RUSCOTE AND BANBURY CROSS AND NEITHROP COMMUNITY INSIGHT PROJECT: WINTER 2022-23

REPORT

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Foreword

Across 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, wellbeing 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

Executive Member, Healthy Communities, Cherwell District Council

March 2023

1 Executive summary

In October 2022, Community First Oxfordshire was commissioned by Cherwell District Council to undertake community insight research in the Ruscote and Banbury Cross and Neithrop wards in Banbury (referred to as Ruscote and Neithrop from now on).

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 research explored in this report was to capture the opinions of the community in relation to: 1- the local strengths and assets that support and enable health and wellbeing; 2- challenges to health and wellbeing and what would help to address these; 3- the impacts of COVID-19 and; 4- food and healthy eating.

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 Ruscote and Neithrop 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, **169 people were reached**, across a broad demographic range.

1.1.2 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 range of activities and external-based institutions active locally.

For residents, green spaces and parks were highly used and valued assets, with people also enjoying walking and socialising. There are some improvements that would be welcomed here, for example to address litter, the state of repair of facilities, and develop local walks. Location is also seen as a benefit, with the proximity to 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 locally as well as the physical assets such as community centres and other settings which host or facilitate these activities. Various non-Ruscote and Neithrop-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 in relation to social interaction and health and wellbeing with a number of successful

initiatives developed and rolled-out over recent years (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 local 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. In addition, while some enjoyed the multicultural make-up of the community, there was evidence of racism and a sense that more could be done to build bridges between different parts of the community to build more trust and connection.

A range of health and wellbeing challenges were raised. Mental health and isolation were common concerns and there was a generalised perception that COVID-19 has contributed (negatively) to already existing concerns. The cost of living is also contributing to stress and anxiety. There was a strong sense that the community could benefit from more mental health initiatives and support. There was also much comment in relation to young people, and the need to provide more youth workers and offer informal but supported spaces which could offer pathways to positive engagement with a range of identified issues 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 stymied 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.

Finally, there was *very extensive overlap* in the findings with the research project which CFO undertook in Grimsbury and Hightown. Therefore, it makes sense that any initiatives that follow from the recommendations are developed cross-ward but rolled-out using the hyper-local networks that exist in the different wards, making use of long experience that community groups have in knowing 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
- Improve walking infrastructure
- More support for children with Special Educational Needs (and parents)

1.2 Acknowledgements

CFO would like to offer its sincere thanks to the residents of Ruscote and Neithrop and the many locally based organisations 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

Cherwell District Council have been commissioned to project manage the development of Community Profiles for three wards in Banbury. Working with steering groups made up of community partners, they have created profiles for three wards in Banbury where residents are most at risk of poor health, or experience health inequalities. This report covers two of the three areas – Banbury Ruscote and Banbury Cross and Neithrop (referred to as Ruscote and Neithrop in the report).

The profile will include 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. At the same time, these profiles will also be informed by what residents of Ruscote and Neithrop think about what it means to live in the area and their opinions and observations with regard to health and wellbeing.

Community First Oxfordshire was asked to undertake community insight gathering for the Ruscote and Neithrop 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.

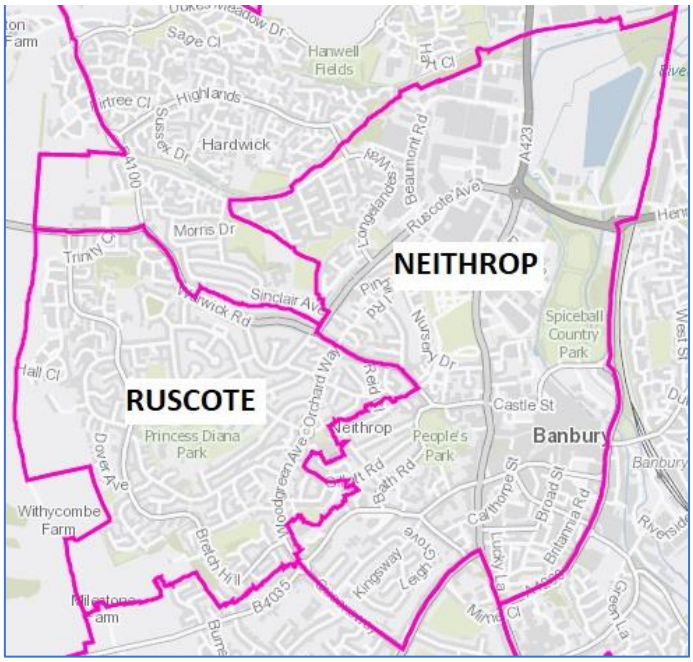
Specifically, CFO was asked to:

- 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: 1- the local strengths and assets that support and enable health and wellbeing; 2- challenges to health and wellbeing and what would help to address these; 3- the impacts of COVID-19 and; 4- food and healthy eating.
- 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 Ruscote and Neithrop.
- Provide recommendations for further insight needed and/ or actions to take forward from the findings.

2.1 Ruscote and Neithrop - the community

2.2 Location and history[1]

Figure 1 : Map of Ruscote and Neithrop Wards



Source: SHAPE Atlas

Ruscote and Neithrop wards are located in north Banbury. Both are bordered to the north and west by the ward of Hardwicke and south by the ward of Easington. Neithrop is adjacent to Grimsbury ward and Ruscote to the parish of Wroxton.

Ruscote had a population of 6200 (ONS: 2011). The largest ethnic groups were white (88%) and Asian/ Asian British (7.2%). Neithrop had a population of 5900 (ONS: 2011), with the largest ethnic groups being white (84%) and Asian/ Asian British (12%).

Neithrop is first mentioned in historical records in 1224. Subsequent population growth was very gradual, with the village only being subsumed into Banbury by the later eighteenth century, a process of industrialisation bringing, for example, the Britannia and Cherwell works and then the railway. Neithrop had become by this point a predominantly working class area, 'a populous and disorderly suburb [where] there seems to have been a good deal of expansion.'

As well as new housing, new public buildings were built in the nineteenth century, including churches, chapels and 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 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

[1] 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

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. Some 500 new homes were built in Neithrop before 1939 while in Grimsbury, 300 homes were built after 1945 in the areas of Grimsbury Square, Fergusson Road, Howard Street, School View, and Edward Street. Today, the main registered provider of housing in the wards 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 new 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 a significant South Asian communities) or those of Eastern European heritage more recently.

2.3 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 regard 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 have from the 'decline of the high street', with many shops and businesses closing in recent years, a situation exacerbated by the 2008 banking crisis and subsequent recession and policies of austerity. Nevertheless, the town continues to be a focal point for housing and economic development/ regeneration in the district of Cherwell.

There is a major shopping centre at Castle Quay (Neithrop) and across both wards there are a number of public houses, fast food outlets, cafes and restaurants, smaller supermarkets such as Nisa and the Coop (Ruscote Arcade) as well as larger supermarkets such as Aldi, Lidl and Waitrose. These larger supermarkets are more distant from Ruscote ward, which is located further to the west.

There are multiple play areas and parks across both wards, with the Spiceball Leisure centre located in Neithrop and the Wood Green Leisure Centre on the border of both wards. In addition, there are community centres in the wards, The Hill, and Ruscote Community Centre (which functions more as a community hall). These offer and host many community groups, services and organisations, as do several places of worship (see Appendix 2). The Sunshine Centre is also located in Ruscote.

[2] These are calculated from a mid-point between the wards - the roundabout at Woodgreen Avenue/ Orchard Way

2.4 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 locally based activity in recent years.

The table below summarises the range of organisations and assets which have been locally-involved in community-based activity since 2010 - 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 more detailed overview of current groups, organisations, partnerships etc. supporting health and wellbeing and an overview of community-based activity and initiatives can be found at appendices 2 and 3 respectively. **Some of these are based in Ruscote and Neithrop while some are based elsewhere but offer support and services in the area.**

2.5 Groups, Organisations, and Partnerships within Ruscote and Neithrop

Table 1 List of groups, organisations and partnerships within Ruscote and Neithrop

Ruscote and Neithrop-based volunteer-led groups	Faithworks Furniture Project
	Parent-led Special Educational Needs group
	Smart Tots Exercise
	Banbury Shed
	Women's breakfast craft club (at the Hill)
	Lunchbox Project
Ruscote and Neithrop-based organisations	The Hill Community Centre
	The Sunshine Centre
	The Mill Arts centre
	The Sunrise Multicultural project
	The Oxford Parent-Infant Project
	The Beacon Drop-in Centre
	Banbury Community Support Service
	Ruscote Community Centre
	MIND
	Restore
	St Joseph the Worker Church
	St John the Evangelist Church
	Fairway Methodist Church
	Marlborough Road Methodist Church
	St Mary's Church
	Southam Road Evangelical Church
	Banbury Community Church
	St Paul's Church
	The People's Church
	St Francis Church
	Park Road Masjid
	Salvation Army

	William Morris School
	Orchard Fields Primary School
	St Mary's Church of England Primary School
	St Joseph's Roman Catholic Primary School
	Queensway Primary School
	Hillview Primary School
	Frank Wise School
	North Oxfordshire Academy
	Banbury and Bicester College
Non-Ruscote and Neithrop-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
	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
	Al Medina 313
	Local Larder
	Breadlien 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 (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.

2.6 Types of community-based activity and projects (2010-2023)

Table 2 List of community-based activities and projects since 2010

Volunteer-led projects/activity	
WHAT	**ACTIVITY/ THEMATIC FOCUS**
Faithworks Furniture Project	Distributes households good to those in need
Parent-led Special Educational Needs group	Parent, child and family support
Smart Tots Exercise	Parent, child and family support
Banbury Shed	Socialising, mental health
Non-volunteer-led projects/activity	
WHAT	**ACTIVITY/ THEMATIC FOCUS**
The Hill Community Centre	Hosts/ supports/ runs multiple groups and activities
Ruscote Community Centre	Hosts/ supports/ runs multiple groups and activities
The Sunshine Centre	Hosts/support/facilitates multiple groups and activities, Childcare, signpost and individual support for children and families and the community.
The Beacon Centre	Homelessness
Local places of worship	Activity/ support includes: socialising sessions, spiritual support, foodbanks/ community larders
Oxford Parent-Infant Project	Parent, child and family support
Sunrise Multicultural project	Multiple focuses: integration, parent/ family support, support for young people, cultural awareness
Partnership projects	
WHAT	**ACTIVITY/ THEMATIC FOCUS**
Brighter Futures in Banbury	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
Oxford United in the Community: PL Kicks Programme	Physical and mental health/ social issues (young people)
Move Together	Physical and mental health
You Move	Low-cost activities for families
North Banbury Network	Community resilience, strength and cohesion
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, whether volunteer and community-led or externally based yet active in Ruscote and Neithrop, with which the Insight programme needed to engage in order comprehensively to explore the research aims set out in the introduction.

These groups and organisations were contacted in order to make introductions to the project and build relationships. Huge thanks are due, in particular, to Cherwell District Council, the Hill, the Sunshine Centre, the Sunrise project and St. Mary's Primary for their trust, help, and efforts in talking to local residents, introducing the insight project, and establishing consent for the CFO team to come along to community sessions and events to talk to people.

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 appendix 4).

   Researchers then attended community activity sessions and spoke to attendees, taking them through the questions and taking notes. CFO also undertook interviews in the wider community, talking to residents at the Winter Wishes event at the Hill Community Centre, for example. For community-based organisations, interviews with key representatives conducted either face to face or, where this was not possible due to pressures of time, via email.

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

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

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

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

   Again, the mapping process allowed the research team to identify potential focus groups, with the intention to hold sessions across a range of demographics, client groups, and community organisations.

4. ***Community survey***

The primary focus of the research was qualitative research.

However, it was recognised that a survey could help establish more general, quantitative opinion in relation to the key research themes.

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.

Where quotes or case studies have been used some of the detail such as gender and characteristics of the respondent may have been changed to make them less identifiable

3.2 Research findings

Presented in this section are summaries of the key themes identified during project research in relation to the different methodologies used and questions asked. Non-attributed quotes from these sessions and anonymised case studies have also been used to illustrate many of the points made and opinions shared.

3.2.1 Resident one-to-one interviews

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

Table 3: Settings and number of residents consulted in one-to-one interviews

Setting	Number of residents consulted
Community Fridge	1
Park Road Mosque foodbank	3
Park Road Mosque	3
Sunshine Centre – Winter Wishes	6
The Hill – Winter Wishes	12
Wellbeing walk	2
The Hill – men's breakfast	3
TOTAL	**30**

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

3.2.2 Summary of Key themes from one-to-one resident Surveys

Research question	Main themes	No. of references
	Sense of community	14
	Community Centres	10

What do you value as a community?	Green spaces/ parks	7
	Close to services	3
	Library	1
'The Hill [community centre] is a space where I feel safe, find support and advice.' 'Everyone knows everyone. People mingle and do stuff together. It's good because I know where my kids are, who they are with and what they are doing as all of the neighbours keep an eye out.'		
What do you do, to keep healthy, mentally, physically, emotionally, and spiritually?	Walking	14
	Socialising (friends + family)	10
	Go to community groups	5
	Exercise	4
	Job	2
	Spiritual practice/ faith	2
	Volunteering	1
	TV	1
'I walk and spend time with others in the block - some of them have known me from a child.' 'We're very lucky we're close to the countryside. I love being out in the fresh air.'		
What kinds of things are most challenging for you living in Ruscote and Neithrop that impact on health and wellbeing?	Cost of living	8
	Lack of support for children with learning disabilities	6
	Getting access to a doctor	5
	Don't feel safe	3
	Anti-social behaviour (including racism)	2
	Poor public transport	2
	Lack of advertising for community activities	2
	Traffic	1
	Lack of support for young peoples' mental health	1
	Litter	1
	Lack of aftercare in the community	1
	Timing of activities need to be more flexible	1
'Finding things to do and access to services. It's challenging to get a doctor's appointment.' 'There have been issues with anti-social behaviour, teenagers that are racist. "ANTP," anti- [racist slur]. I live near the park and I didn't take the children there but when I did I got called a [racist slur] and spat on.'		
Do you feel safe in the community?	Yes	5
	Yes- generally	4
	No	3

'I feel safe in my house but I won't walk through the park or into town by myself as I don't feel safe. There are groups of men drinking in the church yard and groups of loud people. There are no police walking the streets anymore.'

'I don't feel safe for my children to be by themselves. I live next to People's Park and there are stabbings and other goings on in the park which make me feel uneasy. The Police are quite often at the park.'

'Yes. I've been in all the houses in the neighbourhood and everyone knows me.'

What are the local strengths and resources that support community health and wellbeing?	The Hill Community Centre	14
	Sunshine Centre	8
	Park Road Mosque foodbank	4
	Parks/ green spaces	2
	Wellbeing walks	2
	Local churches (general)	2
	Marlborough Road Church (messy play, parents and tots)	2
	Spiceball leisure centre	2
	Age UK	1
	Spit n' Sawdust boxing club	1
	Orinoco	1
	Library	1
	SEN group	1
	Banbury Museum	1
	St Paul's church – Dancing Dinocorns	1
	Livewell website	1
	My Life- My Choice	1
	Cherwell DC support worker	1

'[I use] The Hill, online Oxfordshire Livewell for information which was signposted to me by a social prescriber.'

'This is our first time at The Hill - we found out about it on Facebook.'

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 HELPS**	
	Habit – making a point of home cooking/ eating healthily	4
	Range of supermarkets	1
	Children – need to look after them	1
	CHALLENGES	
	Cost of living – processed food cheaper	4
	Children are fussy	3
	Lack of time	1
	Physical issues with eating	1
	WHAT WOULD HELP	

	Healthy eating/ cooking session	3
	Cooking sessions for children	3
	'Cheap and easy' recipe ideas	2
	Cultural interaction base around food	1
'I'm supposed to eat healthily but not a good cook. It's snacking that is difficult. We're good with meals and the kids eat well and I encourage the kids to eat well even though I don't always myself.' 'My family are not healthy eaters. My youngest won't eat fruit and veg but my oldest will As they all want different things or versions of meals. I have to cook different meals for the family so I don't bother for myself - I eat a sandwich.' 'Kids are not great, so a grow and cook initiative would be useful.'		
Do you think you and the local community would benefit from additional initiatives to support health and wellbeing?	Multiple ideas: - Support for those with learning disabilities (adults and children) - Support for mental health (in general) - Creche/ childcare so parents adults can do activities - Reinstate the paddling pool in People's Park - Cooking club/ classes - Multicultural events/ initiatives/ outreach - More support for parents/ single parents/ parenting skills - Befriending - Young people focused support (mental health, safe space) - More community events - Asian women's swimming sessions - Free meals - Taster sessions - More affordable activities - More after care in the community - Better/ more signage for walks - Better communication about what is happening locally - Paddling pool - Carnival - Intergenerational dementia projects	4 4 3 3 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1

'There's such a wide range of people- a cooking club could help draw in diverse people and get to know each other.'

'More community activities and activities in parks. Bring back the paddling pool in People's Park and more picnic tables so it's something affordable for all families. Bring back the carnival as it's not just the event but groups and children designing and producing the floats for months before

'Yes-more places like the Hill. Especially advice and living support groups. Cultural spaces where people aren't judged.'

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	15
	Yes - creche	1
	Yes – gardening club	1
	No	3
	Maybe	1

'I would try to. It would be good to meet other people.'

'Yes. It would be good to have more community events in the summer and street parties and tea parties to build relationships. It could be organised by all the various faiths in Banbury to bring all of the faiths and cultures together and be a proper representation of Banbury.'

What do you think would encourage more local people to create or take part in health and wellbeing initiatives?	Better/ more (positive) advertising	7
	Subsidised/ free activity	5
	Incentive-based initiatives	2
	Activities at different times to catch different groups	2
	Befriending/ buddy scheme	2
	Creche	1
	Things need to be very locally-based	1

'People need an incentive so they get something else out of it, like a gift card for exercise but you have to come every week to get it - it would help behaviour change.'

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)	10
	Worried and anxious (ongoing)	10
	Children and young people's education suffered	4
	Children and young people's mental health suffered (ongoing)	4
	Income negatively affected	2
	Less sense of community	1
	Less community activity than pre-pandemic	1
	Positive – more family time	1

‘Isolation. I have a friend who is very social and the lack of social contact nearly drove her mad. Some people are still scared to go out or won't be in a big group or still wear a mask.’

There was a lack of things to do although it depended on your circumstances. Working from home without childcare was difficult and home schooling. My children were happy to go back to school.’

It's been largely positive as we're more together as a family. My son was born during covid. It was difficult sometimes as I couldn't go to the appointments with my partner.’

LOCAL STORIES

‘Steve - seventies

Steve has lived in the area his entire life. He thinks that people are friendly, although not so much in the town centre. ‘I don't feel safe in the town anymore. This is a recent thing with so many people coming in. Especially in the dark, I don't feel happy walking on Banbury High Street. I feel uncomfortable.’ He thinks that immigrants are taking up resources but ‘I don't begrudge them that, especially if they are fleeing from a war. But it means less for everyone else. We need more facilities and infrastructure for everyone’

To look after his mental health Steve goes on walks. Steve is aware of pressures such as the rising cost of living. This affects him but he ‘tries to let those problems go over my head. You do what you can do, I'm an optimistic person. But I read a lot and I can't understand why some prices are so high, especially petrol when the oil price is falling. The government is [expletive]. It’s on a different planet.’

Steve also feels that there is not enough for young people to do and also thinks that more people would definitely benefit from wellbeing walks if they knew they were happening. Sometimes people ask them what they are up to when they are walking on a group and express an interest in taking part. ‘You need to get the word out more.’

Steve also feels there has been less socialising on these walks since covid and less people have been turning up because they are still anxious and continuing to spend a lot of time at home. Steve coped with the pandemic well, he felt: ‘I just tried to get on with it. It didn’t really affect my wellbeing or my husband's. We were home alone but not too isolated. I might have felt more isolated if I couldn't have been able to go out on walks.’

LOCAL STORIES

‘Daniela - sixties

Daniela suffers from social anxiety and panic attacks. Because of this she sometimes appears ‘snobby’ but it’s just because she can’t bear lots of people. She does feel that she is helped by her faith and by the sense of community. ‘We all help each other in my block of flats - it's a community.’

Location wise, Daniela likes the proximity to town and the regular bus services. She also feels that ‘it’s like heaven with the park. She used the park a lot during lockdown and is pleased that the drink and drugs issues in the park seem to be being dealt with. She does a lot of walking with her friend and goes into town three times a week and is also happy with her housing situation: ‘the council

found me a good place to live' although she was unnerved by a murder a couple of streets away just after she moved in.

Daniela has physical ailments that makes it painful to sleep. She has had physio and drugs but nothing has really helped. Her experience of accessing health services is quite negative: 'sometimes you have to wait eight hours for the doctor to call back.'

Daniela uses the Mosque (Park Road) foodbank and also goes to the drop in at Highlands Church. She 'tries not to overindulge' with unhealthy food and when she goes to the fish and chip shop asks them to cook the fish without batter. She eats tinned fruit as fresh goes off too quickly.
In terms of additional support and services, Daniela thinks that people benefit from having access to counsellors 'to talk to about issues, to share thoughts and needs.' She also thinks the elderly also need more support and that too much focus is on young people.

The pandemic is continuing to have an impact. 'Not everyone is going out - a few in my block still won't go out,' while some are housebound.

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

Table 4 List of organisations consulted for one-to-one interviews

Organisation	
Ruscote and Neithrop based	
The Hill Community Centre (x 2 workers)	
Faithworks Furniture Project	
Ruscote Community Centre	
Oxford United in Community	
Sunshine Centre	
Local district councillor	
Non-Ruscote and Neithrop based (active in community)	
Banbury Young Homeless Project	
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	**20 (individuals)**

20 one-to-one interviews (face to face and/ or email) were held with groups and organisations which are (or have been in the recent past) actively engaged in projects in Ruscote and Neithrop. 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.

3.3.1 Summary of Key themes from Local groups and organisations

<table>
<tr><th>Research question</th><th colspan="2">Main themes</th></tr>
<tr><td>Which projects, programmes and initiatives focused on (or including Ruscote and Neithrop) has your organisation been involved in (last 10 years)</td><td colspan="2">See appendix 2 for a detailed overview</td></tr>
<tr><td rowspan="3">What has been your experience of collaborating with other groups/ charities/ agencies?</td><td colspan="2">Collaboration is good – but can always be improved</td></tr>
<tr><td colspan="2">Collaboration takes time and resources</td></tr>
<tr><td colspan="2">Good local networks</td></tr>
<tr><td colspan="3">‘You learn a lot from different organisations.’

‘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.</td></tr>
<tr><td rowspan="4">In your experience, what works well in getting residents involved in projects and initiatives, and what doesn’t (barriers to involvement)?</td><td>What works?</td><td>What are the barriers?</td></tr>
<tr><td>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
- Take time to build trust/ relationships and walk alongside people. Encourage them to slowly take ownership of ideas/a space</td><td>Affordability (cost of sessions or having to travel)</td></tr>
<tr><td>Keep things social/ use food as a ‘way in’</td><td>Poorly located activities and limited timings</td></tr>
<tr><td>Free/ taster/ flexible sessions</td><td>Mental health:
Anxiety etc. making difficult for people to attend sessions/ engage</td></tr>
</table>

	Family activities	Language barriers
	Locally-based activities – get the venue right	
	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 Hill, 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	

	Link knowledge and skills to activity so people can do things for themselves
	Funding: - Long term core funding - Seed funding for new work – let it grow organically - 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. 'Funding is a massive problem.' 'Don't over-commit, be true to your aims and know your boundaries.'	
What are the key challenges you face as a community-based organisation – what would help you solve them?	Funding
	Getting people along
	Capacity, workload and resources to manage it
	Anti-social behaviour (disrupting sessions and putting people off)
	Communication: - Keep working to improve communication between/ within groups and agencies - Communicating effectively with local residents
'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' 'The need. It is a very fluid and volatile environment with economic recession and shrinking public and charitable services.' '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 and depression (ongoing) across all ages but esp. 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 increased 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.'	
Do you have any other observations about health and wellbeing in Ruscote and Neithrop and how it could be improved?	Use trusted community figures/ key connectors to get the word out to the wider community)
	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 but especially for young people - More drop-in sessions/spaces for young people - More activities for school-aged children upwards - More health services for under-5s - Anti-bullying initiatives and 'managing' social media
'A lot of what we see is generational – learned by rote. It will take resources, time and commitment that this present climate probably hasn't got.' 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 **'Pelin - thirties**
Pelin has two young children. She was generally positive about local facilities and services, making reference in particular to People's Park and the range of local shops. She goes for walks because she enjoys nature, does a lot of knitting, and also uses the library regularly. Pelin also accesses services at the Sunshine Centre, such as parent and toddler sessions, and has also gone to Orinoco

and taken the kids to do crafts. She has also attended messy church sessions at Marlborough Rd and other locations.

Pelin 'feels a slight sense of community' but does look out for herself and her daughter: 'I only allow my daughter just outside of the house in the garden.'

The cost of living is having an impact on her quality of life, particularly rising energy prices and the cost of heating. Pelin has less money and 'so some things are going on a credit card.' She is aware of the need to eat more healthily but 'it's a challenge to think cheap and nutritious meals to cook after work.'

She thinks the community would benefit from health walks and more free exercise in the park. Yoga is expensive and 'it would be better having sessions at different times for those who work.' Pelin also went to mindful activities at Spiceball which were good - relaxation classes - more of this type of thing would be of benefit.

Pelin coped with the pandemic reasonably well. There was a lack of things to do although that depended on your circumstances. She felt that working from home without childcare and combining that with home schooling was difficult: 'my children were happy to go back to school!'

3.4 Focus Groups

Table 5 Focus groups settings and demographic of participants

FOCUS GROUP ATTENDEES		
Setting/ group	**Demographic**	**Numbers**
Oxford United in the community	Young people aged 8-13	15
The Hill Women's breakfast	Women aged 18-60	10
St. Mary's Primary School	Young people aged 6-11	12
Sunrise project women's group	Women aged 50+	9
TOTAL		**46**

The intent of these discussions was to take a 'deeper dive' into project themes by talking to both residents of Ruscote and Neithrop.

3.4.1 Summary of focus group key themes

Research question	**Main themes**
What do you value about Ruscote and Neithrop as a community?	Community/ neighbourliness
	Green spaces and playparks
	Community groups and activities
	Close to town services and facilities

'It's like a giant family, depending on where you are.' 'I hate my end, nearer town – there's nothing.' 'We need to help each other more.' [young person]	
What do you do, to keep healthy, mentally, physically, emotionally, and spiritually?	Walking and exercise (organised or at a community group)
	Community groups/ activities
	Socialising with family and friends
'There's no other community like this [The Hill] that we can all go to. I don't know that I would want to go anywhere else. 'This place is amazing [the Hill] but could be even more amazing if it had more funding.' Meeting up with friends – 'you're going to need great friendships so you should care about friends' [young person]	
What kinds of things are most challenging for you living in Ruscote and Neithrop that impact on health and wellbeing?	Cost of living
	Accessing health services
	Anti-social behaviour
	Language barriers
	Mental health
	Poor quality housing
	Bullying – mixed opinions about how successful schools are in dealing with it
'The gas bill is expensive, and my mortgage is too high – everything has gone up.' 'I had very bad chest pains and behind my eye – I waited a day to talk to the doctor, the phone rings for ages and they only answer sometimes.' 'The amount of times I've got no food…' 'There are bullies in and out of school. They do it because they're sad and they want to make you sad' [young person]	
What are the local strengths and resources that support community health and wellbeing?	Community organisations and venues (Sunrise Centre, The Hill)
	Community groups and organisations
Do you feel safe in the community?	Mixed views: feeling of safety in general more caution in the evenings especially
	Some personal experience of crime (as a victim, including children and young people) and fear of bullying
	Violent incidents affect the community negatively (psychologically)
	Drunken behaviour is intimidating
'I go out, and I follow the rules – have keys, make sure everyone knows where you're going and check in at regular intervals.' 'It's mostly ok.' [young person]	

'As a mother of girls I don't feel safe letting my girls outside. I see all these kids of 6, 7, 8 or 9 running about the streets on their own.' 'Someone broke into our flat. They came and stole things.' [young person]	
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?	Good food costs more Fussy children make it difficult
'Everyone tells you to eat healthier which is all well and good but the stuff that is the healthier option is a lot more expensive.' 'At school they serve chips and pizza- that's weird.' [young person]	
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 support for young people (in general) - more anti-bullying initiatives - support for young people with special educational needs (and parents) - Life skills: benefit and rights information in the community/ budgeting (advice sessions) - adult mental health support - Young people mental health support - Learn to cook and meal planning classes/ sessions (including for children and young people) - Language courses – conversational English - Community garden Women only exercise classes at Woodgreen Leisure Centre
'[Budgeting skills] It's one thing that should be taught in schools. There's too many kids coming out of skills without [any sense of] the value of money.' 'The Sunshine Centre used to do a life skills club and they've got rid of it because of funding.' 'The law and legislation are confusing in this country.' 'We need to improve what is already there [community facilities, groups etc. in general].' [young person] 'Make young people feel safe [and they will come to a mental health support session but don't call it that]. Make them feel no-one is going to judge them.' 'A lot of children may need therapy – someone to talk to because what they can't say to their mum or dad.' 'There's not enough help out there for the children, let alone the adults. So when we're struggling we turn to each other because there isn't anyone else. I've tried talking to Talking Space. I've used	

counselling services and everything else but you only get it for so long on the NHS and then they say there's nothing else we can do.'	
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
	Use food to bring people together
'Put the word "free" in it, offer food and do lots of advertising.' 'Need to send leaflets and information to schools… Our school posts everything.'	
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
	Educational expectations unreasonable given how much time children missed at school
'I had bad Covid. I have been angry for two years. I shout at my children and have to stop myself shouting at my husband. I also have muddled thinking.' 'There were impacts across the board but the anxiety in children and adults is probably the worst.' 'You've got a lot of teenagers who are under pressure and have anxiety after lockdown and I don't think there's enough support for them.'	

LOCAL STORIES

'Roffy' - twenties

Roffy is a single father. He regularly goes to the Sunshine Centre. He also thinks that 'people are friendly and helpful.' He has also gone to craft sessions at Banbury Museum.

He doesn't like going out by himself and doesn't have a lot of time for himself. He does a lot of activities with his son, especially baking, and also takes him to swimming lessons and gymnastics. However, Roffy doesn't have a lot of spare money and the rising cost of living is making things even more tight. He is cutting back: 'paying for clubs on top of other costs is difficult.' He thinks that more mental health support in general and support for parents to give them some downtime would be beneficial.

Despite pressures of time, Roffy does try to 'make adventurous food that my son can experience. He loves fruit and salad but not vegetables!'

Roffy suffered with anxiety during the pandemic but also had positive comment about community support during. 'In lockdown the SSC did a food box with a recipe and an online video, which was great.'

LOCAL STORIES
'Jessica' - forties

Jessica lives near the fields and does a lot of walking. She feels generally safe when out and about but does feel that there is 'less sense of community now. There are a lot of people who don't speak English now so language is a barrier.'

She has no family locally but does try to socialise. However, she does sometimes feel isolated and more subsidised local activities to go to would be useful.

More specifically, she thinks there is not enough things to do for people with learning disabilities. 'I used to go to Style Acre but they lost their funding so after Covid you have to pay in advance and lose your money if you don't turn up. Something like £20 for 4 hours. Before you could just drop in which was good.' She does use other local facilities such as the Hill and also goes online to Oxfordshire Livewell for information about what is happening.

Jessica struggles with accessing health services: 'GPs aren't accessible. You phone for an appointment and there are so many options and numbers for different services that it's confusing.' She also struggles with cooking healthy meals: 'it's difficult for me as I am unable to cut up vegetables. I have to rely on ready meals and with the cost of living more processed foods are cheaper.' She felt that even cooking from prepared vegetables with a recipe card would be too much to cope with. Her sister visits most days and brings food, as well as telephoning at other times.

LOCAL STORIES
'Alexa' - thirties

Alexa feels that, 'there's a sense of community and it's friendly. People chat in passing and are approachable.'

She has two children but likes to find time for herself and go for walks 'without a purpose or just have twenty minutes in the bath'. She takes the children swimming regularly but thinks there is a 'lack of advertising of events and services, no flyers or posters.' She also doesn't use social media so can't find out that way.

She usually drives out to the countryside to go on walks as she doesn't know any local routes. 'I wouldn't know where to go so there needs to be more signage for walks. Maybe a Mummy Meet-up with a walk.' She might get involved with this himself as 'it would be good to meet other people.' A creche where parents could get involved and help out would also be good.

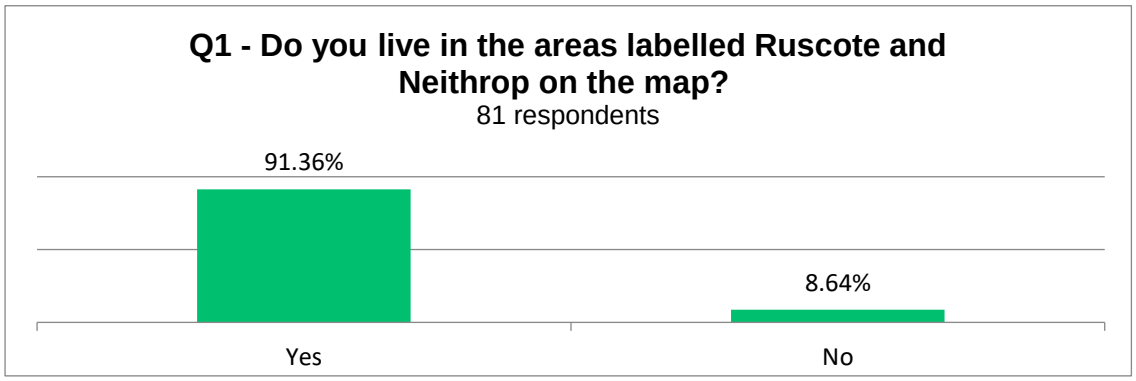
Alexa feels that local services 'are acceptable. I'm not so sure about public transport as I don't use it.' She thinks the nursery she uses is good, uses the Sunshine Centre once a week, and takes the kids to 'Dancing Dinocorns' at St Paul's Church.

She had a baby just before lockdown. This was difficult. 'I didn't know anyone or have family in the area. There were no weigh-ins and checks by a health visitor. Everything stopped and it doesn't feel as if it's all started again properly.' Her daughter is shy and reserved with people she doesn't know and Alexa wonders if this is because of the lockdown and a lack of contact with other children. 'It will be interesting to see if there is a difference [with her other children] when she goes to nursery.'

3.5 Community Survey

73 residents responded to the community survey:

Figure 2 Responses to question "Do you live in the areas labelled Ruscote and Neithrop on the map"



3.5.1 About you

Figure 3: Responses to question " What is your age?"

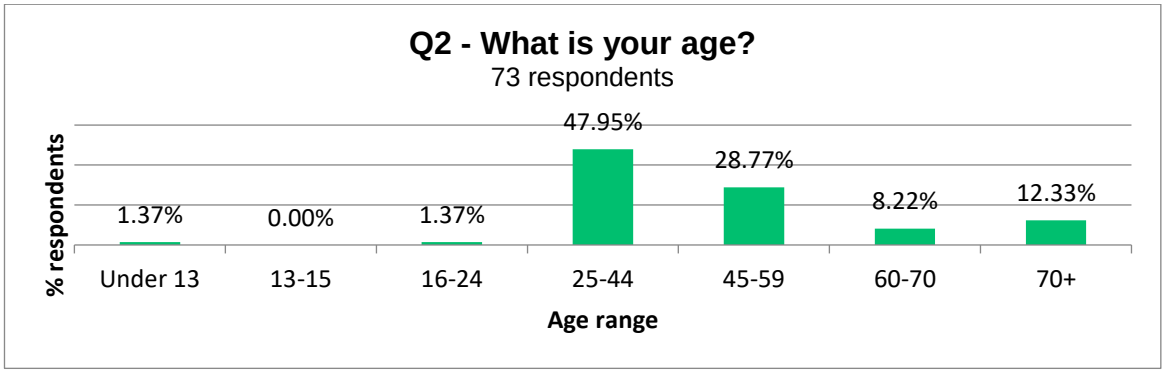


Figure 4: Responses to question " what gender do you identify as/"

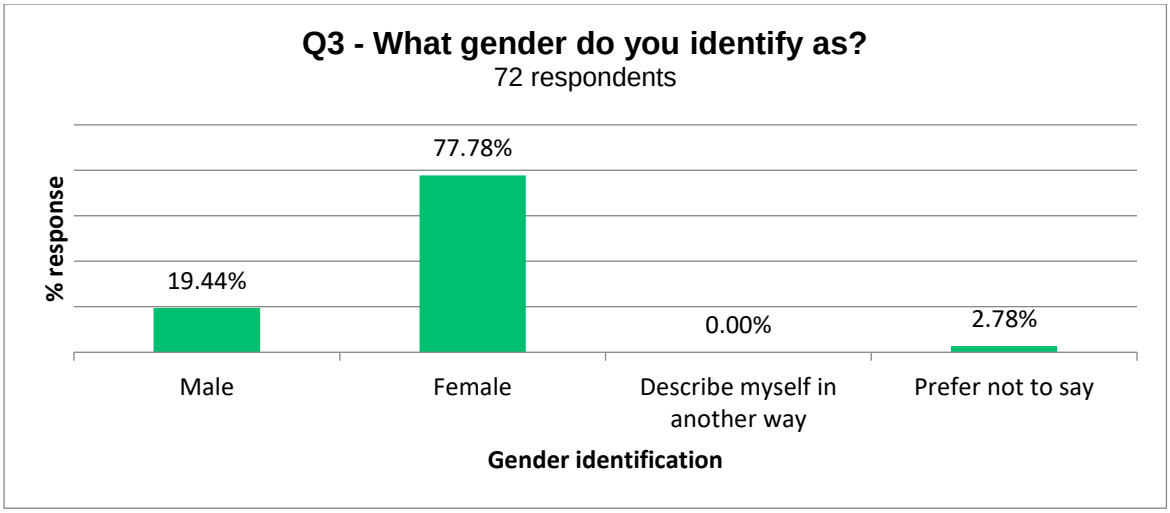
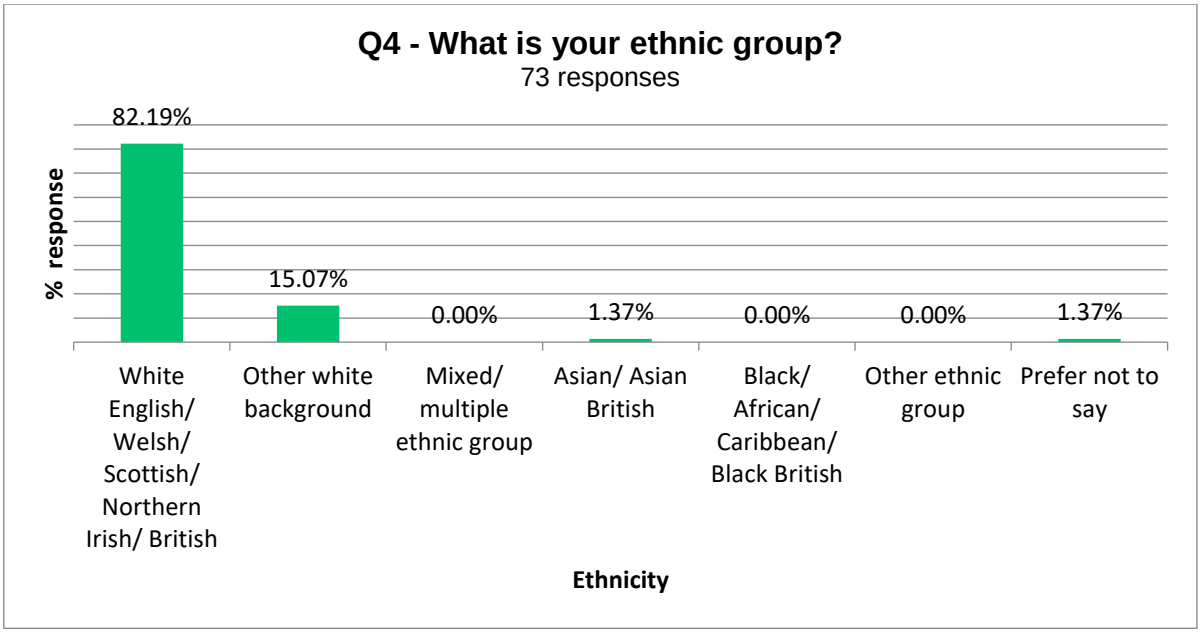


Figure 5 Responses to question " what is your ethnic group?"



3.5.2 Living in Ruscote and Neithrop

Figure 6: Responses to question " What do you like about living in Ruscote and Neithrop?"

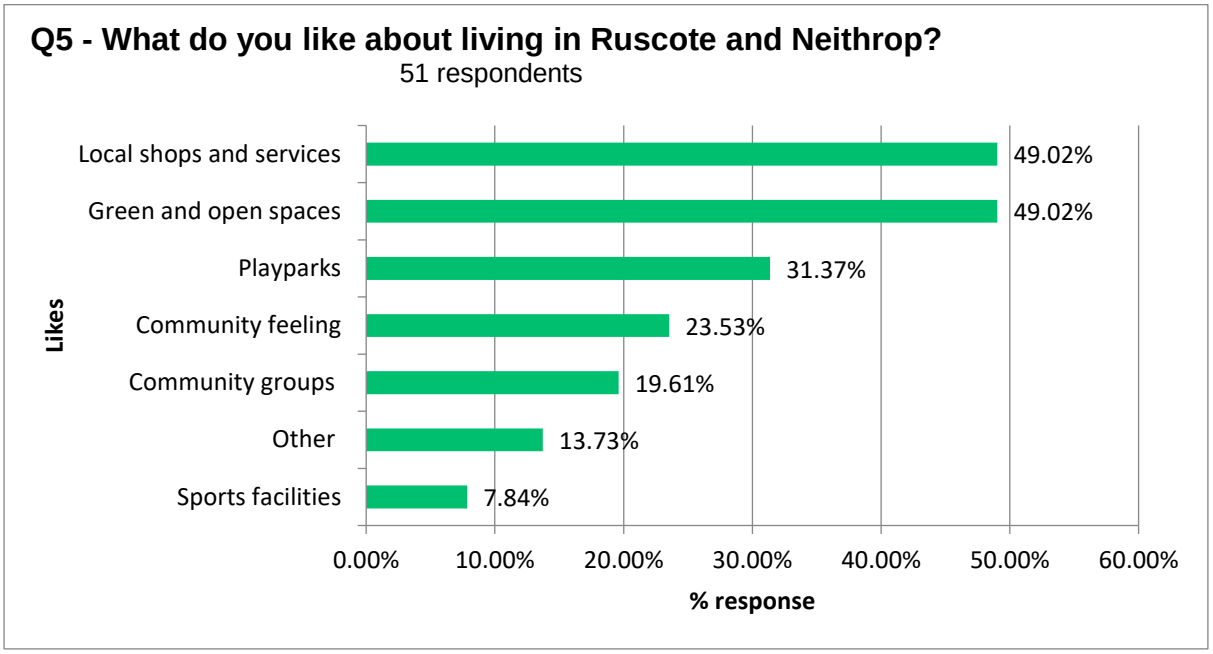


Figure 7 Responses to the question " How satisfied are you about Ruscote and Neithrop as a place to live"

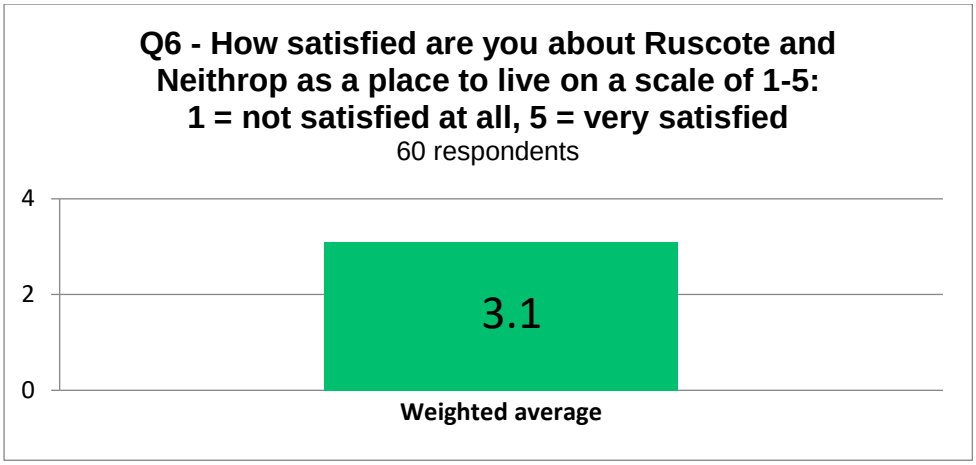
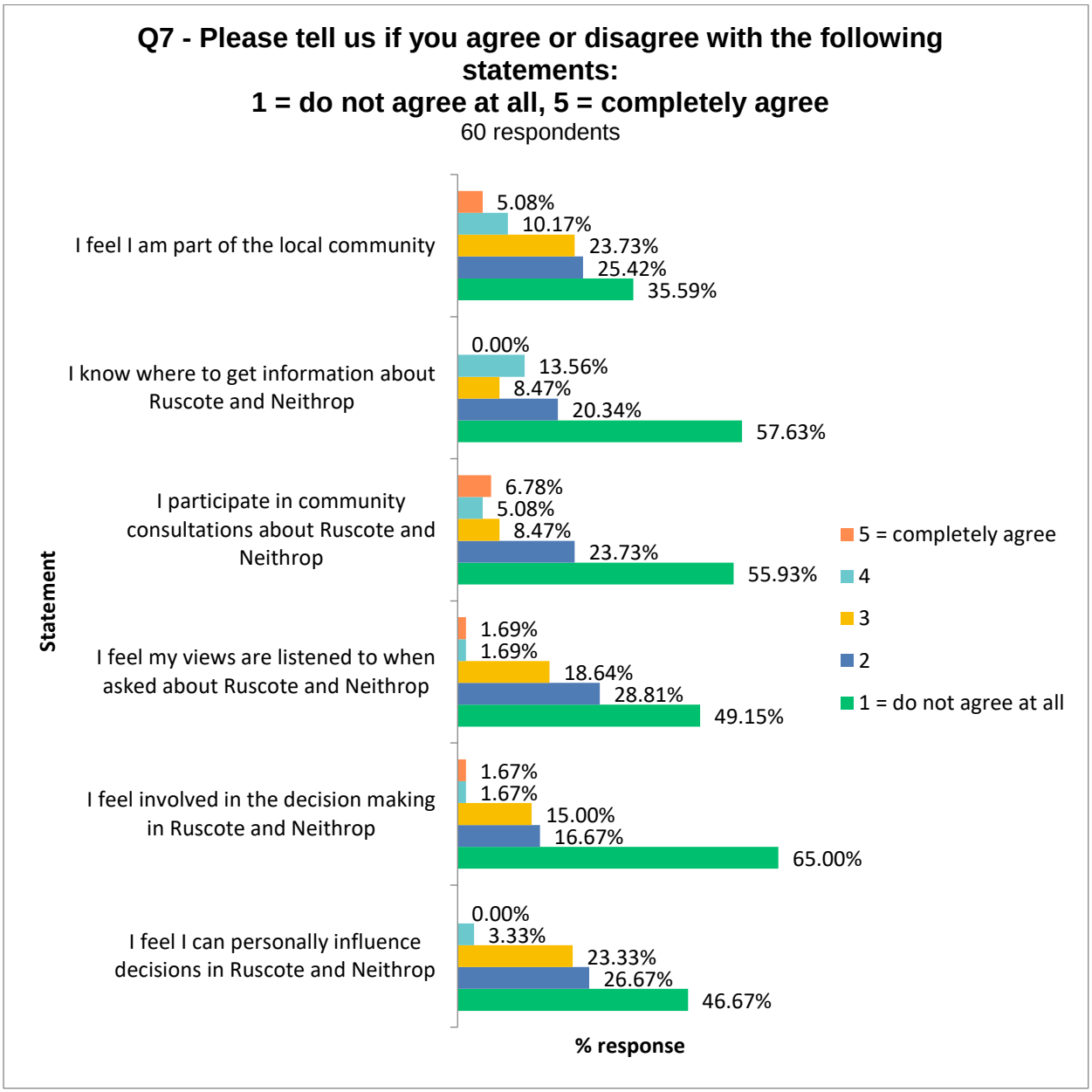


Figure 8: Responses relating to aspects of community



3.5.3 Your daily life

Figure 9: Responses to the question " On a typical Day what Mode of transport do you use most often"

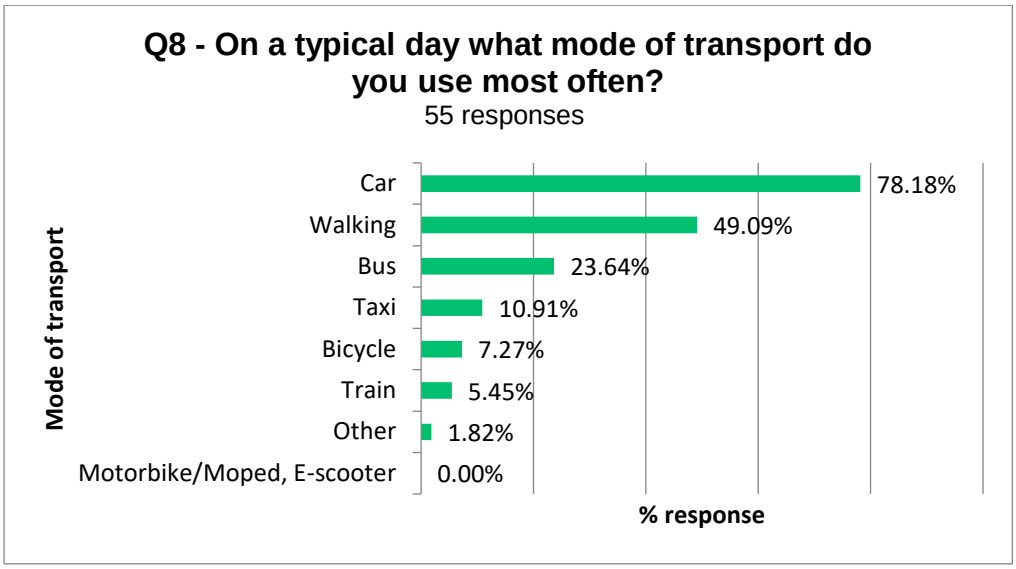


Figure 10: Responses to the question " do you find it easy to get in and around Ruscote and Neithrop?"

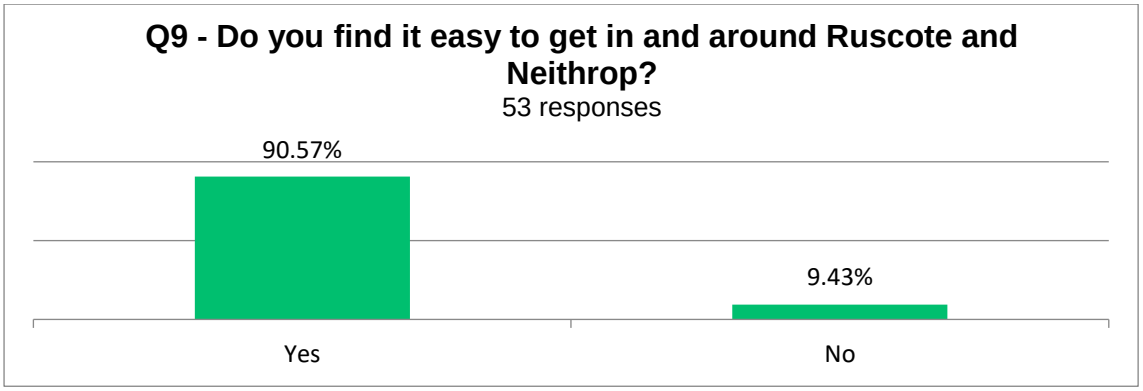


Figure 11: Response to the question " what community spaces, places and groups do you use or go to?"

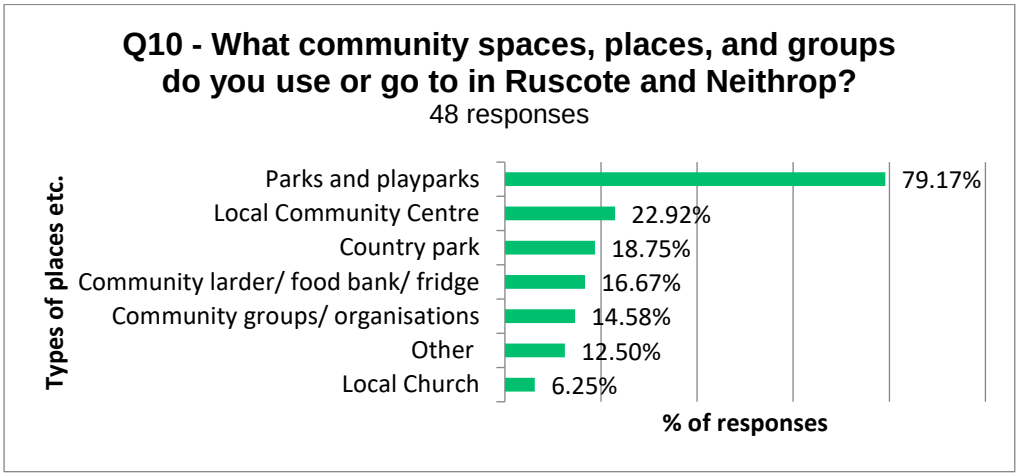


Figure 12: Responses to the question " Do you feel safe in your neighbourhood"

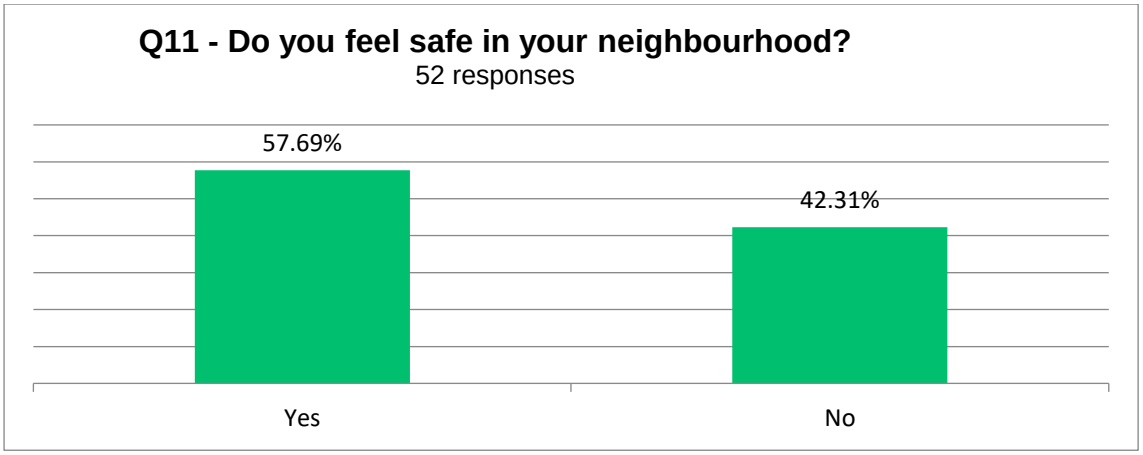
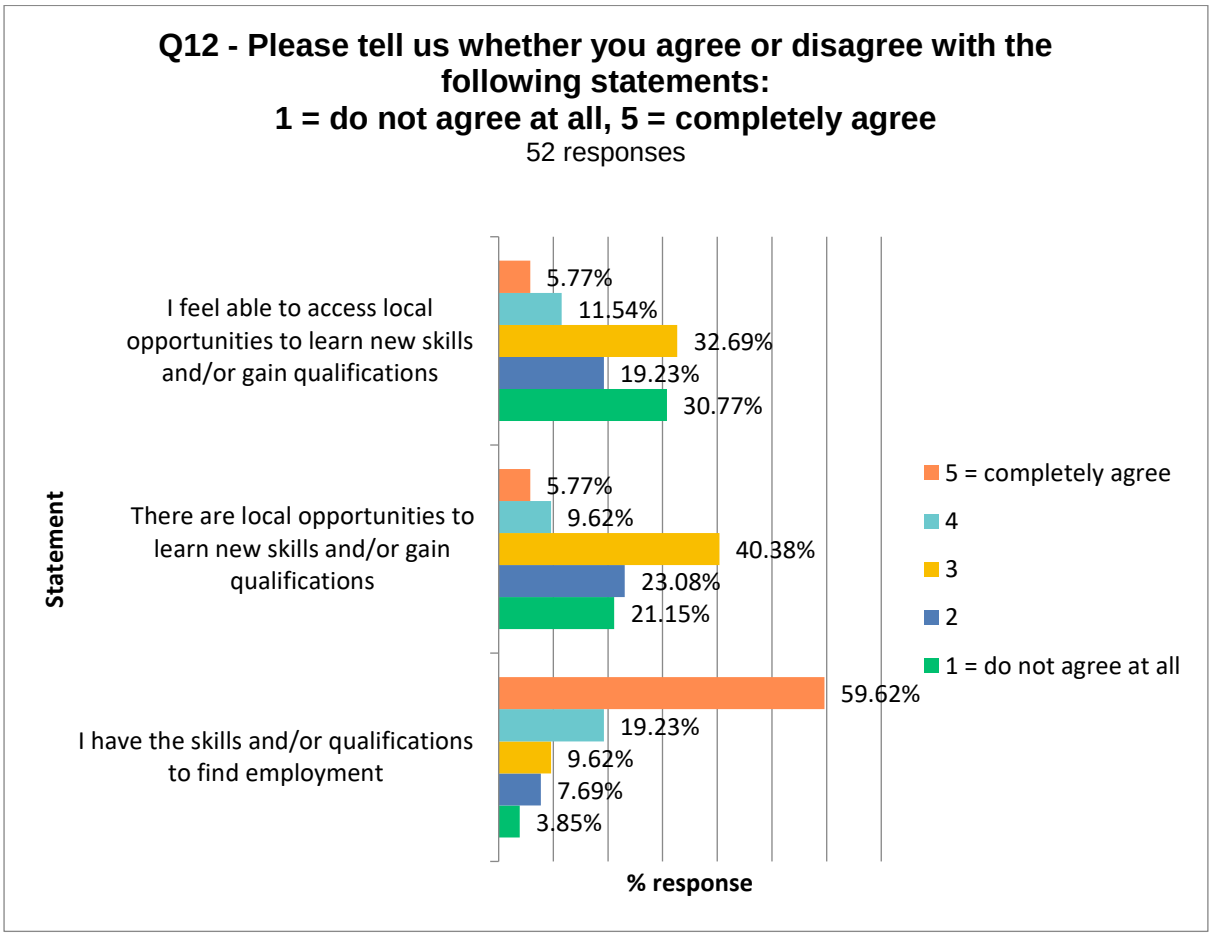


Figure 13 : Respondents perception of whether they have the opportunity to gain new skills or qualifications.



3.6 Your health and wellbeing

Figure 14: Responses to the question " do you consider yourself healthy?"

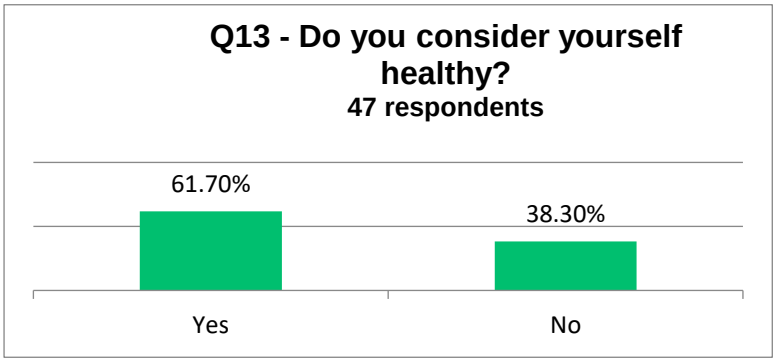


Figure 15: Responses to the question ranking priorities around health and wellbeing

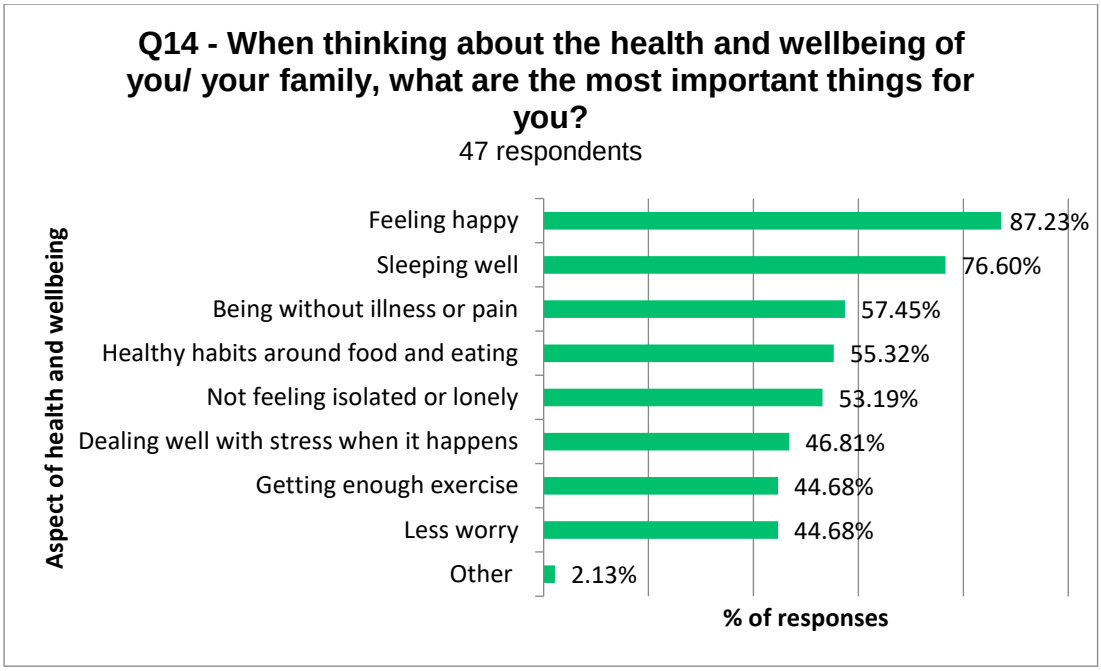


Figure 16: Responses to the question "What are the most important things that help you/ your family to live a healthy life with a sense of wellbeing ?"

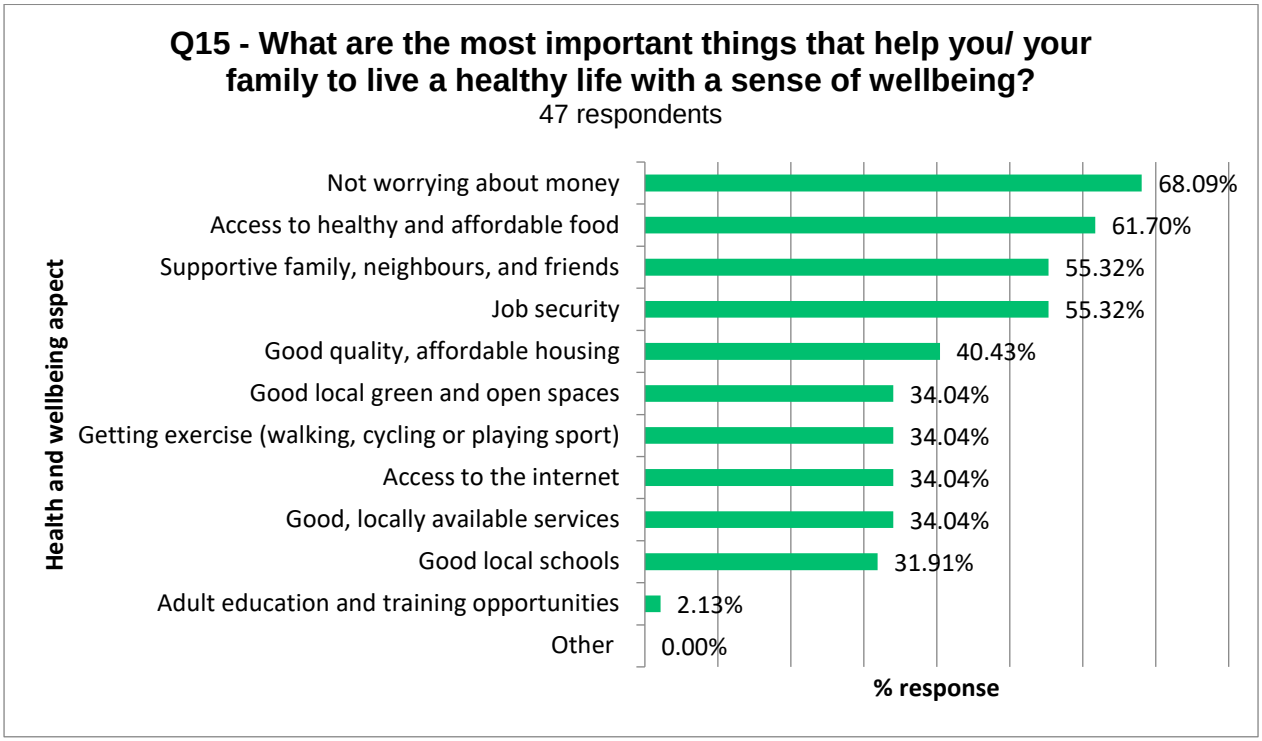


Figure 17: Responses around personal experiences of specific wellbeing indicators, Community Assets, facilities and services.

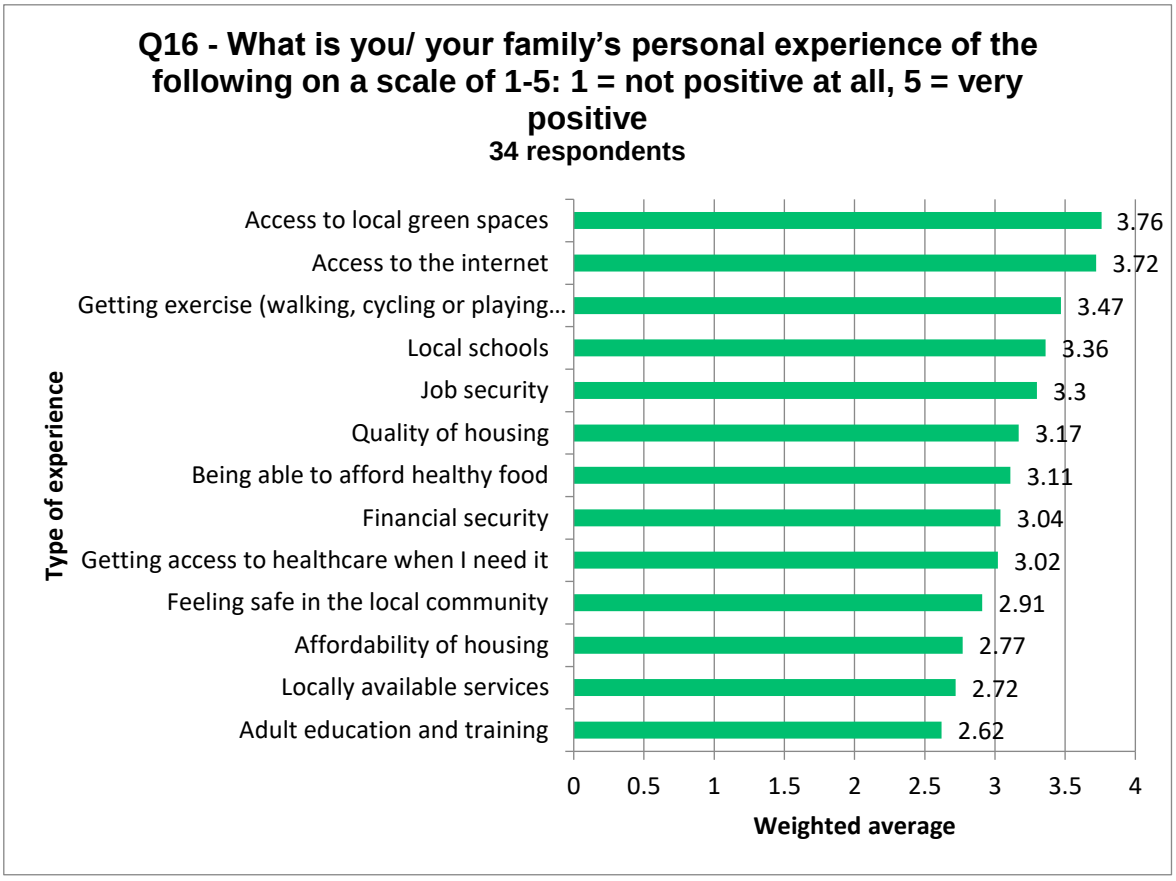


Figure 18: Responses to the question "What do you do to keep healthy - mentally, physically, emotionally, and spiritually?"

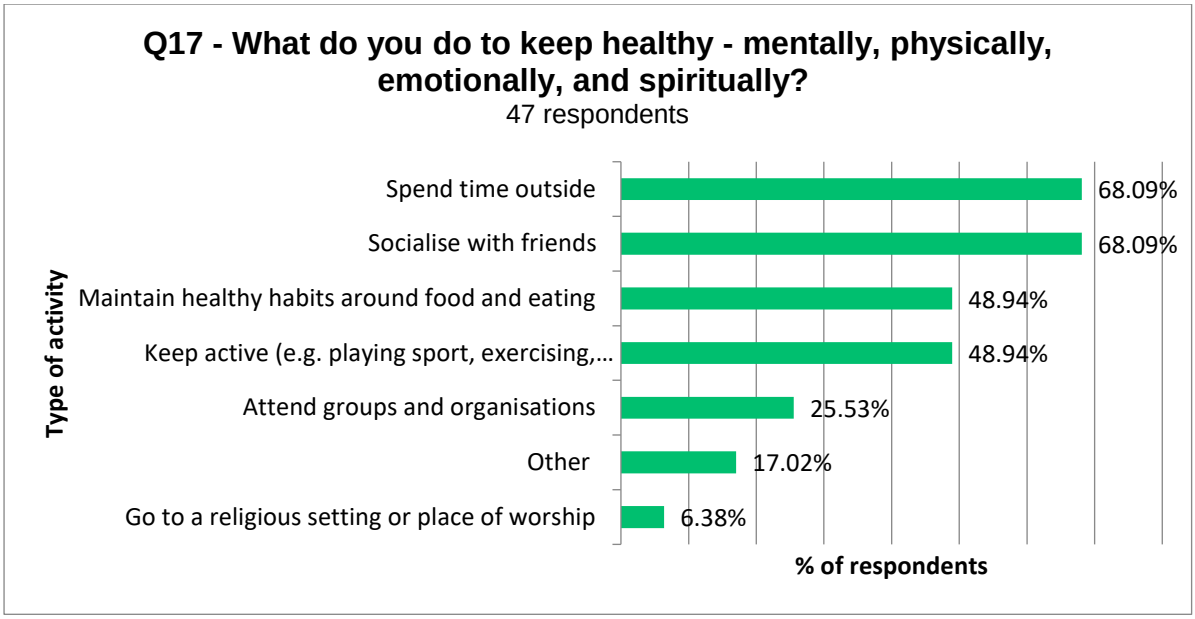


Figure 19: Responses on frequency of feelings of loneliness

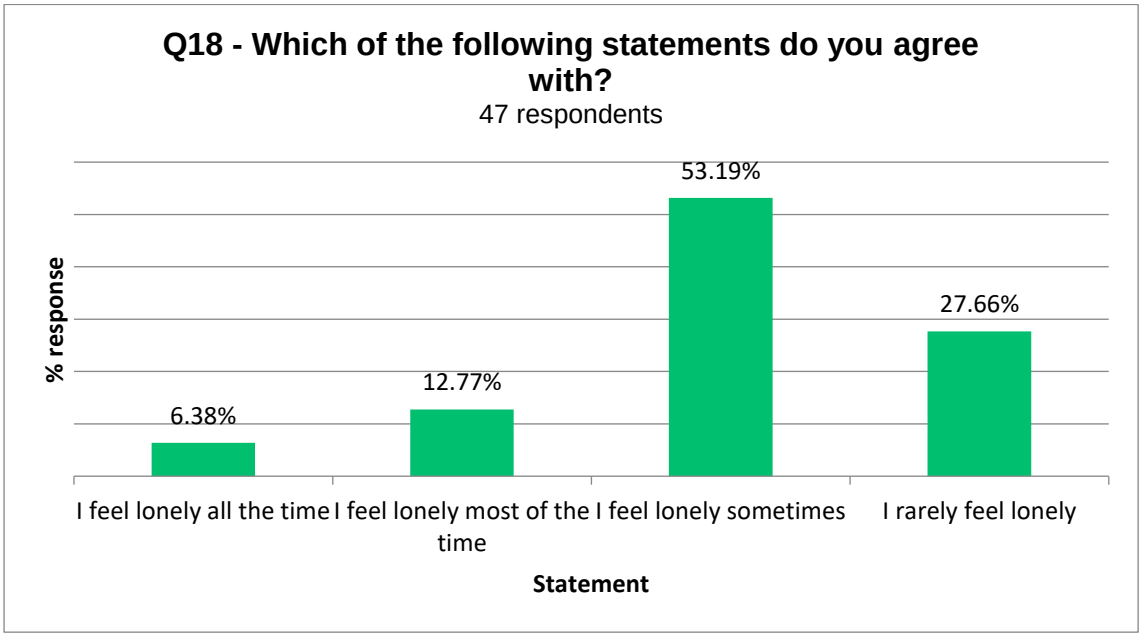


Figure 20: Responses to the question " Do you notice the following Activities taking place in Ruscote and Neithrop" (Smoking, Drinking Alcohol and drug taking)

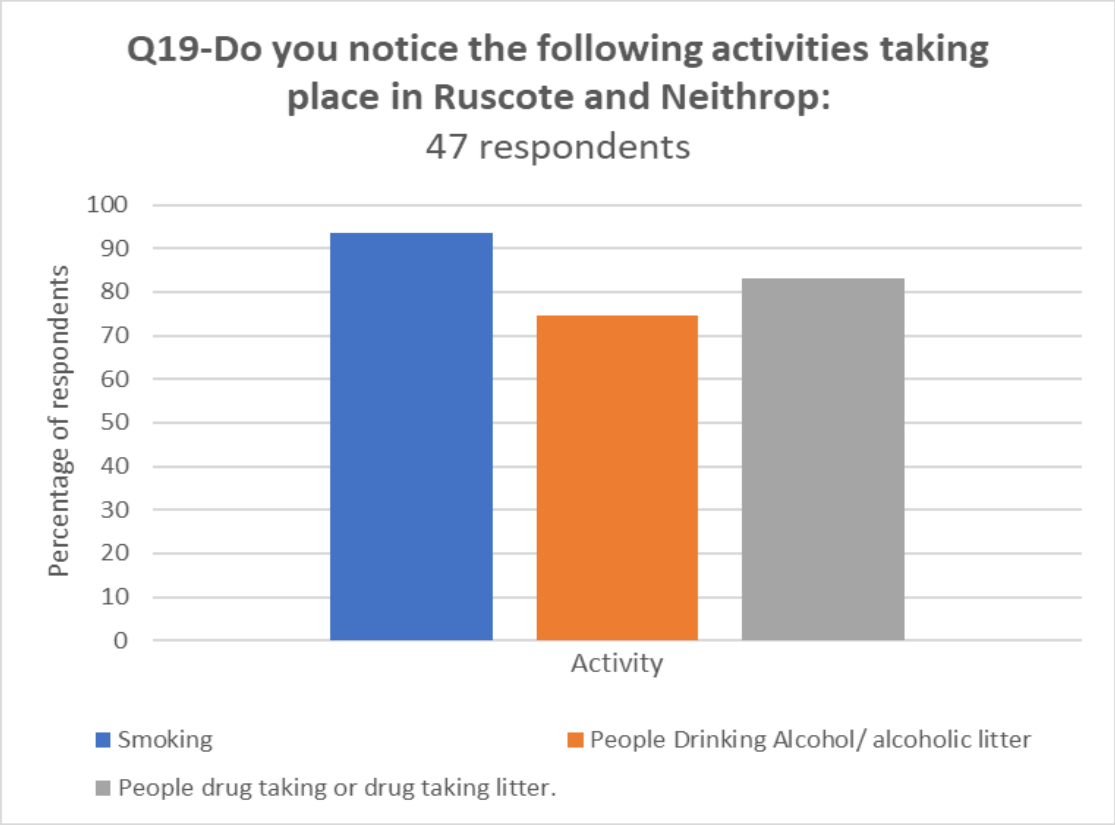
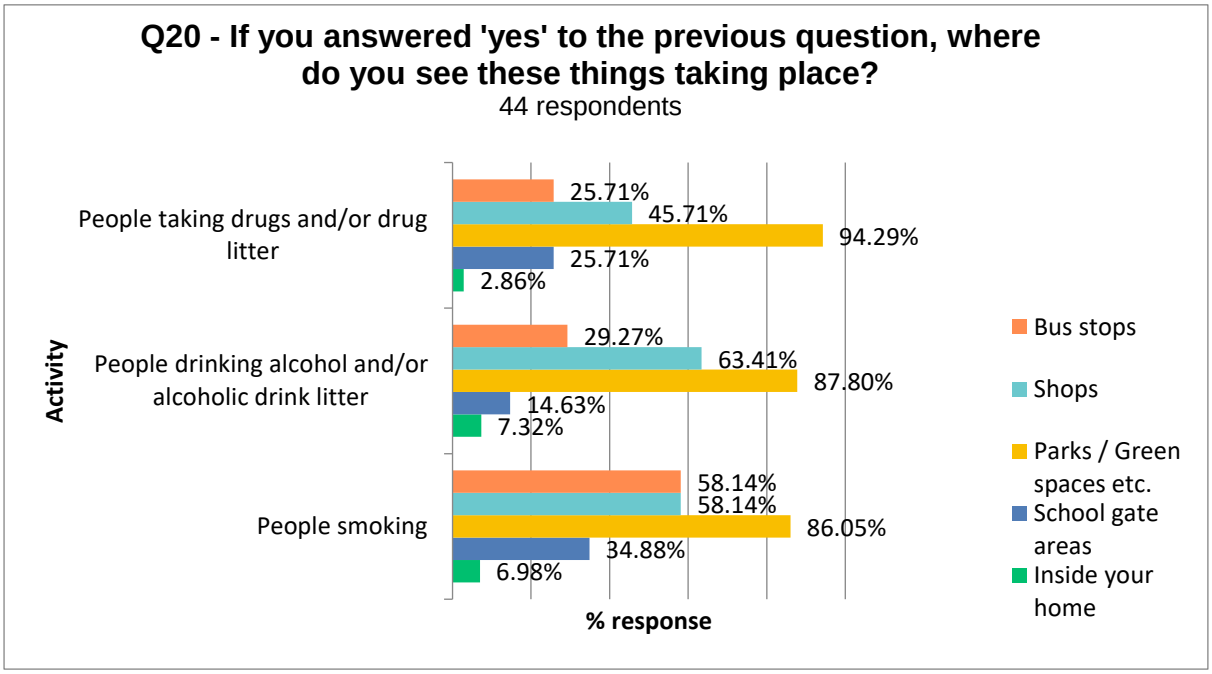


Figure 21: Responses relating to the observation of smoking drinking and drug related activity



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

- 32 respondents: 33 choices

Table 6: Count of responses to question " What kinds of things about living in Ruscote and Neithrop are most challenging"

Anti-social behaviour	6	Don't feel safe	5
Activities/ classes too expensive	4	Poor/ rundown parks and playgrounds	3
Not friendly/ lack of community spirit	3	Difficulty accessing health services	3
Poor pavements/ roads	2	Poor parking	2
No good walking routes	1	Too much traffic	1
Lack of family groups	1	Lack of activities for older children	1
Housing costs	1		

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

- 30 respondents: 33 choices

Table 7: Count of responses to question " what things in Ruscote and Neithrop help support your health and wellbeing?"

Community spirit/ feel	7	Nothing	7
Parks and green spaces	5	Schools	3
Community centres	3	Police presence	2
Shops and town centre accessible	2	Places of worship	1
Library	1	Don't know	1
Local organisations	1		

Figure 22: Responses rating activities and initiatives that would improve health and wellbeing

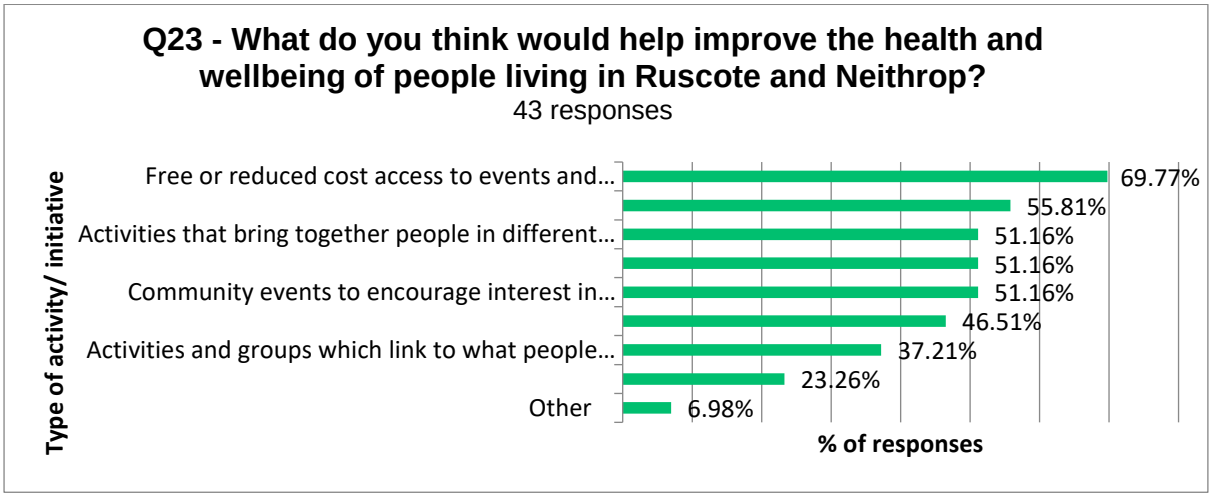
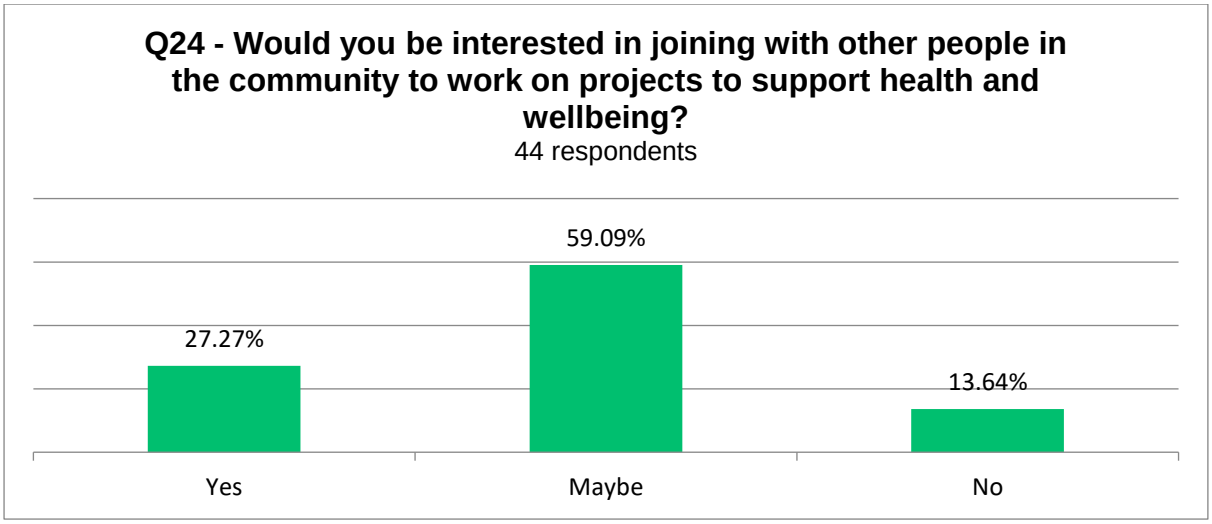


Figure 23: Responses to interest in joining with others to work on projects supporting health and wellbeing



3.6.1 Impacts of Covid-19

Figure 24: Respondents experiences of the COVID-19 Pandemic

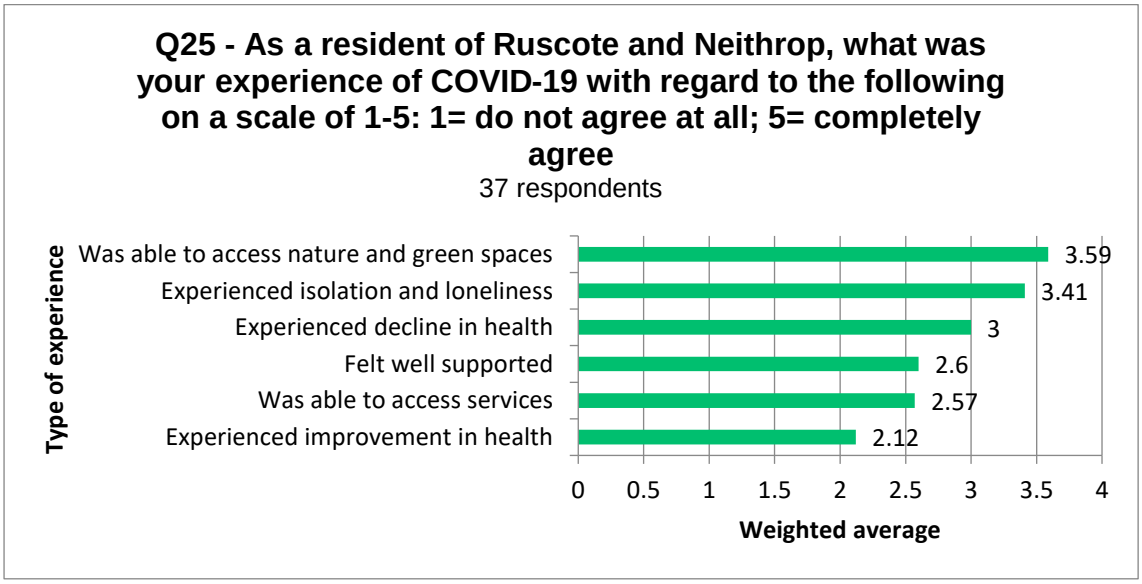


Figure 25: Respondents perceptions of how the COVID-19 Pandemic affected general health and wellbeing

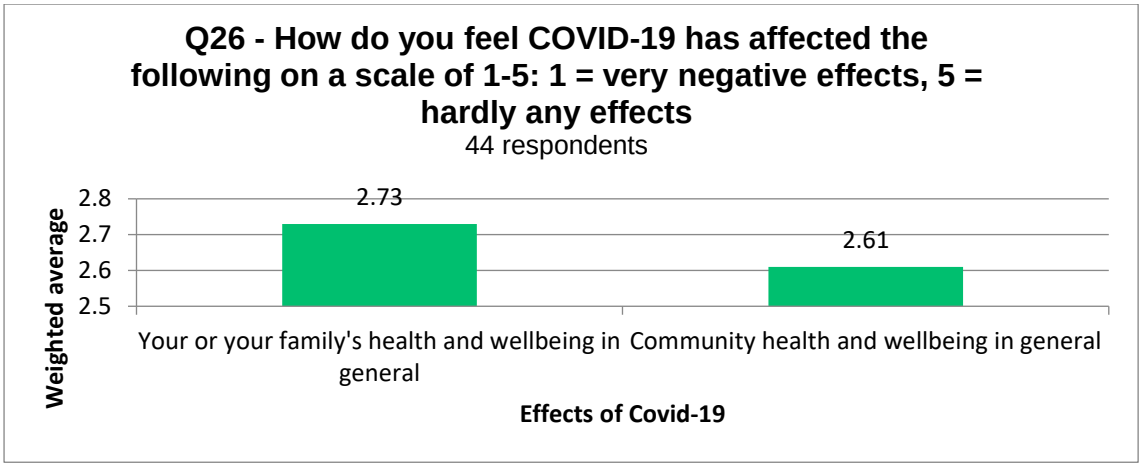
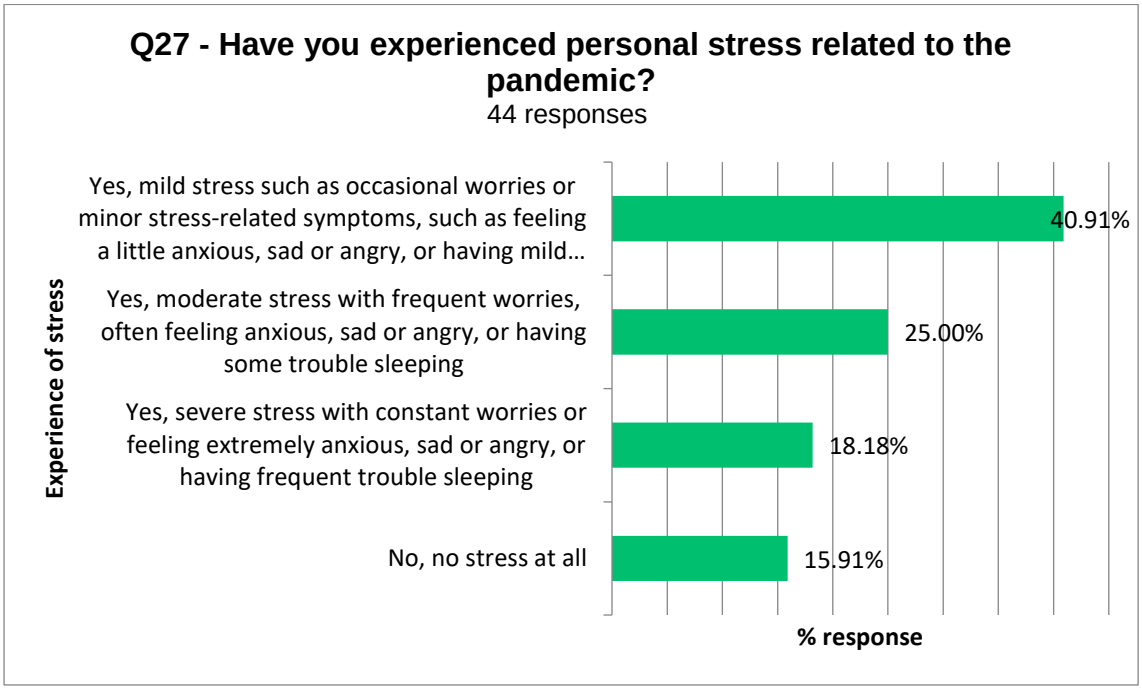


Figure 26: Responses to the question "Have you experienced personal stress related to the pandemic?"



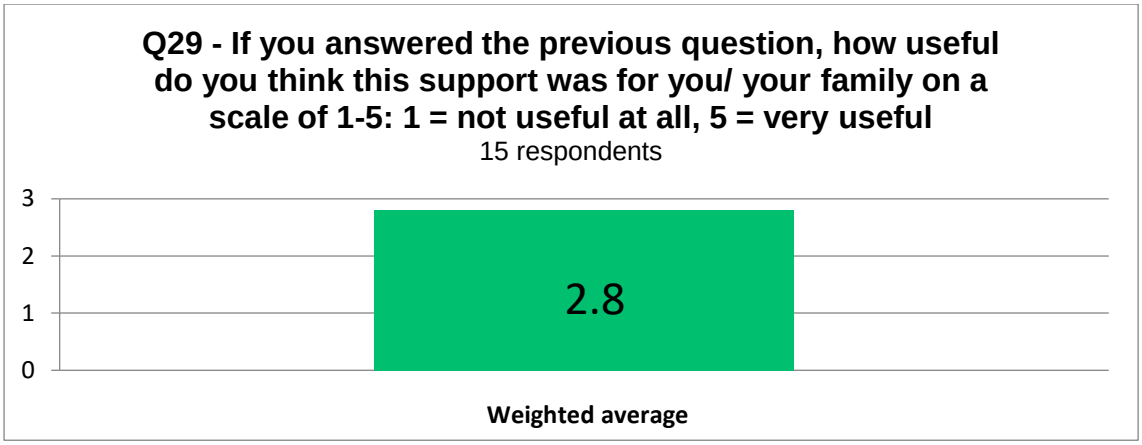
Q28 - What kind of support, if any, did you and your family receive during the pandemic?

- 15 respondents: 15 choices

Table 8: Count of responses to the question " what support if any did you and your family receive during the pandemic"

None	9	Food delivery	1
Support from neighbours	1	Support from family	1
Counselling	1	Citizen's Advice Bureau	1
Food parcels	1		

Figure 27: Respondents perceptions of how helpful support services were during the COVID-19 Pandemic



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

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

Not sure	2	More support for elderly	1
Shopping	1	Financial support for those still working	1
Less of a climate of fear	1	Support for those with long Covid	1

4 Discussion of findings

4.1 Research themes

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

169 individuals were consulted across the project; focus group attendees (46); one-to-one interviews (50); and the community survey (73).

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

4.2 Research and data overview/ limitations

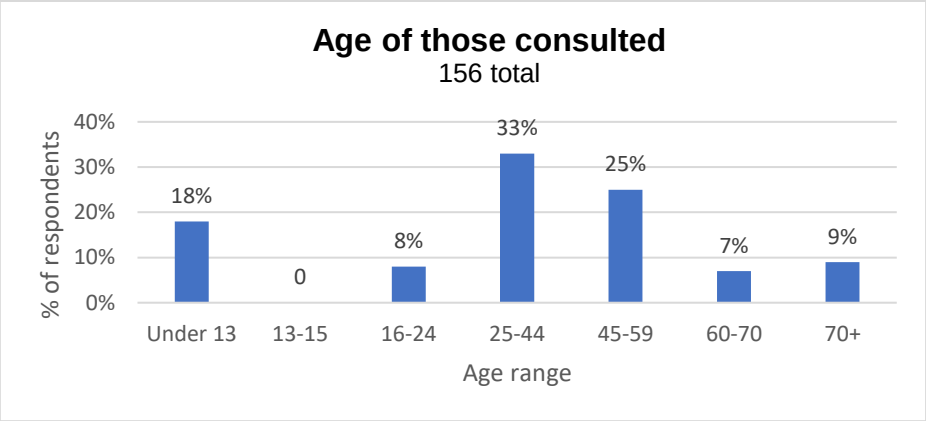
CFO had a limited, c. nine-week period in which to undertake the research. The first weeks focused on introducing the project, building trust with local organisations and residents, and arranging specific research activities. The actual research window was limited, primarily, to a c. six-week period 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 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-ones interviews, personal stories and focus groups). This allowed findings to combine both numbers (of people consulted) and depth, building a richer, more detailed and more nuanced set of findings to support the recommendations set out below.

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

Figure 28 Age ranges of residents consulted for the insight as percentage



As can be seen, the project managed to engage with a broad range of age groups, with the majority between 25 and 60 years old. Over 70% of the total number of people consulted were female while over 97% were of white British/ other white ethnicity and 3% were Asian/ Asian British. Additional research focusing on the latter would allow more representative opinion to be gathered, given that around 12% of the local population are Asian/ Asian British (ONS: 2011). Additional research focusing on the male voice would be useful, as would exploring the opinions of those with other ethnicities and backgrounds, such as Eastern European.

4.3 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) it is clear that both historically and currently extensive community-based work focused on multiple themes and across multiple demographics has and is being undertaken in the wards of Ruscote and Neithrop (or has included Ruscote and Neithrop).

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

Thirdly, it is an observation of this research that, having talked many 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 the recommendations that follow to explore areas and ideas, derived from the primary research, which might extend and deepen that often excellent 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 Ruscote and Neithrop 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 ward of Grimsbury and Hightown (*see separate CFO report*). While there were findings specific to Ruscote and Neithrop, as the discussion below will make clear, there was *extensive similarity* with Grimsbury and Hightown 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 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.

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

A range of indicators were identified and explored:

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 joint-top choice (49%) for what people liked about living in Ruscote and Neithrop.

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 3.47 on a scale of 1-5, where 5 was most positive, suggesting that residents accessing? such opportunities could be somewhat improved.

Local shops, services

These were as the joint-top choice (49%) for what people **liked about living locally**. There was a general sense that while much had changed over the years in terms of local shops (particularly in town centre areas) there remained a good range of shops and services to meet local needs.

Community organisations and social activity

Local residents make use of a w**ide 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 the

Hill Community Centre, The Sunshine Centre, The Sunrise Multicultural Project, Park Road Mosque (and foodbank) and the local churches.

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 and community activators and connectors.

In addition, the **strength and value of local networks was noted,** both formal (such as 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.

What also came across strongly 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 more success in the long term. Such a listening and involving ethos 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.

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 Ruscote and Neithrop is a neighbourly and friendly place.

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

Challenges to health and wellbeing and improvements needed

Set out in this section is: 1- further evidence relating to the local assets that support health and wellbeing set out above and how they could be improved; 2- other challenges identified from research as and; 3 specific ideas identified in the research which could build on existing activity and initiatives or to develop new activity.

4.4.1.1 Local assets

4.4.1.1.1 The local environment

Issues with litter, broken glass, and drug detritus (particularly in parks, playgrounds and green spaces) were a common theme. 83% and 74% of survey respondents respectively noticed alcohol and drug consumption/ litter in public, notably parks, making some feel anxious, especially those with children or who were more elderly.

4.4.1.1.2 Walking and exercise

More sport and exercise-based initiatives were *infrequently* mentioned when people were asked about ways to improve health and wellbeing. Specific exceptions were ideas for community sports days, free yoga in the park, better access to swimming sessions for parents with children, funded swimming sessions for Asian women and women-only exercise classes.

I**mproved walking infrastructure** was also mentioned. This might include the development of nature trails with downloads/ information/ activities to do along the way (across all ages, e.g. 'what nature can you see', local history – could there be a link 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 **affordability of exercise classes was mentioned**, with the cost of either community-based or leisure-centre based activities being prohibitive for some. The cost of travelling to a venue was also problematic for some.

4.4.1.1.3 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. Getting access to healthcare when needed averaged at 3.02 on a scale of 1-5, where 5 was most positive. For some, notably elderly respondents, this was a clear source of anxiety.

4.4.1.1.4 Community organisations

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

Funding, resourcing, and need

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 financial resource and, for those who work with them, 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 leaves intact the **wider *core funding* issue**, which goes right of the heart of the 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 DC, the 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). and ages.

Efforts should consider **ease of access for volunteers and flexibility of role and time commitment**. There are excellent examples of training, supporting, and developing volunteers across Brighter Futures partners that can be shared. This could **link into the Volunteer Vision work undertaken by Oxfordshire Community and Voluntary Action and Community First Oxfordshire** to learn and feed

into 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 abundantly clear from mapping work and 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-workin**g.

While good networking is undoubtedly taking place 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 much more **reflects how stretched community organisations** are and the fact that they are '*just getting on with things*' and have a focus on different areas of the community.

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', there could perhaps be a **focus on specific practical topics**, there being much that groups have in common, relating to, for example, volunteering, training, health and safety, safeguarding, funding etc. A **series of practical workshops** could 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 piggy-backed 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 offered. Some projects across the wards touch on **similar issues and themes** (for example, the Sunrise Project, Sunshine Centre and Homestart all support domestic violence for different sections of the community). However, **is there shared learning, mutual support and use of resources?** In general, a focus on **mapping the local offer**, linking up projects and initiatives across themes (such as mental health (statutory/formal and informal services and support), domestic violence, food banks, young people, special educational needs etc.) to identify gaps and crossovers and ensure all ages/areas of the community are supported where appropriate, could facilitate more effective outcomes, and potential joint-funding bids and a 'local offer' communication to residents, 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, it would be very useful to promote and develop **increased 'cross-ward' communication and working along** the lines of that set out above. and create opportunities for projects to connect different sections of the Banbury community to wider benefit.

Finally, several conversations noted the **centrality of local schools to community** life but observed some difficulty in linking up with them to discuss topics projects and initiatives and get the word out about events etc. Schools are very supportive of groups/projects 'delivering' support to pupils but can lack the staff capacity to collaborate on joint projects, while often having different approaches and functioning under different academies and business models. 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 (Parentmail, 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 and the Banbury Schools Partnership, which is on the Brighter Futures steering group, to **facilitate better links**.

Community building assets

While the **Ruscote area is well-served in relation to community buildings**, the point was made that in Neithrop, while there is a community hall (called Ruscote Community Centre but actually in Neithrop) which hosts groups and organisations, it is not a community *centre*. As a key local asset in that locality, a discussion could usefully be had with hall management to **facilitate increased community usage of Ruscote Community Centre** – for example, it may be possible for satellite services/ sessions of those held in other locations to be brokered (the Sunrise Multicultural Project already use the centre and would like to extend their reach)

Service design and strategic networking

There was much **positive comment 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 project, 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 and but constructive dialogue with the voluntary and community sector (VCS) is often lacking, which would enable a better understanding of the pressures on 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. 69% of survey respondents stated that free or reduced cost access to events and activities would help improve health and wellbeing, while 52% thought that **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 more use of '**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.

Community and communication

When asked if **satisfied with Ruscote and Neithrop as a place to live, the weighted average was 3.1 on a scale of 1-5, where 5 was most positive**. At the same time, 36% 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, **42.3% of respondents to the survey did not feel safe in their neighbourhood while some had been victims or witnesses to crime** (including children, as several noted in a young persons focus group). 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. Some felt that dark, ill-lit areas exacerbated fear of crime, such as around Ruscote Arcade (Neithrop) and at Bradley Arcade on Bretch Hill (Ruscote), while others were concerned for their children. At the same time, others stated that community safety was not an issue.

Second, a significant percentage did not agree *at all* when asked if they knew where to get information in Ruscote and Neithrop (57%), if they participate in community consultations (56%), if they feel they are listened to (49%), if they feel involved in decision making (65%) and if they can personally influence decisions (47%).

In addition, while the **multicultural character of the area was seen as an asset by some, others were less positive**. Longer term patterns of migration come into play in this regard, Banbury having welcomed, for example, a number of people from Eastern Europe and refugees (e.g. Syrian and Ukrainian) in recent years and decades. Many families and individuals have stayed and some have opened businesses (Eastern European supermarkets for instance). Though not to be overstated, a sense of unease was noted about these processes, particularly from older, more long-standing residents. Some (Asian/ Asian British) respondents had also been victims of racism, avoided certain areas and worried about their children.

Taking the above into account, it is clear that a **not insignificant number of people, across all demographics, feel alienated within the community** (from their neighbours) 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. The Hill noted that doing just that led to over three hundred people attending a local event. It is also felt that although technology (social media and the internet) has a

part to play in publicising what was 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. '*I want a timetable for the community listings – all of the events run by all of the groups. Need to get the information out and visual is important rather than social media [we] need a bit of paper to stick on a fridge.'*

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 useful 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 suggested by the research and issues of trust and integration between different cultures, 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 amongst established groups such as women's groups from different cultures and wards) were cited as ways to achieve this, such initiatives also being seen as useful in bringing different age groups together. New refugees being supported by the Sunrise Multicultural Project are also keen to volunteer, providing a bridge with the local community.

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.

4.4.2 Challenges identified from research

4.4.2.1.1 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**. 17% 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 on a scale of 1-5, where 5 was most positive. The average for being able to afford healthy food was much the same (3.11).

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 getting into debt with credit cards and payday loans 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 of the impact of the rise in the cost of living 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).

4.5 New ideas – key themes

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

4.5.1.1.1 Mental health and isolation

There was also a **readiness to discuss mental health**, which 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 2.73 on a scale of 1-5 (where 5=hardly any effects) and slightly more negative for effects on community health and wellbeing in general – 2.61. 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-19.

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

A lack of self-esteem and lack of aspiration was noted, *'even in the youngest members of our community'*, while there was a strong sense that many parents (especially single parents) have little time for themselves and do not know what interests them anymore, and were often struggling with their mental health.

Ideas to help tackle these concerns and issues were put forward. These included: **mums and dads activities (but *crucially*, with creche/ childcare facilities**); and (free or very low cost, hyper-local) **taster sessions** – a series of activities to give people the opportunity to explore what they enjoy – music, art, crafts, cooking etc. **A 'Knowing Me,' type course, could** explore individual gifts and passions, build confidence and aspiration and provide a plan for the future.

There was evidence that **peer-to-peer support is present in the community**, with attendees of certain sessions (such as the men's and women's breakfasts at The Hill) 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 initiatives**, whether peer-to-peer or delivered/ supported 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.

Mental health and wellbeing 'first aid training' for volunteers, residents, staff of community organisations was also suggested – this could create awareness, disseminate coping strategies, and signpost 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 and shared training.

As will also be explored below in relation to young people, the need to build **trust and relationships over the long term and get the messaging right** (to avoid stigma) is vital to the success of community-based mental health support. Could the 'warm space' concept could be developed into a 'safe space' or 'listening space'?

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 Society (RVS) 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 - to be effective it needs to go beyond basic signposting to potential sources of support.

4.5.1.1.2 Young people

The need for **more support for children and young people was a common theme in discussions**. It is known more widely COVID-19 has increased anxiety in these groups. The research also suggested that **pressures of schoolwork are becoming more intense** – young people fell behind during COVID-19 but the same attainment expectations are in place, leading to increased stress and anxiety. Young people also raised the issues of bullying, drugs, and not feeling safe (experience and awareness of local gangs and knife crime).

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 **sometimes just want somewhere to hang out**. *'Sometimes young people just want a safe space and don't really want to do anything, just have someone to talk to and share their day with a hot drink and snack.'* 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 – how to deal with it, dealing with emotions, and how to manage and use social media could have a positive impact – but these should only be offered once trust is built.

Again, **messaging and informality is importan**t – do not brand it 'mental health support', for example, if you want young people to engage. Informality is vital, allowing conversations to emerge organically. Linked to this was idea to bring together young people together 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 start, and start to break down the barriers, received opinions, and stigma that are often raised about coming from this area or that.

The Hill did used to have very popular youth sessions, however some attendees were disruptive. However, this appeared to be less a reflection of any disaffection with what was being offered than the fact that **more resources were needed to support the young people attending**. Indeed, the need for more youth workers was stressed by several. Again, there could be 'economies of scale,' with the different groups and agencies involved in youth support coming together to discuss joint initiatives, 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 therefore begin to 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 the in trusted community spaces where young people feel safe.

Another theme which emerged from conversations with both parents and organisations active within the community was **better support for children and young people (and importantly, parents) of those with special educational needs**. 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 theme that could benefit from deeper consideration – Brighter Futures in Banbury could be a useful forum to explore this issue in more depth and look at provision.

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 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.

Healthy eating/ cooking

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

4.6 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 25% experienced moderate stress and 18% 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.

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 home from scratch. However, some, if not most recognised they '*could be doing better*.'

This is reflected in the survey results. **55% stated that healthy habits around food and healthy eating was important, while access to healthy eating to allowing residents to live a healthy life with a sense of wellbeing was important for just under 62%.** Personal experience of being able to afford healthy food had a weighted average response of 3.1 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 just under 17% of survey respondents use foodbanks and larders). That said, residents, (more so those who live in Neithrop) may benefit from living closer to larger supermarkets (which sell cheaper food), such as Lidl, Aldi and Morrisons. 49% of survey respondents stated that local shops and services was something they liked about living in Ruscote and Neithrop.

Parents mentioned **other challenges associated with a lack of time to prepare good food, fussy eaters, particularly children, while parents and others suggested 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.

It was felt that **food-based initiatives, in general, may be beneficial to the community.** Feedback suggests that when food is included in community events/ sessions etc. that feedback and interaction is 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) together and bringing 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. The Hill, for example, is planning a community garden and this should be supported, allowing 'garden to plate' connection with food and nature: '*we harvested some radishes at the [Bridge Street Community Garden] which young people had grown and they tried them and they were pretty amazed that they can grow them from seed.*'

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 expectations/ 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 useful (as have been used before), such as 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.

4.7 Recommendations

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

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 - reinstating the paddling pool in People's Park - better management of parking near community venues
Improve lighting in certain areas	Key partners (especially PCSOs, Town Council and Cherwell DC) to discuss where streetlighting could be improved (e.g. Ruscote Arcade and Bradley Arcade) to increase sense of security and reduce ASB

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** Grimsbury and Hightown - 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 Facebook 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)

Community action: innovation and resiliency

Recommendation	
Funding and bid-writing support	Discussion between local partners (including community groups, Cherwell DC, Oxfordshire County Council, Sanctuary Housing) using existing networks to explore: - Funding to better meet needs – innovation in project and core funding
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. - Explore under and over-usage of venues and where new or extending activity could best be targeted and located - 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
A (north) Banbury Volunteer Drive	Discussion between local partners using existing networks to launch a volunteering drive.

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, including youth workers, 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 and drop-in sessions	Sessions such as the Men's Breakfast and Women's Breakfasts at the Hill 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 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
More support for children with Special Educational Needs (and parents)	Key partners (including BFIB, schools and existing SEN group) to discuss improved support.

4.8 List of Appendices

The Appendices listed below are available as supplementary documents.

Appendix 1 - Distance to Services

Appendix 2 - Local Groups, Organisations and Assets

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

Appendix 4 - Research Questions

Appendix 5 - Ruscote and Neithrop Community Survey