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older people's contributions to rural communities

AGE Concern

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Executive Summary

Characteristics of older people in the countryside

• The rural environment is able to offer a high quality of life to many older people, also has the potential to negatively affect those who lack sufficient resources to enjoy it. Those most likely to be disadvantaged are those without adequate income or the means to get it, for whom sparsity of population, distance and limited opportunities can make the rural environment anything but idyllic. **It is important that attention to the problems of 'the countryside' do not overshadow those of disadvantaged groups within it, or the processes driving social exclusion.**

• **Older people are among the most likely to be disadvantaged, particularly those living alone and on low income.** Factors exacerbating disadvantage are difficulty of access to transport, lack of accessible or affordable public services, shops and other facilities, and dispersed family and other support networks.

• It is in the nature of rural populations to be widely scattered, and diverse. The kinds of concentrations of particular groups associated with urban living generally do not exist in the countryside. This means that **disadvantaged groups and individuals are more likely to be 'hidden' within communities that may appear outwardly wealthy and active. The pattern of disadvantage for older people is not area based.**

• Older people are too often represented as a 'problem'. They are, in fact, more likely to take part in community activities and to hold offices within community institutions. Groups such as the National Federation of Women's Institutes and religious groups, as well as lunch clubs and day services tend to attract older people both as users and as volunteers. **Groups run by and for older people are an important part of the rural infrastructure, providing activities, social contact and social capital to a community, as well as direct benefits in terms of personal health, social cohesion and engagement.**

• **Older people represent an important economic as well as social resource.** Pensions, benefits, and returns on investments represent as a whole a substantial form of income. Many older people, particularly those newly retired who have health, wealth and are mobile, represent an important potential source of labour or enterprise, and of skills and commitment to essential institutions such as voluntary and community agencies, parish councils and others.

Characteristics of rural services for older people

• Some services that might be described as 'rural' are in fact often similar to those in urban areas.

- **In general, 'rural' services aim to address problems of isolation in areas of sparse population; and / or**
- **Operate a peripatetic form of service,**

Beyond this, they may also;

- Use a range of existing community facilities; and / or
- Apply broad or generalised eligibility criteria, often with a preventative focus; and / or

- Work jointly with a number of small groups, local agencies and institutions, as well as large or statutory bodies; and / or
- Depend on volunteers in key roles.

Social Capital and Health

• **Social capital is an important measure of the health of communities, defined as the extent and means to which people co-operate with and help each other, often through informal relationships, but also through membership of groups and organisations, and participation in community roles.** Social capital cannot be imposed on or created for people. Community based organisations, can, however, provide the means by which older people enhance their own and others' social capital.

• Community initiatives and information and advice services have an obvious relationship to social capital, as do services which involve the community in research into local needs, or help older people to set up and run their own facilities. Other services traditionally associated with older people, such as day services, lunch clubs and drop-ins also have a capacity building effect, in that they foster social interaction, enhance opportunities to access knowledge and services, allow buildings and services to be used, provide opportunities for volunteering, and generally enhance a sense of community.
The relationship of such 'preventative' services to social capital, social engagement and health should be seen as a public health issue.

Key principles to successful rural working

• **If a service is to become part of the fabric of the community it must be 'owned' by the community.** Relationships of trust take time to develop, and grow on the basis of personal contact and reputation. It is important to identify and include key people and to be aware that in rural areas people are more likely to perform multiple, often unpaid, roles. Local people possess the information required to ensure that the service is maintained.

• It is important to use existing networks and to consult local opinion of a scheme before plans are finalised. Not only do people take ownership of a service, flexible planning allows for all the minutiae of parochial differences to be reflected in the outcome. Recruiting support through local networks ensures that the service remains congruent, reflecting local need over time. The danger of a service closing for lack of support by volunteers or information about need or availability of resources is reduced if local links are maintained. **The service should act as a focal point for the community to which other services may be added when required, thus enriching local infrastructure**.

Some challenges to successful rural working:

• **There is currently an ageing corps of volunteers, on whom many services depend.** The majority of rural volunteers are women, but increased employment opportunities for women mean that the number of potential volunteers is reduced. This can have the knock-on effect of increasing demand for formal services. Unless investment is made to recruit and retain new volunteers from among 'younger' older people and those in middle age there could be a serious future shortfall.

Initiatives to develop capacity in rural areas take time, but reliance on short-term funding inhibits development and entrepreneurship.

- The rural voluntary and community sector is characterised by a plethora of small or very small organisations, most with a local mission. **There is little tradition of collective action or of collaboration.**

Future research

- The work proposed by NCVO to the sector generally (Jochum, 2002) is also of significance for Age Concern in particular as the largest and most widespread organisation working with older people in rural areas; and local organisations must constantly evaluate their work to ensure that lessons are learned and shared accordingly. They must ask themselves: **How do we work to develop bonding, bridging and linking social capital? Who do we serve, and whom do we overlook? What factors enhance or inhibit access to resources and facilities that empower older people and prevent social exclusion?** The process of asking these questions requires a systematic approach, and need to be asked at the level of each part of the federation and of the federation as a whole.

Introduction

Aim and purpose of the report

The primary aim of this report is to help develop a renewed focus on the experience of older people living in the countryside – and in particular the contribution they make to rural communities – as a guide for the development of rural policy and service initiatives. In order to illustrate a number of key issues relating to the engagement and support of older people in rural areas, this is complemented by an examination of the work of Age Concern as the largest voluntary agency working for older people in the UK and an essential part of the social structure of many rural communities. At the heart of Age Concern are the volunteers and services users, mostly older people themselves who bring to the organisation their cumulative skill, knowledge and experience. The work therefore extends from the axiom that there is no substitute for first hand experience, and that "older people themselves know best what is needed to improve the quality of their own lives and the nature and quality of the services they need" (Help the Aged 2000). As a starting point it attempts to draw such lessons as there are in published literature on what it is like to grow old in a rural environment. Such material is largely to be found in the margins and between the lines, for older people do not feature prominently as a group in discussions of rural society. This, in spite of the fact that rural communities appear to be, on the whole, slightly 'older' than urban ones (Countryside Agency 2002a), and that many older people, particularly those who live alone and are reliant on the state pension, are among the most disadvantaged of all in the rural environment (McLaughlin 1986, Shucksmith, 2000, Wenger 2001).

Statistical evidence should be handled with care, however. Definitions of key terms such as 'older people' and 'rurality' are in themselves problematic, and approaches to the measurement of disadvantage based upon geographical areas are unlikely to be sensitive enough to reflect the diversity of rural communities (Shucksmith, *op cit.*). Moreover, such terms are often associated with 'problems' within a hierarchical structure: for example, that age is equated with increasing dependency about which 'something must be done', usually through policy and service provision; and that to live in a rural community is to live with a barrier between the provider and the recipient of services and facilities. There is no doubt that problems do exist, and many groups who are vulnerable to social disadvantage, among them prominently many older people, can indeed be further disadvantaged by various aspects of the rural environment. But this report does not subscribe to the view that to be old in the countryside – or anywhere else – is to be only a 'problem'. Older people in the countryside, as elsewhere, are much more dynamic and complex, sometimes in spite of the disadvantages they face, and older people are an important source of energy within the paradigm of 'community vibrancy' (Countryside Agency, 2001), however that may be defined. Too often, their active contribution is overlooked in academic and policy debates in favour of their passive needs. This report shall attempt to redress the balance a little. The recent Rural White Paper, *Our Countryside: the Future – a Fair Deal for Rural England* (DEFRA, 2000) included a commitment to: "…empower local communities, so that decisions are taken with their active participation and ownership." It is also in the light of this emphasis on the role of communities, of which Age Concerns are a part, to recognise, understand and address their own needs that this report is written.

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Objectives

This report will address the following questions:

1 Why the question of older people living in rural communities in England warrants particular attention.

2 How issues of low population density and distance can further disadvantage marginalised groups, including older people, and

3 How the changing character of rural communities can affect the social capital older people hold, and the social and support networks in which older people participate.

4 How social isolation and exclusion can affect the health of individuals. and communities.

5 How various Age Concerns attempt to address problems of social exclusion and provide services within rural communities.

6 How these might be improved.

The main route in this report towards a better understanding of the experience of older people in rural parts of England shall be through the work of Age Concern. As an organisation with a national structure and an extensive involvement of older people in policy development and service provision it has a claim to reflect to some extent a 'voice' of and for older people in the UK. The first part of this report shall therefore consider some of the main themes and issues emerging in recent literature on the health and social capital of older people in rural areas and elsewhere. This shall be followed by a series of case studies and a discussion illustrating some of the challenges and opportunities influencing good practice in rural areas, based on interviews with Age Concern staff, volunteers and service users in a number of rural locations. It shall conclude with suggestions for further development, particularly forms of services that adopt an endogenous approach to service provision and thereby help older people themselves to provide the services and facilities they want.

This report shall not remain uncritical. Age Concern is an institution after all, and no institution can be sensitive to all needs or represent equally all interests at all times. This report shall try to indicate areas where, in the light of evidence, it can or should attempt to do things in other ways, and where policy and practice outside the federation as well as within might be changed. Its audience is thus both internal and external to Age Concern.

Methods

The research has involved a review of literature on older people in the countryside and on social capital, social cohesion and on their relationship to the health of individuals and communities. A short programme of telephone interviews was undertaken in 2001

with Chief Officers and staff in 17 Age Concern Organisations and Groups working in rural areas. This was followed in 2002 by a series of more in depth interviews with Chief Officers in seven ACO/Gs. Direct quotes are also taken from a series of face-to-face interviews with older people in north Herefordshire who use or are volunteers at the Mobile Day Centre Service provided by Age Concern Leominster and District.

Older people in rural communities in England

"Isn't it, that's right, it is the elderly looking after the elderly, really."

Age Concern Volunteer, aged 82

The demographic context

In terms of sheer numbers, older people in England are a powerful force. Currently just under 16.5 million people are aged 50 or over, precisely one third of the total population. Men and women aged between 50 and pensionable age account for almost one in seven of the population. Such a phenomenon represents not only a source of potential future 'needs' to which society will have to attend, but also a valuable social, economic and cultural resource. The over 50s in England now almost equal in number the under thirties. (ONS 2002).

The National Service Framework for Older People (DoH 2001) identifies four distinct groups within those aged over 50. Those entering old age, those who have completed their paid employment or child rearing, those in a transitional phase within their late 60s and early 70s, and those aged about 75 and over who are distinguished by an increasing vulnerability to ill health or declining mobility. While the adequacy of such categories to define a population that covers two generations and a vast range of experience and skills may be argued, it is nevertheless the case that just over 9 million people are currently of pensionable age in England, almost one in five of the total population (ONS, *op cit.*). There is likely to be an increase in the proportion of people aged over 65, and particularly in the number of so-called 'frail elderly' aged over 75. As the quotation at the head of this chapter suggests, this has implications, not only for policy and the provision of services for the very old, but also for the roles of younger older people in the community.

More than half the world's older populations live in rural areas (Wenger 2001). In England, depending on how the terms 'rural' and 'older people' are defined, the figure is about 20% (Countryside Agency, 2000a). There is a general trend in the UK towards rural counties having above average proportions of older people compared to urban and inner city locations (ONS 2002.). In inner London, for example, those aged 65 and over account for a little over 10% of the population, compared to those under thirty who make up almost half the population.

The proportion of older people varies, however, depending on where you look. For example, in East Devon and North Norfolk, just over 30% of the population are over the minimum age for a state pension, and almost half (47.6% in each location) are aged over 50. In remote Eden in the Lake District, almost 22% are eligible for a state pension on the grounds of age (ONS 2002). Even these distinctions are crude when comparisons are made at ward level. Within an area of outstanding natural beauty comprising nine wards in North Norfolk, for example, between 30% and 45% of the population are aged 60 and over (Age Concern Norfolk, 1999).

In some locations, however, a smaller proportion of older people scattered across a wide area may present greater challenges, both for them as individuals and for service providers, than a greater proportion concentrated in or around larger settlements.

Older people in rural localities are more likely to live in larger villages and small towns than in more sparsely populated ones in order to live closer to shops and other amenities, where they can maintain contact with others in the community as well as obtain their daily needs (Wenger 2001). Those that remain, typically in farming households, may be particularly isolated.

Migration

Few people of pensionable age move into the most remote or sparsely populated areas (defined as less than 100 per square kilometre), compared with the number of those aged between 30 and pensionable age (Findlay *et al*, 1999). Contrary to the myth that most migrants into rural areas are older retired people moving in from the cities, the evidence is that such migration tends to be by younger economically active people in their late 20s and early 30s, moving over relatively short distances, and working locally. Similarly, those moving out of rural areas tend to be younger, and to be most likely to be moving for personal reasons such as marriage or divorce, though employment is also a significant factor (Ibid.). Though there is migration of older people into and within the countryside, especially to favoured places within certain coastal regions, most migration is done by younger people. Older people, if anything, are more likely to witness migration, and the effects of migration, happening around them. Migration is a social phenomenon with very real consequences for many older people, whether they undertake it themselves or not. It can be of particular significance for communities with fewer resources, or which are dependent upon single industries. The Countryside Agency's report on social exclusion in rural areas, *Not Seen, Not Heard: Social Exclusion in Rural Areas* presents a portrait of a former mining community in County Durham, where the closure of the local coal mine has driven many younger people away. A community that once had a thriving village school, seven local shops, two travelling shops, a doctor's surgery, nurse and midwife, pub and sub-post office, is described as facing at best an uncertain future. One village elder is quoted as saying: "If they got rid of the post office, or if benefits were paid through the banks, that would shut the post office… and be the end of the village." Another mourns, "… we're just all widows now." (Countryside Agency 2000b).

Some regions experience the effects of migration more than others, The South West of England, for example, is the fastest growing region, having grown by almost 13% in the last 20 years. By contrast, the North East and North West regions have seen a general decrease of population in the same period (South West Observatory Core Unit, 2002), though there is still a tendency towards an ageing population. Patterns of migration vary, of course. 'Remote' and 'extremely remote' rural regions in the South West, such as Teignbridge, North Dorset, and North Cornwall, for example have seen the fastest rates of growth in the region (approximately 25% in the last 20 years) while the large urban conurbations of Plymouth and Bristol have seen significant decreases in their populations (Ibid.). Many of the people leaving rural areas are younger people seeking job opportunities elsewhere.

Such factors have obvious implications for service providers, and also for employers. The workforce in the South West as a whole is older than it was 20 years ago, with a decrease in the number of 15 – 29 year olds and a higher proportion of people currently aged 30 – 59. People moving into the region are also more likely to be at the 'early family' (age 30 – 39) or pre-retirement (aged 50 – 59) stage. These factors, here and elsewhere, have implications for the way rural communities are constituted, and thus the interests, resources and demands they will make upon themselves and the public services they draw upon and contribute to.

The involvement of older people in rural communities

Such demographic and economic changes mean that some older people are likely to experience significant levels of social isolation as a consequence of population changes and the break-up of family and neighbourhood support networks. The picture is complex, however. Not all older people experience these things; and many, both indigenous and incomers, enjoy the benefits of rural living. The rural 'scene' for older people is characterised by diversity, small pockets of relative and absolute deprivation existing within and alongside otherwise affluent communities. The fact that deprivation in the countryside is more likely to be 'hidden' than in urban areas is gradually becoming accepted wisdom (McLaughlin, 1986, Shucksmith *et al* 1996, Dunn, *et al* 1998, Shucksmith, 2000, Countryside Agency 2002a).

But if older people are, on the whole, less mobile demographically than their younger counterparts, they are also more likely to participate in and see themselves as part of a localised community. There is evidence that older people in the countryside are more likely to be involved in voluntary groups, particularly pensioners and women's groups such as the WI, or the church, all of which provide informal reciprocal contact and support (Wenger 2001). Somewhat contrary to the myth that incomers and those with wealth are least likely to take part in social groups and activities, Findlay et al (*op cit.*) suggest that community participation is more likely to increase with age, though the presence of children in the household is also a significant factor. The sorts of activities available within many villages tend to appeal more to older people: institutions such as the parish council, village hall committees and religious groups have a broadly greater appeal to older people, whereas sports clubs and school boards or parent teacher associations tend to be more attractive to those with dependent children. There is a tendency for the degree of involvement to be associated with the type of activity or institution available. Findlay *et al* found that the most likely age group to take part in local activities were aged between 35 and 49, perhaps because this is the age when most people have children of school age; while those aged between 50 and 64 were the most likely group to hold office. The long-term implication of this is that those currently entering old age are the most likely people to have the skills and experience to take on community responsibilities, an important consideration in the context of long-term policy for the health and vitality of rural communities.

Older people are more likely to use community facilities such as local shops and post offices. While there is no suggestion that incomers use local facilities less than indigenous residents, there is a greater likelihood that older people will use them more. Use of large supermarkets is widespread across all age groups, but is influenced to a large extent by the ability to get to them. In the absence of accessible public transport, non-car owners may be forced to use local shops for the bulk of their weekly shopping needs, often at greater expense. As this group tends to be less well off and older, this represents a greater burden on already stretched resources. At another level it also represents an obstacle preventing the investment by older people and others in the use and support of local facilities. Pensions and benefits, though sometimes not large in individual terms, nevertheless represent as a whole a significant source of income into rural communities that is relatively independent from changes in the economic climate.

The future of rural facilities and services depends on their usage. But in rural areas there tends to be a close interdependency between local providers. Thus the closure of a petrol station can have an effect on the local shop or post office if people have to travel

into the nearest town to buy their petrol. The loss of such facilities may mean that opportunities for impromptu social contact between individuals are also lost. The village becomes a place in which activities are largely undertaken within the household, behind closed doors. Again, while this may be no more than an inconvenience and a loss of 'village character' to those who have the means to shop or seek social engagement elsewhere, it presents a further loss to those most disadvantaged. As rural areas contain a higher proportion of older people living alone, and as retirement migrants are more likely to be childless, there is a greater risk in rural areas of vulnerability through isolation and low levels of contact with family members. (Wenger 2001).

The fact that rural communities are particularly sensitive to demographic changes, and are more dependent for their welfare on the maintenance of a limited number of highly interdependent services and institutions, means that there is a greater responsibility on policy and service agencies to support these where they exist. While the responsibility for this should not fall entirely upon the voluntary sector – and certainly not without adequate means of funding – attention must be paid as to how largely self-sustaining communities can best be helped to maintain the informal infrastructure that is a feature of rural living.

The stigmatised view of older people as generally dependent does not reflect the reality in the majority of cases. Many have important skills, experience and personal time to offer that is of immense value. Older people constitute a dynamic and flexible social and economic resource. The very definition of old age is increasingly contested, so that those who are at or approaching retirement age represent a new and timely resource.
Far from wishing to retire (and notwithstanding the need to maintain pensions contributions), many of this age wish to remain in work, and have the ability to adapt to new working practices. Small businesses established by older people are more likely to survive into maturity than those started by younger people, and many older people, who as a group represent considerable buying power, prefer to be served by someone of similar age with good communication skills and relevant knowledge and understanding. Remaining active, in or out of formal employment, is good for personal health, and in the case of paid remuneration, offers an important means by which those who have inadequate pensions provision can, at least to some extent, reduce the risk of poverty in old age. Strategies that help promote health and reduce dependency are, of course, of economic benefit to local and national government agencies (Baker, 2002).

Changes in the nature of work can favour the older person. Increased opportunities for home working brought about by developments in IT, for example, allow many older people the opportunity to develop business and social enterprises that can overcome problems of distance at a stroke. Facilities such as RuralNet (Ruralnet website, 2002) **http://www.ruralnet.org.uk/**, for example, provide access to recent information and peer support that can help support local development initiatives. Age Concerns are becoming increasingly involved in responding to demands from older people for more training in IT and the use of the Internet. Initiatives such as the Ageing Well programme, and volunteering itself, actively draw upon the talents and resources of older people as the 'glue' that helps to bind communities and ensure the well being of all.

How are older people in the countryside disadvantaged?

In their evidence to the House of Commons Select Committee on the Environment, Action with Communities in Rural England (ACRE) highlighted a link between rural disadvantage and the perception and attitude of those who benefit from social inclusion:

"Rural disadvantage, poverty and inequality have become heightened in recent years… In rural England it is easy to fail to recognise levels of poverty which exist in rural communities. As rural communities are mixed, poverty cannot be identified in specific places… but tends to be hidden both by the apparent prosperity of some counties, and by the process of social exclusion deriving from increased polarisation and attitude. ACRE 1996, in Pretty, 1998.

There is no doubt that the image of the rural environment as a kind of 'chocolate box' environment hinders awareness of the extent and nature of deprivation in the countryside. Perceptions of rural England as an unchanging landscape, where communities are somehow more stable, secure and supportive, has only a limited basis in fact. The countryside has seen its share of poverty over generations, and many indigenous older people can still remember the workhouse and the absolute poverty that drove people towards it in their old age; though they feared it above all other fates (Blythe, 1981).

Even today, the evidence for seeing older people in rural areas as a particularly vulnerable group makes for grim reading. Older people are among the most likely to be affected by social exclusion (Shucksmith, 2000). Those who are particularly vulnerable are likely to have always lived in the countryside (Wenger 2001), though incomers may also be at risk if their support networks are inadequate to cope with bereavement or increasing frailty (Wenger 1992). A study of deprivation in almost 900 households in 5 rural areas found that a quarter were living in or on the margins of poverty. Of these, 35% were sole elderly households. Most poor households were found to be those reliant on state pension alone. Older people occupied 40% of local authority housing in the survey. There was a limited availability of social housing, particularly in more remote areas. High prices and little choice often provide few alternatives to remaining in sub-standard housing. The majority of those sole elderly households in poverty were women (McLaughlin, 1986).

Many of the factors that drive or exacerbate disadvantage amongst older people in the countryside are found in urban areas too. The main difference for those in the countryside is that those experiencing disadvantage are more likely to be scattered and thus harder to identify as a group. The primary root of all disadvantage is low income, but also implicated are lack of affordable local services and inadequate and costly transport and housing (Shucksmith *et al*, 1996; Rural Development Commission, 1998a). Indeed, those experiencing disadvantage in the countryside are likely to have more in common with similar groups in urban peripheral estates where many low-income families live than with many of their neighbours in the same village. (RDC, *op cit.*).

In general, and regardless of location, those most disadvantaged are likely to have lived on low incomes for a long period. Lack of savings or capital investments allow few luxuries or even the replacement of worn-out goods. Certainly there will be few

resources to fall back on in hard times. Those most likely to enter poverty are pensioners and families with children: those most likely to escape are males aged 45 – 54 and couples without children. The more workers there are in a household, the more likely they are to avoid poverty or to get out of it after a period (RDC, *op cit.*).

The vulnerability of those older people who are dependent on a state pension as their main or sole form of income is obvious. These people are likely to have 'lived poor' most of their lives. Many are manual workers or their spouses, and in the countryside are more likely to be indigenous (Wenger 2001). If they were farm workers they may have received housing as part of their employment conditions, but their wages would have been low and they are likely not to have had the means to save for their retirement. Landowners, too, may have holdings in land but in some areas at least, little income and few prospects but to struggle on or sell up. The high rate of suicides amongst farmers is likely to be due only in part to the ease of access to firearms and poisons: a sense of powerlessness and isolation in the face of poverty is also a cause (Sherlock, 1994). And while there is a greater likelihood of home ownership in some rural areas, without the means to maintain property it can quickly fall into disrepair.

The stigmatised view of older people as less able to work can affect those in rural areas with particular force. Though there may be lower unemployment generally in the countryside, much of this is low paid and / or part-time. Where opportunities for work are scarce, and overheads higher, the prospects for unskilled or semi-skilled workers can be bleak if they also lack the means to get to work or to retrain for it. Even where personal transport is available (and life can be difficult in the countryside without it) fuel and repair costs can make a car an especially expensive item.

Other factors, too can contribute to disadvantage. Whereas older people with nearby kin are most likely to receive family support, childless migrants and those living alone are particularly vulnerable. Problems of isolation and loneliness can be exacerbated if older people do not maintain social contacts but are more household focussed. As individuals are more visible in sparse populations, the presence of dementia, limited mobility or other problems is more likely to result in withdrawal and isolation, particularly if there are limited networks of which the individual is a part (Wenger *op cit.*). Loneliness itself is stigmatising, and hard to detect. It may result from a loss of 'significant others', such as a partner, but can also result from children or close kin moving away or the older person themselves moving home (Cattan 2002). Small communities, too, can be intolerant of people who appear to be different, and many people fear to acknowledge the existence of problems (Sherlock, *op cit.*) As one Age Concern Chief Officer commented:

"A lot of people like to retire here, and they sell up everything. Then one of them dies, and the other is left alone. They can't move back because their money isn't enough, or they feel they've burned their bridges. So they stay here. They don't know anyone. They're often very lonely… We know they're out there, but it's getting to them that's the problem"

The rural environment thus has the potential to negatively affect those who lack sufficient resources to enjoy it. While loneliness and isolation can affect anyone, those most likely to be disadvantaged are those without adequate income or the means to get it, for whom the problems of sparsity, distance and limited opportunities can make the rural environment anything but idyllic. It is important that attention to the problems of 'the countryside' does not overshadow those of disadvantaged groups within it.

The impact of loneliness and isolation on the health of older people

"But I think really the loneliest people don't come, the loneliest people are too shy to come." Age Concern service user

The nature of loneliness and isolation

Loneliness and isolation are significant problems for many older people, regardless of where they live, and have an important effect inhibiting people's quality of life (Cattan, *op cit.*). They are not the same thing, however. Some older people choose to live largely solitary lives and do not feel lonely. For others, feeling that they lack close companionship or as much contact as they would wish can result in feelings of chronic or even acute emotional distress, in some circumstances with serious physical consequences. For example, there is an increased likelihood of death within six months of the death of a spouse (Martickainen & Valkonenen, 1996).

Isolation is a separate phenomenon and can be described as an objective state of having minimal contact with others (Wenger *et al*, 1996). Estimates of the extent to which isolation and loneliness are prevalent amongst the older population vary, not least as a consequence of establishing reliable reports about what is a complex and often acutely personal experience (Andersson, 1998, cited in Cattan, *op cit.*). There is an association with increasing age and social isolation and loneliness, due in part to increasing frailty and reduced mobility. There is also an association with women, due to the fact that women are more likely to live longer than men and to be widowed (Wenger, *et al*, *op cit.*). Social isolation is strongly associated with living alone, for example, but this association is much less strong for loneliness. There are suggestions that intimate relationships outside the family may be at least as, and sometimes more important than family relationships (Ibid., Langan, *et al*, 1996).

Social relationships, activities and health

Social connections are not just about 'quality of life', however important that may be. There is evidence to suggest that social factors, in particular social cohesion and social capital, can have a direct effect on the health of individuals.

"That social cohesion enhances well-being is by now a well established fact…numerous epidemiological studies have shown that people who are socially integrated live longer (Berkman et al 1979; House et al *(1988) Kawachi* et al *1996). Socially isolated people (are more likely to suffer premature mortality than) well-connected people, presumably reflecting the former's limited access to sources of emotional support, instrumental support (for example, financial aid), and other forms of support.* Kawachi & Kennedy, 1997

The causal mechanisms relating social isolation and loneliness – and their converse, social engagement – to health are far from understood, though the evidence base for links between the social isolation of individuals and the likelihood of illness and premature

mortality is increasing. One possible explanation is that many social and productive activities encourage a certain amount of physical activity in the course of their pursuit, without it being identified as the aim of the activity. It therefore often goes unrecognised and unrecorded, but nevertheless has beneficial effects that reduce the risk of functional decline. This in itself has important implications for health care costs (Everard, *et al*, 2000)

A study by Glass *et al* (1999) measured the association between social, productive and physical activities (such as participation in social groups or playing games, and gardening, shopping, or volunteering) on mortality from all causes over thirteen years within a cohort of 2761 elderly Americans. The results indicated a link between survival and social activities even when these involve little or no physical exertion (though many involved some physical activity necessary to the maintenance of health (Riddoch, 2000). This may be due in part to reduced levels of psychological stress, the promotion of self efficacy, a sense of meaning and purpose in life, enhanced social networks, and social support, as well as physical activity, all of which the authors indicate have been linked to survival in a number of studies. One well-known example examined the association between social and community ties and mortality in a random sample of almost 7000 adults over nine years in California. The results indicated that there was a strong association between lack of social contact and increased risk of mortality (Berkman & Syme, 1979). The findings were reported as independent of self-reported physical health, year of death, socio-economic status, and a wide range of common health related behaviours such as excessive eating, alcohol consumption, and smoking.

The strength of an older person's social and support networks has been shown to directly relate to their ability to cope with increasing frailty. A study in Israel explored the relationship between social network type and morale in over 2000 older people (Litwin, 2001). Those older people with broad networks that included a wide range of friends as well as family reported higher levels of morale than those with exclusive family or restricted networks. Certain network types were found to be second only to disability in predicting morale, a finding which further reinforces the value placed by many older people on friendships and relationships of their choice in addition to those with their families (Langan, *et al,* 1996).

One of the best known typologies of social and support networks of older people is the Support Network Typology (Wenger 1994a), derived from the Bangor Longitudinal Study of Ageing (Wenger *et al* 1999), conducted in rural north Wales between 1979 and 1999. This identified five types of network dependent on the availability of local close kin, the level of involvement of family, friends and neighbours, and the level of interaction with the community and voluntary groups. The typology is highly correlated with a wide range of characteristics of older people, including age, gender, marital status and social class (Wenger 1995). Research has indicated that the distribution of network types varies with the type of community, and that the typology can help in the prediction of likely intervention needs (Wenger 1994b).

The five types are named in terms of the type of relationship that the elderly person has to the network. The first three are based on the presence of local kin, the other two reflect the absence of local kin (Wenger, 1992, 1994a, 1994b, 1995):

- Local family dependent
- Locally integrated
- Local self-contained

- Wider community focussed
- Private restricted.

A description of each type is presented as Appendix A.

Shifts in network type, from independent towards more dependent network types, are found to typically increase with age due to the influence of increasing frailty, physical or mental impairment. The strength of social contact with close family members, friends and neighbours, and also with community groups, has been shown to have a positive influence on the extent to which older people are able to remain independent and active (Wenger, *Ibid.*).

One of the key social factors influencing the level of family and community support for older people is migration. In a comparison of support networks in a working class area of Liverpool and rural North Wales Wenger found that the older people in urban Liverpool had more supportive informal networks than their counterparts in rural areas. The main reason cited for this was the relative stability of the community in which the older people in Liverpool lived (Wenger 1995). Those in rural areas were more likely to have moved into the area or to have had close family move away. There is thus a certain irony in these findings, given the popular conception of rural communities as more stable and cohesive than urban ones. Such an irony further reinforces the need to be wary of shallow urban / rural dichotomies, and to focus on the experience of particular groups in society.

In recent years there has been an increasing focus within policy on the social and emotional factors influencing health. The green paper, *Our Healthier Nation*, for example, demonstrated recognition of the fact that being 'well' involves making "the most of the opportunities that life has to offer and (playing) a full part in community and working life". Indeed, it states that the condition of healthiness itself includes, "being confident and positive and able to cope with the ups and downs of life" (Secretary of State for Health, 1998). It seems likely that mechanisms by which the relationship between social support, activity and health are mediated involve stress as a significant factor (Uchino *et al*, 1996). There is research evidence to indicate that emotional distress is linked to susceptibility to physical illness, including cardiovascular disease as a result of stress from life events. "Collectively, these studies are beginning to lend credence to the widespread public belief that physical disease may be the consequence of emotional distress", and that social and emotional support can protect against premature mortality, prevent illness and aid recovery (Stewart-Brown, 1998).

Social and emotional wellbeing is intimately bound up with the way people perceive themselves and are perceived by others. A recent study by Levy *et al* (2002), for example, indicates a link between positive self-perceptions and longevity. After allowing for age, gender, socio-economic status, loneliness and functional health, the report found that those with more positive self-perceptions of ageing are more likely to live longer than those with less positive self-perceptions. They suggest that one factor influencing this result is the belief that the benefits of life outweigh the perceived hardships. Possible mechanisms include cardiovascular response to stress, which may be adversely affected when older people have negative views of ageing. So strong was the association between self-perception of ageing and mortality that the research calculated a median increased life span of older people with positive self-perceptions of 7.5 years (a 50% increase over their comparison group). The authors wryly concluded:

"If a previously unidentified virus was found to diminish life expectancy by 7 years, considerable effort would be devoted to identifying the cause and implementing a remedy. In the present case, one of the likely causes is known: societally sanctioned denigration of the aged. A comprehensive remedy requires that the denigrating views and actions directed at elderly targets undergo deligitimization by the same society that has been generating them." Levy *et al*, 2002.

There are thus good reasons for seeing many health problems as the consequence of social inequalities rather than the individual behaviours with which they are more commonly associated (Fisher, *et al*, 1999).

The promotion of personal and community health are public health issues, as are community development initiatives that aim to promote social capital and reduce inequalities. In this sense, the activities of Age Concern, and others, often have indirect health benefits that may easily go unrecognised or suffer from restrictive labels such as 'support services' or 'leisure activities'. The value of these goes beyond the facilitation of individual welfare; they help strengthen the capacity of whole communities to access essential resources and to maintain a wide range of networks through which people enhance their own capacity for healthy behaviours. In rural areas, where distance and limited infrastructure may further diminish the opportunities for disadvantaged and socially excluded people to participate in the social capital otherwise enjoyed by those more advantaged, the work done by voluntary and community groups and organisations is often crucial. Examples of how this has been achieved are discussed in a later chapter.

The social capital of older people in rural areas

"In small communities like we were, all houses, no shops or anything, when the pig was killed we always took a plate of what they call fry to this person or that person. And the lady that came in to do the salting she had this and the lady up the road she always had the pig's chitlins, took them away in a great big tin bath, and that sort of thing. And then when the next person killed a pig, it was brought back to you. And if you'd got a big crop of apples and somebody else hadn't got them you gave whatever you had surplus, your damsons or your plums, or whatever it was, potatoes, maybe. You stacked your potatoes in a big stack in the garden. If your next-door neighbour hadn't got any, well you shared them. There was a bigger sense of community, maybe more inter-marriage, more families were related, more sort of a community spirit in the country… and it's still like that isn't it?" Indigenous resident and day service volunteer, age 80

"Well, it was, when we came here it was a lot of retired people, and we all got together and we started an over sixties club, and tipped in for the village fetes. Frankly, I knew every person, every cat, dog and horse in the village. But not so now. There's a lot of people moved in, just in the last few years, who don't seem to want to mix. They're younger. And also different types. They just keep themselves to themselves, go out together, don't seem to want to join in. There's several decent groups here, Age Concern comes once a fortnight. The over sixties club meets once a fortnight, alternately. There's some nice people in the village. But I don't mix like I did. Retirement migrator and service user, aged 83

What is social capital?

The term 'social capital' is largely associated with the work of American political scientist Robert Putnam. In his article *Bowling Alone: America's declining social capital*, Putnam explains social capital by analogy with:

"…notions of physical capital and human capital – tools and training that enhance individual productivity – 'social capital' refers to features of social organisations such as networks, norms, and social trust that facilitate co-ordination and co-operation for mutual benefit." Putnam, 1995.

The central premise of social capital is that social networks have value. Who people know, and what they do for each other result in levels of trust, recipricocity, information, and co-operation. Social capital is to some extent a measurable phenomenon: it manifests in exchanges of information, in collective actions and in identification with groups – a 'we' mentality rather than an 'I' mentality. In a crucial study of the performance of local governments in Italy after their introduction in 1970, Putnam concluded that "the stock of social capital in a region – for example as measured by the density of citizens' participation in community organisations (choral societies, soccer leagues, Rotary clubs and the like) turned out to be the best predictor of local government performance" (Kawachi & Kennedy, 1997). This performance was measured in terms of the presence of civic institutions and services, such as "… day care programmes and job-training centres, promoting investment and economic development, pioneering environmental standards and family clinics…" Those regions where citizens were traditionally engaged by public issues, where social and political networks were organised horizontally, not hierarchically, and where social issues were perceived to be everybody's business, not just the responsibility of those in power, were found to correlate strongly with higher local levels of community participation and trust than those where these were thought to be somebody else's problem (Putnam 1993). This has important implications for policy and for the way services are provided and political and social institutions are organised.

'Community vibrancy'

Communities with high levels of social capital function better than those without. The concept of 'community vibrancy' is currently proposed by the Countryside Agency as a reflection of "opportunities for shared activities (that) make an important contribution to and / or reflects community cohesion and vitality" (Countryside Agency, 2001). In order to compare the levels of 'community vibrancy' in various local settings, the Countryside Agency has drawn upon information obtained through its own Rural Services Survey 2000 (Moseley & Chater, 2000) to identify five components, which they interpret on a scale thus:

Table 1: Components of the community vibrancy indicator Countryside Agency 2001

Community Activity opportunity	Score
Presence of a village hall or similar in active use	3
Contested parish elections	3
Local village traditions and annual events	2
Presence of a pub	2
Co-opted member/s of the parish council	1
Potential total score	11

The components of the community vibrancy indicator are far from comprehensive, and are strongly biased towards measures of involvement in formal political processes and institutions. As yet there is no recognition of voluntary activities or the effect of voluntary or community organisations on the level of 'vibrancy' in a community. Analyses at parish level suggest that there is a " 'critical mass' of population in a village needed to enable the community activity opportunity to become viable or function". Parishes with populations of less than three hundred are seen as least likely to be scored as 'vibrant', a conclusion

that would seem self-evident, given the weight placed upon formal political and administrative institutions, which are more likely to be present in larger village communities.

Of rather more significance is the suggestion that a key factor in the social capital of a community is the presence of a village or church hall and / or pub. There is evidence that the stock of village halls in England has experienced an increase in both number and quality (Moseley and Chater, *op cit.*). This is due in part to the availability of direct grants from sources such as the Countryside Agency's 'Vital Villages' fund and the National Lotteries Board Community Fund. A recent example is the *Countryside Communities Initiative* provided by the Community Fund, which offers support, for instance to "a village playgroup, a rural dial-a-ride service, or keep-fit sessions for the elderly in a village hall, or a village hall itself" (Community Fund Website, 2002). Pubs of course are more vulnerable to commercial pressures, though there are instances of them extending their activities to include local shop facilities, post offices, and venues for lunch clubs and other social gatherings. Some pubs have taken on an outside catering role in alliance with Age Concern, for example supplying a hot meal to a day centre service in Yarpole, Herefordshire. In Warwickshire, too, Age Concern helps support a number of 'pub lunch clubs' around the Stratford area. The older people who use it largely manage the service, and there are opportunities for guest speakers.

Though such a scale has some value in describing a potential outcome of links between certain aspects of the rural infrastructure and social capital, and may also provide a means by which at least a crude measure can be accomplished, it is far too simplistic to indicate the effect of other factors, or why, for example, some larger communities score poorly and some smaller ones highly. The role of the church is perhaps a useful analogy to this complex issue. Not the least part of the church's function is to provide a sense of shared community amongst parishioners and beyond. The church in rural England has for centuries provided a link between the personal, social, physical and spiritual worlds to communities with few other common institutions or places of common interest (except perhaps a pub), or missions to provide pastoral care (ACORA, 1990). It is no secret that congregations in all areas have declined significantly, as has the number of clergy. In the absence of a widespread public recognition of the church's pastoral role and the resources to administer it, and a withdrawal of the statutory sector's involvement in all but the most urgent cases, it largely falls to voluntary and community agencies to provide the infrastructure to enable many people to be included in and contribute to society through schemes such as befriending or visitor services, lunch clubs, 'low level' day care services, educational or other opportunities. Bit by bit these services – which are in a sense only the formal structure and outward appearance of a myriad of complex social relationships – help their participants maintain social contact and a sense of being part of and contributing to a world beyond their doors.

The role of the voluntary and community sectors in promoting social capital

The maintenance of social capital for older people is of course, neither the sole preserve of Age Concern, nor of the voluntary and community sector in general. By definition they draw upon and contribute to networks and resources that are already there. Many activities go on from day to day that contribute to social capital. Neighbourhood watch schemes are a formal example of social capital in action: instances of neighbours 'popping in' to see if someone is 'all right' are a less formal example.

Collective efforts to raise funds for a school or to protest against a development are forms of social capital. Friendship networks (face to face or electronic), clubs and societies are all forms of social capital. An information and advice service is a mechanism to help promote social capital. Volunteering itself is a direct means of promoting social capital. In different ways they each involve relationships of trust and engagement.

Social capital is a fragile thing, however, and the processes by which it is damaged or enhanced are complex and often indirect. Factors such as the decrease in membership of community groups and the increasing importance of watching television in people's lives, are seen by many as diminishing the stock of social capital available to a community. Migration, to some extent, can also affect the quality of social capital. As mentioned in a previous chapter Wenger (1995) identified a correlation between community stability and the quality of informal support networks of older people, which somewhat belied the myth that rural communities are *necessarily* closer and more supportive. Many rural communities have become so-called 'dormitory villages', serving as locations from which people commute out in the day and return in the evening. Without the presence of certain institutions that help promote social capital these can be lonely places indeed, even for those with the means to 'escape' to other locations, either physically or virtually by means of the internet and other media.

How people get along together within their communities can have a profound effect on the health and welfare of individuals and of communities alike. Local voluntary agencies must work closely with the social capital of their communities, as their activities will often bridge social as well as geographical boundaries. Older people in rural areas tend to have more contact with their neighbours than in urban areas, due in part to the fact that they meet in the (fewer) shops and other public places, and there is a lower density of housing. They are also more likely to be involved in voluntary groups, particularly pensioners and women's groups, or the church, which provide informal contact and support (Wenger, 2001). Many older people prefer to take part in activities with others of similar age, gender, experience and socio-economic background, but this is not exclusively so, neither do older people want always to confine their activities to those within their own group. A case in point is Age Concern Wigton, a small group in Cumbria run by volunteers, which was visited as part of this research programme. The members had recently completed a tapestry showing the history of the town, and were keen to see it displayed in local schools. Some of them were angry that they had met with resistance to this idea and that it was currently on display at the local health centre, where "too many old people go" (sic).

The members of this group displayed a high level of social capital, both in the strength of their support for each other, and in their collective and positive involvement beyond their own membership. In their review of the literature on the associations between social support, social capital and health, Cooper *et al* (1999) describe the way these are linked. Social support refers to those resources that individuals can draw upon and give to members of their social network, such as friends, neighbours and family. These resources may include practical, material and financial help, emotional support, advice, information, personal validation and identity. Concepts of social support generally see the individual at the centre of a network of other individuals. But an individualistic approach may ignore the wider social, economic, environmental and cultural determinants of health. Health, of course, is more than the absence of disease or disability, but a "state of physical, mental and social wellbeing" (WHO, 1947). In the context of this report, it is also about the quality of involvement, commitment and

respect paid to older people, who as a group contribute much of the social capital that is essential to individual and collective welfare. The health of a community therefore is related to that of individuals: the measure of one is, to an extent and in certain ways, also that of the other. This point is often overlooked:

"…what has been missing from recent epidemiological studies of social relationships and health is the social context in which people live their lives…by focusing on the outcomes of socially isolated (or well connected) individuals, epidemiology has neglected the possibility that entire communities or societies might be lacking in social connections.

Kawachi & Kennedy (1997) p 1038, cited in Cooper *et al*, *op cit.*, p6–7

Types of social capital

Social capital takes many forms. As yet there has been little work on the relationship of the voluntary sector to social capital in rural areas. In her excellent review, Jochum (2002) draws upon Putnam's work to describe two types of social capital, and on Woolcock (2001) for a third:

"**Bonding social capital** involves closed networks and describes strong ties within homogeneous groups, primarily amongst family members, close friends and neighbours".

"**Bridging social capital**… involves overlapping networks where a member of one group accesses the resources of another group through overlapping membership. It describes weaker, more diffuse ties with, for instance, distant friends and colleagues".

"**Linking social capital** relates to the connections between individuals and groups in hierarchical or power-based relationships. It describes social relationships with those in authority and relates specifically to "the capacity to leverage resources, ideas and information from formal institutions beyond the community".

Bonding social capital is strongest among family, friends or neighbours, and members of interest groups, and is associated with high levels of personalised reciprocity and trust. This form of social capital may be said to be made up of 'horizontal' connections between individuals and to help people 'get by' in life. Many local interest groups and services run or supported by voluntary agencies provide opportunities for developing and sustaining bonding social capital. Similarly, bridging social capital joins individuals and groups, albeit at a greater remove. Bridging and Linking social capital both extend beyond networks of known and familiar individuals, but linking social capital may be described as a 'vertical' tie in that it refers to the institutional context of social capital. The former two help to sustain generalised reciprocity between groups and organisations, through formal and informal relationships; whereas the latter helps sustain confidence in governance and expert systems, such as government, educational or business institutions. Local voluntary and community organisations can have an important influence on the development of each of these three types, but, perhaps as a consequence of their size and geographical focus, are generally better at facilitating bonding social capital than bridging and linking social capital. (Jochum, *op cit.*).

It is worth noting that, depending on its type and whom it is seen to affect, social capital can have both positive and negative outcomes. The positive outcomes include a wide range of benefits, from examples of individual reciprocity, to macro-economic outcomes that contribute to long-term sustainable development. The latter may manifest in policies that result in a high level of educational achievement and engagement in the labour

market, improved business connections, public health services and lower crime rates (Jochum, *op cit.*). Negative outcomes associated with strong social capital include the exclusion of 'outsiders' by members of a community, and negative peer pressure, discouraging members to break with dominant customs and values and imposing restrictions on individual freedoms.

Social capital and relationships of power

Both positive and negative outcomes are to do with power relationships: high levels of social capital may be possessed by those with access to decision making processes and resources, who may in turn seek to exclude others from access and participation. In the context of the financial and political climate in which many voluntary and community agencies work, access to sustained funding even for core services, let alone 'capacity building' initiatives, is always a problem. In rural areas, where processes of social exclusion are not as visible as in urban areas, and those experiencing social exclusion often live dispersed amongst apparent affluence, there is a risk that a dependency on short-term funding regimes for projects that do not recognise the peculiar problems of socially excluded groups in rural communities, and the difficulties of accessing them, may serve to further exclude those most disadvantaged from access to services, facilities and information. Community development initiatives based on area models may therefore only reach the already advantaged (Shucksmith, 2000). This has implications for voluntary and community organisations who seek to obtain new funds and to grow by expanding their existing service models into new geographical areas. If service development is not accompanied by strategies to specifically identify and engage with socially excluded groups then these strategies may in fact only continue to attract the 'haves' and to fail to engage with the 'have nots'. Organisations may need to ask whom it is they are intending to serve when they – in connection with others – provide 'services for older people'.

Obstacles to equality

Those groups most affected by exclusion in the countryside, and most lacking in social capital, are older people (especially if living alone), younger people, low-paid people and the self-employed, people detached from labour markets, and women. Low levels of benefit take up may reflect inaccessible advice and information services, differing perceptions of poverty, and a culture of independence (Ibid.) For these people the voluntary sector is of crucial importance. In so far as it is the most likely to have a local 'presence', it may even carry the responsibility for providing services such as day care that are elsewhere available from the statutory sector. It thus often falls to voluntary and community organisations to be responsible, albeit unwittingly, for the development of social capital and the promotion of social inclusion to the most vulnerable in rural society. While they may draw essential support from within rural communities, not the least of which are the resources and commitment of older people, they may also experience significant obstacles both within and outside their organisations and without that hinder their ability to tackle social exclusion.

One of these obstacles is the strength of voluntary and community organisations to promote the kind of personal, 'horizontal' aspects of social capital, and their relative weakness in promoting vertical or linking ties that connect communities with formal institutional networks such as government. Voluntary agencies are in a position to do much to help support and promote so-called, endogenous or 'bottom-up community

initiatives. But the sector as a whole suffers to some degree from a lack of coherence and a collective 'voice' in which to influence the development of policy. Research undertaken by NCVO suggests that:

"The lack of contact and partnerships involving rural voluntary organisations may reflect issues such as time, distance and the small size and geographical focus of many organisations. But it is also a consequence of the fact that many rural voluntary organisations appear to be very mission focussed and do not necessarily see it as their role to engage with the wider world" (Jochum, *op cit.*, Yates, 2002).

Affecting a change on such a perception will not be easy, particularly if those organisations believe that they already engage sufficiently with others, and are reluctant to incur extra commitments or expose themselves to levels of regulation and control which counter the very spirit by which they survive. Such a quandary faces many small Age Concern and other groups run by a few (often ageing) volunteers. It is the responsibility of the larger bodies, within the Age Concern federation and elsewhere, and of policy makers at all levels, to ensure that the smaller groups they work with are adequately supported. This involves a strong pro-active approach to 'capacity building' within rural communities, and recognition that 'communities' may be defined both by area and by interests. Large organisations have the power to direct their resources at where they see needs are most prominent. It is important that they bear in mind that some communities are more powerful than others, and that their duty is to support all, while not discriminating against the disempowered.

Working with older people in rural communities: the experience of Age Concern and other volunatry organisations.

"The essence of what we do involves collaboration. We would achieve nothing if we did not work with others" Age Concern Chief Officer

Age Concern as a Provider

Age Concern is an organisation with a national structure and an extensive involvement in policy development and service provision for older people. The Age Concern federation has grown from a largely unregulated collection of about 900 groups for older people, with few if any qualifying criteria, to a federation of 417 still largely autonomous agencies of varying sizes and activities, which can be classified by defined levels and forms of responsibility. There is no strict hierarchy between Age Concern England and the various parts of the federation, and there is no central authority that controls the smaller Age Concerns. This makes for a complex organisation in which the parts are largely free, within an agreed common set of values and standards to determine their own ways of meeting the needs of their communities.

Age Concerns of whatever size must come up to certain minimum standards, set out in the Age Concern quality framework. They are categorised as Age Concern Organisations and Age Concern Groups. Age Concern Organisations must fulfil five basic functions:

- Provide services and support to older people
- Undertake education and public advocacy on behalf of older people's interests
- Be actively involved in partnerships and cooperation with other organisations working for older people
- Demonstrate innovation and undertake research
- Provide information and advice, either directly or by referral to other agencies.

In addition, where there are Age Concern Groups within their areas, they should provide support to those Groups, normally in the form of training initiatives, information and advice services.

Age Concern Organisations are characterised by diversity, not by size alone. Some have major contracts with other statutory purchasers, such as local authorities and Primary Care Trusts.

Age Concern Groups, by contrast, are only required to provide services. They may do some of the other activities associated with ACOs, but will not do all of them.
Some have very large contracts with service providers, and turnovers in excess of £100,000, pa, but are nevertheless more specialised in their range than Organisations.

Age Concern is developing a further category of Local Association to meet the requirements of many small local groups, many of whom are run entirely by volunteers and provide only a single service to a small catchment area. These may have been associated with Age Concern for a long time and wish to retain the Age Concern name, but do not wish to undertake the full responsibilities of being an ACG. It is possible these could group together for some purposes.

The federal structure of Age Concern promotes diversity through which much of its strength is achieved. Each local Age Concern is an independent charity or is allied to one. Whatever its size, its resources and its support come from a variety of sources. These can include:

- Contracts with local authorities and health trusts for the provision of direct services
- Grants from Regional Development Agencies and other local, national and European sources
- The profits raised by commercial and charitable trading enterprises, whose products include insurance, energy supplies and services such as 'Aid Call', and by Age Concern shops in the high street
- Donations.

As an organisation that is heavily dependent upon its volunteers at every level it has deep and complex relationships within the various communities it serves. Its very lifeblood is the individuals and groups who are part of the day-to-day activities of older people in towns, villages and homes up and down the country. In some locations it is a major provider of services and a substantial employer in its own right. In many rural areas it is the only provider of day care and befriending services. It is also a powerful advocate for older people to be recognised as citizens, both individually and collectively. There are few other organisations that can make quite such a claim. An examination of its work shall serve to illuminate many aspects of life for older people and their relationship with services and the on-going debate about their 'place' in society that would otherwise remain obscure.

The rural environment

Any examination of service provision focusing upon economies of scale would find rural areas significantly disadvantaged. Low population densities require disseminated services if people, particularly those in marginalised groups such as older persons and those with low incomes, are to access them easily (Fennell, 1992, Barnes and Gould 1997).
The problems facing service providers in a rural area have received relatively little attention in policy and practice literature. A review of community care plans in 39 shire counties in England found that almost three quarters made little or no reference to rural issues. Of those that did the review identified 6 key rural issues:

- "lack of access to services
- "transport / travel problems
- "high cost of providing services
- "problems caused by physical and social isolation
- "lack of access to information and advice about services
- "housing related problems and homelessness" (Gould, 1995).

In addition, a report by the Social Services Inspectorate (DoH, 1999) identified problems of recruitment, deployment of staff within and across areas, and issues of equity of service in rural areas. These problems are not exclusively 'rural', but can be exacerbated by poor access and infrastructure.

The dispersed nature of rural communities can often disguise complex structural factors that contribute to pockets of need going unrecognised. Withdrawal from social contact, whether by 'choice' or difficulty of access through failing health or social isolation and loneliness, are more likely to be influenced by bereavement, physical and mental health or disability than by social class (Wenger *et al*, 1996). One of the challenges facing service providers is to match services so that they meet local needs that are not apparent on the surface. One size never did fit all, and is less likely to do so in rural areas.

The role of voluntary and community organisations in rural communities

Voluntary organisations have an essential role to play in improving services for rural communities (Shucksmith, 2000; Yates 2002). By their very nature they work deep within those communities, drawing support from local groups and individuals and providing services that are generally tailored to suit local needs. They also provide important links to, and secure additional resources for areas from, outside organisations and agencies working in partnership with large regulating and grant making bodies, and often filling gaps in provision left by the statutory and private sectors (Countryside Agency, 2002b). But many of their strengths also make them vulnerable. The voluntary sector as a whole consists of an enormous number of small organisations, often working to a precise local mission. Over a quarter in rural areas have incomes of less than £1,000 per annum, and three-quarters have incomes of less than £10,000 per annum. Only one in twenty have incomes of more than £100,000 pa, but these generate almost two-thirds of all income into the voluntary sector (Yates, 2002). The sector as a whole is currently affected by a decline in volunteering, caused in part by a buoyant economy and low unemployment, but also by demographic and other changes affecting particularly opportunities for women to participate in voluntary work (*Op cit.*). Changes in the regulations governing service provision, and an increasing emphasis on training to national standards for volunteers as well as staff, sometimes as a precondition of grant awards, places heavy burdens on small organisations. These to an extent operate on the good will and sense of duty to the local community from its members. The fragmentation of the voluntary sector in rural areas, and a certain tradition of independence and scepticism towards the benefits of collaboration, reinforced by a lack of infrastructure in which to develop a partnership ethos, also powerfully affect the future of the voluntary sector (*Op cit.*).

The experience of Age Concern

Rural Age Concern Organisations, and sometimes Age Concern Groups, often cover large geographical areas, containing many different communities, served by a variety of statutory, private, and voluntary or community sector agencies. In many areas, Age Concern is the only voluntary agency with a general duty towards older people and a responsibility for providing a wide range of locally based services. This may also be the case in urban areas, but in the countryside the infrastructure is likely to be less visible and the boundaries between agencies and their responsibilities also less clear.

Individuals are more likely to hold a number of different roles, many of them informal and unpaid, but nevertheless influential and important at a local level. Where there are sparse populations there is a greater compulsion towards sharing of resources, and a greater likelihood that no single agency can achieve its goals without a high degree of collaboration. The duties and responsibilities of individuals often extend beyond the strict letter of their contracts, and there is likely to be a greater reliance on volunteers for crucial tasks. Rural areas are thus more likely to experience 'undermanning' (sic) (Melton, 1983) as a routine aspect of their infrastructure. The concept of undermanning does not refer to staff shortages, but can be likened to a football team that has less than eleven players: those in the team must take on roles beyond those of their position. Early research into manning theory noted that students in small school settings, for example, were "operative" in more groups and activities than their counterparts in large school settings, and expressed higher levels of competence and belonging (Barker & Gump, 1964, cited in Melton, *op cit.*).

From the perspective of the way Age Concerns in rural areas work this has both positive and negative consequences. Many informants spoke of the importance of informal networks within communities, and of the need to work with the grain, and to recognise not just the diversity but the uniqueness of each local situation. The small, locally focussed nature of many rural voluntary organisations and groups means that key people often do not disclose the networks through which things happen, nor may even be aware of them as such. Informants agreed that, when developing or extending services, it is essential to take time to know who the key people are in a community, and to develop an understanding of how things work in each local situation. It is essential to understand how a service fits in with the local infrastructure, for example when public transport is available or other groups are active. Attempting to 'parachute in' solutions to local problems without proper consultation can be entirely counter-productive. Development times for new initiatives therefore tend to be longer in rural communities, and to depend heavily on personal knowledge and contact. This can have significant implications for time and financial costs. One Chief Officer with experience of both urban and rural working estimated it can take three times as long to develop a service in the countryside as in the town.

Some informants commented on the low levels of expectation older people sometimes have in the countryside and the difficulty many have in knowing what is available or possible. At one level, this comment may represent a difficulty in disseminating information through formal channels in rural areas, where often there is no single local newspaper, and where the focal points of communities, such as GP surgeries, post offices and village halls, are not equally available. Quite often there is a need to introduce older people and those with local influence to what is needed or possible before a demand for it could be stimulated and resources attached. Ironically, this can result in pressure to start providing something before the desire for it has been recognised.

Locations are generally seen as having their own character, and some as typically 'hard to get into'. Some older people, particularly from indigenous working class populations, have known considerable poverty in their time, and have developed a high degree of self-sufficiency coupled with low expectations of service provision, particularly where there is a perception that the service might not be maintained beyond a certain period. Chief officers found it important not to raise expectations that can't be delivered, and are often aware that they cannot draw on core resources to maintain a service if funding becomes unavailable. This means that a lot of education has to go into a community

before development can be achieved. In some locations there may be a number of groups and other service providers already working, and there is always the need to avoid 'treading on any toes' or to be seen to compete with existing services. One Chief Officer claimed that an unintended offence to someone with influence could delay or destroy the best efforts of an agency, regardless of how many formal presentations were made or discussions were entered into. Once achieved, however, the loyalty of supporters is likely to be strong. Age Concern generally has a positive image and a good reputation, and is often seen by local people as 'their' Age Concern.

The responsibility to provide services and initiatives that are reliable and secure, coupled with the interests of many funders and the high investment needed to establish a service in the first place, led many Chief Officers to take a cautious approach to service development, and a tendency to see their opportunities in terms of expansion of existing services into geographical areas that were not otherwise served. Often these are defined by local authority boundaries. Particular disadvantaged groups are not likely to be seen as the 'targets' of initiatives, and approaches based upon a radical political agenda were not widely apparent amongst those interviewed. Such a position is not unique to Age Concern. Shucksmith (2000) has commented on the tendency for area-based interventions to fail to address problems of inequality *within* areas, and thus to only reach the already powerful. This is to a large extent a symptom of a systematic rather than an individual service failure. Noting that the countryside is likely to continue to become an increasingly middle class environment, Shucksmith has commented:

"Processes of social exclusion are not as visible in the countryside as in urban areas. Those experiencing social exclusion live dispersed amongst apparent affluence. This lack of visibility makes social exclusion harder to address… Top-down agendas, driven by (statutory) requirements for partnership working, competitive regimes, and short-term funding hinder initiatives" (Shucksmith, *op cit.)*.

Age Concerns know this all too well, but are often prevented by funding regimes and the sometimes narrow agendas of contracting agencies from seeking radical alternatives or of employing community development techniques that seek to encourage more endogenous developments.

Key issues and good practice in rural areas

Introduction

As a consequence of two fieldwork programmes, a discussion of the general characteristics and main types of 'rural' projects identified in this research programme and the way they work is presented below. This includes a number of more detailed case studies that have been chosen to illustrate good working practices with rural communities. They are by no means exclusive, but are intended to act as pointers towards key issues for consideration within the Age Concern federation and other audiences, and to highlight innovative ways in which work can be done to support the social infrastructure and social capital of rural communities by promoting the inclusion and active participation of older people.

It is worth noting that not all the projects and services described are still running. Some of them were set up on the basis of time-limited grants, and have proved hard to fund beyond their initial phase. That good services should risk being lost for reasons that have little to do with their value to the people that use them is a matter of concern, with which many in the voluntary and community sector are all too familiar.

Sources of information

Evidence for this part of the research has been drawn from fieldwork undertaken with Age Concerns in a wide range of rural locations in England. In the first instance a pilot study was undertaken in the Spring of 2001 to obtain a clearer understanding of the variety of projects working in rural areas. This was based upon a series of telephone interviews with Chief Officers and others in 17 Age Concern Organisations and Groups. Selections were taken from a list of entries in the Age Concern Services Information Network (ACSIN) Database Report of Rural Projects (23.02.01) and were made on the basis of evidence of projects active in rural areas. As the purpose of this pilot programme was to provide an initial exploration no specification was made as to the type of project to be included.

Informants were contacted by telephone and asked to nominate up to two projects, which they considered exemplified good practice in a rural area. They were then asked a series of mainly open-ended questions seeking information on the nature and form of the project, its origins, current and potential operational capacity, and its links with other agencies. Responses were each transcribed, at first by hand during the interview, then each summarised under specific headings using a computer word processing package.
A copy of this summary was sent to the respective informants and amendments and corrections sought.

This fieldwork was supplemented in the summer of 2002 with a series of face to face interviews with Chief Officers and other staff and volunteers in six Age Concern Organisations and one Age Concern Group. Selection was on the basis of evidence of examples of good rural working obtained in the initial phase. One Age Concern Organisation in particular was chosen because it had recently undergone a radical restructuring in order to ensure closer contact with rural communities in outlying districts of the county.

Characteristics of 'rural' services and initiatives provided by Age Concern

It became clear in the process of the research programme that some services that were described as exemplifying rural practice were in fact similar to those which might be found in urban areas. These typically included services that operated from a central location (often a market town) into which users could be transported, provided a service on the basis of predetermined criteria and used paid staff as well as volunteers. It is therefore not so much the type of service that is 'rural', but the way it functions within its local context. With this in mind, the distinguishing characteristics of 'rural' services (as opposed to those which operate in rural areas but can be compared to those in more urban locations) are that they should:

- Aim to address problems of isolation in areas of sparse population, and / or
- Operate a peripatetic form of service.

Beyond this, they may also include some or all of the following characteristics:

- Use of a range of existing community facilities
- Broad or generalised eligibility criteria, often with a preventative focus
- Joint working with a number of small groups, local agencies and institutions, as well as large or statutory bodies
- Dependence on volunteers in key roles.

Sources of funding

Age Concerns, almost by definition, work with a wide range of agencies, groups and organisations in their areas. The range of partners involved in rural provision is considerable, and often involves local forums such as parish councils and village hall committees, as well as statutory agencies.

Sources of funding are similarly diverse. Many 'capacity building' initiatives appear to be funded at least in part by respective Age Concerns' core funds. Direct care services tend to be funded, wholly or partly, by direct grants.

One problem frequently cited was that of short-term funding, which could be accessed through grants, but was often hard to sustain beyond the initial funding phase. Indeed, the lack of funding from Social Services Departments and Health Trusts apart from direct care services was noticeable. It was of some concern that many of the most original and innovative services, the **Rural Bus** operated by *Age Concern East Riding*, for example, or the **Nail Cutting Service** provided by *Age Concern South Lakeland* (see below), or indeed any of the 'capacity building' projects described, received no statutory support at all.

The funding regimes to which Age Concerns applied often required that projects be presented as in some way new or 'innovative'. This had led some Chief Officers to devise ingenious ways of re-presenting existing services, or to sometimes include an extra premium in a bid to help pay for established services. There was a strong feeling that grants making bodies that were based in urban areas did not understand the nature of rural working. One Chief Officer described a challenge made to her for the number of staff she had costed. The point was contested until staff from the grants making body

paid a visit to the locality, and were surprised to find how far from a motorway they had to travel and how remote the area was to be served. Some Chief Officers felt that statutory agencies sometimes relied on them to provide services without adequate funding and without a full appreciation of the increasing levels of need they were responding to. One in particular had provided a day service for many years, maintaining continuity of care for users who had been relatively active when they joined but had grown increasingly frail with the passage of time.

Service descriptions

This section presents a more detailed description of the services described and of the way they draw support from and integrate into their local communities. They are discussed under specific headings, though services often involved more than one function. The services and initiatives described below are not presented as the only examples of their kind , nor as the 'best', but as typifying the issues under discussion within the range of projects surveyed.

General findings

Each of the services and initiatives described contributes in some way to the social capital of the communities in which they operate. As the discussion above shows, social capital is a multi-dimensional aspect of the way people interact with each other, as individuals but particularly as groups.

"(Social Capital) is not a single entity, but a variety of different entities having two characteristics in common: they all consist of some aspect of social structure, and they facilitate certain actions of individuals who are within the structure" (Coleman, 1990, in Jochum 2002).

By these services and initiatives, the essential structural factors are provided which enable older people and others to enrich and develop their social capital. Some of them aim to do this directly, by helping people to form their own services, or by providing access to knowledge, skills, or the means by which older people can exert more direct control over their lives. Others promote social capital indirectly, as a secondary consequence, by their use of volunteers and local facilities, and by their links into other resources and services. All of them, in one way or another, bring people together, so that ties are formed, and "the norms and networks that facilitate collective action" (Woolcock 2001, in Jochum 2002)) are strengthened.

The benefits to the health of individuals are often the primary or stated aim of many services, but the presence and outcomes of services may also have benefits for the health of whole communities too. The inter-relationships between individual and collective well-being are often nowhere so evident as in the contributions made by these services.

'Capacity Building'

Capacity building initiatives are those services or aspects of services which help to support groups through pro-active approaches to helping local people develop initiatives that meet their own and others' needs in their communities. They thus work directly on the social capital of the community, strengthening networks, helping to access resources and knowledge, and generally facilitating contacts within and beyond the community.
By these means, new services or facilities are created and existing ones enhanced.

This form of working typically involves time-limited interventions with groups aimed at providing information, advice and links with key agencies and others, undertaking research, help with accessing grants and other resources, advice on complying with statutory regulations (Health & Safety, Food Hygiene), but not on-going management or direct service provision. It can also include initiatives to involve older people in influencing practice or policy development. In some ACO / Gs these sorts of initiatives are seen as services in their own right, but in others they are aspects of their work generally. 'Capacity building' has emerged from the research as one of the strongest forms of rural working.

Age Concern North West Cumbria (ACNwC) provides an example of capacity building as part of the on-going work of the organisation. Many small groups in this remote rural area are provided with information and advice on issues ranging from meeting approved hygiene standards to maintaining appropriate records, to accessing training. The range of agencies, groups and organisations working with ACNwC is considerable. For example, religious organisations are themselves important organisations for older people in many places, and in many parishes the church is the only suitable venue for meetings. Larger local organisations such as a Miners' Welfare Organisation have funds and can access various other support groups and facilities. Providing advice in this way has been central to ACNwC's activities for over 25 years. ACNwC has an important profile in the area and is described as a "first port of call" for this form of support. A comment made by the Chief Officer succinctly recognises the importance of this form of working:

"Increasingly power and funds are being directed towards small groups serving local needs, and our role is to provide support to them to help them develop, rather than to be solely the provider of services."

Age Concern Norfolk (ACN) presents an example of an Age Concern Organisation that places a very high priority on community development activities. *ACN* have run two development projects. **The North Norfolk Project** is a two-year community research and development project focused on the coastal strip, which started in late 2000. The aim of the project is to undertake research into the health and social needs of older people in the area, which is distinguished as an Area of Outstanding Natural Beauty, and experiences considerable inward migration during the holiday season. The population is seen as particularly vulnerable to isolation and thus to health and social problems through a lack of amenities and infrastructure.

The County Development Project consisted of six development workers, located in each of the district council areas. The aim of this project (which finished in March 2001) was to provide knowledge and skills to help local groups themselves develop the services or resources they need to meet their needs. 16 Age Concerns were able to bring in or refer to the development workers for a range of problems. A typical project was a Baptist group that wanted to start a day centre. The development worker helped them plan their service and seek funds and other resources.

One of the greatest resources possessed by *ACN* is a comprehensive **Library** of information and correspondence with hundreds of groups and organisations for older people within the county, which holds records from the start of the Organisation in 1947. The library is held on computer and on paper files, and embodies the complex network of relationships of which *ACN* is a part. It is an invaluable aid to historical and community research, and allows *ACN* to communicate effectively with different sectors of the community. It is also useful in helping *ACN* staff be well informed when meeting representatives, which is felt to be important in an environment where a great deal of progress is made on the basis of personal knowledge and contact.

Similar to the County Development Project in Norfolk is the **Rural Development Project** provided by *Age Concern East Sussex.* This provided three Field Officers to support 21 Age Concerns across the county to provide information, contact and advice on issues of concern to older people in their communities. Especially important is the development of community networks, linking local people to voluntary and statutory groups. The aims are to promote the involvement of older people in the planning and development of services, and to seek out and develop new initiatives based on local need.

Age Concern Norfolk Quality Advisory Groups

Age Concern Norfolk (ACN) runs nine day centres in the county, including some with a specialist remit for people with physical disabilities or mental illness. In the summer of 2001 ACN began a project to formally involve older people in developing a quality assurance scheme. Users of day centres run by ACN and members of older people's clubs and organisations in the County were invited to take part in designing a set of standards for day care. The standards would formally reflect the wishes and values of older people; and the process of involving them and of enabling them to participate and to establish a voice would form part of an evaluation. Funding for the project was provided in part by an award from the Averil Osbourne Fund, administered by Age Concern England.

In order to obtain the views of people outside the organisation various other groups were approached for volunteers. Originally, two groups had been envisaged, but invitations to take part drew such a strong response that in the end four were established. Many participants needed to travel considerable distances in order to take part, which increased travel costs. The groups met several times, each time supported by the project worker from ACN, and were followed up with a questionnaire sent to all users of the day centres.

The process of the review highlighted a number of important lessons for Age Concerns and others wanting to do similar work. Not the least of these is a need to recognise the extra resources needed to drive a large project and complex procedures in sparsely populated communities. On this matter, Age Concern Norfolk learned that:

- **Verbal explanation and presentation is a more effective means of communication than written information**, especially for those participants who are not experienced committee workers. A key principle of the process is ownership and involvement, which necessitates continuity of contact and high levels of trust, particularly as there may be a general suspicion at the outset that any findings might not be taken seriously by service providers.

- **Recruitment of non-service users is harder than expected**, as there may be at first little commitment to the idea from people who have no direct benefit to gain. Those who did volunteer were often experienced committee members, and were sometimes frustrated by the extra time taken by less experienced members to work through the procedures and to come to agreement. Non service users were also seen to some extent at first as 'outsiders'. This presented particular demands on the researcher who chaired each group; but once the process of working together was established many of these problems disappeared.

- **Involving older people in such a rural area involves complex planning and logistical arrangements**. It is important that individuals are equally able to attend, which may require the use of taxis for some people, possibly undertaking long round trips. Day centres may be used

as sites for some of the groups, but other premises can also used. Some people who cannot attend may be able to comment by post.

• **Older people's interest in, and ability to understand and commit themselves to, service planning and evaluation can be high and should not be underestimated**. Participants can display a high degree of interest in the process and in the detail of findings and proposals, and it can quickly take on a momentum of its own. Such enthusiasm, though more than welcome, demands a reciprocal commitment from others involved.

• **Such meetings are also social events for the participants: refreshments and talk are an important part of the process**. Sometimes less experienced participants appreciate the chance to talk through points of detail, which can take extra time, but is essential if every participant is to be engaged within a democratic process. Discussions often continue away from the table.

• **Ownership of the process is important if tokenism is to be avoided**, which involves considerable extra time and resources in administration, as well as in the way meetings are organised and supported. Notes and recordings must be taken on each occasion and transcribed, and fed back to participants in each group for comment and review. Towards the end, findings from each group should be sent to others and agreed on the basis of a majority consensus.

• **Participants expect that recommendations are acknowledged and acted upon**. Such a prospect requires the open commitment from senior management, and a willingness to present results and to disseminate them where they may be effective. Where the service provider(s) may disagree with findings, there must be channels in which to report feedback and to discuss further if necessary.

The standards that emerged were very detailed, and covered issues relating to General Principles; Care Practices; Helpers; Welcoming Procedures; Record Keeping; Activities; Meals; Transport; Monitoring and Review. They provided clear practical guidelines that emphasised the value of participation, diversity and quality. They have contributed to service development within Age Concern Norfolk, and to the Single Assessment Process Group, which is led by Norfolk Social Services Department. On the basis of this project, Age Concern Norfolk has been commissioned by West Norfolk Social Services Department to lead a review of 16 day centres provided by a wide range of small voluntary sector providers, all of which are in rural areas.

Macdonald 2002

The Community Rural Development Project is managed by *Age Concern North Yorkshire* and also provides advice, information and support to older people wanting to start a lunch club, appeal for funds, facilitate social events, or develop health and well-being initiatives. It employs one co-ordinator and draws upon about 30 volunteers from time to time. It covers the Hambledon District Council area (equivalent in size to Derbyshire). At the time of contact *Age Concern North Yorkshire* were working to develop a telephone befriending service using volunteers and services users.

A number of Age Concerns employ **Development Officers** on their staff. *Age Concern Devon* is a case in point. Their Development Officer works mainly in the South Hams district.

Part of the role of this post has been to undertake feasibility studies using existing organisations and by setting up meetings in village halls. As a consequence, an Age Concern office was opened in South Hams to provide information, advice and advocacy, and to provide a base for volunteers. The project was seen as successful, and was funded for a period from Age Concern Devon's core funds until further grants were established. *Age Concern Norfolk* also employ two dedicated Development Officers on their staff, with a broad brief to undertake research and seek opportunities for capacity development wherever possible.

Some Age Concerns undertake occasional events to involve older people in policy and practice development. *Age Concern Devon* holds a number of **Ideas Days** each year to give older people the opportunity to provide feedback to Age Concern and other agencies. A County Councillor is invited, with Social Services and other service representatives. Topics range from the provision of direct care services to street lighting and public transport. It is advertised locally, and Age Concern Devon feeds the comments to the appropriate authorities, and informs participants of any responses in due course. Similarly, *Age Concern East Sussex* have also held **Consultation Days** in which they have invited people to discuss particular issues, such as users' views of warden support and quality of accommodation in sheltered housing. They have also provided sessions on home safety, and crime prevention. Under the Better Government for Older People aegis they have run workshops on transport, leisure, crime prevention, and lifelong learning, to which they have invited speakers.

Health Promotion

The Ageing Well UK Programme is a core activity of many Age Concern Organisations and Groups, and is one of the principal means by which members of the federation are directly involved in supporting older people in the promotion of health and healthy activities. The work of the Programme thus has direct benefits to the social capital of individuals and groups participating, as well as enhancing their personal health and helping to reduce social isolation and loneliness.

The aim of Ageing Well is "to improve and maintain the health of older people, recognising that they can be an important resource to themselves and to others" (Age Concern England 2002).

The means by which this is achieved include:

- Increasing the expectation of good health in later life amongst older people and those who work with them
- Enabling older people to take a lead role in improving and maintaining their own health, including by the involvement of Senior Health Mentors with others in the community
- Promoting effective models of healthy ageing in line with national and international strategies (eg Health of the Nation, WHO and EU programmes)
- Working with others in Healthy Alliances
- Advancing health promotion and preventive care as a key activity across the Age Concern, the federation
- Establishing Ageing Well UK as a major national programme of health promotion for and with older people.

An important feature of the **Ageing Well UK Programme** is the recruitment, training and deployment of trained Senior Health Mentors. This involvement of older people in health promotion activities with their peers marks a significant departure from previous initiatives in the United Kingdom and has the potential to deliver positive health gain for large numbers of older people. **Ageing Well UK** is a partnership between older people and professionals working in the field and, most importantly, a partnership between older people themselves.

Senior Health Mentors are trained to work in projects within the **Ageing Well UK** Network, recognising older people as a valuable resource to their families, their friends, their communities and, most importantly, to each other. Whilst older people are an important source of volunteers for Age Concern, the **Ageing Well UK** initiative seeks to further expand and invest in this resource through training them to work on simple health promotion activities.

When volunteers have successfully undertaken this training, they become involved in a wide range of community-based projects, working directly with their peers either in one-to-one or group situations and supported by a project coordinator. Local projects are guided by Advisory Groups, where older people are usually represented. In each of the projects statutory workers such as Health Promotion Officers, Health Visitors, Community Nurses and Physiotherapists often give additional training.

The benefits of communicating with someone of a similar age, and perhaps of the same gender and similar cultural background, are obvious and people are able to empathise and understand through shared experience. Mentoring as conceived in the Ageing Well UK Programme is a loose term covering different facets of a relationship from listening to, encouraging and guiding. A mentor is an example – a partner in health; someone to trust and share with.

Ageing Well in County Durham

Age Concern Durham County sees the promotion of **Ageing Well** as one of its primary activities. This Age Concern Organisation provides an example of an institutional as well as a service response to the promotion of social capital and the general wellbeing of older people. The responsibilities of the Organisation are limited to the provision of advice and support to five locality offices, which each have responsibility for service provision and community development.

"Working in conjunction with the Locality Workers, the County Ageing Well Co-ordinator provides information, training and support to ensure that a varied programme of health promotion activities is undertaken to meet local needs. The programme includes activities such as:

- Recruitment and training programmes for volunteers to act as Senior Health Mentors providing peer-to-peer support
- Exercise classes
- Guided Walks
- Cookery and Nutrition Classes
- Taster / activity days

- Keep Warm Keep Well information days
- Healthy Lifestyles clinics
- Information network
- Lifelong learning classes, e.g use of the Internet"

Many groups have stayed together at the end of their programmes, and some have gone on to form their own Age Concern Groups. Age Concern Durham County has provided support to enable them to form committees, draw up a constitution, and establish management procedures and fundraising arrangements to ensure their long-term sustainability.

Age Concern Durham County 2001

The **Lifestyle 50+** project provided by *Age Concern Devon* aims to involve older people in East Devon in planning and developing their own services that help support independence and promote physical, social and mental health. This is done through a range of activities in various locations. The focal point is a drop-in centre at Seaton, which is open Monday – Friday. Talks, demonstrations, learning opportunities through short courses, health advice and promotions, general information and advice, and various trips are arranged. There are also luncheon clubs, and a swimming club. The project is designed for anyone aged over 50, and special classes can be arranged for people with disabilities. Initial funding was provided in part by Age Concern England through the **Ageing Well Programme**, and lately from the National Lottery "New Opportunities" fund, *Age Concern Devon's* core funds and local beneficiaries. The project works with a number of local agencies, such as nursing homes, leisure centres, community education facilities, and local transport schemes, as well as health and social services. A qualified instructor is employed.

Age Concern South Lakeland provide a peripatetic **Nail Cutting** service to older people on a monthly basis in 24 village locations in this remote rural area, using community halls, GP surgeries, and a sheltered housing service. 30 volunteers, many of whom are ex-health service professionals, have been trained by chiropodists from the Health Trust. The sessions not only allow users to have their nails cut, but also allow health needs to be discussed and a 'fast-track referral to professional care to be made where appropriate.

Day Services

Day services for older people remains a significant component of the range of services provided by Age Concern. *Age Concern Hereford City & Rural* and *Age Concern Leominster, Age Concern Eden*, and *Age Concern East Riding* each provide day services in ways that seek to take services directly to older people living in areas of sparse population. These services cater for a wide range of needs.

Day services are distinguished from **Lunch Clubs** (see below) in that they are often contracted in whole or part by the Local Authority or Health Trusts and apply some form of eligibility criteria. In remote areas day services can provide one of the few opportunities for housebound older people to meet with others outside the household. They also provide crucial opportunities for people to act as volunteers and helpers. Many hold craft or activity sessions, and invite speakers to talk on topics of interest. Often they provide important venues in which users can speak to people from other

services, such as CAB or primary care services. And in many instances they help to maintain and keep in use important community resources, such as village and church halls, pubs and local transport schemes. Staff, volunteers and other members of the service get to know each other, and concerns about individuals can easily be expressed and if necessary investigated further. Day services are often deeply integrated within the fabric of the community: yet their contribution to the social capital, and to the public health, of a community has not been fully recognised.

Age Concern Leominster & District Mobile Day Centre

North Herefordshire is a dairy and beef-farming county with a low population density, in spite of the fact that parts of its eastern border is only 10 miles from the M5. Many of its older indigenous population has been dependent upon agriculture or its related occupations throughout their working lives. Its pretty rolling countryside, attractive villages and quiet lifestyle have attracted a significant number of retirement migrants who value the relative isolation and lack of urban infrastructure.

Such a lack, however, brings problems of access. Many parishes have infrequent or no bus services and few have GP surgeries, shops or post offices. Most facilities in the north of the county are located in the towns of Leominster, Bromyard and Tenbury Wells, or across the border in Ludlow. In the absence of an extensive planned infrastructure, social capital becomes an essential resource for individuals if access to services is to be achieved.

Age Concern Leominster & District provide a **Mobile Day Centre** service that uses village halls and other sites to hold fortnightly 'clubs'. A minibus and caravan travel to each location, where **hairdressing, Footcare, Information & Advice** services can be provided. Contact can be arranged for members with CAB, Age Concern, social services and primary care staff. Transport is provided for members within a five-mile radius of each site.

Funded jointly by Herefordshire Social Services and other funders, they provide regular day centre services to older people at 10 sites across north Herefordshire. The aim is to reduce social isolation by providing accessible day care to older people who live too far away from other day centre services in the County. Meetings are held fortnightly using local facilities, including village halls, sheltered housing schemes and a school hall. At least two centres are held each weekday.

75 volunteers are engaged, and a co-ordinator and two drivers employed and a care assistant. Around 200 older people use the service. The number of members using the service varies, of course, as new members are recruited and others withdraw.

The policy of Age Concern Leominster emphasises the importance of supporting older people at home through services that have a clear preventative aim. Assessments are made by Age Concern staff, and referrals come from social workers, health professionals as well as members themselves or their friends or families. The range of needs expressed by members is wide. There are few if any alternative provisions locally available, and members tend to stay with the service for a long time, and for some this means that their need for support increases. Volunteers provide support to people with a wide range of needs, including those of wheel-chair users, people with sensory impairments and mild confusion. As well as hairdressing

and foot care facilities, members are provided with a hot meal, an opportunity for social contact, recreational activities, visits to places of interest, and occasional health checks from primary care staff. A volunteer leader, driver and a team of up to six volunteer helpers provide support at each site. Meals are purchased from local residential care homes, a cottage hospital or pubs, and a small charge is made to each user per attendance.

Age Concern Eden provided a **Community Home Day Care** service in which small groups of older people meet regularly in a volunteer host's home. *Age Concern East Riding* provide a form of day care via a specially converted **Rural Bus** that can operate from any safe parking site and can thus provide a service in areas without a village hall or other suitable building.

An example of a peripatetic day service for older people with more specialised needs is provided by *Age Concern Norfolk*. **The Campion project** offers support to older people with functional mental health problems such as depression and anxiety. It uses village locations to provide activity based care in small group settings, and is run in close conjunction with Norfolk Community Mental Health Trust. Users of this project were keen participants in the **Age Concern Norfolk Quality Advisory Groups**, described above.

It is worth noting that by providing opportunities for older people to meet in local settings, and by enabling links to be established between individuals, groups and other organisations and facilities, day services in rural areas often benefit more than just the users, but the social capital of the whole community as well. They do this by offering opportunities for volunteering, and with that access to training and education, as well as enhanced social contact. They also provide valuable respite opportunities for carers of people with more severe needs, thus enabling them to participate more. Where these services are lost, such opportunities and networks may be hard to re-establish, and the general welfare of the community diminished.

Information & Advice Services

Two projects were identified which sought in different ways to extend the range of access points to **Information and Advice Services**. *Age Concern East Cheshire* provided a peripatetic service across ten wards, using a range of venues provided free of charge. The service travels by prior arrangement to a village site, and can provide information to individuals on the spot or link in with Age Concern's Information Service. One member of staff is dedicated to this role, and up to three volunteers involved depending on the location. Rural wards where there are few, if any, services are particularly targeted. 'Surgeries' are organised in conjunction with parish councils and other local organisations, and joint events, shared between Age Concern and other charities, sometimes held. Venues are provided free of charge. *Age Concern Shropshire, Telford & The Wrekin* extend their information and advice service through a **Parish Links** service using locally based volunteers to represent Age Concern and help people access theirs and others' services. 68 parishes were covered at the time of contact, with a volunteer in each, and more were awaiting training. **Parish Link** volunteers are trained to know what Age Concern and other organisations can do and what is available, and they allow their telephone numbers to be publicised. As this is not a regular activity for volunteers, particular efforts are made to keep them involved in Age Concern through training and a regular newsletter.

Information and Advice in North West Cumbria

Promoting Independence in Partnership Project (PIPP) is managed by Age Concern North West Cumbria (ACNwC) for Cumbria Social Services as part of the Government's Prevention Strategy. It aims to provide information and advice to older people living in the Maryport and Workington areas on all local support services, clubs and leisure facilities, and to provide links with a wide range of local services and facilities to enable them to get any help they need. The service employs a manager, who undertakes individual assessments of applicants free of charge to clients to identify their needs and interests. A personal support plan is drawn up, which may include:

- Home safety advice, including fire safety, home security and advice on the prevention of accidents and hire of accident prevention and mobility equipment
- Advice about benefits entitlements
- Advice on housing problems, aids and adaptations, problems with goods and services
- Information on social activities and clubs
- Contact with befriending schemes
- Health advice and support
- Information on public transport timetables
- Contact information with a wide range of organisations.

The work of ACNwC, through PIPP and other Advice and Information services, has made a positive contribution to the local economy. One scheme, part funded by the local authority, provided for a worker to help older people making applications for Attendance Allowance. Though initially planned for 100 assessments a year, this target was easily exceeded. The benefits advice services provided by ACNwC is estimated to have increased revenue into the area by £ $^{3}/_{4}$ million in the last three years. (Statement by Chief Officer, ACNwC)

Lunch clubs and drop-in services.
Lunch clubs are a popular form of social event, and in rural areas can be provided in community locations such as pubs. Relatively inexpensive to run, they provide an opportunity for many older people to make contact with others in a local forum. They are excellent venues for sharing information, and may also carry less stigma than traditional day care, a term which for some older people suggests dependency. The opportunity to talk and share stories with peers has an important function in the process of maintaining identity (Rowe, 1982), and can be especially important at critical stages of life, such as bereavement, the onset of disability or transition to a new location. Along with **day services** they are valuable means by which problems of social isolation and loneliness can be overcome, and are thus of direct benefit to public and personal health. Also, as opinions expressed by groups may carry more weight than those of individuals, they can function as active parts of the local democratic process.

Age Concern Hertfordshire, and *Age Concern Warwickshire*, for example, both support such services to older people who otherwise could not easily access services in town. Indeed, the nature of their catchment areas is such that rural 'pockets' are easily overshadowed by urban and urban fringe areas. *Age Concern Hertfordshire* operates a service that is

funded by Hertfordshire County Council and is aimed at people who are assessed as 'frail' but nevertheless fall below the threshold for Social Services day care. It uses community halls and sheltered housing locations in ten village locations, and draws upon local residents for its volunteers. *Age Concern Warwickshire* provides a similar service in pubs around the Stratford area. The older people who use it largely manage this service, and there are opportunities for guest speakers.

An innovative way of providing a popular service in less accessible areas is the Computer Drop-in Service provided by *Age Concern Hampshire*. As with Warwickshire and Hertfordshire above, Hampshire is a mixed environment with large urban conglomerations surrounded by a rural hinterland. The Computer Drop-in Service was originally provided in urban locations, but now operates in some 13 sites, some of which are described as rural. Operating largely in community halls, the range of the service has been extended by converting the top deck of the *Age Concern Hampshire* bus. It draws upon the skills of volunteers, many of whom are ex-employees of IBM. The service is therefore able to provide skilled advice and assistance to a wide range of people who otherwise might not be able to take the first step into using a computer. Its value is recognised by support from Hampshire Social Services, the Department for Education and Skills, and Microsoft.

Summary: the contribution of voluntary and community agencies to social capital

Social capital is an important measure of the health of communities, defined as the extent and means to which people cooperate with and help each other, often through informal relationships, but also through membership of groups and organisations, and participation in community roles. Social capital cannot be imposed on or created for people: as these illustrations show however organisations such as Age Concern, however, can provide the means by which older people enhance their own and others' social capital.

While community initiatives and information and advice services have an obvious relationship to social capital, the value of direct care services in providing these opportunities, and their benefits to the health of individuals, is as yet not fully recognised nor understood. The relationship of such 'preventative' services to social capital, social engagement and health should be seen as a public health issue, in so far as the benefits can be seen to extend beyond those in direct receipt of 'care' to include families, friends and neighbours of service users themselves, some of whom will be related through carer relationships, as well as volunteers, trustees and staff, to the community itself, including those people who contribute to networks beyond the service but who are nevertheless essential to its maintenance. The health of individuals is also improved by the quality of environment to which such services contribute: buildings and other facilities in use are 'healthier' than those abandoned. If the health of communities is the extent to which people within them know and care for each other, have knowledge and skills, and are involved with others beyond the immediate network, then the contribution of voluntary and community organisations is enormous and as yet unfathomed.

Age Concern, as a major voluntary agency, is in a position to champion this cause, but the federation alone cannot do it. Local, regional and national policy makers and service planners should recognise the importance of the sector, and of older people themselves, not just as recipients of care or services, but as active members of the community with valuable resources to offer that can benefit the whole of society.

Conclusions and Recommendations

The importance of older people in the countryside

Older people represent a significant group within the rural population. Rural areas have seen an increase in the proportion of older people living away from urban and suburban facilities and services, caused in part by migration, both of older people moving in and younger people moving out. Some 20% of the population of rural areas is older, though this figure varies considerably, with some localities seeing almost half their populations made up of older people.

The rural environment is able to offer a high quality of life, but it also has the potential to negatively affect those who lack sufficient resources to enjoy it. Those most likely to be disadvantaged are those without adequate income or the means to get it, for which the problems of sparsity, distance and limited opportunities can make the rural environment anything but idyllic. It is important that attention to the problems of 'the countryside' does not overshadow those of disadvantaged groups within it.

It is in the nature of rural populations to be widely scattered, and diverse. The kinds of concentrations of particular groups associated with urban living generally do not exist in the countryside. This means that disadvantaged groups and individuals are more likely to be 'hidden' within communities that may appear outwardly wealthy and active.
The pattern of disadvantage for older people is not area based.

Older people are among the most likely to be disadvantaged, particularly if living alone and on low income. Factors exacerbating disadvantage are difficulty of access to transport, lack of accessible or affordable public services, shops and other facilities, and dispersed family and other support networks.

Older people do not only represent a 'problem'. Older people are more likely to take part in community activities and to hold offices within community institutions.
Groups such as the National Federation of Women's Institutes and religious groups, as well as lunch clubs and day services tend to attract older people both as users and as volunteers. Such groups are an important part of the rural infrastructure, providing activities, social contact and social capital to a community, as well as direct benefits in terms of personal health and social cohesion and engagement.

Older people also represent an important economic resource. Pensions, benefits, and returns on investments represent as whole a substantial form of income. Many older people, particularly those newly retired who have health, wealth and are mobile, represent an important potential source of labour or enterprise, and of skills and commitment to essential institutions such as voluntary and community agencies, parish councils and others.

The role of voluntary organisations in working with older people in rural areas

The voluntary and community sector, of which Age Concern is a leading example, has a crucial role to play in supporting and enhancing the welfare of older people in the English countryside. The fact that Age Concern is both a very large organisation, with a role to play in shaping policy at a national, regional and local level, and often a very small one, seen by its users as 'their' Age Concern with a unique local history, character and role, allows it to reflect with some authority on the interests of older people. As such it is in a good position to facilitate links between the local, regional and national agendas, and to develop the bridging and linking forms of social capital that are characteristically weak within the rural voluntary sector as a whole.

Like other voluntary organisations, Age Concern's role extends far beyond the provision of direct care services. It has an important part to play within a wide range of social, service and economic networks, enhancing not only the health and well-being of older individuals, but also the ability to participate in and contribute to the greater society as a whole. Through the provision of information and advice services, befriending, support services such as 'Aid Call', community research, the Ageing Well Programme, and through initiatives to help older people develop services and facilities of their own, the work of Age Concern is of crucial importance in developing the social capital of rural communities.

It does this by providing the structural facilities that enable individuals and groups to seek out or expand opportunities to ensure their well being. By providing access. Some of them do this directly, by helping people to form their own services, or by providing access to knowledge, skills, or the means by which older people can exert more direct control over their lives. Others promote social capital indirectly, as a secondary consequence, by their use of volunteers and local facilities, and by their links into other resources and services. All of them, in one way or another, bring people together, so that ties are formed, and "the norms and networks that facilitate collective action" (Woolcock 2001, in Jochum 2002)) are strengthened. The inter-relationships between individual and collective well-being are often nowhere so evident as in the contributions made by these services.

Social Capital and Health

Social capital is an important measure of the health of communities, defined as the extent and means to which people cooperate with and help each other, often through informal relationships, but also through membership of groups and organisations, and participation in community roles. Social capital cannot be imposed on or created for people: voluntary and community organisations however, can provide the means by which older people enhance their own and others' social capital.

While community initiatives and information and advice services have an obvious relationship to social capital, the value of direct services in providing these opportunities, and their benefits to the health of individuals, is as yet not fully recognised nor understood. The relationship of such 'preventative' services to social capital, social engagement and health should be seen as a public health issue. Local, regional and national policy makers and service planners should recognise the importance of older people, not just as recipients of care or services, but as active members of the community with valuable resources to offer that can benefit the whole of society.

The experience of older people in the countryside

Though many older people enjoy the benefits of a high quality of life in the countryside, some experience significant levels of deprivation. Their problems are often made invisible by the fact that deprived households coexist alongside and within more affluent communities. The high value placed on the countryside by many people should not be allowed to obscure the needs of the less well-off within it.

Challenges of serving older people in rural areas

Low population densities require dispersed services if people are to access them easily. The peculiar challenges of providing services in sparsely populated areas are not always recognised in the amount of funding afforded to rural agencies, nor in the funding regimes which emphasise short-term investment for new projects over long term funding that can allow for good groundwork and sustained development.

Small communities such as those in rural areas can be close knit. While this may allow high levels of social capital and reciprocal engagement to those who are accepted, individuals who, for any reason, appear 'different' can be stigmatised. Fear of stigma is a factor contributing to the reluctance of many older people to admit to problems of loneliness or of health problems that may make them 'stand out'. Even where services are available, such fears may make some older people reluctant to use them.

Services that are to succeed must develop a 'bottom up' approach to their development. If a service is to become part of the fabric of the community it must be 'owned' by the community. Relationships of trust take time to develop, and grow on the basis of personal contact and reputation. The process of embedding a service in a community must, to some extent, be led by the community itself.

In order to illustrate this, a number of factors and key principles essential to good practice are described below:

Knowledge of each locality. Comprehensive and inclusive research in each location where the service will operate is an essential pre-requisite for success. It is important to identify and include key people and to be aware that in rural areas people are more likely to perform multiple roles. Local people possess the information required to ensure that the service is maintained. For example, if there is a weekly bus service it is important to know on which day it operates, for if the service clashes with this day the possible pool of volunteers and service users may be reduced. At worst, careless timing can force a service to close.

Use of existing networks to consult local opinion of the scheme before plans are finalised. Not only do people take ownership of a service, flexible planning allows for all the minutiae of parochial differences to be reflected in the outcome. Recruiting support through local networks (for resources, referrers, users and volunteers) ensures that the service remains congruent, reflecting local need over time. The danger of a service closing for lack of support by volunteers or information about need or availability of resources is reduced if local links are maintained. The service should act as a focal point for the community to which other services may be added when required, thus enriching village infrastructure.

Integrating the service with others to lend support to all, making each more likely to survive than if delivered in isolation. Where sites can be shared with other local facilities it can help maintain trade and security for those others, as well as providing a convenient opportunity for users and volunteers to make use of the facilities. Examples include a post office that 'visits' a rural day centre site, and an arrangement between an Age Concern Organisation and a local community transport facility.

Recognising that local volunteers have local information on availability of facilities or activities. They are more aware of and can more easily access local resources than can staff operating out of a centralised office. Discounts on village hall hire, a local trust, or a friendly pub that can offer a cheap lunch are the sort of benefits that can accrue through volunteers' knowledge. Local volunteers know families and neighbours of users, which can be crucial if emergencies arise, and they know other people who may volunteer. They live locally and can therefore be flexible about the hours they work, and they know the geography of the area, which can save time and mileage costs. New service users are also more likely to be recruited by existing volunteers whom they know already.

Supporting local volunteers by offering them opportunities to volunteer in areas where they feel valued and valuable. By providing transport, they are able to participate more fully in their local community. It is important to recognise their skills, experience and abilities, and develop them so that between them they have the skills required to deliver the service. As each locality must to some extent act autonomously, volunteers and members are thus empowered to create a service that truly reflects the needs of their community.

Developing an opportunistic approach to funding. Funding may come from a variety of sources. While Social Services and Health Trusts are likely to be the main source of funding, there may also be local organisations, parish councils, and national or local charities that can be accessed, as well as parts of the public sector such as regeneration bids. Some of the smaller sources may not advertise themselves, but can make a difference when, for example seeking funds for 'one-off' purposes.

Le Mesurier, 2000; Le Mesurier & Duncan, 2000:

Future research

This report has outlined strategies to enhance the health and social capital of older people in rural communities. The question still remains, however, as to how well these strategies are delivered and in what ways they could be improved. The concept of social capital is not generally understood or deployed with reference to services for older people, yet it provides a useful framework within which to review the everyday work of Age Concern and other voluntary and community organisations at every level and to highlight issues of inequality that may otherwise be overlooked.

The work proposed by NCVO to the sector generally (Jochum, 2002) is also of significance for Age Concern in particular; and lessons must be learned and shared accordingly. How do Age Concerns work to develop bonding, bridging and linking social capital? Who do they serve, and whom do they overlook? What factors enhance or inhibit access to resources and facilities that empower older people and prevent social exclusion? These questions require a systematic approach, and need to be asked at the level of each part of the federation and of the federation as a whole.

Postscript

This report has attempted to review some of the literature describing the experience of older people in the English countryside, their contribution to the welfare of rural communities, and, using Age Concern as a case study, to examine the role of voluntary and community agencies in promoting social capital and social cohesion, and thereby the health of individuals and communities. It has illustrated a number of initiatives and services provided by Age Concerns working in areas of sparse populations. These are often where the needs of people who are socially excluded from the mainstream of life are obscured by the impression of the countryside as a healthy, wealthy and generally pleasant place to live. The English countryside is all of these things, but processes of disadvantage serve to allow some a better quality of life than others.

In evaluating this work, organisations working with older people must continually ask, whose interests are being served? Are some older people being excluded in favour of others? What sort of society (in the countryside and elsewhere) do we really want? In order to address these questions there is a need to better understand the mechanisms by which social capital and health are related, and how voluntary and community agencies can help provide the means by which older people (and others) can realise more fully their own potential to contribute to society and to support each other in the process.

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Appendix A

Network Support Typology (Wenger 1994b, 1995)

“Local Family Dependent
This is mainly focussed on close local family ties with few peripheral friends and neighbours; often based on a shared household with, or close to, an adult child, usually a daughter. Nearly all support needs are met by the family. Community involvement is generally low. These networks tend to be small and the elderly people are more likely to be widowed, older, and in less good health than those with other types of networks.

An older person with this type of network would be inclined to describe their situation as follows: *I'm very lucky to have my family around me. They'll take care of me if necessary.*

Locally Integrated
This network includes close relationships with local family, friends and neighbours. Many friends are also neighbours. Such networks are usually based on long-term residence and active community involvement in religious and/or voluntary organisations in the present or recent past. These networks tend to be larger on average than others with a fairly high density and limited heterogeneity.

An older person with this network would say: *We all know each other round here and look after each other. There's always someone popping in to see how I am.*

“Local self-contained
Typically this has arms-length relationships or infrequent contact with at least one relative living in the same or adjacent community, usually sibling, niece or nephew. Childlessness is common. Reliance is principally on neighbours but respondents with this type of network adopt household focussed lifestyle and community involvement, if any, tends to be low-key. Networks tend to be smaller than average and loose knit.

An elderly person with this network would say: *I like to keep myself to myself, but I know the neighbours are there if I want them.*

“Wider community focussed support network
This network is typified by active relationships with distant relatives, usually children, and high salience of friends and neighbours. The distinction between friends and neighbours is maintained. The absence of local kin is typical. The older people are generally involved in community and / or voluntary organisations. This type of network is frequently associated with retirement migration and is commonly a middle-class or skilled working class adaptation. Absence of local kin is typical. Networks are larger than average, loose knit and heterogeneous.

An older person with this type of network would probably tell you: *Although my family live away I'm lucky to have good friends nearby and they would help me if I needed anything.*

Private restricted support network
This network, the least robust of all, is typically associated with absence of local kin, although a high proportion are married. Contact with neighbours is minimal. Older people with this type of network have few nearby friends and a low level of community contacts or involvements. The type subsumes two sub-types: independent married couples and dependent elderly persons who have withdrawn or

become isolated from local involvement. In many cases a low level of social contact represents a lifelong adaptation. Networks are smaller than average.

An elderly person with this type of network would probably tell you: *I don't really have much to do with the people around here, but then perhaps I've always been too independent / a bit of a loner.*

1 Currently age 60 for women, 65 for men.

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