

REPORT

Centre for
Mental Health



The space between us

Children's mental health and wellbeing in isolated areas



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Contents

	Executive summary	3
1	Introduction	5
2	Context	7
3	Services	10
4	Challenges for young people	12
5	Challenges and opportunities for local organisations	19
6	Policy	23
7	Conclusion	26
	References	30

Executive summary

There is fragmented evidence for the impact of rural and remote living on children's mental health and wellbeing. The voices and views of children aged 8-13 themselves are too frequently absent from research, and the lack of coherent, comparable evidence from across the UK makes it difficult to contrast experiences in different areas in a robust way. Published evidence on children's mental health is limited in its representation and analysis of where children live – especially where they live in 'spatial isolation' (i.e. in geographically remote areas). As our knowledge of children's mental health develops, it is important that we understand how growing up in remote environments affects children and their experiences of help.

Available evidence suggests that children and young people living in remote areas across the UK share a number of similar experiences. Children experience poor transport infrastructure, fewer local choices, alienation and isolation (especially for those with specific identities or characteristics), poor digital connectivity, and a lack of opportunities to socialise with peers outside of school. Children living in remote areas face significant barriers to accessing support. These are disproportionately experienced by children living in poverty, children who have complex needs and children who face other risks of exclusion, alienation and marginalisation – for example young carers, disabled children, children from Gypsy, Roma and Traveller communities, and children whose gender or sexual identity is different than most of their peers.

Hidden poverty is a major concern. People in coastal towns, rural settlements and remote areas are more likely to experience high levels of deprivation, but this can be concealed – and exacerbated – by nearby areas of relative wealth and privilege. Our visibility of rural poverty is further obscured by traditional tools for measuring poverty and deprivation which are not refined enough to identify areas where this is dispersed or present in small pockets. This means that resources to mitigate the impact of

poverty on mental health are less likely to find its way to children in remote areas.

Organisations delivering services in rural and remote areas face significant challenges in accessing funding, premises, and personnel. Funding is, of course, a challenge for many organisations who have previously relied on public money which is no longer available, as evidenced by the closure of Sure Start centres, libraries and public transport routes. Premises are difficult to maintain without sustainable funding, and there can be limited options for children in spaces which must also meet the needs of the wider community. Transport to these spaces can also be a challenge. It is harder to recruit and retain skilled professionals in many remote areas. Rural and remote projects often rely on volunteers for their coordination and delivery. Volunteers are an asset, but they also need support and training which can be difficult for small organisations to afford or source.

Government policies across the four nations of the UK express a shared commitment to address inequalities in opportunities and in access to mental health support in rural areas. Progress is not equal across the UK, and details on how ambitions will be achieved are yet to emerge. It is unclear how far commitment will lead to real change for children in remote communities. Years of cuts to public services have made it harder for services to support children in sparsely populated areas, especially where economies of scale are not achievable.

Common issues in rural and remote areas cover a wide range of concerns including regeneration, economic development and ageing populations. When policy focuses on young people, issues often focus on employment, skills development and the retention of 18-25 year olds in communities – children are at risk of being left behind in this discourse. And when it comes to projects, funding and strategies, children's needs must fit alongside competing demand from across the community.

This report offers a summary and reflections on these key themes, and makes eight recommendations:

1. Research funders and providers exploring the state of children's mental health across the nation should ensure that activities are inclusive of remote areas and enable analysis to be based on where children live.
2. There should be consistent and meaningful opportunities for children under 13 years old in remote areas to share their views and inform decision-making and research.
3. Governments should adopt a cross-government approach to children and young people's mental health, aligning the actions of all agencies and departments which influence life in remote areas.
4. The Fair Funding Review should lead to adequate funding for local authorities to enable them to meet the needs of all children, wherever they live.
5. The UK Government should press forward with its commitment to improving digital infrastructure in remote areas of the UK.
6. Public sector commissioners and independent funders should recognise that supporting children's mental health in remote areas means that some services will reach fewer children per pound spent.
7. National and local government and large third sector bodies should support the training and development of the rural/remote volunteer workforce, including young peer workers.
8. Local authorities, service providers, commissioners and funders should consider specific approaches which can support children in remote communities: 'detached' youth work or outreach; itinerant or roaming support and resources; 'timebanking' for volunteers; holistic support targeted at children at greater risk of poor mental health; and developing existing community spaces for children to use.

The work and conversations which informed this report took place before the outbreak of Covid-19 in the UK. The pandemic has altered British life more than any single event for generations. It has given many of us a new appreciation of what physical isolation feels like.

Much is still unknown about the future of Covid-19. We can forecast some aspects of its mental health impact, particularly on marginalised communities, however, and there are concerns about the consequences of an economic crisis on the availability of services and future investment (Durcan *et al.*, 2020; Jones *et al.*, 2020).

In this context, the issues raised in this report are as relevant as they were six months ago. Some are surfacing more prominently. Families on low incomes living in hidden pockets of rural deprivation may be especially vulnerable to the economic downturn. The pandemic has accelerated digital working, but digital exclusion is still a problem in remote areas. Public services are increasingly stretched, which could lead to rationing of services. UK charities have reported sharp drops in income from fundraising and trade; this could increase competition for grant funding.

As the UK Government and devolved administrations begin to plan for recovery and set out longer term ambitions, the needs of children living in remote areas must not be forgotten.

Introduction

This report summarises a scoping exercise to understand the experiences of children aged 8-13 who are living in 'spatial isolation'. Half of mental health problems emerge before the age of 14 (Kim-Cohen *et al.*, 2004). Opportunities to intervene in the preceding years could make a significant difference by increasing protective factors and minimising risks of poor mental health. For this support to be available to all children, wherever they live, we must understand how children experience their wider environment and the extent to which support is accessible in remote areas. The term 'spatial isolation' is used here to describe areas which are geographically remote, such as some rural areas and islands. Evidence also emerged from other areas where isolation is experienced due in part to location – coastal towns, for example. These areas are also discussed.

This review explores the evidence for how children's mental health and wellbeing is affected by spatial isolation, and the extent to which communities and services in isolated areas are able to create positive support systems around children to benefit their mental health, wellbeing and development.

This project was originally commissioned to support targeted grant making as part of BBC Children in Need's A Million & Me programme.

Aims

This exercise brought together available materials to identify and analyse key themes, issues and gaps in understanding. Analysis and reflections were influenced by conversations with stakeholders from across the UK.

Broadly, the review covers three areas: research, policy, and practice.

1. Research: Collating and analysing academic literature, government documents, and third sector reports.
2. Practice: Summarising what is available to children and families in remote areas and highlighting key challenges for organisations which provide support.

3. Policy: Seeking out specific examples of how England and the devolved administrations understand and plan to intervene on issues relating to spatial isolation.

Definitions

Each nation in the United Kingdom has different method of defining rural:

- England: Settlements are defined as 'rural' by the Office of National Statistics if they have fewer than 10,000 inhabitants.
- Scotland: Settlements are defined as rural if they have a population of fewer than 3,000 inhabitants.
- Wales: Settlements are not officially classified as rural or urban in Wales. The most common approach is for local authorities to be categorised instead as Rural, Valley, Urban or Other.
- Northern Ireland: Settlements are defined as 'rural' if they have fewer than 5,000 inhabitants.

Further layers of complexity and sophistication exist. In Scotland, a rural location is defined as 'accessible rural' if a population of 10,000 is fewer than 30 minutes' drive away and 'remote' if a population of 10,000 is more than a 30 minute drive away. In Northern Ireland, giving some sense of scale and isolation, settlements are sorted into 8 bands (A-H), according to population size; three of these are defined as rural (F, G and H) (Skerrat, 2018).

No consistent measure is shared across the various sources which inform this report. The definition at the heart of this review therefore remains loose. Where relevant, this is made clear. The population in focus throughout the review is children who live at a physical distance from 'mainstream' support and from major urban centres. This includes villages, remote rural areas, islands, isolated coastal communities and small towns. Most themes cut across all of these areas, although issues are experienced at different levels of intensity in communities which are more or less remote.

Limitations

This is a vast and diverse subject area. Inevitably, there are areas where this review can only scratch the surface of much broader social dynamics. Examples could include social mobility, depopulation of parts of the Scottish Highlands and islands, coastal regeneration and the legacy of conflict in rural Northern Ireland. The sources which inform this report include a broad range of settlement types into the category of rural or remote.

There is a paucity of research material specifically covering children who are aged 8-13 and live in these rural settings. Children's mental health and wellbeing is frequently explored in the literature without breaking down the specifics of where they live (although other factors around disadvantage, socio-economic status and ethnicity are well covered). Moreover, studies which focus on 'rural' issues generally consider the needs of whole communities rather than specifically the needs of children.

Community consultations are the backbone of many research projects and priority setting exercises, whether they are delivered by third sector organisations, on behalf of government or by academic researchers. By the nature of sparse rural populations, the more targeted these become, the fewer participants are involved. The contrast between national surveys and local consultations is therefore stark – one offers reliability of scale in identifying trends and themes, the other offers depth of insight and detail.

It should be noted that the voices of 8-13 year olds are frequently absent from many of the community consultations and engagement exercises referenced in this report. This may be explained by the more complex research ethics and standards which apply for engaging children. In most cases, the experiences and reflections of older teenagers and parents are a helpful, but only partial, proxy for the needs for younger children. For example, the 10,000 Voices project reached almost half of all 10-25 year olds living in Dumfries and Galloway, Scotland. Bullying and mental health were identified in the top five issues face by this group, but it is unclear how experiences – and the proportion of participants – differed between children in primary school and young adults (Youthwork Dumfries and Galloway, 2019).

There are challenges using statistical information on health and wellbeing which is aggregated by large areas which encompass both urban and rural settings. Some national studies, including the Good Childhood Report for England (The Children's Society, 2019), take a representative sample of children across urban and rural areas. While representative and robust, this means that, due to the comparatively small number of people living in rural areas, only a small number of rural children are included. Granular data on some child health outcomes is available via the Public Health England Fingertips tool. This is used to inform local health and wellbeing plans and strategic needs assessments, but these are often council or county wide, drawing on a range of settlement types and needs. We were unable to find any comprehensive analysis of trends across rural and remote areas based on the data available through the Fingertips tool.

Context

Population

While each part of the UK uses different classifications for rural (see 'Definitions', page 5), there is significant variation in rural populations across the four nations. Based on each nation's own definitions:

- In England, rural areas make up 85% of the land, with around 17% of the population living in rural areas. Those living in sparse rural settings account for 0.9% of England's population (Local Government Association and Public Health England, 2017; Skerrat, 2018).
- 98% of Scotland's land mass is classified as rural (70% is classified as remote rural and 28% as accessible rural). 17% of Scotland's population lives rurally (6% in remote rural and 11% in accessible rural) (Scottish Government, 2018c).
- Welsh classifications suggest that around 32.6% of the population lives in rural areas (Based on 2015 figures; Skerrat, 2015).
- Over 80% of Northern Ireland's land mass is rural and 37.5% of its population lives in rural areas (Department of Agriculture, Environment and Rural Affairs, 2019a; Skerrat, 2018).

These percentages are not easily comparable, so it is difficult to draw more than a broad picture based on population level statistics.

There is a common trend across rural populations of a proportionate increase in the presence of older adults and a decrease in the number of children aged 10-14 when compared with urban areas (DEFRA, 2019a). In Scottish island communities, depopulation is a major issue, both because of an ageing population and dwindling numbers of children. In the most sparsely populated areas, the number of children has shrunk by 22% (Scottish Government, 2020a). Some islands are estimated to lose 14-20% of their populations over the next two decades, and there are serious concerns about the long term viability of many island communities (Scottish Government, 2019).

The residents of rural areas are diverse, as are local perceptions of what is considered rural or isolated. The inhabitants of some small settlements in rural southwest England, for example, might feel relatively well served with amenities in parts of Wales, like Aberystwyth or Carmarthen. Children living in broadly the same area might feel they are more or less isolated based on a range of determinants – including, for example, differences in access to private transport or local activities which are appealing or accessible for some children and not others.

Rurality as an asset

Research points to a number of positives to life in remote and rural areas. Compared to urban populations, people living in rural areas report a stronger sense of belonging and community than urban populations (Department for Environment, Farming and Rural Affairs, 2019a); less social isolation and more social relationships (Henning-Smith *et al.*, 2019); better neighbourhood environments and higher levels of subjective wellbeing (Bailey *et al.*, 2016; Nicolson, 2008). Evidence from Scotland and Ireland suggest higher levels of life satisfaction in rural and remote areas (Gilbert *et al.*, 2016; Brereton *et al.*, 2011).

A community consultation in rural Caithness described protective factors which are experienced: good community spirit, a quiet and scenic environment, areas of natural beauty, and smaller classes in primary schools (Marker, 2019). Other research has highlighted the value of close-knit, supportive communities in rural areas (Gilbert *et al.*, 2016; Glendinning *et al.*, 2003; Boyd *et al.*, 2008). There are, undoubtedly, benefits to living in rural areas for many people. However, results are often based on all-age or adult surveys without a focus specifically on the needs of children and young people (e.g. Department for Environment, Farming and Rural Affairs, 2019a).

Indicators for children are mixed. Promisingly, analysis has shown that young people in rural England receive fewer school exclusions and have lower emotional and mental health needs

than their urban counterparts (based on a study on 15 year olds), but conversely, young people display more 'risky behaviours' which include alcohol consumption, smoking and bullying/ being bullied (Rural England, 2018). Findings around bullying in rural communities were echoed in recent research from mostly rural Dumfries and Galloway, in which 50% of young people reported experiencing bullying from peers (Thirlwall and Whitelaw, 2019). In a 2015 survey, 7-11 year olds in rural Wales identified 'stopping children being bullied' as their number one priority (Children's Commissioner for Wales, 2016).

An Office for National Statistics investigation into childhood loneliness found that a higher percentage of children in cities reported loneliness (19.5%) than did in towns (5.4%) or in villages, hamlets, and isolated rural locations (5.7%). This investigation found that loneliness was not defined by children by space or place, but by a sense of exclusion, disconnection from others, unhappiness with relationships, or punishment. Regardless of location, those most at risk of experiencing loneliness were identified as children with long term health conditions or disability (ONS, 2018; ONS, 2019).

Deprivation

Socio-economic status has been shown to have a profound impact on the mental health and wellbeing of children and young people. Higher levels of social, emotional, and behavioural difficulties are associated with lower family incomes in children as young as three years old (Kelly *et al.*, 2011). By the age of 11, children from the poorest 20% of households are four times as likely to have serious mental health difficulties than those from the wealthiest 20% (Morrison Gutman *et al.*, 2015). A recent UK survey suggested that as many as four in ten GPs have recommended that parents take their children to private mental health support due to problems with access to mainstream services – a trend which could exacerbate health inequalities for those who cannot afford treatment (stem4, 2019).

Understanding the true scale of deprivation in rural areas is challenging. It can be difficult to gather data in remote areas and measures often struggle to capture small pockets of deprivation in coastal communities and remote rural areas (County APPG, 2017). Levels of poverty can be observed to decrease in rural settings: 13% of children in rural England live in 'absolute' low-income households, compared to 17% in urban areas (Department for Environment, Food & Rural Affairs, 2019c). However, some remote small towns and rural areas show signs of similar levels of poverty as the most deprived large urban areas. All types of exclusion can be present in both urban and rural settings. Rural areas can also be more disadvantaged than towns, although larger urban areas tend to have higher representation of the most excluded groups (Bailey *et al.*, 2016).

Many national, regional and local organisations refer to The Index of Multiple Deprivation (IMD), to allocate resources or funding to areas of need. The IMD identifies deprived places (not people) based on several domains: income, employment, health, disability, barriers to housing and accessing services, living environment, crime, education, skills and training. With more concentrated populations, neighbourhoods in cities and towns are often noted as having high rates of deprivation (Department for Environment, Food & Rural Affairs, 2019b). People experiencing multiple layers of deprivation in less concentrated remote or rural areas can be missed during the identification of deprived areas as they are not significantly high in number. In Scotland, two thirds of people living on low income do not live in areas identified among the most deprived (Scottish Government, 2020b).

Traditional methods of measuring disadvantage through material and social means also exclude important aspects of a rural or spatially remote experience: hidden poverty and unemployment, social isolation, a lack of opportunities, and poor access to services including shops and amenities, health care, childcare or digital services (Fecht *et al.*, 2018). These limitations mean that common national measures can understate or overlook experiences of deprivation in rural areas, especially where they are experienced in small pockets.

Even where overall levels of poverty and deprivation appear to be comparatively low according to multiple measures, the needs and experiences of children and families living in poverty can be hidden. There is evidence from rural and remote areas in England that deprivation is felt more acutely by those who live close to largely affluent populations (e.g. those living in the Fenland versus Cambridge itself; Sadler *et al.*, 2014). One English study suggests that there are 'two countrysides': one which is better off and another which is less populous and more isolated (Pateman, 2011). This might be exacerbated in areas of natural beauty which attract buyers of second homes or holiday home rentals, creating affordability challenges for the resident population. A study of rurality and young people in Northern Ireland suggested that the close proximity of deprived neighbourhoods to very affluent areas can lead to further social exclusion and marginalisation (Education Authority, 2019a). Research based on 28 villages in Northamptonshire identified 'an alternative geography of exclusion and

disenfranchisement' where the least well off children and teenagers were more likely to feel detached from village life and felt a strong sense of alienation and powerlessness (Matthews *et al.*, 2000). Attempts to understand and meet the needs of young people should therefore be tailored both by the geography of an area and different personal risk factors within an area – including small pockets of poverty and deprivation (Henning-Smith *et al.*, 2019).

Seaside towns also face a widening gap compared to the rest of the country in a range of indicators. Of the 20 local authorities in Britain with the highest proportion of individuals in poor health, 10 were in coastal communities (Corfe, 2017). Education is another indicator of deprivation and social exclusion which can be found in remote communities. Disadvantaged pupils attending more isolated schools have been found to have lower attainment rates than pupils in less isolated schools, when controlling for school demographics and prior attainment (Odell, 2017).

Services

Specialist mental health services

The performance of Child and Adolescent Mental Health Services (CAMHS) across the UK is increasingly under scrutiny. High thresholds for treatment and long waiting lists are known to affect children regardless of where they live. However, for rural areas, centralised services often mean people are required to travel long distances to access specialist care, leading to increased cost, greater discomfort and longer length of stay away from home for service users.

There are some interesting anomalies. NHS Island and NHS Highland boards both perform better than the Scottish national average for CAMHS waiting times, with NHS Island boards the only board other than NHS Greater Glasgow and Clyde to have met waiting time targets every year from 2013-18 (current target is starting treatment within 18 weeks of referral to CAMHS) (Audit Scotland, 2018).

On the whole, however, remote areas appear to be particularly badly served by specialist services. For example, the majority of seaside towns and coastal communities in England have no access to specialist child and adolescent psychotherapy, despite being associated with poor mental health and high rates of harmful behaviours (Association of Child Psychotherapists, 2018). The struggle to attract skilled professionals to these areas may be partly to blame, with geographical isolation, poor infrastructure and lower wage prospects seen to discourage potential recruits (Select committee on regenerating seaside towns and communities, 2019). This is the case across the UK. The lack of skilled professionals in the Scottish islands has also been recognised and many children in the Highlands travel over three hours to Inverness for treatment (Scottish Government, 2019). There are also significant inequalities of access across Wales in the availability and variety of services to support children and young people, especially in rural areas (National Assembly for Wales, 2018).

Upstream support

The Care Quality Commission's review on the quality and accessibility of children's mental health support in England (2018) concluded that services offering prevention, early intervention and promotion of good mental health are vitally important for children and young people. Without this low-level support, pressure on CAMHS waiting lists could continue to rise. However, too often the provision of low-level, proactive support is side-lined by the urgent need to address waiting times directly by providing more or investing differently in specialist CAMHS. There is evidence, too, that access and waiting times issues in specialist services drive children and young people to seek help locally from voluntary sector organisations, which find themselves working with children with more severe mental health needs (NICCY, 2018).

Local authorities have a key role in supporting voluntary organisations through grants, contracts and resource sharing. There is already significant variation in spending on children's support across the country. In 2017/18 predominantly rural local authorities received 36% less funding per head for their public health duties than predominantly urban authorities (Rural England, 2018). Spend per child in urban areas is also slightly higher than in rural areas (Children's Commissioner for England, 2019a).

Analysis of official figures revealed that the funding available for youth centres in England has fallen by a third since 2010 (Action for Children, 2019). In the same period, the number of Sure Start centres also decreased significantly. Research by The Sutton Trust suggests that nearly a third of children's centres were closed – with some areas sustaining deeper cuts than others and the number of services available in centres also diminishing significantly (Smith *et al.*, 2018).

Although the areas facing the biggest cuts in terms of cash total are predominantly urban, services offering low-level community based intervention in rural areas are at particular risk of disappearing. Rural youth work tends to be vulnerable when services are being rationed as they are more expensive to plan, resource and

deliver than services in urban areas (Education Authority, 2019a; End Child Poverty Network Cymru, 2009). Financial pressures on local authority budgets can therefore see rural provision lose out on funding, even as cuts are taking place elsewhere.

Challenges for young people

Limited activities

A report by the European Commission (2008) concluded that the issues facing young people in rural areas were in many ways similar to those living in urban environments, but that some face additional disadvantage due to factors linked to access to leisure, transport, cultural life and educational and employment opportunities. The lack of community facilities and organised activities in many rural and remote areas is well documented. These are not just ‘support services’, but the things that young people in urban areas might take for granted, such as clubs, cinemas, shops, libraries, and cafés. This has implications for social connectedness, physical health, wellbeing, and mental health. There is a perception from rural areas that these are assets which urban populations ‘take for granted’ (Education Authority, 2019, Country APPG, 2017).

Where local social or group activities do exist, they do not always offer the range of choices which young people need. For example, in Northern Ireland, there are a range of sporting amenities that many young people in rural areas attend. In a recent consultation, young people spoke of the rugby, hockey, football, and GAA (Gaelic Athletic Association) clubs that were available in their communities and noted that these provided a valuable social outlet. These local sporting clubs were seen as vital community assets in which many were proud of their involvement. In many cases, being a member of a local sporting organisation was a young person’s only community engagement. However, as these clubs depend on volunteers for staffing, they are only available at certain times during the week (Education Authority, 2019a). While sporting clubs are common in rural communities, this does little for those who aren’t interested or able to engage in sport.

A consultation with young people in Northern Ireland revealed that having little to do leads to boredom, loneliness, and isolation (Education Authority, 2019a). One young person commented:

“There is a group of around ten of us. There is nothing for us to do at the weekends so we all just sit about the square for hours doing nothing. It’s really boring.”

The lack of opportunities for older teenagers can have an impact on younger groups in small communities. In rural spaces, it has been linked with increased risky behaviours, such as underage drinking, bullying, and antisocial behaviour (Rural England, 2018; Education Authority, 2019a). This poses risks and barriers for younger children and their families in utilising open access community spaces. A consultation in the Scottish Highlands found that parents did not want their children to use local playparks because of the presence of intimidating older children and an environment not fit for play due to broken glass and litter (Harvey, 2019). The trajectories of older teenagers, themselves influenced by missed opportunities and inequalities in earlier childhood, can thus be passed on to younger children. A national survey in Wales found that parents of 1-10 year olds in rural areas were less satisfied with the places available for their children to play than those in urban areas, and that the gap in satisfaction has grown since 2014 (Welsh Government, 2018b).

The idea of using libraries as community hubs in rural areas, giving access to the internet or space for clubs, physical activities, baby groups and children’s activities, is increasingly popular in many local areas (see case study examples in Thomson and Murray-Sanderson, 2017). This was a theme in responses to a Scottish Government consultation on social isolation and loneliness. Children and family support practitioners called for investment and support for community hubs, longer opening hours and weekend opening of existing community spaces, and co-location of a range of services to help people come together for social, physical and cultural activities (Stepping Stones for Families, 2018). However, due to local authority cuts, almost one in five community libraries has closed over the last ten years in England, Scotland and Wales (CIPFA, 2018). There are

signs of specifically rural issues here too, with budgets for library provision in England 25% lower per resident in rural areas than in urban areas (Rural England, 2018).

The lack of accessible, informal meeting spaces for the whole community was identified in reviews in parts of the Scottish Highlands, Thurso (Lawrie, 2019) and Caithness (Marker, 2019). It was noted that outdoor playparks were also dilapidated, further reducing activities for children. Play and physical exercise is a well-recognised and important protective factor for children's wellbeing (Children's Commissioner for England, 2018). Having no access to safe areas for play leads to missed opportunities for many children.

Safe social spaces

Social spaces are limited in many rural settings. A consultation on social isolation in Wales heard that there is a need for more accessible, safe places for people to meet – parents with children, young people, disabled people, and other groups (Welsh Government, 2019a).

The lack of safe social space protected and reserved for young people can make them feel highly visible to the rest of the community and subject to adult scrutiny (Shucksmith, 2004). It has been suggested that smaller communities can feel constraining and controlling and offer a lack of privacy. A survey of over 2,500 children and young people found that those who most keenly felt that rural life was like 'living in a goldfish bowl' were also the most likely to report low-mood, poor self-esteem, and poorer physical health (Glendinning *et al.*, 2003). The prevalence of stigma and lack of anonymity in some rural communities has been associated with a fear of services and discomfort in presenting with mental health needs (SAMH, 2012; Nicolson, 2008). A study on life in remote and rural Scottish Highlands noted that for all ages the 'feeling of oneself as constantly gazed upon has particular meaning for people with mental health problems, who find it difficult to hide their emotional and psychological distress even as they wrestle with the demands of a rural Highlands stoic culture' (Parr *et al.*, 2004).

For the most marginalised children, the lack of their own spaces and exposure to others in the community might reduce the appeal of openly engaging with projects or support for their wellbeing. More work, perhaps, should be carried out on the impact of discrimination and stigma in rural and remote communities.

In small, sparse populations, it can be particularly difficult for children and young people who want to be open about their sexual orientation or gender identity. A Stonewall survey found that half of LGBT people living in rural areas never attend specific LGBT venues or events (Bahmann and Gooch, 2018), and a survey of young LGBT people in Scotland found that less than half of young people felt there were places they could be open about their identity and socialise safely (LGBT Youth Scotland, 2017). Research in rural Dumfries and Galloway found that young members of the LGBT community were concerned about judgement, stigma, and prejudice (Thirlwall and Whitelaw, 2019). One rural respondent described how they felt:

"I live in a small town where there are no other LGBT people to meet and, also, I have not yet had the courage to come out to everyone because it's a small town who know everyone's business and likes to gossip. It's not like Glasgow or Edinburgh."

These young people were mostly older than 8-13, but findings indicate a lack of diversity, choice, and confidence in young people that their needs will be met. International studies demonstrate that inclusive LGBTQ+ education can reduce incidences of associated bullying and lower the depressive symptoms of LGBTQ+ pupils (Proulx *et al.*, 2019). Implementing this education at primary school age in small, remote schools may be a challenge.

In Northern Ireland, the legacy of divided communities is a major consideration in creating safe spaces for children and young people. Signs of The Troubles may be more visible in major urban centres, but they exist in rural areas and smaller market towns. There is evidence of trans-generational trauma in rural areas of Northern Ireland. The symptoms and behaviours associated with responses to traumatic events

can be passed on to the children of those who experienced events themselves. Communities in rural areas such as Armagh, Fermanagh, and Clogher experienced violence, threats of violence, and fear of isolation – which may still manifest in children and young parents as issues around trust, concerns around safety and a lack of interaction between communities living side by side (Fitzgerald *et al.*, 2017).

Religious identities have been shown to be more constant in rural areas: church groups are often at the centre of religious networks, schools are still mostly segregated, and communities which are located close to one another are known not to participate with each other (Morrow, 2019). This suggests that social networks of children are drawn from an even smaller pool, and that groups created to serve one community may find it difficult or inappropriate to try to engage children from a neighbouring area.

Poor transport

Poor public transport and infrastructure has been associated with negative wellbeing in remote communities in numerous rural studies (Sadler *et al.*, 2014; Glendinning *et al.*, 2003; Shucksmith, 2004; Gristy, 2019; County APPG, 2017). This was echoed in several small and large consultations, including the Welsh Government's recent consultation on social isolation, which found that children in rural areas become very isolated without access to transport (Welsh Government, 2019a). Brereton *et al.* (2011) observed that access to health care and public transport had overtaken the cost of housing as the main problems of rural living.

Children who live far from statutory mental health services face much longer travel times and increased costs to access support. For some, the cost alone can be prohibitive. In a review of provision in England, the Care Quality Commission identified this as an issue that prevents some children from accessing emotional wellbeing support when they need it, leading to cases where individuals' mental health deteriorated over time and required specialist treatment (Care Quality Commission, 2018). These treatments are even less likely to be delivered close to home.

A review of youth work in Wales found that youth support services across Wales are not coordinated well enough to provide parity of access to young people in rural areas. Accessing centres or services is often especially difficult for young people who are vulnerable or from disadvantaged backgrounds (Estyn, 2018). Rural communities in Scotland have also cited poor public transport as a barrier to receiving care and support to manage mental health (Skerratt *et al.*, 2017). In Northern Ireland, access to services (including libraries, GP premises and nurseries) is a source of disadvantage for people in rural communities, especially those who live more than one hour's drive from Belfast and those without private transport. 9% of people living in rural Northern Ireland face a walk to the nearest bus stop of longer than 43 minutes (Department of Agriculture and Rural Development, 2019).

Poor transport infrastructure can be a challenge for practitioners trying to reach out to the most vulnerable children in communities (Education Authority, 2019a). Given the distances involved in travelling to young people or transporting young people to a centre, a lot of time can be lost in transit during the delivery of youth work.

Despite this recognition, there are signs that transport services are getting worse for many remote communities. In some cases, this is due to local authorities reducing subsidies and private companies withdrawing from unprofitable routes. In 2016/17 some 202 bus services in England were cut entirely and 191 services were reduced. Community transport schemes are alternatives which help older adults, disabled people, and children in rural communities to go on outings or access group activities. However, these are more reliant on revenue from fares than urban schemes – with just 17% of their income provided by grants, compared to 44% of income for urban schemes (Rural England, 2018).

Children's experiences of everyday life can also be negatively affected by limited transport options. One participant in a consultation with young people in Northern Ireland stated:

“I am the first person on my bus every day and last off in the evening. By the time we pick everyone else up and get to school I have spent almost an hour on the bus.” (Education Authority, 2019a)

Another teenager responded to the consultation for the Aspiring Communities Fund in the Scottish Highlands:

“We go to school in the dark, wait in the rain for buses that are often not on time, get told off for being late, miss activities because there is no suitable transport home, go home in the dark and then attempt to do our work with a very poor internet connection.” (Marker, 2019)

The effects on children of long waiting times and exhausting journeys as part of daily life can be weathering. Poor transport can lead to poorer wellbeing and reduced opportunities to engage in social activities outside of school (Education Authority, 2019a). The reliance of many children on school buses which depart at the end of the school day impedes participation in afterschool activities, increasing their risk of social isolation and loneliness (Gristy, 2019). Children growing up in the Scottish islands may need to travel by ferry or board on a different island to their home during the week when they transition from primary to secondary school. Changing schools is already a time of upheaval and increases the risk of wellbeing problems (Khan, 2016).

Special educational needs (SEN) home to school transport is a growing financial pressure for counties, with 29 out of 36 county authorities increasing their expenditure on this service between 2013 and 2017 (County Councils Network, 2019). Local authorities have a statutory obligation to provide school to home transport for children with special educational needs. For children in remote areas, long taxi journeys can be especially isolating, as they miss out on the opportunity to socialise during the journey to or from school. Loneliness was identified as a major factor in the much higher levels of poor mental health among children and young people with learning disabilities, often resulting from not having friends and social

networks close to their school (Lavis *et al.*, 2019): a risk that is perhaps compounded for those living in more remote areas.

Outside of school, public transport options for many rural children are limited. Young people in Northern Ireland highlighted specific gaps at weekends and during holidays that prevent social activities. In the same consultation, youth workers suggested that limited access to transport cuts young people off from opportunities to engage with youth services and organisations that could help them develop personally and socially (Education Authority, 2019a). Others who rely on public transport can feel particularly vulnerable during long journeys or waits – between 2012 and 2017, the percentage of young LGBT people who reported feeling safe on public transport fell from 79% to 67% (LGBT Youth Scotland).

Ultimately, poor public transport can deepen inequalities already experienced by families with lower incomes who don’t own cars or struggle to drive long distances for children’s appointments (Health Foundation, 2018). Issues around public transport pervade every aspect of rural life. Those who rely on it are disadvantaged in terms of isolation from community assets and support, and in facing financial and practical barriers to accessing health services (Marker, 2019).

On the Llŷn Peninsula of North West Wales, every member of Ysgol Botwnnog’s School Council stated that they have to rely on parents to take them by car to after school clubs, youth groups, sports, and cinema outings because public transport was so infrequent (End Child Poverty Network Cymru, 2009). The Children’s Commissioner for Wales recently published a charter for protecting children from the impact of poverty which included a recommendation that the Welsh Government and local authorities should invest in more free or affordable and accessible transport schemes for children and young people, and look to make these more regular, covering both rural and urban settings (Children’s Commissioner for Wales, 2019).

Digital connectivity

Rural areas consistently lag behind urban settings in access to reliable, fast broadband, 4G and mobile phone coverage. The most recent figures published by Ofcom report that an estimated 155,000 UK properties (0.5%), mostly in rural areas, are unable to get a decent broadband connection (defined as download speed of at least 10 Mbit/s). This equates to around one in five rural properties in Scotland and Northern Ireland, and one in ten in England and Wales. By contrast, urban areas across the four nations have full coverage of decent broadband. Only 62% of rural areas can get 4G reception from all four operators, and 5% of the UK gets no mobile coverage at all (Ofcom, 2019).

There are plans, jointly owned by the Government and all four network operators, to extend coverage to all rural areas through the Shared Rural Network programme (see MobileUK, 2020). The success of this programme is critical for rural communities. Without concerted effort to future-proof digital infrastructure, which will take years, rural areas are at risk of falling further behind increasing internet speeds in urban areas, deepening the urban-rural divide (Philip *et al.*, 2017).

This is a challenge for those who see digital platforms as the solution to providing accessible upstream interventions to improve children's wellbeing – something which has become increasingly important during the Covid-19 pandemic. Even before the outbreak, digital platforms which provide low-level mental health support have been growing in popularity with commissioners due to relatively low cost and high reach (Local Government Association and Public Health England, 2017). However, there are many people, especially those facing social isolation, for whom interactions in person remain important and cannot be substituted. Issues around access to digital therapies include connectivity, access, safety and privacy. Research has also demonstrated that children and young people often prefer face-to-face

support or peer-to-peer interactions and that digital health interventions are often most effective when blended with 'offline' support (Kantar Public, 2016; Hollis *et al.*, 2016).

In a recent report, youth workers recognised that access to online social networks was particularly important for those who are physically isolated, including those who live in rural or isolated areas and those who struggle to travel due to disabilities (UK Youth, 2018a). Half of ten year olds now own their own smartphone (Ofcom, 2020). For children and young people, as for adults, access to the internet is an increasingly essential part of daily life. A fast and reliable connection is not just necessary for children seeking wellbeing advice or support online, but also for obtaining information for educational and social purposes, contacting friends and family, accessing media and entertainment and finding like-minded people who can relate to the problems and concerns a young person might experience. All of these relate to protective factors for good mental health and wellbeing. The possibility of connecting with peers of the same age online may be especially important for rural children who are placed in mixed-age classes in schools. Nearly half (45%) of all headteachers of rural schools reported that all the classes in their schools were mixed-age (The Key, 2018).

There is plenty of evidence to support Ofcom's findings that connectivity in rural areas is not strong enough to meet the needs of children and young people. For example, in separate consultations with young people in Northern Ireland (Education Authority, 2019a) and Scotland (Marker, 2019), several young people reported that poor internet speeds and access meant that they were unable to participate in online activities that would be considered 'normal' for their age group. Youth workers can also struggle to keep lines of communication open with vulnerable young people due to poor mobile coverage and limited access to the internet (Education Authority, 2019a).

Choice

Limited activities, spaces, and travel options significantly narrow choices for young people. This can be felt in other ways, too. For example, for children seeking counselling, either through statutory services or local charities, there are fewer practitioners available to them. This means less choice and no option to try working with different counsellors to try to develop meaningful therapeutic relationships. In communities where a young person is concerned about stigma and confidentiality, they may prefer to engage with a practitioner from outside of their area.

Language preferences, too, can be an issue. Linguistic barriers to accessing services are well known to affect people from migrant communities wherever they live (McIntosh, 2019). Welsh and Gaelic are spoken by a large part of the population in north and west Wales and the Outer Hebrides in Scotland, respectively. 90% of the school age population in Gwynedd and Ynys Môn has some Welsh language skills. Overall, around 16% of school pupils across Wales are thought to be fluent Welsh speakers, with a further 34% able to speak Welsh but not fluently (StatsWales, 2019).

There is very little research into children's language preferences when seeking help. We might expect the numbers of children seeking Gaelic, Irish or Welsh language therapy to be relatively small; the number of skilled interpreters or practitioners with language competencies is likely to be just as small.

Language can also be asset, especially where it contributes to a sense of community or promotes community-based activities. In Welsh language schools, for example, afterschool clubs and weekend visits travelling to regional competitions are used to help children prepare for **Urdd Eisteddfod**, an annual Welsh-language festival of literature and arts. A similar positive community identity exists in Northern Ireland in relation to Irish schools, language summer schools and cultural festivals.

Vulnerable groups

Looked After Children: Children in the care system are often moved into remote rural areas far from their social connections (Children's Commissioner for England, 2019b). This is a group who are known to have significantly higher risks of mental ill health than other children. The number of children in English county areas placed under a child protection plan because they were at serious risk of harm rose 35% to 25,259 between 2011 and 2017. In the same period, the number of looked after children in the counties increased to 26,800, an increase of 16%, which accounts for a third of the country's total (County Councils Network, 2019).

Coastal areas also have higher than average populations of looked-after children (Cave, 2010). This trend is influenced by the rationale that placing children in remote settings reduces the risk of them being exploited or going missing. This assumption was challenged by a recent inquiry which concluded that 'the remoteness of a placement does not act as a deterrent' and that those who go missing 'are often forced to make longer and more complex journeys on their own' (All Party Parliamentary Group for Runaway and Missing Children and Adults, 2019). Department for Education guidance for England states that looked after children should be placed only in schools which boast a good or outstanding Ofsted report, another reason why many children are moved away from their home communities (Department for Education, 2018).

Children at risk of abuse and exploitation:

Alarming, disadvantaged children – as young as eight years old – in some rural areas are increasingly at risk of being targeted and recruited by 'county lines' drug trafficking operations. This includes children who are local to rural areas as well as those who are trafficked from urban to rural settings (Children's Society, 2019).

Young carers: It is estimated that up to 800,000 young carers live in the UK (The Children's Society, 2020). Many of these carers are without essential support for their physical and emotional health, social life, and employment and life opportunities (The Children's Society, 2016). Those in remote areas will face additional challenges: fewer facilities or services nearby; scarce social or economic opportunities; limited access to transport from parents and struggles with parents' mobility; and a lack of flexibility or choice in the way in which services are delivered, which may bring added duties not picked up by services (Commission for Rural Communities, 2010; Scottish Government, 2018b).

Gypsy Roma Traveller: A higher proportion of Gypsy Roma Traveller children live in rural areas than in urban settings. They are known to have poor access to mental health and other mainstream services. They are often isolated and marginalised in schools, which continues into the wider community (House of Commons Women and Equalities Committee, 2019).

Disabled children: Disabled children and their families in rural areas are also likely to be less able to access informal and formal support and at greater risk of social isolation. An evaluation of the Brighter Futures project in Fermanagh, which supports families where a child has a disability, found that 41% of children involved had not otherwise been engaged in any other groups including after school clubs, scouts, youth groups, sporting or leisure clubs, church groups or summer schemes (McConkey, 2019).

Challenges and opportunities for local organisations

Staffing and volunteers

Organisations in rural areas face significant staffing challenges. As statutory services have faced cuts and reductions, youth services are increasingly led by voluntary sector organisations (UK Youth, 2018a). Organisations supporting young people in rural areas are predominantly small (turnover of below £100,000) (Rural England, 2018). Relying more heavily on volunteers to run programmes can significantly reduce the cost of provision. On average, youth organisations have double the numbers of volunteers as paid staff, and smaller youth organisations have an overwhelming majority of part-time employees (Rural England, 2018). This trend is growing elsewhere, too: the gap between the numbers of volunteers and paid staff running libraries is increasing, with more than three volunteers to every FTE paid post (CIPFA, 2019).

A challenge for these organisations identified by the UK Youth membership survey (alongside capacity and funding) is providing the workforce with the right skills and training, and reliance on volunteers and part time staff to maintain community spaces, youth clubs, and transport schemes (UK Youth, 2018b).

We heard, anecdotally, that recruiting qualified staff is an issue in communities with small populations, as the pool of candidates with the right skills is very small. Services are vulnerable to retirement and sickness, as providing cover is difficult. The need to travel further for training and development adds further expense and complexity for community projects. A review of youth provision in Wales identified a risk in smaller organisations providing clubs and activities which are potentially unregulated and delivered by untrained volunteers (Estyn, 2018). Finding reliable and skilled trustees is also a challenge for small charities operating in remote areas.

While there are higher than average rates of volunteering in some rural areas (SAMH, 2012), not all communities have the capacity to recruit

and sustain high numbers of both skilled staff and volunteers (Rural England, 2018; Education Authority, 2019a). In a consultation with the Lybster and Berriedale Highland communities, one participant stated:

“We need more people to volunteer, there are too few people on lots of committees, people are afraid to commit” (Marker, 2019).

Public services also struggle to attract skilled staff, which can undermine mainstream approaches to providing for rural areas. For example, we heard that while all rural areas in the Highlands are meant to have support from primary mental health workers and educational psychologists, vacancies can lead to lengthy gaps in services and extensive backlogs.

Fundraising

Cuts to public funding have a direct impact on the capacity of rural communities to support groups for children and young people. Many smaller, volunteer-led organisations struggle with capacity to apply for funding or progress formally to charitable status, which can make it more difficult to access funding (Youth Scotland, 2018; Marker, 2019).

A local survey in Suffolk reported a decrease in the proportion of county parishes which hosted youth organisations from 44% in 2008 to 25% in 2016 (Rural England, 2018). We heard similar themes from stakeholders in Northern Ireland and rural Scotland, where recent Highland Council budgeting made major cuts to grant funding – with anecdotal accounts of 100% cuts in some areas. Stakeholder consultation carried out to inform The Gannochy Trust’s grant making strategy indicated concerns about reductions in funding from public sector grants and contracts leading to increased focus on time-limited projects, with less funding being made available for core operating costs. This was perceived to reduce organisations’ abilities to plan ahead and deliver quality services while also fundraising and reporting (The Gannochy Trust, 2019).

Community-led organisations reliant on unpaid volunteers can also struggle to find people with the experience or time to complete competitive application forms for funding. This can be difficult where funders don't understand rural issues, including the increased cost associated with travel and outreach. It has been argued that too much emphasis is placed on the number of participants involved in a programme, which rural groups struggle to obtain, rather than on the outcomes that a group may achieve (Education Authority, 2019a).

Communities

There is growing evidence and awareness that programmes facilitating participation, promoting inclusion and strengthening social networks can help improve wellbeing and good health in communities (Faculty of Public Health and Mental Health Foundation, 2016; Campion, 2011). Supporting rural areas to develop community resilience, become more connected and improve access to social and leisure opportunities repeatedly surface as important priorities for local communities (Halley, 2018; Thirlwall and Whitelaw, 2019; Skerratt *et al.*, 2017).

Group activities or social interactions can provide companionship, support and advice at an age-appropriate level (Halley, 2018). When surveyed, young people shared that clubs, centres, and groups are valuable places to meet friends and join initiatives in safe spaces (Rural England, 2018). The most desirable form of support described by many rural communities during consultations is regular, free to use, and non-clinical. This is true for the whole community, not just children and young people.

Facilities

It can be challenging for organisations to access physical spaces in which to deliver low-level support for children. Even youth workers who offer outreach or visiting support rely on suitable local venues, such as church halls or community centres (Education Authority, 2019a). Where local councils own community centres, they are able to dictate terms of use

or remove projects from using them either completely or at certain times of day. This can be particularly problematic where the relationship between local authorities and community organisations are already strained by funding dynamics or where working links are lost due to high turnover amongst local authorities (Bell and Allwood, 2019).

Research on rural mental health support suggests a common preference for venues which are open regularly, free to use, safe, inclusive and welcoming. Within these spaces, non-clinical support can be delivered through groups and activities offered at appropriate levels for different ages and interests (Halley, 2018). Engaging in activities in safe spaces, close to home, can be a vital social outlet for children at risk of being isolated. Many remote communities lack places for children to meet informally or in groups – some areas which have received external support to develop community assets have made creating local community hubs, community cafes, and youth spaces a priority (Lawrie, 2019; Marker, 2019). Where the nearest groups or centres are in more built up nearby towns, engaging socially with other children may not be an option for those who lack private transport.

It is difficult to achieve economies of scale when bringing services closer to small, remote communities where people live further apart in more dispersed settlements. Finding staff or volunteers to manage and maintain properties in remote areas may also pose a barrier. One way of developing affordable spaces when delivering cost-efficiencies in a single service is to provide a range of services from a rural 'hub'. Aside from the potential savings made through sharing costs in premises and maintenance, such hubs can address a range of needs in rural areas, including social isolation, the loss of community meeting places such as post offices and libraries, and the reluctance of vulnerable people in rural areas to express their health and care needs and request practical support until they are in a crisis situation (LGA, 2017).

There is evidence that services sharing premises and co-locating with each other at 'hubs' can both achieve cost savings and

generate more footfall (Rural England, 2018). Co-location requires mutual understanding and cooperation between partners and groups to ensure that different needs within a community can be met in the same space. This is an important consideration when balancing the use of a space for different groups, including vulnerable children, for whom the presence of certain adult groups might make a space feel less appealing or less comfortable, and for whom safety and privacy might be concerns.

The use of rural sports centres as community hubs is being developed in areas like the Scottish islands where few other community centres exist (Scottish Government, 2019). In rural areas of Northern Ireland, GAA (Gaelic Athletic Association) clubs are common but the offer is often narrow, with limited choice for children who are unable or not interested in sport. Representatives from one club in Northern Ireland noted that its facility was the only available amenity for young people in the local area. In recent years they have introduced creative and flexible alternatives to sport to engage young people, particularly girls. The club is now open to young people more times during the week, but this relies on volunteers to keep the doors open (Education Authority, 2019a).

An alternative is the creative use of local libraries. Many libraries became community-run when faced with the threat of closure. By 2014 around 10% of all library outlets in England – mostly in rural areas – were community-run. These independent libraries can offer advantages, such as longer opening hours and becoming a community hub, but they face familiar challenges around volunteer recruitment and retention. As independent hubs they can be responsive to local need by enabling groups and other services to co-locate (Rural England, 2018).

Developing multi-purpose community spaces where children can be supported alongside others can have a significant impact on local communities. For example, on the Isle of Kerrera, the community was able to purchase and repurpose the old school (funded by the Scottish Land Fund) as a community hub for

different generations to thrive – the population of Kerrera has since grown by 100% in the last seven years from 34 to 68, including 19 children (Scottish Government, 2019).

Schools

Schools are an obvious setting to focus on reaching children and, if successfully implemented, could form part of the wider emotional wellbeing and mental health offer in the community. Mental health problems are well known to increase after the transition to secondary school, in part due to the loss of the nurturing primary school environment. This makes planning and communication between schools and other agencies vitally important in identifying and responding to need.

Transitioning from small rural primary schools to larger secondary schools may mean significant changes, including much longer journeys to school and – for those living on smaller islands – a requirement to move to school boarding.

Schools in remote areas, of course, face their own pressures and many of the same challenges as voluntary sector organisations and health providers in filling vacancies where local infrastructure is poor and posts can be less well paid. Research into the experiences of schools in rural communities found that two-thirds of headteachers were hampered by low budgets linked to low pupil numbers, high costs of school transport for pupils and difficulty attracting staff with the skills to manage mixed-age classes (The Key, 2018).

Resources are becoming more available to all schools, with attention from the philanthropic and voluntary sectors (see, for example, the [Mentally Healthy Schools website](#)), and specific policy initiatives and government-led programmes, developed across the four nations, aim to transform children's mental health provision in schools with an increasing focus on prevention and promotion (Abdinisir, 2019).

Partnerships between schools and voluntary sector organisations can help improve the availability of support. Northern Irish law specifically enables schools to provide for wider

community use when not otherwise required for education. Many school premises in the region are made available to communities, but partnership arrangements with community-based services and voluntary sector organisations are noted to be easier to establish in larger urban areas with better infrastructure. It can be more challenging for schools in rural areas to establish links with external organisations (Education Authority, 2019b).

The Welsh Government has identified school-based volunteering schemes for young adults as a way to promote inclusion and participation in community life and aims to explore how schools can be used as community hubs for a range of activities involving the whole community. Statutory counselling services are available in schools in Wales for children who are from year six until year 13 (Welsh Government, 2013). The new curriculum for Wales which will be implemented from 2022 will also include a health and wellbeing element which will be offered by all schools. The consultation which informed this strategy acknowledged that schools rely on partnership approaches with third sector organisations to deliver extra support or initiatives (Welsh Government, 2019a).

With the right support in schools and communities, children could develop as peer supporters. Peer support offers the potential for children and young people to develop the resilience needed to reduce mental health

needs and to recognise their wellbeing needs at an early stage. Done properly, it can bring a unique and sustainable benefit to children and young people's wellbeing, that can endure into adulthood. While this is a broad concept, it suggests that the role of peers in children and young people's mental health is significant and that there are opportunities to build on this in response to the rising rate of referrals to children and young people's mental health services.

A longitudinal study in the USA (Lester and Cross, 2015) identified that the most supportive factor for mental health in primary school was supportive peer relationships. This suggests that the role of peers in children and young people's mental health is significant. Encouraging children to develop their mental health literacy and confidence to support others could be very helpful in areas where there are limited opportunities for interaction outside of school. Although there are limits to how far children can support each other with more complex problems, and supporting children to help one another requires supervision and resource, peer interactions can help improve resilience and create a supportive environment. This can be embedded as part of a whole school approach to mental health (Anna Freud, 2020).

Policy

England

There are several current commitments which aim to improve children's mental health in England, but few that specifically address the needs of rural or isolated children.

The core proposals of the Department of Health and Social Care's *Transforming Children and Young People's Mental Health Provision Green Paper*, which were echoed in the NHS Long Term Plan, are to:

- Improve mental health provision through education – with schools incentivised to train Designated Senior Leads for Mental Health, and Mental Health Support Teams established to provide direct services to children via schools
- Allocate funding to local areas based on more accurate assessments of community needs
- Grow funding for children's and mental health services faster than overall NHS funding and total mental health spending (NHS England, 2019).

While these steps should improve access across the country, implementation is slow, and plans are only to roll out coverage to between one-fifth and a quarter of the country by the end of 2023. Other than schools, investment and access mainly concern specialist mental health services, with no specific consideration for place or geography of young people.

Other government departments are working in related areas:

- The Department for Environment, Food and Rural Affairs is active in convening rural stakeholder groups and is working with PHE, NHS England and Natural England to investigate 'nature-based' approaches to low-level mental health support needs, promoting positive wellbeing and social inclusion (Cabinet Office and Department of Health & Social Care, 2019).

- The Ministry for Housing, Communities and Local Government announced £165 million of new funding for the Troubled Families Programme for 2020-21 (Hansard, 2020). The ambition of the programme is to provide whole families with access to early, practical support. Other announcements of investments include the 'More than a Pub' programme, which aims to create new hubs for communities which lack other shared spaces – these are likely to be more suitable for adults. There is little specifically for children in rural areas.
- As part of its strategy for tackling loneliness, the Department for Digital, Culture, Media and Sport (2018) pledged up to £1.8 million to help local communities build social connections through using underutilised spaces. This announcement recognised that infrastructure, transport, and community facilities can be improved to support social inclusion.
- The Social Mobility Commission is working across government to develop 'social mobility opportunity areas' as part of a national plan for improving social mobility in disadvantaged areas (Department for Education, 2017). Of the areas selected, three have significant rural coverage: North Yorkshire Coast, Fenland and East Cambridgeshire, and West Somerset.

An outstanding issue in England is the 'fair funding review' which will affect how funding is allocated to local authorities from 2020 onwards. This is particularly relevant in rural areas, where it is more expensive to deliver services to adults and children across larger, sparsely populated areas. Without a funding settlement which takes this into account, discretionary services which support disadvantaged groups, offer community transport and outreach services in remote areas could be under threat (County APPG, 2017).

Wales

A recent Welsh Government consultation on social isolation identified rurality and physical remoteness as factors that need to be addressed (Welsh Government, 2019a). A formal strategy on social isolation is yet to emerge, but in its response to the consultation, the Welsh Government committed to taking forward a national conversation on stigma and social connection, as well as considering the role it can play to help communities make use of underutilised community assets and create a transport network that better supports people's social connections.

Policy and strategy for the mental health and wellbeing of children in Wales is influenced largely by *Together for Mental Health*, a 10 year strategy running from 2012. The promotion of better mental and physical wellbeing in childhood is one the main objectives of this strategy. The final stage of this plan (2019-2022) includes:

- Investing to bring forward a 'whole school approach' to help all schools support broader mental health and wellbeing
- Maintaining mental wellbeing through targeted work on prevention and cross-government action on the wider determinants of mental health, and
- Supporting the development of local approaches to improve access to community-based services that support children and young people.

This is underpinned by the Wellbeing of Future Generations (Wales) Act 2015 which requires public bodies in Wales to think about the long-term impact of decision making, to collaborate with other organisations and communities, and to prevent problems such as poverty and health inequalities. Rurality and remote communities are not explicitly covered, but the principles of the Act should encourage organisations to meet the needs of the most disadvantaged.

More recently, the Welsh Government's plan for health and social care, *A Healthier Wales* (2018), recognised amongst its aims the importance of prevention, and the key role

of informal support for people to stay well. The review which fed into development of the plan identified children and rural areas as two priority areas, although there is little detail on how rural and remote communities could be supported.

Scotland

In its 2017-27 Mental Health Strategy, the Scottish Government recognised the unique challenges presented by rural isolation (2017). A key part of the strategy is to support the **National Rural Mental Health Forum**, which is led by Support in Mind Scotland and works with a large number of sector partners. The National Rural Mental Health Forum has a remit to convene stakeholders, advance research and inform policy for rural mental health in general, not just for children. The Forum is relatively new: it appears to still be developing and to date has over 160 member organisations from all sectors.

The Scottish Government's strategy for tackling social isolation and loneliness and building stronger social connections, *A Connected Scotland* (2018a), likewise commits to developing an understanding of differences in rural communities by engaging with stakeholders including the National Rural Mental Health Forum.

The Children and Young People's Mental Health Task Force (2019), was set up by the Scottish Government, Young Scot and the Scottish Association for Mental Health (SAMH). Its recommendations include:

- Improved collaboration between Scottish Government and local authorities
- A whole system approach to addressing children's mental health needs, ensuring preventative action to reduce need
- Resilience building in schools and collaborative working between schools and other services
- Easy to access, clear points of contact for children, young people, families and practitioners.

The Children and Young People's Mental Health and Wellbeing Programme Board was set up in 2019 to take these recommendations forward. Rural and island issues have not been prioritised at this early stage, but minutes from the September 2019 meeting did record an action for the Board to consider the remote and rural challenges to accessing services.

Recently published research to inform Scotland's rural planning strategy recommended that the Government should prioritise steps to improve wellbeing in rural Scotland, increase the population of rural areas, and improve equality (Scottish Government, 2020a).

In The National Islands Plan, the Scottish Government committed to ensuring health and social care is fair and accessible for island populations, developing digital initiatives, supporting local authorities to improve sports facilities, acting on a parent consultation on the range of activities available for school-age children on islands, and considering a range of options – tailored to the uniqueness of island communities – to make mental health care available (Scottish Government, 2019).

Every school in Scotland should have a counsellor attached to it, but this doesn't necessarily mean they are a full time member of staff, or that counselling is available on school premises. Smaller, remote schools can be allocated a 'smaller share' of their attached counsellor's time.

Northern Ireland

Child and adolescent mental health services are particularly stretched in Northern Ireland. Recent difficulties around power sharing at executive level have hampered progress across systems by removing leadership and generating division. A review of the impact of two years without a functioning Executive noted that during this time there had been no progress in child health policy, with children and young people's mental health at crisis point (Royal College of Paediatrics and Child Health, 2019).

Public services are increasingly being rationed due to budget cuts. Another recent review of public services in Northern Ireland suggested that reform was required to increase support for mental health prevention (Pivotal, 2018). Northern Ireland spends 5% of its health budget on mental health, which is less than half of the proportion allocated in England, despite estimates that problems are 25% higher than in England. NICCY (2018) identified deep issues with children's mental health support, including a lack of data collection and monitoring, unequal availability and accessibility of CAMHS, gaps in workforce planning, inadequate support in schools and for schools, and a lack of participation of children and young people.

The *Tackling Rural Poverty and Social Inclusion Framework* was created in 2016 to encourage collaboration between organisations in targeting the needs of vulnerable people and taking action to address the needs of rural communities. This framework calls for a greater level of collaboration with the voluntary and community sector (Department of Agriculture and Rural Development, 2016).

Conclusion

Reflections

This report investigated the impact of geographic isolation on the mental health and wellbeing of children aged 8-13. In many ways, this is an under-explored area.

There is fragmented evidence for the impact of rural and remote living on children's mental health and wellbeing. The voices and views of children aged 8-13 themselves are too frequently absent from consultations and research which inform our understanding of this space. Until recently, our understanding of trends in children's mental health generally has been poor and services have subsequently been operating in a fog due to the lack of information. As our knowledge of children's mental health develops, it is important that the nuances of life in remote areas are not ignored.

The lack of coherent, comparable evidence covering the whole of the UK makes it difficult to contrast experiences in different areas in a robust way. More striking are the commonalities between children in remote areas. There are significant barriers in accessing support to strengthen the protective factors for mental health, especially for children who are living in poverty, who have complex needs, who shoulder caring responsibilities or who face other risks of exclusion, alienation and marginalisation.

There has been little coverage of the specific needs and experiences of children in remote communities, even as part of in-depth assessments of children's needs. This is the case, for example, in the rights-based review into mental health support for children in Northern Ireland (NICCY, 2018), and in England, the sample for the major national survey from which trends around children's mental health and wellbeing are derived includes relatively small numbers of children in remote areas (The Children's Society, 2019). For issues which appear, on the surface, to be especially relevant to remote communities, such as social isolation, evidence is often not broken down by an urban/rural divide (see for example, the Jo

Cox Commission on Loneliness, 2017). Other studies into the impact of rurality include the presence of children either as an asset or a challenge for adult subjects rather than being of interest in their own right (Kantar Public, 2016).

Government policies across the four nations demonstrate a sense of commitment to addressing inequalities in access to support in rural areas, even where detail is yet to emerge. Progress is not equal – the Scottish Government has taken a number of steps which do not appear to have been matched elsewhere, such as establishing a National Rural Mental Health Forum and committing to improving wellbeing in rural and remote areas as part of its planning strategies.

In the context of significant cuts to local authorities and public services across the UK in recent years, it is unclear how far this sense of commitment will translate to real change for children in remote communities. Local authority funded youth work and public sector grants to VCSE organisations are at greater risk in remote areas due to the increased costs associated with travel across larger areas, and the lack of economies of scale in providing for smaller populations. It seems likely, for example, that in the implementation of plans for schools in England to have access to mental health support teams, the most remote schools may come last. Others may be overshadowed by larger towns and cities which fall within the jurisdiction of local authorities and health systems.

And, while there is substantial activity carried out by lobbying and representative groups for rural and isolated communities, these cover a wide range of issues including regeneration, economic development, and ageing populations. When young people are in focus, issues are often around employment, skills development, and the retention of 18-25 year olds in rural communities (Skerratt, 2018).

Children are greatly impacted by poor transport infrastructure, fewer local choices, alienation and isolation (especially for those with specific identities or characteristics), poor digital

connectivity, and a lack of opportunities to socialise with peers outside of school. These issues were echoed in almost every consultation report and research paper relevant to the topic. Remote areas are also places where children who are at greater risk of isolation and marginalisation – for example young carers, disabled children, children from Gypsy, Roma and Traveller communities, and children whose gender or sexual identity is different than most of their peers – face even bigger challenges because of their geographical situation.

For organisations in rural and remote areas, the three main themes are funding, premises, and personnel. Funding is, of course, a challenge for many organisations who have previously relied on public money which is no longer available. Premises are difficult to maintain without sustainable funding. One promising approach is to develop multi-purpose community centres where children and adults can access support and activities. For children in the most remote areas, however, even accessing a centre in a neighbouring village is challenging without good transport options. It is harder to recruit and retain skilled professionals in many remote areas, and the voluntary sector children's workforce is no different.

Rural and remote projects often rely on volunteers to coordinate and deliver projects. This is an asset, which perhaps confirms the strong sense of community in remote areas. However, upskilling volunteers to provide the best possible support for children is difficult where training options aren't available locally. Organisations in remote areas face difficulties in creating physical spaces that children can easily (and want to) access. They also face issues around resourcing and overreliance on volunteers. There may be opportunities to develop peer support schemes for children themselves to actively engage in creating psychologically safe and supportive spaces, especially in schools. There are other opportunities to upskill the volunteer workforce, and to support local organisations to co-locate or coordinate offers that make best use of limited community assets by sharing. This is mirrored in the focus of many projects on whole community development and resilience building.

An overarching theme is the impact of poverty. There are numerous studies which demonstrate high levels of life satisfaction and wellbeing in rural areas. But many people in coastal towns and rural settlements are known to experience high levels of deprivation. Pockets of deprivation may be hidden – and exacerbated – by nearby areas of relative wealth and privilege. Our visibility of rural poverty is further obscured by traditional tools for measuring poverty and deprivation which are not refined enough to identify areas where this is dispersed or present in small pockets.

Projects, funding and strategies focused on remote areas often aim to benefit the whole community, rather than a specific age-range. Children are not necessarily excluded, but their needs compete alongside other priorities including education and economic opportunities for 13-25 year olds, general community empowerment and participation, and support for families and parents. In some recent examples, projects have set out simply to understand more about what communities need (e.g. the Aspiring Communities Fund, see Harvey, 2019; Marker, 2019; Lawrie, 2019).

Recommendations

- 1. Research funders and providers exploring the state of children's mental health across the nation should ensure that research is inclusive of those living in remote areas and that it enables analysis based on where children live.** Attempts to understand general trends in children's mental health should explore whether and how children's mental health and wellbeing is affected by experiences of spatial isolation.
- 2. The experiences of children under 13 years old should be included in community consultations and research.** This emerged as a significant gap in the literature. Challenges around ethical approval, anonymity and safeguarding may exist, but children must be permitted and encouraged to use their voices if their mental health and wellbeing is to be protected.

3. **Governments should adopt a whole-government approach to mental health and align the actions of all agencies and departments which influence life in remote areas.** For example, in England, the Department of Health and Social Care, Department for Education, Department for Environment, Food and Rural Affairs and Ministry for Housing, Communities and Local Government all have roles to play. There is an additional opportunity to create forums that share learning from across the four nations. While local issues may be different, many of the challenges are similar. Solutions from one part of the UK can help refine approaches elsewhere.
4. **The UK Government should commit to undertaking and implementing a Fair Funding Review to enable local authorities to meet the needs of all children, wherever they live,** and to support local activities that improve children's mental health, wellbeing and resilience. The Review, which will examine the way in which local authorities in England are funded, should consider the challenges faced by children, families and organisations in remote areas. Provision should acknowledge, for example, the increased costs associated with delivering the same service to the same number of children in a sparsely populated area compared to most urban settings. The Review has been delayed due to the Covid-19 pandemic and should be rescheduled as early as is feasible.
5. **The Government should press forward with its commitment to improving digital infrastructure in remote areas of the UK.** Improving connectivity will mean that more children who are spatially isolated are able to seek information and support for their mental health. It will mean they are able to connect and engage with groups and other children – this itself is a protective factor for good mental health. The forthcoming 2020 Spending Review could expedite this by allocating appropriate funding.
6. **Public sector commissioners and independent funders should recognise that delivering meaningful support for children's mental health in remote areas is unlikely to accommodate economies of scale.** Geographic context, therefore, should be part of funding assessment processes, and providers in rural areas should not be penalised for predicting lower numbers of beneficiaries. In a similar vein, funding application processes should be simplified and made accessible to small, community or volunteer-led organisations operating in remote areas. This applies to philanthropic, independent and public sector funders.
7. **National and local government and large third sector bodies should support the training and development of the rural/remote volunteer workforce, including young peer supporters.** This may include mental health awareness training, skills development, safeguarding, signposting, and training in fundraising and management. Encouraging the development of young peer supporters in schools and other settings could bring acceptable support closer to children who find professionally-led services 'hard to reach' or less relevant to their needs and lives.
8. **Local authorities, service providers, commissioners and funders should explore promising approaches** to supporting children's mental health and wellbeing in remote areas. Several examples emerged during this review:

'Detached' youth work: Youth workers are enabled to go out and engage with young people that don't or can't access centre-based provision. It may involve meeting children in schools or where they live. Funding a person in a single post (rather than a time-limited project) can help children in communities identify and trust the support on offer (UK Youth, 2018a).

Itinerant or roaming support: Mobile projects in remote areas can take support into communities where permanent dedicated support or space is unavailable. Examples include the Rural Coffee Caravan, which delivers information and friendship across Suffolk, creating friendly drop-in spaces for people to connect with each other and find more about how to access other support (Department for Digital, Culture, Media and Sport, 2018), and **The Buzz Project** in the Lochaber area of Scotland which uses a refurbished bus as a mobile music studio and teaching area. The project visits villages and encourages children to express their needs, wants and ideas with confidence, and develop increased self-awareness. In some areas, uniformed groups (Scouts, Guides, etc.) meet the challenges of rurality by integrating different age groups together or adopting itinerant ‘Cellular Cobweb’ and ‘Satellite’ units, which bring together very small groups from neighbouring remote areas where there may be too few children to sustain one group. They may rotate meetings places between schools or hamlets. Meetings offer opportunities for children to interact with trusted adults, mentors and other children as well as developing skills and experiences.

Timebanking: This model encourages members of the community to contribute their own skills or help in return for similar support from fellow timebank members. It has shown some promise in English district councils. There is strong evidence that this promotes social inclusion and can improve physical and mental health impacts, and employment prospects, while reducing reliance on certain types of support. Evaluation evidence suggests an array of benefits including reported lower need to use the NHS, feeling healthier, and wider impacts that are linked to health (Spice and Apteligen, 2015). While not commonly

employed to support children, it could boost the capacity of volunteers, whether they are interacting with children, helping with transport, administration or fundraising.

Targeted, holistic support: Services in small communities may struggle to cover multiple specialisms, but there is significant value in improving access to less formal, more holistic support – especially where it is offered to children recognised as being at greater risk of mental health problems. **Caithness Klics**, for example, supports young carers with a flexible offer of one to one support, drop in centres, and coordination with schools, and **TYKES** (The Young Karers East Sutherland) offers one to one individual support, young carer groups, residential and day trips, and information and support for a sparsely populated rural and coastal area of the Scottish Highlands. This can include connecting otherwise isolated children and families to wider support in the community – as practised by Brighter Futures Fermanagh, which connects disabled children aged 0-12 and their families to local activities (McConkey, 2019).

Utilising existing community spaces: This includes schools (out of teaching hours), community centres, village halls and cafés. These spaces can be developed as hubs where a range of support can be offered for the whole community, but they need to be protected and made available to groups delivering support. Lybster Village Hall (in Caithness, Scottish Highlands) is used for youth clubs for primary aged children, as a teen café and for messy play with infants (Marker, 2019). The **Oban Youth Café** runs regular groups for children and young people in Argyll. These include term time drop-ins after school, young carers groups, lunchtime friendship groups, and a club for young people with additional support needs.

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