Rural deprivation in Suffolk

May 2016

Authors: Anna Crispe, Head of Knowledge & Intelligence, PHP, and Natacha Bines, JSNA Programme Manager, PHP
Contents

Executive Summary ................................................................. 2
1. Defining and understanding geographic rurality in Suffolk ...................... 3
2. Experian data on population density ................................................ 5
3. Defining and understanding demographic rurality in Suffolk ...................... 6
   3.1 Age Profiles ........................................................................ 7
   3.2 Minority Ethnic Populations .................................................. 8
   3.3 Migrant Workers .................................................................. 9
   3.4 Tourist Populations .............................................................. 9
4. Inequalities in Rural Areas .................................................................. 10
   4.1 Deprivation and rurality .......................................................... 10
   4.2 The ‘masking’ of rural deprivation .............................................. 11
   4.3 Domains of Deprivation in rural Suffolk .................................... 13
5. The Costs of services for Rural Communities ......................................... 30
6. Public Health England Rural Proofing Recommendations ......................... 32
Reference List ................................................................................. 34
Appendix A ..................................................................................... 36
Appendix B ..................................................................................... 36
Useful links and further information: ...................................................... 37
   Tourism strategy ......................................................................... 37
   Suffolk rural crime prevention ..................................................... 37
   DEFRA Rural Proofing Guidelines – Summary ................................ 38
   Stepchange visits ...................................................................... 38
Executive Summary

The information within this report has been provided in response to a request for a review of rural deprivation and an update of the 2008 OSCI Deprivation in Rural Areas report. An overview of the main findings is presented below:

- Suffolk has double the national average of people resident in rural areas.
- In general, rural areas within Suffolk are less deprived than urban ones.
- Suffolk’s rural population is more likely to live longer; has a lower incidence of cancer and heart disease; is less likely to be income deprived, and less likely to be a child living in an income deprived household; is less likely to be workless; is less likely to be employed in elementary occupations; is more likely to hold higher levels of qualifications; and is less likely to be living with a long term illness aged 0-64 than Suffolk’s urban population.
- Despite these relatively low levels of overall rural deprivation in Suffolk, small distinct pockets of rural deprivation do clearly exist; these can be hidden by the Indices of Multiple Deprivation being calculated at LSOA level.
- The cost of providing services in rural areas is estimated to be significantly higher than the cost of providing services in urban areas.
- Suffolk’s rural population is older than its urban population, and the proportion of older people in Suffolk’s rural population is increasing faster than the proportion of older people in urban areas. This trend, combined with the higher cost of providing services in rural areas, housing stock which is often difficult to heat and maintain, poor transport, and more limited social networks, is likely to lead to high and increasing needs and costs for Suffolk’s rural population now and in the future.
1. Defining and understanding geographic rurality in Suffolk

The Office of National Statistics Rural-Urban Classification\(^1\) defines areas as rural if they fall outside settlements with more than 10,000 resident population. Within this overall definition, areas are sub-divided into six categories: Town and Fringe; Town and Fringe in a sparse setting; Village; Village in a sparse setting; Hamlets and Isolated Dwellings; and Hamlets and Isolated Dwellings in a sparse setting.

The distribution of urban and rural areas in England by local authority, and by middle-layer super output areas (MSOAs), is shown below.

Figure 1: ONS Rural Urban Classification by Local Authority and MSOA at 2011

Source: ONS\(^1\) and PHE\(^2\)

Within Suffolk, the distinction between rural and urban areas at MSOA level is as follows:
An MSOA has a minimum population of 5,000 people. There are 54 urban city and town MSOAs in Suffolk. There are also geographically larger MSOAs with less dense populations, which are mainly located within Mid Suffolk, St Edmundsbury and Suffolk Coastal.

All of the MSOAs within Ipswich are considered urban, whereas in Mid Suffolk, 75% of the MSOAs are defined as rural. Nationally, about 570,000 people (1.1% of the population) live in settlements in a sparse setting. Sparsity is determined by the distances between dwellings. Only one MSOA in Suffolk is defined as sparse by the Office for National Statistics.

### Table 1: Count of MSOAs within LA by classification

<table>
<thead>
<tr>
<th>LA</th>
<th>Rural town and fringe</th>
<th>Rural town and fringe in a sparse setting</th>
<th>Rural village and dispersed</th>
<th>Urban city and town</th>
<th>Grand Total</th>
<th>% rural MSOAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>3</td>
<td></td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>43%</td>
</tr>
<tr>
<td>Ipswich</td>
<td></td>
<td></td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>0%</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>12</td>
<td>12</td>
<td>75%</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td></td>
<td>6</td>
<td>3</td>
<td>14</td>
<td>14</td>
<td>43%</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td></td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>Waveney</td>
<td>3</td>
<td></td>
<td>12</td>
<td>15</td>
<td>15</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>16</strong></td>
<td><strong>1</strong></td>
<td><strong>19</strong></td>
<td><strong>54</strong></td>
<td><strong>54</strong></td>
<td><strong>90%</strong></td>
</tr>
</tbody>
</table>

Source: ONS\(^1\)
2. Experian data on population density

Public Health and Protection in Suffolk commissioned Experian to look at rurality at a Lower Super Output Area (LSOA) level (minimum population 1,000), using their own classification system, which is detailed in Figure 3 below.

Figure 3: Experian rurality indicators at LSOA level, Suffolk 2016

At this lower level the disparity between urban and rural areas becomes more apparent. Figure 4 below plots only the ‘extremes’ for Suffolk, i.e. the really urban and really rural areas; table 2 shows this data numerically. Ipswich is the most urban area, while 6 of the extremely rural LSOAs are in Mid Suffolk.
It is also important to note that rurality can also be described through socio-economic, cultural and other dimensions, as well as geographical and demographic ones, and that rural areas are as varied and difficult to typify as urban areas.

3. Defining and understanding demographic rurality in Suffolk

Rural areas make up 85% of the English landmass, but the 2011 census indicates that only 18% of the national population (9.3 million people) lives in rural areas. In Suffolk, approximately 278,000 residents live in rural areas - approximately 38% of Suffolk’s
total population (see Appendix A). This is almost double the proportion of people who live rurally in England as a whole.

### 3.1 Age Profiles

Rural areas typically have a larger proportion of older people and smaller proportion of young adults, and this pattern is also true for Suffolk.

**Figure 5: rural/urban population structure in Suffolk by age band, ONS 2011**

![Population Structure Chart](image)

Source: Rural Health Profile for Suffolk, ACRE 2013

It is also important to note that in recent years, Suffolk’s rural population has become proportionately older than its urban one. Suffolk’s population overall is ageing, but this change is more marked in the rural population.

**Figure 6: People aged 65+ as proportion of Suffolk’s urban and rural population, 2002 - 2014**

![Age Proportion Chart](image)

Source: ONS mid-year population estimates 2002 – 2014, PHS analysis

Given that older people typically have higher numbers of long term conditions, and are more likely to need health and care input than younger people, this increasingly elderly rural population may, over time, have disproportionately high needs which in turn incur disproportionately high costs.
In addition to these changes in age profile, some changes in Suffolk’s rural household profiles are also evident in recent years. Figure 7 below considers the proportion of lone pensioner and lone parent households in Suffolk’s rural areas, based on the 2011 census. Over 50% of Suffolk’s lone pensioner households live rurally, which, while similar to the regional and national average, equates to nearly 17,000 people in Suffolk who may not be able to access services easily, including online services, and who may be at risk of social isolation.

Figure 7: Proportion of lone parents and lone pensioners in rural areas of Suffolk and comparators

![Bar chart showing proportion of lone pensioner and lone parent households in Suffolk, the East of England, and England.](chart)

Source: Census 2011

Figure 7 also demonstrates that 17% of Suffolk’s lone parent households also live rurally – just over 5,200 households. This is an increase compared to the 2001 census data, when only 13% of lone parent households were rural. Again, this may be a group at significant disadvantage in relation to income and access to services, both of which may be exacerbated by living in a rural setting.

3.2 Minority Ethnic Populations

Nationally, 95% of people in rural areas identified themselves as ‘White British’ in 2011, compared with 77.2% in urban areas. In Suffolk the patterns are similar, with 94% of people in rural areas identifying themselves as ‘White British’ in the 2011 census. Figure 8 below shows the proportion of people by ethnic group in rural and urban Suffolk, and in comparison to England as a whole. The proportion of minority ethnic populations in rural Suffolk is lower in rural areas both compared to urban area, and to England.
3.3 Migrant Workers

The Commission for Rural Communities recently looked the position of migrant workers in rural areas, including the challenges posed by language, culture, tensions with local communities and other factors.

In Suffolk it is estimated that 0.4% of the working age population in rural areas consists of overseas migrants, compared to 0.8% in Suffolk’s urban areas.

The 2015 Needs Assessment for Groups at Risk of Disadvantage in Suffolk paid particular attention to migrants from Eastern Europe. The report found that in Suffolk, Ipswich has the highest number of Eastern Europeans, followed by St Edmundsbury and Forest Heath. Both Ipswich and Forest Heath had a higher proportion of residents from Eastern Europe than the East of England, and England as a whole. In Suffolk and elsewhere, many migrants from Eastern Europe work in agriculture and food processing in rural areas. This is different from previous waves of immigration, where newly arrived people were concentrated in cities.

3.4 Tourist Populations

Tourism can swell population numbers greatly in the short or longer term, and while very important to the economy in rural or remote areas, also poses challenges. Tourism plays a key role in Suffolk’s economy and attracts many thousands of visitors. Recent work on the tourism strategy for the Suffolk Coast and Heaths Area of Outstanding Natural Beauty suggests that there are 225,000 overnight trips and 3 million day trips to just this area of Suffolk each year.
4. Inequalities in Rural Areas

4.1 Deprivation and rurality

Deprivation is complex, can take many forms, and may be hidden. Public Health England\(^2\) have noted that it is uncertain how much the rural population nationally is affected by social deprivation, and in particular by extreme deprivation, which may be persistent across generations, and whether this translates into poorer outcomes for rural residents.

Overall, the rural areas of Suffolk are not the most deprived parts of the county. Overall, Suffolk’s rural residents have a longer life expectancy than urban residents [ref rural health Suffolk, OSCI 2013], are less likely to be income deprived, and are less likely to be a child living in an income deprived household (Rural share Suffolk, 2011, PHS analysis 2011 census); are less likely to be workless; are less likely to be employed in elementary occupations; are more likely to hold higher levels of qualifications; and are less likely to be living with a long term illness aged 0-64.

But within these positive overall figures, pockets of rural deprivation certainly exist, although they may be hard to find.

The most common approach to assessing levels of deprivation is to use the Office for National Statistics’ Indices of Multiple Deprivation (IMD), which have recently been updated for 2015\(^8\). IMD data can be analysed at LSOA level. Figure 9 below shows only the rural LSOAs in Suffolk mapped by their 2015 national deprivation decile. ‘Hotspot’ areas include LSOAs in Waveney, the north of Suffolk Coastal, north east of St Edmundsbury, and central and western Babergh. However, it is important to note that there are no rural LSOAs in Suffolk within the most deprived 30% of LSOAs nationally in the 2015 IMD data; this compares favorably to 2007, when there was one Suffolk LSOA in this category.
4.2 The ‘masking’ of rural deprivation

Although Suffolk is a relatively wealthy county overall, highly localised rural deprivation is a particular issue. This occurs when small pockets of deprivation are masked in the data by areas of relative affluence. Very small areas of deprivation are difficult to identify and may mean people do not receive the same levels of resource and intervention that a larger and more defined area would.

In 2011, The Suffolk Foundation commissioned a report ‘Hidden Needs: hidden deprivation and community need in Suffolk’ (currently being refreshed) which identified ten pockets of rural deprivation which were amongst the 10% most deprived in the East of England.

As part of this work, the Oxford Centre for Social Inclusion (OCSI) statistically modelled key deprivation datasets down to Output Area level (approximately 300 people). While the extent of deprivation is still relatively limited overall, this approach provided greater clarity about deprivation in very small rural areas in Suffolk, with almost three times as many rural Output Areas falling into the most deprived 30% in England when compared to the same calculation at Lower-Level Super Output Area (1,500 people). The same phenomenon was also recently found in Suffolk’s 2015 ‘Groups at Risk of Disadvantage’ (GAROD) needs assessment.
OSCI then went on to look at the population characteristics of the ten most deprived rural Output Areas. While the differences have not been tested for significance, the most deprived Output Areas contained double the proportion of lone parent households; a much higher proportion of households with no central heating; higher numbers of economically inactive people; nearly double the proportion of adults with no qualifications; a higher proportion of adults with long term illness; and fewer households with access to a car or van than the averages for Suffolk’s rural population, and for Suffolk as a whole.

Public Health Suffolk (PHS) has repeated this analysis of characteristics for Suffolk’s ten most deprived rural LSOAs, based on the IMD 2015. Unfortunately it is not possible to exactly replicate the earlier analysis using the more recent data, as the methodology used to convert IMD at LSOA into OA is not publically available.

While many of the population differences identified in the earlier analysis remain, they are all present to a significantly lesser degree when the analysis is done at LSOA level. Of course, this could be because the population characteristics of those communities have changed over time; or it could be that the differences are only apparent when the analysis is conducted at Output Area level; once the larger 1,500 LSOA population is used, those differences are smoothed to a significant extent, illustrating the problem of ‘masking’. Both the 2007 and 2015 hotspot tables are included at appendix b, but cannot be directly compared because of this difference in levels of analysis.
4.3 Domains of Deprivation in rural Suffolk

Any overall assessment of deprivation consists of a number of different domains. This section reviews these domains within the context of Suffolk’s rural population. The domains included are:

- Income, costs and financial vulnerability;
- Employment and worklessness;
- Education, qualifications and skills;
- Crime;
- Health;
- Access to services;
- Housing.

4.3.1 Income, costs and financial vulnerability

The rural LSOAs in Suffolk have been mapped to show their income deprivation quintile, using the IMD 2015. There are no rural LSOAs in the highest income quintile nationally, i.e. in the most deprived national quintile. The map is shown below:

Figure 11: Income deprivation domain mapped by quintile, Suffolk, 2015


Another way to consider whether Suffolk’s rural areas are deprived in relation to income is to assess the ‘rural share’ of income deprivation in the county. This can be
seen by calculating the proportion of people who live in rural areas, and by comparing the proportion of key metrics concerning income deprivation to that share. If the proportion of, for example, rural residents claiming income support, is less than the proportion of residents who live rurally as a whole, it suggests that those indicators are under-represented in Suffolk’s rural population. This could indicate that the need for that support is less in the rural population, i.e. it is proportionately less deprived; or that the rural population is experiencing difficulties in accessing support and/or services.

Figure 12 below demonstrates that fewer of Suffolk’s rural residents are experiencing income deprivation than would be expected from the share of Suffolk’s population who live rurally, with the exception of pension credit claimants – this is likely to reflect the older age profile of Suffolk’s rural residents.

Figure 12: Proportion of people experiencing income deprivation who are living in rural areas in Suffolk, 2015

![Bar chart showing proportion of people experiencing income deprivation in rural areas in Suffolk, 2015.](chart12.png)

Source: DWP 2015, IMD 2015

Figure 13 below suggests that Suffolk’s rural working age residents, children and pensioners are less likely to be experiencing income deprivation than comparative groups at the East of England and England level. The proportion in each group in Suffolk has changed since the 2001 census. In 2001, only 9% of Suffolk’s working age rural population were experiencing income deprivation; now nearly 15% are. By contrast, in 2001, 16% of Suffolk’s rural pensioners were income deprived; in 2011, that had decreased to 12%.
Source: IMD 2015

DEFRA’s 2016 Rural Digest Report noted that national median annual earnings were consistently highest in major urban areas (£26,900), and lowest in the most rural areas (£19,700). In addition to lower incomes, rural residents pay, on average, £81 more in council tax than their urban counterparts – despite receiving £130.99 less funding from central Government, and in some cases, also receiving fewer services. Reporting by the Joseph Rowntree Foundation looked at cost differences for rural locations, and estimated the additional cost burden for households resulting from rurality.

Table 3: Overview of areas of different and additional rural costs by commodity

<table>
<thead>
<tr>
<th>Commodity category</th>
<th>Rural impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport</td>
<td>Key difference in terms of mode of transport and distances travelled.</td>
</tr>
<tr>
<td>Fuel (heating and power)</td>
<td>Key difference in terms of fuel type and housing</td>
</tr>
<tr>
<td>Food</td>
<td>No difference except additional transport costs.</td>
</tr>
<tr>
<td>Clothes</td>
<td>Some difference in terms of outdoor wear. Additional</td>
</tr>
<tr>
<td>Household goods</td>
<td>Some difference: heating back-up and gardening.</td>
</tr>
<tr>
<td>Communication</td>
<td>Some difference: Internet and newspapers.</td>
</tr>
<tr>
<td>Personal goods and services, including healthcare</td>
<td>No difference except additional transport costs.</td>
</tr>
<tr>
<td>Social and cultural participation</td>
<td>Some difference for some households; additional transport costs for all households.</td>
</tr>
</tbody>
</table>

Source: 2, 11
Table 4: Additional estimated weekly rural costs for four rural household types compared to urban costs

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Rural town</th>
<th>Village</th>
<th>Hamlet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pensioner couple</td>
<td>£2.26 (1%)</td>
<td>£43.00 (19%)</td>
<td>£48.08 (22%)</td>
</tr>
<tr>
<td>Single working age adult, no children</td>
<td>£15.98 (9%)</td>
<td>£31.92 (18%)</td>
<td>£41.37 (24%)</td>
</tr>
<tr>
<td>Working age couple, two children</td>
<td>£46.67 (12%)</td>
<td>£59.52 (15%)</td>
<td>£72.20 (18%)</td>
</tr>
<tr>
<td>Lone parent, one child</td>
<td>£21.98 (9%)</td>
<td>£33.65 (14%)</td>
<td>£36.81 (16%)</td>
</tr>
</tbody>
</table>

Source: 2, 11

Fuel costs are identified above as a significant contributor to additional rural living costs. The Government now monitors fuel poverty in England using the Low Income High Costs Indicator (LIHC). The LIHC definition considers a household to be fuel poor if:

- They have required fuel costs that are above average (the national median level);
- Were they to spend that amount, they would be left with a residual income below the official poverty line.

Suffolk has a higher proportion of fuel poor households (9.7%) compared to its geographical neighbours; 9.5% in Norfolk, 8.3% in Cambridgeshire, and 7.6% in Essex (2012). Suffolk has both a high number of solid fuel properties and numerous areas off the gas grid, which further compound the issue of fuel poverty. Suffolk’s Warm Homes Healthy People project was set up to help vulnerable residents of Suffolk stay warm and healthy in their homes, and to reduce home heating costs 12.

The 2012 fuel poverty data for Suffolk is shown below in Figure 14. A higher percentage of households in the east of the county are fuel poor.
Clearly, the impact of these additional costs will be felt most keenly by those households with low incomes, contributing to household financial vulnerability. 2016 research from Experian\textsuperscript{3} into financial vulnerability in Suffolk found that:

- Urban areas tend to display higher levels of financial vulnerability, with the most vulnerable areas clustered around Ipswich and Waveney;
- Despite this, some rural communities also display high financial vulnerability, particularly in Forest Heath;
- Ipswich local authority has the highest average score for financial vulnerability across its LSOAs (48.81%), while Mid Suffolk has the lowest (16.32%);
- Adverse financial circumstances (having CCJs, loan for debt consolidation etc.) are more prevalent in urban areas;
- Visits to the StepChange website for debt management are typically higher in rural areas with lower than average incomes.

Some outliers display high levels of financial vulnerability despite being rural. These are located throughout Suffolk, with two in Forest Heath, and one in each of Mid-Suffolk, Waveney and St Edmundsbury.

Financial vulnerability has been mapped across Suffolk in Figure 15, below. The north west of the county (highlighted, Brandon area), despite being largely rural, displays higher levels of financial vulnerability (39%) compared to the whole of Suffolk (30%). Brandon also has a higher proportion of County Court Judgments (CCJs) than the
county average (5.47% vs 4.21%).

In addition, despite being a very rural area (average score 3.60), the east coastal area (highlighted) is more financially vulnerable than average (36% vs 30%), and has a much higher proportion of its households earning less than £15,000 (9.15% vs 6.34%).

Figure 15: Financial vulnerability across Suffolk, 2016

![Financial vulnerability across Suffolk, 2016](image)

Source: 3

4.3.2 Employment and Worklessness

The 2016 DEFRA Rural Digest Report states that the national percentage of working age people in employment in 2013 was 71% in urban settlements, and 76% in rural settlements. This was based on resident rather than workplace analysis. The 2013 percentage of economically active people aged 16 and over who were unemployed was 8.1% in urban settlements, and 4.6% in rural settlements.

At a local level, the most up to date data we hold is from the 2011 census. Table 5 indicates that a slightly higher percentage of the resident population of Suffolk’s urban LSOAs was in employment, compared to rural LSOAs; however levels of unemployment were almost double in urban areas; this reflects the national data.
Table 5: Suffolk economic activity by rural and urban LSOAs, Census 2011

<table>
<thead>
<tr>
<th></th>
<th>Economically active</th>
<th>In employment</th>
<th>Employee: Part-time</th>
<th>Employee: Full-time</th>
<th>Self-employed</th>
<th>Unemployed</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffolk Urban LSOAs</td>
<td>72.0%</td>
<td>65.0%</td>
<td>16.2%</td>
<td>40.8%</td>
<td>8.1%</td>
<td>4.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Suffolk Rural LSOAs</td>
<td>69.6%</td>
<td>64.8%</td>
<td>14.8%</td>
<td>36.1%</td>
<td>13.8%</td>
<td>2.6%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Source: 14 (KS601UK)

Figure 16 below sets out the economic activity and occupational group of Suffolk’s rural residents in comparison to the total proportion of people in Suffolk who live rurally. The self-employed, and more senior occupations, are over-represented in Suffolk’s rural residents. This pattern is very similar to that seen in the 2001 census data, and also very similar to the pattern across rural residents in the East of England, and England nationally.

Figure 16: Proportion of people living in rural Suffolk by economic activity and occupation group

Source: Census 2011

As well as considering the rural share of economic activity, it is also possible to consider the rural share of economic inactivity, through different indicators of worklessness. Figure 17 below demonstrates that Suffolk’s rural population is under-represented in indicators of worklessness, while Figure 16 above showed that employment rates are proportionate to the rural population share in Suffolk. This may indicate that rates of
benefit claiming among Suffolk’s rural population may be too low, possibly due to a lack of access to information about entitlements. Considering the data over time, in 2001 over 25% of those claiming Job Seekers allowance were living rural in Suffolk; by 2011 this had fallen to just under 20%.

Figure 17: Proportion of people by key workless indicator living in rural Suffolk

[Bar chart showing proportions]

Source: CLG 2015, DWP 2015, HMRC 2015

It is also possible to consider how rural Suffolk’s pattern of claiming benefits associated with worklessness compares to the East of England and national averages. Figure 18 below shows that, in comparison with these two groups, Suffolk’s rural population are claiming lower levels of jobseekers allowance, incapacity benefit, severe disablement allowance than comparative rural populations. The number of children living in workless rural households in Suffolk is also lower than the average.
4.3.2 Education, Qualifications and Skills

DEFRA report data indicates that in the 2013/14 academic year, 70.7% of pupils living in rural areas of Suffolk achieved five or more GCSEs at A* to C grade. This was higher than for urban areas (64.8%) and England overall (65.8%). Due to changes in the methodology data can’t be compared to previous years.

Considering the rural share of qualifications, it can also be seen in figure 19 below that people with the highest level of qualifications (degree level or higher) are over-represented in Suffolk’s rural population. Despite this, the numbers of people with degree level qualifications has fallen within Suffolk’s rural population has fallen since 2001, when nearly 50% of Suffolk’s rural residents were qualified to this level.

Figure 19: Proportion of people by qualification level that live in rural areas in Suffolk

Source: Census 2011
However, figure 20 demonstrates that Suffolk’s share of rural residents with no qualifications is higher than the East of England and England averages, and the share of rural residents with degree qualifications is lower than the England average.

Figure 20: Proportion of people with no qualifications and degree level qualifications in rural Suffolk and comparators

Source: Census 2011

4.3.3 Crime

The State of Suffolk report\textsuperscript{12} highlighted that from 1 April 2013 to 31 March 2014, there were 36,441 crimes recorded in the county – 2,793 fewer than in the same period in 2012/13.

The 2013/14 PCC Annual Report for Suffolk highlighted that local patterns of crime are changing, with increasing levels of cyber related criminal activity. The rural nature of Suffolk can pose challenges in relation to policing; the formation of two rural crime teams in 2013/14 was undertaken specifically in response to this. Crime and disorder reduction grants are also available to those securing or contributing to securing a reduction of crime and disorder in Suffolk. In 2013/14 a Community Safety Fund was created with in excess of £700,000 of funding, and the Safer Suffolk Fund was created for 2014/15 with £300,000 of funding.

4.3.4 Health

Public Health England describe how the health of people in rural areas is on average better than that of urban areas\textsuperscript{2}. A DEFRA\textsuperscript{15} publication notes the following:

- Overall health outcomes are more favourable in rural than urban areas, particularly in sparse areas;
- Average life expectancy is highest in ‘Rural-80’ areas (areas where more than 80% of the population lives rurally);
- Infant mortality is lower in rural areas than in England as a whole;
• The number of Potential years of life lost (PYLL) from common causes of death such as cancers, Coronary Heart Disease (CHD) and stroke is lower in rural areas.

These factors are represented in a different way in Figure 21 below.

Figure 21: Proportion of people with poor health conditions that live in rural areas in Suffolk

Source: Census 2011

Table 6: Potential years of life lost per 10,000 in England 2010-12

<table>
<thead>
<tr>
<th></th>
<th>All cancers</th>
<th>CHD</th>
<th>Stroke</th>
<th>Suicide &amp; undetermined injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predominantly urban</td>
<td>144.5</td>
<td>4</td>
<td>14.6</td>
<td>32.5</td>
</tr>
<tr>
<td>Predominantly rural</td>
<td>128.7</td>
<td>3</td>
<td>11.0</td>
<td>34.3</td>
</tr>
</tbody>
</table>

Source: 2,15

It is important to note, that as with overall deprivation, the masking of health variations at small geographies may also be an issue here. Despite lower rates of common conditions associated with ageing such as cancers, stroke and heart disease, the prevalence of these conditions locally will be higher than average due to the older population profile, even though older rural populations are healthier2.

The GAROD7 needs assessment notes that in Suffolk:

• Many indicators show that health is better in rural areas. Major conditions such as coronary heart disease, cancer and stroke all have lower incidences;

• In contrast, death rates from suicide and undetermined injury are higher, which may also indicate a poorer level of mental health.
As we have already seen, the Suffolk population continues to age, with the rural proportion of our population having an increasingly older age profile than the urban one. By 2037, it is anticipated that about a third of Suffolk’s population will be aged over 65, a quarter between 65 and 84, and about 7% over 85\textsuperscript{16}.

Co-morbidities further compound the problem - for example, almost a quarter of 75 to 84 year olds and half of over 85’s report that their day to day activities are limited by poor health; there are already about 11,000 people living with dementia in Suffolk and this is predicted to rise to 16,000 by 2037; between a quarter and a half of over 85’s are frail, suggesting we could have as many as 30,000 frail individuals by 2037; and there are also about 5,000 people registered as visually impaired in Suffolk\textsuperscript{16}.

Loneliness and social isolation and related mental health impacts must also be considered. Although loneliness and isolation are often associated with ageing populations, they can affect anyone at any time, and rurality can exacerbate these issues through poor transport links and more limited social networks.

There are a number of other health-related factors which are particularly relevant to rural Suffolk. These include road safety; suicide and undetermined injury risk; and risks associated with farming populations.

The overall road safety trend in Suffolk is positive: local residents are at lower risk of being injured than the national average, and collisions on the county’s roads are becoming less frequent. However, significant risk remains, particularly for young adult drivers in rural districts\textsuperscript{12}.

Suicide and undetermined injury risk may be higher in farming communities, and may be due to various factors related to isolation, and ease of access to the means of suicide such as guns and poisons\textsuperscript{2}.

The mortality rate for deaths from suicide and injury undetermined in Suffolk is not significantly different to that of neighbouring authorities, or the regional and national rates. Within Suffolk, the highest rates are in the Ipswich and Forest Heath districts\textsuperscript{17}. Hanging was the commonest mode of suicide, followed by poisoning and overdose, including both opiates and other poisons such as weedkiller and medications\textsuperscript{17}.

Risks associated with farming populations include factors such as accidents, and ill health related to zoonoses. Zoonoses are a problem both for diseases spread to humans (e.g. E coli) and between animals, which pose both a health and business impact\textsuperscript{2}.

Figure 22 below shows Suffolk’s health and disability deprivation domain from the Indices of Multiple Deprivation (IMD) data for 2015, for rural areas. Data has been grouped into quintile rather than decile for ease of interpretation. The health deprivation and disability domain is made up of the following indicators:
Years of potential life lost: an age and sex standardised measure of premature death

Comparative illness and disability ratio: an age and sex standardised morbidity / disability ratio

Acute morbidity: an age/sex standardised rate of emergency admission to hospital

Mood and anxiety disorders: a composite based on the rate of adults suffering from mood and anxiety disorders, hospital episodes data, suicide mortality data and health benefits data

There are no LSOAs in Suffolk in the most deprived quintile for health and disability nationally (deciles 1 and 2), and large areas of the county are included within the least deprived national quintile. However, there are 5 LSOAs in the increasing deprivation quintile, and these are located in Waveney and in Forest Heath.

Figure 22: IMD for Health in Rural Areas by Quintile, LSOAs in Suffolk, 2015

Source: 8

Access to health services can be a significant issue for many rural residents. Reports cite factors such as distance, time taken in travelling for both users and professionals, access to public transport, limited choice of provision and limited service operating hours². Issues include:

- Workforce issues, including both capacity and capability.
- The spectrum of service provision
- Concerns about delivery of high quality community care for people with chronic and complex needs, in particular the frail older population.
- People’s expectations of health care; they may use primary care more where urban people would access hospital services, e.g. for heart pain.
A current snapshot of health services at Suffolk parish level is given in table 7 below.

Table 7: Types of other health service within Suffolk parishes area, Suffolk

<table>
<thead>
<tr>
<th>Type of Health Service</th>
<th>Number of Parishes with a Health Service Visiting or Permanent (Percentage of Surveyed Parishes)</th>
<th>Any Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>42 (10%)</td>
<td></td>
</tr>
<tr>
<td>Prescription collection point</td>
<td>63 (15%)</td>
<td></td>
</tr>
<tr>
<td>Prescription Delivery Services</td>
<td>78 (19%)</td>
<td></td>
</tr>
<tr>
<td>Parish Nurse</td>
<td>35 (8%)</td>
<td></td>
</tr>
<tr>
<td>Chiropody</td>
<td>39 (9%)</td>
<td></td>
</tr>
<tr>
<td>Counselling</td>
<td>14 (3%)</td>
<td>by appointment</td>
</tr>
<tr>
<td>Mental Health &amp; Wellbeing Services</td>
<td>14 (3%)</td>
<td>Clinical worker via surgery by appointment</td>
</tr>
<tr>
<td>Dementia Café/Support Services</td>
<td>18 (4%)</td>
<td>fortnightly WI have tried to set something up but to no avail</td>
</tr>
<tr>
<td>Alternative Therapies</td>
<td>25 (6%)</td>
<td>Sports massage and yoga Reflexology Holistic</td>
</tr>
<tr>
<td>Volunteer Car Scheme to doctor’s/hospital appointments</td>
<td>63 (15%)</td>
<td>Run from Eye Available from outside parish Good Neighbours scheme CATS Parish Funded Service Village Care Group organises Car Scheme</td>
</tr>
<tr>
<td>Other</td>
<td>8 (2%)</td>
<td>Good Neighbour Scheme prescription collection point above for over 60’s only Debenham Project Services High Suffolk Community Bus Prescription delivery service for housebound patients</td>
</tr>
<tr>
<td>No Service</td>
<td>37 (9%)</td>
<td></td>
</tr>
</tbody>
</table>

Source: 18

4.3.5 Access to Services

4.3.5.1 Transport

Census data shows that the percentage of Suffolk residents using public transport (bus, train, tram, light rail, metro) to travel to work fell from 5.8% to 3.5% between 2001 and 2011 (although the actual number of people using public transport to get to work increased slightly, by 1.4%, or almost 250 people). Access to vehicles and public transport in Suffolk can be an issue for some older people due to the rural nature of the county12.
Access issues may be due to both infrequent and poorly timetabled local transport, where it may not be possible to get from home and back in one day. One of Suffolk County Council’s 9 transformation programmes focusses on exploring how commercial, community, home to school and non-emergency hospital transport services can be re-organised and deliver more capacity particularly in rural areas\textsuperscript{12}.

Suffolk has a wealth of public rights of way for walking and cycling, with 3,400 miles of footpaths, bridleways and byways, and 500 miles of cycle tracks, cycle lanes and waymarked leisure cycling routes, including three national cycle routes. However, Census statistics from 2001 and 2011 show a decrease in the number of people who regularly cycle to work. This may be due to a lack of facilities at work such as access to secure cycle racks and showers\textsuperscript{12}.

4.3.5.2 Broadband coverage

The 2011 map of broadband coverage is shown in Figure 14. Coverage has improved since then, and the Better Broadband Programme is still underway. Data available on the Ofcom website suggests coverage and speed has improved, and the Suffolk Better Broadband Programme is aiming to extend the availability of Superfast Broadband across Suffolk. However, the Community Action Suffolk’s (CAS) rural services report\textsuperscript{18} indicated that poor broadband was in the top 3 parish concerns for respondents:

The survey asked participants to rank their top concerns for their parish, these were:
1. Roads and Road Issues
2. Transport and Bus Services
3. Technology and Broadband

The top three concerns raised under this area were that “Broadband speeds were slow or inconsistent within the parish”, that “Broadband and Mobile Phone coverage was patchy” and that “Better Broadband” was required. Only 13\% of respondents reported having a “Good or Excellent Quality” broadband coverage, which is almost identical to the 14\% of parish respondents in 2011/12\textsuperscript{18}.  

27
4.3.5.3 Mobile coverage

Mobile coverage can be a significant issue in rural areas, particularly in those classed as ‘sparse’. Figure 24 indicates that coverage can still be patchy in Suffolk, even when including for all major networks.

The CAS report asserts:

“With regards to mobile phone network coverage, 10% of respondents had a “Good or Excellent” mobile phone coverage, whereas in 2011/12 16% indicated that their mobile phone coverage was good or excellent, so this rating has seen a downward trend in the past four years. However, this may again be due the respondents’ expectation of what is “Good or Excellent”, particularly with the recent roll-out of 4G”.

Source: 19
As Suffolk’s rural population is over-represented in working at, or mainly, from home, these issues are important to the economic development of the county, and to the prosperity and opportunities which individuals have access to.

Source: Census 2011
4.3.5.4 Other Infrastructure and Amenities

Other supporting infrastructure such as postal deliveries, shops, leisure, education and other amenities is a major issue for rural areas\(^2\). The CAS rural services report\(^18\) found the following in relation to infrastructure at parish level:

“\textit{Village Halls} are often seen as the hub of village activities and 67\% of parishes have a Village Hall or Community Centre, which is an increase in numbers on both of the previous surveys (2011/12: 65\%, 2008: 59\%). One of the uses of village halls has often been by \textit{youth organisations}. There was a significant drop in the number of youth organisations at the time of the last survey, which disappointingly has not recovered, with only 25\% of parishes still having a youth organisation within them (2011/12: 23\%, 2008: 44\%).

\textit{Shops} are present with 38\% of parishes have some form of Shop, with 10 shops continuing to be run by their community since at least 2008. This is really positive, as it shows that the community shops are run for their communities, by their communities, in a sustainable way.

\textit{Mobile shops or delivery services} have decreased slightly to 52\% of parishes (2011/12: 60\%, 2008: 57\%); however this may be due to the increased availability of online supermarket orders and deliveries.

\textit{Post Offices} or related services are in 28\% of parishes have a (2011/12: 24\%, 2008: 26\%), with five parishes having community run post offices (2011/12: three, 2008: three). However there is a trend of depleting banking facilities in rural areas, in line with the national picture, where just 25\% of parishes have some form of banking facility (2011/12: 31\%, 2008: 39\%).

\textit{Public houses} are present in 50\% of parishes, with some parishes having more than one pub in them (2011/12: 55\%, 2008: 60\%). However this downward trend is being addressed by certain communities throughout the county, who are coming together and taking ownership of the problem. 10 pubs are run by the community, and although a relatively low number, the number of community-run pubs is on the rise (2011/12: six).

\textit{Affordable Housing} is present in 40\% of parishes, which remains a positive number (2011/12: 42\%, 2008: 22\%), with 26\% of parishes actively pursuing plans for new or further affordable housing development.”

5. The Costs of services for Rural Communities

The costs of providing care in rural areas and the development of appropriate funding formulas have been considered over a period of years by the independent Advisory Committee on Resource Allocation (ACRA) which advises on the distribution of health funding\(^2\). Indeed the ambulance funding formula has had an element to
cover additional rural costs, and CCGs used to receive similar additional funding for rural services, although this has now ceased.

A rapid evidence assessment published in 2014 look at the drivers of cost in rural service areas\(^{21}\). One study identified five factors which increase the cost of rural service delivery:

- Economies of scale not being present, meaning that unit costs tend to be significantly higher, and service provision may be much lower than would be tolerated in an urban setting;
- Additional travel costs, for both clients and workers, which may be exacerbated if the service is delivered on an outreach basis;
- High level of unproductive time, typically spent travelling;
- Additional communication costs;
- Poorer access to training and other support services.

Recent research highlighting the impact of some of these factors include a small-scale study in East Sussex which calculated rural premiums for a number of services including district nursing (53%), domiciliary care (18%), and lunch clubs (40%)\(^{22}\). A less recent report also noted that\(^{23}\):

- Staff travel costs were about “four times as high” in rural parts of Dorset compared to the urban centres for social care services, and domiciliary providers were “10% more expensive in rural areas”
- Wiltshire County Council computed that a rural team social worker “average 3,777 miles more per year than an urban team social worker”. For the total rural team this equated to “approximately 0.65 extra full-time equivalent posts, and additional mileage payments of over £11,000 per annum”

The 2015 Groups At Risk Of Disadvantage Needs Assessment\(^7\) for Suffolk noted that:

- Service provision is more expensive to provide owing to delivery charges, costs to staff attending in remote areas and time taken in travelling.
- Staff and patients (travelling to work or to attend a clinical appointment), may find the time taken and the cost incurred much higher than in urban areas, owing to distances to travel, poor public transport and the cost of running a car.
- Domiciliary services such as social care may be more difficult to obtain owing to the distance to travel.
- All these factors suggest that choice is reduced and costs may be higher both to the service provider and to the service user.
- Many services in rural areas such as postal services, doctors’ surgeries, public houses, libraries, village shops and dentists are gradually reducing in number.
- Services in rural areas will be increasingly difficult to provide owing to the ageing population, and younger people moving into urban areas for cheaper
accommodation nearer to their place of work. This reduces the availability of
the extended family to provide help when it is needed.

- Rural roads may be more dangerous than urban ones, and the rate of road
  traffic accidents and fatalities is higher in the country.

6. Public Health England Rural Proofing Recommendations

This next section is from the PHE \(^2\) rurality paper and adapted for LA public health use:

Some examples of how the DEFRA rural-proofing approach might apply to public
health in counties such as Suffolk are as follows:

- **Higher rural unit delivery costs:** It is not clear whether NICE or other expert
  bodies look at the rural dimension in their work on the evidence-base and cost
  effectiveness methodology for public health. Open discussion on this to
  support advice to the rural PH community may be useful.

- **Alternative means of provision, access and delivery:** Placing less reliance on
  people accessing services and looking at the options for provision in community
  or work settings. Such approaches were adopted in relation to provision of
  mental health support to the farming community after the foot and mouth
  outbreak, which reached farmers in their settings and also deployed support
  from veterinary staff and others.

- **Reduce the need to travel** by using outreach, mobile services or localised
  delivery. This picks up the previous theme but also raises questions about PH
  products that rely on e-delivery, unless internet and mobile access is
  available, fast and reliable.

- **Better integration or improvement of transport links.** This relates more to health
  and care service provision but also has a bearing on public health service
  delivery.

- **Flexibility to find the best local solution(s)** (to avoid a “one-size-fits-all”) For
  example, two projects are increasing physical activity opportunities in rural
  Suffolk communities, namely Fit Villages and Active Hubs. Fit villages is a
  programme designed to help villages in rural locations to set up their own sport
  and physical activity programmes, using village facilities such as village halls,
  community centres or playing fields.

- **Rural networks and meeting points.** There are facilities in many rural settings,
  such as post offices, schools and village halls and other communal settings,
  but rural communities are also often faced with the loss of these amenities so
  there needs to be caution locally about assumptions about what is
  available, and what is used by the community. Use asset profiles currently in

32
development. The Suffolk rural coffee caravan and the good neighbour scheme have sought to address the needs of older people in rural locations in Suffolk.

- **Needs of smaller businesses.** There are many small businesses in rural areas, and they are significant small local employers, both in farming and other sectors. It is important to consider how to support and work with them in recognition of how they help to sustain rural communities, and also to help prevent problems they may pose to health. One example is that of farm visits, which attract visitors and hence revenue but where it is important to ensure they do not pose infection risks such as E-Coli.

- **Use small area based data.** This has already been discussed as an important factor for rural areas.

- **Engagement with rural stakeholders.** Rural localities build a lot of engagement with their local communities and organisations. National organisations such as the Action for Communities in Rural England and National Council for Voluntary Organisations would provide a route for national engagement in addition to being a resource around community needs and action through the contacts and support they give.
Reference List


Appendix A
Population estimates for ONS defined rural locations, MSOA ONS Mid-Year Estimates (2014)

<table>
<thead>
<tr>
<th></th>
<th>Total population</th>
<th>Rural town and fringe</th>
<th>Rural village and dispersed</th>
<th>Rural town and fringe in a sparse setting</th>
<th>Total Rural population</th>
<th>Total LA population</th>
<th>% Rural population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>38,447</td>
<td>21,542</td>
<td></td>
<td></td>
<td>59,989</td>
<td>88,845</td>
<td>68%</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>25,651</td>
<td></td>
<td></td>
<td></td>
<td>25,651</td>
<td>62,812</td>
<td>41%</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>24,757</td>
<td>48,578</td>
<td></td>
<td></td>
<td>73,335</td>
<td>99,121</td>
<td>74%</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td>42,830</td>
<td></td>
<td></td>
<td></td>
<td>42,830</td>
<td>112,073</td>
<td>38%</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>15,392</td>
<td>32,416</td>
<td>8,008</td>
<td></td>
<td>55,816</td>
<td>124,776</td>
<td>45%</td>
</tr>
<tr>
<td>Waveney</td>
<td>20,334</td>
<td></td>
<td></td>
<td></td>
<td>20,334</td>
<td>115,919</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>277,955</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source:24

Appendix B
2015 IMD Data – LSOA level

<table>
<thead>
<tr>
<th>Key indicators</th>
<th>Suffolk - most deprived rural LSOAs</th>
<th>Suffolk - rural</th>
<th>Suffolk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td><strong>Household composition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single pensioner households</td>
<td>1,292</td>
<td>50.7%</td>
<td>16,981</td>
</tr>
<tr>
<td>Lone parent households</td>
<td>744</td>
<td>14.5%</td>
<td>8,473</td>
</tr>
<tr>
<td><strong>Housing type and tenure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner occupied</td>
<td>4,867</td>
<td>60.0%</td>
<td>86,850</td>
</tr>
<tr>
<td>Social housing</td>
<td>1,704</td>
<td>21.0%</td>
<td>13,624</td>
</tr>
<tr>
<td>Private-rented housing</td>
<td>1,347</td>
<td>16.6%</td>
<td>15,660</td>
</tr>
<tr>
<td>Overcrowded (rooms)</td>
<td>391</td>
<td>4.8%</td>
<td>3,128</td>
</tr>
<tr>
<td>Overcrowded (bedrooms)</td>
<td>257</td>
<td>3.2%</td>
<td>1,936</td>
</tr>
<tr>
<td>Housing with no central heating</td>
<td>223</td>
<td>2.7%</td>
<td>2,753</td>
</tr>
<tr>
<td><strong>Employment and worklessness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed people</td>
<td>491</td>
<td>3.8%</td>
<td>5,260</td>
</tr>
<tr>
<td>Economically inactive people</td>
<td>4,177</td>
<td>32.2%</td>
<td>62,749</td>
</tr>
<tr>
<td><strong>Education and skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with no qualifications</td>
<td>4,574</td>
<td>25.3%</td>
<td>53,051</td>
</tr>
<tr>
<td>Adults with degree qualification +</td>
<td>2,797</td>
<td>15.5%</td>
<td>63,767</td>
</tr>
<tr>
<td><strong>Health and disability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limiting long-term illness</td>
<td>3,978</td>
<td>22.0%</td>
<td>49,830</td>
</tr>
<tr>
<td>People providing unpaid care</td>
<td>2,119</td>
<td>11.7%</td>
<td>32,235</td>
</tr>
<tr>
<td><strong>Access to services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households with no car/van</td>
<td>1,570</td>
<td>19.4%</td>
<td>12,897</td>
</tr>
</tbody>
</table>

36
Useful links and further information:

Tourism strategy
To view the tourism strategy click below:

http://www.suffolkcoastandheaths.org/assets/Projects--Partnerships/BALANCE/Executive-Summary.pdf

Suffolk rural crime prevention

The Suffolk Constabulary have a specific area of their website dedicated to rural crime prevention:


To view crime at a local level on a map click here:

https://www.police.uk/suffolk/
DEFRA Rural Proofing Guidelines – Summary

How to Rural Proof. Possible Actions to Take

- Allow for higher rural unit delivery costs in funding formulae or allocations
- Look at alternative means of providing and accessing the services in rural areas, e.g. through the use of volunteers or social enterprise
- Encourage alternative delivery through the possible use of volunteers or the mutualisation of service delivery
- Reduce the need to travel by using outreach, mobile services or localised delivery
- Consider better integration or improvement of transport links
- Allow local delivery bodies flexibility to find the best local solution(s); avoid a “one-size-fits-all” approach
- Use the rural networks and meeting points that do exist, for example post offices, village halls, parish notice boards
- Ensure the needs of smaller businesses are specifically addressed
- Use small area based data to identify social, economic and environmental differences that need to be accounted for in the policy
- Engage with rural stakeholders and their networks so you can gather evidence and test your proposals

Stepchange visits

Stepchange is a charity website offering free debt advice and help with debt management. Visits to the StepChange website are geographically dispersed across both rural and urban areas in Suffolk. Some areas with low Financially Vulnerability index highly for visits to StepChange, suggesting people within these areas might already be seeking debt advice. As StepChange is an online resource, it is accessible to communities who normally lack access to services.
Despite having higher than average Financial Vulnerability, visits to StepChange are mixed for this area.

This area has a below average number of visits to StepChange despite possessing a high number of Financially Vulnerable households.