GRIMSBURY AND HIGHTOWN COMMUNITY INSIGHT PROJECT

REPORT

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Foreword

During November 2022 to January 2023 Community First Oxfordshire conducted a community insight deep dive across three Banbury Wards: Grimsbury & Hightown, Cross & Neithrop and Ruscote.

This work is part of a wider community profile project by Oxfordshire County Council Public Health working with the District Councils and local communities across ten areas. These areas experience health inequalities and are at risk of poor health. Three of these areas are in Banbury.

Oxfordshire is generally perceived as a prosperous county. But there are areas which need particular support. These areas have strong communities.

The profiles are designed to capture and understand the knowledge in these communities to better inform, with that community input, how to improve health, well-being and aspiration, including our relationship with food and healthy eating.

These reports have been prepared based on community involvement through a combination of focus groups, individual interviews and community surveys with the support of community groups, organisations and
agencies.

The reports will help Cherwell District Council, Oxfordshire County Council, and others to plan for better outcomes based on the fact base and local community feedback.

A big thank you to everyone who has helped to prepare these reports. More work must follow to leverage the insights and also keep using the ways of working together that have developed through this project to tackle the challenge of health inequalities.

Phil Chapman

March 2023

Executive Member, Healthy Communities, Cherwell District Council

1.1 Executive summary

In October 2022, Community First Oxfordshire was commissioned by Cherwell District Council to undertake community insight research in the Grimsbury and Hightown ward in Banbury.

This research was part of the wider work by Oxfordshire County Council Public Health to develop Community Profiles for ten areas across Oxfordshire that are most at risk of poor health, or experience health inequalities. Three of these areas are in Banbury.

The aim of the insight gathering , explored in this report was to capture the opinions of the community in relation to: local strengths and assets that support and enable health and wellbeing; challenges to health and wellbeing and what would help to address these; the impacts of COVID-19 and; access to food and healthy eating.

The views and experiences collected are intended to help develop a better understanding of what local people think about health and wellbeing and how it can be improved. This will inform the development of the Community Profile for Grimsbury and Hightown and help Cherwell District Council, Oxfordshire County Council and others to plan better for the future and develop services and projects to improve provision.

1.1.1 Research

The project took place from November 2022 - January 2023. A mapping exercise was undertaken at the outset to identify key community-based and non-community-based groups, organisations and agencies which have (or had) been active in the area since 2010.

Key individuals were identified, and contact made to introduce the project aims and build relationships. Using these community contacts, an engagement strategy was developed which combined focus groups, one-to-one interviews, and a community survey. In this way, **240 people were reached**, across a broad demographic range.

1.1.2 Summary of Findings

A range of local assets to support health and wellbeing were identified, from green and open spaces to local shops and services, community spaces, community groups running a wide range of activities and external-based institutions active locally.

For residents, green spaces and parks were highly used and valued assets, where people enjoyed walking and socialising. There are some improvements that would be welcomed with regards to green spaces and parks, such as; addressing litter, the state of facilities, and the development of local walks. The Location of Banbury, Grimsbury and hightown was seen by many as a benefit, with the proximity to town centre shops and services frequently mentioned. Many, however, had issues accessing health care, giving rise to anxiety.

It is clear that many residents value the groups and activities available to them locally; as well as the community venues (such as the Grimsbury Community Centre and religious settings), where these activities are hosted/facilitated. Various non-Grimsbury and Hightown-based organisations (e.g. charities or agencies) are also locally prominent and valued for the support (and funding they provide). Collectively, there is a range of much-needed support available in relation to social interaction and health and wellbeing. A number of successful initiatives have been rolled-out over recent years (with many ongoing). Local community networks are well-developed and there is a strong sense of a commitment to improvement across the long term.

That said, there was a generalised lack of awareness in the *wider community* about what is available locally in terms of groups, organisations, and support. Significant numbers of residents do not know where to get information about what is happening locally and do not feel listened too. This is widely acknowledged, there being a sense across the board that communication within the community needs to improve in order to reach more people. Additionally, while most felt safe in the community and a sense of positive identification and neighbourliness was generally expressed, significant minorities do *not* feel part of the community.

A range of health and wellbeing challenges were raised. Mental health was a common concern and there was a generalised perception that COVID-19 has contributed (negatively) to already existing mental health concerns. The cost of living is also contributing to stress and anxiety. There was a strong sense that the community could benefit from mental health initiatives and support. Also, while researchers were unable to arrange focus groups with children and young people directly, comments from parents and those engaged in youth work strongly advocated for more support for young people, with a range of issues mentioned, including mental health and bullying.

Another prominent theme of the research is that locally-based groups and organisations are struggling with resources. Funding is an ongoing problem and the volunteer pipeline for many is drying up (exacerbated by COVID-19). A sense of frustration was generally expressed – given that there is a clear and growing need for services and support, more people could be reached if more resources were available. Organisations *want* to do more and what they do is *valued* by those accessing it – but further development is being limited by a lack of capacity. Innovation in the type of funding being offered should also be considered - more focus on core as opposed to (or in addition to) project funding could permit organisations to more creatively deploy their resources and contribute to longer-term financial sustainability.

There are other improvements which could help in terms of capacity and resourcing. Partnership working and networking, while very good, can be improved. There may be opportunities to develop theme-based working groups to address common issues, develop joint-funding bids, provide peer-to-peer support, share capacity, and achieve other economies of scale (joint-training, for example). However, these networking initiatives take time and resource, which – as noted above – is already at a premium.

Such discussions may also have value in relation to Grimsbury's physical assets (such as the Mosque and Community Centre). These venues are very well used and operating at near-maximum capacity. The Grimsbury Network could be a useful forum to explore common pressures and potential solutions regarding demand and availability of community spaces. This network could work collaboratively to improve use of under-utilised spaces within and between wards.

Finally, there was *extensive overlap* in the findings of this research and the findings of a similar project which CFO undertook in Ruscote and Neithrop. Therefore, it makes sense that any initiatives that follow from the recommendations are developed cross-ward but also rolled-out using the hyper-local networks that exist in the different wards, making use of community groups experiences as to what works 'in their patch'.

1.1.3 Recommendations

A range of ideas were put forward regarding specific projects to meet challenges and improve health and wellbeing, and these are reflected in the recommendations. These are not intended as ready-made or off-the shelf solutions. They should be further explored using the excellent existing local networks.

A summary is offered here, clustered by theme:

PUBLIC REALM

- Local environment improvement discussion
- Improve lighting in certain areas

COMMUNITY, COMMUNICATION, AND INTEGRATION

- Develop a community-wide communication strategy
- Run language classes for speakers of English as a second language
- Develop a programme of whole-community events

COMMUNITY ACTION: INNOVATION AND RESILIENCY

- Funding and bid-writing support
- Improve joint-working and networking
- A (North) Banbury Volunteer Drive

COMMUNITY ACTION: MEETING LOCALLY IDENTIFIED NEEDS

- Additional support for young people
- Community-based mental health initiatives
- Fund additional (or extend) sessions which already offer peer-to peer support
- Explore food-based initiatives
- Produce a map of foodbanks
- Introduce community-based Life Skills sessions

1.2 Acknowledgements

CFO would like to offer its sincere thanks to the residents of Grimsbury and Hightown who readily, and often enthusiastically, gave their time to talk so openly to our researchers. Our thanks are also due to officers at Cherwell District Council and local councillors for helping open so many community doors. Your time was very much appreciated.

2 Introduction

Working with steering groups made up of community partners, Cherwell District Council has been commissioned to project manage the development of community profiles for three wards in Banbury where residents are most at risk of poor health, or experience health inequalities. This report covers one of those areas – Grimsbury and Hightown.

This profile has been produced alongside a summary of Data relating to the Banbury and Grimsbury area, including facts and figures which demonstrate how the area compares to the rest of Oxfordshire and the England average on a range of indicators measuring health and wellbeing (available online). This profile will also be informed by what residents of Grimsbury and Hightown think about what it means to live in the area and their opinions and observations with regard to health and wellbeing.

Community First Oxfordshire (CFO) has been asked to help with the community insight gathering for the Grimsbury and Hightown profile. This will enable a better understanding of the health outcomes for people living in the area and the factors which influence these health outcomes.

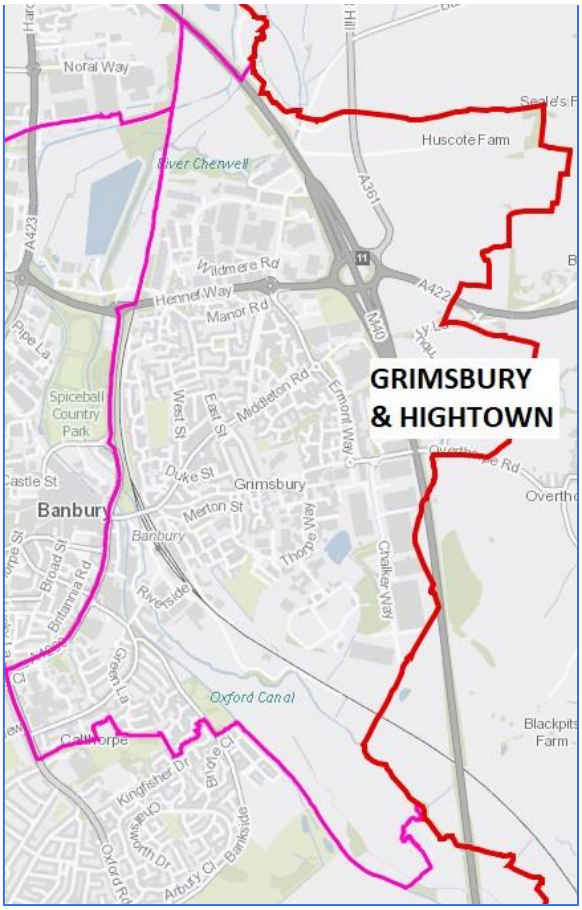
Specifically, CFO was asked to:

- Produce a brief overview of the history of the area.
- Gather the experiences and voices of residents from all age groups, representing the range of communities in the area.
- Collect qualitative data to capture the opinions of the community in relation to: the local strengths and assets that support and enable health and wellbeing; challenges to health and wellbeing and what would help to address these; the impacts of COVID-19 and; access to food and healthy eating.
- Collect stories of people's experiences of living in the area, with particular regard to health and wellbeing and healthy eating.
- Gather insight on the views of the four topics identified above, from local organisations who work with the residents of Grimsbury and Hightown.
- Provide recommendations for further insight needed and/ or actions to take forward from the findings.

2.1 Grimsbury and Hightown - the community

2.1.1 Location and history[1]

Figure 1 Map of Grimsbury and Hightown ward



Grimsbury is located in north Banbury. It is bordered to the west by Neithrop ward, to the north and east by Chacombe and Middleton Cheney parishes (South Northamptonshire) and to the south by Calthorpe ward. The M40 motorway and Oxford Canal run through Grimsbury, and the Banbury train station is located in the ward.

The then Grimsbury and Castle ward had a population of just under 1100 in 2011 (ONS). The largest ethnic groups (ONS: 2011) were white (83.2%) and Asian/ Asian British (11.3%).

Grimsbury was established in the sixth century and *'for centuries was a hamlet separate from Banbury on the east side of the River Cherwell.'* The village was gradually subsumed into Banbury by a gradual process of industrialisation in the town, which brought, for example, the Britannia and Cherwell works to the area, followed by the railway.

As well as new housing, new public buildings were built in the nineteenth century, including churches, chapels, schools, and a workhouse. At the same time, Grimsbury emerged as a working-class suburb. Further industrialisation between 1881 and 1930 led to more *'working-class houses [being] built at the south end of Britannia Road and the area to the east, and also in Old Grimsbury Road and Gibbs*

[1] Main source: Colvin *et al* (1972): *A History of the County of Oxford: Volume 10, Banbury Hundred*. Available at: https://www.british-history.ac.uk/vch/oxon/vol10/pp18-28

Road in Grimsbury, and rather larger houses were built in the Marlborough Road area and in Bath Road, Kings Road, Park Road, and Queen Street in Neithrop.'

The Banbury population declined slightly due to economic stagnation in the early part of the twentieth century then increased once more in the 1930s as *'the town's economy became more diversified and less closely linked with the surrounding countryside and towns'* (the Banbury Aluminium Works opened in 1931, for example). This led to new houses being built by both the local council and private developers. In Grimsbury, 300 homes were built after 1945 in the areas of Grimsbury Square, Fergusson Road, Howard Street, School View, and Edward Street*: 'to the north of Grimsbury Square is the 1945–55 area referred to as New Grimsbury. South of it is the old town of "Old Grimsbury" built prior to 1930. It was expanded in both the late 1950s and early 1960s with a mixture of working-class and middle-class homes,'* with some later development to the north in 2010 onwards. Today, the main registered provider of housing in the ward is Sanctuary Housing.

Urbanisation accelerated across Banbury in the post-World War Two period. As well as new housing developments on the western areas of the town and in Grimsbury (site of the old brickworks), new industrial estates were built as well as large shops in the town centre and a bus station. Commercial development also continued. From the 1960s the General Foods (Kraft Foods) factory became a significant local employer, as did The Castle shopping centre, which opened in 1977. Most recently, several large industrial and distribution sites have been developed adjacent to the M40 motorway in the Grimsbury ward.

As a significant regional industrial, commercial and employment centre, waves of immigration have increased the ethnic diversity of Banbury, whether it be Welsh immigrants arriving in the earlier part of the twentieth century, those of South Asian heritage in the post-World War Two period (Ruscote and Grimsbury have significant South Asian communities) or those of Eastern European heritage more recently.

2.1.2 Shops, services, and leisure – a brief overview

Appendix 1 sets out distances[2] and public transport accessibility to main shops, services (such as GPs and dentists), green spaces, and play and recreation areas.

With regards to local shops and services, there have been many changes over the years and periods of growth and decline. Banbury, in recent decades, has suffered like many other places from the 'decline of the high street', with many shops and businesses closing in recent years, a situation exacerbated by the 2008 banking crisis, subsequent recession and austerity policies. Nevertheless, the town continues to be a focal point for housing, economic development, and regeneration in the district of Cherwell.

There is a major shopping centre at Castle Quay, just across the western ward border. Grimsbury has two pubs, several fast-food outlets, cafes, restaurants, and smaller supermarkets such as; Tesco Express, Co-op and Londis. Morrisons supermarket is located in the south-east of the ward, with other supermarkets such as Aldi, Lidl and Waitrose located in Neithrop, further east. In recent years, the council developed Lock 29, which is a space for individual stalls, and a food and drinks hall. It is part of the canal development with The Light (which includes a cinema, restaurants, and other activities).

There are several play areas in the ward, with the Spiceball Leisure centre just across the western ward border in Neithrop. In addition, the Grimsbury Community Centre hosts and runs several community

[2] These are calculated from a mid-point in the ward - the centre of Middleton Road.

groups, organisations, and services, as do local places of worship (see Appendix 2), including Banbury Mosque.

2.1.3 Community action, projects, and initiatives - 2010 to present

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 local activity in recent years. The table below summarises the range of organisations and assets which have been involved in local and community-based activity since 2010 (Whether as organisers, active participants, facilitators, hosts etc.). The categories set out below are broad – in particular, it is recognised that there is often overlap in the function and organisation of volunteer-led and non-volunteer-led groups.

A detailed overview of current groups, organisations, partnerships etc. supporting health and wellbeing and an overview of community-based activity and initiatives can be found in appendices 2 and 3 respectively. **Some of these are based in Grimsbury and Hightown while some are based elsewhere but offer support and services in the area**.

Table 1 Groups and organisations active/ supporting residents and offering services in Grimsbury and Hightown since 2010

Grimsbury and Hightown-based volunteer-led groups	Toddler Sensory Play
	Phonics Classes
	Grimsbury Community Centre
Grimsbury and Hightown-based organisations	Al Medina 313
	Banbury Mosque
	East Street Early Years
	Grimsbury Methodist Church
	St Leonard's Church
	St Leonard's Church of England Primary School
	Dashwood Banbury Academy
Non-Grimsbury and Hightown-based organisations (volunteer or non-volunteer led)	Homestart
	Citizen's Advice North Oxfordshire
	Age Friendly Banbury
	Age UK
	My Vision Oxfordshire
	Banbury Community Action Group (the Bridge Street Community Garden is based in the ward)
	Royal Voluntary Service
	Dementia Active Banbury
	Nostalgia Café (Dementia Oxfordshire and Age UK)
	Oxfordshire Play Association
	Sanctuary Housing
	Cherwell District Council
	Oxfordshire County Council
	Banbury Town Council
	Banbury Young Homeless Project
	Standing in the Gap
	Muddy Feet Forest School
	The Lunchbox Project
	Local Larder
	Breadline Project

These organisations have been involved in a wide range of specific activities and projects, which have focused on multiple themes. These include (the list is not exhaustive): community resilience, activities to support socialising, mental and physical health and wellbeing, cost of living and food poverty (I.e. warm spaces, foodbanks, community larders), healthy eating, parent and family support, education, support for young people, cultural integration, and holiday activities for children.

A summary of these activities since 2010, historic and ongoing, is given in the table below (the list is not exhaustive). Again, these categories are broad, and it is recognised that there is often overlap in the function and organisation of volunteer-led and non-volunteer-led groups.

More detail about the activities undertaken (historically and currently) can be found at appendices 2 and 3. Some of these activities are specific to the area and others are offered locally as part of wider projects.

Table 2 Types of community-based activity and projects since 2010

Volunteer-led projects/activity	
WHAT	**ACTIVITY/ THEMATIC FOCUS**
Toddler Sensory Play	Parent, child, and family support
Phonics Classes	Educational support; Parent, child, and family support
Grimsbury Community Centre	Hosts/ supports/ runs multiple groups and activities
Non-volunteer-led projects/activity	
WHAT	**ACTIVITY/ THEMATIC FOCUS**
Local places of worship	Activity/ support includes socialising sessions, spiritual support, foodbanks/ community larders
Partnership projects	
WHAT	**ACTIVITY/ THEMATIC FOCUS**
Brighter Futures in Banbury	Community resilience, strength and cohesion
Grimsbury community network	Community resilience, strength and cohesion
Play:Full	Holiday hunger
Youth Activators	Physical and mental health (young people)
Winter Warmers Soup Project	Food poverty/ healthy eating
Health and Wellbeing Walks	Physical and mental health
Banbury Healthy Cooking Skills project	Healthy eating
Move Together	Physical and mental health
You Move	Low-cost activities for families
Let's Play	Support for young people
COMPLETED PROJECTS	
Active Reach Project	Health and wellbeing
Press Red Healthy Eating research	Healthy eating research
Fast (Families Active, Sporting Together)	Health and wellbeing

3 Community Insight Research

3.1 Methodology

The community mapping work, which has been summarised above, set out the groups and organisations, active in the Grimsbury area; with which the Insight programme needed to engage in order to comprehensively to explore the research aims as set out in the introduction of this report.

These groups and organisations were contacted in order to make introductions to the project and build relationships. Huge thanks are due in particular to Park Road Mosque and Grimsbury Community Centre for their trust, help, and efforts in talking to local residents, introducing the project, and establishing consent for the CFO team to come along to community sessions and events to talk to people.

Different methodologies were utilised in order to capture opinions from both residents and organisations:

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, going through the questions and taking notes. For community-based organisations, interviews with key representatives were conducted either face to face or, where this was not possible, via email.

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

2. ***Personal stories (case studies)***

   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***

   Focus group 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 allowed the discussion to *'go where people wanted it to go'.*

   Quotes gathered from one-to-one interviews, personal stories and focus groups are presented throughout this report within text boxes. Quotes and personal stories have been edited to aid readability and to remove any information that could be used to identify the respondent.

   A list of questions was drafted by CFO and agreed with the steering group (see appendix 4). Where researchers were able, and where it felt natural, guided conversation with respondents 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.

4. ***Community survey***

The primary focus of the research was to gather qualitative data from local residents and thoes working/ volunteering in the community.

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 and project partners Cherwell District Council and Oxfordshire County Council public health designed a community survey (hard copy and online- Survey Monkey), which was signed off by the steering group (see appendix 5). The survey was widely disseminated (primarily via a weblink), using the multiple local networks identified during mapping.

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.

3.2 Research findings

This section summarises key themes identified during the research gathering , in relation to different methodologies and the questions asked. Non-attributable quotes from these sessions and anonymised case studies have been used to illustrate many of the points made and opinions shared.

3.2.1 Resident one-to-one interviews

24 residents were consulted in a range of settings, as summarised below:

Table 3 Number of residents consulted in one-to-one interviews

Setting	Number of residents consulted
Community Fridge	2
Grimsbury Community Centre	6
Wellbeing walk	2
East Close common room	7
Individuals (various locations)	7
TOTAL	**24**

Interviewees were generally quite willing to talk to researchers. In addition, many people (across a wide age range) chose to go into 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.

3.2.1.1 Summary of key themes

Research question	Main themes	No. of references
What do you value as a community?	Sense of community	14
	Location – close to town	4
	Location – close to green spaces/ parks/ reservoir	73
	Good local shops and services	3
	Places of worship	2
	Multicultural	1
	A safe place	1
	The community garden	1

'Very well-defined area, very local feel. Old people see it as very separate from Banbury, and they "belong" to Grimsbury. Last 10 years have seen more from the newer end of the area integrating more. Plenty of things to do for different age groups. People are very friendly on the streets. In the older, poorer parts people are very friendly. The newer areas are commuters.'

'People are friendly. The Retail Park and Banbury town are walking distance, there are good local shops with lots of choice.'

'This community has a great mix of different nationalities and I love it. Not just the usual white middle class, but all kinds of people. There are great green spaces here, and it's easy to get to Spiceball Park and The Reservoir by walking.'

What do you do, to keep healthy, mentally, physically, emotionally, and spiritually?	Walking	12
	Go to places of worship	6
	Go to community groups/ activities	6
	Exercise, including classes	5
	Reading	4
	Socialising	3
	Internet	1
	Gardening	1

'I come to activities at the Community Centre in Burchester Place, I get out and about, and in the good weather I walk a lot.'

'The [East Street] community room has lots of things going on - Boccia, coffee mornings [and the] church group on a Sunday is really good. People to talk to and share your problems.'

What kinds of things are most challenging for you living in Grimsbury and Hightown that impact on health and wellbeing?	Litter (including broken glass and dog mess)	6
	Lack of adult education classes	4
	Poor parking	4
	Poor pavements/ roads	4
	Digital exclusion (can't access/ afford broadband)	2
	Poor quality housing	2
	Traffic	2
	Lack of public transport	1
	Cost of living	1
	Limited local shops and services	1
	Anti-social behaviour (including drugs and alcohol)	1

'Lack of adult education classes - that used to be wonderful before the East Street centre became a children's centre. Lack of transport. Have to get the bus to the station and then other buses to get anywhere. Exercise classes are either too expensive or not resourced so close after a few weeks.'

''There's very little parking available and people who use East Street Centre park in our close so we cannot park near our homes. We have limited mobility and need to park outside our homes - that's why we live here. We don't have internet and wouldn't know how to use it.'

'There's so much dog mess on the pavements! It's really hard to try and keep the kids out of it, People also park over pavements and dropped kerbs so I have to go into the road with the children and the buggy, which is not safe. There's a lot of broken glass as well.'

Do you feel safe in the community?	Yes	9
	Yes- generally	5

'Absolutely. There is very little trouble even though we live on West Street that had a bad reputation. People are great here. Most of the trouble that happens is people coming in from elsewhere.'

'I feel safe but not in South Street in the evenings - there's lots of drug dealers there so I don't go anywhere near it.

'Yes [but] I don't like the drinkers who hang around by the benches or in the park. I find them a bit intimidating, but they probably don't mean to be. There seems to be a lot of men around in the daytime. It's low-level anxiety but I do think about what I would do if there was trouble, because of being with small children.'

What local groups, services, organisations, community spaces etc. do you find particularly helpful or useful to your health and wellbeing??	East Close common room	5
	Don't know what's available	4
	Local surgery (and pharmacy)	4
	Community fridge	2
	Local groups and organisations (in general)	2
	Grimsbury Community Centre	2
	Places of worship	2
	Health and wellbeing walks	1
	Manor Fields play area	1
	Spiceball leisure centre	1

'It would be really good to have community noticeboards that actually have information on them about what is going on. We have no idea if anything is happening.'

'I use the Banbury Community Larder, but I have to stay at home with our baby whilst my husband works. I'm not aware of what other groups and services are available.'

'There isn't really anything on this side of town, apart from the GP surgery. I have no idea if anything happens at the Community Centre. There seem to be posters in the windows and on the noticeboards, but not for things I would go to.'

What are the other local strengths/resources that support community health and wellbeing?	Green spaces/ parks/ reservoir	5
	Community spirit/ neighbours	3
	Mosque	2
	Community fridge	2
	Churches	1
	Pepper Pot pub	1
	Grimsbury Fish Bar	1
	Community Garden	1

'The mosque is brilliant! They deliver food parcels, a chap goes round on his bike delivering to old people, the mosque has a community fridge that people can go to and take what they need.'

'The community spirit and passion of the locals and people I go to church with - they are all very supportive.

What helps you and your family maintain healthy habits around food and eating and getting out and about, or what would help you do this?	**WHAT WOULD HELP**	
	Good local shops with a choice of affordable foods	4
	Cooking classes	2
	Better bus services to get to larger (cheaper) supermarkets	2
	More allotments	1
	More people going on health walks	1

'There used to be "cooking on a budget" courses at East Street which were excellent. It would be really helpful to re-instate these somewhere as many young people have no idea how to cook or prepare food. They only know how to use a microwave to heat ready meals. The problem would be when to hold them as so many people work in the daytime and would need childcare for an evening class.'

'More people would benefit if they knew about [health and wellbeing] walks. They absolutely help with mental health. When we're out walking people ask if we're a walking group and are interested in joining. People mostly find out through word of mouth so better advertising would be good. I think doing these kinds of walks encourages people to do other stuff to look after themselves.'

Do you think you and the local community would benefit from additional initiatives to support health and wellbeing?	Multiple ideas: - Cooking classes - Need better publicity - Art classes - Affordable activities for parents - Drop in sessions - Programme of healthy activities - Adult education - Childcare (to allow parents to attend classes)	 5 2 2 2 1 1 1 1

'The council could very usefully use the community centre as a space to curate a programme of healthy activities for all sections of the community. Healthy cooking classes, how to budget, money saving ideas. It needs a proper programme though, not just a couple of weeks then stop.'

'[Need} proper publicity and distribution of paper copies of things saying what is going on. People like to see something in their hand, not only on the internet. Maintain the local noticeboards and remove out of date stuff. Put a new cover on the one at the community centre as you cannot read what is on it! Childcare is also needed to enable people to attend classes.'

Would you be interested in joining with others (perhaps in a community group or project) to work on projects to support health and wellbeing?	Yes	3
	No	14

'I have tried to in the past without much success. No-one is willing to pay to come along to things.'

If I had any spare time I would but I have two pre-school children and I'm exhausted by the evenings would try to.'

What do you think would encourage more local people to create or take part in health and wellbeing initiatives?	Don't know	4
	Better advertising (not just internet-based)	3
	Subsidised/ free activity	1

	Regular, longer-running courses	1
	Activities at different times to catch different groups	1
	Intergenerational activities	1
	Creche	1
	Things need to be very locally-based	1
	Community sport day	1
	Support for those with English as a Second Language	1

'Have regular events or courses that last - not piecemeal bits here and there that are finished by the time you hear about them.'

'Folk haven't got any spare money to spend on their own wellbeing so any events, classes or initiatives need to be subsidised. They also need to be accessible for folks who work fulltime.'

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 (ongoing)	5
	Worried and anxious (ongoing)	5
	Activities/ sessions stopped and haven't restarted	5
	People are worn out by volunteering during the pandemic	1

'Can people in authority try and have a different approach to communities? Be creative, don't just try short bursts of activity and then disappear. Help us to help ourselves and give us ways of getting funding. We have ideas for things we'd like to do, but don't know how to set them up or fund them.'

'Loads of activities had to stop and they mostly haven't come back again. Lack of people to run things I guess.'

'People have got out of the habit of being sociable, after being stuck at home so much. A lot of my neighbours are very worried about going out in case they get ill. It's very sad the way it has made people housebound.'

LOCAL STORIES

'Esme - fifties

Esme has lived in the local area all her life. She doesn't see a lot of people and doesn't do very many activities in the community but likes getting out on wellbeing walks. She feels fortunate to live on the edge of the countryside and because Esme has had lots of traumatic experiences in her life, getting out into nature is very important to her and helps with her mental health. The paths have been improved recently and this makes a difference.

She's keen to get more involved with wellbeing walks and get trained as a walk leader and feels that more people would definitely benefit from these walks if they took part. People mainly find out through word of mouth at the moment so better advertising would be good. It is also difficult to

get men involved, with most people taking part on the walks being women. 'It's a social thing for people' says Esme, 'having a conversation and having a coffee afterwards.'
COVID-19 didn't affect Esme too negatively. She was still able to get out and about on her walks. But she does feel that 'some people were made to feel very scared' but that this fear 'seems to have eased off now'.

In terms of other challenges to health and wellbeing, Esme talked about the amount of traffic being an issue. Also, while she is aware of the rising price of food and energy, she feels that she can cope, saying 'You just have to cut your cloth.'

LOCAL STORIES

'Peter' - eighties

Peter is a long-standing resident. People chat to him on the street and he finds it a very friendly place to live. He thinks there are several things that support community life, including the churches and the mosque, plus St. Leonard's church has a chat space every Saturday morning where you can go if you need to talk to someone. He also thinks there are other people around who he can talk to if he needs support.

Peter was complimentary about the local mosque, which 'is very helpful and gives out food.' He'd like to be able to get into the town centre for the market, but the buses aren't very good and he has mobility issues. He feels the local shops are ok.

Peter lives in a housing association property. His house has some problems with damp and a water leak, but no-one will come and fix these problems and they are affecting his health.

He would like to know what else is going on in the community, but he says the housing association 'never gives us any information about what is going on, so we [residents] just do our own thing,'

In terms of feeling safe in the community, Peter said I would 'feel safer if I ever saw a police officer or a PCSO – you never see any at all!' Peter feels safe on the streets during the day but not in the evening - drug dealers etc.

Peter feels the community would benefit from more projects to support people, including cookery and adult education but that the residents ' need to know when they happen and they need to be long running, not just for 6 weeks and then stop.' Funding is also needed to run things and it is a problem when things close, such as the Labour Club in Banbury – 'once it went that was that.'

Peter was concerned about COVID-19 and some anxiety remains; he still wears a mask when he goes to the shops.

3.2.2 Locally active groups and organisations - one-to-one interviews

Table 4 Locally active groups and organisations one-to-one interviews

Organisation	
Grimsbury and Hightown based	
Grimsbury Community Centre (x 2 workers)	
Long-standing community volunteer (multiple projects)	
Non-Grimsbury and Hightown based (active in community)	
Banbury Young Homeless Project x 2	
Homestart	
Cherwell District Council (x 4 officers)	
Sanctuary Housing	
Citizen's Advice North Oxfordshire	
North Oxfordshire School Sports Partnership	
Banbury Children and Family Centre	
Age Friendly Banbury	
Berkshire, Bucks and Oxfordshire Wildlife Trust (BBOWT)	
Banbury Children and Family Centre	
TOTAL	**17 (individuals)**

Fourteen one-to-one interviews were held with groups and organisations which are (or have been in the recent past) actively engaged in projects in Grimsbury and Hightown. Requests for interviews and questionnaires were sent to multiple others without reply.

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

3.2.2.1 Summary of key themes

Research question	**Main themes**
Which projects, programmes and initiatives focused on (or including Ruscote and Neithrop) has your organisation been involved in (last 10 years)	***See appendix 2 for a detailed overview***
What has been your experience of collaborating with other groups/ charities/ agencies?	Collaboration is good – but could be improved
	Collaboration takes time and resources
	Good local networks
'All have been excellent – supportive and good to work with.'	

'We have a really solid network of partners – we're really fortunate.'

'We know that the best outcomes and successes come from working in partnership and using different strengths and experiences to reach the biggest community audience with joint promotion.'

'Sometimes we struggle to get the stories out of community groups. Often they are just very good at what they do and we want them to keep doing that. Doing an evaluation is outside their comfort zone.'

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?**
	Community led: - Work with people, don't do to them - Projects are based on what local people want - Let ideas and conversations evolve naturally - Residents involved in project design and promotion - Seek feedback and listen	Affordability (cost of sessions or having to travel)
	Keep things social/ use food as a 'way in'	Poorly located activities and limited timings
	Free/ taster/ flexible sessions	Mental health: Anxiety etc. making difficult for people to attend sessions/ engage
	Family activities	Language barriers
	Locally-based activities – get the venue right	Lack of volunteers
	Sessions at different times	
	Communication: - Use different methods for different audiences/ demographics - Word of mouth/ leaflets reach more people - Advertise at other community events - Use community groups as the local 'gatherers', getting the word out to the wider community	
	Better connection with schools - Offer incentives – why am I doing this?	

	Tagging events/ sessions on to the school day	
	Volunteering: - Quick and easy onboarding process - Ongoing training for volunteers - Offer pathways to paid work Give them something to do quickly to maintain enthusiasm	
	Get the publicity/ language right so as not to put people off	
	Mentoring/ buddy system/ bring a friend	

'Services and support needs to be place-based and hyper-local. A kid in Grimsbury won't use the Sunshine Centre, for example, because it's in another ward.'

'People want to volunteer and help people. But a lot comes down to how you engage people, what is the role and what is expected. You need a quick and easy onboarding process – need to grab people straightaway and not put them off.'

In terms of the discussion and design of community-based projects and initiatives – what are the ingredients for success in the long term?	Community-led (**see above**)
	Find ways to 'switch people on to the issues.'
	Long-term projects
	Responding to (community-identified) needs
	Be consistent with venues
	Be welcoming and inclusive, build trust
	Funding: - Long term funding - Flexibility in outcomes/ expectations - Better engagement from (certain) funders - Less bureaucracy (certain funders)
	Good partnership work plus more joined-up working

'Make sure you're consistent – some people don't come back if you constantly change venues and times.'

'Be respectful and provided quality and continued support – need to be trusted.'

'Things can fall over when the budget runs out or if someone leaves – is the project sustainable.'

'Need better engagement from the NHS. Sometimes you get the feeling that they think the voluntary sector will just get on and do it but the sector needs to be able to have a frank and constructive dialogue so they can understand the challenges and pressures more.

What are the key challenges you face as a community-based organisation – what would help you solve them?	Funding
	Getting people along
	Lack of volunteers
	Capacity, workload and resources to manage it
	Communication: - Keep working to improve communication between/ within groups and agencies - Communicating effectively with local residents

'We need proper funding that lasts not just for short periods of time, such as six-week projects.'

'A complete lack of volunteers. People do not attend sessions that do run. If we could pay someone to run the sessions, we might be able to run things better.'

'I think the main barrier is getting people to that first session because I think they lack confidence when coming to something that's unknown. I think learning from the participants who are there [would be useful]. Try to leave a great impression on the participants so they spread the word.'

'Might need localised communication campaigns.'

'Need is coming to us like a tsunami'

'It can be difficult, but all of the community groups need to complement each other and not duplicate when someone is already doing a good job, even if we're asked to do something.'

What do you think the main impacts of the pandemic were locally?	Anxiety (ongoing) across all ages but especially children, young people and older people
	Isolation (ongoing)
	Less community activity/ volunteering (ongoing)
	Extremely difficult to deliver face to face services
	Some services stopped and haven't restarted
	Positive community response – how to maintain it?

'Anxiety, mental health problems and isolation has increased – this is what we're hearing from our partners.'

'The pandemic has seen an increase in mental health issues and hugely impacted those that already had problems leaving their home.'

'Networks and partnership support is essential to help a community to be resilient… [we need] ways to communicate information to all residents easily and quickly... [we need] to know who are our most vulnerable – again networks to help identify these people.'

'The pandemic opened peoples' hearts and made people look out for each other. But already as a society we're reverting, let's not forget and get back to too busy lives where no-one worries about the community because they're all back in their cars.'

	Use trusted community figures/ key connectors to get the word out to the wider community)

Do you have any other observations about health and wellbeing in Grimsbury and Hightown and how it could be improved?	Improved collective/ partnership working on key issues (such as mental health and supporting children and young people)
	Specific suggestions: - Increased opportunities for physical activity (outdoor spaces and community buildings) - Community events – build connections - Food-based initiatives/ community meals/ classes (including for children) - Creches/ childcare to allow parents to access activities/ services - More community-based mental health support (in general) - More activities for school-aged children upwards - More health services for under-5s - Anti-bullying initiatives - More social prescribing
'The cost of living and fuel poverty are at the top of the list when we ask people what is worrying them.' **'I've absolutely seen social prescribers be transformative for people, so if you scaled that up then I'm sure that would make a massive difference in the community.'** **We could encourage people to be more active and eat more healthily and to look at health and wellbeing holistically – but how to do that?'**	

LOCAL STORIES

'Darren' - thirties

Darren 'loves the diversity of people [in the local community] and the different environments you can reach on foot.' He noted that 'great green spaces are easily reachable,' such as Moorfields Park, Spiceball Park, and the Reservoir. As the family has only one car, Darren tends to walk everywhere, and they sometimes also do a family cycle ride. However, Darren feels that walking on pavements is fraught with issues due to inconsiderate parking and people parking on corners. He felt that 'In places it's difficult to get prams or buggies past cars without going onto the road.' Darren and His family also use the car to visit places further afield.

Darren feels that people are friendly and will chat to you. He also felt that talking to friends helps his mental health, including talking about any issues and sharing ideas. Darren had noted there's a lot of fly tipping and litter in the area, but overall, Darren thinks that where his family lives is safe. 'We don't worry if we are away overnight that anything will happen to the house.' Darren has heard rumours of some roads 'being a bit dodgy' but he hasn't seen anything happening when he is around in the daytime.

When asked about local groups and facilities, Darren mentioned that 'East Street's community room does messy play which is good' and that while there 'used to be things at the Community Centre they are all so expensive.' Darren feels that 'there really isn't enough going on for parents of small children. Saying 'I cannot go to the swimming pool for a session with the toddler, because my other child would have to sit on the side while I am in the water with him. I cannot swim on my own because there isn't a kids creche.'

In addition, he feels there is very little health visitor advice for young parents and that 'so many people are trying to parent without any support.' Darren really valued the health visitor support he used to get at East Street Centre prior to the pandemic.

Darren's family can afford to eat good food, and shop locally, though he will also walk to Lidl as well.

Darren would consider getting involved with local projects and initiatives but doesn't really have time just now due to parenting responsibilities. The provision of a creche/ childcare at the same place and time he was volunteering might help him get involved.

LOCAL STORIES

'Alison' - fifties

Alison has lived locally for almost twenty years. She thinks there are a couple of places where people are really friendly and she likes to go, such as The Pepper Pot Pub – 'even if you don't know anyone when you walk in, someone will be friendly and chat to you.'

Alison feels that parking is an issue in the area and that parking needs to be resident-only, as many people who don't live in the area leave their cars all day. Alison also thinks that more of a police/ PCSO presence is needed, as she 'never sees any' and that this means they can't 'deal with the drinkers who hang about looking threatening.' That said, Alison doesn't feel unsafe and thinks most people are fine.

Alison isn't really aware of what else might be available in terms of community spaces, projects, and services, but she uses the East Street Common Room: 'it's a good community here and we put things together to keep us occupied.' She has tried to find out what's going on at Grimsbury Community Centre but found it difficult as doesn't ' use the internet' so has 'no idea what goes on there.' She also thinks a lot of 'things have shut down that used to bring us all together' adding that ' If it wasn't for the Common Room, I'd be very lonely.'

Getting around is an issue for Alison as 'public transport isn't brilliant so getting into other places or to big supermarkets is difficult.' She thinks the 'local shops are pretty good' but that 'you'd get better prices in a big discount supermarket like Lidl or Aldi, if there were buses to get there.'

Alison thinks it would be very useful if there was a 'local newsletter that told us [residents] what was going on.' That way she might be able to get involved in helping out or joining in local activities . Because she has no idea of what is going on, she doesn't feel able to comment on what projects and initiatives might be useful or needed.

In terms of how the pandemic affected people, Alison thinks that people have got used to being at home and are not going out so much. She thinks that it's important to get out and about because 'if you don't use your body at this age it starts to seize up and then it is more difficult to get going again.'

3.2.3 Focus Groups

Table 5 Focus Groups location and demographic

FOCUS GROUP ATTENDEES		
Setting	**Demographic**	**Numbers**
Grimsbury Community Centre – Community Club	Older women, 60+	8
Mosque – Women's Group	Mainly Asian women aged 40-70	11
TOTAL		**19**

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

3.2.3.1 Summary of focus group themes

Research question	Main themes
What do you value about Grimsbury and Hightown as a community?	Community/ neighbourliness
	Close to town services and facilities
	Community groups
	Community organisations and venues: East Street Centre, Mosque, St. Leonard's church, Community Centre, local schools
'I have lived in Banbury all my life and spent the last 23 years of that living in the Grimsbury area. I've got to know a lot of neighbours and folk in the Community. Everyone looks out for each other and are very friendly.'	
What do you do, to keep healthy, mentally, physically, emotionally, and spiritually?	Exercise (individually or sessions at community venues)
	Organised trips
	Gardening
	Cooking
	Arts and craft
'I come to activities at the [Grimsbury] Community Centre, I get out and about, and in the good weather I walk a lot. I drive out to the countryside and love being outdoors.'	
What kinds of things are most challenging for you living in Grimsbury and Hightown that impact on health and wellbeing?	Cost of living
	Speaking to the doctor without an interpreter
	Anti-social behaviour (including drug use/ paraphernalia)
	Poor pavements and roads
	Litter
	Traffic and speeding

'We can handle it [the cost-of-living crisis] but the younger generation is most affected.'	
What are the local strengths and resources that support community health and wellbeing?	Community organisations and venues (East Street Centre, mosque, St. Leonard's church, Community Centre)
	Surgery and pharmacy
Do you feel safe in the community?	Mixed views: feeling of safety in general but a sense of no-go areas, especially in the evening
	Violent incidents affect the community negatively (psychologically)
	Some personal experience of being a victim of crime
'I've lived here 35 years and it's all been fine, but I don't go out in the evening.'	
What helps you and your family maintain healthy habits around food and eating and getting out and about, or what would help you do this?	Self-management, habit and willpower
	Cooking classes/ sessions would be helpful
	Better cycle paths would be helpful
'My diabetes! The GP has given me meal plans and I am trying to stick to them but it's hard in the winter.'	
Do you think you and the local community would benefit from additional initiatives to support health and wellbeing?	General sense that more projects and initiatives would be beneficial
	Themes: - more organised youth activities but also just a 'hang out' space - conversational English classes for speakers of English as a second language - cooking classes/ sessions - more craft groups - community sports sessions - 'Stay and Play' drop-in sessions
	Community integration initiatives/ bringing people together
'There is some mistrust between groups when you don't know or understand another culture – language and culture can be a barrier.'	
What do you think would encourage more local people to create or take part in health and wellbeing initiatives?	Subsidised/ free classes and taster sessions
	Sessions at different times of the day to reach different people
'Need interpreters for the non-English speaking residents to help them come to activities. It's a very diverse community here.'	
What do you think have been the main impacts of the COVID-19 pandemic, either for you or for the community?	Isolation and anxiety (ongoing)
	Community activity stopped and hasn't returned to pre-pandemic levels
	Personal trauma - bereavement

'We lost a lot. I still will not go to the supermarket myself for fear of catching Covid. People are beginning to get back to normal, but it is taking a long time - everything stopped and the people who used to run them are not available to help anymore.'

'There was a lot of bereavement in the community.'

'People don't visit each other as much, they call instead.'

LOCAL STORIES

'Deborah' - forties

Deborah has lived locally all her life. She thinks 'it's a great place to live because you can get into Banbury easily, but also get out to other places without getting caught up in traffic, like you would if you lived in Banbury itself.'

She walks every day, taking her child to school, going shopping or attending church, where she takes part in groups. If she has worries, Deborah talks to her friends or family. She also reads a lot seeks out quiet spaces, which are good for her mental health – 'it can be very full on with little children!'

Deborah is concerned about the amount of litter and broken glass around on the pavements and amount of dog mess. In addition, Deborah feels it is not easy to enjoy the garden in the warmer weather because of the constant noise from the two dual carriageways. She is somewhat perturbed by the 'drinkers who hang around by the benches and in the park' saying, 'I find them a bit intimidating, but they probably don't mean to be. There seems to be a lot of men around in the daytime.' Although Deborah feels low-level anxiety about this, she does worry about what she would do if there was trouble, because of being with small children.

In terms of local facilities and services, Deborah thinks the parks are very good and the play area at Manor Fields is great (much better than the one in Spiceball Park), while there's also a 'great pre-school in the open bit of East Street Centre.' In addition, she thinks the doctor's surgery is really good, and there is a good range of foods available in all the different shops at a range of prices ('the Co-op has good reductions every day if you're on a budget'.)

Deborah wondered why the East Street Centre isn't fully open – 'there's huge amounts of equipment just sitting in there not being used. It makes me really cross.'

With regard to new community projects and initiatives, Deborah thinks we need drop-in sessions that don't charge large sums or that you have to book per term, which she feels is the norm these days. ('Kids need to play and socialise but how can we do that when there isn't anywhere we can afford to go to?')

Deborah noted that there used to be drop-in sessions at East Street Centre, run by a professional and volunteers, which were friendly and accessible 'with a diverse group of people you could meet and relate to. We need the East Street Centre to be opened again. It used to be great to go there.'

Deborah also noted that she can't get into swimming lessons at Spiceball, while Water Babies in Grimsbury is way too expensive. Deborah expressed frustration at Membership costs and constraints at the leisure Centre saying 'Spice ball also makes you sign up and pay for 50 weeks a year and that is not reasonable. I'd like to see any family being able to afford it and then be able to go 50 times a year without illnesses stopping them for a good chunk of the time.'

LOCAL STORIES

'Magdalena' - twenties

Magdalena likes the location of Grimsbury –as ' is close to the centre of town shops, the canal and train station' which allows for access to other places. She has lived in the area for a couple of years, having recently live in Africa and Eastern Europe. Magdalena thinks there is lots of greenery, feels safe, and that the area is a clean environment in comparison to other places she's lived, where there was lots of pollution.

She doesn't feel that anything is particularly challenging for her and her family at the moment although help with childcare would be useful so she could have time for herself and perhaps allow her to pursue study.

She does exercise five times a week at home as feels 'it's important to manage your health.' Magdalena also recognises the importance of healthy food and cooks all of the family's meals: 'I use a variety of fresh foods to cook our meals and don't use ready meals.' However, Magdalena said that more help is needed with the cost of living and food costs: 'everything has gone up.' She regularly uses the community larder.

Other than the larder, Magdalena wasn't aware of what other groups and services available locally. She felt that publicity about healthy eating and making recipes available to 'give people ideas about what is healthy' would be useful for lots of people.

She did not feel that she or her family was particularly negatively impacted by the pandemic.

3.2.4 Community Survey Responses

180 residents responded to the community survey the responses are displayed below:

Figure 2 Do you live in Grimsbury and Hightown?

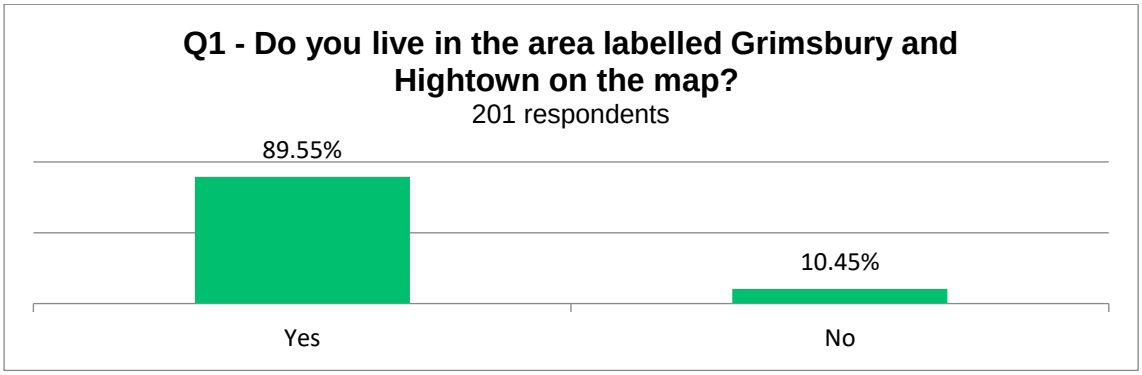


Figure 3 Gender Identity

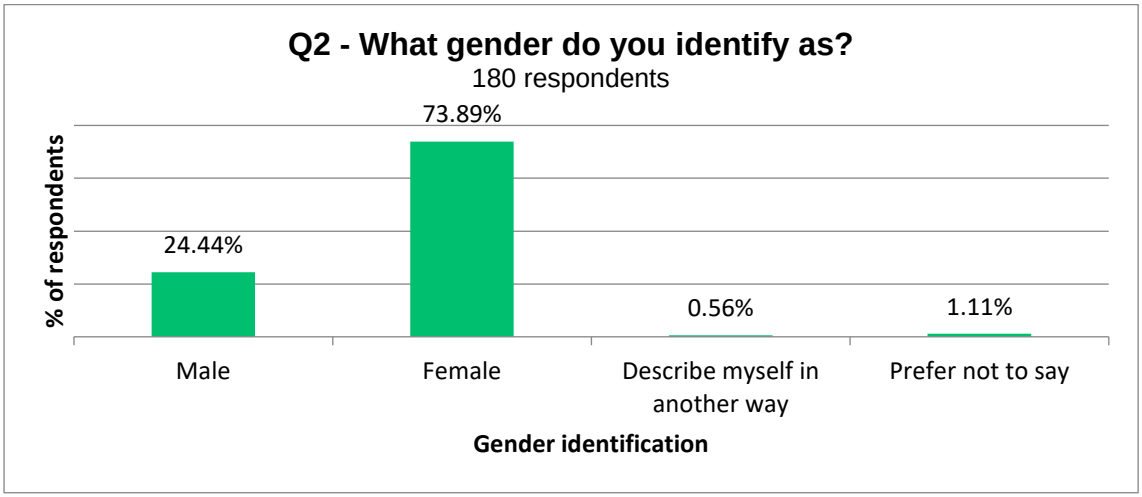


Figure 4 What is your ethnic group?

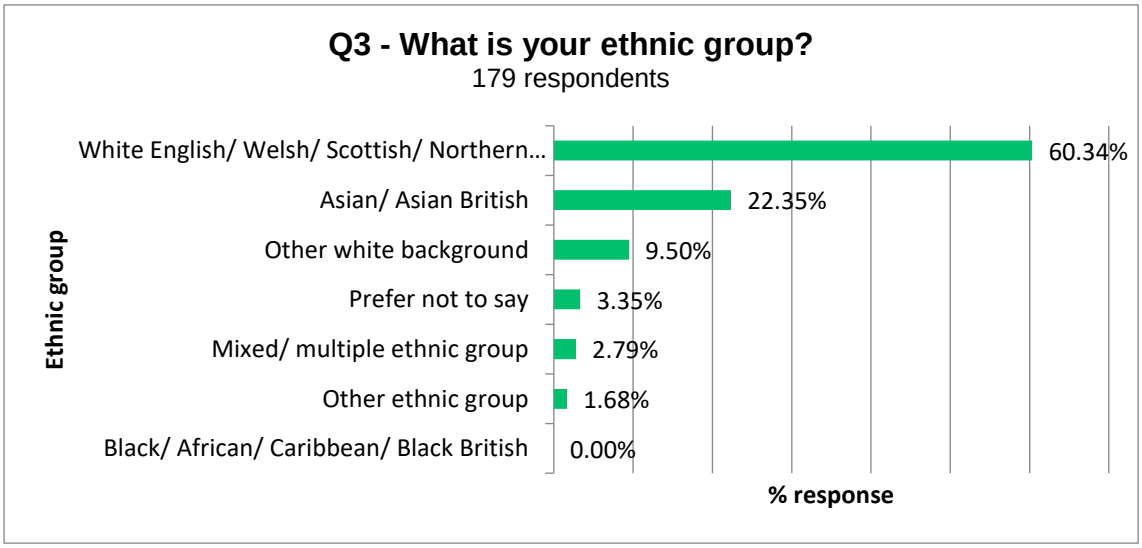


Figure 5 What you like about living in Grimsbury and Hightown

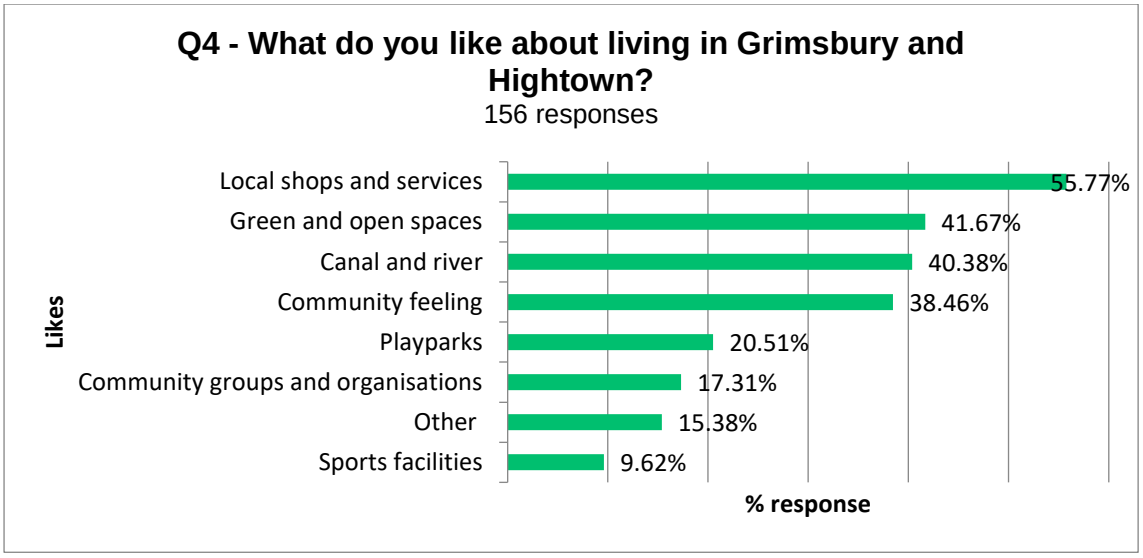


Figure 6 Satisfaction about living in Grimsbury and Hightown

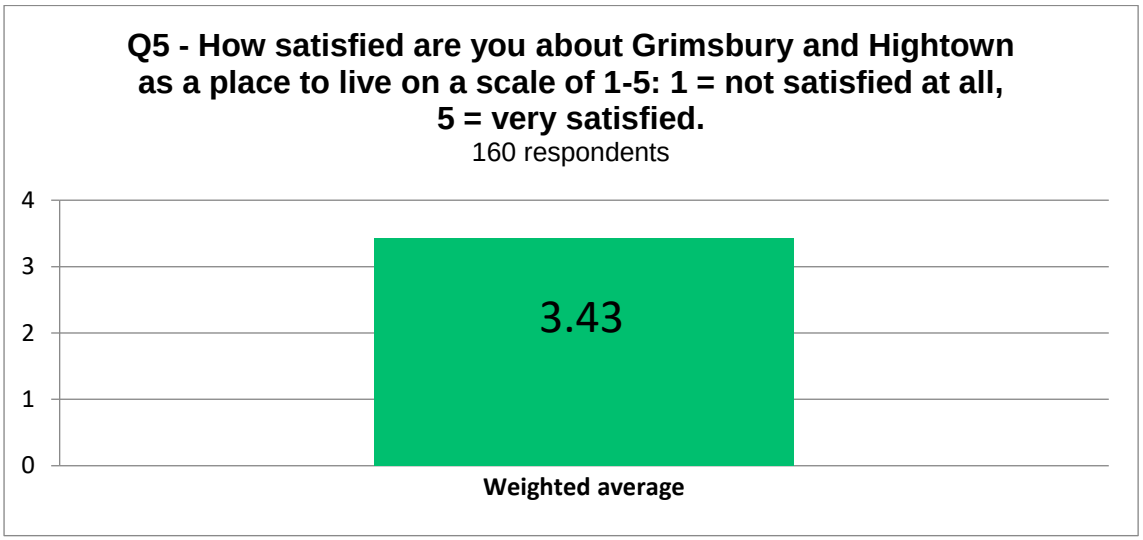


Figure 7 Feelings about aspects of community

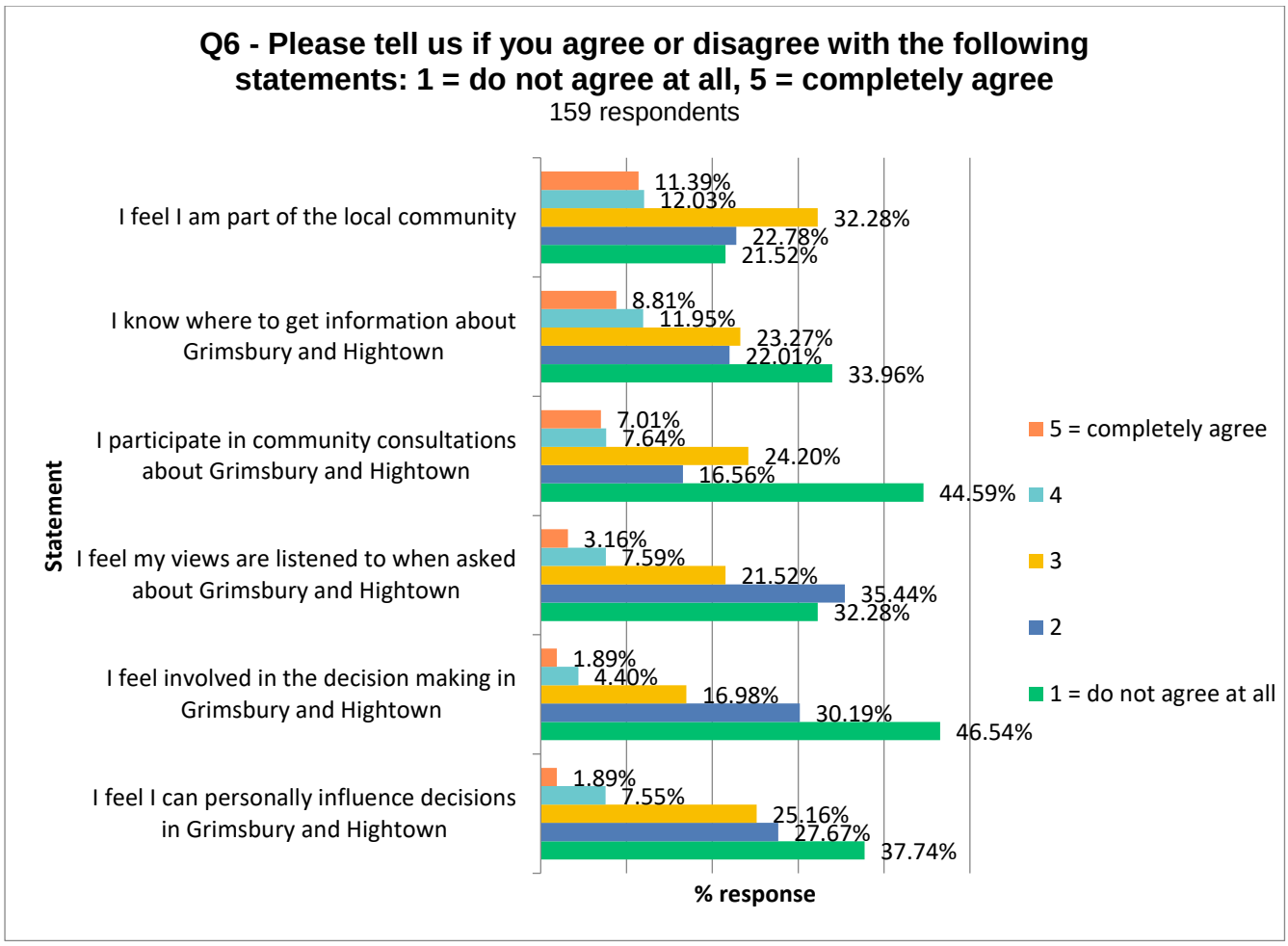


Figure 8 Modes of transport used most often

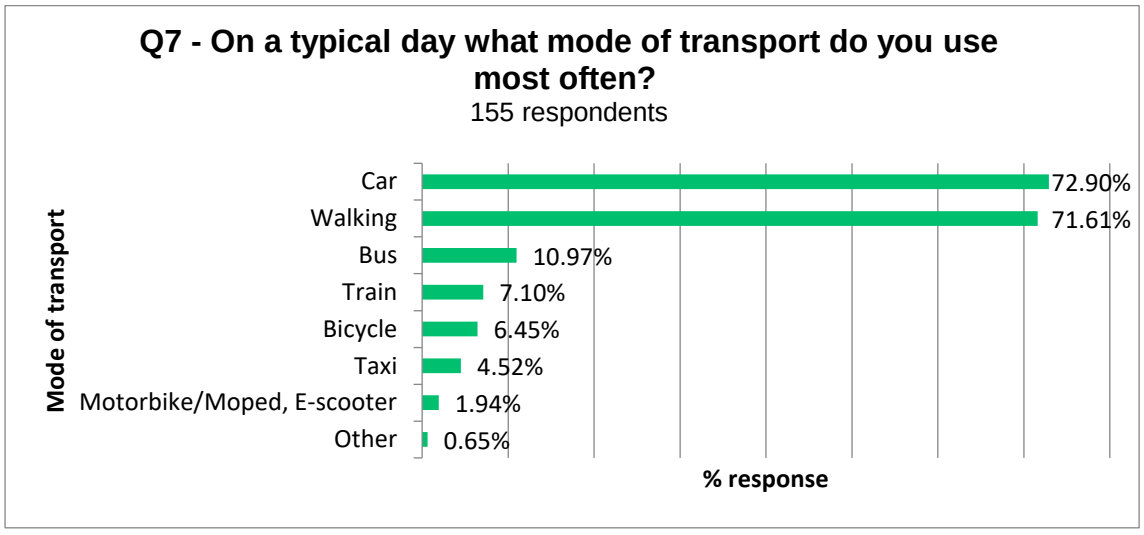


Figure 9 Getting around

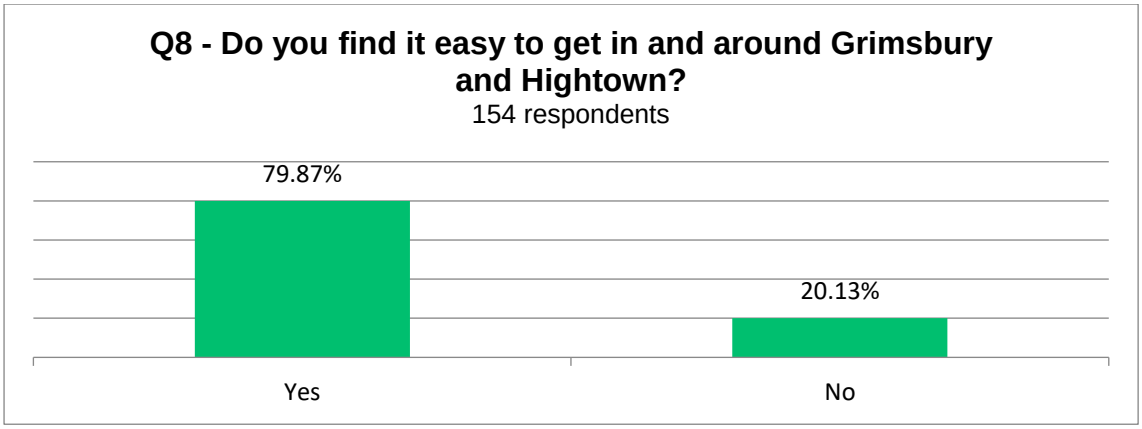


Figure 10 Community spaces, places and groups used

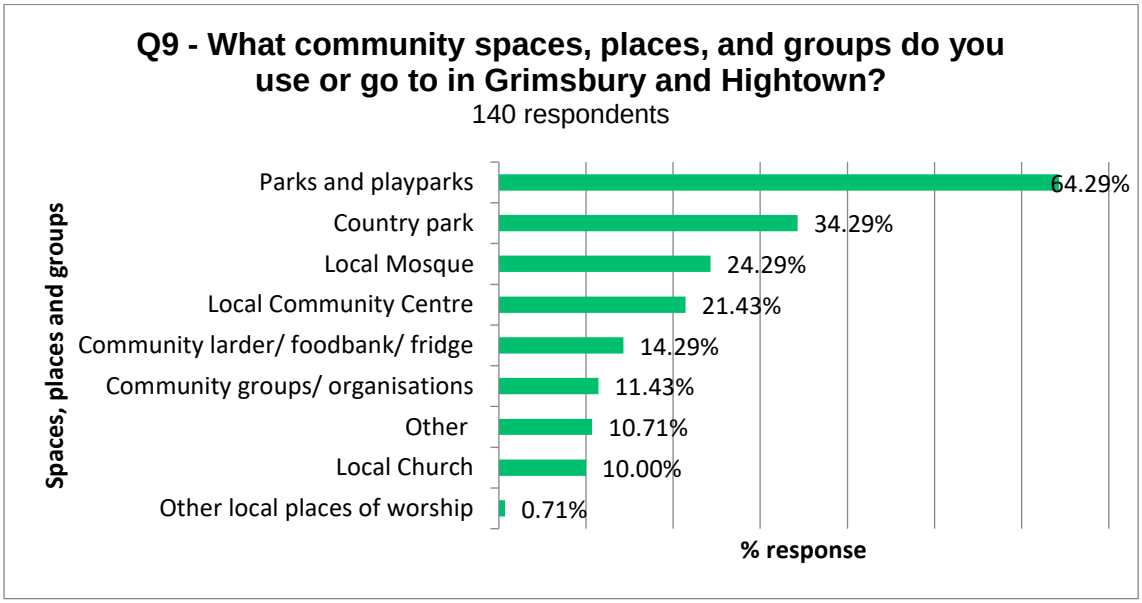


Figure 11 Feelings of safety

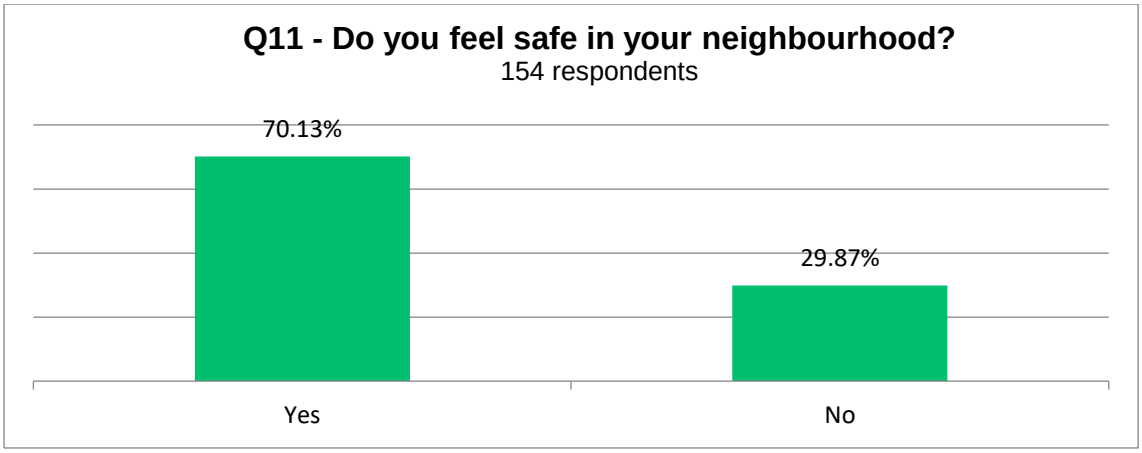


Figure 12 Access to local opportunities to learn or gain qualification

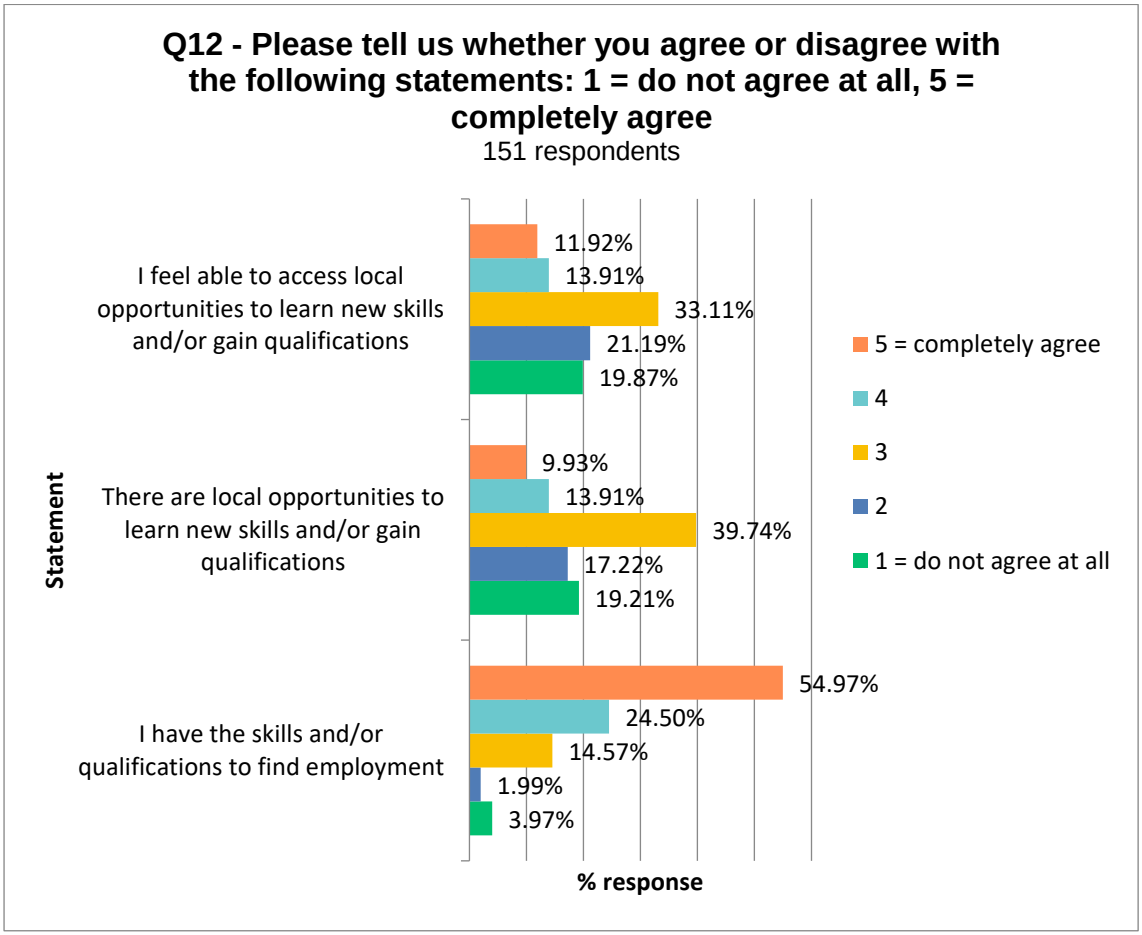


Figure 13 Self-reported feelings of health

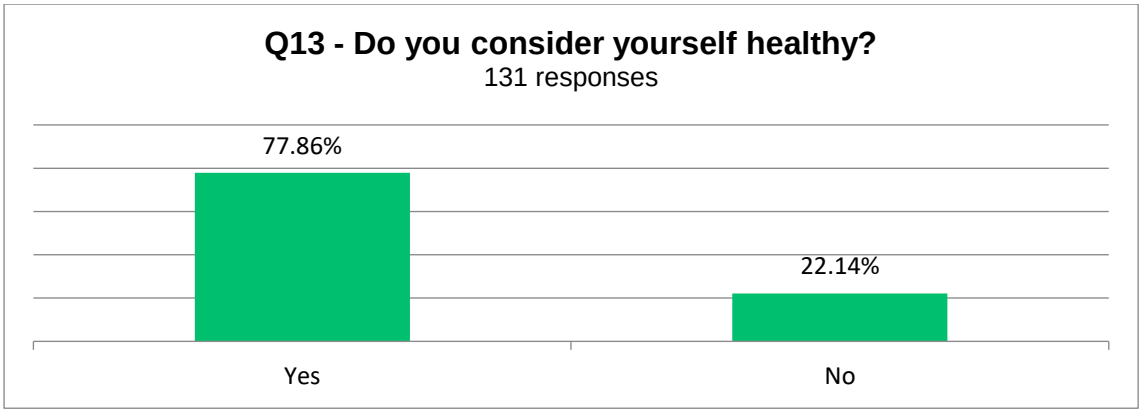


Figure 14 Priorities around aspects health and wellbeing

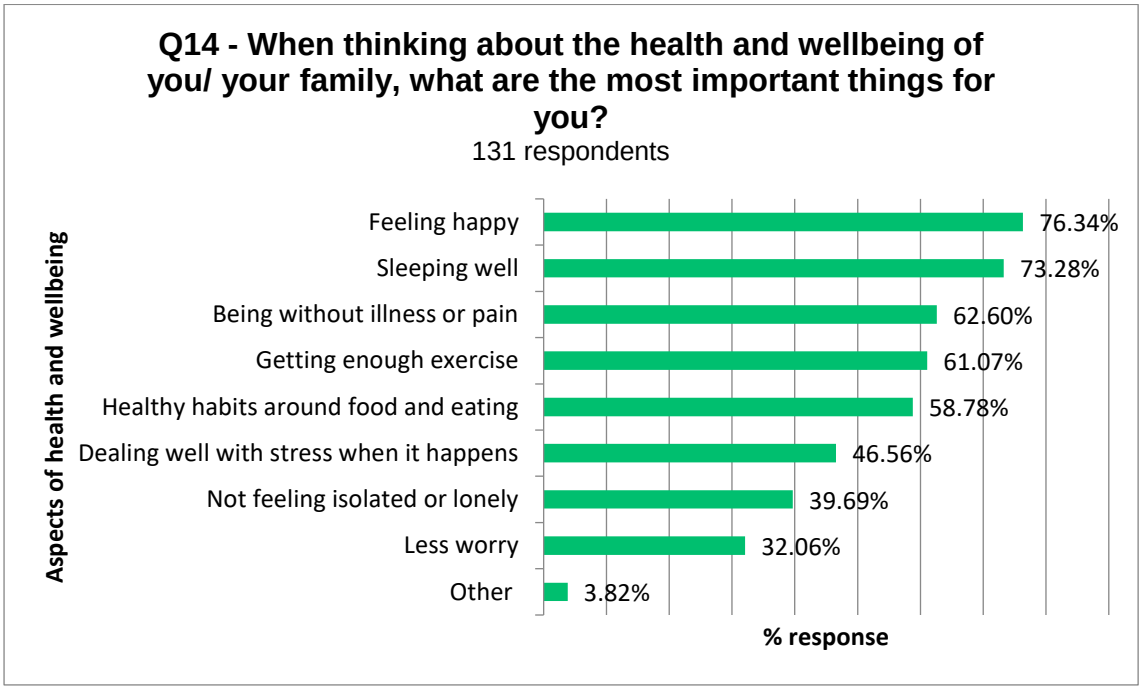


Figure 15 Enablers of health and wellbeing

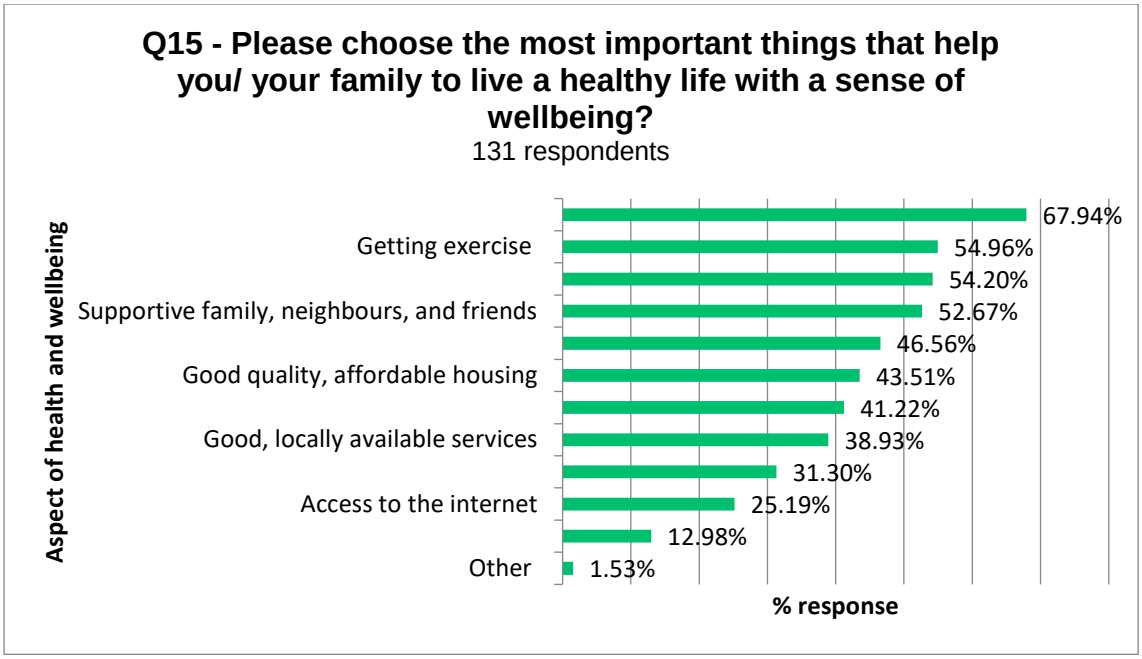


Figure 16 Personal experiences of wider determinants

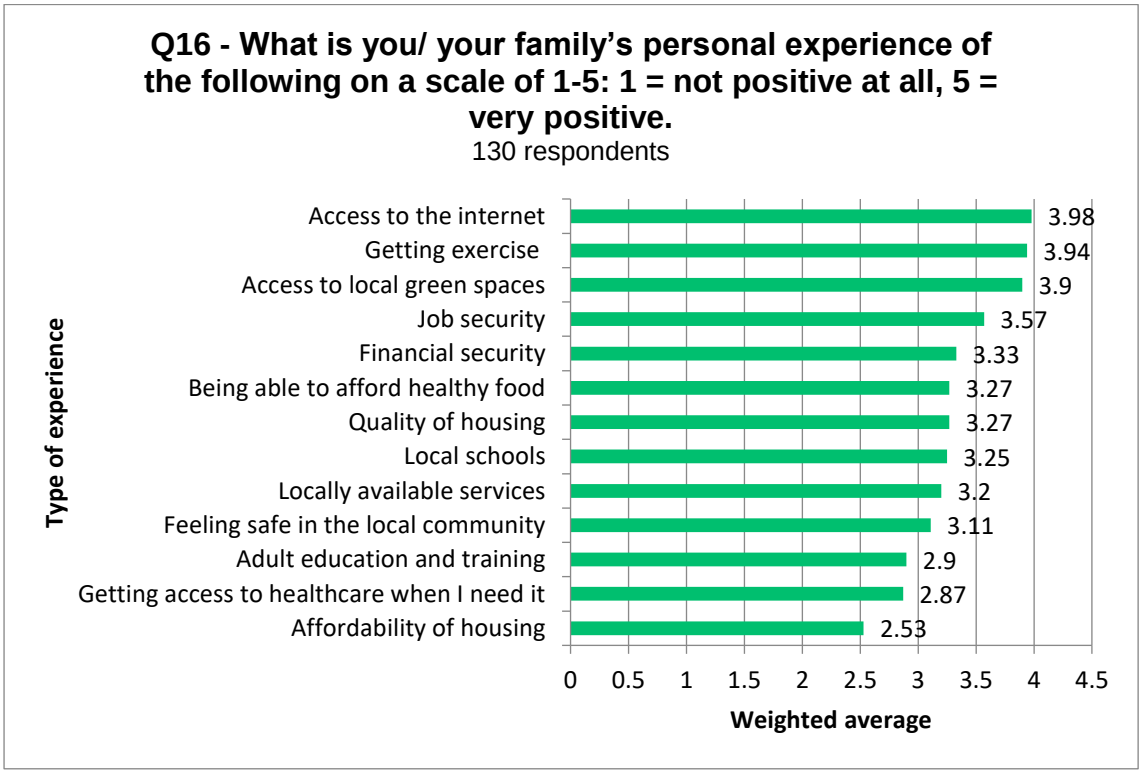


Figure 17 Activities to keep healthy

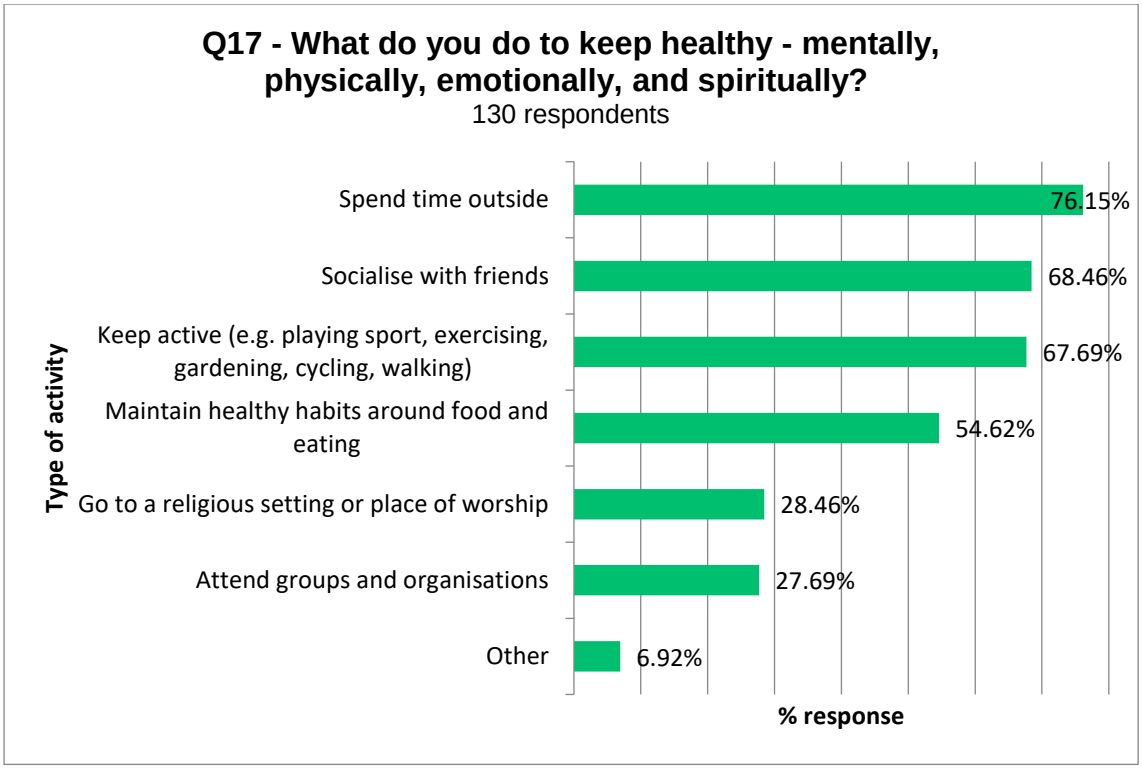


Figure 18 Feelings of loneliness

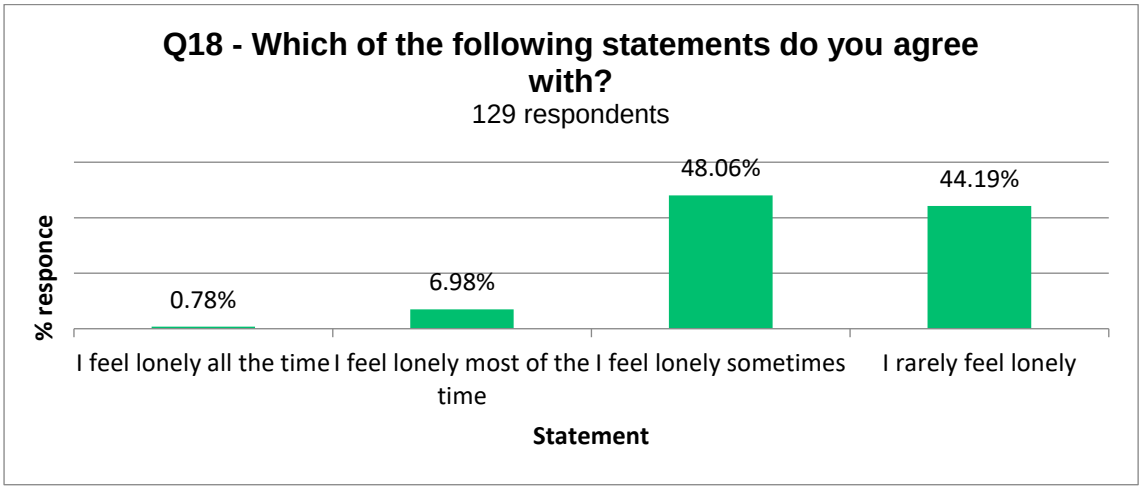


Figure 19 Observations of smoking, drinking and drug related activity

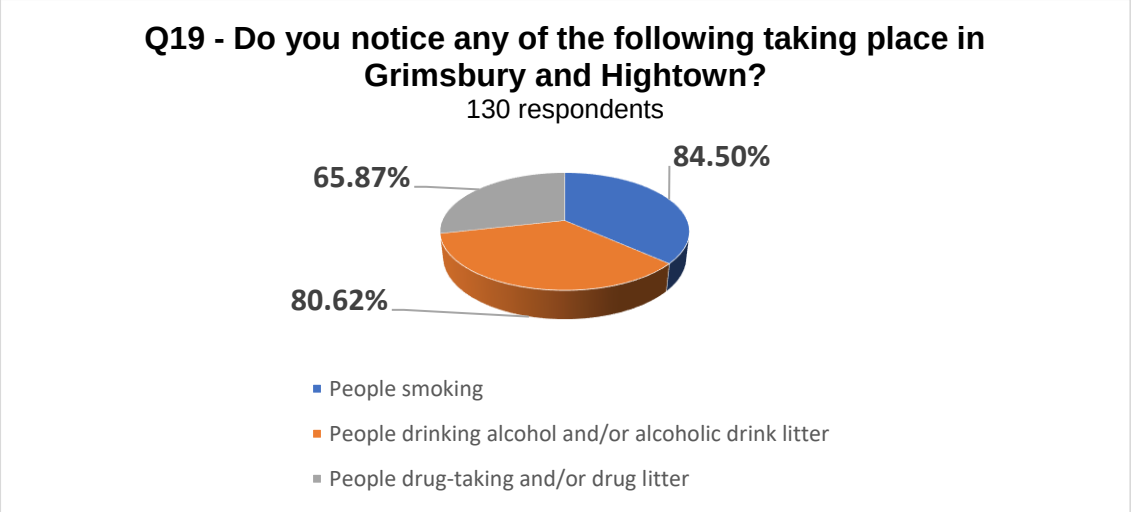
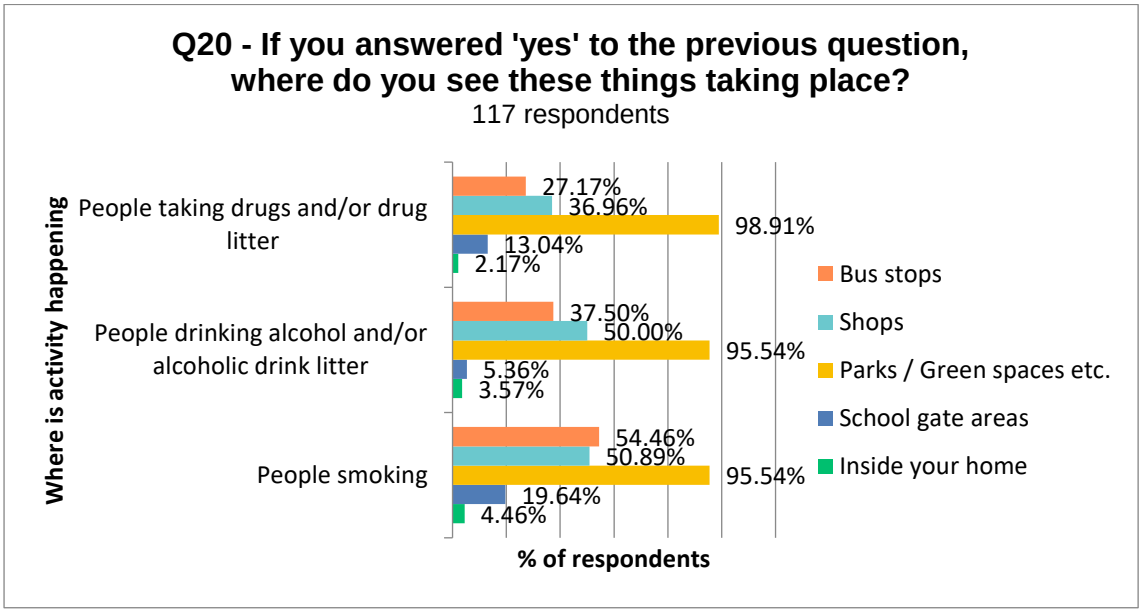


Figure 20 Where activity is observed



Q21 - What kinds of things about living in Grimsbury and Hightown are most challenging or difficult to you/ your family's health and wellbeing?

- 76 respondents: 106 choices

Table 6 Challenges to health and wellbeing

Community			
Anti-social behaviour (inc. drug and alcohol)	23	Lack of community feel/ neighbourliness	2
Crime	1	Don't feel safe	5
Dogs barking	2		

Public realm			
Poor quality pavements/ roads	11	Litter	9
Traffic	7	Parking	6
Air pollution	6	Scooters on paths	3
Speeding	3	Poor streetlighting	2
Lack of access to green spaces	2		
Housing			
Housing quality	2	Lack of affordable housing	1
Public transport/ getting around			
Poor bus services	4	Lack of cycle paths	3
Services and leisure			
Accessing medical services	5	Lack of affordable exercise classes	2
Not enough activities for young children	1	Not enough activities for families	1
General			
Nothing	5		

Q22 - What things in Grimsbury and Hightown help support you/ your family's health and wellbeing?

- 60 respondents: 63 choices

Table 7 Enablers to health and wellbeing

Community			
Good sense of community	6	Mosque	4
Walking trails/ groups	4	Community garden	3
Community Centre (and groups it hosts)	3	Community fridge	2
East Street Nursery	1	Cafe	1
Places of worship	1	Dog walking	1
Public realm			
Green spaces, parks and playgrounds	15		
Public transport/ getting around			
Good access to town	4	Good transport links	2
Cycle paths	1		
Services and leisure			
Medical services (locally available)	7		
General			
Nothing/ not much	6	Exercise	1
All services are available	1		

Figure 21 Rating of activities and initiatives to improve health and wellbeing

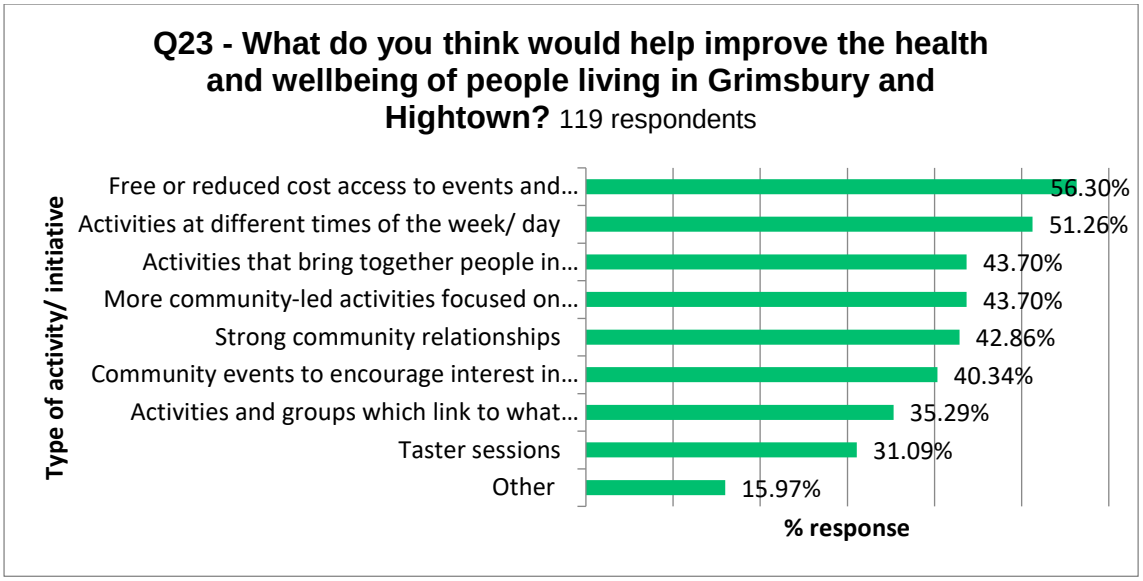


Figure 22 Interest in joining with others to work on projects supporting health and wellbeing

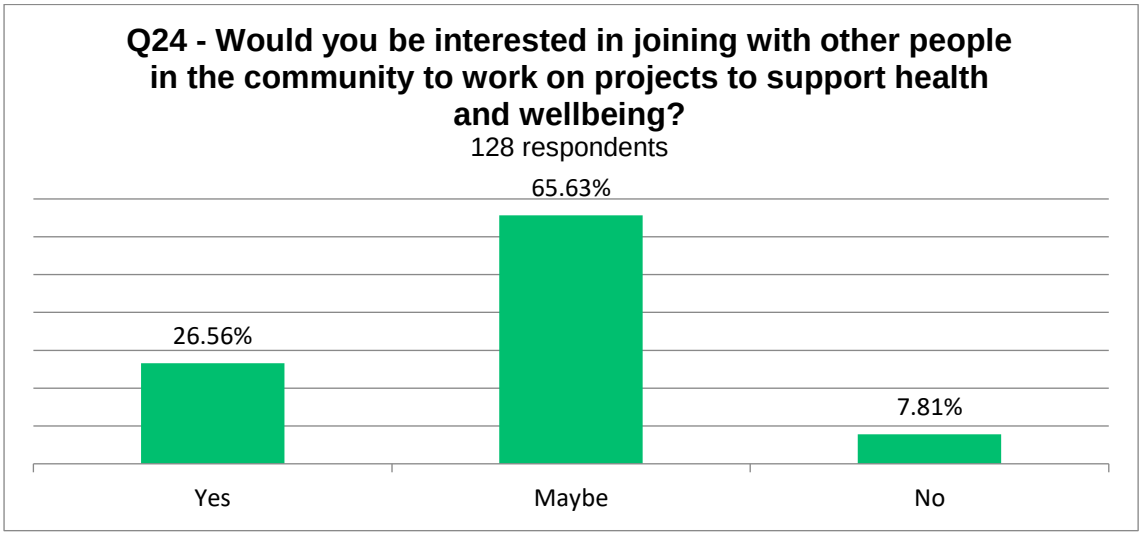


Figure 23 Experiences relating to the COVID-19 pandemic

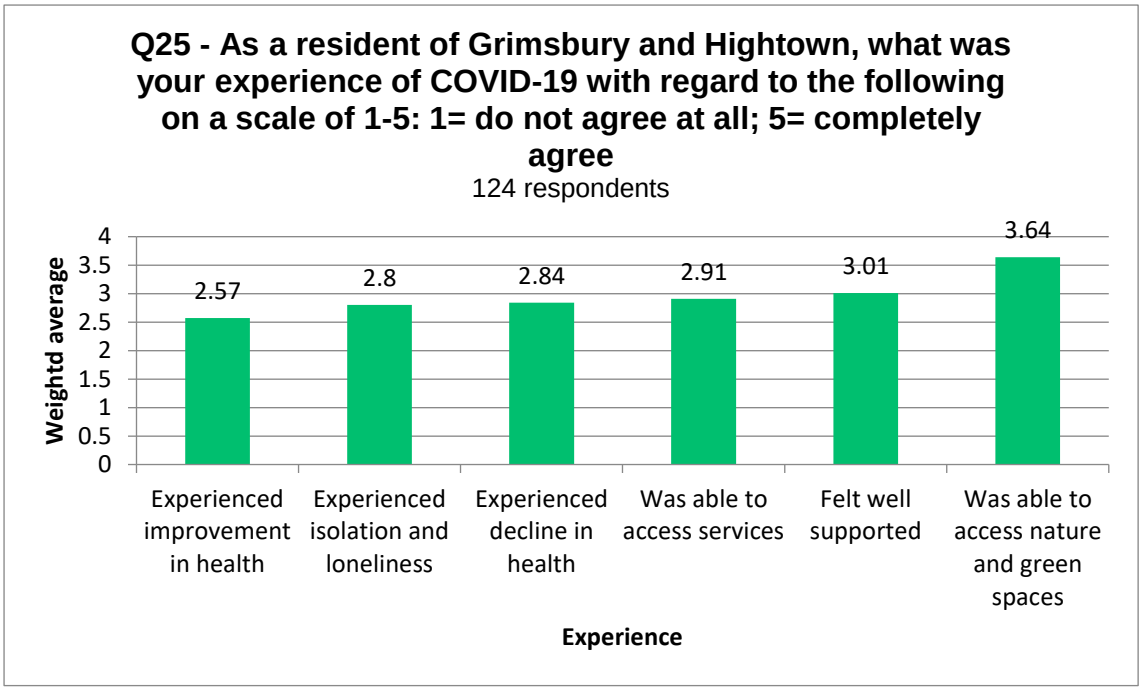


Figure 24 Weighting of how COVID-19 affected health and wellbeing

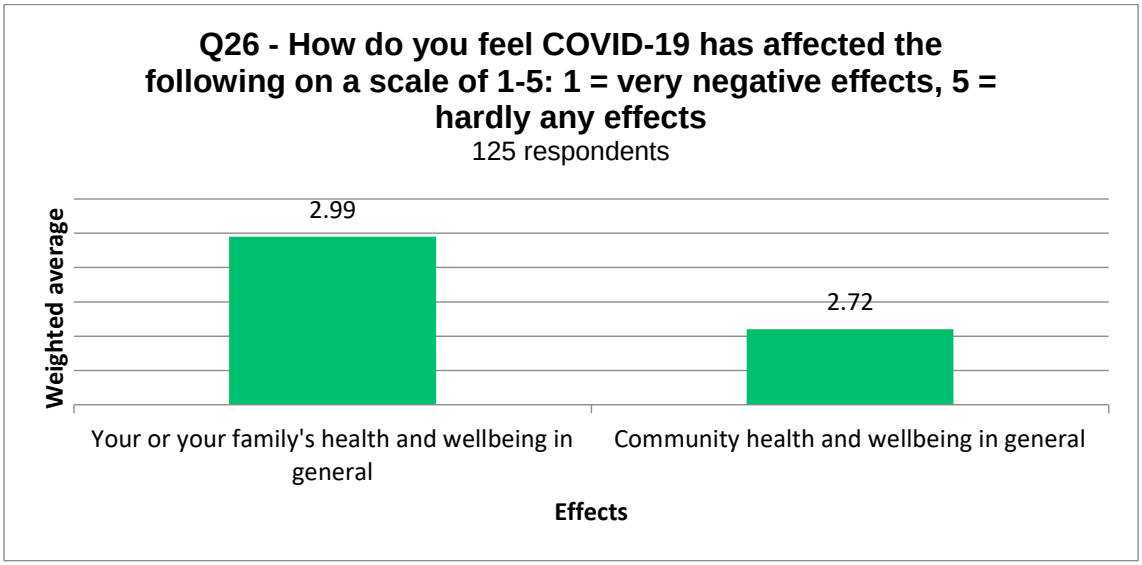
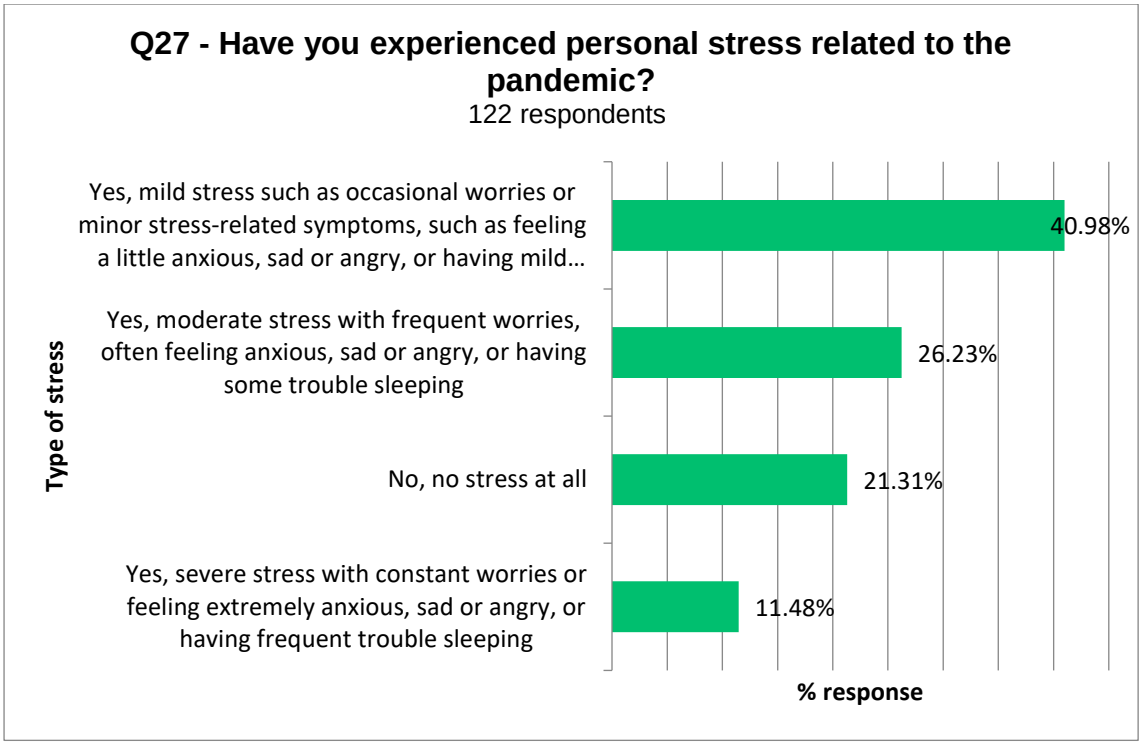


Figure 25 Pandemic related stress



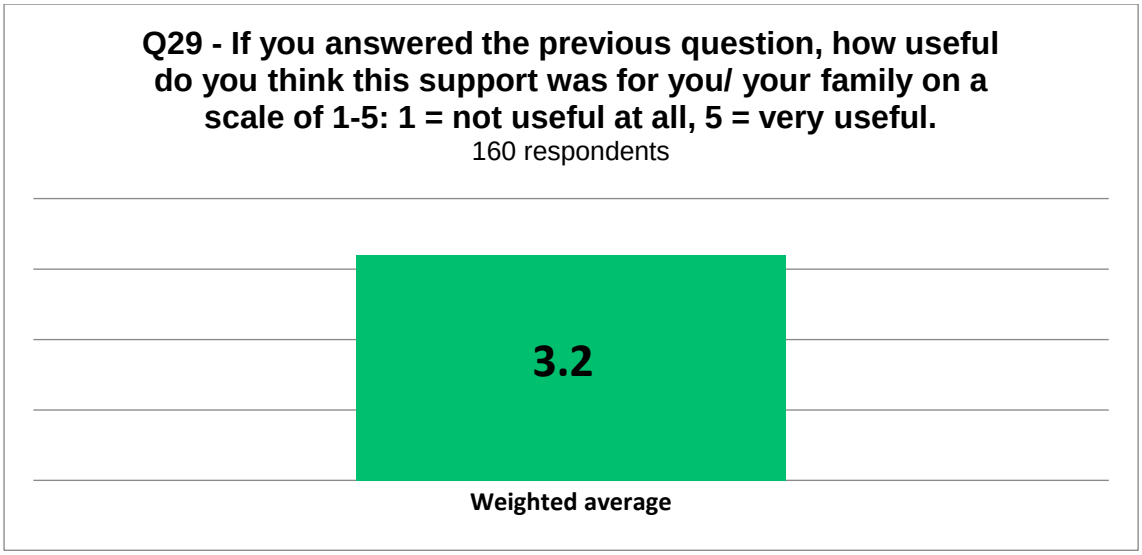
Q28 - What kind of support, if any, did you and your family receive during the pandemic?

- 32 respondents: 32 choices

Table 8 Count of support received during the pandemic

None	19	Friends and neighbours	5
NHS	2	Online support	1
Hospice	1	Cherwell District Council	1
Mosque	1	Community groups	1
Schools	1		

Figure 26 Weighted average of usefulness of support during the COVID-19 pandemic



Q30 - What services and support, if any, would have helped you cope better with the pandemic?

- 10 respondents: 10 choices

Table 9 Count of support options that would have helped with coping during the COVID-19 pandemic

More community-based support	2	Easier access to health care	2
Mental health support	1	More sense of community	1
NHS	1	Getting a shopping delivery slot	1
Not being locked down	1	Support for those working at home but also looking after children	1

3.3 Discussion of findings

3.3.1 Introduction

3.3.1.1 Research themes

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

240 individuals were consulted across the project, Including; focus group attendees (19); one-to-one interviews (41); and the community survey (180).

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 gathering and actions to take forward from the findings.

3.3.1.2 Research and data overview/ limitations

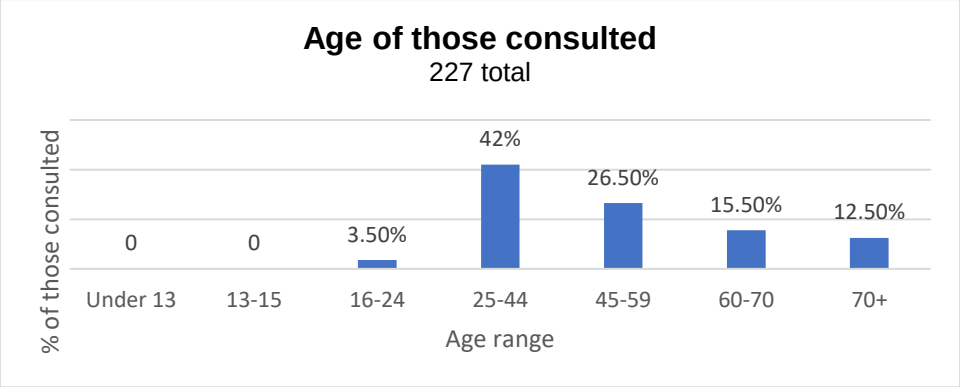
CFO had a limited, c. nine-week period in which to undertake the research. The first few weeks focused on introducing the project, building trust with local organisations and residents, and arranging specific research activities. The actual research window was limited, primarily, to a c. six-week period across December and early January (with no research undertaken between Christmas and New Year) and sessions able to be organised 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 themes outlined by the research questions (see appendix 4). However, it is recognised that qualitative research can only provide illustrative information and data, sometimes very personal and perhaps only indirectly comparable.

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 the community survey) and complement this with more in-depth approaches (longer one-to-one 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 below.

Excepting 13 individuals who worked for organisations and agencies based outside Grimsbury and Hightown, the age of those consulted was as follows:

Figure 27 Chart showing age range of respondents



As can be seen, the project managed to engage with a broad range of age groups from the ages of 25 upwards. Regarding younger cohorts, the project reached out to schools, in particular, across the research period. However, we were unable to arrange any discussion sessions. The direct voice of children and young people is therefore absent from the research, although other groups and individuals did offer comment on themes and issues which are relevant to children and young people.

In addition, over 70% of the total number of people consulted were female. Additional research focusing on the male voice could therefore be useful. Also, while 70% of those consulted were of white British/ other white ethnicity, over 22% were Asian/ Asian British. This compares favourably with the Asian/ Asian British population of Grimsbury (and Castle), which was around 12% in 2011 (ONS). The project also managed to reach a small number of individuals of other ethnicities.

3.3.1.3 General remarks

At the outset, some general points should be made.

Firstly, as is clear from mapping of community assets (appendix 2) and community-based initiatives and projects (appendix 3) a wide range of community-based work, encompassing many themes has been undertaken both historically and in the present within the Grimsbury and Hightown area . Often these projects and initiatives have also run across other wards in north Banbury (or across a more extensive geography).

Secondly, from conversations with agencies and organisations which work both in these wards and in geographic locations beyond Banbury, it is clear that Grimsbury and Hightown compares favourably when it comes to the amount and quality of community-based activity taking places, and in terms of the depth and reach of formal (such as the Grimsbury Network and Brighter Futures in Banbury) and informal networks created and nurtured over the years, underpinning, and driving much of this activity.

Thirdly, it is an observation of this research that, having talked to a wide range of people, from; residents and community organisations, to institutions and agencies active in the area, this work is often high-quality, effective, well-targeted and well-received in the community (notwithstanding some less positive experiences). This is testimony to the commitment, professionalism, and skill of those engaged in community work at all levels and the long-term perspective taken to the improvement of social infrastructure and health and wellbeing.

It is the intent of the discussion below and following recommendations to explore themes and ideas derived from the primary research. The purpose of which is to extend and deepen community-based activity and better meet identified needs.

At the same time, this discussion does not exist in a vacuum and while much has been identified in regard to community needs, wider and more deeply rooted long-term socio-economic indicators and the challenges of the current fiscal climate must also be recognised. While the value of community-based activity being undertaken in Grimsbury and Hightown is evident, there is only so much that it can continue to achieve and deliver, and be *expected* to achieve and deliver, in a context which rightly makes a virtue of voluntary and community-based activity but often does not provide the resource to maximise the potential of that activity.

Finally, CFO was also asked to undertake analogous research in the wards of Ruscote and Banbury Cross and Neithrop (from here referred to as Ruscote and Neithrop) (*see separate CFO report*). While there were findings specific to Grimsbury and Hightown, as the discussion below will make clear, there was *extensive similarity* with Ruscote and Neithrop in issues and themes identified and discussed. As a result, there are multiple common recommendations in both reports. It is hoped that consideration of these recommendations across Ruscote and Neithrop and Grimsbury and Hightown will allow often-limited resource and expertise to be more effectively shared and deployed across these areas to the wider benefit of residents in terms of meeting health and wellbeing needs.

3.3.2 Local strengths and assets that support and enable health and wellbeing

A range of indicators were identified and explored:

3.3.2.1 The local environment

Parks, playparks, and green spaces were the most mentioned as places and locations that local residents visited and used for exercise or to help their mental health. Green spaces were also the second top choice (42%) for what people liked about living in Grimsbury and Hightown.

3.3.2.2 *Walking and exercise*

Walking and (informal) exercise were highly popular ways that most people chose to keep healthy, while many also attended organised groups and activities. Personal experience of access to exercise opportunities averaged at 3.9 on a scale of 1-5, where 5 was most positive.

3.3.2.3 *Local shops, services*

Local shops and Services were the **top choice** (56%) as to **what people liked about living locally**. Personal experience of locally available services and access to healthcare when In need of it were somewhat less positive with weighted averages of 3.2 and 2.87 respectively on a scale of 1-5 (where 5= most positive).

3.3.2.4 *Community organisations and social activity*

Local residents make use of a **wide range of local groups, services and organisations** that are particularly helpful or useful to health and wellbeing. Frequently mentioned - both as venues in themselves and the multiple groups, sessions and organisations that operate *from* them were **Grimsbury Community Centre, the East Street Common Room, Banbury Mosque and St Leonard's Church**.

It was clear from users that these assets are highly valued as (safe) places where specific support is available (for different user groups) as well as where people can simply come together and socialise. Those managing these assets or leading these groups were clearly trusted and respected, and have an obvious role as community activators and connectors.
In addition, the strength and value of local networks was noted, both formal (such as the Grimsbury Network and Brighter Futures in Banbury) and informal (between different venues and individuals etc.) in terms of facilitating working together and meeting the needs of local residents.

A key theme emerging from conversations was a strong and generalised community practice based on working with communities and not *doing to* them, an ethos derived from experience that bottom-up and community-led approaches, seeking feedback and (genuinely) listening yielded better engagement, more trust and increased success in the long term. A ethos based on listening and involvement had also yielded further measures of success, such as the need to keep things social and accessible, keeping activity as local as possible and getting the venue right.

3.3.2.5 *Community and citizenship*

A range of opinions were expressed in this regard from the very positive to the extremely negative. Some, particularly, older and more long-standing residents felt deeply connected to the community, had good personal networks of support from friends, family and community groups, and clearly took a good deal of pride in the area. Thus, it would appear, *in general*, that people feel Grimsbury and Hightown is a neighbourly and friendly place. This sentiment was *slightly* more pronounced in this ward, compared to research in Ruscote and Neithrop.

Socialising was also noted as another very popular way for people to maintain health and wellbeing (the second-top response for how people kept healthy – 68%).

3.3.3 Challenges to health and wellbeing and improvements needed

Set out in this section is: further evidence relating to the local assets that support health and wellbeing as described above and how they could be improved; challenges to health and wellbeing identified

from research and; specific ideas identified in the research which could build on existing activity and initiatives or to develop new activity.

3.3.3.1 Local assets

The local environment

Issues with **litter, broken glass, and drug detritus** (particularly in parks, playgrounds, and green spaces) were a common theme, with some feeling anxious or concerned as a result. 81% and 85% of survey respondents respectively noticed alcohol and drug consumption/ litter in public, notably parks.

Public realm concerns were also a common theme, particularly in relation to **poorly parked cars and the state of repair of pavements and roads**. This was a concern for those with mobility issues or parents with buggies. Also mentioned were scooters being used on pavements, causing alarm to some pedestrians. Parking was noted as an issue around the East Street Centre when there were sessions taking place.

Walking and exercise

More sport and exercise-based initiatives were *infrequently* mentioned when people were asked about ways to improve health and wellbeing, as well as funded swimming sessions for Asian women (Banbury Mosque funds are running out) and community sports. A need to train people in how to use the outdoor gym was also identified.

However, **improved walking infrastructure** was mentioned. This might include the development of nature trails that incorporate downloads/ information/ activities to do along the way. These trails could be targeted across all ages, and could focus on topics such as 'what nature can you see' and local history (potentially a link being brokered with Banbury Historical Society or the Banbury Museum). Such initiatives were seen as positive ways to promote walking and give people more incentive to '*get out there*'. Also mentioned in the latter respect was the need for more guided (health and wellbeing) walks.

The **need for cycle-paths** was also mentioned.

Local shops and services

The most commonly cited challenge in this regard was **access to health services**, most notably the difficulty in getting a doctor's appointment. Personal experience of access to healthcare when needed revealed a weighted average response of 2.87 on a scale of 1-5 (where 5= most positive). This was a **clear source of frustration for residents**, across a wide age range.

3.3.3.2 New initiatives

Research identified several new initiatives which it may be beneficial to further explore, such as ; art and craft classes, adult education courses, intergenerational projects, and more allotments.

3.3.3.3 Community organisations

A range of issues, challenges and opportunities were raised and discussed:

<u>Funding, resourcing, and need</u>

These are prominent issues for many community-based (or led) groups and organisations. There is clear evidence that most, if not all are stretched in terms of available time and resources. For many community groups the volunteer pipeline is drying up (compounded by the fall-off in community

activity with Covid which has still not recovered). There is also evidence of growing need across the community, related notably, to mental health (across all groups but especially children and young people) and the cost of living.

In terms of **funding, most of it is project based**, and while projects are successful and have often been extended year on year, project-based funding does not address issues around **wider core funding,** an issue at the heart of longer-term sustainability of an organisation. *'There is so much need but to do more we need more [funding].'*

It is recognised that **funders are often nervous about core funding** (being concerned about how to measure impact but also nervous about feeling responsible *('on the hook'*) for the *overall* financial health of an organisation). Nevertheless, a conversation could usefully be had among the key funders of community activity locally (Cherwell District Council, Oxfordshire County Council, Sanctuary Housing etc.) to explore whether there could be **more flexibility in funding** to allow groups to use funding in ways they deem more effective to meeting locally-identified needs. Also useful, would be support for organisations (collective workshops/ peer to peer learning forums) regarding the writing of grant and funding proposals (for specific funders such as the National Lottery) and effectively reporting outcomes.

To help tackle the volunteering challenge, **a Banbury-wide volunteer drive** could usefully be undertaken, with specific strategies to reach different parts of the community (language and cultural outreach). This could **link into the Volunteer Vision work undertaken by Oxford Community and Voluntary Action and Community First Oxfordshire** to capture best practice. Some of those consulted also noted that a lack of interpreters may be hindering the extension of volunteering into certain groups in the community.

Local networking and mutual support

As is clear from mapping work, multiple conversations and general feedback, there is lots of community activity taking place, much of it is highly regarded by partners and clients. However, one area of improvement relates to **networking and joint-working**.

While good networking does undoubtedly happen there is a **sense that groups are somewhat siloed**. This is not because of any unwillingness to come together more effectively or because the value of doing so is not recognised, but **reflects how stretched community organisations** are and the fact that they are '*just getting on with things*'.

Networking itself also takes time and resource, of course. That said, there could be value and potential positive outcomes in organisations taking more time to network. To make it more 'appealing', Networking events could perhaps **focus on specific practical topics** relevant to many groups, for example, volunteering, training, health and safety, safeguarding, funding etc. A **series of practical workshops could also be an opportunity to problem solve common issues, combine resources, provide joint training** (to make better use of stretched time and resources), offer pastoral support etc. Sessions such as these could be piggybacked on already existing network meetings.

A particular focus of conversation concerned the need to **avoid duplication and overlap in community activity being undertaken and support offere**d. Some projects across the wards touch on similar issues and themes (for example, the Sunrise Project, Sunshine Centre and Homestart all support domestic violence victims). However, is there shared learning, mutual support, and use of resources? In general, a focus on linking up projects and initiatives across themes (such as mental health), domestic violence, food banks, young people, special educational needs etc.) identifying gaps in

provision and crossover in services could facilitate more effective outcomes and potential joint-funding bids, perhaps by **facilitating the creation of theme-based steering groups**.

It should be added that, given the overlaps in findings of this research and its recommendations between Ruscote and Neithrop and Grimsbury and Hightown that **more effort should be made to facilitate 'cross-ward' communication and working along** the lines of that set out above.

Finally, several conversations noted the **centrality of local schools to community life** but observed that many groups, organisations, and agencies had difficulty in linking up with them to discuss topics projects and initiatives and get the word out about events etc. While it is recognised that schools and teachers are extremely stretched with regards to time and resources, they offer direct routes to residents (children, young people, and adults) via their communication networks (parent mail, newsletters, Facebook and WhatsApp groups etc).

In addition, schools and teachers are acutely aware of and are offering/ developing their own responses to certain issues (such as mental health, wellbeing, and bullying) which have been prominently identified in this research. Thus, **schools have a key role to play** in helping design and link up such initiatives community-wide and efforts need to be made – perhaps via Local Authority outreach efforts – to **facilitate better links**.

Community building assets

In comparison to Ruscote (though perhaps not Neithrop), Grimsbury has a limited number of community spaces and buildings which run activities and sessions. These include Grimsbury Community Centre, East Street Children's Centre, East Street Common Room, St Leonard's Church and Banbury Mosque. That said, not all (such as the East Street Children's centre) are able to hire out rooms for new community activity.

However, these assets are **already very well used and operating at near-maximum capacity**. For example, asset mapping (see appendix 2) shows that Grimsbury Community Centre has very few spare time slots available, while St. Leonard's Church Hall is currently unavailable due to needing repairs. In addition, as noted above, volunteer time to facilitate or run sessions in available spaces is extremely stretched.

Given this situation, as linked to the point above regarding **cross-ward communication**, a discussion could usefully be had via the North Banbury and Grimsbury Networks to **discuss common pressures and potential solutions regarding demand and availability of community spaces and improved use of under-utilised spaces**. As the nearest community space to Grimsbury, for example, could Neithrop Hall pick up some Grimsbury 'demand'?

Also mentioned was the **East Street Centre**. Not all of the centre is in usage and there is a large amount of equipment which is therefore not accessible. Again, a conversation to **bring this facility into fuller use would be beneficial**.

Service design and strategic networking

There were many **positive comments in relation to communication, support, and interaction with Cherwell District Council** from community groups and organisations (and a strong sense that the support of certain officers was highly valued). The long-term support and resource that Cherwell has committed to and the trust which has been built over time between CDC and key community partners

would appear to be the main underpinning reasons for the successes (although not without their challenges) of these relationships.

At the same time, there was **evidence of frustration from some interviewees in relation to red tape and bureaucracy** (Oxfordshire County Council) hindering funding being awarded and therefore reducing the effectiveness of projects, and a **lack of effective engagement with primary care networks**.

Regarding the latter, and echoing the point made in the introduction to this discussion of findings, opinion was expressed that while NHS managers are keen to use the voluntary and community sector to support people in the community, a frank but constructive dialogue with the voluntary and community sector (VCS) was lacking. Increased discussion between these partners would enable a better understanding of the pressures felt by the VCS to deliver (for example, the need for full-cost recovery funding, and better support for the organisations which may have additional pressure put on them by social prescribing): '*the VCS is a victim of its own desire to help. There has been a willingness to take on more and more but there comes a point when you can't do anymore. We can't prioritise services that aren't being funded directly – something has to give*.'

Encouraging more people to take part in health and wellbeing activities

The need for improved communication and publicity were key findings (see below- *community and communication*).

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**. Paying to attend sessions or take part in activities was seen as likely to put people off, especially with the cost-of-living crisis. 56% of survey respondents stated that free or reduced cost events and activities would help improve health and wellbeing. In this regard, a particular need for **more affordable activities for residents with young children** was identified.

In addition, 44% thought **strong community relationships and activities would bring people together**. This latter finding also evidences the need to **improve community interaction and integration** (see below - *community and communication).*

Comment was also made that '**bring a friend' or 'buddying-up' approaches would be useful, while the timing of sessions** was also noted - with some unable to make sessions due to them happening at limited times which did not fit in with their schedule. 52% of survey respondents **suggested sessions and activities at different times of the day/ week** would help improve health and wellbeing.

3.3.3.4 Community and communication

When asked in the community survey if **satisfied with Grimsbury and Hightown as a place to live, the weighted average was 3.43 on a scale of 1-5, where 5 was most positive**. At the same time, **21.5% *did not* agree at all when asked if they felt part of the community**. This is a not insignificant level of dissatisfaction, with several reasons suggested from the research.

Firstly, **30% of respondents to the survey did not feel safe in their neighbourhood** and some had been victims or witnesses to crime. **Anti-social behaviour was repeatedly referred to** in conversations (related in particular to drug and alcohol use in parks etc., and bullying). There was a sense that **certain places were no-go areas**, particularly at night, while several women who were consulted expressed how they would take steps to protect themselves if out and about (carrying keys in their hand) and would let people know where they were.

Secondly, **a significant percentage (34%) did not agree *at all* when asked if they knew where to get information in Grimsbury and Hightown**, if they participate in community consultations (45%), if they feel they are listened to (32%), if they feel involved in decision making (47%) and if they can personally influence decisions (37%).

Taking the above into account, it is clear that a significant number of people, across all demographics, feel alienated within the community and from local democratic processes. At the same time, notwithstanding the clear and obvious value that many see in the work of community groups and organisations, there would appear to be a minority who are unaware of this work: those who know, know, those who don't, cannot access it.

Therefore, **ways must be found to improve communication with the wider community**. There is no silver bullet. The most successful way of getting information out identified in the research was via word of mouth and leafleting. This has obvious resource implications (time and cost). However, there is perhaps no substitute for this kind of hyper-local activity, going to where people are, rather than expecting people to come to you. It is also felt that although technology (social media and the internet) has a part to play in publicising what is going on, deferring to 'look at websites', such as Livewell, should not be the only answer. Not everyone is comfortable using the internet or has an internet connection in the first place.

A **comprehensive community communication strategy** needs to be collectively discussed and developed, combining a calendar, noticeboards, leafleting, and technology (websites and social media). Another means may be bus-stop advertising - this could be usefully explored with companies operating locally. Linking in with school communication networks is another important means of reaching certain demographics.

Given the **sense of community alienation and issues of trust and integration** between different cultures which also emerged from the research, an emphasis should be put on developing a **programme of outreach and events designed to bring people together and break down barriers**. Food-based initiatives (such as community feasts and lunches) were cited as ways to achieve this, such initiatives also being seen as useful in bringing different age groups together.

Language classes (particularly conversational English) **for speakers of English as a second language** was also noted as something that could be beneficial, facilitating further integration but also allowing, for example, people to talk to a doctor without the need for an interpreter.

3.3.4 Challenges identified from research

3.3.4.1 Cost of living

The increase in the **cost of living was a prominent issue in the research**.

It is clear that **many people directly consulted are struggling to make ends meet**. **14% of survey respondents use local community foodbanks and larders**. When asked in the community survey about their personal experience of financial security, the weighted average was 3.33 on a scale of 1-5, where 5 was most positive. The average for ability to afford healthy food was much the same (3.27).

In addition, conversations with a locally-active charity noted there were **two significant new cohorts seeking support as a result of rising prices and interest rates**: lower to middle-income earners in full

employment who were getting into debt with credit cards and payday loans companies, who had never accessed support before; and pensioners *just above* the threshold for pension credit/ council tax rebates who do not have enough to get by given increases in the cost of living.

Perhaps the clearest indication as to the impact of the cost of living crisis is the **increasing number of foodbanks, larders, and meal providers etc. (both formal and informal) across Banbury**. Many organisations themselves are also offering food. However, feedback suggests that the demand is beginning to exhaust the available surplus supplies.

A map of foodbanks etc. available in Banbury would be useful. Some are listed on the Good Food Oxfordshire and Food Services in Oxfordshire websites but not all. An electronic *and* printed leaflet, made available in community venues and disseminated via web and social media would reach more people. This leaflet could also include details on key local organisations who offer wider advice relating to managing debt, financial management, energy bills etc. (such as Citizen's Advice and the County and District Councils).

New ideas – key themes

Multiple ideas were also put forward in relation to potential new initiatives and projects, linked to key themes:

3.3.4.2 Mental health and isolation

Research indicated a general **readiness to discuss mental health**, often combined with a commonly expressed view that **personal mental health and that of the community in general had been negatively affected by the pandemic and the cost-of-living crisis**. The weighted average response when people were asked how COVID-19 had affected personal health and wellbeing was 3 on a scale of 1-5 (where 5=hardly any effects). The weighted average as to how the Covid-19 Pandemic had affected community health and wellbeing was slightly more negative at 2.7. **Isolation, loneliness and a lack of social interaction** (which also contribute to negative mental health outcomes) were also regularly referred to as impacts of Covid Pandemic.

Respondents across all age ranges expressed support for more community-based mental health support. Community-based groups and local residents both made the point that mental health services have long waiting lists and private treatment is simply too expensive.

Ideas to help tackle these concerns and issues were put forward. These included: **activities for parents (*crucially*, alongside creche/ childcare facilities**); and (free or very low cost, hyper-local) **taster sessions.** It was felt that taster sessions would allow people the opportunity to explore what they enjoy – music, art, crafts, cooking etc. **A 'Knowing Me,' course which included future visioning** could be developed and offered across a range of age groups. This would focus on exploring individual gifts and passions and providing a plan for the future, building confidence and aspiration.

There was evidence that **peer-to-peer support is present in the community**, with attendees of certain sessions discussing their issues over tea and food. The identification of collective issues in these informal settings could be the **building blocks for the development (co-design) of new support initiative**s, whether peer-to-peer or delivered by external agencies and organisations. At the same time, it was felt that group sessions were not useful to everyone, with (confidential) one to one support also required.

Wellbeing 'first aid training' for volunteers, residents, and staff of community organisations was also suggested. Such training could be useful for spreading awareness, disseminating coping strategies,

and providing knowledge needed to signpost clients and service users to different levels of support (if available) throughout the community. This could also be linked to a local campaign – see also above, theme-based working.

The need to build trust and long-term relationships with community members, is vital for providing mental health support, as is a robust communication strategy that gets 'the message right' to avoid any stigmatisation. The suggestion was made that the 'warm spaces' concept could be developed into a 'safe spaces.

In **terms of initiatives which were deemed highly successful** and could therefore be very usefully extended or (revisited), attention was drawn to Citizen's Advice **social prescribing projects** and the Royal Voluntary Service community-based COVID-19 response. Notwithstanding the challenges discussed elsewhere about effective resourcing of these projects, the point was strongly made that to secure the most effective outcomes with regard to supporting those who need it within the community, **there is no substitute for deep community work** which focuses on building trust over time and incorporates mentoring in order to identify an individual's key issues and support them to engage with their solutions – for support to be effective it needs to go beyond basic signposting.

3.3.4.3 Young people

As noted above, while researchers were unable to organise sessions with children and young people in Grimsbury and Hightown in the short research window, the **need for more support for children and young people was evidenced from conversations with organisations, groups, and residents** (including parents). These conversations suggested that **COVID-19 has increased anxiety in children and young people**, while pressures of schoolwork are becoming more intense. It was felt that whilst many young people fell behind academically during the COVID-19 pandemic the same attainment expectations are in place, leading to increased stress and anxiety.

Useful in this regard would be the **resourcing of informal spaces**. Opinion was expressed that young people do not always want to do activities (some do, of course) but many **just want somewhere to hang out.** A 'light-touch' support space, with youth workers and trained volunteers on hand, could **allow trust to build, allowing for a deeper understanding of issues to be developed** and therefore permit more effective support strategies to be designed (with the input of young people themselves). Sessions on, for example, what bullying is and how to manage it, dealing with difficult emotions, and how to manage and use social media, could all have a positive impact – but these should only be offered once trust is built.

Again, **messaging and informality is important** , branding activities and interventions 'mental health support', for example, may be off putting to young people with negative perceptions of mental health support or a fear of being stigmatised. Furthermore, Informality is vital, allowing conversations to emerge organically. Linked to this was the idea to bring together young people from across the wider community (perhaps a sports session in a neutral space) with the aim, after a few sessions, to encourage conversations about where they are all from, find out more about each other, and start to break down barriers, perceived opinions, and stigma that are often raised about coming from a particular area.

The need for more youth workers was emphasised. Again, there could be 'economies of scale,' with the different groups and agencies involved in youth support coming together to discuss joint initiatives and funding bids etc. while complementing each other's skills, strengths, and existing connections.

However, a **cautionary note should be added**. While feedback suggested that committed, long-term youth work does build the trust that allows young people to discuss and address their anxieties and mental health challenges, **those working in the field expressed frustration that they struggled to**

effectively signpost young people to sources of support. The CAHMS waiting list is extremely long, for example. Thus, pastoral support can only go so far - ways must be found to better support young people with adequately resourced mental health initiatives based in trusted community spaces where young people feel safe.

Although not directly raised in Grimsbury and Hightown, the ward may benefit from engagement with a subject which was identified and discussed in Ruscote and Neithrop: **better support for children and young people (and importantly, parents) of those with special educational needs (SEN)**. There was a feeling that these needs were becoming more pronounced, with some schools engaging with the matter more effectively than others. It was felt that this was a theme that could benefit from deeper consideration – Brighter Futures in Banbury could be a useful forum to explore this issue in more depth.

Schools are, needless to say, **a vital voice in this conversation,** but as well as on the issue of SEN it would be useful to work on **better engagement with schools (and other settings such as the East Street Children's Centre) in order to more holistically explore (at a strategic level) the totality of pressures on young people** (including anxiety, attainment, bullying etc.) to more effectively build knowledge, complement and support existing strategies and co-design any new ones.

3.3.4.4 Healthy eating/ cooking

It was felt that **food-based initiatives, in general, may be beneficial to the community** *(more detail below).*

3.3.5 The impacts of COVID-19

The impacts of COVID-19 have been explored above in relation to mental health, anxiety and isolation, and the community-based initiatives which might help to address these.

In summary, while **some people expressed the opinion that they were not too negatively affected by the pandemic, many respondents noted feeling worried, anxious and/ or isolated**. 41% of respondents to the community survey experienced mild stress related to the pandemic, while 26% experienced moderate stress and 11.5% experienced severe stress. Some felt that this anxiety continues to affect them. There was generally expressed opinion that there is ongoing anxiety in the community as a result of the pandemic.

3.3.6 Food and healthy eating

In terms of maintaining healthy eating, **there were a mix of responses to this theme, directly related to personal situations**. Some felt that they ate healthily, had built up positive habit in this regard and were mindful of eating well, often cooking at home from scratch. However, some, if not most recognised a need and desire to 'do better.'

This is reflected in the survey results. 59% stated that **healthy habits around food and healthy eating was important to health and wellbeing. Just under 62% of survey respondents felt that healthy eating allowed residents to live a healthy life with a sense of wellbeing.** Personal experience of being able to afford healthy food had a weighted average response of 3.27 on a scale of 1 to 5 (where 5= very positive).

However, the latter finding in particular, suggests that a **significant minority are struggling to afford healthy food. The cost of living is clearly a factor** in this regard (see above, including the fact that 14% of survey respondents use foodbanks and larders). '*Good food costs more*.' That said, residents across

the ward may benefit from living closer to larger supermarkets (which sell cheaper food), such as Morrison's and Lidl (not in the ward but closer than Morrison's). 56% of survey respondents stated that local shops and services was something they liked about living in Grimsbury and Hightown.

Parents mentioned **other challenges** associated with a **lack of time to prepare good food, fussy eaters, particularly children that impacted ability to eat a healthy diet. Parents and other participants suggested that access to recipe ideas for cheap and simple to prepare food** would be useful, with others mentioning the **need for cooking classes/ sessions**. As with general feedback regarding community events, the timing and location (hyper-local) are critical to reaching people and getting them through the door.

As noted above **new, or extended, food-based initiatives may be beneficial** to the community. Feedback suggests that when food is included in community events or sessions feedback and interaction is generally very good. There was observation regarding the Play:Full project, for example, that young people very much enjoyed helping out with food preparation.

It was suggested that **food can be a 'gateway' to community interaction and cohesion**, bringing residents from different cultural backgrounds and different generations together. The convivial, social atmosphere that is created around food preparation and communal eating could be a very useful 'access point' to disseminating messages about healthy eating and exercise. A food strategy could include, for example, a strand to build on successful local projects such the Banbury Cooking Skills Project, developing a range of sessions focusing on cooking skills, cheap and healthy eating, nutrition etc.

However, it was also cautioned that people **often feel guilt concerning healthy eating** - many know they should eat healthily and indeed want to but are not always able to live up to their own expectations (and pressure engendered by health messaging). It is important, therefore, not to alienate residents when developing or extending any new food-based sessions (getting the publicity right is crucial). In this optic, incentives for attending could be useful, such as a giveaway of a recipe book, kitchen implement etc.

It is also **crucial to involve the schools and organisations that support children and young people**, there being a perception that this would help to develop healthy habits from an early age, as well as contributing to more positive mental health outcomes.

4 Recommendations

Recommendations have been clustered by key themes explored in the discussion of findings:

4.1.1 Public realm

Recommendation	
Local environment improvement discussion	Key partners (Town Council, Cherwell DC, Sanctuary Housing) to discuss: - new bins - improved management of verges and trees etc. - better management of playparks - better management of parking near community venues

Improve lighting in certain areas[3]	Key partners (especially PCSOs, Town Council and Cherwell DC) to discuss where streetlighting could be improved to increase sense of security and reduce ASB

4.1.2 Community, communication, and integration

Recommendation	
Develop a community-wide communication strategy	Discussion between local partners using existing networks to (for example): - Improve connections within the ward **and with** Ruscote and Neithrop - Develop a community calendar - Share resources - Explore most effective ways of reaching community and target groups (hyper-local approaches) - Explore economies of scale regarding publicity and outreach - Explore a whole-community website or FB page
Run language classes for speakers of English as a second language	Programme of conversational English courses in the community: - Discuss with key local organisations/ assets/ community connectors (such as Mosque, community centres, shops) to identify cohorts and best timing and locations for courses etc. - Liaise with ESOL training providers
Develop a programme of whole-community events	Discussion between local partners using existing networks to facilitate a calendar of events for the whole community: - 'Piggy-back' on existing events or developing new ones (e.g. community lunches and community celebrations/ open days) - Explore most effective ways to attract a large and diverse audience (e.g. food-based events) - Explore most effective ways to reach a large and diverse audience (communication strategy) - Ensure community groups have stalls/ buildings are open to welcome residents (to get the word out about what's happening locally and recruit volunteers)

4.1.3 Community action: innovation and resiliency

Recommendation	
Funding and bid-writing support	Discussion between local partners (including community groups, Cherwell DC, OCC, Sanctuary Housing) using existing networks to explore: - Funding to better meet needs – innovation in project and core funding

[3] The issue of poor streetlighting was referred to less in the research in comparison to Ruscote and Neithrop. However, there would be value in discussing potential improvements in Grimsbury and Hightown part of any wider discussion.

Improve joint-working and networking	Discussion between local partners using existing networks to: - Explore ideas for community activity suggested by the research and how to potentially deliver - Map existing activity to identify gaps and crossovers in key themes, complement existing activity, avoid duplication, identify new provision etc. - Facilitate joint-activity (potentially theme-based steering groups) and funding bids - Explore common themes, challenges, opportunities and solutions (e.g. volunteering, safeguarding, training) - Identify where innovations such as creche/ childcare facilities could most usefully be made available to allow better access to community activities for parents and guardians.
Explore improved usage of community venues	Discussion between local partners using existing networks to explore under and over-usage of venues and where new or extended activity could best be targeted and located (including *outside* Grimsbury and Hightown).
A (north) Banbury Volunteer Drive	Discussion between local partners using existing networks to launch a volunteering drive.

4.1.4 Community action: meeting locally identified needs

Recommendation	
Project ideas set out below are those suggested from community research. **These would need to be discussed within community networks and subsequently developed via genuine and bespoke co-production (community-led).**	
Additional support for young people	Key partners to discuss additional resource to provide more informal support (e.g. drop-in sessions) for young people in community venues to address self-identified mental health need and other support issues (e.g. bullying, drugs and alcohol, social media). More affordable activities for school age and up - consider weekend activities with parent coffee morning on the side.
Community-based mental health initiatives	Key partners (including BFIB and community partners) to discuss improved support. This might include funding for a mental health visitor to undertake one-to-ones and group support sessions at community venues, being available for informal chats at set times in different venues, offering groups support (organised via existing community activities/ sessions).
Fund additional (or extend) sessions which already offer peer-to peer support	Sessions such as The Community Club at Grimsbury Community Centre are valued, informal and safe spaces where residents support each other. They are also places where new project ideas to support needs can be creatively explored.
Explore food-based initiatives	Build on the existing community food-based projects, interests and enthusiasm.

	Consider how best to achieve cross-cultural and intergenerational connection. Initiatives might include: - Informal, learn to cook courses - Cheap and healthy cooking - Food for fussy eaters - Bring and share meals
Produce a map of foodbanks	Produce a map of local food banks/ food support and include key sources of cost-of-living support. Make available as a printed and electronic resource
Introduce community-based Life Skills sessions	Key partners (perhaps through BFIB) to discuss resourcing and running a regular programme of community-based support sessions. These might focus on, for example: - Household budgeting - Cooking and nutrition (*link to food-based initiatives*) - Energy saving - Benefits advice - Parenting advice - Mental health coping strategies - Personal development - gaining confidence
Improve walking and cycling infrastructure	Key partners (e.g. Town Council, Cherwell DC) to discuss improvements to walking infrastructure: - Signage and notice boards - Activities leaflets and downloads (liaise also with Banbury Museum and Historical Society) - Extension of (guided) wellbeing walks – discuss with Ramblers - Family nature walks - Introduce cycle paths
More support for children with Special Educational Needs (and parents)[4]	Key partners (including BFIB, schools and existing SEN group) to discuss improved support.

List of Appendices

The appendices below that support information in this report are available as supplementary documents:

Appendix 1 - Distance to Services (Online)

[4] This recommendation was identified through Ruscote and Neithrop research. It was not raised in Grimsbury and Hightown. It has been included here as there may be value in exploring this issue locally as part of that wider discussion.

Appendix 2 - Local Groups, Organisations and Assets (Online)

Appendix 3 - Community-based initiatives and projects: 2010 – present (Online)

Appendix 4 - Research Questions (Online)

Appendix 5 - Grimsbury and Hightown Community Survey (Online)