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Housing Learning & Improvement Network

An introduction to Ageing in Rural Areas and Extra Care Housing

This fact sheet introduces the issues facing Extra Care Housing in rural communities. It highlights the ageing of rural populations and the pressures this places on commissioners of housing with care services for older people.

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The Health and Social Care Change Agent Team (CAT) was created by the Department of Health to improve hospital and social care associated arrangements. The Housing Learning & Improvement Network, a section of the CAT, is devoted to housing based models of care and support for adults.

DH Department of Health

Other Housing LIN publications available in this format:

Factsheet no.1:	**Extra Care Housing - What is it?** *(28.07.2003 updated August 2004)*
Factsheet no.2:	**Commissioning and Funding Extra Care Housing** *(28.07.2003 updated August 2004)*
Factsheet no.3:	**New Provisions for Older People with Learning Disabilities** *(23.12.2003 updated August 2004)*
Factsheet no.4:	**Models of Extra Care Housing and Retirement Communities** *(04.01.2004 updated August 2004)*
Factsheet no.5:	**Assistive Technology in Extra Care Housing** *(20.02.2004 updated August 2004)*
Factsheet no.6:	**Design Principles for Extra Care** *(26.07.2004)*
Factsheet no.7:	**Private Sector Provision of Extra Care Housing** *(21.07.2004)*
Factsheet no.8:	**User Involvement in Extra Care Housing** *(24.08.2004)*
Factsheet no.9:	**Workforce Issues in Extra Care Housing** *(04.01.2005)*
Factsheet no.10:	**Refurbishing or remodelling sheltered housing: a checklist for developiong Extra Care** *(04.01.2005)*
Factsheet no.11:	**An Introduction to Extra Care Housing and Intermediate Care** *(04.01.2005)*
Case Study Report:	**Achieving Success in the Development of Extra Care Schemes for Older People** *(July 2004)*

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An Introduction to Ageing in Rural Areas and Extra Care Housing

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1. An ageing rural population

Rural population trends

Older people form a significant part of the rural community. People over 65 form 18% of the rural population compared to 15% of the urban population. The more rural a particular area is the higher the proportion of older people and people a aged over 75. Overall, the number of older people living in the countryside is rising with the average age of someone living in the countryside being older than their urban counter-part, 50 and 42 years of age respectively.

People tend to move to (or move back to) the countryside in later life because they perceive that it is more healthy, but also often because they perceive that it is more friendly, often citing the opportunity to get involved with their communities as a reason for moving to a rural area. It is true that, on average, rural residents live longer and have better levels of health during their lives than their urban counterparts.

Access to services

A growing older population will provide a body of people who are more likely to volunteer and engage with their communities. Evidence shows that there are significantly higher levels of volunteering in rural areas and that these are largely 'older' people. In particular, those providing support for the elderly are usually older people themselves. They provide community transport, prescription services, meals on wheels, friends and neighbours groups which compliment more formal health and social care services. These tend to be delivered by more active elderly for the less active elderly e.g. people in their 60s and 70s delivering meals on wheels to people in their 70s, 80s and 90s.

Affordability

While quality of life for people in rural areas is generally good, especially for affluent incomers, disadvantage and social and financial exclusion does exist and these people are often hard to reach. 25% of pensioners are below the low-income threshold with one in ten relying on the state retirement pension and state benefits. As a result, issues around affordability are critical – access to housing, care and other services. Furthermore, many older people fail to claim welfare benefits and in remote rural districts, 29% of low-income households contain someone over 60.

2. Policy issues and connections

Both the National Service Framework for Older People and Modernising Social Services emphasise the need for care to be provided on a fair and equal basis irrespective of where people live.

Delivering housing and community care is a difficult and complex task wherever it is attempted. It is important to remember that almost all housing and social care legislation, regulation and policy guidance from central government applies to people and services no matter what their geography.

This is acknowledged in the Rural White Paper (2000), *Our Countryside: the future – A Fair deal for Rural England*. It sets out a comprehensive framework for improving the lives of and services for people living in rural communities, including a specific chapter on housing. This makes a number of commitments:

- all housing authorities to make a specific assessment of rural housing needs
- double the number of dwellings funded by the Housing Corporation's rural programme (in settlements of under 3,000) from 800 to 1,600
- encourage local authorities to provide more affordable homes in villages and market towns
- provide cheaper homes to buy in rural areas eg Starter Homes for keyworkers

In terms of meeting the challenge of an ageing rural population, ECH for rent and/or for sale provides an excellent opportunity to achieve a broad range of policy goals and to enable people to live their lives with as much independence as possible whether in an urban or a rural area.

Furthermore, the Housing Corporation's policy on rural housing *Housing in Rural England*, refers to the housing needs of people in rural areas and making links with health, transport, education and economic development.

Also helpful are the 5 standards set for rural delivery by the Social Service Inspectorate's report *Care in the Country*. These were:

- Responsive services;
- Accessible services;
- Information and communication;
- Equal opportunity;
- Best value.

A number of policy developments have had positive impacts on family carers, in particular, the Government's recognition of the need to support older people and isolated carers; a commitment to providing more respite care; and increases in the quantity and availability of carers' benefits. This presents challenges to commissioners and providers of services seeking to overcome the rural barriers

of limited services, access problems and sparse information outlets, recruitment and retention.

Other policy developments have not explicitly geared initiatives to the needs of this section of the community in a whole-system way. In particular, most policies fail to take account of the rural dimension of social exclusion and deprivation adequately or the additional cost of providing services in the countryside.

Policy innovations in health and social care have revolved around modernising the spectrum of health and social care to ensure that services are developed and delivered in a more integrated way. Although there has been little explicit recognition of the older rural population in health policy, a more integrated approach could be particularly valuable for rural older people, in particular, where it provides opportunities for pooling budgets and offering services on a flexible basis.

To take this forward, a sister network to the Housing LIN, the Integrated Care Network, has recently established a rural network at the Department of Health. Details are available at www.integratedcarenetwork.gov.uk.

3. The rural health community

In his report, Securing *Good Health for the Whole Population*, Derek Wanless called for a fully engaged scenario in which levels of public engagement in relation to their health are high, people demand high quality care, there is high technology uptake - particularly in relation to disease prevention – and use of resources is efficient.

87% of rural households are within 4km of a GP's surgery. However, this includes branch surgeries, mobile provision and outreach services which may offer irregular provision. Studies show that the distance people are from health care services is directly related to both their take-up of services and their own health status. People with specialist support needs (e.g. less common conditions or cognitive impairment) may have to move closer to sources of specialist support. At the same time, some people in remote areas fail to register with a doctor and people, such as those with dementia, in hamlets and isolated dwellings may evade care and attention in their isolation.

Equally, there are issues around the delivery of home care and other accommodation based care and support. This includes workforce recruitment in rural areas and the delivery of services to more remote communities.

Ambulances and even rural helicopters can struggle reach emergencies such as coronary cases quickly enough. Indeed, one of the key rural-specific indicators of deprivation is access to personal transport because of the impact this has on

access to services. This means that older people who are no longer able drive are at greater risk of exclusion (to a certain extent regardless of their financial status).

4. Accessing housing, care and support

Despite the higher proportion of older people in rural areas, sheltered housing and home improvement agency schemes, such as Care & Repair or Staying Put services, are at much lower levels than in towns. This is in spite of the fact that the 100 most rural districts have a greater share of unfit housing than the 97 most urban districts (EHCS, 2001).

A shortage of older peoples' housing and support services is a further reason that people move to urban areas for sheltered housing or residential care – and a perception that these enforced moves can lead to premature death.

There is a growing consensus about the different levels of challenge presented by 'remote' and 'accessible' rural areas. The geographical isolation of many rural communities, and of some people who live in situations, which are remote from even the smallest communities, present service users with considerable difficulties in getting to, services at a distance from their homes.

Equally, those who support them have often considerable difficulty in getting services to service users in their own homes. In some instances, the use of community alarm and telecare services offer a reassuring lifeline (for details, see fact sheet no. 5 Assistive Technology and Extra Care Housing available on the Housing LIN website at www.changeagentteam.org.uk/housing).

There is a decline in the availability of services like banks building societies and post offices. This is as much to do with changes in styles of service and the introduction of new technology as for purely for economic reasons. In some areas increasing levels of support are enabling innovation and diversification to result on successful multi-purpose outlets (Mosely and Chater, 2002) incorporating a range of community services (see good practice example below).

5. Extra Care Housing in rural communities

Extra Care Housing has major benefits because it is firmly rooted in a community and, increasing independence and can have a preventative function for those who need housing-led personal care and support care. It can also provide a base for other services, such as Intermediate Care, that might otherwise be absent from a rural area and from which outreach services can be delivered to a wider area.

However, it can be quite difficult to build an extra care scheme in rural areas. The cost of delivering services in a rural context is higher than in urban environments (Hindle, 2004) – often referred to as the "rural premium". Traditional models of ECH require a minimum of 40 units to sustain the additional services and in recent times there is a move toward retirement villages to achieve greater efficiencies and to deliver greater service choice.

It is possible to build smaller schemes but this could have long-term revenue implications and affordability i.e, Supporting People arrangements and rent/purchase levels. Therefore, there is a need to look at adding value to existing stock or at the capacity of the site on which it stands.

In some areas, there will also be planning issues because of "green belt" and/or other planning restrictions e.g, in a National Park or an area of outstanding beauty. Early discussions with planning authorities and other relevant stakeholders are essential.

6. Good practice examples described

There have been some ECH developments with a specific housing with care focus in a rural setting. The following examples illustrate what can be achieved in both the social and private/independent sectors.

The Abbeyfield Esk Moor Society

The Esk Moors Action for the Elderly (EMAE) was concerned that older people were leaving the valley as poor health, an accident in the home, poor public transport or unsuitable housing forced them to move elsewhere. This was having a dramatic impact both on the older people who had to leave and on the community they left behind.

They produced a report, Sixty Years Plus in Moorland, Yorkshire, that provided a detailed account of the needs of older people in the area. The group is planning a twelve unit Extra Care Scheme, a day centre on the same site and support and practical help with housework, gardening and repairs for those who want to stay in their own homes.

EMAE in partnership with the Abbeyfield Society formed the Abbeyfield Esk Moors Society, which subsequently merged with Abbeyfield UK. A site was identified and, although building is expensive in a National Park, almost all the funds have been assembled. Discussions are in an advanced stage with local Social Services and Health to provide the care and domiciliary services. The housing scheme has also been adopted into the North Yorkshire Older People's Strategy and the Supporting People Strategic Plan.

The Waters Upton Co-Location Project.

DEFRA and the Countryside Agency have been developing what they call Multi-Service Outlets (MSOs). They are testing out the hypothesis that by bringing a number of services together it is possible to increase economies of scale and so support the sustainability of a whole raft of services and activities together under one roof, with an increased footfall for each which promises a sustainable future for public and commercial services that might otherwise die on their own.

Waters Upton is the main village in the parish of Waters Upton approximately 6 miles north of Telford in Shropshire. The project, led by the parish council, aims to retain key services which are under threat and to introduce new ones. A site was released by a developer under a Section 106 agreement. The two storey building includes a shop, post office, ICT access centre, meeting room and community office and will offer ICT access training, adult education, police, CAB, library, solicitors' legal advice sessions, prescription collection and delivery, hairdressing, credit union, homework club, MP's surgery, junior internet club, rural stress help desk, chiropodist, tax and benefits information, parish council office and information point and cash point. The centre also includes a 3 bedroom flat to be available for use by the postmaster / shopkeeper, owned by a local housing association.

Crystal Fountain Retirement Village, Gloucestershire

Crystal Fountain Retirement Village in Nailsworth, Gloucestershire is a new private sector development. The purpose-built village is set within 25 acres of its own grounds in a valley setting, and comprises on one, two and three-bedroom apartments and houses.

There is a residential care home and a broad range of on-site leisure facilities and 24 hour support services.

7. Key learning points

1 Whilst there is a common perception that the countryside is a healthy place to live and it is true that, on average, rural residents live longer and and have better levels of health during their lives than their urban counterparts. However, this conceals the pockets of real deprivation and the poor health outcomes associated with distance form primary and emergency health care services.

2 No one single approach is going to work in rural areas. Commissioners will need to take a countywide view this will involve a mixture of small

extra-care schemes in strategic locations, the provision of communal and community facilities as well as a range of tenure types (DH, 2004). In some places, it will be possible to remodel existing sheltered housing schemes or consider developing a retirement housing community.

3 Full cost recovery offers a mechanism through which any additional costs associated with travelling long distances, reaching dispersed users and working with rural communities be incorporated into contractual arrangements and offer a transparent and realistic picture of the true cost of delivering a service in a rural area (Yates, 2004).

4 The main obstacles to providing support and housing services in rural areas (in addition to distances inflating cost) is that it is difficult to meet for clients to meet for mutual support; travelling long distances and working in isolated places poses a threat to staff safety and can make missed appointments a serious problem. The difficulty in recruiting or developing an appropriately trained workforce is an issue for all forms of provision. There is some evidence that by providing a better environment and a more fulfilling role that Extra Care Schemes are more successful in recruiting staff and retaining them. There may not be a critical mass of people in a given area to sustain services such as home improvement services or specialist support services. Extra care has the potential to serve as a resource base for rural areas in providing a hub for service delivery.

There is a case for further work to explore:

- The experiences of older people in rural areas from their own perspective and particularly between remote rural and accessible rural areas;
- The potential effects of the long term ageing of the rural population in the countryside and what ageing means to the rural future;
- What works in providing integrated services and facilitating opportunities in rural areas and how policy makers can support successful services that are important to older people;
- How we can ensure that older people in rural areas have full access to information about support and financial help;
- The opportunities for developing key-worker accommodation linked to an extra care scheme to support work force recruitment and retention;
- Develop means to help influence and regional housing strategy and spatial planning frameworks on the housing with care needs of older people

Other useful reading and contacts

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DH (2004) *Changing Times: Improving Services for Older People*. SO: London.

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Wenger, GC. 2001. *Myths and Realities of Ageing in Rural Areas*. Ageing and Society. 21, 117-130.

Yates, H (2004) *Funding the Rural Voluntary Sector : Full Cost Recovery and the Rural Premium*. NCVO : London.

Further information may be obtained from:

Department for the Environment, Food and Rural Affairs, for rural policies, standards and implementation of the white paper. http://www.defra.gov.uk

The Institute for Rural Health http://www.rural-health.ac.uk/ runs the Rural Health Forum which doubles as the Health Sub Group of the Rural Affairs Forum. http://www.defra.gov.uk/rural/pdfs/rafe/meeting7/7_11rural_health_forum_report.pdf

The Countryside Agency www.countryside.gov.uk is a DEFRA funded NDPB. The Countryside Agency has responsibility for promoting the 'Rural Proofing' of policies across Whitehall: http://www.countryside.gov.uk/ruralproofing/checklist.htm.

ACRE (Action with Communities In Rural England) http://www.acre.org.uk/index.html is the umbrella body for Rural Community Councils (RCCs). These are county level infrastructure bodies with a general focus on community development.