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Ensuring territorial continuity of social services in rural regions

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Summary:

Europe's rural areas may face higher levels of social exclusion and deprivation than their urban counterparts due to a number of factors (ageing population, strained transport systems, diminishing supply of trained professionals, difficulty of access, higher costs, single employment sector) which are often compounded by lower levels and higher costs of social service provision.

Since social services are the bedrock of a cohesive society – meeting the needs of citizens with regard to employment, housing, education, social security and care – access to them should not be conditional upon living in geographically less isolated areas.

In its report the Congress' Chamber of the Regions stresses the need to ensure the sustainability of social services in remote or rural communities and to reduce disparities in levels of development between different regions and within regions themselves and recommends that states and regional authorities examine and address rurality as an issue in itself and aim for the adoption of a common definition of the term as well as a coordinated and consistent approach between different levels of governance.

R : Chamber of Regions / L : Chamber of Local Authorities
ILDG : Independent and Liberal Democrat Group of the Congress
EPP/CD : Group European People's Party – Christian Democrats of the Congress
SOC : Socialist Group of the Congress
NR : Member not belonging to a Political Group of the Congress

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Introduction

How can a balance be achieved between Europe's economically disparate regions and between regions and their more highly-serviced urban areas?

As part of its ongoing work on the implications of a more balanced regional development on social cohesion from a number of different angles, including equitable access to health and improved quality of service and the impact of new communication and information technologies, the Congress' Committee on Social Cohesion has sought to examine the growing inequalities in access to social services, notably for those living in rural areas.[1]

The present report seeks to identify the challenges facing social services in Europe's rural regions and to present illustrations of measures taken to address the goal of promoting equal access to social services in rural areas

This report provides an overview of the contemporary challenges facing diverse rural regions that seek to ensure the continuity and development of social services for local populations. This takes place at a time of significant socio-economic and demographic change (*OECD, 2006*). These changes are uneven in their impact but they are transforming rural regions in different ways (*Halhead, 2006, Shucksmith et al., 2006*). Key issues affecting rural regions are listed and discussed below.

Socio-economic changes in rural Europe

Certain rural areas of Europe are experiencing significant socio-economic changes (*EC, 2006e*). Some rural regions, particularly in Central and Eastern Europe, are undergoing major structural transformations (*Fraser 2005*). There are a number of challenges for social researchers seeking to construct a reliable and up-to-date evidence base to influence and inform policy decisions (*OECD, 2006*) and one of them is the pace of change. Another is the difficulty of defining rural areas.

Defining 'rural areas' – a complex and contested terrain

A *Rural Development* report from the European Commission (2006) identified the lack of reliable data and the ongoing problem of a lack of international consensus regarding the definition of a 'rural area' as key difficulties in policy analysis (*EC, 2006e: 2*). The European Commission uses a spatial classification developed by the Organisation for Economic Co-operation and Development (OECD) in 1994 (*EC, 2006a*). This is a two-stage methodology that firstly defines rural municipalities as 'those with fewer than 150 inhabitants per square kilometre' (*EC, 2006e*). Administration Districts at local and regional level are further classified into three categories based upon a range of average population sizes (*EC, 2006e*). In this way, regions are classified as; 'Predominantly Rural', 'Intermediate' and 'Predominantly Urban' (see table 1).

Table (1) OECD Classification Applied to Regional Spatial Classification

Predominantly rural regions (PR)	Over 50% population rural
Intermediate regions (IR)	15-50% population rural
Predominantly urban regions (PU)	Less than 15% population rural

Source: EC, 2006c

The advantage of applying this classification is that it supports comparative national or regional analysis. However, individual countries may choose to adapt or replace the OECD classification. Alternative national definitions may differentiate urban-rural areas according to a combination of measures such as population density and relative travel time to access core services (for example: Scotland), settlement characteristics such as town/city, village or hamlet and/or population density (for example: United Kingdom). These classifications may also change according to which aspect of 'rural' is being studied (*EC, 2006e*). Some argue that geographical classifications are being led by funding criteria (*Horton 2005*).

1 The Secretariat of the Congress would like to thank Jill Manthorpe and Lynne Livsey of the Social Care Workshop Research Unit, King's College London, for preparing this report.

In a recent *Rural Policy briefing paper*, the OECD identified two key imperatives for rural policy research (*OECD, 2006*). First, is the need to develop "a comprehensive analytical framework for rural development policy*"* including "qualitative and quantitative indicators" to support comparative research (*OECD, 2006:7*). Second, is the need to undertake a "systematic review of country strategies for rural development" with dissemination of results to policy makers (*OECD, 2006:7*).

Implications for service development and research

Policy analysts need to be explicit about the definition and classification system that has been used to differentiate urban and rural areas in social policy and empirical research. This is not always stated; consequently trans-national comparative analysis is often problematic (see *Swindlehurst, 2005*, for problems facing health researchers). In addition, the physical, demographic and social characteristics of rural areas are likely to change over time (*Shucksmith et al., 2006*). The European Commission recently highlighted the fact that area characterization is usually informed by statistics such as national census data (*EC, 2006e*). These statistics may become less reliable over their period of use, for instance in the case of census data that is collected every ten years. The unpredictable nature of change also poses challenges for forward projection or statistical modelling (for discussion see *Ray and Ward, 2006*). It has been suggested that more longitudinal studies are required to map the extent and impact of change over time (*Phillipson and Scharf, 2005, Scharf and Bartlam, 2006, Shucksmith et al., 2006*).

The interdependent relationship between urban and rural areas

Urban and rural areas are linked by two-way flows of people, goods and services between them (*Lowe and Speakman*, *2006*, *Shucksmith et al*., *2006*). Some rural regions are facing rural depopulation as working age adults move to intermediate and urban areas for further education and employment (*Mitchell, 2004*). In other Western regions, such as parts of the United Kingdom, France and the Netherlands, rural populations have grown in the last three decades (*OECD, 2006*). This variation is visible between rural areas within member states (see *Manthorpe et al. 2003* on the variations between three local villages in the same small area). Population growth in these regions is influenced by 'counter-urbanization'- that is patterns of outward migration from towns and cities to rural areas (*Mitchell, 2004*). Advanced communications and transport technology are contributing to this (*Mitchell, 2004*).

Quality of life in urban and rural areas

A recent report used attitudinal survey data from a representative sample of people across 28 countries from the 2003 *European Quality of Life Study* to examine urban-rural difference across a number of key policy domains (*Shucksmith et al*., *2006*). These included employment, household income, access to health services, education, social and family networks and perceived quality of life. This study found that that the richest countries of the EU (Western and Northern) reported little urban-rural difference in perceived 'welfare and quality of life'. Urban-rural differences were, however, more marked in less affluent states for 'most indicators' (for instance, in Eastern and Southern Europe) where lower perceived levels of 'welfare and quality of life' were observed (*Shucksmith et.al*, *2006:53*).

The *European Quality of Life* study found the greatest urban-rural differences were in the three new European Union accession countries: Bulgaria, Romania and Turkey, especially in relation to income (*Shucksmith et.al, 2006:50*). Overall, the study found that the main urban-rural difference was that urban residents appeared generally more optimistic about their future prospects (*Shucksmith et.al*, *2006:53*). Apparent differences in *perceived* disadvantage and the official statistical measures and indices used to identify social disadvantage highlight some of the complexities involved in studying rural and urban disadvantage. The apparent disparity between subjective and objective definitions of 'social disadvantage' was recently highlighted in a study of rural disadvantage affecting older people in England (*Scharf and Bartlam*, *2006*). This qualitative study found that older people often underplayed their experience of disadvantage in interviews with the researchers, preferring to emphasise positive aspects of rural living and quality of life (*Scharf and Bartlam*, *2006:50*).

Population ageing

Demographic changes such as falling birth rates, falls in mortality and gains in average life expectancy, plus patterns of inward and outward migration are accelerating the demographic process of population change across all rural regions (*Lowe and Speakman, 2006*). The impact of this is that the proportion of older people relative to younger age groups is increasing in all rural regions. This has been linked to predictions about future increased demands for care and support provision (social services) in the countryside and to questions about the availability of services and social support (Moseley *et al.* 2005). In many states, such as Greece, the ageing of the population in rural areas is compounded by migration of younger people to urban areas and the poverty of older people residing in rural communities (*Tsakloglou and Panppoulou* 1998). Remote rural areas may be locations where population ageing is higher than other rural areas, as in Scotland (Scotland Government, 2004).

Inter-country rural diversity and social exclusion

Differences in rural issues are magnified between more affluent and poorer nations, and within and between rural regions at national and international level (*Shucksmith et.al, 2006*). Some residents of some rural regions may be at risk of social disadvantage as rural areas are transformed and restructured by the processes of internal and external socio-economic change (*Shucksmith et al., 2006*). Population groups who may face disproportionate social disadvantage in terms of access to services and opportunities include: older people (those aged 65 years or over), children and young people, women, those on low incomes, and people with long-term health problems, physical or mental disabilities, and people from ethnic minority groups (e.g. the Roma community).

Material disadvantages, poor health, lack of local service infrastructure and the impact of social and economic change may influence the need for social services. These factors may also reduce the capacity of rural communities to meet their own needs and create barriers to access to specialist services and professionals (*Halhead, 2006*). A recent bulletin from the European Commission noted that 'In rural areas of the European Union a whole per capita income is on average approximately one third lower than the European average' (*EU 2006 section 1.17.5*). There are considerable variations in relative affluence and poverty in rural areas both at national level and within member states.

The *EU Bulletin* (*EC, 2006a*) notes that:

> "…certain rural regions and in particular, the most remote, depopulated and dependent on agriculture, face particular challenges as regards, growth, jobs and sustainability over the coming years. These areas must exploit their potential or risk falling further behind urban areas in meeting the Lisbon targets' (*EC, 2006b: section 1.17.9*)."

Rural policy advocates use evidence of urban-rural difference to support policy goals that are focused on the achievement of 'social justice' for rural citizens as part of a wider national 'social cohesion' agenda (*Midgley, 2006*). There is evidence that some rural areas and their populations are facing particular or disproportionate disadvantage compared to their urban counterparts (*Shucksmith et al., 2006*). It is suggested that the degree of urban-rural difference is linked to the state of local economic and social infrastructures, physical distance from the main service and economic centres (often in urban locations), demographic and socio-economic factors (*Giarchi, 2006, Lowe and Speakman, 2006, Shucksmith et al., 2006*).

Remaining rural

Despite the problems that exist in rural areas, there is a strong sense that rural areas value their own lifestyles and sense of communities (*Halhead, 2006*). Greater mobility means that many rural citizens are able to choose to live in rural areas and they argue that they have rights to social support where they live. In the next section we move to discuss rural policy and social services' infrastructures and variations.

Rural policy

The OECD has identified a 'new rural paradigm' or shift in the focus of rural policy towards a broader 'rural development' agenda (*OECD, 2006*). This refers to a policy transition from centrally-controlled sector-based policy (predominantly focused on agriculture) towards an integrated 'rural development'

policy framework with an emphasis on a '*place-based-approach'* to be achieved through localised area-development approaches (*OECD, 2006*). Regions have new prominence in this policy framework that implies new and expanded roles for local government and emphasises multi-sector partnership working to 'integrate new resources and stakeholders into the development process' (*OECD, 2006:7*).

In order for this shift towards policy integration and local governance to succeed, there needs to be effective communication and co-ordination between different layers of government (at central, regional and local levels). The OECD sets out the need for effective structures and processes to support horizontal and vertical communication (*OECD*, 2006:6). This policy shift highlights the need for local and regional rural development strategies that should also reflect and inform national and international policy agendas and priorities. These localised forms of governance will still require national co-ordination and possibly the provision of incentives (such as funding to support innovative project development). This central co-ordination role will lead to more consistent attention to rural issues across all local regions (EC 2006c). This will include monitoring the delivery of national as well as local policy priorities and targets, to evaluate the outcomes of policy interventions, and to disseminate knowledge and good practice (*OECD* 2006: 6). In England, the joint Health and Social Care Inspectorates' review of the National Service Framework for Older People was explicitly assessed in both rural and urban communities (*Healthcare Commission* 2006).

The OECD recently identified a number of European states that have developed approaches to integrated rural development. These include:

a. England – Defra Rural Strategy (2004)
b. Finland – Multi-Year Rural Policy Programme
c. Germany – *Regionen Aktiv*
d. Netherlands - *Agenda for a Vital Countryside*
e. EU LEADER programme – funding Community Initiatives

Source: OECD, 2006

A recent article by Halhead (2006) described sixteen European countries where national village/rural movements have been established to support integrated rural development. Such developments may include social services support, if it is broadly defined.

The European Commission has outlined four key development approaches to promote sustainable rural communities. These are: economic diversification, increased use of technology, investing in renewable and local energy sources and adopting a strategic approach to rural development (*EC, 2006a*).

As this report demonstrates, three of these approaches have relevance to social services, where providers of social services support are diversifying throughout Council of Europe member states. For instance, in the first place, the development of a 'mixed economy' approach to social services provision may include agencies of the welfare state but, on an increasing scale, the delivery of social services by independent sector organisations (for-profit and not-for profit). Secondly technology is increasingly being used to support people with disabilities to lead independent lives or to provide support closer to home (Woolham et al. 2006).Thirdly, social services are increasingly being included as part of area-based rural regeneration programmes, incorporated into action plans developed by sustainable community movements, and included in strategic approaches to rural development (Halhead, 2006).

Social services in Europe

One debate that concerns all states is the future respective roles and responsibilities of the state and individuals in relation to entitlements and provision. An EC communication described the 'modernisation of social services as one of the most important issues facing Europe today' (*EC, 2006d:3*). The modernisation of social services underpins the social cohesion policy agenda (*EC, 2006d*) and this meansimproving service quality and service accessibility (*Halloran and Calderon, 2005*). Social service modernisation is additionally seen as a source of economic development through potential job creation (*EC, 2006d*). Overall, social services are seen as important in facilitating 'social integration' and in meeting 'fundamental rights' such as personal 'dignity and integrity' (*EC, 2006d: 3-4*). However, the subsidiarity principle whereby individual states are free to define what they

mean by 'social services of general interest' (*EC, 2006d: 3*), results in great variation between the extent, availability and scope of social services programmes between member states

Definitions of social services

A recent review of European Social Services for the Council of Europe pointed to the lack of a universal definition of *social services* in a European context although it is a term used frequently in policy literature (*Munday, undated*). Broadly speaking, social services in European Union states fall into two categories:

- statutory and collective provision of assistance such as health services, welfare benefits or state pension provision, sometimes referred to as 'social assistance' programmes;
- 'personal social services' provided to the needs of individuals through '*customised*' assistance that may be provided by a range of agencies (*EC, 2006d, Munday, undated*).

Munday found that terms such as 'social services', 'social care', 'social assistance', 'social welfare', 'social protection' and 'social work' were used inconsistently and 'interchangeably' in policy documents (*Munday, undated*).

A further complication in definition is the way in which the traditional boundaries between health and social care services are becoming increasingly blurred with the development of the 'Integrated Care' approach to service delivery. Integrated care strategies combine health and social care services, sometimes also incorporating housing services in a number of ways such as joint provision, joint commissioning and joint budgets (*Leichsenring* ,2003).

Multiple roles

Social services programmes have typically fulfilled multiple roles. Broadly, these might involve the provision of "social protection" (for vulnerable individuals). This might include prevention and crisis intervention services, social integration and family support. Other roles for social services include the provision of rehabilitation services promoting and supporting independence for people with long-term health problems or disability related needs, promotion of human rights such as equality, dignity, integrity and providing access to welfare benefits and information (*EC, 2006d*).

The scope of social services may include domiciliary provision, that is, services and support provided to people in their own homes, day services and community support provided in local neighbourhood or community settings, temporary breaks and long-term residential care. Specific services for families and children might include child protection services, family support, early years and youth provision, and fostering and adoption services. Services for families and children are part of child welfare systems that aim to improve outcomes for all children and minimise the risk of lost opportunities (*Pecora et al.2006*), thus they may be general and preventative or highly specific and interventionist.. Other services include specialised social care for people with disabilities, long term health conditions, those who have been in contact with criminal justice systems, those with substance misuse problems and support for those who provide care for others, through adoption, fostering, short break care, and so on. In some states social services agencies work with refugees and asylum seekers, in close co-operation with housing, education and health services. They may be provided by the state, by the voluntary and community sector and by the private sector.

The extent and availability of social services provision in individual countries reflect their historical legacy (for example, political and institutional history in relation to welfare state development), traditional locations of services, socio-cultural traditions and attitudes, political and economic structures, national and international policy agendas (*EC, 2006d, Munday, undated*).

Common trends and issues in rural areas

It is impossible to cover individual county-by-country provision in this report, given that social service provision is so variable. In a review of European social services for the Council of Europe in 2003, Munday identified three major issues:

a. *Globalisation* – the need for states to be economically competitive producing constraints on welfare spending ;

b. *Demographic and social change* – declining birth rates, ageing populations, the greater participation of women in the labour market (that might affect the future availability of family care) and
c. *Population movements* – internal migration and immigration trends resulting in greater ethnic and cultural diversity and additional service demands (*Munday,undated*).

For all countries, and for those in Central and Eastern Europe in particular, there are competing pressures to modernise social services for all clients or groups. These frequently overlap with the agenda to modernise health and education services. Specific social service concerns include improvements in long-term care for older people, better community-based provision for adults with disabilities to maximise independence, and a need to modernise children's services (*Munday, undated*). Furthermore, in a more culturally diverse Europe there is a need to ensure that minority groups do not face double disadvantage in a rural location. Recent reports have highlighted both the social disadvantage faced by Roma communities, for example (*ECPeer Review Newsletter 2005)*, and the potential for social services to offer a targeted individual approach that works with Roma people to identify their wishes and needs and to devise a plan of action.

Main issues to be addressed by states

Social welfare and the role of the individual

Negotiating the future role of the state and individuals in relation to social welfare provision will become an increasingly important issue. This includes pressures for cost containment of public spending, the need to address Human Rights issues, ensure the quality and accessibility of services and to modernise public sector services (*Halloran and Calderon, 2005*). As part of the process of welfare reform, the state is increasingly playing a co-ordinating role, using a range of different service providers from the voluntary, community and private sectors to provide a range of social services to different client groups (*EC, 2006d*). The impact of these changes on social services in rural areas are varied.

Equitable access

There is the question of 'equity' in terms of service distribution, resource allocation and service availability. The challenge includes how to balance demands for universal service provision, with the desire to target services to those in greatest need or at risk of greatest social disadvantage (*COE, 2001, Halloran and Calderon, 2005*). This is a spatial challenge (sometimes referred to as a "territorial equity" issue) at national and regional levels, and includes how to balance service provision within more densely populated urban areas with high concentrations of 'visible' need and deprivation, with the more dispersed (and often 'hidden') needs of geographically remote rural populations (*Shucksmith, 2000, Phillipson and Scharf, 2005, Scharf and Bartlam, 2006*).

If we analyze the issues outlined above in more detail the challenges for many countries include:

Individual and community provision

The ongoing shift from state-run institutional care to more localised models of community-based care is a European policy goal (*Cambridge and Ernst 2006*), though the scale and extent to which this is advancing varies. In social services this impacts on rural areas in two important ways:

a. the closure of large, often rural based, institutions may negatively affect local employment but it may also offer new employment opportunities and promote the building up of social capital in rural areas (*Bates and Davis 2004*). Families may be more encouraged, although not sufficiently resourced, to care for their disabled children at home in the community with the decline of institutions such as orphanages and hospitals (*Bridge 2001*).
b. For people with disabilities, more generally, individual 'cash instead of care' schemes may enable them to stay in rural communities and to contribute to rural economies through spending disability related 'cash' in their areas. Policy responses increasingly combine direct social services provision to people with disabilities with support for family caregivers or carers. This includes state provided payments (cash transfers) to carers in some countries although the rural impact of these is unclear and requires further evaluation (*Glendinning and Kemp 2006, Wolf and Ballal 2006: 704*). The shift to user-focused and participatory models of service provision is evident in many states, and is underpinned by increasing user involvement (see *Heikkila and Julkunen, 2003*).

Other possible expansions of rural services include opportunities to provide short breaks or holidays for families and individuals in need. The example of holidays for families in need, which are provided in mainland Europe (social tourism), brings benefits to children and parents (Hazel 2005). Pan-European initiatives such as Tourism for All may enhance this means of social inclusion.

These developments in social services may contribute to sustaining local communities but care work is still low paid and can be a means of locking young women into traditional women's work and restricting their employment and other opportunities (Shucksmith 2004).

Population ageing

Europe is the world's "oldest" region (*Walker, 2005*) with population ageing being broadly driven by declines in fertility rates, gains in average life expectancy and patterns of internal and external migration (*Walker 2005*). Population ageing is universally linked in policy terms to predicted future increases in demands for health and social care services, particularly long-term care. Families continue to be the main source of support for older people who have long term care needs or disabilities (*Pfau-Effinger 2005*). Differences between states are evident, but differences within states are being newly identified (*Wolf and Ballal 2006*) and these include urban/rural contrasts. Alber (2006) argued that on most indicators the gap between European Union states remains greater than that between Europe and the United States

While the EU-25 states have similar age structures, the proportion of older people (over 65 years) tends to be higher in predominantly rural regions and in New Member States the share of people aged 15-64 years is 'significantly higher in urban areas' (EC, 2006a: 5). EU-15 states have 'relatively more people over 65 years whereas there are more people aged less than 15 years in the New Member States' (NMS)(EC, 2006a: 5). While population ageing is often portrayed as a social problem, there is considerable evidence that older people are an important social resource (*Lowe and Speakman, 2006*). For instance, in transferring substantial resources to younger generations including material resources and provision of childcare, providing voluntary (unpaid) and flexible labour, and contributing to domestic economies (for example through purchases that might include personal care services) (*Attias-Donfut, Ogg and Wolff 2005, Lowe and Speakman 2006*).

Retirement migration to rural areas has been a tradition in more wealthy states and across national borders (especially north to south). This may increase demand for social services but it also offers new sources of social capital, and economic regeneration opportunities by active older people who are seeking new social contacts and roles. The contributions of older people within rural communities are not often identified but they are often involved in social networks, as volunteers and supports for younger family members (*Le Mesurier 2006*). Warnes (2004) identified differences between retirement migrants in later life, with some making full use of local facilities and integrating in their new areas, but others leading a more insular retirement and returning to their home country if they began to need health and social services support.

Some new forms of rural developments are retirement communities which may be located in rural communities(often called villages) and may be forms of social enterprise or part of the commercial sector of housing and care support (*Bernard et al. 2004)*.
Within older populations there are huge variations in the need for social services, with demand rising with age. Among many states the impact of dementia or Alzheimer's disease is well recognised as a public health and social care problem, and the complexities of providing care for people with dementia have been identified in rural areas. Some studies suggest that rural locations are likely to have positive elements, and that issues of risk may be less problematic in communities where older people are known to neighbours and social groups (see *Gilmour et al. 2004writing about rural* Northern Ireland), others have commented on the problems of providing rural care for people who have multiple and severe disabilities (see *Innes et al. 2006* writing about rural Scotland and*McGann et al., 2005* on rural Ireland).

The development of a mixed economy of care

Changes in welfare provision across Europe includes a declining role for the state as the main direct provider of social services, combined with an increasing role for non-governmental organizations (NGOs) and private (for-profit-providers) . The mix of providers and scope of provisions vary considerably between countries but some pan-European businesses are involved in social care as well as health care in a number of states (*Lethbridge 2004*). There may be a need to consider the

effects of multinational care organizations on localities and on rural communities where their services may be a dominant part of local employment and to find out how local and regional governments negotiate with large-scale providers

Staffing issues

As well as shortages of care workers in some rural communities, there are shortages of specific professionals, for example, of social workers in Wales (*ADSS Cymru 2004*). Smaller rural and island settings, for example, may affect the availability of specialisation, knowledge, and confidence of professionals working in child protection services (see *Social Work Inspection Agency 2005* – the report of an inquiry about child abuse in a rural community and the services' responses). The limited availability and accessibility of specialist social services provision for dispersed populations have been identified as a problem in rural areas such as support services for people with dementia and with mental health issues, drug and alcohol services, HIV-Aids support services, rehabilitation and palliative or end-of-life care (*Clough et al., 2004, Innes et al., 2006, Swindlehurst, 2005*). The shortage of specialist staff and trained volunteers in remote and rural areas of Scotland has been identified as a problem, and can lead to those staff that remain feeling isolated and with low morale (*Scottish Executive 2004*). Solutions proposed include offering staff financial incentives, employing seasonal staff and offering training and support opportunities. Positive elements of social services work in rural communities can also include the great diversity of work experience, the opportunities to be creative and innovative and abilities to offer more personalised care.

To some extent wealthy areas have resolved some of these problems by attracting staff from areas that are less well off.We have little knowledge of the migration of care workers from poorer states to richer states (*Evans and Huxley, 2004*), although the impact of the migration of nurses has been studied and was found to negatively affect services in 'exporting' countries but to contribute positively in respect of sending wages back home(*Larsen et al. 2005, Allan et al. 2004, Buchan et al. 2004*). When adult children emigrate for whatever reason within Europe or into Europe there is evidence that they send money back home to support family members and this is used to pay relatives or neighbours to provide care (*van der Geest et al., 2004*). In England the Department of Health (2004) developed a *Code of Practice* about international recruitment to develop an ethical approach in health and latterly in social care..

Professional knowledge and skills in relation to rural issues and the lack of training and information for them are challenges to improving social services for rural communities. Social work programmes rarely touch upon rural issues in some states, for example in the UK the *Encyclopedia of Social Work* does not contain any entry on rural social work or services. Pugh (2003) suggested that this is a distinctive area of practice although rural communities should not be seen as entirely different from other areas. Skills that might be relevant include enabling rural service users and their carers to access available services, working with community organizations and community leaders (capacity building through community development approaches), managing information and data in ways that respect confidentiality but do not undermine information sharing when necessary. Practice in child protection is one area where concerns have been expressed about information sharing in rural areas because services are seen as stigmatizing and privacy might be compromised (*Pugh 2006*).

Budgetary pressures

Long-term predictions about future long-term care suggest that the proportion of gross domestic product spent on long-term care may double between 2000 and 2050 (*Comas-Hererra et al., 2006).* While it is difficult to make such predictions with any certainty, economic competition puts further pressure on public spending on social welfare services (*O'Connor 2005*). Responding to increasing demands plus imperatives to improve the quality and standards of social services often are undertaken in the face of increasing resource constraints. This is relevant to rural areas as some costs may be higher, for example a study of the relative costs of delivering the Connexionsservice (and advisory and guidance service) to young people in rural and urban areas in England (*Bradley and Barratt 2003*) found that young people in rural areas received less intensive support and that running costs for the service were higher in rural areas. There are a small number of detailed explorations of the issue of costs of service provision in rural areas, such as Brigham and Asthana's (2002) case study of an assertive outreach service for people with mental health problems. This provides valuable data about the precise costs of extra travel, for instance, for both people using services and professionals.

Integrated care agenda

The need to develop integrated health and social care policies and structures, particularly to respond to individuals with complex needs and people requiring long-term-care, is an emerging policy focus Increasingly, housing policy and services are being linked to health and social care service provision as part of the integrated policy agenda (Leichsenring, 2003). One example of integration in a rural area is the use of small housing units for people with dementia that was supported by local and regional administrations, and then by the Ministry of Social Affairs in Torrijos, Spain (*Leichsenring et al. 1998*). This enabled people to maintain ties to their contacts and customs, and reduced the risk of loneliness that a move away from the area to a large institution might entail. The region met about 10 percent of the annual costs as a subsidy.

Use of information technology

Telecare and internet-based models of innovative care and provision of information have been seen as particularly appropriate for rural communities.Important studies - ASTRID (*Woolham et al. 2006*) and TED (*Bjorneby et al. 1999*) have explored the uses of technology for people with dementia. This European study and further developments conclude that technology within the home can often help to meet the need of people with dementia and their caregivers in socially, ethically and economically acceptable ways. However, access for people in rural areas may be limited, since many sources of information and advice are urban-based (*see Wright et al. 2006*).

Specific concerns for rural social service provision

Rural areas face a number of specific obstacles to optimum social service provision.

Service accessibility

Research has identified specific issues in relation to the planning, resourcing and delivery of social services in rural areas (*Craig and Manthorpe 2000*). These include relative distance or proximity to main service centres, the logistics of planning and delivering services to geographically dispersed populations, travel constraints dispersed populations, travel constraints, and availability are all identified as rural issues. There is great diversity in the socio-demographic compositions, service infrastructure and characteristics of rural communities within and between countries (Munday undated). Therefore, the impact of these spatial access issues varies. For individuals life-course factors may have important associations with social disadvantage. These might include; age, gender, ethnicity, socio-economic circumstances personal health status, mobility and access to family and other local support networks (*Walker 2005*). Consequently, rural areas and their populations exhibit a diverse range of needs for social services and very different capacities to meet these needs at local area level (*Wenger 2001*).

Service providers recognise that such problems exist. For example, in the case of dementia services in rural Scotland, local service providers identified distance and lack of transport, higher costs, lack of choice, and staff shortages as common problems when developing effective services (Innes et al. 2006). However, it is 'not always appropriate or the best solution to bring services into rural communities – it may be better to look at developing access in a more central location. The costs and benefits of different types of service delivery need to be better understood' (*Carnegie Commission 2005*). Various models of social services provision have been piloted in different areas. These include the use of mobile outreach services, developing local community development approaches, or the use of 'one-stop shops' or multi-service outlets to deliver a range of services from local community buildings. These different approaches are illustrated in the case studies included in Appendix 1. Whilst the use of good practice case studies can support policy learning, it is important to assess the degree to which innovative models are replicable outside their original setting (*O'Connor 2005: 359*).

Poorer health status results in increased demands for and greater use of social services (*Shucksmith et al*. 2006). The *European Quality of Life* survey results revealed that levels of perceived health status were higher in more affluent countries with few urban-rural differences reported (*Shucksmith et al. 2006*). Less affluent countries reported more problems in accessing health services but, even within more affluent countries, access to transport can be problematic in rural areas. For example, a study from Scotland noted that while levels of car ownership are high in rural areas, this may be through

necessity as well as choice, and running a car is likely to be maintained as long as possible or until fuel prices are unsustainable for households (*Gray et al 2006*).

The *European Quality of Life* survey revealed that in some countries, the affordability of health care was as much a problem for some rural residents as physical accessibility and distance issues (*Shucksmith et al. 2006: 51*) and health status is heavily bound up with use of social services. Other studies have shown that distance from health service providers and lack of access to transport may have an impact on disadvantaged rural residents (*ADAS 2006*). This is sometimes referred to as the 'distance decay' effect, in that people may delay seeking help if services are located at a distance (*Swindlehurst 2005*), thus leading to demands for social services or exacerbating problems.

Decentralisation

Decentralisation refers to a policy of providing services as close as possible to the populations who use them. This may include the transfer of responsibility from central to local or regional government for planning, prioritising and delivery of services and the inclusion of local residents and community organisations in this process. It may include the transfer of resources from central budgets to local communities. Yet decentralisation raises some issues for public administration in rural areas. These include the requirement for careful needs assessments and consideration of ways of ensuring that locally provided services provide the best solution (in terms of efficiency, economy or effectiveness). For example, choices need to be made about setting up transport schemes to enable rural residents to access services out of their areas or to use a combination of approaches for different services and user-groups.

The role of the central state in relation to local or regional social services provision requires clarification. This includes developing understanding about the role of the state and Europe in regulating, monitoring, inspecting and defining quality standards for local social services, in addition to the provision of funding. These are major questions for politicians but for service providers there are additional questions about how to develop regional and local capacity and infrastructure to provide local services. For example, developments in social services for people with intellectual disabilities in Poland (*Otrebski et al. 2003*) mean that decisions about care, rehabilitation and services are being brought closer to service users and this is welcomed, although funding is still controlled at state level.

One example of the difficulty of translating a national policy initiative into services at local level in rural areas is the English "Sure Start" programme that provided new investments for family and children's services around prevention of social exclusion (*Countryside Agency 2003*). Lessons from this initiative were that small family centres are needed in rural areas, that some services can only be delivered in families' own homes, and that transport is often required to enable rural families to access support.

Mixed economy of care

The development of a 'mixed economy' (multi-agency) or 'care market' approach to social services is changing service delivery in many rural areas. Care markets can be difficult to introduce or sustain in rural locations (*Craig and Manthorpe 2000*). This is in part due to the extra costs of service delivery (care providers may be less willing to enter the care market); problems with historical availability; concerns about the long-term sustainability of care provider organisations; a lack of voluntary and community sector capacity to develop new services; and infra-structure issues such as a lack of appropriate buildings or facilities from which to deliver services (*Craig and Manthorpe 2000, Brown 1999*). In addition, questions relating to the social services workforce need to be addressed when there are many providers. For instance how can staff recruitment, training and retention issues be addressed across the range of agencies and disciplines involved in service delivery? What will be the outcomes, in the longer term, of local partnerships between public and private agencies in societies where this is a new approach, such as Poland (*Krzyszkowski 2001*)?

Competing rural policy agendas

Shucksmith and his colleagues (*Shucksmith et al., 2006*) asked whether the pressure to develop economically sustainable rural regions has the potential to overshadow rural welfare agendas, especially in Central and Eastern Europe. This might depend upon whether social services development is seen as a 'social investment' or a 'social cost' but balancing demands and priorities for rural development and securing sufficient resources will be a future challenge. Frazer (2005) drew

attention to concentrations of problems in rural areas in some Central and Eastern European countries arising from industrial and agricultural reform and restructuring and the resulting 'extreme problems' facing some groups. People facing particular hardship are likely to include Roma communities, and other ethnic minorities groups people with disabilities, those in or leaving institutions, the homeless, ex-prisoners, people with poor health including mental health problems, alcohol or drug dependency, refugees and asylum seekers and those living in greatest poverty in countries that historically lack a strong welfare system infrastructure. All of these groups and individuals may possibly benefit from social services support that is both tailored to them individually, as groups and in their rural context. There are twin pressures of potentially rising demand for a wide range of social services yet an economic climate of increasing resource constraint with regard to public spending.

potential discrimination and marginalisation of minority groups

People living in rural areas may experience additional barriers to service access and lack of appropriate service provision . The Commission for Rural Communities (2007) recently produced a series of case-study reports on the conditions and challenges facing migrant workers in rural England and of local and regional responses. . In a study of communities in the Scottish Highlands, Parr and Philo (2003), found that gossip networks were powerful means of communication but might confirm negative stereotypical views about people with mental health problems. This means that people in such rural areas might be reluctant to seek support, and carers might struggle on without help. However, rural communities may also have strong coping characteristics. Associated with this are some reports of cultural resistance or reluctance to seek help **–** there is mention of this in various qualitative studies of rural life such as that by Scharf and Bartlam (2006) who studied rural disadvantage affecting older people in rural England. Their interviews with older people in one rural region revealed that some felt that use of social services would be stigmatizing and would undermine their culture of self-reliance. Innes et al. (2005) found that feelings of guilt, wishes to remain at home, and desires to protect privacy explained older people's reluctance to use services in rural Scotland, although those using services did value services that were reliable and flexible O

Historical mistrust may mean that some rural communities, such as Travellers, are reluctant to come to the attention of social services, and that they are often prevented from seeking help by a lack of information and of responsive services (*Cemlyn 2000.*) Other studies of social services have commented on the difficulties for individuals and families of maintaining confidentially in rural areas when accessing social services (*Pugh 2006*), and difficulties for some staff living and working in rural areas in managing work: life balance when they are perceived as constantly available by their neighbours.

Rural communities in parts of Europe may also be areas where governments have placed refugees or people seeking asylum. An example of work with young people placed in rural areas is described in the case studies at the back of this explanatory memorandum (*de Gruijter and Rijkschroeff 2005*). Rural communities do not always welcome the introduction of some social services (see *Bevan and Rugg 2006* for an example of homelessness services being set up in a rural community).

Limited specialist provision for dispersed populations

The limited amount of specialist provision is identified as a problem in rural areas (such as support services for people with dementia and mental health issues, drug and alcohol services, HIV-Aids support services, and so on. Clough et al. (2004) have identified the access problems of older people who seek support with addressing problems of alcohol misuse in rural Scotland.

Social networks

The data from the *European Quality of Life* survey did not find evidence that access to friends and relatives was perceived as more difficult in rural areas (*Shucksmith et. al, 2006: 51*). One finding was that contact with parents is higher in rural areas, possibly linked to lower migration than between urban areas (*Shucksmith et.al, 2006:51*). This finding reinforced extensive longitudinal research on rural ageing undertaken by Wenger and her colleagues in Wales. In reviewing the situation of older people in rural areas Wenger concluded that overall "ageing in rural Britain […] was neither better or worse than ageing in urban areas" although individual differences and local circumstances needed to be taken into consideration when planning services (*Wenger, 2001: 117*). This situation may not apply, however, in all countries or regions. How social networks will change in the future is uncertain and requires further research (*Wenger, 2001, Phillipson and Scharf, 2005, Shucksmith et al., 2006)*.

Drawing on a variety of practice examples and research, Carers UK (2003) summarised the problems facing agencies working with family and other informal supporters as:

- The high unit costs of providing services
- Difficulties in consulting people
- Rural users and carers may be reluctant to ask for help
- Lack of reliable data about needs in rural areas
- Difficulties in staff recruitment and retention
- Problems disseminating information
- Privacy issues when using shared buildings
- Poor take up of services due to transport, privacy problems and so on.

User involvement

The involvement in, participation in and user control of social services have been the focus of a Council of Europe background paper (*Heikkiia and Julkunen 2003*) and so are not outlined again here. Nonetheless this is an important subject and principle for rural social services and different types of user involvement and public consultation methods may have to be employed to overcome the challenges of population sparsity and difficulties with access to services and information ((Audit Commission 1999) . Cambridge and Ernst (2006) have identified self-advocacy as a particular priority for people with intellectual disability in a cross-national comparison study of social care services in Europe. There is evidence that service provision in remote and rural areas is enhanced by commitment to consultation and involvement around planning and service delivery (for examples of good practice see *Rennie et al. 2002*). Carer involvement is sometimes subsumed under user involvement but family carers may have their own needs and rural locations may need specific support for them that is flexible and locally available. Rural women, for example, may be exploited by demands on them to volunteer their work (*Little, 1997*), although some will experience voluntary work as giving them greater autonomy and high self-esteem.

Professional knowledge and skills

Lack of training and information with regard to professional knowledge and skills in relation to rural issues are identified as challenges to improving socials services for rural communities. Social work programmers rarely touch upon rural issues in some states, for example in the UK the *Encyclopedia of Social Work* does not contain any entry on rural social work or services. Pugh (2003) suggests that this is a distinctive area of practice although rural communities should not be artificially dichotomised. Skills that might be relevant include helping rural older people and their carers to take up available services, working with community organizations and community leaders, managing information and data in ways that respect confidentiality but do not undermine information sharing when necessary. Practice in child protection is one area where concerns have been expressed about using services in rural areas because they are seen as stigmatizing and confidentiality might be compromised

Solving the problems of rural social service delivery

Local capacity to enable local communities to work with statutory social services partners to develop local solutions and to enhance user participation and involvement is identified as a core element in successful rural service development (see case studies). The European Union for European rural development policy for the period 2007-2013 will support local and regional strategic development (EC, 2006b). This will include the establishment of national and European Union ‘Rural Development Networks’ to ‘support implementation, evaluation and exchange of best practice’ (EC, 2006b: 17). The revised European ‘Leader’ funding (Axis 3) refers specifically to improving quality of life in rural areas (EC 2006).

At other policy levels, there are now established models of *learning between rural areas* and services, for example**,** International Assistance and Information Exchanges – e.g. Social Work Training Programmes – especially in Central and Eastern European countries see – for example, social work training in Romania (*Crawford et al. 2006*, and *The Peer Review Programme*)**.** Frameworks and processes for evaluating work and investment in rural community development are now more common and reflect a shift towards evidence-based policy development based upon reviews of “what works” and shared good practice (*Coote et al. 2004*). For example, in England the 38 Rural Community

Councils have been equipped with an Economic Outcomes Tool commissioned by the Department for Environment and Rural Affairs to enable their contributions to be evaluated (*Moseley et al.* 2006).

Through *integrated rural strategies* and *effective use of information technology*, information is potentially more easily accessible to even the most remote rural communities at little cost, although access to the Internet varies, with rural areas generally having less availability (*Shucksmith et. al. 2006*). An example from England and Wales is the 'Commission for Rural Communities' (CRC) website that contains examples of good practice and useful fact-sheets for rural agencies and policy practitioners (see http://www.ruralcommunities.gov.uk). The CRC is an independent organization that acts as a 'rural policy advocate' with a monitoring role for national rural policy issues. It is a good example of an organisation that undertakes knowledge transfer about national, regional and local developments. The CRC commissions independent research and makes findings freely available through its website, newsletter, database of good practice, monitoring reports and statistics and represents rural issues at national and regional policy levels.

Recommendations and discussion points

These are divided into four areas, although many overlap and are interconnected.

Workforce issues

- *Integrated service delivery* or joint working may be particularly effective in rural areas, where I ageing populations mean that needs are often health and social services related. What is best practice here?
- *Outreach services* in rural areas may help services and professionals maintain contact with adults and children who are reluctant to use services, for whatever reason. What skills are effective here and how can these be learned and communicated? What are the competences required of social service workers in rural areas?
- Social services workers may have to be *generic* or able to work with many different groups. What are the implications of developing workforces that can operate effectively in rural areas? How can they access specialist skills and resources? What are the implications of migration for social services workers in rural areas, both for those who move to new areas and for those who may provide services to people who have recently settled in rural areas and do not have strong local connections? What are the implications for rural service users of being supported by migrant workers? Who is responsible for enabling staff to be able to recognise rural traditions and values?
- Issues of *confidentiality* are likely to arise in rural areas and *stigma* from using services may be acute. What is good practice in reducing stigma and managing information?

Service development

- *Community development* approaches need investment and take time. How can funders acknowledge this time and that investment is likely to be needed beyond short-term finance?
- How can we *build on exchange programmes and data bases of good practice*? What is the future of the Peer Review process?
- *Competing policy agendas* may affect rural communities. Who will champion their cause at local, state and European levels? For instance, there is a particular need to align the ageing policy agendas with rural ones as well as policies about social inclusion, community safety and children's and women's services

Information resources

- How can *researchers* be supported and encouraged to provide more longitudinal data rather than snapshots of projects and initiatives? Will the European Observatory on Health Systems and Policies be enabled to work with others on social services, for example the Observatory for the Development of Social Services in Europe, to make the most of its considerable expertise and resources?
- How can policy makers use locally, regionally and nationally generated evidence to assess rural impact of policy decisions? For service providers and commissioners, can social services provision be rural-proofed' to ensure that it takes account of the needs and circumstances of rural populations and that it supports better access to services and opportunities as part of the

wider social cohesion policy agenda? How can this be monitored at national, regional, local and European levels?

Involving rural service users

- The views and opinions of people using social services in rural areas are not often heard. For some this may be because they are not keen to identify themselves as using social services. For others there are issues in making sure that they are involved in consultation and participation events and processes. There may be other reasons such as lack of interest in their views or feelings that it is much easier to consult people in areas where transport is easier and numbers may be larger. Our final recommendation therefore is that users of social services in rural communities have rights to be included in research, policy consultations, user controlled social services developments, inspections and monitoring and so on. In this way, their views will shape service delivery to better meet local needs and to make the most of their capacity to be co-producers of social services wherever possible.

Appendix: good practice case studies

Case Study 1 – The Bell View Project – Belford (Northumberland, England)[2]

A multi-service centre and housing project

The Bell View Resource Centre and housing project for older people lies in the heart of the rural village of Belford in Northumberland, in a local authority with a high concentration of older people living in small rural communities.. The aim of the project is to support and enable older people to live independently. This is achieved by working in partnership with local agencies, community groups and local residents to develop a range of innovative services to respond creatively to people's needs .

The centre opened in 2004 after a long campaign by local residents to transform a former residential care home into a new community centre. All the trustees are local residents. In addition to the resource centre, five fully disability-accessible bungalows were built in the grounds of the centre in partnership with a local Housing Association.

The overall capital project cost in excess of £1.4 million (€2,075,018). It was funded through a combination of statutory and charitable funding. Local residents raised over £30,000 (€ 44,459) to support project development.

The centre provides a range of services under one roof. These include day care, meals on wheels, a community café run by volunteers, support for carers, community transport, foot-care, and varied exercise, craft and leisure activities. The centre provides and hosts a wide range of community services for people of all ages, promoting an intergenerational approach to services for older people. It includes an Internet and information access point and an intergenerational gardening project. The centre and café are open to the whole community and provide an accessible meeting, training and conference venue.

The project aims to develop new ways of delivering local services both within the village and to outlying rural areas. It has been successful in attracting a mixed package of funding from a variety of sources to support service delivery and development. The project has created local employment and involves local volunteers, including older people, extensively in project development and day-to-day service delivery.

The project was designated a 'National Demonstration Site' by the Countryside Agency in 2003 as an example of innovative rural service delivery. It was also featured in a detailed case study of community involvement and older people completed by Northumbria University for the Joseph Rowntree Foundation in 2006 as a model of good practice (*Reed et al., 2006*). In 2006 the Department for Agriculture and Rural Affairs featured the project in their annual *Rural Services Standards Review* as an example of good practice (*Defra, 2006*).

Case Study 2 – The village caretaker as part of community care services in Hungary[3]

Basic social services may not be available in rural and remote locations such as villages. The Hungarian village caretaker scheme (*falugondnok*) started in 1989 and is now a nationally funded scheme. There are more than 700 caretakers and the national budget is 7.2m euros.

Caretakers provide a range of services to villagers who live in communities with less than 600 inhabitants. The key to their service is the 8-seater minibus provided for each village. This enables them to deliver meals to older people, to take children to schools, to collect prescriptions, take patients to health care providers and so on. This is a broad interpretation of social services. Much depends on the relationship of the caretaker to the village communities and also on the relationship of the caretaker with the village mayor. There is a risk that the caretaker be seen as the mayor's assistant. Roles and tasks need to be clearer according to the Peer Review undertaken in 2005. Changes

[2] Source: Reed, J., Cook, G., Bolter, V. & Douglas, B. 2006 Older people 'getting things done'. Joseph Rowntree Foundation (available from www.jrf.org.uk/bookshop).York.

[3] Source: Halloran J and Calderon V. K (2005) *Basic social services in rural settlements – village and remote homestead community care-giving, Synthesis report,* European Social Network, Peer Review in the Field of Social Inclusion Policies

predicted include requirements that caretakers will have to live in the areas where they work, that vacancies be advertised and that the caretaker be elected by the village assembly. The Peer Review reports that certain qualities have been identified as relevant to the role by one county. These include being a good communicator, being a sensitive listener and active participant, being an 'absolute helper' (the person to whom everyone can turn), and being a 'constructive co-operator'.

While making a series of recommendations about enhancing the role of the caretaker and commenting on improvements that might be made to working partnerships, the Peer Review considered the village caretaker developments to be a major achievement over the period of a decade. It congratulated caretakers for providing services largely on their own and for making such a significant contribution to their communities.

The Peer Review process itself offers a unique opportunity for rural communities to learn about good practice in some depth. Each report considers a good practice example but sets it in context and then relates it to other specific communities. This seems to be a constructive approach.

Case study 3 – Campaigning on rural service issues by a national charity representing older people (England)[4]

In rural England the decline in rural services provokes great anxiety among many older people. This has been the case over village post offices, the closure of which has been actively campaigned against for many years. A campaign known as *Stamped Out?* illustrates the growing ability and desire of rural older people to defend services that they believe add to their quality of life and provide social services in their broadest sense.

The campaign was national in scope but was the result of individual local Age Concern groups identifying that their members wanted to reverse the decline of village post offices as a whole and not just to defend their local services. In some ways this subject illustrates a feeling of growing insecurity about services that are valued by older people in rural areas.

The campaign held a national consultation over a six-week period. This included a survey that was distributed to older people by local Age Concern groups. In addition local groups held a series of consultation events that involved about 275 older people. In some areas, older people made their views heard to local politicians and through the local media. A resource bus was used in one area to get to older people who might otherwise not be able to attend consultation events. A survey of a group of nationally representative sample of older people was commissioned by Age Concern England.

These three sources of information were pulled together in a readable short report, illustrated with photos and with comments and quotations direct from older people to get the message across to policy makers. As might be expected, the main message was that post offices were valued and that their value went beyond that of providing postal services. They were used as sources of information, gave a sense of community cohesion and were accessible. The report argues that local post offices are part of or even the hub of service provision. The social costs of closure are more likely to be faced by older people who are already socially excluded. Post offices may require cross-departmental subsidies to continue.

This campaign is a good example of older people making their voices heard about aspects of rural life that they value and are angry and distressed at losing.

[4] Source: *Rural post offices are a lifeline and centre of the community*, Age Concern England, 2006, www.ageconcern.org.uk or email: campaigns@ace.org.uk

Case study 4 - Work with unaccompanied young refugees in rural areas of The Netherlands[5]

Unaccompanied minor asylum-seekers have been settled in campuses in largely rural municipalities in The Netherlands while they wait for decisions and appeals to be made about their status. These are closed campuses. Most of these young people come from Africa and China.

A research institute that undertakes studies into social issues, the Verwey-Jonker Institute set up an eight-week course for unaccompanied minors aged 15 to 18 in 2002. This course aimed to enable the young people to play a part in their communities and to strengthen ties with local residents to develop some informal supports for the young people. The course was organised in seven municipalities and 84 young people participated. Former unaccompanied minors who were trained as peer educators and so were able to use their own experiences led the courses. Three booklets were written for the course participants and leaders, to introduce the project and the course, as a workbook and a set of guidelines.

The young people were involved in a range of activities that included visits to local farms to strengthen ties with local communities and to increase their understanding of the local area. The courses were judged as successful and were greatly appreciated by the young people.

[5] J. de Gruijter and R. Rijkschroeff (2005) Choices and opportunities: participation of unaccompanied minor refugees in The Netherlands, Community Development Journal 40(2) 212-215, Contact: www.verwey-jonker.nl

References

ADAS (2006) The quality and accessibility of services in rural England: a survey of the perspectives of disadvantaged residents, Bowden, C. and Moseley, M., Wolverhampton. ADAS report for Defra www.defra.gov.uk/rural.pdfs/research

ADSS Cymru (2004) *Recruitment and retention of social workers / senior social work practitioners: A survey of Welsh local authorities,* Cardiff: ADSS Cymru.

Alber, J. (2006) The European social model and the United States, European Union Politics, 7(3) 393-419.

Allan H., Larsen J. A., Bryan K. & Smith P. (2004) The Social Reproduction of Institutional Racism: Internationally Recruited Nurses' Experiences of the British Health Service, *Diversity in Health and Social Care* 1 (2): 117-26.

Asthana, S. and Halliday, J. (2004) What can rural agencies do to address the added costs of rural services? A typology of service innovations, Health & Social Care in the Community 12(6) 457-465.

Attias-Donfut, C., Ogg, J. and Wolff, F-C. (2005) European patterns of intergenerational financial and time transfers, *European Journal of Ageing* 2, 161-173.

Audit Commission (1999) *Listen up! Effective community consultation*, London, Audit Commission

Bates, P. and Davis, F. (2004) Social capital, social inclusion and services for people with learning disabilities, *Disability & Society* 19, 195-207.

Bernard, M., Bartlam, B., Biggs, S. and Sim, J. (2004) *New lifestyles in old age*, Bristol, Policy Press.

Bevan M and Rugg J 2006) *Providing homelessness support services in rural and remote rural areas: exploring models for providing more effective social support*, York, Joseph Rowntree Foundation

Bjorneby., S. Topo, P. and Holthe, T. (eds) Technology, Ethics and Dementia: a guidebook on how to apply technology in dementia care, Oslo, Norwegian Centre for Dementia Research.

Bradley P and Barratt P (2003) *Study of the relative costs associated with delivering the Connexions service in rural and urban areas*, London, Department for Education and Skills (Research Report No. 390)

Bridge G (2001) "Providing for disabled children in the community in Ukraine after communism: a western perspective", *Social Work in Europe*, 8(2) 2-9.

Brigham, P. and Asthana, S. (2002) A case study of assertive outreach in urban and rural areas of Cornwall and Devon: a report for the rural health allocations forum, www.rural-helath.ac.uk

Brown, D. (1999) Care in the country – inspection of community care in rural communities, London, Social Services Inspectorate for the Department of Health.

Buchan J., Jobanputra R. & Gough P. (2004*) London Calling? The international recruitment of health workers to the capital*. London: King's Fund.

Burholt, V. Wenger C. and Scott, A. (1997) Dementia, disability and contact with formal services: a comparison of cases and non cases in rural and urban settings *Heath & Social Care in the Community* 5(6) 384-398

Cambridge, P. and Ernst, A. (2006) Comparing local and national systems in social care in Europe: framework and findings from the STEPS anti-discrimination learning disability project, *European Journal of Social Work* 9(3) 279-303.

Carers UK (2003) Rural carers – policy briefing, London, Carers UK.

Carnegie Commission for Rural Community Development (2005) *The Dartington Conference Report,* Dartington.

Cemlyn, S. (2000) Assimilation, control, mediation or advocacy? Social work dilemmas in providing anti-oppressive services for Traveller children and families, Child & Family Social Work 5(4) 327-341.

Clough R et al. (2004) *Older people and alcohol: a summary and recommendations arising from research in Ayrshire and Arran*, Lancaster, Eskrigge Social Research.

COE 2001 Promoting the policy debate on social cohesion from a comparative perspective, trends in social cohesion, no.1. Council of Europe. Strasbourg.

Commission for Rural Communities website –see: (http://www.ruralcommunities.gov.uk)

Coote, A., Allen, J. and Woodhead, D. (2004) Finding out what works – understanding complex, community-based initiatives, London, King's Fund.

Comas-Herrera, A., Wittenberg, R., Costa-Font, J., Gorl, C., Di Maio, A. et al. (2006) Future long term care expenditure in Germany, Spain, Italy and the United Kingdom, *Ageing & Society*, 26(2) 285-302.

Craig, G. and Manthorpe, J. (2000) *Social care in rural areas: developing an agenda for research, policy and practice*, York, York Publishing Services

CRC (2007) Migrant workers in rural areas. Cheltenham, Commission for Rural Communities. (http://www.ruralcommunities.gov.uk)

Countryside Agency (2003) *Delivering services to children and families in rural areas: the early lessons from Sure Start*, Countryside Agency.

Crawford, P. and Brown, B. (2002) 'Like a friend going round': reducing the stigma attached to mental healthcare in rural communities, Health & Social Care in the Community 10(4) 229-238.

Crawford, K., Walker, J. and Granescu, M. (2006) "Perspectives on social care practice in Romania: supporting the development of professional learning and practice", *British Journal of Social Work* 36, 485-498.

Department of Health (2001) *National Service Framework for Older People*, London, Department of Health

Department of Health (2004) *Code of Practice for International Recruitment of Healthcare Professionals*, www.dh.gov.uk/assetRoot/04/09/77/34/04097734.pdf (accessed 22/02/2007).

EC 2003 Regulation (EC) No 1059/2003 of the European Parliament and of the Council of 26 May 2003 on the establishment of a common classification of territorial units for statistics (NUTS). Official Journal L 154, 21/6/2003. P 0001 - 0041., European Parliament and the Council of the European Union

EC (2005) Peer Review Newsletter no 2, page 1, Peer Review in the Field of Social Inclusion Policies, Brussels, European Commission.

EC 2006a Bulletin EU 12-2006 - Agriculture and Rural Development (COMM (2006) 857). European Commission http://www.europa.eu/cgi-bin (checked 22-2-07)

EC 2006b The EU rural development policy 2007-2013. Office for Official publications of the European Communities,2006. (http://europa.eu).Luxembourg.

EC 2006c Implementing the Community Lisbon programme: social services of general interest in the European Union -Comm (2006) 177. Brussels, 26-4-2006. Commission of the European Communities.Brussels.

EC 2006d Rural Development in the European Union - statistical and economic information. European Commission Directorate General for Agriculture and Rural Development

EC 2006e Rural development in the European Union - Statistical and Economic Information (August 2006). Directorate-General for Agriculture and Rural Development. European Commission (http://www.ec.europa.eu)

EC (2006). *Implementing the Community Lisbon programme: social services of general interest in the European Union -Comm* (2006) 177. Brussels, 26-4-2006. Brussels, Commission of the European Communities.

Evans, S., & Huxley, P. (2004) *International Recruitment of Social Care Staff in the UK – A Systematic Review of Evidence.* London: SCWRU, King's College London

Fraser H (2005) "Setting the scene Europe wide: the challenge of poverty and social exclusion", *Community Development Journal*

Francis, D. and Henderson, P. (2004) *Rural community development in the UK and Ireland: a scoping paper*? Carnegie Commission for Rural Community Development

Giarchi, G. G. (2006) Editorial Introduction *Social Policy and Administration,* 40**,** 571-578.

Gilmour, H., Gibson, F. and Campbell, J. (2004) "Living alone with dementia: a case study approach to the understanding of risk", *Dementia*, 2(3) 403-420.

Glendinning, C. and Kemp, P. (Eds) (2006) Cash and Care: policy challenges in the welfare state, Bristol, Policy Press, 127-140.

Gray D., Farrington, J. Shaw, J. (2006) Community transport, social capital and social exclusion in rural areas, *Area,* 38(1) 89-98.

Halhead, V. 2006 Rural Movements in Europe: Scandinavia and the Accession States. *Social Policy & Administration,* 40**,** 596-611.

Halloran, J. & Calderon, V. 2005 Access to Quality Services - European Social Network Policy Paper. European Social Network (available from: ww.socialeurope.com.inclusion accessed 23-2-07)

Hazel, N. (2005) Holidays and children and families in need: an exploration of the research and policy context for social tourism in the UK, *Children and Society* 19 (3), 225-236.

Healthcare Commission (2006) *Living well in later life: a review of progress against the National Service Framework for Older People*, London, Healthcare Commission

Heikkila, M. & Julkunen, I. 2003 Obstacles to an increased user involvement in social services - background report for Council of Europe. Council of Europe. www.coe.int

Heikkila, M. and I. Julkunen (2003) *Obstacles to an increased user involvement in social services - background report for Council of Europe*, Council of Europe.www.coe.int.

Help the Aged (1996) *Growing Old in the Countryside: a case study practice manual,* London, Help the Aged

Horton M (2005) "Rural crisis, good practice and community development responses", *Community Development Journal*

Innes, A. Cox, S. and Smith, A. (2006) Service provision for people with dementia in rural Scotland: difficulties and innovations, *Dementia* 5(2) 249-270.

Krzyszkowski, J. (2001) "Social policy developments and implications for the social professions: the case of Poland", *Social Work in Europe* 8, 62-64.

Larsen J, Allan H, Bryan K & Smith P (2005) Overseas Nurses' motivations for working in the UK: Globalisation and Life Politics *Work, Employment & Society* 19 (2) pp349-368.

Leichsenring, K., Strumpel; C. and the Groupe Saumon (1998) The use of small housing units for older persons suffering from dementia, Eurosocial 63/98. European Centre for Social Welfare Policy and Research, European Centre Vienna.

Leichsenring, K. 2003 Providing integrated health and social care for older persons - a European overview. European Centre for Social Welfare Policy and Research. available from: http://www/euro.centre.org

Le Mesurier, N. (2006) The contributions of older people to rural community and citizenship, in Lowe, P. & Speakman, L. (2006) The ageing countryside - the growing older population of rural England, London, Age Concern England.133-146.

Lethbridge, J (2004) *European Works Councils and the Healthcare sector*, London Public Services International Research Unit, www.psiru.org

Little, J. (1997) Constructions of rural women's voluntary work, Gender, Place and Culture 4(2) 197-201.

Lowe, P. & Speakman, L.,2006 *The ageing countryside - the growing older population of rural England*, Age Concern England. London.

McGann, S., Ryan, AA, and McKenna, H. (2005) The challenges associated with providing community care for people with complex needs in rural areas - a qualitative study *Health and Social Care in the Community* 11(5)

Manthorpe, J., Malin, N. and Stubbs, H. (2004) Older people's views on rural life: a study of three villages*, International Journal of Older People's Nursing,* 13 6, 97-104*.*

Midgley, J. (Ed.) (2006) *A new rural agenda*, IPPR North, Newcastle Upon Tyne.

Mitchell, C. J. A. 2004 "Making sense of counterurbanization". *Journal of Rural Studies,* 20**,** 15-34.

Moseley, M., Curry, N., Hayes, L., Ingram, J., Johnson, P, Kambites, C., Milbourne, P., Owen, S., White, S. and Wragg, A. (2005) The future of services in rural England – a scenario for 2015 -final report to Defra. www.defra.gov.uk

Moseley M Owen S Johnson P, Craig C McNamee S and Wilkinson M (2006) *Rural Community Value: Assessing the impact of the Work of Rural Community Councils,* Draft final report to DEFRA

Munday, B. (Undated). *European social services - a map of characteristics and trends*, Council of Europe (www.coe.in/t/e/socialcohesion).

O'Connor, J. (2005) Policy coordination, social indicators and the social policy agenda in the European Union, Journal of European Social Policy, 15, (4), 345-361.

OECD 2006 Reinventing rural policy - Policy Brief (October 2006). Organisation for Economic Co-operation and Development (OECD) http://www.oecd.org

Otrebski, W., Northway, R. and Mansell, I. (2003) Social policy and people with intellectual disabilities in Poland – enhancing quality of life? Journal of Learning Disabiilties. 7 (4) 363-374.

Parr, H. and Philo, G. (2003) Rural mental health and social geographies of caring, *Social & Cultural Geography* 4, 471-488.

Pecora, P., McAuley, C. and Rose, W. (2006) Effectiveness of child welfare interventions: issues and challenges in McCauley, C., Pecora, P. and Rose, W. (eds) *Enhancing the well-being of children and families through effective intervention*, London, Jessica Kingsley, 14-20.

Peer Review (2005) *Newsletter no 2*, page 1, Peer Review in the Field of Social Inclusion Policies, Brussels, European Commission.

Pfau-Effinger B (2005) Welfare state polices and the development of care arrangements, *European Societies* 7(2) 321-347.

Phillipson C (2004) Urbanisation and ageing: towards a new environmental gerontology, *Ageing & Society* 24(6) 963-972

Phillipson C and Scharf T (2004) *The impact of government policy on social exclusion among older people*, London, Social Exclusion Unit.

Phillipson, C. & Scharf, T. 2005 Rural and urban perspectives on growing old - developing a new research agenda. *European Journal of Ageing,* 2**,** 57-75.

Polverini, F. and Lamura, G. (2005) Italy: quality of life in old age 1, in Walker, A. (2005) Growing older in Europe, Maidenhead, Open University Press. 55-82.

Pugh R (2003) Considering the Countryside: is there a case for rural social work? *British Journal of Social Work*, 33, 67-85

Pugh R (2006) Dual relationships: personal and professional boundaries in rural social work *British Journal of Social Work*, advance access

Ray, C. & Ward, N. 2006 The significance of rural policy - the significance of rural futures studies, Discussion Paper series no (7). February 2006. Centre for Rural Economy, Newcastle University. Newcastle-upon-Tyne.

Reed, J., Cook, G., Bolter, V. & Douglas, B. 2006 Older people 'getting things done'. Joseph Rowntree Foundation (available from www.jrf.org.uk/bookshop).York.

Rennie F Greller W and MacKay M (2002) *Review of international best practice in service delivery to remote and rural areas*, Edinburgh, Scottish Executive.

Scharf, T. & Bartlam, B. 2006 Rural disadvantage - *quality of life and disadvantage amongst older people a pilot study*. Commission for Rural Communities. London.

Scottish Executive (2004) Rural and remote areas: effective approaches to delivering integrated care for drug users, Edinburgh, Scottish Executive, Effective Innovations Unit, www.drugmisuse.isdscotland.org.eiu.eiu.htm (accessed 20/4/07)

Scotland Government (2004) Rural Scotland Key Facts 2004, www.scotland.gov.uk/library5/rural/rskf04-00.asp (accessed 19/4/07).

Shucksmith, M., S. Cameron, et al. (2006) *First European quality of life survey: urban-rural differences*. Vienna (accessed from:www.eurofound.eu.int. 22/2/07), Institute for Advanced Studies for European Foundation for the Improvement of Living and Working Conditions.

Shucksmith, M. (2004) Young people and social exclusion in rural areas, *Sociologia Ruralis* 44(1) 43-59.

Shucksmith, M. 2000 Exclusive Countryside? - social inclusion and regeneration in rural areas. Joseph Rowntree Foundation. York.

Shucksmith, M., Cameron, S., Merridew, T. & Pichler, F. 2006 First European quality of life survey:urban-rural differences. Institute for Advanced Studies for European Foundation for the Improvement of Living and Working Conditions Vienna (accesssed from:www.eurofound.eu.int. 22/2/07).

Social Services Inspectorate (1999) *Care in the Community: Inspection of Community Care in Rural Communities, London*, Department of Health

Social Work Inspection Agency (2005) *An inspection into the care and protection of children in Eilean Siar,* Edinburgh, Social Work Inspection Agency

Swindlehurst, H. 2005 Rural proofing for health - a guide for primary care organisations. Institute of Rural Health

Tsakloglou, P. and Panppoulou G. (1998) Who are the poor in Greece? Analysing poverty under alternative concepts of resources and equivalence scales, Journal of European Social Policy, 8(3) 213-236.

Van der Geest S., Mul A and Vermeulen (2004) Linkages between migration and the care of frail older people: observations from Greece, Ghana and the Netherlands, *Ageing & Society*, 24, 431-450.

Walker, A. (2005) Growing older in Europe, Maidenhead, Open University Press.

Warnes, T. (2004) "Older foreign migrants in Europe: multiple pathways and welfare positions", in Daatland S and Biggs S (eds) *Ageing and Diversity*, Bristol, policy Press, 141-156.

Weidekamp-Maicher, M. and Reichert, M. (2005) Germany – quality of life in old age 1, in Walker, A. (2005) Growing older in Europe, Maidenhead, Open University Press.33-54.

Wenger, G. C. 2001 Myths and realities of ageing in rural Britain. *Ageing & Society,* 21**,** 117-130.

Williams, C (2002) Social exclusion in a consumer society: a study of five rural communities, *Social Policy and Society* 1(3) 203-212.

Wolf, D. A. & Ballal, S. S. 2006 Family support for older people in an era of demographic change and policy constraints. *Ageing & Society,* 26**,** 693-70.

Woolham J et al. (2006) *Research Policy and Planning*

Wright, F., McCreadie, C. and Tinker, A. (2006) Improving the provision of information about assistive technology for older people, London, Institute of Gerontology, King's College London.