

Rural Ageing and Social Care

David Bell

Division of Economics
Stirling Management School
University of Stirling

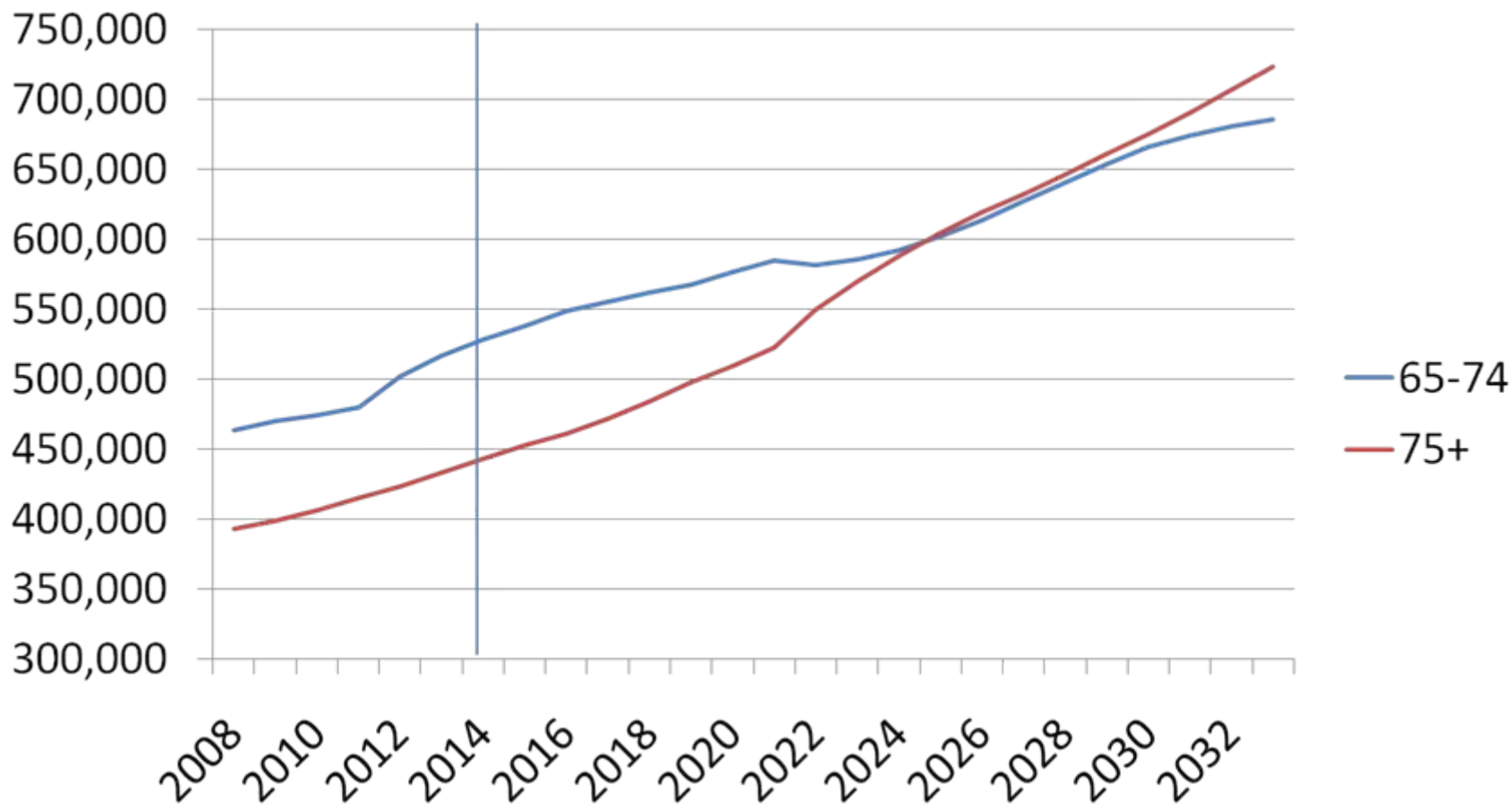
Plan

- Future Demand for Care in Rural Scotland
 - Population change
 - Healthy Life Expectancy
- Supply of Care
- Future Directions

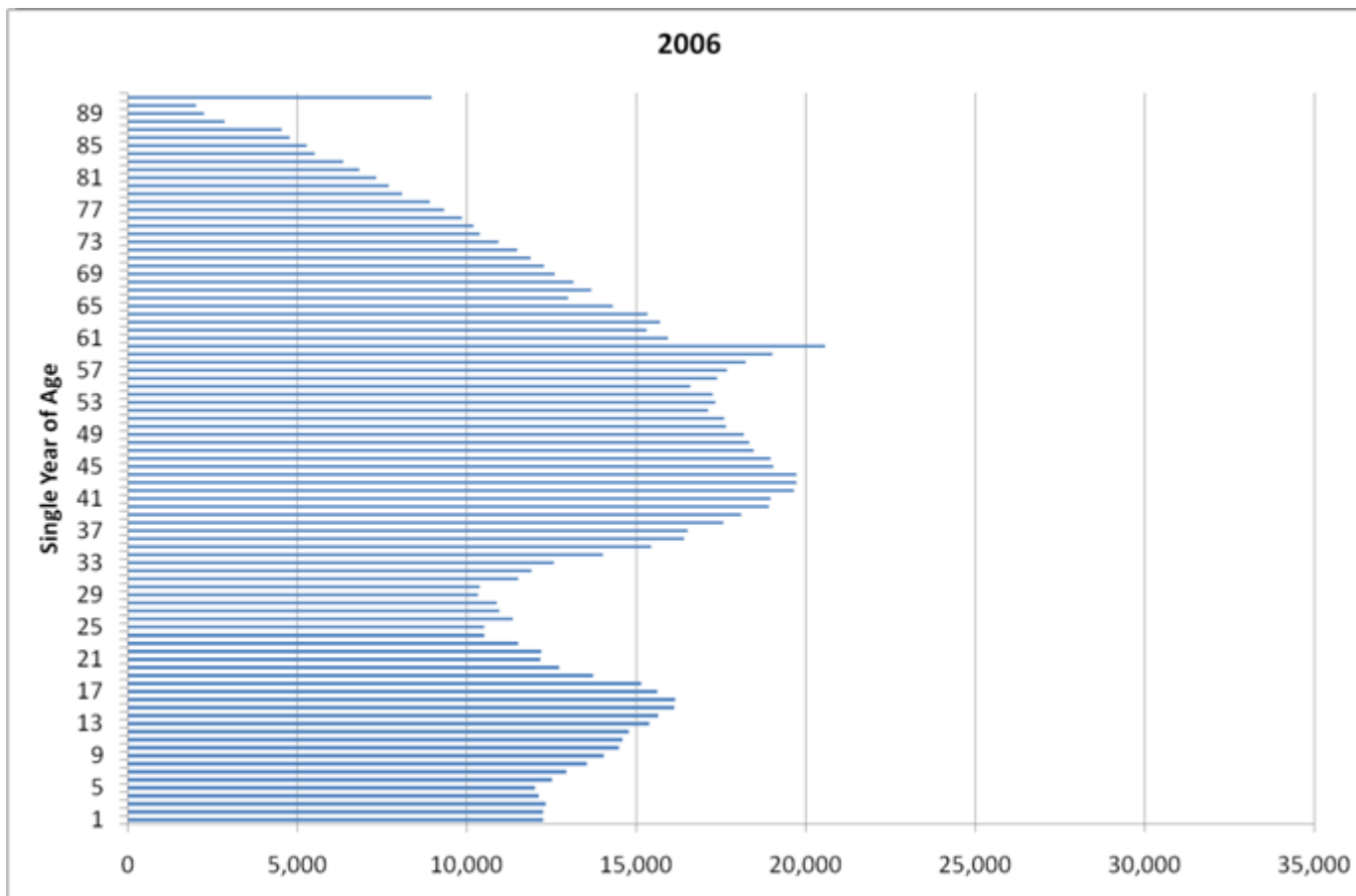
Rural Scotland

- Aberdeenshire
- Angus
- Argyll & Bute
- Dumfries & Galloway
- Eilean Siar
- Highland
- Moray
- Orkney Islands
- Perth & Kinross
- Scottish Borders
- Shetland Islands

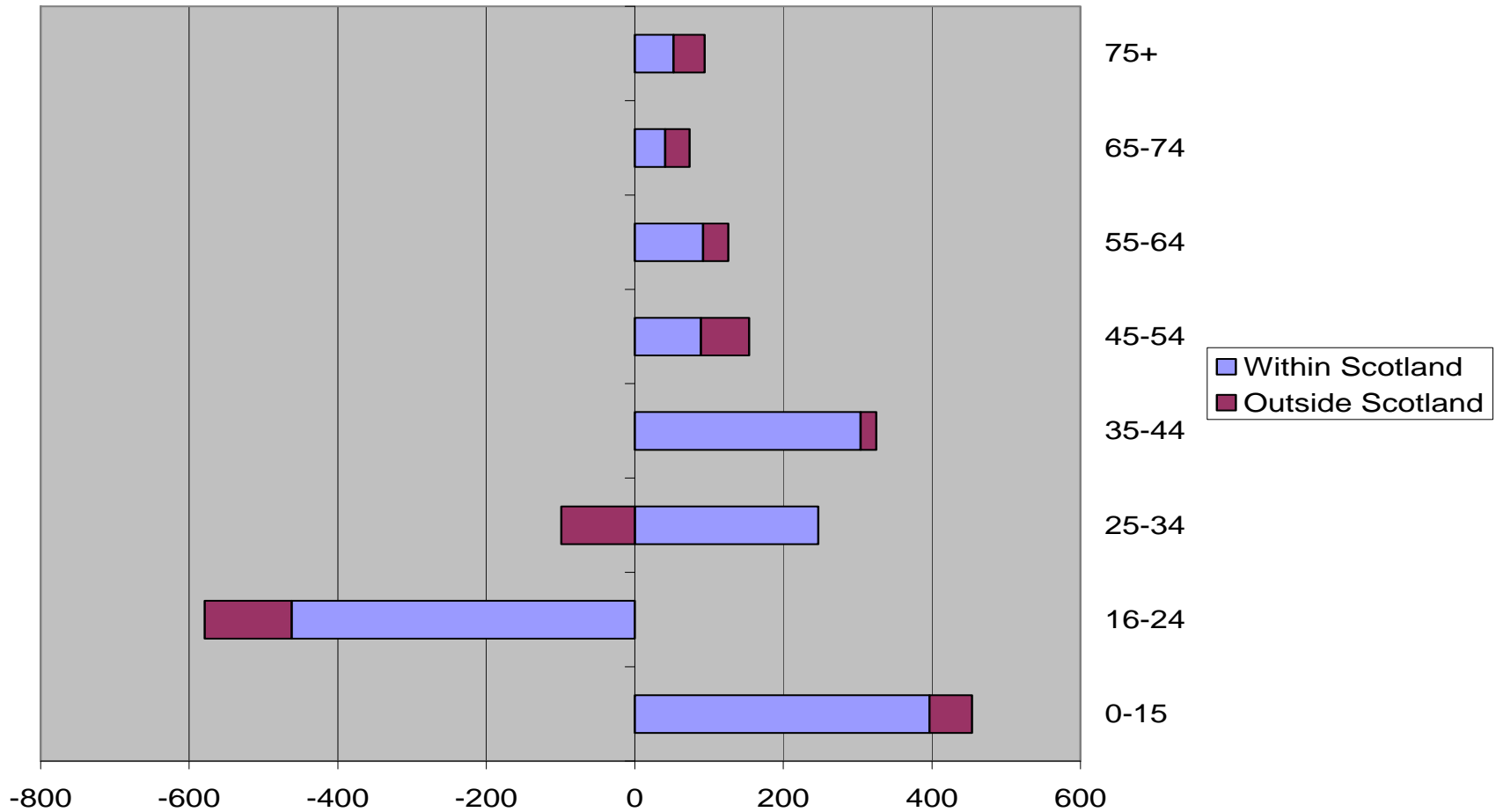
Increase in the “Oldest” Old



Population Pyramid for Rural Scotland 2006, 2014, 2031

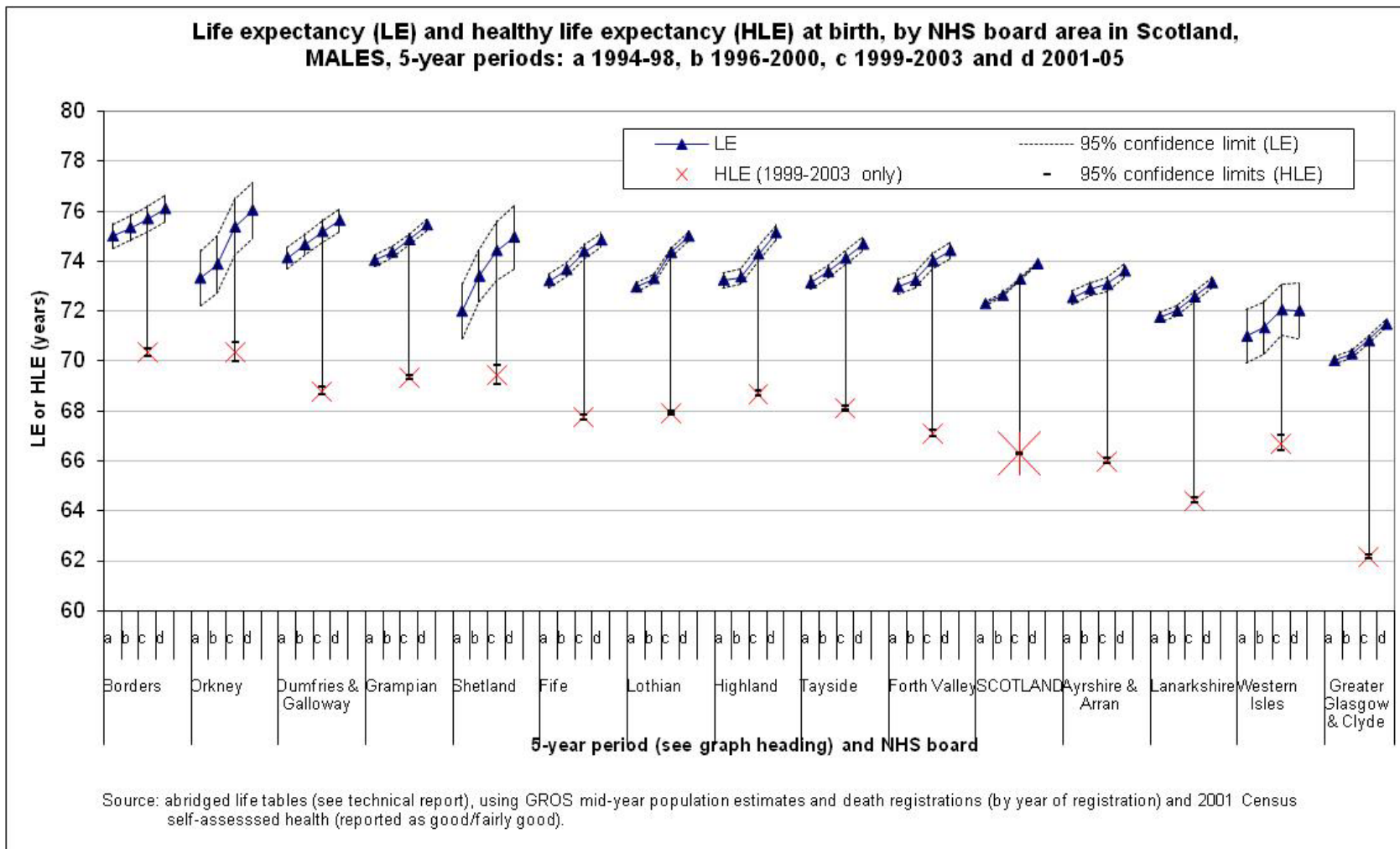


Net Migration in Rural Scotland



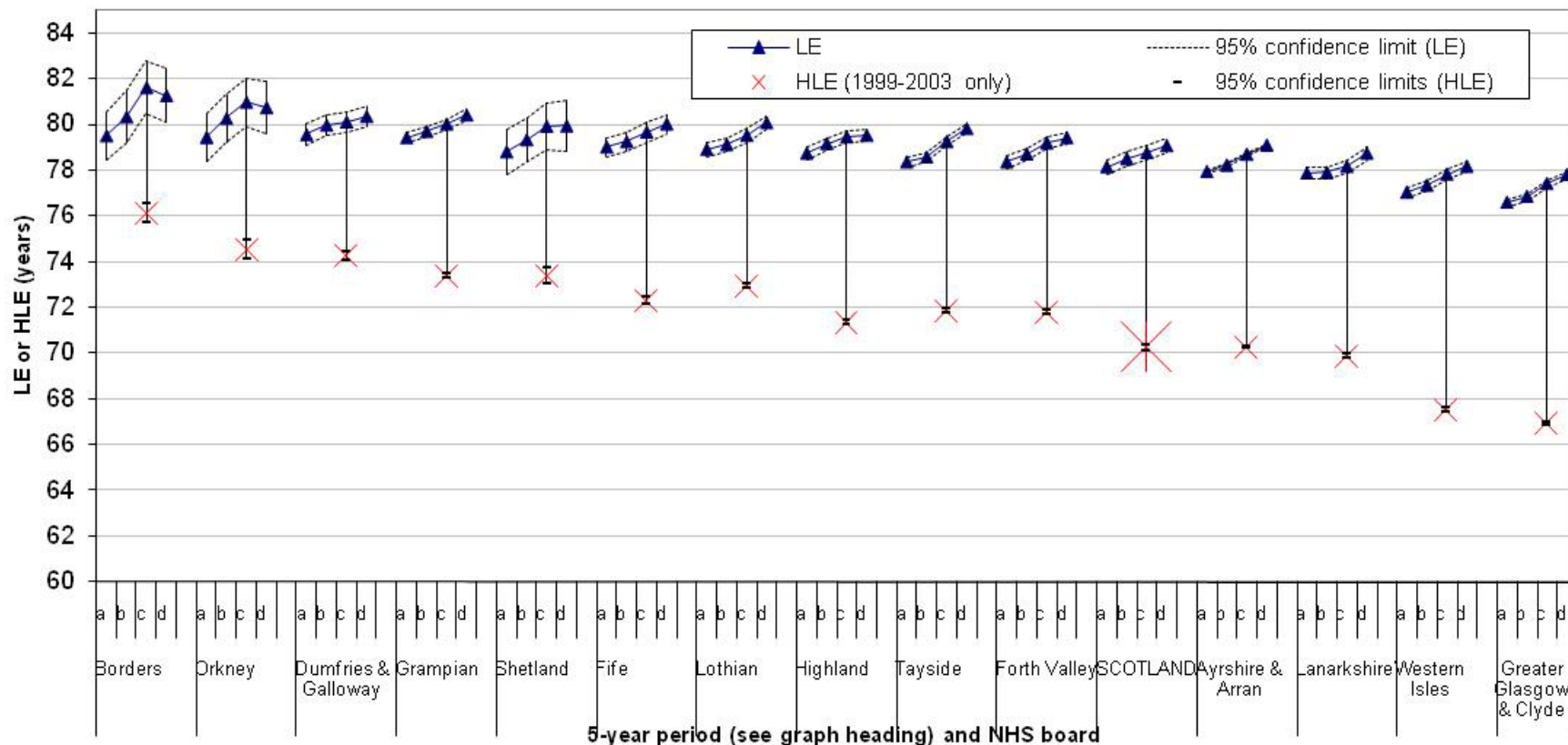
Source: 2001 Census

Better Health in Rural Areas? Males



Better Health in Rural Areas? Females

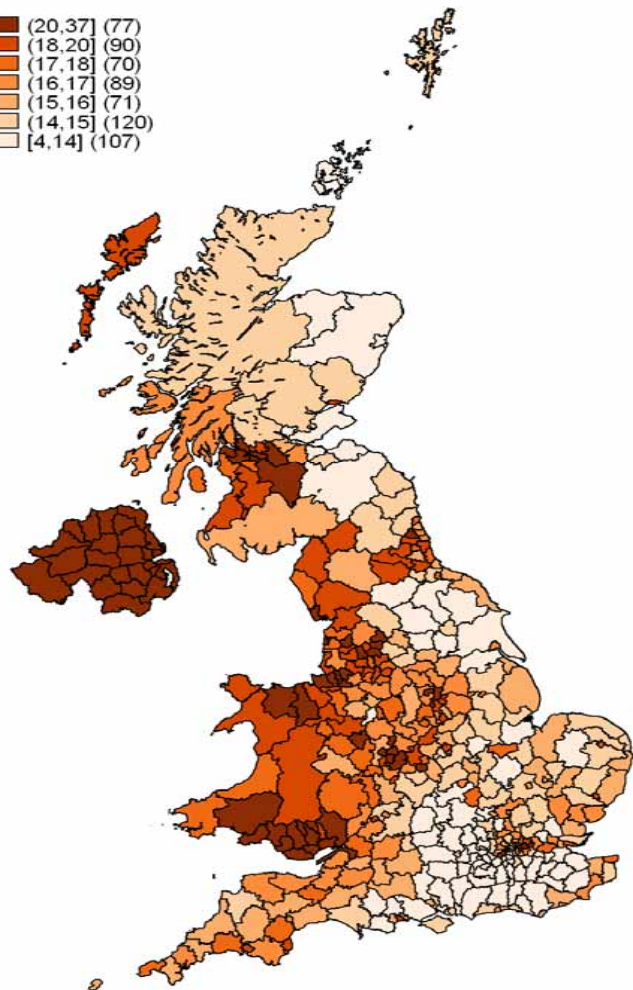
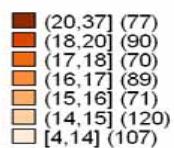
Life expectancy (LE) and healthy life expectancy (HLE) at birth, by NHS board area in Scotland, FEMALES, 5-year periods: a 1994-98, b 1996-2000, c 1999-2003 and d 2001-05



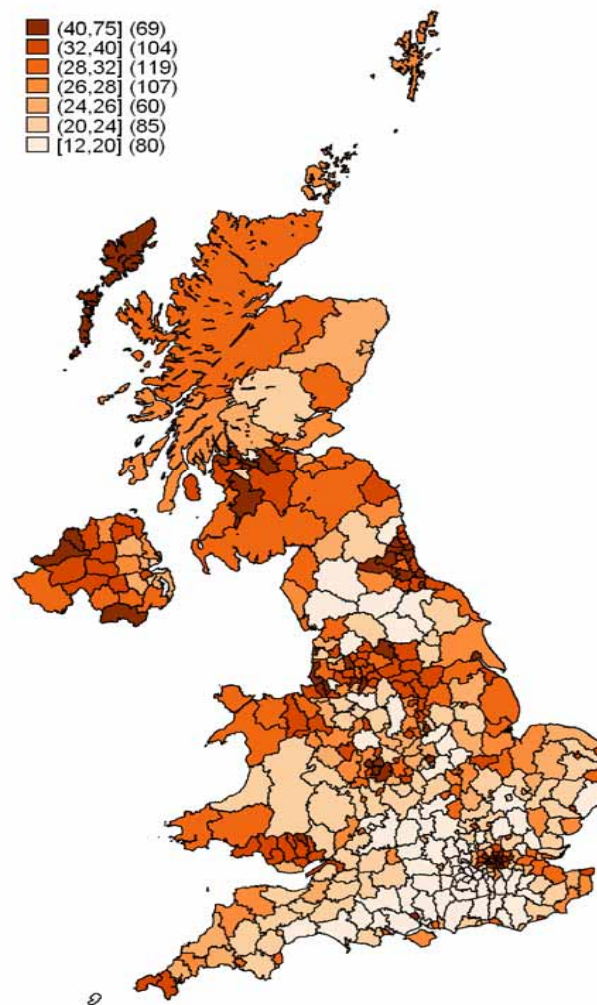
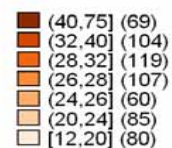
Source: abridged life tables (see technical report), using GROS mid-year population estimates and death registrations (by year of registration) and 2001 Census self-assessed health (reported as good/fairly good).

Disability and Poverty Among Older People

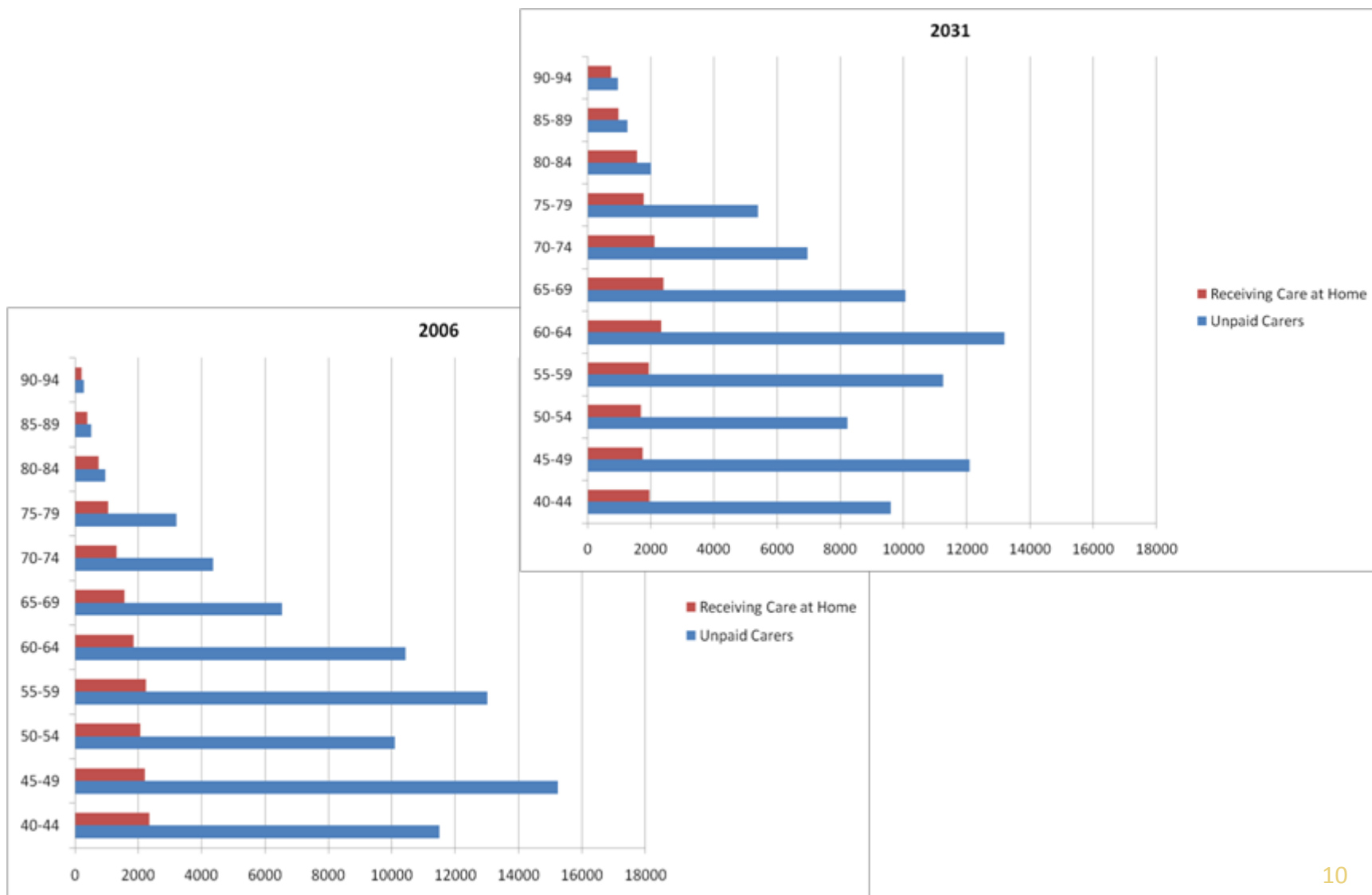
Percent of those 65+ receiving Attendance Allowance
by UK Local Authority
November 2008



Percent of Pensioners receiving Pension Credit
by UK Local Authority
November 2008



Balance of Care in Rural Scotland

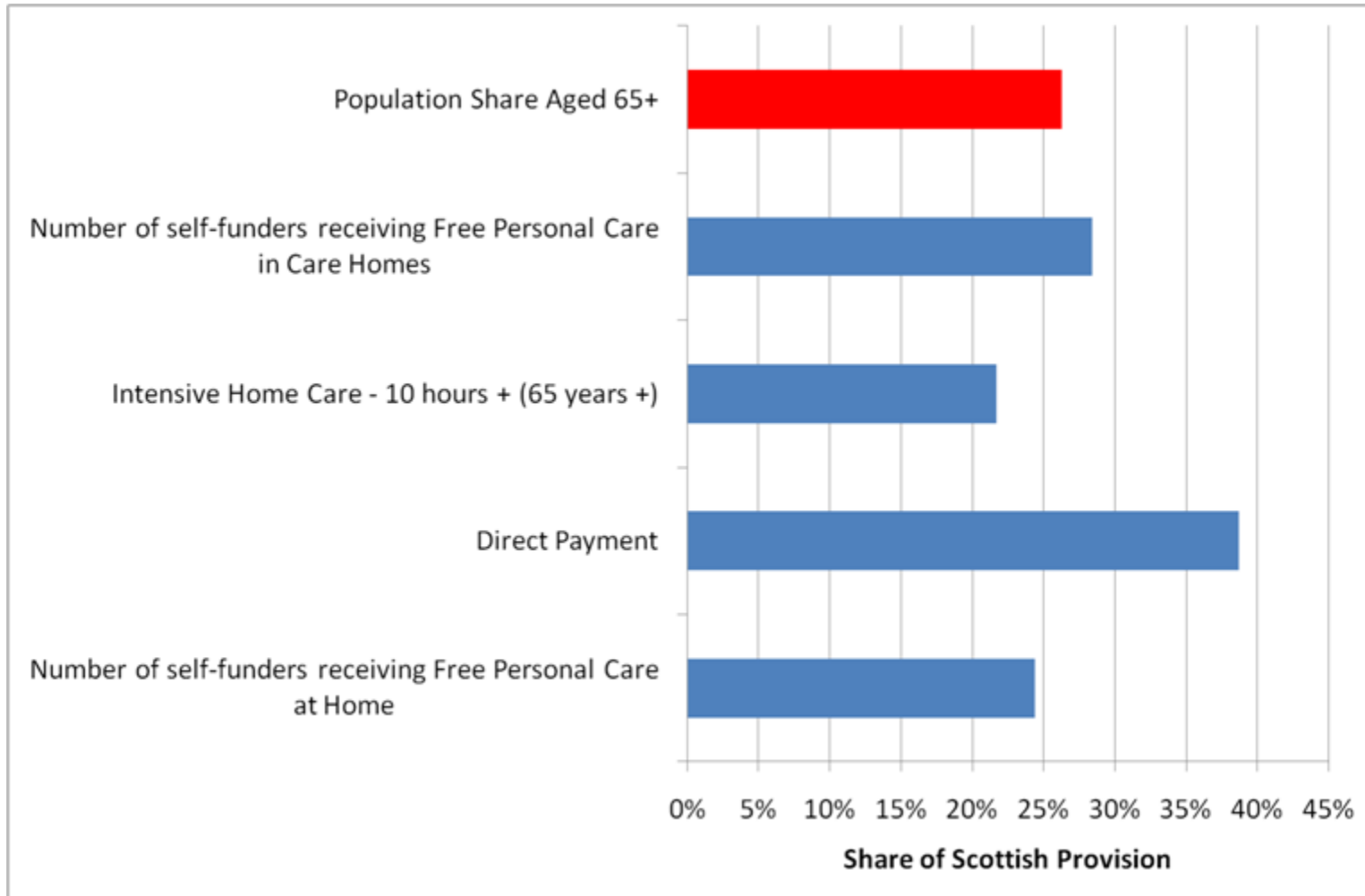


Formal Care Provision

- Public spending environment for next decade
- Local government settlements will be tight
- Better understanding needed of health/social care interface
- Green Paper in England may influence Scottish provision
- May imply changes to benefit (AA/DLA)* system

* AA - Attendance Allowance, DLA - Disability Living Allowance

How does rural care provision differ?



Market for Care Provision in Rural Areas

- Who pays?
 - Local Authority/NHS
 - Private Insurance
 - Individual/Family
- Who provides?
 - Local authority/NHS
 - Voluntary organisations (commissioned)
 - Individual/Family
- Who guarantees quality?
 - Scottish Commission for Regulation of Care
 - Market
- What mechanisms empower care users?
 - Direct payments
 - Vouchers
 - Older people's groups

Market for Social Care Provision

- Netherlands - personal budget – cash alternative to the services otherwise provided under the long-term care insurance scheme.
- England - personal budget - take-up by older people is much lower than by younger disabled people.
- Finland - vouchers – amount fixed or depends on the income of the recipient. Municipality obliged to provide services itself in cases when a person does not want to use a service voucher
- ‘Consumer empowerment will be of little use, given oligopolistic or monopolistic supply of professional care services that prevail in rural areas or small municipalities’ (Schneider, 1999)

Conclusion

- Rural Scotland's demographic challenge is larger than that in urban Scotland
- Better health among older people in rural areas will partly offset this
- May not be a crisis of lack of unpaid care provision
- Big question of who will pay – state's ability to pay weakened for some considerable time
- Market mechanisms provide at best partial solutions
- Radical thinking is necessary and must start now