



## Equality of Access to Services and Employment for people living in rural communities

### 1. Introduction

1.1 As a public service focused on providing excellent service, we are committed to ensuring equality of access to our services for every person, including those in temporary residence or transit through the Country.

1.2 This paper is one of a suite of documents used as part of our Community Integrated Risk Management planning process. This paper focuses on aspects of equality relating to people living in rural communities.

1.3 Several groups have been identified as potentially being at greater risk of fire or are potentially not accessing services such as Safe and Well visits. This paper sets out challenges to equal access which require focus and additional resources to evaluate further whether this is the case.

1.4 In the public consultation we will ask people in our communities to work with us to understand further any issues from their perspectives and how these might be addressed. We also want to work in partnership to re-design services or access pathways where needed.

1.5 The issues outlined in this document also underline how more engagement with communities for access to services will support us to become a more attractive employer. Improved access to the service will support us to attract a more diverse staff group and employing a more diverse staff group will support improved access to and provision of Fire and Rescue Services (FRS).

### 2. What Equality of Access means?

2.1 We are committed to providing equality of access to all our services. This includes actively seeking to engage people who may be unaware or choosing not to access services from us and other public sector providers.

2.2 Our approach is designed to ensure equality of access irrespective of: age; gender (including gender reassignment and gender identity); race (including colour, nationality, ethnic or national origin); being married or in a civil partnership; being pregnant or on maternity leave; disability; religion or belief (including no-belief); sex or sexual orientation; caring responsibilities; socio-economic class; and whether such an identity is actual or perceived or whether this is by association with persons from any of these equality strands.

2.3 We know though our fire investigation and operational assurance processes that some people are more likely to have a fire, including people living in rural communities. There are also communities and individuals who may not be showing as being at higher risk of a fire, but who may not be accessing our services, such as safe and well visits or

reporting fires. Barriers may include language, perceived prejudice and other societal factors/historical discrimination.

2.4 We need to work to reduce fire risk and other life risk across all the people and recognise that we will need to develop different approaches to ensuring equality of access for different communities. This includes working with the people and communities affected to understand how we need to adapt our messaging and services to ensure equality of access.

2.5 Through our approach to equality of access we will work to:

- 2.6 Identify all the communities and customers that make up the FRS area.
- 2.7 Identify how we can improve access to and the provision of the full range of services provided by the FRS as well as access to employment opportunities for all the individuals and communities we serve.
- 2.8 Learn from and enhance good practice identified through equality monitoring.
- 2.9 Mitigate any adverse impact of our services and employment processes identified through equality monitoring.
- 2.10 Eliminate any unlawful discrimination identified through equality monitoring.
- 2.11 Promote good community relations.
- 2.12 Use appropriate engagement techniques including social marketing to inform and focus on behaviours to help customers adopt safer ways of living.

2.13 Data, academic evidence and case studies have informed our people impact assessments. We now want to work with people living in rural communities, including charities, community groups and faith groups, to refine our understanding of the issues and how we can best address them.

2.14 There are a number of other separate documents relating to becoming an employer of choice for neurodiverse people. Issues are outlined in this document as a means of underlining the link between more engagement with communities for access to services and how that make us a more attractive employer and vice versa.

### **3. Executive Summary**

3.1 Nineteen per cent of the population of England live in rural areas which make up 85 per cent of the land. These areas are very diverse, ranging from open countryside with a scattering of small towns and villages to coastal communities dependent on fishing or tourism, former mining areas and commuter villages. One local authority area can contain several different rural communities as well as cities and towns and can exemplify inequalities with life expectancy differing across different groups by up to 10 years. Because of this diversity, local authorities need to understand in some detail the character of their rural populations and the access to services facing them.

3.2 Broad-brush indicators can mask small pockets of significant deprivation and correlating access to services. Both sparsity and rurality appear to affect poverty levels and consequently the health of people in rural areas making them more isolated and less visible in the community. Sparse areas on the fringes of towns and urban settlements have the highest proportions of poor households, although no area type is poverty free.

3.3 Rural communities are increasingly older. The younger population tends to decline the more rural the settlement type. Older people experience worse health and have greater need of support services. Financial poverty in rural areas is highly concentrated amongst older people. FRS support needs are difficult to separate for those with multiple and complex needs and reductions in resources or the inability to recruit staff in rural areas are compounded by high delivery costs and organisational challenges in sparse areas.

3.4 Reductions in resources to access the older population, travelling and transport issues and lack of community support in some areas contribute to the lack of interaction with those more vulnerable. Many local authority functions have an access impact. Local authorities can therefore influence access outcomes in rural areas through working with other agencies to improve access to services, but also through tackling the social determinants of the risk of fire through their on-call staff, prevention and protection teams, education, regulatory and other roles.

3.5 Town and parish councils can also play a part, both in developing understanding of the fire risk profile of their residents and in a proactive role of promoting fire prevention and protection in their communities.

#### **4. Further understanding of Equal Access**

4.1 Certain social and economic factors have a disproportionate impact on people's access to FRS services. These include:

- **4.2 Poverty** – 15 per cent of households in rural areas live in relative poverty after housing costs are considered, as compared with 22 per cent in urban areas
- **4.3 Housing** – house prices tend to be higher in rural areas and more households experience deeper fuel poverty
- **4.4 Employment** – in 2015 77 per cent of working age people in rural areas were in employment, as compared with 73 per cent in urban areas: household incomes in rural areas can be lower due to part-time or seasonal working
- **4.5 Access to transport** – rural residents travel longer distances than their urban counterparts and spend longer travelling.

4.6 As a public service focused on excellent service to our customers, we need to ensure equality of access to our services for every person and those in temporary residence or transit through the County or area of risk.

4.7 We know through our fire investigation and Operational Assurance processes that some people are more likely to have a fire and they include those who are living in rural communities, are isolated due to poverty, ill health, proximity to larger cities, lack of public transport or access to a personal vehicle or vehicular support from family or friends, mobility issues, lack of local services, an influx in seasonal workers who are unfamiliar with the countryside and its specific hazards and mental health issues.

4.8 There are however other communities/people who aren't necessarily showing as being at higher risk of a fire, but they may not be accessing our services such as safe and well visits or reporting fires because of other barriers which may be:

- 4.9 Language and communication barriers, whether it be down to:
  - 4.10 a lack of ability due to a non-native language, hard of hearing or illiteracy,
  - 4.11 age related miscommunication,
  - 4.12 lack of understanding because of cultural factors and beliefs,
  - 4.13 communication barriers due to biases conscious and unconscious,
  - 4.14 innate prejudices due to lack of exposure to other cultures or beliefs,
  - 4.15 lack of education,
  - 4.16 mental health,
  - 4.17 self-imposed isolation.
- 4.18 An aging population partly down to family members moving to more urban areas for work or other societal factors, the pandemic may have changed dynamic this with people moving back in with older relatives due to financial hardship or to combat loneliness.
- 4.19 Separated from their extended family due to their employment or relationship breakdown.
- 4.20 People who have chosen to live remotely with little or no influence from the outside world.
- 4.21 People who have chosen not to use modern technology.
- 4.22 Living as an isolated community within a rural community who are sceptical of external influence.
- 4.23 Chosen to live a hermit lifestyle without modern conveniences.
- 4.24 Lack of digital access or exclusion.
- 4.25 Lack of infrastructure.
- 4.26 Changing population patterns.
- 4.27 Lack of access to related services.
- 4.28 Lack of community support, isolation, social exclusion.
- 4.29 Perceived prejudice.
- 4.30 Other societal factors/historical discrimination.

4.31 Equality of access means actively seeking to engage people who may be unaware or choosing not to access services from the FRS and other public sector service providers.

4.32 We need to work to reduce fire risk and other life risk across all the people and that needs different approaches. Within our equality of access approach, we also need to:

- 4.33 Identify the all the communities and customers that make up the FRS area.
- 4.34 Consider how we and improve the provision FRS services as well as access to employment opportunities with FRS to include all our communities across a range of variables including ethnicity, disability, sex, gender identity, sexual orientation, religion or belief, parenting or guardianship responsibilities and age.
- 4.35 Learn from and enhance good practice identified through equality monitoring.
- 4.36 Use the results of equality monitoring to mitigate any adverse impact of our services and employment processes on groups within our diverse communities.
- 4.37 Eliminate any unlawful discrimination identified through equality monitoring.
- 4.38 Foster, promote and maintain good community relations.

- 4.39 Use appropriate engagement techniques including social marketing to inform and focus on behaviours to help customers adopt safer ways of living.

4.40 Data, academic evidence, and case studies have informed our people impact assessments, these now need refining by contributions and insights from people living in rural communities, support groups and community engagement partners e.g., charities and by way of grass roots engagement.

## **5. Changing Population Patterns**

5.1 The outward migration of young people and inward migration of older people is leading to a rural population that is increasingly older than the urban population, with limited access to FRS services, education and support. It should be noted here that migration due to changes in the working practices due to COVID-19 Pandemic has had reversed effect to this trend but in the main the trend has not changed. This can then link into FRS staff not identifying:

- 5.2 Hoarders.
- 5.3 Those at risk of fire due to mental health.
- 5.4 Those who are more at risk of fire due to lack of central heating and using an open fire to cook or heat a home.
- 5.5 People living in alternative communities having fires in the open and the risks that opens up.
- 5.6 Day trippers and transient communities unfamiliar with the Country Code and fire risks, becoming stranded in remote areas because of weather conditions, being unaware of lack of mobile communications in more remote areas due to the landscape.
- 5.7 Recreational users of the countryside and those in rural areas who may be at risk of drowning in open water particularly considering post-pandemic and lifestyle changes which may close down urban centres for swimming.

## **6. Infrastructure**

6.1 Sparsity and the increasing scarcity of public transport links have a significant impact both on daily living costs of rural households and on access to services, ability to get to work, or to access roles and work for the FRS.

## **7. Digital access and exclusion**

7.1 A combination of the older demographic and the unavailability of high-speed broadband and mobile phone networks are leading to an increasing digital gap between urban and rural areas. This is made more serious by the growing number of important services, such as job search opportunities, banking and increasingly, health-related services, that are available online.

7.2 The terrain and landscape of an area may also inhibit communications in rural areas meaning face to face communication may be the only option in some instances. FRSs may not then be able to market and promote services as easily to this and other rural demographics and may have to rely on word of mouth, face to face interaction, physical

leafleting, community events, the local place of gathering, be that a pub, working men's clubs, local shops, small businesses, parish church, parish councils, established community groups etc.; FRSs may have to establish a community group to engage with the community.

## **8. Access to services**

8.1 Rural areas have worse access in terms of distance to FRSs. Longer distances to Fire Stations and FRS community events means rural residents can experience '[distance decay](#)' where service use decreases with increasing distance. Different models of service delivery may be needed for rural areas, including new models of workforce development and marketing. These also include the development of rural hubs providing a range of services, and more services provided on and through the internet although this can be hindered by digital access in some instances.

## **9. Health and wellbeing in rural areas**

9.1 Community support, isolation and social exclusion, rural social networks are breaking down with a consequent increase in social isolation and loneliness, especially among older people. The fact that social isolation influences health outcomes in its own right suggests that this and the emotional and mental wellbeing of people in rural areas is an important and hitherto neglected area in the promotion of public health.

9.2 Housing and fuel poverty affordability, poor quality housing and significant fuel poverty in the most rural areas are threatening the wellbeing and sustainability of communities. House prices are higher in rural areas and there is much less housing association and council housing. There is a much higher proportion of 'non-decent' homes and of houses which are energy inefficient, and many areas are not on the gas grid which leads to higher prices.

9.3 Employment and under-employment Unemployment and under-employment are taking younger people away from their families and work is low paid and intermittent

## **10. Contextual Background – Why is it important?**

10.1 We as employers need to diversify our staff, volunteers, and networks to reflect the communities we live in and serve. This then leads to a building of trust and a feeling of inclusion and equity of access to services and employment. We need to work with faith groups, LGBT and BAME groups, local businesses, play groups, [Young Farmers](#), Cadet schemes, [The Countryside Alliance](#), the [National Farmers Union](#) (NFU), Stately homes and large landowners who employ a transient workforce and exploit all contacts we have access to, to diversify the reach we have within our communities both rural and otherwise.

10.2 This is not just an issue to be considered in relation to the services FRSs provide, but also the partners and agencies we work alongside. We want those living in rural communities to live a safe and happy life by remaining in their own homes as long as possible. Not only does this improve the quality of life for people living in those communities but it will also reduce the financial impact on the families and organizations supporting people. [The Prime Minister's challenge on dementia](#) built on the achievements of the [National Dementia Strategy](#) and linked well with the CFOA document [Ageing Safely -](#)

[Protecting an ageing population from the risk of fire in the home](#). During 2012/13, people over the age of 60 were 10 times more likely to die in a fire than those aged 17-24. Research has also shown that impairment, disability, and dementia are a substantial factor in increasing someone's risk of injury or death from fire in the home. FRS need to maintain our national data on fires in rural communities linking to Community Risk Management Plans.

10.3 Prevention activity is about ensuring we design in equality access for people who may not be able to access services such as 'Safe and Well' visits, and who rely on care givers, family and other networks to support them make best decisions. To live independently in their home for as long as possible with appropriate care, protected when discharged home from hospital, and provided with specialist fire safety equipment to reduce fire risks and incidents in the home. This is not just an issue to be considered in relation to the services FRSs provide, but also the partners and agencies we work alongside.

10.4 We employ staff and utilise volunteers who live in rural communities who also hold on-call roles or who have local knowledge which is incredibly beneficial for the FRS to enable them to deliver services. Fostering these relationships and embedding control measures as a part of risks identified in Community Risk Management Plans and the Community Risk Register will enable services to work to the control measures identified.

10.5 [The Fire Standards Board](#) outlines strategic goals via consultation, risk analysis, resource deployment planning and evidence to enable services to demonstrate how [protection, prevention and response](#) activities have and will be used to collectively prevent and or mitigate risk within communities and reduce the impact felt by them.

10.6 Having an engagement strategy in place and maintaining relationships with holders of Neighbourhood plans will also mean they contact the FRS for them to report back, so that community groups feel heard and means hydrants can be maintained, repairs made, wider context contacts made.

10.7 In 2016/17 Cornwall Council created a '[policy toolbox](#)' of advice and tools to help demystify neighbourhood planning and support communities to get in involved. It offers advice for smaller communities including on how to unlock the potential of development to provide resource for facilities they need. It shares example policies across many themes – ranging from housing and transport to community facilities and the environment - that communities could if they wish would adapt for their own neighbourhood plans. It offers a range of templates that communities will find of value as they get involved in neighbourhood planning.

10.8 Planning exercises with local engagement will also foster relationships and establish trust. [Local resilience forums](#) and partner agencies should also be consulted and engaged.

10.9 [Joint Emergency Services Interoperability Principles](#) (JESIP) principles should be embedded in the organisation. The five principles being:

- 10.10 Co-locate. Co-locate with commanders as soon as practicably possible at a single, safe and easily identified location near to the scene.
- 10.11 Communicate. Communicate clearly using plain English.

- 10.12 Co-ordinate. Co-ordinate by agreeing the lead service.
- 10.13 Jointly understand risk.
- 10.14 Shared Situational Awareness.

10.15 Establishing good working relationships in rural communities can benefit the FRS in spate conditions. Floods, widespread or devastating fires, power outages, roads closed due to weather conditions, fallen trees, power lines etc., can lead to communities being isolated, and cut off. This is of particular concern to those families in rural communities who have complex health needs and may require medicines, medical treatments which cannot be missed like dialysis, cancer treatment or oxygen therapy to name a few.

10.16 Good connections with rural communities can engender a mutually beneficial relationship which means that farmers, landowners, agricultural colleges, who have heavy lifting equipment, tele-handlers, forklifts, trucks, chain saws and trained operators, venues with generators can assist the FRS to deliver services which would ordinarily be difficult to overcome without the assistance of the local community and the resources they have within it.

10.17 Those rural communities who are coastal or have large standing or flowing bodies of water may be able to assist with sea and river vessels which may well be more robust and in greater numbers than FRS provision, they may have larger engines and more surface area capacity. The owners and operators are also useful to make as contacts to enable the FRS and other local agencies to deliver services which may be impossible in emergency conditions.

## **11. Rural communities that require focus from an FRS perspective**

11.1 Utilising community hubs, Doctors Surgeries, local established groups like the [WI](#), playgroups, district nurses, friendship networks and FRS estates are established resources to bring communities together.

11.2 When updating and horizon planning estate upgrades to the existing FRS buildings in rural communities give thought to the following:

- 11.3 Joint working and enabling services.
- 11.4 Amalgamation of services to provide a one stop shop which benefits not only the services delivering the output but the community base accessing the information and resources.

11.5 This in turn supplies a community base for people to come together to reduce loneliness, reduce exclusion or reduction of ability to access services and leads to a wider reach into the community by hosting art projects funded by local charities, people looking for premises to host events funded by national charities like the national lottery and sport for all, thus extending our reach as FRSs into the local communities, with breadth and depth of focus. This can then enhance our recruitment base and in turn our diversity in FRS staff, reflecting the communities we serve and live in. With all of these protected groups, garner an understanding of the intersection of characteristics, trying not to box people into one formula of access. Diversify the access and opportunities which delivers a diversification of



recipients. This crossover of scope extrapolates out into gaining further reach into the rural communities.

## **12. Older age-related dementia and mobility in rural communities**

### **12.1 Ageing in coastal and rural communities**

12.2 Older people should be able to thrive whether they live in the countryside or in towns. They should be able to access essential services and live active lives.

12.3 The number of older people living in rural locations is growing, and whilst life in the country can offer many benefits it can also exacerbate the challenges older people face. The characteristics of rural areas, with low population densities and large distances between residential and/or commercial centres, impact on the cost and quality of services available to older people. Key issues include poor transport options, social isolation and loneliness, difficulties accessing essential health and social care services and banks or post offices.

12.4 [Age UK](#) and [Public Health England](#) (PHE) have been working together to explore the factors underlying health inequalities for older men, older people from ethnic minorities and older LGBTQ+ people in coastal and rural communities. The findings are published in their [Ageing in coastal and rural communities document](#), which includes interviews with older people from these communities and community workers who understand and work with these communities.

## **13. Identifying gaps**

13.1 In 2019, PHE published a review of [Health Inequalities for Older Populations in Rural and Coastal Areas](#). This identified a number of important drivers of health inequalities for older people living in rural and coastal areas including some possible means to address these.

13.2 The research also identified gaps in evidence or indication of unmet need for specific groups:

- 13.3 Older men.
- 13.4 Older LGBTQ+ people.
- 13.5 Older people from ethnic minority groups.

13.6 Age UK's work builds on this and also draws on the [Placed Based Approaches for Reducing Health Inequalities](#) launched by PHE, [The Association of Directors of Public Health](#) and [Local Government Association](#), and sets out areas for action in relation to this work.

13.7 While Age UK's research is designed to help those working in coastal and rural communities, there is likely to be relevance wider than this and it aims to help understand the issues affecting older people in these groups and to identify how place-based action can be taken to address the health inequalities that affect them.

## 14. Perceived issues in need of action

14.1 The five issues which need action across all the groups:

- 14.2 Loneliness and social isolation.
- 14.3 The digital divide.
- 14.4 A lack of support networks among people who move to rural and coastal communities.
- 14.5 Gaps in public transport provision.
- 14.6 Gaps in support for carers and people with dementia.
- 14.7 Core approaches.

14.8 Age UK identified six core approaches which could help all groups but must be tailored to the needs of each group and the diversity within them.

- 14.9 Gather data.
- 14.10 Work with the [VCSE](#) sector.
- 14.11 Support the development of peer-led services.
- 14.12 Flex to allow work across geographies and groups.
- 14.13 Involve people rather than consulting them.
- 14.14 Make access easy.

14.15 Refer to the [policy position paper on rural aging](#) produced by Age UK and the LGBT paper produced by [Age UK](#).

### Actions:

- 14.16 Continue to work with interagency referrals, particularly when the customer is unable to do this for themselves.
- 14.17 Community engagement, raising the profile through campaigns of the free Safe and Well service.
- 14.18 Continued work in rural communities.
- 14.19 Friendly Community groups to strengthen joint agency work.
- 14.20 Internal awareness raising with staff, and promotion of the national ethos in regard to accessing these communities
- 14.21 Continued delivery of training.
- 14.22 Developing rural community awareness raising through induction processes.
- 14.23 Develop roles in the FRS whether voluntary or paid, to allow a mix of experience and inexperience to share learning and bridge age gaps.
- 14.24 Mobility issues doesn't mean a person is less employable, it just means we have to be more creative in the ways in which we as FRS encourage people not only access services but also be a part of it.
- 14.25 Engage older residents to interact with younger ones, socialising both sets of groups, engendering and fostering trust,

respect and knowledge, and information sharing and awareness of the local and rural community.

## 15. Women and rural communities

15.1 Women in the main are:

- 15.2 Care givers or care receivers.
- 15.3 Most likely to be affected by changes in family dynamics, impact on work and finances.

15.4 FRSs must take all appropriate measures to eliminate discrimination against women in rural areas so that they can participate in and benefit from health care, education, social security, development planning etc. equally with men.

15.5 A [Women's Resource Centre](#) (WRC) [article](#) explains how Article 14 requires the UK Government to address the particular issues faced by rural women, taking all appropriate measures to ensure the application [of Convention on the Elimination of Discrimination against Women](#) (CEDAW), including: planning, health care, social security, training and education, economic opportunities, community activities, housing, transport, technology and communications.

15.6 In its [Eighth CEDAW periodic report \(2017\)](#), the Government reported upon measures taken towards supporting rural women's businesses, improving access to Broadband and considering women's needs in the provision of rural transport.

15.7 In 2018, the Women's Resource Centre collaborated with rural women living and working in North East of England to gather evidence about the effectiveness of these Government measures. It found these to be severely lacking.

15.8 The overarching issue facing rural women is exclusion created by scarcity of amenities and services:

- 15.9 Transport.
- 15.10 Access to the internet.
- 15.11 Local schools.
- 15.12 Child and other care.
- 15.13 Affordable housing.
- 15.14 Health services.
- 15.15 Training and secure work.

15.16 The cumulative effect makes many opportunities unreachable or unaffordable, drives women and families into poverty and limits their wider opportunities and life chances. This is exacerbated by a largely monocultural landscape where sexism in public and private life remains commonplace. Rural women with additional protected characteristics face further prejudice and discrimination.

15.17 Closure of community-based services as a result of austerity impacts disproportionately upon rural women, particularly in their roles of mothers and carers. Services scattered across vast geographical areas are difficult to access because of lack of personal transport, discontinued bus services and having to use two or three buses to reach a destination. Women without available personal transport can spend hours, catching and riding in buses, often with small children. Low-income families can't afford travel expenses.

15.18 The cost to women's organisations of providing holistic support to women is high, averaging £40 for travel alone.

15.19 Rural women are often dependent on peripatetic mental health services with waiting lists of months, even where they are suicidal. There are many additional barriers to rural women accessing sexual violence services, having to travel long distances can be prohibitive, irrespective of whether women have access to transport, because of the trauma they have experienced and nervousness around seeking help.

15.20 The seasonal nature of tourism and hospitality industries means disrupted income patterns for women who are in and out of the benefits system, affecting housing benefit as well.

15.21 Many rural women resort to taking several seasonal and low-paid jobs to make ends meet. Significantly high number of rural women are setting up micro enterprises, but the business support framework favours high growth and often fails them for seeking to remain small and local.

15.22 While house building has increased dramatically, it mostly doesn't meet the needs of rural women. Either it is unaffordable, or not social housing, or the expansion of tourism and demand for second homes keeps prices artificially high. An emphasis on affordability for buying homes is not relevant to women in poverty. There are many country estate landowners and a significant number of rural women remain in this private rented sector, where repairs and upkeep are limited.

15.23 Rural Black Minority Ethnic (BME) women are particularly marginalised, many in small towns and villages that were former mining communities, thus experiencing economic downturn. Language, culture and racism compound and intensify barriers faced. BME women have difficulty accessing support networks and experience loneliness and isolation because of lack of social interaction in culturally diverse environments. Disabled BME women face multiple and additional barriers which contribute to their social exclusion as well as challenges dealing with services and austerity measures.

15.24 Many rural BME women and families have been targeted by racism and as a result suffer from anxiety and in some cases, post-traumatic stress and depression. BME women can encounter parallel discrimination when accessing services. Those who have experienced domestic abuse are very often reluctant to contact the police for fear of insensitive responses or further abuse and violence. Difficulty accessing culturally sensitive services or specialist organisations located in large cities mean they often suffer in silence, living in fear and constant anxiety.

15.25 Recommendations by the WRC to the UK Government in their implementation of Article 14:

- 15.26 Investment in rural infrastructure including transport, housing and community-based services.
- 15.27 Supporting the effective engagement and participation of women with intersectional perspectives in rural public life, including specialist services led-by and for BME women.
- 15.28 Investment in independent support structures and resources for BME women in response to the growth and diversity of BME populations in rural areas.
- 15.29 Sex mainstreaming of transport and housing policies as well as solutions, with smaller, locally focused initiatives to respond to geographical challenges.
- 15.30 Locally based education, training and employability programmes for rural women, linked to holistic and culturally sensitive support, with funded specialisms to address intersectional barriers.
- 15.31 Incentives for partnership work to provide additional support for rural women interested in business set up, including micro-enterprise initiatives and programmes.

**Actions:**

- 15.32 Engage through community events, highlight and promote work opportunities making reasonable adjustments taking into account responsibilities and pressures from elsewhere.
- 15.33 Measure performance on deliverables and SMART objectives rather than conventional and existing outmoded ways of working if applicable.
- 15.34 Establish and support existing networks to enable access to employment when women are engaged as employees in rural communities. Allow flexible working and less closely managed staff who are trusted to deliver and are measured on output and performance rather than other measures which actively discriminate against those with caring and family pressures.
- 15.35 Educate families so that it isn't the mother who necessarily is always the primary care giver and that other members of the family are equally responsible and able to take on this role.
- 15.36 Challenge and manage local societal expectations and open up opportunities which allow women to access employment, more tailored to their external pressures.
- 15.37 Use the established community environs and FRS estates to create support networks and hubs to allow a different and more modern way of working. Thus allowing women to work to their schedule which works better for them; particularly if it in the evening after their charges have gone to bed or early in the morning instead of having fixed and inflexible core hours for certain roles.

**16. Learning disabilities, diverse abilities and dementia in rural communities**

- 16.1 They are less likely to receive a correct or early diagnosis of [dementia](#) and may not be able to understand the diagnosis.

- 16.2 They may experience a more rapid progression of dementia, although this can be complicated by difficulty or delay in diagnosis.
- 16.3 They may have already learned different ways to communicate (e.g. more non-verbal communication if their disability affects speech).
- 16.4 They could already be receiving social care in the family home or be in a supported living environment where they are given help to allow them to live independently.
- 16.5 They will need specific support to understand the changes they are experiencing, and to access appropriate services.
- 16.6 Additional considerations need to be given around anxiety and depression, possibly leading to isolation, self-harming or self-neglect.
- 16.7 Being isolated in a rural community generally affects people with learning disabilities in similar ways to people without [learning disabilities](#). However, there are some important differences. People with a learning disability and particularly those with [Down's syndrome](#) are at greater risk of being isolated at a younger age.

**Actions:**

- 16.8 Closer linkage with disability networks to share best practice and ensure learning opportunities are developed.
- 16.9 Understanding referral routes which are specific, and those which are mental health specific including community support networks.
- 16.10 Create roles within the community whether voluntary and unpaid or paid roles which gives those with unconventional and diverse abilities the opportunity to work for the FRS enhancing not only their life, it can relieve the burden on their carer/support worker and diversifies the face of the FRS to the public.

**17. People from a Black, Asian and Ethnic minority background**

17.1 Rural communities are becoming increasingly diverse with the ebb and flow of people due to age, financial status, a change of lifestyle, economic or political migrants and the fact myths about living in the countryside are being dispelled through education and experience of other Black, Asian and Ethnic minority people already established in those rural communities.

17.2 A recurrent theme is the emphasis on a numbers-led rather than a needs or rights-led approach to service delivery. This results in many policy and service providers ignoring the needs of rural minority ethnic people.

17.3 In the rural context, potential barriers to access and use of services consistently emerge. These are:

- 17.4 poor access to advice and information,
- 17.5 language and communication difficulties,
- 17.6 lack of culturally sensitive services,
- 17.7 lack of investment in capacity building.

17.8 The main constraints that emerge in relation are lack of knowledge and access to appropriate information and advice. In addition, there is a lack of understanding and skills

among some service providers with regard to the requirements of minority ethnic households.

17.9 The lack of an evidence base makes it difficult to say with any certainty whether the health of rural minority ethnic households is any different from that of their urban counterparts as well as from rural residents in general.

17.10 However, similar concerns emerge from the scarce evidence that exists.

17.11 Mechanisms for exchanging knowledge and practice are important. There is an urgent need to explore the most appropriate ways of achieving these.

17.12 There is a need for consistent monitoring and evaluation of race equality policies and practices. In this context, gathering independent evidence which assesses the impact of policies and practice on rural minority ethnic households is vital.

17.13 Many national government documents concerned with rural policy remain colour-blind.

17.14 **Reference:** <https://raceequalityfoundation.org.uk/>

**Actions:**

- 17.15 Closer linkage with established community members and networks to share best practice and ensure learning opportunities are developed.
- 17.16 Understanding referral routes which are specific, and those which are mental health specific including community support networks.
- 17.17 Create roles within the community whether voluntary and unpaid or paid roles which gives those with a more diverse background and experience the opportunity to work for the FRS enhancing not only their life, it can relieve the burden on their carer/support worker and diversifies the face of the FRS to the public.

**18. People from the LGBT+ communities in rural communities, men in rural communities - mental health, suicide prevention.**

18.1 Farming and fishing, and rural business is difficult at the best of times; the isolation, bad prices, animal diseases and the red tape make life difficult for all farmers and business owners. Depression has become an occupational disease. Should one happen to be gay, lesbian, bi, trans, this will add a further interesting dimension. Many people will feel unable or unwilling to express themselves in a true sense fearing homophobia and rejection by their community.

18.2 People in rural communities may be debating whether to come out, what they effect will be on their family and the people around them and may need to talk to someone who understands their needs as a farmer or member of a rural community and the intersection of being gay or some of the other protected characteristics.

## Resources

- <https://www.gayfarmer.co.uk/> has helpful resources for Agricultural Chaplaincy, an outdoor and indoor sports club, a safe space to air concerns, a Christian group for gay men, a men supporting men group and a gay dad's network.
- The [Rural Services Network](#) has highlighted mental health within the farming community.
- The Yorkshire Post covered [news](#) of a new [Samaritans campaign](#) aimed at encouraging men in rural communities to seek help when they are struggling with mental health issues.
- 18.6 The '[Real People, Real Stories](#)' campaign features the experiences of men from isolated communities who have struggled with mental health and wellbeing.
- 18.7 The Samaritans also produced a paper for [rural young minds](#), aimed at young people aged between the ages between 12 to 25 years to tackle mental health concerns and to reduce suicide and provide wellbeing support for young people in rural areas.
- 18.8 Supported by the [Farming Community Network](#) and [NFU Mutual Charitable Trust](#) campaign after new research released by the Samaritans showed nearly half of men aged from 20 to 59 in rural communities had experienced feelings of anxiety during the lockdown.
- 18.9 In 2020 the Samaritans launched [Rural Support Initiative](#) aimed at supporting those in rural communities who can feel as if they are struggling alone. The [One year on: data on Covid-19](#) looks into the social, psychological and economic impacts.
- 18.10 The Government Office for Science: [Future of an Ageing Population](#)
- 18.11 Farmers weekly publication highlighted the difficulties experienced by LGBT farmers in this enlightening article <https://www.fwi.co.uk/farm-life/how-gay-tolerant-is-the-countryside>

18.12 Women in rural communities tend to network far more readily and although there is stigma and homophobia from certain quarters due to lack of education ignorance or bias in regards to gay men, this seems, on the face of it, to be less keenly felt by women.

### Actions:

- 18.13 Closer linkage with established community members and networks to share best practice and ensure learning opportunities are developed.
- 18.14 Understanding referral routes which are specific, and those which are mental health specific including community support networks.
- 18.15 Create roles within the community whether voluntary and unpaid or paid roles which gives those with a more diverse background and experience the opportunity to work for the FRS enhancing not only their life, but it can also relieve the burden on their carer/support worker and diversifies the face of the FRS to the public.

## 19. Faith networks, religion and spiritual beliefs in rural communities



19.1 [The Churches Rural Group Coordinating Group](#) within [Churches Together in England](#) (CTE) provides ecumenical space for Churches with presence in rural areas, and related Christian agencies to:

- 19.2 Reflect theologically and practically on the life and mission of UK rural churches.
- 19.3 Offer mutual support to one another.
- 19.4 Where appropriate to present or speak to the member Churches and Bodies in Association of CTE key issues affecting rural churches and the context in which they serve.

19.5 The FRS can capitalise on this network as part of community risk management plans applying JESIP principles to enable access to communities which establishes give and take information and resource sharing activities.

**Actions:**

- 19.6 Closer linkage with established community members and networks to share best practice and ensure learning opportunities are developed.
- 19.7 Understanding referral routes which are specific, and those which are mental health specific including community support networks.
- 19.8 Create roles within the community whether voluntary and unpaid or paid roles which gives those with a more diverse background and experience the opportunity to work for the FRS enhancing not only their life, it can relieve the burden on their carer/support worker and diversifies the face of the FRS to the public.

**20. Key areas of focus to improve sector evaluation and engagement for people living in rural communities and their carers:**

- 20.1 Ensuring Emergency Services continue to work towards becoming rural friendly organisations.
- 20.2 Monitoring equality outcomes for customers.
- 20.3 Seeking qualitative evidence to support how we continue to provide the best service and fire safety measures for people in rural communities.
- 20.4 Pledging work to seek personal commitment to the safe and well advice.
- 20.5 Asking charities and other public sector providers to help survey for needs and outcome measures.
- 20.6 Having a clear inclusion strategy which supports people with memory impairments to live safer in their homes.
- 20.7 Continue training and awareness events for staff to improve their understanding of supporting people living in rural communities.
- 20.8 Adopt the person-centred approach to Safe and Well/Home Fire Safety visits so that customers living in rural communities have their needs met.
- 20.9 Capture when a customer has dementia at the time of an operational incident through IRS which can be fed-into the national IRS project.

- 20.10 Engage and involve a family member/carer as early as possible when a fire incident is identified due to dementia. This extends to collaborating with a wide range of care navigator networks or link workers.
- 20.11 Continue to support customers from diverse and under-represented groups in rural communities in a way which meets their cultural needs and reflected in the wider 'Safe and Well' offer.
- 20.12 Develop further research with Health and Universities to understand what evidence is available nationally in relation to fire incidents caused by people in rural communities.
- 20.13 Create employment and volunteering opportunities whether on an unpaid or paid basis, developing a network working in and with the communities we serve and live in to promote wellbeing and access to services.

## 21. References and links

PHE Health and wellbeing in rural areas – case studies:

<https://www.local.gov.uk/publications/health-and-wellbeing-rural-areas>

Race Equality Foundation: <https://raceequalityfoundation.org.uk/>

<http://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/housing-brief7.pdf>

Action with Communities in Rural England <https://acre.org.uk/>

Department for Environment, Food and Rural Affairs

<https://www.gov.uk/government/organisations/department-for-environment-food-rural-affairs>

Rural Services Network <https://www.rsonline.org.uk/>

Rural England <https://ruralengland.org/>

Environment Agency <https://www.gov.uk/government/organisations/environment-agency>

Young Farmers <http://www.nfyfc.org.uk/?AspxAutoDetectCookieSupport=1>

Country Land and Business Association <https://www.cla.org.uk/>

The National Trust <https://www.nationaltrust.org.uk/>

Countryside Alliance (CA) <http://www.countryside-alliance.org/>

Charity Commission Village Halls

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591660/Village\\_halls\\_answers\\_to\\_some\\_common\\_questions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591660/Village_halls_answers_to_some_common_questions.pdf)

British Game Alliance (BGA) <https://www.britishgameassurance.co.uk/>

British Association for Shooting and Conservation (BASC) <https://basc.org.uk/>

Game Farmers' Association (GFA) <https://www.gfa.org.uk/>

Moorland Association (MA) <https://www.moorlandassociation.org/>

National Gamekeepers' Organisation (NGO) <https://www.nationalgamekeepers.org.uk>

Scottish Land and Estates (SLE) <https://www.scottishlandandestates.co.uk/>

The Game & Wildlife Conservation Trust (GWCT) <https://www.gwct.org.uk/>

The Countryside Charity <https://www.cpre.org.uk/>

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