

Ageing in a rural place

A commentary on
the challenges and
opportunities for
people ageing in rural
and coastal places

April 2021



About us

Centre for Ageing Better

The UK's population is undergoing an immense age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by the government, businesses and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence, and work with partners across England to improve employment, housing, health and communities.

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Contents

| | |
|---------------------------------|----|
| Background and acknowledgements | 03 |
| Introduction | 04 |
| Demographics | 06 |
| Features of rural places | 08 |
| Healthy ageing | 09 |
| Fulfilling work | 11 |
| Safe and accessible homes | 13 |
| Connected communities | 17 |
| Conclusion | 19 |
| References | 21 |

Background and acknowledgements

By 2040, we want more people in later life to be in good health, financially secure, have social connections and feel their lives are meaningful and purposeful.

But we recognise we cannot do this alone. This is why we work in partnership with places that share our ambition to learn, test and apply what works, and to increase our joint impact.

We do this through the UK Network of Age-friendly Communities and our strategic locality partnerships. We have had a partnership with Greater Manchester since 2016, and with Leeds since 2017; two urban areas committed to improving the experience of later life. But what works in Greater Manchester or Leeds is not necessarily directly translatable to a rural county, and so in 2019, we set out to find a rural partner. Following an open selection process, including an expression of interest, interviews and presentations with senior council and business leaders, we chose to partner with Lincolnshire.

This paper provides a commentary on the challenges for people ageing in rural and coastal places and draws on some already published data to provide insights to support our vision of a society where everyone enjoys a good later life.

We want to thank all the council officers, members and staff, older residents and local stakeholders who engaged with us and expressed interest in becoming our rural partner for their time and insights through the process. All of them demonstrated new and innovative ways of responding to ageing in a rural context, often in challenging settings and with few resources. It is not a stretch to say that they would have all made fantastic partners. We look forward to following their work and exploring how we can continue to collaborate.

They are:

- Central Bedfordshire Council
- Cheshire West and Chester Council
- Cornwall County Council
- East Riding of Yorkshire Council
- Gloucestershire County Council
- Kirklees Council
- Lincolnshire County Council and East Lindsey District Council
- North Yorkshire County Council
- Northumberland County Council
- Shropshire County Council
- Suffolk County Council

The process described above took place just before the outbreak of the COVID-19 pandemic. We have taken the opportunity to wait and revisit the discussions with local stakeholders. This has enabled us to include reflections on the impact of COVID-19 on ageing in rural and coastal places and we wish to expressly thank:

- Ivan Annibal, National Centre of Rural Health and Care
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Introduction



The Centre for Ageing Better supports the UK Network of Age-friendly Communities which comprises a wide diversity of places from city regions to district councils.

We know that the experiences of ageing differ depending on the context in which we live and that the challenges and opportunities to support people to age well vary between rural and urban areas. As part of the engagement to identify a new strategic locality partner, Ageing Better has gathered insights into the experience of ageing in rural communities.

This paper captures those insights in order to raise awareness of these issues among decision-makers and to identify some of the priorities for action if people approaching later life in rural areas are to be supported to enjoy later life.

Rural life can have huge appeal and is often thought of as idyllic in many ways. For example, rural areas are thought to offer more peace and quiet, a slower pace of life and access to beautiful countryside or coastline that many of us can only dream of. Rural life is seen to offer more opportunities to stay active and has a greater sense of community spirit. Yet as this report shows, for many of those in and approaching later life, the reality of rural life can be very different.

Introduction

People living in rural areas have higher life expectancies and report slightly better wellbeing (Annual Population Survey, 2018). There are higher levels of home ownership and evidence of stronger social capital compared to their urban counterparts; with 78% believing people in their neighbourhood could be trusted, compared to 61% of urban dwellers (Understanding Society, 2012). But look beneath these figures and you can see that there are inequalities. Those higher levels of home ownership disguise higher levels of fuel poverty, with many homeowners 'asset rich' but 'cash poor'. Strong community spirit and social capital mask pockets of social isolation. Higher average life expectancies overall hide some communities with much poorer health outcomes. Coastal communities also often have higher levels of mental health problems.

The geography of rural areas can prove problematic for delivery of and access to health and care. For example, the lack of, or distance from, services coupled with poor transport infrastructure can make attending regular appointments difficult. Rural and coastal health and care services struggle with recruitment and retention of staff, exacerbating other service issues.

Poor transport infrastructure and physical isolation pose issues not just in accessing services and getting to work for some people, but also in making and maintaining social connections for others. Funding cuts to bus routes have left many rural communities cut off from mainstream services and make car ownership essential to get around. Likewise, digital infrastructure is poor. The COVID-19 pandemic has highlighted and exacerbated many of these challenges; widening inequalities and opportunities.



Demographics

Age

As a society, we are undergoing a radical age shift, and this shift is happening sooner and faster in rural and coastal areas. In one in five local authority areas in England, more than 4 in 10 of the population are over 50 – this will be the same proportion that we anticipate for the country as a whole by 2080 (ONS, 2018). In rural and coastal areas one in three local authorities already has a population with this proportion of people over 50 years old.

The rapid demographic change in rural areas is often driven by inward migration of older people seeking to retire and the outward migration of young people heading to towns and cities for education and work opportunities. Figures from 2011 to 2017 show net inward migration to predominantly rural areas across all age groups except 17 to 20-year-olds (Defra, 2020).

Of the 9.3 million rural residents in England in 2018, 21% were aged 65 and over. This compares to just 16% in urban areas. The largest age group in rural areas is 50 to 54, equivalent to 8% of their populations. This compares to the largest age group in urban areas of 25 to 29, equivalent to 7.3% of the population (Defra, 2020). This highlights the need for rural areas to focus on a preventative approach to ensure that those in mid-life now reach later life in good health, whilst staying financially secure and socially connected.

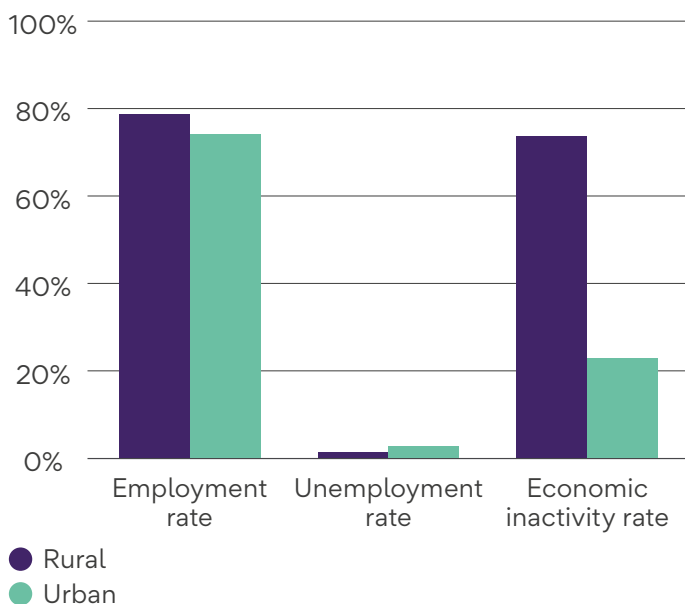
Diversity

Rural areas are marked by significantly lower levels of diversity among their populations. Whilst the proportion of Black, Asian and Minority Ethnic (BAME) communities in rural areas rose slightly between 2014 and 2018 at a rate of 0.3%, it is slower than in urban areas where the growth rate was 1.4%. The overall rural population is 97.6% white, compared to 81.4% in urban areas (Defra, 2020).

There is a need for rural authorities and charities to ensure they are delivering culturally appropriate services to their BAME populations. In Gloucestershire, Age UK have made engagement with BAME communities a priority. They hope to understand how BAME communities perceive Age UK and the service they provide and identify how their experience of ageing can be improved. They are planning a similar engagement with LGBT+ communities in the county.

Income, deprivation and poverty

Rural areas tend to have better outcomes in employment, unemployment and economic inactivity rates than urban areas.



Overall, rural areas tend to be less deprived than urban ones. 12% of people living in urban areas live within the top 10% of places in the Index of Multiple Deprivation, compared to just 1% of rural residents. Whilst 18% in rural town and fringe areas are in the least deprived 10%, this falls to 4% for rural village and dispersed areas, and less than 1% in rural villages and dispersed areas in a sparse setting – the most rural of places (Defra, 2020).

So, whilst on the surface it looks like people in rural areas are doing better, the data often hides pockets of deprivation and poverty, which tend to be in coastal areas where 26 of the 37 principle coastal towns in England have an overall level of deprivation greater than the national average, and GVA per head is almost 20% below the English average (ONS). A high level of home ownership is one example of this, and we heard from the councils we met that whilst older people in rural areas can be asset rich, they are often cash poor.

Fuel poverty is where a low-income household cannot heat their home at a reasonable cost without their income falling below the poverty threshold. Fuel poverty has traditionally been more prevalent in rural areas, though this trend has recently reversed, and since 2017 urban areas have had slightly high levels of fuel poverty – 11% compared to 10% (Defra, 2020).

Though the levels of fuel poverty are reducing in rural areas, homes in rural areas can be older and harder to heat than their urban counterparts. Some cannot be insulated and are off-grid, requiring higher-cost fuels such as oil to heat them.

Bridging this gap is a priority to ensure those people now in mid-life are better financially prepared when they reach their later years and are able to maintain their homes.

Impact of COVID-19 on Rural and Coastal Areas

Coastal areas rank highly in terms of deprivation with poor health and employment outcomes. With ageing populations, low pay and a reliance on the visitor economy, coastal towns are vulnerable to the economic impact of the pandemic and the exacerbation of already entrenched inequalities.

Early evidence suggests that the COVID-19 pandemic has prompted a population shift, with many people choosing to leave city environments for the perceived advantages of living in rural areas. Conversely, many rural and semi-rural residents have indicated a desire to move to places that offer greater access to services.

Features of rural places

Geography

The geography of rural and coastal areas has huge appeal for many, including those in later life who look to retire to the countryside or the coast. Rural areas are sparsely populated, with settlements further apart from each other than in urban areas and with poorer transport infrastructure, making it harder to access vital services, get to work and maintain social connections.

The landscape can also pose issues. Many rural areas comprise of steep valley topography that can make highway design and planning for homes challenging, while exacerbating environmental issues such as flood risk. It also presents an accessibility challenge for people in poor physical health. If you combine this with remote homes up steep roads with no pavements and a lack of public transport, physical and social isolation is a real risk.

Structures

Rural areas often, although not always, operate on a two-tier local government structure with county councils delivering services such as adult care and education, and district councils providing housing, leisure and environmental services. An additional feature of the rural administrative structure is town and parish councils, which can number in their hundreds in a single county.

Add to this the different levers of the health system – Clinical Commissioning Groups and Sustainability and Transformation Partnerships – and the business community – Local Enterprise Partnerships – and it becomes clear that rural areas need to work in partnership by necessity if they want to deliver the best outcomes for residents. Councils in rural areas often spend much of their time servicing the complexity of the structures.

Case study

Of all the rural counties we visited, North Yorkshire perhaps best paints a picture of the number of administrative tiers and organisations council officers work across. North Yorkshire operates a two-tier local government structure, with the county council being joined by seven district councils and 570 parish councils. At the time of writing, North Yorkshire is proposing a merge to a Unitary Authority as a way to overcome some of these barriers.

Then there is the health system. When we visited in October 2019, the county had six Clinical Commissioning Groups (CCGs), four NHS Trusts, four Sustainability and Transformation Partnership/Integrated Care System areas and 16 primary care networks. There was also the North Yorkshire and York Integrated Care Partnership.

On top of this, six area constituency committees operate, mapped to MP constituencies.

Healthy ageing

Too many of us spend later life in poor health and disability. People from the poorest areas are spending up to 20 years with disabling health conditions. Good health allows us to remain independent, work and be involved in our communities.

When we think of rural and coastal places we think of rolling countryside, fresh air and green and blue spaces. We may also associate living in rural places with a better quality of life and higher life expectancy, and for some this can be true; life expectancy in rural areas is, on average, higher than urban counterparts, but this masks inequalities within and between individual communities. Inward migration of older people into rural areas as they retire can mean people with existing health conditions come into a geography that may already be experiencing poor health outcomes within a stretched system.

Rural areas have higher air quality and we know that green spaces are good for wellbeing, but a combination of reduced availability of community facilities, dangerous roads, poor local transport and poor digital connectivity make it more difficult to tackle loneliness and social isolation.

Poor or limited local infrastructure also results in people living in rural and coastal areas having worse access to health services in terms of distance to travel; with health and social care providers finding it challenging to recruit and retain staff in rural areas and thus services that do exist are often exposed to being cut back or facing closure.

Physical inactivity is one of the top behavioural risk factors for preventable disability in later life, yet physical inactivity levels increase significantly with age. In 2019 Sport England found that 26% of people aged 55-74 are classified as inactive, rising to 46% among over 75s, which is to say they do less than 30 minutes of activity a week or don't reach the required intensity levels. In Lincolnshire, the figures are 31% and 58% respectively (Active Lincolnshire, 2019).

Rural areas have a real opportunity to increase levels of physical activity in over 50s, for example through promoting cycling and walking or including the use of e-bikes to extend journeys.

Case study

In Colne Valley, Kirklees, residents are developing a new way to deliver social care in hard-to-reach places. The Colne Valley Care Cooperative will provide domiciliary care for older and disabled adults whilst also ensuring fair pay and conditions for staff. The cooperative will be run by and for the local community in an environmentally sustainable manner with local members having full control. This delivery model for care is particularly needed at a time when economies of scale are less favourable to large care companies in rural areas. This approach embodies the social capital that exists in rural areas and how local people can make their own change. It is envisioned a similar cooperative in nearby Holme Valley will be established.

Impact of COVID-19 on Healthy ageing

The COVID-19 pandemic has made visible the extent to which the averages in increased life expectancy for people living in rural places mask pockets of rural and in particular coastal deprivation, and has made the need to address these even more urgent.

Health inequalities and deprivation in rural areas are likely to directly impact economic recovery post-COVID-19. By addressing health we also address economy and that has never been more apparent.

In 2017/18 predominantly rural local authorities received 36% less funding per head of the population for their public health duties than predominantly urban authorities

(Rural England, 2019).



Fulfilling work

More people are working in later life. But across England employment rates drop off after the age of 55 – and over half of people have stopped working before the state pension age. Supporting people to be in good quality, fulfilling work for as long as possible is important for their financial security, health and wellbeing in later life.

Rural and coastal areas have markedly different economies to urban areas. Major sectors in the rural economy include care, agrifood and tourism. The business base is dominated by small and medium enterprises (SMEs) with a high proportion of low-paid, low-skilled and seasonal work.

In terms of the workforce more generally, employers in rural and coastal areas often face skills shortages, on average wages are low and automation has made some jobs and skills redundant. In the food, agriculture and tourism sectors, a migrant and transient workforce experience insecure, low paid and highly physical work, much of which is unsuitable for people in later life. Older workers and those who are looking to re-enter the workforce require support to retrain and upskill to meet the current and future needs of employers in these areas as new industries such as green energy are developed.

However, without HR and Occupational Health teams in place in larger organisations, it is difficult to introduce standards and embed best practice. This places a responsibility on local authorities and the NHS, often the largest employers in rural areas, to take a leadership role in promoting good standards and encouraging more age-friendly employment practices such as flexible working.

Perhaps because of longer travel times and poorer transport infrastructure, the number of people working from home is higher in rural areas than in urban areas. In 2018, just over 1 million people were homeworkers in a rural area, accounting for 21% of all rural workers. Whilst there were nearly 2.9 million homeworkers in urban areas, this accounted for just 13% of all urban workers (Defra, 2020). In 2015 nearly half (47%) of people aged over 50 surveyed by DWP identified being able to work flexibly as something that would encourage them to work longer before retiring, so flexible hours or the ability to work from home could improve productivity and employee retention among the over 50s.

Case study

As anchor institutions and large local employers, councils can lead by example, putting into practice what works and piloting innovative new approaches. North Yorkshire County Council is operating a phased retirement programme in which staff can gradually reduce their hours as they head towards retirement. This means that there is no 'cliff edge' where people work full time one day and stop working completely the next and those who decide they want to continue working for longer can do so. In addition, they operate a staff volunteer scheme whereby all staff receive a day of paid leave per year to contribute to stronger communities and identify opportunities for post-retirement volunteering.

Impact of COVID-19 on Fulfilling work

It is already clear that older workers (those aged 50+) have been, and will continue to be hard-hit in relation to job losses. We know that this group will struggle to return to work following redundancy the most, and that previous back to work interventions have not been successful. This is particularly true of coastal economies, many of which have been listed amongst the most at-risk places in the UK. Research identifies coastal areas as being disproportionately vulnerable to both the health and economic impacts of the COVID-19 pandemic given their economic reliance on those sectors most impacted by lockdowns including tourism, hospitality, non-food retail and arts and leisure. With over a quarter of all employees in Coastal communities working in these sectors (54.7% in Skegness, Lincolnshire and 56% in Newquay, Cornwall) it is clear to see that the economic impact in these areas will be far-reaching.

One positive impact of COVID-19, however, could be through an increase in remote working. Employers tend to search in a commutable area, but if remote working gains in popularity then the talent pool opens up beyond employers' immediate areas. This may provide an opportunity for those living in rural areas to secure higher paid, flexible work that would ordinarily be based in large cities.

To realise these and other potential benefits, rural and coastal areas need to be well connected digitally. At present too many areas receive poor or no service in both broadband and mobile phone coverage in comparison to their urban counterparts.

Safe and accessible homes

Most people want to live in their own home for as long as possible. But most housing in the UK does not meet accessibility standards. Millions of homes are not deemed decent – in other words, not safe or warm. Safe, accessible housing can maintain or improve health, wellbeing and social connections as we age.

To help meet these needs, local authorities, housing providers, planners and developers must recognise that the homes we build will be lived in for hundreds of years. They need to be homes for all ages with the ability and functionality to meet the future needs of the people who occupy them.

Existing homes

80% of the homes we will live in by 2050 already exist so we need to look at how we can make the homes we already have meet our changing needs. Homes in rural and coastal areas are often older and less suited to adaptation.

Due to their structure, homes in rural areas can be harder to heat and cannot be easily insulated, if at all, whilst some others are off-grid for gas and water and run off generator electricity.

In the most extreme examples, some rural homeowners are not connected to mains water and get their supply from wells.

In coastal areas there is the added risk from flooding, affecting house prices, the ability to sell and the financial viability of making adaptations. Poor quality housing is also an issue, with local authority stock sometimes unsuitable for let; reducing capacity in a system where demand outstrips supply.

A growing problem in some rural areas is second home ownership, which reduces the number of homes available to locals. This was such a prevalent issue in North Yorkshire that a resolution to charge second homeowners five times more council tax was only narrowly defeated due to concerns about the impact on the local economy.

New homes

Building the homes rural areas need is a challenge. Rural areas need the right mix of homes that support families and intergenerational living, enhance local landscapes and respect heritage and biodiversity, and provide access to services and amenities. Rural developments are often smaller, making them less attractive to developers who prefer developments with scale that offer higher returns, whilst poor transport infrastructure means that services are further away and harder to access.

There is currently an oversupply of large, detached homes in rural areas, whereas the demand is increasingly for smaller and lower cost homes.

High levels of home ownership in rural and coastal areas mask inequalities, with many older people asset rich but cash poor. A better mix of homes could enable increased choice including rightsizing for those who find themselves in unsuitable housing, whilst improving their finances.

More upfront capital investment would enable more affordable housing schemes to be built with lower rents. This approach produces more revenue in the long-term. COVID-19 also provides an opportunity for developers to rethink their housing offer in rural and coastal areas with homeworking becoming more prevalent and the potential that this will lead to more people searching for a home in the countryside.

Specialist provision

Supported housing and extra care schemes do exist in rural areas, but the offer is not as wide or available as it could be due to providers seeing the 'rural premium' as prohibitive. Where they do exist, they are oversubscribed, not just due to care needs, but because of the social and community elements for people who may have become socially isolated over time. Often a village will only require one or two-bed homes, so building at scale is an issue.



Case study

Central Bedfordshire Council has plans to build 39,350 homes by 2035 and has estimated that 23% of these should be suitable for older people. In a survey of older people, 60% stated a preference for bungalow living in later life, so innovative designs for homes that enable people to live on a single floor are being developed. Likewise, they hope to understand whether smaller-scale specialist schemes for older people can work in rural areas where the standard model is often out of proportion to the needs and demand in the community.

The council is actively developing a range of mechanisms, including the setting up of its own housing development company, to ensure delivery of a wide range of suitable housing types for people in later life, across all price bands and tenures.

Impact of COVID-19 on Safe and accessible homes

The COVID-19 pandemic has further highlighted the link between housing and health and has focused a spotlight on the condition and suitability of our homes. Whilst many rural residents have benefitted from access to outside space throughout the summer lockdown, the winter lockdown has led to a rise in fuel bills and increased demand for fuel poverty-related services. This is particularly true of rural areas where housing is typically less energy efficient, insulation is often problematic and many areas are off-grid for gas and therefore reliant on more expensive fuels.

COVID-19 has provided greater visibility for those people living in non-decent homes. In coastal communities the needs of people living in park homes (caravans) have been brought to the fore, providing greater clarity and opportunity for service providers to understand and address the particular challenges on health and life as their occupants age.



26%

Rural homes are 26% more expensive than urban homes (Rural Housing Alliance, 2016)



12%

Social housing accounts for 12% of rural housing stock, as opposed to 19% in urban areas (Rural Housing Alliance, 2016)



Bupa Dental Care
Station Road, Settle

Connected communities

The design of the places we live in can enable us to get out and about and meet people as we grow older. But many people face barriers that stop them from doing the things they enjoy and that matter to them. As people approach later life, it is important they live in communities that make it easier to stay connected to other people.

By their very nature, being dispersed and with poor digital and transport links, rural communities can be described as not very well connected. Where there are fewer services on people's doorstep, these links are often vital.

Social infrastructure

Despite rural and coastal areas being sparsely populated, there are high levels of social capital with neighbours and communities looking out for and helping each other, with 78% of people living in rural areas feeling a sense of trust and community, compared to 61% in urban areas (ONS). This is especially evident in villages where community assets, such as churches and village halls, play a key role in building and maintaining social connections where traditional hangouts, like the local pub, have closed.

A recurring theme across our visits was the strength of the voluntary and community sector (VCS) in rural areas, often filling the space where services cannot reach in small and dispersed communities.

The strength comes from the fact it is often diverse, nimble and has access to hundreds of volunteers. A particular feature of the VCS in rural areas is that while there are many organisations, they are often small, sometimes with one or no paid members of staff, and highly reliant on volunteers. However, the sector is facing fragility in the post-COVID-19 financial situation. Charities are losing income from their retail, fundraising and commercial operations at the same time as they are seeing higher demand for their services.

The existence of voluntary organisations in rural areas can be a lifeline to people and communities who are cut off from services that tend to be centrally located in towns and cities. They can be the glue that binds a community together, fostering huge levels of social capital and reinforcing support networks. We heard time and again that in places where statutory services don't reach, there is often a tradition and culture of self and mutual help.

Physical infrastructure

Rural areas in general have poorer transport infrastructure than their urban counterparts, both in terms of road and rail. People in rural areas are more likely to be further away from services, including vital health services, more likely to own cars and public transport is less frequent. Bus routes have been cut over many years, leaving rural residents more dependent on cars and therefore more vulnerable to when they eventually stop driving.

Community transport schemes help to plug the gaps in services but are reliant on the goodwill of volunteers and grant funding.

The digital connectivity that so many of us take for granted is not available to the same degree in rural areas, and despite improvements over time, there are still clear disparities in broadband and mobile coverage between rural and urban areas. Poor coverage not only disrupts access to services but also denies people the social connectivity that so many of us now rely on to keep in touch with family and friends.

Case study

In East Riding, we spent time with staff, volunteers and local residents at Burton Pidsea Memorial Hall. Burton Pidsea is a small village 12 miles east of Hull and four miles from the coast. First built as a war memorial in the 1950s, Burton Pidsea Memorial Hall was completely rebuilt in 2018 with support from the National Lottery and is constituted as a charity. Like many village halls, it is at the heart of the community, putting on a wide range of activities from dance classes in the main hall to sports on the playing fields and several exhibitions and social events. The charity also recognises that it has a unique position in the community to be a source and driver for positive change. All volunteers receive training in 'health chats' so they can recognise changes in people's behaviour, health and mobility. This can lead to linking people up with interventions that prevent a health need escalating or enable signposting to applicable services.

Impact of COVID-19 on Connected communities

The COVID-19 pandemic has brought to the fore just how crucial digital connectivity is. People are more reliant than ever on internet access to stay in touch with friends and family and connect to their community.

The narrative around home broadband and public Wi-Fi needs to change from a luxury to a utility that is a necessity for people and communities to function.

COVID-19 has provided insight into the existing strength and resilience of rural communities. People living in rural areas already tend to feel significantly more connected and active within their communities than their urban counterparts. The prevalence of community-based volunteering already existing in rural places undoubtedly aided the rapid mobilisation of volunteers and creation of grassroots support groups during the pandemic, with an increase in volunteering and an associated rise in community spirit being recorded as a result of COVID-19 in many rural and coastal places. However, task-based volunteering - such as that seen during the pandemic - does not replace building natural neighbourhood connections that support the longer-term resilience of communities, and the people who live within them.

Conclusion

Rural and coastal places are not homogeneous, they offer a multitude of unique challenges and opportunities, and we must recognise the role geography plays in how our homes, work, communities and health support us to age better if we are to secure a better future for older residents.

While rural areas often have higher average outcomes than their urban counterparts, this can mask pockets of significant inequality and deprivation, particularly in coastal towns. There exists a danger that by viewing rural and coastal areas through the lens of good average outcomes, rural and coastal places will be further handicapped by national funding allocations which already work against them when recognising the additional costs of delivering rural services. This emphasises the need for strong local leadership and a vibrant voluntary sector delivering locally developed solutions.

It is clear that rural and coastal places are fundamentally different from urban areas. Many policies and innovations favour urban areas, yet interventions that are successful in urban areas don't always translate in rural and coastal settings, certainly not without adaptation. They have unique challenges around transport, health and care delivery, broadband and mobile coverage and housing.

Rural and coastal areas have markedly different economies to urban areas, with greater dependence on both older workers and consumers. Coastal areas are disproportionately vulnerable to the health and economic impacts of the COVID-19 pandemic due to their economic reliance on tourism, hospitality, non-food retail and arts and leisure.

With over a quarter of all employees in coastal areas working in these sectors, local economic recovery planning must address the needs of its older workforce as well as consumers in economic recovery planning.

Despite these challenges, rural and coastal places are not without strengths and opportunities. Rural places have significant assets including a vibrant voluntary sector and social capital, the strength of which has been demonstrated throughout the pandemic where community response and local volunteering have come to the fore and have offered a vital lifeline for many. This must be protected and built upon as we move forward into recovery, with older residents being actively involved in shaping a future that supports their ability to live well for longer. There also exists an opportunity for rural and coastal places to learn from each other, to innovate together and to reflect on how solutions that have developed in cities can be applied to a rural context, and vice versa.

If we are to drive change and achieve a good later life for all people living in rural and coastal places, there is a need for strong local leadership, enhanced multi-agency working in place, and sustainable funding for the VCS; and solutions should be developed locally and shaped by the voices and experiences of older residents. It is essential that the challenges and opportunities presented by ageing in rural and coastal places are seen as a priority and that strategies and plans including economic and COVID-19 recovery planning address these issues.

We will work with rural places within the UK Network of Age-friendly Communities and our strategic partners in Lincolnshire to demonstrate how rural areas can create places where more people enjoy later life. Given the advanced demographics in these areas, they can show the way for others and be centres of innovation, leading the way and sharing learning and good practice that the rest of the country can learn from.

Priorities for action in rural places

- Understand and include the role older people will play in economic recovery.

Employment

- Maximise the benefits of greater flexible and remote working to boost employment in higher skilled jobs and sustain employment for older workers.
- Ensure that rural economic recovery not only focuses on opportunities for employment in established sectors such as tourism but also benefits from growing sectors that are receiving investment for example in green jobs.

Healthy ageing

- Promote physical activity in the over 50s through promoting cycling and walking, including the use of e-bikes to extend journeys.
- Public health spending and planning should consider ‘rural proofing’ of services, recognising that limited and dispersed infrastructure in rural areas creates access challenges for communities.

Housing

- Create new housing options enabling greater choice for people to rightsize and find suitable homes with access to essential services and amenities in small towns and village hubs.
- To address deprivation and support health and wellbeing, fuel poverty and thermal warmth of rural homes must be addressed with insulation and energy efficiency schemes.

Connected communities

- Ensure dispersed and deprived rural communities can thrive by supporting and securing community assets like village halls and the local voluntary and community sector with sustainable funding.
- Invest in digital infrastructure and support better transport links.

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Let's make ageing better.

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