

Appendix 2: Extract of the Government review regarding providing Best Start for Life Services in rural areas

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what we heard from parents, carers and Start for Life professionals and volunteers who live and work in rural areas.

What the Review heard

1 Caring for a baby in a large rural area can bring with it a number of obstacles. These come on top of the challenges which parents and carers face regardless of where they live. The Review heard that living in a large rural county where the towns and cities are many miles apart can make accessing support very difficult for families as they have a long way to travel. For example, the average journey time to hospital using public transport is 34 minutes in urban areas, compared to 61 minutes in rural areas¹⁰² and the Review heard that in Devon, families can live up to 29 miles away from their nearest Children's Centre.

2 In rural areas, accessing services can be especially difficult for families who do not have use of a car. The Review heard how transport options can be very limited; in some areas, the train services are virtually non-existent and residents have to rely on bus services which are infrequent and often expensive. For some families, travelling on buses to get to appointments can take up a large portion of their day, especially if there is no direct bus route.

3 The Review also heard how covering a large geographical area can make things harder for Start for Life professionals and volunteers. Many professionals – such as health visitors and community midwives – are able to offer home visits to the families they support. Having long distances to travel between visits will reduce the number of families Start for Life professionals and volunteers are able to see each day. This might make it more difficult for families to get a home visit and it might mean increased workload pressures for professionals.

4 We also heard about the ways in which service providers have overcome the challenges faced by geographically dispersed areas. For example, some local partners are able to provide free transport to help parents access services. Others have been conducting research with local families to find out which locations are the easiest for parents to get to. Local partners have also made some of their services mobile, running sessions in different locations around an area so they can reach out to communities which are often isolated.

5 The Review has also heard about how the changes to service provision as a result of the coronavirus pandemic have been welcomed by some families living in rural locations. As many local partners have been able to offer virtual services – either online or over the phone – families have been able to avoid travelling long distances in order to attend a face to face appointments.

Families living in rural areas: How the actions in this Review will have real world impact

6 The Review has heard how living and working in rural areas comes with additional challenges for families, with difficulties around accessing face to face services due to the time and cost of travelling to appointments. While having a physical place to go is central to the Start for Life offer, meeting the needs of every family requires services to connect with those in isolated communities, giving them the support they need without expecting them to always travel far for it.

7 There are similar challenges for those professionals and volunteers providing services as part of the Start for Life offer, where one person doing home visits can by necessity spend more time travelling between appointments than working with families. While home visits are a vital service, particularly for midwives and health visitors, we want to enable greater ability to connect with families remotely through the digital offer to supplement face to face engagement.

8 Services provided under both Universal and Universal+ offers should include a digital element wherever possible, be it telephone appointments or group activity sessions held over a video call. However, we recognise that broadband connectivity and mobile phone networks are unavailable or unreliable in some rural areas. For this reason, we think digital services must complement, but not replace, in-person physical services.

9 We have seen some excellent examples of services adapted to meet the needs of their local communities, particularly those that have been implemented due to the coronavirus pandemic. It is important that others are given the opportunity to learn from these experiences; we think local leaders will be well-placed to identify and share best practice, as well as 'what works' when commissioning service

10 It is really important that local partners listen to the people they serve and consider their preferences when designing a Start for Life offer. The Review has heard how some local areas have conducted research with parents and carers to ensure that physical services are based in the locations which are easiest for families to reach. We want to see more local partners involving their communities in all aspects of how services are designed. This should be achieved by the co-design of the Start for Life offer by local authorities and Parent and Carer Panels.