Issues facing disabled people in rural areas:

Transport:

This is always a tricky issue. The main problem is the lack of any public transport, especially in villages and where there are buses, they tend to finish at around 5 or 6 pm and often does not run at all at weekends. This is not only a problem for disabled people of course but it does add to the problems disabled people face. For many taxis are not an alternative (not accessible) and the ‘walk’ to town can be many miles. For young disabled people this can often mean a complete lack of age appropriate activities which leads to poor socialisation and mental health issues.

Accessibility of transport – where there is public transport very few will be accessible either as wheelchair access or low floor access. Bus stops can be tricky with many on the side of roads with little or no paved area. Getting on an off the bus is therefore difficult for anyone with walking difficulties.

Often the only transport in a village is community transport – most of which is small minibuses and run at times mainly for shopping. Although these are regular services, they are not set up to replace public services as such and are not designed to get people to and from work or for evening/weekend social activites. Most will not run after about 5 pm and they will not visit each village every day. For some villages there may only be one bus per week. This is obviously not of much use as a service for disabled people who rely on public transport to get to work or education. They are also of no use to younger disabled people who wish to socialise in the evenings or weekends.

Taxi/minicabs are available but they are expensive and the distances people need to travel can be great making the expense of using this transport unrealistic for most except for special occassions. Outside of the cities, there are few wheelchair accessible taxis as most of private hire vehicles. Some have wheelchair accessible vehicles but they have to be pre-booked and can be even more expensive.

Trains:

Some villages do have access to train stations although this is not always straightforward. Most will now have no staff available to offer assistance. This can make it tricky for disabled people who need help to get on and off the trains and for those who need assistance to cross stations for other platforms.

Dial a ride and similar named schemes:

Many of these now work under a variety of names but they all offer the same basic service. Members can be picked up from home or suitable alternative and helped on their way to their destination. It should be noted that in some areas (i.e. Suffolk) this is not always ‘door to door’. Some schemes will pick people up from home and take them to a transport hub, usually a bus station to enable them to undertake the onward journey themselves. They may then be booked to take people home on the return journey from the bus depot. This has several issues including the stress people would feel at not having a door to door service, the inability to get an accessible bus at the station with a vacant wheelchair or suitable space and the stress at having to undertake and negotiate all of this on a return journey. Many no longer bother with this service as it is too stressful. However for some in more remote villages and going into market towns this is a ‘door to door’ service. There can be no spontenaity in that it must be pre-booked and does not operate in the evenings and only some weekends.

The effect of the transport issues is that disabled people in rural areas are often isolated due to lack of accessible and appropriate transport. Work opportunities become harder just by the sheer effort of having to find a way to get to and from a workplace and this is true for young people in education where free transport pick up is no longer available (i.e. further/higher education).

Access to social care:

Access to social care can be difficult for many disabled people whether they live in rural areas or not. However living rurally can add additional problems that may not be an issue in urban areas.

Agency care:

This can be very hit and miss depending on whether there is an agency covering your area and the number of staff they have. This has little to do with the current crisis, this has always been a problem. If you are a self funder, you will pay a premium for agency care in rural areas because of the distance care staff need to travel, the additional time it takes to travel to these areas and the fact there are fewer clients.

If you live in a village where you are the only client for that agency, it may be that the cease providing care as it is no longer economic for them to send a member of staff to one person in a village. This is especially the case if you only need someone for a short time – the usual SSD hour in the morning and hour in the evening.

Direct Payments:

This may seem an obvious advantage over the above problems of agency care but in fact for many it brings its own problems. Lack of people who want to be a PA and finding someone who is willing to travel to do this work especially if you only want (or have funding for) one or two hours a day. As travel time is not paid by LAs this can be a further disincentive and decreases the number of people willing to take a direct payment. It can also be difficult to set up emergency cover.

As financial situation worsens possible PA/agencies may not have their own transport and may rely on uber type services – many of these do not operate outside of the towns.

Possible PAs may be disinclined to take up the work in rural areas because of the additional cost of fuel, car, insurance and wear and tear on the vehicle. Good condition used vehicles are at a premium and therefore less likely to be an option for those on lower incomes.

Continuing Health Care direct payments. Many CCGs insist on nursing care being done by qualified nurses. This causes a huge problem in rural areas as the qualified staff are just not available.

Day activities:

For those that want organised day activities (i.e. lunch clubs/activity days) these can be in distant towns and although transport may be provided, the long time people spend travelling to and from these places makes them unattractive.

There is likely to be less activities in rural areas because of number of people who attend and age groups are likely to be mixed. Many LAs are no longer funding such activities.

Although organised day activities are not for everyone, they do provide an element of social interaction which is important for some people. In rural areas a day at a lunch club or activity centre may be the only way they get to socialise each week.

Physical access to local amenities:

Many villages no longer have village post offices/shops/pubs etc but where they do physical access can be very difficult or non existent. Although the Equalities Act states that all such place should have access (or alternative means of providing service) this is rarely the case. It is deemed too expensive for the number of individuals who would benefit.

Such problems can also be around access to pavements/dropped kerbs (where they exist). Textured dropped kerbs are few and far between.

Where people travel to their local ‘town’ they can often have access problems similar to those above. Fully accessible shops and pavements are really the reserve of large towns not small villages or market towns. For those that live in the latter areas, physical access has improved very little over the years.

Different people’s views on what is access especially in towns, (door bell to ring at top of stairs or out of reach – assuming have a ‘carer’ with you) adds to people’s problems. Many disabled people in rural areas do not have the same facilities as people in rural areas. Many shops/facilities are still in old or inaccessible buildings and many excuses are used – it is too expensive, not enough people need the access improved, listed building – the list goes on. Changes to planning officer roles who no longer go to check that the facilities that should be provided are provided means that these are rarely provided.

Housing:

There is little suitable housing due to lack of accessible properties. Waits for DFGs (where people qualify) can leave long waits to get adaptations. Even where developments are made, they are very small scale and rarely include accessible housing or even housing for life. Due to current planning regulations, most developments are very densely packed and rarely include bungalows which are the most suitable housing for many disabled people.

Council Right To Buy has left very few accessible housing association/council housing available and it is unlikely that any new developments would provide a replacement for this loss.

Village activities:

Many villages have activities for residents such as exercise groups, dancing, bingo, quiz nights etc. However for many disabled people these are either inappropriate or they cannot get into the building (usually village halls) and even if they can get inside, there is often no suitable toilet facilities. Social care available to get to from and get to bed after. Very few would have a hearing loop or facilities to accommodate visually impaired people. Therefore many disabled people can be even more isolated in village settings than other people who live in these areas.

Access to the democratic process:

Postal votes are of course available to all. However people should have the option of actually voting in person on the day if they so wish. This can be a particular problem in rural areas due to where polling stations often are. Village halls are a popular choice assuming there is one but these can have problems in terms of access into the building, parking or often gravel entrances.

Working:

For disabled people in rural areas who want to/need to work this presents its own problems. Lack of accessible and regular transport as detailed above are a major hurdle. Although disabled people who work can get support from Access to Work, this is only helpful if there actually are taxis to take you – often there are not and expecially not wheelchair accessible vehicles. However if you require assistance with getting ready for work (especially SSD) the lack of appropriate service and personal assistants can often mean that people cannot work simply because the support to enable them to get ready for work is not available.

Access to mental health services:

Poor mental health is higher in farming/rural communities but their access to services is low.

Additional isolation in villages can lead to growing mental health problems.

Questions:

Young people – life chances not the same as other young people. The lack of access to transport gives them little opportunity for higher/further education; transport stopping at 6pm gives them little or no opportunity to socialise as other young adults (non disabled people can ‘car share’ walk to venues). This cuts down their ability to have meaningful careers/job opportunities and can lead to mental health problems because of their lack of access to mainstream education and socialisation.

Not experiencing life in the same way as other young people.

SEND provision in rural areas – what support is available based on rural locality

Broadband – lack of access to money/not available. No access to libraries. The pandemic has highlighted the inconsistent use and access to broadband between rural and urban populations.