

Abingdon Caldecott Community Profile

Foreword

This Abingdon Caldecott Community Profile was undertaken in response to the presentation in Oxfordshire's Director of Public Health Annual Report (2019) which focussed on health inequality within Oxfordshire which at a county level is seen as a prosperous and affluent place to live. The report highlighted ten wards where each included a small geographical area ("Super Output Areas") that was assessed to be in the 20% most deprived areas in England, and residents are most at risk of poor health, or experience health inequalities. The assessment was based on factors which are now accepted to play a much bigger part in health outcomes and include income, education, housing, environment, and employment.

The identification of these wards, which includes Abingdon Caldecott, led to the objective to create community profiles of each of these ten areas to ensure we understand, as fully as possible, the underlying drivers of these inequalities as a first step to promoting healthy behaviours and forming thriving communities.

The work has involved engagement with many grassroots organisations embedded in the community and others that have been serving the needs of different sections of the community. Most importantly extensive work has gone in to ensuring the 'voice of the community' was represented in the profile with particular effort made to access the 'hard to reach' groups.

A huge thanks to all who contributed to building this profile and shared the many aspects of the community that are to be celebrated as well as the challenges faced in terms of health inequalities. A very special thanks to Rosalind Jones (Public Health OCC) who managed all the work with deep and insightful commitment.

I do hope this will be a springboard for a community asset-based approach and collaborative working to tackle the issues of health inequalities within Caldecott Abingdon.

Rita Atkinson MBE, Chair of the Abingdon Caldecott Community Profile Steering Group

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Introduction

Health and wellbeing are profoundly shaped by what happens in places and communities and by the wider social economic environment in which people live, learn, work and socialise¹.

Currently, in England, people living in the most deprived areas of the country are at greatest risk of poor health than people in the least deprived areas². To tackle these inequalities, we must give more attention to those communities which are at greatest risk of poor health if we want to make a real impact on reducing inequalities.

Health inequalities are avoidable and unfair. Why should the place we live have an impact on how long we will live in good health? These health inequalities are systematic differences in health between different groups of people³. They are ultimately about differences in people's health status but also the different opportunities people have to lead healthy lives and the healthcare people receive – both contribute to overall health status.

Health is determined by:

- The social and economic environment
- The physical environment
- The person's individual characteristics and behaviours⁴

Oxfordshire is one of the most affluent areas of the country. This hides the astounding fact that there are 10 wards in Oxfordshire which feature areas which are in the 20% most deprived in England. The Director of Public Health Annual Report 2019⁵ highlighted these ten wards in Oxfordshire which have small areas ("Super Output Areas") that were listed in the 20% most deprived in England in the Index of Multiple Deprivation update, published in November 2019. One of these 10 wards includes Abingdon Caldecott, and in fact the Education, Training and Skills domain, which is included in the overall IMD decile, falls within the 10% most deprived in England.

The identification of these wards led to the ambition to create community profiles of each of these 10 areas to ensure we understand, as fully as possible, the health outcomes and factors which influence these outcomes, for the wards in Oxfordshire where residents are most at risk of poor health, or experience health inequalities. The first area to be profiled was Banbury Ruscott and a proof of concept of the approach to creating community profiles was agreed by the Oxfordshire Health and Wellbeing board in March 2020. The community profiles use data and community insight, for local organisations and stakeholders to work in collaboration with

¹ Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I., 2010. The Marmot review: Fair society, healthy lives. London: UCL.

² Connolly, A., Baker, A. and Fellows, C., 2017. *Understanding health inequalities in England*. [online] Ukhsa.blog.gov.uk. Available at: <https://ukhsa.blog.gov.uk/2017/07/13/understanding-health-inequalities-in-england/>.

³ Williams, E., Buck, D., Babalola, G. and Maguire, D., 2022. *What are health inequalities?* [online] www.kingsfund.org.uk. Available at: <https://www.kingsfund.org.uk/publications/what-are-health-inequalities#life>.

⁴ World Health Organisation, 2017. *Determinants of health*. [online] Who.int. Available at: <https://www.who.int/news-room/questions-and-answers/item/determinants-of-health>.

⁵ Oxfordshire County Council (2020). *Some are more equal than others*. [online] Available at: <https://www.oxfordshire.gov.uk/public-health-annual-report-may-2020>

residents, encouraging an asset-based community development model (ABCD). An ABCD model is a localised and bottom-up way of strengthening communities through recognising, identifying and harnessing existing 'assets' (i.e. things like skills, knowledge, capacity, resources, experience or enthusiasm). Instead of looking at what a community needs or lacks, the approach focuses on utilising the 'assets' that are already there.

In Summer 2021, the Oxfordshire County Council Public Health team began work on a community profile for Abingdon Caldecott ward. Looking at the data for Abingdon Caldecott, without including the community voice doesn't give us the full picture. It doesn't tell us the why, or what the community feel passionate about and think are the real assets of their own area. The aim of this profile is to combine what the data tells us about Abingdon Caldecott, with voices from residents and members of the community, to bring together a full picture of what it means to live in Caldecott. The profile will be an opportunity to look beyond indicators and get behind the data through asking residents themselves: what are the strengths of their area, what are the challenges for their health and wellbeing and to uncover the impact of COVID-19 on the community. The profile will also link closely to the Joint Strategic Needs Assessment and explore alternative ways to present data.

Acknowledgements

We would like to thank each member of the Abingdon Caldecott Community Profile Steering Group for their oversight and guidance towards producing this profile and for their continued support during every stage of the process. A special mention to Rita Atkinson MBE for her support and commitment to chairing the steering group.

Thank you to the team at Community First Oxfordshire for their work in collecting the community insight and providing the report with the findings from the exercise, with a special thanks to Tom McCulloch for his work and dedication in completing this.

Finally thank you to the residents of Caldecott for giving up their time to be involved in the project. It couldn't have happened without the good-will of the community.

Methodology

During the Summer of 2021, the Oxfordshire County Council Public Health team carried out a scoping exercise to explore where there may be any existing community insight for Abingdon Caldecott, to determine what engagement work had already taken place and to try to avoid any duplication. The scoping phase led to the identification of key stakeholders and partners with an interest in joining a steering group to shape and guide the production and delivery of a community profile for Abingdon Caldecott. The group agreed a Terms of Reference and a project planner to outline the milestones to create the profile over the subsequent 12 months. An independent chair was also nominated on behalf of the steering group. The overall purpose of the Steering Group was to provide collaborative and positive leadership for the coproduction of the Abingdon Caldecott community profile.

Community First Oxfordshire (CFO), on behalf of the Steering Group, was commissioned to carry out a community engagement exercise. CFO were selected to complete the work after a panel of Steering Group members reviewed applications to grant fund the project. The purpose of the community engagement was to better understand what members of the community felt were the:

- Strengths and assets in the area that support and enable their health and wellbeing - what matters to the local community
- Challenges to their health and wellbeing and what they think would help to address these
- Impacts of COVID-19

The approach CFO took to gather the community insight was flexible based on what they thought would work best in the community. Direct extracts from the community engagement report have been included within each section of the profile and this is indicated in the heading where this is the case. Other data and text have been compiled by Oxfordshire County Council Public Health.

Community Engagement Approach

(extracted from the community insight report)

CFO began with a mapping exercise which set out the groups and organisations, whether volunteer and community-led or externally based yet active in Caldecott, with which the Insight programme needed to engage in order comprehensively to explore the research aims set out in the introduction.

These groups and organisations were contacted in order to make introductions to the project and build relationships. Huge thanks are due to Abingdon Vineyard Church, Preston Road Community Centre, Inspiring Minds, Abingdon DAMASCUS Youth Project, Sovereign Housing Association, Nicholson House and the South and Vale health walk team for their trust, help, and efforts in talking to local residents, introducing the insight project, and establishing consent for the CFO team to come along to community sessions and events to talk to people.

CFO took the following approach to hear from residents:

(extracted from the community insight report)

1. One-to-one interviews

Two sets of questions (one for resident-based interviews and one for representatives of community-based organisations) were developed by CFO and discussed with the project steering group (see annex 3).

Researchers then attended community activity sessions and spoke to attendees, taking them through the questions and taking notes. CFO also undertook interviews in the wider community, talking to residents using the shops at Reynolds Way and those attending the South Abingdon Play Day on 9 July. For community-based organisations, interviews with key representatives conducted either face to face or, where this was not possible due to pressures of time, via email.

These one-to-ones were particularly useful in allowing researchers to talk to a range of local residents across a range of different demographics, particularly in relation to age and gender.

2. Personal stories (case studies)

(extracted from the community insight report)

These stories were identified as the research progressed, primarily developing naturally from one-to-one interviews, where individuals expanded on certain points and offered deeper personal insight on particular themes.

3. Focus groups

(extracted from the community insight report)

Focus groups discussion allows for a deeper dive into given issues and can stimulate spontaneous ideas and personal disclosure. The approach that CFO took was that of semi-guided conversations. We did not wish to overly lead focus group discussion but 'go where people wanted it to go'.

A list of questions was drafted by CFO and agreed with the steering group (see annex 3) and, where researchers were able, and where it felt natural, guided the conversation back to consideration of those topics.

Again, the mapping process allowed the research team to identify potential focus groups, with the intention to hold sessions across a range of demographics, client groups, and community organisations. Using organisational contacts, three focus groups were held in the research period: Nicholson House extra-care residents, South Abingdon Partners Network, and Abingdon Vineyard Church study group.

Given the shortness of the research window (see Limitations section), CFO were unable to arrange focus groups with, for example, young people (primary schools) and Sovereign Housing tenants. These audiences could be a focus for follow-up insight research.

4. Community survey

(extracted from the community insight report)

The primary focus of the research was qualitative research.

However, it was recognised that a survey could help establish more general opinion in relation to the key research themes. These mainly quantitative responses could be presented alongside the qualitative research and any commonalities and divergences in the data discussed.

To this end, CFO designed a community survey (hard copy and online- Survey Monkey), which was signed off by the steering group (see annex 4). The survey was widely disseminated (primarily via a weblink), using the multiple local networks identified during mapping. Special thanks are due to Sovereign Housing for writing to all (900) of their households with an introduction to the project and a link to the survey.

The survey was anonymous, although respondents were invited to leave their contact details should they wish to share their experiences and opinions with the research team.

A separate survey was also designed for young people (see annex 4). However, this was not distributed but used as the basis for a Focus Group discussion with young people attending an Abingdon DAMASCUS Youth Project session.

Reviewing the Findings

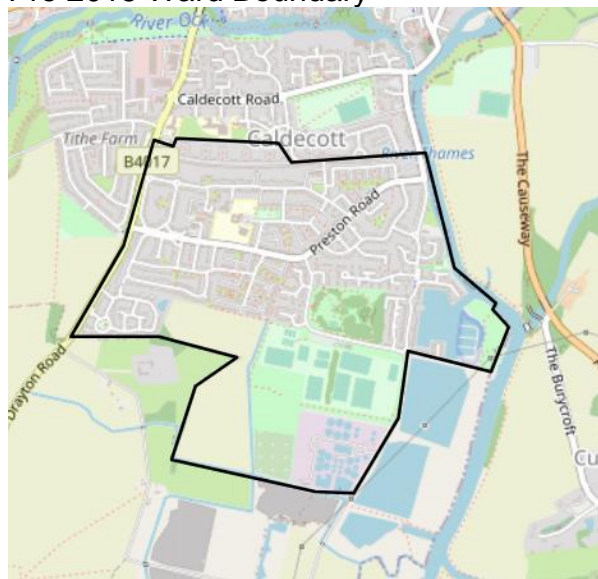
After completion of the community engagement exercise, the steering group worked together to decide on the recommendations for the profile. This involved including the suggestions/recommendations from the community engagement report alongside additional recommendations that the steering group had identified. Oxfordshire County Council Public Health combined the findings of the engagement work with the quantitative data available for Abingdon Caldecott into the profile.

Geographical boundary of Caldecott

Data in this profile is reported using several types of geographical boundaries – administrative and statistical.

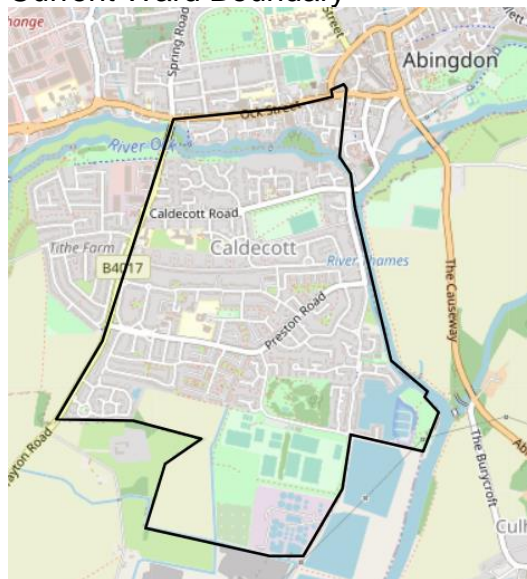
Following the ward boundary change in 2015, the Abingdon Caldecott ward was extended to include an additional bit of the area at the top to extend to Ock Street.

Pre 2015 Ward Boundary



Map of pre-2015 ward boundary of Abingdon Caldecott

Current Ward Boundary



Map of current ward boundary of Abingdon Caldecott

In addition to these administrative boundaries, National Statistics for small areas are reported using the statistical hierarchy developed by the Office for National Statistics.

Middle Super Output Areas (MSOAs) are used by the Office for National Statistics (ONS) to publish Census travel to work data and an increasing range of other social and demographic statistics.

Lower Super Output Areas (LSOAs) are used as the geography for publishing the national Indices of Multiple Deprivation (IMD).

Most data sources highlighted in this profile will be using the MSOA boundary for Vale of White Horse 008, which has the parliamentary MSOA name 'Abingdon South'. Ward level data was not the primary geographical boundary due to the 2011 Census data not reporting at the current ward boundary for Abingdon Caldecott and to ensure greater consistency for the geography across all indicators.

Data included in this profile will be updated once available, particularly information from the Census, once the 2021 data has been released at a small area level. The most up to date data can be accessed through the online version of the report.

Limitations

The approach for developing the community profiles was not a rigorous piece of academic research and therefore caution should be taken when drawing conclusions from the findings.

The profile should be viewed as dynamic on-line documents that can be updated with any additional insight or research in the areas as it is produced, as well as national data updates such as from the 2021 Census.

Care has been taken to acknowledge sources of information and to ensure the accuracy of data. Please contact jsna@oxfordshire.gov.uk if any inadvertent inaccuracies or omissions are identified.

(Extracted from the community insight report)

CFO had a very limited, two-month, time period in which to undertake the research. The first weeks focused on introducing the project, building trust with local organisations and residents, and arranging specific research activities. The actual field-work window was limited, primarily, to a c.4 week period from the end of May, and sessions we were able to organise within that window.

The objective of the qualitative research undertaken by CFO was to produce in-depth information in order to understand more about the research questions set out above. However, it is recognised that quantitative research can only provide illustrative information and data, sometimes very personal and perhaps only indirectly comparable (or not at all). Despite the shortness of the research window, a key research focus was to reach a large number of people via higher-level approaches (shorter one-to-one interviews) and complement this with more in-depth approaches (longer one-to-ones interviews, personal stories and focus groups).

This allowed findings to combine both numbers (of people consulted) and depth, building a richer, more detailed and more nuanced set of findings to support the recommendations set out later in this report.

Regarding the community survey, only 18 individuals responded, a small sample which cannot be deemed representative of the community.

Given the shortness of the research window, CFO were unable to arrange focus groups with, for example, young people (primary schools) and Sovereign Housing tenants. These audiences could be a focus for follow-up insight research.

Location and History

(extracted from the community insight report)

Caldecott ward is located in South Abingdon. It is bordered to the north by Ock Street, to the east by the river Thames, to the south by the Southern Town Park, and to the west by the B4017 road to Drayton.

Maps of Abingdon in the late-1800s show open fields to the south of Caldecott Road. To the immediate north, the area was dominated by the Caldecott House and its 23-acre estate. This area was mainly open green space and trees, with housing generally limited to the borders of Ock Street. In 1900, Town Council minutes note a request had been made for lighting in Caldecott Road, which was deemed 'not practicable, gas mains do not extend beyond Caldecott House.' The Wiltshire and Berkshire canal also ran parallel to Caldecott Road in the late-1800s. However, by this time the canal was 'already in decline... and carrying very little traffic.' It would be filled in in 1914.

Economic development, leading to population growth, then combined with the demands for better conditions of living in the aftermath of World War One. Slum clearance across the town in general was undertaken, while momentum grew to provide more housing for the working population. Town Council minutes of July 1930 note: 'in view of the acute housing shortage and the number of unemployed, the Ministry of Health to be asked to sanction forthwith the proposed Caldecott housing scheme and recreation ground.' This led to 50 homes being built at Saxton Road in 1934 to re-house 'inhabitants of the old "courts" in the town centre.'

The more recent past

Housing growth continued post-World War Two with 104 homes being built at Gainsborough Green in the late-1940s. In the Fifties, 'the emphasis was all on municipal housing, and as the decade ended half the population [of Abingdon as a whole] lived in dwellings owned either by the Council or the UK Atomic Energy Authority.' More housing followed in the 1960s, in fact South Abingdon took the majority of council-built homes in this period: 'the very high price of land has limited Council housing to lands it already owned in the southern part of the town.'

Later, in 1972, Caldecott House, which had been acquired by the Dr Barnardo's charity in 1945 as a children's home, was demolished. The home had been a 'much-loved local charity supported by popular fund-raising events.' A housing estate was built in its place - the area around Saint Amand Drive and Bailie Close.

As more land was zoned for housing, subsequent decades saw more development south of Saxton Road and on former industrial sites, such as at the old canal basin at the bottom of Caldecott Road, which became a housing development in the early-2000s (the area around Wharf Close).

The housing stock of Vale of the White Horse District Council (which was established in 1974), built up over the decades from the 1930s to the 1980s, was transferred to Sovereign and Vale Housing Association in the early 1990s. Today, Sovereign manages some 900 properties in the Caldecott ward area.

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Shops, services, and leisure - past and present

With regard to locally-based shops and services, there has been a marked decline in recent decades. In the 1980s and 1990s, local residents remember there being a Spar, greengrocer, butcher, baker, and a fish and chip shop at Gainsborough Green (Reynold's Way). More recently there was a McColl's newsagent's and also a mini-post office, until it closed a few years ago.

Today at Reynold's Way there is a pharmacy, a bookmaker, a takeaway restaurant, and a convenience store. The nearest larger supermarkets are Tesco (c.1.5 miles), Lidl (c.1 mile) and the town centre Coop (c.0.75 miles). Likewise, the nearest doctor's surgeries and dental clinics are in the town centre, c.1 mile from the centre of the ward.⁶

There are three play areas in the ward (Caldecott Recreation Ground, Rover Close Play Area and Southern Town Park, where there is also a BMX track). The nearest leisure centre (White Horse Leisure Centre) is c. 2 miles distant.

There is currently one community centre in Caldecott – Preston Road Community Centre, which was built in 1975. Until it was demolished some years ago because it was deemed unsafe (and replaced with flats), there was also a well-used community centre at Saxton Road.

Carousel Family Centre also hire out rooms, with discounts available for partners.

Distance to Services		
What	Estimated Distance (from centre of Saxton Road)	Accessible by Public Transport?
Tesco	1.5 miles	Thames Travel (41). Hourly until 2pm from end of Saxton Road. 15-minute journey to Fairacre.
Coop	0.75 miles	As above. 10-minute journey to Stratton Way.
Abingdon Community Hospital (Marcham Road)	1 mile	Thames Travel (41). Hourly until 2pm from end of Saxton Road. 7-minute journey.
The Abingdon GP Surgery (Stert Street)	1 mile	As above. 10-minute journey to Stratton Way
Malthouse GP surgery (The Charter)	1 mile	As above.
Marcham Road Family Health Centre	1 mile	As above. 7-minute journey to Community Hospital.
Stert Street Dental practice	1 mile	As above. 10-minute journey to Stratton Way.
Ock Street (dental) Clinic	0.9 miles	As above.

⁶ Distances have been estimated from the midpoint of Saxton Road in the centre of Caldecott ward.

Bath Street Dental Practice	1 mile	As above.
Precinct Dental Practice (Bury Street)	1 mile	As above.
Leisure centre (White Horse)	2 miles	As above. 30-minute journey to leisure centre.

Distance to green spaces, recreation, and play areas		
What	Estimated distance (from centre of Saxton Road)	Accessible by public transport?
Caldecott Play Area (off Ferry Walk)	160m	Not directly – no. 41 bus runs along Saxton Road, c. 100 metres away.
Caldecott Recreation Area (off Ferry Walk/ Caldecott Road)	160m	<i>As above</i>
Ock Valley River Walk	480m	Not directly – no. 41 bus stops at Ladygrove Paddock, c. 50 metres away from access to walk
Masefield Play Park (off Masefield Crescent)	1km	Not directly – no. 41 bus stops at Lucca Way, c. 200 metres away
Ock Play Park (off Tower Close/ Ock Street)	1.1km	Not directly – no. 41 bus stops at Victoria Road, c. 100m away
Bowler Gardens Play Park	1.5km	Not directly – no. 41 bus stops at Victoria Road, c. 300m away
Abingdon Marina Park (off South Quay)	1.5km	Not directly – no. 41 bus stops at Landseer Walk, c. 1km away
Abbey Meadows Play Area	1.6km	Not directly – no. 41 bus stops at Abingdon Town Centre, Coxeters, c. 600m away
BMX track (near Abingdon Rugby Club, Lambrick Way)	1.9km	Not directly – no. 41 bus stops at Landseer Walk, c. 1km away

Summary of Assets

(extracted from the community insight report)

In order to understand more about the range and types of community action and activity (whether community-led or led by external agencies and services) a mapping exercise was undertaken.

This combined desk-based research and conversations with the multiple community organisations and partners which have been involved in locally-based activity in recent decades.

The table below summaries the range of organisations which have been locally-involved in community-based activity since 2010. A deep dive into current groups, organisations, partnerships etc. supporting health and wellbeing and an overview of community-based activity and initiatives can be found at annexes 1 and 2 respectively.

Table 1: Groups and organisations active/ involved in Caldecott projects and initiatives since 2010

Local, volunteer-led groups	Inspiring Minds Abingdon Vineyard Church Preston Road Community Centre Carousel Family Centre Abingdon Community Church Abingdon DAMASCUS Youth Project
Caldecott-based organisations	Abingdon Town Council (ward councillors) Thameside Primary School Caldecott Primary School
Non-Caldecott-based organisations	Vale of White Horse District Council Oxfordshire County Council (incl. public health and adult learning) Oxfordshire Clinical Commissioning Group Abingdon and Witney College Sovereign Housing Association Healthy Abingdon Sofea Soha Housing Community First Oxfordshire Oxfordshire South Vale Citizen's Advice Age UK Thrive Press Red

These organisations have, collectively, been involved in a wide range of specific activities and projects. These have focused on multiple themes, including: activities to support socialising, skills development, money management and physical health; activities to support children and young people; activities and services to support parents; community planning consultations; COVID-19 outreach activities; general information sharing initiatives to encourage and discuss potential new local initiatives; and projects to support those in food poverty.

A summary of these activities since 2010, historic and ongoing, is given in the table below. More detail can be found at annexes 1 and 2.

Volunteer-led projects/ activity - more information at annex 1		
WHAT	WHEN	ACTIVITY
Preston Road CC	2010 >	Hosts/ supports multiple groups and activities
Abingdon DAMASCUS	2010 >	Support for young people

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Youth Project		
Abingdon Vineyard Church	2010 >	Family support Social activities Foodbank Youth Club
Inspiring Minds	2017 >	Social activities Community learning courses ⁷
Abingdon Carousel Family Centre⁸	2018 >	Family support
Abingdon Community Plan	2017	Town-wide community-led plan
Citizen's Advice	2017	Caldecott outreach initiative
South Abingdon Partners Group	2019 >	Information/ discussion of community-based initiatives
Abingdon Neighbourhood Plan	2020 >	Town-wide Neighbourhood Plan
Active Reach Project	2021	Health and wellbeing initiative
Press Red Healthy Eating project	2022	Healthy eating initiative
Caldecott Community Insight Project	2022	Health and wellbeing research
Make Connections Course	2022	Asset Based Community Development course for residents and community practitioners.

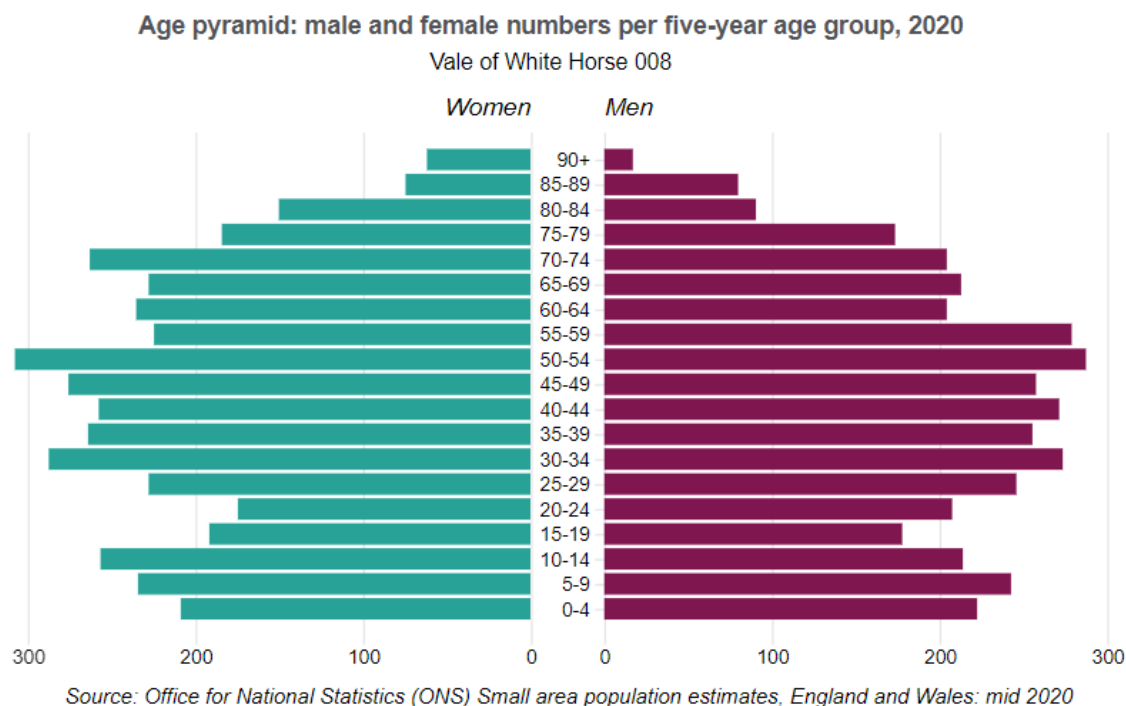
⁷ These courses are often held in partnership with Oxfordshire Adult Learning.

⁸ This is the new incarnation of the former South Abingdon Children's Centre, which closed in 2017.

Findings

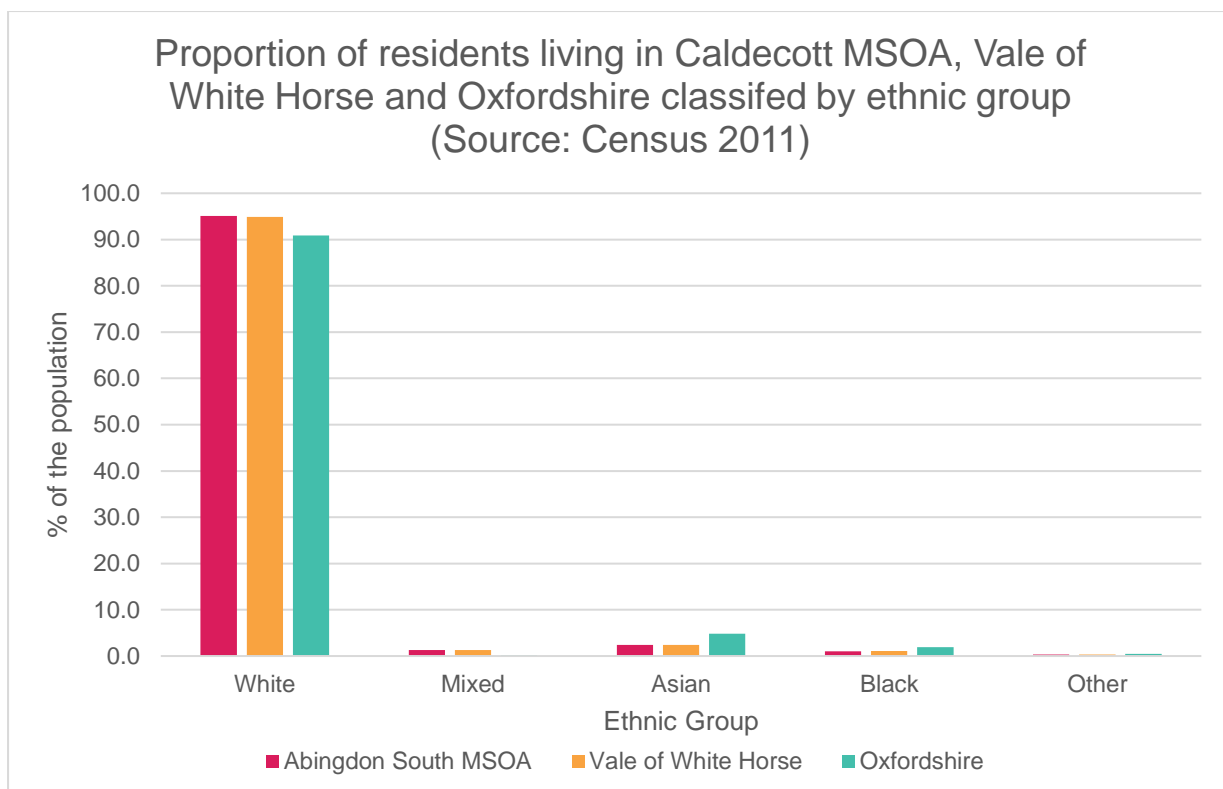
Population Profile

According to the 2020 ONS mid-year small area population estimates, the population of Abingdon South MSOA (Vale of White Horse 008 MSOA) was **8027** residents. Between 2011 and 2020, there was a 6% increase in the total population of Abingdon South MSOA, up from 7584 residents.



Ethnicity

The most recent data on ethnicity is the 2011 Census. At the time of the Census, 4.9% of residents in Abingdon South MSOA (Vale of White Horse 008 MSOA) belonged to an ethnic group which was not 'White'. This is similar to the proportion in Vale of White Horse District, where 5.1% belonged to a group that was not 'White'. The proportion of Caldecott residents, and residents of Vale of White Horse, belonging to an ethnic group which was not 'White' was lower than the Oxfordshire County, where 9.3% of the population belonged to an ethnic group which was not 'White'.



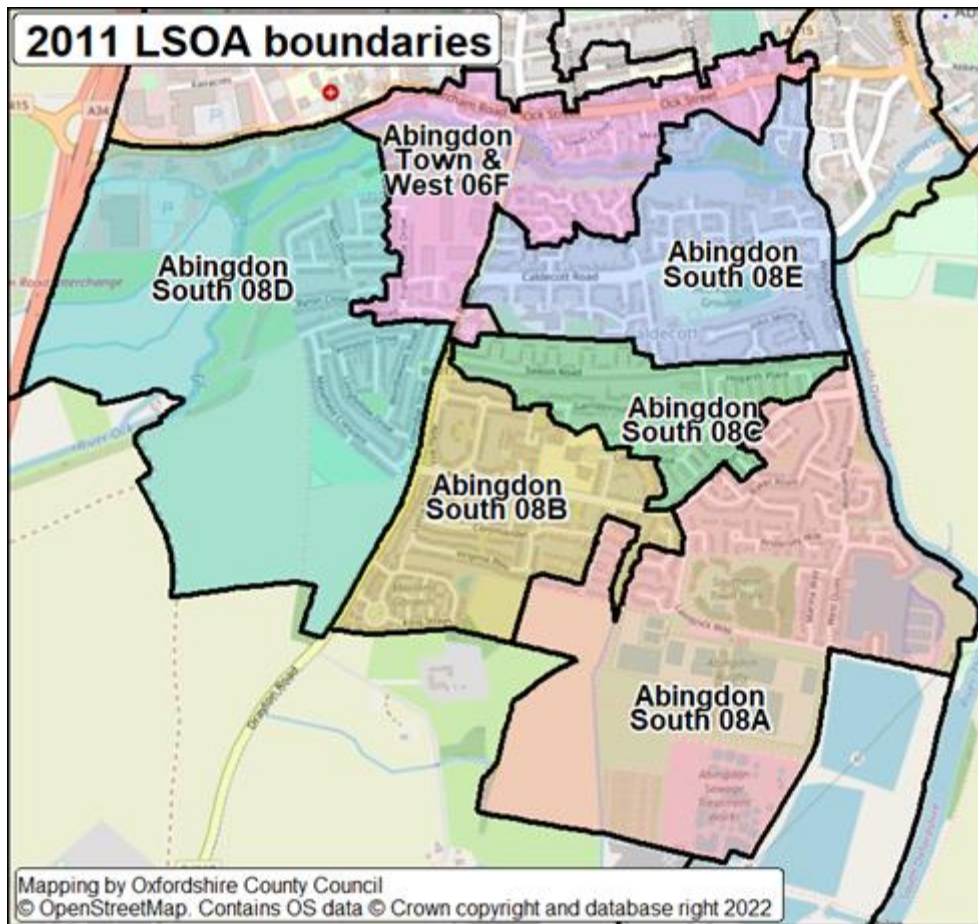
Indices of Multiple Deprivation (IMD)

The indices of multiple deprivation is the official measure of relative deprivation in England and is made up of 7 different domains which are combined and weighted to provide a small area with an Index of Multiple Deprivation. Small areas in England are ranked relative to the other areas based on their level of deprivation. The 7 domains which make up index of multiple deprivation are: income, employment, health deprivation and disability, education and skills training, crime, barriers to housing and services and living environment.

According to this latest IMD, 1 out of the 5 LSOAs within Abingdon Caldecott rank amongst the 20% most deprived within England. The domain ranks highlight this area as within the 10% most deprived on Education, Skills and Training and within the 20% most deprived on Income.

Table 2: MHCLG English Indices of Deprivation 2019 deciles for the LSOAs in Abingdon Caldecott (1 is most deprived, 10 is least deprived)

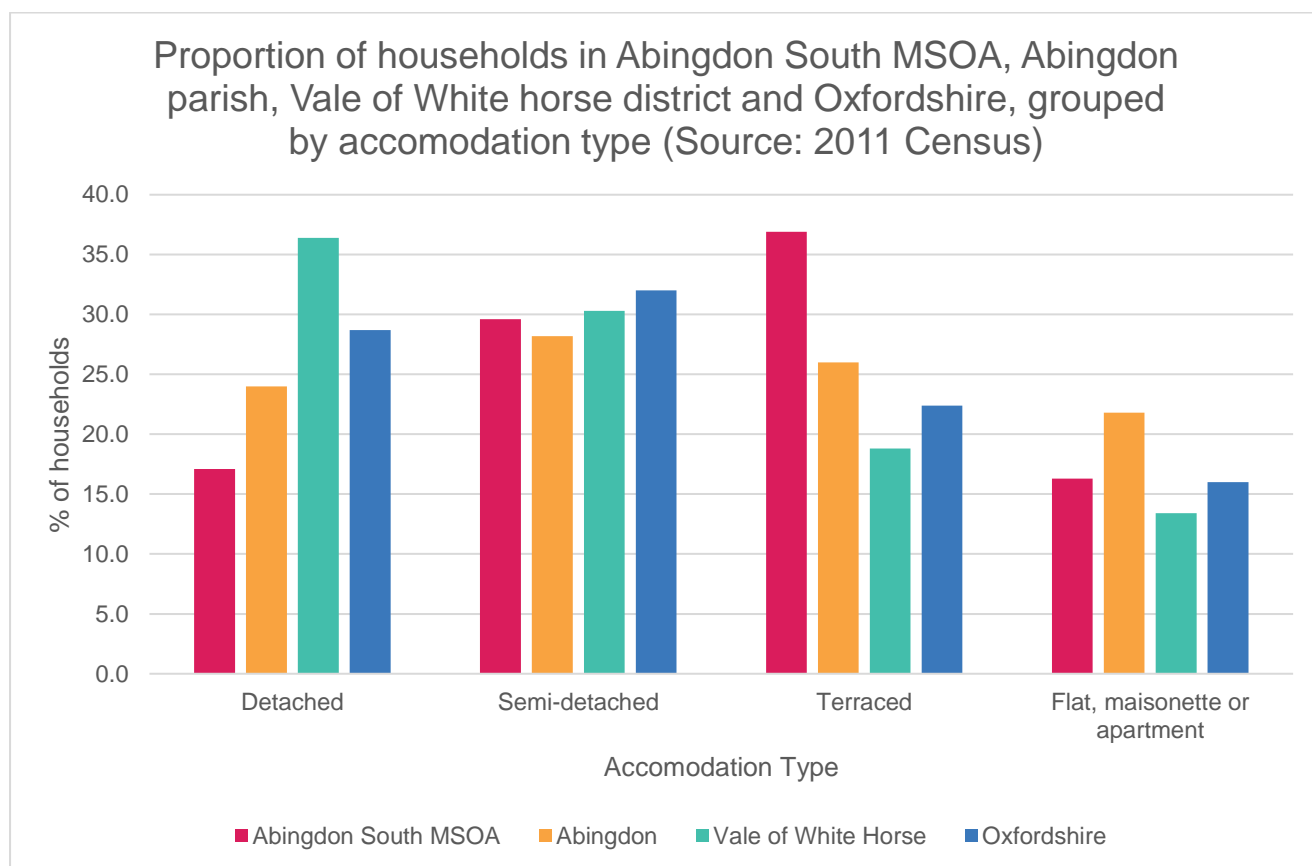
LSOA Area Name	IMD	Income	Employment	Education, Skills and Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment	Income Deprivation Affecting Children	Income Deprivation Affecting Older People
Vale of White Horse 008A	7	6	6	3	10	8	5	10	4	9
Vale of White Horse 008B	6	5	5	4	5	10	6	8	7	5
Vale of White Horse 008C	2	2	3	1	4	7	9	8	2	3
Vale of White Horse 006F	7	5	6	5	6	8	6	8	4	6
Vale of White Horse 008E	8	7	6	5	10	7	9	8	6	8



Map of Lower Super Output Areas (LSOA) in Abingdon South MSOA

Housing

Many aspects of housing can affect our health⁹. For example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions. However, housing also has a huge influence on our mental health and wellbeing – children living in crowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, and attain less well at school¹⁰.



Housing Tenure

Housing tenure describes the legal status under which people have the right to occupy their accommodation. The most common forms of tenure are:

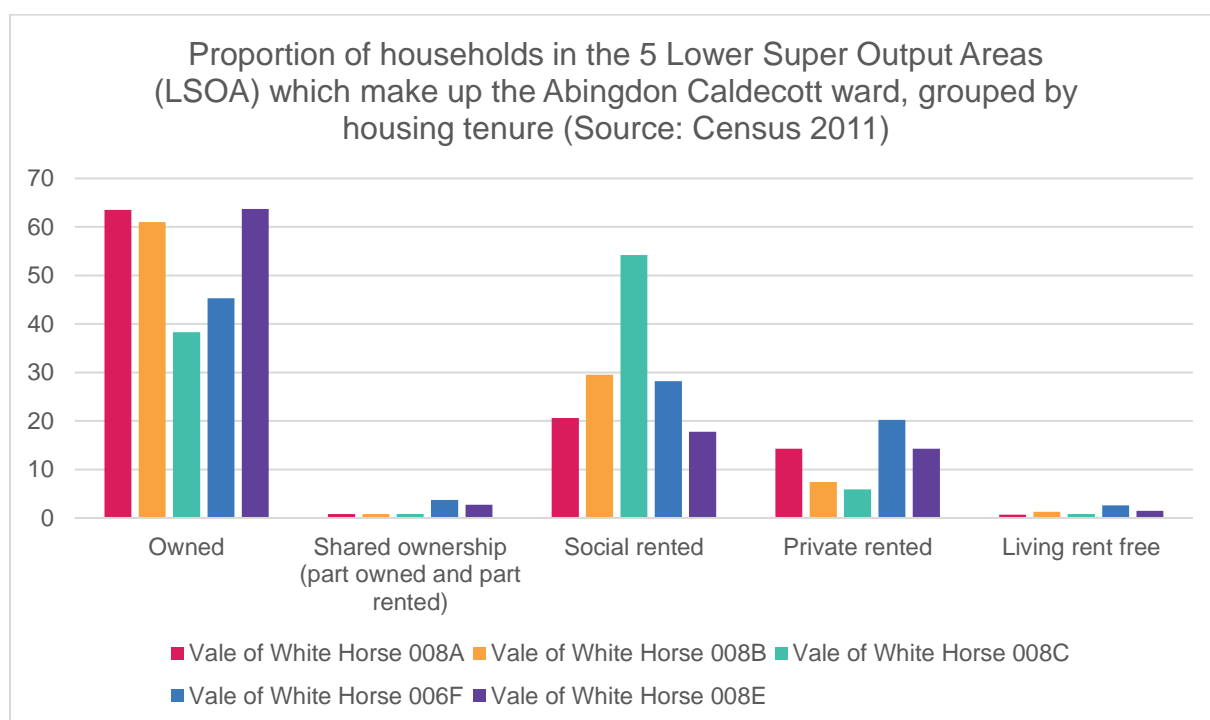
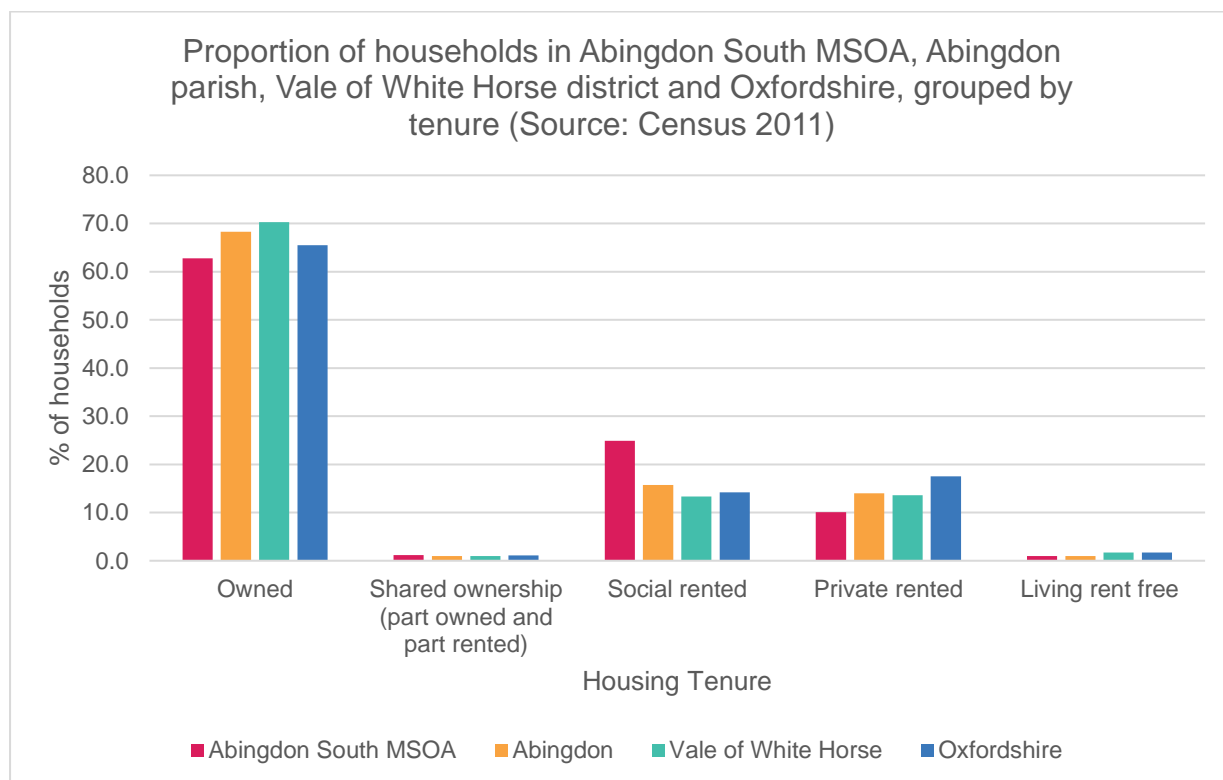
- Homeownership: this includes homes owned outright and mortgaged
- Renting: this includes social rented housing and private rented housing.

The majority of households in Abingdon South MSOA are owned (either outright or with a mortgage) with 63% of households owning their accommodation. Compared to all other areas (Abingdon parish, the district and the County), a smaller proportion of households in Abingdon South MSOA own their own homes. Compared to the

⁹ Public Health England, 2018. *Chapter 6: wider determinants of health*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health>.

¹⁰ Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. *Health Equity in England: The Marmot Review 10 Years On*. The Health Foundation; 2020. Available at: [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](https://www.healthfoundation.org.uk/health-equity-in-england-the-marmot-review-10-years-on)

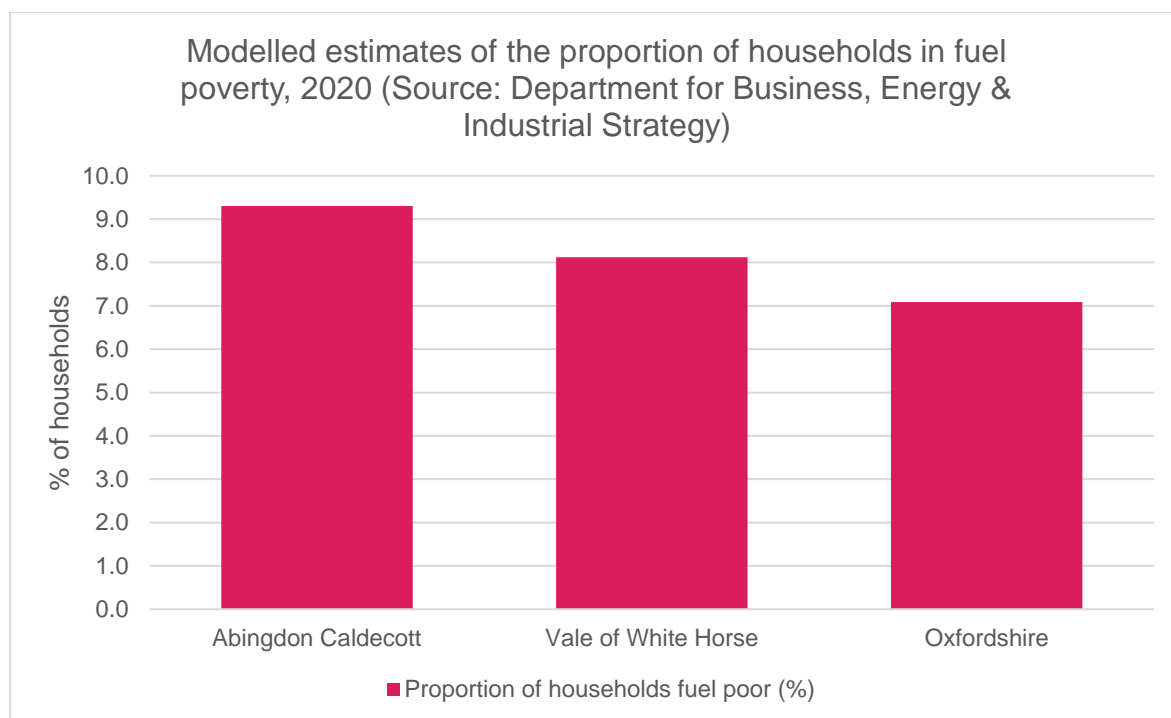
other areas, a higher proportion of households in Abingdon South MSOA are occupied by social renting.



The LSOA Vale of White Horse 008C has the highest proportion of households living in social rented accommodation (54.2% of households), compared to the other LSOAs of Abingdon Caldecott ward. This LSOA also has the lowest proportion of households living in owned accommodation or living in private rented

accommodation. Vale of White Horse 008C is the LSOA in Caldecott which is ranked amongst the 20% most deprived within England.

A household is considered to be fuel poor if fuel costs are above average and, were they to spend that amount, they would be left with a residual income below official poverty line. Fuel poverty is distinct from general poverty; some households could be pushed into fuel poverty if they have high energy costs. Predictions suggests the proportion of households living in fuel poverty will increase by 30%- 50% due to the rise in fuel prices. 55% of UK households are forecast to fall into fuel poverty by January 2023 without additional interventions¹¹.



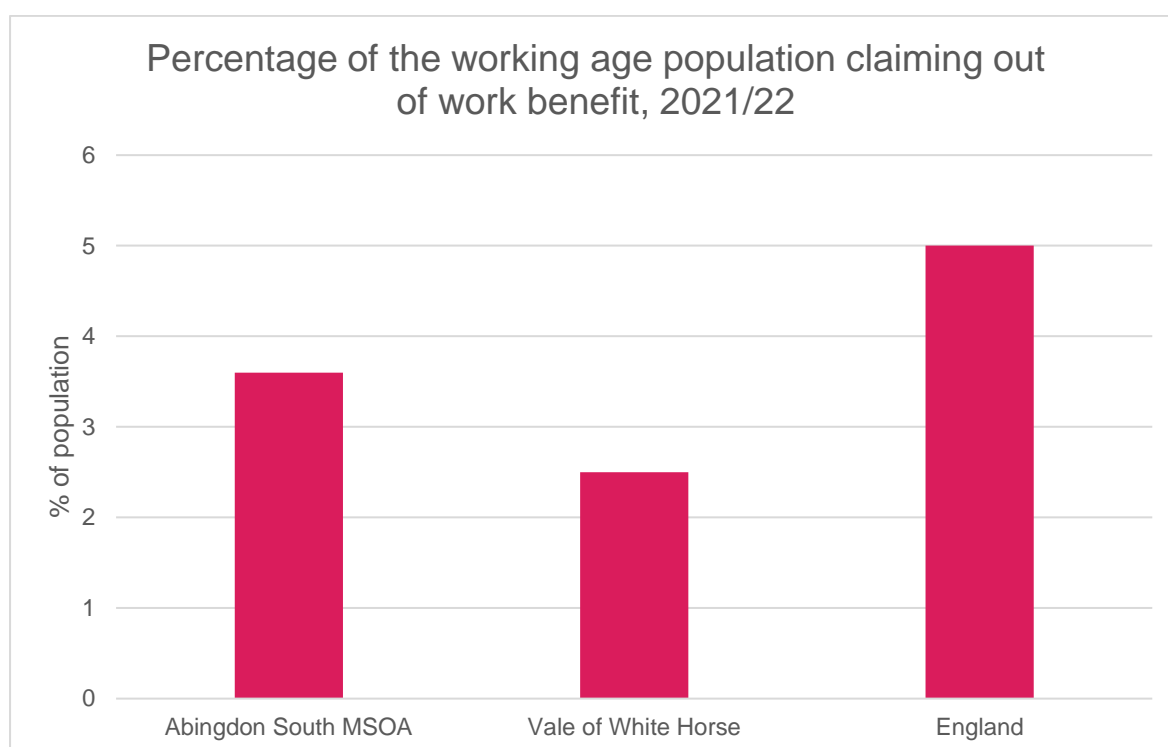
The data in this graph is provided from the Annual Fuel Poverty Statistics and is offered at a subnational level for LSOAs in England. 'Abingdon Caldecott' includes the 5 LSOAs which are included in the ward boundary: Vale of White Horse 008A, Vale of White Horse 008B, Vale of White Horse 008C, Vale of White Horse 006F, Vale of White Horse 008E.

¹¹ Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. Available at: [read-the-report.pdf \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/read-the-report.pdf)

Unemployment

There is strong evidence to suggest that work is generally good for physical and mental health and well-being, taking into account the nature and quality of work and its social context and that worklessness is associated with poorer physical and mental health.

There is a social gradient in unemployment, with those in more disadvantaged socio-economic positions more likely to be unemployed. Unemployed people have a greater risk of poor health than those in employment, contributing to health inequalities¹²¹³.



Claimant rate: Percentage of the working age population who are claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. Extracted from Nomis for Vale of White Horse 008 MSOA, Vale of White Horse and England

The percentage of residents in the Abingdon South MSOA who are claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work, is significantly lower than the national percentage. However, when compared to the Vale of White Horse District, the Abingdon South MSOA is significantly worse for the percentage of the working age population claiming out of work benefit.

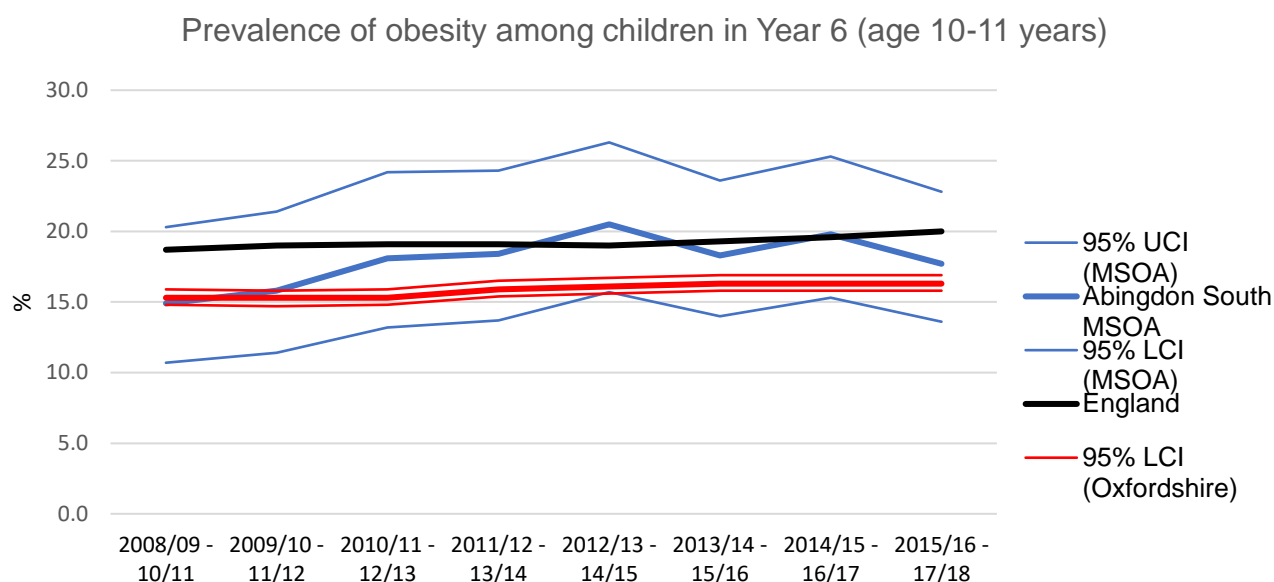
¹² Marmot Review Team. Fair Society, Healthy Lives: Strategic review of health inequalities in England post2010. London: Marmot Review Team, 2010

¹³ McKee-Ryan F, Song Z, Wanberg CR, Kinicki AJ. Psychological and physical wellbeing during unemployment: a meta-analytic study. The Journal of Applied Psychology. 2005;90(1):53.

Health and Wellbeing

NCMP

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme. It provides the data for the child excess weight indicators in the Public Health Outcomes Framework and is part of the government's approach to tackling child obesity.¹⁴



NCMP data for the prevalence of obesity in Year 6 children in Abingdon South MSOA from 2008/09-10/11 to 2015/16-17/18. UCI = upper confidence interval. LCI = lower confidence interval.

The start of the 2020 to 2021 NCMP was delayed as schools were closed due to the COVID-19 pandemic. In March 2021 local authorities were asked to collect a representative 10% sample of. Some local authorities were able to obtain height and weight measurements for over 75% of the population and therefore the excess weight and obesity prevalence has been published. Oxfordshire's coverage didn't reach 75% and therefore reporting at a local level for 2020/21 is not possible.

Analysis of national data shows that children in the most deprived areas in England are at the highest risk of living with overweight and obesity.

Local Health

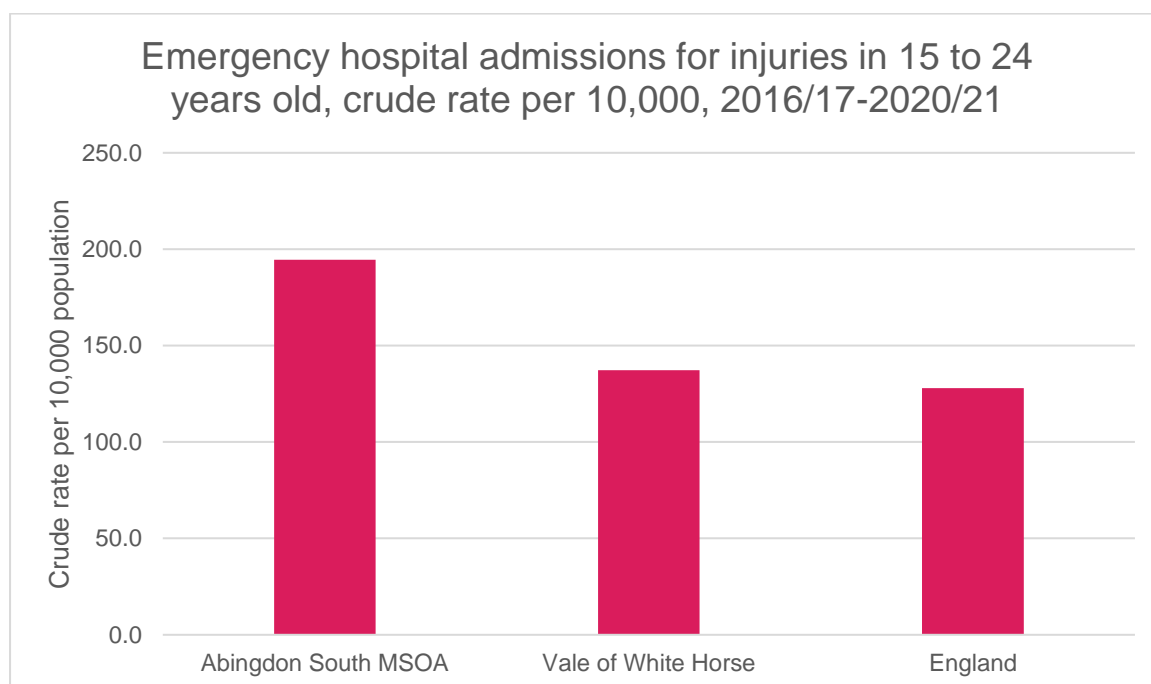
Local Health is a collection of quality assured health information presented for small geographical areas. A range of Local Health indicators available for these areas are detailed below.

Emergency Hospital Admissions

¹⁴ GOV.UK. 2020. *National child measurement programme*. [online] Available at: <https://www.gov.uk/government/collections/national-child-measurement-programme>

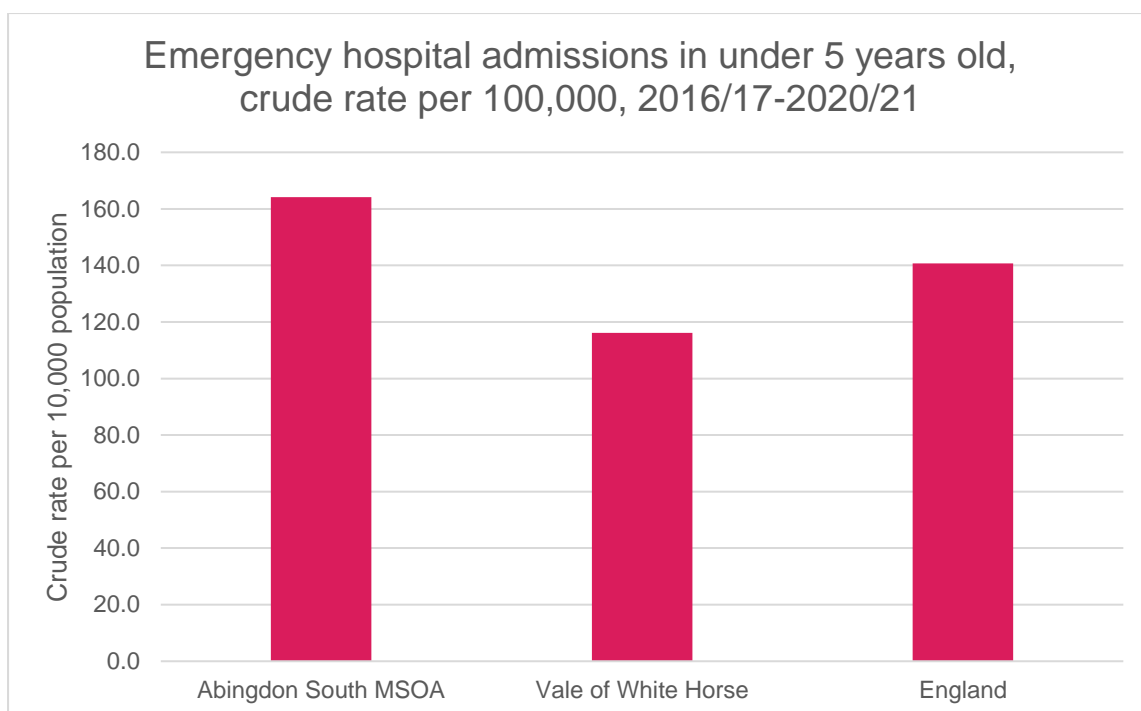
Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

The rate of emergency hospital admissions for injuries in 15-24-year-olds was significantly worse in Abingdon South MSOA compared to the England rate and that of the Vale of White Horse district.

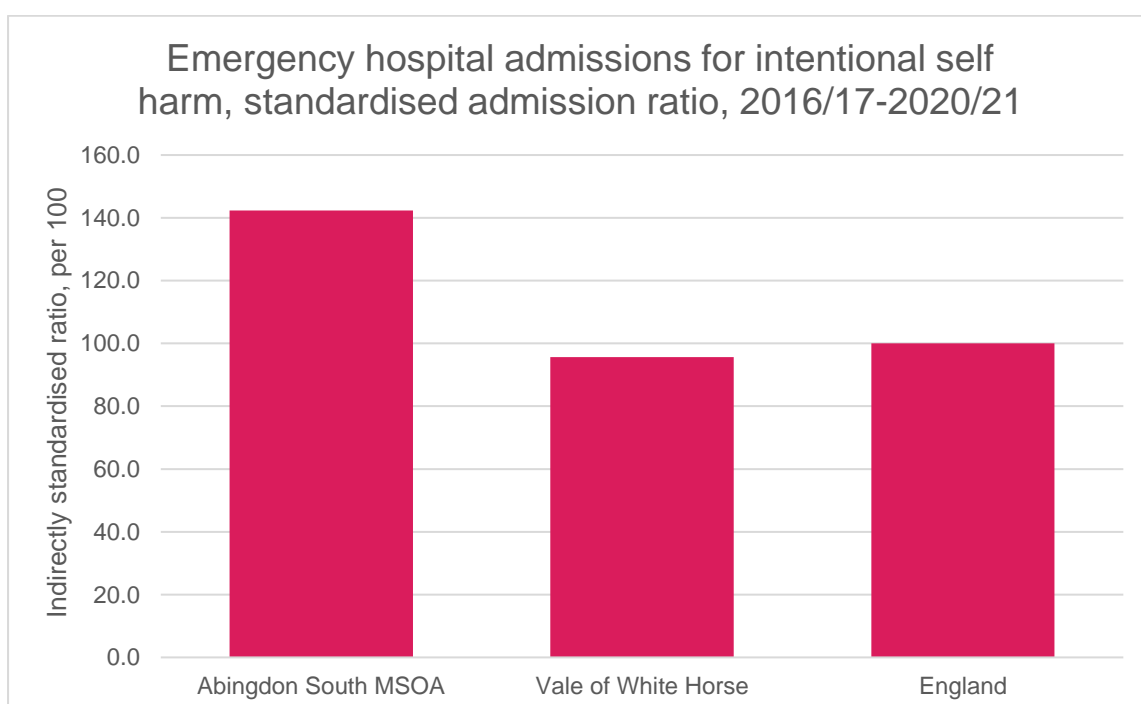


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The rate of emergency hospital admissions for injuries in under 5-year-olds was significantly worse in Abingdon South MSOA compared to the England rate and that of the Vale of White Horse district. The rate of emergency hospital admissions in under 5-year-olds in the Vale of White Horse district was significantly better than the England rate.



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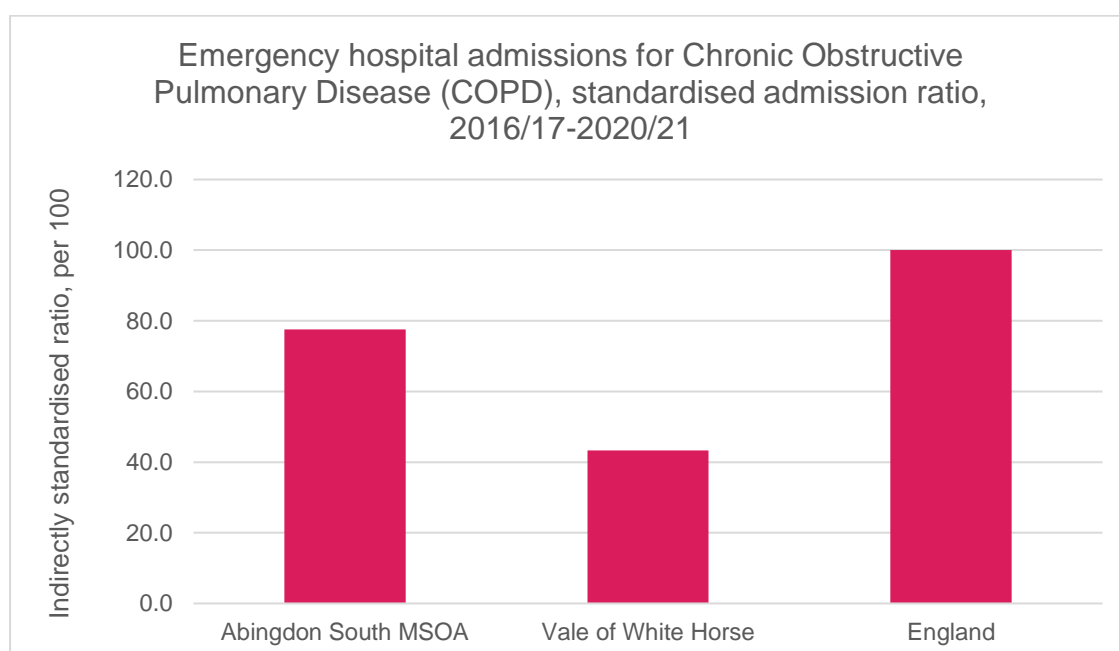


©Crown Copyright, source: Office for Health Improvement and Disparities 2022. There are concerns about the quality of the data of this indicator¹⁵

The emergency hospital admissions for intentional self-harm in Abingdon South MSOA was significantly worse than England and the Vale of White Horse district. The value for the district was statistically similar to that of England.

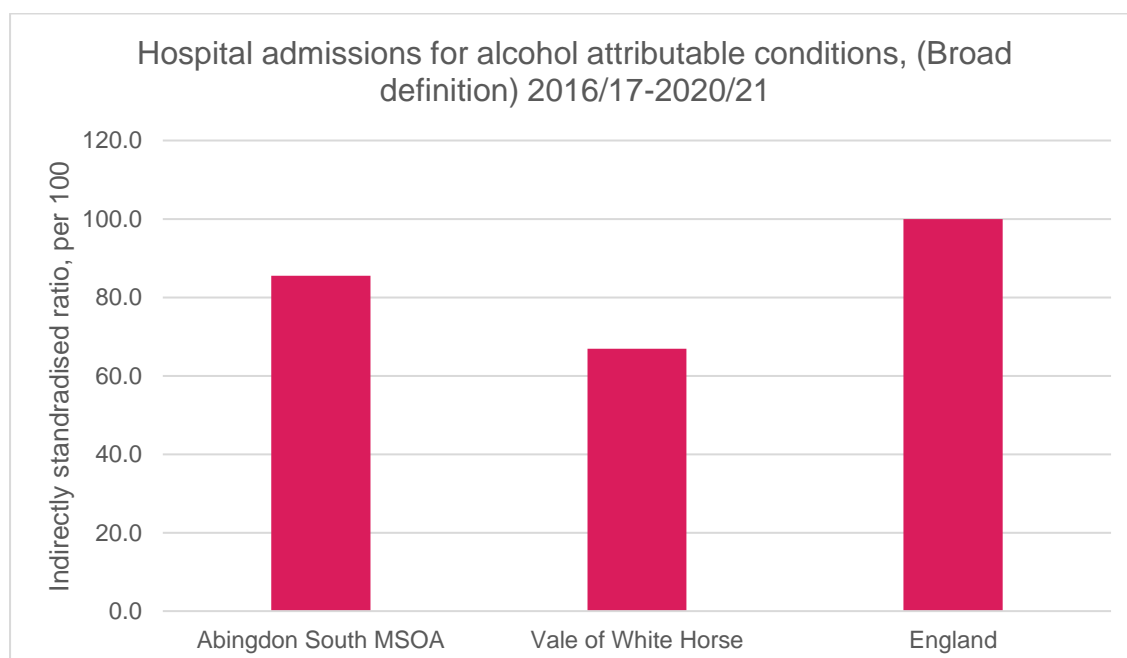
¹⁵ NHS Digital has identified a data quality issue affecting HES data for Nottingham University Hospitals Trust (NUH) in 2016/17. Over 30% of records from this trust did not have a valid geography of residence assigned. PHE have flagged the areas affected by this issue as the values should be treated with caution.

Disease and poor health



©Crown Copyright, source: Office for Health Improvement and Disparities 2022. There are concerns about the quality of the data of this indicator¹⁶

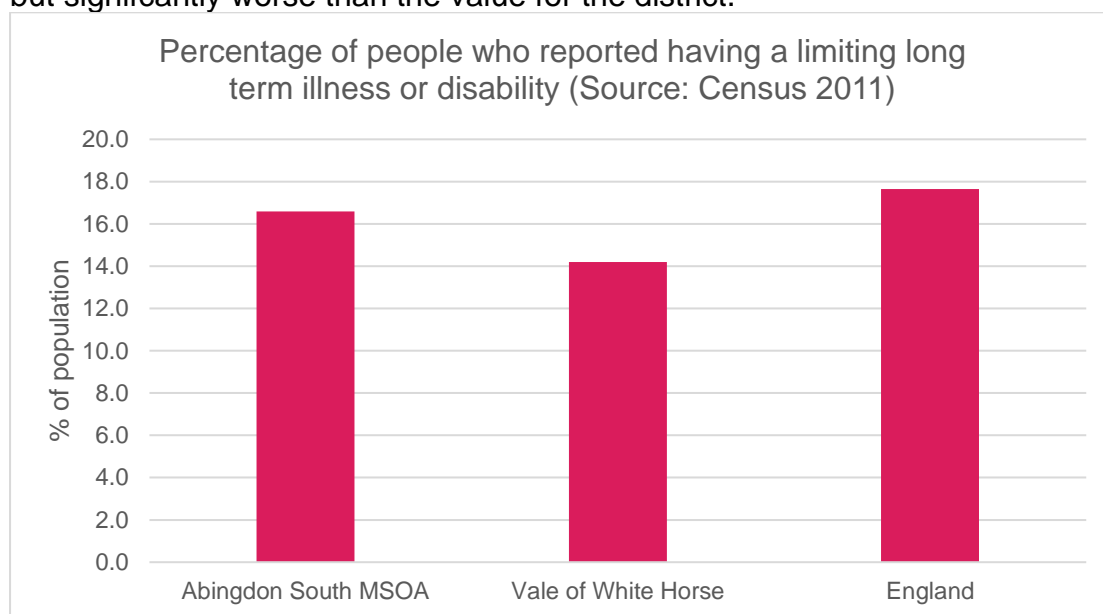
Abingdon South MSOA performed significantly better than the England value for emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) but significantly worse than the Vale of White Horse district.



©Crown Copyright, source: Office for Health Improvement and Disparities 2022. There are concerns about the quality of the data of this indicator¹⁷

¹⁶ NHS Digital has identified a data quality issue affecting HES data for Nottingham University Hospitals Trust (NUH) in 2016/17. Over 30% of records from this trust did not have a valid geography of residence assigned. PHE have flagged the areas affected by this issue as the values should be treated with caution.

The hospital admissions for alcohol attributable conditions (broad definition) was significantly better for Abingdon South MSOA when compared to the England value but significantly worse than the value for the district.



This indicator shows the number of people who reported in the 2011 Census that their day to day activities were limited because of a health problem or disability which has lasted, or is expected to last at least 12 months. Reported as a percentage of the total number of respondents to the census question. Abingdon South MSOA performed significantly better than England, but significantly worse than the Vale of White Horse district.

¹⁷ NHS Digital has identified a data quality issue affecting HES data for Nottingham University Hospitals Trust (NUH) in 2016/17. Over 30% of records from this trust did not have a valid geography of residence assigned. PHE have flagged the areas affected by this issue as the values should be treated with caution.

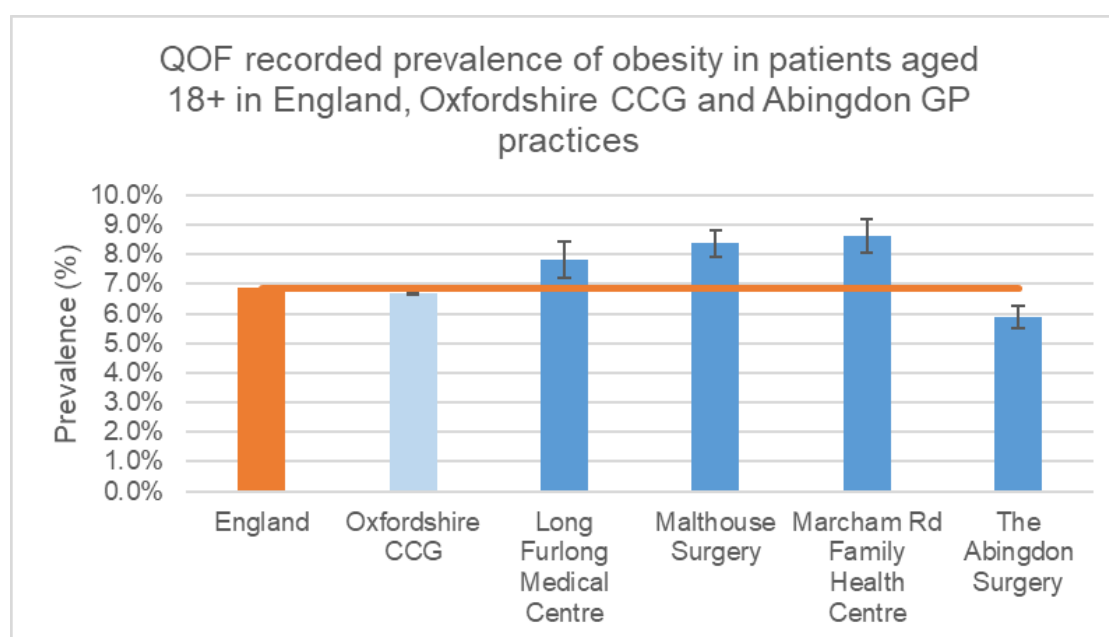
Health Conditions

Quality Outcomes Framework (QOF)

The QOF is an incentive payment scheme (not a performance management tool) which aims to improve patient care by rewarding practices for the quality of care they provide. This quality is assessed using achievement against a range of indicators across a number of key areas in clinical care and public health.

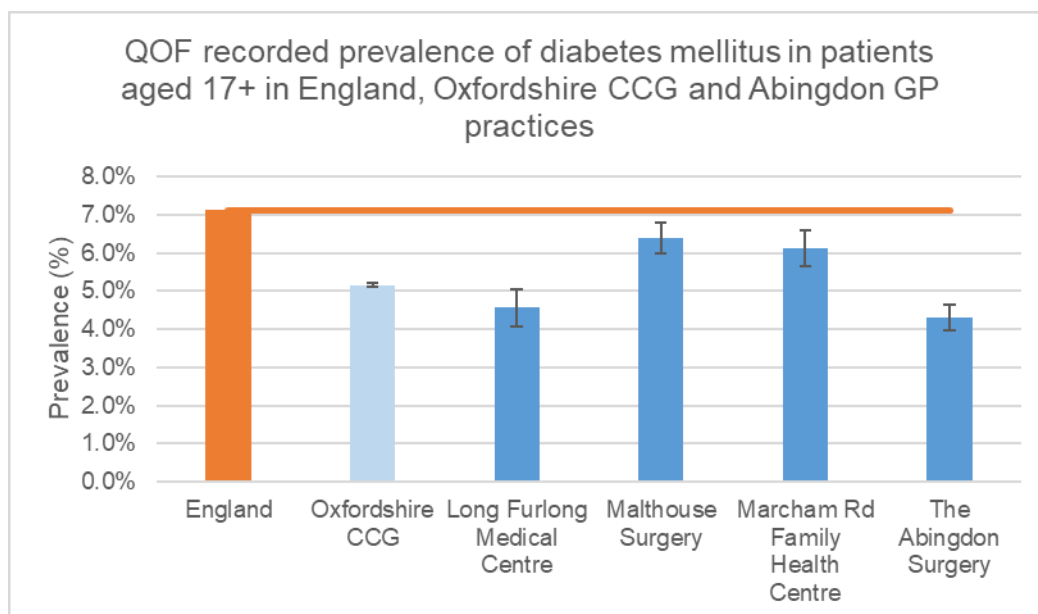
Obesity

Long Furlong Medical Centre, Malthouse Surgery and Marcham Road Family Health Centre recorded prevalence for obesity in 2020-21 was significantly above the England rate. The prevalence for Oxfordshire Clinical Commissioning Group was significantly lower than the England prevalence. All four GP practises recorded a decrease in prevalence of obesity between 2019-20 and 2020-21. The decrease in QOF recorded prevalence of obesity is likely to be due to the reduction in face-to-face consultations during the pandemic; in order to be included on the obesity register, a patient must have a BMI of 30 or more recorded in the 12 months up to and including the reporting period end date.



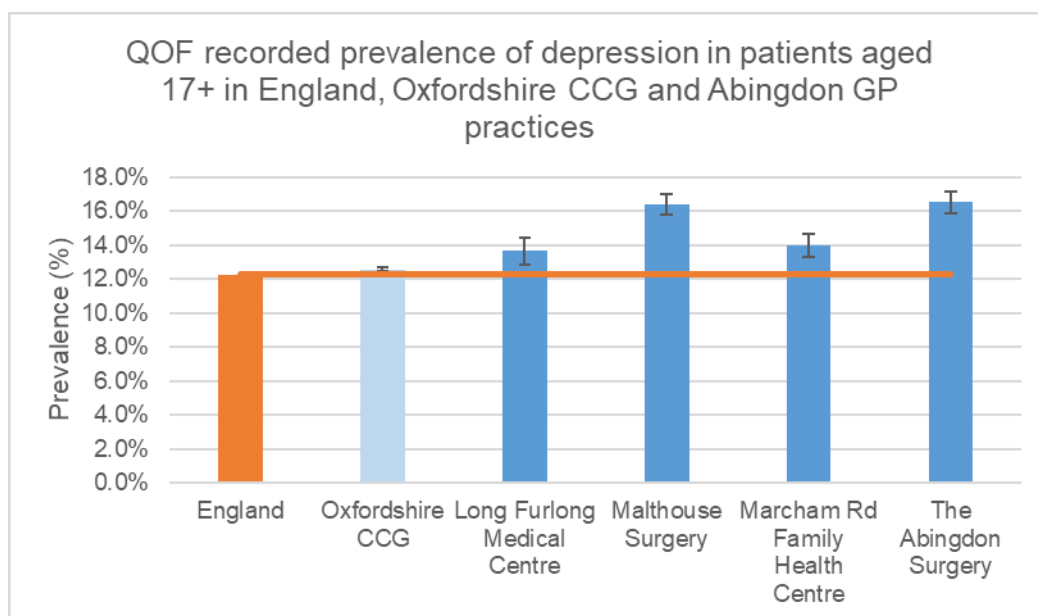
Diabetes Mellitus

All four GP practises (Long Furlong Medical Centre, Malthouse Surgery, Marcham Road Family Centre and The Abingdon Surgery) recorded a significantly lower prevalence of diabetes mellitus in 2020-21 compared to England.



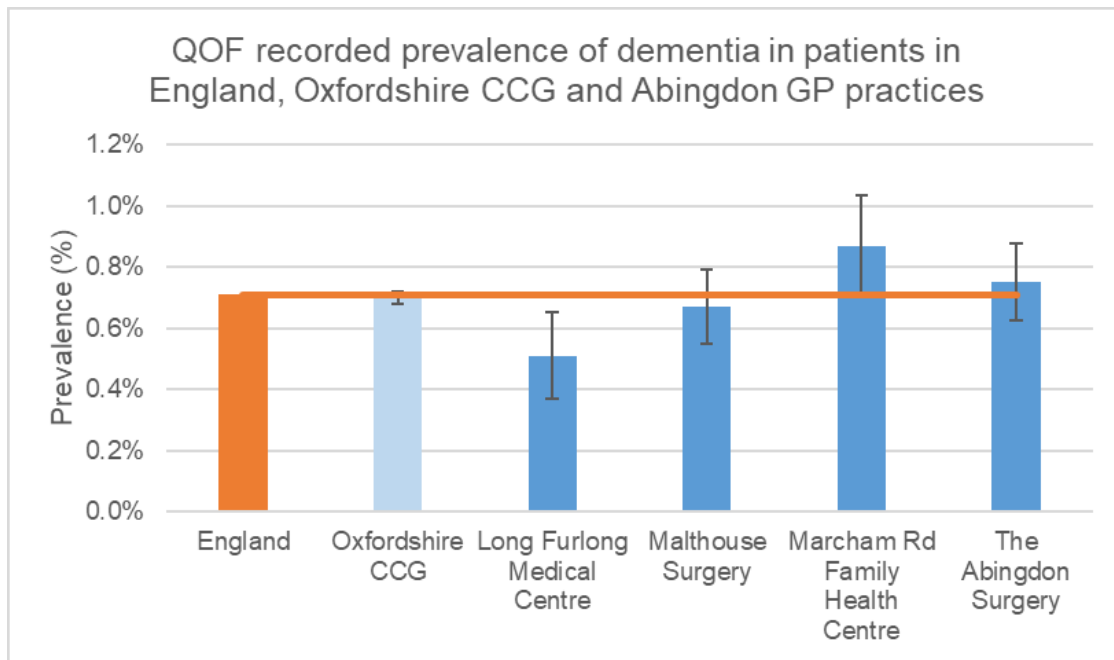
Depression

All for practices (Long Furlong Medical Centre, Malthouse Surgery, Marcham Road Family Centre and The Abingdon Surgery) recorded a significantly higher prevalence of depression compared to England. Oxfordshire CCG also recorded a significantly higher prevalence of depression compared to national prevalence. All practices, the Oxfordshire CCG and England prevalence saw an increase compared to 2019-20.



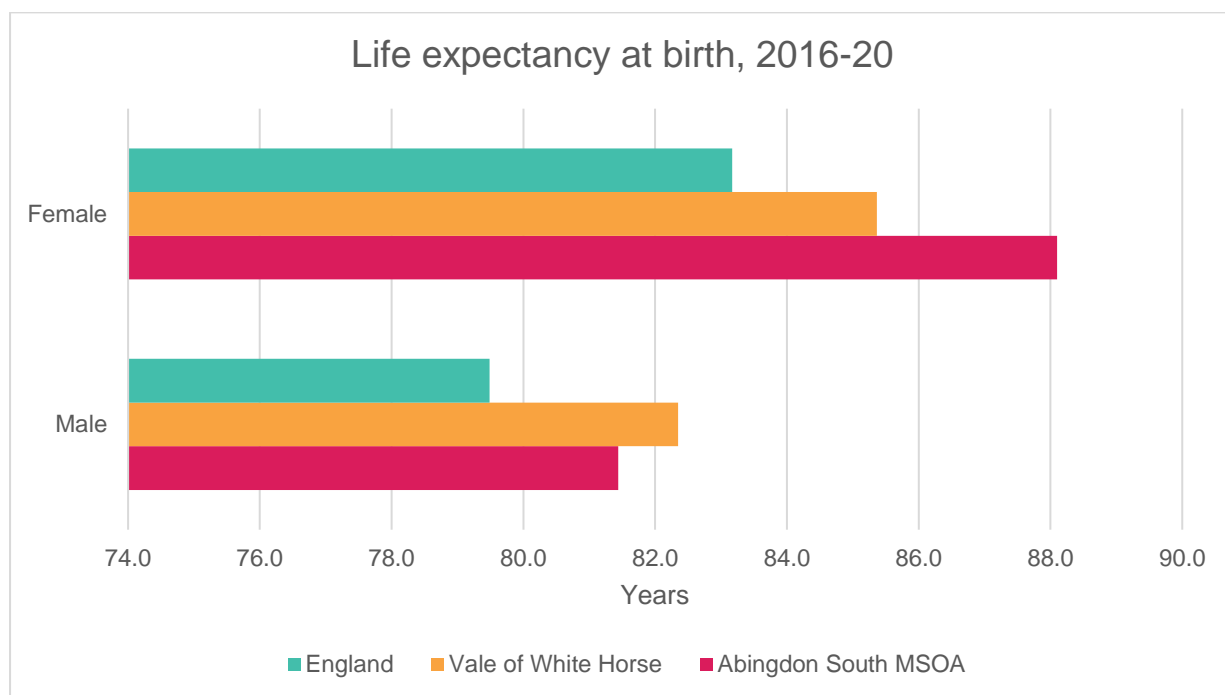
Dementia

The recorded prevalence of dementia for Long Furlong Medical Practice was significantly lower than the prevalence of dementia for England. There was no statistical difference when comparing the Malthouse Surgery, Marcham Road Family Health Centre and The Abingdon Surgery to the prevalence of England.

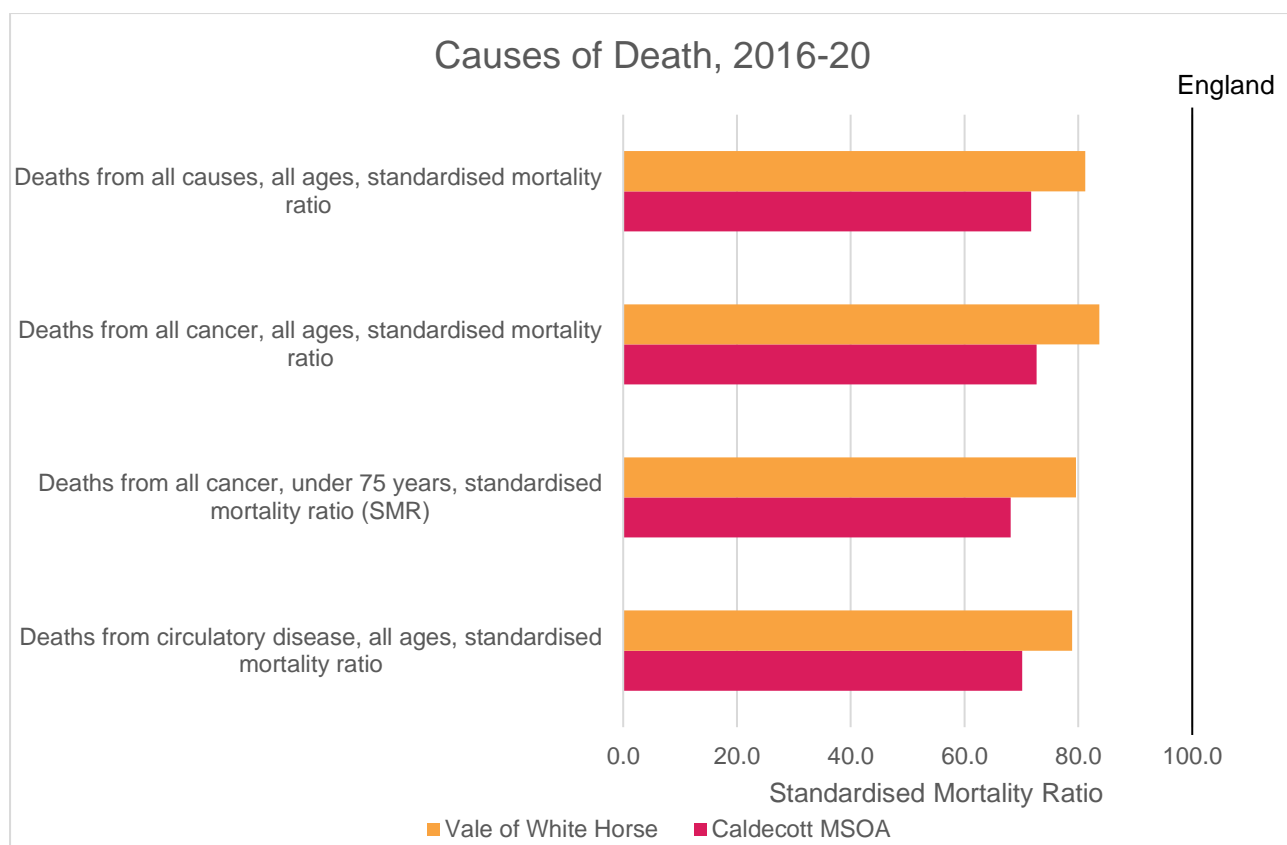


Life Expectancy and Mortality

The life expectancy (years) for Abingdon South MSOA is higher for both females and males compared to England. The female life expectancy in Abingdon South MSOA is also greater than the Vale of White Horse life expectancy. This data for life expectancy is not available for geographies below MSOA or ward level and therefore it is not possible to compare the life expectancies of the different LSOAs within the Caldecott area.



©Crown Copyright, source: Office for Health Improvement and Disparities 2022
Data for healthy life expectancy is unavailable at a small area level.

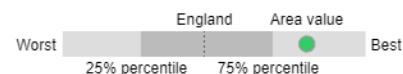


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Area: Vale of White Horse 008

● Significantly better / England ● Not significantly different ● Significantly worse / England

Indicators	Selection Value	England Value	England Worst	Spine chart	England Best
Income deprivation (%)	10.3	12.9	48.8	●	0.9
Child Poverty, Income Deprivation Affecting Children (%)	16.2	17.1	64.7	●	0.9
Proportion of households in poverty (%)	16.5	21.1	63.7	●	6.7
Older People in poverty, Income deprivation affecting older people (%)	9.6	14.2	76.0	●	2.0
Older people living alone (%)	32.4	31.5	87.2	●	14.4
Overcrowded houses (%)	6.0	8.7	60.9	●	0.6
Unemployment (%)	3.6	5.0	20.8	●	0.7
Long term unemployment (Crude rate per 1,000)	0.0	1.9	15.1	●	0.0
Reception: Prevalence of overweight (including obesity) (%)	25.0	22.6	40.0	●	5.7
Reception: Prevalence of obesity (including severe obesity) (%)	11.4	9.7	21.4	●	2.6
Year 6: Prevalence of overweight (including obesity) (%)	33.3	34.6	56.1	●	9.5
Year 6: Prevalence of obesity (including severe obesity) (%)	20.0	20.4	39.0	●	4.3
Emergency admissions in children under 5 years old (Crude rate per 1,000)	164.2	140.7	352.2	●	24.8
Emergency admissions for injuries in children under 5 years old (Crude rate per 10,000)	110.5	119.3	363.7	●	0.0
Emergency hospital admissions for injuries in under 15 years old (Crude rate per 10,000)	93.6	92.0	251.2	●	18.7
Emergency hospital admissions for injuries in 15 to 24 years old (Crude rate per 10,000)	194.6	127.9	733.3	●	14.4
Emergency hospital admissions for all causes (SAR)	98.4	100.0	215.6	●	31.5
Emergency hospital admissions for coronary heart disease (SAR)	85.0	100.0	396.1	●	23.0
Emergency hospital admissions for stroke (SAR)	98.0	100.0	260.9	●	28.4
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	89.9	100.0	318.7	●	21.4
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	77.6	100.0	554.5	●	9.3
Emergency hospital admissions for hip fractures, persons aged 65 years and over (SAR)	83.8	100.0	527.4	●	29.3
Emergency hospital admissions for intentional self harm (SAR)	142.4	100.0	541.4	●	10.2
Hospital admissions for alcohol attributable conditions, (Narrow definition) (SAR)	90.5	100.0	471.9	●	22.6
Hospital admissions for alcohol attributable conditions (Broad definition) (SAR)	85.5	100.0	391.1	●	35.9
Limiting long-term illness or disability (%)	16.6	17.6	38.9	●	3.6
Life expectancy at birth for males (years)	81.4	79.5	66.6	●	94.1
Life expectancy at birth for females (years)	88.1	83.2	72.0	●	97.5
Deaths from all causes, all ages (Standardised mortality ratio (SMR))	71.7	100.0	251.0	●	36.0
Deaths from all causes, under 75 years (Standardised mortality ratio (SMR))	85.0	100.0	309.2	●	26.1
Deaths from all cancer, all ages (Standardised mortality ratio (SMR))	72.7	100.0	200.8	●	32.2
Deaths from all cancer, under 75 years (Standardised mortality ratio (SMR))	68.1	100.0	231.0	●	29.2
Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR))	70.1	100.0	244.7	●	32.1
Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR))	97.2	100.0	374.4	●	12.6
Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))	86.9	100.0	307.5	●	16.6
Deaths from stroke, all ages (Standardised mortality ratio (SMR))	70.1	100.0	415.7	●	0.0
Deaths from respiratory diseases, all ages (Standardised mortality ratio (SMR))	76.4	100.0	335.4	●	21.8
Deaths from causes considered preventable, under 75 years (Standardised mortality ratio (SMR))	85.6	100.0	378.4	●	17.3



Community Insight

(extracted from the community insight report)

Presented in this section are summaries of the key themes identified during project research in relation to the different methodologies used and questions asked.

Non-attributed quotes from these sessions and anonymised case studies have also been used to illustrate many of the points made and opinions shared.

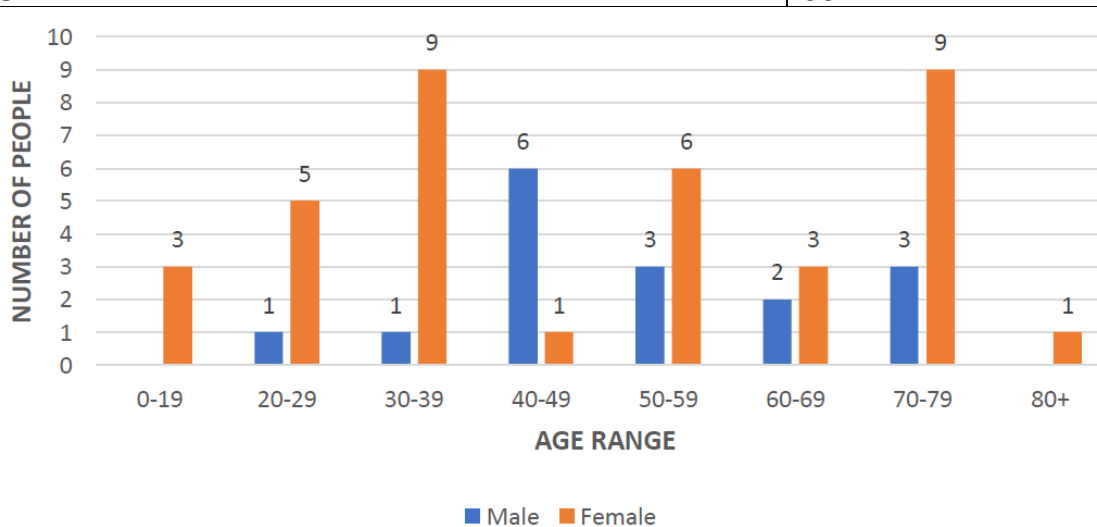
Despite the low numbers of responses, some results from the community survey are presented below as further illustrations of research themes.

Resident one-to-one interviews

53 residents were consulted in a range of settings, as summarised in the table below. In terms of general observations, interviewees were, mostly, happy to talk to researchers, even when approached 'cold' on the street.

In addition, many people (across a wide age range) chose to go into some detail, without prompting, about their physical and mental health, several of whom were suffering from multiple health conditions which affected their daily lives to a greater or lesser extent.

Setting	Number of residents consulted
Reynolds Way shops	21
Health Walk (Preston Road CC)	9
Community Larder (Trinity Church Centre)	3
Parent and Toddler Group (Preston Road CC)	5
Inspiring Minds 'Spill the Beans' (Preston Road CC)	3
South Abingdon Play Day	12
TOTAL	53



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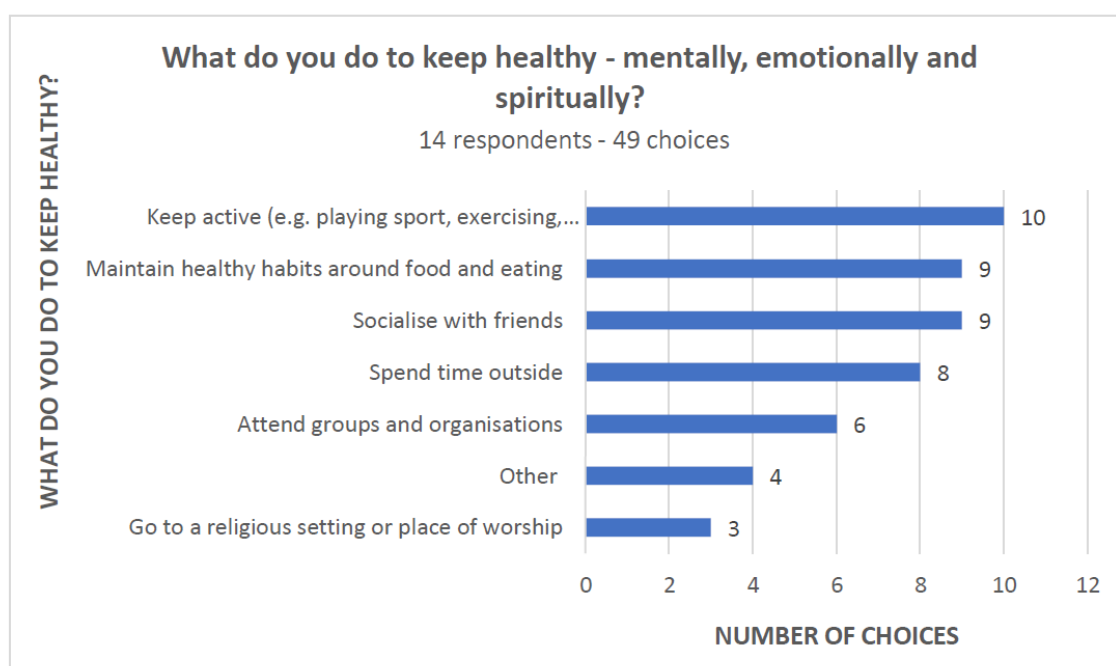
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Research question	Main themes	No. of references
What do you do, to keep healthy, mentally, physically, emotionally, and spiritually?	Walking	34
	Socialising (friends + family)	12
	Go to community groups	6
	Eat healthily	5
	Gardening	3
	Sports (cycling, swimming, football, boxing)	3

‘Its good round here, lots of green spaces and the river. We're lucky in Abingdon.’

‘It's really important to make time for yourself, even if it's just thirty minutes.’

SUPPORTING QUANTITATIVE EVIDENCE FROM COMMUNITY SURVEY



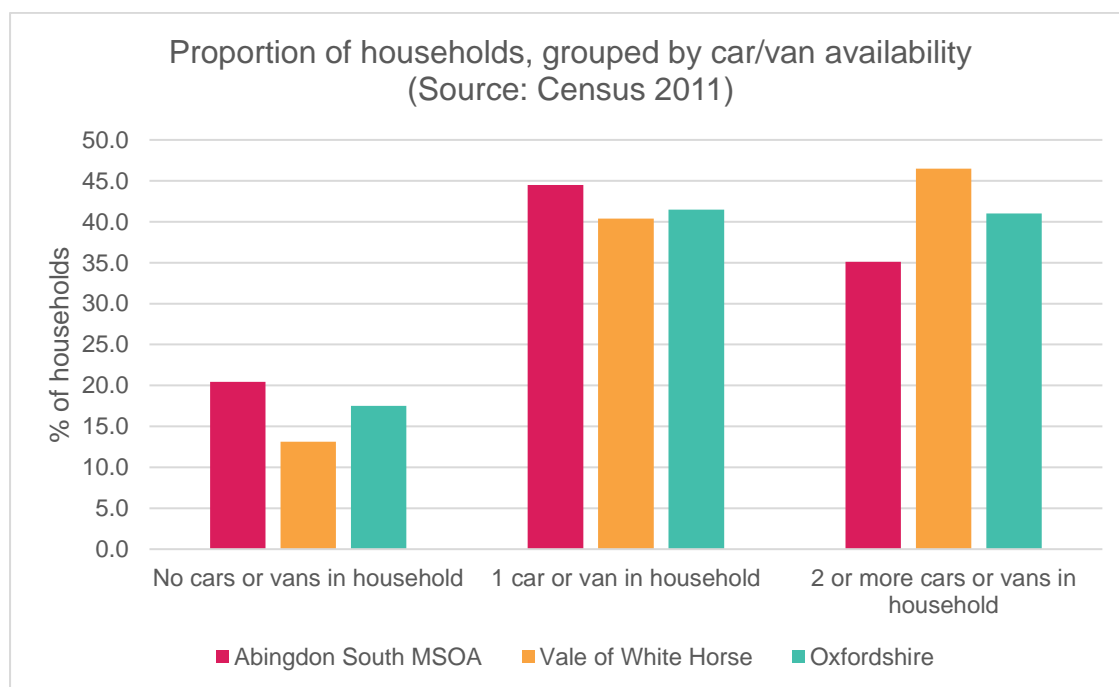
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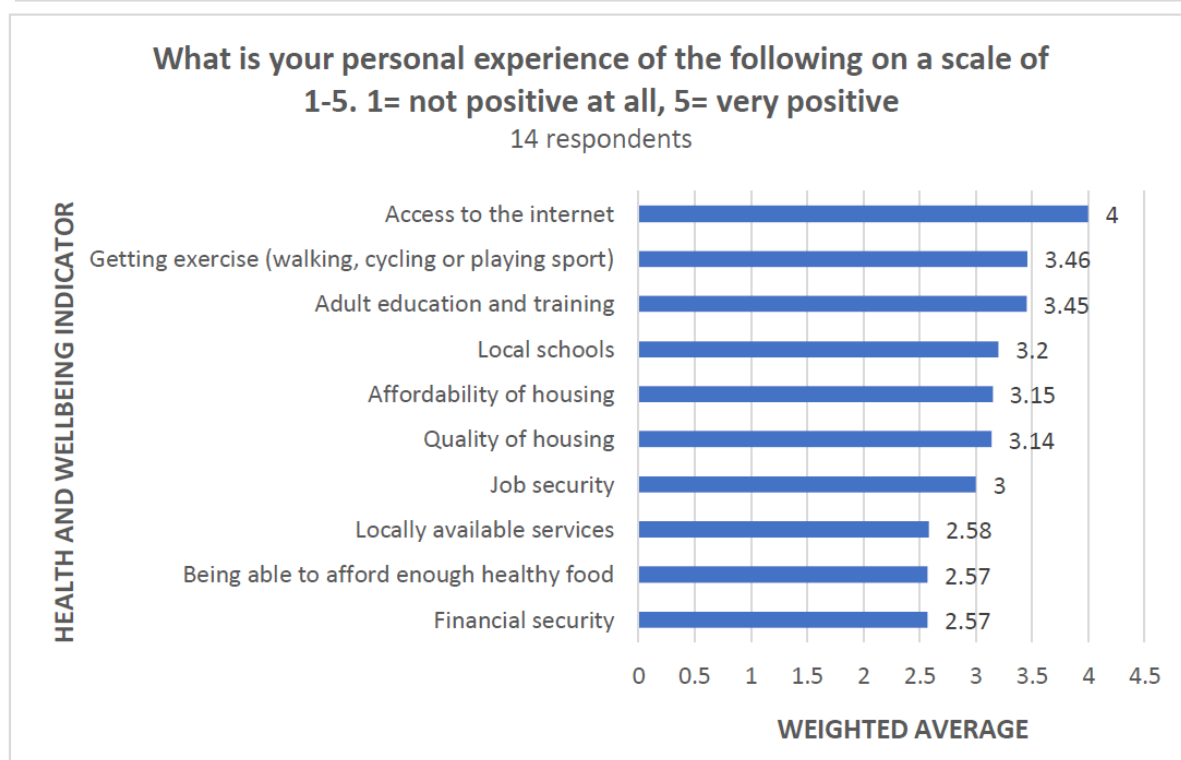
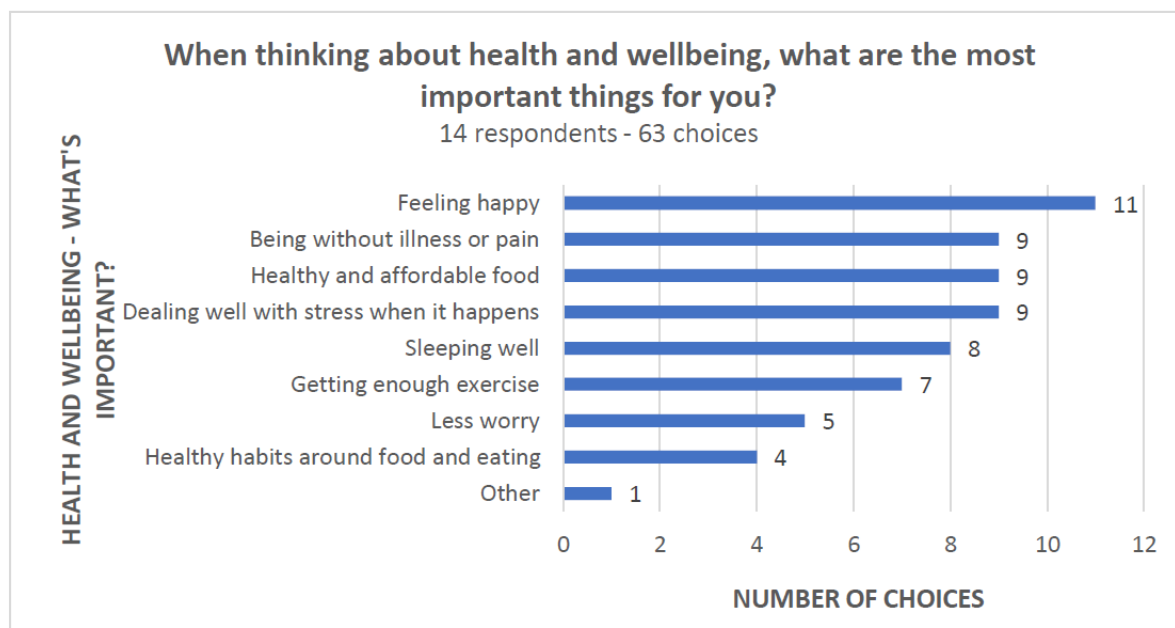
Research question	Main themes	No. of references
What kinds of things are most challenging for you living in Caldecott that impact on health and wellbeing?	Cost of Living	15
	Built environment and street-scene is shabby/ dirty/ litter	9
	Not a friendly place	9
	Mobility affected by poor parking, lack of dropped kerbs	7
	Not enough time/ life is busy	5
	Poor bus services	4
	Not enough shops/ have to shop elsewhere/ local shop is too expensive	3
	Difficult to access medical services/ support	3
	Poor housing/ lack of affordable housing	2
	Not enough to do locally (leisure)	2
	Traffic	2

'Doing the area up would improve things straightaway and make people feel better.'

'Price of things is going up. Can't afford to pay for leisure activities so do lots of walking.'



SUPPORTING QUANTITATIVE EVIDENCE FROM COMMUNITY SURVEY



Research question	Main themes	No. of references
What are the local strengths and resources that support community health and wellbeing?	Green spaces/ the riverside setting	24
	Friendly community	11
	Parks	10
	Community groups and activities	7

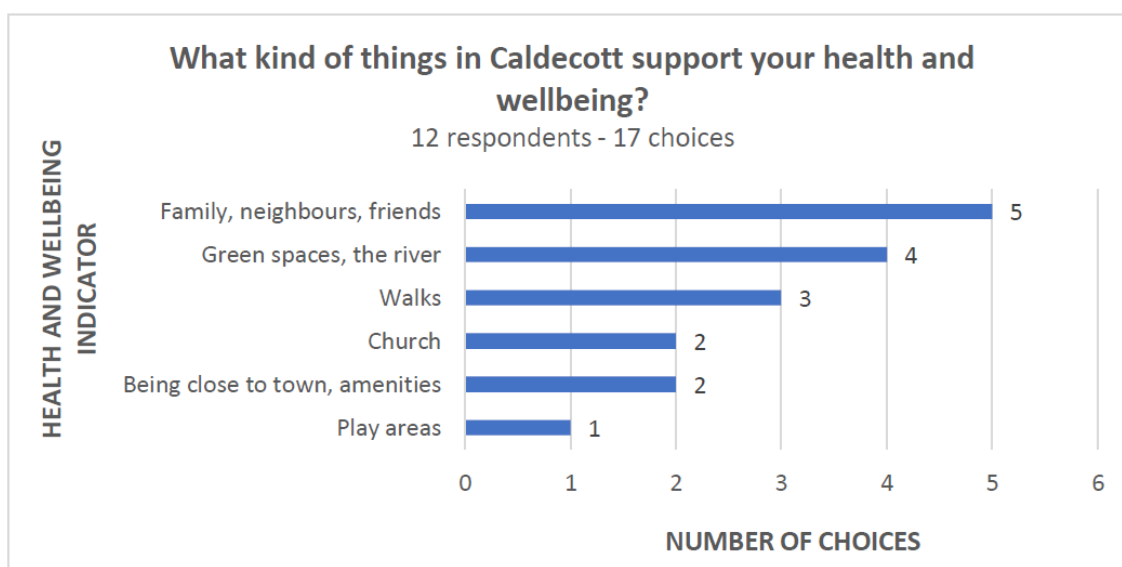
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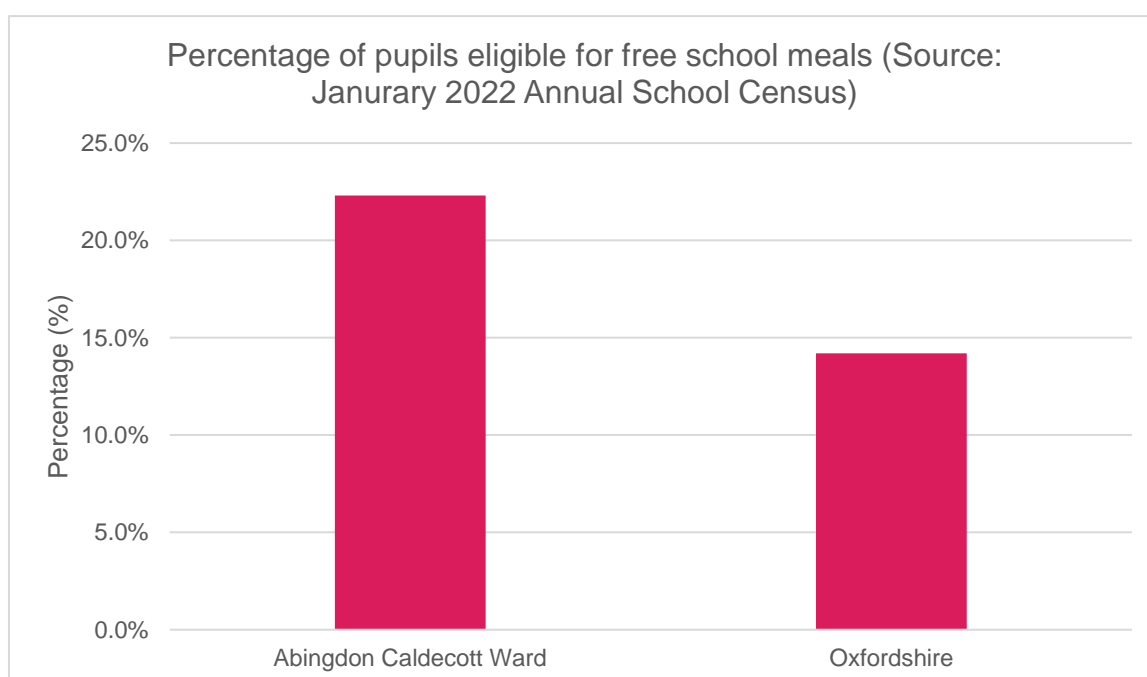
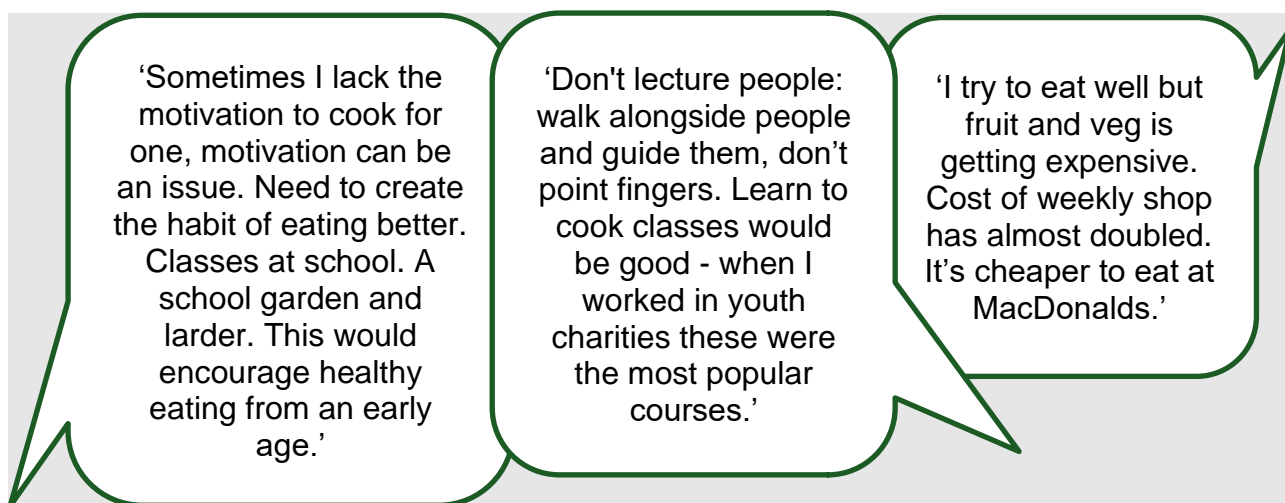
'Green spaces are good and people are friendly and look out for each other. There has been more of this since Covid, more friendship networks.'

'We're quite lucky, there are good support services available locally, if you know about it. [Caldecott] is neighbourly but has changed a bit over time, become less so'

SUPPORTING QUANTITATIVE EVIDENCE FROM COMMUNITY SURVEY



Research question	Main themes	No. of references
What helps you and your family maintain healthy habits around food and eating, or what would help you do this?	No worries about food/ eat healthily	14
	Try to eat healthily but sometimes struggle with motivation/ maintaining good habits	9
	Health issues have made me pay more attention to eating more healthily	7
	Try to eat healthily but prices have gone up	6
	Don't lecture people, help them, offer cooking classes	2



National Context

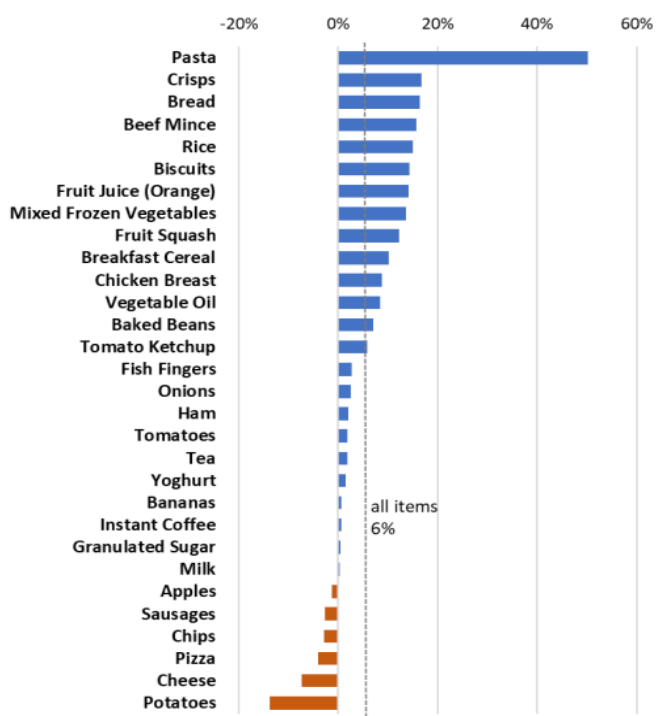
- According to ONS¹⁸, between 25 May and 5 June 2022, 88% of adults reported that their cost of living had increased over the last month, a considerable increase from the 62% of adults reporting the same between 3 and 14 November 2021.
- ONS experimental analysis of 30 food products in seven supermarkets¹⁹ showed increases in (lowest) prices in the year to April 2022 for 24 out of 30 items.

¹⁸ ONS, 2022. *Inflation and the cost of living for UK households, overview* - Office for National Statistics. [online] Ons.gov.uk. Available at: [Inflation and the cost of living for UK households, overview - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/inflationandthecostoflivingforukhouseholds/overview)

¹⁹ ONS, 2022. *Tracking the price of the lowest-cost grocery items, UK, experimental analysis* - Office for National Statistics. [online] Ons.gov.uk. Available at: [Tracking the price of the lowest-cost grocery items, UK, experimental analysis - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/trackingthepriceofthelowest-costgroceryitems/uk/experimentalanalysis)

- The greatest recorded increase in this selection of food products was for (lowest price) pasta which had gone up by 50% in the year.

Lowest price of selected 30 everyday groceries, item-level price changes, April 2022 compared with April 2021



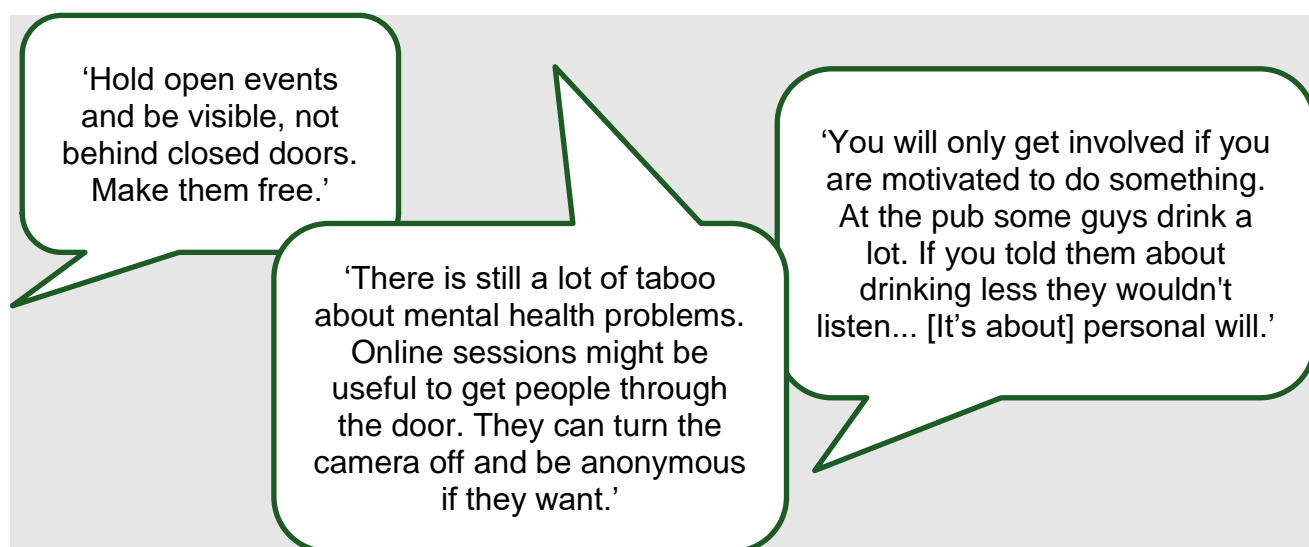
Research question	Main themes	No. of references
Do you think you and the local community would benefit from additional initiatives to support health and well-being?	Yes	24
	More information about existing groups	2
	Current initiatives etc. good as they are	2

'Without a doubt. Exercise groups and socialising are great for mental health - need an 'evangelist' for things like that. Could help deal with loneliness very well.'

Examples of initiatives included:

Mental Health Focus	Befriender Schemes	Mobility Cafe	Older Toddler Group	Cooking Classes
Preventative Initiatives	Young People Focused	Male Oriented Activities	Young Mum's Group	Outdoor Gym

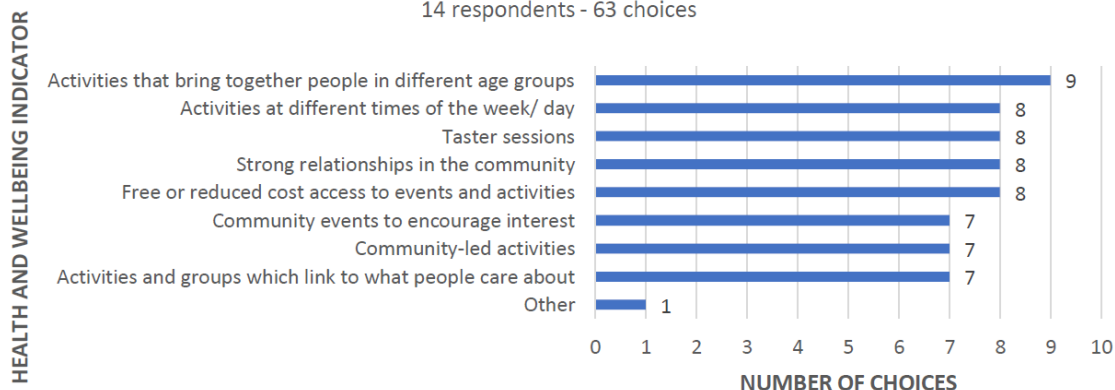
Research question	Main themes	No. of references
What do you think would encourage more local people to create or take part in health and wellbeing initiatives?	Better advertising - Leaflets (not everyone online) - Social media - Visible events - Community magazine - Build on Jubilee street parties	20
	Make things more affordable (e.g. vouchers) or free/ taster sessions	4



SUPPORTING QUANTITATIVE EVIDENCE FROM COMMUNITY SURVEY

What do you think would encourage more local people to take part in health and wellbeing initiatives?

14 respondents - 63 choices



Research question	Main themes	No. of references
What do you think have been the main impacts of the Covid-19 pandemic, either for you or for the community?	Isolated, lonely, mental health suffered	21
	Worried and anxious (still anxious)	9
	The community supported people/ friends and family rallied round	8
	Impacts were not too negative/ coped OK	2
	Home-schooling was difficult	3
	Covid messaging frightened people	2

'I was isolated and struggled. I was anxious about worried about infecting others who had suppressed immune systems. Had to go on anti-depressants. I was very low, especially in the winter. I'm getting back to normal now but the experience really

'I felt like my life totally changed. There was a before and after covid. My mental health was affected and my memory is worse now. I am more anxious.'

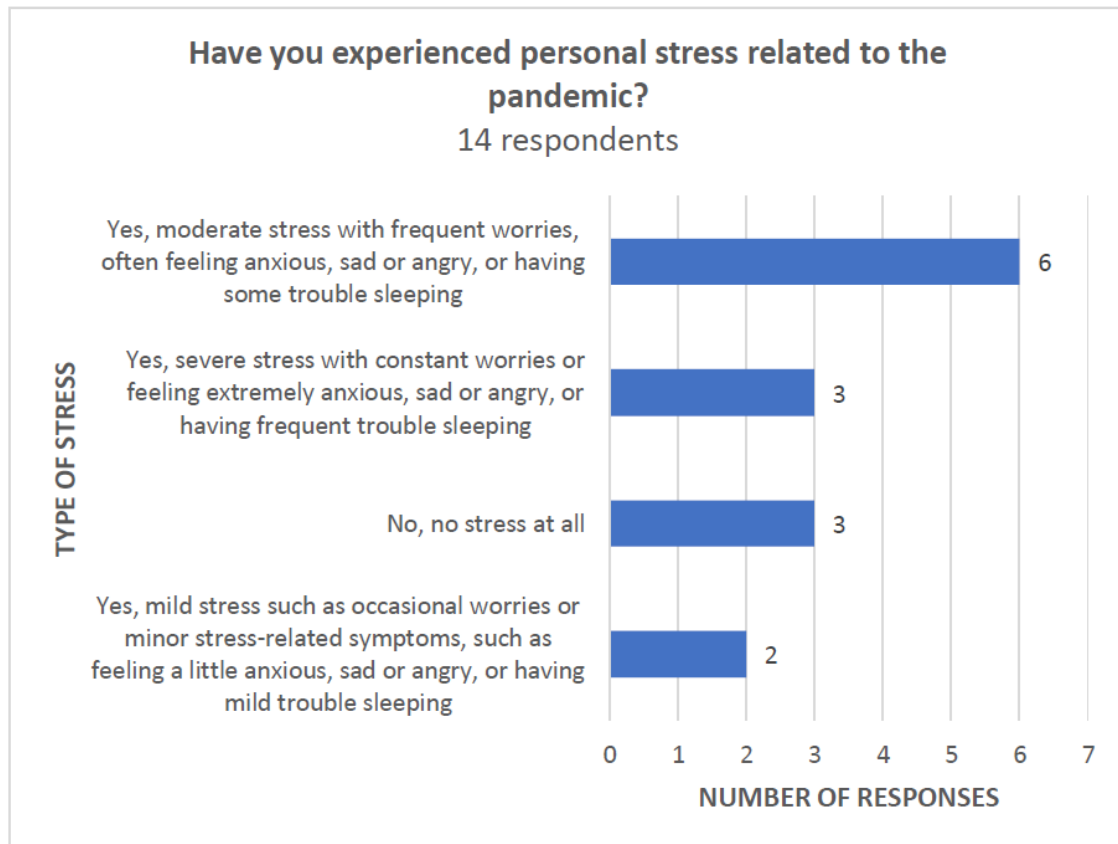
'I got more exercise. I was healthier then and had more time to do stuff.'

'I struggled and my children suffered. My 4 year-old is still very quiet.'

Version No: 1st edition Issue date: September 2022

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SUPPORTING QUANTITATIVE EVIDENCE FROM COMMUNITY SURVEY



Local Stories – ‘Dan’ (fifties)

Dan lives in Caldecott and has done for many years. He also has family living in the community. He works in Oxford and commutes by bus, which is sometimes difficult and tiring.

The things that Dan does to keep himself healthy include working, which he finds fulfilling, and trying to get out for walks in the local community. He thinks that the community is fortunate to have good green spaces and the river nearby.

Dan feels that Caldecott is neighbourly place, though perhaps less so than it once was. People also seem busier these days. He also feels that the cost-of-living crisis is starting to have a negative impact on people – more stress and worry. In addition, he notes that there are some problems with anti-social behaviour but that the police and PCSO presence is not very visible.

He is aware of local organisations and services which support the community and thinks there is good support available. However, he is less certain that people know about what is available to support them. He definitely thinks that people would take part in health and wellbeing initiatives if they were better aware of them. The issue is visibility and he suggested better use of social media to publicise things. He himself would be too busy to work on these projects but absolutely sees the value, particularly in relation mental health.

Dan does his best to eat healthily. He knows how to cook and is comfortable with it. He feels that as people get older they start to think more about their health and therefore also think more about eating better. But for his younger son, for example, although he has been brought up to eat healthily and can cook a bit, healthy eating just isn't on his radar and he eats a lot of takeaways. Dan thinks the main issue is willpower and developing good habits but that this is simply less of a concern for younger people.

He found the pandemic emotionally draining and the effects still seem to be lingering. Home-schooling was very difficult, especially balancing it with work. He does think that the community rallied well to support people.

Local Stories – ‘Jean’ (sixties)

Jean uses a motorised scooter. She has conditions which affects her breathing and cause swelling in her legs and feet. She also has a heart condition.

Jean has found that people are very helpful when she goes shopping and will offer to get things for her from the shelves, she says they are, ‘disability aware’. She thinks accessibility for her scooter on the roads and pavements could be improved as it can be a challenge. There are few drop kerbs and sometimes drivers park in front of them or the rubbish collectors leave bins in the middle of the pavement.

She suggested that the drop kerbs could be painted to highlight them to road users. She hopes to be able to walk in the local area soon when her condition improves and she can use a walking frame. She currently goes into town to meet friends which she says is ‘good for my mental health’.

She is now trying to eat healthily and keep her salt intake low for but sometimes struggles to work out the salt content of food. Jean admits she didn’t used to be so healthy before her heart attack and made unhealthy food choices and smoked. She says, ‘I hadn’t been to the doctor for 30 years even though I knew there was a heart issue. If I’d have gone it could have prevented the heart attack and complications.’

Jean thinks that some form of preventative initiative - prevention rather than cure – would be useful to support local people make healthy choices.

She said that there is lots of information but it’s not coordinated and people don’t listen to doctors until it’s too late. She observed that any community initiatives needs to mean something to people. She thinks ‘cruel kindness’ would be effective such as showing people the reality of what happens if you eat unhealthy food and what smoking does to you i.e. ‘a photo of me hooked up to lots of machines!’

Jean would be very happy to get involved in a health prevention community project to tell her story. ‘If I can prevent one person going through what I have gone through it would be a benefit, I want to pay it forward.’

Locally Active Groups

Ten one-to-one interviews were held with key representatives' groups and organisations which are (or have been in the recent past) actively engaged in projects in Caldecott ward. Requests for interviews and questionnaires were sent to a further seven without reply.

The main intent of these conversations was to seek opinions and insight with regard to community action in the area (whether it was community-led or partnership-based) and elicit insight with regard to community health and wellbeing.

In your experience, what works well in getting residents involved in projects and initiatives, and what doesn't (barriers to involvement)?	
What works?	What are the barriers?
Projects are based on what local people want	Difficulties in engaging people
Residents have key involvement in project design, promotion etc.	Don't force people to attend
Free/ taster/ flexible sessions	
Don't focus on overcoming barriers	
Organise activities to appeal to all ages	
'Bring a friend' ethos	

'If it becomes too formal and too much piggy backing goes on from other agencies then it will put people off coming.'

'It doesn't work if people are forced to attend something [e.g. by an agency].'

'The best way to create a sustainable, long-term project is to ensure residents buy in to it either through volunteering, promoting or helping to design them.'

In terms of the discussion and design of community-based projects and initiatives – what are the ingredients for success in the long term?

- Long-term projects
- Long term, more responsive funding
- Funders need to better understand not all groups are the same
- More community volunteers to keep activity grassroots-led
- Support community to make things happen for itself and develop sustainability (asset- based community development)
- Good partnership work plus more joined up working
- Find the local 'gatherers' to get the word out to the wider community
- Better support for existing community-based and led organisations (and don't step on their toes)

‘There have been a lot of small, short projects but nothing sustainable.’

‘You need to have “gatherers”, those people who know lots of people. You need to get to individuals [using those gatherers] to make a success.’

What are the key challenges you face as a community-based organisation – what would help you solve them?

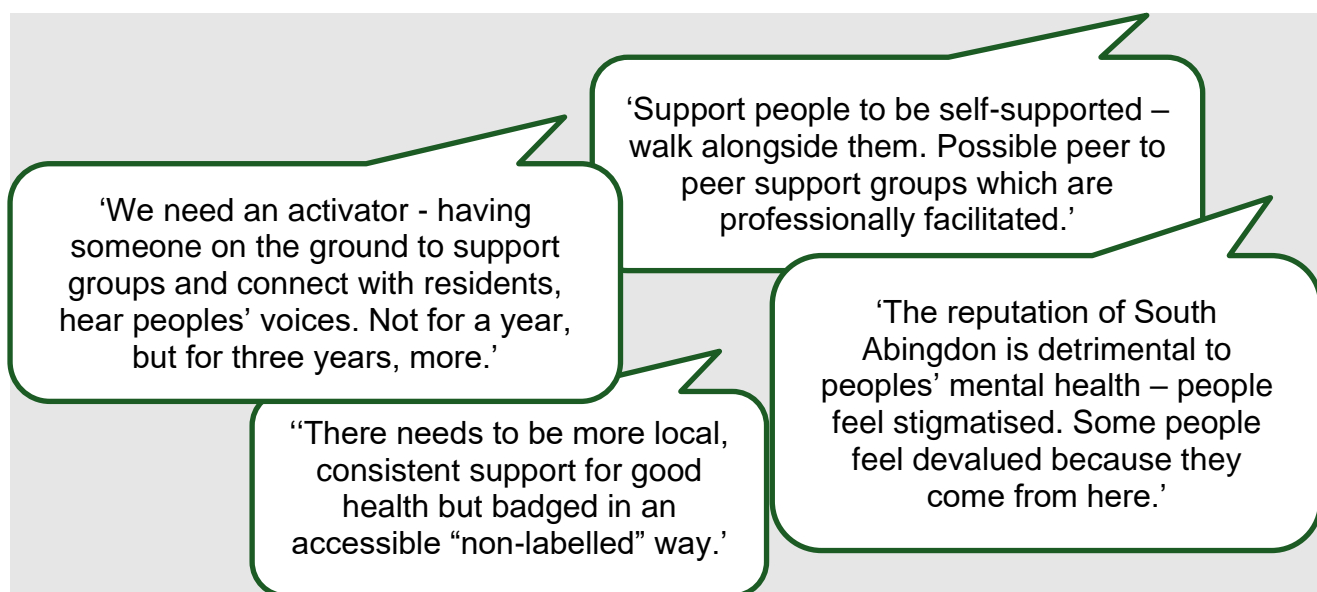
- Funding
- Time and capacity (for organisational development)
- Volunteer pipeline

‘There are some people who want to get involved with volunteering but don’t have a route in. It’s about connecting people and letting them know what they can do – a volunteer network.’

‘We need sustainable, core, multi-year funding and support for fundraising.’

Do you have any other observations about health and wellbeing in Caldecott and how it could be improved?

- Work on aspiration (especially in regard to young people)
- Work on negative perceptions of South Abingdon
- More consistent, non-stigmatising health support
- Specific suggestions:
 - A community activator (community development worker) post
 - More local mental health support
 - Collective mental health training for groups. Training passed to parents (train the trainer) > parent and child mental health group
 - Training shared across community groups to improve links, save money and maximise resource
 - Safeguarding training
 - Food hygiene training
 - Focus on getting people outside
 - Bike routes
 - Support struggling families during the holidays with activities
 - Volunteer network
 - Somewhere (online and physical) where people can go to find out what's happening and how to get involved



Local Stories – ‘Tony’ (forties)

Tony has lived with depression and anxiety for most of his life. He manages it with medication and making sure he gets a little time to himself even if it's just a 15-minute walk around the area. A spirited person, he gets on with his life and looks after his children.

Having lived in Caldecott all his life, Tony has seen the area change over the years. It's a better place than it was, it feels tidier and more connected, but Tony worries about the future for his children. His youngest child grew very anxious during the pandemic and home-schooling often felt impossible. Tony was worried for them and found that there was little to no support for his child both during the pandemic and the slow return to school.

Overall, Tony felt he handled the lockdowns well and did his best to help his children get through the pandemic by making them go out for walks. However, he remains worried that he and his partner cannot afford everything that their children need or want. He is very aware that they can't afford to go swimming or do other sports and activities as much as they'd like. Tony used to use the old Family Centre's free after-school club, which also offered a cooked meal. Many families in Caldecott relied on this service. Another local project 'changed my son's life' by paying for football gear and training.

Tony is a natural connector in the community and although he thinks the community spirit is good in Caldecott (if you know people) there really isn't much here for teenagers to do which doesn't help the area. Tony would love the youth club to be restarted.

Local Stories – ‘Patricia’ (thirties)

Patricia has lived in the area all her life and has family nearby. She is unemployed and cares for her disabled son. She thinks Caldecott is generally a friendly place and knows lots of people. She also enjoys the local green spaces and likes to get out walking. She also does dog walking. Otherwise, she relaxes by watching TV.

Recently, Patricia has started to become more worried about money. ‘Money is a big issue for me’. Costs are going up. She also feels somewhat isolated as a carer and doesn’t feel like she gets enough support to do this.

Patricia doesn’t eat a lot of fresh fruit and veg. Her mother buys food for her from Tesco and Lidl. It tends to be frozen, cheap food. Patricia is not the best cook and her mum does the cooking for her. She also buys snacks from the local shop. She knows that her diet isn’t the most healthy but finds it difficult to make a habit of eating well.

She is aware of local community groups and organisations and thinks that the community could benefit from more activities that support health and wellbeing. However, she doesn’t feel like she would use these herself. ‘I don’t want to be seen to be asking for help.’ Patricia has also felt stigmatised for being unemployed. ‘People have called me a scrounger’.

Patricia added that any cost for courses, training or sessions would put her off, as she doesn’t have a lot of spare money.

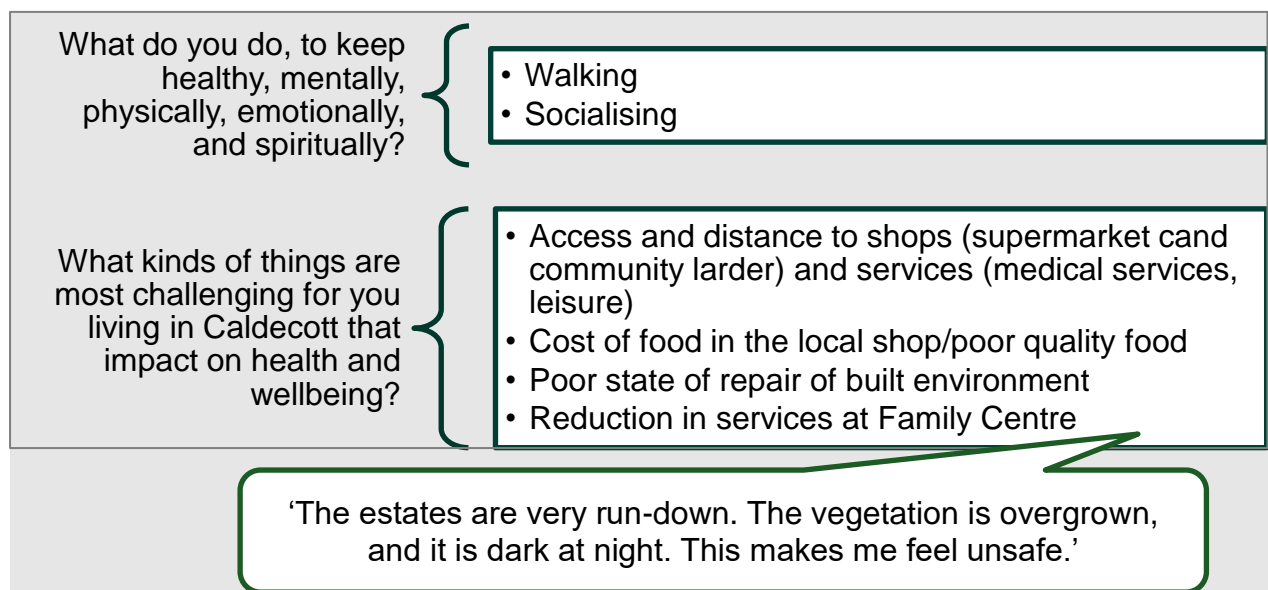
Looking after her disabled son, Patricia found the pandemic very stressful and difficult. She did have lots of family support but this was mainly over the phone. Generally, she was isolated and struggled, though she doesn’t feel her long-term mental health has been badly affected. She tries to stay positive about things.

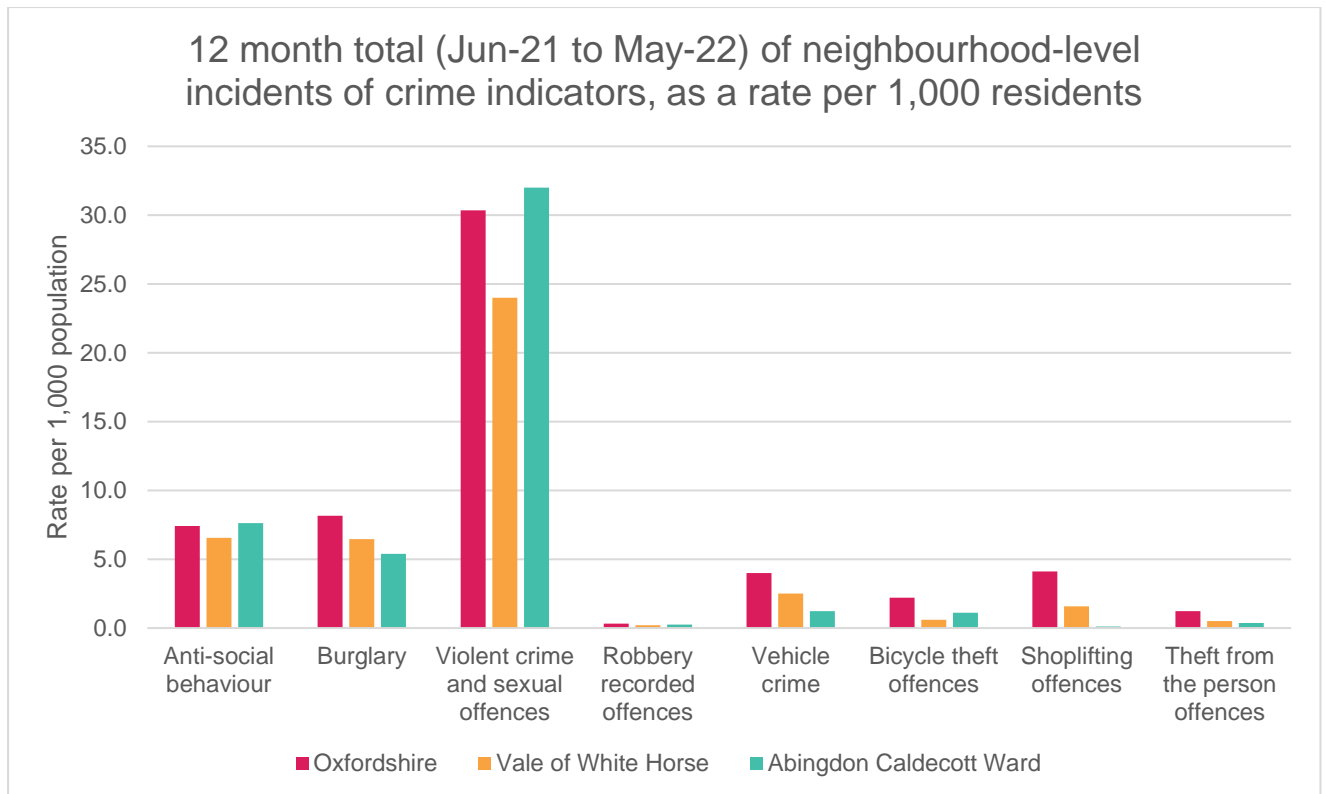
Focus Groups

(extracted from the community insight report)

Four focus groups were held with Nicholson House Extra-Care Home residents, Abingdon Vineyard Church Group, Abingdon DAMASCUS Youth Project and South Abingdon Partners Group. Efforts were also made to arrange discussion with Sovereign Housing Association tenants and local schools.

The intent of these discussions was to take a 'deeper dive' into project themes by talking to both residents and organisations active in Caldecott (whether community-led or external-agency-led).





Police UK data for 12-month total incidents of crime, grouped by crime type, aggregated from LSOA to ward level for Abingdon Caldecott ward

'You can have a nice 20-minute walk get some exercise and still be in South Abingdon. There are some areas that aren't so pretty but other areas that are beautiful. Lots of trees and open spaces. Sports facilities good, there's a BMX trail.'

What are the local strengths and resources that support community health and wellbeing?

- Community groups and organisations
- Green spaces and the river environment
- The local pharmacy

What helps you and your family maintain healthy habits around food and eating, or what would help you do this?

- Access to healthy, affordable food
- Wider issues need to be addressed (e.g. complex family lives)
- Culture change needed

'Nicholson House provides a main meal. Don't really need to worry about food as it is cooked for us and is good. Mainly snacks and small meals at other times. I do worry about the costs, local shops are expensive.'

'Poor access to shops to get fresh food makes me more likely to rely on frozen food.'

Do you think you and the local community would benefit from additional initiatives to support health and well-being?

- Potentially – many don't know what is already available

What do you think would encourage more local people to create or take part in health and wellbeing initiatives?

- Better communication of what is available
- Community-designed and led activities (genuine consultation)
- Less emphasis on targets and monitoring
- Improved partnership working
- Better, sustained support for existing community groups
- Long term projects and funding

'How do you find out what's happening unless you come into the community centre where all the posters are? Need one place where you go to find out what's happening across the whole community. An electronic place and a physical place.'

What do you think have been the main impacts of the Covid-19 pandemic, either for you or for the community?

- More (and lingering) anxiety
- Negative impacts on mental health in general

'People were more caring during covid, but people are now backing off again. People did knock on people's door and ask if they need shopping – but that's stopped, even though people STILL need support. People have gone back to old habits.'

'People are not coming out as much as they used to, people still apprehensive. Other illnesses going round, making people anxious - people still have the stay-at-home mindset. Also makes it hard to recruit volunteers.'

Local Stories – ‘Rowenna’ (sixties)

Rowenna was particularly affected by the Covid-19 pandemic. Her mental health suffered. She was primarily concerned not with getting the virus but passing it on to people in her family who were immuno-compromised and at higher risk of more serious complications. She was eventually prescribed anti-depressants. She was particularly low during the winter but is now feeling much better in herself.

Rowenna goes on walks as a way of both socialising to improve her mental health and getting back to physical fitness. Rowenna has always looked after her physical health. She tried to bring up her sons to value their health in the same way.

Rowenna values the local green spaces in Caldecott. She thinks getting exercise is absolutely central to mental health and thinks ‘without a doubt’ that the local community could benefit from additional initiatives of this type and could have a very positive impact on loneliness, which she thinks has increased as a result of the pandemic.

However, she does feel that projects and initiatives need to be as inclusive as possible. She attended an event with a friend who was put off from coming back by someone telling her she seemed ‘too young to be here.’ Rowenna pointed out that people can have all kinds of reasons for wanting to take part in things: ‘we need to get the message out that everyone is welcome.’

For this reason, she thinks a ‘buddy-system’ would be good and that having people on hand who know how to ‘break down barriers’ to overcome cliquey-ness would be useful.

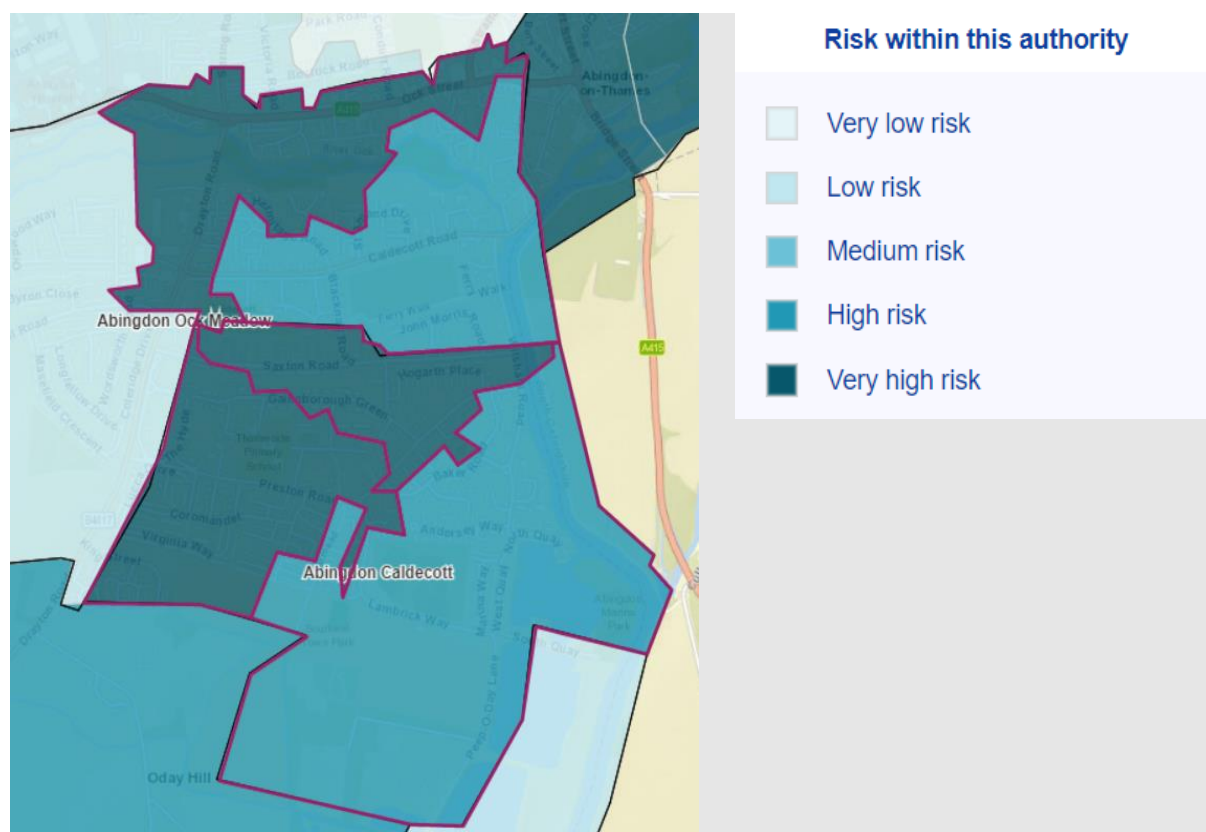
She thinks that getting older people to get online would be very beneficial to health and well-being. It would help people find out ways of improving their mental health and allow better to better connect with what’s going on locally. She thinks classes to develop tech awareness and confidence would be good.

Rowenna tries to eat healthily and her diet is generally good though she has some weaknesses and sometimes ‘lets herself go.’

Loneliness

Social isolation and loneliness have a significant impact on physical and mental health and its effect on mortality is comparable to other well-established risk factors such as smoking, obesity, and physical inactivity²⁰.

The heat map below shows the relative risk of loneliness across 32,844 neighbourhoods in England. The relative risk of loneliness is based on the Census 2011 figures for the factors: marital status, self-reported health status, age, household size.



²⁰ Holt-Lunstad, J., Smith, T.B. and Layton, J.B., 2010. Social relationships and mortality risk: a meta-analytic review. *PLoS medicine*, 7(7), p.e1000316.

Local Stories – ‘Paula’ (teenager)

Paula has autism. Green and quiet spaces are necessary to keep her happy and calm.

Paula values even the green patch outside where she lives because it has a tree and there's shade. The only problem is that there are too many cars and parking is a constant problem, which means many people use the grass verges to park their cars - this bothers Paula.

She is always keen to get out into local green spaces, preferably by the river so that she can hear the water, be with nature and be away from people for a while.

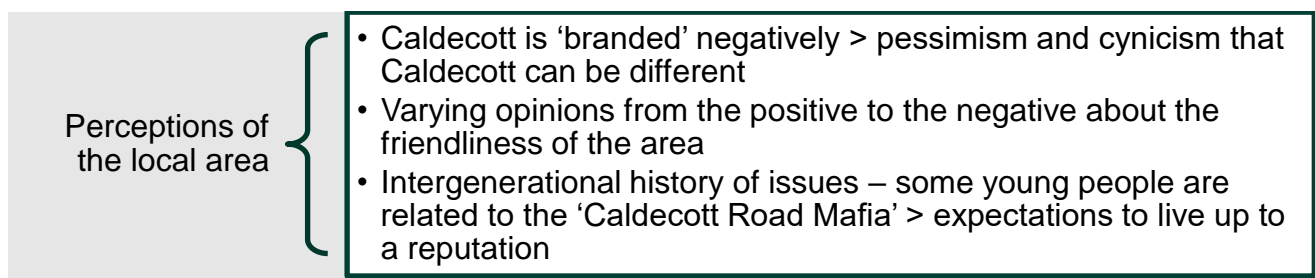
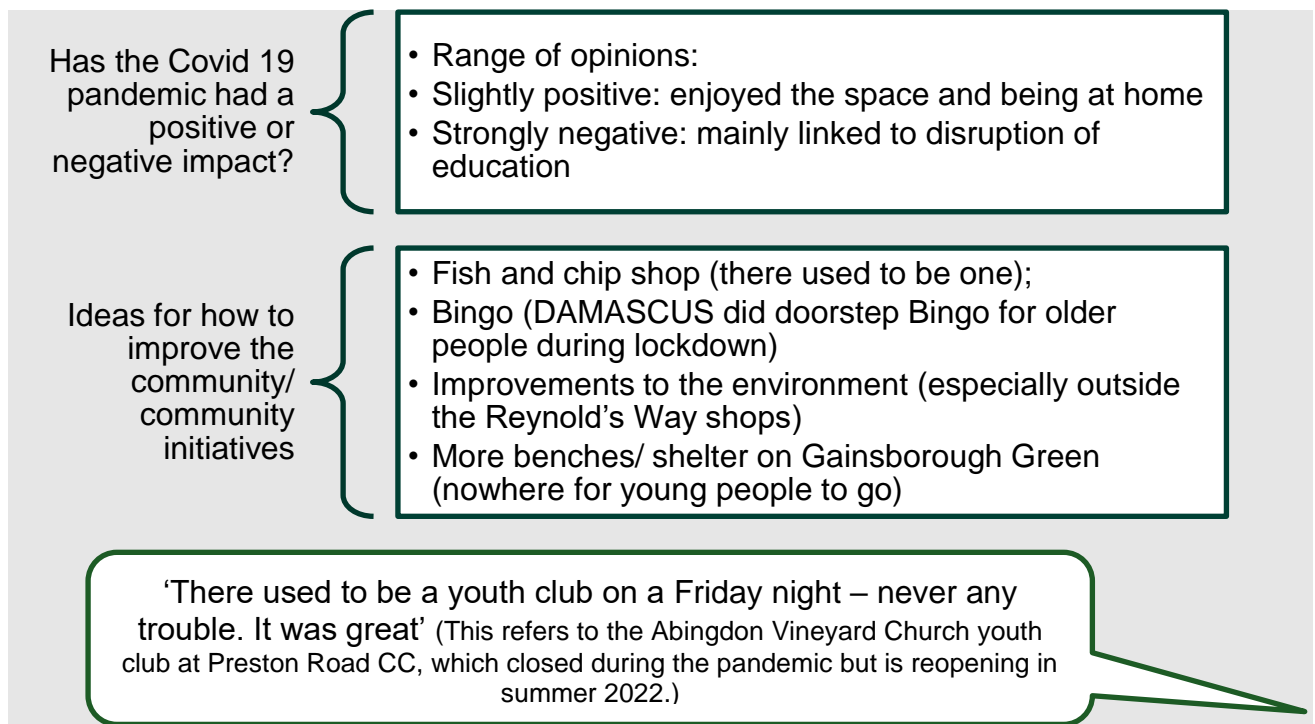
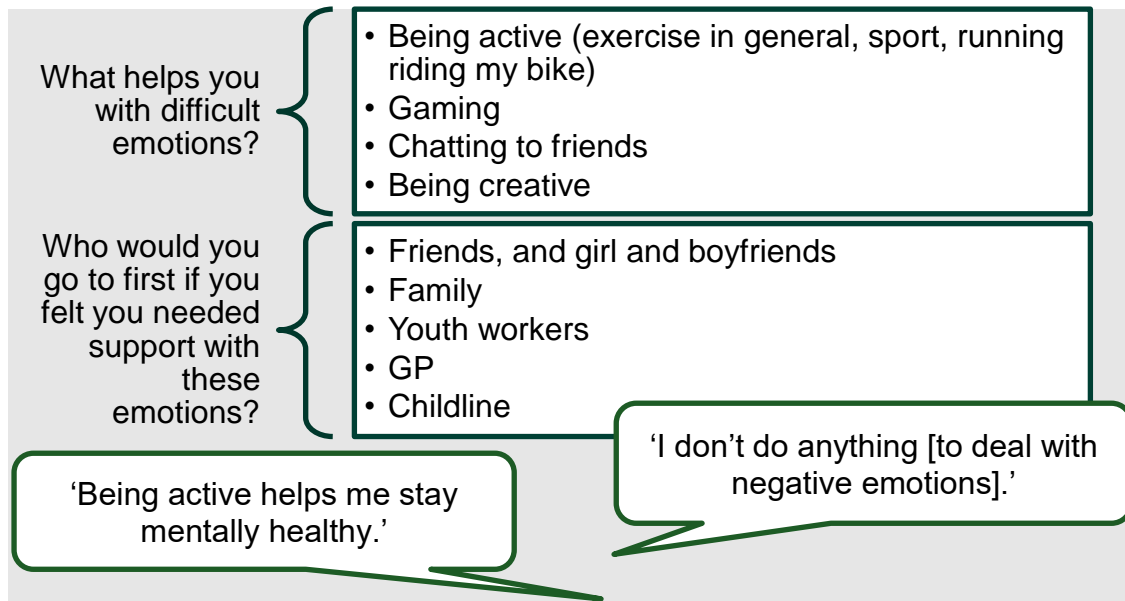
Paula thinks she eats well but she isn't very fussed with a lot of food. It isn't important to her. She feels healthy because she's out and about and doing lots of walking.

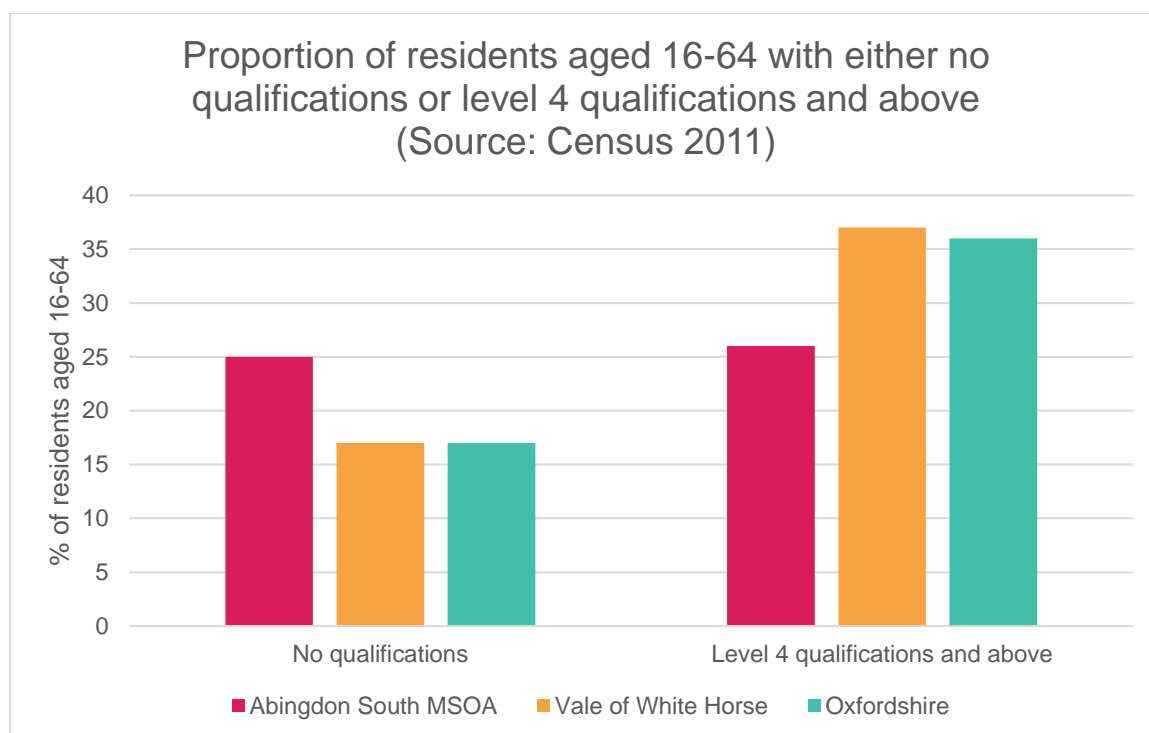
For Paula, Covid-19 was good a thing in some ways as it showed people how to care for other people and not just themselves. She hopes that the pandemic has taught people a lesson to be kinder.

Focus Group – Abingdon DAMASCUS Youth Project

CFO also organised, via the Abingdon DAMASCUS Youth Project, a discussion group specifically for young people. 15 young people attended, aged between 13 and 18. The approach was very informal and essentially conversational, with the DAMASCUS youth worker and CFO researcher taking attendees through semi-guided questions based on the specifically designed young people's survey (see Annex 4).







The Abingdon South MSOA has a greater proportion of residents, aged 16-64, with no qualifications compared to both the Vale of White Horse district and the Oxfordshire percentage.

Local Stories – ‘Ray’ (fifties)

Ray has multiple health conditions both mental and physical. Every day can be a struggle to remember to eat, take medication and look after his personal care. He struggles with social anxiety.

Despite these issues Ray tries hard to stay as healthy as he can by keeping a stable routine and eating healthily, avoiding red meat, dairy, and processed food which is very important to help manage his conditions.

However, he has to shop online as he is unable to leave the house alone and needs transport. He says shopping online ‘takes all of the joy out of food’ and is also now struggling with rising food prices.

Ray would like to go out to do shopping, go swimming to strengthen his body and gradually socialise. He said, ‘the winter months are the worst when it’s dark and I can’t go out in the garden. I feel totally alone.’

He would welcome a befriending service which would enable him to leave the house accompanied. A bus to take people shopping or to the leisure centre would also be helpful for himself and others who do not have transport.

Analysis

(extracted from the community insight report)

The research undertaken explored: **1- the local strengths and assets that support and enable health and wellbeing; 2- challenges to health and wellbeing and what would help to address these; 3- the impacts of COVID-19 and; 4- food and healthy eating.**

119 individuals were consulted across the project; focus group attendees (38); one-to-one interviews (63); and the community survey (18).

From the totality of research summarised above, key themes, issues, challenges, and opportunities were identified. These are discussed below, while also responding to the final element in the research brief, which was to **provide recommendations for further insight needed and/ or actions to take forward from the findings.**

Local strengths and assets that support and enable health and wellbeing

The local environment

Local green spaces and the nearby river Thames were commonly mentioned as real assets to the community in terms of health and wellbeing. These seem genuinely and near-universally valued, although there was a sense that they could be improved/ spruced up.

Parks were also mentioned as being generally good, though there is also some evidence of vandalism. There was a feeling that local parks could be better used, however.

In terms of the built environment and street-scene, it was felt that there were **problems with litter, overgrown vegetation, pavement quality, and poorly parked cars.** Making the place look better would make people feel a pride in their place and help with wellbeing. *'When its scruffy and littered people don't care – it didn't used to be like that.'*

Walking

Most likely related to the availability of green spaces and walking routes (to town or out towards the countryside), by far the most popular response in relation to **what people did to keep healthy was walking.**

People also **valued personal and family contact** as a way of keeping healthy (and many had wider family in the Caldecott area). Some people, however, did express their personal isolation and a lack of a wider support network/ friends.

Also mentioned were the social and mental health benefits of volunteering.

Community feeling and neighbourliness

A range of opinions across all age groups were expressed in this regard from the very positive to the extremely negative. However, **it would appear - in general- that**

people feel Caldecott is a neighbourly and friendly place, and that it got more so during the pandemic as people and organisations stepped up to help out friends and neighbours.

On the other hand, **some (mostly older people) did note that they did not feel particularly safe** when out and about in the community – they sometimes felt a bit intimidated, especially at night. There was also a perception from longer-term residents of a sense of decline in neighbourliness over recent decades. The existence of pockets of deprivation and anti-social behaviour/ drug use was occasionally mentioned, as was an absence of visible policing.

What was also clear is that local residents are acutely **aware of wider and long-held, negative perceptions of Caldecott as a ‘difficult and troubled community’**. This has created a stigma that is hard to shift and has a negative impact on well-being. Young people talked about how Caldecott is ‘branded’ negatively and it makes some of them feel pessimistic and cynical that the area can ever be seen as anything different.

It was also noted that **some issues have been handed down through the generations**. Some young people noted that they know people who are related to the historical ‘Caldecott/ Saky Road Mafia’. This can mean that people expect them to live up to their family members reputation, and actively resisting this can create difficulties. This created what was described as *‘generational trauma’* for young people, with the biggest difficulty with young people being to *‘convince them that they have something to offer.’*

It is very clear that the **deep community work of grassroots organisations such as Damascus and Vineyard Church (youth club) is particularly important** in supporting young people and offering positive role models. The discussion session with young people was very dynamic and it is clear that it is rare indeed that young people are asked what they think. **This ‘voicelessness’ is something that young people themselves wish to change**, as demonstrated by the CFO researcher being told some time after the session that young people were continuing to discuss the topics which had been explored.

Despite sometimes negative perceptions of the area from both within and without the community, what came across was a **strong sense of place**. Local residents identify with the area (many have long-standing generational ties), and often have a strong awareness of local history and characters and *‘how things used to be.’*

Community organisations and social activity

Assets supporting mental health and wellbeing

Local residents **noted a range of local groups, services and organisations that are particularly helpful or useful to health and well-being**. Often mentioned were Inspiring Minds, Sovereign Housing, Abingdon Vineyard Church sessions, Vale of White Horse DC health walks, SOFEA, and the Carousel Family Centre.

Indeed, for those who are aware of the work of these organisations and initiatives it is obvious that they are highly valued as **locally-embedded and trusted assets** and that people respect their quality and commitment.

Challenges to health and wellbeing, and improvements needed

A range of issues and themes was raised, including: the cost of living; local shops and the poor quality and costly food; the local built environment; community development and social action challenges; community buildings; access to leisure and health services; and communication about what is happening locally. Multiple ideas were also put forward in relation to potential new initiatives and projects.

Community development and social action

Sustainability of existing groups and organisations

Volunteer-led organisations noted **several, often interlinked concerns**:

There is a **lack of volunteers** coming forward. This creates pressure on existing volunteers and limits the time to build the sustainability and reach of community organisations and projects (or to develop new ones).

The funding cycle is far too short term. This is stressful. Groups feel they are constantly 'chasing the money', which – combined with a lack of volunteers – reduces time or capacity for organisational development. Planning ahead therefore becomes very difficult.

There was also a perception that **funders need to understand community work and grassroots organisations better**. There often seems to be a 'one size fits all approach' when in fact there are significant differences (and challenges etc.) between groups - bigger charities, for example, will have managerial layers, which may direct funding away from employing grassroots project workers. In addition, some funding is restricted to registered charities, which negatively impacts more informal community organisations.

It was suggested that it would be beneficial to look at, and perhaps **seek to replicate, innovative funding initiatives** elsewhere, such the [Didcot Powerhouse Fund](#).

The point was often made that **volunteer-led organisations and the support networks they offer need themselves to be supported** and not taken for granted. Comment was made that it helps to have staff and volunteers who are developed, well-trained, and supported to do their job well. This makes volunteers, in particular, feel valued, thereby becoming advocates for services and initiatives. Training could also be shared across a range of organisations, achieving economies of scale and creating peer support networks.

At the same time, it was felt vital **not to stand on the toes of community-led and based organisations** already doing excellent work but to support them and help them grow, perhaps via an activator/ community development worker post.

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The design of projects and new initiatives

Both volunteer-led organisations and outside agencies offered observation about the design of community projects and how to improve it.

A key and common observation was the need to ensure that projects have **genuine community buy-in by talking to people at a grassroots level or devolving decisions to the community**. If activities and initiatives being discussed and designed are those that people in the local area actually want then people will get involved – people need to unpack for themselves what community means to them. In this way people are better equipped to make things happen for themselves (asset-based community development).

A combination of **quick wins plus long-term projects** was also suggested, relating back to facilitating more community-based volunteering and equipping people to make positive change happen for themselves.

It was observed that **outside agencies often seem to have an idea about what they want to do already and just go ahead and do it**. There might be some discussion and collaboration but the community voice seems limited. By not genuinely involving the community and working with it to embed projects and initiatives *'you will never see the impact.'* This means listening to what works and what the community responds to – being guided by what it wants.

Collaborative project design should also take account of **local perceptions of how people engage and the different means need to be used to meet different groups of residents** (communities within the community).

The need to **better understand lived experience** was felt to be very important in project design, asking questions such as **where are the challenges, where are the blockages**: *'am I likely to access the community larder from Caldecott if I have to walk to town with a toddler and then get back to the school in time to pick my kids up?'*

Often cited was **the short-term length of projects** when a longer-term perspective is vitally needed. Commonly, there was a perception of community-based projects *'helicoptered in and out.'* Project mapping also showed lots on ongoing community activity but agencies dipping in and out with mainly short-term projects and initiatives.

There was also general impression that in Caldecott it can be **difficult to engage with residents**, where there is not one 'community' but different ones, which require different approaches to making and maintaining connections. Yet it **takes time (often years) to build trust and connections** and fully integrate projects within the community, especially when working with vulnerable people - results cannot be expected to happen overnight. Funders need to be aware of this and encouraged to develop and sustain longer-term projects, while also being **more responsive to changing project targets** based on how projects are evolving on the ground.

That said, it was perceived that projects were likely to be more successful when the **underpinning bureaucratic requirements such as key performance indicators and targets were relaxed**. This was deemed a reason why the 2021 Active Reach project was a success, which operated with a large degree of freedom and responsiveness to community needs. Conversely, an example was given of a lead (external) stakeholder unilaterally changing a project focus with the result that community members previously engaged then dropped out.

Partnership working

There was much **positive comment in relation to the South Abingdon Partners Group**, a project facilitated by Sovereign Housing to facilitate information sharing and discussion between groups, organisations and agencies active in South Abingdon. Essentially, if this group did not exist something very much like it would need to be created to better facilitate community-led development in the local area.

It was felt that this **group has much potential for development as a key local forum**, better connecting agencies and services to the Caldecott grassroots. Partners could work more cohesively, however. While lots of excellent project ideas come up, follow-up could be improved to ensure that the right groups and organisations are engaged to, potentially, make things happen. It was also felt that there **some potentially key partners and stakeholders were not engaging particularly effectively** with the South Abingdon Partners Group. Analysis of those 'blockages' are needed to ensure that: 1- the right people are sitting round the table; 2- trust can be further built within the network; and 3- challenges and opportunities are more fully discussed.

A wider point was made that groups, agencies etc. of whatever kind can sometimes be territorial, which can stymie partnership working in the community. However, as trust builds through genuinely collaborative project design and improved networking this can, hopefully, be mitigated.

Community buildings and social action

The value of community buildings was strongly expressed during the consultation. It is clear that Preston Road Community Centre, in particular, is a highly valued local asset. Likewise, the Family Centre, although it was noted that the range of services it offers (notwithstanding any plans to develop services in the future) is more limited than under its previous incarnation as the South Abingdon Children's Centre (pre-2017).

These buildings play an important role in community action as locations and hosts of community-led action. They also offer links to wider support services (health and social care, for example) and local schools. There is an opportunity to investigate more partnership initiatives and, for example, shared training opportunities (volunteering, safeguarding etc.) Despite this, the point was also made that **Caldecott lacks other community spaces**. There is limited (and time-restricted) hireable space at the Family Centre, while Preston Road Community Centre operates at near capacity.

There used to be a very well-used community centre at Saxton Road until the recent past. However, it was **knocked down and replaced with housing**. Similarly, when the Saxton Arms pub came up for sale a few years ago, the youth organisation Thrive and the Community Church sought to create a youth centre on the site (Tesco proposed a small supermarket on the site). Ultimately, however, the **pub was sold to a local developer** who built flats.

There was also a strongly expressed perception that **patterns of local real-estate ownership are restricting potential opportunities to meet clear needs in relation to health and well-being** and that the approach to the **disposal of assets could offer opportunity for community involvement**. Better and more timely knowledge of any forthcoming disposals would at least raise the *possibility* of explorations into whether a site/ location could be secured for community usage.

Potential new initiatives and projects

There was **strong support for new projects to support health and wellbeing (pages 42 and 49)**. These included those with a mental health focus, preventative initiatives, young people focused activities and cooking classes.

Other ideas to **improve the area** were offered: a fish and chip shop (there used to be one); improvements to the environment (especially outside the Reynold's Way shops); and more benches/ a shelter on Gainsborough Green (young people stated that there was no place to go). Lots of suggestions were put forward

It was commonly felt that the **community could benefit from more social initiatives**, particularly for older people. This might be something where older people can come together, such as a lunch club, and have a chat. The University of the Third Age lectures at Preston Road Community Centre offer an opportunity for people to come together but these sessions are very busy, which - it was perceived - was off-putting for some people.

Those at Nicholson House suggested that more activities would be good. Arts and crafts, book club, film club and singing (in places that are accessible) were mentioned, as was a desire to bring different generations together.

In terms of whether **local people would be likely to take part or access new activities**, there was generally **some scepticism** expressed. At the same time, it was also noted that there seemed to be a lack of awareness in the wider community about things that were already available (**see below- Communication and promoting involvement**).

It was also suggested that an approach that combining '**quick**' wins to meet needs and more long-term projects and initiatives would be most beneficial to improving, embedding and sustaining improvements in health and wellbeing.

Communication and promoting involvement

There was a sense expressed (in relation to projects, initiatives and community activity) that **residents were not generally aware of what was happening or available locally**, or that there already were enough initiatives. The need for better

promotion was widely noted, whether through leaflets, better use of social media or flyers through doors. However, this does present a logistics challenge in relation to who collates, updates, and disseminates the information.

Comment was also made that the 'bring a friend' ethos and good advertising of events (especially via word of mouth) promoted success.

In order to help achieve wider buy in, there was also consistent comment emphasising the **need for activity to be low cost or free**, while taster sessions were also deemed useful. It was also felt that visible events in public spaces promoted better involvement, as well as raising the profile of activity. Paying to attend sessions or take part in activities was seen as likely to put people off, especially now with the cost-of-living crisis.

The cost-of-living crisis

The rising cost of living was a commonly expressed concern, with the lack of affordable housing available locally also referred to. People stated that they were cutting back on certain activities (e.g., leisure activities for children) because of rising prices.

However, rising prices were most often referred to in relation to the **high cost (and poor quality) of food available in the local shop** and the distance to (cheaper) shops such as Tesco and Lidl. The cost of the weekly shop was going up steeply (almost doubling in one case). (**See also below – Food and healthy eating**).

It is fair to assume that as inflation and energy costs continues to rise this will be an increasing concern for people, with correspondingly negative impacts on mental health, particularly as winter comes closer.

Physical and mental health

Researchers did not specifically ask residents to talk about any health issues. However, a large proportion of those spoken to made ready, unprompted reference to such matters, with a **high proportion suffering from often significant health issues**.

There was also a **readiness to discuss mental health**, which often combined with a commonly expressed view that personal mental health and that of friends and family (the community in general) had been negatively affected by the pandemic and has not recovered. Generally, respondents across all age ranges **would welcome (some very much so) new or additional initiatives to support health and wellbeing, particularly those with a mental health focus**.

The focus group held with young people was similarly candid. **Mental and physical health was described in different ways across a range of indicators from good to poor**. Some felt very healthy and some much less so, particularly in relation to mental health. In terms of what being healthy means to young people, different factors were mentioned, including being active; sleeping well; eating well and being without illness. There was also mentioned of suffering with stress and struggling to deal with it. Many also smoked or vaped.

When it came to dealing with **difficult emotions** (things like low mood, worry, anger, stress, sadness, fear, jealousy, feeling anxious), a **range of responses were given by young people**. Being active was one of the more popular ((exercise in general, sport, running riding my bike), while others mentioned gaming, chatting to friends or being creative (mindful colouring book)) or not doing anything (proactive). To **deal with difficult emotions, young people talked to a range of others**, from friends, girl and boyfriends and family to counsellors, youth workers and GPs. One person said they had used Childline in the past.

Access to health and leisure

The distance and difficulty in accessing leisure services, especially the White Horse Leisure Centre, was referred to, the point being made that you meet people who have never been swimming because it is too far away and they can't drive, or it is logistically difficult because you can only supervise a certain number of children at the one time.

The difficulty in getting a health appointment was also commonly mentioned: *'you can't see a doctor for love nor money. All the services are online, my parents are 92 and don't have a clue about that!'*

The impacts of COVID-19

While some people expressed the opinion that they were not too negatively affected by the pandemic, **most respondents noted feeling worried, anxious and/ or isolated**. Some felt that this anxiety continues to affect them. Those with children referred to the difficulties of home-schooling, especially when juggling employment.

There was generally expressed opinion that there **is lingering anxiety in the community** as a result of the pandemic, and that it had exacerbated isolation and had a negative impact on mental health problems.

For young people, in terms of the impact of the pandemic on mental health and wellbeing a range of opinions was offered, from the slightly positive, with some enjoying the space and being at home to the strongly negative, which was mostly linked to disruption of education.

Again, these experiences reinforce the need (and desire for) more mental health initiatives and proposals in the community, as described above.

In addition, it was felt there would be **value in reflecting on community-based activity during the pandemic**.

Food and healthy eating

There were a mix of responses to this question, directly related to personal situations (such as age, whether someone lives alone or has children, or if someone is able to get to a supermarket outside Caldecott).

Some felt they were quite happy that they were eating healthily and made an effort to do so (this was a particularly common theme among those with health issues), while others recognised they could be eating better. Other mention was made about the diet of young people, which *'isn't great and is showing in their teeth and general health.'*

As noted above, **a lack of shops, the cost of food in the local shop, and its quality was a strong theme.** As a result, people generally shopped outside the area, at the Coop in town or the Tesco. With mobility issues, this leads to access problems, with some saying they rely on others to take them to the supermarket or do their shopping online. There is a bus but you can only carry so much if you take the bus. You can walk but it takes a long time. There is a cut-through but it is flooded in winter and along the main roads there are some tricky crossings, especially if you have vision issues.

There was also concern raised that as petrol prices increase people may **use their cars less, exacerbating issues of difficulty in accessing healthier, cheaper food.** Given this situation, it was suggested that having space to grow vegetables and **participate in a project where the community can enjoy the benefits of locally produced affordable produce** will encourage healthy diets

It was also noted that it is **difficult to access the community larder since it moved from the children's centre to a location in the town centre.** These problems are increased if, for example, you have to take a toddler (push a pram), carry the food back, and also get back in time to pick other children up from primary school in Caldecott.

Comment was made that **more empathy is needed around the healthy eating issue**, you need to *'walk in people's shoes'*: when people have complex and often chaotic lives, perhaps trying to hold down multiple jobs and have children, then it can be an issue trying to find time to cook. In that situation it can be simply easier to heat up a pizza or a few ready meals (which can often be bought very cheap at the supermarket). Given this situation, offering cooking courses, for example, to people with already complex family lives, as a way to help people develop better habits, might not necessarily be successful.

Concern was also expressed about **generally poor education around food and nutrition**, as well as a sense that a **wider culture change is needed but that takes time and consistent messaging** - lecturing or judging people is counter-productive.

It was also observed that it is often when you are weaning children that you become more aware of the need to eat healthily, so there may be mileage in exploring the issue with the Family Centre in more detail.

Recommendations and Next Steps

Recommendations from the Community Insight Report (extracted from the community insight report)

Local strengths and assets that support and enable health and wellbeing

Recommendation	Rationale
Young people	
Additional Insight work with young people	To build connections, deepen trust and discuss initiatives that could better meet young people's self-identified needs.
The local environment	
Local environment improvement discussion	Bring together key stakeholders (Town Council, Vale DC, Sovereign HA and community groups) to collectively discuss: new bins; improved management of verges and trees etc.; better management of playparks; litter etc.
Local identity	
A community (oral) history project	The research noted a real willingness for local people to talk about their lives and the local community. There may be an opportunity for a locally-led project to celebrate local experiences and deepen a sense of positive identity.
A range of recommendations relating to community organisations is set out in the section below: Challenges to health and wellbeing, and improvements needed.	

Challenges to health and wellbeing, and improvements needed

Recommendation	Rationale
Improving project design and partnership working	
Develop the South Abingdon Partners Group (SAP)	<p>The Sovereign Housing Association-facilitated SAP is the interface of community and agency working in South Abingdon. Ideas to develop the group to facilitate improved health and wellbeing outcome could include:</p> <ul style="list-style-type: none"> - The development of a 'SAP Group Plan' to discuss and develop: group sustainability; (collective) initiatives related to key locally-identified concerns; networks between community groups and other agencies; collective training priorities (safeguarding, volunteer support); coordinated publicity strategies for community-based projects etc. <p>This group plan could relate to and reflect the</p>

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	<p><i>Community Development and Funding Summit</i>, see below.</p> <ul style="list-style-type: none"> - Identification of a ‘Community Lead’ from a volunteer-led, Caldecott-based organisation to facilitate improved connections between local groups (volunteer-led or otherwise). A financial contribution would be sought from agency partners to cover time spent in this role, which could also include moderation of the community Facebook page (see below) and project management of identified community development initiatives. - Identification of a ‘core group’ of Caldecott-based volunteer organisations to provide the local intelligence and advice on how best to embed new projects and link with specific local ‘gatherers’ to improve project engagement. - Identification of a ‘South Abingdon champion’ within the District Council (an elected member) to sit on the SAP group and facilitate better engagement with the SAP from council officers and raise the profile of the area.
A commitment to genuine coproduction from external agencies	<p>Those seeking to engage with/ work in South Abingdon would be expected to make the SAP group their first port of call to discuss any locally-based initiative.</p> <p>This would improve project design and, thus, likelihood of success by providing community intelligence and input and developing bespoke, community-led strategies to connect with the necessary ‘gatherers’ to embed a project within the community.</p>
A South Abingdon community development and funding summit	<p>A meeting to bring together community-based (volunteer or otherwise) groups, agencies, and services active within South Abingdon and funders supporting (or which could support) community-led activity to explore:</p> <ul style="list-style-type: none"> - The findings of the Insight Research - Local community development priorities - Bigger ticket community development innovation: such as a community development worker for the area to support existing groups - Funding challenges of local groups - More locally-responsive project targets and aims (more fluidity) - The local application of funding innovations from

	<p>elsewhere</p> <ul style="list-style-type: none"> - Coproduction expectations in project design and feedback processes to best achieve community-led projects
Potential community action projects Project ideas set out below are those suggested from community research. These would need to be discussed within community networks (such as the South Abingdon Partners Group) and subsequently developed via genuine and bespoke co-production (community-led).	
Pavement health routes	Liaise via key partners (esp. Public Health, County and District Councils) the creation of health routes in Caldecott - the aim being to increase physical activity amongst local residents.
Family fun activities	These would be premised on getting families and young people out of the house during school holidays, particularly those who struggle to afford leisure opportunities or go on holiday.
A volunteer network	Coordination between partners to facilitate routes to volunteering, identify and publicise volunteer opportunities, and develop joint training sessions (see also Communication).
Communication	
A new 'South Abingdon Community' Facebook page	<p>Rename the FB page recently developed by Inspiring Minds: Caldecott ward residents well-being and community group. This would improve the visibility of community projects and activities, provide a volunteering route for residents, and provide links to other services and support etc. as identified via the information sharing remit of the South Abingdon Partners Group.</p> <p>A 'moderator' would be needed for this – this individual could be recruited from within the SAP group.</p>
A 'Celebration of Caldecott'	A community day (perhaps based at Preston Road CC), where community groups could have stalls and talk to the community about their work. A social gathering to celebrate community and develop connections and build links to potential volunteering opportunities. Material on the findings of the Insight research would also be available.
Community Buildings	

Improving opportunities for the potential provision of community assets	A commitment by institutional landowners in the local area (e.g. housing associations, local councils) to make the community aware in a timely manner of development opportunities of buildings and other community spaces, which may offer opportunities to provide new community assets. Where potential opportunities are identified, a commitment by Vale District Council to support a community group/s through the Assets of Community Value process.
Investigate use of local real estate for community purposes	A discussion with the owner of the Reynolds Way retail units to investigate the possibility of community usage (e.g. community health outreach, community Hub).

The impacts of COVID-19

Recommendation	Rationale
Learning lessons and building local resilience meeting	<p>During Covid, street volunteers were recruited to coordinate hyper-local support for vulnerable people.</p> <p>A meeting of those street volunteers and locally-rooted organisations and agencies could reflect on lessons learned in order to improve preparedness should a similar situation occur in the future.</p> <p>This meeting could also contribute to improved community resiliency more generally, by deepening and widening community networks and helping contribute to the creation of a volunteer network.</p>

Food and healthy eating

Recommendation	Rationale
<p>Project ideas set out below are those suggested from community research.</p> <p>These would need to be discussed within community networks (such as the South Abingdon Partners Group) and subsequently developed via genuine and bespoke co-production (community-led).</p>	
Learn to cook sessions	<p>These could extend existing sessions run by Inspiring Minds and/ or seek to develop new opportunities, in partnership with local schools and youth groups.</p> <p>These could be combined with a community lunch, to widen community and intergenerational connections.</p>

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Community food project	To grow (community allotment) and share food and promote better habits around diet and healthy eating.
Bus to Lidl and Tesco	Investigation into the possibility of a local bus service (liaison with County Council and local bus providers).

Additional Recommendations from the Steering Group

After receiving the findings from the community insight project, workshops were held with members of the Steering Group to discuss these findings, as well as considering the quantitative data indicators. The Steering Group offered possible solutions to take forward the resident suggestions and connected different agencies which might be able to collaborate to address some of the challenges. These discussions led to the identification of high-level recommendations to address some of the challenges identified by residents and were based on the resident's suggestions of what they would like to happen in the Abingdon Caldecott. **Following the publication of this profile, the Steering Group plan to collaborate with wider partners, organisations, and stakeholders to write a detailed and specific action plan with objectives. This action plan will capture what should be achieved, how this will happen and by whom.**

Some of the recommendations outlined below will be achieved in the shorter term and categorised as quick wins. Whereas others are longer term recommendations which require more time and structural change to deliver.

Theme	Recommendation
Healthy eating	<p>Expand and strengthen community food networks, including working with SOFEA, to empower residents to enjoy food and explore opportunities to establish a larder in the Caldecott ward.</p> <p>Work with the Vale of White Horse District Council to explore how funding opportunities (for example the Household Support Fund) can be used to implement impactful projects for healthy eating including possible opportunities for community food projects and cooking classes.</p> <p>Identify existing assets in and around the Caldecott area for the provision of healthy eating projects, with a consideration of improving access to nearby facilities.</p>
Bus/transport access for food	Explore opportunities to install transport systems between Caldecott and local supermarkets to improve access for fresh, affordable food.
Local Councillor Champion	Build on existing connections with local Councillors to promote the findings of the

	community engagement work and to identify a champion to assist in taking forward the recommendations.
Approaches to community development	<p>Support the community to adopt sustainable projects and to use a bottom-up approach to community development by offering community listening activities.</p> <p>Adopt an asset-based community development model to widen existing activities which are successful in the area.</p>
Development of a central place for community activity	<p>As part of the evaluation of its membership, investigate the development of the existing South Abingdon Partners Group as a core interface for achieving the community's combined objectives including:</p> <ul style="list-style-type: none"> • A subgroup to oversee the delivery of the recommendations from the community profile • A community connector role to further engage with residents on community assets and needs • Connecting with other agencies, such as the Town Council to work in partnership and to fund projects through co-production • Ensuring that the work is truly driven by residents, adopting a bottom-up, asset-based approach and gaining perspectives from representatives across Caldecott
Sharing the findings to influence the system/other agencies/policies	<p>Raise awareness of the findings of the profile with decision makers and funders to bring the community voice to the strategic voice.</p> <p>Engage with and share the findings with the Abingdon Town Council so that the insight gained can help support the development of the Abingdon Neighbourhood Plan.</p>
Built Environment and Active Travel	Connect with existing funding streams and opportunities for projects to support active travel in Abingdon Caldecott.
Community buildings	Explore the establishment of a communication pathway between the building and land

	owners and the Caldecott community for the potential sale of local infrastructure which could be purchased by the community.
Young people	<p>Build on existing connections with young people to further explore their needs, while ensuring join up with ongoing engagement work with the Abingdon Town Council.</p> <p>Explore opportunities to develop infrastructure for young people to use (gathering places, shelters).</p>
Celebration of Caldecott event	<p>Hold a celebration of Caldecott event to demonstrate the findings of the report as well as highlighting the assets of Abingdon Caldecott. Explore how a participatory budgeting exercise could be included as part of the event.</p> <p>Utilise the event to begin exploration of a community history project of Abingdon Caldecott.</p>
Communication	Identify new and creative ways to communicate what's happening in Abingdon Caldecott, with a consideration for digital exclusion.

Conclusion

It is clear from the findings of this profile that there are a series of assets identified by residents as being important in the Caldecott ward for supporting their health and wellbeing. However, there are also a number of challenges which can be addressed to enable residents to lead healthier, longer lives and to tackle health inequalities. This profile provides an overview of what the data tells us about Abingdon Caldecott as well as the resident voice of what matters to the local community. The recommendations in this profile highlight the next steps which need to be adopted in order to address some of the needs and challenges identified by residents and it will be essential that these are shared across wider stakeholders to truly address the health inequalities experienced by Abingdon Caldecott residents.

More Information

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) provides information about Oxfordshire's population and the factors affecting health, wellbeing, and social care needs. [Joint Strategic Needs Assessment | Oxfordshire Insight](#)

Abingdon Settlement Profile

Profile which focuses on Oxfordshire's larger communities and provide information on population, health and wellbeing, health inequalities, deprivation, and house prices. [Places | Oxfordshire Insight](#)

Local Health is a collection of quality assured health information presented for small geographical areas. Local Health contains indicators related to:

- Population and demographic factors
- Wider determinants of health
- Health outcomes

It presents data for middle super output areas (MSOA), electoral wards, clinical commissioning groups (CCG), local authorities, and England as a whole. [Local Health - OHID \(phe.org.uk\)](#)

Quality Outcomes Framework

The Quality Outcomes Framework contains indicators calculated for GP practices in key areas of clinical care and public health. Includes recorded disease prevalence, achievement rates and personalised care adjustment data. [Quality and Outcomes Framework - NHS Digital](#)