

# Sustainable Rural Futures - A health perspective on Bishop's Castle



Figure 1. Church Street, Bishop's Castle, Shropshire (Flickr, 2018)

## Compiled by Otago Polytechnic School of Nursing Students:

Poppy Restieaux, Amanda Norgate, Caitlyn Lyttle, Courtney Anderson, Jasmine Monaghan, Josh Baxter, Lucy Gonsalves, Natascha Gray, Sarah Thompson, Sophie Hooker, Tayla Stanton, Tyla Gartner

Supervised by Dr. Jean Ross



## **Acknowledgements**

We would like to express our thanks to all of the people who have helped us develop and complete our primary health project, based around Bishop's Castle community.

Firstly, we would like to express our thanks to our supervising lecturer Dr. Jean Ross for her continual guidance and support throughout the process.

Secondly, we would like to acknowledge the core team we worked with in Bishop's Castle for providing us with valuable information. In particular;

Keith Whiddon

Daphne DuCros

Hope Robson

Anne Roberts

Valerie Woodmansey

Bernard Edwards

Dr Adrian Penney

## CONTENTS

<b>Acknowledgements</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>6</b>
<b>Geography</b> .....	<b>6</b>
<b>History</b> .....	<b>9</b>
<b>Demographics</b> .....	<b>11</b>
<b>The Community Wheel</b> .....	<b>14</b>
Health and Social Services .....	14
Communication .....	20
Recreation .....	21
Economy .....	22
Education .....	23
Politics and Government .....	24
Brexit .....	26
Safety and Transport .....	30
Housing .....	32
Climate change .....	33
<b>Sustainable United Nations Goals</b> .....	<b>33</b>
<b>Community Partnership</b> .....	<b>38</b>
<b>Rural Context</b> .....	<b>39</b>
<b>A summary to date</b> .....	<b>41</b>
<b>A case study</b> .....	<b>42</b>
<b>Photos</b> .....	<b>42</b>
<b>SWOT Analysis</b> .....	<b>43</b>
<b>Vulnerable Populations</b> .....	<b>44</b>
<b>Needs Assessment</b> .....	<b>44</b>
<b>Kaitohutohu Considerations</b> .....	<b>44</b>
<b>Transportation in Bishop's Castle</b> .....	<b>46</b>
Introduction .....	47
Rationale .....	47
Impacts transportation has on different community groups .....	49
Health Implications .....	50

Transportation in a rural community .....	51
Recommendations for transportation .....	52
Ottawa Charter .....	52
Health promotion message to the community .....	54
Conclusion .....	55
<b>Mental Health in Bishop’s Castle .....</b>	<b>56</b>
Introduction .....	57
PECOT .....	57
Older Adult .....	58
Youth .....	59
Young families and perinatal depression .....	62
Mental health of minority groups .....	63
Conclusion / Recommendations .....	66
Ottawa Charter .....	68
Health promotion resource summary .....	69
<b>Physical Health in Bishop’s Castle .....</b>	<b>71</b>
Introduction and Rationale .....	72
Diet .....	72
Physical activity in Youth within the UK .....	74
Physical activity in Older Adults within the UK .....	76
Drug misuse .....	77
Bringing it together .....	80
Recommendations .....	83
Health Promotion .....	85
The rationale for choosing a community garden .....	86
Ottawa Charter .....	87
Conclusion .....	89
<b>Conclusion .....</b>	<b>90</b>
<b>References .....</b>	<b>91</b>
<b>Appendices .....</b>	<b>112</b>
Appendix A: Transportation resources .....	112
Appendix B: Submission letter to Bishop’s Castle Council .....	113
Appendix C: Mental health resources - poster and stress ball .....	120

Appendix D: Submission to Shropshire Clinical Commissioning Group .....	122
Appendix E: Physical health resources - poster, coaster and magnet .....	131
Appendix F: Powerpoint for community .....	133

## **Introduction**

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 setting can be rural or urban, within communities, the home, schools, general practices, private organisations, health departments; the variety is large and diverse (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. The goal was to identify three specific health needs from this research and the most vulnerable populations present. Then we wanted to develop health promotion messages and resources in response to those needs. The needs identified were transport, mental health and physical health, with regards to the community as a whole. The community focus was broken down though into older adults, youth, young families and minorities. Health promotion messages and resources were then developed for each of these needs, and specific to the community groups.

## **Geography**

The small town of Bishop's Castle is situated in the southwest of 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 south-east, and Shrewsbury in the north-east (see figure 1). The small town contains 203 hectares with 7.4 people per hectare

(Shropshire Council, 2018).

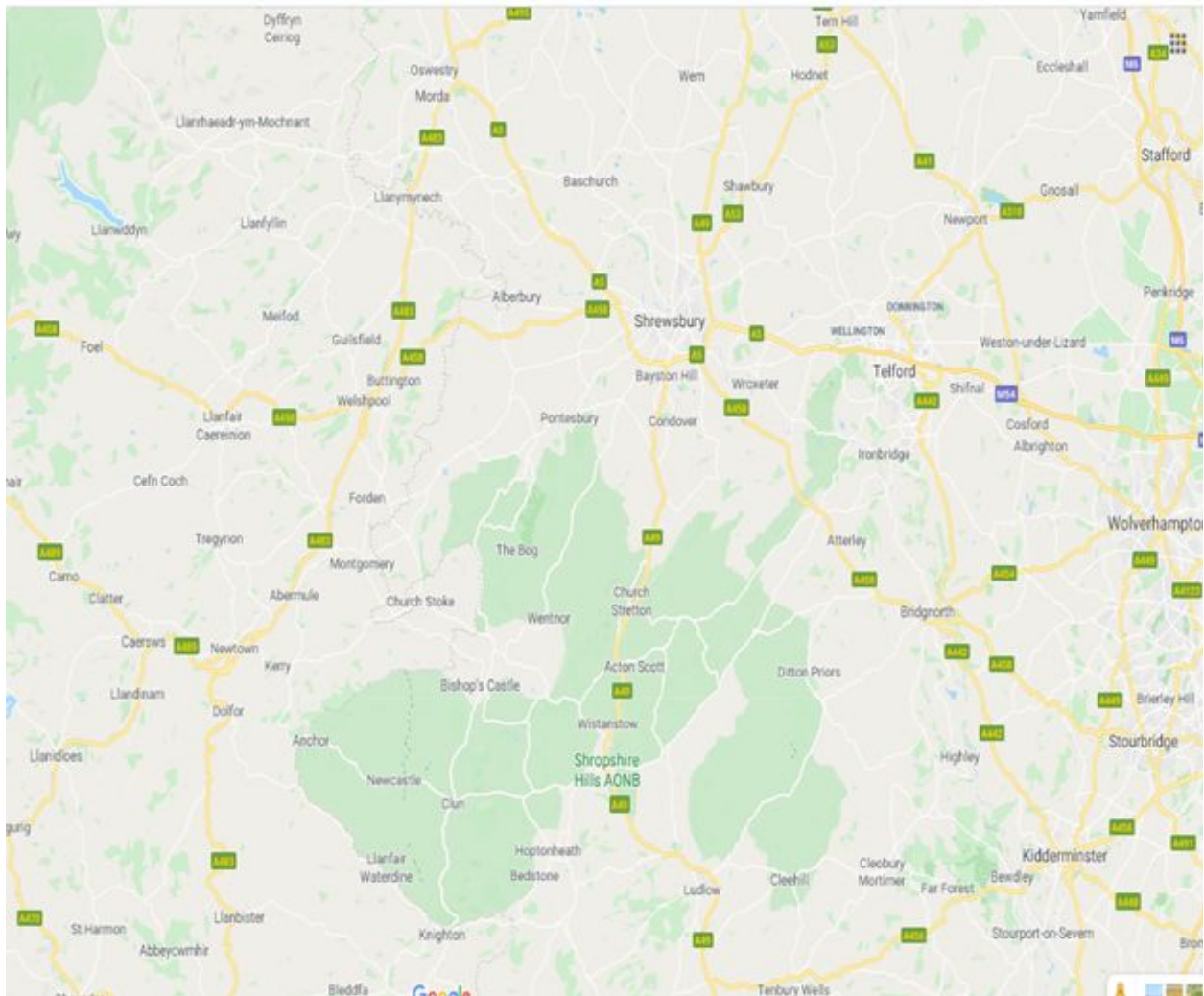


Figure 2. Map of Bishop's Castle, United Kingdom (Google, 2020).

This community health assessment focuses on the Bishop's Castle parish, situated in the Shropshire County (Shropshire Council, 2018). The boundaries of Bishop's Castle include Colebatch in the south, Kerry Lane in the east, Upper Heblands in the North, and the reservoir 257 in the south-east (see figure 3). The topography of Bishop's Castle is best described as an area with lots of hills, with Bishop's Castle standing on a downward slope (see figure 2).



Figure 3. Satellite map of Bishop's Castle (top) (Google, 2020). Figure 3. Map of Bishop's Castle boundary line (bottom) (Bishop's Castle Town Council, 2019).



## History

About 20 miles southwest of Shrewsbury and close to the Welsh border lies the town of Bishop's Castle in Shropshire. For centuries, Bishop's Castle has played a central role in the Marchers (Bishop's Castle Town Hall, 2020). Bishop's Castle's history begins in the eighth century when Offa, the king of Mercia built the dyke now known as Offa's Dyke to defend his kingdom (Bishop's Castle, 2015). Offa's Dyke is a large linear earthwork structure (BBC, 2014). which follows the border between England and Wales, making it the longest ancient monument in Britain (History Extra, n.d.). The king of Mercia murdered the king of East Anglia, Ethelburt in 792 (Bishop's Castle, 2015). It is believed that Offa bound and beheaded Ethelburt due to jealousy from his wife Queen Cynethryth. Ethelburt who was due to marry one of his daughters but was killed before the wedding due to the Queen convincing her husband to kill Ethelburt (Ancient pages, 2020).

Shortly after the murder of Ethelburt, Egwin who was cured of trembling palsy at the Ethelburt S sanctuary in the Hereford Cathedral gifted his manor which was approximately 18,000 acres and located at Lydbury to the Bishop's of Hereford Part of this gifted land included the town that is now called Bishop's Castle (Bishop's Castle, 2015).

Following the 1066 Norman Conquest, Marcher Lords were appointed by the Bishop's of Hereford for defence of the Marchers between Wales and England. As part of this, they built several motte and bailey Castles in various locations to secure the borders behind them (Bishop's Castle, 2015). Motte and bailey Castles are Castles that are typically situated on raised earthwork, surrounded by a ditch and protective fence (Castles and manor houses, n.d).

Between 1085 and 1100, a motte and bailey Castle was built for defence against the Welsh (Bishop's Castle Town Hall, 2020). The Castle was known as Lydbury Castle

(Historic England, n.d.). It was built at the top of the hill in a town known as Bishop's Castle and guarded both the only group of dwellings when it was built and the new town that was being established (Bishop's Castle, 2015). The new town was established by 1127 and was officially named Bishop's Castle in documents in the late thirteenth century after the existing Castle was completely refurbished and was seen as a new Castle. (Bishop's Castle, 2015).

In 1570, both Bishop's Castle and the surrounding lands briefly became Crown property. Queen Elizabeth I sold both to the Walcots of Walcot. In 1573, a new Royal Charter was granted and created various positions including Bailiff, Recorder and fifteen Alderman (Bishop's Castle, 2015). The new council was self-perpetuating and had self-government powers for the first time in the town's history. This meant that the town was free from Bishop's or church oversight. This new Borough had a prison located under the town hall and had the ability to elect two members of Parliament. (Bishop's Castle, 2015).

The Castle fell to ruins in the seventeenth century (Historic England, n.d.). The roof was stripped and much of the stone and timber was recycled and used to build several new town houses nearby before the beginning of the Civil War in 1645 (Bishop's Castle, 2015). Ruins of the Castle can still be seen in Bishop's Castle today. In the eighteenth century, a bowling green was created over part of the land where the Castle was (Historic England, n.d.).



Figure 4. Bishops Castle remains (Historic England, 2014)

Bishop's Castle became one of England's notorious "Rotten Boroughs in the eighteenth and nineteenth centuries. Votes were brought to ensure that candidates who were

supported by land-owning classes were elected which ruined the Walcots and forced their land to be sold in 1763 (Bishop's Castle, 2015).

1865 saw the establishment of the Bishop's Castle Railway which was known as the line that went nowhere. (Bishop's Castle, 2015). The railway ran from Bishop's Castle to Craven Arms, along the river Onny valley and through the beautiful countryside in South West Shropshire. For the seventy years that the railway was running, it never made any money for its shareholders despite bringing cattle to markets, goods to shops and coke to the gas works. In 1935, the railway officially closed with all rolling stock, sleepers and rails being sold off to pay the debt of the railway. (Bishop's Castle, 2015).

## **Demographics**

Bishop's Castle is a town that is a part of the Bishop's Castle electoral ward, which is in the Shropshire County, in the country of England. The demographics of these population groups are shown in table 1 (Office for National Statistics, 2011a, 2011b, 2011c, 2011d)

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

Bishop's Castle is predominantly rural, with an aging population. Despite the 2.0% 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.

Table 1. Demographics of Bishop's Castle with comparison to Bishop's Castle Ward, Shropshire and England (Office for National Statistics, 2011a, 2011b, 2011c, 2011d).

	Bishop's Castle	Bishop's Castle Ward	Shropshire	England
<b>Population</b>	1,893	3,728	306,129	53,012,456
<b>Ages (years)</b>	Mean: 45.6 years 12.9% 0-14 11.1% 15-24 22.5% 25-44 27.6% 45-64 25.6% 65+	Mean: 45.1 years 14.6% 0-14 9.9% 15-24 21.1% 25-44 30.6% 45-64 23.9% 65+	Mean: 42.6 years 16.1% 0-14 11.7% 15-24 23.2% 25-44 28.4% 45-64 20.7% 65+	Mean: 39.3 years 17.7% 0-14 13.1% 15-24 27.5% 25-44 25.4% 45-64 16.4% 65+
<b>Ethnicities</b>	98.5% "White" 0.5% "Mixed/multiple ethnic groups" 0.8% "Asian/Asian British" 0.1% "Black/African/Caribbean/Black British"	98.6% "White" 0.6% "Mixed/multiple ethnic groups" 0.7% "Asian/Asian British" 0.1% "Black/African/Caribbean/Black British"	98.0% "White" 0.7% "Mixed/multiple ethnic groups" 1.0% "Asian/Asian British" 0.2% "Black/African/Caribbean/Black British"	85.4% "White" 2.3% "Mixed/multiple ethnic groups" 7.8% "Asian/Asian British" 3.5% "Black/African/Caribbean/Black British"
<b>Formal qualifications</b>	74.1%	77.8%	77.5%	77.5%
<b>Unemployment rate</b>	2.0% of economically active individuals	2.0% of economically active individuals	3.3% of economically active individuals	4.4% of economically active individuals
<b>Long-term sick or disabled</b>	4.4%	3.3%	3.2%	4.0%
<b>Most common occupation</b>	Skilled trades occupation (19.1%)	Skilled trades occupation (21%)	Professional occupations (15.9%)	Professional occupations (17.5%)
<b>Households owning their own house</b>	62.1%	63.5%	69.2%	63.3%
<b>Health (based on personal report)</b>	41.1% very good health 39.1% good health 14.8% fair health 3.8% bad health 1.2% very bad health	45.8% very good health 36.3% good health 13.6% fair health 3.4% bad health 0.9% very bad health	46.5% very good health 34.9% good health 13.5% fair health 3.9% bad health 1.1% very bad health	47.2% very good health 34.2% good health 13.1% Fair health 4.2% bad health 1.2% very bad health
<b>Cars in a household</b>	16.2% no car 48.1% 1 car 25.4% 2 cars 10.3% 3+ cars	10.7% no car 44.3% 1 car 31.3% 2 cars 13.8% 3+ cars	15.8% no car 42.2% 1 car 30.8% 2 cars 11.2% 3+ cars	25.8% no car 42.2% 1 car 24.7% 2 cars 7.4% 3+ cars

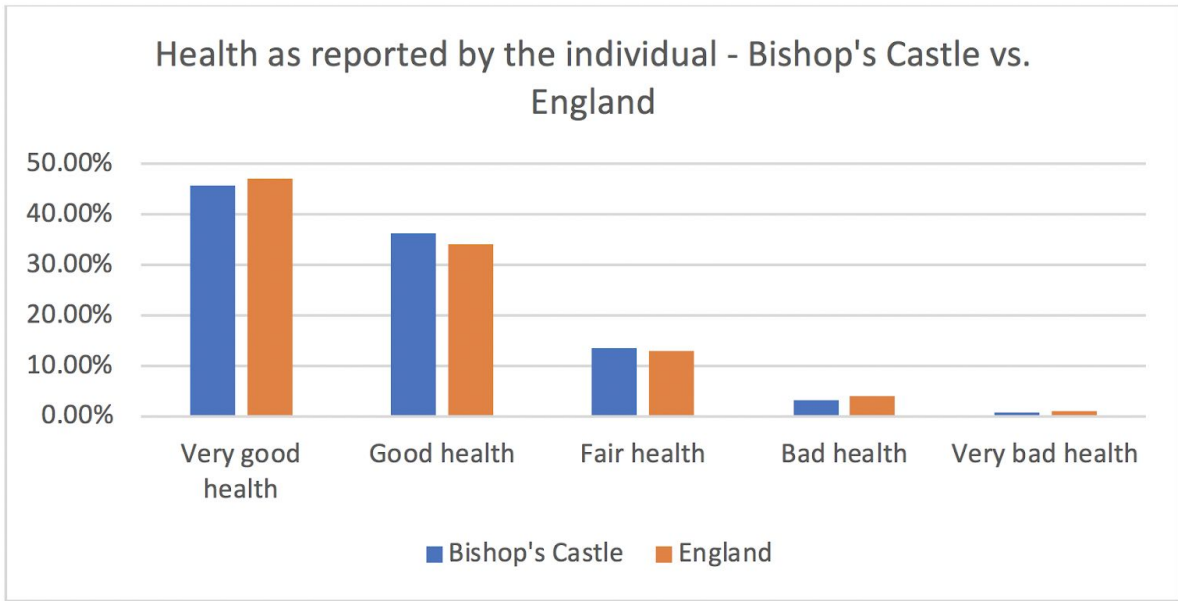


Figure 5. Comparison of health as reported by the individual in Bishop’s Castle with England (Office for National Statistics, 2011a, 2011b).

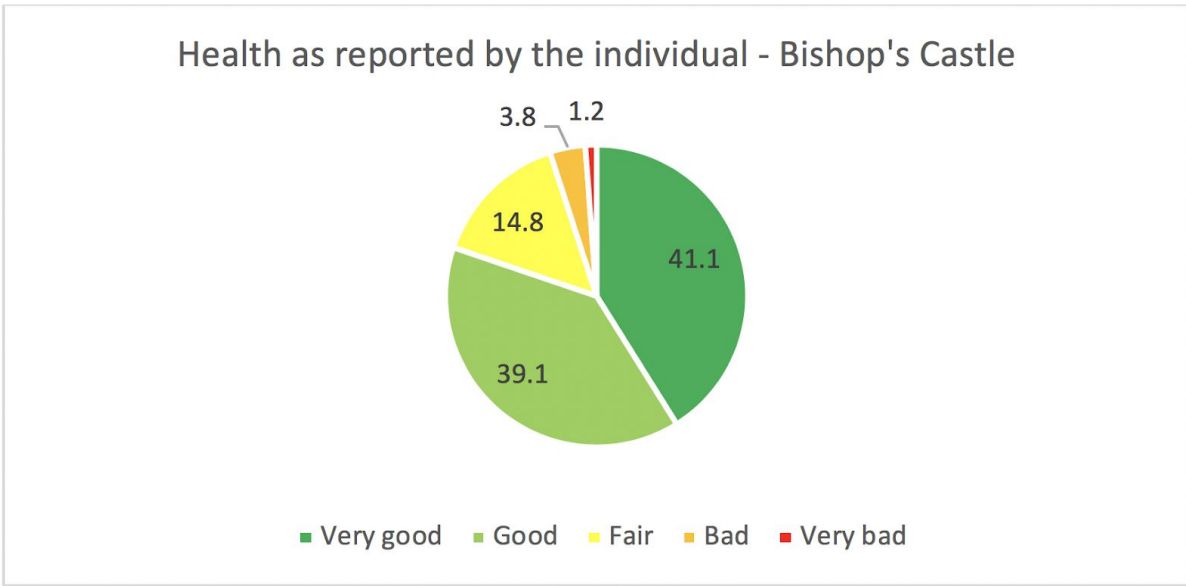


Figure 6. Health of Bishop’s Castle as reported by the individual (Office for National Statistics, 2011b).

Table 2. Estimated prevalence of certain health conditions in Bishop’s Castle, Brockton and Chirbury combined compared to the whole of England (House of Commons Library, 2019).

	<b>Bishop’s Castle, Brockton &amp; Chirbury</b>	<b>England</b>
<b>Asthma</b>	6.6%	5.9%
<b>Chronic Obstructive Pulmonary Disease</b>	2.0%	1.9%
<b>Dementia</b>	1.0%	0.8%
<b>Depression</b>	10.0%	9.8%
<b>Diabetes</b>	7.0%	6.7%
<b>High Blood Pressure</b>	17.6%	13.8%
<b>Obesity</b>	10.7%	9.7%

Community Wheel

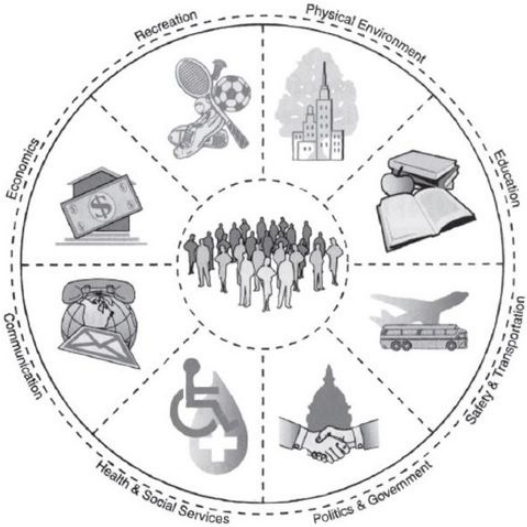


Figure 7. Community assessment wheel (Google, 2020).

**Health and social services**

Within the township of Bishop's Castle there are numerous health and social services available to its locals.

## Bishop's Castle Medical Practice

The Bishop's Castle Medical Practice covers an area of 100 square kilometres (Personal Communication, 2020) and consists of six doctors, four advanced prescribing nurse practitioners, two practice nurses and a prescribing clinical pharmacist. Overall the practice has a total of five non-medical employees who are legally able to prescribe. There are only eight non-medical prescribers in the entire Shropshire county (Dr Adrian Penney, Personal Communication, 2020).

The practice provides 15-minute consultations with general practitioners onsite but also provides a house call service for those patients who are housebound or too ill to come into the practice (Bishop's Castle Medical Practice, 2020). The practice also holds numerous clinics by appointments, such as blood pressure, COPD and diabetes checks; Childhood immunisations, Counselling, Diabetic chiropody, Family planning, Phlebotomy Services (blood test) and minor surgeries (Bishop's Castle Medical Practice, 2020).

## Bishop's Castle Community Hospital & other area hospitals

Located approximately 200m from the town centre sits Bishop's Castle Community Hospital. It is a 16-bed hospital which caters for locals who do not need to be admitted to an acute hospital or have been transferred from an acute hospital for post-surgery or palliative care ( Shropshire Community Health NHS Trust, 2017).

Bishop's Castle Community Hospital's palliative care suite has received local, regional and national recognition. The suite provides a non-clinical atmosphere with furniture that includes comfortable furnishings and a family area for people who are travelling from a distance for care (The Kings Fund, 2020).

The community hospital has outpatient services for Speech and Language Therapy, Audiology, Podiatry and Physiotherapy, however, their services do not extend to blood

tests, chemotherapy, daily intravenous planning, health clinics, smoking cessation or weight loss programmes ( Shropshire Community Health NHS Trust, 2017).

All emergency treatment or after hours is provided by Royal Shrewsbury Hospital, located approximately 18 miles (29km) from Bishop's Castle. The Princess Royal Hospital in Telford, approximately 37 miles (60km) from Bishop's Castle provides planned hospital care such as oncology treatments and maternity (Whiddon, 2019).

There are many allied health services available in close proximity to the town centre such as:

- Optometry
- Podiatry
- Occupational Therapy
- Dentistry
- Pharmacy

Overall, the general overall picture of Bishop's Castle is that it is a tight-knit, inclusive, supportive, caring community. However, concerns were noted on the physical isolation of the rural community and the implications of such, for example, accessibility to health services.

#### Health System comparison between United Kingdom and New Zealand

The United Kingdom healthcare is globally known as the NHS. In recent years, the four countries of Scotland, Wales, Northern Ireland and England that form the United Kingdom, have been handed responsibility for running the NHS in their areas as they deem necessary. This gives each of the countries the capability to try and align their health funding based on each of their own populations need (NHS England, 2020).

Bishop's Castle in Shropshire falls in NHS England.



All health care and health related services are fully funded for the taxpayer, which means all services are free. The funding for each individual NHS entities comes from the United Kingdom Parliament which allocates “block funding” to each of the national governments, which then breaks down into subunits which has responsibility for particular areas, for example, The Department of Health is a government department that is responsible for drawing up policies and funding for health in the United Kingdom, the NHS is an independent organization that oversees health care as a whole, it is separate to the Department of Health (NHS, 2020).

There are also Clinical Commissioning Groups (CCGs) who are responsible for assessing healthcare for their own local areas and organizing the distribution of funds. This group is run by general practitioners, nurses and consultants and is also in charge of around 60% of the NHS budget (NHS, 2020).

Finally, there is the NHS Foundation Trusts, this entity provides the care that the CCGs commission. This includes hospital, ambulance, mental health, social and primary care services (NHS England, 2020).

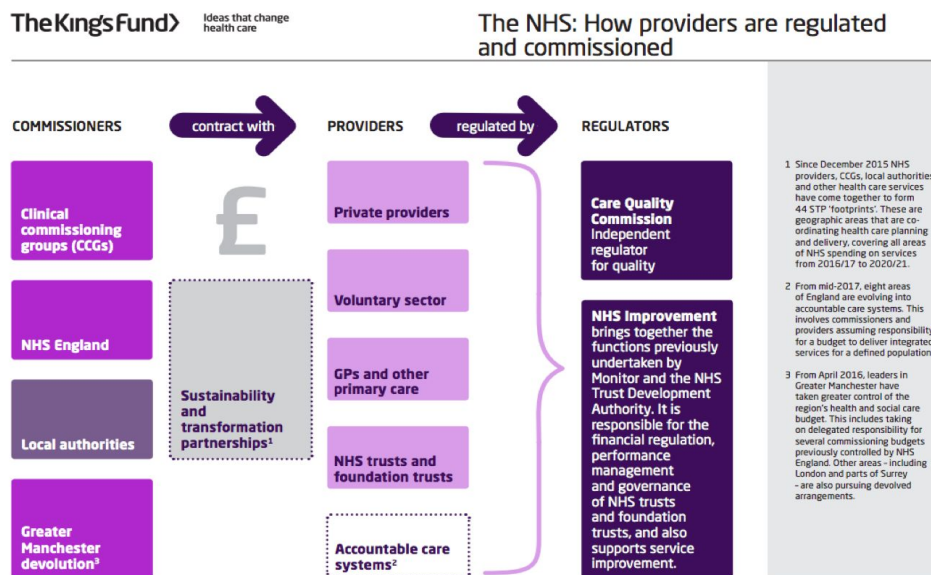


Figure 8. The NHS: How providers are regulated and commissioned (The Kings Fund, 2017a)

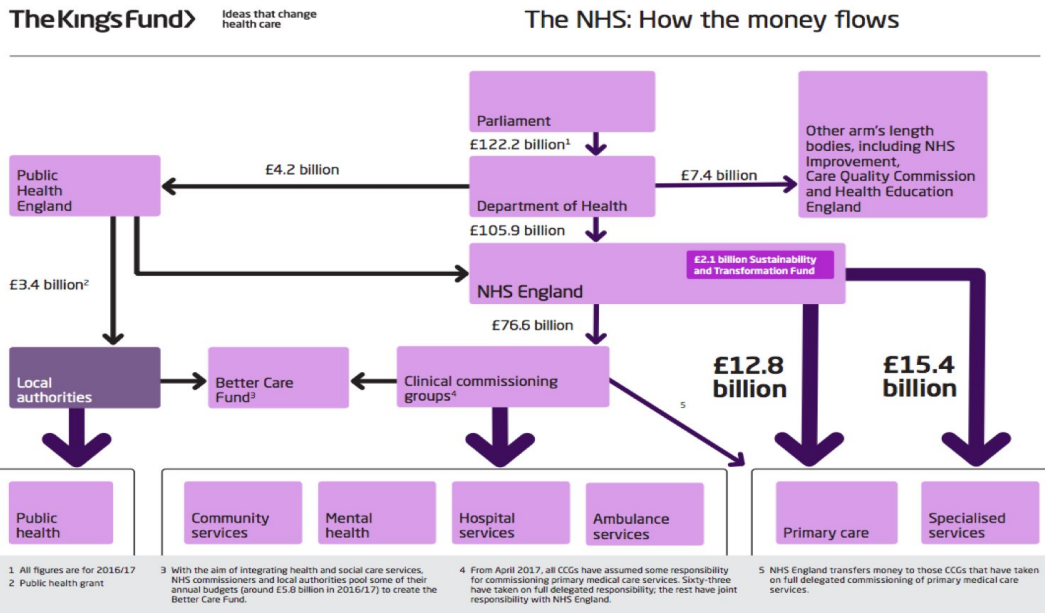


Figure 9. The NHS: How the money flows. (The Kings Fund, 2017b)

The New Zealand Health Care system is primarily funded publicly mostly through taxation, but some services are provided for privately and therefore have partial charges (Cumming et al., 2014). The Ministry of Health develops a policy for the health and disability sector and are who funds the 20 district health boards (DHBs) in New Zealand. DHBs oversee the day-to-day running of the health system and are responsible for the majority of funding administration and health services for their particular district and aim to meet the standards set by the Ministry of Health (Pegasus Health, 2014).

There is no charge for public hospital treatment, treatment at a public hospital's emergency department, most laboratory tests and x-rays (excluding private clinics), healthcare during pregnancy and childbirth up to six weeks after birth (excluding private clinics), general practitioner referrals (excluding initial consultation), breast screening for women aged 45 to 69 years, cervical screening to eligible groups, vaccinations on the immunisation schedule, and dental care for individuals under 18 years (InterNations, 2019; Pegasus Health, 2014).

A community services card is available to individuals who meet certain criteria, generally: 18 years or over, on a low to middle income, and a New Zealand citizen or permanent resident. It reduces costs for services including GP visits, prescriptions, after-hours doctors, glasses for children 15 years and under, and emergency dental care (Your Local Doctor, n.d.).

Accident Compensation Corporation (ACC) is a no-fault scheme that applies to anyone in New Zealand, including visitors, who has had an accident whose injuries fits into ACC legislation, that helps pay medical and treatment fees, as well as help at home and work, and with income (ACC, 2019).

High User Health Cards' are available to Individuals who visit their family doctor twelve times or more in a 12-month period and entitles them to get higher subsidies on GP visits and prescriptions (Pegasus Health, 2014).

The St John's Ambulance is a charitable organisation so can incur a cost of about \$80. The cost can be dependent on the type of service and area of New Zealand (Pegasus Health, 2014).

There is some subsidization for prescriptions (\$5 for fully subsidized medication but medicines that don't cost more), GP visits (if enrolled with the practice there is a cost reduction), specialist care when referred from a GP due to an accident, if you have an acute or chronic illness, children's doctor visits and prescriptions (dependent on individual practices), and accident-related health problems through ACC (InterNations, 2019; Pegasus Health, 2014).

Optometry and dental care for adults are not subsidized at all (InterNations, 2019). Affording dental, optometry, and medical care, specifically GP visits and non-urgent needs, is a challenge for many New Zealanders causing a growing gap in health equity

between high and low socio-economic groups (Cumming, 2017). In order to see a medical specialist you can either pay privately yourself or through medical insurance which results in reasonably fast service, or if you can't pay you may go on the waiting list which can take several months to get an appointment. The long wait times for non-emergency procedures is another challenge because of this (Pegasus Health, 2014).

## **Communication**

Communication is an integral element of any society, however in a rural community like Bishop's castle this is even more relevant. Bishops Castle has online newspaper services available from the BBC and the town hall Bishop's Castle website, which also offers weather reports and a live webcam providing a full view of the main street. Bishops Castle also has county news available by the Shropshire Star and County Times websites. Bishop's Castle offers an information center for those visiting the town, this is located at the town hall (K. Whiddon, February 2020).

Internet access is available across town as an ADSL connection (also landline telephone network) and fibre broadband to residents in a 5 mile (8km) radius of the central point of Bishop's Castle. The fastest fibre network offers an average internet speed of 67mbps. In comparison, the city of Birmingham's fastest fibre network speeds offer an average of 516mbps, showing that even though a fibre internet connection is available in Bishop's Castle, it is significantly slower than that of nearby cities (Broadband exposed, 2019).

Bishop's Castle has a royal mail center located on church street near the middle of town. Royal mail offers both domestic delivery across the UK and international delivery services. They feature mail drop and go, express mailing and international currency exchange (royal mail, 2020). Cellular communication is offered in Bishop's Castle although the fastest technology known as 5G is not offered by service providers. There

is also a lack of connectivity support using 4G during indoor activity (Mobile coverage in Bishop's Castle for EE, O2, Three, Vodafone, 2020).

## **Recreation**

Recreation is significant for Bishop's Castle both in terms of tourists and locals. There are a multitude of recreational facilities in the area with the most prominent one being the SPARC leisure centre. This leisure centre offers a swimming pool, sports courts, a theatre as well as art galleries and event space. This leisure centre offers a range of recreational activities, primarily for locals and those living nearby (Teme leisure, 2020). This is beneficial for the health of individuals in the area as it encourages them to engage in exercise and socialising activities which is beneficial for mental health.

In terms of tourist recreation, Bishop's Castle offers camping grounds such as the foxholes Castle camping (Foxholes Castle camping, 2020). These camping grounds provide cheap and fun accommodation for tourists and even locals. It is family orientated with both cabins and camping areas available.

The locals of Bishop's Castle engage in lots of drinking activities. There are 6 pubs in the area, all located along the same street (personal communications, 2020). The tuns brewery is the most well known as it is the oldest pub in the UK, attracting a lot of tourists. These pubs are used for social activities as well as organised events such as the annual pub crawl (K. Whiddon, February 20th 2020)

Bishop's Castle is well known for its festivals, the most well-known festival is the Michaelmas festival (Bishop's Castle Michaelmas fair, 2020). Michaelmas was set up in 1995 and continues to attract a wide range of people due to the different entertainment offered. It is run by a small volunteer committee with additional help from locals.

Examples of the entertainment offered are music acts, vintage cars and floats such as the well-known elephant (Bishop's Castle Michaelmas fair, 2020).

In terms of recreational community groups in Bishop's Castle there is a range of sports groups that are available to locals and even tourists such as the bowls club, tennis club, cricket club and football club. These clubs encourage individuals to participate in both exercise and social activities (Bishop's Castle, 2020).

## **Economy**

Bishop's Castle is the seventeenth-largest employment centre in the county of Shropshire and is one of the main locations of business and employment in the south-west of Shropshire (Shropshire Council, 2020). About 1% of the Shropshires business is registered in Bishop's Castle, that is 191 registered offices (Shropshire Council, 2020). With approximately 400 people employed in the town over the past five year the number of jobs in Bishop's Castle has fallen by about 250 jobs (Shropshire Council, 2020). Self-employment is noticeably higher in Shropshire than it is nationally, with Bishop's Castles self- employment rates being even higher than in Shropshire (Shropshire Council, 2020).

To enhance the town economy, Bishop's Castle works closely with its residents to prioritise town needs and find funding to support their plans (Bishop's Castle Town Council, 2019). Tourism is a key aspect of bringing money and profits into the town. Some incentives to promote tourism include the Michaelmas Fair and Elephant Sculpture Trail (Bishop's Castle Town Council, 2019). Having these events encourages people to come into Bishop's Castle, which could have positive impacts on the economy (Bishop's Castle Town Council, 2019).

## Education

Within Bishop's Castle there are two childcare centres, one primary school and one secondary school. Crowgate Child Centre in Bishop's Castle offers care for children aged two years to the end of primary school (K. Whiddon, personal communication, February 18, 2020). However, there is concern about the closing of this centre (County Time, 2018). According to Whiddon (personal communication, 18 Feb), the council is planning to replace the child centre with care being provided within homes in the community. However the community is concerned there will not be enough resources to follow through with this plan, especially due to their rural location. The other preschool is called Sure Start Child's Centre which provides care for children under the age of 4.

The Bishop's Castle Primary school has a role of 130 pupils, ranging from the age of 4 to 11 (Barker, 2019). According to Whiddon (personal communication, February 18, 2020), the majority of the roll consists of local families within Bishop's Castle, not many come across the border from Wales. When speaking from someone within the community, there is concern that there is no form of after school care for primary school-aged children. A community group would like to fill this gap by creating an afterschool program but they lack both the funding and location.

Bishop's Castle Community College has a role of 445, as of 2018. Different from the primary school, approximately one-third of the intake comes from Wales (K. Whiddon, personal communication, February 18, 2020). This is believed to be due to the good reputation and academic scores the Community College gets, along with neighbouring high schools being recently rated as average or poor. The college is well equipped, having recently upgraded its IT resources through the help of fundraising. Due to most of the children being transported to and from the college on school buses, not many extracurricular activities are run through the college. However, they do run some on Friday afternoons which are well supported (K. Whiddon, personal communication, February 18, 2020).

Unfortunately, Bishop's Castle no longer offers any further education after high school, post-16 education. The closest places that offer these would be in Shrewsbury or Hereford, both an hour travel each way (K. Whiddon, personal communication, February 18, 2020).

## **Politics and Government**

The Bishop's Castle community sits within the Shropshire county. The Shropshire Council are responsible for the county's policy and initiatives. Examples of policy the Shropshire Council have implemented are community-led housing in partnership with the Shropshire Housing Group (Shropshire Council, 2020); The Climate Change Strategy, which has a focus on 'zero carbon' in terms of the county's carbon footprint and sustainability (Shropshire Council, 2017); and The Shropshire Children, Young People and Families Plan 2016. This plan looks at how to better care for children and young people in the community, and reduce the inequalities identified (Shropshire Council, 2016).

The Bishop's Castle community also has their own council. The Bishop's Castle Council deliberates more on decisions specific to Bishop's Castle. They also provide the information to the town, and work in partnership with the community directly (V. Woodmansey, personal communication, February 13, 2020). There are public meetings held at the Bishop's Castle town hall every month, with all councillors present. Agendas are posted prior to the meetings, and members of the community are able to email in issues or discussion points. Some examples of discussion points are the change of the council logo, requests from the Bishop's Castle Arts Festival committee, cleanliness of the town and allotments, and town spending (Bishop's Castle Town Council, 2019). The Council is very transparent with the town spendings, with all receipts collated and posted on their website.



## Brexit

British exit – shortened to Brexit – is the decision for the United Kingdom to leave the European Union. A vote was held in 2016 to vote either to leave or stay. 52% voted to leave and 48% voted to stay. There were a total of 33.5 million voters. The departure date set was March 29<sup>th</sup> 2019 but was delayed where they formally left on January 31<sup>st</sup> 2020 but there is a transitional implementation period due to end on December 31<sup>st</sup> 2020 where either an agreement will be reached or potentially a no-deal (Edgington, 2020).

The European Union is an “economic and political union involving 28 European countries [which] allows free trade, which means goods can move between member countries without any check or extra charges... [and] also allows free movement of people, to live and work in whichever country they choose” (BBC News, 2020, para. 5). Leaving the EU means the UK will be able to create new trade deals internationally (Edgington, 2020).

The impacts of Brexit, especially on rural communities like Bishop’s Castle, are not entirely known, but there are some concerns from members of the community. There is uncertainty about trading conditions for businesses in the future but the Chambers of Commerce can provide some support for businesses to prepare for this. Preparation for businesses could include considering citizenship/working status of workers who from the EU, Switzerland, Norway, Iceland or Liechtenstein, cross-border trading and customs meaning you need to get an EORI number, taxation and insurance, current contracts that may need to be reviewed, investors such as the European investment bank, and regulation and standard changes (British Chambers of Commerce, 2019, 2020; Shropshire Chamber of Commerce, 2020). Preparation for individuals could include checking if you need to apply to the settlement scheme if you are from the EU, Switzerland, Norway, Iceland or Liechtenstein, from January 1<sup>st</sup> 2021 travel rules to the EU will have new rules, and living and working in the EU may be affected depending on the country as well as healthcare (Government of the United Kingdom, 2020).

Bishop's Castle is in the Shropshire county, and Shropshire voted 57% leave and 43% stay, with 104,166 votes total (BBC News, 2016). Despite some concerns voiced by the rural community, the votes show what the majority want, but the topic is quite controversial. The chairman of the Shropshire Branch of the National Farmers' Unions, Richard Yates (2016), said "I fear it will lead to a break-up of the UK. As a farmer and a businessman I am in unknown territory" (BBC News, 2016, para. 9), and the new MEP for the West Midlands, Phil Bennion (2019), said that "leaving the single market would have profound consequences. Most of our economy has been built around the single market for 30 years, from manufacturing to farming... losing our biggest market will cause a glut of lamb, so the price will collapse, meaning sheep farmers will soon go bankrupt. Dairy will also be severely affected... farmers will not be able to sell very much if they have to pay a 40 per cent export tariff" (Todman, 2019, para. 3-5), but conservative MP for Shrewsbury and Atcham, Daniel Kawczynski, said "It is time to stand proud and tall as the fifth largest economy in the world, a permanent member of the UN security council and a member of the G7... this country punches above its weight and I have every confidence in our future" (BBC News, 2016, para. 6-7).

When speaking to residents of Bishop's Castle town, they voiced concerns about learning to get along with the "leavers" and "stayers". Also, that food prices will likely increase which puts vulnerable people such as those in poverty at more risk (D. DuCros, personal communication, February 13 2020).

### **Safety and Transportation**

Bishop's Castle community has little, narrow and old historic roads throughout the town often with no road markings. Bishop's Castle is located in a rural area and lacks any direct access to key arterial roads (Shropshire Council, 2018). The narrow streets showcase a historic feature of the town in which is generally loved by the residents (K. Whiddon, personal communication, February 12th, 2020). There is no longer a direct

railway line into Bishop's Castle and the nearest train station is 10 miles away. Alongside, the closest airports of Birmingham Airport at 78 miles and Liverpool 83 miles away (Shropshire Council, 2017-2018).

There are limited road signs, road markings for parks and centre lines in the streets. In addition, the roads are of poor condition with numerous potholes, especially in High Street which is due to the lack of Government funding and cutbacks. This has resulted in pipes breaking and the water/sewerage damaging the roads. Precipitating as a result of the underlying Victorian sewers in need of renewing (K. Whiddon, personal communication, February 12th, 2020). The town offers free car parking on the streets, they have no roundabouts, major one-way systems or traffic lights. As highlighted by Shropshire Star (2020) road conditions are currently a serious issue across the Shropshire county.



Figure 10. High Street Bishop's Castle (Geograph, 2008).

Traffic and parking issues were highlighted as major concerns from a community survey completed in Bishop's Castle. The medieval town with little and narrow roads is not easily accommodating for vehicles of the 21st century (Bishop's Castle Community Partnership, 2019). The roads in Bishop's Castle generally have cars parked on both

sides, around narrow corners, on top of pavements and on yellow lines. Demonstrating that parked cars are exceeding the number of car spaces available (Bishop's Castle Community Partnership, 2019). This has led to implications of making traffic unable to pass at narrow points, not leaving sufficient space for larger vehicles to pass and congestion/incidents with inconsiderate parking. In addition, an insufficient amount of space for larger cars to pass, disabled car parks are constantly being occupied and an increasing problem for wheelchair, pram and pedestrian users (Shropshire Star, 2020). Bishop's Castle Community Partnership (2019) also reiterates those with young children and the elderly population of the town want to be able to park in close proximity to their premises. Furthermore, the damage has been caused by delivery lorries that drive down the narrow streets as often they are too big to fit and have been directed up these streets by SatNav (K. Whiddon, personal communication, February 12th, 2020). This is an increasing issue in Bishop's Castle as parking on yellow lines is not enforceable by law which leaves residents constantly ignoring the issue of parking (Bishop's Castle Council, 2019-2020).



Figure 11. Church Street, Bishop's Castle. (Geograph, 2014).

There is 44.3% of the population that has access to one car or van in their household, in comparison to 10.7% of the population that do not have access to a van or car in their

household (Nomis, 2011). Most of the proportion of town users arrive by car. The Bishop's Castle Community survey highlighted that the majority of the comments made in the survey involved traffic and parking issues. To address the parking and traffic issues a public consultation was held to understand the perspectives of the community and to prioritize their responses. This resulted in the following solutions such as creating a one-way system in High Street, improved signage, creating a map to showcase the location of parks, re-modelling an intersection, speed bumps, and explore the use of social media to discuss road issues including up to date information of road closures (Bishop's Castle Community Partnership, 2019). Whiddon (2019) describes that these plans around transport issues some people are against them and some people are all for them, so nothing seems to happen (K. Whiddon, personal communication, February 12th, 2020)

The speed limit of the town is currently 30MPH, however, this will soon be reduced to 20MPH (K. Whiddon, personal communication, February 12th, 2020). The steepness and narrowness of the roads keep traffic flowing at a minimum. As reinforced by Widdon (2020) both the Secondary and the Primary Schools don't have any pedestrian crossings outside of the schools. However, they have not been able to recall any accidents or incidents due to the attendance of the "Lollipop Man" both in the mornings and afternoons (K. Whiddon, personal communication, February 12th, 2020).

There are voluntary services that run in Bishop's Castle including "dial-a-ride". Dial a ride is a bus service accessible for anyone with a transport need and for individuals who cannot use or access a car. To access this service, individuals have to register as a member of Dial a Ride but this membership is free. This group also runs a car community scheme for those needing to get to the hospital and other medical appointments/prescription collecting (Bishop's Castle Dial-a-Ride and Community Car Scheme, 2020).

Bishop's Castle as described by Widdon (2020) says that the rural town is too small for the need to have public transportation. Bishop's Castle is isolated in comparison to the rest of the United Kingdom with the nearest town, Shrewsbury being 20 miles away. Bishop's Castle residents depend upon facilities out of towns such as education and health facilities, as a result require frequent and regular services to get places. Yet, there are many people who do not have their own transport or are unable to drive. Private taxis are very few and their cost prevents regular use by the residents. Locals often have to rely on their own cars or the public bus. There is a bus that runs once a week to Ludlow or Newtown, but this is no good for commuters. The bus that runs to Shrewsbury takes one hour and runs five times a day. This is essential for people commuting to work and students going to college. The buses services, furthermore, have been threatened to be cut. In which Bishop's Castle protested against this and won. However, if the town was to lose the use of the transport of the Shrewsbury bus, the town would significantly suffer. Transportation also can affect accessibility to health care, accessibility to jobs and income, impacts on mental health and isolation, health issues such as diet and obesity, social mobility and further education.



Figure 12. Church Street, Bishop's Castle (Geograph, 2008).

Conversations with Bishop's Castle residents through both primary and secondary data, have highlighted the identified principle concerns of public transportation, traffic and

parking issues, disabled parking and road conditions in the town. Which calls for recommendations around improved transportation and accessibility, particularly for the elderly, disabled and whole community. This requires establishing a holistic approach in applying a strategy/solution applicable and beneficial to the whole community (K. Whiddon, personal communication, February 12th, 2020).

**As we progressed into our research, we added two parts to the community assessment wheel - Housing and Sustainability/Climate Change. We did this because we thought these were especially important to have included in a holistic assessment of the community.**

## **Housing**

Affordability:

Many people choose to move from the south of England to Bishop's Castle due to the lower house prices in the area. Unfortunately, this trend causes inflation in house prices, affecting everyone looking to buy. This has a particular impact on young people with more restricted budgets (Whiddon, 2019). Supply of affordable housing was identified as the single most significant issue for the public of Bishop's Castle based upon a survey conducted by Whiddon, 2019.

Availability:

Bishop's Castle and the county of Shropshire are both popular tourist destinations for people from around the UK and Wales. Due to this, many properties in Bishop's Castle are rented out short term through services like Airbnb as they prove to be more lucrative than renting houses long term. This decreases the availability of houses available for rent in Bishop's Castle considerably. The Airbnb website has 85 properties listed for Bishop's Castle (Airbnb: Bishop's Castle - Holiday Rentals & Places to Stay - England, United Kingdom). Comparatively, a local renting website has only one listing under houses for rent in Bishop's Castle (Properties to rent in Bishop's Castle, Shropshire., 2020). Authorities have implemented the forced release of land in order to free up more

space to build over 150 new homes in Bishop's Castle, thereby increasing availability to housing. This was initially strongly opposed by the community due to proposed areas for the houses and the negative impact this would have on an already highly congested area, however the community has recognised the largely positive impact that having more housing available would have on the community. As a result alternative areas have been suggested as a compromise between both the authorities and the public (Bishop's Castle Community-Led Plan).

Community perspectives:

A zone survey was conducted as part of the Bishop's Castle neighbourhood plan. The survey documented the perspectives of the townspeople on characteristics in the town, both positive and negative. The survey found that the people of Bishop's Castle strongly value the balance of nature and buildings that can be found in Bishop's Castle.

Furthermore, the historical significance and architecture of the buildings was another area frequently referenced. There were also some obvious negative trends in perspectives in regards to housing. These were centered around problems with accessibility to buildings due to problematic parking and congested street areas. There was also concern cited around neglected and inappropriately renovated properties (Bishop's Castle conservation area character assessment, 2020).

### **Climate Change**

Bishop's Castle has 4 seasons – Summer, Winter, Spring and Autumn and they can often experience all four seasons in one day. Over the years, the weather has gotten warmer with less snowfalls in winter as climate change occurring (B. Edwards, personal communication, February 11, 2020)

In September 2019, the Bishop's Castle Town Council declared a Climate and Biodiversity emergency with initial plans on what the council and community can do to assist with this due in April 2020 (Bishop's Castle Town Council, 2020).



Shropshire weather records show that the whole county has been vulnerable to extreme events in the past. Due to climate change occurring, the county's vulnerability to extreme weather events is likely to increase as more extreme weather events occur (Shropshire Council, 2020).

### **Sustainability/Climate change**

Climate change is inevitably becoming a concern for global populations. Sustainable practice can be utilised to minimise the effects of this concern as well as working to mould a more efficient health system and community. Extreme weather events such as heatwaves and flooding will become more prevalent with the effects of climate change (World Health Organization, 2008). This is already an issue for Bishop's Castle of Shropshire who is currently facing floods. Wales had over 100mm of rain which was set to overflow rivers and cause distress in the Shropshire area (Shropshire live, 2020). Extreme flooding has significant effects on rural communities as it can prevent transportation and also affect food availability. It also has the potential to result in health complications and limit access to health resources. These complications are enhanced in a rural community such as Bishop's Castle as there is already limited access to healthcare facilities.

Sustainable practice is important in the health care sector and in rural communities. Sustainable practice can range from minimising pollution to putting policies in place that ensure opportunities for future populations. In order to provide effective long term health care, sustainable practice is essential. In relation to Bishop's Castle, there is a 'sustainability working group' which aims to enhance sustainable practice and minimise the personal effects of climate change on Bishop's Castle (Bishop's Castle town council, 2017). Bishop's Castle is currently a plastic free community, with community members actively participating in this sustainable practice (Shropshire star, 2019).

### **Sustainable United Nations Goals:**

The United Nations developed 17 goals to attain a more sustainable future. These goals acknowledge the current global challenges including; poverty, inequality, climate change, environmental degradation, poor education, peace and justice. In order for these 17 Sustainable Development Goals to be implemented by the target year 2030, they are all interconnected so no one is left behind (United Nations, 2019).

**Goal 1: No poverty:** Ending poverty, by ensuring, in particular, the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and financial services.

- A tight-knit community, everyone helps each other out, opportunities are made through volunteering for community events/activities.

**Goal 2: Zero hunger:** Achieving food security and improving nutrition and promoting sustainable agriculture.

- Increase in food price. Puts vulnerable people more at risk such as those in poverty. '5 a day' programme for fruit and vege.
- Brexit is a concern and will affect Bishop's Castle

**Goal 3: Good health & well-being:** Access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

- Community is very active with their leisure centre and hiking groups
- Primary healthcare is free to everyone, prescriptions are not - 15% are paid for though. Hospital transport, x-ray, scans are free, paid with taxes. NHS.

**Goal 4: Quality education:** Ensuring equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.

- Bishop’s Castle has 2 schools - Bishop's Castle Primary School which has approximately 130 children from the ages 4-11 and Bishop's Castle Community College which as of 2018 had a roll of 445 students
- Some children leave the area for school and tertiary studies

**Goal 5: Gender equality:** Women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

- In Bishop’s Castle Women have the same rights as Men

**Goal 6: Clean water & sanitation:** Achieving universal and equitable access to safe and affordable drinking water for all, and by substantially increasing water-use efficiency across all sectors and ensuring sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity.

**Goal 7: Affordable & clean energy:** Universal access to affordable, reliable and modern energy services, and substantially increasing the share of renewable energy in the global energy mix.

**Goal 8: Decent work & economic growth:** Focuses on promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

- 28 out of 1378 unemployed residents aged 16 to 74
- 24.9% of the population in Bishop's Castle are self-employed
- Many use their car to travel to work, while others use public transport

United Nations Sustainable Development Goals



**Goal 9: Industry, innovation & infrastructure:** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation (United Nations, 2019).

- Narrow roads however not an issue for the community except for elderly and mothers with prams.
- There are 4 proposed Community Hubs in the Bishop's Castle Place Plan area: Bucknell, Chirbury, Clun, Worthen and Brockton (The Shropshire Council, 2019).
- Housing development - The proposed new housing site lies to the north-west of the town and is designated for 70 houses, 40 of which are intended as affordable homes. However, the site is in an area defined in the approved Bishop's Castle Town Plan as unsuitable for development unless vehicular access via the town centre is prevented (Bishop's Castle Town Council, 2017).

**Goal 10: Reduced inequalities:** Reduce inequality within and among countries.

(Inequality within and among nations continues to be a significant concern despite progress in and efforts at narrowing disparities of opportunity, income and power)(United Nations, 2019).

- 28 out of 1378 unemployed residents aged 16 to 74 (Office for National Statistics, 2011).
- A tight-knit community, everyone helps each other out, opportunities are made through volunteering for community events/activities.

**Goal 11: Sustainable cities & communities:** Make cities and human settlements inclusive, safe, resilient and sustainable. (Substantial progress has been made in reducing the proportion of the global urban population living in slums, though more than 1 billion people continue to live in such situations) (United Nations, 2019).

- 828 households in Bishop's Castle (Office for National Statistics, 2011).
- Chances of sofa surfing are very high. No one is considered homeless ("hidden homelessness"). As stated above, Bishop's Castle is a tight-knit community, they

help each other out, the locals in the community will give a person somewhere to stay if needed (z

**Goal 12: Responsible consumption & production:** Ensure sustainable consumption and production patterns (United Nations, 2019).

- The community of Bishop's Castle does not waste food from supermarkets, they utilise this food for meals on wheels (zoom meeting).
- One goal for the community is to connect to families who need veggies (vegetable box), the aim is to connect with these families who are food poor, encouraging more economically stable people pay extra so this can be subsidised to people that need it the most (zoom meeting).

**Goal 13: Climate action:** Take urgent action to combat climate change and its impacts (United Nations, 2019).

- BC Community Partnership's *Sustainability Working Group* are working on a '*Climate & Biodiversity Action Plan*' for the Town Council. The first version of this will be submitted to the Town Council in April 2020 (Bishop's Castle Town Council, 2017).

**Goal 15: Life on land:** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss. (There are some encouraging global trends in protecting terrestrial ecosystems and biodiversity. Forest loss is slowing down, more key biodiversity areas are protected and more financial assistance is flowing towards biodiversity protection)(United Nations, 2019).

- The odd piece of litter on the hiking tracks in Bishop's Castle but nothing compared to cities and towns, the footpath group picks up any rubbish (zoom meeting).

**Goal 16: Peace, justice & strong institutions:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. (Advances in ending violence, promoting the rule of law, strengthening institutions and increasing access to justice are uneven and continue to deprive millions of their security, rights and opportunities and undermine the delivery of public services and broader economic development) (United Nations, 2019).

- Safe community (zoom meeting).
- Access and availability to domestic violence support (zoom meeting).
- Person centred approach in healthcare, equality, rights to be respected, little tolerance to bullying, equal opportunities (zoom meeting).

### **Community partnership**

Everyone has a different idea for the meaning of community. It can be described as a sense of place and belonging (Clendon & Munns, 2019). Often communities are formed from the same culture, interests or identity, as well as the same geographical area. Ross (2019), believes that communities are bound together by similar values and beliefs.

Bishop's Castle has a very strong community of which they are very proud of. They describe themselves as being resilient and sustainable (Whiddon, 2019). In a survey done in this study, 94% of participants said that they were proud of their town of Bishop's Castle. This demonstrates the importance of community to this rural town of England.

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
- Represent the interests of the local community at County and national level
- Support the community and achieve better quality of life for residents

Members of the community (18+) are encouraged to join the Community Partnership. Town Hall meetings allow residents of Bishop's Castle to voice their concerns, ideas and listen to the proposed incentives and plans in place.

Some of the groups/incentives the Community Partnership works with includes (Bishop's Castle Town Council, 2019):

- Fight the Plastics
- Life on the Edge
- Dementia-friend town
- Climate change/extinction rebellion

### **Rural context**

A rural area is a geographical area that is located outside of and a greater distance away from urban cities and towns (Bushy & Molinari, 2012). Distance may be described

in terms of miles to the urban centres and or the time needed to travel there. In general, rural areas have a lower population density and agricultural areas and occupations are most common. Historically, using the term rural can anticipate a small number of people in which live in relative isolation (Ross, 2008). However, Ross (2019) also describes that discussing rural is not a simple concept, as “there is no one set of attributes that represent this complex space” (Ross, 2019, p.13). Instead, characteristics of rural life can be displayed by their small enterprises, seasonal work, access to kinship systems, the town is seen as the centre of trade and recreation centres, schools and churches are seen as socialization places.

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 areas as highlighted by Ross (2008) face health services that are fragmented, due to the long-distance traveling, lack of health care providers, poor accessibility to services, affordability, poor roads and lack of transportation. Which affects the rural dwellers in many different ways, including health and social issues, illness and injury, mental health, socio-economic status, shortages of healthcare professionals, isolation, poverty, employment and education.

Ross (2019) believes that rural is closely linked to nature and has a strong community sense. This conceptualises that individuals from rural areas are supportive, co-operative and know each other well. A sense of identity, alongside a sense of belonging is important for feeling connected and as a part of a rural community (Bushy & Molinari, 2012). The community of Bishop’s Castle displays a tight-knit community that showcases a traditional rural town. As described by Whiddon (2020) “Bishop’s Castle is a wonderful place to live and has a very strong and cohesive community” (K. Whiddon, personal communication, February 16<sup>th</sup>, 2020).



## **A summary to date**

We are entering the second week of our clinical project for Primary Health, and making good progress. Last week we gathered primary and secondary data about our community, Bishop's Castle in Shropshire, England. We worked around the fact we could not visit and do a foot survey by speaking with prominent members of the community identified by our clinical lecturer, Jean Ross. We spoke with them after collecting secondary data from online resources through Zoom interview. We asked specific questions, as we began narrowing down our focus to specific health needs and vulnerable populations within the community. We wanted to gain a personal perspective from the community. For example, we wanted to know how the community felt about the narrow roads, and how it affected them.

We then decided on the health needs: mental health, physical health and transport. Our vulnerable population is the community, with specific groups identified within them. The groups are older adults, youth, young families and minorities (e.g. LGBT+). We emailed our core group in Bishop's Castle for their approval, which they gave.

At the end of the week, we presented to Kaitohutohu for ethical approval to continue our project. We summarised the findings from our research, presented our health needs and the vulnerable population we identified, and spoke to questions specific to Maori. The perspective we looked at was the idea that cultural safety development is not as advanced in Bishop's Castle as it is in New Zealand. An interesting comparison between the two cultures. We proposed that as the population of Maori in Bishop's Castle is 0 and the project was not going to benefit Maori per se, we could take a different approach. The benefit could be felt by the Bishop's Castle community in terms of incorporating cultural safety principles and Maori health models (i.e. Te Whare Tapa Wha) into the resources, material and communications we present them with. This could mean a transfer of benefit from Maori to Bishop's Council; a movement that may not happen without our interaction.

We gained ethical approval from Kaitohutohu and moved into gaining a further understanding of our health needs relating to our population. This involved looking into what community means, more information around housing and sustainability, community partnership and its reflection on Bishop's Castle (see summary). The next step now is to do a critical literature review into our different health needs and develop a health resource from what we find out.

### **A Case Study**

A Case study is a type of research methodology (Heale & Twycross, 2018) that aims to link theory with practice and generates understanding of different populations. It is an intensive study that looks at community/group of people, a unit or an individual person (Schneider, Whitehead, LoBiondo-Wood & Haber, 2016).

Case studies require the researcher to examine in-depth data that relates to different variables (Heale & Twycross, 2018) and locate a case/cases within a larger context by using mixed methods. (Schneider et al., 2016). The use of mixed methods and a multiple case study allows for more in-depth data to be collected and a better understanding of the different cases as you are able to draw similarities and comparisons from the variables/cases (Heale & Twycross, 2018).

### **Photos**

Throughout this research project, we have chosen to document through photos and videos the different parts of our journey over the 4 weeks duration of this project. At the end of this project we are presenting through a pre-recorded video to the community of Bishop's Castle and these photos and videos hope to give them some insight into what it has looked like for us as a group to work on this research project together.

SWOT analysis:

<p><u>Strengths</u></p> <ul style="list-style-type: none"> <li>- A tight-knit community with strong connections</li> <li>- Sustainability development modelled by being single-use plastic-free</li> <li>- Wide range of community groups: sports groups, choirs, hiking, recreation centre etc.</li> <li>- Events and festivals such as Michaelmas Fair (attracts thousands), walking festival</li> <li>- Services for the elderly eg. voluntary Dial-a-Ride, dementia education</li> <li>- Using a community approach to develop strategies to tackle climate change</li> </ul>	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>- Narrow and underdeveloped roads which limit accessibility</li> <li>- Minimal adult education facilities</li> <li>- A decrease in job availabilities</li> <li>- Insufficient mental health resources due to being short-staffed and underfunded</li> <li>- Decreasing school roll numbers</li> <li>- Lack of Government funding</li> <li>- No pedestrian crossings outside of the schools</li> <li>- Victorian sewers need renewing due to the pipes always breaking and the water/sewerage damaging the road surfaces.</li> </ul>
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> <li>- Development of mental health resources and services</li> <li>- Increase tourist attractions</li> <li>- Enhance road safety for both road users and pedestrians</li> <li>- Improve the conditions of the roads</li> <li>- Improve statistics surrounding assault charges being followed through</li> <li>- Creating mural/sculpture with community resources. Can put on hikes/trails to show town sustainability and attract tourists</li> </ul>	<p><u>Threats</u></p> <ul style="list-style-type: none"> <li>- An ageing population</li> <li>- Younger individuals and families moving away from the community</li> <li>- The effect of Brexit on the small community</li> <li>- Potential isolation</li> <li>- A further decline in mental health</li> <li>- Poor road conditions</li> <li>- Drainage issues in the town and burst sewer pipes is an increasing health risk</li> <li>- Threats to cut the Shrewsbury bus</li> </ul>

## Vulnerable Populations

Within Bishop's Castle we have identified the vulnerable populations to be older adults, youth, young families and minority groups such as LGBTQ+. Each vulnerable population is affected differently by a variety of different health needs within the Bishop's Castle community.

Needs assessment:

By gathering primary and secondary data about Bishop's Castle, developing a SWOT analysis, we have identified the vulnerable populations and the health needs that affect the community.

We identified three health needs that affect the community of Bishop's Castle:

**Mental Health** was identified as a health need due to the concern expressed by community members where they stated that mental health and suicide is a hidden problem, suicide has a huge impact on the community members of Bishop's Castle because of their closeness.

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

**Transport** was identified as a health need due to the lack of public transport to get outside of the town, with community members relying on their own cars or the minimal public transport that is provided, this has an impact on work, social mobility access to healthcare and other services, and education.

## **Kaitohutohu Consultation**

During the first week of our community project, we had the opportunity to present to the Otago Polytechnic Kaitohutohu Office. This presentation looked at ethical considerations when undertaking our research, and the application of it to Maori. The

following questions were focused on, in relation to our research into Bishop's Castle at that stage:

- Will the research involve Maori?

We were faced with a unique experience in that our community was based in Shropshire, England. According to the statistics, there were no Maori based in Bishop's Castle.

- Is the research being conducted by Maori?

There were a few people in the group that identified as Maori. During group discussions we also identified that the Treaty of Waitangi and Competency 1.5 Cultural Safety were embedded in the way we practiced as nursing students and people of Aotearoa. The value behind this legislation governs the way in which we conduct ourselves, our responsibility to the people of the community and the respect we show.

- Are the results likely to be specific interest or relevance to Maori?

The research will definitely be of interest to Maori as the key themes are related to cultural safety, ethical consideration and partnership with vulnerable populations, like Maori in New Zealand. Except the context has changed to Bishop's Castle being the community.

- Could the research potentially benefit Maori?

What we found out from discussions with the members of the community in Bishop's Castle, is that their outlook on cultural considerations and safety are different from what has been developed in Aotearoa. It is to be expected, as we are being introduced to a new culture and way of doing things. However, with the information we know about how important cultural safety and consideration is, there can be a switch in the direction the benefit goes in. Maori can be the ones to provide the benefit to the members of Bishop's Castle, through the partnership of us as students with them. We can show them how incorporating such practices can benefit vulnerable populations and increase positive health outcomes.

# Transportation in Bishop's Castle



Figure 13. Residents to block the main road over cuts to Bishop's Castle bus (Liberal England, 2014).

By Josh Baxter, Sarah Thompson, Sophie Hooker and Tayla Stanton.

## **Introduction**

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 a full spectrum of social services only offered by larger townships. As a result, the effectiveness of transportation in Bishop's Castle influences almost every faculty of society. In the following report, we have identified the most problematic and restricting elements of transport in Bishop's Castle. These include disabled accessibility, parking and public transport.

## **Rationale**

We initially identified public transport as an area of possible focus for Bishop's Castle after consultation with representatives of the community. A general theme emerged of strong reliance on public transport for work, school and to other facilities that are not offered within Bishop's Castle. As reported by Whiddon (2020) bus services are deemed relatively limited by community members, with the bus timetable showing transit to nearby towns of Ludlow and Newton is only offered once every week. The nearby town of Shrewsbury is the largest town in a circumference of 25 miles (40km) offering 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 (Bishop's Castle- Shrewsbury, 2020). Planned budget cuts prompted a proposal by the Shropshire council last year 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 (Todman, Protesters block Bishop's Castle road in bus row, 2019). We concluded based

upon these findings that public transport in Bishop's Castle was a problematic area for the community worthy of directed focus.

Disabled accessibility has stood out as a problematic area since early in our research from its presence in the media. An article in January from the Shropshire Star reports on the inadequacy of parking spaces for the disabled and the lack of markings in these areas resulting in non-permitted cars taking up these spaces. Furthermore, the article reports 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 (K.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 combined with the lack of general parking, making accessibility for people with disabilities even more difficult.

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 roads narrow and tightly packed (A Brief History of Bishop's Castle). This issue was not only outlined to us during our consultation with representatives of Bishop's Castle but also reaffirmed from survey results collected as part of the Bishop's Castle community plan. The parking survey revealed that within three out of the four main streets, the number of vehicles parked exceeded parking spaces that were available, this trend was observable on multiple days of the week. More concerningly, cars exceeded available spaces by parking on yellow lines and pavements (Bishop's Castle Community-Led Plan, 2016, p. 21). 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, p. 24). There is often parking capacity



around other areas of town away from the main street, however, the towns demographic is skewed toward a large 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 3 specific community groups; elderly, the disabled and mothers with prams. All of 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 make 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 road 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 unfit to drive, resulting in loss of independence and restricted accessibility to places. Bishop's Castle offers public bus transport although it is limited. The Shrewsbury bus is the most common, passing through Bishop's Castle 5 times a day (Bus times, 2020). This schedule is in the process of potentially being decreased due to the lack of use (K. Whiddon, February 2020). Although the primary disadvantage for these groups is the accessibility to these public transport resources, idealistically funding and health promotion should be a future goal so that the community can provide this accessibility.

Bishop's Castle has very narrow roads causing cars to park over the footpath, resulting in narrow and obstructed pathways (K. Whiddon, February 2020). This makes it difficult for the elderly to commute through the footpaths, increasing their falls risk 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 can be steep in some areas (K, Whiddon, February 2020). Which all 3 community groups would be disadvantaged by.

In terms of parking and the limited availability of disabled parks, disabled individuals are significantly impacted 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. While transportation has increased mobility and accessibility it has consequences that directly impact upon health. 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 to adequate and affordable networks of transport is beneficial to the population. As highlighted by Boniface, Mindell, Scantlebury & Watkins (2015) if transport services are poor, individuals can be considered at a disadvantage following by health-related complications, social isolation, reduced access to services, social networks and opportunities in the community. In addition, access to transport is important to prevent social exclusion and build social networks. The use of transportation is also essential for after-hours medical care outside of Bishop's Castle, access to further education, social mobility and job security. As described by Widdon (2020), poor and lack of transportation services affects income and job availability which in turn affects mental health, leading to poorer diet choices, drug abuse and obesity.

Transportation has a detrimental impact on health, in which it creates many barriers towards healthcare. Including missed health appointments, delayed care, exacerbations in health needs and missed medication collection. Which can have implications such as poorer management of conditions and chronic illnesses, therefore poorer health

outcomes. Health costs from transportation are also associated with air pollution, crashes/accidents and physical inactivity. The transportation system is also closely linked with physical inactivity as the more time spent in a car per day can increase the likelihood of developing obesity. Transportation barriers influence accessibility to facilities, therefore, can affect decision making around poorer nutrition, health and lifestyle choices (Gerber, Syed & Sharp, 2014).

Transportation is a critical factor influencing the health of the community and individual health outcomes. In contrast, residents in rural areas face greater barriers to transportation and access to healthcare compared with urban counterparts. Rural towns, like Bishop's Castle, report more problems with accessibility and travelling further distances to health care providers and needs. This is measured by the time and distance that it takes to get to the facilities nearby (Gerber, Syed & Sharp, 2014).

### **Transportation in a rural community**

Transport poverty is a concern for all rural communities. The literature Transport poverty meets the digital divide: accessibility and connectivity in rural communities by Velega, Beecroft, Nelson, Corsar and Edwards (2012) discusses the issues that rural communities face in terms of transport. The primary cause of this poverty is brought upon by limited funding for transport. This is evident in Bishop's Castle as the regular Shrewsbury Bus is potentially going to be cut due to funding and limited use by locals. It is also evident among the limited resources offered to help make transport accessible for those who are disabled or less capable. The literature also discusses that rural communities rely predominantly on-road vehicles, which becomes a concern for those who don't have access to road vehicles such as the elderly, children and people with disabilities. These concerns are in alignment with those in Bishop's Castle and thus can be backed up.

## **Recommendations for transportation**

From the data we have collected and analysed, we have come up with two recommendations that could potentially be taken on board. These recommendations are improving awareness and signage of disabled parking and encouraging the use of public transport.

From our primary and secondary research, we have identified that a gap within the Bishop's Castle community is the poor signage of disabled parking resulting in the incorrect use. Due to the incorrect use of disabled parks, accessibility for disabled individuals is impacted. Non-permitted vehicles parking in disabled parks is unlikely to face repercussions, which further impacts negatively on disabled accessibility as they are more likely to be used inappropriately.

Another gap we have identified within Bishop's Castle is the use of public transport. We are aware that there are minimal buses running in and out of the town, but it may need to be emphasised the importance of using these. If the bus timetable is not supported, it will not continue to run. This is something that the community themselves has identified.

## **Ottawa Charter**

The Ottawa Charter is a form of health promotion (McMurray & Clendon, 2015). It outlines the fundamental conditions required for community health by dividing them into 5 aspects. These include strengthen community action, develop personal skills, create supportive environments, reorientate health services and enable, mediate and advocate (McMurray & Clendon, 2015). We have used this model to identify health promotion opportunities within Bishop's Castle below.

## **Strengthen community action**

- Continue to raise awareness surrounding the correct use of disabled parking by creating new resources or signage
- Encourage the use of public transport (busses) by all age groups in Bishop's Castle community
- Creating new resources to promote bus use
- Increased funding to support disabled accessibility on public transport eg. ramp onto the bus

## **Develop personal skills**

- Creating awareness amongst locals and tourists surrounding the importance of accessibility for disabled people/mothers with prams etc.
- Encourage bus use over individual car use when possible, through school or community settings
- Providing a good communication pathway between the affected group in the community and the Shropshire Council

## **Create supportive environments**

- Raise awareness of how parking on the footpath effects not only disabled accessibility but general pedestrian accessibility to facilities of Bishop's Castle
- Addressing issues raised and providing support to those troubled by poor accessibility to Bishop's Castle and nearby towns

## **Reorientate health services**

- Promoting the suggestion of transport being provided by the Bishop's Castle Medical Practice to and from the main hospital for compulsory/specialist appointments
- Encourage the Medical Practice to promote the use of public transport
- Encourage the members of the community to volunteer for and use Dial-A-Ride

## **Enable**

- Awareness of disabled access to the whole rural community
- Promoting the use of public busses by all community members

## **Mediate**

- Involving the Shropshire Council, the Medical Practice, the community and the affected group collaboratively in raising awareness and promoting health
- Incorporate social media into promoting the use of public transport, especially within the younger members of Bishop's Castle

## **Advocate**

- Support those affected by poor disabled parking and accessibility

## **Health promotion message to the community**

From the evidence and collection of both primary and secondary data, we have decided to come up with a formal submission to the Shropshire Council. Alongside this submission, we have created an educational flyer that can be placed on non-permitted

cars that are occupying disabled cars. This flyer will identify the importance of the correct use of disabled parks and aim to promote correct use in the future.

## **Conclusion**

Transportation has found to be a significant issue in the rural community of Bishop's Castle. Drawing on the literature we have identified the problematic issues of car parking, public transportation and disabled parking. General themes of inadequate public transportation and lack of accessibility to services were highlighted throughout the town. We focused specifically on disability parking and what this means for the disabled community in terms of access to facilities and how transport can affect health. It came to our attention that issues of inadequate signage and no visible road labelling of disabled parks is a pressing issue in the town. We have concluded with the recommendations that we think will be of benefit to not only the disabled community members but to the whole of Bishop's Castle. These recommendations included repainting the outlines of the disabled parks to make these more visible to road users. And for clear signage to indicate that these parks are for the disabled community. In addition, we have written a formal submission letter to the Bishop's Castle Council in which addresses the issues surrounding inadequate signage and visibility. And lastly, another recommendation we developed was to increase the education in the community on the correct usage of disabled parks. To immediately promote the accessibility of the disabled community we have developed an educational flyer to be placed on non-permitted vehicles in disabled parks, in which we hope will increase the awareness and education in the community.

# Mental Health in Bishop's Castle



Figure 14. Close up top view of young people putting their hands together. Friends with a stack of hands showing unity and teamwork (Shutterstock, Inc, 2020).

By Amanda Norgate, Jasmine Monaghan, Poppy Restieaux & Tyla Gartner



## **Introduction**

Issues related to mental health and support are one of the main challenges faced by rural communities (McMurray & Clendon, 2015). Mental health and wellness is 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 sometimes to provide holistic healthcare that meets all these areas. This is due to rural communities being faced with barriers such as inaccessibility to services (as discussed within the transport health need), or lack of funding (McMurray & Clendon, 2015). Through a review of the literature, we aim to explore the main mental health issues identified for rural communities (specifically for older adults, young families, youth and minorities). We will also explore tools and processes to address the need within the context of rural communities, for Bishop's Castle.

## **PECOT**

<b><u>PECOT category</u></b>	<b><u>Rationale</u></b>
<b>Population</b> The rural community of Bishop's Castle (split into older adults, minorities, young families and youth) at risk of a decline in mental health.	Every person has mental health and being in a rural community affects that in varying ways (McMurray & Clendon, 2015).
<b>Exposure</b> Varying declines in mental health within different groups in the community, related	Looking at the impact of how being in the rural setting can have an impact on mental health is incredibly important to

to the rural setting.	improve outcomes for the community.
<b>Comparison</b> NA	Identifying factors to develop a health promotion message, no alternative exposures.
<b>Outcome</b> Identify how being in a rural setting has contributing factors to mental health in the community.	(See above)
<b>Time</b> NA	Not conducted in a specific time frame.
<b>Research question:</b>	How does living in a rural community contribute to a decline in mental health for different groups (older adults, young families, youth and minorities)?

**Older adult**

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; at times also leading to chronic health conditions (Victor & Bowling, 2012).

While loneliness is subjective, social and physical isolation is objective. Loneliness is described as being an individual's perception of how they are feeling and is more common in the older adult especially 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. It 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. This 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 are seen as a large contributor to depression and mental illness in the older person. A study done about combating loneliness and isolation by utilising befriending services from the viewpoint of the consumer (Andrews, Gavin, Begley, & Brodie, 2003), shows the benefits of volunteers or home visitors forming relationships with the older person and outcomes for the older persons mental health and wellbeing. As a person ages, they become more reliant on people and services being brought to or being within close 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 well being.

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 of an individual's physical health and psychological health, with the ability to support the individual and their families through referral processes.

## **Youth**

There is a growing amount of literature that researches the benefits and disadvantages of living within a rural community in today's society. A prevalent theme in this literature is the effects rural living can have on young people's mental health. In some research they found that youth in rural areas had many feelings of boredom and loneliness, with many of the older teenagers stating it has affected their mental health, contributing to depression or anxiety (Education Authority, 2019). Young people and workers also

stated that living in a rural community made them have more of an active lifestyle and therefore beneficial to their physical and mental health (Education Authority, 2019). Research in mental health has revealed that the manifestation of many mental health issues began in adolescence (Black, Roberts & Li-Leng, 2012). Mental health problems are a major burden for adolescents, with depression being the leading contributor to the global burden of disease in middle to high-income countries (Black, et al., 2012). Depression in youth is a particular concern as those with depression will often experience difficulties in other aspects in their lives (Black, et al., 2012). The concern for adolescents is also because of depressions' link to suicidal ideation, attempted suicide, suicide completion and deliberate self-harm (Black, et al., 2012). There is ongoing research into whether people in rural regions of countries are at a disadvantage due to the lack of accessible mental health services (Black, et al., 2012). The need for resources for youth with mental ill-health has encouraged much literature in technology to help support the already existing face-face services (Orlowski, Lawn, Antezana, Venning, Winsall, Bidargaddi and Matthews, 2016). Although there is not much revolving around youth mental health resources in the rural setting (Orlowski, et al., 2016).

The rural community of Bishop's Castle has access to many of the UK Mental health and wellbeing online resources. One of these resources 'Kooth' is offered to children and young people aged 11 years and over, where there is access to free and confidential support and counselling (Kooth, 2020). This online resource has a range of different professionals that are available to talk to people online from midday until 10pm weekdays and 6pm to 10pm weekends (Kooth, 2020). As an online user, you are put on a chat queue and depending on how busy the website is for how long a user may wait to talk (Kooth, 2020). The maximum time for chatting to a counsellor is one hour, giving time to express the issues that are on the users' mind (Kooth, 2020). For 24 hour services, chatline is a recommended online service for people that need to talk outside Kooths chatting hours (Kooth, 2020). This website also offers forums where users can

express their issues on an open forum and other users can offer advice or support (Kooth, 2020). Articles on various topics related to mental health are also available for users to access to read (Kooth, 2020).

Face-to-face mental health services are free through the National Health Service (NHS) to people in the UK (NHS, 2020). In some cases, a patient will need a referral from a GP to access some of these services but for some of the mental health services, a patient is able to self-refer (NHS, 2020). An example of this is that people can refer themselves directly to a psychological therapies service (IAPT) without seeing their GP (NHS, 2020).

These IAPT services offer therapies, such as cognitive behavioural therapy (CBT), for common mental health problems including stress, anxiety, depression, obsessive-compulsive disorder (OCD) and phobias (NHS, 2020). Child and Adolescent Mental Health Services that work with children and youth who have difficulties with emotional and behavioural wellbeing are also available free through NHS, with local areas having different support services available to them (NHS, 2020). Getting CAMHS specialist help is different depending on the area a patient is living and the waiting times will also vary (NHS, 2020). For a rural town like Bishop's Castle the closest place to offer these therapies is close to 18 miles away, making face-to-face help harder to access (Anna Freud, 2020).

For many 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, there is a school counsellor that is always available to chat, as well as a student support person (Community College Bishop's Castle, 2020). The issue found to be in rural areas such as Bishop's Castle is having easy access to specialist mental health services.

## **Young families and perinatal depression**

Perinatal depression disorder (PDD) affects between 15-20% of women, and their families, who become pregnant globally (Baker & Oswalt, 2008, Price, 2010). It is characterised by “feelings of inadequacy and failure, a sense of hopelessness, exhaustion, emptiness, anxiety or panic, decreased energy and motivation, and a general inability to cope with daily routines (McMurray & Clendon, 2015). PDD continues to be a significantly under-diagnosed and under-treated issue, with 75% of cases going under the radar, being left untreated (McMurray & Clendon, 2015). As pregnancy is viewed as a generally positive event, assessment is often overlooked for PPD. Undiagnosed PPD 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 withdraw. They are also more likely to have hostile/intrusive interactions with their babies (Baker & Oswalt, 2008).

Effective screening for PDD needs to be a general part of healthcare and based around the risk factors (Thoppil, Riutcel & Nalesnik, 2005). Example of risk factors to be aware of are as follows; Women with prior depression history are at risk of 25% for recurrent depression postnatally. More than half of women previously diagnosed with PDD are at risk of developing it again. Maternal depression occurs between 5 and 10 times as often as gestational diabetes. Diabetes is screened routinely, yet PDD often is not covered as well (Thoppil et al, 2005). Putting these facts into the rural setting, it is easy to see how concerning a problem this could potentially be.

Perinatal depression can pose an even greater risk for rural communities, like Bishop's Castle. Rural communities are faced with extreme tangible and intangible barriers when it comes to accessing mental health support. As discussed before, accessibility to transport poses a big issue. But also child care options and insurance reimbursement are examples of challenges faced by a family living in a rural setting (McMurray & Clendon, 2015; Price, 2010). Rurality brings challenges that increase the risk of perinatal depression. Social isolation, lack of confidence or education, lack of support or extended around them, are examples of this. These, paired with risk factors to perinatal depression causes potential concern for the health and wellbeing of mothers.

With regards to Bishop's Castle specifically, there is very little mental health support for postpartum depression and other mental health issues faced by families. In terms of the general practice, 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 is based 38 miles away. There seems to be a gap between the GP practice and this service in terms if someone does present with PDD to the practice. Midwifery is provided through a central trust, which means they run differently.

Postnatally there are no checks from community nurses, developmental stages are seemingly not tracked and families would have to present to the practice themselves with issues (Dr Adrian Penney, personal communication, 14 February, 2020).

### **Mental health of minority groups**

A minority group is defined by sociologist Louis Wirth (1945), as "a group of people who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination" (Lumen, n.d., para. 2). I will focus my research on racial and sexual minorities in the rural environment.

Researchers found an increased risk of experiencing mental health issues in gender nonconforming youth; higher depression rates in sexual and gender minorities (American Psychological Association, 2018); and an American study found that African Americans experienced lower levels of psychological well-being (Caraballo, 2019).

Minority stress:

Minority stress refers to the additional stress felt by minority groups triggered by things such as racism, lack of social support, homophobic culture, discrimination, prejudice, and internalized stigma. High blood pressure and anxiety are some symptoms from these psychological stressors (Vantage Point, n.d.).

Stress has a significant impact on health so therefore it should be considered how different minor communities experience stress and what kinds of stress they experience, particularly when assessing a larger community's health.

The Minority stress model focuses specifically on the LGBT+ community but can be applied to any minority group including racial minorities. The model is designed to help understand the lived experiences of oppressed communities and the greater incidents of stress as well as understanding how it is this stress that leads to poorer health outcomes for minorities (Caraballo, 2019).

There are three principles of the minority stress model

1. "Minority status leads to increased exposure to distal stressors,
2. Minority status leads to increased exposure to proximal stressors, due to distal stressors,
3. Minority individuals suffer adverse health outcomes, which are caused by exposure to proximal and distal stressors" (Voort, 2018, pg. 11).

Distal stressors are ones that are external to the individual such as discrimination or racism. Proximal stressors are ones internal to the individual and typically a byproduct of distal stressors such as feeling negative about one's own minority group (Meyer, 2003).



Barriers to accessing mental health services:

In a rural environment accessing mental health services can be challenging. This includes limitations due to availability and affordability, but for minority groups more specifically there are limitations due to social stigma, cultural sensitivity, language and communication barrier, and lack of relatability. Being able to meet these needs is even more difficult due to the rural environment and the limitations of resources, and potentially limited exposure to other ways of life (Memon et al., 2016).

Certain cultures have a social stigma against mental health and discourage getting help from mental health services, an individual in a study said her community expected you to “deal with it... you are supposed to be strong. You are from Africa” (Memon et al., 2016, pg. 4), this adds a layer of discouragement that mental health services need to be able to breakthrough in order to reach certain individuals (Memon et al., 2016).

Language and communication can be a barrier for people who are living in a place that does not speak their primary language. Not being able to effectively communicate with a healthcare worker not only discourages the individual from seeking help but limits the individual’s ability to express how they are feelings accurately. An individual in a study said “I know one person, he has struggled and struggled. He said what he could say but the limit of the words, the real words he wanted to say to the GP, he did not know the meaning of them in English” (Memon et al., 2016, pg. 4). Interpreter services can help this problem but do not remove this barrier entirely (Memon et al., 2016).

Cultural insensitivity can lead to healthcare consumers feeling misunderstood, and disrespected. Healthcare workers need to understand how to practice being culturally safe, where they understand and respect different cultural and social differences. A British study found many of their participants wanted “to see someone like me,

someone who understands my culture who ... is going to welcome me with open arms and is going to get what I am saying” (Memon et al., 2016, pg. 5).

Lack of relatability, particularly for individuals in the LGBTQI+ community, is a barrier for accessing mental health services. Being able to open up to someone about something that is not only personal but also highly stigmatized can be difficult. A study looked at the effectiveness of peer advocates. Peer advocates are trained individuals with a similar experience and give one-on-one advice and support. The results showed that the participants saw their peer advocate as more favourable deeming them more “trustworthy”, “nonjudgmental”, and “sensitive” to their needs (Wilging, et al., 2018). This suggests that individuals are more likely to trust and connect with someone who has had similar experiences to them and are able to relate more (Wilging, et al., 2018).

#### Relating the research to Bishop’s Castle

According to the 2011 census, 98.5% of the population is white, meaning 1.5% of the population would be classed as a racial minority (Office for National Statistics, 2011). There is no data on LGBTQI+ statistics, but according to Whiddon (Personal communication, February 13 2020), Bishop’s Castle Community College has just started a LGBT group. This LGBT group could provide a great space for individuals who can relate – similar to peer advocacy. Mental health resources in Bishop’s Castle seem to be very limited in general, let alone resources specifically for these minority groups. It could be beneficial to have support groups for these minority groups or a trained person such as a mental health nurse, who is specifically trained to work with people and their sensitive issues and to be able to work with people in a way that meets their needs.

#### **Conclusion/Recommendations**

Mental Health has been found to be a concern in the rural community of Bishop's Castle. According to Dr Adrian Penney, the closest mental health nursing team is 40km

away in Shrewsbury, and that he feels Bishop's Castle's services are inadequate. Most referrals get triaged to have a telephone assessment within 2 to 3 weeks and then there seems to be a "black hole" after that. (Personal communication, February 13 2020).

The literature has highlighted many barriers to mental health services for all groups of people in the community. Youths main issue was the lack of access to specialist services and the loneliness of a small rural town.

Young families struggle with a lack of accessibility to specific mental health support within Bishop's Castle. 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 a possible decline of an individual's physical health and psychological health, with the ability to support the individual and their families through referral processes.

Minority groups in the community could benefit from specific support groups as well as a trained person such as a mental health nurse, who is specifically trained to work with people and their sensitive issues and to be able to work with people in a way that meets their needs.

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 the community in their mental health issues and continuing their mental wellness. By having the mental health professional take an education seminar, then other health professionals can be more aware and informed about what they can do to help the community in taking care of their mental health. To immediately promote mental health in the community a resource we recommend is a poster promoting mental health resources. Another useful resource is a stress ball that has these resources printed on it and can be readily available at the medical centre, aged care facility and school as a form of stress-relieving in mental wellness.

## **The Ottawa Charter**

The Ottawa Charter is a model of health that emphasises the importance of promoting health on a global scale. However it also incorporates the fundamental conditions and requirements for health on the community level. The Ottawa Charter is made up of five strategies for health promotion (McMurray & Clendon, 2015). Below we have incorporated our health need of mental health with the Ottawa Charter; giving examples of how improvement can be brought to Bishop's Castle while promoting the community spirit they already have.

### *Build healthy public policy*

- Encouraging a more holistic approach to health on the ground at Bishop's Castle (i.e. different models of health into the practice).
- Encourage mental health to be more of a priority

### *Create supportive environments*

- Continue to embody the community spirit that Bishop's Castle has.
- Create an environment free from prejudice and stigma
- Considering the idea of cultural safety/sensitivity
- Make the community aware of resources that are available

### *Strengthen community action*

- Encourage a larger array of resource to be made available to the community
- Incorporate mindfulness techniques to strengthen overall community mental health
- Utilise the positive and active community spirit to be involved in making change

### *Develop personal skills*

- Encouraging conversations between different age groups around individual mental well-being and community mental well-being

### *Reorient health services*

- Incorporate basic mental health messages into the community

### **Health promotion resource summary**

1. Submission to council
2. 'No health without Mental Health' Stress ball and Poster

From the literature around mental health for rural communities, we have identified there is a lack of adequate varying mental health support in Bishop's Castle. With the Ottawa Charter we identified that education on mental health support for healthcare workers would be a good focus point for our resources. The education would be from a mental health professional and would be moving towards more holistic care for the Bishop's Castle community. A submission has been made to the council regarding this (see appendix).

To support our submission, we have also created two physical resources to promote mental health and wellness. A stress ball and a poster with the phrase 'no health without mental health' on it. This phrase was developed from the outlook on mental health from the World Health Organisation (2018). We find this phrase is important because mental health is often one of the areas of health that is forgotten. Either by individuals or within the healthcare setting. By reminding people about mental health, whatever that may look like for them, it can aid in mental health being actively thought about. This could lead to either seeking help if issues are present, or healthcare workers considering mental health during assessment.

On the poster we have also highlighted a couple of mental health resource numbers and websites (Samaritans, Shout and Kooth) that are accessible for the Bishop's Castle community.

Research shows that stress balls promote mindfulness and a reduction in stress and anxiety (Chalmers, Harrison, Mollison, Molloy & Gray, 2012). It aids by distracting the mind, promoting mobility and movement in the hands and brings a calming influence as well (Chalmers, Harrison, Mollison, Molloy & Gray, 2012).

Stress is a major part of mental health. It is both a symptom and contributing factor to other mental health issues. It underpins people's mental health as everyone endures stress in different ways. Managing stress is important for improving or continuing mental wellness. Having strategies in place so as stress does not get out of control is essential. The stress ball is an example of a strategy. They could be kept at the GP practice, school offices, aged-care settings. It is able to provide benefits to all people in the community.



## **Introduction and rationale**

Engaging in physical exercise and eating a healthy diet are key contributors to maintaining good health and wellbeing. Bishop's Castle has a high portion of its residents being classed as overweight or obese. Changes in health behaviours are required to lower these statistics to see positive community outcomes. Smoking is an issue that has been identified in Bishop's Castle; members of the community explaining how it is a cultural norm and no smoking cessation is offered. As a rural community, Bishop's Castle is vulnerable to food insecurity following the nationwide changes after Brexit. Our group's incentives to reduce these identified health issues is by uniting members of the town with a community garden. Additionally, we aim to supply members of the community with a poster/leaflet on gardening tips and ideas that will encourage people to take positive steps towards proactive, healthy living.

## **Diet**

### *Brexit*

Bishop's Castle is undergoing numerous changes; socially, politically and socially (Bishop's Castle Town Council, 2019). This is following the nationwide change of Brexit, where the United Kingdom has separated from the European Union (Hobolt, 2016). The food trade contracts between the UK and the European Union will be ceased, creating a trading block that subsequently will lead to higher food prices. This will inevitably increase food insecurity for many UK households, including the community of Bishop's Castle (Barons & Aspinall, 2020).

### *Community Food Options*

According to Du Sol (2020), an issue in Bishop's Castle is the limited number of supermarkets and lack of variety within. Research has shown that rural communities face different food challenges than urban populations, where healthy food is often less



accessible due to distribution challenges experienced by store owners (Parks, Shanks, Harden, & Yaroch, 2016).

Other food options include:

- Regarding fast food, Indian, Chinese and Fish and Chips are some of the options available in town (Du Cros, 2020)
- A variety of fruit and vegetables are available to purchase from the Bishop's Castle Farmers markets (Bishop's Castle Town Council, 2019).
- Weekly vegetable box subscription became available April to October, delivery available (Bishop's Castle Town Council, 2019). Currently limited to 35 households (Du Cros, 2020).

The town holds a Farmer's Market every 3rd Saturday of the month, where local produce, meat, breads and other food is sold (Bishop's Castle Town Hall, 2020). According to Du Sol (2020), there is socioeconomic divide in those who shop at these farmers markets. Those in more deprived areas (geographically – bottom of the hill) have less accessibility to the markets which are in the 'socioeconomically secure' area at the top of the hill.

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 within Bishop's Castle. With Brexit, alternatives such as this are important to sustain wellbeing for locals.

*Anticipated impacts of Brexit scenarios on UK food prices and implications for policies on poverty and health: a structured expert judgement approach* (Barons & Aspinall, 2019)

This article investigates the factors for household food security and its health consequences in the United Kingdom following Brexit. The research concludes that the

severity of food poverty is likely to increase as the median food prices following Brexit are set to rise. Health consequences of food insecurity include hypertension, hyperlipidaemia and diabetes (Barons & Aspinall, 2019). With 70.3% of adults living in the Shropshire county being classed as overweight or obese, significant health issues may arise from this food crisis faced by the UK (Shropshire Food Poverty Alliance, 2019). Food poverty was also shown to have an effect of medication compliance, health and wellbeing. Those with lower incomes reported shopping for cheaper foods and eating less. This lower income group had also claimed to be eating foods with higher levels of fat, salt and sugar and less fruit and vegetables than higher-income groups (Shropshire Food Poverty Alliance, 2019).

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 Shropshire County. Food deprivation factors include financial issues, access to food and skills/knowledge. The average hourly rate in Shropshire is £14 short of the national average. The access to food is often limited within these rural areas, with prevalent transportation restrictions and limited resources (Shropshire Food Poverty Alliance, 2019). To achieve positive community health and wellbeing, it may be beneficial for members of Bishop's Castle to be better educated on dietary effects on health and to obtain knowledge on affordable ways to eat healthier foods.

### **Physical activity in Youth within the UK**

Physical activity, ranging from moderate to vigorous intensity, has been linked to various health benefits in children and teenagers (Collings, Wijndaele, Corder, Westgate, Ridgway, Dunn, Goodyer, Ekelund, & Brage, 2014). It is stated in the UK Chief Medical Officers' Physical Activity Guidelines that 'Children and Young People' should be active (moderate to vigorous exercise) for an average of sixty minutes per day for the week (Department of Health and Social Care, 2019). This daily activity can include physical education at school, active travel to get to school and then back home,

after-school activities, play and sport (Department of Health and Social Care, 2019). It is acknowledged in the UK Chief Medical Officers' Physical Activity Guidelines that physical activity and the varying types and intensities of exercise is particularly important for the development of movement skills, muscular fitness and bone strength within children and youth (Department of Health and Social Care, 2019). Children and youth are to avoid spending too much time on sedentary behaviours which are described as remaining in a sitting or reclined posture with an energy expenditure of fewer than 1.5 times the resting metabolic rate (Collings et al, 2014; Department of Health and Social Care, 2019). It is important that children and youth divide up their long periods of no activity with light physical activity (Department of Health and Social Care, 2019).

A study conducted by Collings et al. (2014) aimed to describe the physical activity levels across the different intensities in youth within the United Kingdom. Light, moderate and vigorous physical activity and duration were assessed, along with sedentary minutes per day in 825 youth (Collings et al., 2014). The physical activity variability and sedentary time were analysed by linear multilevel modelling, and factors associated with physical inactivity were analysed by logistic multilevel regression (Collings et al., 2014). The findings showed that the youth mainly engaged in light intensity physical activity during their awake hours/daytime, which lasted approximately 517 minutes per day and sedentary time which lasted approximately 364 minutes per day (Collings et al., 2014). The study also found that boys were more physically active than girls and spent less sedentary time than girls, and physical activity dropped significantly for both genders when transitioning from weekdays to weekends (Collings et al., 2014). Overall, the study concluded that girls would be the main priority for an intervention that would help with increasing and motivating them to begin moderate to vigorous physical activity (Collings et al., 2014).

## **Physical activity in Older Adults within the UK**

Older adults who are physically active are exposed to multidimensional health, well-being and economic benefits (de Koning, Stathi, & Fox as cited in Balboa-Castillo, León-Muñoz, Graciani, Rodríguez-Artalejo, & Guallar-Castillón, 2011). It is recommended in the UK Chief Medical Officers' Physical Activity Guidelines that older adults should participate in physical activity each day even if it is only light physical activity rather than being sedentary, the more physical activity in an older adult's day means more health and social benefits (Department of Health and Social Care, 2019). It is suggested that older adults achieve approximately 150 minutes of moderate physical activity each week, to build up strength or to maintain strength (Department of Health and Social Care, 2019). Older adults should aim to improve or maintain muscle strength, balance and flexibility through undertaking activities that target these areas, at a minimum of two days a week (Department of Health and Social Care, 2019). Periods of sedentary behaviour should be broken up with light activity if possible (Department of Health and Social Care, 2019).

Unfortunately, with aging, activity levels decrease, with the sharpest decrease beginning between the ages of 75 and 84 (Sport England, 2018). In 2016-2017, the 65-74 year old age group within the UK had 57% of its population remaining physically active (150 minutes of exercise per week), and 30% of the population were inactive (less than 30 minutes of exercise per week) (Sport England, 2018). The 75-84 year old age group within the UK had 37% of its population remaining physically active with 48% physically inactive (Sport England, 2018). Older adults in the United Kingdom in their day-to-day lives are physically active usually from daily tasks which include shopping and visiting friends, and leisure activities which can include dancing, gardening, bowls, walking, swimming and facility-based exercise (Davis, Fox, Hillsdon, Coulson, Sharp, & Stathi, 2011).

A qualitative study conducted by de Koning et al., 2015 compared the determinants of trips to the outdoors between older adults (aged 65 and over) in the rural and urban

context living within England. The sample size was 13 rural older adults and 15 urban older adults, interviews were carried out which were analysed using the Ecological Model framework through directed and summative content analysis (de Koning et al., 2015). The study determined that for the rural older adult participants, community-based social networking instigated visits and trips outdoors whereas the Urban older adult participants were instigated to go out because of family ties (de Koning et al., 2015). It also revealed that urban older adult participants used and valued recreational facilities the most where the rural older adult participants did not mention the importance of the recreational facilities in determining if they go out (de Koning et al., 2015). It is important that frequent trips to the outdoors is maintained or achieved so that physical activity levels in older adults are within the recommended amounts of daily and weekly exercise, this is so that physical health and function are optimal in the older adult population (de Koning et al., 2015; Davis et al., 2011).

### **Drug misuse**

Cook, Phillips-Howard, Morleo, Harkins, Briant, & Bellis (2011) conducted a survey in North West England on the price of alcohol and the impact this has on alcohol consumption. The results from the survey showed that many people believe that with price reductions, there will overall be an increase in alcohol consumption. The UK as a whole has a high alcohol consumption so if there were to be an increase in the cost of alcohol, there is concern that many people will sacrifice everyday necessities and their own physical health in order to maintain their normal alcohol intake. Many people may be reluctant to reduce their alcohol intake as they believe they don't have a problem or that it won't affect them long term (Cook et al., 2011).

Drug and alcohol misuse can occur at any age but the initiation of smoking and alcohol typically occurs adolescence. It is often not until someone reaches adulthood where complications and medical conditions arise from prolonged, heavy consumption. Over time, the negative consequences of large consumptions get worse and have a heavy impact on physical health (Schulte, & Hser, 2014). Smoking and drinking alcohol has

been proven to be associated with increased reliance on health care to maintain physical health. Excessive drinking is the main concern for the primary health care system as it is the main cause of accidents and injuries (Balsa, French, Maclean, & Norton, 2009). Excessive alcohol consumption can lead to increased alcohol-related consequences and mortality rates (Erskine, Maheswaran, Pearson & Gleeson, 2010)

When an individual drinks alcohol, they are also more likely to consume tobacco and other illicit drugs/substances, all of which have an impact their physical health in both the short term by increased likelihood of injuries and accidents but also lead to them developing comorbidities later in life (Balsa, French, Maclean, & Norton, 2009). Alcohol misuse has a wide range of short and long term effects on both physical health and social behaviours, especially within the younger populations (Rothwell & Segrott, 2011). Some of the impacts that consuming alcohol has includes accidental injuries, disorderly/violent behaviours, risky sexual behaviours and an increased risk of developing alcohol and drug-related health problems over time (Rothwell & Segrott, 2011).

Erskine, Maheswaran, Pearson & Gleeson (2010) stated that approximately 38% of male and 16% of all females between the ages of 16 and 64 have trouble with their alcohol consumption. Overall, this is the equivalent of approximately 8.2 million people in England.

The Rothwell & Segrott (2011) study stated that environment and family factors play a significant role in influencing how people, especially youth behave toward alcohol and other drugs. If someone grows up with easy access to alcohol and drugs and experiences people smoking and drinking regularly they are more likely to also do this as they grow older. They have grown up viewing these activities/behaviours as 'normal' so it is only natural they will also follow in the footsteps of their role models and consume alcohol and drugs.

In the UK, there are two main different substance misuse education programmes, LEC (Life Education Centres) which is a mobile service that goes around schools and DARE (Drug Abuse Resistance Education) which is an international programme (Rothwell & Segrott, 2011). Although DARE teaches about substance misuse, it has been proven to have little to no impact on drug use amongst youth. This is due to the programme promoting abstinence amongst the students and its failure to recognise other factors outside of the classroom such as family and friends that will impact the students ability to perceive the information provided and make good, safe decisions if they see people around them doing what they have learned that you should not do (Rothwell & Segrott, 2011).

Although this study wasn't conducted in the UK in a rural setting, the study took place in Seoul, Korea. Even though these are two different places, the information from this study is relevant to the physical health of those that live in Bishop's Castle.

Jeong & Cho. (2017) conducted a study that examined the differences in health behaviours between elderly people living alone and with others. It also investigated whether the effect of living with others differs according to housemate type, spouse and/or younger generations. Confounding variables were adjusted due to history of medical conditions, employment type and adjusted household income (Jeong & Cho, 2017). The risk of smoking for men living alone was higher than living with others. The risk of an inactive lifestyle for women living alone was higher. The risk of smoking for women living alone or with younger generations was higher than living with a spouse and younger generations (Jeong & Cho, 2017). Overall, living alone was associated with smoking in men and physical activity in women, whereas housemate type was associated with dietary habits in men and smoking in women. Therefore, these gender-specific findings can help to identify groups of individuals vulnerable to risky health behaviours (Jeong & Cho, 2017).

The U.K. National Health Service Stop-Smoking Services are insufficient in delivering national and government smoking targets as well as the insufficiency towards the poorest communities (Obesity, Fitness & Wellness Week, 2005). Obesity, Fitness & Wellness Week. (2005) conducted a study which examined the effectiveness of the National Health Service smoking cessation services in Northumberland, Tyne and Wear. Within these areas, they are dominated by manual workers and contain some of the worst health and deprivation in the country. Some findings were disturbing due to the poorer health of some of these communities, and the government ignoring the health inequalities gap when it came to the targets of reducing smoking (Obesity, Fitness & Wellness Week, 2005). Despite the poorer communities being the focus targets to reduce cancer and circulatory disease, the failure to include health inequalities in reducing stop-smoking targets results in a widening gap between the healthiest and the worst off in England (Obesity, Fitness & Wellness Week, 2005).

### **Bringing it together**

From our literature review, we recognised that drug and alcohol misuse, diet and exercise are important aspects of physical health. When conducting our literature review, we took a broad approach and looked at how different aspects of physical health affects the whole community, despite the limited literature relevant to a rural town in the UK. Although we had a lack of research for a rural setting in the UK, we gathered evidence that is of relevance to people of all ages in Bishop's Castle.

From the literature we have found a number of key findings as stated below which are relevant to Bishop's Castle

#### **Diet**

- Brexit impacts the food trade contracts in the UK, which is set to lead to higher food prices; increasing food insecurity nationwide.



- Fresh fruit/vegetables are available to purchase as weekly 'veg' boxes and at the farmer's markets, but there are a limited number of boxes (35) and the farmers market is not accessible to those without a means of transport.
- Food poverty can lead to numerous health complications, including hypertension and diabetes.
- Those who receive lower incomes were more likely to face food insecurity. As unhealthy foods tend to be cheaper than healthy food, these lower-income groups are highly represented in the statistics of overweight/obese individuals in Bishop's Castle.
- Education on healthy diets and lifestyle choices are an essential step that is required to see better health outcomes in the residents of Bishop's Castle

#### Exercise

- Children and youth should be physically active for an average of sixty minutes per day for the week as it is important for the development of movement skills, muscular fitness and bone strength.
- Older adults should participate in physical activity each day even if it is only light physical activity rather than being sedentary as it is important to improve or maintain muscle strength, balance and flexibility.
- It was found in youth that girls are less physically active than boys in the UK, however, when it came to the weekend both boys and girls were less active and spent more sedentary time.
- It was found that rural older adult community members in the UK would get outdoors when it came to community-based social networking, and also that the rural older adult community members did not value recreational facilities compared to the urban older adult members

## Drug misuse

- Tobacco and other illicit drugs are more likely to be used/misused when people are consuming alcohol
- Stop smoking services in the UK are insufficient at delivering the national smoking targets, especially in the poorer communities
- Both environmental and social factors such as family and friends play a significant role in drug misuse and how people behave towards drugs and alcohol. If people around them are smoking and drinking, they are more likely to themselves
- There are multiple negative short and long term effects that drug and alcohol misuse has on one's physical health. These consequences are a massive concern for primary health care as it is one of the main issues. The needs of people with alcohol and/or drug-related complaints are putting a strain on health services.
- It has been proven that the substance abuse programme DARE has little to no impact on the youth's drug use. This is due to the programme promoting abstinence and its lack of recognising other external factors such as family influences people's perception of the information.

Based on our key findings from the literature found, we have evaluated how they apply to the community of Bishop's Castle and impact on physical health of people of all ages. We have identified that drug/alcohol misuse, diet and exercise all interrelated and equally affect someone's physical health.

We recognise the need for interventions to help to improve overall physical health. These interventions need to be applicable to the entire population and consider the closeness of the community

## Recommendations

From the findings from our literature review and from our primary and secondary research on the small community of Bishop's Castle we have formed the following recommendations.

1 - To increase the likelihood of community members accessing the outdoors to improve on their physical activity:

We recommend that the members of the community should engage with more activities that are occurring within the town or even create an activity where everyone can join in and become more active in their day-to-day lives. From the primary research conducted we had the opportunity to see that the community of Bishop's Castle has a leisure centre that includes a 20 metre swimming pool, 20 station fitness suite with air conditioning, 3 badminton court sports hall, 2 glass back squash halls, sauna and sunbed and a few 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. It was stated by community members when we were conducting our secondary research that the average age of people accessing the leisure centre was around 60 years old. We also discovered during our primary research that there are a few walking tracks close to Bishop's Castle, however this may be an issue as they are approximately 20 minute drive away, with some members not having access transport to get there. We have suggested the idea of a community garden so that every member of the community can participate, to have it located somewhere close so that community members can just walk there, and there will be no cost except for the cost of their energy through helping with the garden and then getting the vegetables and fruit in return. We hope by encouraging this idea that community members are motivated to access the outdoors so that they can increase their activity levels by walking and moving around in a garden.

## 2 - Educating the community:

It has been expressed by members of Bishop's Castle that many locals lack education on living a healthy lifestyle. A town hall education night may be beneficial to pass knowledge on to members of the community. Here the idea of the community garden can be passed on and feedback from the community could be heard and acknowledged. The Bishop's Castle newsletter is a great way to pass information on to the locals. Utilising this as a means to supply households with gardening tips, what/where to buy supplies and other useful information may spark some interest. Our poster could be supplied in the newsletter, allowing the residents who receive this to put it somewhere in their home to use.

## 3 - Improve smoking cessation to reach smokefree 2030 target:

We recommend that smoking cessation should be offered to members of the community instead people having to ask for it and the choice be up to them. The UK has a smokefree target of 2030, however this is unlikely due to the large number of people still smoking and the stop smoking services being insufficient (Obesity, Fitness & Wellness Week, 2005) . Bishop's Castle is a small, tight knit community and through our primary research, we learnt that it is considered 'normal' if you smoke and 'not normal' if you don't smoke as a large percentage of the population smoke. We believe this is largely due to smoking cessation not being offered to all members of the community unless they ask for it as we learnt through our primary research. The NHS has a wide range of services available to aid in stopping smoking from nicotine replacement therapy such as nicotine patches, gum and lozenges to medications to National smoke free helplines (NHS, 2020). Smoking cessation is important in helping someone to quit smoking in order for them to improve/maintain their physical health and to live longer (NHS, 2020).

#### 4 - Finding alternative ways to cope with the urges of drug use:

We recommend that members of the community who suffer from alcohol and/or drug misuse or who are wanting to cut back on their consumption find alternative ways of coping with the urges and triggers that are present. Through our primary research, we found that finding other ways to cope with urges/triggers is important, especially living in a rural community where you are surrounded by people you know doing it too. An important part of drug misuse recovery or wanting to cut back is identifying your triggers and finding ways to cope with them whether that is by avoiding going to the local pubs or removing yourself from situations where you are surrounded by people consuming alcohol/drugs (Help guide, 2019).

We recommend that the people of Bishop's Castle who are struggling with drug misuse and are wanting help to surround themselves with positive people who will aid in their recovery and finding other ways to cope/distracting yourself when you feel the urge to drink or do drugs. Good distraction methods are finding new hobbies such as gardening, spending time in nature and going for walks, getting involved in the community (Help guide, 2019).

#### **Health Promotion**

Evaluating both our primary and secondary research, the literature review and the recommendations that we have made as a group we have collectively decided to create a community garden and healthy living promoting resources for the community of Bishop's Castle. In the development of this idea, we have worked in partnership with members of Bishop's Castle to create something based on what they believe is needed for the community. The resource that we create will involve a number of different components for instance: a poster, fridge magnet, coaster and pamphlets. We believe

that these mediums will be able to reach the whole community to deliver consistent education on the benefits of a community garden and healthy living.

### **The rationale for choosing a community garden**

The 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 in a rural area and offers a wide range of benefits for not only individual's physical health but also their mental health through means such as having more social contact with others who share similar interests to themselves, increased physical activity levels, improved nutrition, less stress about finding affordable, fresh fruits and vegetables and decrease in 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 by reducing carbon and the shipping of food over long distances, reducing food insecurities, connect people to nature and providing the opportunity for people in rural areas to educate and engage them with their 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. People have stated that gardening has helped with their health by decreasing current stress and healing previous trauma or anxiety, while others say that it has increased their physical activity while also consuming a greater amount of healthy food (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.

## **Ottawa Charter**

### **Strengthen Community Action**

- Bringing together different people in the community
- Enhance community wellbeing
- Strengthen cultural identity

### **Develop Personal Skills**

- Develop healthy behaviours
  - Food habits
  - Exercise
  - Sharing of knowledge among members of the community
- Reduce stress
  - Friends coming together
  - Source of food (reduce food insecurity)

## **Enable**

- An individual with a gardening background to share their knowledge with the community
- Developing life skills and healthy choices that can be passed onto future generations
- Allows people of different abilities and skillsets to participate

## **Mediate**

- Bringing together different members of the community
- Having the community garden in an area that is accessible to the public
- Inclusive to all: youth, families, older adults
- Positive health promotion messages

## **Advocate**

- Recognising the need for change in the community and taking action
- Education being passed on to members of the community about the importance of healthy habits
- Promotion around participating in the community garden and easily accessible resources in how to do so

## **Create Supportive Environments**

- Sense of achievement
- Sharing of knowledge
- Strengthening of the community through engagement/participation

## **Reorient Health Services**

- Promoting a change in exercise and diet ideally will keep people out of health services and living healthy lifestyles



- Positive implications for mental health: socialisation, learning new skills, being outdoors
- Positive implications for physical health: physical exertion with gardening, eating the food that has been grown

## **Conclusion**

In association with the recommendations, the aim of this literature review was to bring awareness and understanding about the importance of physical health for the community members of Bishop's Castle. It has been noted that stop smoking services in the UK are insufficient at delivering the national smoking target, and stop smoking services are not offered in the community of Bishop's Castle unless asked for, so we recommend that smoking cessation support be offered in practice for the aim of a smokefree 2030 in the UK. Bishop's Castle and numerous other rural communities have a lack of food suppliers, with less accessibility to healthy foods and the effects of Brexit taking its toll on food security, thus the recommendation made is an education night where knowledge about healthy food and the idea of a community garden can be discussed. It is clear that physical activity in youth and older adult populations within the UK is lacking as shown in the studies as stated above, and the main recommendation from these findings is to influence and motivate community members to venture outside and utilise the activities around the community, this is where the community can be a great social activity.

## **Conclusion**

It has been an incredible experience working on this community research project. The community of Bishop's Castle has been warm and inviting, extremely helpful and welcoming to us. We have 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 this 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 our comprehensive community assessment, literature review, health promotion development with the Ottawa Charter and health resource development, we have managed to address some prevalent health needs in Bishop's Castle. Transport, mental health and physical health are large issues that cannot be changed overnight. But we hope that through our research and recommendations that change can occur; health can be maintained and supported, and Bishop's Castle can continue to flourish as the wonderful community it is.

## References

- A Brief History of Bishop's Castle. (n.d.). Retrieved February 26, 2020, from <http://www.BishopsCastle.co.uk/tourism/wp-content/uploads/2015/06/A-Brief-History-of-Bishops-Castle2.pdf>
- ACC. (2019). Injuries we cover. Retrieved from <https://www.acc.co.nz/im-injured/injuries-we-cover/what-we-cover/>
- American Psychological Association. (2018). Health disparities in racial/ethnic and sexual minority boys and men. Retrieved from <http://www.apa.org/pi/health-disparities/resources/race-sexuality-men.aspx>
- Ancient pages. (2020). King Offa Of Mercia And The Murder Of King Ethelbert – Revenge Or Jealously?. Retrieved from <http://www.ancientpages.com/2018/07/19/king-offa-of-mercia-and-the-murder-of-king-ethelbert-revenge-or-jealousy/>
- Animated images. (2020). Animated carrot image *[image]*. Retrieved from <https://www.animatedimages.org/img-animated-carrot-image-0021-132313.htm>
- Airbnb: Bishop's Castle - Holiday Rentals & Places to Stay - England, United Kingdom. (n.d.). Retrieved February 24, 2020, from [https://www.airbnb.co.nz/s/Bishop's-Castle--United-Kingdom/homes?refinement\\_paths\[\]=/homes&federated\\_search\\_session\\_id=73b85523-58ab-4c42-ac22-df9a-eeed89126&place\\_id=ChIJSa8pO\\_0PcEgROse\\_thewAic&query=Bishop's Castle, United Kingdom&search\\_type=section\\_navigation](https://www.airbnb.co.nz/s/Bishop's-Castle--United-Kingdom/homes?refinement_paths[]=/homes&federated_search_session_id=73b85523-58ab-4c42-ac22-df9a-eeed89126&place_id=ChIJSa8pO_0PcEgROse_thewAic&query=Bishop's Castle, United Kingdom&search_type=section_navigation)
- Baker, L., & Oswalt, K. (2008). Screening for postpartum depression in a rural community. *Community Mental Health Journal*. DOI: 10.1007/s10597-007-9115-6

- Balsa, A. I., French, M. T., Maclean, J. C., & Norton, E. C. (2009). From pubs to scrubs: alcohol misuse and health care use. *Health Services Research, 44*(5), 1480+. Retrieved from [https://link-gale-com.op.idm.oclc.org/apps/doc/A210033323/AONE?u=per\\_dcop&sid=AONE&xid=743b66f6](https://link-gale-com.op.idm.oclc.org/apps/doc/A210033323/AONE?u=per_dcop&sid=AONE&xid=743b66f6)
- Barker, A. (2019). Bishop's Castle Primary School. Retrieved from <http://www.baet.org.uk/portfolio/Bishops-Castle-primary-school/>
- Barons, M. J., & Aspinall, W. (2020, January 22). *Anticipated impacts of Brexit scenarios on UK food prices and implications for policies on poverty and health: a structured expert judgement approach*. Retrieved from Cornell University: <https://arxiv.org/abs/1904.03053>
- BBC. (2014). Offa's Dyke. Retrieved from [https://www.bbc.co.uk/wales/history/sites/themes/periods/dark\\_ages03.shtml](https://www.bbc.co.uk/wales/history/sites/themes/periods/dark_ages03.shtml)
- BBC. (2020, February 11). Bishop's Castle News. Retrieved February 12, 2020, from <https://www.bbc.com/news/localnews/2655572-Bishop's%20Castle/0>
- Bishop's Castle. (2015). A Brief History of Bishop's Castle. Retrieved from <http://www.BishopsCastle.co.uk/tourism/wp-content/uploads/2015/06/A-Brief-History-of-Bishops-Castle2.pdf>
- Bishop's Castle. (2015). *Swimming and other activities*. Retrieved February 2020 from: <http://www.BishopsCastle.co.uk/tourism/swimming-other-activities/>
- Bishop's Castle Community-Led Plan. (2016), 20–25. Retrieved from <http://BishopsCastletowncouncil.gov.uk/wp-content/uploads/2016/08/Bishops-Castle-Community-Town-Plan-October-2016.pdf>

Bishop's Castle Community Partnership. (2019). Bishop's Castle community-Led town plan. Retrieved from [http://BishopsCastletowncouncil.gov.uk/wp-content/uploads/2019/05/2019-Community-Led-Plan-v1.2\\_23Mar19.pdf](http://BishopsCastletowncouncil.gov.uk/wp-content/uploads/2019/05/2019-Community-Led-Plan-v1.2_23Mar19.pdf)

Bishop's Castle Dial-a-Ride and Community Car Scheme. (2020). What we do. Retrieved from [http://www.bc-dial-a-ride.org.uk/?page\\_id=17](http://www.bc-dial-a-ride.org.uk/?page_id=17)

Bishop's Castle Michaelmas fair. (2019). Retrieved February 2020 from: <http://www.michaelmasfair.org.uk/page5.html>

Bishop's Castle- Shrewsbury. (2020). Retrieved February 26, 2020, from <https://bustimes.org/services/553-Bishop's-Castle-shrewsbury>

Bishop's Castle Town Council. (2017). *Climate Change*. Retrieved from <http://Bishop'sCastletowncouncil.gov.uk/climate-action/>

Bishop's Castle Town Council. (2017). *Development*. Retrieved from <http://Bishop'sCastletowncouncil.gov.uk/development>

Bishop's Castle Town Council. (2017). *Sustainability*. Retrieved February 2020 from: <http://Bishop'sCastletowncouncil.gov.uk/sustainability/>

Bishop's Castle Town Council. (2019). Agenda December 2019. Retrieved from <http://BishopsCastletowncouncil.gov.uk/wp-content/uploads/2019/12/A17122019.pdf>

Bishop's Castle Town Council. (2019). *Bishop's Castle Boundary Map [Image]*.

Retrieved from

<http://BishopsCastletowncouncil.gov.uk/wp-content/uploads/2019/06/Bishops-Castle-Boundary-Map-1-NXPowerLite-Copy.pdf>

Bishop's Castle Town Council. (2019, March). *Bishop's Castle Community-Led Town Plan*. Retrieved from Bishop's Castle Town Council:

[http://BishopsCastletowncouncil.gov.uk/wp-content/uploads/2019/05/2019-Community-Led-Plan-v1.2\\_23Mar19.pdf](http://BishopsCastletowncouncil.gov.uk/wp-content/uploads/2019/05/2019-Community-Led-Plan-v1.2_23Mar19.pdf)

Bishop's Castle Town Hall. (2020). History of the Town Hall. Retrieved from

<http://BishopsCastletownhall.co.uk/history-of-the-town-hall/>

Bishop's Castle Town Council. (2020). Home. Retrieved from

<http://BishopsCastletowncouncil.gov.uk/>

Bishop's Castle Town Hall. (2020). *Markets*. Retrieved from Bishop's Castle Town Hall:

<http://BishopsCastletownhall.co.uk/markets-sale>

Bishop's Castle Town Hall. (2020). News. Retrieved February 12, 2020, from

<https://bishopscaletownhall.co.uk/news-2>

Bishop's Castle Town Council. (2020). Sustainability. Retrieved from

<http://BishopsCastletowncouncil.gov.uk/sustainability/>

Bishop's Castle, UK. (2020). Retrieved February 26, 2020, from

[https://www.google.com/maps/dir/Bishops+Castle,+Bishops+Castle,+UK/Shrewsbury,](https://www.google.com/maps/dir/Bishops+Castle,+Bishops+Castle,+UK/Shrewsbury)

UK/@52.6257122,-2.971321,11z/data=!4m14!4m13!1m5!1m1!1s0x48700ffd3b29af49:0x2702b017b6bfc73a!2m2!1d-2.9984386!2d52.4900507!1m5!1m1!1s0x486f7655f4dc15c3:0x6ed7820778d6cdc4!2m2!1d-2.7553268!2d52.7073029!3e0

Black, G., Roberts, R. & Li-Leng, T. (2012). Depression in rural adolescents: relationships with gender and availability of mental health services. *Rural and Remote Health* 12(2092), 1–11.

Retrieved from <https://www.rrh.org.au/journal/article/2092>

Boniface, S., Mindell, J., Scantlebury, R., & Watkins, S. (2015). Health implications of transport: Evidence of effects of transport on social interactions, 1-17. Retrieved from

[https://discovery.ucl.ac.uk/id/eprint/1470258/8/HotM2%20ch%205%20update%202015\\_Post-review%20submission.pdf](https://discovery.ucl.ac.uk/id/eprint/1470258/8/HotM2%20ch%205%20update%202015_Post-review%20submission.pdf)

Broadband exposed 2019. (2019). Broadband in Bishops Castle. Retrieved February 12, 2020, from

<https://www.broadbandexposed.co.uk/broadband/in/bishops-castle/>

Bushy, A., & Molinari, D. (2012). *The rural nurse: Transition to practice*. New York, NY: Springer Publishing.

Bus times. (2020). *553 - Bishop's Castle - Shrewsbury*. Retrieved 27 February 2020 from: <https://bustimes.org/services/553-Bishop's-Castle-shrewsbury>.

Caraballo, J. (2019). Understanding the Minority Stress Model. Retrieved from <https://www.talkspace.com/blog/minority-stress-model/>

Castles and manor houses. (n.d). Motte & Bailey Castles. Retrieved from  
[http://www.Castlesandmanorhouses.com/types\\_03\\_motte.htm](http://www.Castlesandmanorhouses.com/types_03_motte.htm)

Chalmer, A., Harrison, S., Mollison, K., Molloy, N., & Gray, K. (2012). Establishing sensory-based approaches in mental health inpatient care: a multidisciplinary approach. *Australasian Psychiatry*. DOI: 10.1177/1039856211430146

Clipart. (2019). Bulb image *[image]*. Retrieved from  
<http://clipart-library.com/clipart/gceEdMpqi.htm>

Clipart. (2020). Healthy lifestyle *[image]*. Retrieved from  
<https://www.clipart.email/download/963329.html>

Clipart. (2020). Pumpkin transparent *[image]*. Retrieved from  
<http://clipart-library.com/clip-art/pumpkin-transparent-15.htm>

Clipart mag. (2020). Cartoon lettuce *[image]*. Retrieved from  
<http://clipartmag.com/cartoon-letuce?fbclid=IwAR3A3zL9YSqmIPDJo8tnXXTp9w9d5Fle18CEKlpXyMpK2cvpzqTyXXIjWps>

Collings, P. J., Wijndaele, K., Corder, K., Westgate, K., Ridgway, C. L., Dunn, V., Goodyer, I., Ekelund, U., & Brage, S. (2014). Levels and patterns of objectively-measured physical activity volume and intensity distribution in UK adolescents: the ROOTS study. *The International Journal of Behavioral Nutrition and Physical Activity*, 11(1), 1-12. DOI: 10.1186/1479-5868-11-23s/



Community College Bishop's Castle. (2020). *Staff List*. Retrieved from <https://ccbcshropshire.com/about-us/staff-list/>

Community Garden Council. (n.d.). *Benefits of Community Gardens*. Retrieved from <http://community-gardens.ca/content/benefits-community-gardens>

Cook, P. A., Phillips-Howard, P. A., Morleo, M., Harkins, C., Briant, L., & Bellis, M. A. (2011). The Big Drink Debate: perceptions of the impact of price on alcohol consumption from a large scale cross-sectional convenience survey in north west England. *BMC Public Health*, *11*, 664. Retrieved from [https://link-gale-com.op.idm.oclc.org/apps/doc/A268050037/AONE?u=per\\_dcop&sid=AONE&xid=704025b3](https://link-gale-com.op.idm.oclc.org/apps/doc/A268050037/AONE?u=per_dcop&sid=AONE&xid=704025b3)

County Time. (2018). Crowgate child centre in Bishop's Castle is among those to go. Retrieved from <https://www.countytimes.co.uk/news/16950249.crowgate-child-centre-in-Bishops-Castle-is-among-those-to-go/>

Cumming, J. (2017). New Zealand's health service performs well, but inequalities remain high. Retrieved from <http://theconversation.com/new-zealands-health-service-performs-well-but-inequalities-remain-high-82648>

Cumming, J., McDonald, J., Barr, C., Martin, G., Gerring, Z., & Daubé, J. (2014). New Zealand Health System Review. *Health Systems in Transition*, *4*(2). Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/207738/9789290616504\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/207738/9789290616504_eng.pdf?sequence=1&isAllowed=y)

Davis, M.G., Fox, K.R., Hillsdon, M., Coulson, J.C., Sharp, D.J., & Stathi, A. (2011). Getting out and about in older adults: the nature of daily trips and their association with objectively assessed physical activity. *The International Journal of Behavioral Nutrition and Physical Activity*, 8, 116. DOI: 10.1186/1479-5868-8-116

De Koning, J. L., Stathi, A., & Fox, K. R. (2015). Similarities and Differences in the Determinants of Trips Outdoors Performed by UK Urban- and Rural-Living Older Adults. *Journal of Aging and Physical Activity*, 23(4), 613-621. DOI: 10.1123/japa.2014-0141

Department of Health and Social Care. (2019). *UK Chief Medical Officers' Physical Activity Guidelines*. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf)

Dora, C. (1999). A different route to health: implications of transport policies. *BMJ (Clinical research ed.)*, 318(7199), 1686–1689. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1116028/>

Du Cros, D. (2020, 22 2). Email. Bishop's Castle, Shropshire, United Kingdom.

Education Authority. (2019). Youth Service Research Needs of Rural Young People. Retrieved from <https://www.eani.org.uk/sites/default/files/2019-09/Youth%20Service%20Research%20-%20Needs%20of%20Rural%20Young%20People.pdf>

Erskine, S., Maheswaran, R., Pearson, T., & Gleeson, D. (2010). Socioeconomic deprivation, urban-rural location and alcohol-related mortality in England and Wales. *BMC Public Health*, 10, 99. Retrieved from [https://link-gale-com.op.idm.oclc.org/apps/doc/A221456321/AONE?u=per\\_dcop&sid=AONE&xid=09c9bd](https://link-gale-com.op.idm.oclc.org/apps/doc/A221456321/AONE?u=per_dcop&sid=AONE&xid=09c9bd)

Foxholes Castle camping. Retrieved February 2020 from: <http://www.foxholes-Castle.co.uk/>

Freepik. (2020). Vegetable growing image *[image]*. Retrieved from [https://www.freepik.com/free-vector/vegetable-growing-background\\_1140566.htm](https://www.freepik.com/free-vector/vegetable-growing-background_1140566.htm)

Freud, A. (2020). *Find a Service Near You*. Retrieved from <https://www.annafreud.org/on-my-mind/youth-wellbeing/find-a-service-near-you/sropshire-iap/>

Geograph. (2008). High Street, Bishop's Castle. Retrieved from <https://www.geograph.org.uk/photo/1108875>

Geograph. (2008). Church street, Bishop's Castle. Retrieved from <https://www.geograph.org.uk/photo/738313>

Geograph. (2014). Church Street, Bishop's Castle. Retrieved from <https://www.geograph.org.uk/photo/4278114>

Google. (2020). *Map of Bishop's Castle, United Kingdom [Image]*. Retrieved from <https://www.google.co.nz/maps/@52.6192307,-3.0067854,9.85z?hl=en>

Google. (2020). *Satellite Map of Bishop's Castle, United Kingdom [Image]*. Retrieved from

<https://www.google.co.nz/maps/place/Bishops+Castle,+Bishop's+Castle,+UK/>

[@52.4943686,3.0146201,3786m/data=!3m1!1e3!4m5!3m4!1s0x48700ffd3b29af49:0x2702b017b6bfc73a!8m2!3d52.4900507!4d-2.9984386?hl=en](https://www.google.co.nz/maps/place/Bishops+Castle,+Bishop's+Castle,+UK/@52.4943686,3.0146201,3786m/data=!3m1!1e3!4m5!3m4!1s0x48700ffd3b29af49:0x2702b017b6bfc73a!8m2!3d52.4900507!4d-2.9984386?hl=en)

Help Guide. (2019). Overcoming drug addiction. Retrieved from

<https://www.helpguide.org/articles/addictions/overcoming-drug-addiction.htm56>

History Extra. (n.d.). A brief history of Offa's Dyke. Retrieved from

<https://www.historyextra.com/period/anglo-saxon/a-brief-history-of-offas-dyke/>

Historic England. (n.d.). Remains of Castle, Bishop's Castle, Shropshire. Retrieved from

<https://historicengland.org.uk/services-skills/education/educational-images/remains-of-Castle-Bishops-Castle-7768>

Historic England. (2014). Motte and bailey castle and bishops' palace *[image]*. Retrieved

from <https://historicengland.org.uk/listing/the-list/list-entry/1020552>

Hobolt, S. B. (2016). The Brexit vote: a divided nation, a divided continent. *Journal of European Public Policy*, 1259-1277.

House of Commons Library. (2019). Constituency data: how healthy is your area?

Retrieved from

<https://commonslibrary.parliament.uk/social-policy/health/constituency-data-how-healthy-is-your-area/>

InterNations. (2019). Health Insurance and the Healthcare System of New Zealand Explained. Retrieved from <https://www.internations.org/go/moving-to-new-zealand/healthcare>

Jeong, S., & Cho, S. (2017). Effects of living alone versus with others and of housemate type on smoking, drinking, dietary habits, and physical activity among elderly people. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29121710>

Kooth. (2020). *Want someone to understand or advice to help a friend? We're here for you*. Retrieved from <https://www.kooth.com/>

Liberal England. (2014). Residents to block main road over cuts to Bishop's's Castle bus. Retrieved from <http://liberalengland.blogspot.com/2019/05/residents-to-block-main-road-over-cuts.html>

Lifespan. *Public health reviews*, 35(2). <https://doi.org/10.1007/bf03391702>

Linkedin. (2020). Soil science society of America *[image]*. Retrieved from <https://www.linkedin.com/company/soil-science-society-of-america?fbclid=IwAR2YTRmBefDII1-vzebXI1UzSjV-sMWfdcYDuuK0CT4IHC1LK2mcu7EsIxQ>

Lovell, R., Husk, K., Bethel, A., & Garside, R. (2014). What are the health and well-being impacts of community gardening for adults and children: a mixed method systematic review protocol. *Environmental Evidence*, 3(1), 20.

Lumen. (n.d.). Minority Groups.

<https://courses.lumenlearning.com/cochise-sociology-os/chapter/minority-groups/>

Luskin Biordi, D., & Nicolson, N. (2013). Social Isolation. In I. Morof Lubkin, & P. Larson, *Chronic Illness: Impact and Intervention* (pp. 97-126). Burlington, United States of America: Jones & Bartlett .

McMurray, A., & Clendon, J. (2015). *Community health and wellness: primary healthcare in practice 5th ed.* Elsevier Australia: Australia.

Memon, A., Taylor, K., Mohebati, L., Sundin, J., Cooper, M., Scanlon, T., & Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ Open*, 6(11). doi: 10.1136/bmjopen-2016-012337

Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

Mobile coverage in Bishop's Castle for EE, O2, Three, Vodafone. (2020). Retrieved March 4, 2020, from <https://www.signalchecker.co.uk/bishop-s-castle>

National Center for Biotechnology Information. (2016). Community garden tree *[image]*.

Retrieved from

[https://www.ncbi.nlm.nih.gov/core/lw/2.0/html/tileshop\\_pmc/tileshop\\_pmc\\_inline.html?title=Click%20on%20image%20to%20zoom&p=PMC3&id=4929211\\_gr2.jpg](https://www.ncbi.nlm.nih.gov/core/lw/2.0/html/tileshop_pmc/tileshop_pmc_inline.html?title=Click%20on%20image%20to%20zoom&p=PMC3&id=4929211_gr2.jpg)

New Zealand Now. (2019). Paying for healthcare services. Retrieved from <https://www.newzealandnow.govt.nz/living-in-nz/healthcare/paying-for-healthcare-services>

NHS England. (2020). *Health and Social Services*. Retrieved from NHS England: <https://www.england.nhs.uk/ourwork/accessibleinfo/provider/>

NHS England. (2020). *Participation*. Retrieved from NHS England: <https://www.england.nhs.uk/participation/nhs/>

NHS. (2020). *How to access mental health services*. Retrieved from <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services/>

NHS. (2020). Quit smoking. Retrieved from <https://www.nhs.uk/live-well/quit-smoking/>

NHS. (2020). NHS stop smoking services to help you quit. Retrieved from <https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

Nomis. (2011). Bishop's Castle ward (as of 2011). Retrieved from <https://www.nomisweb.co.uk/reports/localarea?compare=E05008143#>

Obesity, Fitness & Wellness Week. (2005). *Smoking cessation; U.K. NHS stop-smoking services insufficient to deliver national smoking targets*. Retrieved from <https://search.proquest.com/docview/207884085?accountid=39660>

Office for National Statistics. (2011). Bishop's Castle Parish. Retrieved from <https://www.nomisweb.co.uk/reports/localarea?compare=E04011223>

- Office for National Statistics. (2011a). Bishop's Castle Parish. Retrieved from <https://www.nomisweb.co.uk/reports/localarea?compare=E04011223>
- Office for National Statistics. (2011b). Bishop's Castle Ward (as of 2011). Retrieved from <https://www.nomisweb.co.uk/reports/localarea?compare=E05008143>
- Office for National Statistics. (2011c). England Country. Retrieved from <https://www.nomisweb.co.uk/reports/localarea?compare=E92000001>
- Office for National Statistics. (2011). *Bishop's Castle Parish Local Area Report*. Retrieved from <https://www.nomisweb.co.uk/reports/localarea?compare=E04011223>
- Office for National Statistics. (2011d). Shropshire Local Authority. Retrieved from <https://www.nomisweb.co.uk/reports/localarea?compare=E06000051>
- Orlowski, S., Lawn S., Antezana, G., Venning, A., Winsall, M., Bidargaddi, N. & Matthews, B. (2016). A rural Youth Consumer Perspective of Technology to Enhance Face-to-Face Mental Health Services. *Journal of Child and Family Studies* 25, 3066-3075. doi: <https://doi.org/10.1007/s10826-016-0472-z>
- Parks, C. A., Shanks, C. B., Harden, S. M., & Yaroach, A. (2016). An integrative literature review of small food store research across urban and rural communities in the U.S. *Preventive Medicine Reports* 3.
- Pegasus Health. (2014). New Zealand's Health Care System. Retrieved from <https://www.pegasus.health.nz/wp-content/uploads/2018/03/NZ-Health-System-booklet-English.pdf>



PNG guru. (n.d.). Potato cartoon illustration *[image]*. Retrieved from [https://www.pngguru.com/free-transparent-background-png-clipart-bftsu?fbclid=IwAR3feL8npXEGmlWUQNvaWyhPWqqGVJ5-2xqG-mwdI\\_NZBH9CtNVGBuLH2YA](https://www.pngguru.com/free-transparent-background-png-clipart-bftsu?fbclid=IwAR3feL8npXEGmlWUQNvaWyhPWqqGVJ5-2xqG-mwdI_NZBH9CtNVGBuLH2YA)

Price, S. (2010). Women's use of multisector mental health services in a community-based perinatal depression program. *Social Work Research*, 34, 145-153.

Properties to rent in Bishop's Castle, Shropshire. (2020). Retrieved February 24, 2020, from [https://www.rightmove.co.uk/property-to-rent/find.html?searchType=RENT&locationIdentifier=REGION^165&insId=1&radius=0.0&minPrice=&maxPrice=&minBedrooms=&maxBedrooms=&displayPropertyType=&maxDaysSinceAdded=&sortByPriceDescending=&\\_includeLetAgreed=on&primaryDisplayPropertyType=&secondaryDisplayPropertyType=&oldDisplayPropertyType=&oldPrimaryDisplayPropertyType=&letType=&letFurnishType=&houseFlatShare=](https://www.rightmove.co.uk/property-to-rent/find.html?searchType=RENT&locationIdentifier=REGION^165&insId=1&radius=0.0&minPrice=&maxPrice=&minBedrooms=&maxBedrooms=&displayPropertyType=&maxDaysSinceAdded=&sortByPriceDescending=&_includeLetAgreed=on&primaryDisplayPropertyType=&secondaryDisplayPropertyType=&oldDisplayPropertyType=&oldPrimaryDisplayPropertyType=&letType=&letFurnishType=&houseFlatShare=)

Ross, J. (2008). *Rural Nursing: Aspects of practice*. Dunedin, New Zealand: Rural Health opportunities.

Ross, J. (2019). Rural communities. *Scope Contemporary Research Topics: Health and wellbeing*, 13-20. doi: 10.34074/scop.3004017

Rothwell, H., & Segrott, J. (2011). Preventing alcohol misuse in young people aged 9-11 years through promoting family communication: an exploratory evaluation of the

Kids, Adults Together (KAT) Programme. *BMC Public Health*, 11(1), 810.  
<https://doi.org/10.1186/1471-2458-11-810>

Royal Mail. (n.d.). Retrieved March 4, 2020, from  
<https://www.royalmail.com/services-near-you/post-office/bishops-castle-sy9-5aa>

Rural Services Network. (2015). *How can we combat rural loneliness?* Retrieved from  
Rural Services Network:  
<https://www.rsnonline.org.uk/how-to-combat-rural-loneliness>

Shutterstock, Inc. (2020) *Close up top view of young people putting their hands together. Friends with stack of hands showing unity and teamwork.* Retrieved from  
<https://www.shutterstock.com/image-photo/close-top-view-young-people-putting-506137132>

Shropshire Community Health. (2017). *Physiotherapy.* Retrieved from Shropshire  
Community Health:  
<https://www.shropscommunityhealth.nhs.uk/rte.asp?id=10077>

Shropshire Community Health. (2017). *Podiatry and Foot Health.* Retrieved from  
Shropshire Community Health:  
<https://www.shropscommunityhealth.nhs.uk/podiatry-and-foot-health-services>

Shropshire Food Poverty Alliance. (2019). *Food Poverty in Shropshire.* Retrieved from  
Shropshire Food Poverty Alliance:  
<https://www.shropshirefoodpoverty.org.uk/food-poverty-in-shropshire>

- Shropshire live. (February, 2020). *Storm Dennis brings heavy rain and flooding to Shropshire*. Retrieved 20th February 2020 :  
<https://www.shropshirelive.com/news/2020/02/16/storm-dennis-brings-heavy-rain-and-flooding-to-shropshire/>
- Smith, R. (2020, February 4). Shropshire council hires £1,000-a-day highways consultant for six months in war on potholes. Retrieved February 14, 2020, from <https://www.shropshirestar.com/news/transport/2020/02/03/shropshire-council-hires-1000-a-day-pothole-consultant-for-six-months/>
- Sport England. (2018). *Active Lives Adult Survey November 16/17 Report*. Retrieved from <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/v-mass-markets-digital-content-editorial-team-active-lives-march-2018-active-lives-adult-survey-nov-16-17-final.pdf>
- Strass, P. (2002). Rural community health: postpartum depression support. *The Canadian Nurse*, 98(3), 25-28.
- St John, W., & Keleher, H. (2007). *Community nursing practice: theory, skills and issues*. NSW: Australia.
- Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health*, 38(5), 976–993. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>
- Teme leisure. Retrieved February 2020: <https://www.teme-leisure.co.uk/sparc>.

The Kings Fund. (2017a). The NHS: How providers are regulated and commissioned.  
Retrieved from  
[https://www.kingsfund.org.uk/sites/default/files/2017-10/NHS\\_structure\\_2017.pdf](https://www.kingsfund.org.uk/sites/default/files/2017-10/NHS_structure_2017.pdf)

The Kings Fund. (2017b). The NHS: How the money flows. Retrieved from  
[https://www.kingsfund.org.uk/sites/default/files/2017-10/NHS\\_structure\\_2017.pdf](https://www.kingsfund.org.uk/sites/default/files/2017-10/NHS_structure_2017.pdf)

The Kings Fund. (2020). *Shropshire County Primary Care Trust*. Retrieved from The Kings Fund:  
<https://www.kingsfund.org.uk/projects/enhancing-healing-environment/completed-projects/shropshire-county-primary-care-trust>

The Shropshire Council. (2016). Shropshire Children, Young People and Families Plan 2016. Retrieved from  
<https://www.shropshire.gov.uk/media/6991/childrens-trust-mar17-final.pdf>

The Shropshire Council. (2017). Towards zero carbon. Retrieved from  
<https://www.shropshire.gov.uk/media/12974/ccs-media-short.pdf>

The Shropshire Council. (2018). Bishop's Castle market Town Profile. Retrieved from  
<https://shropshire.gov.uk/media/9681/Bishops-Castle.pdf>

The Shropshire Council. (2018). *Bishop's Castle Market Town Profile - Winter 2017/18*. Retrieved from Shropshire Council:  
<https://shropshire.gov.uk/media/9585/Bishops-Castle.pdf>

The Shropshire Council. (2019). *Shropshire Local Plan Review*. Retrieved from <https://www.shropshire.gov.uk/media/11843/Bishop's-Castle-place-plan-area.pdf>

The Shropshire Council. (2019-20). Community-led affordable housing. Retrieved from <https://www.shropshire.gov.uk/affordable-housing/community-led-affordable-housing/>

The Shropshire Council. (2020). Bishop's Castle Market Town Profile. Retrieved from <https://shropshire.gov.uk/media/9681/Bishops-Castle.pdf?fbclid=IwAR3t9xKUQFI617fDBZ1Z7ZNXmwe2iMji9S59GXctFR3BRK0Beso7CLeSdvg>

The Shropshire Council. (2020). Shropshire Historic Community Climate Change Guidance Document. Retrieved from <https://shropshire.gov.uk/media/13499/shropshire-historic-community-guidance.pdf>

Thoppil, J., Riutcel, L., & Nalesnik, S. (2005). Early intervention for perinatal depression. *American Journal of Obstetrics and Gynecology*. doi:10.1016/j.ajog.2004.12.073

Todman, L. (2019, May 20). Protesters block Bishop's Castle road in bus row. Retrieved February 26, 2020, from <https://www.shropshirestar.com/news/transport/2019/05/17/protestors-block-Bishop-Castle-road-in-bus-row/>

Trigg, K. (2020, January 3). Action call over disabled parking spaces in Bishop's Castle. Retrieved February 26, 2020, from

<https://www.shropshirestar.com/news/transport/2020/01/03/action-call-over-disabled-parking-spaces-in-Bishops-Castle/>

Trigg, K. (2019, July 26). Bishop's Castle named first "plastic free" community in Shropshire. Retrieved February 2020 from <https://www.shropshirestar.com/news/local-hubs/south-shropshire/Bishop's-Castle/2019/07/26/Bishop's-Castle-named-first-plastic-free-community-in-shropshire/>

United Nations. (2019). Sustainable UN Goals. Retrieved from <https://sustainabledevelopment.un.org/?menu=1300>

Vantage Point. (n.d.). What is Minority Stress? Retrieved from <https://vantagepointrecovery.com/what-is-minority-stress/>

Velaga, N. R., Beecroft, M., Nelson, J. D., Corsar, D., & Edwards, P. (2012). Transport poverty meets the digital divide: accessibility and connectivity in rural communities. *Journal of Transport Geography*, 21, 102-112.

Victor, C., & Bowling, A. (2012). A Longitudinal Analysis of Loneliness Among Older People in Great Britain. *The Journal of Psychology*, 313-331.

Voort, M. (2018). Navigating Issues with LGBTQ Students. Retrieved from <https://www.ag.arizona.edu/sites/default/files/documents/Slides-Navigating%20Issues%20with%20LGBTQ%20students.pdf>

Whiddon, K. (2019). Maintaining the Health of a Rural Community by Working Towards Resilience and Sustainability. *Scope - health and wellbeing*(4), 21-29.

Whiddon, K. (2020, February). PDF. Bishop's Castle .

Willging, C. E., Harkness, A., Israel, T., Ley, D., Hokanson, P. S., DeMaria, C., Joplin, A., & Smiley, V. (2018). A Mixed-Method Assessment of a Pilot Peer Advocate Intervention for Rural Gender and Sexual Minorities. *Community Mental Health Journal*, 54(4), 395-409. doi: [https://doi.org/10.1007.s10597-017-0168-x](https://doi.org/10.1007/s10597-017-0168-x)

World Health Organization. (2008). *Climate change and health*. Retrieved from [https://unfccc.int/files/adaptation/sbsta\\_agenda\\_item\\_adaptation/application/pdf/who\\_action\\_pledge\\_28oct08.pdf](https://unfccc.int/files/adaptation/sbsta_agenda_item_adaptation/application/pdf/who_action_pledge_28oct08.pdf)

World Health Organisation. (2018). *Mental health: strengthening our response*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Your Local Doctor. (n.d.). The New Zealand Health System. Retrieved from [http://www.yourlocaldoctor.co.nz/assets/Documents/decaede84d/NZ-Health-System\\_English.pdf](http://www.yourlocaldoctor.co.nz/assets/Documents/decaede84d/NZ-Health-System_English.pdf)

## Appendices

Appendix A: Transportation, educational flyers to be placed on non-permitted vehicles parked in disabled car parks.



# Are you entitled to park here?



It is important that disability parks are reserved for those who need them. These parks are reserved for a reason, It ensures that disabled individuals are able to access the nearby facility's And you should never assume that someone won't need it while you park there.

Help support your community and make sure these parks are available for those who need them!

Thank you



Year Three Nursing Students  
Josh Baxter, Sarah Thompson,  
Sophie Hooker, Tayla Stanton  
Supervised by Jean Ross





## **Appendix B: Submission letter to Bishop's Castle Council**

Peter Nutting

5 Westhope Avenue

Copthorne

Shrewsbury

SY3 8UY

Dear Mr Nutting

### **Re: Bishops Castle community development research project**

We are a group of third year student nurses from School of Nursing, Otago Polytechnic, Dunedin, New Zealand working with the community of Bishop's Castle, Shropshire, under the supervision of our lecturer Associate Professor Jean Ross. We are undertaking a virtual project to identify health needs of the community and develop recommendations to improve health. As part of our year 3 Bachelor of Nursing curriculum one of our assessments is to do a community project which includes completing a community profile. We have done this by using the Anderson and McFarlanes's Community-as-Partner Wheel as a guiding framework to undertake this assessment, gather secondary and primary data in collaboration with an identified core team member from Bishop's Castle over a zoom meeting and through emails. We have been able to formulate our understanding of Bishop's Castle and highlight the vulnerable populations of the community. Through this it came to our attention that transportation in Bishop's Castle, the inadequate signage and visible road labelling of disabled parking is a significant pressing issue in the region.

Enclosed is a copy of our Bishop's Castle detailed community project report and a Submission with the information and recommendations related to the disabled parking issues.

We would like to thank you for taking the time to read this report and consider the recommendations. If you wish to discuss this further please contact either Mr Keith Whiddon or Jean Ross [jean.ross@op.ac.nz](mailto:jean.ross@op.ac.nz)

Yours Sincerely,

Josh Baxter, Sarah Thompson, Sophie Hooker and Tayla Stanton,  
Year Three Student Nurses.

## Executive summary

Bishop's Castle is a small rural town in the Shropshire hills on the border of Wales and England that consists of approximately 1,900 people (Census, 2011). We have examined the relationship between transportation in the town and disability access across Bishop's Castle. Furthermore, we have come up with recommendations that we believe have the potential to improve the accessibility to services of those who use disabled car parks. Alongside, educate the community on the correct usage of disability car parks in the town.

## Identified Health Issue

The main issue we have found after researching and consulting with a group of core community representatives, is the inconsistent and inadequate marking of disabled car parks. Non-permitted vehicles are constantly using these parks and do not currently face any repercussions for occupying these reserved disability parks. In addition, there is variability across the disabled car parks in Bishop's Castle. The disabled parks showcase poor visibility on the roads with faded white lines and no clear identifiable signage. The inconsistency of signage between disability parks is still evident as highlighted by Figure 1. This disabled park is frequently occupied despite it being clearly marked out in comparison to the park that is poorly labelled, Figure 2.



Figure 1. The space at the top of high street is frequently misused despite being marked out (Shropshire Star, 2020)



Figure 2. The space on Church Street has faded markings and no sign. (Shropshire Star, 2020).<sup>15</sup>

## **Recommendations**

After reviewing all of the information we have gathered from the Bishop's Castle community, both primary and secondary data collection. We have formulated two recommendations that we believe have the potential to improve the accessibility to the disability community and reduce health related barriers and implications.

- We believe the ideal solution for increased accessibility for the disabled community members, would be to have all the disability car parks in Bishop's Castle repainted with newly painted lines and in contrasting colours. This would mean that the disability parks within Bishop's Castle are all equally and clearly visible to the non-disabled community and all road users. Better road markings and identifiable disability signage would allow these parks to be more readily available to the disability community.
- To add, we believe there is a need for increased education surrounding the importance of and correct use of disabled parks. Identifying the purpose of disabled parks is to provide accessibility and support to those who require easier access to facilities. This education would provide the community of this knowledge and rationale on the correct use of disability parks and how this impacts upon the disabled community. Increasing the education of Bishop's Castle community would idealistically reduce the inappropriate use of these designated car parks. We believe that the health promotion message we have developed through an educational flyer as shown in Appendix 1., will potentially reinforce the impact on accessibility for the disabled community. Furthermore, leaving educational flyers on non-permitted vehicles parked in a disabled park would further enhance the education of the non-disabled community.

## **Submission**

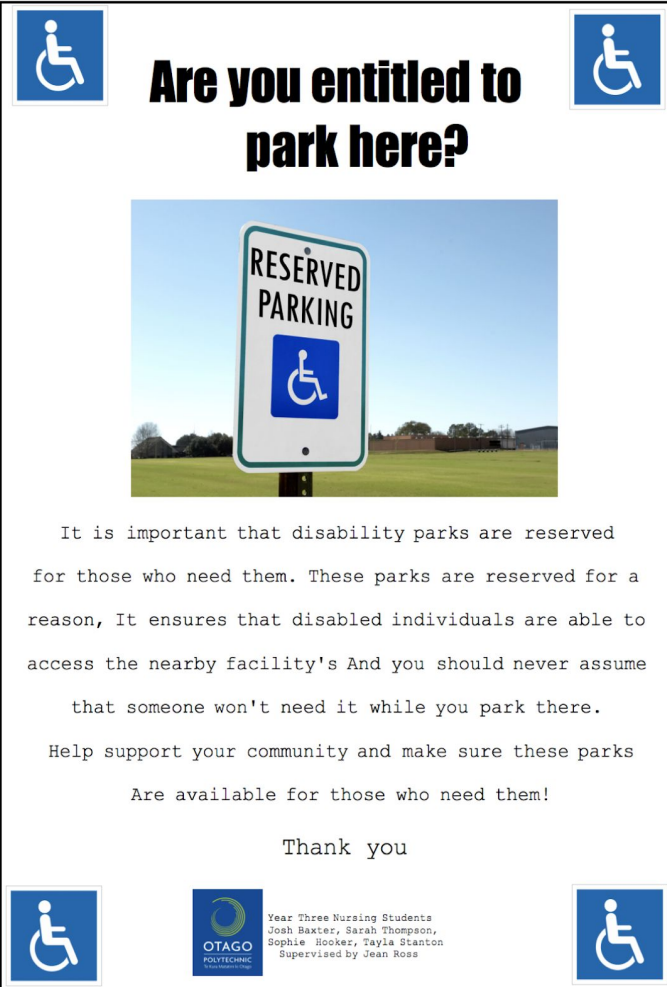
We have conducted a literature review that explores the effect on transport poverty within rural communities, in particular the effect on minority groups. These include the elderly and disabled. Using a combination of research and consultation with community representatives, we have identified the concern of inconsistent and inadequate signage of disabled parking. Without this resource those with disabilities may not be able to utilize available social services, resulting in detachment and isolation from a network of facilities that all members of the public should have equal access to. The evidence that we have found to verify this issue has been elaborated upon below.

Over a quarter (25.6%) of the Bishop Castle population is 65+ which is higher than the other population groups, notably England which has only 16.4% of its population over 65 years (Office for National Statistics, 2011a, 2011b). The elderly are significantly more likely to have mobility impairments resulting in the need to use disabled parking (Velaga, Beecroft, Nelson, Corsar & Edwards. 2012). In addition to this, limitations in transport and accessibility can contribute to social isolation, potentiating an already existing problem among elderly populations (Seyfzadeh, Haghightian, & Mohajerani, Social Isolation in the Elderly: The Neglected Issue, 2019). Because of this, it is likely the demographic of those requiring disability parking is high compared to other areas of the UK. This not only emphasises the importance of accessible disability parking but also the impact that the lack of this facility may be having on the community.

The following issues have been identified as significant contributors to unavailability of disabled parking in Bishops Castle. Firstly, there are no repercussions for non-permitted vehicles parking in disabled parks as this is not enforced by the council or police. This means there is no deterrent to prevent misuse of these parks resulting in the continued exploitation of parking spaces reserved for the disabled (Bishop's Castle Community-Led Plan, 2016, p. 21). The second issue plays into this misuse, inadequate

signage of disabled parks as evidenced by Figure 2 clearly demonstrates that some reserved disabled parking spaces are not identifiable to road users. This likely contributes to some non-permit holders taking up disability parking unintentionally. Concerningly, despite the correct and clear signage in figure 1, this park is still being used incorrectly by non-permitted vehicles. This demonstrates that the issue will likely prevail irrespective of signage. This exemplifies the interplay of these contributing issues and the need to address both problems accordingly in order to remedy this problem and bring parking access to the disabled (K.Trigg, Action call over disabled parking spaces in Bishop's Castle, 2020). Addressing this issue is of paramount importance for the health and wellbeing of the disabled in Bishop's Castle, as research has found that barrier free accessibility for the disabled is fundamental to increasing their level of independence in society. (Sebring-Cale, Accessibility issues with long-term disabilities, 2008)

## Flyer



**Are you entitled to park here?**



It is important that disability parks are reserved for those who need them. These parks are reserved for a reason, It ensures that disabled individuals are able to access the nearby facility's And you should never assume that someone won't need it while you park there.

Help support your community and make sure these parks Are available for those who need them!

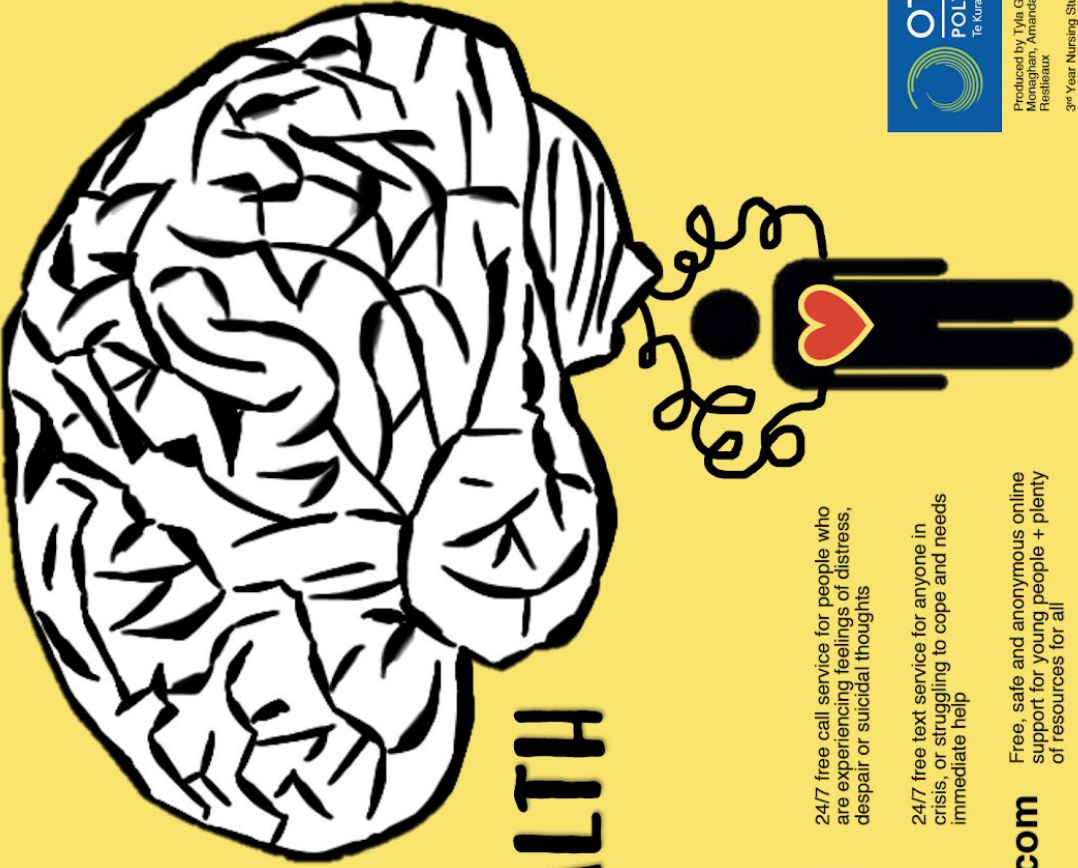
Thank you

Year Three Nursing Students  
Josh Baxter, Sarah Thompson,  
Sophie Hooker, Tayla Stanton  
Supervised by Jean Ross

## References

- Bishop's Castle Community-Led Plan. (2016), 20–25. Retrieved from <http://bishopscastletowncouncil.gov.uk/wp-content/uploads/2016/08/Bishops-Castle-Community-Town-Plan-October-2016.pdf>
- Sebring-Cale, N. J. (2008). Accessibility issues with long-term disabilities. *Neurological Research*, 30(5), 437–440. doi: 10.1179/016164108x269303
- Seyfzadeh, A., Haghghatian, M., & Mohajerani, A. (2019, February). Social Isolation in the Elderly: The Neglected Issue. Retrieved February 28, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6556198/>
- Tomlinson, P. (2013). *Early Years Policy and Practice: A Critical Alliance*. Critical Publishing.
- Trigg, K. (2020, January 3). Action call over disabled parking spaces in Bishop's Castle. Retrieved February 26, 2020, from <https://www.shropshirestar.com/news/transport/2020/01/03/action-call-over-disabled-parking-spaces-in-bishops-castle/>
- Velaga, N. R., Beecroft, M., Nelson, J. D., Corsar, D., & Edwards, P. (2012). Transport poverty meets the digital divide: accessibility and connectivity in rural communities. *Journal of Transport Geography*, 21, 102-112

**NO HEALTH  
WITHOUT  
MENTAL HEALTH**



**NEED TO TALK?**

**SAMARITANS Call 116123**  
24/7 free call service for people who are experiencing feelings of distress, despair or suicidal thoughts

**SHOUT Text 85258**  
24/7 free text service for anyone in crisis, or struggling to cope and needs immediate help

**LEARN MORE Visit [kooth.com](http://kooth.com)**  
Free, safe and anonymous online support for young people + plenty of resources for all

**OTAGO  
POLYTECHNIC**  
Te Kura Matatini ki Otago

Produced by Tyla Gardner, Jasmine Monaghan, Amanda Norgate, Poppy Priestleaux  
3<sup>rd</sup> Year Nursing Students





**NO HEALTH  
WITHOUT  
MENTAL HEALTH  
NEED TO TALK?  
TEXT SHOUT - 85258**

**Appendix D:** Resource submission to Shropshire Clinical Commissioning Group

Shropshire Clinical Commissioning Group

William Farr House

Mytton Oak Road

Shrewsbury

SY3 8XL

United Kingdom

2 March 2020

Re: Submission regarding mental health resources in Bishop's Castle

To Whom It May Concern:

We are a collective of 3<sup>rd</sup> year nursing students from Otago Polytechnic in New Zealand. For our primary health placement, we undertook a research study into prevalent health issues faced by rural communities. We focused on your rural community of Bishop's Castle as our case study, supervised by Associate Professor Jean Ross. Through discussions with current community health providers, schools and community groups we identified three significant issues in Bishop's Castle. These three issues were physical health, transport, and access to mental health support.

Our group then branched off to explore these issues in more depth by undertaking literature reviews on each individual subject. The aim was to explore what the facts are on the needs, and possible solutions. Our group undertook the exploration into mental health access for Bishops Castle residents. We broke down the community into four



groups; the older adult, youth, minorities and young families. From our research we found that areas of concern were social isolation, loneliness, depression, anxiety, situational stressors, and poor perinatal and postnatal mental health care.

Enclosed is a copy of our Bishops Castle detailed community project report and a Submission with the information and recommendations.

We would like to thank you for taking the time to read this report and consider the recommendations. If you wish to discuss this further, please contact either Mr Keith Whiddon.... or Jean Ross [jean.ross@op.ac.nz](mailto:jean.ross@op.ac.nz)

Yours Sincerely,

Tahlia Restieaux, Jasmine Monaghan, Tyla Gartner and Amanda Norgate

3<sup>rd</sup> Year Bachelor of Nursing Students, School of Nursing

Otago Polytechnic

New Zealand

## Executive summary

Living rurally has its major challenge. Following comprehensive research and assessment of the rural community of Bishop's Castle, the issue of mental health became apparent as a prominent health need. We realised this is a very broad topic, so we narrowed our focus to what affected specific groups that make up the community (older adults, youth, young families and minorities). A literature review revealed the effect living rurally has on mental health for these groups. The main themes were social isolation and loneliness for all groups; depression and anxiety were noticeable for rural youth; perinatal depression is often an under-treated illness, especially in the rural setting; minority stress has incredible impacts on various marginal groups.

Bishop's Castle has limited mental health resources, generally and specifically. Of specific note, there is only one Cognitive Behavioural Therapy Councillor which is funded for only 4 hours per week. The wait time is large; sometimes up to 4 months, which is not ideal for supporting the variety of mental health needs. The closest mental health team is 40km away in Shrewsbury. Accessibility poses as an issue with regards to public transport, so this support system may not be appropriate to all. There is little to no support for young mothers in the pre and perinatal phase for herself, the family and the infant. The community is not equipped to deal with stressors that come for young families. Social isolation is a large issue in Bishop's Castle, especially for the older demographic. However there appears to be little combative resources in place from a health/societal perspective.

Due to these findings, we believe that having targeted strategies in place within the community for mental health would be extremely beneficial. We have developed three recommendations that aim to support the identified resident's mental health:

1. Education sessions for healthcare workers and the community, due to the lack of mental health care workers in Bishop's Castle. An example of an education resource is a poster we have developed.

2. The employment of a mental health nurse at the GP clinic.
3. The development of a sensory modulation resource that can be distributed through the community and be used by all to reduce stress and anxiety. We decided on a stress ball.

### Submission

Due to the high prevalence and variety of mental health issues for rural communities like Bishop's Castle, it is imperative to have combative support in place. The literature shows that early interventions and implementations of wrap around supports can help future outcomes for clients (Burchard, Bruns, & Burchard, 2002).

We are aware that there are current online councillors available for youth, such as Kooth. There are also some community programmes available located in Shrewsbury for those who wish to participate or that have been referred by their general practitioner. However, Bishop's Castle seems to lack specialised resources and education on mental health. The current Cognitive Behavioural Therapy Councillor is currently only funded for four hours per week, with a substantial wait time to see them. Through information gathered we believe the wait time to be in the vicinity of months, not weeks. The local school has made attempts to remedy this issue for its students by employing councillors and introducing support networks such as the LGBTQ community. The community has also had nine suicides within the last five years, we found that number significant for a population the size of Bishops Castle, we also found that there was very little in support for those suicide survivors.

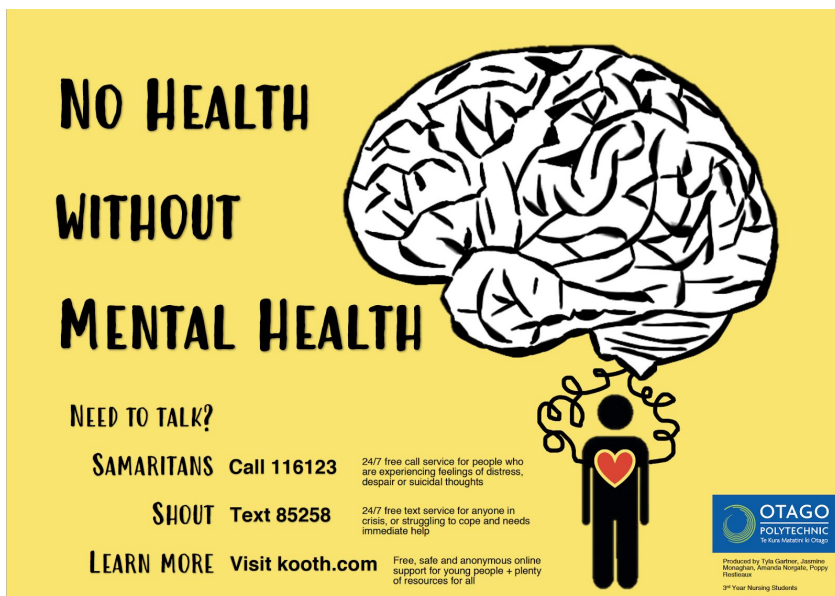
Based on our research, and identified issues, we propose the following three recommendations and rationale:

#### Education sessions

Education is important for reducing the stigma around mental illness and wellbeing. The World Health Organisation recognises stigma as being one of the barriers preventing people from seeking help (World Health Organization, 2020), and as there has been a

significant portion of the Bishops Castle population affected by suicide in particular, with nine suicides in the local area in the last five years (Dr Adrian Penney, Personal Communication, February 14, 2020), there is an increased need for more educational support for health and social services to assist in informing their client base about taking care of one's own mental health.

It is widely known that such an event can have long lasting effects on individuals, their social networks and their communities (Sterner-Demi & Howell, 1991). We have concluded that by increasing education about self-care, sensory modulation, available online resources and grounding techniques will assist in building community resilience



against suicide and open discussions about positive mental health within social circles. We have developed a health promotion poster that could be placed within the community public spaces or used as a possible flyer to encourage conversations around

mental health (see image).

Employment of a mental health nurse:

We propose that funding is made available for a specialised mental health nurse within the community of Bishop's Castle which would be beneficial to provide individualistic and holistic care to members of the community. This would benefit the community by way of face-to-face support thus increasing awareness on mental health and wellbeing, improving physical health and therefore increasing positive health outcomes for the

community This health professional would also be on hand to liaise with other primary health care providers, providing a more in depth knowledge to assist in times of crisis and intervention.

Sensory modulation:

Although there are a variety of mental health challenges for the rural community of Bishop's Castle, we identified that dealing with day-to-day stress and anxiety is a good place to start for healthcare practices. Sensory modulation is defined as 'the capacity to regulate and organise the degree, intensity and nature of responses to sensory input in a graded and adaptive manner.to achieve and maintain an optimal range of performance and adapt to challenges in daily life' (Chalmers, Harrison, Mollison, Molloy & Gray, 2012). Individuals with mental health issues related to trauma history, depression and anxiety, addictions or behavioural and developmental issues, are sometimes unaware of the effects the stress has. Problematic behavioural patterns or coping strategies can develop due to these various stressors (Chalmers et al, 2012).

Introducing techniques around sensory modulation can help with regulating physiological and emotional arousal; a basis to improve and maintain good mental health. Our sensory modulation idea is a stress ball (see image on right). The specific use of movement and hand manipulation of an object has been used by many mental health settings worldwide. This non-invasive technique is self-directed, easy to use, recovery orientated and able to apply to any setting (Scanlan & Novak, 2015). At the local high school, residential care homes, at the GP clinic. They are able to provide a simple, positive mechanism for regulation of negative emotions for the whole community.



Mental health is an integral part of health. It is sometimes not prioritised as such and, as we have seen from our research, it can be under diagnosed and under treated in all

areas of health. This has been at the forefront of our minds as we have moved through this project. On our health resources we have then developed the phrase 'no health without mental health.' It will be on the stress ball and informative poster that comes with it. We developed it from the focus on mental health developed by the World Health Organisation (World Health Organisation, 2020). The reason we developed this phrase is because it will act as a reminder. A reminder of mental health in general, the importance of it to the individual, the importance for assessment by mental healthcare workers, and to the community.

In conclusion we have found that mental health in rural communities poses exceptional challenges. Social isolation, mental illness, accessibility and stress are examples of this in the literature. To combat such issues, the community may consider being proactive and include more mental health strategies. Our recommendations in terms of what strategies can be used is education for healthcare workers and community, employment of a mental health nurse and incorporating sensory modulation techniques into the community.

## References

- Chalmer, A., Harrison, S., Mollison, K., Molloy, N., & Gray, K. (2012). Establishing sensory-based approaches in mental health inpatient care: a multidisciplinary approach. *Australasian Psychiatry*. DOI: 10.1177/1039856211430146
- Scanlan, J., & Novak, T. (2015). Sensory approaches in mental health: a scoping review. *Australian Occupational Therapy Journal*. doi: 10.1111/1440-1630.12224
- Burchard, J., Bruns, E., & Burchard, S. (2002). The Wraparound Approach. In B. Burns, & K. Hoagwood, *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders* (pp. 69-85). New York, United States of America: Oxford University Press.
- Gibb, H. (2003). Rural community mental health nursing: A grounded theory account of sole practice. *International Journal of Mental Health Nursing*, 12(4), 243-250.



Sterner-Demi, A., & Howell, C. (1991). Hiding and healing: Resolving the suicide of a parent or sibling. *Archives of Psychiatric Nursing*, 5(6), 350-356.

World Health Organization. (2020). *Suicide*. Retrieved from World Health Organization:  
<https://www.who.int/news-room/fact-sheets/detail/suicide>

World Health Organisation. (2020). Mental Health. Retrieved from  
[https://www.who.int/mental\\_health/action\\_plan\\_2013/en/](https://www.who.int/mental_health/action_plan_2013/en/)

## Appendix E: Physical health resources - poster, coasters and magnet

# DIY Garden

### Gardening tips

- Wash your vegetables before consuming
- Wear gloves whilst gardening
- Water the plant at the roots but be careful not to over-water
- Some vegetables can be planted in large buckets if no access to a garden



Community garden tree (National Center for Biotechnology Information, 2016)

### Benefits of gardening

- Encourages healthy eating
- Decreases obesity
- Increases physical activity
- Good opportunity to try something new
- Encourages socialisation
- Know where your food comes from
- Food security
- Promotes overall good physical health
- Helps to improve mental health

### Gardening starter kit

- Soil/compost
- Seeds
- Planter boxes
- Fertiliser



Bulb image (Clipart, 2019)

Community gardening is a good way to connect with members of the community of all ages

Visit your local garden centre for more information about gardening or visit the Royal Horticultural Society (RHS) website <https://www.rhs.org.uk/>

Vegetable growing image (Freepik, 2020)

Created by 3<sup>rd</sup> year nursing students Caitlyn Lyttle, Courtney Anderson, Lucy Gonsalves and Natascha Gray.

Supervised by Jean Ross







Created by 3<sup>rd</sup> year nursing students Caitlyn Lyttle, Courtney Anderson, Lucy Gonsalves and Natascha Gray.  
Supervised by Jean Ros

# What to plant



Animated carrot image (Animated Images, 2020)

**Carrots**  
Plant in Feb  
Harvest in May

Soil science society of America (Linked in, 2020)

**Lettuce**  
Plant in March  
Harvest in June



Cartoon lettuce (Clipart mag, 2020)



Pumpkin transparent (Clipart, 2019)

**Pumpkin**  
Plant in April  
Harvest in Sept

**Potatoes**  
Plant in March  
Harvest in May



Potato cartoon illustration (PNG guru, n.d.)

Appendix F: Powerpoint presentation for the community



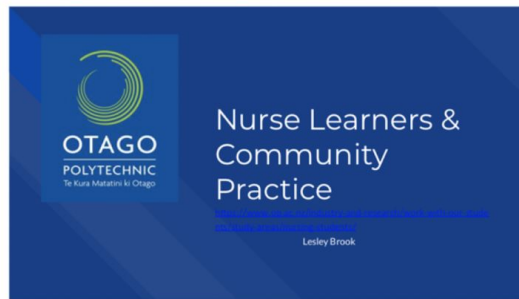
1



2



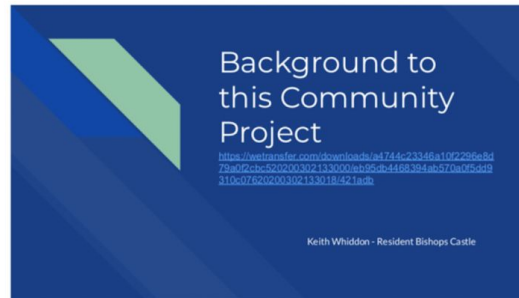
3



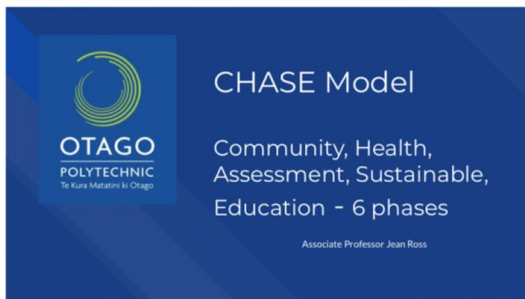
4



5



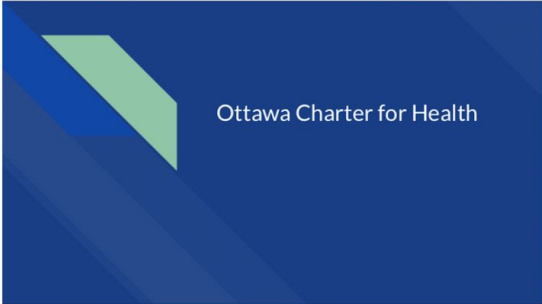
6



7



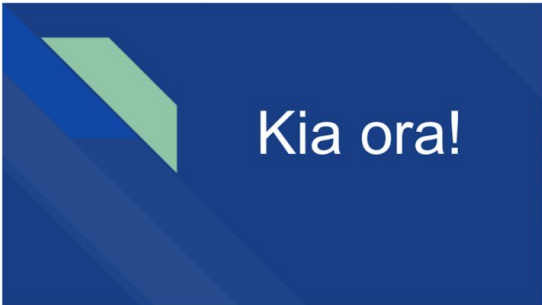
8



9



10



11



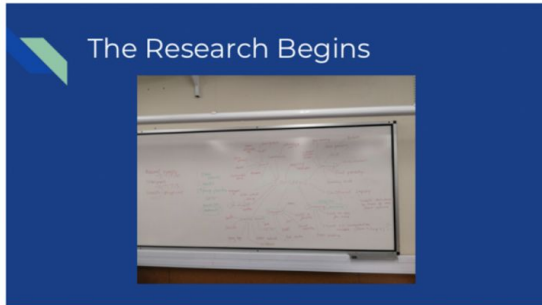
12



13



14



15



16

## Specific Health Need Focus

- Transport
- Sophie
- Mental Health
- Tyla
- Physical Health
- Lucy

17

# Transport



Josh Baxter, Sarah Thompson, Sophie Hooker and Tyla Stanton

Residents to Black man road over link to Bishop's Castle bus (Lancaster England, 2014).

18

## Rationale

- Strong reliance on transport in Bishop's Castle.
- Inadequate public transport system
- Lack of disabled parking.
- Major health issue.




19

## Overview of Literature

- Trend : rural communities - transport poverty
- 2 common minority groups : elderly and the disabled/mobility impaired.
- The literature that we found reinforced the information we gathered from the core team in Bishops Castle

20

## Ottawa Charter and Health Resource

- A health promotion framework
  - Raised awareness of correct use of disabled parking
- Submission to the Shropshire Council
  - Better signage and road marking of disabled parks
  - Repercussions introduced for incorrect use
  - Increased education regarding why correct use is important

21

## Health Promotion Message



Flyers to be placed on non-permitted cars using disabled parks

22

# Mental Health



Retrieved from <https://go8livepeople.co.nz/mentalhealth/>

Tyla Garther, Jasmine Monaghan, Amanda Norgate, Poppy Restleaux

23

## Rationale

How does living in a rural community contribute to a decline in mental health for different groups (older adults, young families)?

- Issues related to mental health and support are a significant challenge faced by rural communities
- Every person has mental health
- Mental health and wellness is an integral part of health
- Rural communities often struggle with barriers such as inaccessibility to services and lack of funding
- Bishop's Castle has had 9 suicides within the last 5 years, which is significant for the population size
- Bishop's Castle has limited mental health resources. There is only one Cognitive Behavioural Therapy Counsellor in Bishop's Castle which is funded for 4 hours per week, with a wait time of up to 4 months
- There is no health without mental health

24

## Overview of Literature

We divided the community group into subgroups and researched issues relevant to these subgroups in the rural environment:

- Older Adult
  - Aging population
  - Isolation and loneliness
- Youth
  - Feelings of boredom and loneliness
  - Depression and anxiety
- Young Families
  - Personal depression and associated risk factors
- Minority groups
  - Minority stress
  - Barriers to accessing mental health services including: social stigma, cultural sensitivity, language and communication barriers and lack of reliability

25

## Ottawa Charter and Health Resource

Ottawa Charter health promotion framework:

- The Ottawa Charter is made up of five strategies for health promotion: Build healthy public policy, create supportive environments, strengthen community action, develop personal skills and, reorienting health services
- Using these principles we developed our health promotion message
- **"No health without mental health"**

Submission to Shropshire Clinical Commissioning Group:

- Employment of a mental health nurse in Bishop's Castle and surrounding area
- Education for healthcare workers and community
- Sensory modulation techniques e.g. stress ball

26

## Health Resources



Poster to be put in the medical centre and high school



Stress balls to be put in the medical centre and high school alongside posters

27

## Physical Health



Caitlyn Lyttle, Courtney Anderson, Lucy Gonsalves and Natascha Gray

Healthy Lifestyle (Coast, 2020)

28

## Rationale

- Having a well balanced diet and getting regular exercise is important for good physical health
- Food poverty leads to numerous health complaints
- Maintaining good physical health is important to sustain wellbeing
- High number of those within Bishop's Castle community are considered overweight/obese
- Drug and alcohol misuse can have great influence on physical health
- Smoking is an issue that was expressed to us by members of the community

29

## Overview of Literature

Effects that diet, exercise and drug misuse have on physical health

Diet

- Effect Brexit will have on food prices
- Lack of education around maintaining a good diet

Exercise

- Physical activity of both youth and older adults in the UK

Drug misuse

- Short and long term effects of drug misuse on physical health
- Effectiveness of smoking services and drug prevention education

30

## Ottawa Charter and Health Resource

Ottawa Charter health promotion framework:

- Bring together people within the community and enhancing community wellbeing
- Sharing knowledge to develop healthy behaviours
- Development of good life skills and healthy choices for a sustainable future
- Encouraging different age groups to interact and share their knowledge
- Promoting a positive change within community

Health resources

- A beginners guide to gardening
- Explaining the benefits of gardening and providing households with tips on growing your own fresh produce
- Available as a poster, coaster and magnet

31

## Health Promotion Message



Poster  
**DIY Garden**



Fridge Magnets  
**What to plant**



Coasters to be put into the local pubs  
**Grow your own fresh produce**

32



## UN Sustainable Development Goals

33

"The United Nations developed 17 goals to attain a more sustainable future. These goals acknowledge the current global challenges including: poverty, inequality, climate change, environmental degradation, poor education, peace and justice. For these 17 Sustainable Development Goals to be implemented by the target year 2030, they are all interconnected, so no one is left behind."

34

### Goal 1: No poverty

- No extreme poverty within the community of Bishop's Castle.
- In the 2011 census it stated that 960 community members were economically active and 418 economically inactive.
- Bishop's Castle is very tight-knit and close, where community members help each other out in times of need.

### Goal 3: Good health & well-being

- The community of Bishop's Castle has numerous health and social services available to them.
- There is the Bishop's Castle Medical Practice.
- This service is fully funded for taxpayers meaning that it is a free service, but prescriptions are not free.

35

### Goal 4: Quality education

- In Bishop's Castle there are two childcare centres, one primary school and one secondary school.
- There are 130 pupils enrolled in the primary school in Bishop's Castle.
- The secondary school in Bishop's Castle has roll of 445.

### Goal 11: Sustainable cities and communities

- In the community of Bishop's Castle there is a group called Fight the Plastic.
- Bishop's Castle was the first town in the Shropshire County to be named as a plastic free community.

36

### Goal 12: Responsible consumption & production

- The town of Bishop's Castle has a farmer market every third Saturday of the month.
- There is a weekly vegetable box that locals can subscribe too.

### Goal 16: Peace, justice & strong institutions

- The community members of Bishop's Castle have stated that it is a very safe, genuine and trustworthy town.
- The community members are more than willing to help each other out.

37

## Impact Assessment

38

Thank you to the:  
Bishop's Castle Community  
Core Team members  
Keith Whiddon

The production of this video:  
Otago Polytechnic  
Hugh Harlow  
Jodie Gibson

The development of this project:  
Student nurse learners  
Jean Ross

39

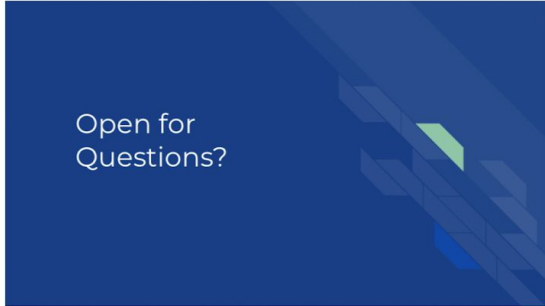
### CONTACT US



Associate Professor Jean Ross  
[Jean.ross@op.ac.nz](mailto:Jean.ross@op.ac.nz)

Mobile +64 276408353  
Phone +64 3 479 3363

40



41

### Kaitohutohu

- Will the research involve Māori?

Our community was unique in that it was based in Shropshire, England. According to the statistics, there were no Māori based in Bishop's Castle.

- Is the research being conducted by Māori?

There were a few people in the group that identified as Māori. During group discussions we also identified that the Treaty of Waitangi and Competency 1.5 Cultural Safety were imbedded in the way we practiced as nursing students and people of Aotearoa. The value behind this legislation governs the way in which we conduct ourselves, our responsibility to the people of the community and the respect we show.

- Are the results likely to be of specific interest or relevance to Māori?

The research will definitely be of interest to Māori as the key themes are related to cultural safety, ethical consideration and partnership with vulnerable populations, like Māori in New Zealand. Except the context has changed to Bishop's Castle being the community.

- Could the research potentially benefit Māori?

The cultural considerations and safety in the UK are different to what has been developed in Aotearoa. With the information we know about how important cultural safety and consideration is, there can be a switch in the direction the benefit goes in. Māori can be the ones to provide the benefit to the members of Bishop's Castle, through the partnership of us as students with them. We can show them how incorporating such practices can benefit vulnerable populations and increase positive health outcomes.

42