

Issue 3

Rural Health Research Report Series

A Review of the Literature: Social Inclusion in Rural Areas



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Pat Davies

Rural Health Research Series

1. A review of the literature: measurement issues in rural health
2. A review of the literature: access and service models in rural health
3. A review of the literature: social inclusion and rural health
4. Rural Health Intelligence Programme: main findings and recommendations
5. The state of rural health and well-being in Wales
6. Rural health policy review
7. The use of health impact assessment in rural Wales
8. Contemporary rural health issues: intelligence from Wales and beyond

Rural Health Intelligence Programme (RHIP)

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Executive summary

Introduction

Social inclusion in rural areas is the third in a series of three literature reviews published as part of the Rural Health Intelligence Programme (RHIP). The RHIP was commissioned by the Welsh Assembly Government to facilitate the development and implementation of evidence-based policies and programmes on health and well-being in rural Wales.

Methods

A systematic search of the literature was undertaken utilising the Health Evidence Bulletin Wales Guidelines and using the key words: *rural or countryside* and *social inclusion or participation* plus the following in turn: *rural models of social inclusion, evaluation of social inclusion models, innovative practice, equal opportunities, community, young, teenagers, low income, ethnic minorities, lone parents, disabled, elderly, mentally ill, unemployed, carers, parents and chronically sick*. The search was limited to all English language UK papers published between 1999 and 2002. In addition, members of the All Wales Rural Health Intelligence Group (AWRHIG) were contacted to ascertain if there were any relevant research papers and grey literature in their sphere of expertise.

Each paper was independently reviewed by a minimum of two people and was excluded or included on the basis of screening through a standardised proforma and through discussion of differences of opinion. The initial search yielded 94 papers, 15 of which were included in the review.

The STOX methodology was used to classify studies in the review, as this approach recognises the contribution of high quality controlled observational studies and cites evidence to support this view. It also recognises the contribution of surveys and case studies in generating hypotheses and informing research programmes which is a primary aim of the RHIP.

Emerging findings

The review process identified that there is a lack of robust research evidence to inform social inclusion issues in rural health. The available evidence took the form of case studies and/or expert opinion and the quality was variable. The social inclusion programmes in the review sought to address activities such as community engagement, sustainable economic development and local partnership working. Vulnerable groups highlighted in the review include young men and women, older people, those unemployed or in low paid employment, those with a physical disability or learning difficulties and their carers. Ethnic minority issues received little attention.

In addressing rural social inclusion the review highlights the importance of a joined-up approach to policy and programmes, both horizontally and vertically across agency boundaries and the need to address ethnic minority issues and equal opportunities more broadly. The systematic monitoring and evaluation of initiatives, using appropriate methods and relevant/accessible indicators of success is also of importance.

1. Introduction and background to the Rural Health Intelligence Programme

1.1 The Rural Health Intelligence Programme (RHIP)

The Welsh Assembly Government commissioned the Institute of Rural Health (IRH) to undertake the RHIP to facilitate the development and implementation of evidence-based policies and programmes on health and well-being in rural Wales. As one third of the population of Wales live in rural areas there is a clear need for a robust evidence base to inform decision making and to target health and well-being issues in rural Wales in an effective manner¹. The research was carried out between November 2001 and March 2003.

The main objectives of the RHIP were as follows:

- To provide a rural perspective to the Welsh Assembly Government on health and well-being issues;
- To provide intelligence on UK and wider European developments on rural health and well-being issues and their implications for Wales;
- To further develop research capacity in Wales on rural health and well-being issues, and advise on future research direction.

The RHIP comprised an innovative and multi-faceted approach to gathering health intelligence.

The methods used included:

- Systematic search of published literature on mortality, morbidity, deprivation and social determinants of health in rural Wales;
- Search of grey and unpublished literature;
- Review of mortality and morbidity datasets;
- Review of datasets on social issues that act as determinants of health;
- Appraisal of a range of health and well-being policies in a rural context;
- Case studies;
- Surveys of rural health experts within Wales, elsewhere in the UK and in Europe.

There were six requirements to the RHIP:

- Requirement 1: to examine and analyse available data on health and well-being in rural Wales;
- Requirement 2: to examine the evidence on how policies which can impact upon health and well-being are operating in rural areas of Wales;
- Requirement 3: to produce a report on the development of Health Impact Assessment in respect of specific issues facing rural communities;
- Requirement 4: to network with relevant organisations and individuals to identify models of good practice that address health and well-being issues in Wales;
- Requirement 5: to identify three key rural health and well-being issues and conduct brief reviews of recent UK and European literature in each of the three areas;
- Requirement 6: to organise and host a workshop with participation from Welsh Assembly Government and connected bodies, the National Health Service and the All Wales Research Health Intelligence Group (AWRHIG) members.

An important component of the RHIP was the setting up of AWRHIG, an expert group on rural health issues in Wales to guide and contribute to the intelligence gathering exercise. The group was comprised of individuals drawn from the spectrum of backgrounds that affect health directly and indirectly and included policy makers, academics, public health specialists, local government officers and representatives from the voluntary sector (see Appendix 1).

1.2 The rural health and well-being literature reviews

This report is the third in a series of three rural health and well-being literature reviews conducted as a part of the RHIP. The views of the AWRHIG were sought as to the key issues in rural health research in Wales and the following topics were identified:

- Measurement issues in rural health;
- Access and service models in rural health;
- Social inclusion in rural areas.

The concept of social inclusion is interpreted differently by diverse organisations in different countries and from different philosophical backgrounds. In order to define the parameters for this literature review the authors have chosen a broad definition of social inclusion proposed by the Centre for Economic and Social Inclusion (Britton and Casebourne, 2002).

'Social inclusion is the process by which efforts are made to ensure that everyone regardless of experience and circumstances can achieve their potential in life. To achieve social inclusion income and employment are necessary but not sufficient. An inclusive society is also characterised by a striving for reduced inequality, a balance of individual rights and duties and increased social cohesion'.

¹ Definition of rurality

For the purposes of this study the Organisation for Economic Co-operation and Development (OECD) definition of rurality (1994) was adopted (fewer than 150 persons per square km). Based on the population density of the 22 unitary authorities, nine were classified as rural with a combined population around a third of the population in Wales (National Assembly for Wales, 2001): Anglesey, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Monmouthshire, Pembrokeshire and Powys.

2. Methods

2.1 Applying the Health Evidence Bulletins approach

2.1.1 Applying the Health Evidence Bulletins Wales approach to rural health research

The methodology used in producing the Health Evidence Bulletins Wales (HEBW) i.e. systematic searching of literature, critical appraisal, grading of evidence and assigning evidence to statements, coupled with internal and external review (Weightman et al, 2001), provides a rigorous approach to literature reviewing. It was agreed by AWRHIG to pursue this approach for rural health reviews.

However, there were concerns about time constraints within the RHIP to produce a more rigorous review of evidence that went beyond the initial requirements for the programme. An appraisal group was established to explore the application of the HEBW approach and to assist the appraisal process. It consisted of AWRHIG members with interest and experience in reviewing research papers and external researchers recruited through AWRHIG members' personal networks. Training was held on the HEBW methodology, with a subsequent workshop. For a list of participants see Appendix 2.

During the review it became apparent that papers were predominantly type IV (observational studies) or type V (expert opinion) (see Table 1) and that the HEBW proforma appeared to be inappropriate. Therefore, an additional in-house critical appraisal form was used to assist in the appraisal process of the mainly qualitative studies (Appendix 4).

Table 1. Health Evidence Bulletin Wales: classification of evidence

Type of evidence	Example
Type I evidence	At least one good systematic review including at least one randomised controlled trial
Type II evidence	At least one good randomised control trial
Type III evidence	A well designed interventional study without randomisation
Type IV evidence	A well designed observational study
Type V evidence	Expert opinion/influential reports and studies

(Source: Weaver et al, 2002)

2.1.2 Barriers to Health Evidence Bulletins Wales approach

The application of the HEBW methodology to rural health research was previously untested. The workshop and the process of paper appraisal and development of summary statements revealed a number of unforeseen difficulties. A key issue emerging from the discussion with the AWRHIG and in the training workshop was the appropriateness of the application to rural health research of an evidence hierarchy such as that used in the HEBW approach.

It was suggested that the literature search may have missed key references relating to social inclusion issues in rural health. This view is supported by the Health Technology Unit (Murphy et al, 1998) in their review of qualitative research methodology in health technology assessment. They concluded that the tools often used for systematic reviews would not be appropriate for their topic due to the incomplete coverage by many of the databases leading to potential selection bias in the papers included for review.

The appraisal group confirmed the inappropriateness of the HEBW critical appraisal proformas for the type of evidence presented in the rural research papers. Furthermore, the hierarchy of evidence itself was questioned, particularly when applied to predominantly qualitative research papers. The majority of papers present observational evidence and expressions of opinion, which in a traditional hierarchy of evidence, are not deemed to carry significant weight. The application of such a hierarchy could give a misleading impression of the range of evidence available for rural health research.

2.1.3 STOX system

Recently published research into the development of a cross disciplinary methodology for systematic reviews for all types of research (Weaver et al, 2002) presented a methodology that could more appropriately be applied to the rural health reviews, in particular the use of an expanded classification system (STOX) to categorise research evidence.

Table 2. The STOX Classification System

Evidence Type	STOX classification	HEBW Classification	Description
Systematic reviews	S1	I	Comprehensive systematic review containing at least one randomised controlled trial
	S2	IV	Comprehensive systematic review
Trials	T1	I	Randomised controlled trial
	T2	III	Non randomised controlled trial
	T3	IV	Before and after intervention trial

Continued over leaf

Evidence Type	STOX classification	HEBW Classification	Description
Observational Studies	O1	IV	Cohort study
	O2	IV	Case control study
	O3	IV	Cross sectional/longitudinal study including statistical data
	O4	IV	Study using qualitative methods only
	O5	IV	Case study
EXpressions of opinion	X	V	Formal consensus or other professional opinion (including literature review where there is no indication of a systematic approach and models based on reviews of the literature)

(Source: Weaver et al, 2002)

The STOX classification remains within the HEBW hierarchy of evidence but recognises the contribution of high quality controlled observational studies and cites evidence to support this view. The authors also recognise the contribution of surveys and case studies in generating hypotheses and informing research programmes which is a primary aim of the RHIP. STOX greatly expands the HEBW Type IV evidence into a range of more specific types of study allowing far more detailed categorisation of papers.

Following discussions with the AWRHIG members it was agreed to progress with the rural health reviews using a 'middle way'. This involves a three-stage process:

1. Selection of key papers based on critical appraisal;
2. Classifying the evidence using both STOX and HEBW systems;
3. Summarising the findings of the paper in relation to themes in a rural context.

2.2 Systematic search of the literature

The key search words identified for this review were *rural* or *countryside* and *social inclusion* or *participation* plus the following in turn: *rural models social inclusion, evaluation of social inclusion models, innovative practice, equal opportunities, community, young, teenagers, low income, ethnic minorities, lone parents, disabled, elderly, mentally ill, unemployed, careers, parents and chronically sick*. The search was limited to UK English language papers from 1999 to 2002. Searches were made on a range of electronic databases as listed in Box 1. In addition, AWRHIG members were requested to send in key references in their field of expertise.

Box 1. Core sources

ASSIA, CINAHL, EMBASE, HealthStar, HMIC, MEDLINE, SIGLE, Cochrane Library, NRR, Best Evidence, Clinical Evidence, NICE, HTA Programme, NHS Centre for Reviews and Dissemination Systematic Reviews, SIGN guidelines, Eguidelines, TRIP, OMNI, AMED and ISI Web of Science databases.

The findings of the systematic search were then circulated to AWRHIG members with a further request for additional relevant research studies.

2.3 Selection criteria and appraisal of papers

Literature was included if the prime focus was an intervention, study or review of studies that aimed to promote rural social inclusion or inform rural social inclusion policy.

The initial search yielded 94 citations, of which 15 are included in the review and listed in Appendix 3. Closer inspection of the abstracts of the 94 papers resulted in the exclusion of 58 that did not deal directly with rural social inclusion. A further 21 papers were excluded where the work was not UK based, there was a focus on identifying social exclusion rather than addressing social inclusion, the papers had rural in the title but the authors did not analyse the rural dimension, there was no evaluation or the evaluation methodology was not adequately described. One paper from 1998 was included in the review despite being outside the time frame, given that it reported on work undertaken in Wales and described an aspect of social inclusion not addressed elsewhere.

Preliminary scrutiny of the 15 papers resulted in the identification of two sub-themes on social inclusion issues:

- Interventions to promote social inclusion in rural areas;
- Studies with implications for social inclusion policy and regional planning.

Each paper was allocated to a sub theme and independently reviewed by a minimum of two people. Findings were then compared and where differences were identified agreement was reached.

3. Appraisal of research papers

3.1 Interventions to promote social inclusion in rural areas

1. Barlow J, Gaunt-Richardson P, Amos A, McKie L

Addressing smoking and health among women living on low income II. TAPS Tiree: a dance and drama group for rural community development

Health Education Journal 1999; 58: 321-328

This paper, the second in a series of three, evaluates a project undertaken on the Island of Tiree in Scotland, to address smoking and health among women living on low incomes. This project is one of a series of projects funded by the Health Education Board for Scotland working in conjunction with ASH Scotland.

'TAPS' Tiree: a dance and drama group gained funding to produce a Christmas pantomime that aimed to: increase self-esteem and feelings of achievement; enhance community spirit; promote alternative distractions and interests; provide an opportunity for women to develop new skills and provide support for those women trying to change their smoking behaviour.

Data to evaluate the project were collected through routine monitoring and were augmented by telephone interviews with the facilitators and an in-depth interview by one of the advisory group members.

Detailed analysis was not presented in the paper. The authors identify the development of confidence and self-esteem in all participants as the most important outcome. They report that two years after the pantomime the group still met informally to address smoking issues and that the project had acted as a catalyst for the development of other community activities addressing health and recreation.

STOX - O5

HEBW - IV

2. Wilkinson M

Meeting disadvantaged young people's needs. The rural foyer: an integrated approach

Research Policy and Planning 2001; 19(3): 11-22

This study reports on a needs assessment of a rural foyer in Market Rasen, Lincolnshire. Data were collected using semi-structured interviews from statutory and voluntary organisations, foyer residents, ex-residents and foyer staff (both present and ex-staff) and by scrutinising day to day records of the foyer activities. The findings indicate mutual regard and respect between residents and staff. Various external agencies reported that the foyer tended to deal with disaffected young people, estranged from home, having no alternative accommodation and it offered a place of stability, training and support.

The author concludes that the foyer offers a rounded way of supporting vulnerable young people back into mainstream society and without it the problems of the homeless young people in the area would be exacerbated. The author cautions against generalising from the conclusions of this single study.

STOX - O4

HEBW - IV

3. Douglas F, Wyness L, Greener J, van Teijlingen E, Duthie L

The Grampian Mobile Information Bus

International Journal of Health Promotion & Education 2002; 40(2): 51-59

This paper presents an overview of the early implementation (6 month pilot period) and evaluation of a mobile information bus (MIB). The bus is a community-based intervention that provides health and related information for young people aged 12-18 living in rural areas in the north-east of Scotland. The evaluation methods included focus groups with young people, interviews with project staff, a questionnaire survey for return users, content analysis of minutes of staff meetings and the diary. The findings showed that 1180 young people visited the bus in 6 months and that they reported a high level of satisfaction. They sought information on sexual health, smoking, alcohol, drugs, housing careers, benefits and recreation. The main barriers to use were found to be the embarrassment of being seen to use the MIB and lack of transport to access the bus.

The authors conclude that the MIB has proved to be popular with young people who have used it and who see it as a credible source of information. They comment that it has acted as an agent for change, encouraging the development of other local facilities for young people. The findings do not clarify whether the MIB has removed barriers to access for those living in rural isolation and whether the project is sustainable. The authors also comment that although the evaluation methodology is fit for the purpose and the scale of the operation, there is a dilemma over what counts as evidence. Attention is also drawn to the need for a long time scale before clear understanding of impacts and outcomes can be observed, especially for those programmes that have developed as a spin off from the MIB.

STOX - O5

HEBW - IV

4. Hendry L, Reid M

Social relationships and health: the meaning of social 'connectedness' and how it relates to health concerns for rural Scottish adolescents

Journal of Adolescence 2000; 23: 705-719

This study to examine the health concerns of young people in rural Scotland followed in the wake of a larger survey that highlighted concerns that health issues impacted upon the ability of young people to integrate into a social network.

Eighteen females and nineteen males between the ages of 14-17 volunteered to take part in individual interviews. The findings indicate that health concerns include:

- a lack of confidence or worries about achievement;
- interactions with others, including handling peer conflict and developing good friendships;
- dealing with depression and other emotional experiences;
- decisions about the use of substances and concerns about physical illnesses.

The young people felt that adults tended to trivialise what could be devastating experiences of loss or pain. In order to alleviate social isolation, the authors suggest that young people need: to learn how to resolve conflicts with friends and peers; help in re-bridging an entry to their social network if they have fallen out with peers and friends; access to a good listener; to learn to manage anger rather than repress it; and finally, that adults need to empathise with adolescents about their worries and concerns.

STOX - O4

HEBW - IV

5. Crawford P, Brown B

'Like a friend going round': reducing the stigma attached to mental healthcare in rural communities

Health and Social Care in the Community 2002; 10(4): 229-238

This paper describes part of a research study investigating the nature of provision of mental health services in a rural area in the north Midlands. Eight focus groups took place involving 33 mental health professions and 15 service users. The findings revealed that service users became isolated when they became ill because their colleagues deserted them. The lack of anonymity in a rural community caused difficulties for clients who considered withdrawing from treatment. Practitioners had developed strategies to avoid stigmatising service users, such as seeing a client at the clinic rather than at their home. Service users felt it important that they controlled who knew about their illness and were very socially aware (contrary to common belief) about village life.

The authors suggest that professionals have an important role in maintaining social relationships and social status of people with mental health problems living in rural areas. While the authors suggest that this subject could be incorporated in training of professionals, they also acknowledge that this study is small and more research is required before the redesign of courses is considered.

STOX - O4

HEBW -IV

3.2 Studies with implications for social inclusion policy and regional planning

6. Day G

Working with the grain? Towards sustainable rural and community development

Journal of rural studies 1998; 14(1): 89-105

This paper explores recent social theory, the emergence of new models of local and regional development and discusses their relevance to pursuit of sustainable rural development in Wales. The author draws on recent contemporary development in rural Wales to inform the discussion. He argues that the recent rethink of the benefits of a global market mean that the traditional features of rurality, previously regarded as backward, bear a close affinity to conditions that are now regarded as a source of economic strength.

Culture and community are key forces in the economic success and the author describes the need to build on the strength of local communities bringing the social relationships of the community into alignment with the pursuit of locally preferred economic and political objectives working in harmony with what is already there. Economic activity can be maximised through the multiplier effect using local purchasing to capture and retain business in the local economic cluster. This is more likely to be effective if the networks are able to develop organically over time and through shared norms and values rather than through an imposed structure defined by institutional boundaries. The author concludes that for those involved in bringing about change and development in rural communities there is a need to perceive and work from the strengths of social and cultural life.

STOX - X

HEBW -V

7. Crawley J

Changing the future: tackling rural poverty and social exclusion through the work of a community foundation

London: Community Foundation Network 2001

The aim of the paper is to assist the Community Foundation Network to develop measures to assess the impact of funding and to evaluate its role in tackling community poverty in a rural community. The paper presents limited information on the methods used in the study but it would appear that depth interviews were undertaken with five different funders, workers and volunteers within the funded projects and at least one service user from each project. The content of the interviews was based on the findings of a preliminary postal questionnaire sent to 70 agencies of which 62 responses were received.

The paper highlights the activities of a number of projects working with vulnerable groups in rural areas and draws the following conclusions in relation to the role of funders of projects to promote social inclusion in rural areas:

- Community foundations should be actively encouraged to continue and extend their role in allowing all sectors to come together to seek solutions;
- Grant makers should actively recognise the value of investing in grass roots groups to encourage engagement;
- Building social capital can provide grant makers with a framework for otherwise random piecemeal activity;
- Grant makers should make best use of existing local resources that have good local knowledge;
- Community foundations should continue to strive to keep independence as grant makers and to influence donors;
- Grant makers need to understand the rural dimension to funding and cost implications of service delivery in rural areas.

STOX - O4

HEBW - IV

8. Alsop R, Clisby S, Craig G, Evans R, Hockey J

Beyond the Bus Shelter. Young women's choices and challenges in rural areas

Young Women's Christian Association 2002

This study explores the questions of what it means to be a young woman living in Britain's rural areas and how they respond to rural social exclusion. Interviews and focus groups were used to collect data from women aged between 16 and 25, including those with limited education, on a low income, members of an ethnic minority group, the unemployed and young mothers. Samples were selected in three sites by advertising for women to take part. A total of 30 women were interviewed and a further 34 took part in focus groups. The findings reveal that there was a lack of facilities needed to participate in the rural environment, such as a lack of social activities, poor transport, lack of education and employment opportunities, expensive housing, lack of affordable childcare and lack of services for ethnic minorities. The authors recommend that all of these issues should be addressed in order to help young women to be socially included. In addition, they suggest that there should be enhanced services in rural General

Practices, improved information technology and more outreach activities, including telephone helplines and mobile units.

STOX - O4 HEBW -IV

9. Neal S

Rural landscapes, representations and racism: examining multicultural citizenship and policy-making in the English countryside

Ethnic and Racial Studies 2002; 25(3): 442-461

This paper reviews the issue of racism in rural England from the basis of literature and two case studies. The limited existing research indicates that racism exists in rural England but that it is marginalised, ignored or denied in policy and political contexts. The preliminary findings of the case studies reveal that rural racism has a particular dimension and appears to manifest itself in different ways from the urban context. This is largely related to the suspicious attitude of rural residents to newcomers who have to fit in and be seen to fit into the community. The author argues that rural strategies to tackle racism may have to use different models from metropolitan England. She concludes that there is some evidence that rural policy makers are at last recognising the relevance of race and ethnicity to rural England but questions the impact of this shift in attitude.

STOX - X HEBW -V

10. Social Services Inspectorate

Cooperation is the key to ease rural isolation

Careplan 1999; 6(1): 33-36

This report details the findings of The Social Services Inspectorate inspection of services for older people and younger adults with physical disabilities in eight rural English communities. The Inspectorate circulated questionnaires to service users. Case records were scrutinised and discussions were held with care managers, senior managers, and with representatives of other agencies including voluntary groups, rural and district councils. The text provided no details on the selection procedures involved.

The findings reveal that only 55 per cent of service users had received information about social services. Organisations highlighted difficulties in providing home care services because of recruitment difficulties, limitations of choice, travel costs and arranging staff time efficiently. The geography of the area generated challenges transporting people to day care and in the delivery of meals on wheels.

The Inspectorate uncovered many good examples of cooperation between voluntary agencies, including prescription delivery services, transport systems, telephone alarm, advice and support lines. They also found social services departments finding inventive solutions that included: building a rural dimension into their planning and budgeting; seeking innovative solutions to transport and recognising that some problems could best be solved in collaboration with other agencies.

The Inspectorate suggests that there is a need for partnership planning and delivery of services. They also suggest that voluntary organisations would be more effective if their funding was more certain.

STOX - O3

HEBW - IV

11. Monk S, Dunn J, Fitzgerald M, Hodge I

Finding work in rural areas: barriers and bridges

York: Joseph Rowntree Foundation, 1999

This study explored the extent to which aspects of living in rural areas constrained people's ability to participate in the labour market. The research was undertaken within two rural areas of Suffolk and Lincolnshire. A questionnaire was circulated to 400 people who were unemployed or looking for alternative work, followed by 60 depth interviews.

The survey showed that the pay was higher in Suffolk compared with Lincolnshire. The depth interviews indicated four major constraints to getting work in rural areas: a mismatch between skills and available jobs; transport problems; employers' behaviour and attitudes to people who had to travel a long way; and difficulties engendered by tied housing, gang work and seasonal employment. Strategies adopted to gain employment included:

- Obtaining employment through local networks. As many employers did not formally advertise vacancies. Incomers not linked into local networks were disadvantaged;
- Becoming self-employed;
- Firms providing a work bus;
- The use of informal support networks such as friends or family to help with childcare and transport problems.

The authors conclude that this research revealed complex interrelationships between apparently different problems, for example, employment, transport and childcare. In addition there is a danger that because many disadvantaged people are in dispersed areas their complex needs may not be met.

STOX - O3

HEBW - IV

12. Pavis S, Hubbard G, Platt S

Young people in rural areas: Socially excluded or not?

Work, Employment and Society 2001; 15(2): 291-309

The aim of this study was to report on the transitional experiences of young people i.e. school to work, parental home to independent household, family of origin to family of destination, of young people aged 18 to 25 years with low educational qualifications living in two areas of rural Scotland. This is a well-structured study and part of a larger study commissioned by Joseph Rowntree Foundation Action in Rural Areas programme. The methodology is well described with close attention to methods of sampling, data collection and analytical procedures, involving interviews with 30 young people in each of the two study locations.

The findings indicate that most respondents were employed but on lower than average earnings. Most employment was gained via informal networks based on reputations of individuals applying. Only four respondents lived in single person or flat-share households, most living with parents until co-habitation or marriage. The authors challenge the government's primary marker of social inclusion, employment, stating that most of these respondents would be categorised as 'included'. However, if these respondents were to set up independently in their own home, with their own family, then difficulties would ensue. The authors discuss the findings in the context of different theories of social inclusion. They conclude that there is a need for social inclusion policies to focus on the process of inclusion as well as the outcomes. This would provide individuals with the opportunity to exercise their own choices to promote social inclusion using their own 'resources' within the 'arenas' available to them. The authors make the point that the same circumstances can be viewed as adequate at some points of life while inadequate at others.

STOX - O4

HEBW - IV

13. Moor C, Whitworth G

All together now? - social inclusion in rural communities

Local Government Association 2001

This paper presents the findings of a survey of rural local authorities' social inclusion work. A total of 155 rural authorities in England and Wales were surveyed and 105 responded. The findings reveal that 63 per cent of authorities had social inclusion as an agreed corporate priority and just under a third had formal social inclusion or anti-poverty strategies. Sixty six per cent had local strategic partnerships established, while only 43 per cent had dedicated officers for social inclusion compared to 50 per cent in authorities generally. The authors concluded that overall rural authorities had made less progress regarding social inclusion initiatives than authorities in general and made the following recommendations that:

- Rural authorities need to make social inclusion a corporate priority;
- There needs to be rural (social inclusion) proofing in all activities;
- There needs to be monitoring of the effectiveness of social inclusion and anti-poverty work;
- Local authorities need to work with others, especially across tiers of local government, to commit to continuous improvement of service delivery and to make a case for adequate funding.

STOX - O5

HEBW - IV

14. Shucksmith M

Endogenous development, social capital and social inclusion: perspectives from LEADER in the UK

Sociologica Ruralis 2000; 40(2): 208-217

This paper reviews the experience of LEADER in the UK. LEADER is an EU funded programme to find innovative solutions to rural problems which could reflect what is best suited to particular areas. The author draws upon sociological theories, contemporary literature and cites examples from the LEADER programmes to illustrate the points he makes.

The issues debated in this review include the tension between the creation of social capital to the benefit of a community and the marginalization of individuals who are less able to participate in this process. It is suggested that rural poverty in the sense of economic peripherality is not synonymous with geographical

peripherality and that interventions to make people less spatially excluded are an insufficient solution.

The author found little evidence on how social capital is built and recommended that qualitative research is undertaken which investigates the experience of endogenous development over many years. Finally, the paper concludes that economic development and social development are interdependent and that endogenous rural development programmes should not be located within agricultural departments or economic agencies but should be 'cross-cutting' and that this should be reflected in organisational structures. Programmes should have an emphasis on process rather than outcomes, especially in relation to capacity building in both collective and individual senses. A long-term horizon is needed to build social capital if it can be built, through the development of social norms, networks and civic engagement.

STOX - X

HEBW - V

15. Shucksmith M

Exclusive countryside? Social inclusion and regeneration in rural areas

Joseph Rowntree Foundation York, 2000

This report reviews the findings of the Joseph Rowntree Foundation Action in Rural Areas research programme, involving 10 research programmes in different parts of rural Britain. The authors summarised the research studies, drew out the policy implications and formulated a number of suggestions to tackle social inclusion in rural areas.

The key issues that underpin rural social inclusion are identified as hidden rural poverty which is harder to address through area based policies; high incidence of poverty in older often privately owned households; low benefit take-up, reflecting inaccessible advice and information centres; low pay especially in small workplaces, older people detached from the labour market; high incidence of poverty amongst self employed people; lack of transport and affordable housing and low priority of rural exclusion with policy makers.

The author concludes that in order to facilitate social inclusion the following steps should be taken:

- Rural exclusion proofing, where all existing policies, proposed practices proposed legislation and policy initiatives are audited in respect of their impact on people on low incomes in rural areas;
- Tackling low pay;
- Integration into work;
- Increasing benefit take-up through better access to information and advice;
- Raising pensions for those people who rely only on the state pension;
- Joining up policies so that complex issues such as social inclusion can be dealt with at all levels.

STOX - X

HEBW - V

4. Discussion

4.1 Methodological considerations

The STOX Classification system proved less useful than in the previous two reviews of measurement and access issues, primarily due to the nature of the evidence available for the review. This was largely a combination of observational studies and expert opinion of variable quality.

One of the issues raised in the papers reviewed here was the nature of the evidence taken into consideration in policy and practice development. Douglas et al (2002), in their evaluation of a Mobile Information Bus for young people, argue that their study is fit for purpose but would not be placed highly in traditional evidence hierarchies (Type IV evidence under the HEBW classification). The same can be said for other papers included in this review.

In general, the studies presented here provide information on the characteristics of rural social inclusion, or present recommendations on how social inclusion might be tackled. Only two studies reported on evaluations of the impact of social inclusion programmes. Among papers excluded from the review, a small number described local social inclusion initiatives which provided anecdotal evidence of positive effects resulting from rural social inclusion programmes, such as reduced truancy, lower crime levels, a reduction in requests to be rehoused from a housing estate (e.g. Skidmore, 2001) and the establishment of playgroups (e.g. Dobson, 2000). There is clearly scope for either a more systematic approach to obtaining this type of information or for local programmes to be helped to assess and disseminate outcomes in a more effective manner. It should be noted that this lack of evaluative research is by no means unique to this particular policy area (Macintyre, 2003).

4.2 Emerging themes

Despite the limitations of the available evidence, there is a consistency in the themes emerging from the recently published studies reviewed here, providing guidance for future action on social inclusion in rural areas.

- Social inclusion programmes appraised in this review sought to address activities such as: promoting participation of individuals through support to acquire skills, knowledge, esteem or sense of civic responsibility; restructuring of statutory and voluntary organisations to promote equality of participation; promotion of sustainable economic development; and strong inclusive local partnerships.
- Vulnerable groups that are highlighted in the review include: young men and women; older people; the unemployed; and people on a low income with a physical disability, or learning difficulties and their carers. Ethnic minority issues received little attention. Only three of the studies address health issues directly.
- The review highlights the importance of the process of social inclusion and the need for a joined up approach to rural social inclusion both horizontally and vertically across agency boundaries. This is needed to tackle the complex interrelationships between employment, housing, low pay, transport, childcare and health needs in rural areas. The evidence highlights the importance of building on the

strengths of communities and the need for a strong network of partnerships that are able to evolve organically over an extended period of time. A programme of support to enable vulnerable individuals to participate actively should be encouraged.

- There is also a need for rural social inclusion programmes to address health and ethnicity issues, to promote equal opportunities and to encourage participation in the community.
- The impact of rural social inclusion programmes should be monitored and evaluated through a systematic, structured programme using appropriate research methods to collect relevant and accessible indicators of success.

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Appendix 1

Membership of the All Wales Rural Health Intelligence Group (AWRHIG) as of July 2002

Mrs Trish Buchan	Institute of Rural Health
Mr Gareth Davies	National Public Health Service
Dr Jenny Deaville	Institute of Rural Health
Ms Jacqueline Dix	Age Concern Cymru
Dr David Fone	National Public Health Service
Ms Lindsay Foyster	Mind Cymru
Ms Catriona Graham	Powys County Council
Professor Mark Goodwin	University of Wales, Aberystwyth
Ms Marie Grannell	Society of Health Education and Health Promotion Specialists
Ms Margaret Hands	Ceredigion Social Services
Dr Barry Hounsome	University of Wales, Bangor
Ms Helen Howson	Welsh Assembly Government, Health and Social Care Department
Y Parch Roger Ellis Humphreys	Wales Rural Forum
Professor Joyce Kenkre	University of Glamorgan
Mr Edward H Lewis	Local Government Boundary Commission for Wales
Ms Catherine Mullin	Welsh Assembly Government, Transport Directorate
Ms Kaori Onoda	Welsh Assembly Government, Health Promotion Division
Mrs Grace Lewis Parry	Gwynedd Local Health Group
Ms Cath Roberts	Welsh Assembly Government, Statistical Directorate
Mr Chris Roberts	Welsh Assembly Government, Health Promotion Division
Mr Jasper Roberts	Welsh Assembly Government, Rural Policy Division
Miss Daisy Seabourne	Wales Council for Voluntary Action
Mr David Seal	Wales Centre for Health
Dr Paul Walker	National Public Health Service
Professor Clare Wenger	University of Wales, Bangor
Ms Simant Westley	National Public Health Service
Professor John G Williams	University of Wales, Swansea
Dr John Wynn-Jones	Institute of Rural Health

Appendix 2

Appraisal team at workshop on 16 April 2002

Ms Dawn Armstrong	Esther	University of Wales, Aberystwyth
Ms Glynis Bennett		University of Glamorgan
Mrs Trish Buchan		Institute of Rural Health
Ms Rebecca Cannings		Local Government Data Unit
Ms Caroline Davies		Rural Stress Information Network
Mr Gareth Davies		National Public Health Service
Dr Jenny Deaville		Institute of Rural Health
Prof. Mark Goodwin		University of Wales, Aberystwyth
Ms Marie Grannell		Society of Health Education/Promotion
Ms Roswyn Hakesley Brown		University of Glamorgan
Mr Barry Hounesome		University of Wales, Bangor
Ms Lesley Jones		Institute of Rural Health
Prof. Joyce Kenkre		University of Glamorgan
Ms Allyson Lipp		University of Glamorgan
Mr Iain Mansall		University of Glamorgan
Ms Kate Mitchison		Institute of Rural Health
Ms Kaori Onoda		Welsh Assembly Government, Health Promotion Division
Ms Delyth Owens		Citizens' Advice Bureau
Mr Nick Read		Agricultural Chaplain
Ms Cath Roberts		Welsh Assembly Government, Health Statistics & Analysis Unit
Dr Yvonne Tommis		University of Wales, Bangor
Prof. Clare Wenger		University of Wales, Bangor
Ms Louise Wilson		Institute of Rural Health

Appendix 3

List of papers reviewed

- Alsop R, Clisby S, Craig G, Evans R, Hockey J. (2002) Beyond the Bus Shelter. Young women's choices and challenges in rural areas. Oxford: Young Women's Christian Association.
- Barlow J, Gaunt-Richardson P, Amos A, McKie L. (1999) Addressing smoking and health among women living on low income II. TAPS Tiree: a dance and drama group for rural community development. *Health Education Journal*; 58: 321-328.
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- Shucksmith M. (2000) Endogenous development, social capital and social inclusion: perspectives from LEADER in the UK. *Sociologia Ruralis*; 40(2): 208-217.

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Appendix 4

Critical Appraisal Proforma: Social inclusion in rural areas

Name of Reviewer

Details of Publication

Please circle one of the following types of publication and give the details required for each type, using the space below.

- | | |
|------------------------|--|
| 1. Journal Article | Author/s, Article title, Journal title, Date/Volume/Issue/ Pages |
| 2. Report/Book | Author/s, Title, Pages, Date/Place/Publisher |
| 3. Book Chapter | Author/s, Chapter title, Chapter pages, Editor/s of the book, Book title, Date/
Edition/Place/Publisher |
| 4. Thesis/Dissertation | Author, Thesis/Dissertation title, Degree/Institution, Date |

A: Aims and Objectives of the Study

What are the aims and objectives of the study?

.....

.....

B: Rural health access issue

What is the problem/key issue considered in the study?

Please use keywords listed in the paper, if any.

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C: Definitions of Rurality (or substitute terms e.g. isolated or remote etc.)

Is 'Rurality' clearly defined in the study?

Yes No

If yes what is it?

.....

.....



D: Study Methods

Research Methods (Please highlight all those apply)

- Health Evidence Bulletin Criteria
- Systematic review or meta-analysis (Type I)
- Randomised Controlled Trial (Type II)
- Interventional study (e.g. before and after design) (Type III)
- Observational study (e.g. cohort, cross sectional) (Type IV)
- Expert opinion (Type V)

STOX Criteria

- Systematic review: Comprehensive with at least one RCT (S1)
- Systematic review: Comprehensive (S2)
- Trials: Randomised control trial (T1)
- Trials: Non-randomised control trial (T2)
- Trials: Before and after intervention trial (T3)
- Observational: Cohort (O1)
- Observational: Case control study (O2)
- Observational: Cross sectional/longitudinal study including statistical data (O3)
- Observational: Study using qualitative methods only (O4)
- Observational: Case study (O5)
- Expressions of opinion: Formal consensus or other professional opinion (including literature review where there is no indication of a systematic approach and models based on a review of the literature) (X)

Setting rural rural-urban
 (or substitute terms e.g. remote etc.) (or substitute terms e.g. remote etc.)

Target population (if appropriate)

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E: Brief Description of the Intervention (in the case of evaluative studies)

Please give a brief description of the intervention including its objectives, target groups and methods.

.....

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F: Study Findings

What are the key outcomes/messages of the study?
Please do not go into a detailed description of the results.

.....
.....

Does the paper include any discussion of applications of the study findings, future research needs, or policy implications, especially regarding access to rural health?

Yes No

If yes, what are they?

.....
.....

G: Quality of the paper

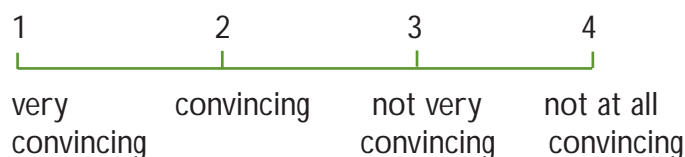
(Please highlight your answers)

- Are the aims and objectives clearly described? Yes / No
- Do the authors refer to appropriate literature? Yes / No
- Are the study methods clearly described? Yes / No
- Is the response rate reported? Yes / No / NA
- Is there any discussion of possible bias? Yes / No
- Are statistical methods clearly described? Yes / No / NA
- If a qualitative study, is the method of analysis clearly described? Yes / No / NA
- Are the study methods appropriate for the objectives? Yes / No
- Was sample selection justified? Yes / No / NA
- Are statistical methods appropriate? Yes / No / NA
- Are the conclusions justified by the results? Yes / No
- Other comments on the quality of the study?

.....
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H: Reviewer's assessment

Strength of evidence
(please circle a number)





I: Reviewer's comments

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