Keele UNIVERSITY

The Forum for Rural Research on Health & well-being (FRRESH) Initiative

Workshop Two

May 2018

Summary Report

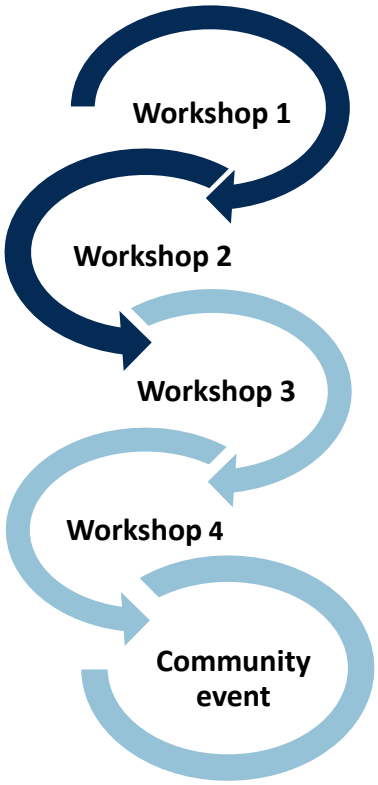
Contents

1. Background

The **F**orum for **R**ural **Res**earch on **H**ealth and wellbeing (**FRRESH**) Initiative has been established to support stakeholder engagement and research development by providing a platform for identifying local rural health challenges, agreeing priorities for research and identifying innovative methods emphasising collaboration and knowledge translation between academia and rural communities.

FRRESH will engage a diverse range of **rural health stakeholders** – academics, healthcare service managers and practitioners, third sector organisations and members of the public with an interest in rural health and wellbeing – through four **interactive workshops.** During these workshops, key rural health issues and challenges will be discussed. Topics for discussion at each workshop will be identified from discussion at the previous workshop, and so will be participant-led. To mark the end of this initiative, as funded, a **community engagement event** will be conducted to share the central issues and debates stimulated by the workshops and engage a wider audience.

Figure 1. FRRESH plan of work



A FRRESH **mailing list** and **webpage**[11] have also been developed to support information sharing. A summary of the first workshop is also available on the webpage.

FRRESH is funded by the **Keele Innovation Fund** and represents a partnership between the Research Institute for Primary Care and Health Sciences, the **Community Animation and Social Innovation Centre (CASIC)**, Midlands Partnership NHS Trust (MPFT) (formerly South Staffordshire and Shropshire NHS Healthcare Foundation Trust), and **New Vic Borderlines** (the outreach department of the New Vic Theatre).

This report provides a summary of the second of four workshops.

[1] https://www.keele.ac.uk/pchs/research/mentalhealth/frresh/

2. Overview of Workshop Two

Figure 2. Foxlowe Arts Centre, Leek, Staffordshire

Workshop Two took place on **31st May 2018** at The Foxlowe Arts Centre in Leek, Staffordshire.

23 stakeholders participated in the workshop representing the public, service users and carers, academia, primary care, specialist mental health care, county council, and third sector organisations. The purpose of the second workshop was to explore in more depth a concept known as **"rural proofing".** This topic emerged during discussion in Workshop One in the context of designing and delivering rural health and care services to meet the needs of rural people (i.e. services to be 'fit-for-rural-purpose')**.**

Dr Tom Kingstone chaired the workshop and provided an introductory talk outlining the development of FRRESH and a summary of Workshop One. Two guest speakers: Jane Randall-Smith (Healthwatch Shropshire[2]) and Dr John Wynn-Jones (Keele University Medical School and World Organisation for Family Doctors - WONCA[3]) provided an overview of rural proofing, reflecting on the developmental work they conducted as part of the Institute of Rural Health (Powys, Wales).

Rachel Reddihough from New Vic Borderlines facilitated an interactive session that used arts-based methods to support participants to think creatively about rural proofing. Through activities using poetry and props, Rachel guided participants to consider and apply the concept of rural proofing at an individual patient-level.

A summary of rural proofing is provided on the next page followed by summaries of the creative activities.

[2] http://www.healthwatchshropshire.co.uk/
[3] http://www.globalfamilydoctor.com/

3. Rural proofing

Why should we rural proof?

Rural areas and populations are highly diverse. Rural populations are however often dispersed which means individuals face particular challenges to access a range of services – including those that are health related. Distance is important as distance to services has a direct relationship to service use. Popular perceptions of rural life and the "rural idyll" mask challenges experienced by rural populations (e.g. poverty, deprivation).

> 'In the health sector and beyond, limited data and analysis of the situation of rural populations, and in particular of the rural poor, contribute to their invisibility and neglect in policy processes in many countries.'
> ***The WHO[4]***

The needs and experiences of rural people therefore require explicit consideration in health and social care policy, and service design and provision – as described by the World Health Organisation (WHO)[4]. Applying a "one-size-fits-all" approach to health and social care is inadequate.

How do we rural proof?

The Institute of Rural Health (IRH) identified a lack of recognition, at policy level, of rurality and the need to develop context-sensitive healthcare solutions. IRH developed a process and toolkit to support policy implementation in rural areas.

Rural proofing refers to a four-stage cyclical process: (1) the impact of policy on rural areas is assessed, (2) where impacts are significant, actions and changes to policy are identified, (3) changes are incorporated, and (4) changes are reviewed. This process helps to ensure that rural needs and sensitivities can be embedded in policy.

> 'Rural proofing is a means to achieve equally effective and successful outcomes for communities, businesses and individuals from policy and in the design and delivery of publicly funded services, regardless of their size or location.'
> ***Defra[5]***

Rural proofing has been adopted by the Department for environment, food and rural affairs (Defra). Defra published a revised rural proofing toolkit in 2017[5].

[4] Rural poverty and health systems in the WHO European Region. 2010. http://www.euro.who.int/__data/assets/pdf_file/0019/130726/e94659.pdf

[5] Defra rural proofing toolkit https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600450/rural-proofing-guidance.pdf

Alternative views on rural proofing?

Rural proofing has global relevance and reach. Alternative ways of rural proofing have been contextualised to help meet the needs of rural populations in other countries. Examples of rural proofing can be seen in New Zealand[6], Finland[7], and Australia[8] to name but a few. The Canadian government (Rural Secretariat) designed and implemented a 'rural lens' strategy to help view issues through the eyes of rural Canadians and support social and economic wellbeing. The Canadian approach incorporates a set of questions referring to a specific policy and/or initiative[99]:

- How is this initiative relevant to rural and remote Canada?
- Is the impact specific to a selected rural or remote environment or region?
- Have the most likely positive and negative effects on rural Canadians been identified and, where relevant, addressed?
- Is the initiative designed to respond to the priorities identified by rural Canadians?
- Have rural Canadians been consulted during the development or modification of the initiative?
- How is the benefit to rural Canadians maximized (e.g., cooperation with other partners, development of local solutions for local challenges, flexibility for decision-making)?

Rural proofing, or applying the 'rural lens', provides a useful way of ensuring rural contexts and the views of rural people are considered in the development and implementation of policy. This approach could arguably have wider application than to policy alone, for example, to inform development of health and social care interventions and guidelines.

[6] https://www.mpi.govt.nz/about-us/our-work/rural-proofing/
[7] https://tem.fi/documents/1410877/2937056/Finnish+Rural+Policy+in+a+Nutshell
[8] http://ruralhealth.org.au/sites/default/files/Rural%20proofing.pdf
[9] http://www.ruralontarioinstitute.ca/file.aspx?id=b7788485-1d15-479b-8b10-13aae25ffdaf

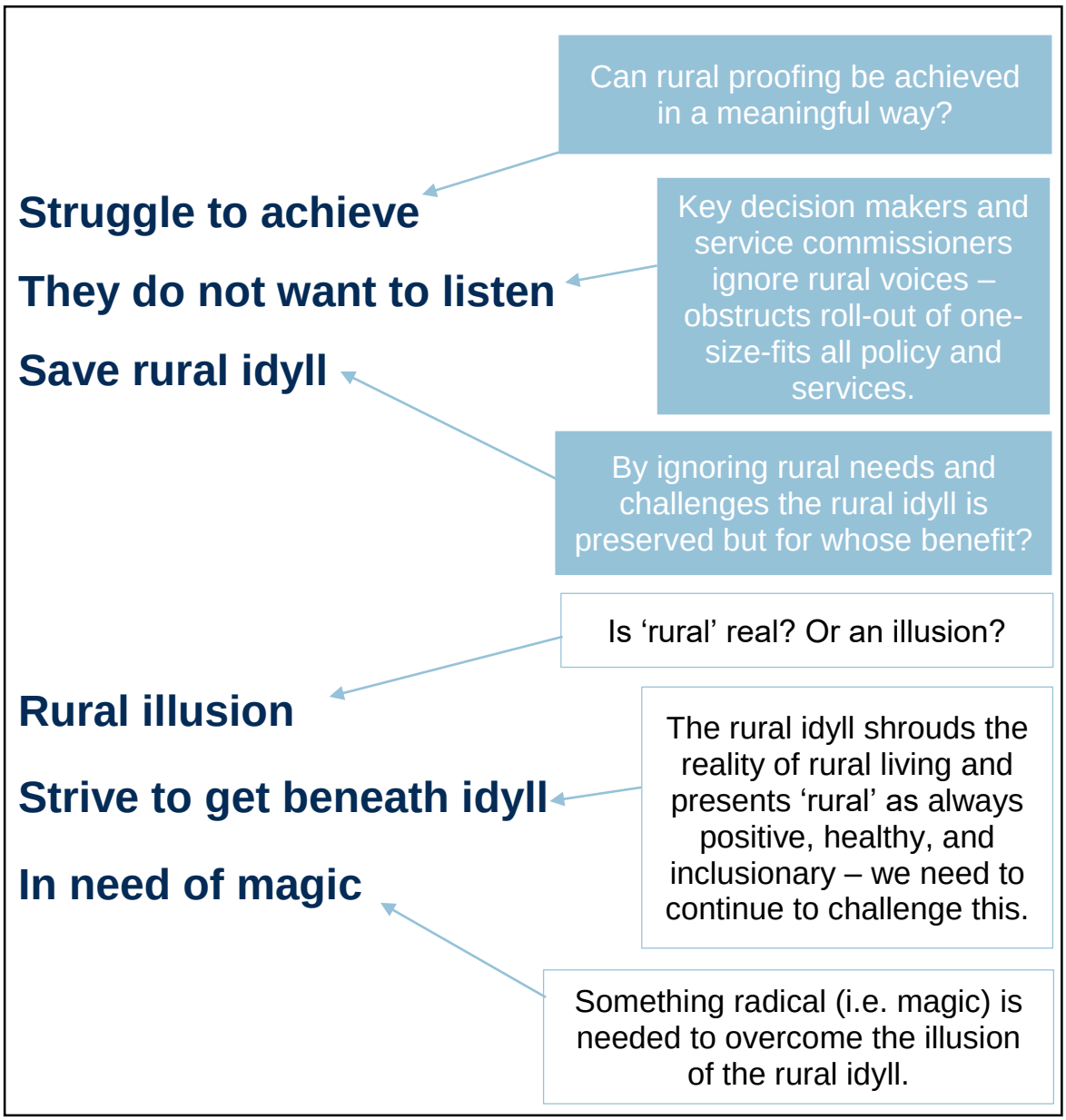
4. Thinking creatively about rural proofing

During the session led by New Vic Borderlines workshop participants took part in **two cultural animation activities,** which supported participants to work collaboratively and think creatively about rural proofing.

Activity 1 – Exploring rural proofing through poetry

The first activity focused on exploring the meaning of rural proofing. Participants worked in groups of 5-6 people to create a haiku – a three-line poem of five-seven-five syllables – to make sense of rural proofing. Examples of haiku's with annotations are presented in Figure 3.

Figure 3. Examples of rural proofing haiku's



Activity 2 – Impact of rural proofing for individuals

The second activity focused on exploring the challenges a rural older person with complex health problems (e.g. mental and physical health problems) may face. Groups were asked to depict the older person's situation using props (an assortment of buttons and tape). Following this, the group were asked to consider how this individual's circumstances could be improved had health and social care services been "rural proofed" (i.e. designed with this individual's needs taken into consideration).

Figure 4. Example 1 from group activity

This group chose to focus on the experiences of an older man with severe depression living in a rural area and to plot his care pathway.

The participant describes the interactions of an older man with severe depression. The individual has a local support network of close and extended family members and neighbours. His "care pathway" involves multiple interactions with: GP, community mental health team (CMHT) and the crisis team (who conduct home visits). As the individual's condition worsens, the psychiatric hospital become involved, assisted by the police. Third sector services are available locally but are limited, specialist services are concentrated in urban area, the individual also struggles to access the benefits system.

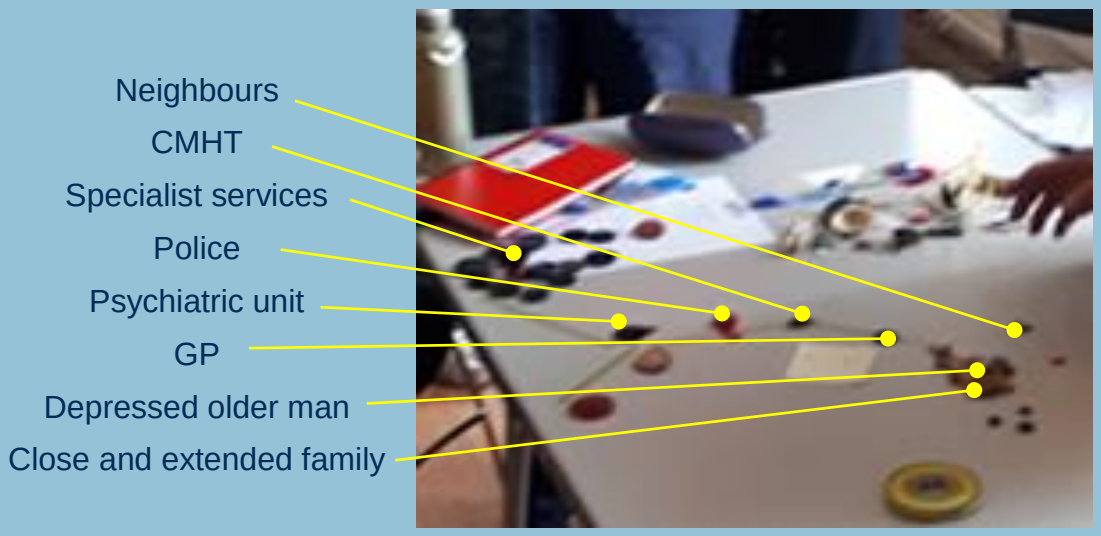
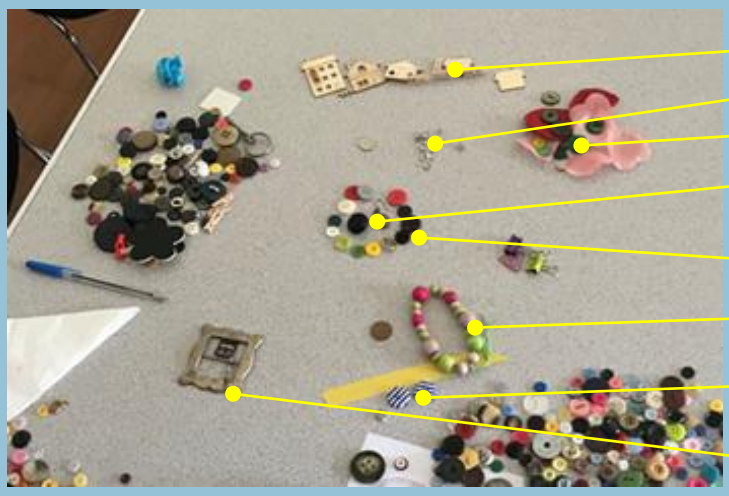


Figure 5. Example 2 from group activity

This group chose to focus on the experiences of an older adult with chronic pain and depression living in a rural area.



The older person is surrounded encircled by needs e.g. physical health, mental health, social, financial, and housing needs. The individual lives with their partner, who both shares in and contributes to these needs. Each need requires interaction with a particular individual, group and/or service. A limited range of resources are available in the nearby village to support needs - some services have even been lost i.e. closed and/or centralised to towns and cities. Family support networks are dispersed. Specialist services are inaccessible due to distance and travel costs. Third sector services provide an essential service but are precarious (symbolised by the petals). The beaded bracelet represents transport links to connect the individual to services outside of the local area – these services are limited.

Potential impact of rural proofing

Participants discussed how rural proofing could support development of context-sensitive healthcare solutions to meet the needs of rural older people with complex health problems, the following points were highlighted:

- Review the recruitment of rural health care staff to support retention
- Improve financial support to third sector services (vital resources)
- Utilise outreach services better across health and social care
- Encourage more effective inter-agency working (all sectors)
- Maximise existing rural assets, services and opportunities
- Subsidise local transport services (local authority-level)

- Support innovation in service delivery (digital and non-digital solutions)
- Increase affordable housing stock to enable younger people and families to remain in rural areas – reducing dispersion of social support networks
- Promote diversity within rural economy to generate job opportunities

6. Summary

The second FRRESH workshop provided opportunity for a diverse range of rural stakeholders to explore the topic of rural proofing. Workshop participants first engaged in discussion about the meaning of rural proofing in the context of policy. Then, participants explored, through creative techniques, the impact that rural proofing could have on potentially vulnerable people in rural areas.

Workshop participants discussed the needs and challenges that rural older people with complex health conditions face and identified potential target areas for the development of context-specific solutions. The target areas covered various aspects including, but not limited to: the rural economy, housing, and public and third sector services (e.g. workforce recruitment and retention, collaborative working). The breadth of target areas highlights the overlap between health, social and economic factors and further underlines the importance of taking context into consideration. Participants also emphasised the need to challenge persistent notions of the “rural idyll”, which may only be a reality for some rural residents, certainly not all.

The cultural animation activities conducted in Workshop Two added to discussion from Workshop One to enhance our understanding of resources that support the health and wellbeing of rural people. These are presented in a basic conceptual model in Figure 6. Each circle in the model represents a different type of resource, the narrow gaps in each circle represent points of access to these resources, with the outer circles the most challenging to access.

A comprehensive process of rural proofing would aim to achieve, for example, clearer pathways and more favourable access for rural people to important networks and services, as reconceptualised in Figure 7.

Figure 6. Access to health and wellbeing resources in rural areas

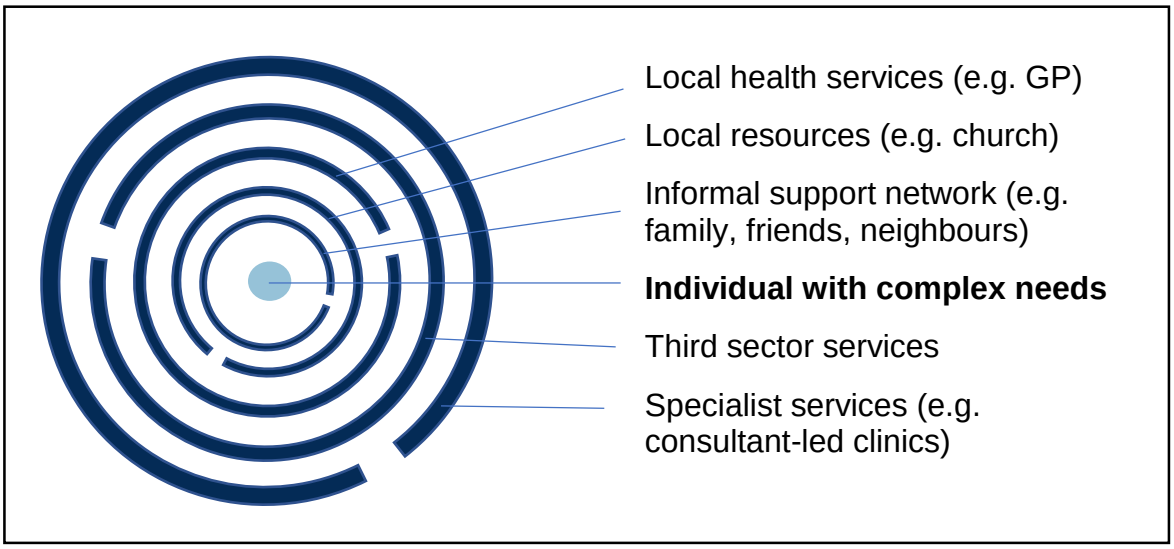
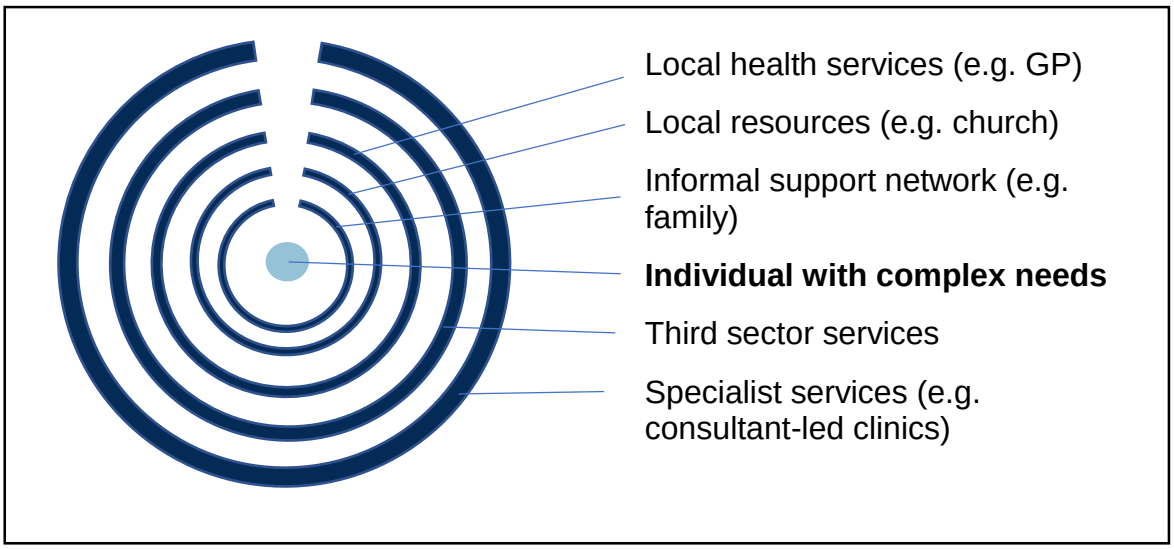


Figure 7. Potential impact of rural proofing on access to rural resources



In the next FRRESH workshop, planned for Winter 2018, we will seek to move conversation forwards to identify opportunities for innovation in rural health and care services. Rural innovation emerged from discussion in Workshop One and Two. In the final workshop, planned for Spring 2019, we will reflect on all that we have discussed during the workshop programme and seek to identify a set of research priorities.

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