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Dwyer, PJ and Hardill, I

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Promoting social inclusion? The impact of village services on the lives of older people in rural England?

Peter Dwyer and Irene Hardill

Abstract

Drawing on data from a recently completed qualitative project, this paper explores the impact of ‘village services’ on the lives of older people, aged 70 plus, living in rural England. Throughout the paper the phrase village services is used as a shorthand term to denote a range community-based services and activities that are provided to help meet the needs of older rural residents. The paper considers six such services, variously offering, lunch clubs, welfare rights information and advice, befriending schemes and community warden support to senior citizens resident in a variety of villages, hamlets and dispersed rural locations across three regions of England. It is argued that, in various ways, village services promote social inclusion by enhancing older rural residents’ access to the resources, rights, goods and services that encourage social interaction and meaningful participation in community life. It is clear, however, that the overwhelming majority of users of village services are female, that older men are often reluctant to engage with the services on offer, and that the providers of village services need to find new and innovative ways of engaging with older men in rural areas. It is concluded that, due to a lack of financial resources the expansion of village services, so that they may better meet the requirements of older rural men, remains unlikely.

Introduction

This paper considers the extent to which village services i.e. rural community-based services and activities may promote the social inclusion of older people (aged 70 plus) living in remote rural communities. It draws on data and insights generated in a recent qualitative study that focused on six services which variously provided lunch clubs, welfare rights information and advice, befriending and community warden support for older people living in villages, hamlets or dispersed rural settings in three English Regions (the East Midlands, the West Midlands and the East of England). In one sense the paper, therefore, explores the impact of types of provision for older people that have previously been referred to as ‘low level’ services (Clark, Dyer and Horwood 1998); a term which has been criticised (Raynes, Clark and Beecham 2006) for devaluing the positive impact that more mundane services can make in promoting the well-being of older people. However, the notion of ‘low level’ services retains some relevance for ensuing discussions. The village services under consideration here, which provide various social support and information and advice services remain very much ‘low level’ in terms of both funding and relative profile, compared to other more mainstream, and expensive, health services (e.g. medical and residential care initiatives). This contrasts with their high level of impact in enhancing the social and material well-being of the older people living in the countryside who make use of such services.

The ageing English countryside

The definition of what constitutes a rural space is increasingly problematic (Burholt *et al.* 2007) and a sharp dividing line between urban and rural no longer exists (Champion and Hugo 2004). Nonetheless, evidence suggests that key urban/rural differences, such as settlement size, may influence people's life chances (Denham and White 1998). Although the distinctions between urban and rural are less clear-cut than they once were, the notion of rurality continues to reassert itself, not least in the policy domain. This occurs, for example, when considering how service providers may most effectively meet the needs of dispersed rural populations (Champion and Shepherd 2006).

Dissatisfaction with a simple rural/urban classification led to a comprehensive review and the adoption of a new official way of defining English and Welsh urban/rural areas based on Census Output Areasⁱ (COAs) built around population density and the dominant settlement type (Office for National Statistics 2008). Settlements of more than 10,000 population, are defined as 'urban'. The rest are labelled 'rural' COAs and are further classified (according to the type of settlement in which the majority of the population of a COA lives), as 'rural town and fringe', 'village' or 'hamlet/dispersed' (see Bibby and Shepherd 2004 for more detailed discussions). The six services discussed here delivered community based services to older people living in villages, hamlets or dispersed rural settings with populations of 3,000 inhabitants or less.

Rural areas are home to an increasingly ageing population (Wenger 2001) and 'the issue of ageing is a dominant and pronounced one for the English countryside' (Milne, Hatzidimitriadou and Wiseman 2007: 479). There are several ways of conceptualising an ageing population. These include, the rising average age of the

population, an increase in the absolute numbers of older people, and the rise in the proportion of the population who are older (Rees 2003). For rural England all three of these elements are occurring simultaneously; a trend that look set to continue for the next two decades (Help the Aged *et al.* 2005). The ageing demographic profile of English rural areas is shaped by two main factors. First, by the out migration of younger adults to urban areas; in the past two decades the proportion of people aged 15-24 in rural areas has dropped from 21 per cent to 15 per cent (Commission for Rural Communities, 2007a). The second is by the in-migration to rural areas of adults in mid and later life from elsewhere in the UK.

The paper has two central aims. The first is to consider how aspects of ageing and rurality may interact to produce social exclusion for older rural residents. The second is to explore the extent to which village services may promote social inclusion and well being among older people living in rural settings. Having already established, that ageing has a particular relevance for rural England, the paper next, briefly reviews debates about social inclusion/exclusion and ageing in rural settings. This is followed by an overview of the methods used in the study that informs subsequent discussions. Using new qualitative data the initial focus is on whether or not rural settings *per se* promote social exclusion. The value of village services in combating social exclusion among older rural residents in remote settings is then addressed. Ensuing discussions highlight the gendered character of many village services and the reluctance of older rural men to engage with them. In the conclusion we raise an important issue about the ability of village services to the needs of new client groups (e.g. older men) in the face of ongoing, and most likely, increasingly stringent public spending cuts. .

Social exclusion, ageing and rurality

A recent, comprehensive review defines social exclusion as,

A complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society (Levitas et al. 2007: 9).

A broader concept than poverty, social exclusion encompasses debates about the ways in which limited material resources may impact negatively on people lives, but also moves beyond a financial focus to consider how ‘discrimination, chronic ill health, geographical location or cultural identification’ (Hills, Le Grand and Piachaud 2002: 6), may constrain individuals from effective participation in society. A detailed consideration of debates around social inclusion/exclusion is not a primary task here. It is, nonetheless, important, to consider its relevance for older rural residents.

Several studies consider the part that ageing may play in social exclusion. Utilising data from the English Longitudinal Study of Ageing (ELSA), a Government report highlights access to seven types of relationship and services as meaningful indicators of the social inclusion/exclusion of older people. These are: *social relationships* (e.g. contact with family and friends), *cultural and leisure activities* (going to cinema or theatre), *civic activities* (membership of a local interest group, voluntary work, voting), *basic services* (health and social services, shops), *neighbourhood* (safety and friendliness of local people), *financial products* (bank accounts, pensions) and *material goods* (consumer durables, central heating). The report concludes that whilst

approximately half of older people are *not* excluded on any of these 7 dimensions 29 percent are excluded on one dimension, 13 per cent on two and 7 per cent face multiple or severe exclusion i.e. they are excluded on three or more dimensions (Barnes, *et al.* 2006). Recent reports highlight that 1.2 million people aged over 50 face multiple exclusion (Age Concern 2008); with problems intensifying beyond the age of 75 (Demakakos 2008). Nonetheless, older peoples' social exclusion arguably, remains a secondary concern for a Government which has chosen to prioritise the reduction of child poverty and unemployment among those of working age (Craig 2004; Age Concern 2008).

It is increasingly recognised that specific types of disadvantage may accrue to older people living in rural settings (Shucksmith 2003) with research highlighting older rural residents as particularly vulnerable to four aspects of social exclusion (Scharf and Bartlam 2008). First, exclusion from adequate material resources is a feature of many older rural residents' lives. Evidence suggests 'a clear geographical dimension to income in old age...[and that] those in remote rural areas are the worst off' (Gilbert, Phillip and Shucksmith 2006: 89).. Second, in turn this may exacerbate exclusion from the local community, particularly if the 'community' changes around older residents as certain rural locations attract affluent newcomers and become part of the commuter belt. Third, living in the countryside can be isolating and lonely, particularly for those who live alone, or who are impaired, or have limited access to transport. The physical isolation of those who live in remote locations often leads to exclusion from wider social relations. Fourth, as local amenities (e.g. shops, post offices, public transport, doctors surgeries, etc.), diminish many older people in rural areas are effectively excluded from service provision; a point reiterated by the Rural

Advocateⁱⁱ who argues that the continuing erosion of local services increases older rural residents' vulnerability (Burgess 2008).

A lack of accessible public transport has been highlighted as the '*the most significant issue*' facing older people in the countryside (Commission for Rural Communities/Housing Corporation 2006). People living in rural areas are also less likely than those in urban environments to receive social care services (Pugh *et al.* 2007). The problems of many older rural residents in accessing general practitioner and hospital appointments, as well as home helps and community care services are unlikely to diminish, given the additional costs of providing rural services and a tendency towards the increasing centralisation of services (Department for Environment, Food and Rural Affairs 2006). As Cattan (2001: 3-4) notes,

Older people in rural areas are at a particular disadvantage, with the multiple problems of poor public transport and few amenities and services within acceptable travelling distance.

However, the social exclusion experienced by older rural residents is often less visible than that experienced by other groups. Alongside a tendency for older rural residents to 'downplay and internalise their experience of disadvantage' (Scharf and Bartlam, 2008: 107), concentrated clusters of rural deprivation are often unidentifiable due to the dispersed character of many populations in the countryside.

Attempts to address the particular problems of service delivery in rural areas have become a feature of several national initiatives in recent years. For example, rural proofing, introduced in 2000, is a mechanism designed to ensure that, when developing and implementing a policy, national and regional bodies make proper

assessments of the differential impact its introduction may have in rural areas (compared to urban ones), and, if these are significant, amend policy and delivery appropriately to meet rural requirements. However, rural proofing appears to have limited uptake and be applied in a haphazard manner (Commission for Rural Communities 2007b). The modest impact of such policies leads some to argue that ‘older people in rural areas are invisible, or at best, peripheral to policy development in England’ (Milne, Hatzidimitriadou and Wiseman 2007: 484).

It is over simplistic to suggest that all older people resident in rural areas routinely experience social exclusion. The diverse circumstances (due to varying levels of income, length of residence, age, gender and levels of impairment), that exist within the older rural population has been recognised (Wenger 2001; Manthorpe, Malin and Stubbs 2004). However, the social exclusion of many older rural residents, particularly of those with limited material resources who live alone (Scharf and Bartlam 2008), needs to be acknowledged (Craig and Manthorpe 2000; Burholt *et al.* 2007).

Methods outline

Drawing on an approach developed in previous work (see e.g. Dwyer 2000) the project utilised a user participatory approach (Barnes 2004) underpinned by an abductive research strategy (see Blaikie 1993 for further discussions). This offers the possibility of recognising and valuing the various understandings and concerns of both village service users and providers and moving backwards and forwards between their accounts to develop a more comprehensive understanding of relevant issues

based on grounded data generated in the fieldwork. Our chosen methodological approach informed several more practical decisions. These included, first, being clear and honest with participants about the basis of their involvement. Second, all fieldwork interviews were conducted in environments, and in a manner, which put older service users at ease. Third, all older users interviewed received a £10 store voucher as thanks for their participation. Fourth, a retired senior citizen was employed on a short term contract basis as a project researcher to assist with the fieldwork. Fifth, we aimed to recruit six volunteer senior citizens to undertake the individual interviews with older users alongside a project researcher.ⁱⁱⁱ These older volunteers received a £20 store voucher for undertaking each interview.

Generating and analysing the data

Existing national research and policy literature was initially reviewed and additional 'grey literature' related to the six village services was subsequently gathered in the field. Semi-structured interviews with key informants (KI) involved in the provision of each village service (routinely the manager, a paid worker, a volunteer worker and a funder), were undertaken. Simultaneously, a series of interviews with older service users were carried out. Originally, it was our intention to conduct a focus group with six to eight users from each of the chosen services and supplement these with two additional individual interviews with service users in their homes. However, due to the dispersed nature of users and the inability of some to attend a focus group because of impairments, and/or a lack of viable transport options, the research team adopted a flexible approach and used individual, joint (usually with partnered couples), and focus group interviews, to access older users as required.

Fieldwork was carried out in a variety of remote rural locations across three English regions, the East Midlands, the West Midlands and the East of England. Local branches of the national charity which funded the research were invited to put forward village services which they delivered for inclusion in the study., Six services, two in each of the three regions, were subsequently chosen (see fig 1 below). Services 1, 2, 4 and 6 aimed to alleviate the social isolation of older rural people in various ways. Services 3 and 5 offered information/advice and, importantly, personalised help in accessing welfare benefits and services.

<Insert figure 1 about here>

Sixty nine people participated in the study. Forty four (32 women and 12 men) were older rural residents and users of one of the six village services. Twenty five were key informants involved in the management, day to day delivery, or financing of the services. All but four of the service users were aged 70 plus at the time of interview and ages ranged from 58 to 93 years. The sample included both partnered older people and those living alone. All older service users were white.

Fieldwork took place between July and December 2007. Individual interviews lasted between 35 and 75 minutes with the focus groups ranging from one hour to one and a half hours duration. A range of appropriate locations were used for the interviews, including participants' offices, homes and the village halls/community centres used by service providers. To allow for meaningful comparison of similar themes (e.g. inclusion/exclusion, service delivery, rurality, finance), across the six services, and to ensure consistency of approach, common semi structured questioning guides were developed, piloted and refined in initial interviews.

Two basic principles, informed consent and anonymity, underpinned the fieldwork. An introductory session preceded all interviews. Each participant received a written information sheet, outlining the scope and purpose of the study, anonymity was explained and respondents were asked to formally record their willingness to participate by filling in a consent form. Participants were given the opportunity to pose any questions and it was emphasised that they could withdraw from the study at any time if they wished. Each interview was routinely recorded on audiotape and additional field notes were taken. Tapes were transcribed verbatim and the resultant transcripts analysed using grid analysis (Knodel 1993) cross sectional thematic code and retrieve methods, and in situ non-cross sectional analysis as appropriate (Mason 2002; Ritchie, Spencer and O'Conner, 2003). A Nud*ist 6 software package was used to assist this process. All participants subsequently received a paper copy of their transcript by post and were invited to feedback any further responses or corrections to the transcript. Ten participants responded but no substantive changes were suggested.

A final point about the sampling strategy used in the research is also worthy of comment. At an initial research meeting, the possibility of sampling a number of older rural residents who did not use village services was discussed and rejected by the funding organisation. This decision was motivated partly due to the limited amount of money available and also because the charity financing the research was primarily keen to access users' and providers' perceptions and experiences of services to inform and improve future provision. Whilst this is not, perhaps, an ideal situation, participants sampled in the study, nonetheless, produced a rich and varied set of data

about the key characteristics of social exclusion as experienced by older rural residents and the potential role of village services in alleviating it.

A rural dimension of older peoples' social exclusion?

Analysis of the data generated in interviews with both service users (U) and key informants (KI) highlighted several strong and recurrent themes about the ways in which rural locations may exacerbate social exclusion for older people. Key informants spoke consistently about the ongoing challenges of service delivery, with increasing transport costs and diminishing financial resources very much to the fore. Transport issues were also a major feature of service users' accounts. In many cases a lack of viable transport options, the reduction in locally available shops and services and the onset of impairments that can occur in late old age, often combined to diminish opportunities for everyday social interaction. Although older users spoke of the 'community spirit' inherent in rural populations, for many geographical isolation brought increasing loneliness.

The 'rural premium' (Craig and Manthorpe 2000) inherent in delivering village services to dispersed populations of older users was a constant challenge for service providers. Transport costs in terms of both time (due to the long distances between individual's homes), and money, routinely combined to effectively limit the number of older people whose needs could be met. The availability and recruitment of staff, in the required rural location, with access to a car (a key resource in five of the six services), was an additional problem emphasised by service managers like KI10:.

It can be difficult to get workers and volunteers. Simply providing the service is difficult. It's also very expensive you have to have transport to get around to visit somebody's home. You can be talking about a farm track a mile and a half off the next tarmac road (K110 service manager).

The manager of Service 6, where a dedicated minibus transported older people from the outlying countryside to village halls for a regular lunch club and mobile hand, foot and hair care, highlighted the extent to which transport costs were a constant headache.

The southern region of the area that we administer is very sparse we therefore, have our own minibus...For transport alone last year was £6,100...You're looking at something like £1,500 for insurance purposes. And obviously the physical running and cost of the vehicle. Which of course last year was not helped by the fluctuation in the fuel prices anyway (K11 service manager).

For younger and more affluent rural residents the ongoing loss of local shops and services (Burgess 2008) from many English villages is relatively unproblematic. Ownership of a car and the ability to drive bring supermarkets and other services within reach. However, the geographical isolation of older rural residents, the limited mobility brought about by the physical impairments of late old age and the cost of car ownership, often combine with a lack of viable public transport options to exclude many older people from routine participation in their communities. Immobility, leading to isolation, was a strong, recurrent theme in interviews with older service users. For example:

The days are rather long at times. I can't get out you see, I can't go anywhere.

Can't walk very far. In a small village I can't go and wait for a bus, it's a long wait... You are cut off in this village (U5 female aged 70).

Isolated is not too strong a word. [She] lives a mile along a narrow winding road...over a mile from the village, she has osteoporosis quite badly, she can't drive any more. She's 84 I think...she cannot go out because she can't walk a distance down the road and she can't drive. Now there are only two other properties up there. So if she doesn't see her neighbour she doesn't see anybody. She's not ill enough to have home help or nurses or carers because she is able to get about in the house. But she can't go out (U12 female aged 80).

Mobility is vital to the well-being of older adults (Dobbs and Strain, 2008), however, a lack of transport options remains a major issue for older rural residents (e.g. Cattan, 2001; Manthorpe, Malin and Stubbs, 2004; Clough *et al.* 2007). The previous New Labour Government's preferred policy of funding free bus travel for senior citizens across England may not be the most effective solution to the transport problems faced by older residents in dispersed rural communities. First, for the policy to be effective there needs to be a regular, frequent bus service, something which is lacking in many rural areas. Second, for older people with impairments, bus travel is often not a viable option.

Given the challenges noted above, those involved in delivering village services tended to focus on the negative aspects of rural settings. In contrast, the older users of village services were initially, consistently more positive about living in the countryside; a typical comment being::

All want to know one another and all do things for one another. I've only got to say 'I've got to pick some pills up' and that's it (U33 male aged 81).

Many believed that rural life engendered a shared community spirit (cf. Heenan, 2006) and regularly praised the informal support they received from family, friends and neighbours. The general peacefulness and safety of rural life, compared to urban living, as noted by U44, was also a consistent theme.

Out here we don't have any problems. We've no trouble with yobbos... We don't have anybody raving about or anything like that. I think we're all right only thing is that you have to travel six miles to shop. There is no shop here at all. There's no pub, so we can't go and have a pint (U44 female aged 76).

None of the older participants expressed a desire to live in a town or city. Indeed a number had chosen to relocate to the countryside on retirement. Many were making the most of their lives and spoke of the advantages of living in idyllic (in terms of scenery) rural locations. However, underneath this apparent general satisfaction, there was also a widespread recognition of the loneliness and isolation that growing old in the countryside, particularly for those living alone, could bring. As one older person succinctly put it, *'I mean wonderful views and everything but you do need human contact (U22 female aged 81).*

Loneliness, of course, is not limited to those living in rural isolation. Many older people in urban environments lead lonely lives living in close proximity to others. There are also different facets of loneliness, some of which may become more prevalent with age. For example, emotional loneliness may emerge through the loss of a significant other/partner and social loneliness (i.e. a lack of wider social networks) may increase as friends die, younger family members move away, former work ties

diminish and/or people succumb to the impairments associated with ageing (rf. Burholt *et al.* 2007; Victor, Scambler and Bond 2009 for fuller discussions). It is important to note that many of older rural residents interviewed had, in their earlier years, previously lived fulfilling and often self contained lives in the countryside with their partner or family. Geographical isolation - living in a remote rural location - only became problematic for them as they were widowed and/or increased frailty limited their ability to leave their home in search of company.

Although the provision of services to older people, dispersed over large geographical areas creates additional costs (in both time and money) for service providers, there is nothing intrinsically problematic about ageing in a rural setting (Wenger 2001). Indeed, older people, including many participants in our study, cite the quality of the rural environment, relative peace and quiet and the availability of informal support from the local rural community as positives. The benefits that living in the countryside may promote for older residents should not, therefore, be dismissed lightly (Burholt and Naylor 2005). However, as people become older, the loss of life partners, diminishing material resources and/or increased frailty alongside a lack of access to local services, including accessible transport options, combine to exacerbate the social exclusion of senior citizens living in the countryside (Milne, Hatzidimitriadou and Wiseman 2007).

Village services: promoting inclusion

The six services investigated all had a significant positive effect in combating the social isolation of older rural residents. Those focused on welfare rights advice and support also routinely significantly improved the financial well-being of older service users. Users clearly valued the support they received and had nothing but praise for those who delivered the services.

Overcoming isolation: the social impacts of village services

Older rural residents routinely spoke of lives characterised by loneliness and of being cut off from routine social engagements but, as users of village services, they also stressed the ways in which the support they received enhanced their daily lives. The services on offer provided them with a much needed opportunity for social interaction and companionship. A visit from a warden or volunteer befriender, or the chance to regularly attend a lunch club, provided a focal point, something to look forward to, and something to be actively enjoyed. For example:

When you live by yourself you spend so much time alone...I spend hours and hours sitting by myself. I've got two sons that visit me from time to time but I spend a lot of time by myself and I find by coming here and chatting to people, having a nice meal... I manage to cook in between times for myself. But I must admit I look forward to Tuesdays and Thursdays (U9 female 83).

She brightens up my morning. I wish she would stay longer but she has to go to see quite a lot of other people... She just sits and talks... I'm lucky to have someone like that calling. I've never said much to her about it. If you like, tell her she's a very nice person (U5 female age 70).

Village services play an important role in sustaining older rural residents by providing points of contact with the wider community. Even those with access to familial support networks appreciate the opportunities they provide for the routine social interaction that is vital in promoting well-being in later life (Victor *et al.* 2006). For older rural residents living alone in rural settings, without regular contact with family members or neighbours, they are a vital resource.

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

Alongside social isolation, limited, and often diminishing, financial resources have been highlighted as a key factor in promoting social exclusion in later life (Craig 2004; Burholt and Windle 2006). Such poverty in old age is often made worse by the reluctance of older people to claim social benefits. The more particular challenges of improving benefit take up in rural areas have also been acknowledged by the government and service providers (Gibson-Ree 2004). An aversion to claiming state benefits featured strongly in the study. As one worker noted:

They are the old school. Don't want to claim anything. Don't think they are entitled to it. 'We can manage on what we've got' (KI24 voluntary worker).

The reasons for non take up of benefit by older people are many and varied but certainly include ignorance about entitlements and the often complicated forms that benefit claims entail. Additionally, an abhorrence towards the idea of living on 'charity', and the view that claiming benefits is a sign of personal failure (Moffatt and Higgs 2007) appears to be prevalent among an older rural population which prides itself on hard work and self reliance (Heenan 2006; Eales, Keefe, and Keeting 2008). Allied to these factors previous dealings with the welfare state, particularly when

means testing is involved, often combine to deter older people from claiming their welfare entitlements. Having fallen foul of means testing as a young widow in the 1940s, service user 18 swore that she would never again seek benefits.

My husband and I are both frightened that we are trying to cadge something... I've worked hard all my life. Unfortunately my first husband got killed in a motorbike accident [late 1940s]. We didn't have any money...They were so good at the factory where he worked, the collection was £2-300...I was told that if I got some help with my rent then my children could have free meals at school. Well because I'd got that money in the bank apparently I wasn't entitled to anything. So I vowed then, that I would never apply for anything! I would just work and work. Luckily my health was good until I was 80 (U18 female aged 86).

Sixty years later the direct intervention of the welfare advisor from service 5 was instrumental in changing her lifelong aversion to applying for welfare benefits. Having been cajoled into claiming Attendance Allowance^{iv}, U18 was able to pay for extra physiotherapy to aid recovery from a double hip fracture and, ultimately, continue caring for her partner at home.

I paid privately. Thanks to the money coming in. I could do it and its worked out beneficial...What I would have done without [worker's name]???...I just want to emphasise that I was so lucky that she came along and I was awarded the allowance. It's made me feel so happy about it because you do not feel as if you're begging (U18 female aged 86).

Services 3 and 5 employed part-time workers whose roles involved promoting rights for older people alongside practical help (form filling etc.) to enhance access to

entitlements. Without the help and individualised support of these workers it is highly unlikely that the participants we interviewed would have accessed their entitlements. The additional benefits generated clearly enhanced their clients' lives. Many, like service user 24, were extremely grateful to the advisors who visited them in their homes;

[Name] fought to get extra help with his disability. She helped us fill everything in, she did everything for us...Pension Credit, rent rebate and council tax. She did all that for us...A letter come and it come and we were told how much we could get money-wise, leaving me in tears. It still chokes me about it now. Because we have never, ever, even to be able to go out and buy something without thinking – ooh. You know simple things. It made such a big difference to our lives, it really did (U24 female 64).

Funding individual home visits to help rural clients access their entitlements is expensive but effective. Highly individualised practical support is required if older people's reticence to claiming is to be overcome. Face to face home visits offer practical benefits beyond general telephone or internet advice lines. The positive knock-on effects of services where workers actively reach into rural communities also should not be overlooked. Home visits spread the message about entitlements to wider audiences. On several occasions, an initial visit to one person alerted others to their benefit rights and instigated further successful claims. For example:

Because of [name] getting it, my parents got attendance allowance as well... They [service name] are the experts on this, they know exactly what to do. (Family carer in attendance at interview).

I remember [service worker] saying that she helped everyone on the street. It just went down the doors, all the way through, everyone heard about it (KI22 service manager).

Welfare advice and information services that offer an individualised service to older residents in dispersed rural locations clearly enhance users' access to welfare rights, and resources and as such actively reduce pensioner poverty and promote social inclusion (cf. Moffatt and Scambler 2008). Discussions have focused on how these services qualitatively enhance the lives of older rural residents. However, harder evidence about the success of benefit advice in rural areas emerged in the study. Services 3 and 5 reported generating £690,000 and £750,000 respectively of successful benefit claims.

A preventative dimension to village services

Those charged with delivering village services reported that their routine contacts with older users encouraged timely intervention into situations which, otherwise could lead to negative and expensive future outcomes. For example, the manager of service 1 (KI1) noted how the provision of something as mundane as the toe nail cutting service they provided helped to prevent falls and the subsequent broken limbs which often ensue (cf. Raynes, Clark and Beecham, 2006). A colleague further reiterated how identifying problems and persuading reluctant older people to seek remedies helped to prevent complications at a later date.

An ulcer on her leg and she wouldn't go to the doctor. Now once the foot care lady had said to me, 'there's a problem', I can then take them to one side...or I can contact the doctor and say, 'I think this lady needs a visit'... Its not major

things. But its preventative... preventing them from falling, which can cause something else... There was a lady maybe about six months ago, I don't think she'd had her toe nails cut for a year. How she walked I do not know. But we caught that in time you see, because we managed to persuade her. It's little things (KI3 part-time paid worker).

Similarly, the worker from service 5 (KI6) who had initially made contact with an isolated older man to explore the possibility of instigating a benefit claim on his behalf, reported how she had managed to persuade him to seek medical help for a festering wound that would have led to his long-term hospitalisation if left unchecked. The intrinsic value that village services offer, in terms of promoting independent living, and also in potentially saving hard cash through the early identification and treatment of problems, was apparent to key informants.

We spend £25 to put a rail up and OK by a big leap of imagination we stop somebody having a hip replacement... why isn't that sensible?... Some days its hard work trying to convince people why things like this should happen but the payback comes when you see somebody living an independent life (KI15 service manager).

Village services play an important role in maintaining older rural residents in their own homes for as long as possible. Such services routinely delay or negate the need for more expensive institutionalised health and social care packages and promote independent living among senior citizens in the countryside. As the above discussions illustrate village services enhance the material and social well-being of service users and thus help to alleviate the social exclusion of older people and, more particularly, older women (see discussions below) living in the English countryside.

A woman's world?

The overwhelming majority of older users of the village services investigated in this study were women.^v Similarly, with the exception of two voluntary workers (services 3 and 6), those with a direct role in the day to day delivery of services were female. Given that women generally live longer than men and the predominately female workforce in the care sector of the paid labour market, this situation is perhaps not too surprising. Nevertheless, the fact that village services are highly feminised places in terms of both clientele and workers appears to be a significant factor in the lack of male engagement with available services. This was particularly the case in the four services (services 1, 2, 4 and 6), where a primary aim was overcoming social isolation. As the following quote illustrates, managers and workers were aware of the problem.

Luncheon clubs or coffee clubs are not necessarily how men will socialise at any time in their life. And so its kind of Hobson's choice when they get older. There's nothing else... So maybe part of it is we've set up a service that meets some clients' needs but doesn't always meet others. I do think that befriending, just by its very nature, is not naturally where men go, 'Oh yes fantastic. I want a befriender'... One gentleman is totally blind. He is honest about the fact that if things were different he wouldn't have a befriending service and he wouldn't have got to day care. But because he can't see he hasn't got a choice (KI9 part-time paid worker).

Any limited male engagement with these 'social care' type services appears to be triggered by specific individual circumstances. First, as previously noted by KI9, illness or impairment can limit men's options and leave them with few other choices:

My husband was disabled, not severely...you suddenly become very withdrawn when you've had a stroke. And we weren't able to go to hardly anything... We actually were extremely happy to find somewhere we could have a lunch out once a fortnight where people took no notice of the fact that my husband couldn't use a knife properly. He didn't have to be embarrassed. Because we are all in the same boat (U12 female aged 80).

Second, many of the limited number of male users originally, and at times begrudgingly, access services alongside their wives or partner. For instance:

I'm not aware of any more clubs that actually seek out older men, to encourage them to join... They may originally have started with their partner and then their partner may have died and they've continued on that basis. But I can understand if you're a lone man with 40 women then it may not be your ideal environment (KI13 part-time paid worker).

I come because the wife comes... Too many women... I've got to come [looking at his wife](U14 male aged 92).

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

[Manager] is related to my wife's side of the family and my wife died seven years ago and she asked me if I'd like to come along as I lived by myself... I was the only man there for a long time. There's one more now. It doesn't bother me though. I'm happy to sit there. I enjoy my food and a chat (U9 male 83).

The reluctance of many older men to admit they have particular needs and or/seek help also has resonance in respect of information and advice services (Lofts, 2008). Among key informants the prevalent view was that women were instrumental in getting their partners to engage with services. For example:

Men tend to access things via their partner...They are a specific group who we do need to target... So yes while we aim to do it, women are much more accessible in terms of gathering information and passing it on to husbands (KI7service manager).

Especially if the wife or the partner is sitting with them, men will say, 'Oh I can do that. I can do that'. And of course the partner then chimes in, 'Well you can't. I've got to help you get dressed. I've got to help you do this' (KI27 part-time volunteer).

The case of 'Fred' (U17) provides a good example of the typical problems village service providers face in trying to engage with older rural men. A widower, deaf and with poor mobility, Fred had lived, all his 85 years, within 200 metres of his birthplace in a tiny, scenic village. Orphaned at an early age, for many years he had previously provided for his own family and his younger siblings by working on local farms. The cottage he lived in was basic. Around him the village had been transformed. Many of his neighbours were affluent commuters living in very expensive, well maintained cottages. Fred was of very limited means but was used to seeing himself in the provider role and proud of his 'independent' status. Without the intervention of the benefits advisor from service 5 and a successful claim for Attendance Allowance, he would no doubt have followed the habits of a lifetime and "soldiered on", heavily reliant on the support of his daughter who lived over 60 minutes drive away.

The reluctance of many rural men to seek help in old age is linked to the (stereotypical) gender roles that they have been socialised into throughout their lives (Sopp, Miller and Gunnell 2007). Similarly, many older women's previous roles, as 'kin keepers' and informal carers, have often plugged them into wider social and community networks in earlier decades of their lives. The use of village services such as lunch clubs and befriending services in later life may thus reflect earlier gendered norms and practice. Such services can be alien and daunting for older men, whose work based informal networks tend to diminish on retirement and who have developed identities around the role of worker and family provider (Arber, Davidson and Ginn 2003; Ruxton 2006). Maintaining this façade of the self reliant 'independent man' may mitigate against older men recognising the new needs that growing older can bring. Once the barriers are overcome, however, as the following quote illustrates, older countrymen appear to value opportunities for social interaction as much as their female counterparts; provided that the kind of support on offer is deemed by them to be appropriate.

She arranged an interview with a man and he befriended me... We talk about things which are men's talk... He meets me half way in conversation and we get on very well together... When they asked me to join I said I don't want to play silly games (U19 male aged 85).

Evidence suggests older men would prefer to attend what they regard as 'normal clubs', which reflect their longstanding interests, rather than designated 'old folks' clubs. Attending such clubs is seen by many older men as a last resort; something viewed almost as a public admission of defeat (Pain, Mowl and Talbot 2000; Davidson, Daly and Arber 2003). The needs of older, male, rural residents obviously

vary and it would be wrong to suggest that all such men lead lonely, isolated lives in dire need of company and support. Nonetheless, it is hard to avoid the conclusion that many village services currently offer support that is more appropriate for older women than for men (Sopp, Miller and Gunnell 2007).

Conclusions

This paper considers wider debates about ageing and social inclusion/exclusion in the English countryside through a discussion of the impact of six village services on the lives of older rural residents. In some ways, a rural setting may exacerbate the social exclusion of older residents living in dispersed villages and hamlets. Physical isolation, a lack of public transport, an inability to afford or drive a car in old age and a lack of specialised local services, can combine to the detriment of some older people in remote rural settings. Nevertheless, it is important to avoid simply problematising the lives of older rural residents. Rural settings and the needs of older populations living within them are diverse (Wenger, 2001; Milne, Hatzidimitriadou and Wiseman 2007) and certain advantages may also accrue for older rural residents. For example, a village setting may have a positive impact on older people lives, in part, because of the often 'high levels of informal support [that] exist despite apparent service fractures' (Manthorpe, Malin and Stubbs 2004: 102).

For comparatively little financial outlay, village services enhance the daily lives of older people in remote rural settings. Rural befriending schemes, lunch clubs and warden services all promote social inclusion in old age by helping combat loneliness and social isolation. Although a recent systematic review (Cattan *et al.* 2005) noted

that the effectiveness of one to one interventions (such as home visiting and befriending schemes), in preventing loneliness was unclear, the evidence presented here indicates the value of such interventions for older adults living in dispersed rural settings. Likewise, welfare rights and advice schemes, targeted at specific rural communities, alleviate rural poverty in old age by alerting people to their entitlements and enhancing benefit take up; particularly when they offer individualised benefit claims support in older users homes. Within a rural context, the specific value of relatively low level interventions, like the village services considered here, has been recognised (Commission for Rural Communities/Housing Corporation 2006). Such community based services and activities offer that ‘little bit of help’ (Clark, Dyer and Horwood 1998) required to enable many older rural residents to stay in their own homes for as long as possible, often delaying the need for more intrusive and expensive support services.

A note of caution needs to be added here. The problem of a lack of male engagement with village services has been highlighted. In the words of one service manager (KI9) many older rural men are faced with ‘Hobson’s choice’; that is, a choice between what is offered and nothing at all. Whilst, it is clear that there is no deliberate attempt to exclude men, a key, future challenge for the providers of village services is to find new and innovative ways of engaging with older men in rural areas. Some thought needs to be given to the specific needs of older men, and how village services can, in future, be tailored to meet their particular, gendered requirements. Increasing the presence of male staff and volunteers within village services for older people could prove fruitful (Ruxton 2006). That said, other studies (e.g. Manthorpe, Malin and Stubbs 2004) have identified the vulnerability of very old women, living in rural

settings. Providing better support for older rural men should not come at a cost to their female counterparts.

Rural settings present certain challenges to those attempting to deliver services including, importantly, the additional costs in terms of both time and money that accrue when trying to meet the needs of dispersed populations (Keating and Phillips 2008). For providers of village services overcoming the issue of the ‘rural premium’ (Craig and Manthorpe 2000) is often further compounded by fact that the funding arrangements of many services are far from secure. Complex systems of competitive tender (often for time limited funding), underpin many village services. Whilst this may initially stimulate innovation in that providers are able to identify available pots of money and, *if successful*, set up services to meet the needs of older rural residents, such finite funding arrangements undermine the long-term stability and quality of services. Those that draw on County Council budgets fare little better, often facing annual battles just to maintain previous funding allocations (see Hardill and Dwyer, 2011 for fuller discussions).

This paper presents new evidence of the positive and vital role that village services (i.e. the community-based services and activities on offer to older rural residents), play in promoting the social inclusion of older people in the English countryside. Village services are clearly valued by, and enhance the social inclusion of, those who use them. However, the discussions presented here also provide new insights into the gendered character of much of the existing provision of village services and how this unintentionally promotes the exclusion of older rural men. Many of those involved in providing such services recognise the need to reach out to new client groups including

older men (Harrop 2007). However, given the ongoing global financial crisis, and a future in which the two major UK political parties are committed to protecting National Health Service budgets, but envisage drastic spending cuts in other areas (cf. Conservative Party 2010; Wintour 2010), the expansion of supposedly ‘low level’ village services, so that they can better meet the needs of older rural men, remains highly unlikely for the foreseeable future.

SERVICE	OUTLINE OF ‘VILLAGE SERVICE’ PROVIDED
1. Warden Service	Community wardens giving emotional and practical support to housebound/lonely, bereaved and convalescing older people
2. Lunch Club	A parish centre lunch club, part of a county-wide initiative to grow community self help networks
3. Welfare Rights	A dedicated worker helping older residents of rural villages in former mining communities access benefit entitlements
4. Befriending	Two linked befriending services providing a regular social visit for lonely, isolated clients in their own homes
5. Information and Advice	Service offering information and advice on benefits and services to older people in dispersed rural areas, including a dedicated worker to visit older people in their homes to help clients access benefit entitlements
6. Lunch Club/ Mobile Care Service	Transport to a regular social event/meal combined with the delivery of mobile hand, foot and hair care to older people living in remote rural settings

Figure 1. Outline of village services

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ⁱ COA are designed specifically for statistical purposes. They are based on data from the 2001 Census and are built from postcode units. The system created Output Areas with around 125 households and populations which tended towards homogeneity. The 175,000 Output Areas 'nest' within wards and parishes, and normally consist of whole unit postcodes.

ⁱⁱ The Rural Advocate is appointed by the Prime Minister. A non political role the Rural Advocate's job is to ensure that the needs and circumstances of England's rural population are understood and taken account of by the Government.

ⁱⁱⁱ We were not entirely successful in achieving this aim. For a fuller discussion of fieldwork methods and issues, detailed tables of the study's participants and copies of the question guides please go to: http://www.ageconcern.org.uk/AgeConcern/Documents/53_0508_Village_Services.pdf

^{iv} Attendance Allowance is "a tax free benefit for people aged 65 or over who need help with personal care because they are mentally or physically disabled" (DWP website). It is currently paid at two levels: £62.50 per week and £43.15 per week dependent on levels of impairment.

^v Our original intention was to interview equal numbers of older men and women who used village services. We were, however, only able to identify 12 male users to interview.