SUSTAINABLE RURAL FUTURES: A HEALTH PERSPECTIVE ON BISHOP’S CASTLE

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INTRODUCTION

A group of 12 third-year Bachelor of Nursing learners at Otago Polytechnic undertook a community development project for their Primary Health Practice in 2020. The learners applied the Community Health Assessment Sustainable Education (CHASE) model (Ross, Crawley & Mahoney, 2017) to complete a community profile of a rural English village in Shropshire, United Kingdom. This model allows nursing students to view primary health nursing from a sustainable and population-based approach. Health needs in communities were identified by a process of profiling the community, applying a needs assessment to identify health needs that the learners identify, develop a sustainable approach to resources to reduce the need within the community.

Health and support in the community differs depending where the community is situated in the world. Public health practice is diverse, stimulating and challenging because of these vast differences. Community healthcare can be found wherever people are but is not based in the hospital or institutionalised setting. The variety of settings is large and diverse, and can be rural or urban, within communities, the home, schools, general practices, private organisations, health departments (St John & Keleher, 2007).

The purpose of this project was to conduct a comprehensive assessment of the community of Bishop’s Castle in Shropshire, England supervised by Associate Professor Jean Ross who guided the learners through this process. Collaboration between the learners and the community stakeholders progressed very well. Three considerations on the progress of this project need to be acknowledged, Brexit the international time zone differences between New Zealand and the UK, while this project took place in February 2020 pre COVID-19 for both countries. The goal was to work collaboratively with the community stakeholders and identified populations and identify three specific health needs for this research.

Community Profile

Bishop’s Castle is situated in the Southwest of the Shropshire County, West Midlands, England, United Kingdom (Shropshire Council, 2018). It is only 1.5 metres away from the Welsh border (Shropshire Council, 2018). Bishop’s Castle is surrounded by Clun in the South, Oswestry in the North, Wales border in the West, Church Stretton in the East, Ludlow in the Southeast, and Shrewsbury in the Northeast. This small town contains 203 hectares with 7.4 people per hectare (Shropshire Council, 2018).
Demographics

The population of Bishop’s Castle, according to the 2011 census is 1,893, with the primary ethnicity being 98.5 percent “white”; more specifically 95.3 percent of the population identify as English/Welsh/Scottish/Northern Irish/British (Office for National Statistics, 2011a). The mean age for Bishop’s Castle is 45.6 years which is comparatively higher than England’s mean age of 39.3 years. Over a quarter (25.6 percent) of the Bishop Castle population is 65+ which is higher than the other population groups, notably England which has only 16.4 percent of its population over 65 years. The unemployment rate of economically active individuals in Bishop’s Castle is 2.0 percent which is over half the number of England’s which is 4.4 percent (Office for National Statistics, 2011a, 2011b).

Bishop’s Castle is predominantly rural, with an aging population. Despite the 2.0 percent unemployment Whiddon (personal communication, 13 February 2020), says that job availability, particularly for younger people is lacking and is something to be improved upon in order to keep younger people and families in Bishop’s Castle.

Community Partnership

Bishop’s Castle has a very strong community of which they are very proud of. They describe themselves as being resilient and sustainable while 94 percent of participants said that they were proud of their town of Bishop’s Castle (Whiddon, 2019). This demonstrates the importance of community to this rural town of England. Rural and urban communities are viewed as highly diverse in comparison to each other in terms of their social, demographic, economic and environmental characteristics. Rural communities typically live further away from access to health care resources and face many barriers compared to that of an urban context. Rural communities as highlighted by Ross (2008) face fragmented health services due to lack of health care providers. Rural people also deal with poor accessibility to services due to long-distance traveling, affordability, poor roads and lack of transportation. These issues affect rural dwellers in many ways, including illness and injury, mental health, socio-economic status, shortages of healthcare professionals, isolation, poverty, employment and education (Ross, 2017).

Bishop’s Castle Community Partnership is a community driven charity aimed to advance citizenship and community development (Bishop’s Castle Town Council, 2019). It does this through:

- providing strategies to develop town economy, social and environmental priorities,
- regularly consulting the community on its needs and prioritise actions,
- seeking funding support,
- representing the interests of the local community at county and national level, and
- supporting the community to achieve better quality of life for residents.

ETHICS APPROVAL

Category B ethical approval was granted through the School of Nursing Ethics Committee, Otago Polytechnic, Dunedin, New Zealand for the research to proceed.

Health Needs of the Community

By gathering primary and secondary data about Bishop’s Castle, developing a SWOT analysis, the students identified the vulnerable population aggregates and the health needs that affect the community. They identified three health needs that affect the community of Bishop’s Castle which include:

Transport was identified as a health need due to the lack of public transport to get outside of the town. Community members rely on their own vehicles or the minimal public transport that is provided, which has an impact on work, social mobility access to healthcare and other services, and education.
Mental Health was identified as a health need. The community members stated they were concerned that mental health and suicide is a hidden problem, and that suicide has a huge impact on the Bishop's Castle community because of their closeness.

Physical Health was also identified as a health need. This was due to the concern expressed by community members about obesity, poor diet, food poverty, lack of exercise and drug misuse taking a toll on all aspects of physical health.

Each of these health needs will be discussed separately in relation to the population groups and the community resources available.

**HEALTH NEED 1 – TRANSPORT**

Transport is a fundamental aspect of a community, providing access to many integral services while also offering a great deal of freedom to move around a given area. In the rural setting of Bishop’s Castle, the scarcity of some resources results in a heavy reliance on transport to cover large distances for access to the full spectrum of social services only offered in larger townships. As a result, the effectiveness of transportation in Bishop’s Castle influences almost every facet of the society. The learners identified the most problematic and restrictive elements of transport in Bishop’s Castle, disabled accessibility parking and public transport.

A general theme emerged of strong reliance on public transport for work, school and to facilities that are not offered within Bishop’s Castle. As reported by Whiddon (2020) community members found bus services are relatively limited, with the bus timetable showing transit to nearby towns of Ludlow and Newton provided only once every week. The nearby town of Shrewsbury is the largest town in a circumference of 25 miles (40km) and this provides many fundamental resources, such as secondary school education to students from Bishop’s Castle (Bishop’s Castle, UK., 2020). Running five times per day this bus service operates as an integral link for commuters between Shrewsbury and Bishop’s Castle (Bishop’s Castle- Shrewsbury, 2020). In 2019 a proposal was promoted for planned budget cuts by the Shropshire Council, to reduce this service to only two trips per day. Under strong opposition and protests from the Bishop’s Castle community this plan was cancelled, however, the threat of future cuts to an already inadequate public transport service still looms over Bishop’s Castle community (Todman, Protesters block Bishop’s Castle road in bus row, 2019). Based upon these findings the learners concluded that public transport in Bishop’s Castle was a problematic area for the community worthy of directed focus.

Disabled accessibility parking was identified from its presence in the media, as a problematic area early in the learners’ research. In January 2020, an article in Shropshire Star (the local community newspaper), reported on the inadequacy of parking spaces for the disabled, and the lack of road markings in these areas meant that non-permitted cars inappropriately use these spaces. Furthermore, the article reported that a Freedom of Information Act request revealed that none of these parking spaces is subjected to any type of traffic order, meaning infringing parkers face no repercussions (Trigg, Action call over disabled parking spaces in Bishop’s Castle, 2020). Upon consultation with community representatives for Bishop’s Castle, the significance of this issue was further highlighted. Publications report a pattern of inaction by the Council, even after repeated complaints. Unavailability of disabled parking is an issue only further compounded by the tight and congested streets when combined with the lack of general parking, making accessibility for people with disabilities even more difficult (Figure 1).
As a 12th-century town, Bishop’s Castle has a layout that pays little regard to modern-day vehicles and parking, hence a prevailing issue with parking exists in Bishop’s Castle, especially around the town centre where streets are congested, and the roads are narrow and tightly packed (A Brief History of Bishop’s Castle). This issue was outlined during the consultation with representatives of Bishop’s Castle and reaffirmed in survey results collected as part of the Bishop’s Castle community plan. The parking survey revealed that within three of the four main streets, the number of vehicles parked exceeded available parking spaces, and this trend was observable on multiple days of the week. More concerning, cars exceeded available spaces by parking on yellow lines and pavements (Bishop’s Castle Community-Led Plan, 2016). Interestingly, parking a car on yellow lines is not an offence enforceable by the law and therefore road markings are likely being disregarded (Bishop’s Castle Community-Led Plan, 2016). There is often parking capacity around other areas of town away from the main street, however, the towns demographic is skewed toward the aging population, making available parking on the main streets a more pronounced issue due to limitations in the mobility of the elderly.

**Impacts transportation has on different community groups**

Public transport and parking accessibility are a community-wide concern, although, there is an increased significance for three specific community groups, these being the elderly, disabled and mothers with prams. These groups require aid and usually extra funding to support their access to the transport resources, this can be done by providing ramps on buses or the dial-a-ride service.

The elderly makes up a large proportion of the Bishop’s Castle population and are predominantly disadvantaged as rural communities have limited public transport and rely on individual owned vehicles (Velaga, Beecroft, Nelson, Corsar & Edwards, 2012). This becomes a disadvantage for the elderly community as they may not be fit to drive or no longer own a vehicle. This is a similar scenario with disabled individuals who can also be able to drive, resulting in loss of independence and restricted accessibility to places. Bishop’s Castle offers public bus transport although it is limited.
As previously stated, Bishop's Castle has very narrow roads causing cars to park over the footpath, resulting in narrow and obstructed pathways (Whiddon, February 2020). This makes it difficult for the elderly to commute through the footpaths, creating possible falls risks and preventing them from accessing facilities. The same disadvantages apply to disabled individuals and those with a pram/pushchair. As well as Bishop's Castle offering limited pedestrian access and unsafe terrain, the topography of the area is steep in some areas (Whiddon, February 2020) which is also a disadvantage for the three identified community groups. The limited availability of disabled parks significantly affects disabled individuals as they rely on these parks. It further limits their accessibility encouraging transport poverty for this affected community group.

Health Implications

Transportation systems connect people to one another and to the places that they work, live and learn. Residents in rural areas face greater barriers to transportation and access to healthcare compared with urban counterparts and have more problems with accessibility and travelling further distances to health care providers. The issues of transportation in Bishop's Castle have a direct impact on the health of the community and health-related implications. Lack of access to essential transportation can lead to diminished social networks and isolation. In comparison, adequate and affordable networks of transport is beneficial to the population. As highlighted by Boniface, Mindell, Scantlebury and Watkins (2015), if transport services are poor, individuals can be considered at a disadvantage and can lead to health-related complications, social isolation, reduced access to services, social networks and opportunities in the community. The use of transportation is also essential for access to further education, social mobility, job security and for after-hours medical care outside of Bishop's Castle.

Recommendations

From the data collected and analysed by the learners, two recommendations that could potentially improve health needs were made.

These recommendations are:

- improving awareness and signage of disabled parking, and
- encouraging the use of public transport.

Health promotion message to the community

The students developed a formal submission to the Shropshire Council explaining their findings, and provided a flyer to be placed on the windscreen of all non-permitted cars occupying disabled parks, demonstrating the importance of the correct use of disabled parks and aims to promote accurate use in the future (Figure 2)

![Figure 2: Disabled Car Park in Bishop's Castle. Source: Keith Whiddon.](image-url)
HEALTH NEED 2 – MENTAL HEALTH

Issues related to mental health and support are one of the main challenges faced by rural communities (McMurray & Clendon, 2015). Mental health and wellness are an integral part of health; there is no health without mental health. It needs to be viewed with the same importance as physical, familial and spiritual health (World Health Organisation, 2018). However, in rural settings like Bishop’s Castle, it can be challenging at times to provide holistic healthcare that meets all these aspects of health. This is in part, a result of barriers faced by rural communities such as inaccessibility to services (as discussed within the transport health need), or lack of funding (McMurray & Clendon, 2015).

This part of the report will discuss the mental health needs of effects older people, youth, and pregnant women.

Older people

With an aging population and a vast landmass area, Bishop’s Castle residents are more likely to feel isolated and lonely (Shropshire Council, 2018). Reports show that situational issues such as changes in marital, financial and physical health, can also lead to ongoing physiological decline and can result in chronic health conditions (Victor & Bowling, 2012). While loneliness is subjective, social and physical isolation is objective. Loneliness is an individual’s perception of how they are feeling and is more common in the older adult due to their increased situational issues associated with aging (Rural Services Network, 2015). Social isolation can be defined as a lack of social interactions with family, friends, neighbours, and the broader community, and is measured by the strength of the individuals’ existing social network and support services currently in place (Luskin Biordi & Nicolson, 2013). Physical isolation is the physical distance and barriers between an individual and their support networks which can be, for example, a lack of transport and communication services. Physical isolation can cause social and emotional isolation, leading to feelings of loneliness.

Loneliness and isolation impact significantly to depression and mental illness in the older person. Andrews, Gavin, Begley, and Brodie’s (2003) study on utilising befriending services (from the viewpoint of the consumer), showed the benefit of volunteers or home visitors forming relationships with the older person to combat loneliness and isolation. This improved outcomes for the older person’s mental health and wellbeing. As a person ages, they become more reliant on people and services being brought to or being within proximity to their home. This increases their risk of social isolation from previously enjoyed activities, thus increasing the risk of decline in mental health and wellbeing.

The risk of social isolation in the older adult population in a rural community is quite high. This portion of the population would benefit someone from a health-related background, ideally specialised in mental health, that could see the possible decline in an individual’s physical health and psychological health, and with the ability to support the individual and their families through referral processes.

Youth

There is a growing amount of literature indicating the benefits and disadvantages of living within a rural community today with a prevalent theme being the effects rural living can have on young people’s mental health. Youth in rural areas can display feelings of boredom and loneliness, with many of the older teenagers stating it has affected their mental wellbeing contributing to depression or anxiety (Education Authority, 2019). Depression in youth is a particular concern, as those with depression will often experience difficulties in other aspects in their lives (Black, Roberts, & Li-Leng, 2012). The concern for adolescents is also because of the link between depressions to suicidal ideation, attempted suicide, suicide completion and deliberate self-harm (Black, et al., 2012). Black et al., (2012), also identify a disadvantage of living in rural areas is the lack of accessible mental health services. The need for resources for youth with mental ill-health has encouraged the use of technology to help support or to replace the existing face-face services (Orlowski, Lawn, Antezana, Venning, Winsall, Bidargaddi & Matthews, 2016).
The rural community of Bishop’s Castle has access to many of the UK mental health and wellbeing online resources. ‘Kooth’ is one such resource which is offered to young people aged 11 years and over, offering free and confidential support and counselling (Kooth, 2020). This online resource has a range of different professionals that are available to talk to young people online from midday until 10pm weekdays and 6pm to 10pm on weekends (Kooth, 2020). Face-to-face mental health services are free through the National Health Service (NHS) to people in the UK (NHS, 2020), but requires a referral from a General Practitioner (GP). However, for some of the mental health services, a person can self-refer for example to Independent Psychological Therapy service (IAPT) (NHS, 2020). For a rural town like Bishop’s Castle, the closest place to offer these therapies is 18 miles away, making face-to-face help harder to access (Freud, 2020).

For many of the youth, it is always a good first step to talk to the local GP or a trusted teacher or health professional in their community. At the College of Bishop’s Castle, a school counsellor and a student support person is available to talk with (Community College Bishop’s Castle, 2020). The issue found in rural areas such as Bishop’s Castle is having easy access to specialist mental health services.

**Young families and perinatal depression**

As pregnancy is viewed as a generally positive event, assessment is often overlooked for Perinatal Depression Disorder (PDD), yet it affects between 15-20 percent of women globally (Baker & Oswalt, 2008; Price, 2010). PDD continues to be significantly under-diagnosed and under-treated, with 75 percent of cases not being diagnosed and left untreated (McMurray & Clendon, 2015). Undiagnosed PDD can mean a woman suffers months, sometimes years of illness (Strass, 2002). This is concerning given the potential effects PDD can have on the mother-infant relationship, and the familial system (Baker & Oswalt, 2008). Research into interactions between depressed mothers and their infant, supports this concern. Depressed mothers show less affectionate behaviour, respond less to infant cues, and can socially withdraw. They are also more likely to have hostile/intrusive interactions with their babies (Baker & Oswalt, 2008).

PDD can pose an even greater risk in rural communities, like Bishop’s Castle. Rural communities are faced with extreme tangible and intangible barriers when it comes to accessing mental health support. Rurality brings challenges that increase the risk of perinatal depression including social isolation, lack of confidence, lack of support and education. These rural challenges paired with risk factors to PPD cause potential concerns for the health and wellbeing of mothers.

Specific to Bishop’s Castle, there is very little mental health support for postpartum depression and other mental health issues faced by families. It is up to mothers to ask for help, and there are no pregnancy care planners in the area. Midwifery is still providing support antenatally, but this is based 38 miles away. There seems to be a gap between the GP practice and midwifery services if a woman presents with PDD. Midwifery is provided through a central Trust, which means they run differently. Postnatally, there are no checks from community or infant/well-child nurse and the baby’s developmental stages are seemingly not tracked, therefore, families would have to present to the practice themselves with parental and infant/child health issues (Dr Adrian Penney, personal communication, 14 February, 2020).

**Health promotion message to the community**

Drawing on the evidence from the literature and community, the recommendation of providing a specialist mental health nurse in the local GP practice could offer much-needed support for mental health issues and continuing mental wellness in the Bishop’s Castle community. It is envisioned that the mental health professional could take an education seminar for other health professionals to promote the role and how to help people to care for their mental health.
To promote mental health in the community the learners created two resources promoting mental health and wellness: a stress ball (Figure 3) and a poster (Figure 4) with the phrase ‘no health without mental health’ on it. This phrase was developed from the World Health Organisation (2018). Reminding people about mental health can actively aid in mental wellbeing. This could lead to either seeking help if issues are present or remind healthcare workers to consider mental health.

![Figure 3. Stress ball. Source: Authors.](image)

![Figure 4. Poster. Source: Authors.](image)

**HEALTH NEED 3 – PHYSICAL HEALTH**

Engaging in physical exercise and eating a healthy diet are key contributors to maintaining good health and wellbeing. Bishop’s Castle has a high percentage of overweight or obese residents. Changes in health behaviours are required to lower these statistics to see positive community outcomes.

Locally grown and affordable weekly vegetable box subscriptions are a healthy option available to the residents of Bishop’s Castle. Sourcing local produce is a good way to support the community and to keep money in the local community. The household income in Bishop’s Castle is lower than the surrounding towns in the County (Shropshire Council, 2018). According to the Shropshire Food Poverty Alliance (2019), food poverty is an issue faced by many living within the County, due to financial issues, access to food and skills/knowledge. The average hourly income in Shropshire is £14 less than the national average UK income. Access to food is often limited in rural areas, with prevalent transport restrictions and limited resources (Shropshire Food Poverty Alliance, 2019). To achieve positive community health and wellbeing, it may be beneficial to promote education on dietary effects on health and teach affordable ways to eat healthier foods.

Based on the key findings from the literature, the learners evaluated how health promotion on healthy lifestyles through increasing exercise could apply to the community of Bishop’s Castle and impact on physical health of people of all ages. The learners recognised the need for interventions to help to improve overall physical health. These interventions are applicable to the entire population.

*Health promotion message to the community*

To increase the likelihood of community members accessing the outdoors to improve on their physical activity the learners recommended that the members of the community should engage with activities that occur within the town boundaries or create an activity where everyone can participate and become more active in their
day-to-day lives. Bishop’s Castle has a leisure centre that includes a 20-metre swimming pool, 20 station fitness suite, badminton courts, sports hall, squash halls, sauna and sunbed and other attractions. However, there is a cost to access these areas/activities in the leisure centre which may be an issue for some community members. Community members identified that the average age of people accessing the leisure centre was around 60 years. There are also walking tracks close to Bishop’s Castle, however these are approximately 20-minute drive away.

The learners suggested a community garden be built for all members of the community to participate. This could be located close for community members to walk to, and for no cost except for the cost of their energy through helping with the garden, in return for receiving fresh vegetables and fruit. The aim of encouraging this idea is for community members to become motivated to access the outdoors and to increase their activity levels by walking and moving around in a garden.

A community garden promotes healthy eating, community participation and allows residents to learn good food behaviours that could be utilised in their own homes. A community garden is a sustainable source for fruits and vegetables (Figure 5) in a rural area and offers a wide range of benefits for individual’s physical and mental health by having more social contact with others who share similar interests, increasing physical activity levels, improving nutrition, affordable fresh fruits and vegetables and decreasing obesity statistics (Lovell, Husk, Bethel & Garside, 2014).

Community gardens offer people and the community many benefits. Recreational and food production are both opportunities that underutilized spaces provide (Community Garden Council, n.d.). Food that is grown locally reduces the production of greenhouse gases caused by long distance transportation of food. Having these community gardens has potential to reduce crimes rates in the neighbourhood by bringing people together which increases the visibility and engaging citizens in positive initiatives (Community Garden Council, n.d.). Community gardens can contribute towards an individual’s healthy lifestyle by providing affordable, fresh, safe fruits and vegetables, help in relieving stress and increase sense of wellness, improving overall physical health by getting people active and giving people and opportunity to learn and share knowledge on nature, gardening and cooking (Community Garden Council, n.d.). It can also benefit the community as the gardens help build welcoming, safer communities, reduce pollution and transporting food over long distances, reducing food insecurities, connecting people to nature and providing the opportunity for people in rural areas to educate and engagement with the food system and where the food comes from (Community Garden Council, n.d.).

Community Garden Council. (n.d.) show that the main reasons for community gardens are to address physical and mental stress, community building, building skills and satisfying curiosity, enhancing meals and diet, involving
children, saving money on food, preserving culture and tradition and addressing environmental concerns related to food. There are three main themes that can be picked up from this and these are health, inclusion and learning. Gardening helps people’s health by decreasing stress, helps healing previous trauma or anxiety, increases physical activity while providing healthy food options (Community Garden Council, n.d.). This clearly shows that the benefit of community gardens is helping to promote physical activity, healthy eating and good mental health.

In the development of this idea, the learners worked in partnership with members of Bishop’s Castle to create something based on what they believe is needed for the community. The resources created has a number of different components including: a poster (Figure 5), Coaster (Figure 6), Fridge Magnet (Figure 7) and pamphlets that will be able to reach the whole community delivering consistent education on the benefits of a community garden and healthy living.

CONCLUSION

The learners expressed this project as being an incredible experience. The community of Bishop’s Castle was warm and inviting, extremely helpful and welcoming to them. They learnt so much about a different culture, while having the privilege to influence change through health promotion, from the other side of the world. As practising at a distance (virtual platform) is new ground in terms of research for Otago Polytechnic Bachelor of Nursing, it has been important learning and insight into community health promotion.

Through the learners’ comprehensive community assessment, literature reviews, health promotion development with the Ottawa Charter and health resource development, they addressed prevalent health issues in Bishop’s Castle. Transport, mental health and physical health are large issues that cannot be changed overnight. But with hope, they envisage that change can occur; health can be maintained and supported, and Bishop’s Castle can continue to flourish as the wonderful community it is.

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