

# Ploughing through barriers:

Understanding the challenges and promoting help-seeking in farming communities



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**Report published March 2025**

# Summary & recommendations

# Summary

## Why the farming community?

In the UK, the farming community is particularly susceptible to a range of different health and wellbeing issues such as musculoskeletal problems and mental health issues<sup>1</sup>. However, research shows that farmers are often reluctant to seek help with these problems. This means health and wellbeing issues are often identified later, resulting in poorer outcomes for this population<sup>2</sup>.

### This project aimed to:

1. Investigate the key health and wellbeing issues affecting the farming community in North Yorkshire.
2. Explore the barriers preventing the farming community in North Yorkshire from seeking help for their health and wellbeing issues.
3. Identify solutions to help encourage the farming community in North Yorkshire to seek help sooner for health and wellbeing issues.

## What we did

A mixed-methods approach was used, including an online and paper survey, in-person data collection at auction marts and agricultural shows, & phone interviews. We also spoke to health professionals and vets. In total, we heard from 220 people. The qualitative data was analysed through the COM-B model lens. This behaviour change mode examines how capability (C), opportunity (O), and motivation (M) influence behaviour (B).

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<sup>1</sup> [The role of the livestock auction mart in promoting help-seeking behavior change among farmers in the UK | BMC Public Health | Full Text](#)

<sup>2</sup> [WCF-Health-and-Wellbeing-Research-Report-FINAL-April.pdf](#)

## Farmers' health & wellbeing

Our survey identified a range of health and wellbeing issues faced by the farming community in North Yorkshire. The top three health and wellbeing issues raised are listed below:

- **74%** had experienced back, joint, knee, shoulder or muscle pain
- **42%** had experienced stress & anxiety
- **31%** had experienced sleep problems

## Key barriers under the 'opportunity' theme:

**Opportunity** refers to the external factors that can influence a person's ability to access health and wellbeing services. This can include environmental, financial and logistical factors.

- **Time constraints due to farming responsibilities** – Many farmers struggle to take time off due to the constant demands of looking after livestock and crops. Working alone means farmers face an even greater challenge, as there is often no one to cover for them if they need to attend appointments or have surgery.
- **Financial concerns and the cost of taking time off** – Time away from the farm can lead to financial losses and the cost of employing staff to cover work makes it difficult for farmers to justify taking time out for their health and wellbeing.
- **Difficulties arranging and attending appointments** – The process of booking and attending appointments can be time-consuming, particularly when waiting lists are long, and appointment times do not align with the farmer's working hours. The unpredictable nature of farming adds another layer of difficulty.
- **Access issues in rural areas** – Many farmers live far away from services, making travel time-consuming and costly. Poor internet and phone signal in rural areas also makes it harder to have online or phone appointments.

- **Concerns over gun license being revoked** – Some farmers worry that disclosing mental health issues to a doctor could lead to their gun license being revoked, which for many is essential for their work and social life.

## Key barriers under the 'capability' theme:

**Capability** refers to whether a person has the knowledge or skills to seek support for health and wellbeing issues.

- **Lack of awareness about available services** – Some farmers are simply unaware of what support exists or where to go for help, meaning they miss out on services that could benefit them.
- **Limited health knowledge** – A lack of understanding about symptoms and early warning signs means some farmers do not realise they have a health issue until it becomes severe. This can lead to delayed diagnoses and worse health outcomes.
- **Fear and anxiety about using services** – Some farmers feel apprehensive about health appointments, whether due to past negative experiences, fear of receiving bad news, or uncertainty about navigating the system.

## Key barriers under the 'motivation' theme:

**Motivation** refers to internal motives such as beliefs, emotions and priorities that influence the person's decision to seek help for health and wellbeing issues.

- **Stigma around seeking help** – There is a strong culture within the farming community of self-reliance, where asking for help, particularly for mental health issues, can be seen as a sign of weakness. This makes some farmers reluctant to reach out.
- **Reluctance to burden the system** – Many farmers feel that health and wellbeing services are overstretched and believe that their problems are not serious enough to justify taking up health professionals' time.

- **Perception that health professionals do not understand farming** – Some farmers feel that GPs and other healthcare professionals do not fully appreciate the demands of farming life and may offer advice that is impractical or unrealistic for their lifestyle. This discourages them from engaging with services.
- **Preference for consulting vets over GPs** – Farmers often have strong relationships with their vets and may feel more comfortable discussing health concerns with them rather than with a doctor.
- **Concerns over confidentiality** – In rural communities, where people often know each other, farmers worry that seeking help, particularly for mental health issues, may not remain private. Fear of being judged or talked about can stop them from accessing support.
- **Belief that farming comes before health** – Farmers often prioritise their work over their own health and wellbeing. This mindset leads to them delaying or avoiding seeking help altogether.

## Solutions and examples of good practice

### Bringing services to the farming community

- **Services at auction marts** – Farmers are more likely to use health and wellbeing services if they are available in familiar and convenient locations such as at auction marts. The Field Nurse Charity, which provides health support at auction marts, has shown success in engaging farmers who may not otherwise seek help.
- **Mobile health units** – Having mobile healthcare services travelling to rural areas would remove the need for farmers to travel long distances. The Lincolnshire Rural Support Networks Mobile Health Hut is an example of a successful initiative that provides check-ups and support directly to farming communities.

### Ongoing support through community-based approaches

- **In-person support to connect farmers to services** – Farmers rely on strong local networks for support, meaning community-based approaches that link farmers with resources and services are likely to



be more effective. The Community Health & Wellbeing Workers initiative in Cornwall demonstrates how trusted individuals within the community could help encourage farmers to prioritise their health and connect them with local services.

### **Improving communication and awareness**

- **Better promotion of services and support** – Many farmers are unaware of services available to them. Clearer and more targeted promotion is needed.
- **Sharing information in community spaces** – Placing health information in locations farmers already go to, such as auction marts, community spaces, schools and pubs, would make it more accessible and increase awareness.
- **Using appropriate language when promoting services** – The way health and wellbeing services are advertised can make a difference. It's best to avoid clinical language and instead use terminology and humour that resonates with the farming community.
- **Reassuring farmers about confidentiality** – Concerns about privacy, particularly around mental health, prevent some farmers from seeking help. Clear messaging adapted to the farming community that support is confidential could help reduce these fears.

### **Utilising trusted professionals for signposting**

- **Rural professionals as a point of contact** – Farmers often have close relationships with their vets and other rural professionals and are more inclined to discuss their health with them than with a GP. Training these rural professionals to signpost farmers to relevant support services, such as through The Royal Agricultural Benevolent Institution's (RABI) mental health training, could be an effective way to connect them with help.

## Improving accessibility and trust

- **Farmers walk-in clinics** – Walk-in clinics at GP practices for farmers, such as those in GP practices in County Durham, allow people to access healthcare without the need for pre-booked appointments, reducing the need to schedule around unpredictable farm work.
- **Adapting health services to align with farmers' schedules** – The timing of appointments, annual health checks and elective care should consider farmers working hours and seasonal commitments to reduce the number of missed appointments.
- **Ensuring health professionals understand farming** – Farmers are more likely to use services if they feel the professionals they speak to understand the unique challenges of farming life. Providing training for health professionals on the farming way of life and its pressures could help build trust and improve the quality of care.



# Recommendations

The recommendations below are based on the feedback we received from the farming community. Our recommendations also refer to examples of good practice taking place in other rural areas that the farming community of North Yorkshire would like to see implemented.

## 1. Bring services to the farming community

- **Expand the provision of health promotion and prevention services at auction marts across North Yorkshire.** Use the learning of existing initiatives such as Field Nurse to help deliver this.
- **Pilot a mobile health unit in rural North Yorkshire.** Use the learning from the Lincolnshire Rural Support Networks Mobile Health Hut to provide accessible healthcare to the farming community.

## 2. Ongoing support through community-based approaches

- **Provide in-person health advice and support farmers to connect with health and wellbeing services to meet their needs and to reduce the stigma of seeking help.** Use the learning from the existing Community Health & Wellbeing Worker initiative in Cornwall to help implement this in North Yorkshire.

## 3. Improve communication and awareness

- **Farming support organisations should ensure their services are promoted in an accessible and targeted way in locations farmers already attend** (auction marts, community spaces, pubs). Any promotional materials should highlight how the support they provide is confidential (where applicable).
- **Providers of health and wellbeing services should ensure their services and information are promoted in an accessible and targeted way in locations farmers already attend** (auction marts,

community spaces, pubs). Any promotional materials should avoid clinical language and instead use terminology that resonates with the farming community.

#### 4. Utilise trusted professionals for signposting

- **Encourage rural professionals working with the farming community, such as vets, to undertake training** to help them identify potential health and wellbeing issues and signpost farmers to the right resources. The current training run by RABl is a good example of this model of training.

#### 5. Improve accessibility and trust

- **Pilot farmers walk-in clinics in GP practices that serve farming populations** to provide accessible healthcare to the farming community that meets their needs. Use the learning from the farmers' walk-in clinics currently taking place in County Durham.
- **Ensure NHS and GP appointments, annual health checks and elective care consider the working hours of farmers** and seasonal commitments to support attendance.
- **Health and care professionals should be offered training to help them understand the farming way of life and its pressures** to improve relationships and trust with the farming community. This could include tailored workshops about the unique mental and physical health challenges farmers face.

# Introduction

# Introduction

**North Yorkshire is one of the most rural counties in England, with 79% of its land used for farming compared to 69% for England as a whole<sup>3</sup>.**

As of June 2021, there were 6,701 farms or holdings in the county, supporting an agricultural workforce of 17,307 people<sup>4</sup>.

Farming is not only a key factor in the local economy, contributing £473 million in crop output and £987 million in livestock output in 2023<sup>5</sup>, but it also plays a vital role in shaping the rural landscape, communities and way of life for the people of North Yorkshire.

One farmer we spoke to highlighted the importance of the farming industry in everyday life:



“You need a solicitor a few times in your life, you need a doctor maybe more often but **a farmer, you need them three times a day, for breakfast, lunch and dinner.**”



Despite their essential role, the farming community faces unique challenges that puts them at greater risk of physical and mental health issues<sup>6</sup>. Despite the prevalence of health and wellbeing issues within the industry, research suggests farmers are often reluctant to use health services, meaning they present later with these issues, resulting in poorer health outcomes for this community<sup>7</sup>.

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<sup>3</sup> [structure-england-june21-county-23jun22.ods](#)

<sup>4</sup> [structure-england-june21-county-23jun22.ods](#)

<sup>5</sup> [Total Income from Farming in Yorkshire and the Humber - GOV.UK](#)

<sup>6</sup> [The role of the livestock auction mart in promoting help-seeking behavior change among farmers in the UK | BMC Public Health | Full Text](#)

<sup>7</sup> [WCF-Health-and-Wellbeing-Research-Report-FINAL-April.pdf](#)

This project aimed to explore the barriers that prevent the farming community from accessing health and wellbeing services and to identify what would encourage them to seek help earlier. By understanding these challenges, we hope to contribute to practical solutions that improve health outcomes for the farming community of North Yorkshire.

### **Key aims of our project**

1. Investigate the key health and wellbeing issues affecting the farming community in North Yorkshire.
2. Explore the barriers preventing the farming community in North Yorkshire from seeking help for their health and wellbeing issues.
3. Identify solutions to help encourage the farming community in North Yorkshire to seek help sooner for health and wellbeing issues.



# **What we did & who we heard from**



# What we did

We heard from people through a survey and in person. For this project, we were interested in hearing from anyone within the farming community of North Yorkshire. This broad definition included people who are landowners, tenant farmers, farm workers, retired farmers or part of the farming family (spouse). Please note, when we refer to 'farmers' in this report it encompasses all the above people. Data collection took place from August to October 2024. Overall, we heard from **220 people**. Our project did not set out to hear from all farmers but instead offer a collection of in-depth experiences from the farming community across North Yorkshire.

## Survey

The survey questions were designed with staff and volunteers from Healthwatch North Yorkshire (HWNY) as well as farming support organisations (such as Field Nurse and Farming Community Network). North Yorkshire Council and Community First Yorkshire also supported the development of the questions (see appendix one for the survey questions).

The survey was distributed online and via paper copies to ensure it was accessible to all. An A5 flyer was also produced to promote the survey that was distributed widely.

In total, we received 149 responses via the survey.

## In-person participation and interviews

We attended several auction marts and agricultural shows across North Yorkshire and had conversations with people using a conversation form that was a condensed version of the survey (see appendix one for this conversation form).

We spoke to people in the café/canteen areas of the auction marts and joined the Farming Community Network on their stall at agricultural shows. We also joined the Field Nurses at two auction marts.

Healthwatch North Yorkshire staff and volunteers attended:

- Nidderdale show (with the Farming Community Network)
- Masham Sheepfair (with the Farming Community Network)
- Leyburn Auction Mart
- Northallerton Auction Mart
- Bentham Auction Mart (with Field Nurses)
- Skipton Auction Mart (with Field Nurses)
- Thirsk Auction Mart
- Ruswarp Auction Mart

We also gave people the option to speak on the phone and conducted 11 one-to-one phone interviews and worked with voluntary, community and social enterprise organisations to support our insight collection.

As well as having conversations with people from the farming community we also had two conversations with health professionals (GP and Field Nurse) and a conversation with a vet who worked in a rural area and with the farming community.

Please note, most of the graphs in the main body of the report include the responses from people who completed the survey. The accompanying themes and quotes are derived from a mix of the survey responses and feedback we received via the in-person participation and interviews.

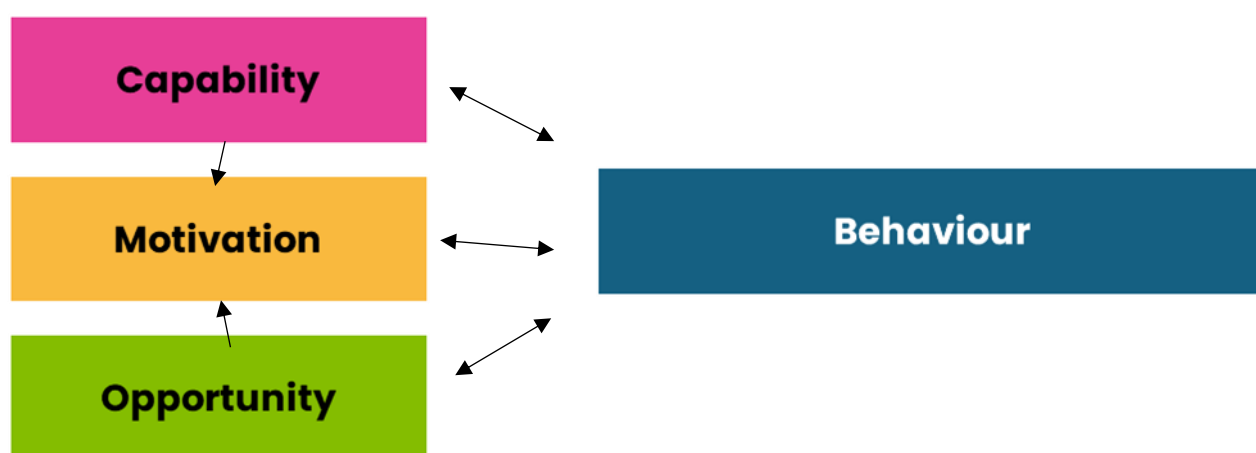
## **Literature search**

Prior to the data collection phase, several of our volunteers supported this project by conducting a light literature search on the topic of farmers health and wellbeing. They searched for what health and wellbeing issues farmers face, the barriers that stop farmers seeking help, the things that might facilitate them to seek help sooner as well as any initiatives that have worked in other areas. 38 research papers/articles were found. Some of the research found is included in the body of the report and the full list of documents can be found in appendix two.

## Data analysis

Microsoft Excel was used to analyse the survey data and MAXQDA software was used to thematically analyse the qualitative data through the COM-B model lens. The COM-B model is a behaviour change framework that proposes three necessary components for any Behaviour (B) to occur. Capability (C), Motivation (M) and Opportunity (O), as shown below.

Each theme identified from the data was categorised under one of the three headings.



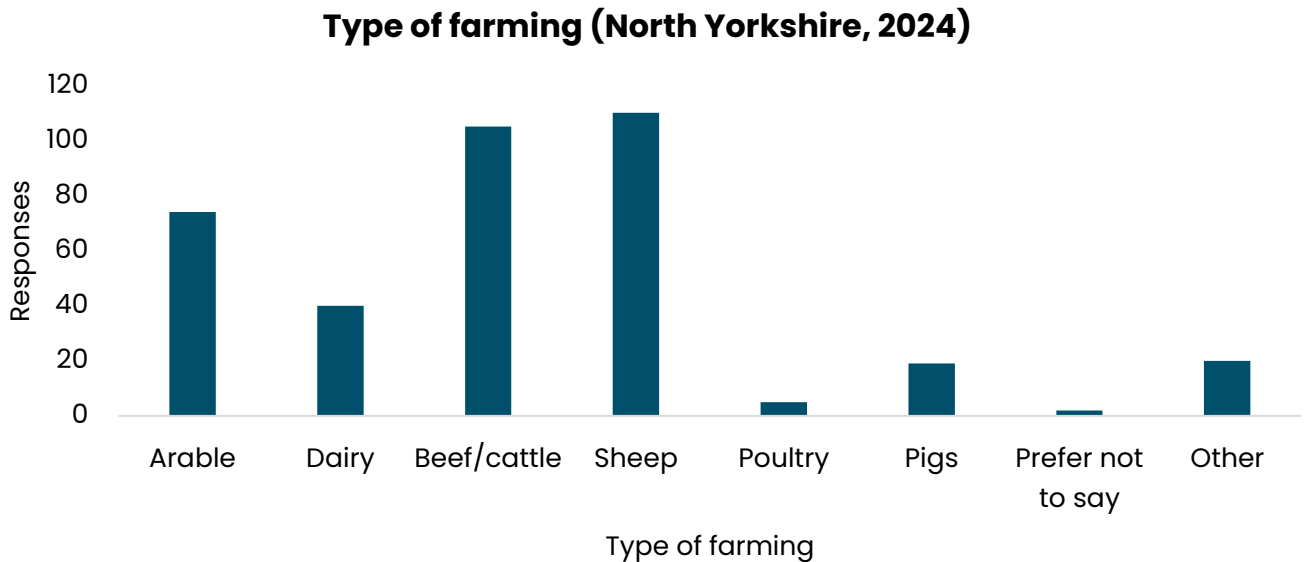
**Capability** refers to whether a person has the knowledge or skills to seek support for health and wellbeing issues. This could include knowledge about health conditions or where to go for help.

**Motivation** refers to internal motives such as beliefs, emotions and priorities that influence the person's decision to seek help for health and wellbeing issues. This includes intrinsic and extrinsic motivators like the stigma of seeking help or not wanting to be a burden.

**Opportunity** refers to the external factors that can influence a person's ability to access health and wellbeing services. This can include environmental, financial and logistical factors like availability of appointments, financial implications or time constraints.

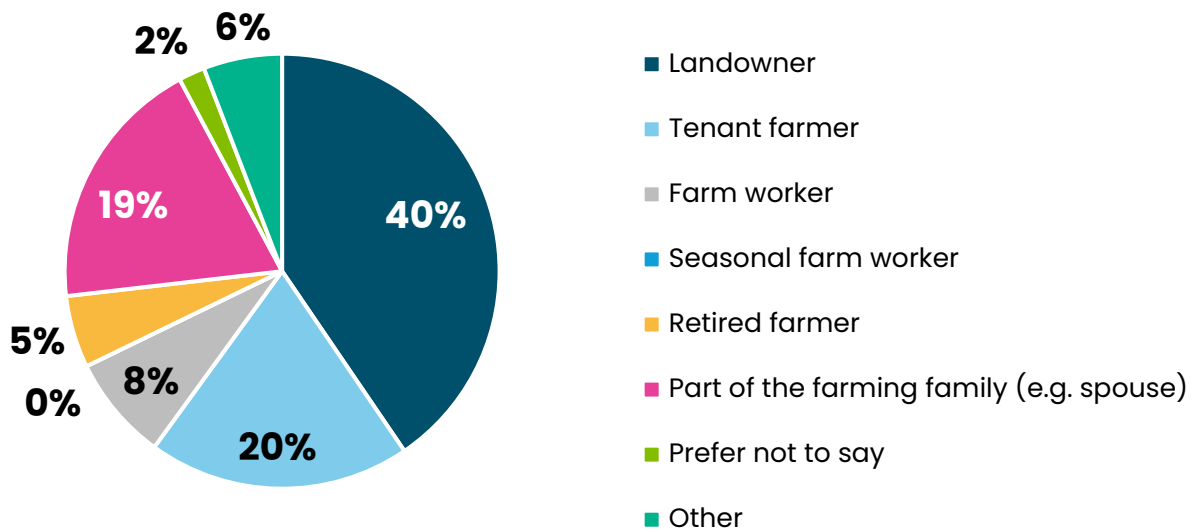
# Who we heard from

In terms of the type of farming, the majority said they were involved in sheep or beef/cattle farming, as shown below.



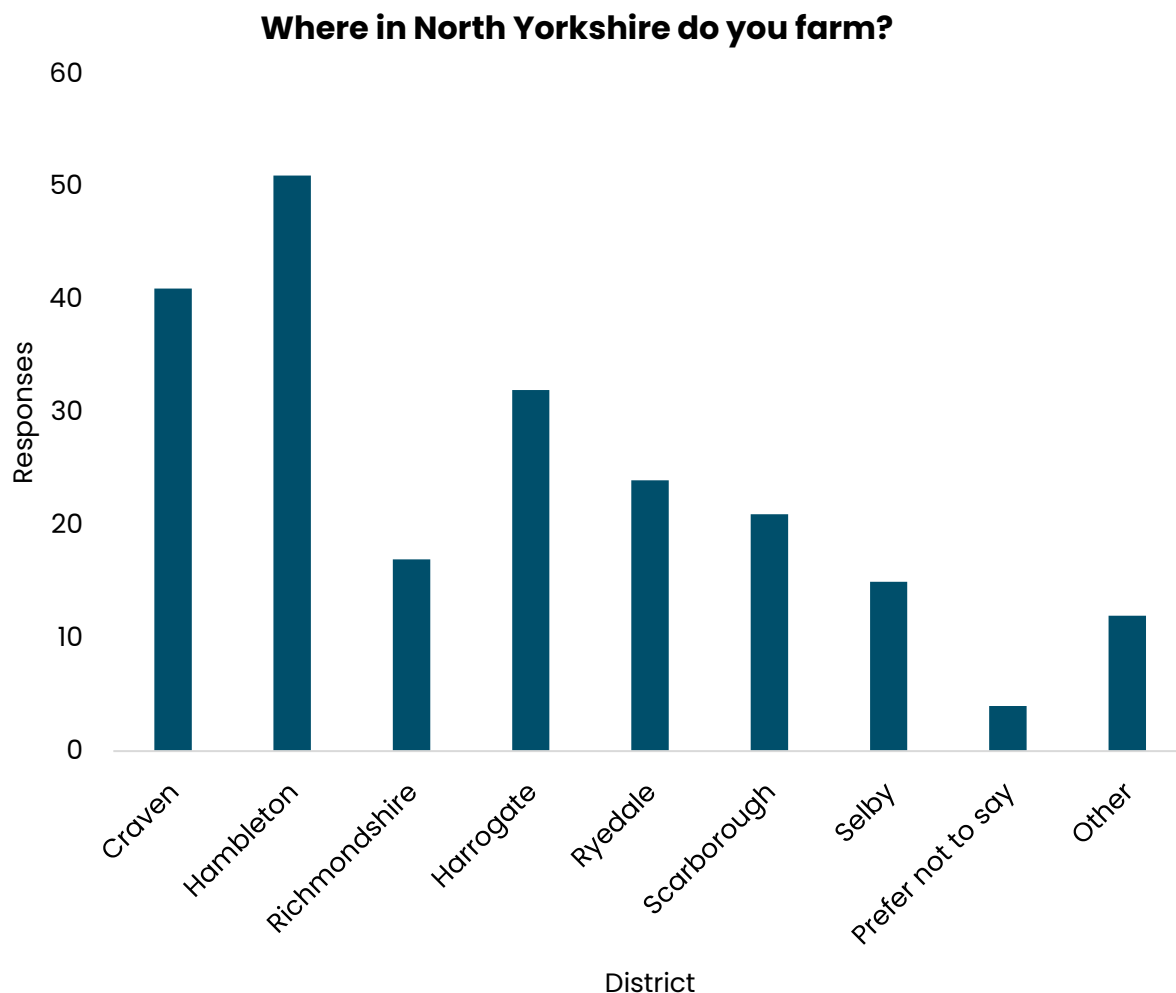
There was a mix of people who responded, with 60% being either a landowner or tenant farmer.

### Category of involvement in the farming community (North Yorkshire, 2024)



There was a relatively even spread of responses from across the different districts of North Yorkshire. However, most responses were from Hambleton

and Craven. This coincides with recent data from the Department for Environment, Food and Rural Affairs (DEFRA) who report the Hambleton district to have the most farms out of all districts in North Yorkshire<sup>8</sup>.

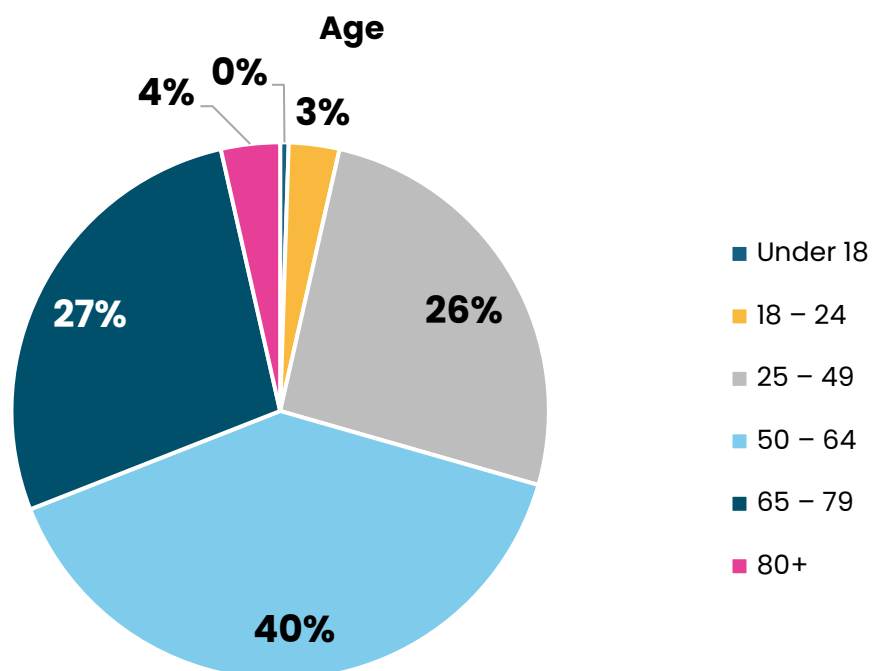


**In relation to age, 40% of people we heard from were between the ages of 50–64. 27% between 65–79 and 26% between 26–49.**

We did speak with the Yorkshire Young Farmers Association but received relatively few responses from this age bracket.

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<sup>8</sup> [Agricultural Land Use in United Kingdom at 1 June 2024 - GOV.UK](https://www.gov.uk/government/statistics/agricultural-land-use-in-united-kingdom-at-1-june-2024)



**In relation to gender:**

**58% were male and 42% female.**

Almost everyone said they were white British (one person said other ethnic group and one said they preferred not to say).



# Farmers health & wellbeing

# Farmers' health & wellbeing

The farming community faces significant health and wellbeing challenges, often experiencing poorer outcomes compared to the general population. RABIs Big Farming Survey in 2021 found more than 52% endure pain and discomfort, with one in four facing mobility issues. In relation to mental health, they found that 36% are probably or possibly depressed<sup>9</sup>. In our survey, most people felt their overall health was good (60%). However, when asked if they had experienced any health or wellbeing problems in the past year, a large proportion had experienced issues. The top three health and wellbeing issues people mentioned are listed below.

**1** 74% had experienced back, joint, knee, shoulder or muscle pain

**2** 42% had experienced stress & anxiety

**3** 31% had experienced sleep problems

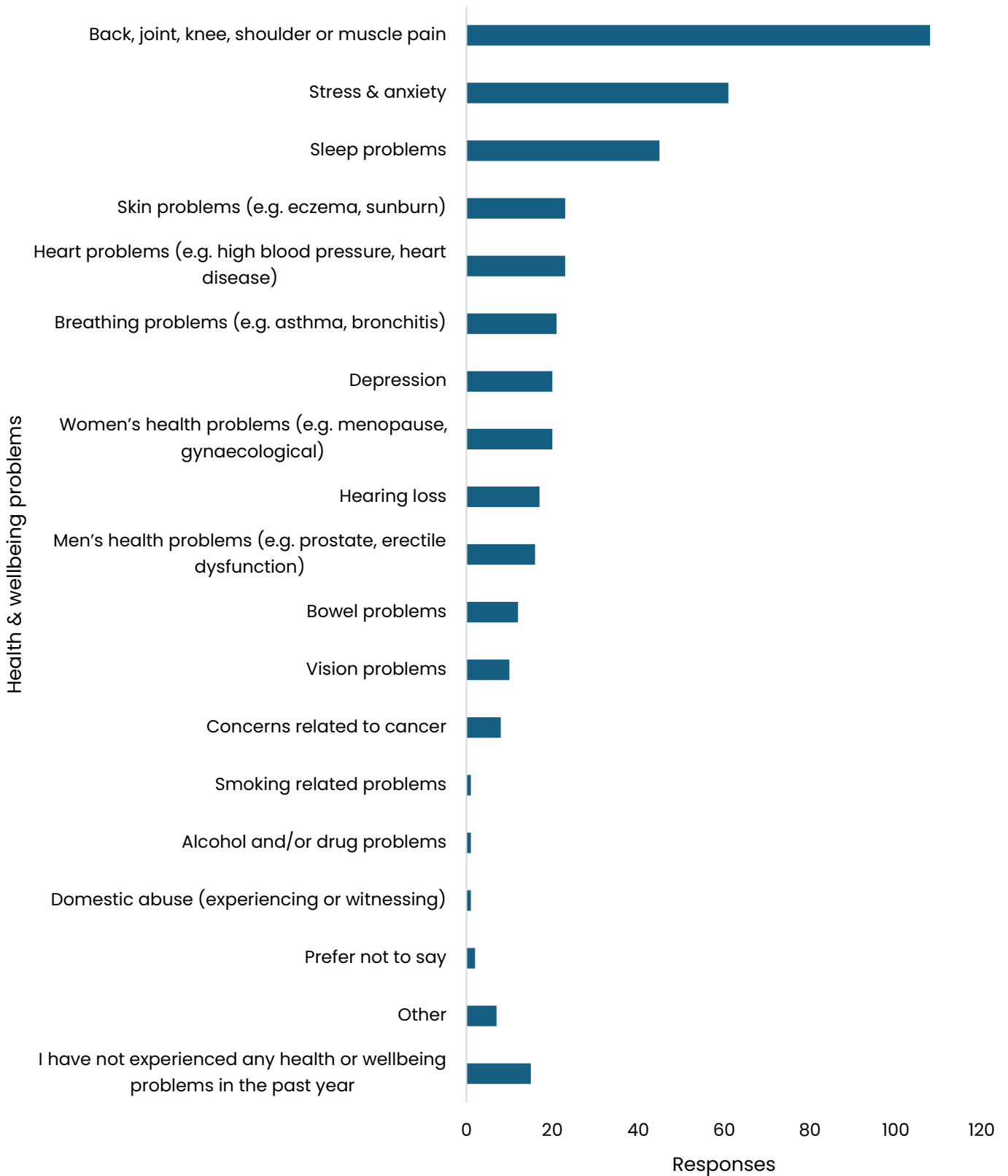
The table on the next page shows the full results for this question.

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<sup>9</sup> [RABI-Big-Farming-Survey-FINAL-single-pages-No-embargo-APP-min.pdf](#)



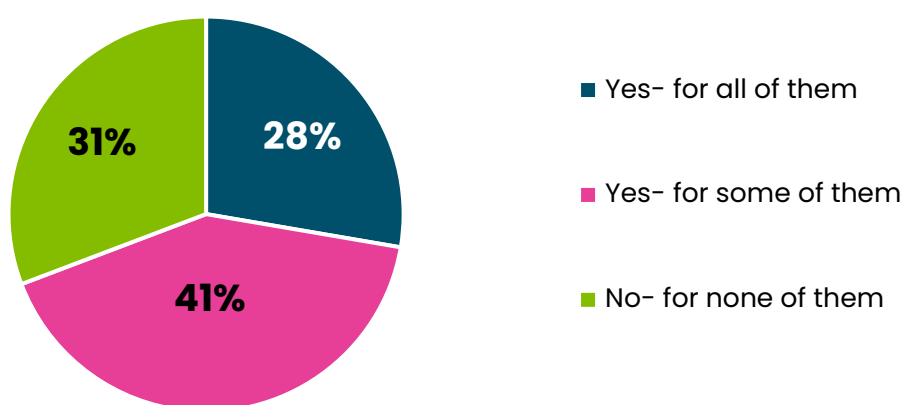
## Have you experienced any of the following health or wellbeing problems in the past year?



When asked if they had sought help for any of these health and wellbeing problems:

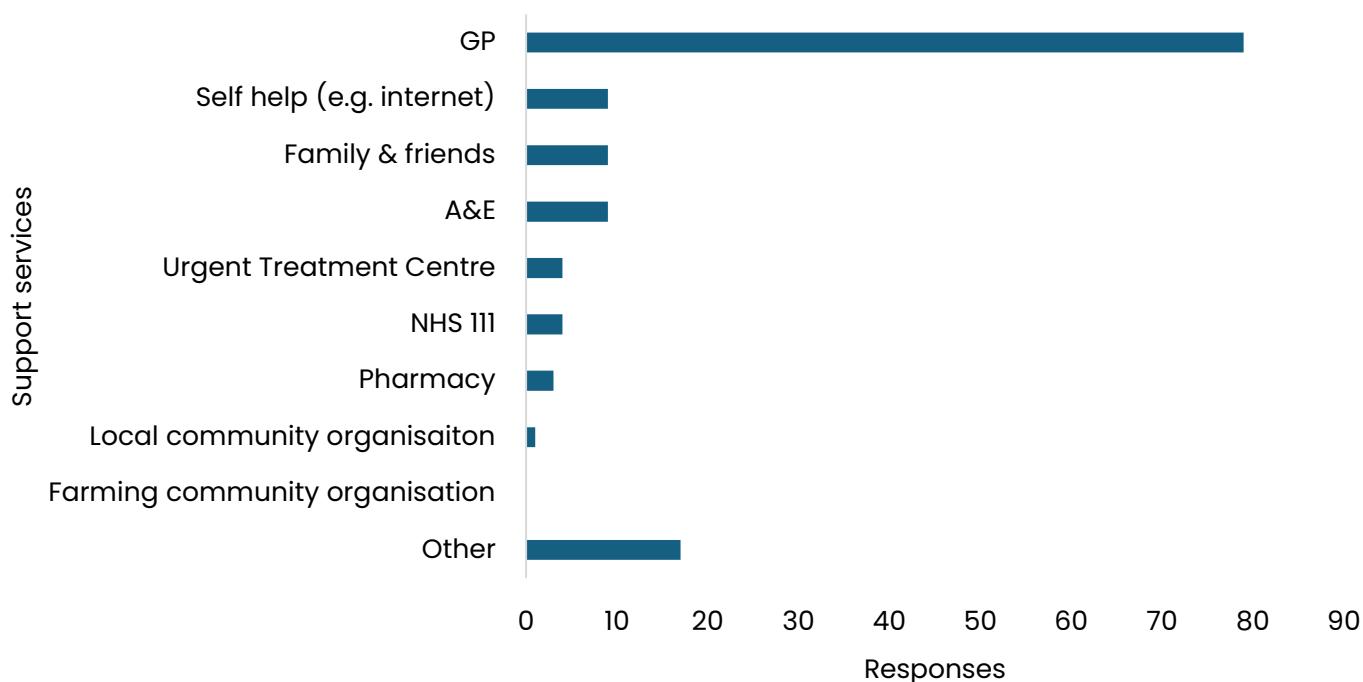
- **41%** said they sought help for some of them.
- **31%** did not seek help for any of the problems.
- **28%** said they sought help for all the problems.

### Did you seek help in relation to any of these problems?



Most who did seek help went to their GP as their first port of call (88%).

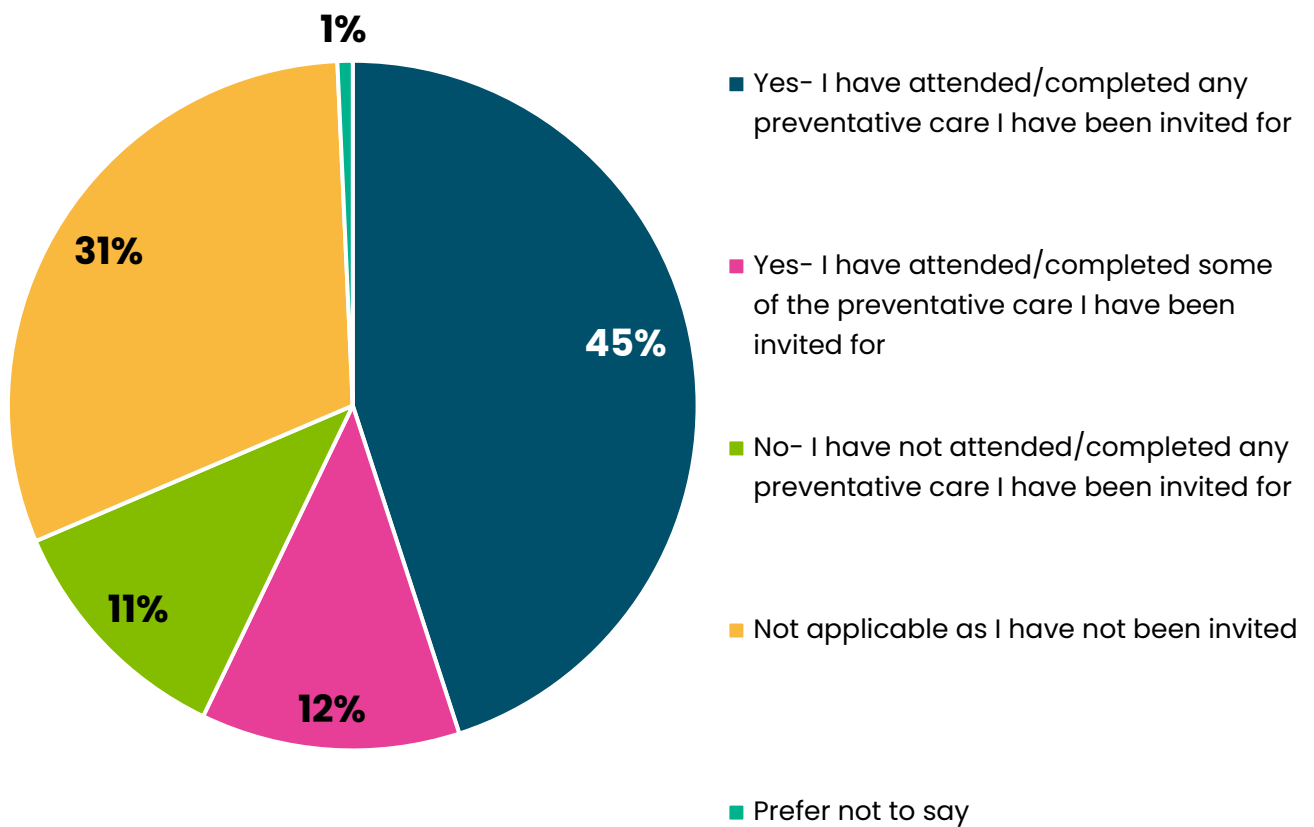
### Where did you seek help from?



We asked if they have been invited by their local health service for any health check-ups, such as cancer screening or the NHS over 40s health check, and if so, had they attended/completed this.

**45%** said they had attended/completed any preventative care invited to.

### Preventative care



# **Key barriers and solutions**

# Key barriers and solutions

When asked if there was anything that makes accessing and using health and wellbeing services hard for farmers, the top five barriers were:

1

**40%** said it is hard to arrange appointments around their farming work

2

**36%** said they don't have time due to their farming work

3

**28%** said they don't feel that their problems are severe enough to seek help

4

**27%** said they don't think that staff in health services understand the farming way of life and its pressures

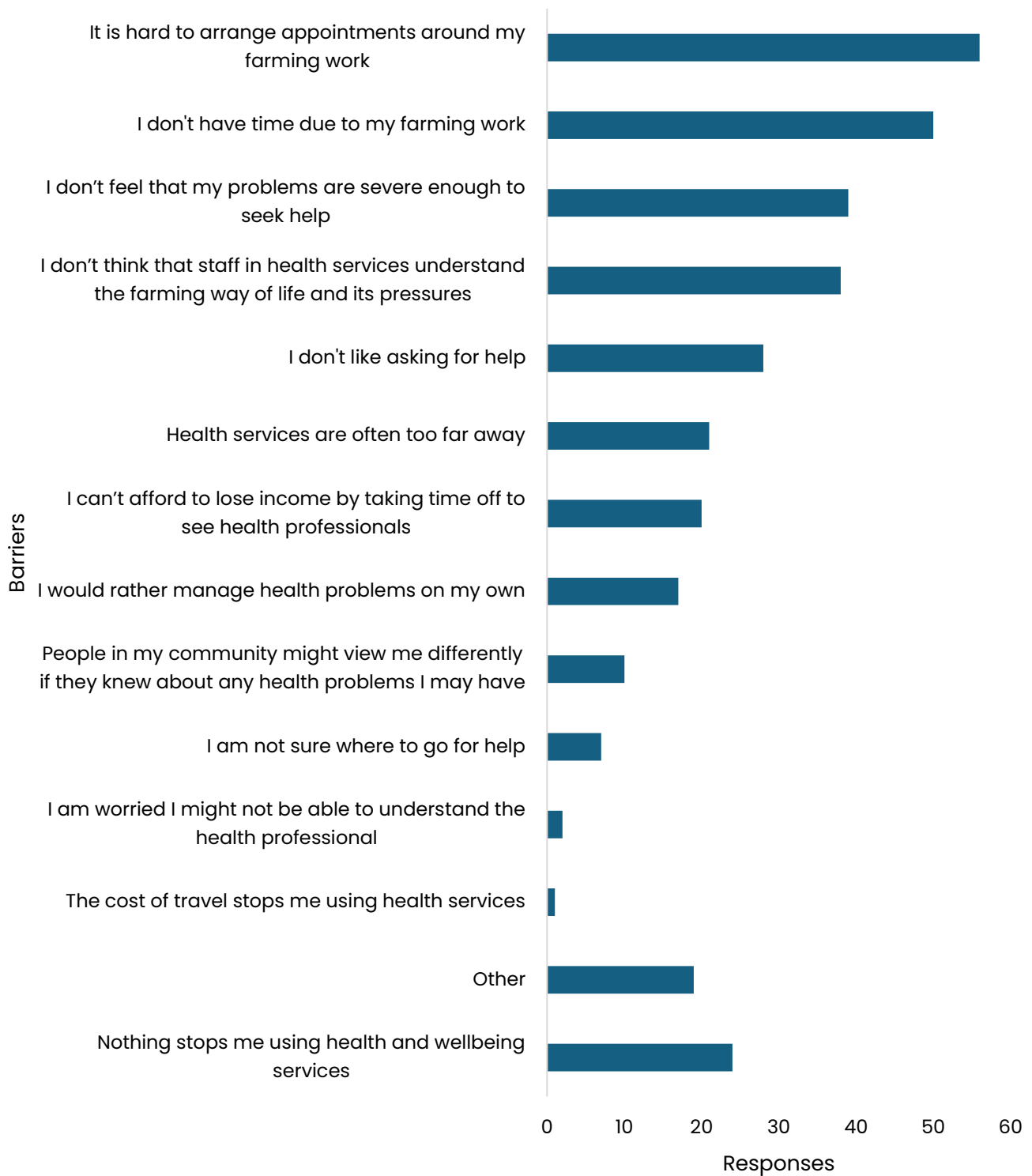
5

**20%** said they don't like asking for help



This graph shows the full results for this question:

## Is there anything that makes health and wellbeing services hard for you to use?

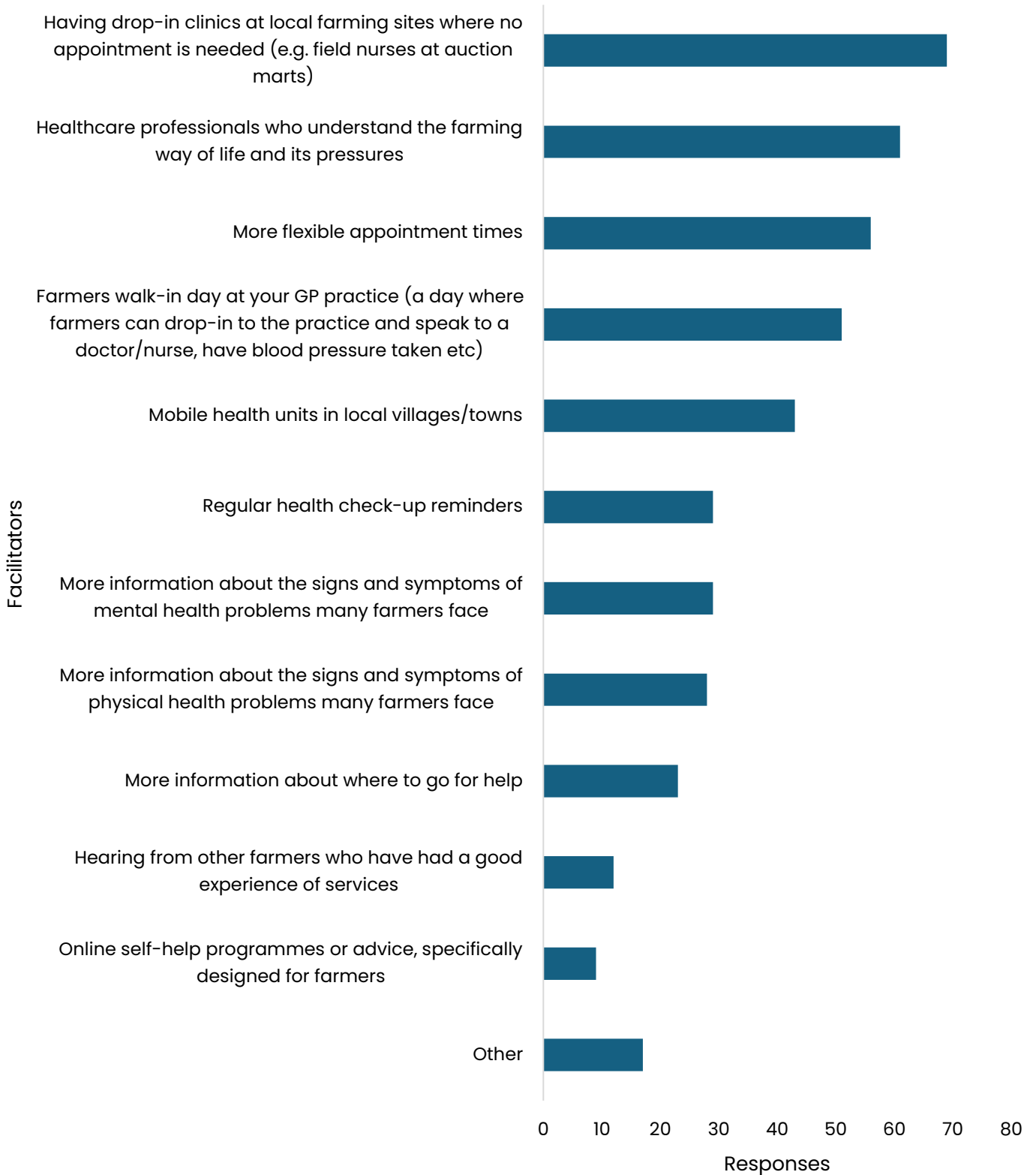


When farmers were asked if there was anything that would make health services easier for them to use and/or enable them to seek help sooner the top 5 responses were:

- 1** **57% said having drop-in clinics at local farming sites where no appointment is needed (field nurses at auction marts)**
- 2** **50% said healthcare professionals who understand the farming way of life and its pressures**
- 3** **46% said more flexible appointment times**
- 4** **42% said farmers walk-in day at your GP practice (a day where farmers can drop-in to the practice and speak to a doctor/nurse, have blood pressure taken etc)**
- 5** **36% said mobile health units in local villages/towns**

The graph on the next page shows the full results for this question.

## Is there anything that would make health services easier for you to use and/or enable you to seek help sooner?



The barriers and facilitators listed in the two graphs will be explored in more detail in the following sections of the report.



# Barriers: Opportunity



# Barriers: Opportunity

This section covers the barriers raised by farmers that fall under the 'Opportunity' element of the COM-B model. Within the model, 'opportunity' refers to the external factors that can influence a person's ability to access and use health and wellbeing services. This can include environmental, financial and logistical factors.

## **Key barriers under opportunity:**

- Lack of time
- Inability to take time off due to animals and crops
- Inability to take time off due to lone working
- Cost implications of taking time off
- Time commitment involved in attending appointments
- Unpredictable nature of farming
- Time taken to arrange appointments
- Timing of appointments
- Signal/internet issues
- Waiting times for appointments/procedures
- Distance to services
- Concerns about gun licence being revoked

## Lack of time

The lack of time that farmers have was one of the key barriers raised by the people we heard from. **In our survey, 36% said they don't have time for their health due to farming work.** This was strongly echoed in the conversations we had. Many described the constant and demanding nature of farming and how it is not just a job, it is a 24/7 commitment with no distinct boundaries between work and personal life. Other research highlights this; one survey of more than 700 farmers conducted in 2018 found that the average working week for farmers was 65 hours compared to the national average of 37<sup>10</sup>. People said the long hours, paperwork and the need to constantly be available for animals and crops leaves them with little time for anything to do with their own health or wellbeing.



"They are working all hours of the day, they are hardly at home, it is all on them- so there is no chance they would have time to go to the doctors. It is 24/7 for the animals. **There is just no time.**"



"I remember phoning one farmer and his wife said he's out spreading fertiliser and he'll be back in later. It was gone 9:00pm when I phoned him and he was still out. He said that day they had to fill in various government



paperwork and you have to be on your toes and properly awake for that. So having **spent four or five hours in the middle of the day doing paperwork** he then went out after milking at 6:00pm at night and did 4 hours to get caught up."

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<sup>10</sup> [Fit2Farm: Hard work and long hours take toll on farmers - Farmers Weekly](#)



"It is all encompassing because **farming isn't just a job**. It isn't a job that you leave as you leave work at 5:00pm or 6:00pm it's always there, it's always present."



## **Inability to take time off due to animals and crops**

For many farmers, the need to look after their animals means they can't afford to take time off for health issues, no matter how serious. This was particularly raised for dairy farmers as they have to milk cows at least twice a day, seven days a week, 52 weeks a year. Also, during especially busy times such as harvest and lambing time people said it is impossible to take time out. This means people turn down operations, delay medical treatment and don't seek help until health issues reach a crisis point.

One person said their neighbour had a hernia and was on the waiting list to be treated. He then got his operation slot which was just when the hay needed to be cut so he said he couldn't have the operation and was put back on the waiting list that was 12 months long. The next 12 months came around and he couldn't have the operation again as it was time to cut the hay again. He said he didn't want to jump the queue so asked to be called back in 15 months (rather than 12) but they said that couldn't be done. In the end he was rushed to hospital in an emergency.



"The long hours at work gives no time to spare for anything to do with health, we are **up early for the harvest** especially and home late, if anything goes wrong with the animals and farm we have to sort it."





**“We have animals to look after. They don’t stop needing us because we have an injury or a health problem.**

We still have to feed and look after them, so we don’t have time for anything else. If they are giving birth or

something, we can’t just stop – “oh my leg hurts, sorry”. They need us all the time.”



## **Inability to take time off due to lone working**

Another reason why people said they cannot take time off is because many farmers work alone, meaning if they were to take time off for appointments, surgery or recovery, they would have no one to step in or cover for them, meaning the farm would suffer. This coincides with results from RABIs Big Farming Survey which found 45% of farmers work alone<sup>11</sup>.

Several people also said they feel a sense of indispensability as each farm has unique tasks that require specific skills and familiarity with the systems in place. Meaning it isn’t easy to find someone who can step in to take over even for a short amount of time. One person we spoke to had an accident resulting in a broken jaw and was taken to A&E then admitted to hospital. He said he discharged himself because he needed to get back to the farm.

Another person said he recognised that he is lucky because his wife does the paperwork and looks after records of animals and his daughter helps with the accounts on the computer. He said he finds it hard even with this help and so wonders how a farmer on their own survives.



**“The problem is there is no one to cover. I need a hip replacement but can’t be away from the farm.”**



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<sup>11</sup> [RABI-Big-Farming-Survey-FINAL-single-pages-No-embargo-APP-min.pdf](#)

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**"I work on my own.** I'm by myself all day and I wouldn't know who to call on to come and help if anything did happen, because there's a knack to everything you do. It's not just straightforward, like, 'oh just come and sit here

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and keep an eye on this', every time is different, everywhere is different and **you can't just expect somebody to turn up and start doing what you've been doing."**

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"I'm in a better position than most because I've got my brother. **When I had my hernia mended, I had to have a month off and my brother took over.** For a lot of farmers, they think they can't have operations and things

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done because they think they can't be off for a month."



## Cost implications of taking time off

**In our survey, 14% of people said they can't afford to lose income by taking time off to see health professionals.**

One farmer developed a serious skin infection but chose to delay seeing a doctor during the busy harvest season, knowing that missing work could cost him his entire crop. When the infection worsened, he was eventually hospitalised. This situation reflects a common dilemma for farmers who cannot afford to take time off, particularly during critical times like harvest.

People mentioned that the pressures from supermarkets to keep costs low often means farmers are forced to work long hours on their own as they cannot afford to employ workers to help. This contributes to burnout and poor mental health, as well as a reluctance to prioritise physical health issues. Those who have family members who can take over responsibilities if they are ill or need time off to recover from operations highlighted how if they did not have that family support, they would have turned down the treatment as they wouldn't be able to pay extra staff to help.



“Farming is like a lot of businesses where you **constantly have cost pressures, which lead to not employing people and the owners working massively long hours.** This is largely because of the way supermarkets operate in



the food chain. They rule the country and the prices, and they make it so that farmers have got to struggle and not employ people and so they've got to work 24 hours a day.”

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“There is a local chap who was waiting for a heart operation. He wouldn't take the operation that was in his busiest time of year, and **he died on his tractor hedging** because he put the surgery off until after his busiest time of year when he earned the most money.”

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“I've had both my hips done and I'm lucky because I have two daughters and my wife they help. I know there are people out there that would come and help but they'd all need paying and **if you haven't got money to pay them then you're stuck.**”

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## Time commitment involved in attending appointments

**The time commitment involved in attending appointments was also raised as a barrier.**

People highlighted how a simple 10-minute appointment can end up taking an hour or more due to the time spent getting ready, travelling, waiting and then returning to work.



“If a farmer comes to the doctor and spends 20 minutes travelling, half an hour sitting waiting, 10 minutes for the appointment and then 20 minutes getting home, all that time has to be



made-up at another point. Also, he has taken an extra 10 minutes and washed before he comes to the doctor too. **He’s easily then spent an hour to do the 10-minute appointment.”**

## Unpredictable nature of farming means health is sidelined

**In our survey, 40% said it is hard to arrange appointments due to the unpredictability of farming work.**

This theme was echoed in the conversations we had. Many people said the weather is a key factor to contend with, which often determines daily priorities. It is therefore difficult when GP and hospital appointments are booked in advance as when conditions are good, tasks such as harvesting or cutting grass take precedence, meaning appointments are postponed and health is sidelined. If appointments are missed it sometimes means being put to the back of the waiting list again.



“In some of the bigger practices you have to make an appointment for 2-3 weeks down the line. If you’re farming, **you don’t always know whether you’re going to be able to go [to the GP] in a fortnight.** If that’s the only fine day that



week and you really need to cut the grass then the GP appointment goes out the window. You then end up shelving things.”

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“There are so many things they’ve got to contend with, politics, economics but most of all **the weather**. My husband when he retired from farming went to be a Ranger up in the Dales and found a farmer crying in his car one

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day on his own because it had been a wet summer and he’d cut the hay and it was rotting in the field, it had been there for weeks and there was nothing you could do about. The weather at the end of the day is a bigger item. When things like that happen **health is sidelined.**”

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“**Unpredictable working patterns** make it very difficult to pre-book appointments.”

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## Time taken to get a GP appointment

**The time it takes to get a GP appointment was another barrier mentioned.**

People said it is difficult having to ring at 8am and be in the phone queue when they need to be out feeding animals and working on the farm. However, if you don't ring at 8am then there tends to be no appointments left. GP practices often being closed at lunchtime was another issue raised as this is a time they could potentially ring. Waiting so long in phone queues to get through to the practice also means people are reluctant to try again.



"I'm farming at 7am but have to phone doctors at 8am so then have to break off from the job and **often no appointments are left.**"



"The surgery is **closed at lunchtime** so difficult to find time to ring."



"I can't get through to the doctor, 45 mins it took last time, and **they don't answer the phone so reluctant to ring now.**"



## Timing of appointments

**The timing of healthcare appointments was frequently mentioned as another barrier.** Many people expressed frustration with appointment times that do not fit their schedules, making it harder for them to attend. People also said having to wait for a phone call in the middle of the day is difficult as they can't guarantee they will be able to answer when they get the call.



"They say they will ring at a certain time - this means you can't drive anywhere as you are **waiting for a call.**"



"**There is rarely anything open/available outside of my working hours.** I'm offered a phone consultation but only within a time slot, not a specific time and I can't guarantee I'll be able to answer in that moment, so they won't put me on the call list."



"I'm unable to get a face-to-face GP appointment and initially have to have a telephone consultation but this is extremely difficult for those in the farming community due to the nature of farming meaning **we can't always be near a phone at an allotted time.**"



## Poor internet/signal is an issue

People said poor signal when they are out in the fields makes it difficult for them to take calls from their GP practice. Some said they rely on the landline but the only time they can use this is at lunchtime when GP practices are often closed.



“It’s difficult getting an appointment, the doctors run a triage system which requires you to wait for a phone call, this is difficult when you work outside and have an **unreliable mobile reception**. It often requires you to be in the house for several hours or half the day.”



“Mobile signal often poor where they are working so **have to use landline** which they often don’t have access to during opening hours. Surgeries close at lunchtime so they can’t ring when they go home for lunch.”



## Waiting times for appointments & procedures

People said the long waiting times for appointments and procedures is another factor that puts them off seeking help. Some farmers mentioned the long waits for GP appointments discourages them from accessing these services in the future. Also, long waits at A&E were described as off-putting and frustrating. Long waiting times for operations and procedures such as hernia operations were mentioned too. While long waiting times and access issues are challenges faced by the general population, they are especially discouraging for the farming community who are already more reluctant to seek help. One person even said due to the waiting times for GP appointments they don't bother with it, instead they said they would just phone an ambulance when the time comes that they need help.



"Length of time waiting at A&E, took my husband to A&E as he collapsed, waiting 3 hours for triage then tests totalling 7 1/2 hours. It was so warm in there and busy - the windows wouldn't open. I got covid a few days later. I'm used to being outside, so **I won't be going back in a hurry.**"



**"3 or 4 weeks wait time which is off putting** if you've plucked up the courage to make the appointment and more barriers are put in your way."



## Distance to services

For many in the farming community, the physical distance to services presents a significant barrier to accessing care, making people more reluctant to seek help. **In our survey, 15% said health services are often too far away.**

For those unable to drive, options like taxis are often dismissed due to cost, leaving them reliant on others or choosing not to attend appointments at all. One person said they were sent to the Freeman Hospital in Newcastle, but he did not go to the appointment because he can't drive on motorways and was worried about finding his way.

The lack of integration between different health services also creates challenges, one person said she had to travel long distances to the hospital because her GP couldn't access her test results.



"I have to drive quite a long way for hospital appointments - **sometimes 12 to 14 miles**, other times more than this."



"Because hospitals are 45 minutes away, **it's a good two and a half hours plus - depending on if they are working on time.**"



## Concerns about gun licence being revoked

Some people expressed concern that seeking mental health support could result in their gun license being revoked, which would have serious implications for both their work and social life. People said guns are essential for farm management, and losing a license would make daily tasks more difficult. Beyond the practical impact, some people also said they were worried about how to explain their situation to friends and family. Shooting is often a social activity, and if they were unable to take part, they felt uncomfortable telling others the real reason why.

### Personal story



“People might not go to the doctors, especially with a mental health issue, because the first thing the doctor will do is **take the gun licence off them.**”

“The only break my husband got from the constant pressure was that occasionally somebody would ask him to go shooting and that was the only day when he would get a bit of company from the farmers. So, they are frightened to death that that one little escape valve that they have would be stopped.

“I’ve spoken to a few lately and I’ve asked if they are on antidepressants, and they have said **they won’t go to the doctor because the first thing they’ll do is take my gun licence off me.**”

“We do know a lot of people who have had their gun licences taken away and maybe that was for the best, but at the same time it does increase the isolation. **They’re not going to tell anybody why they can’t go shooting they are just going to stay at home.**”





# Barriers: Capability

# Barriers: Capability

This section covers the barriers raised that fall under the 'Capability' element of the COM-B model. Within the model, Capability refers to whether a person has the knowledge or skills to seek support.

## Key barriers under capability:

- Unsure where to seek help from
- Lack of health knowledge
- Fear and anxiety

## Unsure where to seek help from

Some people said they are unsure of what services are available beyond their GP practice, such as Pharmacy First or mental health support through NHS 111. Some said they were unaware pharmacies could provide basic checks, such as blood pressure monitoring without pre-booking an appointment. Family attitudes were also mentioned, with some people saying health wasn't openly discussed in their families, making it harder to know where to turn for support if they needed it.



"I'm unsure of the potential services available over and above GP network and NHS more generally. **I have no idea what services are about.**"



"The surgery didn't tell me **I could use a pharmacist to check my blood pressure.**"





“Physical health and wellbeing was not talked about. My Dad was not open about health. I didn’t know any services or support that are out there. **It was not talked about at all.**”



## Lack of health knowledge

Some people said they have not sought help because they didn’t fully recognise the seriousness of certain health symptoms or know when they should seek medical advice. Busy workloads and physical demands of the job means some people dismissed symptoms, attributing them to tiredness or overwork rather than potential health problems. One person said they had ongoing tiredness but didn’t raise it as they believed it was related to workload. They then collapsed and it was discovered they had excess iron. When they were getting blood taken to treat the excess iron the nurse noticed numbness in his fingers which ended up being a stroke.

Others mentioned avoiding appointments for issues such as high blood pressure as they didn’t feel it was worth visiting the doctor for. Concerns were also raised about a lack of awareness around preventive measures, such as the importance of regular health check-ups or using safety equipment, which may lead to avoidable injuries or health issues.



“They said my blood pressure was high, but I **don't want to make an appointment just for that.**”



“Young farmers can be **reluctant to take health and safety seriously**. There is often a reluctance to wear safety helmets when driving farm vehicles so there are frequent accidents where they flip over, causing head injuries.”



## Fear and anxiety

Fear and anxiety are other reasons why some in farming communities avoid seeking help. People told us they worry about what a doctor might tell them, with some fearing they could be diagnosed with something serious that requires treatment or time off work. Others said the uncertainty of waiting for test results or not knowing what to expect during follow-up appointments can cause anxiety. This fear of bad news or the unknown can then lead to people putting off seeking help.

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"I've not been to the doctors for years because I just don't like going to be honest. In the last few months, I haven't been feeling as well as I always have been, but I haven't done anything about it. **I don't want to go [to the doctors] and be told that I've got something wrong with me.**"

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"There has been a couple of scenarios where people have been to see a GP about something and have been told to come back for tests in the coming weeks which is all good, but they seem to spend the time between this and getting their results **panicking about what's ahead**. There could be more explanation about what could be ahead to prevent this."

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# Barriers: Motivation

# Barriers: Motivation

This section covers the barriers raised by farmers that fall under the 'Motivation' element of the COM-B model. Within the model, Motivation refers to the internal motives such as beliefs, emotions and priorities that influence the persons decision to seek help for health and wellbeing issues.

## Key barriers under motivation:

- Stigma surrounding asking for help
- Reluctance to burden the system
- Feel problems are not severe enough to seek help
- Perception that health professionals don't understand farming
- Preference for speaking to the vet over the GP
- Belief that farming comes before health
- Concerns over lack of confidentiality

## Stigma surrounding asking for help

People we spoke to highlighted how stigma remains a significant barrier to seeking help within the farming community. **In our survey, 20% said they don't like asking for help.** In relation to gender, more men stated this as a reason for not seeking help (60% who ticked this option were men, 40% women). Many described a deep-rooted culture of 'just getting on with it' and a reluctance to admit to health issues, particularly mental health problems, due to fear of appearing weak. One person said farmers don't talk about their worries even though 'everyone knows someone who has killed themselves'.

Several people also noted the role of pride in this reluctance, with one describing how a farmer postponed hip surgery, despite severe pain, because he felt he had to do the work himself rather than ask for help.

Family influences were also mentioned as playing a role in shaping people's attitudes. One person said their dad never went to the doctors or sought help which in turn impacted their own outlook. This culture of silence was described as normal, with many choosing to endure pain rather than talk to others or seek advice. Another person simply said they don't like to tell strangers about their business.



"I have avoided the doctors because of the stigma of going to the doctors, I always say "I'm fine", "it doesn't matter", **my dad never went to the doctors so why would I?** We never really thought about going to the doctor, I

suppose it has affected me having a farmer dad."



"Farmers don't like to talk to people about health problems, business or anything to be honest. They carry on doing what they're doing and if you talk to somebody else **you think that you're a failure because you can't do it.**"



**"You don't admit weakness,** especially if it's mental health weakness."



## Reluctance to burden the system

We heard many farmers are reluctant to seek help because they don't want to feel like a burden to the healthcare system. People shared that they often avoid reaching out to their GP or other services unless they feel their issue is urgent. Several people mentioned feeling guilty about taking up resources for what they viewed as minor issues.

This reluctance to be seen as a nuisance or drain on services means that many farmers carry on despite ongoing health concerns rather than addressing them early.



"I'm guilty of it myself [not asking for help]. I think that's probably the biggest problem and knowing **where to go to ask for help without feeling like a nuisance.**"



""Unfortunately, the NHS is so stretched that I don't like to bother my GP too much and **simply persevere with issues.**"



"I'm reluctant to ask for help as I believe the facilities and funding are not there at my surgery. No point in asking for help, **it's easier to simply "carry on getting by"**. In conclusion, I've not approached my GP surgery for help for



at least a decade."



## Feel problems are not severe enough to seek help

In our survey, **28% said they don't feel that their problems are severe enough to seek help and 12% said they would prefer to manage health issues themselves.** This was described as part of farming culture, where ongoing issues like back pain are seen as just part of the job or an occupational hazard. Several people admitted that they didn't view their problems as severe enough until they can't get out of bed in the morning. One farmer shared that he had lived with severe back pain for years, even sleeping on the floor to try to fix the issue, only to later discover he likely had a slipped disk.



"There is nothing wrong **until we can't get out of bed in the morning.**"



"The biggest problem for me is **admitting I have a problem.** It's so easy to say 'it'll be alright' [to yourself]."



Encouragingly, people we spoke to noted that younger farmers are now more open to discussing and addressing health issues. People described how more young farmers have embraced mental health as a topic and work to reduce stigma by holding open discussions and meetings.



“It’s nice to see that the **young farmers have really embraced mental health, and they’ve made it a really open topic that they all go and talk about.** In the generation that is coming through, hopefully things will be



improved and there isn’t that same stigma because they’re far more open than say, their grandad would have been. It is good to see that things are changing and improving.”

## **Perception that health professionals don’t understand farming**

A recurring theme raised by people we spoke to was the perception that health professionals often lack an understanding of the farming way of life and it’s pressures.

**In our survey, 27% cited this as a reason they do not seek help for health and wellbeing issues.**

Farmers described instances where their circumstances were overlooked or misunderstood by health professionals. For example, some felt dismissed or stereotyped, one farmer said their GP incorrectly assumed excessive alcohol consumption was the cause of liver problems, when in fact, the issue stemmed from a genetic condition. Additionally, there was frustration that some health professionals don’t understand the demands of the farming calendar, where tasks such as lambing or harvesting can make taking time away from the farm difficult.

Some farmers also expressed a cultural reluctance to talk with health professionals, stating their preference to keep personal matters private. Others mentioned how they find it more difficult now they don’t see the same GP each time they have an appointment as they don’t like having to tell new health professionals each time about their issues; if it was the same GP they saw each time who knew about their lifestyle and history it would be easier. A few people mentioned that they don’t feel like farmers are priority patients, they feel like they are at the bottom of the list.



“I contacted my GP about depression, lack of sleep and suicidal thoughts and their response caused inclusion of the police and what they did caused more harm than good. It was a box ticking exercise which didn’t suit my needs and



in fact caused more stress and sleeplessness. **I will not return to GP’s over this again.”**



“I just feel like health professionals have **no idea about the farming way of life.”**



“It would be nice to feel as if people cared. **You feel that you are at the bottom of the list.”**



## **Preference for speaking to the vet over the GP**

Another factor highlighted was farmers preferring to turn to their vet for health advice rather than their GP. This preference stems from a trust in vets, who are often long-standing, familiar figures in farmers’ lives and regularly visit their farms. Farmers perceive vets as knowledgeable, approachable, and better equipped to understand their way of life. People told us how they would often consult their vet about personal health concerns because they were there at their farm. Some shared examples of asking vets about symptoms or conditions for themselves or their families, as it felt easier and more convenient than visiting the GP.

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“When my daughter had acute pancreatitis, her husband who is a farmer, asked his friend, a vet, about the pancreas. **Asking the vet for advice is not uncommon because people trust the vet and the vet is available and comes.**”

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“My husband had a chesty cough and felt ill but didn't have time to see GP so he asked vet for advice as **they are trusted and visit the farm.**”

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“I haven't time to go to the doctor. **It's easier to ask the vet.** They come onto the farm so they are onsite. They know about all animals and are very well qualified.”

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## Belief that farming comes before health

Many people said they prioritise their farms and the health of their animals above their own health and wellbeing. The deep sense of responsibility towards their work leads them to neglect their physical and mental health, often enduring injuries or illnesses without seeking help. Some people shared examples of times they continued working through significant injuries simply to complete the day's tasks. Their dedication to the farm and animals means they rarely take time for themselves, as highlighted by one farmer's admission that he avoided medical care for his back pain until it became debilitating. Another person stated that 'farming is instead of your health'.



**“One of the big reasons farmers don't seek help is to do with the dedication to the job.**

A few years ago, when I fell off the back of the tractor, I gashed my leg. A piece of flesh the size of a 10 pence piece came out of my leg on

the shin below my knee. There was a hole and when you moved the skin around you could see the bone was staying still underneath and there was blood all over. I thought I haven't got time for that now, so I just carried on for another three hours with blood pouring down to get the job we were doing finished and then I went in the house and started to clean it up a bit. My welly was full of blood. **It's just ridiculous how you put the job before yourself.”**



**“Mostly the health problems I have seen is the farm worker's back.** He gets pins and needles as well but doesn't get it checked even if I tell

him to, it is because of his farming – that is why he has that. **But he puts the farm before himself.”**



## Concerns over lack of confidentiality

A barrier for some farmers in seeking help is the fear of a lack of confidentiality, particularly in small, tight-knit communities. People expressed concerns that their personal health issues, especially regarding mental health, would not remain private. The close community within rural areas often means that people are more likely to know each other. For example, one individual shared that even a simple trip to town for medication could lead to awkward or invasive questions. This fear of being seen or talked about by others makes some farmers reluctant to access services, particularly for sensitive issues like mental health.



“It’s a very, very small world. Everybody knows somebody who was married to somebody or was related to somebody. **When it comes to mental health that’s a major thing.**”



“You do feel that everybody knows what you’re doing and where you are and what you’ve done because you might just disappear into town to get some medication or something, and it could be the following day or two weeks



later Bob down the street, when you may be out with your partner, will say ‘Oh I saw you in town last week, what are you up to?’. So, if they had to access a medical service and someone just suddenly went, ‘I saw you coming out of the doctors last week’ and they hadn’t mentioned it to their family or their friends **then they’ll be very defensive and close-up and then maybe not go again.**”

**What would facilitate people  
to seek help sooner?**

# What would facilitate people to seek help sooner?

In this section, we cover ideas and suggestions of what would encourage farmers to seek help for health and wellbeing issues sooner. Existing initiatives that are already running in North Yorkshire and beyond are also explored.

## **Facilitators covered in this section:**

- Services need to be at auction marts
  - Field Nurse Charity
- Mobile health units would be beneficial
  - Mobile health hut by Lincolnshire Rural Support Network
- Farmers walk-In clinics would be beneficial
  - Farmers walk-In clinics in County Durham GP Practices
- Adapting health services to align with farmers schedules
- Ongoing support through community-based approaches
  - Community health & wellbeing workers, Cornwall
- Better advertising needed for services and support
- Information needs to be shared in community spaces
- Importance of language when promoting services
- Trusted rural professionals could signpost people to support
  - RABI mental health training
- Importance of health professionals understanding farming
- Need to highlight how support is confidential



## Services need to be at auction marts

Many people said the best way to reach farmers is to be where the farming community already are. **In our survey, 57% said having drop-in clinics at local farming sites where no appointment is needed would be good.** If services and support come to them in-person where they already are, such as at auction marts then they will be more likely to access and use the service.

Recent research conducted by the Royal Countryside Fund supports this, highlighting the importance of auction marts as rural hubs. Their 'More than a Mart' study revealed that marts are trusted spaces where farmers feel comfortable, making them ideal venues for delivering health and wellbeing services<sup>12</sup>. The importance of the auction marts was reflected in what we heard. One auction mart cafe worker we spoke to said many come to the cafe for a hot meal and for some it might be the only hot meal they get all week. They said some spend ages in the cafe as they are lonely. Another person said he comes to the auction mart as a respite activity even though he has retired and described it as a lifeline. One initiative that is already running in some auction marts in North Yorkshire is [Field Nurse](#), which is outlined below.



**"It's a great idea to check blood pressure at auction marts.** Could do with a letter chart for eyesight too I bet lots of farmers are driving tractors with bad eyesight. Also, nurses should be asking about loneliness and speak about prostate cancer to raise awareness."



"Someone at the auction mart in the cafe offering help and support for financial stuff would help my mental health. Don't want to use support lines **I want in person.**"



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<sup>12</sup> [More than a Mart](#)



“Farmers won’t make the time to go to the doctors, but it would help **if the nurses came to them.**”



## Field Nurse Charity

**What is Field Nurse?** The Field Nurse charity employs experienced registered nurses who run drop-in sessions at livestock auction marts (no appointment needed). Most of the 6 nurses (and 8 bank nurses) are from an agricultural background so understand the challenges faced by farming communities.

**How did it start?** The Field Nurse charity was set up in 2016 by a collective of local individuals with a common purpose of reducing the identified risks of physical health of those living in rural areas. Some of the local individuals who set up the Field Nurse charity had previously worked within the rural community and had spent time travelling around working on isolated rural farms and very much recognised the need to support farmers.

**What is their aim?** The aim of their service is to support the mental and physical health of those in rural communities and to signpost to other services if appropriate. The nurses carry out basic health screening including blood pressure and weight checks, with follow up as necessary.

**Where do they run?** In North Yorkshire they are at Bentham Auction Mart every Wednesday and Skipton Auction Mart on alternate Wednesdays. They also attend agricultural shows and other rural events. Additionally, they give talks to local rural groups such as the young farmers and farming discussion groups.

**How are they funded?** They are mainly funded by farmer donations with some grant aid too.



“We have recently got some funding from DEFRA so are looking at expanding and are planning on going into Penrith auction mart in Cumbria and Otley in Yorkshire.

“We are always trying to look for new sites but because we're grant funded and funded by donations, we've always been a little bit wary that we can only expand at a rate that we're sure we can maintain our existing sites rather than trying to go everywhere and then in 18 months we've no funding and we can't continue the service.

“It's been small steps for us but so long as we can continue to get the funding, we're happy to keep expanding our services further into Yorkshire.”



Several people we spoke to said how they have benefitted from the Field Nurses and others said they would like to see it in their local auction mart. Being able to see the same Field Nurses at the auction marts was another positive factor mentioned as this allows people to build up a relationship with the nurses, leading to a greater sense of trust.



“A neighbour had his blood pressure done at the auction mart and it was so off the scale they told him to come back in a bit and then they tested him three times and blue lighted him to hospital where he had triple heart

bypass surgery. **He wouldn't have been here if that hadn't been there.”**



“One farmer at one of the auction marts had **not had his blood pressure checked for about 30 years** and he really needed the doctor.”



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“It would be good to have the field nurses at the **auction mart in Thirsk.**”

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“A few weeks ago, somebody saw the field nurse and were picked up with high blood pressure. The nurse told them to go to the GP and give the reading to the GP which helps to open the door and get you a quicker

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appointment if you’ve already got that reading. He’d then been started on medication and ended up having a cardiovascular event and the consultant had said his outcome was much better because he was already on the medication, and it was a good job that the field nurse had started that whole chain off for him already or else he would have been far more poorly at the end. Field nurses are only that first little stepping stone on the ladder, but it is helping farmers and **preventing them getting to a stage where they’re more in crisis.**”



Central Dales GP practice in Aysgarth and Hawes have trialled something like field nurses where they held a men's health day at Hawes Auction Mart in June 2024. It was a successful event, attended by local farmers and gamekeepers. The practice now plans to make this an annual event.



"We had on the day support from Yorkshire Cancer Trust, Andy's Man Club, Jo Lade, The Farming Community Network, The Gamekeepers Welfare Trust and our lovely healthcare assistant Joanne.

"The day was organised and ran by our very own community champion Elizabeth Fawcett. The day was open to everyone, and we encouraged questions and queries.

"Open and honest discussions took place around blood pressure, pain, healthy eating, stress, anxiety and emotions. Lots of blood pressure checks took place at the auction mart (beside a live sheep sale) and follow up appointments were booked for those that needed them.

**"We feel the day was a great success and we will be looking to repeat it annually."**



Other research supports the use of clinics at marts as a way to engage farmers with health services. One study from 2019 assessed the effectiveness of delivering cardiovascular screenings and lifestyle advice to Irish farmers at livestock marts. By week 12 of the study, 48% of people reported changing at least one health behaviour, and 32% had visited their GP as advised (out of 310 participants, 172 completed a follow up at week 12). However, the study found that farmers with poor health screening results were less likely to consider or make lifestyle changes. This highlights the need for extra follow-up support to help reinforce and maintain improvements.

These findings show that auction marts are a good place to start conversations about health, but farmers need ongoing support to follow through on health advice<sup>13</sup>. Another important factor to consider is the farmers who do not attend the auction marts, such as arable farmers. For these people other initiatives must be put in place, such as mobile health units which are explored below.

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<sup>13</sup> [\*\*The impact of a workplace cardiovascular health screening programme 'Farmers Have Hearts' on health behaviour change among Irish farmers - Diana van Doorn, Noel Richardson, Aoife Osborne, Catherine Blake, 2019\*\*](#)

## Mobile health units would be beneficial

People also said they would like to see mobile health units to address some of the challenges of accessing healthcare in rural areas. Farmers felt that bringing services directly to farming communities would reduce the need for long journeys, making it easier to seek help.

**In our survey, 36% said mobile health units in local villages and towns would be helpful.**



“Outreach – **people visiting locally in rural areas, many are isolated.**”



“**Mobile services** with drop in and mobile blood pressure and blood tests **'get us when we're there.'**”



“It would be great if some **outreach workers came to farms** to chat to farmers about their struggles even better someone with a farming background that understands.”



Other research has shown that mobile health clinics can be an effective way to increase access to healthcare in farming populations. The Farmers' Health Project was a two-year initiative run from 1999–2001 which delivered healthcare directly to farmers via mobile clinics at auction marts and agricultural shows in South Lakeland and North Lancashire.

**Of the 277 patients seen in its first year, 56% of those attending health checks were diagnosed with previously unknown conditions, including cardiovascular and mental health issues.**

The feedback was overwhelmingly positive, with 100% of people finding the service helpful and 94% recommending it. However, the project ended after two years due to limited funding, highlighting the need for sustained financial support to ensure the long-term success of such initiatives<sup>14</sup>.



“They've got the thing at the moment at the auction marts where they come and do blood pressure checks which is a good thing. However, I've seen this happen in the past where somebody has the idea, somebody does



it and it works fine for a while but then somebody looks at the take up and says there's better uses for the nurse so they put on another project instead and then **in another 10 years someone comes along and says why don't we go into the auction marts and it repeats.”**

An example of where this type of mobile health unit initiative is currently being run in Lincolnshire is outlined on the next page.

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<sup>14</sup> [Final Report electronic copy.PDF](#)





## Mobile health hut – Lincolnshire Rural Support Network

**What is the mobile health hut?** It is purpose-built trailer (they have their own generator so it can go anywhere). The community nurses travel around the county in their mobile health hut, they go into auction marts, seed trials, farm sales, machinery sales, shows and events. The Health Hut is run by Lincolnshire Rural Support Network. They had some initial funding from local health authorities to enable them to purchase the unit and some initial funding from RABI.

**What is their aim?** The nurses offer essential health checks including blood sugar, cholesterol and blood pressure assessments. They also have meaningful conversations with farmers to address any other health concerns they may have. Each person receives a personalised card with their readings for future reference, as well as leaflets and information about any finding. Nurses also provide referrals to GPs and other health services when necessary, ensuring that people receive the appropriate care and support.

**Where do they run?** They cover Lincolnshire. They use a local removal firm who drive the hut to where it needs to be, clean it and store it.



## Farmers walk-in clinic would be beneficial

**In our survey, 42% of people said they liked the idea of a farmers walk in clinic at their GP practice.**

These clinics would allow farmers to access healthcare without the need for booking an appointment at a specific time. Walk-in clinics would also offer the convenience of doing all necessary tests in one visit, saving time and reducing the need for multiple trips. The importance of these type of clinics being advertised properly to the farming community was a key factor raised by some people. An example of where this has been trialled in Country Durham is outlined on the next page.



“Drop ins at local GP surgery so you know you can **go along without having to make an appointment** which can be difficult to get to.”



“I think a farmer’s walk-in clinic is a marvellous idea. I think one of the things that’s offering is a **face-to-face meeting in a private situation.**

That ticks a lot of boxes as far as farmers are concerned. Obviously advertising that is



important so that everybody knows about it. It would just give them the opportunity to air a few things that they might have been worried about for quite a while.”



“As we are often in crisis management as part of our unpredictable daily workload a **drop-in facility would be great.** We are scattered in every corner and being able to visit a doctor when we are in town would be preferable.



Current process is prohibitive, fill in an online form, wait for a call back, if you miss the call twice you must start again. Could be dead by the time you get an appointment.”



**“I think I’d be more likely to go to something like that [farmers walk in day] than trying to make an appointment.** As long as people could get to know about it and that it is happening because not everybody’s on the

Internet, not everybody’s on Facebook.”



## **Farmers walk-in clinics at County Durham GP practices**

**What is a farmers’ walk-in clinic?** It is a clinic where no appointment is needed and anyone from the farming community can attend and receive a health check at a GP practice. They often take place when spaces appear in the farming calendar (late June/early July & the November–January period).

**Where have they happened?** Pinfold Medical Practice in County Durham held a farmer’s walk-in clinic in July 2024. Old Forge Surgery also conducted a farming family’s walk-in clinic in November 2024. These were both supported by Healthwatch County Durham and other partners. They were made possible by the surgeries first finding out who on their register is from the farming community (via a text) and then inviting these people to the clinic. Old Forge Surgery said their register will continue to grow as staff are asking everyone who turns up for a surgery appointment if they’re part of a farming family.

**What was the outcome?** At Pinfold Medical Practice there was a good turnout of 24 farmers in the area, which was 25% of farmers on Pinfold’s register. From those who came along, 63% of them required further treatment, which, without the walk-in, could have lingered on for longer without being dealt with. 19 attended the Old Forge walk-in clinic (28% take-up). Of the 19 that attended, 32% required further treatment (6 people).

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“People were so welcoming, and the nurse was brilliant, put me at ease straight away. **Walk-in works for me due to time restrictions.** Cake was great.”

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“I walked in and virtually back out again - with no fuss. **I would go again.** The staff were spot on.”

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## Adapting health services to align with farmers schedules

**In our survey, 46% said more flexible appointments times would be helpful.**

To improve health outcomes for farmers, appointment times, annual health checks, and operations need to be more flexible and should account for the unique demands of farmers working hours, including early mornings, late nights, and the pressures of the farming calendar such as harvest, lambing, and other seasonal tasks. By offering more adaptable scheduling, farmers are more likely to attend appointments and undergo necessary procedures, leading to better health outcomes and fewer missed appointments. For example, ensuring annual health checks such as asthma and diabetes checks happen in the quieter time of year for farmers would encourage attendance.



“If we [GP practices] are offering diabetes annual health checks in February to April to a farmer, they’re not going to come because most of them have got sheep. The same in August and early September. So, [we] need to



be mindful of reasonable adjustment, which is to say **‘what time of the year is suitable for you to come? And how would you like that delivered?’.**”

## Ongoing support through community-based approaches

**Some of the farmers we spoke to express a need for more ongoing support.**

People would like services that can offer regular check-ins, helping to address not only health concerns but also practical issues like financial advice. Another suggestion was to create space for informal conversations about mental health, removing the stigma and making it easier for farmers to seek help when needed. Additionally, people said they would appreciate having someone who understands their unique lifestyle and can connect them with the right resources and services. The Community Health and Wellbeing Worker initiative in Cornwall, which is outlined below, is a great example that illustrates how some of these needs can be met.





## Community Health & Wellbeing Workers, Cornwall

**What are Community Health & Wellbeing Workers?** They are a part of the health system landscape in Cornwall inspired by, and based on, the Brazilian Family Health Strategy, which has had an army of these workers in place since 1994. As in Brazil, the Cornwall workers are recruited from local areas, and they are paid full- or part-time, to provide regular and ongoing health and social care support to all households, and for all residents, in small neighbourhoods of around 120 households each. They are part of the primary care team but also integrated into the wider health and social care system, so any problems that arise, or any support that residents might be needing, from one month to the next, can be identified and referred on in a timely manner. Currently, Cornwall has around 59 workers.

### Some of the things they can help with:

- Connect with local community
- Money and housing concerns
- Advice or just a chat
- Veteran support
- Energy saving ideas and devices for homes
- All age service
- Accessing mental health support
- Learning new activities and skills
- Health promotion and public health conversations, for example blood pressure conversations and the importance to attend screening appointments.



**How could this be replicated for the farming community?** The workers are embedded within the community, allowing them to build trust and establish relationships with local people. By understanding the unique needs of farmers and their families, they could offer tailored health advice, bridge the gap between services, and connect farmers with the right resources.

## Better promotion needed for services and support

**There are some good farming support organisations that operate across North Yorkshire, such as the Farming Community Network, RABI, Young Farmers and the Yorkshire Agricultural Society to name a few.**

One person said he has rung the Farming Community Network helpline and they organised "Red Umbrella" RABI counselling for him, which was great as it could be at a time and in a manner (online) where farmers can access it and not have work disrupted.



**"RABI run a good mental health helpline,** and we [field nurses] have referred people into that before. Their counsellors have a good understanding of farming as well as their mental health training, so they are well placed



to help farmers. They also have a short wait time, they aim to see everybody quickly whereas if you refer somebody into the NHS, unfortunately mental health is one area where the waiting lists are just far, far too long."



**"Young farmers is a brilliant support organisation.** It is great for social interaction. Sometimes that's all you need to improve your health and wellbeing a little bit. Not everybody needs to sit down with a counsellor it is



sometimes just coming together and socialising."

Whilst there is a lot of support out there from NHS services, voluntary, community and social enterprise support and farming support organisations, some people said they were unaware of just how much help is out there. One person described these services as being like "the best-kept secret."



**In our survey, 19% said they would like more information on where to go for help.**

This is highlighted by the graph below which shows who out of our sample had used these support services. This emphasises the need to improve awareness of these resources and promote health and wellbeing messaging so that farmers know what is available and feel confident about accessing support when needed.



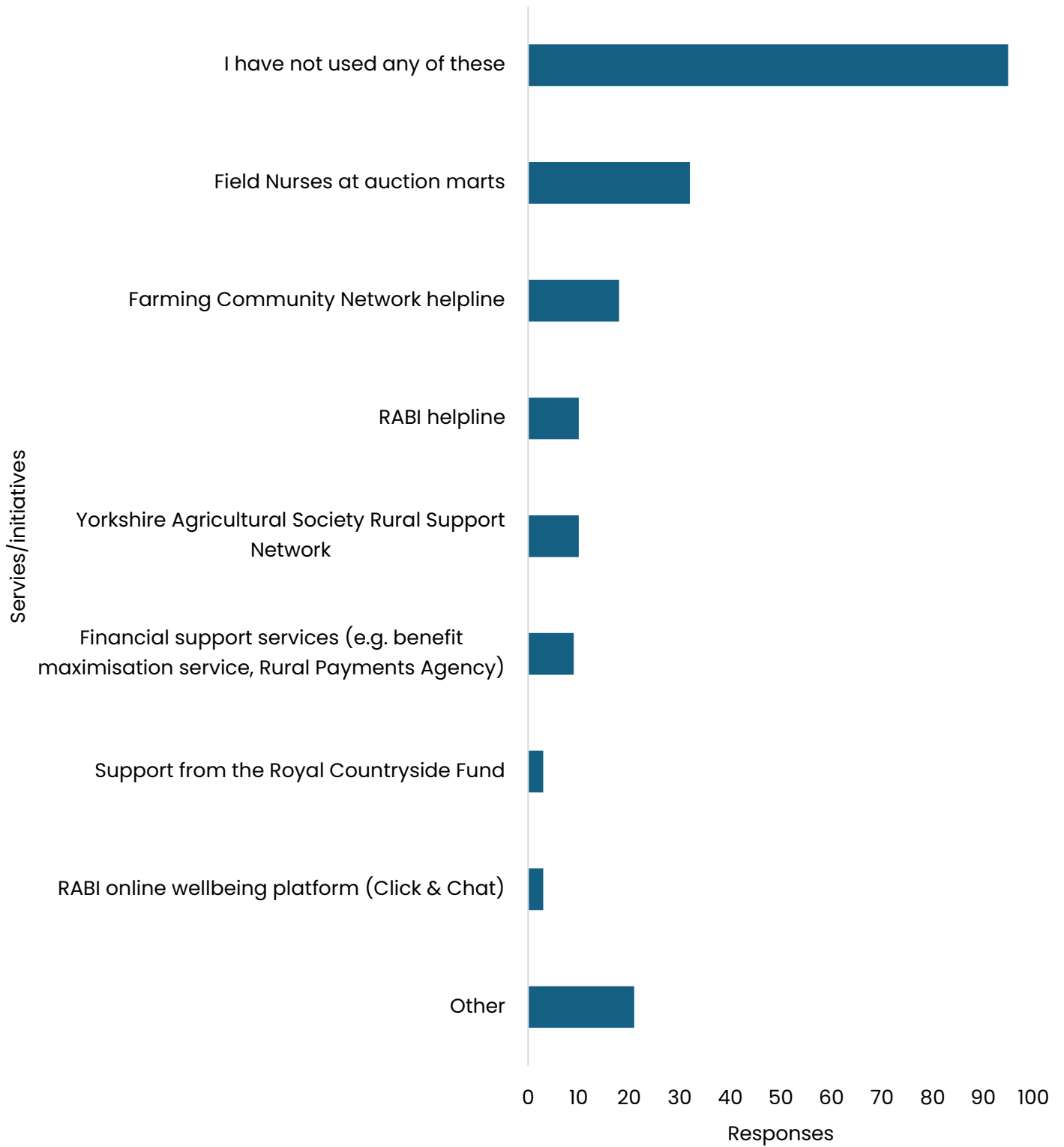
“There is lots of farmers out there that **don’t realise how much help is out there.**”



“For the last four months I’ve been on the Farming Community Network helpline to talk to people, and I’ve done 4 hours a week for 17 weeks and I’ve only had 2 phone calls. **It’s the best kept secret.**”



## Have you used any of the following health and wellbeing services or initiatives?



## Information needs to be shared in community spaces

**In our survey, around 23% of people said they would like more information about the signs and symptoms of the physical and mental health problems many farmers face.**

People said this health messaging and information about support services can't just be online, as many farmers, especially those from older generations, are less likely to use the internet. People suggested that information needs to be shared in the places where farmers already meet, such as auction marts, young farmers' club meetings, pubs, and other community spaces. Other research that gathered insights from young farmers (through a survey and interviews) emphasised that instead of 'mental health sessions', mental wellbeing should be discussed more casually in community settings, such as at Young Farmers Association events and gatherings<sup>15</sup>.

**Another suggestion raised was reaching farmers through women's groups and schools, as these often act as central points in farming communities.**

People said women's groups and voluntary organisations can be a good way to spread information about services and health messages, as women are often closely connected to community networks. Schools were also seen as an opportunity to reach the farming community with health messaging. People felt this approach would make support more visible and accessible to farmers who may not actively look for it online. The importance of preventive health messaging being promoted in these community venues and settings was also highlighted.



"Health lessons at young farmers clubs to **teach them early how important it is.**"



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<sup>15</sup> <https://www.tandfonline.com/doi/full/10.1080/14702541.2023.2274004>



“People are quite isolated in terms of the information that they get. We live in an online world a bit more now, but it would be true to say that **a lot of farmers are not in an online world**. Especially the older generation.”



“Advertise services in the **pub or at markets - or wherever farmers go.**”



“**Farmer's discussion groups should include more focus on wellbeing** either as topics given as talks or have organisations attend where people can approach them during the social part of the meetings.”



“Schools is a place to reach people as they tend to be closer to the community than doctors. You just need to stand at the school gates to do a population health assessment and about 50% of people turn up in a farming





vehicle to collect their children. Many of those people are men as their wives have inflexible work such as nursing and their husbands are farmers (so they can do the school run). **If we think about where people congregate and put our health messaging in those places, then there's a real opportunity.**”

Some organisations, such as Field Nurse, are already working to share information in this way. They actively search for useful health information and share it on their social media platforms, and they also provide this information when talking to people at the auction marts.

## Importance of language when promoting services

Language was also highlighted as an important factor in encouraging people to seek help and raising awareness of health issues. Some people said they didn't feel like existing services were meant for them, even when they were struggling, because the way services were described made them feel they weren't bad enough to ask for help. For example, people felt terms like 'mental health' or 'suicidal support' could discourage farmers from reaching out, as they might not identify with these labels. Instead, people suggested using more approachable language, focusing on general wellbeing, and even incorporating humour. People said this would make services feel more relevant and welcoming. Other research supports the importance of language in engaging farmers with mental health services. One study found that terms like "mental health" often carry stigma and are less effective, while practical, relatable language such as "stress" or "wellbeing" is more likely to resonate<sup>16</sup>.

 **“Farmers like humour.** You need a communications person whose got a real understanding of farming and can use humour. Particularly for the younger generation. You can reach people quicker than anything with humour. **They’re not going to listen or read stuffy public health messages.”** 

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<sup>16</sup> [Engaging the agricultural community in the development of mental health interventions: a qualitative research study | BMC Psychiatry | Full Text](#)



“I never thought that I was suicidal when I had those thoughts. I’ve only just come to terms with it and thought about it. I didn’t think about it, and I thought that it’s other people that are suicidal and they’re drug users or have other



issues going on. **It’s not me.** So, when the Samaritans say that they are there for suicidal support. Maybe they should take a few steps back and say ‘if you’re not feeling fully up to sorts today, give us a ring for a chat’ rather than titling somebody. **I don’t like the term ‘mental health’.**”

## **Trusted rural professionals could signpost people to support**

Some people said professionals closely linked to the farming community, such as vets and agronomists, could play a more active role in supporting their mental and physical health. These professionals are often trusted figures in the farming community, and their consistent presence on farms could allow them to notice subtle signs of health and wellbeing issues in farmers. People said they could use their position to spot potential problems early on and signpost farmers towards the appropriate support, whether for physical issues or mental health concerns. Other research supports this idea; one recent study conducted training with agricultural professionals, such as vets and farm advisors, to help them recognise signs of mental health issues in farmers. Participants found the training useful, feeling more confident in spotting distress signals and providing support or signposting<sup>17</sup>. An example of where this type of training is being delivered is outlined below.

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<sup>17</sup> [\*\*Full article: On Feirm Ground, Supporting Farmer Mental Health\*\*](#)

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“There are the agronomists, they are another tribe of people [as well as vets] who go farm to farm and often are in long conversations with farmers. People like agronomists generally stay in the same job for years they have the same patch and go to the same farms over the years.

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**It is the consistency that is key.”**

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“Last Monday the vet came to the farm, and it was this young woman. She was personable and completely down to earth and really understood large animal livestock farming and vetting. I can absolutely see how she could

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help to spot some mental health or indeed some physical health symptoms in people. **My observation of people who farm livestock and vets is that they have a real intuitive hypersensitivity to the wellbeing of humans** because they have that sense for the animals they look after.”





## **RABI – Mental health training**

**Who are RABI?** RABI is a UK charity providing practical, financial and emotional support to farmers, farm workers and their families across England and Wales. They are the largest charity provider of mental health training and services in the farming community.

**What is their mental health training?** They run one-day and two-day courses which equip people from across the farming community, including professionals like vets, land agents and others who work in rural communities with the skills to handle sensitive conversations, allowing them to identify potential issues and signpost farmers to the right resources. Their training is accredited, farming focussed and also comes with Aftercare. This proactive approach ensures farmers have a trusted network to turn to, making it easier for them to seek help when needed.

**What people think of the training:** “All our field nurses do the two-day course and it’s fantastic. The RABI course isn’t designed to help you diagnose somebody who’s got mental health issues it’s just giving you the skills to help you handle that initial conversation and knowing where to signpost people to.”





## Importance of health professionals understanding farming

People told us how much of a difference it makes when health professionals understand the farming way of life and its pressures.

**50% of people in our survey said having health professionals that understand the farming way of life and its pressures would encourage them to seek help for health and wellbeing issues sooner.**

One person shared a positive experience with a consultant who considered the farming calendar, scheduling an operation for winter so they could recover before lambing season. This kind of understanding was highly valued, as it allowed them to manage their health without disrupting their work. Some also highlighted how services like Field Nurse are appreciated because they offer a space to offload, with staff who better understand the pressures farmers face. People felt it would be helpful if more health staff were trained about the farming calendar so they have an understanding which in turn would encourage more farmers to seek help when needed.

Other research supports this; one study that explored health professionals' perspectives on farming recommended incorporating agricultural-specific content into medical training, offering rural placements for professionals to experience farm life firsthand, and delivering tailored workshops or online courses about the unique mental and physical health challenges farmers face<sup>18</sup>.



“With field nurses you can go to the field nurse and **offload, and they understand the pressures of farming better.**”



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<sup>18</sup> [“We’re Lucky to Have Doctors at All”; A Qualitative Exploration of Australian Farmers’ Barriers and Facilitators to Health-Related Help-Seeking - PMC](#)



“We had a really understanding consultant at Airedale who said with the waiting list you'd probably be getting an operation about November and asked if that would work. My husband said yes because if he can have it in



winter then that's the best time for us. That consultant was quite understanding. In the end he had the operation in January, and he was just getting back on his feet for lambing time. **It was good to have a consultant that got that he didn't really want an operation the first week in April because that would have been a bit of a non-starter really [due to lambing].** In the medical profession there isn't always that understanding when you do get to the doctors.”

## Need to highlight how support is confidential

People highlighted the importance of confidentiality when accessing support and suggested that support organisations need to better emphasise how they are confidential. Farmers shared concerns about being judged or talked about within their local community, with some saying they would feel more comfortable speaking to someone from outside their area. For example, some people said they would be more likely to use services like the Farming Community Network if it was made clearer that they could choose a local or non-local volunteer based on their preference for privacy. Clear messaging about confidentiality and options for anonymity could help reduce fears and encourage more farmers to seek support when they need it.



“The Farming Community Network **need to say you can choose an advisor/mentor that is local or not** local [so people are not put off].”



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“You’re probably more likely to talk to a farmer if you’re out of area than you are somebody local. That’s how I feel personally. **I’d rather talk to a stranger from miles away that was a health professional that understood farming**

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**or that was a farmer even than somebody local.** I think farmers think other farmers talk about each other.”

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“I never knew that myself even though I was aware of them [that you can be matched with someone local or not from the Farming Community Network]. If it said on there [on a leaflet], ‘we’re here to help you. You can select

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who you want to for confidentiality’. **There may be more chance of people calling.**”



# Conclusion & appendices

# Conclusion

**There are many barriers preventing the farming community in North Yorkshire from seeking help for health and wellbeing issues, including time constraints, logistical challenges, lack of awareness, geographical isolation and stigma.**

All these factors contribute to delays in seeking help, which is resulting in poorer health outcomes for the farming community of North Yorkshire.

Despite these barriers, several solutions were identified that could encourage earlier engagement with health and wellbeing services. These include:

- Bringing services to the farming community,
- Ongoing support through community-based approaches,
- Improving communication and awareness,
- Utilising trusted professionals for signposting
- Improving accessibility and trust.

To ensure health outcomes for the farming community improve, working together is required between health services, farming support, and voluntary, community and social enterprise organisations. They need to work together to develop practical, accessible and sustainable solutions, using existing initiatives and examples of good practice in other areas as a starting point. Prioritising the health of the farming community is not only vital for their quality of life but also for the sustainability of farming as a profession.

**We would like to thank everyone who participated in this project, including those from the farming community who shared their experiences with us and the individuals, organisations, volunteers and trustees who supported this work. Your input has been invaluable in shaping this report and its recommendations.**

# Appendix one- survey questions and conversation form

Below are the survey questions we asked and the conversation form we used when attending auction marts, agricultural shows and conducting phone interviews.

## Farming community: Share your views

### What stops you getting help when you're unwell?

**If you are part of the farming community in North Yorkshire, we would really like to hear from you.**

Healthwatch North Yorkshire is your local health and social care champion. We're here to listen to the experiences of people in North Yorkshire and make sure NHS decision makers use your feedback to make things better.

We know that people from farming communities do not always use the health services they are entitled to, as much or as soon as they could. We want to find out what might be stopping you from getting the help you need and how services could improve to make them work better for the farming community.

Your feedback will be shared anonymously with the NHS and organisations that support the farming community in North Yorkshire (such as Yorkshire Agricultural Society, The Farming Community Network, National Farmers Union, The Farmer Network). This will help them develop better resources and services that meet your needs.

**Your responses are anonymous, and the survey will take about 5-10 minutes to complete. The closing date is Thursday 31<sup>st</sup> October.**

If you would like to fill out the survey by phone, please contact Healthwatch North Yorkshire on 01423 788 128.

Thank you for your time and for sharing your thoughts with us.

For more information, please get in touch with Alicia Rose (our Research & Projects Coordinator) by emailing [alicia.rose@hwny.co.uk](mailto:alicia.rose@hwny.co.uk) or calling 01423 788128.

**Please send your completed survey to Freepost HEALTHWATCHNORTHYORKSHIRE. Note you do not need to add a stamp.**

### Section 1: Consent and background

- 1. Please let us know that you are happy to take part in this survey by ticking 'I agree', confirming you have read the above project information and agree to your anonymous feedback being used by Healthwatch.**

I agree	
I do not agree	

- 2. What type of farming are you involved in? (Please tick all that apply)**

Arable	
Dairy	
Beef/cattle	
Sheep	
Poultry	
Pigs	
Prefer not to say	
Other (please specify):	

**3. Are you a:**

Landowner	
Tenant farmer	
Farm worker	
Seasonal farm worker	
Retired farmer	
Part of the farming family (spouse)	
Prefer not to say	
Other (please specify):	

**4. Where in North Yorkshire do you farm? (Please choose the area that best represents where you farm)**

Craven	
Hambleton	
Richmondshire	
Harrogate	
Ryedale	
Scarborough	
Selby	
Prefer not to say	
Other (please specify):	



## Section 2: Your health and wellbeing

### 5. In general, would you say your overall health is:

Very good	
Good	
Fair	
Poor	
Very poor	
Prefer not to say	

### 6. Have you experienced any of the following health or wellbeing problems over the past year? (Please tick all that apply)

Back, joint, knee, shoulder or muscle pain	
Breathing problems (asthma, bronchitis)	
Heart problems high blood pressure, heart disease)	
Skin problems (eczema, sunburn)	
Bowel problems	
Concerns related to cancer	
Hearing loss	
Vision problems	
Men's health problems (prostate, erectile dysfunction)	
Women's health problems (menopause, gynaecological)	
Stress & anxiety	
Depression	

Alcohol and/or drug problems	
Smoking related problems	
Sleep problems	
Domestic abuse (experiencing or witnessing)	
Other (please specify):	
I haven't experienced any health or wellbeing problems in the past year <i>(please skip to question 10)</i>	
Prefer not to say <i>(please skip to question 10)</i>	

**7. Did you seek help in relation to any of these problems?**

Yes- for all of them <i>(please skip to question 9)</i>	
Yes- for some of them	
No- for none of them <i>(please skip to question 10)</i>	
Prefer not to say <i>(please skip to question 10)</i>	

**8. Which problems did you seek help for?**

**9. Where did you seek help from? (Please tick all that apply)**

NHS 111	
Pharmacy	
GP	
Urgent Treatment Centre	
A&E	
Family & friends	
Self-help (internet)	
Local community organisation	
Farming community organisation	
Prefer not to say	
Other (please specify):	

**10. If you have been invited by your local health service for any check-ups, such as cancer screening or the NHS over 40s Health Check, have you attended/completed this?**

Yes- I have attended/completed any preventative care I have been invited for	
Yes- I have attended/completed some of the preventative care I have been invited for	
No- I have not attended/completed any preventative care I have been invited for	
Not applicable as I have not been invited	

Prefer not to say	
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### Section 3: Barriers and suggestions

#### 11. Is there anything that makes health and wellbeing services hard for you to use? (Please tick all that apply)

I don't have time due to my farming work	
I can't afford to lose income by taking time off to see health professionals	
Health services are often too far away	
The cost of travel stops me using health services	
It is hard to arrange appointments around my farming work	
I don't like asking for help	
People in my community might view me differently if they knew about any health problems I may have	
I would rather manage health problems on my own	
I don't feel that my problems are severe enough to seek help	
I am worried I might not be able to understand the health professional	
I don't think that staff in health services understand the farming way of life and its pressures	
I am not sure where to go for help	
Nothing stops me using health and wellbeing services ( <i>please skip to question 13</i> )	
Other (please specify):	

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**12. Can you give examples of any barriers to using health services you have experienced over the last year?**

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**13. Is there anything that would make health services easier for you to use and/or enable you to seek help sooner? (Please tick all that apply). If you have an idea or suggestion that is not listed below feel free to include this under the 'Other' option.**

More information about where to go for help	
More information about the signs and symptoms of physical health problems many farmers face	
More information about the signs and symptoms of mental health problems many farmers face	
Mobile health units in local villages/towns	

Having drop-in clinics at local farming sites where no appointment is needed (field nurses at auction marts)	
Healthcare professionals who understand the farming way of life and its pressures	
Regular health check-up reminders	
Farmers walk-in day at your GP practice (a day where farmers can drop-in to the practice and speak to a doctor/nurse, have blood pressure taken etc)	
More flexible appointment times	
Online self-help programmes or advice, specifically designed for farmers	
Hearing from other farmers who have had a good experience of services	
Other (please specify):	

## Section 4: Existing health & wellbeing services/initiatives for the farming community

**14. Have you used any of the following health and wellbeing services or initiatives? (Please tick all that you have used). If there is something else you have used that is not listed below please include this under the 'Other' option.**

Field Nurses at auction marts	
Farming Community Network helpline	
Yorkshire Agricultural Society Rural Support Network	
Royal Agricultural Benevolent Institution helpline	
Royal Agricultural Benevolent Institution online wellbeing platform (Click & Chat)	
Financial support services (benefit maximisation service, Rural Payments Agency)	
Support from the Royal Countryside Fund	
I have not used any of these <i>(please skip to question 17)</i>	
Other (please specify):	

**15. What do you think works well about the service(s)/initiative(s)?**

**16. Is there anything that could be improved about the service(s)/initiative(s)?**

**Section 5: Anything else?**

**17. Is there anything else you would like to tell us?**

**Section 6: Would you like to speak to us in more detail?**

**18. Would you be interested in talking to us in more detail about your experiences and views on this topic? If so, please provide your contact details (email address and/or phone number) below and we will be in touch. *Your details will only be used by Healthwatch to contact you.***



## Section 7: Questions about you

By telling us more about you, you will help us ensure that we are hearing from different people in different situations.

### 19. How old are you?

Under 18	
18-24	
25-49	
50-64	
65-79	
80+	
Prefer not to say	

### 20. Which gender do you identify with?

Man	
Woman	
Non-binary	
Intersex	
Prefer to use my own term	
Prefer not to say	

### 21. What is your ethnicity?

White: British	
White: Irish	

White: Gypsy, Traveller, Irish Traveller	
White: Roma	
White: other white background	
Arab	
Asian: Bangladeshi / Chinese / Indian / Pakistani / any other Asian background	
Black: African / Caribbean / any other Black background	
Mixed: Asian and White / Black African and White / Black Caribbean and White / any other mixed background	
Other ethnic group	
Prefer not to say	

## Thank you for taking the time to complete this survey!

If you have any questions, or want to know more about Healthwatch please go to our website, give us a call or send an email.

- Website: [www.healthwatchnorthyorkshire.co.uk/](http://www.healthwatchnorthyorkshire.co.uk/)
- Call: **01423 788128** between the hours of 09:00 – 17:00 Monday to Friday.
- Email: [alicia.rose@hwny.co.uk](mailto:alicia.rose@hwny.co.uk)

**If you would like to sign up to our mailing list to receive updates and news from Healthwatch North Yorkshire, please leave your email address below.**

**Please send your completed survey to Freepost HEALTHWATCHNORTHYORKSHIRE. Note you do not need to add a stamp.**

### **Further support**

If you are in need of support for any health or wellbeing problems, there is some information below that you might find useful:

**GP:** for any health or wellbeing concerns you can contact your GP.

**Royal Agricultural Benevolent Institution helpline:** they offer a helpline where you can discuss health and wellbeing concerns. **Call: 0800 188 4444**

**Farming Community Network helpline:** they offer a confidential helpline providing emotional and practical support for farmers and their families. **Call: 03000 111 999**

**Samaritans:** they provide a 24/7 helpline offering emotional support. **Call: 116 123**

**Yorkshire Rural Support Network:** this network offers tailored support for rural communities. **Call: 01423 546217** or visit their **website:**

[www.yas.co.uk/yrsn/](http://www.yas.co.uk/yrsn/)

# Farming project conversation form

## Information about the project

**Who are Healthwatch North Yorkshire?** We are your local health and social care champion. We're here to listen to the experiences of people in North Yorkshire and make sure NHS decision makers use your feedback to make things better.

**What is this project about?** We know that people from farming communities do not always use the health services they are entitled to, as much or as soon as they could. We want to find out what might be stopping people from the farming community from getting the help they need and how services could improve to make them work better for the farming community.

**What will happen with the findings?** The feedback will be shared anonymously with the NHS and organisations that support the farming community in North Yorkshire (Yorkshire Agricultural Society, The Farming Community Network, National Farmers Union, The Farmer Network). This will help them develop better resources and services that meet the needs of the farming community in north Yorkshire.

## Further Support

If you are concerned for the health and wellbeing of someone you have spoken to there are some places you can signpost them to below:

**If they have a serious concern advise them to call 999 or go to A&E.**

**Alternatively, they can call NHS 111 or go to their GP or local pharmacy.**

- **Royal Agricultural Benevolent Institution helpline:** they offer a helpline where you can discuss health and wellbeing concerns. **Call: 0800 188 4444**
- **Farming Community Network helpline:** they offer a confidential helpline providing emotional and practical support for farmers and their families. **Call: 03000 111 999**

- **Samaritans:** they provide a 24/7 helpline offering emotional support.  
**Call: 116 123**
- **Yorkshire Rural Support Network:** this network offers tailored support for rural communities. **Call: 01423 546217** or visit their **website: <https://yas.co.uk/yrsn/>**

## Consent

**If you have told them the above project information and they agree to their anonymous feedback being used by Healthwatch please tick 'Consent was received'**

Consent was received

## Background information

**What type of farming are they involved in:** Arable, dairy, beef/cattle, sheep, poultry, pigs?

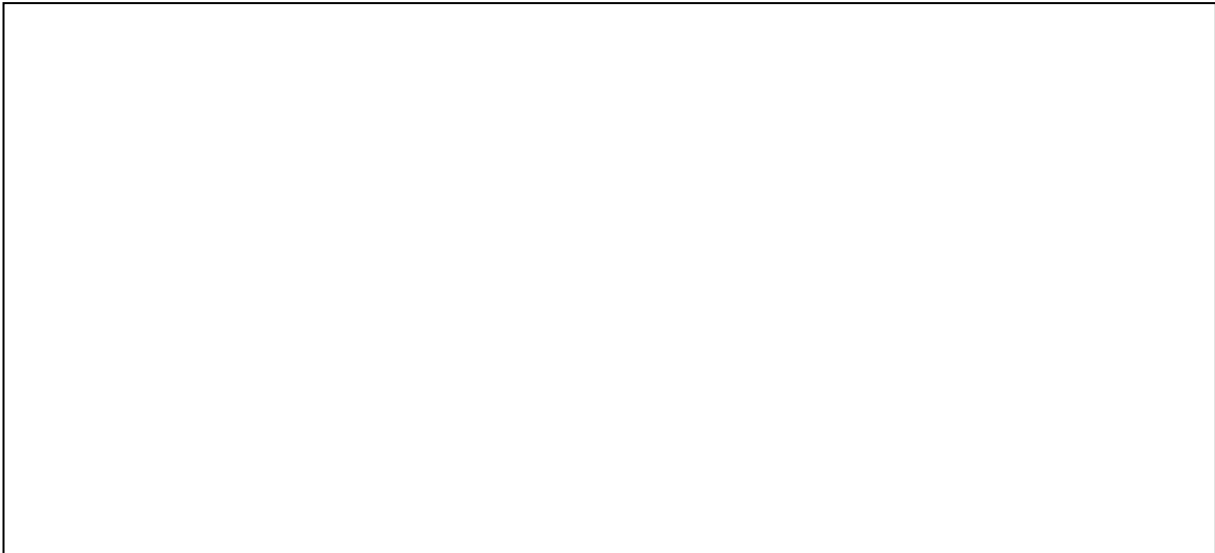
**Are they a:** landowner, tenant farmer, farm worker, seasonal farm worker, retired farmer or part of the farming family (spouse)?

**Which district in North Yorkshire best represents where they farm:**

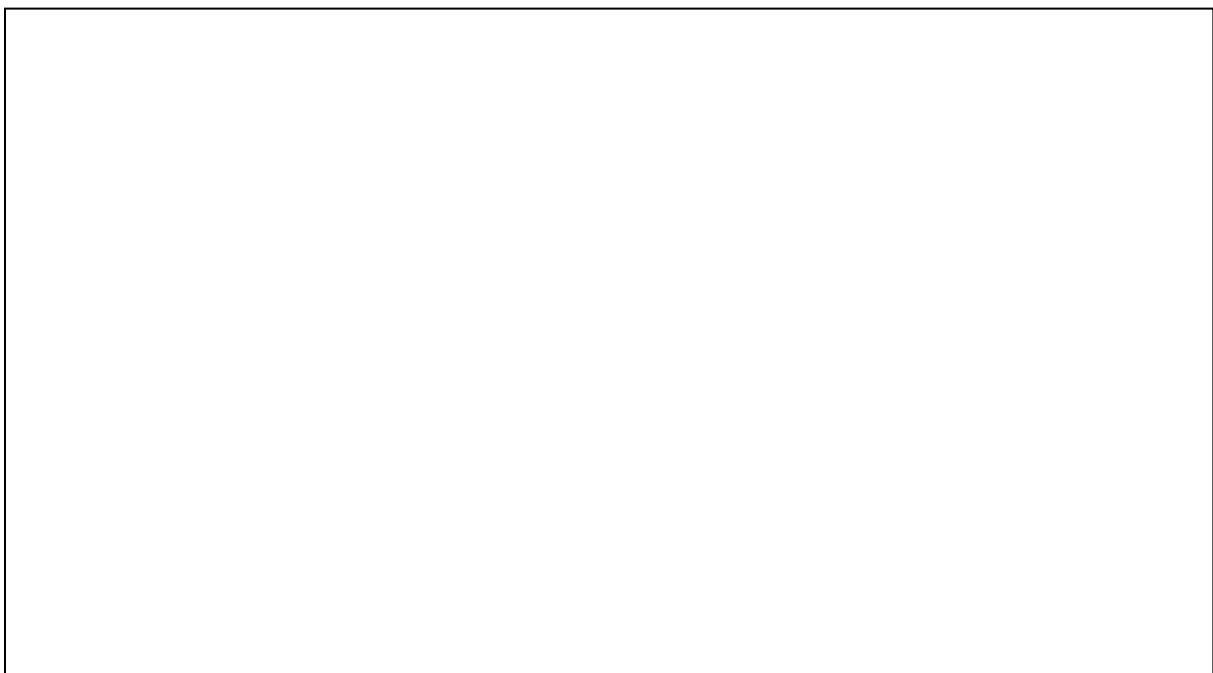
Craven, Hambleton, Richmondshire, Harrogate, Ryedale, Scarborough or Selby?

## Barriers and suggestions

**Is there anything that makes health and wellbeing services hard for them to use?** You could give a few examples to prompt people if needed (for example, a lack of time, unsure where to go for help).



**If they would be happy to share examples of any barriers to using health services they have experienced over the past year record this information below.** If they are happy to say what their health or wellbeing problems were please record that here.



**Is there anything that would make health services easier for them to use and/or enable them to seek help sooner?** You could give a few examples to prompt people if needed (Field Nurse initiative, more information about where to go for help).

### Existing health & wellbeing services/initiatives for the farming community

**Have they used any health and wellbeing services or initiatives that are specifically designed for the farming community? Please tick which services/initiatives they have used and if there is something mentioned not on the list please include this below.**

Field Nurses at auction marts	
Farming Community Network helpline	
Yorkshire Agricultural Society Rural Support Network	
Royal Agricultural Benevolent Institution helpline	
Royal Agricultural Benevolent Institution online wellbeing platform (Click & Chat)	
Financial support services (benefit maximisation service, Rural Payments Agency)	

Support from the Royal Countryside Fund	
Other: Please include any other services/initiatives mentioned below:	

**If they have used any service(s) or initiative(s) what do they think works well about them and is there anything that could be improved?**

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## Anything else?

If there anything else they shared that is not captured above please include this here.

## Section 8: Questions about them

**How old are they?**

**Which gender do they identify with?**

**What is their ethnicity?**

**If they would like to sign up to our mailing list to receive updates and news from Healthwatch North Yorkshire, please ask for their email address and write this below.**

## Appendix two- other literature

Click the link below to find the table that includes all the literature found by our volunteers on anything that explores what health and wellbeing issues farmers face, the barriers that stop farmers seeking help, the things that might facilitate them to seek help sooner and initiatives that have worked in other areas. 38 documents were found in total.

[Click here](#) to see the Healthwatch North Yorkshire farming project literature search.



**Committed  
to quality**

We are committed to the quality of our information. Every three years we perform an in-depth audit so that we can be certain of this.

[Learn more.](#)

**healthwatch**  
North Yorkshire

Healthwatch North Yorkshire  
55 Grove Road  
Harrogate  
HG1 5EP

[www.healthwatchnorthyorkshire.co.uk](http://www.healthwatchnorthyorkshire.co.uk)

**t:** 01423 788 128

**e:** [hello@hwny.co.uk](mailto:hello@hwny.co.uk)

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