

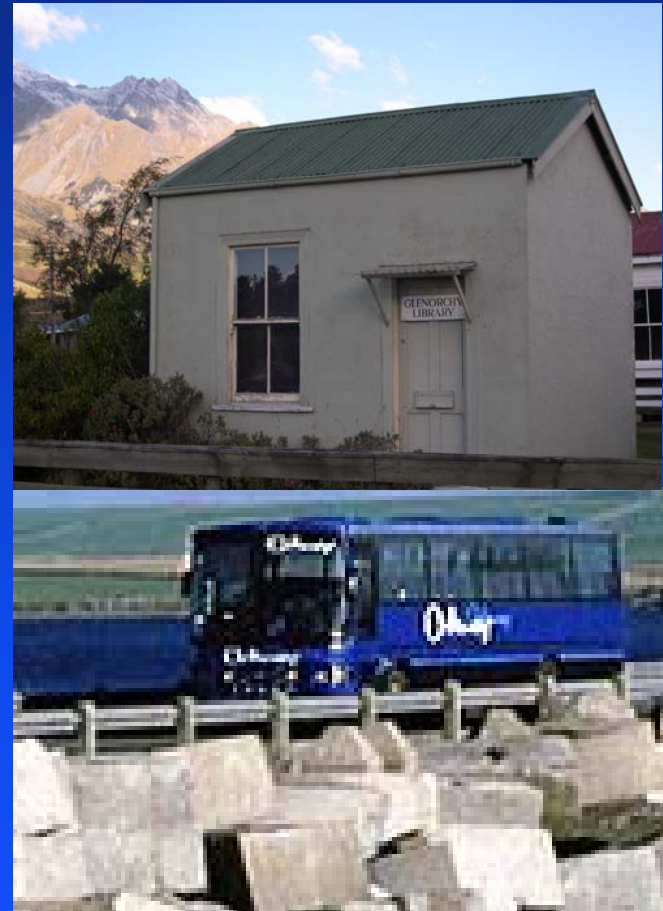
# Delivering Services in Sparsely-Populated Regions

Professor Mark Shucksmith  
Newcastle University, UK



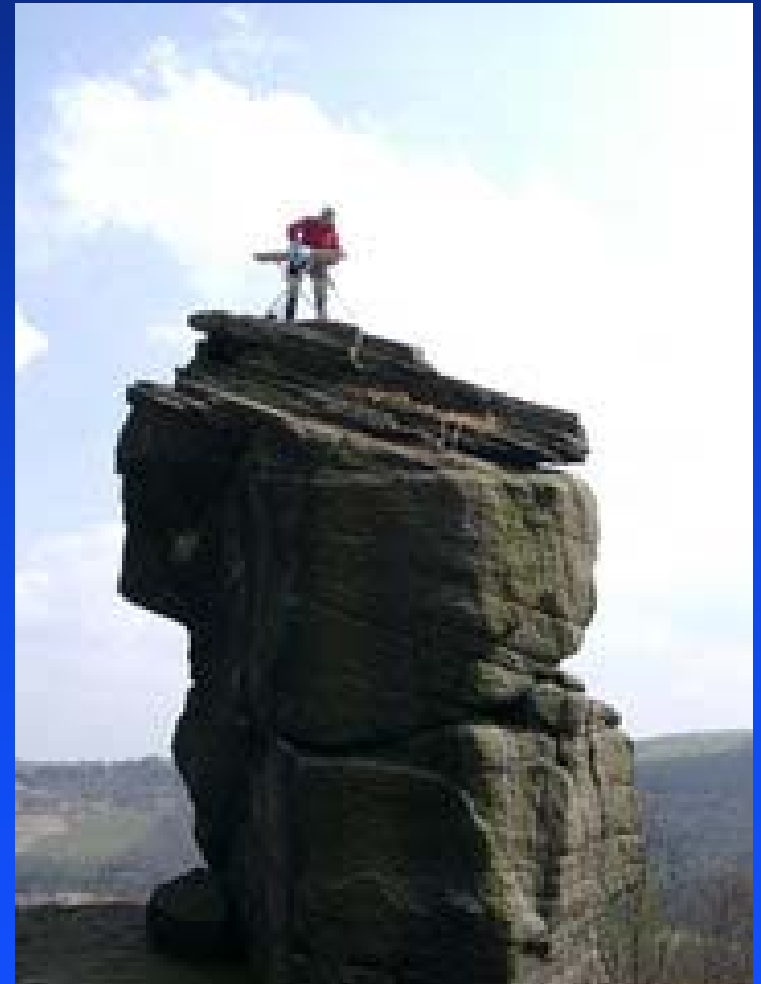
# Introduction

- Access to services is vitally important in sparsely-populated rural areas, as elsewhere:
  - Citizenship entitlement
  - Social inclusion/ justice
  - Sustainable communities and place-making



# Introduction

- But services are much harder to provide in remote rural places...!
- Often innovative solutions required...
- Is the quality as good?
- Who pays?
- What expectations?



# Main Themes



- Access, time and cost
- Quality of service
  - Models of provision
  - Trade-offs; who decides?
- Individual and collective choice and voice
- Social exclusion
  - Sparse areas as Parisian suburbs?
- Sustainable communities

# Pre-School Education in Rural Scotland

I will refer to a study we undertook a few years ago.

- UK New Labour Government promised pre-school places for all aged 4 (by 1998) and aged 3 (by 2002).
- Scottish Office asked us to examine how this could be achieved in rural Scotland. We explored:
  - Whether there were enough places in rural areas.
  - Models of provision as distance increases from urban centres.
  - Parents' and providers' perspectives on these issues.
  - Issues of social inclusion, of quality and flexibility, and of choice in relation to rurality.

M.Shucksmith, J.Shucksmith & J.Watt (2006) Rurality and Social Inclusion: A Case Study of Preschool Education, *Social Policy & Administration*, 40, 6, 678-691

# Access, time and cost

- Access to services is seen as an *entitlement*. However...
  - Many in sparse areas accept they have to bear some of the cost (eg. transport to distant services) or that services may be inferior (eg. emergency services). Others claim equal entitlement.
  - Should sparse areas receive minimum standard or equal entitlement?
  - External perspective that people who 'choose' to live in sparsely populated regions must expect poorer services: why should taxpayers (elsewhere?) meet the cost of this 'lifestyle' choice?
- Difficulties of access, time and cost may prevent some people from accessing services, or lead to real hardship.
  - Some 3 and 4 year olds could not benefit from pre-school education due to lack of two cars, cost of travel or other barriers.
  - Ironically, for their children to access pre-school education, some mothers have to leave the labour market (so falling into poverty).

# Access, time and cost

- Transport crucial : for most people this is car dependency.
  - For pre-school children, long distance travel on school bus without parents was problematic. Is this acceptable? What alternatives?
  - Recent survey of cancer patients in SW Scotland travelling an average of 124 miles for routine tests and treatment, such as radiotherapy and chemotherapy, some up to 14 hours a day.
  - For vulnerable groups difficulties in accessing services can be an important element of their social exclusion.
- Case studies of innovative and imaginative transport models?
- How much of travel costs should rural residents bear?
- Should services be funded by local taxpayers (low tax base)? Taxpayers elsewhere (social solidarity)?
- Alternatively, how might services be brought closer to people in sparsely-populated regions?

# Quality of Services

- Quality of services is a related issue. Inclusion in a poorer quality service seen as an empty concept.
- Are rural children getting a “second class service”?
  - Local playgroups, staffed by volunteers not teachers.
  - Composite class in nearest primary school.
  - Peripatetic outreach.
  - New centralised provision to serve several communities...  
eg. Two multi-purpose centres offered extended day care and flexible hours, opening up employment opportunities for women, adult education, health and other services. Necessarily centralised, so exacerbating issues of distance, but making a real difference to strategies of inclusion.

# Quality of Services

- In health services, similar tensions arise between specialisation (quality) and access in sparse areas.
  - Smaller hospitals with generalist surgeons would be more accessible, but would this be a second-class service?
  - To maintain quality, surgeons must perform a threshold number of operations to be specialist – impossible in sparse regions.
  - Solution in new workforce roles? – para-professionals (surgical assistants; anaesthesia practitioners (APs)) with less training.

In US such APs operate independently in rural areas but higher death rates. In UK and Europe, APs have to work under close supervision of consultant surgeon, but this prevents them from working in rural areas.
- Another issue arises from performance targets.

# Quality of Services: who decides?

- Defining quality is a political process, going well beyond the consumer-producer relationship and in which the whole community can be involved. In pre-school education...
  - Quality for *children*: some consensus but none on the structural features of pre-school education. Teachers or volunteers? Disagreement about composite classes.
  - Quality for *parents*: confidence and choice. Active parent involvement sought but rare in council sector, or where the provision is centralised far away.
  - Quality for the *community*: building social capital; empowering women volunteers; contributing to sense of community?

# Individualised & Collective Aspects

- An important dimension of quality is that people in sparse areas can play an active role in defining their local provision. The political definition of quality has particular rural dimensions:
  - Diversity and heterogeneity of rural communities: each is different.
  - Continuing *renegotiation* of needs, quality and responses necessitated by the rural context, in which options are limited and compromise is inevitable.
  - Individual choices often reduce choices for others – eg playgroup closures.
- Active involvement can be a focal point for community development and hence for social inclusion in collective sense.
  - ‘Dedicated community facilitation’ proposed by Scottish Executive report.
- But for other services there may be real tensions between individual and community because they are seen as stigmatising:
  - Alcohol, drugs, sexual health, mental health, and even welfare benefits.

# Sustainable Communities

- In some countries, the discourse of sustainable development has led to policies to promote ‘sustainable communities’.
- In England settlements are now classified as either sustainable or unsustainable on the basis of whether they meet a checklist of amenities and services. Consequently, the lack of a service – such as a post office or an hourly bus service – can mean no further investment in that village and then closure of further services.
- An alternative view is that, rather than creating this false dualism, policy should seek to make all communities sustainable. It is in this latter sense that I understand the OECD’s challenge of delivering services in sparsely populated regions.
- Meeting the challenge of delivery of services is an integral part of *place-making* as envisaged in ‘The New Rural Paradigm’ report.

# Conclusions

- Public services in sparse regions: the role of institutions and governance in ‘administrative exclusion by the state’?
  - Equal entitlement; minimum standards; or second class citizens?
- Difficulties in accessing public services may themselves generate/ perpetuate unequal capacities and life-chances, eg through unequal early education or health care.
- Public services now privatised (eg.POs): what regulation and/or subsidy for sparse regions? Who pays?
- Issues of individual and collective choices and voices. How to build local capacity to demand better services and to generate innovative solutions as part of place-making?