the InHouse Policy Consultancy

Tackling Stress in Rural Communities

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January 2007

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Tackling Stress in Rural Communities

Executive Summary

1. The In House Policy Consultancy (IHPC) was asked by Defra's Rural Communities Division to provide

Objective 1: A brief summary of established evidence on causes of stress and stress-related health problems specifically associated with living and/or working in rural areas;
Objective 2: A report on the range of public service interventions currently available to tackle stress-related health problems affecting people living and working in rural areas, and their take-up and effectiveness; what is the Government as a whole doing to 'rural proof' its interventions on stress and suicide?;
Objective 3: Recommendations on the appropriate approach to addressing the issue of stress-related health problems in a rural context - i.e. reliance on mainstream services; rural proofing of mainstream services; and/or specific rural interventions of a thematic (e.g. older people, children etc.) or sectoral (farming, food etc.) type?
Objective 4: Recommendations on the need for, and type of, expert advice to Government on 'rural stress'.

2. The study involved reading background papers and research, including those recommended by Defra and members of the RSAP WG, searching web-sites, visiting the Royal Show, following up on Rural Health Week and interviewing key individuals within Defra, and other government departments, members of the RSAP WG, and others. (See Annexes A and B)

The Rural Stress Action Plan Working Group (RSAP WG)
3 The **Rural Stress Action Plan** was developed in 2000 by MAFF to address the issue of high levels of rural stress and suicide, particularly among the farming population, to work in partnership to deliver support to make a difference to those in distress in rural areas in England.

4. The Plan has helped fund many initiatives including
- the development of regional support networks
- raising awareness of the issues
- funding voluntary groups and other local initiatives to help those in need.

5. The first four action plans supported one-year projects. The fifth action plan supports 1 to 3 year projects running up to March 2008. The annual provision for this work is £300k. At the time of this study all funds were already committed and no decision had been made about funding beyond March 2008. A working group supports this work by bringing together government and the groups in the voluntary sector providing financial, emotional and practical help to rural people.

6. There have been two evaluations of the work;

- *An Evaluation of the Rural Stress Action Plan* 2000 by Sue Shaw
- *Evaluation of the Rural Stress Working Group* by Sarah Wooller of the IHPC (March 2004).

Both endorsed work to date. The terms of reference for this study excluded evaluation of the work so far.

Stress and Rural Disadvantage in Rural Communities

7. A review of recent research and discussion with group members and others showed that while rural stress is not easily distinguished from stress that can be experienced elsewhere, nor is it an exclusive preserve of the disadvantaged, in rural areas there is a risk of isolation which is a significant cause and contributor to stress. This can be exacerbated by sparsity, cultural and distance factors, the closure of local shops and other services, poor local transport and poverty. For the public sector there can be difficulties in identifying need and reaching certain groups in rural areas. This means that people can delay seeking help ('distance decay'). The level of deaths from suicide is generally higher in rural areas than elsewhere.

8. The trend towards isolation in rural areas is likely to increase: more people living are alone and more people are working alone. In addition, there are some sectors and groups in rural areas where people are particularly prone to experience isolation, including

- farmers on small farms and other remote home-based and small business workers
- lone parents and parents of young children
- young people who find it difficult to achieve independence
- the housebound, including those with health and mental health problems, disability or frailty, and their carers
- people who may be isolated because of cultural differences and stigma.

9. Some vulnerable groups are growing particularly rapidly in rural areas, including home-based workers. The elderly (especially those who are new to their neighbourhood and those over 80 years), carers and migrant and seasonal/contract workers bring with them distinctive needs. There are also a range of issues arising from changes in farming that affect a wide range of businesses in the food and farming sector and can be especially stressful for those running or servicing small family farms.

Public Service interventions tackling stress-related problems

10. Interventions to address stress related problems can include a wide range of main stream services. Rural proofing and the sharing of experience about what works best and how services can be adapted to local circumstances are consequently important. As the stress experienced by individuals is also about their response, including cultural factors, fear of stigma and emotional literacy, effective approaches also include awareness raising, training, education and crisis support. The most direct means of dealing with acute stress due to occupation need to be targeted precisely through assertive out-reach, help-lines and other case-work support.

11. Interviews and a search of public sector and Third Sector web-sites showed that the RSAP has resulted in a number of significant achievements particularly through raising awareness, preparing toolkits and stimulating research. Within the Health sector, the IRH has promoted networking, especially through the Rural Health Forum and Rural Health Weeks and MIND has supported an improved focus on rural mental health issues. The RSAP WG has improved networking and co-operation between Voluntary and Community Groups.

12. In parallel there have been changes in the public sector landscape, many of which support the rural stress agenda. NHS Direct now provides an accessible 24 hour service that is especially relevant in remote areas and CSIP and SHIFT programmes address attitudes to mental health and issues of stigma. Work on well-being has potential to change attitudes and make a real difference to lifestyle choices and consequently to mental health. Moreover, rural proofing is becoming mainstreamed. Changes in the health sector to tag PSA targets and ensure that improvements in services are delivered effectively in all areas. The increasing coverage of LAAs will help to ensure that local services are fit for purpose. All these initiatives have potential to address many of the factors that can increase rural stress and delay health and mental health interventions. The next steps are to embed rural proofing in funding and target setting, data collection and commissioning processes, following health and employment service reorganisation.

13. In rural areas there is a continuing need for local initiatives to bring services and care to people. Increased support for particular groups including the elderly (especially aged 80+), carers and migrant workers is likely to be needed. The Third Sector remains a key part of this service delivery. The voluntary sector groups involved will need to continue to network, cross-refer cases, co-operate, share information and support one another with training and quality assurance. Increasing delegation of responsibility for rural delivery and grant aid to regional and local levels also mean that smaller charities in particular need to identify ways they can complement one another to raise the agenda effectively through Regional Rural Forums and in LSPs.

14. Funding from LAs, PCTs and RDAs is the most appropriate way to support project work and programmes for local delivery since these mechanisms support the processes identifying local need and tailoring services appropriately. There is however, a need for greater clarity in relation to the use of RDA structural funding and LEADER+ to ensure that projects that address rural stress are considered appropriately.

15 Within the employment sector corporate social responsibility programmes support an enlightened approach to well-being and to the promotion of sustainable life-styles that include work-life balance, stress management and retirement planning. However, the health messages have not yet reached all sectors or penetrated rural stress services, training and support for small businesses, the self employed and home-based workers, including those in the food and farming sector. Moreover, rural areas include many of the hardest to reach and isolated workers, yet the services developed through Business Links, HSE and Health Connect, while usefully encouraging local collaboration among small businesses, the self-employed and the

farming and food sectors, can fail to meet the needs of the most vulnerable. This is reflected in the suicide statistics for farmers, farm workers and vets.

16. The presentation of stress and occupational health guidance on web-sites can be simply addressed. However, encouraging co-operative working among farmers and other small rural businesses will need additional resources for assertive outreach to the hardest to reach to be fully effective. There is also a need for awareness raising, debate within the food and farming sector about the implications of the themes of corporate social responsibility for them, and for open discussion about the wider implications of cultural change within the sector. HSE and others offering training will need to consider how to embed work-life balance, stress management and long term planning and retirement planning into their programmes for small businesses, the self-employed, farmers and home-based workers. The creation of Natural England, the transfer of the FBAS to Business Links, and the increase of responsibilities to the Rural Gateway, provide new opportunities to consider how to address these issues particularly with the hardest to reach.

17. The changes in the agricultural sector are on-going and many farmers and their families, especially on the smallest farms continue to face difficult decisions about whether and how to adapt or find ways to hand over responsibility for their land and animals to others. Defra needs to consider how best to mainstream its support for voluntary sector bodies with the experience and training to assist them.

Future of the Rural Stress Action Plan and Working Group

18. I followed up on an earlier exploration of future options by the RSAP WG through discussions with its members and by questioning recipients of their advice and other policy leads. I concluded that there is a continuing need for expert advice on rural stress from those with practical experience of the problems and issues. However, the rural proofing of policy at the national level and the devolution of service delivery has progressed since 2000 so that advice now needs to be embedded into service delivery at regional and local levels and mainstreamed into sectors with particular responsibilities. No one I met presented a case for the continuation of the RSAP in its current form and there were many suggestions for change.

19. Three options that were considered by the RSAP WG before this review offered elements of a potential way forward but each require further steps for the work of the group to be embedded successfully in public sector delivery.

- Option 1 – suggested regional and local funding streams are suitable for rural stress projects. I concluded that this is appropriate subject to the clarification of guidance. However, these funding streams do not provide for long term core funding of needed services to support SFFS change. This requires further consideration.
- Option 2 – highlighted the need to mainstream the rural stress agenda in health services. I concluded that rural proofing in the health sector is well advanced. Recommendations follow to ensure that reorganised health delivery is effectively rural proofed.

- Option 4 – explored closure of the plan. I concluded that this is within sight subject to embedding the rural stress agenda in other key policy and service delivery areas. Again, the recommendations below address this.

20. New options, reflecting the interests of the group's members and the need for the rural stress charities to adapt to change, were discussed with the group. Members will wish to consider the extent to which they pursue these, and how.

Conclusions and List of Recommendations

21 The most appropriate approach to addressing issues of health related problems in a rural context is through a combination of

- mainstreaming project funding,
- exploring the need for core funding for support from rural stress charities for small rural businesses and their families as they adapt to the implementation of SFFS,
- rural proofing mainstream services particularly in the health service and at the regional level of government,
- exploring ways of embedding modern approaches to work-life balance, stress management and occupational health in the new Rural Gateway services and
- encouraging and stimulating debate and cultural change, particularly among more traditional small farming families.

The recommendations below map a way forward that aims to move advice on rural stress closer to the relevant public sector delivery services and wind up the RSAP in its current form.

22 The groups that have been tireless in their support of the RSAP are also in the process of change. They need devolution, especially where they deliver services locally but do not have a regional tier of organisation. Depending upon the way in which they decide to work together in the future, Defra may consider whether capacity building funding could help them to develop the most appropriate structures for collaboration.

Recommendation 1: There should be no bid for funding for the RSAP beyond 2008. However, guidance to RDAs should be clarified to ensure that there is specific reference to relevant aspects of the rural stress agenda. (paragraph 72)

Recommendation 2: Defra should review the need for case-work crisis support for farming families and small businesses in rural land-management with a view to introducing a Third Sector programme to provide help for the duration of the implementation of SFFS. (paragraphs 86-88)

Recommendation 3: With DH, consider ways of further mainstreaming the rural stress agenda in health through

- improving the rural proofing of funding mechanisms (paragraphs 57 and 63)

- maintaining and keeping up to date the IRH best practice advice and *Rural Proofing for Health Toolkit* (paragraph 58) and Rural Minds' *Rural Policy Toolkit* (paragraph 59)
- ensuring that the reconfigured Rural Health Forum and NHS Confederation arrangements provide effectively for both Defra and Voluntary Sector representation and engagement (paragraphs 60 to 62)
- ensuring that the system of appointing topic leads at regional level on mental health, public health and social care is clearly signposted to provide effectively for both Defra and Voluntary Sector communication (paragraph 63)
- ensuring that Regional Rural Forums are fully briefed on rural stress issues and have the appropriate Voluntary Sector and Defra connections ((paragraph 74).

Recommendation 4: Working with DfT, DCLG, DWP and GOs to

- fine tune national funding formulae progressively to ensure that all relevant demographic and service need differences are appropriately weighted (paragraphs 50- 52)
- match this with the development of rural markers in indicators and data bases that monitor outcomes and inform the commissioning of services (paragraphs 50- 52)
- advise GOs on their work with LSPs to help to ensure that LAAs are appropriately targeted and supported (paragraphs 50- 52)
- consider how the *Guidelines for Rural Stress Proofing* can be more closely linked or integrated with other rural proofing advice offered by Defra (paragraph 53)
- raise awareness and embed the *Guidelines for Rural Stress Proofing* in GO training (paragraph 53)

Recommendation 5: With Business Links

- explore options for improving outreach to hard to reach farmers and other rural home-based workers (paragraph 90)
- consider ways to make the Business Links web-site and particularly guidance on Stress Management more user-friendly for the self-employed and small rural businesses. (paragraph 93)
- explore the role of Business Links in offering training and advice around work-life balance, stress management, long-term business planning and retirement strategies for rural businesses. (paragraph 94)

Recommendation 6: To embed the rural stress agenda within SFFS

- provide a stress self-assessment module for the farming sector on the Whole Farm Approach and Defra web-sites with links to FCN, ARC and HSE, and to farming chat-lines. (paragraph 81)
- provide advice on long-term planning and planning for retirement for the farming sector on the Whole Farm Approach and Defra web-sites with links to *Fresh Start* and other similar initiatives, plus the Skills Council and others offering training and workshops. (paragraph 83)
- consider in discussion with the HSE and the veterinary professional bodies how stress issues for vets can be addressed (paragraph 81)

- consider in discussion with the NFU and bodies providing professional development, ways embedding self-development, occupational health, stress management, work-life balance and long-term planning within the training of the sector (paragraph 84)
- in discussion with the food and farming sector consider ways of stimulating debate about the social and occupational health implications of modernisation and change and ways of encouraging change in the culture
- consider ways of consulting members of the RSAP WG with experience of the food and farming sector in work to improve communications with farmers and to improve interface between farmers RPA, FSA, EA, LAs and HSE (paragraph 80)

Recommendation 7: With HSE

- consider providing a link on the HSE web-site to the rural stress organisations and to the most relevant guidance on stress management on related sites.
- support HSE discussions with LANTRA on ways of bringing more of a 'health' focus into SHADs, to include mental health
- explore the possibility of giving some of the stress organisations visible space at SHADs
- explore ways of tackling mental health, work life balance and retirement planning in vocational training in VQs for the next generation.

Recommendation 8: The RSAP should be closed following the exploration with the group of recommendations 1-7 above and discussions with the other departments and organisations identified.

Introduction

This Study

1. The In House Policy Consultancy (IHPC) was asked by Defra's Rural Policy Division (RPD) to provide

Objective 1: A brief summary of established evidence on causes of stress and stress-related health problems specifically associated with living and/or working in rural areas;

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Objective 4: Recommendations on the need for, and type of, expert advice to Government on 'rural stress'.

2. The study involved
    - reading background documents including those recommended by Defra and members of the RSAP WG. A list of key documents is at Annex A. In addition many web-sites referenced in the footnotes provided useful information and contacts.
    - visiting the Royal Show, following up on Rural Health Week
    - interviewing key individuals within Defra, other government departments and non departmental bodies, members of the RSAP WG, and others (Annex B).

3. I am most grateful to those who gave their time for interviews and assisted me with their references and by supplying information. I am particularly grateful to Lisa Nyamah for her help with arranging meetings and travel.

Background

4. The **Rural Stress Action Plan** was developed in 2000 by MAFF to address the issue of high levels of rural stress and suicide, particularly among the farming population.

***Aim:* To work in partnership to deliver support to make a difference to those in distress in rural areas in England.**

The Plan has helped fund many initiatives including
- the development of regional support networks
- raising awareness of the issues
- funding voluntary groups and other local initiatives to help those in need.

5. The first four action plans supported one-year projects. The fifth action plan supports 1 to 3 year projects running up to March 2008. The annual

provision for this work is £300k. At the time of this study all funds were already committed and no decision had been made about funding beyond March 2008.

6. A working group supports this work by bringing together government and the groups in the voluntary sector providing financial, emotional and practical help to rural people.

The Rural Stress Action Plan Working Group (RSAP WG) - Membership

Department for Food and Rural Affairs (Defra – Chair)
Department of Health (DH represented by the National Institute for Mental Health in England (NIMHE))
Rural Stress Information Network (RSIN)
Royal Agricultural Benevolent Institute (RABI)
National Farmers' Union (NFU)
Arthur Rank Centre (ARC, ARC - Addington Fund and Agricultural Chaplin's Association)
Country Land and Business Association (CLA)
Farm Crisis Network (FCN)
Tenant Farmers Association (TFA)
RAAW at the Transport and General Workers Union (T&GWU)
Mind
Samaritans
Citizens' Advice
Institute of Rural Health (IRH)
Government Offices (GO)

7. The objectives of the group are
to provide support to those in distress from the following groups

- land owners, occupiers and workers
- small rural businesses and their employees
- those with debt problems
- those at risk of suicide

to influence the following areas to reduce the incidence of stress and improve support in rural areas

- mental and well-being health services
- isolation (social, psychological and practical).

8. Most recently, in addition to offering advice on the allocation of funding the group has played a significant role in

- supporting networking, joint working and collaboration to ensure appropriate training for volunteers drawing on the expertise of the Samaritans
- preparing guidance for the public sector to raise awareness of rural stress issues
- advising the Rural Payments Agency (RPA) on assessment methodology and developing working relationships to support those experiencing stress

- recognising and advising on the distress and wider social and economic rural impacts of late payment through the Single Payment Scheme (SPS) for farmers.

As a group it has a wealth of knowledge about the types of issues that can cause unnecessary stress, the likely consequences and the most effective ways of addressing crises. It has experience of developing cross-referral processes and providing information about farming issues to organisations with a more general rural remit.

9. There have been two evaluations of the work;
   - *An Evaluation of the Rural Stress Action Plan* 2000 by Sue Shaw
   - *Evaluation of the Rural Stress Working Group* by Sarah Wooller of the IHPC (March 2004).

Both endorsed work to date which has included funding web-site design, the production of publicity material, appearance at shows, advertising, the training of helpline and other volunteers, funding for welfare, health development and project officers, research and the preparation of theToolkit, *Guidelines for Rural Stress Proofing*. Sarah Wooller recommended changes in the funding, membership and administration of the group to ensure that the group could focus on the work for which it was best suited – facilitating and enabling networking between rural support groups, raising awareness and working in partnership with public bodies to improve implementation of key rural policies. A further evaluation was planned for the following year so the terms of reference for this study excluded evaluation of the work so far.

Report

Stress and Rural Disadvantage in Rural Communities

10. Average incomes in rural areas are higher and the residents of rural areas generally enjoy some of the essential components of a good life, supportive of their well-being, mental and physical health – a good local environment, with proximity to the natural environment, low crime. Longer term residents also enjoy frequent contact with neighbours, friends and family. Meanwhile some trends and changes being experienced in rural areas are also positive. Recent research on well-being commissioned by Defra found that living in rural areas is beneficial.[1] A survey of 689 households in rural Scotland[2] noted that rural in-migration (which is being experienced throughout rural England as well as in Scotland[3]) acts as an economic stimulus as a result of the in-flow of self-employed households and new service jobs created by other economically active migrants. In addition, those among the farming population who are actively adapting to change in their sector are more active in local organisations and are more involved with their non-farming rural customer base through marketing, farm shops and contract work.[4]

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[1] Dolan, P., Peasgood, T., White, M., *Review of research on the Influences on personal well-being andd Application to Policy Making* (2006), 61.

[2] Findlay, A., Short, D. and Stockade, A. 'The labour-market of migration to rural areas', *Applied Geography*, 20, (2000), 333-348.

[3] The population increase in England 1991-2003 was 7.5% (816,000), compared with 4.5% in mixed areas and 2.4% in urban areas.

[4] Matt Lobley, Clive Potter, Allan Butler, with Ian Whitehead and Nick Mallard, *The Wider Social Impacts of Changes in the Structure of Agricultural Businessess* (University of Exeter, in association

11. None the less one the Commission for Rural Communities (CRC) argue that in five households in rural areas live below the low income line and their disadvantages are often hidden with almost half of the rural population not recognising their problem problems[5]. The CRC act as a rural advocate, expert advisor and independent watchdog for rural communities and defines disadvantage as a range of factors that prevent a person from participating fully in society. Its publications recognise that poverty and low income as a key characteristic of disadvantage and point additionally to other factors such as affordability of housing, the availability of transport and the ability to access services; as well as lack of skills, poor levels of health and well-being and discrimination. It points out that notwithstanding high average incomes 23% of rural households have incomes that are less than 60% of the national average, ie less than £14, 865.70. 49% of those are in work and 26% are aged over 60 years. Pensioner households and young people are most likely to be priced out of rural housing and the inaccessibility of services can impact significantly on the quality of life by creating isolation and reducing opportunities for employment, education and training, for shopping and access to health care and advice.[6]

12. For the public sector there are particular challenges in tackling rural disadvantage. The poor in rural areas do not live in clusters as they do in urban areas but are scattered and current Public Sector Agreement (PSA) targets are not designed to recognise dispersed poverty or to drive delivery in ways that would address the disadvantage and distress in rural areas.

13. The relationship between stress and disadvantage is not simple. Stress is experienced by people as a result of their response to events and circumstances. It can also play a part in further reducing the quality of a person's life by triggering ill-health and mental illness. Thus stress is part of a continuum that includes also health and well-being and reflects not only a person's circumstances but also their response to these and to difficult life events, their ability to manage their emotions, their genetic predisposition, and their outlook on life.[7] Factors such as poverty and ill-health can be added up to measure disadvantage but experiences such as worrying about finances, having to cope with change and feeling helpless, excluded or isolated to lead to stress. Conversely, the happier people are the more satisfied they tend to be with public services and less inclined to seek help and report disadvantage.

14. There is no commonly agreed definition of stress or of rural stress. The Health and Safety Executive (HSE) define stress as the adverse reaction

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with Imperial College London, and the Universities of Plymouth and Brunton Knowles, December 2005)

[5] http://www.ruralcommunities.gov.uk/data/uploads/CRC_Policy_Final(1).pdf, p10; using the same postcode data from CACI but different modelling Defra argue that it would be more accurate to suggest that 8% of rural residents live in poverty.

[6] http://www.ruralcommunities.gov.uk/data/uploads/CRC03-RuralDisadvantage.pdf
http://www.ruralcommunities.gov.uk/data/uploads/CRC11(1).pdf

[7] Richard Layard, *Happiness: Lessons from a New Science,* (London, 2005); http://news.bbc.co.uk/1/hi/programmes/happiness_formula/default.stm

people have to excessive pressure or other types of demand placed on them.[8] Current studies consistently use the term stress in relation to excessive, persistent and unrealistic worry which causes lack of motivation, loss of will, reduced concentration, increased anger, frustration and a range of other symptoms including sleep problems, loss of sense of humour, tiredness, lack of motivation and weight loss. These symptoms often coincide with a range of behaviours, including increased alcohol consumption, smoking, substance abuse and domestic violence, all of which can adversely affect family life. Businesses can suffer as the worker is de-motivated or lacks judgement. Accidents can happen with loss of concentration. Chronic prolonged stress can also be the trigger for physical and mental illness.[9]

15. The *Rural Stress Review* (2004)[10] found that there are well known 'at risk' groups, including farmers, farm workers and their families, elderly people and mothers with young children, who experience stress in rural areas. The factors known to make people more vulnerable to high levels of stress, such as mental illness, poverty, homelessness, social isolation and rapid change can all be experienced by those living anywhere but the report suggested that those living in remote rural areas may have adapted coping strategies because of a stoical outlook that prevents disclosure, hides unemployment and homelessness and hampers effective policy delivery. This report called for further research on stress in rural areas. It pointed to the fact that in urban areas social fragmentation is the most important geographic indicator of suicide risk and noted that the contemporary measure is biased against rural areas. Social fragmentation in rural areas could be adding to stress and social isolation and that it would be important to explore differences between rural locations to distinguish between those in isolated areas with a declining economy, poor service infrastructure and few job opportunities, and to understand the process and nature of social fragmentation in rural areas. It also recognised that most of the 'at risk' groups were under-researched in a rural context and suggested that a predominant focus on occupational groups has led to the experience of women being neglected. Yet, where evidence exists, it points to higher levels of stress among women.

16. The RSIN[11] points to pockets of poverty, deprivation and domestic violence in rural areas where opportunities can be limited - for jobs, education, recreation, choice, health and social care. Work is often part time, low paid, seasonal, involving long hours and state benefit take up is low. Anonymity in small communities is hard to achieve, making it harder to be "different" - the stigma of poverty, mental illness, being gay or from an ethnic minority. Women with young children can be isolated from health, education and recreational provision. Young people cannot afford or find appropriate housing. Older people may find it difficult to get the care or services they require. They acknowledge that rural people are affected by similar life event

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[8] http://www.hse.gov.uk/stress/index.htm

[9] Deaville, J., Kenkre, J., Ameen, J, Davies, P., Hughes, H., Bennett, G., Mansell, I., Jones, L. (2003) *The Impact of Foot and Mouth outbreak on mental health and well-being in Wales*. (Institute of Rural Health and University of Glamorgan, 2003); *The National Service Framework for Mental Health* (DH Publications, 1999), Executive Summary.

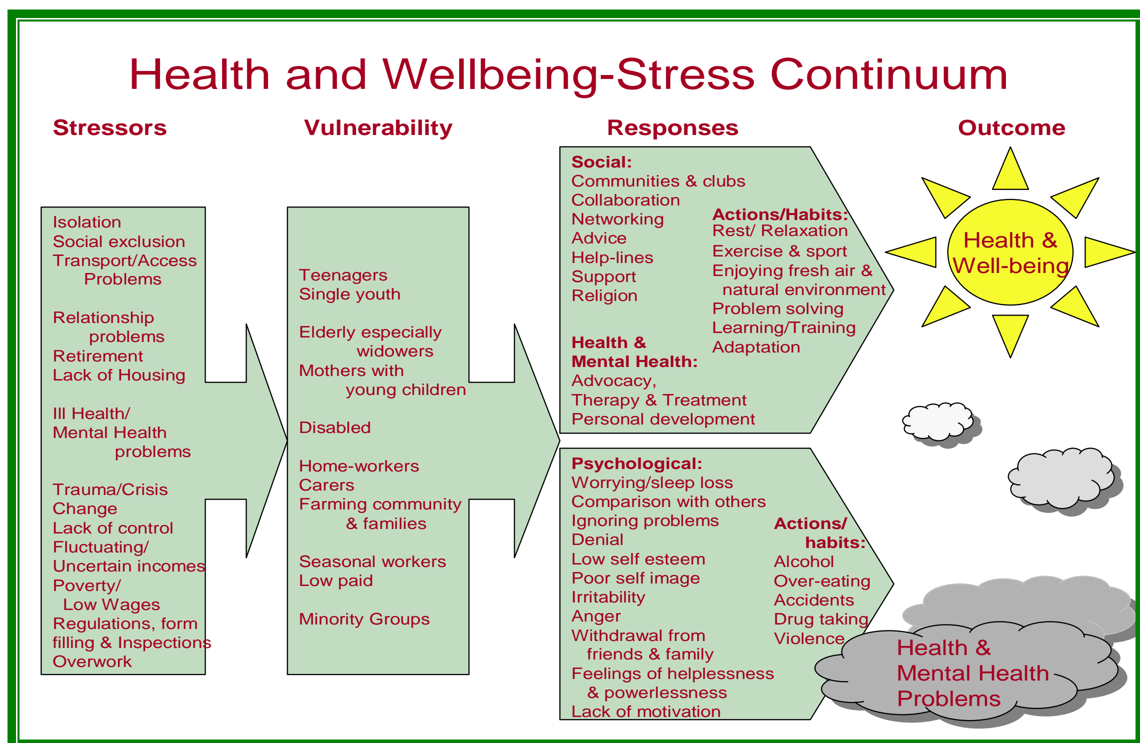
[10] *Rural Stress Review Final Report,* M. Lobley, G. Johnson, M. Read, with M. Winter, J. Little (University of Exeter, June 2004).

[11] http://www.ruralnet.org.uk/~rsin//whatis.htm

pressures experienced in urban areas but suggest there are additional burdens that can combine with them to create stress in rural areas through changes in the rural economy – diversification, declining farm incomes, increasing external controls and changing communities as new people move in, young people move away and the loss of traditions and the longer–term older people that shaped structures in the past.

17. A Welsh study in 2004 suggested that while deprivation and disadvantage exist in both rural and urban settings the communities within those setting have different needs but people in rural communities are vulnerable to both geographical and psychological isolation and the decline in rural services. Their survey found that 61% (171) of those asked said that their levels of stress had increased or significantly increased. Those who felt they were under more pressure included those in the service industry, self employed, contractors, the unemployed and retired. And while 28% (69) thought personal support within the community was not relevant to them, 56% (144) thought that support was needed.[12]

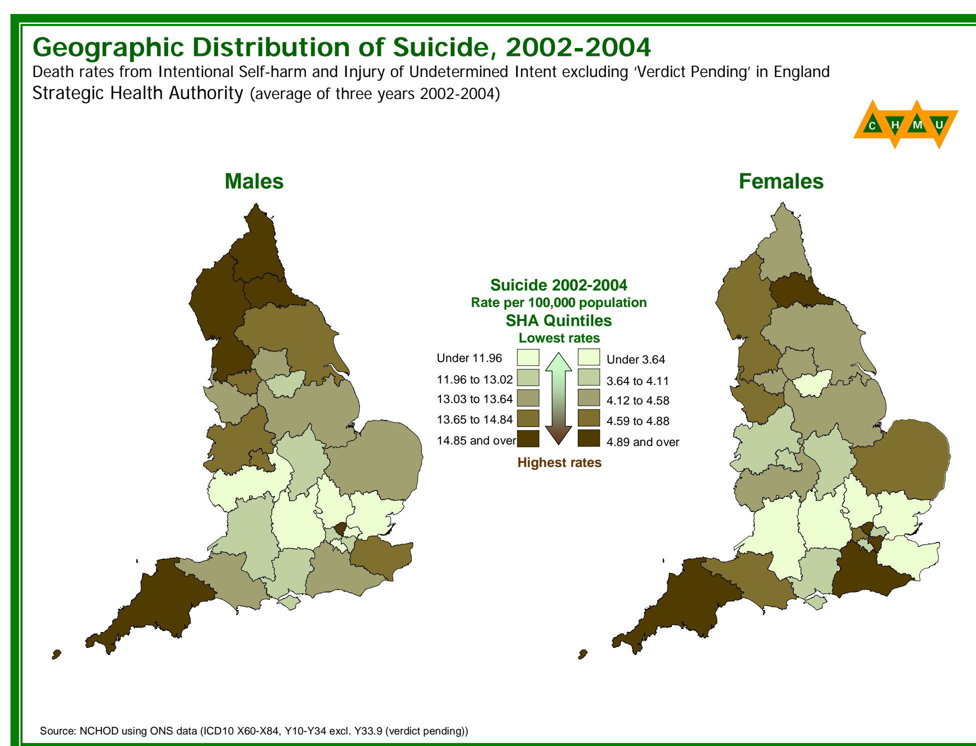
18. The model of rural stress that emerges from these studies is summarised in the illustration below.



19. The level of deaths from suicide though falling overall is higher for males (13.7 suicides per 100,000 of the population) and highest between 30 and 54 and particularly between 45 and 49. For women the overall suicide rate is lower overall (4.2 per 100,000) and highest for women 50 to 54 years. The suicide level is higher in more sparsely populated areas. For males, it is 16.9 suicides per 100,000 in urban sparse areas closely followed by 15.9 per

[12] L. Jones, *Stress and Change in Rural Areas, Developing the Evidence Base* (Unpublished, for Institute of Rural Health Wales, 2004)

100,000 in rural town and fringe sparse areas and for females it is highest in rural town and fringe areas (5.0 per 100,000).[13]



20. However, while stress in some sectors of the rural economy has been studied, much of the sectoral and thematic research into disadvantage in rural areas only obliquely addresses stress. In considering this research therefore it is necessary to take into account the fact that some people and groups are more able to respond constructively and effectively to a range of adverse circumstances, especially where accessible support networks are in place while others may experience more stress, especially where help is difficult to access and where prevailing cultures lead to their difficulties being hidden. CRC research identified a group of 27% of the rural population who were the most likely to think it would be embarrassing to ask for help and that their local area would be a better place if 'people minded their own business'. They suggest this group was the most likely not to feel part of their community, to have the least social contact with others and will include those most vulnerable to stress. A further group of 29% of the rural population like the countryside and rural life but have less supportive views on the welfare state and were least likely to recognise problems, such as difficulties in finding a job, housing or money. This group have the benefit of feeling they are part of their local community. They can have access to informal networks and support but may miss the opportunity to seek more professional assistance.

21. **Farming sector:** The *Rural Stress Review* acknowledged the range of evidence available pointing to high levels of stress amongst farmers. The many stressors affecting them included bureaucracy, regulation, financial worries due to drastic falls in income since the late 1990s, the vagaries of the weather, emotional attachment to the business assets and recent changes in

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[13] for and explanation of the statistical definitions used http://www.defra.gov.uk/rural/strategy/annex_a.htm

the position of farmers in society. These were exacerbated by a tendency among farmers for to isolate themselves and an increasing tendency due to changes in farm management for them to be working alone. Nearly twice as much depression was found among farmers as in the population as a whole.

22. The proportion of the workforce employed in farming has shrunk by a quarter in the last 10 years[14] and more recent studies on farming have pointed to particular problems in this sector. A study of *The Wider Social Impacts of Changes in the Structure of Agricultural Businesses* commissioned by Defra[15] pointed to a difficult process of disengagement from agriculture as a mainstream income source. Economic uncertainty, disease crises and increased paperwork have had an impact on the mental health and well-being of farmers who are working longer hours and suffering greater isolation through working alone due to a reduction in the number of hired workers and their wives going out to work. This in turn puts stress onto their families. The parish council consultation exercise that formed part of this study additionally revealed a steady shift in favour of non-agricultural businesses with larger specialised farms continuing to grow and increase the use of contract services so that land is increasingly managed by people who do not live on it. Smaller farms are occupied by retired farmers and part-time farmers who supplement their income away from the farm. They found a growing divergence between those who are diversifying their income base ('active adaptors') and those who are failing to adapt.

23. This study noted that the personal and social costs of agricultural adjustment are largely being internalised within farm families. It recommended further research on the impacts currently hidden from view within farm households (e.g., substance misuse, domestic violence). They saw a need to promote self-respect amongst farmers as managers of 'a newly emerging (multifunctional) land management community' with ways to be a valued member of the community while making escape routes available for those who need them, via retirement schemes. It recommended continued support for the RSAP and noted that there are wider social costs of agricultural change that need to be weighed in the balance as part of the public debate about the countryside.

24. Farm incomes are vulnerable to the value of £sterling, making future income streams uncertain and many have declined[16] since the mid 1990s. In some sectors small farmers in particular now have very low incomes. A study of hill farming in the Peak District in 2004[17], *Hard Times,* showed that incomes had fallen over the last 10 years; in 2002 they were a quarter of what they were in 1992. Without subsidies only dairy farmers would achieve a positive income (an average of just £4,622 p.a. with no allowance for paying the farmer and his family). Beef and sheep farm income averages were between -£2.3k and -£3.3K p.a. The cost of land, machinery and other inputs meant that small farmers could not easily expand to benefit from economies of scale. Meanwhile the farmers felt that bureaucratic authority over their work was

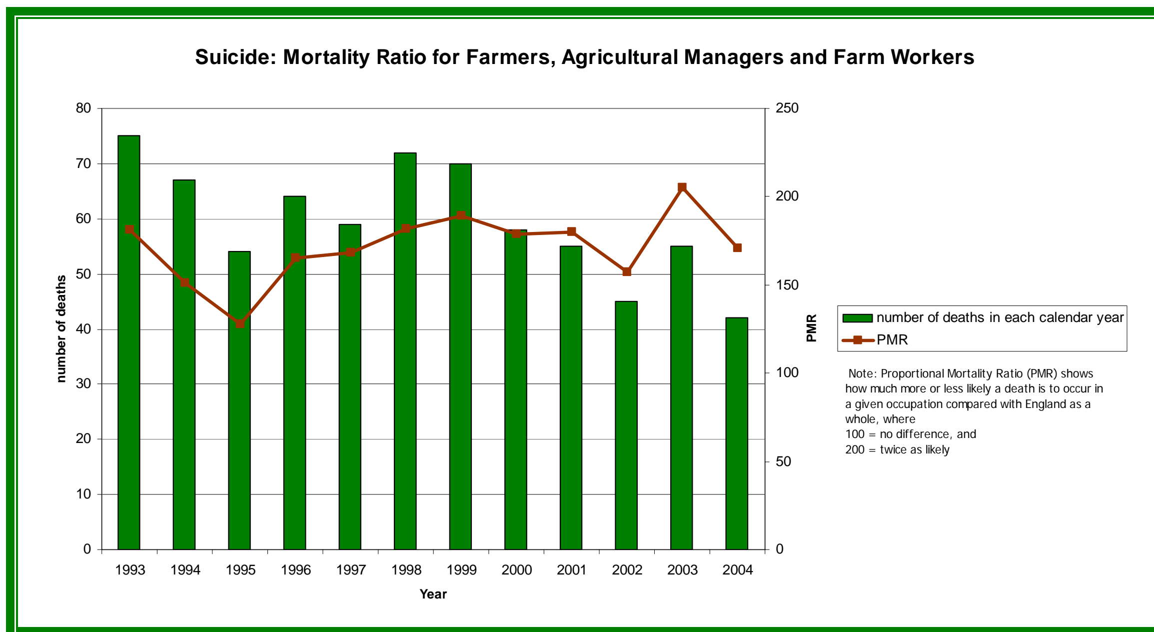
[14] http://statistics.defra.gov.uk/esg/quick/agri.asp
[15] Matt Lobley, et al, *The Wider Social Impacts* (2005)
[16] http://www.defra.gov.uk/science/Project_Data/DocumentLibrary/IS0209/IS0209_3536_FRA.pdf
Topic Paper 6 Table 3
[17] http://www.pdrdf.org.uk/publications/HardTimes-HillFarmingReport-Jan2004.pdf

tightening. They lacked autonomy and their skills and experience were not valued. The study recommended the introduction of local co-operatives to help them market locally and the local provision of training in administrative and secretarial skills.

25. Research for the Policy Studies Institute (PSI) in 2005 for the HSE on *Farmers, Farm Workers and Work Related Stress*[18] explored 60 cases in 5 locations in England and Wales. They found that farming practices have intensified in response to falling incomes. Many farmers have diversified. Increased mechanization, reduced work forces, increased use of migrant labour and, above all, increased regulation have transformed the work. They noted too a distinction between those able to adapt and those who were not. Those without resources to invest in IT and those with literacy issues were particularly disadvantaged. Young people are increasingly deterred from following their parents into farming, increasing the pressures on those who remain. They found worries and acute distress related to the intrinsic demands (such as disease and adverse weather conditions) external causes (such as competition and regulation and worries about finances and family). Organisational policy shifts, price fluctuations, mounting paper-work demands, workload intensification and changes in agricultural regulation had increased and led to a feeling of loss of control. Increased paperwork demands emerged as a major cause of stress for all farming communities but it was a particular concern on smaller and medium sized farms.

26. They found evidence of occupationally related illness, but noted that little sick leave was taken by farmers and a stigma was attached to mental health issues. This resulted in under-reporting and not seeking help. Farm suicide figures continue to cause concern. (Office of National Statistics figures for farm suicides are shown below and demonstrate that there is a continuing issue.) In addition the suicide figures for vets, whose livelihoods are often critically dependent on the farming sector, and who can find they need to make increasingly frequent visits to farms when they are in crisis, is particularly high. Similarly, farmers wives and farm workers also have a higher than average suicide risk. Farm women consistently reported higher levels of stress than farm men and (in 1982-92) the suicide rate for wives was the highest for wives in any occupational group. A recent investigation of farm family dynamics over 3 to 4 years in Powys highlighted the problems of tradition and the patriarchal and patrilineal way of life that place constraints on individuals who are already struggling with falling incomes in areas too remote to offer many options for diversification.[19]

[18] http://www.hse.gov.uk/research/rrpdf/rr362.pdf
[19] L. Price and N. Evans, '"From Good as Gold" to "Gold Diggers": Farming Women and the Survival of British Family Farming' in *Socialogia Ruralis* (Dec 2006), also includes a useful bibliography of recent research on agriculture and society.



27. Stress in the agricultural sector poses particular challenges since smaller farms operate in an organisational context without the frameworks (such as personnel departments and line management) within which training and professional development on work-life balance and stress management normally operate. Though *The Farmers' Weekly* and *The Farmers' Guardian* are useful for keeping up to date, closure of local markets and other venues has restricted opportunities for farmers to catch up with things through talking to others. Even local branches of the National Federation of Young Farmers Clubs (NFYFC) that had played a role in combating rural isolation have closed in many areas since FMD. Farm women particularly lack support routes.

28. CAP reform is continuing and farming is experiencing financial, legislative and organisational change as SFFS is implemented. Most recently, problems with the introduction of the SPS have resulted in late payments which added stresses to farmers who were already struggling (increasing calls to the FCN by 65% in January to March 2006 compared with the same period in 2005). This also demonstrated the way in which problems for farmers ripple out into the wider farm sector and rural economy. A medium sized farm may be dealing with around 60 other businesses. Consequently a number of sectors beyond farming have struggled financially, including vets, agronomists, farm contractors and suppliers who would not be paid until farmers receive their payments. Defra has recently supplemented payments to charities supporting farmers through this difficult period and the CAB commissioned guidance to help their volunteers to understand the problems of late payments and the implications for those who work with the farm sector covering farm, farm family problems and problems for downstream suppliers of goods and services.

29. **Home based working sector:** Some of the problems experienced by farmers who work on their farms alone for much of the time are shared by other home based workers. 11.8% of economically active people in rural areas now work from home (638,000 people) and the number is rising rapidly (at the rate of 12.5% from 1999 to 2004), due in part to the decline in the agricultural sector and facilitated by the rise in ICT. Some rural districts report

15% of their workforce are working from home and this may become the largest single sector in rural areas in the future. Many are micro-businesses set up by in-migrants to the rural areas. Others are run by farmers and their wives adapting to change, and 58% of those working from home are also self-employed.[20] The most recent figures (below), from *Step Ahead,* showing the economic sectors involved are broadly similar to those from *The Labour Force Survey 2005.*[21]

Home Based Working by Economic Sector	
	%
Finance and Business Services	30
Education, Social Work, Other Services	23
Construction	22
Wholesale and Retail	9
Agriculture, Hunting and Fishing	8
Other	8
Total	100

30. Many home-based workers work alone. Only about one fifth employ 1 to 2 people and a tenth employ 3 or more people. Most use contractors and many have high and rising turnovers and profits. Many aspects of their work are positive. They have flexibility and autonomy, the opportunity for greater family and community involvement and reduced costs and travel. However, they can find it difficult to separate work from home life so they can suffer from overwork and may be operating at a distance from their markets. Like farmers, other home-based workers can experience isolation. *Living at Work* says this isolation can be lack of contact with people, not necessarily an absence of office colleagues.[22] BT, who have a team of 9,500 dedicated home-based workers have found from experience that the greatest needs of these employees is social and psychological, so they offer support though team meetings (virtual and physical), chat rooms, a helpdesk and on-line guidance on tax, Health and Safety (H&S), mortgages and insurance. However, most home-based workers are not known by the public sector agencies who might provide help and support such as Business Link operators, the Small Business Service and local authorities (LAs), in part because many home-based workers fear regulation, are unclear about their insurance, planning and business rate status and prefer to stay, in CRC terminology, ‘under the radar’.[23]

31. The CRC also noted that rural firms are also less likely to receive advice from Business Link operators than urban firms and expressed concern

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[20] http://www.ruralcommunities.gov.uk/data/uploads/CRC17-UndertheRadar.pdf
26.1% of economically active people in sparse villages are self-employed, rising to 35.8% in sparse hamlets and isolated dwellings, compared with 20.2% in less sparse villages and 13.4% in town and fringe areas. *Access Opportunity,* CRC (2006), 38. This report also notes high levels of poverty among the self-employed in rural areas.

[21] Step Ahead Research, *Home Based businesses in South East England,* prepared for West Sussex enterprise centre, SEERA, SEEDA (2005).

[22] T. Dwelly, *Living at Work- a new policy framework for modern homeworking,* for Joseph Rowntree Foundation (2003).

[23] http://www.ruralcommunities.gov.uk/data/uploads/CRC20-RuralEnterprise-dynamosoftheUKeconomy.pdf; notes that three quarters of all rural firms feel they cope well with regulation but only 40% have sought advice.

about 'current weaknesses' in support for rural home based workers who additionally find it difficult to recruit suitably skilled staff, source quality services and find work-space. They found that home-based workers who seek advice may approach a number of agencies without finding the help they need. For example, Health Connect and HSE stress work-shops are targeted at firms with 5 employees or more. Some training sessions are offered in village halls and community centres but home-based workers are a hard to reach group and may not know about the events.[24]

32. **Carers:** Since 1998 the number of households receiving intensive homecare in England has risen by 43% with 662,000 people aged over 64 being helped to live at home. Unfortunately there is no rural analysis of this data.[25] Interviewees noted that some carers combine other home-based work with caring particularly in rural areas and some of the farming calls to help-lines come from farmers who also have responsibility for caring for elderly parents who remain on the farm. There are almost 6m carers in Britain of which 1.7 million spend at least 20 hours a week providing care and 855,000 spend over 50 hours a week providing care. People in sparsely populated areas may provide 50 hours or more of care a week.[26] 26% of carers are retired and 25% are unemployed or economically inactive while 18% work in paid employment part-time. Over half of all carers have had stress related illness since becoming carers. Again, we do not know how many of these are in rural areas but the DH strategy, *Caring about Carers*[27] acknowledges that carers in rural areas can find it more difficult to obtain advice, help and assistance and that carers frequently express concern about the availability and accessibility of transport. In the more sparse rural areas the risk of isolation can be particularly severe and long term, and there can be greater difficulties in combining caring with work or social activities outside the home.[28]

33. **Older people:** Older people make a significant contribution to community life in rural areas. They are more likely than other age groups to participate in parish councils, village hall committees and religious groups and to use community facilities such as shops and post offices. They are also, as noted above, most likely to provide unpaid care to others, including those with physical or mental health problems.[29]

34. Over 2.3 million people living in rural areas are over the age of 60 years. Over the next 25 years the number of people of 65 years or older is expected to increase by 20% more in rural areas than the average increase for England as a whole. The over 80 years age group is the most rapidly growing segment of the rural population and elderly single person households are most likely to be disadvantaged. There is relatively little specialist housing for the elderly and conventional service provision in rural areas is resulting in

[24] Paras 85-94
[25] http://www.ruralcommunities.gov.uk/data/uploads/CRC15.pdf
[26] *Access Opportunity,* CRC (2006), 87.
[27] http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4006522&chk=yySBZ/
[28] www.carersuk.org
[29] N. Mesurier, *Older People's Involvement in rural Communities* (Age Concern, London, 2004).

under-performance in delivery against DH PSA Target 8 for elderly care in rural areas.

35. A recent CRC study on older people in rural areas found that most participants in their study claimed not to be unduly affected by limited material resources. However, many had adapted to low incomes and managed expenditure very carefully and most revealed some difficulties in getting by financially. For some there was real financial hardship that was affecting their health and well-being.[30] The older people tended to play down any difficulties they experienced. They reported good physical and mental health and visited their GPs less often than those in urban areas but when questioned they expressed concerns about adapting to the change they were experiencing in rural areas. Loss of local service featured prominently in their concerns with 40% expressing difficulty in accessing services. Chronic ill-health and lack of money also reduced the ability of some to participate in community life, plus many felt they had little in common with younger newcomers to the area and this contributed to feelings of isolation. The CRC noted that despite some people experiencing multiple disadvantages they continued to rate the quality of their life as good. This is reflected in the table below, recording the number of people interviewed.

Aggregate measure of Disadvantage cross-tabulated with Quality of Life[31]						
Disadvantage		***Quality of Life***				**Total**
	Very Good	*Good*	*Not good or bad*	*Poor*	*Very Poor*	
Not disadvantaged	9	12	4			25
One Disadvantage	10	24	3			37
Multiple disadvantages	1	13	9	5	1	29
Total	20	49	16	5	1	91

36 The CRC concluded that this finding was in some measure a reflection of attitudes built up over the course of life. These included frugality, self sufficiency and low expectations. Some had life long experience of managing on very low incomes and for some there was a preference to rely on family rather than public services. In addition, many reported what may be regarded as compensating factors that generally feature as significant contributors to happiness, including a strong sense of community, supportive relationships with family, friends and neighbours and low crime rates. Many of these benefits accrued from having lived for a long time in the same area. The growing number of migrant elderly may not however enjoy these benefits.

37. **Disabled:** People with mental or physical disabilities have a particular problem with access to all public services and with public transport generally. Those with health and mental health problems have to travel more for both care and social interaction because there hasn't been an emphasis on ensuring that care is available in the local community in the past and the

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[30] http://www.ruralcommunities.gov.uk/data/uploads/CRC19-Qualityoflifeanddisadvantageamongstolderpeople.pdf

[31] http://www.ruralcommunities.gov.uk/data/uploads/CRC19-Qualityoflifeanddisadvantageamongstolderpeople.pdf, Table p21.

structures may not be in place. In addition recent research commissioned by the Disability Rights Commission and the Equal Opportunities Commission has revealed that the general health care needs of disabled people are not well addressed. They are less likely to get exercise, more likely to be obese and to suffer from hypertension, and to die early from respiratory illnesses, strokes, and coronary heart disease.[32]

38. **Young people:** Rural children and young people are generally in better health, living in higher income households and have higher levels of educational achievement than their urban counterparts.[33] One interviewee commented that in some ways they can be subject to fewer pressures – to have gadgets and fashion accessories. However, there are wide disparities and those in lower income families, especially in the most sparsely populated areas are more vulnerable to a full range of social problems.

39. Rural areas have a lower proportion of young people than in urban areas and numbers are declining. There are 1.7 million under 14 year olds in rural areas but only 12.9% of the rural population is aged 15 to 29 years, compared with 19.9% in urban areas as many leave seeking higher education or enhanced employment opportunities. The Welsh study, *Stress and Change* suggested that the young who stay are regarded as lacking aspiration, or incentive, having received little or no training or support. As low skilled they may be doomed to a low pay or unemployment. They are also unlikely to be committed to community involvement or to feel satisfied with their lives. The *Rural Stress Review* found that young people find meaningful independence in rural areas difficult to achieve. They are at risk of unemployment and may have difficulty in finding affordable housing. As more young people move to urban areas in search of employment and affordable housing, those that remain are likely to feel more isolated as well as leading to labour shortages and increasing rural reliance of migrant labour.

40. Meanwhile an NFU article suggested there is growing evidence of anti-social behaviour, including alcohol and drug problems.[34] Though there has been a sustained fall in the rate of suicide amongst young men under the age of 35 the level of suicide among young males is worse in rural areas as this table shows by comparing figures per 100,000 of the male population.[35]

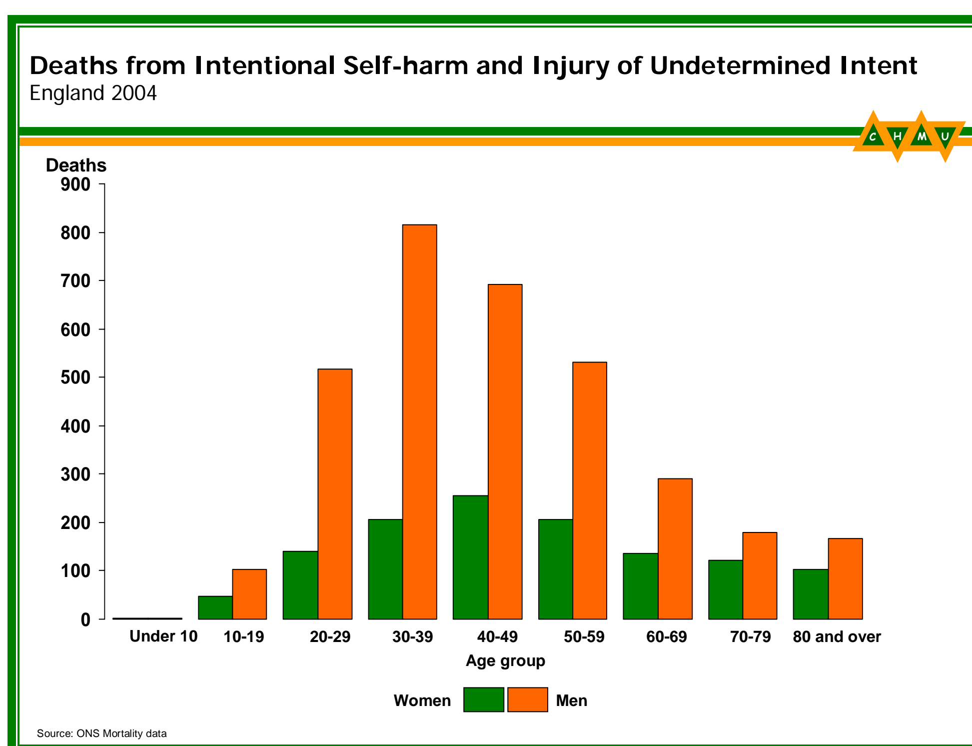
Young Male Suicides (aged 16-24)	
Rural	12.69
Mixed	10.31
Urban	8.49
Total	9.82

41. **Women:** Although 50% of employees in rural areas are women, 31% of the self-employed in rural areas are women and 62% of part-time self-

[32] http://www.drc-gb.org/newsroom/health_investigation/research_and_evidence.aspx
[33] *The State of the Countryside* (2005).
[34] ‘Worrying trend hits rural schools’, *NFU Countryside* (30 March 2005); ‘Mentor listens to rural youth on drink and drugs’, *Drink and Drugs News* (29 November 2004), 5.
[35] Office for National Statistics,2006, *Vital Statistics; State of the Countryside* (2006): Table 10 http://www.ruralcommunities.gov.uk/article.asp?aID=115&pID=1

employed[36], there are a number of barriers that limit the participation of rural women in the economy. These include lack of child-care, limited public transport and low wages. Isolation can be especially severe in households with children on low incomes. Even if there is a family car women may have problems during the week if their partner uses the car. Due to isolation the problems women face can be hidden from others and may include lack of control of personal finances, relationship problems, difficulties with children, and domestic violence. Farmers' wives often have the additional strain of providing care and support for their husbands and responsibility for the increasing paperwork.[37] Women aged 65 and over have much the highest female suicide rates in coastal and country resort areas (along with inner West London).[38]

42. **Men:** The most recent figures for suicides however, show that men, particularly during their adulthood, continue to be most at risk of suicide with figures declining steadily after a peak in the 30-39 year old age group.



43. **Minority Groups:**

- Only 1.43% of the rural population is Black, Asian, Mixed, Chinese/Other (BME groups) compared with 10.9% in urban areas. Ethnic minorities and migrant workers now play an increasingly important role in the rural economy as visitors and employees and little is known about the barriers they may face.
- There are now an estimated 60,000 migrant farm workers on British Farms, with the highest levels in the East of England which has rural pockets of Portuguese and Polish migrant workers, many of whom are

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[36] http://www.ruralcommunities.gov.uk/data/uploads/CRCF01-WomeninRuralAreasFactSheet.pdf
[37] In North Wales where there is a Primary Care Counselling Service available at every GP surgery 77% of the uptake is from women and the average age is 38.2 years.
[38] *Access Opportunity,* CRC (2006), 85.

living in poverty and, because they are here on work permits they are not eligible for benefits. Some are care workers in low pay, sometimes working long and unsociable hours. Seasonal agricultural and tourism workers may not be resident for long enough in one area to receive any medical treatment they need. They are vulnerable to stress due to the transitory and uncertain nature of their employment and low pay. Those who work in the UK illegally are at particular risk of exploitation and abuse. It has also been suggested that as the role of migrant labour increases, the need to tackle rural racism and work towards social cohesion will become vital.[39]
- 25% of the Traveller community live in the East of England**.** Tensions between Traveller and settled populations continue, often exacerbated by the shortage of well-run authorised sites and this takes a toll on mental health and well-being. For those who are settled and known there are cultural issues around access to services and a community development approach is needed with assertive outreach. When temporary residents, travellers face additional barriers to access health and related services. It is often difficult to register with a GP and particularly difficult to receive long term treatment.[40]

44. BME groups together with **Lesbian, gay, bisexual and transgender (LGBT)** groups are minorities in many parts of the country. A TES article suggested that in the countryside they make up even smaller minorities and have experienced negative attitudes which are not tackled effectively mainly because the groups are so small they cannot build up effective networks.[41] Those who plan services often do not realise they are there.[42] This can lead to inappropriate services and consequent mental distress.

45. **Conclusions:** Rural stress is not easily distinguished from stress that can be experienced elsewhere, nor is it an exclusive preserve of the disadvantaged. Stressors such as overwork, relationship difficulties and mental health problems can be experienced anywhere and by people in any social group or at any income level. Moreover, living in rural areas can have many benefits.

46. However, in rural areas there is a risk of isolation which is a significant cause and contributor to stress. This can be exacerbated by sparsity, the closure of local shops and other services, poor local transport and poverty. For the public sector there can be difficulties in identifying need and reaching certain groups in rural areas. In addition cultural and distance factors in rural areas can lead to delay in seeking help. This means that problems can become more severe before they receive appropriate attention. The level of deaths from suicide is generally higher in rural areas.

47. The trend towards isolation in rural areas is likely to increase: more people are living alone and more people are working alone. In addition, there

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[39] Commission for Racial Equality, *Getting Results* (2002); http://www,cre.gov.uk/downloads/gr_policy
[40] http://www.gypsy-traveller.org/health/access.htm
[41] Hastings, S, 'Schools out: Homophobia', *TES,* (28 May 2004).
[42] Mind, *Rural Policy Toolkit* (2003). http://www.mind.org.uk

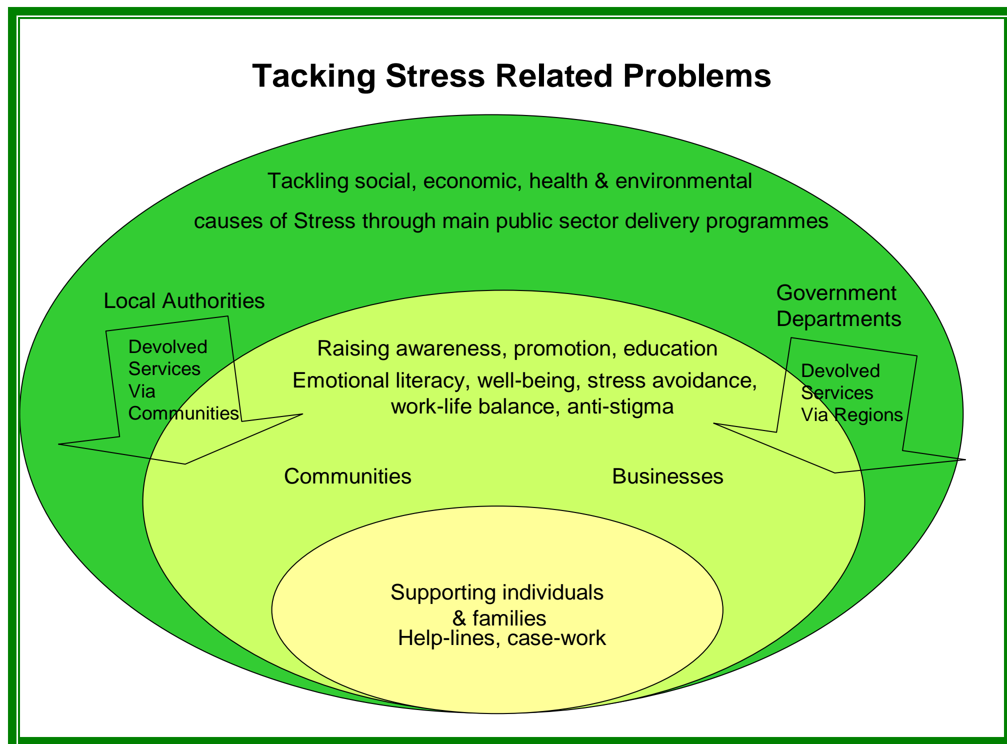
are some sectors and groups in rural areas where people are particularly prone to experience isolation, including

- farmers on small farms and other remote home-based and small business workers
- lone parents and parents of young children
- young people who find it difficult to achieve independence
- the housebound, including those with health and mental health problems, disability or frailty, and their carers
- people who may be isolated because of cultural differences and stigma.

48. Some of these vulnerable groups are growing particularly rapidly in rural areas, including home-based workers. The elderly (especially those who are new to their neighbourhood and those over 80 years), carers and migrant and seasonal/contract workers bring with them distinctive needs. There are also a range of issues arising from changes in farming that affect a wide range of businesses and their families in the agricultural sector.

Public Service interventions tackling stress-related problems

49 Interventions to address stress related problems can include a wide range of main stream services, the success of which depends upon their effectiveness at targeting the most likely to become stressed and ensuring that the delivery of services is the most appropriate to reach vulnerable groups taking into account cultural differences. Different access methods and cost considerations may apply. Rural proofing and the sharing of experience about what works best and how services can be adapted are consequently important. As the stress experienced by individuals is also about their response, including cultural factors, fear of stigma and emotional literacy, an effective approach also includes awareness raising, training, education and crisis support. Any of the most direct means of dealing with acute stress due to occupation can be targeted precisely, for example, through the FCN help-line and referrals for farmers and their families, ARC Addington, or through the social services support for carers. This section identifies current approaches and a range of the most relevant interventions.



50. **Rural Proofing:** Ensuring that policy makers throughout the public sector consider whether policy is likely to have a different impact in rural areas and adjust policy as appropriate is now a mandatory part of the policy process. Rural proofing has made continuing progress especially at the national level. However, policy and particularly delivery are being increasingly devolved to regional and local levels to allow regional and local government discretion to determine how money will be spent and services tailored on a geographic and demographic basis. For example, funding of local transport is spent in line with local transport plans and in DH there is little opportunity to vary the funding of specific services from the centre by area.

51. Rural proofing is done in every region but performance can be patchy depending on the regional priorities. However, there is considerable flexibility in the way services can be delivered and there is evidence of increasing awareness of the need for services to be tailored differently in rural areas,

- working through and in partnership with the Voluntary and Third Sector
- developing local community based multi-service delivery hubs
- developing and improving IT and telephone services and networks
- using assertive outreach in Mental Health to overcome cultural barriers and 'distance decay' where this can lead to late diagnosis, higher costs and poor outcomes.

52. **These developments have resulted in changes in the focus of rural proofing, making it important to**

- **fine tune national funding formulae progressively to ensure that all relevant demographic and service need differences are appropriately weighted**
- **match this with the development of rural markers in indicators and data bases that monitor outcomes and inform the commissioning of services**

- **ensure that the work of Local Strategic Partnerships and Local Area Agreements is appropriately targeted and supported, so that local needs are understood and met in the most appropriate ways.**

53. The RSAP WG produced a Toolkit, *Guidelines for Rural Stress Proofing,* to assist policy makers, managers and agencies.[43] I found that despite the value of this guidance awareness of the toolkit was low among those I spoke to. Its current web location is not the most obvious place for potential public sector users to find it. **It would be helpful to find another location for it and consider how its dissemination could be more closely linked with other rural proofing advice offered by Defra. Identifying the most relevant policy areas for targeting, for example, those leading policy on local transport planning, regional and local government policy, and policy on community sector funding, could be followed up with discussions about how best to embed the guidance within training.** [44]

54. **Health:** Many current activities are directed at improving access to services and encouraging people to access services earlier.

- NHS *Direct* now provides a website with a wealth of health, stress and suicide prevention web based advice and a 24 hour/ seven days a week e-mail and help-line that allows people in every area across the country to get advice. The service is highly regarded by users and the awareness target for 60% of the population has been met. This is particularly valuable to people living in isolated areas. The service's specialist Mental Health team trains and supports nurse advisors.
- Over 700 new mental health teams are now working in the community providing. assertive outreach, early intervention, crisis resolution teams. These have improved access to mental health services around the clock.
- Patient links will allow GPs to see that patients are supported throughout the system.
- From December 2006 the NHS, including PCTs will come under the Disability Equality Duty that requires them to ensure that their policies and practices do not discriminate.

Yorkshire & Humberside Regional Rural Health Development Forum
Chaired by Graham Moore, on behalf of the SHA and Regional Public Health Group.
The group includes PCT and SHA members as well as GO and Defra representatives. It allows
networking on cases of multiple need in remote areas, such as mental health, social service support, mental health services, animal health and fuel poverty,
information exchange and policy liaison on health, community, employment and environmental issues, and
exploration of new joint working initiatives, such as Phoenix Houses to support drug addiction recovery through out-door rural employment, and Care Farms to provide farm work for people with chronic health conditions.

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[43] http://www.ruralnet.org.uk/~rsin//pdf/Stress%20Proof%20Guidelines.pdf
[44] The RSAP WG has also contributed towards the preparation of more specialist toolkits which are already targeted at key sectors (paragraphs 58 and 59 below).

55. Best practice examples include the East Midlands an Integrated Toolkit that addresses young people, health and the environment while the South East rural proofs the health agenda and has a focus on school meals, local produce and walking. Yorkshire and Humberside Regional Health Framework which includes rural health as an element within *Our Region Our Health* and a group has formed to reduce fuel poverty more quickly in rural areas.

East of England Anti- stigma & Discrimination Programme
This aims to change negative attitudes to mental health problems by promoting well-being and to encourage people to include others who for whatever reason may have experienced stigma and discrimination in their lives. It has three themes:

Recovery and Empowerment - Well-being - Everybody's' Business

It involves building relationships with the general public and mainstream organisations to develop their understanding of how current misconceptions and/or media reporting negatively affects the lives of their families, friends, colleagues and members of their local communities, It initially concentrates on employment and media and draws upon the work at SHIFT[45], the national campaign to tackle stigma and discrimination, and supports local public health leads.

Activities in the East of England include
The Stories Project
Working with Employers
Developing positive messages
Embracing the public through participation at local and regional events
Building relationships with key stakeholders
Physical Health and wellbeing
An East of England Partnership bid to the Big Lottery Fund Well-being Programme

And with the SHIFT, nationally
Working with the Media
The Speaker's Bureau
Supporting employers to reduce discrimination
Young People, developing materials for use in schools
Sport, working with football and cricket associations
Let's get Physical

56. Health care needs are different in rural areas. A recent BMA study found that chronic health and mental health cases were more prevalent in remote and rural areas. GPs had to deal with more anxiety, depression, suicide and farm related accidents and risks associated with chemicals.[46] This means that if a GP trained in a larger urban area he or she would be unlikely to get the appropriate range of skills training initially. Also the average cost of out of hours service is also higher rural areas.[47]

57. PCTs have received lower funding per head in rural areas and have been more likely to be in deficit. However, until re-organisation this year PCTs tended to be small and those in rural areas were in a position to ensure that the service they provided was appropriate for a rural area. **In the new, larger mixed area PCTs it will be necessary to ensure that measures are in place to help the PCTs to rural proof their services, taking into**

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[45] www.shift.org.uk
[46] British Medical Association, *Healthcare in a Rural Setting,* 2005; S. Myhill, 'Organophosphate Poisoning-systems and treatment' (2003), www.drmyhill.co.uk; *Organophosphate Poisoning; examining the evidence,* (IRH Conference Report, 2002); Chemicals found in sheep dips and other products farmers use can lead to physical and psychological effects
[47] http://www.irh.ac.uk/publications/rural_proofing_gms_contract.pdf

account the age of the populations in rural areas, dispersed deprivation and 'unmet need' where groups such as farmers, the elderly, the disabled and migrant workers may not receive the same level of care as others.

58. To rural proof the Health Service DH use Regulatory Impact Assessment Guidance to develop its RIAs in a way that fully considers its impacts in rural areas. It has considered the impact of the National Service Frameworks, including the Mental Health National Service Framework[48], and all recent Green and White papers.

- The Rural Service Standards set out, for example, how long it should take to meet a GP and ambulance response times, and virtually all rural and urban patients are seen within these times.
- DH PSAs are being given rural markers that allow policy makers and those with responsibility for funding and delivery to ensure that services meet the targets in both urban and rural areas.
- DH has also supported the IRH work to develop a *Rural Proofing for Health: A Toolkit For Primary Care Organisations* which was sent out on October 2005 to SHAs, PCTs, GPs NHS Trusts and Ambulance Trusts.[49] The feedback from PCTs has been positive with many commenting on its value. However, at a recent meeting of the new Public Health Directors it was found that none of them were familiar with the toolkit. **DH with the IRH will need to consider their next steps to keep this toolkit up to date and consider, with the re-organisation of SHAs and PCTs, whether they need to send it out again or take other steps to raise awareness and to ask the SHAs to performance manage its application.**
- The new focus on commissioning within the health service based on needs assessment provides a new opportunity to tailor services appropriately. Success will depend upon having a good data warehouse with rural tagging that allows SHAs and at the more local/GP level to identify their rural needs.
- Commission for Social Care Inspection (CSCI) are the performance managers for the Directors of Social Services in line with the White Paper, *Our Health, Our Care, Our Say*[50]*.* The Commission for Health also audits health provision. In line with White Paper, these inspection and audit services are to be joined up. This will make it easier to address rural issues.

59 The *National Suicide Prevention Strategy for England* (2002)[51] recognises that farmers and agricultural workers are an occupational group at high risk of suicide, and the importance of promoting the mental well-being of the wider community, including those who may be vulnerable to social isolation. The latest report on its implementation shows the lowest suicide

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[48] K.Elder, *Rural Proofing the NSF for Mental Health* (2004) http://www.mind.org.uk/About+Mind/Networks/ruralMinds/RPR.htm

[49] http://www.ruralcommunities.gov.uk/data/uploads/CRC15.pdf

[50] http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay/fs/en

[51] http://www.dh.gov.uk/PublicationsAndStatistics/Publications/AnnualReports/DHAnnualReportsArticle/fs/en?CONTENT_ID=4101668&chk=ZALnoC; see also paras 19 and 42 above.

rate on record with a sustained fall in suicide rates among young adult males, but shows that the male suicide rate continues to be higher in more rural regions with a similar, though less marked, tendency among females.

- The Care Services Improvement Partnership (CSIP) now has regional Development Centres to deliver the suicide prevention strategy and they are collaborating on a population based suicide audit toolkit.
- The CSIP Development Centres also deliver locally a number of programmes including the BME strategy support and care programme, the Social Exclusion report[52] on Mental Health and SHIFT on discrimination which are being amalgamated into one work-stream on well-being. The Development Centres work with GOs and though they have not developed a distinct rural programme they intend to achieve rural proofing through performance management.
- *Making it Possible* (2005)[53] – a good practice guide to improving mental health and well-being encourages promotion and identifies the relationship between current community engagement and capacity building and mental health. This encourages participation in local opportunities, ranging from those that improve access to local space to drug programmes, and aims to assist people who work in local communities to understand mental health issues. Building on this, the Social Inclusion work of CSIP in rural areas includes service delivery through exploring local opportunities, eg, looking on the local parish notice board for community groups that meet locally and at the same time helping local community groups to understand mental health and how they can support people.
- NIMHE funded and advised on the preparation of Rural Minds' *Rural Policy Toolkit*[54]. The toolkit is to help organisations implement Mind's policy on rural issues and mental health in making mental health services more relevant to the needs of rural communities and is used by practitioners including local Mind organisations, other local organisations, individuals and LAs. It is also helpful for those looking for help and support. **NIMHE and Rural Mind will wish to consider their next steps to keep this toolkit up to date and consider whether it needs any broader dissemination.**
- Through the RSAP, DH provided £0.5m to fund local initiatives addressing the needs of rural communities to combat stress and the Section 64 grants scheme has supported a number of rural stress projects including support to RSIN to establish a network of support available for people suffering from stress in rural communities.
- Studies about home care for the elderly and the disabled and on how best to support carers have indicated a number of rural issues and are resulting in reviews of the way in which services are provided.[55] These have identified the need to adapt the support in rural areas, to depend less upon day care centres which involve travel for the elderly and

[52] *Social Exclusion & Mental Health Promotion with Black & Minority Ethnic Communities* (2004); *From Here to Equality* (2004).
[53] http://kc.nimhe.org.uk/upload/making%20it%20possible%20exec%20summary1.pdf
[54] http://www.mind.org.uk/About+Mind/Networks/ruralMinds/RMT.htm
[55] Bainbridge, I. and Ricketts, A. *Improving Older People's Services;: An overview of Performance,* Social Services Inspectorate, DH (2003); Cope, C., *Fulfilling Lives: Inspection of Social Care Services for People with Learning Disabilities,* DH (2003); Clark, C. *Independence Matters: An Overview of the performance of social care services,* Social Services Inspectorate, DH (2003).

those who are mentally and physically ill and frail. Village based care will rely more upon capacity building in the community and should provide more appropriate support for carers.
- The Carers (Equal Opportunities) Act 2004 gives carers new rights to information and local authorities new powers to enlist others in meeting carers health, housing and education needs.

60. **Well-being:** While the major new priority *Our Health, Our Care, Our Say* is about shifting care to home and *Independence, well-being and choice* sets out a parallel strategy for Social Care, the other major priority is well-being. DH will be developing a major new promotion to encourage healthier life-styles. NIMHE are also promoting well-being, to prevent Mental Health problems and reaching people through families and schools with an educational message about how to avoid stressors. Their aim is to improve people's emotional literacy. The programme *lets get physical* for those who have mental health problems to get exercise. An emerging theme is that you have to get the work-life balance right if you are going to foster community capacity and concern for others. DH are also considering how to develop a well-being indicator to link their work with LA work and their well-being power,

61. **Rural Health Forum:** This began in the late 1990s and was more formally established in 2001 when it received 3 years funding from DH and the Countryside Agency. Its purpose was to
- influence policy and practice with those planning and delivering health care services
- foster awareness of the need for a rural dimension in health care policy at the national and local level
- act as a focal point for those involved in rural health care
- foster best practice and networking.

It has organised local and national events and promoted rural health week to raise awareness. The focus was PCT orientated and on implementation and delivery, and the operational impact of policy. As of last May there is no further funding allocated for this group. There are however, proposals for a new group to be formed (possibly next year). PCTs will pay for membership by subscription and will bring in the voluntary sector.

61. **NHS Confederation Rural Chairs Support Group:** This has been going for 2 years and is a vehicle for information sharing from a rural perspective and taking a strategic over-view of policy and rural proofing. At present the group consists of PCT chairs and they are adding others such as the ambulance service and the LGA and Defra and they bring in outsiders as necessary. They meet about 3 times a year. Rural stress has come up primarily as a farming issue in this forum and they have made a presentation at an LGA rural conference, sharing the session with a RSAP WG representative. The NHS Confederation is currently reviewing their structure and is open to input from other areas. It is also setting up a Mental Health Network and will be considering how the rural links can best be made.

62. DH and the NHS Confederation are together considering the best approach to ensuring that rural networking, policy advice and best practice on implementation are shared. **Given the important role that the voluntary**

and community sectors play in supporting service delivery in rural areas, it will be particularly important to ensure that new arrangements provide appropriately for their input, as well as bringing in local authorities and the Adult Social Services to ensure successful joined up delivery at the local level, and that LAA best practice is disseminated.

Assertive outreach work in the agricultural community:
Rural Emotional Support Team (REST) - Staffordshire[56]
REST is a charity providing relief and support to people suffering from mental health problems within the agricultural community, and to their carers. The team's holistic approach ensures the values, views and needs of clients are all taken into account.

REST workers are Mental Health professionals with agricultural experience and REST works with clients aged 16 and over, in one-to-one meetings at a time and place chosen by the client, with the team aiming to respond to all referrals within 48 hours in a flexible manner to suit the client. One of REST's key aims is to remove the risk of suicide and self-harm, so removing the need for hospitalisation and avoiding business problems caused by a client's extended absence. In its approach to gain trust and respect of their clients and their families the team are often required to have a more 'hands on' approach such as helping with the 'mucking out' or 'milking.'

Referrals come mainly from the local community, friends and family, NFU, feed suppliers, GPs and the local agricultural college. They are well known locally through articles and local press coverage. The model of care developed by REST focuses heavily on patient choice and tackling the issues of social exclusion and isolation, which has been recognised in the Mental Health and Social Exclusion Report produced by the Social Exclusion Unit of the Office of the Deputy Prime Minister June 2004.

They have been successful with Lottery Funding and have received some small grants. They are looking at PCT funding but mainly, as they work within the rural community, they raise money from their community. This includes banks, feed suppliers and the Church. They are in the process of expanding with the aid of $20k from the Tudor Trust for which they also need match funding.

Wales –Rural Stress work
In NW Wales the NHS Trust provides a managed counselling service to all GP surgeries (Primary Care Counselling Service – PCCS). It is one of two such services within Wales. Over 60% of those using the service present problems of depression, anxiety and stress and have been experiencing these for over 6 months prior to assessment. It has been found that counselling provided at local GP surgeries is likely to be much more acceptable than referrals to secondary mental health services and that early intervention can also prevent problems from becoming chronic and needing additional services at a later stage with 73% of all clients who completed therapy achieving a 'reliable clinical improvement'. The service is reported to be cost effective, minimising stigma and maximising accessibility but it is under resourced. Additional Wales Assembly Government funding has helped to ensure the service reaches people living in the most remote rural areas.

Walkaways Powys was a Welsh Assembly funded pilot project provides information and counselling service for young people aged 16-19 years which ran for 2 years to March 2004.

63. **Regional Restructuring:** DH is now looking at how to improve alignment with GOs and seeking to ensure that the new arrangements for SHAs work effectively with other services**.** SHAs have the responsibility to will look at where people live, including

[56] further information **rest@ruralnet.org.uk**

- the need for assertive outreach teams to look for people who should be in contact but who aren't
- crisis resolution, home treatment teams to keep people at home
- early intervention teams and community health teams.

RDs will need to ensure that resources are directed appropriately to rural areas. There will be new SHA leads on different topics and how this will work will need consideration to ensure that rural mental health is appropriately represented and connected to the Voluntary Sector, Community Capacity Building and CSIP.

64. **The local level:** Alignment of PCTs with local authority boundaries should simplify delivery at the local level. The LAAs are potentially very helpful to rural communities as they provide the opportunity to flag up distinctive needs. At present 66 agreements are in effect and by April 2007 there should be complete coverage of England.[57] The theme Healthier Communities and Older People will be the most relevant for much work on improving public services to address stress issues but stress is potentially relevant in each of the themes.

65. By 2004 98% of local authorities were involved in an LSP and 32% had used a rural proofing checklist.[58] LSPs can provide joined up diagnosis through voluntary sector and health representation. They can also help to overcome some of the complexities of DH/LA/PCT relationships. The Local Strategic Partnership in Boston, Lincolnshire, shows how a stress charity can be embed effectively. The CAB represents migrant workers on the LSP and has become a respected assistant. By embedding themselves in other LSPs the stress charities could raise the profile of the stress agenda. However, the resource implications for the Voluntary Sector of working at the local level can be considerable and beyond the capacity of organisations without a broad distribution of local offices. **Funding from Community Capacity Building sources can help to support participation but for the rural stress charities there will be an on-going need for networking, prioritisation and collaboration**.

66. **Rural Services Partnership**[59]**:** .This is a local authority led group in England and Wales who have sparse populations and addresses a wide range of service delivery issues. This has an extensive membership, including PCTs, Police, transport (rail and bus services), ambulance services, Business Links, Connexions, Fire Services and housing. It is linked to the IRH Rural Health Forum through representative membership and to rural regional and county forums.

67. **DH funding for Third Sector:** Though 2006/7 funds have already been allocated the increasing focus on well-being may help to make section 64 funding[60] an appropriate channel for mental health awareness-raising, anti-

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[57] http://www.communities.gov.uk/pub/14/LocalAreaAgreementsGuidanceforRoundThreeandRefreshofRoundsOneandTwo_id1165014.pdf

[58] http://www.lga.gov.uk/Documents/Publication/thinkruralsummary.pdf

[59] http://www.ruralservicespartnership.org.uk/listofmembers.htm

[60] http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/Section64Grants/fs/en

stigma projects and advisory campaigns as well as for schemes – like help-lines linked to local health hubs and health bus projects that help to bring services into remote communities and complement the work of CSIP assertive outreach teams. The scheme is open to projects for providing a service similar to those provided by the NHS or local authority social services, or promoting or publicising or providing health and social care services. It is not open to purely local projects that can be funded through local authority and PCT grants, unless a local project has potential national significance. Nor is it really intended to provide core funding, though the guidance refers to considering an element of core funding as part of some innovative work. Instead, DH is looking for innovative proposals of a national significance to complement statutory services and help promote and secure high quality health and social care.

Rural Minds[61]

Rural Minds was established in 2003 and aims to promote better mental health for country people, developing innovative support and care networks, provide information and training for volunteers and professionals, working in rural communities and influence purchasing decisions to provide accessible rural mental health services. It provides network support for 208 centres and its work includes

- running the National Resource Centre for Rural Mental Health
- organising a programme of conferences, meetings and training events
- *Connecting Minds* a new project using teleconferencing to provide support to people in rural area, using S64 funds. They have published good practice guidance on how to work in groups.
- development work in Northumberland and the Forest of Dean
- producing the Rural Minds Digest, our monthly newsletter
- developing the Rural Minds network of stakeholder organisations and individuals
- maintaining a database of rural mental health projects national campaigning for better rural mental health services
- partnership working with other rural and mental health agencies.

68 **Project Funding:** The reports on the spending of the RSAP funds provide a wealth of information about the range and nature of activities undertaken in rural areas by voluntary groups often with the additional support of local authorities.

RSAP Project Funding examples

- a Rural Coffee Caravan in Suffolk providing a meeting point, with toys, cakes and a confidential discussion area
- Rural Recovery Outreach – a police bus where a volunteer group offered counselling
- self-help support groups
- activities for carers
- rural youth outreach
- awareness raising of domestic abuse support available in rural areas
- Dean Valley Community Café offering training in food hygiene and first aid
- GPs stress support clinics
- a community arts project for young people
- befriending and mentoring.

69 **Community Capacity Building:** Defra reviewed the options for supporting communities in 2003. [62] This review recognised the geographical

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[61] http://www.mind.org.uk/About+Mind/Networks/ruralMinds/

factors that influence rural capacity and service delivery, including the higher level of reliance on the voluntary sector to make many services viable. It also identified the need for networking and support to ensure that the methods of delivery in rural areas are appropriate. The Rural Social and Community Programme introduced in 2005 takes funding through to 2007/8 and includes the allocation of £3.5m to Rural Community Councils (which now cover the whole of England) for 3 years through an agreement with ACRE. Defra also began the process of aligning funding with LAAs.[63] A survey by the IHPC completed in March 2006 shows where Defra money for the Third Sector has been going in recent years.[64]

70 In addition there are a range of other schemes under the broad banners of community cohesion and civil renewal. The Future Builders Fund in 2002 brought in the theme of health and social care and the Small Grants Action Plan and Connecting Communities have since been available. [65] *Together We Can* has a strand on improving Health and Well-being and has been supporting the provision of health checks in areas of disadvantage.[66] The Home Office also launched a scheme for improving the capacity of organisations to support groups who missed out on the *ChangeUP* programme, called *Improving Reach*, this is available to those operating in isolated rural areas and this has £5m available for 2007/8. It is, however, too soon to get a sense of the future policy direction for this work following the reorganisation in summer 2006 and the creation of DCLG.

71 **European Structural Funds:** support the economic and social conversion of areas facing structural difficulties (Object 2 - EDRF) and the development of skills for firms, workers and people facing exclusion (Object 3 – ESF). In addition the LEADER+, European Community Initiative assists rural communities in 25 areas of England where local action groups set out their needs and support the development of small scale innovative projects.

72 The Defra web-site provides a useful overview of funding, including links to the RDAs that now have responsibility for supporting access to services in rural areas.[67] RDA interest is variable. For example, there is nothing on rural stress on the NorthWestRDA website and information on rural community funding has not been updated since 2002, whereas SouthwestRDA, EEDA and SEEDA web-sites are easy to navigate to find routes for funding. Similarly, some rural stress organisations have reported positive experiences of working with RDAs to find funding. Others have encountered more difficulties. In some cases this can be because the relationships between rural isolation, and rural stress have not been fully appreciated or the relationships between changes in the agricultural sector of the economy and the knock on effects for stress to individuals in the wider

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[62] http://www.defra.gov.uk/rural/pdfs/rafe/meeting7/7_7capacity_building.pdf#search=%22community%20capacity%20building%22
[63] http://www.defra.gov.uk/rural/communities/funding-opportunities.htm
[64] http://www.defra.gov.uk/rural/pdfs/social-enterprise/funding-third-sector.pdf
[65] http://www.capacitybuilders.org.uk/fund/newfund/default.asp
[66] http://www.communities.gov.uk/index.asp?id=1502431
[67] http://www.defra.gov.uk/rural/communities/halls/funding-sources/local-regional.htm

rural sector (whether suppliers, contractors, migrant workers or family members) have not been considered. There has also been some RDA uncertainty in RDAs about whether to treat rural stress applications as social or economic. **Guidance to the RDAs needs to be clarified to ensure that there is specific reference to relevant aspects of the rural stress agenda.**

Holsmart Centre, Holsworthy, Devon
Rural Stress South West (RSSW) was established in May 2006 and helped to reduce the effects of RSIN withdrawing its field staff in April 2006. It is based at Holsworthy Livestock Market to support both farm and rural people, families and businesses and its offices are part of the Holsmart Centre which also offers I.T. support. This means that people can enter the centre without feeling conspicuous. The Chairman is Peter Reynolds of EBLEX and RSSW has advisors from the NFU, Samaritans, Auctioneers, and Local Government.

The RDA provided funding for set up costs and some LEADER + funding to furnish and equip the centre. Educational projects have been supported by Countryside Agency. Long term funding is being sought from others including the Lottery and Lloyds TSB Foundation.

In the first 5 months of the team has supported 167 stress cases. 73-4% of clients are non-farming rural and 21% are farmers. The RSSW works in co-operation with other support organisations and charities to ensure clients receive the best service.

73. In view of the major changes in the way in which funding for the Third Sector has been administered and focussed since 2000, in November 2005 the RSAP WG organised a Defra/RSIN Conference *Changes in Government Rural and Health Policy* to explore the way funding was being delegated to RDAs, to support a better diagnosis of local need and provide more informed decisions on project funding. It also explored the three major funding themes:

- Agriculture and food industry development
- Sustainable rural communities
- Natural resource protection.

74 A central aim of regional delegation and linkage to LAAs is to ensure that funding follows locally determined priorities. Defra has an interest in ensuring there is

- rural stress networking, help-line and case-work support is available where it is needed
- that local schemes like rural health buses, cafes and drop-in centres are provided in the most remote rural areas
- other specific sectoral help, for example, for agricultural migrant worker outreach, in areas where such groups are to be found.

Regional delegation can help Defra meet these objectives. However, Defra cannot know how much regional and local funding is contributing towards tackling rural stress. In addition, Defra recognises that smaller national stress charities that provide local services do not always have a regional tier of administration or the capacity to work at that level. **There is therefore a need to ensure that the rural stress agenda is effectively embedded in the business of Regional Rural Forums. Rural stress charities also need to consider how they can most effectively co-operate to complement and support one another to work regionally.**

Rural Help-lines
RSIN's 25 rural support groups took just under 1500 calls in a three year period, 2001-3, mainly triggered by money, health and relationship problems. The number of calls was at a peak during the FMD outbreak but steadied afterwards. About two thirds of callers were aged over 50.[68]

75 **Work and employment:** DWP has introduced a wide range of New Deal programmes to support the unemployed including young people, partners, lone parents, the 50+ group and disabled people to help them back into employment. These schemes are available in both urban and rural areas. New Dealers have a personal advisor who begins by agreeing an appropriate action plan with them. Advisers work in clusters, some of which are mainly in a rural area and are therefore familiar with local barriers to employment. Assistance can be provided with transport and some flexibility introduced to allow for childcare and public transport timetables. In some cases work placement may even need to be created by service providers. Although, in 2000 research indicated that the shortage of jobs in rural areas remained a significant obstacle, and that more needed to be done to help those with health problems to work and that lack of transport remained a significant obstacle, the most recent DWP statistics for show that overall New Deals for young people, 25+ and young parents have succeeded in placing 60% in jobs and 63% in rural areas.

- *Pathways to Work* and *Jobcentre Plus* have been introduced both of which are beginning to demonstrate successful outcomes (though again without any specific information about rural areas).
- A Deprived Area Fund is being introduced allowing district managers to invest flexibly to provide outreach programmes for the hard to reach, for example, to take out a bus into a sparse rural population.
- *Choice for Parents* extends entitlement to nursery education and there is a new duty on local authorities to meet local needs including those in rural areas, though evidence suggests local authorities may be finding it difficult to comply.[69]
- The telephone based Pension Service includes a face-to-face Local Service with 990 Information Point Locations of which about 50% are in rural areas. Local Service has a mobile library link on routes that have been identified as potentially providing access to harder to reach older people in rural areas and is working with voluntary organisations to set up Alternative Offices in more than 100 rural areas.

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[68] G. Saunders and M. Lobley, *Triggers for Contacts to Rural Support Sector in England and Wales* (University of Exeter, 2004).
[69] *Access Opportunity,* CRC (2006), 36-47; Breeze, J. Fothergill, S. and Macmillan, B., *Matching the New Deal to Rural Needs,* Countryside Agency (2000); *Childcare for Working Parents,* Work and Pensions Committee (2003).

76 As with the health service delivery has been reorganised recently, reducing the number of districts from 88 to 44 and bringing boundaries into alignment with LA boundaries. The LinkAge Plus Pilots includes programmes in Devon and Gloucestershire to improve the delivery of information and services in rural areas joining up local government, DWP and DH services.

77 *The Health, Work and Well-being Strategy*[70] aims to help people at work. It recognises that, of the 28m days pa lost through work related ill-health, 40% is work-stress related and that 40% of those receiving incapacity benefits have stress problems. It's work programme aims to join up the work of DH/PH to improve access to psychological therapies with the work of HSE to roll out Stress management standards.[71] HMT are working with DWP to review the issue of mental health and employment as part of CSR07. (Annex C provides further information on DWP programmes for assist those over 50 years, including pensioners.)

78 **Corporate Social Responsibility:** This aims to encourage businesses to take account of their economic social and environmental impacts. This includes ensuring businesses have decent minimum levels of performance in areas such as H&S and encouraging business practices that go beyond regulatory requirements and continuously improve. For example, the Work Life Balance campaign encourages employers to adopt best practice to promote a culture of trust and innovative work organisation.[72] The Health, Work and Well-being Executive aims to engage DTI through this agenda and seek the support of the RDAs for tackling stress has the potential to bring more people into the labour pool and reduce work days lost but this programme is still in its early stages. Business in the Community, which promotes responsible business practices, shows how businesses can support enterprise in rural communities through sharing time and skill and pro bono professional support, contributing to the revival of market towns and local sourcing.[73]

79 **Farming Sector:** The HSE *Farmers, Farm Workers and Work Related Stress* report recommended that government departments should

- Simplify, co-ordinate and improve the quality of information systems and supporting help-lines
- Provide robust information about pending changes
- Enhance its education role with public information campaigns
- Promote careers advice for the next generation of farmers
- Offer retirement advice

80 Defra introduced the Whole Farm Programme to simplify, co-ordinate and improve communication with farmers and the information systems they rely upon. The ten year vision, *Partners for Success; A Farm Regulation and Charging Strategy*[74] aims to reduce red-tape and save farmers time and

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[70] http://www.dwp.gov.uk/publications/dwp/2005/health_and_wellbeing.pdf#search=%22health%20and%20wellbeing%20strategy%22
[71] para 98
[72] http://www.csr.gov.uk/pdf/dti_csr_final.pdf#search=%22corporate%20social%20responsibility%22
[73] http://www.bitc.org.uk/programmes/programme_directory/rural_action/index.html
[74] http://www.defra.gov.uk/farm/policy/regulation/charge/success-criteria.htm

money, making sure farmers are clear about their obligations, inspections targeted according to risk and better advice on how to comply.

- Defra are working towards a 5% reduction in regulation. They are also working with the RPA, FSA, EA, LAs and HSE to improve the content of inspections and the ways inspection works, agree core principles.
- *Farming Link* is a new and modern web-magazine[75] with a help-line that is being piloted to improve communications and help farmers stay up to date with clear, short articles giving the latest news from government and advising farmers on how to follow a business support system.
- The Whole Farm Approach is an electronic portal for farmers aimed to make regulation less daunting by putting the farmer at ease, helping him to find out what he needs to do and how close he is to compliance so that he can infer what an inspector will be looking for. The portal provides electronic appraisal with self-assessment questionnaires on what they are doing, what they know. It advises them on risks and enforcement of regulations and helps them to understand what is requires of them, for example, on Waste the appraisal is for the farmer but also goes to the Environment Agency. This has a module on the Soil Action Plan which farmers say is clearer, easier to understand and follow than the paper work The portal went live in March and has 4000 people using it so far. It has been well-received and people like the self-assessment approach. Defra are expecting a good take-up as the latest statistics show that 75-80% of farmers have computers, but that so far only 12% use them for their work. Defra are working with the NFU and agronomists to ensure that a consistent message encourages take up and expect the portal to improve steadily with experience and additional topics and facilities. Its design is entering a new phase and will introduce modules on animal health, making it of interest to the wider farming community, including vets. HSE have been involved from the beginning and the portal includes safety issues.

81 **Defra could also provide a stress self-assessment module for the farming sector on the Whole Farm Approach and Defra web-sites with links to FCN, ARC and HSE, and to farming chat-lines.** So long as the self-assessment was for the individual's personal use and signposted them to available support it could be attractive to farmers and fairly simple to devise with the advice of the HSE, Mind and the IRH. It could also help to enhance the portal by adding an occupational health dimension and while it would require some resource the cost would be quite low. By making the self-assessment available through the Defra web-site it would also be available outside the portal registration process. **The stress issues for vets could additionally be taken into account through further discussion with the HSE and the veterinary professional bodies.**

82 A recent information campaign, *Changing Times – options for the future,* encouraged farmers to look ahead and plan their response to forthcoming CAP changes.[76] Due to their ties to the land farmers can encounter difficulties in planning for retirement or when deciding to leave the

[75] http://intranet.defra.gsi.gov.uk/cwf/
[76] http://www.defra.gov.uk/farm/working/new-entrants/freshstart/pdf/pb10161.pdf

industry earlier. Some of these are being addressed by projects that are developing on a regional basis, like *Fresh Start* in Cornwall and Sussex and *Growing Routes* in Yorkshire[77] and offer training for new-comers to farming, provide retirement planning guidance and match-make between retiring farmers and trainees. Similar initiatives are starting in other regions and ARC, FCN and RSIN are working with the RDAs to help to develop strategies for farmers seeking to leave the industry or retire.

83 **Defra could support these initiatives by providing guidance and advice on long-term planning and planning for retirement for the farming sector on the Whole Farm Approach and Defra web-sites with links to *Fresh Start* and other similar initiatives, plus the Skills Council and others offering training and workshops.** Again the resource cost would be low and there would be little difficulty in including a module for long term planning, exit strategies, pension planning with links to ARC-Addington and others who have practical assistance to offer, drawing upon the experience of the RDAs, voluntary sector and others.

84 CAP reform and the implementation of the Sustainable Farming and Food Strategy means that farmers need to adapt and make changes in culture and attitude that can be challenging. Even talking about these changes can be difficult for some people, particularly if they are unsure about how to approach adaptation. This needs to addressed openly through stimulating discussion as an integral part of embedding corporate social responsibility, the well-being and rural stress agendas within SFFS implementation in the food and farming sector. This means mainstreaming occupational health training, personal development, stress management and work-life balance training within the farming profession as part of professional development and good management through developing training modules for new comers and as part of on-going training for career development. Within the wider culture of the food and farming sector career, long-term and retirement planning in its widest sense can be raised through discussions in local meetings and at workshops. **Defra should consider, in discussion with the NFU and the bodies providing professional development, ways embedding self-development, occupational health, stress management, work-life balance and long-term planning within the training and culture of the sector.**

85 There have been a number of out-reach initiatives, including more local initiatives to bring health and mental health checks to farmers in more remote areas, for example, the Cumbria Health Initiative took a mobile unit into farming communities and gave people health checks. However, it was observed that, even then farmers were reluctant to attend to their health because of a presumption that farmers don't get sick. This results in a reliance on farmers' wives to report problems.

[77] http://www.growingroutes.co.uk/

Farming Help began in 2000 as a partnership between the RSIN, RABI, FCN and Samaritans and, more recently, the ARC-Addington Fund. The website offers a portal to a range of practical and information services.[78] There is also a leaflet and stands have been provided at a number of agricultural shows.
The FCN[79] works on the problems that beset farmers and their families. They handle around 250 on-going cases a month and receive 4-500 new cases a year plus many calls for information. They estimate that they are supporting 6 -700 people a month. Most people contact them initially over financial, housing or bereavement issues. They acknowledge that not everyone can be helped to remain a full-time farmer but those who have to leave can be helped to emerge from the transition with a full potential for family life, social interaction and economic activity.

86 As the changes within the food and farming sector continue as SFFS is implemented there will continue to be a need for specialised support, especially for farming families and small land-based businesses struggling with adaptation. The key to a successful support service is to have a national structure with a flexible regional capability. The FCN was originally supported financially directly from Brussels through CAP but subsequent reorganisation of funding has devolved this mechanism to the ERDP. However, the ERDP cannot provide the necessary assurance of core funding for long-term planning and financial arrangements for a nation-wide service in accordance with the Voluntary Sector Compact.[80] In addition, RDA advice on the eligibility support from ERDP funds has varied between regions and only retrospective payments have been available. The RSAP has provided additional assistance in recent years and supported the collaborative working of the FCN and RSIN with others, to provide a more rounded crisis support for rural areas but this does not give the assurance necessary to maintain consistency in service levels and the capacity to mobilise for crises.

87 The National Audit Office has produced a report advising departments considering agreements with the Third Sector. These can be made when the public sector is satisfied there is a service that is needed, and is clear who needs the service and what the scope of that service is (what public goods it wants to buy).[81] **Defra should review the need for case-work support for small rural businesses especially in land-management. This review should consider**

- **whether to include help with business diversification or retirement decisions, assistance with re-housing, referrals to other charities and to professional bodies, providing emotional and mental health support, crisis assistance, help with paper-work and help-line assistance**
- **the duration of the programme**
- **who would be best placed to deliver these services.**
- **the scope of any negotiations, to include, for example, quality assurance, reporting and accountability mechanisms.**

The Third Sector team in RPD can offer advice on best practice for establishing this relationship.

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[78] http://www.farminghelp.org.uk/
[79] http://farmcrisisnetwork.org.uk
[80] http://www.thecompact.org.uk/C2B/document_tree/ViewACategory.asp?CategoryID=89
[81] http://www.nao.org.uk/guidance/better_funding/intro.htm

88 **Rural Development Service:** This aims to make sustainable development happen in rural areas and provides integrated rural economic and environmental services. It also delivers a range of statutory services such as policy advice on land and wildlife management. RDS is locally based providing a face-to-face service to customers working from 8 regional offices and has a Service Level Aagreement with Defra to provide a referral service for people experiencing stress or needing other support. From October it became part of Natural England(NE). The focus of NE will be upon environmental issues working in co-operation with the RDAs who will have social and economic responsibilities. The rural stress referral service will continue to operate.

89 **Business Support:** In 2004 Defra put £2m into helping improve accessibility of business advice to rural businesses and join up services. This included tax, skills and training schemes. The Rural Gateway was started at the end of 2005, as a Business Links service with a 'farming face'. Many rural businesses thought it wasn't for them but it has been linked to rural colleges and has been a success in some areas. The implementation of Business Links services is led by EEDA through a group that meets frequently and considers the practical implications of options. It intends to continue to develop the services they have begun under the Rural Gateway when ring fenced funding for the Farm Business Advisory Service (FBAS) stops in March and Business Links takes on further responsibilities. They want to make it clear that the service is Business Links and encourage take up of the wider opportunities available through them.

Rural Gateway in the South West
This supports groups of rural businesses farmers, farmers markets, tourism providers, and producers, for example, of meat.

They promote to encourage groups to come together and get people to join in. Sometimes they encourage existing groups to join in. The main method of promotion is through case studies that demonstrate success and aim to show that it isn't too difficult. Word of mouth and intermediaries are the most effective means of reaching people. Each group identifies its own interests and develops its own action plan. It has a nominated leader and that person is the key to the success of the group. They now have 229 groups across the SW and this is growing. It represents 1739 rural businesses. (There are 41,000 farm holdings in the SW though there may be fewer farms.)

To support their work with the most 'hard to reach' farmers they have a part-time project officer who lives in the National Park on Exmoor and is known locally. He has an assertive outreach approach that has been quite successful. To pursue this method they will need more dedicated resources.

90 Discussion with the NFU, Levy Boards and Rural Gateways confirmed there is a particular issue with working with some smaller farm family businesses, due to their reluctance to work together collaboratively with other farmers and parts of the food chain, to share data and to recognise the need to 'raise their business game'. Working together was seen as providing many business benefits for the farmers as well as making delivery of business services more cost effective. Farmers, like others, need the opportunity to work together in groups to problem solve and share experiences, learn in workshops and have the opportunity to pursue the issues raised as part of more formal professional development, but for some farmers this approach

can be perceived as failing to meet their individual and family based concerns. There is however growing experience of how to access the harder to reach rural businesses and to tailor business skills training to their needs through seminars and training. EEDA have a project called *2010* but this isn't for the smallest businesses and in the SW there is assertive outreach (see box above). **All the options for improving outreach to these farmers will need to be explored if they are to be reached and business practices improved. The additional and self-evident benefits for the mental and occupational health of farmers from working together collaboratively should be actively promoted as an integral part of messages to farmers about modernisation, adaptation and sustainability.**

91 The CRC report *Under the Radar* recommended that support for home based businesses should be improved by

- providing specifically targeted assistance from the Small Business Service and the RDAs
- improving the signposting of advice on access to grants, training, funding and specialist advice so that it can be identified by home-based workers
- consider ways of reducing regulations that operate to the detriment of home-based working
- developing 'hub' facilities for small businesses in rural areas, with services, with local authorities providing space to learn and opportunities to combine their spending power though the use of their well-being powers
- recognising the opportunities that home-based businesses provide for delivering PSA targets aimed at increasing employment for lone parents, the disabled and people over 50 years
- tailoring business skills training for small and home-based businesses
- encouraging small networking in rural areas to give solitary workers self confidence, offer them mentoring, meetings and opportunities to meet with others, share training events and develop the critical mass needed to obtain services like child care.

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CRC examples of effective support for small businesses in rural areas.
The **MicroBiz Fair** which attracts 40 exhibitors annually and is organised by Horsham District Council following research into local business needs

PRIME which works to release the untapped potential of people in their 50s and 60s.

Train 2000 in Liverpool that offers training, including a course to help women consider the impact of running a business on their family life and provides tools to help them negotiate difficult issues

The Rural Women's Network which was set up because of the need to make the Cumbria economy less dependent on livestock farming and helps women, including farmers' wives needing to diversify. It supports 276 rural women's businesses, meets at 8 locations in Cumbria and provides information to 2,500 women,

training in personal development and business skills to over 300 women,
training bursaries for over 400 women,
has supported business start-ups
created over 100 jobs.

92 Meeting the needs of rural home-based workers, especially those facing isolation requires local co-ordination. RDA funds can support rural community initiatives. LA Trading Standards Officers in some areas are actively engaged in making regulation accessible and comprehensible to small businesses and the self-employed. The provision of home-based worker hubs would be for the consideration of LAs who may need to do some research to establish demand and make a business case. However, there is potential for running these on a cost recovery, or even profit-making basis.

93 **Occupational Health:** The relationships between stress and health are now well understood. Business Links offers stress guidance on its web-site. Unfortunately, many of the first pages are addressed to the managers of employees and this could be off-putting to small rural businesses whose owner or manager would need to begin with tackling their own stress. **This is a presentation issue that could easily be addressed to make the site more user-friendly for small rural businesses.**

94 **Business Links should also consider offering training and advice around work-life balance, stress management, long-term business planning and retirement strategies for rural businesses. This would add to the attractiveness and range of services available while contributing to the sustainability of businesses.**

Health Connect
A two year trial is available in 6 areas provides advice via a helpline and web-link. This can then lead to a referral, for example, to MIND, Rethink or the Samaritans, the provision of a stress leaflet that or a free workplace visit with an allowance of half a day per year and includes practical help on Health and Safety.
One Day Stress Workshops are available for 5-250 employees, volunteers or contract workers. The need for 5 or more workers to collaborate makes it less useful for many workers in rural areas.

95 The HSE *Farmers, Farm Workers and Work Related Stress* report included recommendations for the HSE to

- Improve their image and role with farming communities so that people realise they can get free advice
- Enhance their educative role, life long, business focussed stress management training
- Develop the guidance role and make HSE info more accessible by building its advisory services

Recommendations concerned making the interactions with farmers more educative and less confrontational.[82] HSE have responded by introducing electronic self-assessment on the agriculture pages of their web-site which allows farmers to find out how well they are meeting legal requirements on a range of farm accident issues.[83] The tool, which is also available as a CDRom has won a Better Regulation Award and enables farmers to order leaflets directly from the HSE web-site. This tool was also intended to address the recommendation that HSE guidance should be simplified.

[82] pages 86-7
[83] http://www.hse.gov.uk/agriculture/programme.htm

96 **Health and Safety Awareness Days (SHADs):** These are regional one-day events held at agricultural colleges and similar venues. HSE invite local farmers to watch a series of practical demonstrations on H&S issues presented by professional instructors accredited by LANTRA Awards. Scenarios are chosen that are relevant to the locality. Up to 500 people a day attend. The turn out is good because it allows farmers to get free advice in an informal and unthreatening way and know they are less likely to get a visit from the HSE. There is free coffee and lunch and it is an opportunity to meet others. 16 or so are run every year. The exit polls show that farmers find them useful. In order to be less confrontational, HSE now send Safety Advisory Officers (HSAOs) rather than inspectors to farms when people do not attend the SHAD.

97 **Professional qualifications:** The HSE has been working closely with awarding bodies to develop nationally recognised vocational qualifications for health and safety in agriculture. These new qualifications cover the causes of accidents and diseases, the identification of common hazards and suitable control measures and the concept of risk assessment and relevant legislation. NFU, TGWU and other stakeholders agreed what the learning outcomes should be for each of the award levels available. The HSE research recommended that incentives should be attached to training. Work is in progress to encourage insurers to recognise these qualifications and reduce premiums where people qualify.

98 **Stress Management:** HSE has now developed its stress management standards but these are aimed at larger employers. They are less useful for smaller organisations and agriculture. **Next steps for the HSE would include**

- **providing a link on the agriculture pages of the HSE web-site to the rural stress organisations and to the most relevant guidance on stress management on related sites.**
- **agreement with LANTRA on ways of bringing more of a 'health' focus into SHADs, to cover respiratory illnesses, zoonoses and mental health**
- **considering giving some of the stress organisations visible space at SHADs.**
- **exploring ways of tackling mental health, work life balance and retirement planning in vocational training.**

Conclusions

99 The RSAP has resulted in a number of significant achievements particularly through raising awareness, preparing practical toolkits and stimulating research. Within the Health sector, the IRH has promoted networking, especially through the Rural Health Forum and Rural Health weeks and MIND has supported an improved focus on rural mental health issues. In addition, the RSAP WG has improved networking and co-operation between Voluntary and Community Groups. The Samaritans have provided training and support for volunteers and team-workers providing help-lines. HSE research has drawn attention to the need for an understanding of rural stress in the work environment. NHS Direct now provides a very accessible 24 hour service that is especially relevant in remote areas and CSIP and

SHIFT programmes to address attitudes to mental health and issues of stigma have the potential to bring about needed cultural and attitude changes. Wider work on well-being, corporate social responsibility, work-life balance and healthy worker programmes also have potential to change attitudes and make a real difference to lifestyle choices and mental health.

100 In parallel there have been major changes in the public sector landscape in recent years and many support the rural stress agenda. Rural proofing is becoming mainstreamed. Changes in the health sector to tag PSA targets and ensure that improvements in services are delivered effectively in all areas, plus the increasing coverage of LAAs aiming to ensure that local services are fit for purpose have potential to address many of the factors that can increase rural stress and delay interventions. The next step will be to ensure that progress is maintained and embedded in funding and target setting, data collection and commissioning processes following health and employment service reorganisation.

101 There will be a continuing need for local initiatives to bring services and care to people in rural areas and in many areas this may mean increasing support for particular groups including the elderly (especially aged 80+), carers and migrant workers. The voluntary and community sector remains a key part of service delivery and support in rural areas. Many of the services provided are of a complementary nature. For example, the RDS[84] may refer a farmer to any one of a range of services depending on the individual case. In the West Midlands REST[85] may support a farming family where there is mental health problem but refer them to RABI where financial assistance, or a long-term retirement solution is needed, or to the FCN where other practical farming help is required for example, with paper work, meetings with the bank manager or farming environmental or ethical concerns, while in the south west RSSW[86] works in co-operation with other support organisations and charities including the Samaritans, CAB, and RABI, to ensure clients receive the best service. In addition, members collaborate to ensure that the quality of their own services stays high. The Samaritans offer training and emotional support for help-line staff and all concerned share information and experience. This means that the groups involved will need to continue to network, cross refer cases, co-operate, share information and support one another with training and quality assurance.

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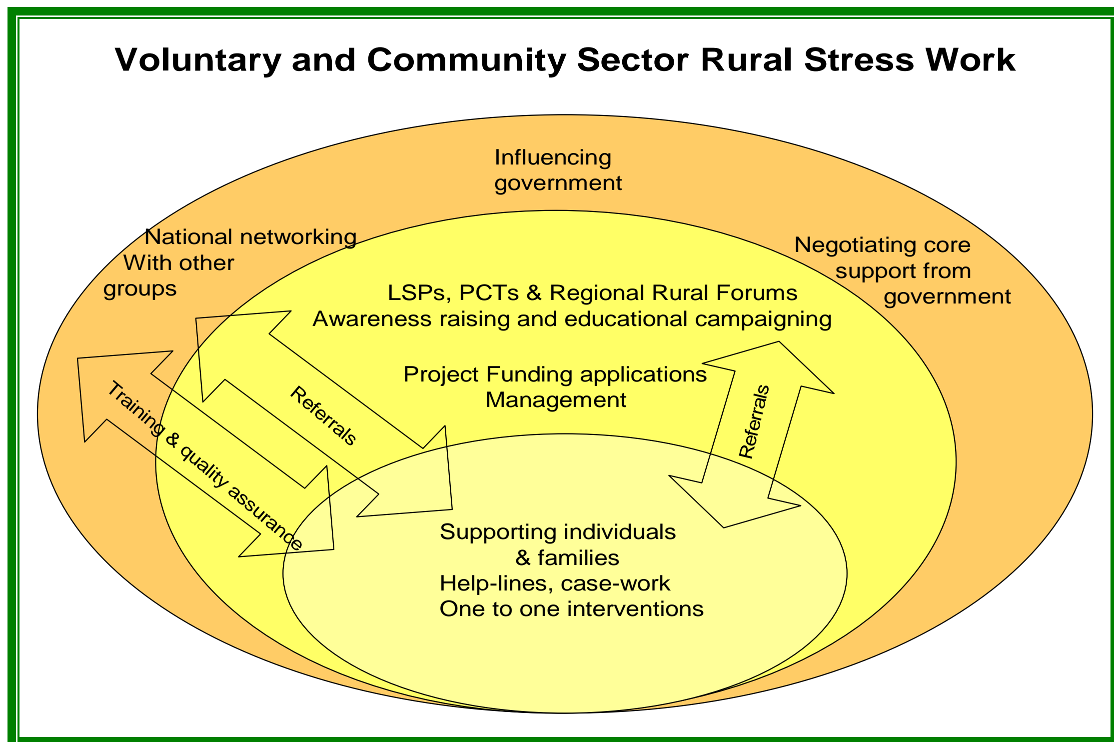
[84] para 84
[85] para 62
[86] para 72



102 Increasing delegation of responsibility for rural delivery and grant aid to regional and local levels underlines the need for co-operation and for identifying ways they can complement one another to raise the agenda effectively at these levels through Regional Rural Forums and in LSPs. Funding from LAs, PCTs and RDAs is the most appropriate way to support project work and programmes for local delivery since these mechanisms allow for identifying local need and tailoring services appropriately. There is however, a need for greater clarity in relation to the use of RDA structural funding and LEADER+ to ensure that projects, help-centres and call lines that address rural stress are considered appropriately.

103 Within the employment sector corporate social responsibility programmes support an enlightened approach to well-being and to the promotion of sustainable life-styles that include work-life balance, stress management and retirement planning. However, this approach is not yet fully embedded and health messages have not reached all sectors. Moreover, rural stress services, training and support for small businesses, the self employed and home-based workers, including those in the agricultural sector are variable. Rural areas include many of the hardest to reach and isolated workers, yet the services developed through Business Links, HSE and Health Connect, while usefully encouraging local collaboration among small businesses, the self-employed and the farming and food sectors, can fail to meet the needs of the most vulnerable. This is reflected in the suicide statistics for farmers, farm workers and vets which have not fallen as much as they might given the overall national reduction in the suicide rate and the fall in the numbers working in the sector.

104 Some changes, for example, in the presentation of stress and occupational health guidance on web-sites can be relatively simply addressed. Other changes, to encourage co-operative working among

farmers and other rural businesses may need additional resources for assertive outreach to the hardest to reach groups to be fully effective. There is also a need for awareness raising, cultural change and, for those in difficulties, on-going support. HSE and others offering training will need to consider how to embed work-life balance, stress management and long term planning and retirement planning into their programmes for small businesses, the self-employed, farmers and home-based workers. The creation of NE and the focus of responsibilities in the RDAs and the Rural Gateway/ Business Links provide new opportunities for these organisations to consider how they address issues particularly with the hardest to reach and how to work effectively with the Voluntary Sector bodies that provide support for individuals and families in crisis.

105 The changes in the agricultural sector are on-going and many of the farmers, especially on the smallest farms continue to face difficult decisions about whether and how to adapt or find ways to hand over responsibility for their land and animals to others. The effects of change are experienced throughout the sector and within the families of those who are struggling. Defra needs to consider how best to mainstream its support for voluntary sector bodies with the experience and training to assist in these cases while maintaining an effective link between policy and delivery.

Future of the Rural Stress Action Plan and Working Group

106 In the months before this review began the RSAP WG considered four options for the future,

- regional mechanisms for funding
- seeking additional support from DH for work on rural stress
- continuing the plan in almost its current form
- closing the plan.

No consensus was reached upon these options.

107 My meetings with members of the group revealed there was a general appetite for change. A number of group members commented on the extent to which the body of research into rural stress and disadvantage and our understanding of the dynamics of farming change and its impacts have grown in recent years. There was a willingness to explore options that would tailor the group's activities more closely to a current analysis of the problems and some identified a need to complete or continue work the group have started, including maintaining the networking and collaborative work they have begun, rolling out rural stress guidance more effectively and 'making a real input to policy making'. These interests suggested the consideration of additional options through reorganisation to create

- a more independent group, focussed on policy advice, or
- an independent group concerned primarily with the practicalities of collaboration and information sharing that could additionally advise government on policy as issues arose.

All six options are considered in the paragraphs that follow.

108 **Option 1** *Regional Mechanisms for Funding*

This option acknowledged that Defra already works through GOs and sub-regional voluntary and community consortia on programmes building

community sector capacity. Work on rural stress could be channelled through these mechanisms. There would be opportunities to join local partnerships to raise stress as a priority and to bid for project funding. Devolving to the regions would be entirely consistent with Defra's Rural Strategy and the Review of Funding Streams which aimed to reduce the number of separate programmes and bring delivery closer to local people.

109 Defra currently provides £2m pa to each RDA to support rural transport and accessibility. In addition, LA, PCT, Lottery, RDAs and DH section 64 funds are available for a wide range of rural programmes and projects, including those aimed at tackling rural stress. The rural stress charities are already bidding for funding through these routes and reporting variable outcomes, suggesting a need to clarify guidance.[87] There would be little merit in additionally bidding for a new a single pot exclusively for rural stress projects in the next spending round for distribution through GOs as this would be disproportionately costly to manage and it would be impossible to assess how much it added value to the funding already available regionally and locally to contribute towards tackling rural stress.

Recommendation 1: There should be no bid for funding for the RSAP beyond 2008. However, guidance to RDAs should be clarified to ensure that there is specific reference to relevant aspects of the rural stress agenda. (paragraph 72)

110 Project and programme funding from regional and local sources do not however, give the long-term funding assurance necessary to maintain consistency in service to meet the need for specialised support, especially for farming families and small land-based businesses struggling with adaptation and change through the implementation of SFFS, nor do they provide the core capacity to mobilise for crises. Without any other mechanism Defra also could not know whether, for example, there is a sufficiently comprehensive service of support to back its SLA with the RDS.

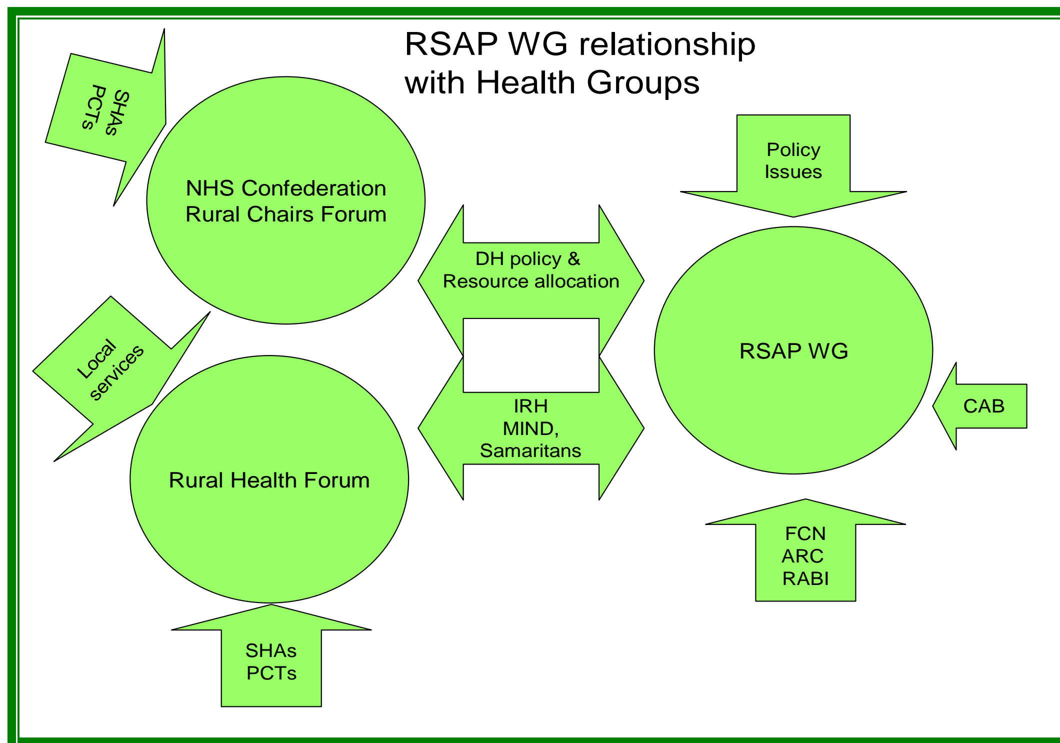
Recommendation 2: Defra should review the need for case-work crisis support for farming families and small businesses in rural land-management with a view to introducing a Third Sector programme to provide help for the duration of the implementation of SFFS. (paragraphs 86-88)

111. Voluntary Sector representatives on the group also voiced concerns about the implications for them of devolution relating to their capacity to function effectively especially at the regional level. These are addressed in Option 6 below.[88]

112 **Option 2** *Seek additional support from DH for work on Rural Stress*
This option recognised that DH has contributed RSAP funding in the past and continues to support IRH guidance to the health service but that the relationship between the RSAP WG and DH was becoming unclear.

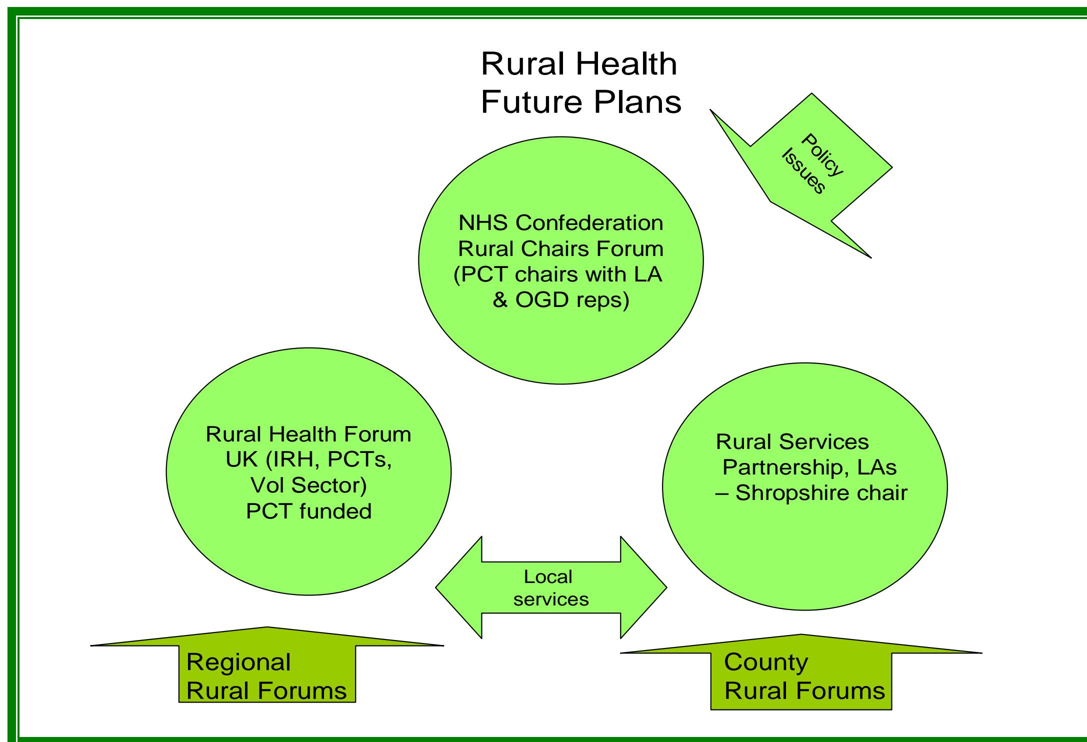
[87] paras 65 and 74
[88] Paras 63, 65, 72, 74

113. Neither DH/PH nor Adult Social Services are represented on the RSAP WG. NIMHE is represented on the group though, due to changes in the focus of the RSAP WG and changes in NIMHE/CSIP organisation, the representative has found it increasingly difficult to make a meaningful contribution. Most DH funding and policy work has been devolved in addition to responsibility for service delivery. This has not yet been fully reflected the relationship between the RSAP WG and groups within the health sector addressing rural issues.



114 Following SHA and PCT reorganisation, DH is reconfiguring its own fora for bringing together those with an interest in rural health issues.[89] Many of the programmes and services of greatest potential relevance to the rural stress agenda are now being delivered through the implementation of *Our Health, Our Care, Our Say* through DH/PH and Adult Social Services and are co-ordinated at the regional level or developed by regional CSIP Development Centres. This makes the Regional Rural Forums particularly important for joining up work on awareness raising, promotion and community services.[90]

[89] Paras 61-66
[90] Paras 58, 59, 64 and 74



115 The most appropriate approach to addressing the issue of stress related health problems in the rural context with DH is to ensure that the work is embedded in mainstream services.

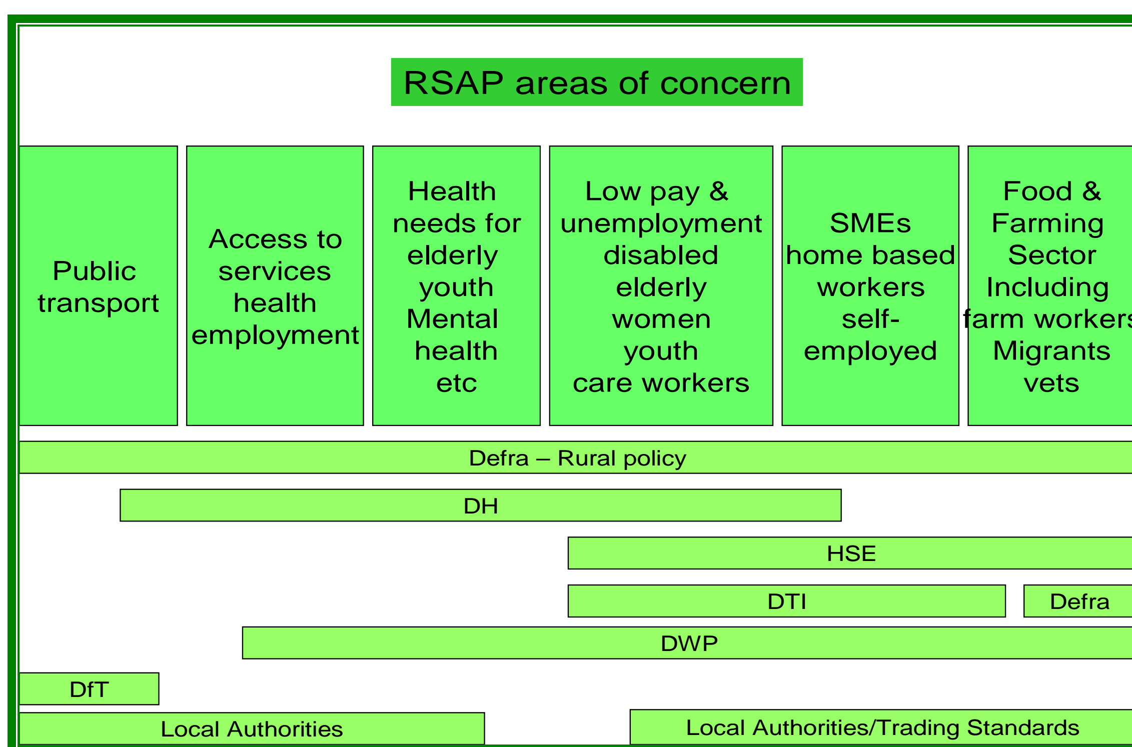
Recommendation 3: With DH, consider ways of further mainstreaming the rural stress agenda in health through

- improving the rural proofing of funding mechanisms (paragraphs 57 and 63)
- maintaining and keeping up to date the IRH best practice advice and *Rural Proofing for Health Toolkit* (paragraph 58) and Rural Minds' *Rural Policy Toolkit* (paragraph 59)
- ensuring that the reconfigured Rural Health Forum and NHS Confederation arrangements provide effectively for both Defra and Voluntary Sector representation and engagement (paragraphs 60 to 62)
- ensuring that the system of appointing topic leads at regional level on mental health, public health and social care is clearly signposted to provide effectively for both Defra and Voluntary Sector communication (paragraph 63)
- ensuring that Regional Rural Affairs Forums are fully briefed on rural stress issues and have the appropriate Voluntary Sector and Defra connections ((paragraph 74).

116 **Option 3.** *Continue the Plan in almost its current form*
Defra noted that this would require a bid for funding beyond 2008. However, the major changes in the way in which funding for the Third Sector is administered are noted above. Organisational changes have increasingly embedded rural proofing and devolved responsibility to regional and local

levels. This suggests that the RSAP is no longer best suited to the task ahead.

117 No one I met during this review advocated this option. Most took the view that the focus on funding in the group had distracted them from policy and strategy and many felt they have spent too much time on funding issues. Some of the membership expressed a desire to 'free the group up' to think of policy and to be a channel for their wisdom or expressed concern that they were not currently pushing forward any particular agenda. Though members could see a benefit in talking to Defra because Defra must speak for rural communities, there was a widely held view that this route did not give then the desired access to OGDs. The diagram below demonstrates the breadth of interests and areas of concern relevant to the well-being of people living or working in rural areas.



118 The potential breadth of interests of the group led to suggestions that membership needed to be widened it to include

- a representative of the CRC and ACRE
- Help the Aged, RNIB, and others from the Voluntary and Community Sector to address issues around the growing elderly rural population, difficulties in providing sufficient home care in rural areas, unemployment and the need to engage disabled and youth and other home-bound
- the Confederation of Small Businesses, banks and businesses
- other rural professionals, such as vets to support a focus on rural occupational health training and other needs of those working in rural areas
- a GO and RDA representative and strengthen RPA membership
- DTI, DfT DWP and DCLG, plus representatives of policy in DH and a representative from an SHA or PCT

119 With the aim of increasing the responsibility that the group took for setting its own agenda and following through to implementation group members suggested a variety of alternatives including

- members meeting independently of Defra to create an agenda for discussion
- each member of the group, in turn, presenting papers on current concerns about policy issues emerging from their work and experience, so that the group could consider what, if any, action was needed
- sub-groups to pursue specific issues, particularly around food and farming sector needs.

120 Options 5 and 6 below provide alternative models for the future for channelling the wisdom and experience of this group.

121 **Option 4.** *Close the Plan*
This would be in keeping with changes in Defra's approach to streamlining rural delivery. Rural stress would be addressed through more effective rural proofing with other departments and funding would come from the sources, such as PCTs, LAs and RDAs, as identified in Paragraphs 102 and 109 above.

122. The next step in tackling rural stress is to build upon progress that has been made in rural proofing and through the RSAP to embed rural proofing in mainstream services in ways that work effectively through to the regional level of government.

Recommendation 4: Working with DfT, DCLG, DWP and GOs to

- fine tune national funding formulae progressively to ensure that all relevant demographic and service need differences are appropriately weighted (paragraphs 50- 52)
- match this with the development of rural markers in indicators and data bases that monitor outcomes and inform the commissioning of services (paragraphs 50- 52)
- advise GOs on their work with LSPs to help to ensure that LAAs are appropriately targeted and supported (paragraphs 50- 52)
- consider how the *Guidelines for Rural Stress Proofing* can be more closely linked or integrated with other rural proofing advice offered by Defra (paragraph 53)
- raise awareness and embed the *Guidelines for Rural Stress Proofing* in GO training (paragraph 53)

124. The expansion of services that Business Links deliver through the Rural Gateway provides an opportunity to explore ways in which occupational health, including stress management, can be delivered to the self-employed, small rural businesses and home-based workers.

Recommendation 5: With Business Links

- explore options for improving outreach to hard to reach farmers and other rural home-based workers (paragraph 90)

- consider ways to make the Business Links web-site and particularly guidance on Stress Management more user-friendly for the self-employed and small rural businesses. (paragraph 93)
- explore the role of Business Links in offering training and advice around work-life balance, stress management, long-term business planning and retirement strategies for rural businesses. (paragraph 94)

125 The rural stress agenda also needs to be mainstreamed within SFFS as part of the process of making the sector more simply and clearly regulated and more modern, and to support the SFFS emphasis on collaborative working.

Recommendation 6: To embed the rural stress agenda within SFFS

- provide a stress self-assessment module for the farming sector on the Whole Farm Approach and Defra web-sites with links to FCN, ARC and HSE, and to farming chat-lines. (paragraph 81)
- provide advice on long-term planning and planning for retirement for the farming sector on the Whole Farm Approach and Defra web-sites with links to *Fresh Start* and other similar initiatives, plus the Skills Council and others offering training and workshops. (paragraph 83)
- consider in discussion with the HSE and the veterinary professional bodies how stress issues for vets can be addressed (paragraph 81)
- consider in discussion with the NFU and bodies providing professional development, ways embedding self-development, occupational health, stress management, work-life balance and long-term planning within the training of the sector (paragraph 84)
- in discussion with the food and farming sector consider ways of stimulating debate about the social and occupational health implications of modernisation and change and ways of encouraging change in the culture
- consider ways of consulting members of the RSAP WG with experience of the food and farming sector in work to improve communications with farmers and to improve interface between farmers RPA, FSA, EA, LAs and HSE (paragraph 80)

126 Finally it would be helpful to bring HSE stress management standards to smaller organisations including those in the food and farming sector.

Recommendation 7: With HSE

- consider providing a link on the agriculture pages of the HSE web-site to the rural stress organisations and to the most relevant guidance on stress management on related sites.
- support HSE discussions with LANTRA ways of bringing more of a ‘health’ focus into SHADs, to cover respiratory illnesses, zoonoses and mental health
- explore the possibility of giving some of the stress organisations visible space at SHADs
- explore ways of tackling mental health, work life balance and retirement planning in vocational training.

127. The implementation of Recommendations 1-7 above would send out a clear message about the continuing relevance of the rural stress agenda while ensuring that it is fully embedded in mainstream services.

Recommendation 8: The RSAP should be closed following the exploration with the group of recommendations 1-7 above and discussions with the other departments and organisations identified.

128 The group's members identified the following remaining work In addition to the policy input described in Option 3

- Networking and co-operation, sustaining the partnerships that have been made
- Reviewing research and evaluation.

The continuation of activities is considered in Option 6.

129 **Option 5** *An Independent Group for Policy Advice*
This option emerged during the review through members expressing desires to meet with key departments to make 'a real input to policy making' and to help OGDs 'see the avoidable and unavoidable consequences of policy'. In addition to DH and Defra Sustainable Food and Farming policy, as discussed above members identified

- DTI because of problem for small businesses
- DCLG because land-use planning can be a problem for small businesses and affordable housing solutions
- DfT on rural transport and
- DWP in relation to groups with particular access to work problems.

However, there was acknowledgment that, given the breath of the group's interests, being embedded within Defra may not always send out the right signals about their interests and role. Also it would be unrealistic to invite other departments to identify and nominate members to a group or to expect officials to attend unless they knew in advance what issues would be on the agenda and preferably understood the process by which these would be followed up.

130 It was also recognised that it would be necessary to avoid drawing the terms of reference too widely and thereby diluting the focus and potential impact of their work. From these discussions the following possible model for this option was identified.

An Independent Rural Stress Advisory Group

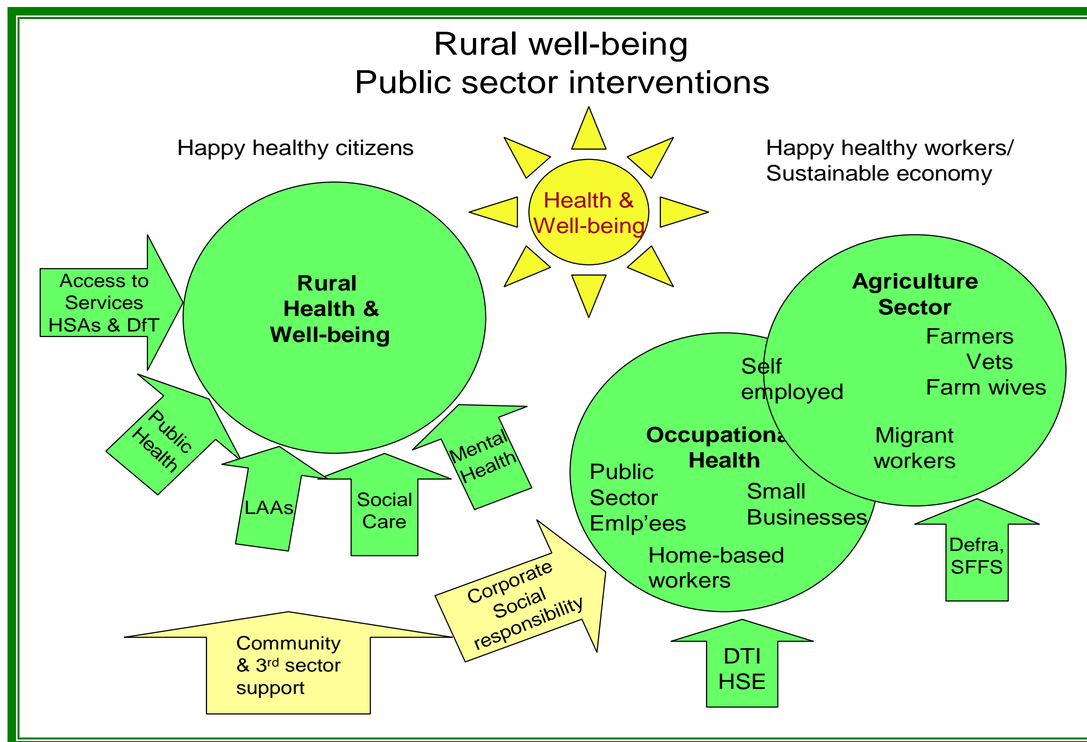
- Remit Precision
- Choose Chair
- Membership – including CRC, ACRE, Small Business Federation, Help the Aged, others? Defra attendance/secretarial support?
- Method of Working
  - Assessing issues
  - Advance agenda
  - Invitation to DCLG, DTI, DfT, DWP, GOs, RDAs, as appropriate
- Annual reports

131 Any decision to implement this option would be for the group's membership. **Depending on the remit of any such group and its chosen membership and approach, Defra could consider whether it would be appropriate to offer support, for example, through regular attendance or by providing secretarial assistance.**

132 **Option 6** *An Independent Group for Voluntary Sector Collaboration and Information Sharing* that could additionally advise government on policy as issues arose. This review confirms the benefits from networking and collaboration that have been facilitated through RSAP WG membership and a continuing need for mutual support between the rural stress charities. It also shows how devolution and the increasing delegation of responsibility to regional and local levels increases the need for them to collaborate and complement the work of one another to raise awareness and secure funding. (paragraphs 63, 65, 74, 95, 97, 98)

133 As with Option 5, any decision to implement this option would be in the hands of the group's membership. **In view of the need that has been identified here for the rural stress charities to 'raise their game' to ensure that there is an appropriate level of consistency in their activities across the different regions, and to aid their transition to greater independence, they may also wish to pursue with Defra the possibility of assistance, for example, with capacity building funding.**

134 **Conclusions:** There is a continuing need for expert advice on rural stress from those with practical experience of the problems and issues. However, the rural proofing of policy at the national level and the devolution of service delivery has progressed so that the advice now needs to be embedded into service delivery and brought closer to the health and work sectors with particular responsibilities. As a result of these changes, no one I met presented a case for the continuation of the RSAP in its current form. Instead, the focus for current work pointed to the need to address rural stress in relation residents of rural areas separately from employment sectors.



135. Three options considered by the RSAP WG before this review offered elements of a potential way forward but each one would require further actions if the work of the group is to be embedded successfully in public sector delivery.

- Option 1 – regional and local funding streams are suitable for rural stress projects, subject to the clarification of guidance, but do not provide for long term funding of needed service. This requires further consideration.
- Option 2 – highlighted the need to mainstream the rural stress agenda in health services and to ensure that reorganised delivery is effectively rural proofed.
- Option 4 – Closure of the RSAP is within sight subject to embedding the rural stress agenda in other key policy and service delivery areas.

136. New options, reflecting the interests of the group's members and the need for them to adapt to change, were discussed with the group and they will wish to consider the extent to which they wish to pursue these, and how.

Conclusions

Conclusions and List of Recommendations

137 The most appropriate approach to addressing issues of health related problems in a rural context is through a combination of mainstreaming project funding, exploring the need for core funding for support for small rural businesses and their families as they adapt to the implementation of SFFS, rural proofing mainstream services, exploring ways of embedding modern approaches to work-life balance, stress management and occupational health in the new Rural Gateway services and through encouraging cultural change. The recommendations below suggests a way forward that would not require

the continuation of the RSAP once these recommendations have been worked through.

138 The rural stress charities that have themselves been tireless in their support of the RSAP are also in the process of change to adapt to devolution, especially where they deliver services locally but do not have a regional tier of organisation. Depending upon the way in which they decide to work together in the future, Defra may consider whether capacity building funding could help them develop the most appropriate structures for collaboration.

Recommendation 1: There should be no bid for funding for the RSAP beyond 2008. However, guidance to RDAs should be clarified to ensure that there is specific reference to relevant aspects of the rural stress agenda. (paragraph 72)

Recommendation 2: Defra should review the need for case-work crisis support for farming families and small businesses in rural land-management with a view to introducing a Third Sector programme to provide help for the duration of the implementation of SFFS. (paragraphs 86-88)

Recommendation 3: With DH, consider ways of further mainstreaming the rural stress agenda in health through

- improving the rural proofing of funding mechanisms (paragraphs 57 and 63)
- maintaining and keeping up to date the IRH best practice advice and *Rural Proofing for Health Toolkit* (paragraph 58) and Rural Minds' *Rural Policy Toolkit* (paragraph 59)
- ensuring that the reconfigured Rural Health Forum and NHS Confederation arrangements provide effectively for both Defra and Voluntary Sector representation and engagement (paragraphs 60 to 62)
- ensuring that the system of appointing topic leads at regional level on mental health, public health and social care is clearly signposted to provide effectively for both Defra and Voluntary Sector communication (paragraph 63)
- ensuring that Regional Rural Forums are fully briefed on rural stress issues and have the appropriate Voluntary Sector and Defra connections ((paragraph 74).

Recommendation 4: Working with DfT, DCLG, DWP and GOs to

- fine tune national funding formulae progressively to ensure that all relevant demographic and service need differences are appropriately weighted (paragraphs 50- 52)
- match this with the development of rural markers in indicators and data bases that monitor outcomes and inform the commissioning of services (paragraphs 50- 52)
- advise GOs on their work with LSPs to help to ensure that LAAs are appropriately targeted and supported (paragraphs 50- 52)
- consider how the *Guidelines for Rural Stress Proofing* can be more closely linked or integrated with other rural proofing advice offered by Defra (paragraph 53)

- raise awareness and embed the *Guidelines for Rural Stress Proofing* in GO training (paragraph 53)

Recommendation 5: With Business Links

- explore options for improving outreach to hard to reach farmers and other rural home-based workers (paragraph 90)
- consider ways to make the Business Links web-site and particularly guidance on Stress Management more user-friendly for the self-employed and small rural businesses. (paragraph 93)
- explore the role of Business Links in offering training and advice around work-life balance, stress management, long-term business planning and retirement strategies for rural businesses. (paragraph 94)

Recommendation 6: To embed the rural stress agenda within SFFS

- provide a stress self-assessment module for the farming sector on the Whole Farm Approach and Defra web-sites with links to FCN, ARC and HSE, and to farming chat-lines. (paragraph 81)
- provide advice on long-term planning and planning for retirement for the farming sector on the Whole Farm Approach and Defra web-sites with links to *Fresh Start* and other similar initiatives, plus the Skills Council and others offering training and workshops. (paragraph 83)
- consider in discussion with the HSE and the veterinary professional bodies how stress issues for vets can be addressed (paragraph 81)
- consider in discussion with the NFU and bodies providing professional development, ways embedding self-development, occupational health, stress management, work-life balance and long-term planning within the training of the sector (paragraph 84)
- in discussion with the food and farming sector consider ways of stimulating debate about the social and occupational health implications of modernisation and change, and ways of encouraging change in the culture
- consider ways of consulting members of the RSAP WG with experience of the food and farming sector in work to improve communications with farmers and to improve interface between farmers RPA, FSA, EA, LAs and HSE (paragraph 80)

Recommendation 7: With HSE

- consider providing a link on the HSE web-site to the rural stress organisations and to the most relevant guidance on stress management on related sites.
- support HSE discussions with LANTRA on ways of bringing more of a ‘health’ focus into SHADs, to include mental health
- explore the possibility of giving some of the stress organisations visible space at SHADs
- explore ways of tackling mental health, work life balance and retirement planning in vocational training in VQs for the next generation.

Recommendation 8: The RSAP should be closed following the exploration with the group of recommendations 1-7 above and discussions with the other departments and organisations identified.

Annex A – Bibliography

The following publications were consulted in the course of this review.

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*Rural Disadvantage; quality of life & disadvantage amongst older people (*CRC, 2006)
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This has 5 points for a vision:
Integration of services (no duplication)
Networking
Advocacy
Having a health line
Good co-ordination so that people know what is going on. Defra funded *Health Data, a Health check,* and worked with University of Keele.

Annex B – Contacts and RSAP WG Member Organisations

Defra Tony Poole, (Chair)
NIMHE Keith Foster
RSIN Renny Wodynska (since retired),
RABI Paul Burrows
FCN Christopher Jones, Helen Bagwell
ARC Gordon Gatward
ARC Addington Ian Bell
Samaritans Anthony Langan
Citizen's Advice Bureau Gerard Crofton-Martin
CLA Charles Trotman
TFA George Dunn
TGWU Jack Clarke
MIND Gareth Jones
NFU Brian McLaughlin
IRH Jane Randall-Smith
GO Rebecca Kitchingman (GONW) Carol Johnson (GONW)
RDS Diane Spence (WM)

I also spoke to
Sir Donald Curry,
Steven Cane, Charles McCall, Keiron Power, Neil Witney, David Lees, Holly Yates, Isabella Earle, **Defra**
Santosh Dass, Kathryn Tyson, Hermione Lovell, Ann-Marie Diaper, Anandhi Nagaray, David Rutter, **DH** ,
Christopher Rowland **Social Exclusion, CSIP/GOE,**
Dan Simmons, **NHS Confederation**
David Littlemore, **Cannock Chase PCT,**
Deboral Adger, **BedforshireHeartlands PCT,**
Tom Dodd, **REST**
Kevin Bellamy **MDC,** Kevin Power, **MLC**
Lesley Robson, Rupert Lown, Margot Kinloch Sturt, Margaret Grierson, Gillian Burgess, Alison Matthews, Beverley Smith, **DWP**
Alistair Mitchell, **HSE,** Scott Fairburn, **Health Connect**
Richard Miller, Simon Ash, David Hynd, **Business Links – for EEDA and SWRDAs**
Brian Ablett, **GOY&H,** Alan Bell **GOE,** Helen Thompson, **GOSW**
Pamela Oldfield, **NFU**
James Moorish, **RSSW**
Davis Atkinson, Lynn Watkins, **CRC**
Caroline Drummond, **LEAF**
Keith Elder, Rachael Twomey, **Rural Minds**
Nick Evans, **University of Worcester**

Lisa Nyamah provided with support, travel arrangements, Action Plans, and reports and Tom Stafford provided many of the relevant DH documents. Jane Randall-Smith and Chris Jones provided some of the research and evaluation reports. Lynn Watkins gave me an early sight of the Rural Disadvantage Review, Jennette Fields supplied CSIP/GOE Anti-Stigma work plan, Anita Brock, the ONS Mortality Statistics and Keith Foster, the NIMHE annual report figures.

Annex C – Department of Work and Pensions Interventions to help tackle Rural Stress

Three sections cover the following:

- Extending an individuals working life.
- Information regarding how The Pension Service provides for older people.
- 2 LinkAge Plus pilots being run in rural areas.

1. Over 50s Back To Work Help/New Deal 50 plus

There is nothing specifically geared towards rural areas, however, if new deal 50 Plus works as it should, eligible individuals will have access to Personal Advisers who can tailor help towards their circumstances. This might include opportunities to retrain if their previous work is no longer available or suitable (e.g. agriculture) and would take into account difficulties with transport links etc. Unfortunately, help available will depend on local priorities and resources. Statistics are kept in each Jobcentre Plus office but would not be specifically broken down into urban and rural areas.

Further details

Back to work help for people aged 50 and over who have been out of work for 6 months or more and claiming specified benefits is available through New Deal 50 Plus. Extra help is also available for people with disabilities.

Individuals may also be eligible for financial support on moving into work. This is paid as the 50+ element of the Working Tax Credits. The Tax Credits are tapered according to household income, and target the help at those in most need. The Pension Credit is a qualifying benefit for most Jobcentre Plus programmes and services.

Whilst some benefits, for example Jobseekers Allowance and Incapacity Benefit, end at State Pension Age, many of the services available through Jobcentre Plus to help people return to work have no upper age limit. This includes the assistance of Personal Advisers, the use of Jobpoints to search for job and learning opportunities, and access to the Internet.

New Deal 50 plus and Work Trials are available on a voluntary basis to people who have been in receipt of certain benefits for six months or more. The Pension Credit is a qualifying benefit for most currently available back to work programmes and services.

(NB: The Pension Credit has been a qualifying benefit for New Deal 50 plus since its introduction in October 2003.)

2. Access to Services in Rural Areas

The Pension Service was set up to function primarily as a telephony-based service. Its face-to-face arm, Local Service provides a service to those customers who are unable or reluctant to access The Pension Service using the telephone or by post in the normal way, by offering these vulnerable customers a home visit or an appointment as a convenient location.

Maximising benefit take-up

The Pension Service Local Service is continually monitoring the most effective methods for reaching people in isolated rural communities, to encourage them to apply for their full entitlements, thereby maximising their independence, personal choices and fuller engagement in their local community.

Local Service provides a holistic, full benefit check service on all contacts. This maximises the opportunity for customers to discuss all of their financial needs in one face-to-face meeting and receive help with access to a range of complementary services, such as referrals to Warm Front Home Energy, home adaptations. The holistic approach gives access to a range of help for hard to reach customers, especially those in rural areas, who may not otherwise have been aware of, or applied for what is available.

Local Service undertakes planned contact in the location most suitable for our customers, either in their own home, or by appointment at an Information Point. There are currently 990 Information Point locations across England, Scotland and Wales of which approximately 50% are in rural areas.

Local Service also link up with mobile libraries on routes that have been identified as potentially providing access to harder to reach older people in rural areas.

The most effective way of reaching these customers has proven to be good working relationships between Local Service and partner organisations such as Local Authorities and the voluntary and community sectors. Joint working provides gateways to a multitude of benefits and services rather than a singular approach, which relies on the customer's ability to identify and access services individually.

Alternative Offices

Regulations now enable the Secretary of State for Work and Pensions to designate partner organisations such as local authorities and voluntary sector outlets to receive claims for specified benefits from people aged 60 or over and verify supporting documents – as designated Alternative Offices. Local Service is working with voluntary organisations to facilitate the setting up of Alternative Offices. This is enhancing the service offered by both the partner organisation and The Pension Service in rural areas.
There are currently 387 Alternative Office sites across England, Scotland and Wales of which approximately 30% are in rural areas.

Joint Working Partnerships

Partnership working is essential to reaching older people and encouraging them to take up financial entitlements and services.

The development of Joint Working Partnerships with Local Authorities and voluntary sector organisations, engaged in benefit related visiting teams, and working in partnerships with other organisations enables us to:

- Reach the most vulnerable, isolated customers
- Identify all of a customer's entitlement in one transaction

- Encourage customers to claim all their entitlement, thus extending their choices and personal independence e.g. access to private transport
- Provide a gateway for related entitlements and services, including those delivered by other agencies. This might be Housing Benefit, Attendance Allowance or transport to social events and befriending services such as those accessed through Contact the Elderly, Age Concern, Help the Aged etc.

There are currently 123 operational Joint Working Partnerships across England, Scotland & Wales combining The Pension Service Local Service, Local Authorities and other partners. Approximately 40% of operational Joint Working Partnerships are in rural areas.

Partnership Fund
As well as Joint Working Partnerships, the Link-Age document promoted the Partnership Fund which gives short-term funding to local and national partner organisations to:

- Maximise the take-up of older people's entitlements particularly the "hard to reach" group
- Promote the independence of older people
- Integrate joint working between partners
- Improve access to services, and
- Gain a better understanding of older people's needs in a specific community, region or rural setting.

Example: In the South West, Caradon District Council Economic and Community Services in Cornwall received an award from the Partnership Fund towards an initiative based in and around large remote rural areas in Cornwall. The aim was to work in partnership with many different organisations, which include Age Concern, Care and Repair, Primary Care Trust Cornwall and CAB to promote benefit take-up. This was done through home visits and establishing Information Points in local communities.

3. LinkAge Plus Pilots

Last year, the Government published the first ever older people's strategy "Opportunity Age", aimed at promoting well-being and independence and ensuring that older people have the opportunity to be full participants in society rather than being perceived as dependent.

This, and the subsequent report "A Sure Start to Later Life", produced by the Social Exclusion Unit, set out the intention to pilot a fully integrated LinkAge Plus service in a number of locations, to provide access to opportunities as well as helping older people receive the services they need. One of the crucial things which older people have told us limits their ability to make the most of their lives is a lack of joined up services. We have been working with a range of partners including Age Concern, Help the Aged, the Citizens Advice Bureaux, as well as local government to develop the programme of pilots - aimed at testing ways to deliver joined up services ranging from health and social care to housing, transport, work and volunteering opportunities.

Partnership working is one of the key principles of this programme. LinkAge Plus puts older people at the heart of the process. Pilots have worked with older people to identify effective joined-up services that meet their needs and aspirations. They will continue to involve them in delivery, where appropriate, and evaluation.

We are running 8 pilots - in Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets, over 2 years. Each pilot is designed to meet the needs of the local area and how best to integrate services within those locations, but they will all adhere to a common set of principles based on the "Sure Start" model – services will be wide ranging, flexible, accessible and respectful as well as being locally owned and joined up.

Although each pilot will vary in emphasis, common themes have emerged across the programme. These include, for example, a service navigation function to support vulnerable people to access and negotiate their way around available services; outreach activity to take services out to people who would not otherwise access the services they need; and drop in type resource centres providing a single access point. Underpinning the design of all pilots is an aspiration for "no door to be the wrong door" for access to the range of services required.

We will independently evaluate what works best and what could potentially be replicable in different environments, as well as looking at how to share learning and best practice outside pilot areas.

Specification of Devon CC LinkAge Plus Pilot
The Devon County Council (DCC) LinkAge Plus Pilot ("the pilot") is an action learning project which will continue to develop this specification and adjust action plans for the life of the project. The core plan is contained in this specification, and its essential elements will be tested and others added where possible without additional expense to Devon County Council.

The DCC pilot will test a single 'Devon Gateway' that will expand the range of information available through the existing telephone service (CAREDirect; now integrated into My Devon Customer Service Centre) for all localities in Devon and add the availability of information in people's own homes through web technology. The Gateway will include an Internet portal for information and service access both of which are under development. The pilot will continue to explore the issues concerned with the provision of information through Digital TV and test this channel if feasible.

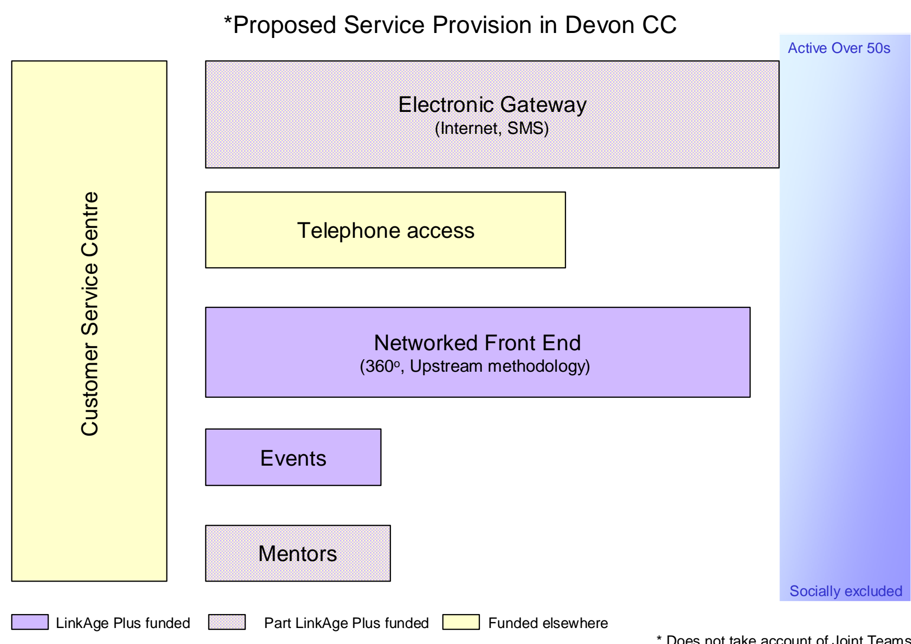
The pilot will test a "deep outreach" "face to face" mode of access. This interface will provide mentors in two Devon community planning areas (Exeter and Crediton), to assist older people to access resources and design their own sustainable solutions to problems which might otherwise cause social exclusion, ill health and a need for services. This service will be on a "healthy living centre" model (without walls in rural areas).

This element is based on face-to-face interaction with high-risk clients who are more likely to be socially excluded, e.g. working closely with GP's. This will form a "deep outreach" mode of access to information and services.

In addition, the pilot will test a "broad outreach" mode of face to face access91. This is based on providing support and tools to existing front line staff and volunteers to enable them to more effectively support the older people they work with (the "networked front end", or "NFE").

The mentors and the NFE will be supported by the adaptation of current tools and if necessary the development of new tools based on a "360 degree well-being check" and the enabling approach of the healthy living centre model.

The diagram below outlines the model for the Devon County Council LinkAge Plus pilot. It also highlights the fact that LinkAge Plus funding will not fund the majority of mainstream services, thus aiding long-term sustainability.



The various elements within the model will deliver information and services across the whole range of customer segments within the target population and will encompass the 'Sure Start to Later Life' principles: Housing & the home, health & healthy living, social & educational activities, neighbourhood, information, income, getting out & about, and influencing decision-making.

In doing this, the pilot will operate on the basis that 'no door should be the wrong door for an older person to knock on', and will seek to partner with the

[91] In the Devon pilot we have distinguished between "deep outreach" - the mentoring work which is targeting quite excluded older people - from "broad outreach" which we have described as the "network front end" (NFE for short), using the idea of a "front end" in the same was as that term might describe telephone access or an e-interface. This idea picks up the Link Age Plus challenge to "test the limits of holistic working" by piloting joined up working in the immediate, day to day, interactions older people have with staff and volunteers in their communities.

whole range of statutory and voluntary agencies operating with older people in the pilot localities to ensure the networked front end provides a holistic service to meet the needs of older people.

These Network Partners will be further supported in delivering services by having access to the resources of the My Devon Gateway, both by telephone and electronically. This will test the limits of partnership working and demonstrate how far it is possible to transform the whole system.

Service provision will be supported by a 360° well-being tool, which allows network partners to assess older people against the Sure Start principles, as outlined above. This will mean that no matter however & wherever initial contact is made, a 360° well-being check will be undertaken to ensure all aspects of an individuals needs are considered.

In addition, funding will be used to set up local associations of people aged 50 plus, across Devon, to engage with public service providers and hold events to both publicise LinkAge Plus and allow older people themselves to actively participate and influence both pilot development and future service provision within their communities. This development will be consistent with the best practise advice of the Better Government for Older People programme and give effect to the Council's decision to establish a Devon Senior Council.

Specification of Gloucestershire CC LinkAge Plus Pilot
The LinkAge Plus Village Agent pilot will be led by Gloucestershire County Council, working in partnership with the Gloucestershire Rural Community Council (GRCC) a countywide Charitable Company founded in 1923.

The Key Objectives for the pilot are:

- To recruit and train 30 Village Agents to work within identified rural communities in Gloucestershire to provide high quality information and support and promote access to a wide range of services
- To test the principles of Village Agent working within each community in order to identify models which can be sustained by the community in the longer-term
- To work with statutory and voluntary organisations within the county to build and provide improved access to a knowledge-base of frequently asked questions in response to customer need
- To develop a training programme relating to access to information and services which can be cascaded within communities as appropriate. This will be developed in conjunction with the Village Agent training.
- To develop a series of publicity materials which can be used by communities to promote access to information and services

The multi-agency Contact Centre approach developed through CAREdirect will ensure that the information and support available has a strong focus on health, social care, housing, personal safety and benefits/pensions. In addition, the County Council Improving Customer Access initiative has led to the introduction of a corporate customer service team broadening information provision and access to many other County Council and District Council

services including environmental health, libraries, transport and lifelong learning.

The Village Agent project will play a key role in further development of this knowledge base through the identification of unmet need and two-way communication with the contact centre and its central information resource ensuring it meets the needs of rural communities.

The Village Agents will be recruited for an initial period of up to twenty two months in order to identify the impact their role can have both on individuals and on communities, and to test the hypothesis that rural communities prefer to access someone they know within their community for help and advice. The Village Agents will be recruited locally; trained and supported to provide face to face information and support which enables individuals to make informed choices about their future needs. Recruitment and training will be completed in phases with all Village Agents in place by the end of March 2007. This will allow for learning and feedback on the recruitment process and Village Agent training, and so that each of the areas can be focussed on at one time.

The Pilot will split the county into the existing three Primary Care Trust areas, i.e. West Gloucestershire, Cotswold and Vale, and Cheltenham and Tewkesbury. Appropriate localities for Village Agents will be identified by a pre-project gap analysis and mapping exercise using Indices of Multiple Deprivation. 18 agents will be allocated to Cotswold and Vale with the remaining 12 agents equally split between the other two PCT areas.

The Village Agents will promote themselves widely within their communities and actively carry out publicity activities to introduce their new role via weekly surgeries in the Village Hall (or other suitable places) or by home visits. They will work ten hours per week & act as an information source for that community, striving for a "first time fix" when appropriate, using a range of County Council and NHS/social care information and access services as their key points of contact for more complex query resolution and access to statutory services. In doing this, they will provide an assisted referral service. Their role will be to identify people within rural communities who may be in need, carry out a needs analysis to identify their concerns/issues and, depending on the needs identified, take any or all of the possible actions identified below:

- provide appropriate information, either at the initial point of enquiry or following research using a range of information tools

- make more detailed enquiries through liaison with colleagues within relevant statutory or voluntary services on behalf of the individual.

- For example:

referrals for social care
benefit checks for DWP or local council
Age Concern cleaning service
Fire Service safety checks

arrange for more detailed assessments to be carried out and/or for specific services to be provided.

Village Agents will be responsible for facilitating any information provision to ensure that the individual understands how to make best use of that new knowledge, co-ordinating links and visits with other agencies and carrying out follow-up work to ensure that the most appropriate outcome has been achieved.

In order to be truly effective in taking a holistic approach to anyone in need within their community, the Village Agents will need appropriate access to relevant resources and support.

The Village Agents will receive support both on a one-to-one basis and through the sharing of good practice within the network. They will receive specialist support relating to capacity building and community development from Gloucestershire Rural Community Council. They will also have access to a range of "tools" such as the provision of a detailed training programme, publicity materials and high quality information resources, making appropriate use of advanced technology (such as Wi-Fi hotspots) where practicable. All Village Agents will be issued with a laptop and have easy access to the Adult Helpdesk and Guide who have a detailed knowledge of services available. A holistic referral form will be developed which can be utilised in the future by users other than the Village Agents. This referral form will contain sufficient information relevant to the service user to enable the appropriate partner agency (e.g. Age Concern, The Fire Service, Adult Helpdesk) to provide the necessary services. The documentation necessary to monitor and feedback on the services provided will be included in the referral form and referral process.

In addition funding will be used to set up local associations of people aged 50+ to facilitate consultation and engagement with public service providers and voluntary agencies. Events will be held to both publicise LinkAge Plus and allow older people to influence the pilot and take part in the development of future service provision.

DWP November 2006