: AGE, Marital status, place and length of residence

Then stop and test the tape and new microphone.

2. How long have you all been coming to/using THE SERVICE?

3. How did you find out about it in the first place?
Prompts: Did you have to wait before getting a place? How long? Were there any reasons why you started to attend applied for the service? Loss of partner, feeling lonely, need to get out and about, recommended by friend, family member? (Specifics will differ dependent on particular service)

4. Why do you come to /use THE SERVICE?
*Prompts: companionship, a meal? see friends? To use the services provided e.g. hair, foot and hand care? Ease of location, access to transport to get you to **THE SERVICE?***

5.What do you like about THE SERVICE?
Prompts: company? Chatting with friends? Getting out of the house? Being able to ask the workers for help? Knowing you have got an even to go to that day? What's the best

6. How would you feel if THE SERVICE stopped running and you could no longer use it/attend?
Prompts: Sad/not bothered? Why? What is it about the SERVICE that you value?

7. ***Are there any ways in which THE SERVICE could be improved?***

Prompts: If you could change one thing about it what would it be? Free, more frequent??

8. **What about the cost of THE SERVICE?**

Prompts: How much is it? Can you afford it? Does it give value for money? Why so?

9. **Do you go to/make use of other services?**

Prompts: which ones? In relation to the other services how important is this SERVICE? How do you rate this one compared to others? Where does the SERVICE rank? If you had to list them in priority order how high would you put this one? Why? What makes it is so good/bad High /low on your list? about it?

PART 2 GROWING OLD IN THE COUNTRYSIDE ETC.
I now want to move on and ask you some more general questions about being older people living in the countryside:

10. Do you think that being an older person living in the countryside is any different from living in a town or city?
Prompts: Is it better or worse in the country?

11. How does living in a rural area impact on your daily lives?
Prompts: does the fact you live in small villages have any particular advantages/disadvantages?: Pleasant surroundings, village life, being with people you know? lack of local services, shops, doctors, transport, living alone in an isolated place? What are the best things about being an older person in the countryside? and what's the worst?

12. What changes would you like to make to your daily life if you could?
Prompts: Change in living arrangements, see more of other people? Get out more local shops and services? Are there anything you would like to see change in you would you make to your day to day lives here in the countryside?

13. Why are there very few men/ B&ME senior citizens who use the SERVICE? *Prompts: they have other places to go? Get put off by female environment? You don't want them here?*

ENDING THE SESSION

Is there anything else you would like to add or discuss?

Any questions for me?

Thanks and distribute vouchers
Check re transcripts?

FOR INTERVIEWERS: GENERAL USEFUL PROMPTS FOR FOLLOW UP QUESTIONS
How do other people feel about that ?
Would you all agree with ??? or does someone have a different point of view?
Can you say a bit more about that/what you mean by that

Annex 3 – Tables of study participants

CODE NO.	SERVICE UTILISED	INTERVIEW TYPE	AGE	SEX	ETHNIC STATUS
U1	Community warden service	As a couple (married to U2)	80+	F	White
U2	Community warden service	As a couple (married to U1)	80+	M	White
U3	Community warden service	Individual	93	F	White
U4	Community warden service	Individual	85	F	White
U5	Community warden service	Individual	70	F	White
U6	Mobilising local communities	Joint interview with U7	86	F	White
U7	Mobilising local communities	Joint interview with U6	58	F	White
U8	Mobilising local communities	Joint interview with U9	82	F	White
U9	Mobilising local communities	Joint interview with U8	83	F	White
U10	Mobilising local communities	Individual	78	F	White
U11	Mobilising local communities	Individual	86	M	White
U12	Lunch club/mobile care service	Individual	80+	F	White
U13	Lunch club/mobile care service	Focus group	82	F	White
U14	Lunch club/mobile care service	Focus group	92	M	White

U15	Lunch club/mobile care service	Focus group	88	F	White
U16	Lunch club/mobile care service	Focus group	91	F	White
U17	Information and advice service	Individual (daughter present)	85	M	White
U18	Information and advice service	Individual	86	F	White
U19	Befriending service	Individual	85	M	White
U20	Befriending service	Individual	90	M	White
U21	Mobilising local communities	Individual	90	M	White
U22	Lunch club/mobile care service	Individual	81	F	White
U23	Lunch club/mobile care service	Individual	81	F	White
U24	Accessing Welfare Rights	As a couple (married to U25)	64	F	White
U25	Accessing Welfare Rights	As a couple (married to U24)	67	M	White
U26	Accessing Welfare Rights	Individual	76	F	White
U27	Lunch club/mobile care service	Individual	82	F	White
U28	Community warden service	Focus group	70	F	White
U29	Community warden service	Focus group	73	F	White
U30	Community warden service	Focus group	91	F	White
U31	Community warden service	Focus group	87	F	White

U32	Accessing welfare rights	Individual	70+	F	White
U33	Information and advice service	Focus group	81	M	White
U34	Information and advice service	Focus group	82	F	White
U35	Information and advice service	Focus group	76	M	White
U36	Information and advice service	Focus group (married to U38)	79	M	White
U37	Information and advice service	Focus group	70+	F	White
U38	Information and advice service	Focus group (married to U36)	70+	F	White
U39	Befriending service	Focus group	88	F	White
U40	Befriending service	Focus group	67	F	White
U41	Befriending service	Focus group	84	F	White
U42	Befriending service	Focus group	86	F	White
U43	Accessing Welfare Rights	As a couple (married to U43)	81	M	White
U44	Accessing Welfare Rights	As a couple (married to U44)	76	F	White

Table 1. Service users outline information

CODE NO.	ROLE	ORGANISATION	ETHNIC STATUS	SEX
KI 1	Manager (F/T)	Age Concern	White	M
KI 2	Volunteer worker on project (P/T)	[7]	White	F
KI 3	Paid worker on project (P/T)	Age Concern	White	F
KI 4	Paid worker (funding) (F/T)	Age Concern	White	M
KI 5	Volunteer worker on project (P/T)		White	F
KI 6	Paid worker on project (P/T)	Age Concern	White	F
KI 7	Manager (F/T)	Age Concern	White	F
KI 8	Volunteer worker on project (P/T)		White	F
KI 9	Paid worker on project (P/T)	Age Concern	White	F
KI 10	Manager (F/T)	Age Concern	White	F
KI 11	Policy/Funding(F/T)	Local Authority	White	M
KI 12	Volunteer manager (P/T)		White	F
KI 13	Paid worker on project (P/T)	Age Concern	White	F
KI 14	Policy/Funding	Local Authority	White	F
KI 15	Manager (F/T)	Age Concern	White	F
KI 16	Paid worker on project (P/T)	Age Concern	White	F
KI 17	Recoded as KI 24 below			
KI 19	Policy/Funding (F/T)	Local Authority	White	M
KI 20	Policy/Funding/Volunteer (P/T)	Parish Council	White	M
KI 21	Policy/Funding (F/T)	Local Authority	White	M
KI 22	Manager (F/T)	Age Concern	White	M
KI 23	Paid worker on project (P/T)		White	F
KI 24	Volunteer worker on project (P/T)		White	M
KI 26	Volunteer worker on project (P/T)		White	M
KI 27	Volunteer worker on project (P/T)		White	F

Table 2. Key informants outline information[8]

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[7] To help preserve respondent anonymity the individual projects on which volunteers worked are not being listed.

[8] No respondents were recorded as KI 18 and KI 25

Annex 4: Participant information sheet

NOTTINGHAM TRENT UNIVERSITY

AGE Concern

Older People and Village Services

Thank you for agreeing to participate in this research project. Before we commence it is important that you understand the reason why this research is being carried out, and what your participation will involve. We would be grateful if you would take time to read the following information carefully

Who is doing the research and what is the purpose of the study?
A team of experienced researchers from Nottingham Trent University has been asked by Age Concern in the Eastern, East and West Midlands regions to do a piece of research, which looks at the impact of services on older people (i.e. those aged 70+) living in very rural communities (defined as having a population of less than 3,000). The central aims of this research are:
- To evaluate the impact on the quality of life and well-being of older people aged 70+ living in very rural areas, of community based services and activities, to inform future service development and planning.
- To provide a detailed study of each identified project to include: what they are designed to achieve, how they were developed and what there future is likely to be.
- To focus on older persons' views of the service they receive and its impact on their sense of well-being

How will we gather information?
In order to do this we are studying six case studies (two in each region) of village services designed to meet the needs of older people living in very rural areas. In each case we will carry out the following field work to gather information:
- Semi-structured interviews with 4 key informants (those who administer, deliver and fund the service)
- A focus group with six older users of the service
- In-depth interviews with 2 older users of each service

Who is funding this study?
The study is funded jointly by Age Concern in the Eastern, East and West Midlands Regions and Age Concern, England.

Why have I been chosen to take part?
We are asking you to participate because you are an older person who makes use the service we are studying, or you work for, volunteer on or are involved in the funding of the service we are studying.

Do I have to take part?
Your participation is entirely voluntary. If you do decide to take part, you will be given this information sheet to keep, and you will also be asked to sign a consent form. You will still be free to withdraw at any time: this includes the right to withdraw your interview from the study after it has taken place. If you decide not

to take part, or to withdraw at any stage, you will not be asked to give us any reasons.

What do you want me to do?
We would like you to take part in an interview lasting approximately an hour or a focus group lasting approximately 90 minutes at a convenient venue and time. The interview/focus group will be carried out by one of the research team. All older people and unpaid volunteers who take part in the research will receive a £10 store voucher as a thank you for their time and participation.

We will ask for your written permission to tape the interview, to ensure that the information you give us is accurately recorded.

What will happen to the information I give in my interview?
The tape of your interview will be transcribed. After the interview we will forward a copy of the transcript to you to ensure that they are happy with the content of the interview. We will then analyse the information generated and use it to inform our research.

How will you protect my confidentiality and anonymity.
The transcripts will be fully anonymised. Any information that identifies you or your organisation, or that gives any clues to your identity, will be removed. The tape and transcript will be handled only by members of the research team and our secretarial staff, in line with data protection principles and our approved research protocol. Hard copies of research notes are kept in locked filing cabinets, and electronic files are kept on password protected computers which are not accessible to any other university staff.

Once the research project is completed the tape of your interview will be destroyed and the relevant files erased from our computers.

What will happen to the results?
We will write up the results in a report for Age Concern. The results of this research will be disseminated locally via presentations at Age Concern Regional Meetings in early January 2008 and via national Age Concern networks including the Health and Social Care Partnership. The research team also propose to disseminate findings at relevant academic conferences and in appropriate journals.

Contacts for further information
If you have any queries or questions please contact:
Prof Irene Hardill
The Graduate School, College of Business, Law and Social Sciences, Nottingham

Trent University, Nottingham NG1 4BU

Tel: 0115 8485593   Irene.Hardill@ntu.ac.uk

Annex 5: Informed consent sheet

NOTTINGHAM
TRENT UNIVERSITY

AGE
Concern

III. Older People and Village Services

Please read and confirm your consent to being interviewed for this project by ticking the appropriate box(es) and signing and dating this form

1. I confirm that the purpose of the project has been explained to me, that I have been given information about it in writing, and that I have had the opportunity to ask questions about the research

` ☐

2. I understand that my participation is voluntary, and that I am free to withdraw at any time

☐

3. I give permission for the interview to be tape-recorded by research staff, on the understanding that the tape will be destroyed at the end of the project

☐

4. I agree to take part in this project

☐

Name of respondent   Date   Signature

Name of researcher: Date   Signature

Participant code number:

PROJECT ADDRESS:
c/o Professor Irene Hardill, Graduate School, Business Law and Social Sciences, Nottingham Trent University. Tel: 0115 848 5593 Email: Irene.Hardill@ntu.ac.uk