Social Exclusion and Ageing in Rural Areas: Patterns and Implications

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Introduction

This briefing paper examines social exclusion amongst rural-dwelling older people. The paper is part of a series that explores different aspects of ageing in rural Ireland. As outlined in the first of these papers, social exclusion is considered one of the critical issues in the lives of rural older people – particularly during this period of economic recession and severe austerity. Despite this, in Ireland, and especially in relation to rural communities, there are still many gaps in our knowledge about older people's experiences of exclusion. This briefing paper aims to address these gaps with a view to informing current debate on social exclusion and ageing in rural Ireland.

What Does Social Exclusion Mean?

It is helpful first to consider what is meant by social exclusion both as a policy term and as a social phenomenon. In the international research literature, social exclusion is considered to be somewhat broad. This comes with certain advantages. Namely, the term can be applied to the circumstances of different populations and can be used to describe the varied processes of social marginalisation. However, it also comes with disadvantages. Social exclusion remains a contested concept, and is viewed by some as being too ambiguous and vague. As a result, it can be argued that we are less than certain about what it means to be excluded in real-life circumstances, and unsure as to how we should measure this exclusion.

What we do know is that social exclusion is about integration, whether we are interested in the integration of an individual in a (rural) community, or the integration of a group of people (e.g. rural older people) in wider society. When we investigate social exclusion we are concerned with the pathways that lead to disengagement from society and the negative impact of such disengagement on individuals' life chances (Moffatt and Glasgow, 2009). In many cases, definitions of social exclusion emphasise the importance of various societal structures, such as public institutions, relationships and supports, and the implications if there are barriers to accessing those structures. Unlike narrow income-based measures of disadvantage, social exclusion is therefore viewed as a multidimensional and complex

phenomenon that can affect multiple areas of people's lives, and that can change over time. This is reflected in the following definition:

> Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. (Levitas et al., 2007; p.9).

We can therefore differentiate social exclusion from poverty on the basis that it involves: (a) multidimensional disadvantage (rather than just lack of financial resources); (b) dynamic analysis of processes of marginalisation; (c) a person's local context as well as individuals and households; (d) and relational issues such as inadequate social participation and lack of power (Room, 1995). It is also accepted that social exclusion is relative to the norms and values of a particular community or society. So, social exclusion is often context specific.

With the capacity to help explain such elements of disadvantage, it is understandable why social exclusion has become an important frame for policy development and

political intervention. Driven by concerns over broadening social marginalisation, social exclusion first came to prominence in political discourse in France in the 1980s. Since then it has become a cornerstone of European policy and has featured as a central theme in EU member states' National Action Plans for addressing social inequity and social protection. In Ireland, this has most recently included the *National Action Plan for Social Inclusion 2007-2016,* which sets out policy targets for tackling social exclusion and poverty. Similar developments are evident in European and national rural policy. For instance, the *White Paper on Rural Development* (1999) in Ireland recognises the potential for vulnerable groups to suffer multiple disadvantage in rural communities. Accordingly, it stipulates the need for rural policy to be underpinned by a social inclusion dimension for rural-dwelling people.

However, much of the existing focus on social exclusion centres on children and people of working age (Moffatt and Glasgow, 2009). This is true with respect to both research and policy. Consequently, what we can say about social exclusion and ageing is relatively limited. While there are certain vulnerabilities, health-related and otherwise, that are associated with later life, the extent to which age mediates social exclusion is not well understood. At some level this reflects the complexity of how old age, a person's life history and a multitude of other factors can combine to construct exclusion. But it also reflects the fact that there has been a lack of research on social exclusion and old age, meaning disentangling the influence of such factors becomes difficult. There are two primary issues in relation to ageing and social exclusion (Scharf and Keating, 2012). The first is the extent to which social exclusion experienced in old age differs from that experienced earlier in life. The second is how social exclusion comes about, or how is it constructed, for older people.

Of those who have conducted research in this area, much of the work has concentrated on articulating areas, or domains, of social exclusion that are relevant to the lives of older people. For instance, an analysis of data from the English Longitudinal Study of Ageing (ELSA) suggests that social relationships, cultural and leisure activities, civic activities, services, neighbourhood, financial products and material

goods are all domains where older people can be excluded (Barnes et al., 2006). Research on UK urban neighbourhoods (Scharf et al., 2005) and UK rural communities (Scharf and Bartlam, 2008) identified how older people can be excluded in terms of material resources, social relations, civic activities, basic services, neighbourhood and community. And similar findings based on work in rural communities in Ireland suggest that social connections and social resources, services, transport and mobility, safety, security and crime, and income and financial resources are important areas to consider when looking at exclusion in later life (Walsh et al. 2012[a]).

We can therefore say that older people can experience multiple forms of exclusion. We can also say that the likelihood of experiencing multiple forms of exclusion has a tendency to increase with age (Scharf and Keating, 2012). Furthermore, older people who belong to certain groups have been found to be more at risk of exclusion. This includes those who have low incomes, are female, have a disability/chronic ill-health, live in urban deprived areas and, of particular interest in this paper, live in remote rural communities. It is important to recognise, however, that the existing research suggests that it is not a simple matter of being 'excluded' or 'included'. An older person can be excluded in one area of life, such as not having sufficient access to services, but could be included in another area, such as having a lot of social support from family and friends. This again underlines the multidimensional nature of social exclusion. It is interesting too to note that people's experiences in one area of life, or domain of exclusion, can influence their experiences in another area of life, or domain of exclusion. For example, not having enough money means that an older person is excluded in terms of income and financial resources, but this in turn may impact on their ability to purchase care supports, and therefore may mean that they are also excluded in terms of services.

From the research that has been completed thus far, it is fair to say then that: although social exclusion for older people is related to integration and access to resources, rights and opportunities, its prevalence and meaning in an older person's life depends on their personal context and the context of the place where they reside.

Rural Older People and Social Exclusion: Existing Evidence

Our interest in social exclusion amongst rural older people implies an interest in a form of placed-based exclusion. In other words, we want to understand how rural places where older people live influence the degree to which older residents are excluded from services, social relations, transport and so on. There is a growing acceptance that places matter, whether these places increase the potential for exclusion (e.g. through a lack of facilities) or can protect against exclusion (e.g. through strong social cohesion). However, the majority of research on place and exclusion focuses on urban and urban deprived areas. There are, as a result, many questions that remain about how living in a rural area can impact on older people's experiences of exclusion. Answering these questions is also compounded by the difficulty in identifying social exclusion in rural areas (Commins, 2004).

Recent work on the island of Ireland (Walsh et al. 2012[a]) and in the UK (Scharf and Bartlam, 2008) indicates that rural older people are disproportionately affected by changes in population structure, fragile social connections and absent services. This may come about from factors within the locality (e.g. remote setting), or as a result of more world-wide trends (e.g. agricultural decline; rural de-population; service restructuring) that impact on our local settings. It is also important to remember that not all rural places are the same. Differences across Irish rural communities, with respect to infrastructure and geographic location, have been found to influence experiences of exclusion for older residents. So, it makes a difference if one lives in a near-urban rural community, a remote rural community or an island community. Differences with respect to social cohesion and a sense of togetherness are also evident, but these are less related to community type (Walsh et al., 2012[a]).

We now examine some of the other evidence in relation to rural social exclusion for older people. Drawing on previous Irish findings concerning domains of exclusion in rural areas (Walsh et al., 2012[a]), we consider: social relations; services; transport and mobility; safety, security and crime; and income and financial resources. Where available, we also present new analyses of 2009 data for people aged 65 years and over arising from Wave 1 of The Irish Longitudinal Study on Ageing (TILDA). Table 1 presents a breakdown of the TILDA sample aged 65 years and over, by sex and by urban and rural residence[1]. More than a third of the rural sample lived alone (34%) compared to just under a third of the urban sample (32%).

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1   In this analysis: 'urban' equates to a dwelling located in Dublin city or county, or in a city or town in the Republic of Ireland other than Dublin; 'rural' equates to a dwelling located in a rural part of the Republic of Ireland.

Table 1: TILDA sample aged 65 years and over, by sex, and rural and urban residence

SEX	RURAL	URBAN
Male	779	882
Female	864	980
TOTAL	1643	1862

Social Relations

There are a number of dimensions of social relations that can potentially be associated with exclusion for older people in rural areas. Firstly, there may be fewer opportunities for social contact in rural areas. While the size of rural communities generally means that social activities are limited, demographic, socioeconomic and cultural changes means that the nature of rural social life for older people has also changed. Reduced informal social contact, reduced house-to-house visiting and reduced numbers of formal and informal social centres, such as public houses, shops, creameries and post-offices, have been shown to limit a rural older person's capacity to remain connected (Walsh et al. 2012[a]). Similar patterns are reflected in the TILDA data. As is evident from Table 2, and with the exception of going to the pub, rural older people in Ireland are less likely than urban-dwelling older people to participate in a range of social and recreational activities. Irish rural older people are also less likely to participate in groups related to sports, church, community or social activities (rural – 51%; urban – 39%: p=0.00).

Secondly, the size of social networks and availability of social contact can sometimes be restricted in rural communities for older people. Older rural residents have been found to be particularly vulnerable to loss of social relationships, whether through death of relatives and peers, migration and dispersal of younger family members, declining health or transport issues (Drennan et al., 2008;

Walsh et al., 2012[a]). Our analysis of TILDA data suggests that Irish rural older people are less likely to report visiting or receiving a visit from, or talking on the phone with, family or friends as often as urban older people (rural – 92%; urban – 94%: p=0.07). Qualitative evidence suggests that available family, friends and neighbours can provide a significant source of emotional and functional support (Walsh et al., 2012[a]). From TILDA data, we know that rural and urban Irish older people receive comparable levels of financial and general assistance from immediate family, other relatives and friends/neighbours. However, the rural idyll of close-knit supportive communities does not always hold true for older residents. For some individuals, especially those with no family and who are new to an area, forming a social network or connecting with people who are part of a network can be difficult (Wenger, 2001; HARC, 2010).

Thirdly, social and emotional loneliness and isolation can be significant problems for rural older people. These issues can be outcomes of being excluded from social relationships and social connection opportunities, but can be intensified by geographic remoteness in rural Ireland (Walsh et al., 2012[a]). Previous analysis of Irish survey data shows that living in a rural area is a predictor of social and emotional loneliness (Drennan et al., 2008). That said, our analysis of TILDA measures indicates that Irish rural and urban older people report similar feelings of loneliness, being in tune with others, and feeling left out.

Table 2: Social participation for urban and rural residents aged 65 years and over

ACTIVITIES (twice a month or more)	RURAL	URBAN
Go out to films, plays and concerts*	4%	7%
Go to the pub	25%	26%
Eat out of the house*	33%	38%
Participate in sport activities or exercise*	43%	54%

*Significant difference between rural and urban responses at the 0.05 level (Chi-Square Statistic)

Source: Tabulation based on Wave 1 2009 TILDA data

Interestingly, however, rural older people are significantly more likely to report often lacking companionship[2]. Rural older people are also significantly more likely to report often feeling isolated from others[3].

Services

Village and community services have been found to encourage social inclusion and facilitate meaningful participation amongst older people in rural areas (Dwyer and Hardill, 2010). However, there is considerable evidence to testify to the erosion of rural service infrastructure in Ireland and internationally (Skinner and Joseph, 2007; Walsh, 2010). There is also evidence to suggest that this decline not only excludes rural older people with respect to service provision, but has a direct impact on their quality of life (Scharf et al., 2001). The closure of services and amenities (e.g. post-offices, public houses, shops and Garda stations) also has a direct impact on community vitality and the capacity of a community to respond to the needs

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2   Based on the results of an ordered probit regression model, and controlling for age, sex and living alone – (p=0.010; on average the marginal probability of older people in rural areas reporting often lacking companionship relative to older people in urban areas (dy/dx) = .03).

3   Based on the results of an ordered probit regression model, and controlling for age, sex and living alone – (p=0.090; on average the marginal probability of older people in rural areas reporting often feeling isolated from others relative to older people in urban areas (dy/dx) = .01).

of older people. General service-personnel, such as postal delivery staff, have been found to provide an important source of informal support for older residents (O'Shea et al., 2012).

Older people in rural areas are particularly disadvantaged in accessing health and social care services in comparison to urban areas (Garavan et al., 2001). Lack of service access together with the vulnerabilities associated with old age has been suggested to construct a 'double jeopardy' for rural older people (Krout, 1986). Day care, long-term care, and longer waiting times for emergency ambulance services are all core issues (Scannel and Gifford, 2010). For those with ill health and low income, lack of transport to services can also be a barrier (Milne et al., 2007) and may even shape health service utilisation rates. For instance, Table 3 shows that according to TILDA data Irish rural older people are likely to visit their general practitioner (GP) more often than urban older people, whereas they are less likely to visit hospital as an outpatient. While there are numerous potential reasons for such a pattern (e.g. differing care needs or variations in referral rates), the fact that rural older people are more likely to report transport difficulties in attending health and social care appointments (see Table 5 below), may mean they have to rely more heavily on their local GP.

A study of ten rural communities on the island of Ireland demonstrated the importance of basic health and social care

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Table 3: Health care utilisation for urban and rural residents aged 65 years and over

HEALTH CARE SERVICE	RURAL	URBAN
GP visits last 12 months (six times or more)*	32%	25%
Hospital outpatient visits last 12 months (twice or more)*	25%	31%

*Significant difference between rural and urban responses at the 0.05 level (Chi-Square Statistic)

Source: Tabulation based on Wave 1 2009 TILDA data

services for the well-being of older rural residents. Public health nurses and home-help provision were particularly highlighted, and in the absence of suitable home care in these areas, were considered to facilitate community living. However, much to the concern of older people, these services had been reduced or were under threat in each of the communities due to recession-induced cuts in public spending (Walsh et al., 2012[a]). In general, reductions in health and social care service provision – particularly in relation to community care support services (Irish Times, 2012), have been intensified nationally due to a series of austerity budgets in the last four years.

Transport and Mobility

According to recent research, lack of transport is a key concern for older people in rural communities on the island of Ireland (Ahern and Hine, 2010). Due to insufficient public transport, older people in rural areas are often heavily reliant on the car (Rosenbloom, 2000). From an analysis of TILDA data, we know that rural-dwelling older people in Ireland are more likely to drive themselves than their urban counterparts (rural – 63%; urban – 52%: p=0.00) and indeed are more likely to drive themselves than use any other form of transport. They are also more likely to report private transport options, such as taxis, and public transport options as poor or very poor in their neighbourhood (Table 4). While qualitative work has noted the valuable contribution of rural transport schemes

to the lives of rural older residents, these schemes are typically limited to one trip per week and are increasingly under financial pressure due to cuts in public spending (Walsh et al., 2012[a]).

Irish rural older people have highlighted how the car is crucial for accessing essential services, for maintaining social connections with family and friends and for even maintaining a representation of social and personal independence (Walsh et al., 2012[a]). In this manner, the car is instrumental in providing a sense of inclusion in many different areas of life for rural older people. This has been echoed again, albeit controversially, during recent debates on the impact of drink-driving laws on rural social contact. Unsurprisingly, driving cessation has been linked to negative effects on older adult well-being (Edwards et al., 2008). With reference to Table 5, our analysis of TILDA data suggests that Irish rural older people are more likely than Irish urban older people to report that not driving, or reducing driving, affected how they socialised with others and affected their ability to perform necessary activities. More importantly, and as mentioned previously, not driving or reducing driving, was also more likely to affect the ability of rural older people to attend health and social care appointments. In fact, rural older people in Ireland are more than twice as likely to report that the lack of transport facilities in their area affects their lifestyle to some extent (rural – 16%; urban – 7%: p=0.00).

Table 4: Transport options for urban and rural residents aged 65 years and over

TRANSPORT OPTIONS (poor or very poor)	RURAL	URBAN
Neighbourhood private transport options*	37%	6%
Neighbourhood public transport options*	52%	13%

*Significant difference between rural and urban responses at the 0.05 level (Chi-Square Statistic)

Source: Tabulation based on Wave 1 2009 TILDA data

Table 5: Reduced driving effects for urban and rural residents aged 65 years and over

DISRUPTION TO ACTIVITIES IN LAST 12 MONTHS (Some or most of the time)	RURAL	URBAN
Not driving/reduced driving affected socialising with others (e.g. visiting family and friends)?*	17%	12%
Not driving/reduced driving affected ability to go about business (e.g. shopping)?*	13%	8%
Not driving/reduced driving affected ability to attend health and social care appointments, such as outpatient clinics at the hospital?*	9%	5%

*Significant difference between rural and urban responses at the 0.05 level (Chi-Square Statistic)

Source: Tabulation based on Wave 1 2009 TILDA data

Safety, Security and Crime

Generally, older people report the lowest crime victimisation rates in Ireland (CSO, 2010). Yet, older people highlight fear of crime as one of the most significant issues in their lives (ARK, 2004). Fear of crime has been found to impact negatively on older people's participation and sense of inclusion in their communities (James et al., 2003). In Ireland, fear of crime is particularly high amongst women aged 65 years and over; those who believe crime is increasing in the locality; and individuals who have a history of victimhood (Department of Justice, Equality and Law Reform, 2009). While rural households are less likely to experience vandalism and harm than urban households in Ireland (CSO, 2010), qualitative interviews with 106 older people have highlighted the importance of safety and security for feeling included in a rural community. While the majority of interviewees felt that rural areas were safe places in which to grow old, some interviewees felt there was more crime in their communities and, as a result, felt a little less secure. For the small minority who had experienced crime directly, their sense of safety in their own homes was significantly diminished (Walsh et al., 2012[a]). Recent high profile attacks on rural older people

have generated renewed concern for the security of older people in our rural communities. The threatened, and later reversed, cuts to the Seniors Alert Scheme and the closure of 95 Garda stations has only served to reinforce this concern further (Age Action, 2013; Irish Times, 2013).

Income and Financial Resources

Income and financial resources has long been connected with social exclusion amongst older people (Zaidi, 2011). In a number of western nations, a disproportionate number of those in poverty are older people, and a disproportionate number of older people are in poverty (Shucksmith and Chapman, 1998). This has implications for how people can access general and elderly-specific services and participate in various areas of life.

In Ireland, older people were traditionally one of the groups most at risk of poverty. However, recent analysis indicates that, because of increases in income-related taxes on the general population, older people in Ireland are now least likely to experience consistent poverty and deprivation

Table 6: Income and financial resources for urban and rural residents aged 65 years and over

INCOME AND FINANCIAL RESOURCES	RURAL	URBAN
Total household income (less than €20,000)*	27%	16%
Total savings (€10,000 or more)*	25%	34%
Money stops me from doing the things I want to do (often or sometimes)*	47%	40%

*Significant difference between rural and urban responses at the 0.05 level (Chi-Square Statistic)

Source: Tabulation based on Wave 1 2009 TILDA data

when compared to the general population (CSO, 2011; 2012). However, caution is necessary when interpreting comparative poverty analyses. A recent Irish report on *Deprivation and its Measurement in Later Life*, which also considered rural older residents, highlights how the questions used to collect information on deprivation and consistent poverty may not be relevant to older people. Even minor changes to the composition of questions were shown to produce higher rates of deprivation for older people, relative to the general population (Walsh et al., 2012[b]). A number of studies have also shown that older people are far from protected during the economic recession, with both direct and indirect effects evident. These included the abolition of the Christmas Bonus, cuts to fuel allowance and electricity supply allowance, and reductions in state-funded health and social supports. Research also shows that particular risk factors associated with old age can increase the potential for poverty and deprivation in later life, including the onset of disability and chronic ill health, gendered income dependency and spousal bereavement (Patsios et al., 2012; Walsh et al., 2012b).

Regardless of the relative position of older people to the general population, rural older residents have consistently been found to be worse off than urban older people in Ireland. One study based on data from 2004 indicated that rural older people (33%) were more likely to suffer from poverty than their urban counterparts (21%) (Prunty, 2007). More recent analyses show that rural-dwelling older people are likely to have almost €100 less per week than urban-dwelling older people (CSO, 2011). Our analysis of TILDA data suggests a similar picture. With reference to Table 6, older people living in rural areas are more likely than their urban counterparts to have a household income of less than €20,000 per annum. Rural older people are less likely than urban older people to have €10,000 or more in savings. Crucially, rural older people are also more likely to report that a shortage of money prevents them from doing things that they want to do. Therefore, there seems to be a double disadvantage for older people living in rural areas, where they are less likely than urban older people to have the services, amenities and social opportunities within their communities, and are less likely to have the financial resources to be able to access them elsewhere.

Where to from here?

In this briefing paper we have sought to describe elements of exclusion for rural older people. However, we have not explicitly addressed the causes of such exclusion. Further work is needed to develop a detailed understanding of particular risk factors (e.g. disability; ill-health; sex; living alone) and societal attitudes (e.g. ageism) for exclusion. Nor did we examine the role of older people's attachment to their rural places and the role of resilience - both of which have been shown to be potentially important factors in mediating and masking the effects of rural social exclusion (Walsh et al., 2012[a]). These are areas for future research. Future waves of TILDA will be especially helpful in exploring the changing nature of exclusion over time, including for rural older people.

In providing an overview of our current understanding of social exclusion and ageing in Irish rural communities, the briefing paper highlights the major areas of life across which rural older people can be excluded. In addition, we have used new analysis of TILDA data to compare rural and urban older people across these areas.

Assuming a straightforward urban-rural distinction in the older population is not ideal – especially as there is significant diversity across rural places, and one type of rural community might be as different from another type of rural community, as it is from an urban area. However, the sort of placed-based analysis that we can conduct continues to be limited by the information available in Ireland. Furthermore, analysing rural older people's social exclusion, while using their urban counterparts as a reference point, has provided some useful insights.

Looking to the future, both at a policy and practice level, we need to recognise how social exclusion can impact on the lives of rural older people. We also need to develop creative solutions to address these issues. Often rural communities themselves are in the best position to identify those solutions and implement responses for the needs of their rural residents. But, without supporting communities, any response is likely to be unsustainable and issues of social exclusion amongst rural older people are likely to become more prevalent.

What is the Rural Ageing Observatory doing about social exclusion for older people?

Contributing to knowledge:

As part of a major programme of work on rural ageing, a series of studies have been completed on different aspects of growing older in rural places.

To read about rural ageing experiences CLICK HERE

To read about rural social exclusion CLICK HERE

To read about rural deprivation CLICK HERE

Contributing to understanding:

A framework on age-related rural social exclusion has been developed to contribute to policy innovation.

The framework draws on a large-scale qualitative research study that was conducted across ten communities in Ireland and Northern Ireland.

To read about this study CLICK HERE

Contributing to measurement:

A Working Group on Measuring Age-Related Social Exclusion was established in 2012, with international experts from Europe, North America, Australia and Africa, to identify the best methods for assessing age-related exclusion.

Researchers at the Rural Ageing Observatory are using TILDA data to develop appropriate measurement approaches for capturing social exclusion amongst rural older people in Ireland.

Contributing to information sharing:

An all-island network on Healthy Ageing in Rural Communities (**www.harcresearch.com**), and an International Network on Rural Ageing have been established. A series of events and seminars on social exclusion and ageing have been organised for policy makers, researchers, and practitioners.

For a current list of seminars CLICK HERE

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ICSG
Irish Centre for Social Gerontology

The Irish Centre for Social Gerontology (ICSG) is a multidisciplinary research centre concerned with the social and economic aspects of ageing.

More information about the centre can be found at: www.ICSG.ie

The Rural Ageing Observatory is located in the ICSG and aims to increase awareness and understanding of the complex and interactive economic, social and health behaviours of rural older people.