



# IMPACT

Improving Adult Care Together



Economic  
and Social  
Research Council



## IMPACT Network Social Care in Rural Areas



**This leaflet is in  
Easy Read**



### **What is the issue?**

Why is social care different in rural areas?



### **What are the different parts of the problem?**

Find out why rural social care is challenging with different case studies.



### **What can you do?**

Questions for your network to think about before our meeting.

# Introduction



This leaflet has been made for the **Impact local network meetings**.



It is to discuss the issue of social care in rural areas. **Rural** means places like the countryside or small villages instead of towns or cities.



This leaflet is in **Easy Read**. Easy Read makes information accessible for people with Learning disabilities. We do this by using **Plain English and pictures**.



We would like everyone to **read this leaflet before our session**. At the end of the leaflet there are questions you may want to make notes on.



This leaflet also includes **four case studies** about this issue for you to discuss.

# What's the issue?



There are different **challenges and barriers** when delivering care in rural areas compared to cities.



Lots of people who live in Rural areas need care though. For example, over 25% of people in England who live in rural areas **are over 65**.



This is sometimes more in less populated areas of the UK. For example, **36% of people in Northern Ireland** live in rural areas.



Some of the **barriers to care** in rural areas are; physically getting to places, hiring and keeping staff, not many choices, and higher costs.



There is a **good sense of community in rural areas**, but people say that loneliness is a big problem that affects their health.



# How does living in rural areas affect social care around the UK?



There are differences and similar things about rural social care in all four nations of the UK. In this leaflet we will look at examples from **England, Scotland, Wales and Northern Ireland**



In **Northern Ireland**, they have a law called the Rural Needs Act.



This says that **all policies and public services** must consider the needs of people who live in rural areas.



The **Scottish Government** introduced the National Care Service Bill. This has to include thinking about creative social care for people living in Island communities.



One of the biggest challenges in **England** is how long it takes for people in rural areas to get to hospitals.



While there are a lot of people living in rural areas of **Wales**, there was a survey of male carers who reported better mental health.



Wales has issues with **hospital access for older people**. Attempts to move hospitals to built-up areas showed how many people would lose access.

# How does living in rural areas affect social care?



There are positives of living in Rural areas. For example, **better mental health** of some carers in Wales, and **longer life expectancy** on average.



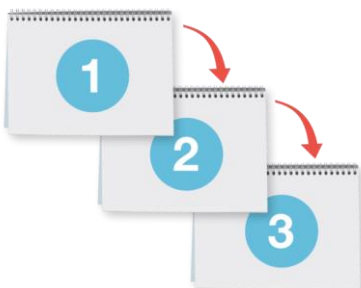
But there are lots of **challenges involved** in delivering the same level of care in Rural areas compared to cities.



Some of these challenges are unique to different areas. Like having **enough care and staff for the islands** in Scotland.



Some of these challenges are the same. Like having **harder roads to drive on** and **less public transport** when people need to go to places like hospitals.



We are going to look closer at **three different challenges** in the next few pages and talk about some specific case studies.

# Who lives in Rural areas?



When talking about who lives in what area, we often use the word **demographic**. This is a way of measuring things like how many people from different groups there are in an area.



Providing **care in Rural areas** involves understanding and respecting different ways of living and family dynamics.



For example; a study on social care in northern Ireland showed that there was more **family-based care**.



But those family carers also report **more stress, feeling isolated**, and less access to services.



There is also a need to consider people of **different cultures and ethnic minorities** in rural areas. This is often overlooked.



Assuming people only come from **one background** and have similar needs leads to different levels of care and inequalities.



Working in rural areas requires an approach that works with the **whole community**, not only a targeted group.

# Case study one

This study took place in Northern Ireland. It was called the recovery college.

This study aimed to help people have a bigger role in their healthcare and wellbeing.

They provided free courses on mental health and recovery between September 2021 and December 2021.

They were to anyone interested in mental health, including users of services, their carers, family, and friends, as well as staff, community members, and voluntary sector



The recovery college aimed to provide better access to **nonemergency services** for people living in rural areas.



They also worked with people to **improve the delivery of rural services**. They did this by listening to people's needs and involving them in the design of the services they delivered.



They also did sessions on **mental health wards**, to improve people's transition into community services when **they leave hospital**.



# Rural areas and isolation



Another issue about living in rural areas is **isolation**. When it is hard to access services, support, or friends and family due to people's conditions or illnesses, this can **feel much worse**.



**Transport** has a huge impact on rural areas. **Often home visits are needed**, but this can be hard to organise carers to go out to people far away.



This can stop people from being able to **physically go to services**, meaning they are left without specialist care.



One study found that some care assistants also **worked privately for people** and can be called in an emergency.



People describe this way of doing care as a **lifeline** when they are otherwise very isolated.



Improving social care in rural areas has **lots of benefits**. Both in reducing isolation and access, but also helping people **know their options**.



One way of doing this is called a Village Agent. They often support people to go to lots of different appointments. They work with specific people in remote areas.



# Scotland



## Case study two

This study took place in Scotland.

It was about the use of video conferences for care homes in rural areas.

It aimed to support home care staff in helping their residents with their mental health.

It meant staff and residents could talk to specialist doctors and psychiatrists over video call, instead of travelling long distances for face to face appointments.



This was called **technology enabled care**. Or TEC for short.



It aimed to improve access to **psychiatric care for residents**. Also reduce the need for hospital admissions or more medication for people with dementia.



This study was successful, with people reporting that **video calls were just as effective as face-to-face**. It helped people get quicker access to services and better monitoring.

### 3. Care staff and provision in Rural areas.



The last issue we want to talk about is **staff and services** in rural areas. This is often called 'provision of services'. It means how many services or people are available to give people in the area the care they need.



There are many staff challenges with **delivering care in rural areas.**



For example, professionals in rural areas might **need to offer lots of different services** compared to people in cities



When there isn't enough **money for more staff in rural areas**, carers may need to travel more, which makes them hard to recruit.



It can often **cost more to deliver care** in rural areas. This can be to do with travel or needing more than one of a specialist equipment.



But there was a study done in rural coastal towns, **which found the funding per-patient overall was less.**



Local authorities have a responsibility to work with people **living in rural areas**. They need to provide the **right funding** for the care that's needed.

# Case study three

This case study took place in Surrey, Hampshire, and West Sussex.

It was about the Midhurst Macmillan Service.

This service was developed in response to the closure of a hospital but evolved into community-based service including end-of-life care at home.



This study used a **multidisciplinary team** to improve people's quality of life. This included supporting them in social and wellbeing activities too.



Having a team that worked with people closely helped them access services and **improved working relationships across teams.**



This way of working is called a **holistic approach**. It allows staff to work creatively to support people's needs, not to fit them in with services.



# Case study four



This case study took place in Wales.

It involved looking at Community resource teams, shortened to CRTs.

The main goals of the programme are to improve or restore people's quality of life and confidence. This is especially for people with complex health and social care needs who live at home.

It also wanted to reduce admissions to hospital for this group.



These teams bring together professionals from health and social care for patients with **complex needs at home**.



The program also benefits from **voluntary sector workers**, as it allows the inclusion of them in people's care packages.



The whole team works together to provide **personalized support to people**, helping keep them safe, well and not having to go to hospital unnecessarily.

# Questions



Having read the material above, in the first Local Network Meeting, we'd like you to **talk about these points in your groups**. You may like to take notes before the next meeting.



## Your experiences...

- Would anyone like to **share their experiences** of social care in rural areas?
- What **helps or stops** people from accessing social care in rural areas?



## Thinking about this Leaflet

- Were there any ideas in this document that you think **could help people living in rural areas** access social care services?
- Was there anything in the document you **didn't agree** with or didn't match your experience?



# Next steps



Are there any next steps you'd like to agree as a group? **Anything else you'd like to discuss?**



Do you think there is anyone else who should be **involved in your meeting?**



Is there anything you need from **our team at Impact?**



# Extra information and Contact details



There are some details from the strategy not in this **Easy Read booklet to keep it accessible.**



A full version of this leaflet, **including a source list**, is available on request.



Thank you to **Sheffield Voices** for translating this into Easy Read.