Modernisation and devolution: Modernizing services for older people in rural areas

Abstract
This paper draws on qualitative data to explore the impact of the modernization of public services in England and Wales on the lives of older people in rural areas. The discourse on the modernization of health and social care took different routes in England and Wales, but focused on the outcomes of services for groups like older people. Whilst work has been carried out on the impact of this modernization on service users, this paper looks more broadly at what modernization has meant for services for older people in rural areas. The qualitative data is composed of interviews with policy actors in six case study areas, three in England and three in Wales, selected to represent different types of rural area. Based on these interviews, this paper argues that modernization not only engages with older service users but also with the wider population of older people who may one day become service users. Moreover, the modernization discourse unfolds in different ways in England and Wales. In England, where there has been a commitment to a customer citizen, policy at the local level has emphasised re-enablement, community development and individual responsibility. In Wales, where modernization has focused on establishing collaboration and citizenship, policies have been developed in local areas that focus on service users, and on engagement with the voluntary sector. In effect, the policy environment provides a different shape to the experience of being an older person in both countries.

Introduction
This paper considers the extent to which the recent modernization of public services affects provision of state, voluntary and community services for older people in rural areas, drawing
on interviews with people involved in developing and implementing policy in six rural areas of England and Wales. The modernization of public services has involved transforming services to focus on the outcomes of service provision and on devolving power to the user (Glendinning 2008; Newman et al. 2008; Glasby and Littlechild 2009). While a great deal has been written on the impact of modernization on older service users (Leece and Peace 2011; Manthorpe et al. 2009; Manthorpe and Stevens 2010), and some attention paid to providers (Wilberforce et al. 2011), less attention has been paid to its impact for the wider population. We compare the effect that modernization discourses in England and Wales have had on service provision for older people in rural areas by focusing on discourses around personalisation, prevention and community development.

The literature on service provision for older people in rural areas either focuses on the shortcomings of services for excluded individuals and groups (Scharf and Bartlam 2006, 2008; Watkins and Jacoby 2007; Wenger 2001) or exposes the plurality of experiences that services must address (Manthorpe et al. 2004; Eales et al. 2008). Interestingly, in their review of policy for older people in rural areas, Milne et al. (2007) headline their conclusions with a claim that older people “remain absent from, or at best marginal to, the development and implementation of policy” (2007: 490), but observe that while older people “exist ‘off-centre’”, that “a number of policy trends can be discerned which do, or will, enhance the quality of life of rural elders” (2007: 490). But Milne et al. (2007) also point to the greater attention paid to older people in Wales where older people are not merely better understood, but also have closer links with policy. Alongside critiques of the policy making process are criticisms of service providers as insensitive to the lives and experiences of older people in rural areas of England (Manthorpe et al. 2004; Watkins and Jacoby 2007). Many such inadequacies are linked with insufficient resourcing of rural services (Powell et al. 2001;
Asthana et al. 2003). In recognition of this, some research has focused on developing an understanding of how to sensitise policy to the reality of life for older people living in rural communities (Eales et al. 2008; Scharf and Bartlam 2006, 2008), and on tackling the challenges faced by the voluntary sector in providing preventative services for older people (Dwyer and Hardill 2010).

This paper’s objectives are to explore how modernization affects how services are provided to older people in rural areas. Recognising the potential effect of devolution on service provision, our first objective is to establish the extent to which national discourses drive the development of policy for older people in rural areas. Our second objective is to explore the differences and similarities in the provision of services to older people in rural parts of England and Wales. Having established that an ageing population is a significant issue in rural areas, the paper reviews some of the debates around the modernization of social services as they relate to older people and in the context of political devolution. The paper then investigates these themes by drawing on data gathered as part of a wider project examining the welfare and wellbeing of older people in rural areas.

**Policy making and an ageing countryside**

To date, there has been a handful of peer reviewed published papers that draw on original research to explore the overlap between rurality, older people and policy (Milne et al. 2007; Manthorpe et al. 2004; Farmer et al. 2010; Manthorpe and Stevens 2010; Dwyer and Hardill 2010; Hardill and Dwyer 2011; Moffatt et al., 2012). This is despite the increasing importance of designing policies for an ageing countryside. For example the Cabinet Office (2009) estimate that 23 per cent of residents in rural England in 2007 were of pensionable age compared with 18 per cent in urban areas. Moreover, between 2001 and 2007, there was a 15
per cent increase in the proportion of pensioners living in rural areas, almost four times the proportion in urban districts (4 per cent).

Rural ageing is increasing at a faster rate than ageing in cities due to the migration of older people to the countryside. The consequent ageing of rural populations is likely to increase pressure on social, health and public services in rural areas. Given the limited provision of public transport, health services and social housing, rural areas may not be able to meet the needs of the increasing numbers of vulnerable and less mobile older people. Indeed, research has highlighted the lack of particular types of services for older people in rural places, with the Cabinet Office (2000) reporting that there was a significant lack of day care (91% of rural parishes did not have one) or residential care (80% of rural parishes did not have one) facilities in rural parishes in England in the late 1990s.

Modernization and devolution

The reform of public services which began with the development of New Public Management and Public Choice theory in the 1970s and 1980s, and their introduction by into the welfare state by the Conservative governments (1979-1997) were to a large extent also applied in Scotland and Wales (Keating, 2009; Williams, 2011). While there were differences, particularly in Scotland around education and the law, the administrations in these countries did adopt neo-liberal reforms even if they were not implemented to the same extent as in England (Keating, 2009: 100; Williams, 2011: 194, 195). The introduction of the devolution settlement made greater policy divergence possible. Therefore, whereas in England, there has been a focus on consumerism, choice, New Public Management, quasi markets, performance targets and competition (see Glendinning, 2008; Harris, 2009), in Scotland and Wales there has also been a use of performance targets, alongside greater interests in collaboration,
partnership and universal provision (see Birrell, 2009; Keating, 2009; Martin and Webb, 2009). In the following we focus on England and Wales showing first how the public services in both countries have developed in the direction of different conceptions of the subject, but go on to discuss how these differences may stem from differences in emphasis rather than divergent policy trajectories.

The consumer citizen
Public service reform in England has focused on modernising services in response to the pressures of globalisation by incorporating certain elements of neo-liberal doctrine into policy making (Harris, 2009). The two elements of this modernization process, choice and competition, were both been taken up by New Labour governments seeking to increase choice using consumerism, and to extend competition among the public services through competition (Glendinning, 2008; Harris, 2009). This reform programme focused on the consumer, incorporating New Public Management techniques, the extensive use of performance targets, star ratings and so on. New Labour’s modernization of the public services was not based on an antagonism to the public service, but rather a belief that the public service ethos could be underpinned by a customer orientation (Harris, 2009). The service user citizen was discursively combined with the customer through a hybrid discourse combining social democracy and neo-liberalism (Clarke and Newman, 2007). Modernization was driven by the figure of the customer-citizen so that the consumerist elements of reform associated with the extension of choice and competition was tempered with an empowered citizen (Clarke, 2005) who as consumer was empowered to exercise choice in relation to the public services, and as participant exercises voice in the modernization of public services. Thus Harris (2009: location 1939) comments that the “rhetorical figure of the customer
citizen has been the lynchpin of New Labour’s modernization discourse” (2009: location 1939).

The collaborative citizen model

The administrations in Scotland and Wales also sought to reform public services and used performance targets, but with differences. Keating (2009) points out that in Scotland and Wales the professionalism of public service workers was not undermined, instead “delivery targets tend to be worked out with the deliverers and assessed collaboratively. There are few summary measures of performance or ‘star’ systems and more use of narrative accounts of complex systems. There is a stronger emphasis on collaboration and partnership and less competition among service providers” (2009: 104). There are the highlights of universal coverage – free personal care for older people in Scotland, the abolition of prescription charges in Wales, and the Older People’s Champion in Wales (see Birrell, 2009). Keating (2009) argues that this reform programme is not driven by a clear political philosophy, but that Scotland and Wales may be operating in “a social democratic mode, emphasising equality of outcome, while others may link it to traditional conservative ideas of organic society” but there has been little debate on this and reform has been viewed as a deviation from English innovations (2009: 107). In contrast, Arnott and Ozga, (2010) show how the Scottish National Party has invested a great deal of energy in developing a distinctive Scottish policy discourse, while a number of writers also point to similar efforts in Wales (Drakeford, 2005; Drakeford and Gregory, 2011; Martin and Webb, 2009).

Starting from a rejection of consumer driven choice in England, the Welsh ‘citizen collaboration model’ (Martin and Webb, 2009) “relies on co-operation, rather than competition, as the route to better services; it prefers ‘voice’ rather than ‘choice’ as the best
way of strengthening the influence of citizens (rather than consumers) in developing diverse and responsive services; it aims for a greater equality of outcome, rather than simply of opportunity and so on” (Drakeford, 2005: 501). Policy makers in Wales believe that the role of government is to protect and promote the interests of the citizen (Drakeford and Gregory, 2011: 29) and value the professional judgement of public sector professions (Williams 2011: 196, 197). However, Martin and Webb (2009) note how recent reviews of governance in Wales had little praise for the citizen collaboration model. Instead attention has been drawn to the absence of policies driving organisational collaboration, alternatively noting the presence of policies which drive divisions (2009: 129), and how policy makers have failed to institute “other forms of challenge and contestability in the Welsh system” (2009: 129).

**User centred public services**

In their study of the impact of the incorporation of choice and consumerism into the public services for older people, Moffatt et al. (2012) find that “the emphasis on choice in public services in England has not been followed to the same extent in either Scotland or Wales” (2012: 740). But while it is too early yet to say whether devolution leads to “measurable differences in outcomes” for older people, it has “led both to the emergence of different policy instruments and to evidence that older ‘consumers’ of welfare services are engaging with practitioners and services in different ways across the different policy contexts [i.e. England, Scotland and Wales]” (2012: 741). Therefore the degree of impact that the two trajectories of public service modernization may have on older people is easily overstated, but these do impact older people’s experience of public services.

Personalization has been closely linked to discourses around choice, the consumer, and more recently, the citizen-consumer (Clarke et al., 2007). Focusing on personalization as a policy
framework that is being transferred beyond social care, Needham (2011) observes that it is a sufficiently elastic discourse to ensure “that a wide range of divergent interests have been able to sign up to advance it, without needing to reconcile internal tensions” and so it is best understood as a ‘story’ (2011: 55). However, because personalization “is primarily a way of thinking about services and those who use them, rather than being a worked out set of policy prescriptions” (2011: 55) this policy narrative provides policy makers with an ambiguous guide to action, a means of legitimizing other reforms, and a way of responsibilizing the service user without necessarily having to empower them to decide how to spend their budgets. Interestingly, the mechanisms of Individual Budgets and Direct Payments have had little effect on older people in England (Wilberforce, 2011; Tanner 2009). But in Wales, there has been a resistance to introducing these mechanisms, and greater emphasis on co-production (see Martin and Webb, 2009) and professional judgement (Williams, 2011). Nevertheless, the evidence remains that public services in Wales have been performing less well than their English counterparts (Andrews and Martin, 2010).

The focus on the individual includes managing the risks that an individual may enter the care system. In this regard, modernization has involved reorienting services from reacting to the needs of service users, to proactively intervening “to promote the well-being of the whole community” (2009: 110). While both countries share an orientation towards outcomes and direct effort at ‘inverting the triangle of care’, there have been differences in emphasis in policy documents in England and Wales. In England there has been a move from a language of ‘prevention’ towards one of ‘enablement’ or about ‘promoting independence’ which, as Tanner notes, “is also more compatible with a focus on measuring outcomes” (2009: 111). In Wales, recent policy guidance has focused on prevention and delivering services that are “tailored to individual needs and prevent or delay people moving to a higher level of need”
Thus policy makers in Wales have been moving towards prevention while those in England have been moving towards enablement. Both prevention and health promotion involve responsibilizing the individual as an empowered citizen (Clarke, 2005) or a prudent actor (Kemshall, 2010) who is responsible for their own care. However, concern has been raised that insufficient attention has been paid to supporting older people in the countryside to be prudent and responsible (Manthorpe and Stevens, 2010). For instance, Dwyer and Hardill (2011) draw attention to how low level village services “routinely delay or negate the need for more expensive formal health and social care packages and promote independent living among senior citizens in the countryside” (2011: 256). The voluntary sector is routinely relied upon to provide these services, as well as the information and advice needed by older people to make decisions which will enable them to prevent their own health deteriorating or to promote wellbeing. However, there is concern about the extent to which rural voluntary services can secure the funding and support necessary to ameliorate the effects of rurality on such work (Manthorpe and Stevens, 2010, Hardill and Dwyer, 2011).

Participation in England and Wales

Much of the modernization of social care presents issues for political devolution since these policy tools have been enacted into primary legislation and are available to both Welsh and English social service departments. The Welsh Government introduced an Older People’s Commissioner for Wales, with a mandate ‘to promote awareness of older people in Wales and the need to safeguard those interests, to eliminate discrimination and to keep under review the effect that public bodies have on older people’ (Birrell, 2009: 39). In England a number of targets and indicators were included in (the now abolished) Local Area Agreements which addressed the needs of older people. These targets represented a weaker (insofar as Local Service Partnerships may, through agreement, decide not to address these
targets in their Local Area Agreement) policy than that used in Wales. The general point remains that in both countries, local authorities and their partners were required to at least consider the needs of their older populations. This is a policy commitment retained by the Coalition government’s big society agenda, although in altered form (see Teasdale et al, 2012). In effect, there is a commitment to co-production (Needham, 2007) in both countries.

Methods
As we have seen above, the evidence base for arguments about policy in relation to older people in rural areas is quite limited. Here we draw on a data collected as part of a research project looking at the welfare and wellbeing of older people in rural areas. As part of this project we interviewed people involved in forming or implementing policy in relation to six areas of England and Wales.

The case study areas were selected to reflect social, cultural, political and economic differences; differences in ‘lifestyle’ (for example, retirement retreats or dynamic commuter areas); The Department for Environment, Food and Rural Affairs (Defra 2009) urban/rural definition of settlements; the city region; commonalities in rural areas (such as poverty and deprivation; nature of work); and the presence of older people. Three ‘types’ of rural area were identified and used to differentiate rural areas in the study. The objective was to include one representative of each ‘type’ of rural area in South West England and one of each type in Wales. These types included:

A – Remote and deprived: Remote areas, characterized by low incomes, high house prices relative to income, small dispersed settlements, marginal agriculture, ageing population.
**B – Less remote and less deprived:** Less remote, but clearly rural, characterized by middle incomes, a diversifying economy, some commuting, and moderate house prices relative to incomes.

**C – Relatively affluent and accessible:** Areas within the influence of the city region, characterized by low importance of agriculture and tourism, but with a high incidence of commuting for work and an affluent community.

For this study, interviews were conducted with representatives involved in forming or managing policies for older people in each area. This included a council officer working in each of the local authorities (five of whom occupied the role of Director of Social Services); and a council representative in each area (all of whom had some responsibility in relation to older people). Five of these acted as County Council representatives with one District County representative. The sample also included a representative from the local Age UK offices in five of the six case study areas. These interviewees varied to include a director, a financial officer, a chief officer of a local service, and two services managers. All of these interviews were conducted as part of a wider study inquiring into the welfare and wellbeing of older people in rural areas. In addition, interviews were carried out with representatives of the local parish and community councils in the six local areas where we interviewed older people. These last interviews served as scoping interviews for the wider research project which involved interviews with older residents, and as a way of gathering further information on local issues and services.

**INSERT TABLE 1 ABOUT HERE**
The data was gathered in the spring and summer of 2011, one year into the Conservative/Liberal Democrat coalition government in Westminster, and at the beginning of the minority Labour administration in Wales. Several themes emerged from the examination of how interviewees discussed the configuration of services for older people in the geographic areas for which they were responsible. Firstly, that service development was influence by national policy discourses on the one hand, and local perception of risk on the other. By investigating this further, we find that the services for older people gives rise to two separate discourses. One of these discourses is concerned with users of services, the other is concerned with potential future users of state provided services. This identification of two discourses still remains quite general, and may reflect widely held discourses. Nevertheless, the analysis indicated some interesting place based differences. In the third section, we follow up on these differences by inquiring about the ways in which low level or preventative services have been modernised to meet the needs of older service users and non users in England and Wales. This allows us to draw comparisons to the ways in which services may be experienced by older people in rural areas.

**Discursive drivers**

Our first question relates to how service provision and development is propelled. Given the continued depiction of demographic changes as a ‘ticking time bomb’ for social care, we inquire into the role of national and local discourses in the provision of services for older people in rural areas? What transpires is that modernization and austerity discourses play a role for the interviewees, as does poverty and risk. However, it is the combination of these separate pressures that concerns our interviewees.
The role of modernisation
Commenting on the overall findings of the Modernization of Adult Social Care research programme, Newman et al. (2008) note the important role of transformational, as opposed to transactional, processes. Focusing on outcomes “requires more attention to transformational processes”, and this was exemplified in the “repeated emphasis on the need for training and development, communication and leadership, champions to lead change management processes and the development of networks to support cross-boundary working” (2008: 540).

The council officers and council representatives interviewed shared the observation of the role of an outcome based approach in transforming services. They described a move towards re-enablement and intermediate care services, supported by a restructuring of the assessment process, so that older people could remain in their homes. These changes were unevenly implemented. Of the six council officers, four felt they had made significant progress in transforming services. One of these four (Eb) felt that implementing this shift has already involved cutting costs to such a degree that there is little waste left in the system to cut out in the new financial climate. The two other officers described shortcomings and impediments to their efforts to transform services. One of these (Wb) felt that there were significant geographic and historical challenges in implementing an outcome based approach in her authority area. The second officer (Ec) felt that implementing this shift involved working across local authority directorates, something he was finding difficult to achieve within a two tier authority structure.

In any event, all of the council officers interviewed were committed to transforming services for older people to a more outcome based approach. None of these interviewees paid much attention to the mechanics of direct payments or individual budgets, but focused on service outcomes and service integration.
The role of austerity
One of the interesting observations was that the interviewees did not discuss public sector
cuts or demographic changes, as core drivers for service restructuring. Government austerity
measures (see Taylor-Gooby, 2012) did provide some impetus. Interviewees in all three
Welsh local authorities felt better insulated from the cuts than their colleagues in England.
All local authority county council representatives maintained that frontline services in health
and social care had been protected from the cuts (a point of view that was not shared by the
Age UK interviewees). The council officers, by contrast, discussed the need to secure
efficiencies. Only one council officer (Wb) felt that there was sufficient money in the local
health and social care economy to deal with the needs of older people, but that this money
was poorly allocated for historical reasons. Only one (Wa) of the six council representatives
asked about rationing eligibility to care for older people felt that the eligibility may need to be
further restricted. Those who discussed it felt that eligibility was a false economy that would
increase future demand.

Budgetary cuts therefore acted as a ‘catalyst’ (Council Officer, Ea) for change, driving the
process of modernization in the form of increased efficiencies. All of those interviewed felt
that the budgetary cuts combined with demographic changes and the changing needs of older
people, was forming the context that drives the continued modernization of services in local
areas.

Poverty, risk and local concerns
The main issues here revolved around risk. Using approximate figures, the following
interviewee summarized risk as follows:
There’s fifteen percent of the population who have significant use of health and social care services, there’s another eighty five percent who don’t. But if they’re not actually helped, to support, to live independently will [use the care system] sooner than they need to. (Council Officer, Ec)

For these interviewees a focus on poverty drove their sense of purpose. Poverty here was about income deprivation and poor quality-of-life. For instance, poverty was associated with the needs of “people living in houses that are not fit for purpose, and it’s sometimes hard to get people to claim the benefits they [are entitled to]” (Council Officer, Wb), or the needs of people living in areas where “there is no ready state support mechanism, err which is sort of easily accessible, and a lot of people simply have to cope on their own or with the support of friends and family” (District Council Representative, Eb). In addition, was the fact that:

[...] access to care, you know access to things particularly the more specialized, specialized things like erm perhaps dialysis or chemotherapy treatments, access to those treatments is difficult. It’s very time consuming. They go on long, difficult journeys. (Council Representative, Wb).

Such problems were disconnected with income, and so could include farmers who “are asset rich and liquidity poor, you know, they don’t have the resources to hand in order to pay for services and everything else” (Council Representative, Wc). Only two of the council officers linked poverty specifically with low incomes in their areas, both of which were of the more remote and poor types included in the study. Therefore, low incomes were seen as a greater problem in more remote areas, with hidden poverty a problem in areas influenced by urban conurbations.
A ticking time bomb?
Whilst none of the interviewees pointed to any one of these discourses as the main driver motivating the development of services for older people in rural areas, there was a concern that the confluence of modernisation, austerity and the needs of this demographic group would transpire into a more general problem. One interviewee situated his awareness of population based risk inside a more general problem of how “to sustain services in increased demographic pressures and a not very benign financial environment, put it like that” (Council Officer, Wc). The concern that providers may struggle to ‘sustain’ the services that were currently provided was given acute formulation by the following interviewee:

I … I’ve never … I have never known it to be as bad as it is. [...] Erm, and I don’t think we are pilfering it, I don’t think we’re wasteful erm, I’d like to see the money spent in different ways, and that’s part of the challenge. But for it to begin … but for … for that purse to begin to shrink against a population that’s increasing, and a population in terms of ageing and levels of disability is increasing despite everything we’re now doing (Council Officer, Eb)

Neither demographic nor austerity nor modernization processes provided a specific cause for concern, rather the combination of all of these was seen as presenting pressure on the sustainability of services for older people in rural areas.

Two discourses of personalization as modernization
All of the local authority council officers discussed personalizing services for older people, but they took two approaches to outcomes. On the one hand, these officers discussed engaging with older service users on the outcomes they sought to achieve. On the other, they discussed conducting conversations with a range of older people about services they needed in order to delay or avoid becoming dependent on the care system. We can therefore
distinguish between a narrow focus on changing outcomes for current service users, but also a broad focus on realizing outcomes for the wider constituency.

**Personalization as a modernization of service provision for care service users**

Focusing on outcomes for current service users, personalization was not only about providing older service users with the ability to manage their own care budgets, but also about entering into conversations with older people:

> What we’re starting to see more of is, well, “actually getting out of bed in the morning, that’s the beginning of your day, what do you want to achieve once you’re out of bed?”
> So, we’re starting to see outcomes around, well, “I’d like to participate in activities within my community. [...]” (Council Officer, Ea)

The process of engaging older service users in a conversation on outcomes was “about how we should develop our services, that are respectful, enabling, not invasive, and just get us … get us out of people’s lives” (Council Officer, Eb). This also involved changing the culture within provider organizations that had become “habitualized” (Council Officer, Ea) and adopting a process that puts “the person at the centre and says to them ‘what is it that you need and what can we do to support you?’” (Age UK, Ea). This meant challenging service providers “to think about changing culture and about the way they behave towards people” (Council Officer, Eb), and changing the ‘expectations’ (Council Officer, Ea) of service users.

Personalizing the delivery of services in this way was also linked with the process of re-enabling older people to live independently in the community after a crisis. An outcome here may “be I want to go to church again on a Sunday. You know starting from that outcome perspective but then having an intensive programme usually of about six weeks helping people recover that independent and so on” (Council Officer, Wc).
While all interviewees spoke enthusiastically about outcome focused approaches, there were clear differences in the descriptions used in England and Wales. Council officers and representatives in English local authority areas spoke of well established re-enablement and intermediate care facilities, while those in Wales were, at the time of the interview, only just developing such facilities. Moreover, the policy mechanisms of direct payments and individual budgets were used in the English case study sites, while there was very little use of direct payments and no use of individual budgets in the Welsh case study sites. One of the council representatives in Wales (Wb) expressed her ignorance of personalization while another council officer explained that Welsh politicians were uneasy with personalization “because it was a Blair / Brown type thing. But the principle about outcomes, control, direct payments, all that sort of stuff is something that Wales is comfortable with so it is about trying to separate those two things out a bit” (Council Officer, Wc).

Modernizing services for the wider constituency of older people
The second discourse was aimed at the wider population of older people who might need care services at some point in the future. Here, defining outcomes involved working to identify how service providers could delay the need for help. Thus recognizing:

that I’ve got a responsibility as an individual to make sure that I stay as fit as possible,

that I work on all the outcomes myself in order to reduce that err. But then, in addition to that, the Local Authority’s got some responsibilities, my local neighbourhood and community have got some responsibilities (Council Officer, Eb)

As this interviewee explained, the objective was to responsibilize the individual so that they would not require intervention from the care services until they were close to their death. The
goal of the state was to help them realize their vision of the good death and to respect the older person’s choice of “what I want to be doing when I die. What I don’t want is to be in a hospital bed with all the bells and whistles, being prodded and poked, with all the … lack of dignity that goes with it”. (Council Officer, Eb)

This meant clarifying the responsibilities of the individual, the council and the community. Councils could question whether they should deliver low level services or focus on “those who get into the care cycle who we’re hoping to get back out again” (Council Officer, Ec). This also meant moving away from a welfare state that provides equal access to a standard set of services, towards a state that concentrates expertise in particular locations. This would mean that rather than funding a local children’s ward, a child in need of emergency attention would have to “spend ten minutes more in an ambulance to get to the county’s centre of excellence where you’ve got the top range paediatrician or paediatric surgeon who will be able to save a child’s life if anybody can?” (Council Officer, Ec).

These interviewees linked the reconfiguration of the state with a reconfiguration of the relationship with the individual and their community. Council Officers Eb and Ec drew attention to the importance of community development work to help people recognize their responsibilities. These programmes focused “on working with communities to build social capital” (Council Officer, Eb) by training local older people to provide information and advice, and by employing a community leader to act as “champions of change” (Council Officer, Eb). Case study areas Eb and Ec had highly developed initiatives, and Ea and Wa were developing their initiatives. The point here is that such work provided a way for individuals to form relationships around common interests, which may then enhance their
health and quality of life. One community leader explained that her role was to talk with people:

*So I build relationships with people so that if they think “oh this lunch club or well actually a few of us would quite like to set up a walking club we need a bit of money for, a bit of help for this”, they know to ring me up and I will go and help them out.*

(Community Leader, Eb)

Finally, this wider discourse also focused on changing the way individual older people accepted their responsibilities. In the one Welsh local authority in which interviewees spoke of a community development role, this role was focused on supporting older people to engage with local partnerships through 50+ forums. In contrast, the three English case study sites recognized the value of this form of community development, but separated this from the support they provided to community groups. Within this commitment to community groups, the older person was situated as one who “takes on the responsibility to actually challenge some of this stuff [the advice of their GP etc.]” (Council Officer, Eb). So the English case study sites linked the support for the individual in the community to accept their responsibilities, and the individual voicing their aspirations in older people forums. In Wales the focus was on voice and co-production, but less emphasis on responsibilising the individual.

Modernization and the transformation of service provision in Wales and England

What we have found are two discourses on modernization of services for older people in rural areas. One of these discourses focuses on modernizing services for care users, while the second is concerned with modernizing services for the wider group of potential users of services. However, as we focus our analytical lens on local areas, we can see the significance
of low level and preventative services for older people (see Dwyer and Hardill, 2011). However, at this scale what becomes clear is the significance of the statutory sector in service provision in rural Wales and of the voluntary sector in rural England.

In the following section we explore the impact of modernization discourses on low level and preventative services that many older people rely on (Dwyer and Hardill, 2011). Modernization discourses are largely combined with an emphasis on the link between users of statutory services in Wales and on non-users of statutory services, and community development in England, leading to different forms of preventative services and creating the conditions for different experiences of place.

Low level and preventative services for older service users in rural Wales

The preventative repercussions of low-level services for older people were well recognized by all of the interviewees. For example one local authority representative commented that her council was at the early stages of developing “preventative work, [...] clubs and societies quite often run by voluntary bodies who could help us keep people active and on their feet, healthy eating and exercise, all of that quite often linked to leisure centres” (Council Representative, Wb). The Council officer in the same area observed “I don’t think we use the best of that, in using local communities to do the preventative, support agenda stuff” (Council Officer, Wb). This local authority provided an example of a lack of integration between the local authority and the voluntary sector which extended to the way the local authority formed commissioning strategies. Thus the local authority representative quoted above felt that having the voluntary sector involved in “drawing up strategy” was unacceptable given that the local private sector was larger but not as coordinated as the voluntary sector, but also because “as far as we’re concerned there’s a massive conflict of interest there for them
because they want us to commission services from them” (Council Representative, Wb).

There were, nevertheless, locally based exceptions to this distancing (a community warden scheme (Wb, Voluntary sector)).

This tendency to keep the voluntary sector at arm’s length was repeated in the two other Welsh case study sites (Wa and Wc). The local authorities in this study were focused on actively commissioning rather than buying services offered by the voluntary sector. This was linked with a culture change in which thinking was focused on prevention “so that’s where we come in then, we support services for low and moderate to prevent people getting to that stage of needing, you know carers or needing to go into residential care” (Age UK, Wa).

Such an experience was in marked contrast to two of the English case study sites where voluntary organizations were involved as partners in collaborative commissioning groups (Ea and Ec), while the local authority in the third English case study site has traditionally not invested in the voluntary sector and so had little engagement with the local Age Concern (Eb).

Commissioning also meant that the local authority entered into complex negotiations with voluntary sector organizations in relation to the reduction in financial support provided by local authorities. This has meant entering into s “dialogue” with the voluntary sector cutting funding while providing additional support “to understand their particular needs, where their pressure points are” (Council Representative, Wc). For local authorities this also meant looking at the voluntary sector and noting that “there has to be collaboration between voluntary bodies” in terms of their administrative support and use of shop floor space (Council Representative, Wb). Equally, such conversations have prompted the voluntary
sector “to try and be innovative” and to be “proactive today” in providing services that supplement state services, and which may secure long term funding (Age UK, Wc).

The modernization of services for older service users involved local authorities and the voluntary sector working more closely on low level and preventative services. Again, we see England and Wales comparisons, with a certain move towards integrated commissioning but also a resistance to such integration in Wales which contrasts with the use of collaborative commissioning groups in England. In Wales, modernization involved paying greater attention to cutting the costs of running voluntary sector organizations and seeking ways of incorporating the voluntary sector into the re-enablement and intermediate care services provided by local authorities. Thus, while modernization by way of the personalization of adult care services was not directly associated with cutting the costs of services for older people, modernization through commissioning and incorporating low level and intermediate services into re-enablement services was directly linked with reducing costs and improving efficiencies.

**Low level and preventative services for all older people in rural England**

In English rural areas, there was a greater focus on the needs of older non-service users. The outcome sought for prevention for the “85%” (Council Officer, Ec) of older people not using care services. There was concern that “those people are benefiting too much because there’s people out there we haven’t reached and is very difficult to know how to reach them” (Age Concern, Eb), and securing funding for preventative services:

> It’s not a proven link that if you don’t cut your toe-nails you’ll have a fall but it all leads down that route. So what we’ve been doing is putting in foot care clinics into GP
practices where people pay to have their feet looked after, toe-nail cutting. We’re not talking about chiropody (Age UK, Ea)

Here we have an example of a preventative service that is self sustaining and has become an established service at this GP surgery. All of the voluntary sector interviewees could point to services that appeared to work, but no longer existed.

In both England and Wales modernization meant providing older people with an opportunity to define their outcomes. However, the English case study sites extended the use of outcomes to the third sector. For example, one local authority provided seed funds for local groups to come “together and saying ‘Let’s do something, We’d like to pursue this particular area or activity’. Now that change has been … extraordinary across [Eb]. Erm, simply because erm, of people’s desire to want to be involved with it” (Council Officer, Eb). In these cases, low-level preventative services were developed and facilitated through community development initiatives. These included the community leadership role discussed earlier.

Where such initiatives worked, they provided support to older people in rural areas through the development of groups and services. More radical examples included supporting a local community to develop a plan on how the community would support vulnerable older people “if we have a snow and ice event, we have flooding; we have a major source of power outage [etc. ...] whereby traditional services struggle to get to people” (Council Officer, Ea). Such community development initiatives had their own limitations insofar as “a lot of it’s to do with the community whether the people actually wants to get together” (Age UK, Eb).
Conclusions
While the modernization of public services was expected to have specific effects on older people in rural areas (Manthorpe and Stevens 2010) the effects noted in research have centred around transport problems, and the absence of locally provided services (Craig, 2004, Dwyer and Hardill, 2011, Manthorpe and Stevens, 2010). In addition, devolution has provided scope for different models of agency and citizenship to develop for older people (Moffatt et al., 2012). In this paper we draw on data which located service provision for older people in relation to the degree of remoteness of place in both England and Wales. This study was not designed to compare types of local authority but to compare places in local authority areas in England and Wales that were more or less wealthy and accessible. We focus on the wider local authority level, and draw on interviews with people involved with the formulation and implementation of policy at district or county level. These interviews provide the opportunity to explore the modernization of services for older people in rural areas, as well as its effects on a range of welfare services. On this basis we can draw some conclusions about the effect of modernization processes in both England and Wales on service provision for older people in rural areas, and the extent to which devolution gives rise to different experiences of welfare.

The main point here is that in relation to services for older people in rural areas, devolution has meant a convergence on the level of policy objectives, and a divergence in the route to achieving these objectives (Moffatt et al., 2012). In the dispersed system of public service delivery in England, the focus on the customer citizen was extended to incorporate a wider array of service providers in the effort to achieve outcomes. In the integrated and professionally organised system in Wales, citizen collaboration involved focusing on co-producing services and defining outcomes with uses as consumers. While it may be anticipated that a focus on citizenship would imply a greater role for voice in designing and
delivering public services, there was a great deal of emphasis on co-production in both systems. However, the citizen collaboration model which is very much about the organisation of welfare, had not succeeded in engaging in partnerships with the community and voluntary sector in the delivery of outcomes. Having said that, the citizen consumer model only provides a vision of the kind of subject anticipated by the state (see Tanner, 2009 for a critique), without defining how services are to be organised to reach this subject. In this regard, it is worth repeating Moffatt et al. (2012: 741) who argue that while policy regimes in Scotland and Wales do not differ greatly from that found in England, nevertheless there is “still scope for questions of agency and citizenship to be a significant part of the context of policy development and practice for older people”. In this paper we have shown that such questions of agency and citizenship are indeed structured by the different emphases of the two systems.

Given the extent to which the UK coalition government initiated a programme of spending cuts that approximates a systemic reorganisation of the welfare state (Taylor-Gooby, 2012), then it is very likely that the problems faced by older people living in rural areas will increase in the foreseeable future. The shape of such experiences will be influenced by unfolding discourses about the Big Society (see Teasdale et al., 2012) and the form of the spending cuts. What we have shown here is that there is a greater practical basis for the unfolding policy divergence between England and Wales than is frequently appreciated. Moffatt et al. (2012) are right to point out that citizenship and agency may unfold in different directions in England and Wales. What we show here is that these subjectivities are fostered differently in both policy contexts, with a greater focus on professionals servicing the needs of service users in Wales, and greater interest in realising outcomes and in re-enablement through professional and third sector organisations in England. It is at this local level, where the state,
community and voluntary groups interface with one another and link with the individual that we observe the practical impact of experiences the divergent policy environments.

References


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