



# Berinsfield Community Insight Report 2024

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*Note: All images in the report are provided by South Oxfordshire District Council*

## Acknowledgements

The Community Insight Profile health and wellbeing project was overseen by the Berinsfield Health and Wellbeing Group made up of a variety of different representatives including voluntary and community organisations, residents, statutory and non-statutory agencies, and the Parish council. Throughout the project's timeline, the group provided a wealth of knowledge and influence at every stage of the profile's development, feeding back to the Berinsfield Garden Village Steering Group. It is with gratitude that we share our appreciation for their involvement in the project, to bring together a multiagency approach to tackle local health inequalities in Berinsfield.

## Foreword

“A few years back, Berinsfield was awarded Garden Village status, which has enabled us to plan and provide new facilities, support existing services and organisations, and work to improve the lives of those living in the community. But we know there is still much work to be done. Everybody deserves to be able to lead a healthy and fulfilled life, but we know that inequalities remain within the village, as in many communities in Oxfordshire. This Insight Report within the surveys behind it help us to map those challenges more clearly and precisely.

I'm grateful to all those who completed our survey or took part in focus groups – your responses have been vital in helping inform this work. We now have the voices and experience of residents of Berinsfield and those working with members of the community alongside the raw data.

I'd also like to acknowledge the hard work of the community and council officers in producing this Insight Report. The recommendations set out will allow us to plan actions towards a range of activity which we all hope will lead to improved health and wellbeing outcomes in the community”.

***Councillor Robin Bennett, Deputy Leader and Cabinet Member for Infrastructure and Development, South Oxfordshire District Council***

“We know how important health and wellbeing is – it means happier, healthier lives and allows communities such as Berinsfield to thrive.

This report does vital work in helping us understand the experience of those living in the village in relation to health and wellbeing. It outlines the health challenges and what can positively influence the improvement of health outcomes for Berinsfield residents. With the series of recommendations in the report, we can now create an action plan towards a range of activities which will lead to improved health and wellbeing outcomes in the community.

I’m looking forward to these recommendations being implemented and seeing the impact on the lives of the residents.”

***Councillor Georgina Heritage, Cabinet Member for Healthy Communities, South Oxfordshire District Council***

“I’ve enjoyed my time Chairing the Berinsfield Health and Wellbeing group leading on the Community Insight project, and I would like to thank all those involved.

It’s been great to hear all the feedback from residents, organisations, and businesses and even better to see us all coming together to understand collectively how we can collaborate further to strengthen the great assets and services for Berinsfield. It is encouraging to identify improvements and understand what is already working well.

It’s good to get the Community Insight Report completed as the first stage of this project. I look forward to progressing the grants scheme to help stakeholders launch the action plan in association with the recommendations outlined in this report. This will positively help the community address health inequalities.”

***Lily Jones, Chair of the Berinsfield Health and Wellbeing Group, Resident and Chair of Berinsfield Youth Council***

## 1 Key findings from the research

Below is a summary of key findings from the Community Insight engagement carried out between July to November 2023.

Key findings for adults	Key findings for young people
<p>Berinsfield as a place to live</p>	
<p>Respondents were asked to select a maximum of three things they like about Berinsfield village. Most (70%) selected green spaces, closely followed by community facilities and activities (69%).</p>	<p>Respondents were asked to select a maximum of three things they like about Berinsfield village. 17% selected local family and friends, followed by green spaces (11%) and access to local services (11%).</p>
<p>Loneliness, identity and belonging</p>	
<p>Most respondents (61%) feel they are part of the local community, more specifically 43% agree and 18% strongly agree with this statement. When asked about loneliness, most respondents (38%) reported feeling lonely sometimes, followed by 30% who rarely feel lonely, whilst 13% never feel lonely.</p>	<p>In relation to the community and loneliness, most respondents (61%) either agreed or strongly agreed that they feel part of the community. When asked about loneliness, 33% reported rarely feeling lonely, 24% said that they feel lonely sometimes, whilst 12% said that they feel lonely most of the time.</p>
<p>Staying physically and mentally well</p>	
<p>When asked what helps respondents stay physically and mentally well, the majority (72%) said spending time outdoors or in nature helps, closely followed by taking part in physically activity and movement (70%).</p>	<p>Respondents were also asked how mentally well they consider themselves to be, 35% selected feeling quite well and 24% feeling neither well nor unwell. When asked what helps respondents stay physically and mentally well, the majority (85%) said a strong social support network and another 85% selected talking to people and seeking help.</p>
<p>Of the respondents that said they have a physical or mental health condition or illness, over half (61%) said the condition or illness has reduced their ability to carry out day to day activities a little. 22% of respondents said it has reduced their ability a lot.</p> <p>Over a third of respondents (72%) agree or strongly agree that they maintain healthy lifestyle habits around food and eating and 12% disagree.</p>	<p>In relation to food, 38% of respondents neither agree nor disagree that they have access to healthy food options, 24% agree and 24% disagree. Over half the respondents (56%) agreed that they or their family maintain healthy lifestyle habits around food followed by 26% who neither agreed nor disagreed.</p>

Key findings for adults	Key findings for young people
<p>Most respondents (92%) reported that they have observed people smoking and vaping in Berinsfield. However, 6% have not. Consuming alcohol (74%) is also seen, whilst 24% have not seen this. 53% have witnessed people handling/consuming drugs in Berinsfield, but 37% have not.</p>	<p>57% have witnessed people handling/consuming drugs in Berinsfield, 20% have not and 20% selected I don't know.</p>
<p>Barriers to health and wellbeing</p>	
<p>Amongst half of respondents (48%) feel 'cost and affordability' is one of the biggest challenges faced when trying to stay physically and mentally well, closely followed by personal motivation (44%).</p>	<p>Nearly three quarters of respondents (74%) feel personal motivation is one of the biggest challenges faced when trying to stay physically and mentally well, closely followed by cost and affordability (71%).</p>
<p>Education, employment, and training</p>	
<p>80% of respondents feel they have the skills and or qualifications to find employment, whilst (11%) disagree. The majority (41%) can access local opportunities to learn new skills and/or gain qualifications, 22% expressed disagreement.</p>	<p>26% of respondents neither agreed nor disagreed that there are local opportunities to learn new skills and/or gain qualifications, 23% agreed and 11% disagreed. 29% of respondents neither agreed nor disagreed that they were able to access local opportunities, 20% disagree and 17% agree.</p>
<p>Community safety</p>	
<p>Most adult respondents (85%) feel safe during the day in Berinsfield village and a considerable number of respondents 25% feel mostly safe at night. However, 21% do not feel safe, 13% expressed feeling not very safe and 8% feeling not safe at all.</p>	<p>41% of respondents said that they felt safe during the day, 15% mostly safe and 12% not very safe. 9% felt very safe. We also asked respondents how safe they feel at night, 32% felt safe, 24% not very safe, 12% mostly safe and 6% very safe.</p>
<p>Transport</p>	
<p>Most adult respondents indicated that they travel in and around Berinsfield by walking (78%) and using a car (65%). Less popular options included using a bicycle (13%), bus (3%), taxi (2%), motorbike/moped (2%) and e-scooter (2%)</p>	<p>100% of young respondents said that they walked in and around Berinsfield and others by bus (75%). Others travelled by car (53%), bicycle (50%) and e-scooter (28%).</p>
<p>16% of adult respondents indicated that the lack of transport options was a challenge in keeping physically and mentally well.</p>	<p>59% of young respondents indicated that the lack of transport options was a challenge in keeping physically and mentally well.</p>



## 2 Introduction

In November 2023, South Oxfordshire District Council (SODC) commissioned an independent review of data and insight gathered by the council as part of a community engagement exercise undertaken between July and November 2023 towards the development of the Berinsfield Community Insight profile.

The aim of this community insight profile is to:

- ✓ Understand the experience of those living in Berinsfield village in relation to health and wellbeing.
- ✓ Outline the health challenges and what can positively influence the improvement of health outcomes.
- ✓ Present a series of recommendations that will guide action planning towards a range of activities aimed at improving health and wellbeing outcomes in the community.

We asked the community questions about what supports their health and wellbeing, challenges they face and what would help them live happier healthier lives. Their responses were used to produce recommendations aimed at reducing health inequalities and providing more opportunities for the Berinsfield community to thrive and prosper. The profile includes the voice and experience of residents of Berinsfield and those working with members of the community.

A consultant was appointed to undertake an independent desk review of quantitative and qualitative data and information to support the production of the community insight report for Berinsfield.

Recommendations from this report will be used to form an action plan that will be carried forward as part of the project.

This Insight Report should be read in conjunction with other supplementary documents produced as part of the project including the Berinsfield Data Report that is produced by Public Health, Oxfordshire County Council and focuses on local and national data and statistics.

The two reports have come together to develop the Berinsfield Community Insight Profile. An executive summary that brings together key findings from both documents is also provided.



Figure 1 Picture of the water tower in Berinsfield

## 2.1 Background

The Berinsfield Garden Village program is delivering a variety of projects, including those focused on creating a healthy environment and revitalizing the area.

In early 2023, South Oxfordshire District Council (SODC) and Public Health at Oxfordshire County Council (OCC) initiated work with local partners to develop a community insight profile for Berinsfield. The approach used was similar to ones used in other areas of the county at risk of poorer health outcomes and aimed at gathering in-depth community perspectives.

The community insight profile includes recommendations to help plan activities that improve health and wellbeing in the area. It was clear from the beginning that success would require a collaborative effort from multiple agencies.

Despite Oxfordshire being one of the wealthiest regions in the country, there are pockets of significant deprivation. Berinsfield, while not among the top 10 most deprived wards in Oxfordshire, still faces challenges. According to the 2019 Indices of Multiple Deprivation (IMD), parts of Berinsfield fall within the most deprived 40-50% nationally in terms of income and are in the most deprived 10% for education, skills, and training.

At the start of the project, local stakeholders expressed concerns that the data for Berinsfield, which is reported alongside data from

neighbouring wards, may not accurately reflect the true situation in the village.

The Community Insight Profile process provided an opportunity to delve deeper into the data and consider additional information specific to Berinsfield.



*Figure 2 War memorial in Berinsfield*

## 2.2 Asset based approach.

The community insight activity has focused on analysing health data and collecting community insight from residents, local organisations and stakeholders utilising an asset-based community development approach (ABCD).

The approach facilitates the empowerment of individuals and communities by helping them to identify and share their strengths and then work together to create their own social innovations.

## 2.3 Timeline

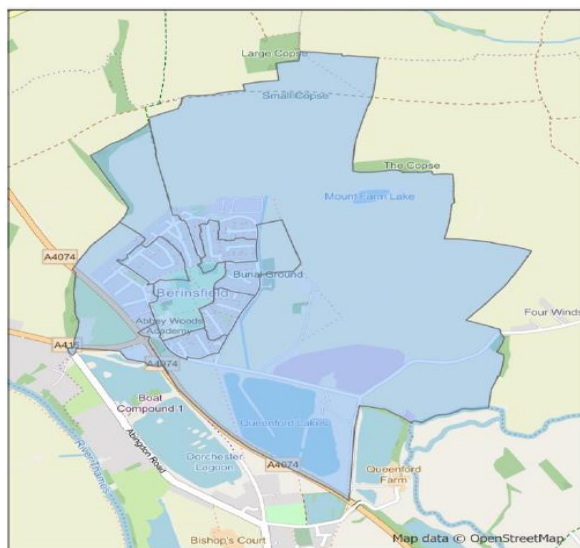
The timeline for the project and various stages are outlined below.

<u>Spring 2023</u>	<u>Summer 2023</u>	<u>July – November 2023</u>	<u>November 2023</u>	<u>January – July 2024</u>
<b>Ambition to develop a Community Insight profile shared with the Berinsfield Garden Village Steering Group</b>	<b>Berinsfield Health and Wellbeing subgroup is established to oversee the development of the Community Insight Profile</b>	<b>Community engagement is undertaken to gather residents and stakeholder views</b>	<b>A draft data profile is created, and an independent consultant is commissioned to evaluate findings and develop key findings and recommendations</b>	<b>A draft Community Insight Profile and executive summary with key findings and recommendations is completed. The Berinsfield Health and Wellbeing Group, reviews all data to address findings to develop an action plan</b>

### 3 About Berinsfield

#### 3.1 Location and history

Berinsfield is a ward located in the South Oxfordshire district, that is five miles south of the Oxford ring road and four miles north-west of Didcot. This rural village is in the Oxford Green Belt and surrounded by countryside, which is valued by local people for walking and cycling access.



Mapping by Oxfordshire County Council

*Figure 3 Map of Berinsfield –Open Street Maps*

Berinsfield has a unique, largely post World War II, history. A few families occupying abandoned nissen huts on the former military airfield, grew into a planned village to house Oxford overspill, which included low density housing, shops, a secondary school, church, and employment area.

The houses in that first area are now all privately owned but successive areas of development, mostly in the 1970's, comprise a high level of social housing. The community assets built early in the village's history, which helped to bind the community together, have exceeded their economic life and there is need for infrastructure improvements. These include the current leisure centre, formerly part of the secondary school that closed in the 1980's and various community buildings operated by local organisations.

Discoveries which dated back to Palaeolithic and neolithic times were identified in the area when the land was studied. Both Roman and Anglo-Saxon artefacts were recovered, as well as numerous mammoth bones, tusks, and teeth. A fine collection of coins and flint axes can be seen at the Pitt-Rivers Museum, Oxford. Other historic aerial photography of the area showed numerous Bronze Age Ring ditched in fields to the north of the village. One large ring ditch to the south of the village, which was also high-lighted along with lots of other crop markings in 1934 was of special interest and was excavated that same year by the Oxford University Archaeological School under J.N.L. Myers who found two Bronze Age ring ditches. During the building of the flats in Cherwell Road and Evenlode Drive a Roman Pottery factory was discovered.

Another significant find was the Anglo-Saxon cemetery at Walley's Corner, which saw over 200 graves found and around 78 of those were excavated.

There is a strong sense of community in the village closely linked with the range of community facilities and services. Nevertheless, there are socio-economic challenges faced by the people of Berinsfield, which include rural isolation and deprivation that can lead to poorer life

outcomes relating to educational attainment, level of income, and quality of health. To address these challenges and improve outcomes,

### 3.2 Future development

In June 2019, Berinsfield was awarded Garden Village status by the Government. The Garden Village will include currently undeveloped land to the east of the existing village on the former airfield which has been allocated in the SODC Local Plan (adopted December 2020, strategic allocation Policy STRAT10i). Proposed master planning will include the provision of new homes, employment, open spaces, education, active travel, retail, and community facilities, aimed at supporting the regeneration of Berinsfield and the delivery of the necessary community amenities.

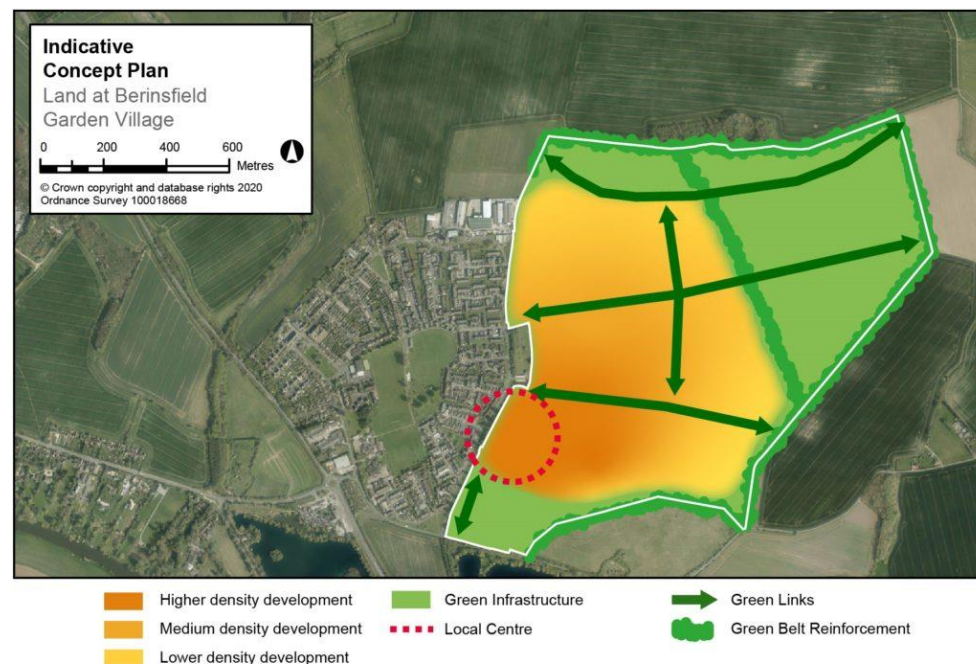
*Figure 4* displays the current village and potential areas for around 1,700 new homes in the village in yellow and orange zones as well as a possible example of the new layout.

To support the vision in line with the community's needs and aspirations, a Berinsfield Community Delivery Plan was developed and approved in September 2023. The delivery of the plan is overseen by the Berinsfield Garden Village Steering Group made up of representatives from a range of partner organisations and community representatives such as locally elected councillors.

A wide range of organisations are working together to help push forward and bring some genuine community-led village improvements to Berinsfield soon. In 2023, SODC pledged more than £550,000 to fund the Berinsfield Community Delivery Plan.

SODC and other organisations are undertaking significant programmes of work in Berinsfield.

The various projects within the plan focus on community health and wellbeing, sustainability and the environment, regeneration and development, community infrastructure, active travel, governance, and legacy. The Community Insight Profile and subsequent actions align closely with the outcomes of the Community Delivery Plan to ensure high quality implementation.



*Figure 4 Map of existing village and proposed new development*

## 4 Community assets overview

SODC undertook a mapping exercise of the community assets in Berinsfield which was presented to the Berinsfield Health and Wellbeing Group. The mapping exercise concluded that the village has an abundance of facilities and physical assets, which are summarised in **Appendix 1**.

SODC also conducted a study to look at all the community buildings and spaces in the village and how they're being used for community activities as part of the work to support regeneration plans. The research explored how new or renovated community buildings and spaces could be designed so that charities, organisations, and groups in the village can continue to offer services that residents want and need in the future. The study recommended three conceptual design options for a community hub plaza in the existing village, which is being considered as part of the wider master planning for development on Mount Farm

The following list of green spaces are well-used and available for the Berinsfield community:

- ✓ **Queenford Lakes** – privately owned facility which has a café, water sports facilities and access to walks around the lake.
- ✓ **Recreational grounds** – including playing/recreational fields, 2 play parks, green gym equipment, table tennis, skateboard park and basketball hoop.
- ✓ **Church Green** (a green space in the centre of the village).
- ✓ 'Let it Bee' sites on Green Furlong and Fane Drive and the central recreational ground.
- ✓ **The Roman Road footpath** which connects the village with Cowley through the countryside. However, presently there is limited access between the Baldons and Blackbird Leys.
- ✓ **Allotments** for local people to grow their own fruit and vegetables.
- ✓ A variety of other green spaces such as **the Copse**.
- ✓ **Wittenham Clumps** is also within approximately 3.2 miles walking distance of Berinsfield village.
- ✓ **Community Kitchen Garden**: provides a space where local people can come and pick herbs, fruit and vegetables to take home and eat, and to have a garden to tend together. The garden is centrally located outside The Berin Centre.



*Figure 5 Pictures of a selection of community assets in and around Berinsfield.*

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*The electronic version of this document is the approved and most current. Any printed version is uncontrolled and may not be current. You can read the current, controlled version of the Berinsfield Community Insight Profile on the Oxfordshire Insight website.*

## 5 Community insight research process

SODC started the process of undertaking community insight research in the Berinsfield Community Insight area in May 2023. A series of engagement activities were carried out and public surveys undertaken to gather data from the community. The aim of this was to develop a more robust understanding of how local people feel about health and wellbeing and how it can be improved.

It was important that the profile was co-produced, so the Health and Wellbeing group was created. Invitations to join the group were advertised widely in the community to ensure local oversight and steer. Stakeholders were requested to submit an interest in participating in the group as a member, as well as the opportunity offered for a member of the group to become the Chair.

Membership was diverse including voluntary and community sector organisations, multidisciplinary agencies including those that are statutory, district and parish councillors and local employers. Resident participation in the group was a high priority, therefore Community Representative roles were also advertised to encourage residents to join. This was supported by the Community Outreach Officer, who was able to provide support on the ground to them

### 5.1 Community engagement

In developing the research, a range of engagement activities were planned to ensure all members of the community were given the opportunity to have their say. A stakeholder mapping exercise was

completed to ensure this opportunity was communicated effectively within the community.

The topics of focus for the engagement activities were guided by the Health and Wellbeing group.

The Berinsfield survey focussed on the topics below:

- Local strengths
- Community assets and services
- Physical and mental health
- Access to food and healthy eating
- Isolation
- Education, training, and employment
- Isolation
- Alcohol, drugs, and smoking
- Barriers to staying both mentally and physically well.
- Recovery from the COVID-19 pandemic
- Suggestions on how to improve health and wellbeing.



Engagement with residents and community partners sought to understand:

1. What are the strengths and assets in the area that help support and enable your health and wellbeing? What matters to you in the community?
2. What are some of the challenges to your health and wellbeing and what do you think might help address some of these challenges?

This report was compiled with support from an independent consultant who reviewed and analysed all the information gathered during the engagement activities to identify and understand the key issues and themes that emerged concerning health and wellbeing of Berinsfield residents.

A copy of the bespoke Berinsfield data profile developed by the public health team at OCC was also made available to help inform this process, which can be considered in conjunction with this report. Information on existing local consultations, where appropriate was reviewed and analysed, including the Berinsfield Garden Village Community Planning Weekend workshops summaries to provide further depth of understanding on the feedback that the community had provided regarding the regeneration of the existing village and the strategic allocation of 1,700 houses on Land at Mount Farm, Berinsfield which took place in March and April 2023.

Where quotes or case studies have been used, some of the detail was anonymised to make them non-identifiable.



*Figure 6 Photo of St Mary and St Berin Church in Berinsfield*

A breakdown of the methods used as part of this insight activity are shown below.

*Table 1 Engagement Methodology Summary*

Method Used	Responders/ Reach	Dissemination
<p><b>Electronic and hard copy community survey.</b></p> <p>The survey ran from 20 September to 3 November 2023.</p> <p>All survey responses have been captured but incomplete questionnaires were not included.</p> <p>Responses to qualitative questions were analysed and presented in the survey report.</p> <p>Please note that when stating percentages in the analysis, response percentages may not add up to 100% due to rounding up over .5 and rounding down under.</p> <p>Free swimming vouchers were given to those who completed the survey.</p> <p>These responses were collated and analysed separately to ensure that young people had a clear voice on what matters to them to build and maintain their wellbeing.</p>	<ul style="list-style-type: none"> <li>• 61 completed responses from adults:               <ul style="list-style-type: none"> <li>○ 42 online responses</li> <li>○ 19 hard copy responses</li> </ul> </li> <li>• 34 responses from young people</li> </ul>	<p>The survey was emailed to stakeholders asking them to help promote the survey amongst service users and staff.</p> <p>Partners helped promote the consultation including The Berin Centre, Soha and Abbey Woods Academy.</p> <p>Social media/press coverage included:</p> <ul style="list-style-type: none"> <li>• A press release and social media messages (Facebook, Twitter, and Instagram)</li> <li>• Berinsfield Village Voice magazine news article</li> <li>• Publicity on the Spotted Berinsfield Facebook page.</li> <li>• The survey placed on the agenda at a range of meetings such as the Berinsfield Health and Wellbeing Group and Berinsfield Community Network meetings.</li> </ul> <p>Paper copies of the survey and promotional posters were made available in community venues:</p> <ul style="list-style-type: none"> <li>• The Berin Centre</li> <li>• Library</li> <li>• Berinsfield Community Association</li> <li>• Leisure Centre</li> </ul>

Method Used	Responders/ Reach	Dissemination
<b>'Pop-up' event called Stay Well Saturday</b>	Estimate attended 50 people	<ul style="list-style-type: none"> <li>• Youth Centre</li> </ul> <p>A Stay Well Saturday community event organised by SODC was held on 21 October.</p> <p>It was located opposite the community shops an area of high passing footfall and feature activities and thematic stalls to provide residents with information and advice on ways to keep healthy and improve their wellbeing. Officers were also present to speak to residents and support them in completing a survey.</p> <p>Stallholders included Better Leisure, Health Centre and social prescribers, The Berin Centre, Riverside Counselling, Thames Valley Police, Active Communities Team, Stop Smoking, Yoga Tasters, SODC and Fusion Arts.</p>
<b>1:1 interviews with residents</b>	14	Interviews undertaken by the Berinsfield Community Outreach Officer at The Berin Centre and the community including Stay Well Saturday Event on 21 October 2023.
<b>1:1 interviews with local organisations</b>	15	<p>Organisations interviewed by SODC staff:</p> <ul style="list-style-type: none"> <li>• Berinsfield Parish Council</li> <li>• Berinsfield Library</li> <li>• Berinsfield Pre School</li> <li>• Abbey Woods Primary School</li> <li>• Wallingford Foodbank</li> <li>• Berinsfield Community Association</li> <li>• Soha</li> <li>• Williams Jet Tenders</li> </ul>

Method Used	Responders/ Reach	Dissemination
		<ul style="list-style-type: none"> <li>• Rogers Metal management</li> <li>• Riverside Counselling</li> <li>• Berry Youth Centre</li> <li>• Thames Valley Police</li> <li>• Social Prescriber (based at the Health Centre)</li> <li>• The Berin Centre</li> <li>• Berinsfield Youth Centre</li> </ul>
<b>Resident case studies</b>	4	Interviews undertaken by the Berinsfield Community Outreach Officer at The Berin Centre.
<b>Young people focus group</b> (held on 19 July 2023)	10	Session held at the Youth Centre and facilitated by 3 volunteer youth workers.
<b>Intergenerational focus group</b> (held on 28 July 2023)	6	Facilitated by the Berinsfield Community Outreach Officer at the Berin Centre.
<b>Older People focus group</b> (held on 4 August 2023)	19 people who attend the Day Centre and 3 staff/volunteers	Facilitated by the Berinsfield Community Outreach Officer at The Day Centre
<b>Young Person – 2 Focus Groups</b> (held on 13 February 2024)	9 people attended on the day	Facilitated by Berry Youth Centre

## 5.2 Public survey

A survey was created to gather feedback on health and wellbeing in Berinsfield to support outreach and participation from the wider community. The survey was produced in both electronic (online) and hard copy formats, with the provision of alternative methods to be made available on request. The survey was launched on 20 September 2023 and included questions on what kind of services, organisations and people in the community support health and wellbeing, what causes the biggest problems/barriers to people's health and wellbeing and what would help improve these.

The survey was originally due to close at 10am on Friday 27 October 2023, but due to the launch of the Berinsfield Community Delivery Plan, which includes details of the Berinsfield Health and Wellbeing project, the engagement period was extended for a further week and closed at 10am on Friday 3 November 2023. A copy of the survey can be found at **Appendix 2**.

Many partners helped to promote the survey through their own newsletters, social media, and websites.

A press release and social media messages (Facebook, X, and Instagram) were posted throughout the live period. A news article was also placed in the local Berinsfield Village Voice newsletter, which is delivered to all households in Berinsfield. Publicity was also shared on the Spotted Berinsfield Facebook page. The survey was also on the agenda at a range of meetings including the October Berinsfield Health and Wellbeing Group and the Berinsfield Community Network meeting.

The survey was emailed to a variety of stakeholders asking them to help promote the survey amongst service users and staff. These included:

- Oxfordshire County Council
- Soha
- The Berin Centre
- Berinsfield Community Association
- Abbey Sports Centre/GLL
- Berinsfield Parish Council
- Berinsfield Library
- Berinsfield Health Centre
- Social Prescribers
- St Mary & St Berin Church
- Christians Against Poverty
- Local employers
- Abbey Woods Academy
- Riverside Counselling Service
- Berry Youth Centre
- YoCO
- South Oxfordshire District Council and Oxfordshire County Council Ward Member for Berinsfield
- Resident representatives on the Berinsfield Health and Wellbeing Group.

A more targeted approach was developed to maximise responses from harder-to-reach groups including SODC officers promoting the survey at a Stay Well Saturday event on 21 October 2023 where free swimming vouchers for adults and children were distributed to those who completed the survey and their immediate family who were present at the event. The Community Outreach Officer in Berinsfield actively promoted the survey to the community, including to vulnerable people and the Youth Centre actively engaged with young people to encourage and support them to complete the survey so that their views were captured.

For residents that did not have access to the internet or preferred a paper version, hard copies of the online survey were made available in community buildings (Library, Leisure Centre, Berinsfield Community Association, The Berin Centre, and Berry Youth Centre). Publicity posters were developed and displayed at these venues, with QR codes to encourage electronic submissions too. Completed paper surveys were collected from these venues and the responses manually recorded.

### 5.2.1 Respondents demographic breakdown

There was a total of 61 survey responses from adults and 34 survey responses from young people and the demographic breakdown of respondents is shown in the tables below.

*Table 2 Demographics of SODC survey respondents (adults)*

Survey question	Percentage of Respondents
<b>What is your connection to Berinsfield village? Tick all that apply.</b>	
I live in the village	80%
I work in Berinsfield	16%
I live outside of the village	5%
I regularly visit the village	5%
I have an interest in the area	3%
<b>What gender are you?</b>	
Female	79%
Male	18%
Prefer not to answer this question	4%

Survey question	Percentage of Respondents
<b>Is the gender you identify with the same as your sex registered at birth?</b>	
Yes	93%
Other	3%
Prefer not to answer this question	3%
<b>How old are you?</b>	
16-24	2%
25-34	24%
35-44	28%
45-54	16%
55-64	10%
65-74	13%
75+	5%
<b>What is your ethnic group?</b>	
White: English, Welsh, Scottish, Northern Irish, British	89%
White: Irish	0%
White: Gypsy or Irish Traveller	2%
White: Roma	0%
White: Any other White Background	7%
Asian or Asian British: Indian	0%
Asian or Asian British: Pakistani	0%
Asian or Asian British: Bangladeshi	2%
Asian or Asian British: Chinese	0%
Asian: Any other Asian background	0%
Black, Black British, Caribbean, or African: Caribbean	0%
Black, Black British, Caribbean, or African: African	0%
Black, Black British, Caribbean, or African: Any other Black, Black British, or Caribbean background	0%

Survey question	Percentage of Respondents
Mixed or Multiple Ethnic Groups: White and Black Caribbean	0%
Mixed or Multiple Ethnic Groups: White and Black African	0%
Mixed or Multiple Ethnic Groups: White and Asian	0%
Mixed or Multiple Ethnic Groups: Any other Mixed or Multiple Background	0%
Other Ethnic Group: Arab	0%
Other Ethnic Group: Other	0%
<b>Do you have any physical or mental health conditions or illness lasting or expecting to last 12 months or more?</b>	
Yes	39%
No	52%
Prefer not to say	8%
<b>Do any of your conditions or illnesses reduce your ability to carry out day to day activities?</b>	
Yes, a lot	22%
Yes, a little	61%
Not at all	17%

Table 3 Demographics of SODC survey respondents (young people)

Survey question	Percentage of Respondents
<b>What is your connection to Berinsfield village? Tick all that apply.</b>	
I live in the village	91%
I work in Berinsfield	0%
I live outside of the village	9%
I regularly visit the village	0%
I have an interest in the area	0%
<b>What gender are you?</b>	
Female	49%



Survey question	Percentage of Respondents
Male	40%
Prefer not to answer this question	6%
<b>Is the gender you identify with the same as your sex registered at birth?</b>	
Yes	83%
Other	0%
Prefer not to answer this question	11%
<b>What is your ethnic group?</b>	
White: English, Welsh, Scottish, Northern Irish, British	62%
White: Irish	0%
White: Gypsy or Irish Traveller	6%
White: Roma	0%
White: Any other White Background	6%
Asian or Asian British: Indian	6%
Asian or Asian British: Pakistani	3%
Asian or Asian British: Bangladeshi	6%
Asian or Asian British: Chinese	0%
Asian: Any other Asian background	0%
Black, Black British, Caribbean, or African: Caribbean	0%
Black, Black British, Caribbean, or African: African	0%
Black, Black British, Caribbean, or African: Any other Black, Black British, or Caribbean background	0%
Mixed or Multiple Ethnic Groups: White and Black Caribbean	6%
Mixed or Multiple Ethnic Groups: White and Black African	6%
Mixed or Multiple Ethnic Groups: White and Asian	0%
Mixed or Multiple Ethnic Groups: Any other Mixed or Multiple Background	0%
Other Ethnic Group: Arab	0%
Other Ethnic Group: Other	0%

Survey question	Percentage of Respondents
<b>Do you have any physical or mental health conditions or illness lasting or expecting to last 12 months or more?</b>	
Yes	33%
No	39%
Prefer not to say	22%
<b>Do any of your conditions or illnesses reduce your ability to carry out day to day activities?</b>	
Yes, a lot	15%
Yes, a little	44%
Not at all	38%

### 5.3 Limitations

Research was carried out between July and early November 2023 and therefore offers a snapshot in time of people’s experiences of health and wellbeing.

The research focused on the experience of those living in Berinsfield village. However, the engagement and survey also captured the views of those who live outside the village and may work, visit, or have an interest in the village;

- ✓ 87% of adult responders were answering the survey as an individual/member of the public and 80% of lived in Berinsfield village; and
- ✓ 91% of young people responding to the survey lived in Berinsfield village.
- ✓ However, all focus groups were held and promoted heavily in the village and all 14 1:1 interviews and 4 case studies were undertaken with residents.

Acknowledgement is given to potential bias as some of the researchers and participants are members of the community themselves and therefore have a vested interest.

This work was supported by the Health and Wellbeing Group, which included local residents attending in various capacities, some just as resident participants (3), others as part of a local group and the Chair who also leads the local Youth group.

One of the volunteer youth workers works for SODC on the Garden Communities team and the Community Outreach Worker employed by The Berin Centre (a joint post with SODC), also resides in Berinsfield.

The potential for bias from project and engagement officer’s from SODC during the analysis of research results was also identified. This may be a result of the merging of semantic and latent themes as a

result of personal insight while working with or lived experience from living within the Berinsfield community.

SODC commissioned a consultant to undertake an independent desktop review of quantitative and qualitative data and information to

## 6 Discussion of findings

This section presents a discussion of key themes arising from the different strands of research carried out as part of this project. The information presented is from research with adults, young people as well as local organisations. Anonymised quotes and case studies are also presented to offer illustrations supporting the ideas shared.

### 6.1 Organisations, groups, and services

There are a range of groups and activities operating in Berinsfield that support peoples' health and wellbeing. A summary of organisations identified through the stakeholder mapping can be found in **Appendix 1**.

Bi-monthly Berinsfield Community Network meetings are organised by The Berin Centre for local services to share information and promote partnership working and collaboration.

A local online calendar displaying group activities, services and events is uploaded and all groups are provided with access to promote it on their own network channels. It is currently hosted on the Parish Council website.

There are also many low and no cost activities available across the village for members of the community to access (some of these subsidised by voluntary and community sector organisations, SODC

support the production of this report to create an impartial report and recommendations to mitigate any potential conflicts of interest.

Throughout the project and analysis process, data has also been shared with OCC's public health team to ensure transparency.

and OCC). These are set out in the table in **Appendix 1**. Respondents to the survey specifically mentioned some of the organised community events as being strengths of living in Berinsfield:

*"I wouldn't have participated in the cake sale without the community outreach officer — it was good, and we had a laugh".*

*"Community activities help one stay active: seated exercise class; health walks around the village; the Memory Café, croquet & lawn games".*



Figure 7 Photos showing a selection of community activities in Berinsfield.

## 6.2 Usage and access to local services

As part of the SODC survey participants were asked '*What local services do you use regularly, this could be social groups, fitness activities, local services, and organisations.*

A total of 37 comments were received from adults to this question with 23 of them mentioning using more than one service. The most common services mentioned, are listed in Table 4 below:



Table 4 Usage of local services (adult survey responders)

Local Service	Number of Responses
Local shops	13
Abbey Sports Centre	13
The Berin Centre/ The Berin Centre Groups	12
Library	8
Health Centre	7
Church	5
Berinsfield Community Association and its events	5
None/NA	5
Pharmacy	3
Dentist	3
Recreational Park/ open spaces/Park Gym equipment	3
Community Larder (hosted at The Berin Centre)	3
Wet & Wild /The Wandering Kitchen Café	3
Book Club	2
Buses	2
Preschool	2
Coffee & memory days (hosted at the Church)	1
Seated exercise (hosted at the Church)	1
You Move weekly walks	1
Primary school	1
Berry Youth Centre	1
Computer day	1
Helping a bit @ bot group	1

The most common services mentioned by young people, are listed in the table below. *(Please note that 28 of the 34 responses from young people were received at the Berry Youth Centre).*

Table 4: Usage of local services (young people survey responders)

Local Service	Number of Responses
Youth Centre	30
Park (skateboard)	18
Football	17
Shops	15
Recreational grounds	13
Leisure Centre	10
Mushroom (outdoor youth shelter)	9
Health Centre	7
Berinsfield Community Association	6
Boxing	5
Gymnastics	4
Queensford lakes in Summer	3
Library	3
Blue Bridge in Summer	3
Scouts	2
The Berin Centre	1
Church	1
Hairdressers	1

Through a variety of different interviews, there was a strong consensus that there was a lot on offer locally:

*“Strengths are the local services”.*

*“Ticks all the boxes – property value is affordable and good local services – GP, Leisure Centre, Library, Pharmacy, football, gymnastics club and youth club”.*

*“Good facilities - The Berin Centre, family and friends, local social club (BCA), sports centre, church tea and coffee and services, field, and recreational park”*

*“Services are excellent”.*

*“I cannot afford to use the Leisure Centre”.*

*“Leisure Centre needs more support - there are no classes at the moment due to lack of staff”.*

*“Need for things for younger kids – under 5’s and over 18’s.”*

*“Lots of informal dog walking groups. The field isn’t used to its full capacity”.*

Other comments raised through interviews also highlighted barriers to accessing services due to personal circumstances, motivation, or time capacity.

*“Used to go to sports centre - lack of time now”.*

*“Well, I don’t really participate in anything in the community. This is because I have my own life and don’t need to use these facilities.”*

*“Clubs are too cliquy – am vision impaired and prevents me too much”.*

*“Yes – used to use the gym but it’s boring. Prefer to be outside”.*

*“It is a bit empty, not much going on for me- 35-year-old single guy. Not many shops like in other places, no nightlife”.*

It should be noted that in the survey, that three respondents commented on issues that relate to barriers or inability to access services. This is also aligned to comments raised in interviews.

### 6.3 Berinsfield as a place to live

Respondents were asked to select a maximum of three things they like about Berinsfield village. Most (70%) selected green spaces, closely followed by community facilities and activities (69%). Local family and friends (57%) and access to local services (54%) were also frequently mentioned.

It should be noted that respondents were also able to choose 'other' as an option. Seven comments were positive about the people and community itself and six comments related to likely the geographical location and facilities.

General positive comments were also received in a high proportion of interviews, that supported many feeling that residents have local choice of community facilities, services and activities and community spirit.

*“Friendly people operating local services e.g., church, The Berin Centre, Library.”*

*“Lots of community groups.”*

*“The Community Spirit, especially the BCA.”*

*“It's safe, everyone knows each other, there is always someone to chat too, I'm never alone. We have been well supported in times of need”.*



*Figure 8 Photos of greenspaces in and around Berinsfield*



### I feel I am part of the local community

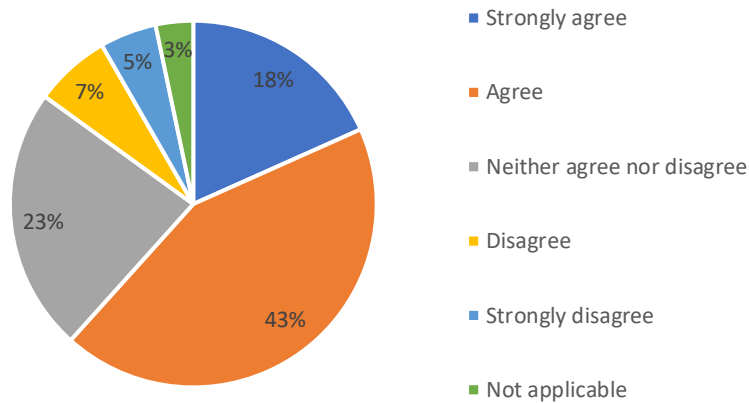


Figure 9 Chart showing survey responses to 'I am part of the community'.

Identified in the survey were a portion of residents that disagreed with the statement, alongside other anecdotal evidence from interviews which illustrates some concerns with feeling part of the community. Feedback collected in interviews mentioned circumstances of personal discrimination. Improving community cohesion through bringing people together will need to be explored further.

*“When I first came here it was like a holiday park, everybody knew one another!”*

*“Good services and community spirit (people) are sociable”.*

*“Incredible sense of community”*

*“We love the people; we really feel part of the lovely community. Our grown-up children love to visit with our grandchildren”.*

A significant proportion (61%) of the community feel they’re part of the local community. Through in-depth interviews, it was clear by the abundance of positive comments, the perception of the sense of community:

Some comments were also raised by young people, in relation to feeling part of the community. Despite 61% of young people indicating they felt part of the community, comments which disagreed with the statement, mainly shared disappointment around equality and feeling listened to.

*“People need to be listening to young people more and not disregard their views - we have some good ideas”.*

*I liked contributing to youth council and the older people listening”.*

*“There are lots of people who are not very nice to me which makes me feel nervous walking around the village”.*

*“Being coloured in a mostly white community has had its challenges, it’s easier now I am older and more accepted.”*

*“Racial bullying to the whole family by other children”*

## **CASE STUDY A – CONNECTING TO THE COMMUNITY**

‘A’ moved to Berinsfield several years ago and is originally from overseas. After years of feeling like an outsider she has recently started talking to people in the community instead of just passing by, finding it easier to chat to fellow dog owners, learning that many people use Berinsfield to walk the dogs from the surrounding villages. These long walks in nature really help ‘A’ to feel well physically and mentally, “they are my way of clearing my mind, giving me the space to calm down if I am angry or after a stressful day at work.”

The ladies’ multi-cultural group has given ‘A’ a sense of belonging. “I am starting to make friendships that I have never had before, this helps with my mental health, it’s great to meet like-minded people.”

Commuting to work is challenging for ‘A’, she has struggled to find local job opportunities and finds public transport very limiting. Although ‘A’ does have a gym membership, she would rather use the facilities as a drop-in and not have to use the booking system or be restricted by timings.

‘A’ would like to see more multi faith activities in Berinsfield and the introduction of cycle routes and public transport coming through the village as the bus stops are a long way from her home. ‘A’ feels a cafe/coffee shop and cinema would be welcome services to the community, run by friendly people.

## 6.4 Physical and mental wellbeing

The survey asked a series of question about physical and mental wellbeing, to try to explore the topics with participants.

The questions looked to understand respondents' general perception of their own physical and mental wellbeing, the current issues affecting personal wellbeing, what they do to stay healthy and what the possible barriers or challenges are to doing so.

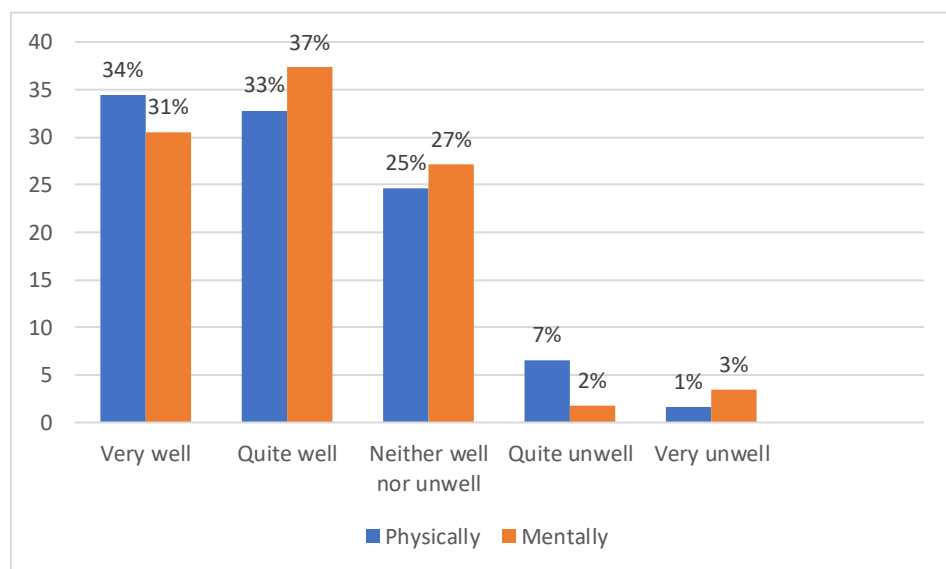


Figure 10 Bar graph illustrating adult responses to self-reported physical and mental wellbeing

Of adult respondents 34% reported feeling physically very well, 33% reported feeling quite well, whilst 7% quite unwell and 1% very unwell.

Respondents were also asked how mentally well they consider themselves to be, of adult respondents 37% feel quite well and 31% feeling very well. 5% consider themselves to be very unwell (3%) and quite unwell (2%).

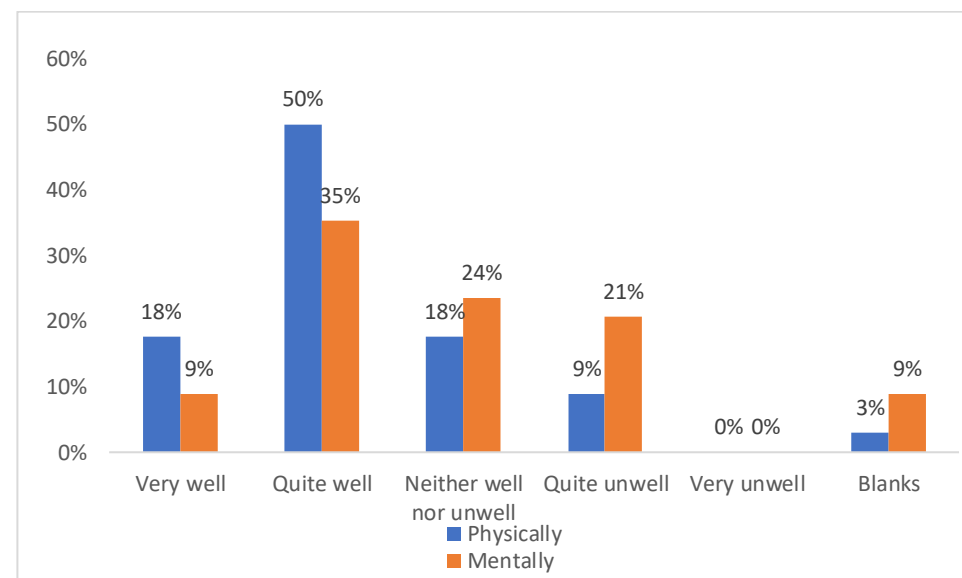


Figure 11 Bar graph illustrating young person responses to self-reported physical and mental wellbeing

As can be seen in the graphs above, adult and young people's responses differed with a higher proportion of young people feeling mentally unwell. This may benefit from being explored further through future engagement.

Of young respondents that answered this question, 50% reported they feel physically quite well, whilst 18% feel very well and 18% feel neither well nor unwell. 9% felt quite unwell. Young respondents were also asked how mentally well they consider themselves to be, with 35% selecting feeling quite well, 24% feeling neither well nor unwell, 21% feeling quite unwell and 9% feeling very well.

The data demonstrates how emotional and mental health challenges are much more prevalent than physical ones for the young people of Berinsfield than adults, which is echoed in their commentary. Similar consensus was shared in interviews with organisations, that highlighted the increased presence of poor mental health being experienced by services users and employees.

*“There are a lot of mental health issues. – Anxiety and depression. The company signpost and have a mental health first aider on site. They refer to Riverside and CAB. There is social isolation particularly for young men with no transport.”*

*“A lot of low level mental ill health – depression and low mood”*

*“The recent suicides permeated the community and affected people's mental health.”*

## 6.5 Enablers of health and wellbeing

In exploring what helps residents stay physically and mentally well, most adult respondents (72%) said spending time outdoors or in nature helps, closely followed by taking part in physical activity and movement (70%). Other frequent answers were having a daily routine and structure (56%), a healthy and balanced diet (48%), strong social support network and relationships (46%) and taking part in an activity or work that you feel is meaningful (46%).

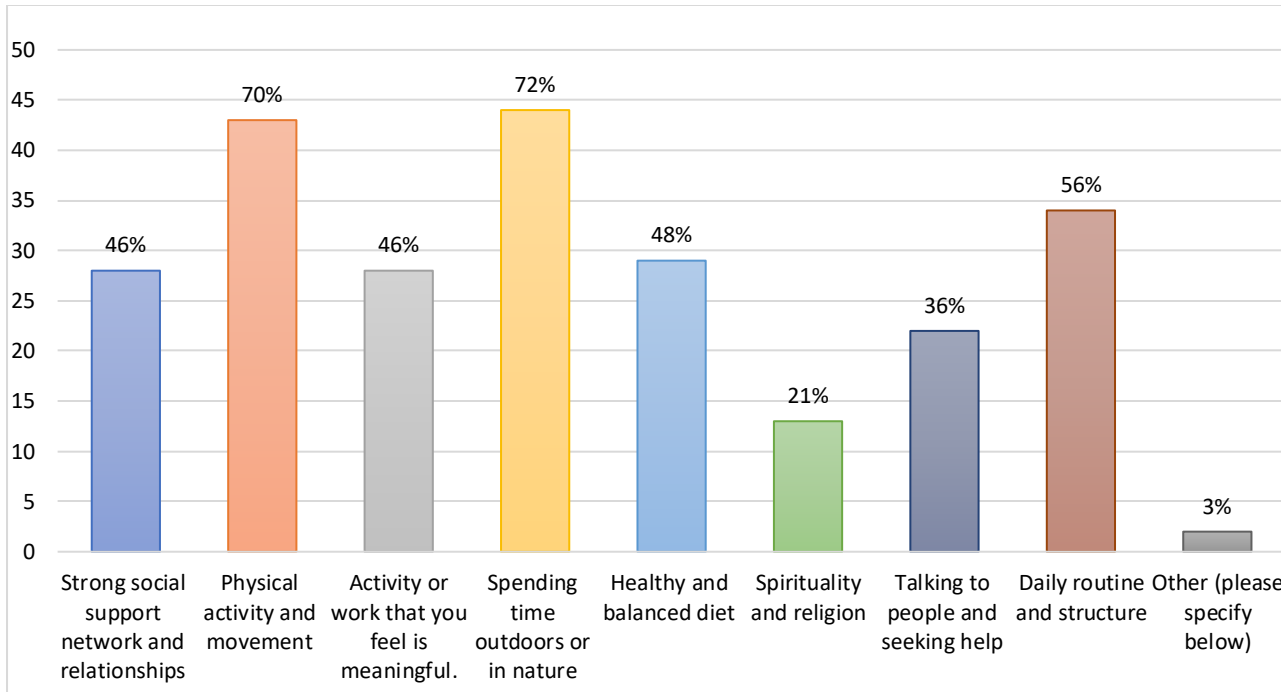


Figure 12 Bar graph to illustrate how adult respondents stay physically and mentally well

Other comments included in the survey and captured in interviews, provide a range of responses as to how residents stay physically and mentally well.

*“Hygiene and cleanliness.”*

*“My friends and family, they are a huge support structure to me.”*

*“Well, I go to church, I attend all my hospital appointments, I spend time doing the things I love, like reading and sewing. Talking to my friends and family. Preparing healthy home cooked foods. I come to the ladies evening. We go to the quiz nights and get involved with helping where we can. Reading the Bible and praying also keeps me strong mentally”.*

Most young respondents (85%) said strong social support network and another 85% selected talking to people and seeking help supported their physically and mental wellbeing. Other frequent answers were healthy and balanced diet (71%), physical activity and movement (65%), daily routine and structure (53%) and activity or work that you feel is meaningful (50%).

A total of **11** comments were received. The most frequently mentioned (**7**) were activities and events including football, extra activities as shown below:

*“I like the summer fair. It’s nice to be able to walk to something on your doorstep having purpose and being listened to” and another commenting “Being able to see mates everyday outside of college”.*

*More support for isolated people particularly with mental health/anxiety and with housebound patients is needed.”*

The other comments were on the Youth Centre and/or support required with the following comments:

*“Being able to talk about anything at youth club and not being judged and getting the correct advice (especially relationship advice)”*

*“I like having staff like youth workers that are constantly available”.*

*“Having a place, we belong without no judgement”.*

*“Support youth workers and school”.*

## 6.6 Challenges and barriers to staying physically and mentally well

One of the main factors that affect health negatively is the cost of living and long-term deprivation. We define poverty as the conditions where financial stress limits the mental, financial, and physical capacity to access the opportunities that help people flourish.

Deprivation can unfairly prevent people from eating enough food or accessing good quality food. High costs may prevent people from cooking and running household appliances. Staying physically active may come with associated costs that can exclude people in poverty.

Deprivation also impacts mental wellbeing due to the constant stress of securing stable warmth, shelter, and food. And we know that more people in Oxfordshire are feeling the pressures of debt, maintaining

their home, providing for children, and affording food – all of this can contribute to serious mental and physical health conditions.<sup>1</sup>

Almost half of adult respondents (48%) to the survey feel ‘cost and affordability’ is one of the biggest challenges faced when trying to stay physically and mentally well, closely followed by personal motivation (44%). Other frequent answers include health issues (23%) and lack of transport (16%).

*“Getting the benefits that we are entitled to is difficult”.*

*“Accessing facilities (gym etc) can be hard due to cost and lack of childcare”.*

*“If the sports centre had a crèche that would be amazing”.*

A total of **10** comments were received to this question. The most frequently mentioned comments (**3**) included specific barriers to services and the next most popular response (**2**) were people experiencing a range of complex barriers which included health/physical challenges.

<sup>1</sup> ONS, Office for National Statistics. Annual Fuel Poverty Statistics in England, 2023 (2022 data). Department for Energy Security and Net Zero. [Online] 28th Feb 2023.

*“Personal motivation - following COVID-19, lack of access to the internet - personal issue with connection at home, health issues - I wish I could just get better!”.*

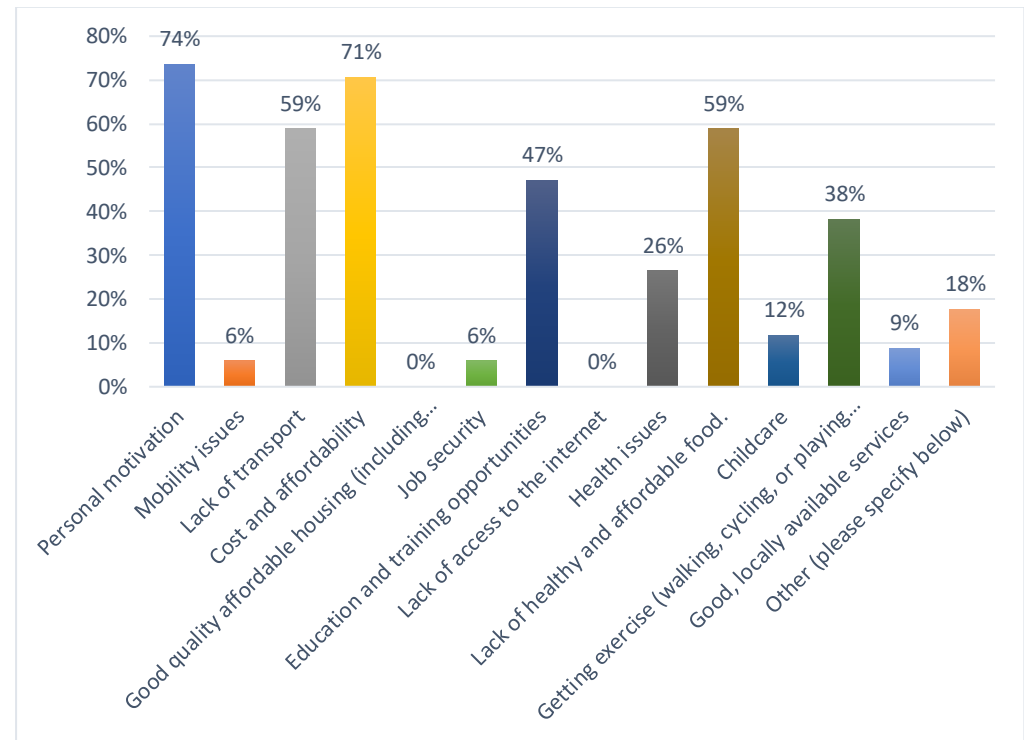


Figure 13 Bar graph illustrating adult responses to challenges to staying healthy.

Other responses received were related to poor/inadequate housing (1) *“Some of the housing available is poor quality i.e., mould - needs lots of work”* and social constraints (1) commenting *“The fact step out your door without someone judging you”*. The other responses were related to transport (1) stating that *“We absolutely need safe cycling links to neighbouring villages and to the city”*, a general response to the question (1) with the comment being *“Working together”*.

Nearly three quarters of young respondents (74%) feel personal motivation is one of the biggest challenges faced when trying to stay physically and mentally well, closely followed by cost and affordability (71%). Other frequent answers include lack of transport (59%) and lack of healthy and affordable food (59%). 47% of respondents also selected education and training opportunities.

A total of 10 comments were received. The most frequently received comments (5) were to do with family dynamics with the following being mentioned:

*“Dad keeps having to move away for jobs which makes me sad”.*

*“Conflict with siblings”*

*“My mum struggles as she is on her own and I have 3 other siblings that need supporting”.*

Other frequent comments (2) are education related with one a responder saying that they have ADHD and another commenting *“Mainstream school and lack of alternative education”*. The other comments (2) relate to a lack of transport with one responder commenting *“Steet Dance Outside of Berinsfield”*.

Similar feedback was also received during interviews with residents, with comments referring to the increase cost of living, lack of transport and poor bus connections. Digital isolation and a need for improved ways of communication was also raised.

*“Transport is a big issue for me and money”.*

*“With the cost of living, even Council-led cheaper swim activities are out of reach”.*

*“Transport in general is the biggest challenge, for me and for the oldies like my Mum, she can’t get to the clubs and activities that are put on and she would love to. I get her to bingo on a Sunday at the BCA but I’m working during the week, so she just stays at home. Which is a shame.”*

*“Commuting to work because it's very difficult to find a job locally. Public transport is very limited, and the bus stops are too far away for Oxford and Reading.”*



Within the focus groups conducted with young people there were informal discussions centred around cross-cutting themes which included mental health and wellness in relation to money, climate change, nature, or money in relation to opportunity, experience.

ADHD/Autism spectrum disorders were prominently discussed, both in recognition of its prevalence among them in the village and the wait for diagnosis and treatment. Delayed diagnosis or undiagnosed medical disabilities could be considered as a barrier to health and wellbeing. The young people shared their frustration at how they are treated or misunderstood once diagnosis is received.

Interviews with organisations were also conducted to understand their perception of the health and wellbeing of service users they work closely with.

The question was posed around potential barriers they feel may impact their services users improved physical and mental wellbeing. There were commonalities identified from the views shared by residents, particularly, shared opinions around the impact of the cost of living, poor transport leading to inaccessibility of services and reduction in other opportunities (personal and vocational).

Clear indications were given by those working directly to support residents that demand has increased, and they have concerns over dependency on services. However, anecdotally some felt historic and cultural barriers led to residents not accessing help or services. Such

suggestions included misconception of a service, the ability to be able to access it and generational/personal opinions.

*“Poverty makes everything hard. People don’t have choices – need to find a way for people to be able to make choices.”*

*“They feel isolated in the village and are sometimes drawn into undesirable and unhelpful situations”.*

*“People may report things anonymously through the various channels but are generally reluctant to talk face to face over community issues”.*

*“The village is a small community, and many people are interlinked and know each other, and this can cause issues but can also be very supportive”.*

*“There is a stigma around getting mental health support and so people do not always access the services on offer.”*

*“A generation is being bought up on phones, so it is a challenge to get them involved with other activities”.*

*“They feel isolated in the village and are sometimes drawn into undesirable and unhelpful situations”.*

*“The housing is not always appropriate for young men, so they must stay within the family home or rent a room. Their life experiences so far do not lead to feelings of confidence and independence and taking responsibility.”*

*“We need to go where people are and people often need support to go to a group. Then there can be an issue of creating dependency.”*

*“Having transport to activities helps even within the village. - the day centre works well because they have transport”.*

## 6.7 Loneliness and isolation

Feelings of loneliness were reported more by the adult respondents. Of adult respondents (38%) feel lonely sometimes, followed by 30% who rarely feel lonely, whilst 13% never feel lonely.

A total of **8** comments were received to this question. The most frequently mentioned comments (**3**) included ideas for reducing loneliness including craft classes, parenting classes, more church and day activities, workshop space and working together.

The next frequently mentioned comments were related to positive relationships/social contact including always having someone around (**2**).

Other comments that negatively linked to the sense of loneliness and isolation included: *“Berinsfield isn't really a great place”* and *“miss my children”*.

Similar results were received by young respondents with most of them (33%) reporting rarely feeling lonely, followed by 24% who feel lonely sometimes. 18% of respondents selecting 'I don't know/not applicable', whilst 12% say that they feel lonely most of the time and another 12% never feel lonely.

The most frequently mentioned comments (4) for young people outlined reasons for loneliness and/or feeling a level of anxiety or stress. The comments were illustrative of a wide range of social and behavioural issues that affect young people, ranging from peer pressure, the ever-present social media issue, and younger carers.

*“Sometimes there is too much to handle with school, friends and social media”.*

*“I feel I am different from others”.*

*“Constant pressure”.*

*“I am the eldest and have to look after my young siblings some of my friends don't have to do this”.*

When asked, what would help participants to feel less lonely, a total of **18** comments were received to this question by adults. The most frequently mentioned comments (**8**) were a range of ideas for services, groups, events, and places to meet. Suggestions included a cafe, community space with pet friendly outdoor areas, places to meet in the village, more groups including for children, a greater variety of services both online and in person support groups for different things such as hobbies organised trips/shops, designated events for older (but still young) men and women to be held in sociable hours including the afternoon and evenings and film nights. One person mentioned that there are no support groups in Oxfordshire for people who have a stoma.

*“More groups like multicultural ladies' evenings. Most social places don't feel approachable as a single woman, and I don't want to meet people through alcohol. Common interests are a much better way but most things I can't afford”.*

*“Events like the Beri fest or other community events, like the summer carnival, a yearly beer festival for instance. A time to bring everyone together.”*

The next frequently mentioned comments (**7**) were related to social connection including with family/friends. Comments included *“Having people around to talk too”*, *“Making friends and finding a shared hobby”* and *“FaceTime my family”*.

Throughout the interviews and focus groups with residents, similar suggestions were made:

*“Places to go and socialise, more groups to learn new things and make new friends”. A supported exercise group for younger people that isn't too hard. Community events, car boot sales, markets, stuff at the weekend when it is quiet and lonely.”*

## 6.8 Healthy food and eating

Almost three quarters of adult respondents (72%) agree or strongly agree that they maintain healthy lifestyle habits around food and eating and 12% disagree. 75% agree they have access to affordable and healthy food options, whilst 14% expressed not having access to the same. 39% of adult participants would value information and support about healthy food and eating habits.

A total of **6** comments were received to this question from adult respondents. The most frequently mentioned comments (**3**) were suggestions on how to support healthy eating habits including, education on healthy eating and food, cooking groups, access to healthy food, and SOFEA Larder to provide better items. A handful of comments also referred to the need for an alternative food shop in the village, as the existing one was seen as good quality but expensive. These views were shared in the focus groups as well.

*“It takes a lot of time and effort to access healthy food I can afford”.*

*“Growing my own tomatoes and eating them!”*

Only 24% of young participants agreed that they had access to healthy food options, with a higher proportion young participants (38%) indicating that they neither agreed nor disagreed with the statement while a further 24% disagreed.

*“It would be nice to have the chance to learn about food/cooking”.*

*“We have to make the most out of what we got - we get food bank”.*

*“Fast food/meal deals are easier to get and cheaper”.*

*“I like to grow my own vegetables with mum - I am vegan and like to be aware of what I am eating”.*

Access to food locally is limited to two convenience stores and a small supermarket. A wider range of foods is available in the vicinity at larger superstores but requires transport to access them. Locally grown, fresh produce is hard to locate, although there are opportunities for growing food at the local allotment site to the north of the village (which is at full capacity) and access to a small community garden. The nearest farm produce retail facility at the Crazy Bear (4 miles away) is extremely high-end and expensive.

*“We eat organically which was very hard when I had to start relying on food bank food which was all processed junk and tins. We did appreciate this, but it had effects on our bodies as I have always maintained a clean and chemical free diet for me and my girls”.*

## 6.9 Feelings of safety

Most adult respondents (85%) reported feeling very safe (56%) or safe (29%) during the day in Berinsfield village compared to only 52% at night. 2% feel not very safe during the day. We also asked respondents how safe they feel at night, over half of respondents 52% feel safe (35%) and very safe (17%). A considerable number of respondents 25% feel mostly safe at night. However, 21% do not feel safe, 13% expressed feeling not very safe and 8% feeling not safe at all.

A total of **8** comments were received to this question. The most frequently mentioned comments (**7**) were related to improvements which people felt could be made - such as lighting, policing, dealing with drugs and alcohol and better engagement with residents. These comments included the following:

*“I feel safe after dark until around 8.30pm/9pm. Then I am not out anyway. I am more alert after dark and I don't use the alley ways alone night or day”.*

*“Need more lights around dark areas on the field and pathways”.*

*“Have more police day and night - have some where the older teenagers can go”.*

9% of young respondents reported they felt very safe during the day, 41% felt safe, 15% reported they felt mostly safe and 12% not very safe. We also asked respondents how safe they feel at night and only 6% of young people reported feeling very safe, 32% felt safe, 12% mostly safe and 24% not very safe.

A total of **7** comments were received. The most frequently mentioned comments (**2**) were related to other people's behaviours with respondents saying:

*“A lot of the time trouble/fights happen at night”.*

*“Other people I do not get on with and do not want to see”.*

Other comments included:

*“My parents let me go to the field by myself as they know where I am and that it is looked on by other houses”.*

*“It’s nice to hang outside in the summer as the weather is good but gets harder when it gets darker and colder my parents worry”.*

*“I rather stay indoors at night and play on Xbox”.*

During interviews with organisations, it emerged that there may be a changing perception relating to community safety.

*“Berinsfield has improved and it much calmer than it used to be. It is much more diverse that it used to be.”*

*“The village should be celebrated for all the facilities and activity. Too often only bad press is communicated.”*

Organisations also shared issues related to community safety that they have identified:

*“Some parents need support to prevent anti-social behaviours – not just teenagers.”*

*“People are reluctant to report anti-social or criminal behaviour and so this skews data even though the police know that this activity takes place.”*

*“People’s perception of young people is them being potentially intimidating and loud”.*

*“There are generations in the village, people do not necessarily move away, and this can cause issues as attitudes are handed down”.*

## CASE STUDY B – FEELING SAFE

B is a young female living in a single parent household. B goes to secondary school in Abingdon with good attendance and is a member of several social groups in the surrounding villages/towns but doesn't attend any community events or groups in Berinsfield. B feels she has little to connect with in Berinsfield and her friendship group prefer to visit each other's homes where they feel safe. B feels that the most challenging part of living in Berinsfield is the poor bus service and lack of choice of places to get to independently.

B and her friends do have a membership with the Abbey Sports Centre and use the gym 2-3 times a week. B feels having good friends and a busy home life with a variety of activities keeps her well mentally, physically, emotionally, and spiritually. B's friendship group are all from the same faith and often encourage each other to pray. Although B uses the gym and has friends locally, they can only identify the benefit of having shops and the Doctors surgery within Berinsfield and feels unable to identify any other strength(s).

B would love a bus service to Didcot and a safe place to visit for an activity such as bowling or cinema. Feeling safe is important to them and being reassured that those around them are good, honest people. "I often feel intimidated in Berinsfield by other residents".

### 6.10 Perceptions of smoking, vaping, alcohol, and drugs

This section of the survey gathered data on where people noticed that smoking, vaping, and consuming alcohol takes place in Berinsfield, to gain a better understanding on how to help support the community.

More than a third of all years lived with ill health and disability are caused by harmful exposure to tobacco, alcohol, or unhealthy weight<sup>2</sup>. The cause of these harmful exposures is not simply down to lifestyle choices but is heavily influenced by the environment that people live, work, and socialise in. This includes the lifestyles of those we live with,

the advertising we see all around us, the products marketed in shops, and the norms of society.

Most adult respondents (92%) indicated that they saw people smoking and vaping in Berinsfield. 74% reported observing alcohol consumption, whilst 24% have not seen this. 53% have witnessed people handling/consuming drugs in Berinsfield, but 37% have not.

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<sup>2</sup> G. Everest, L. Marshall et al, *Addressing the lead risk factors of ill health*, 2022. Online

Most young respondents (83%) see people smoking and vaping in Berinsfield. 71% have observed alcohol consumption, whilst 20% have not seen this. 57% have witnessed people handling or consuming drugs in Berinsfield, 20% have not and 20% responded that they did not know.

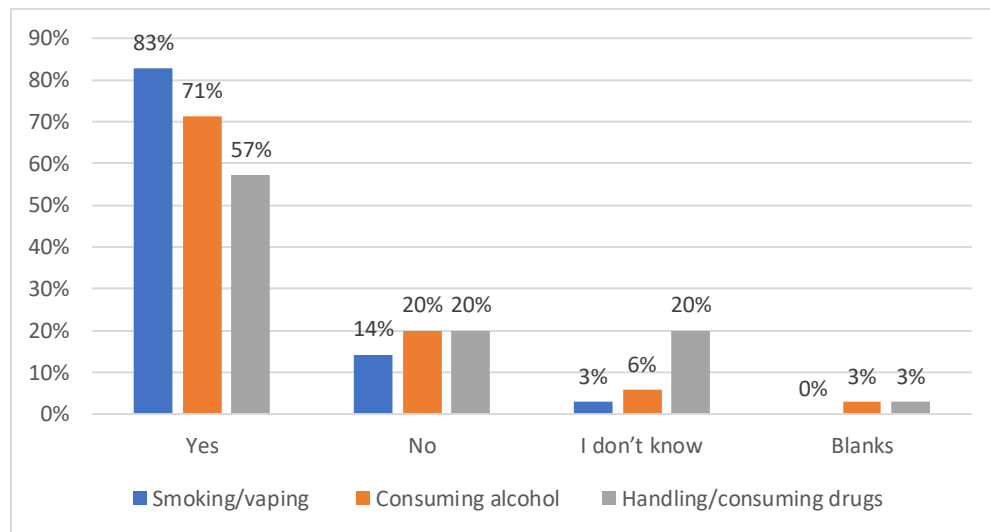


Figure 14 A bar graph illustrating young people's perception on witnessing smoking, vaping, and the consumption of alcohol and drugs

A total of **39** comments were received to this question with 19 of these giving more than one location where these lifestyle behaviours were observed. The locations and the frequency of comments are listed in the table below:

Table 5 Responses to location and frequency of witnessing lifestyle behaviours in Berinsfield.

Location	Number of comments
Everywhere /all areas /generally	18
Park(s) and skatepark area	12
Outside shops	10
Alleyways	7
Lay Avenue	4
Licensed premises	4
Woods/wooded area(s)	4
Community facilities area/central hub	3
Own homes/work	3
Bus stops/in the vicinity of bus stops	3
Car parks	3
My road/neighbours	2
The Spinney	2
The Green Lane towards Dorchester	2
Other	7



*“People dealing drugs don't care if they are seen, they do it in plain sight of everyone”.*

*“When we have our village walks. We try and do so daily and often [there are] many empty cans in our hedges and empty vape cylinders under hedges”.*

*“People doing drugs, people living in flats they shouldn't be, people drinking”.*

*“Needles in alley way by park at top of Lay Avenue”*

*“Berinsfield has changed over the years it isn't really a nice village to live in - if people aren't drinking and smashing bottles they're doing vapes and leaving them on the floor..and doing drugs”.*

### **CASE STUDY C – CHALLENGES**

'C' is a male recovering alcoholic. He feels safe in Berinsfield and gets great comfort from everyone knowing each other, he states that “he is never lonely because there is always someone to chat to and the kids are taken care of by everyone”. C feels he and his family have been well supported in times of need, using food banks occasionally and seeking advice from The Berin Centre when needed. C recognises that he has a long-term problem with alcoholism and seeks help from organisations such as Turning Point and the local GP surgery to combat this.

C is honest about not knowing much about what goes on locally as he prefers to stay home with mates but is pleased when local events happen, he especially likes anything going on at the weekend as “it can be quite dead at the weekends”. C recognises the benefit to meditation evenings, even though he would never attend this type of thing himself he likes them being available.

C appreciates having a leisure centre in the village but doesn't use it due to it being too expensive. C reports being as fit as he can be but relies on buses which add to the cost of travel and food.

C likes socialising but understands for him it means without alcohol. This is hard to overcome as his friends associate him with drinking and due to his mental health decline, he feels he needs the support of these friends. C is very open to working with people to overcome these challenges and would like to see more services for the younger generations to prevent others becoming dependent in the future, giving them skills to fix and make things. C is unsure of how, but he wants to get fit and healthy for his family.

## 6.11 Education, employment, and skills

80% of adult respondents feel they have the skills and or qualifications to find employment, 11% disagree and 9% strongly disagree (2% neither agreed nor disagreed). 42% of adult respondents also agreed that there are local opportunities to learn new skills and/or gain qualification, while 14% of participants disagreed. 41% of respondents indicated they can access local opportunities to learn new skills and/or gain qualifications while 22% of participants disagreed.

The most frequently mentioned comment around this was in relation to barriers in accessing learning, skills, and employment. Predominantly, this referred to disabilities, transport, and local schools.

*“More training and skills opportunities need to be made available at places where people feel comfortable in going”.*

35% of young respondents neither agreed nor disagreed that they had the skills to find employment. 15% agreed and 12% disagreed. 6% strongly agreed with the statement. 32% of respondents did not answer this question. 23% of young respondents agreed that there are local opportunities to learn new skills and/or gain qualifications and 11% disagreed with this statement. 6% strongly agreed. 31% of respondents did not answer this question. 20% of young respondents disagreed that they were able to access local opportunities and 17% agreed and 6% strongly agreed they were able to.

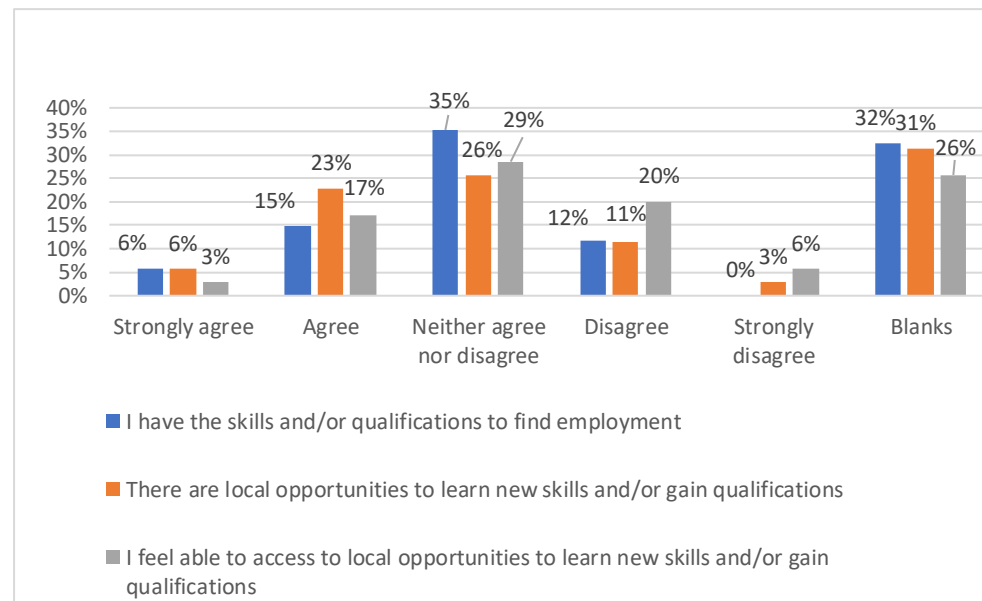


Figure 15 A bar graph illustrating young respondents' thoughts on skills and opportunities.

The consensus was also shared during focus groups with the young people. Whilst acknowledgement was given to the variety of opportunities locally, they felt they may not be able to access them.

Comments within the focus group included general comments that apart from the youth club, there was a lack of both informal and formal places/spaces for young people to congregate.

In addition, it was acknowledged that extracurricular clubs outside of school are hard to get to if you do not have parents with transport or cannot get the bus there.

Following the second focus group held with the young people to dive into emerging themes in more detail, comments included barriers to accessing apprenticeships locally and knowledge on how to apply. Agreement was shared within the group that if more practical skills courses were provided locally there would be more uptake due to likelihood of being able to get there and less risk of being demotivated due to it being on the doorstep. General comments were made in relation to difficulties with transport - further qualifications in a range of trades can only be accessed at the college in Blackbird Leys with the need to arrange private taxis for the young people so that they can attend.

*“I’m on a reduced timetable and alternative learning on certain days elsewhere. Getting there is long. If something was on the village, I’d rather go to that.”*

Another focus group, held with an intergenerational demographic, put forward key priorities for different themes. Answers shared as headline priorities included employment and supporting adults with learning disabilities or neurodiversity.

Through further analysis, in speaking to some of the local employers a range of barriers were mentioned in relation to accessing local employment opportunities. Comments included local staff having to move away from the village due to the lack of appropriate housing. It was noted there is also currently a skills gap for specialised work.

Some employers are providing apprentice opportunities, which have now advanced into permanent positions. It was also suggested that other employment opportunities should be brought to the village using some of the unused buildings. Various employers are also responsive to people’s needs and are open to changing work patterns to help employees access services to better their wellbeing and aspirations.

#### **CASE STUDY D – ACCESS TO MORE OPPORTUNITIES**

D is a young male with a lifelong disability who has lived with his family in Berinsfield all his life. D struggles to stay mentally well and spends a lot of time gaming due to his disability. He does volunteer when he feels physically and mentally strong enough and gains greatly from this. D has poor sleep hygiene and will often be awake until early hours of the morning, making it difficult to function the next day. D is well supported by his parents who cook healthy meals daily, sourced from local supermarkets. The lack of services to cater for his needs and interests as well as the lack of job opportunities locally are really challenging for D. He recognises that his friends, who are his support network are all moving with their lives.

He feels the Doctor's surgery is helpful and promotes independence for D. Most other places would require support to access independently. D feels that he has a lot to offer to the community and has his own dreams, which he wants to pursue. D feels that providing life changing opportunities and work opportunities for those less able and making it normal for those with disabilities to access education, transport and work opportunities will enhance everybody's health and wellbeing.

## 7 Community suggestions for improving health and wellbeing

Throughout the various engagement activities, respondents were given an opportunity to put forward suggestions of mechanisms, projects and activities that could improve the health and wellbeing of residents. These should be considered for future planning and further development of the Community Insight Profile Action Plan.

- ✓ Access and the opportunity to try different sports
- ✓ Access to healthy food
- ✓ Afternoon evening and film nights
- ✓ Alternative education and training opportunities on the village
- ✓ Community events
- ✓ Community space with pet friendly outdoor areas
- ✓ Craft classes
- ✓ Creche facilities
- ✓ Designated events for older young men and women open sociable hours
- ✓ Education, training, and skills opportunities available in different places
- ✓ Food cooking groups
- ✓ Greater variety of services including online
- ✓ Growing my own food
- ✓ Having health checks
- ✓ In person support groups for different things such as hobbies and interests
- ✓ Informal and formal spaces for young people
- ✓ More affordable gym membership
- ✓ More church and day activities
- ✓ More groups including for children
- ✓ Mother and toddler groups
- ✓ Organised trips
- ✓ Parenting classes
- ✓ Places to meet in the village
- ✓ Safer cycling links to villages and city
- ✓ Social connection to family and friends
- ✓ Support groups for issues
- ✓ Walking round the garden and being outside
- ✓ Workshop space and working together

*“Events are important for community spirit and bring people together it is important to have accessible and well-advertised sports provisions”.*

*“Events like the Beri fest or other community events, like the summer carnival, a yearly beer festival for instance. A time to bring everyone together”.*

## 8 Wider influential challenges to consider

The cost-of-living crisis has added considerable stress to household finances. Two thirds of Oxfordshire residents are in a worse financial situation than a year ago and one in six are regularly struggling to pay household bills. The rate of fuel poverty has increased by 50 per cent in the last year<sup>3</sup>.

It is not only our residents that are being affected by the rising costs – community organisations, businesses and public services have faced unimaginable and unprecedented challenges unseen in the UK for decades. We know the lasting impact of the COVID-19 pandemic has affected the delivery of many local services, often leading to increased waiting times, or making access more difficult. Some services are still recovering from these impacts.

Data from January 2023 illustrates that in 2022, 157 clients from Berinsfield accessed the South and Vale Citizens Advice Service for. 49% of the clients were recorded as having long-term health

conditions and the presented with a range of issues as shown in the table below.

Society is facing challenges including an ageing population, and increased demand for services. Mental health and wellbeing remain a challenge, especially for families, children, and young people and this has been demonstrated in the results of the insight.

Some of the biggest threats facing us all currently include climate change, pollution, and rapid loss of biodiversity and the effects these have on our wellbeing. It was noted in the focus groups with young people that there was a potential lack of understanding on how climate change can affect health and the connection between mental health and nature. It may be considered important to explore educational awareness on the interlinking themes.

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<sup>3</sup> Oxfordshire County Council, *Health and Wellbeing Strategy, Oxfordshire, 2024 – 2030*. Pg 498. Online

## Issues

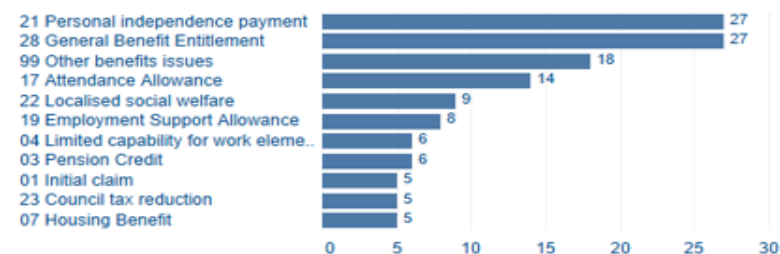
	Issues	Clients
Benefits & tax credits	127	39
Benefits Universal Credit	23	14
Charitable Support & Food Ban..	34	24
Consumer goods & services	7	5
Debt	55	17
Education	1	1
Employment	13	7
Financial services & capability	26	14
GVA & Hate Crime	2	2
Health & community care	5	3
Housing	22	13
Immigration & asylum	8	6
Legal	14	9
Other	114	63
Relationships & family	7	6
Tax	3	2
Travel & transport	6	5
Utilities & communications	14	8
<b>Grand Total</b>	<b>481</b>	

Figure 16 Data table demonstrating the variety of CAB client referrals completed in 2022

### 8.1 Provision of health services

The breadth of encouraging feedback on accessing services locally was positive, and throughout the period of engaging, feedback was not received on any barriers nor issues in accessing local health services. We may consider that this could be the case because the questions were not directed on health services specifically, but anecdotal comments picked up referenced to the need for access to more local talking therapies rather than medication. Further exploration of this may wish to be considered.

### Top benefit issues



### Top debt issues

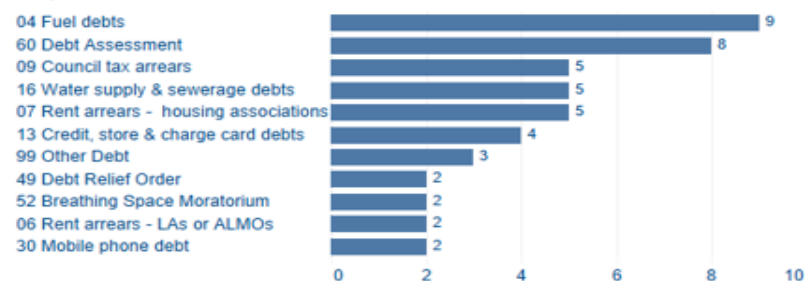


Figure 17 Tables showing variety of benefit and debt issues covered by CAB in 2022

### 8.2 Sustainable funding

Many public and third sector organisations have experienced a reduction in core funding over the last decade from central government. Funding and how to allocate over-stretched resources is an increasingly significant challenge which has caused councils and other organisations to change the way they deliver services to deliver savings and efficiencies.

As a result, grant funded programmes tend to be highly competitive, oversubscribed and often only short term or one-off with a tight

monitoring timescale. It often prescribes and influences projects or initiatives that are less preventative and more reactive towards the need and demand.

Funding was reported as a key concern for many voluntary and community organisations with the feeling that they are often

## 9 Discussion of community priorities and recommendations for improving the health and wellbeing of Berinsfield

There's been a wealth of resident and stakeholder feedback, kindly shared by all the participants throughout the entire engagement process to help shape and inform the Community Insight Report. Considering the insights provided, recommendations on how to address and improve health inequalities or strengthen areas already benefitting the community are outlined below.

Throughout the process, working with the Berinsfield Health and Wellbeing group and an independent consultant to review qualitative and quantitative data, an array of themes were identified as instrumental in underpinning the foundations of a multi-agency response to support Berinsfield. It is these recommendations and themes, that will support the Berinsfield Health and Wellbeing Group in co-creating an action plan to agree steps on how to move forward.

### 9.1 Communication, Coordination and Coproduction

The importance of partnership working, and collaboration should be recognised as pivotal in providing a wraparound offer to the community. Communication and coordination should be paramount amongst different agencies, voluntary and community organisations

competing for the same pots of funding or fundraising from the same target audience.

and residents. Continued communication outside survey periods will help to show that the community's voice matters not just when their opinion is officially required. This could take the form of focus groups, open sessions, workshops, social events, awareness, training, and education sessions especially around health and wellbeing, staying active and fit, healthy food sourcing, cooking, and eating.

It was clear from the assets mapping and wide-ranging feedback that there is lots of great community outreach and services taking place locally, which is held highly in the community's views. It is recommended that organisations may wish to consider other ways of working together, especially to address common issues and trends. Stakeholders should also build on the great foundations of the Community Network meeting, with focus being on addressing common issues and finding solutions such as volunteering, training, funding, and joint service delivery. External bodies and organisations should be strongly encouraged to bring discussions, projects, and programmes to local groups such as this.

Relations with local businesses and organisations could be improved. There are many third sector and charity organisations in Oxfordshire and Berinsfield could do more to attract them. Residents should know about the many services and opportunities available, and outreach partners should work together to advertise and support them.

Further development of the community calendar and finding more inclusive ways of sharing information with the community should be sought. Further exploration of engaging with hard-to-reach groups and attracting a wider more diverse audience is recommended. It may be that the Community Network meeting sees merit in economies of scale with other partners on a better way to market events and initiatives to residents. The reinstatement of the Village Voice newsletter could play a part in this. Whilst the focus is on a micro level, emphasis should be given that Berinsfield is a service hub to surrounding areas which also support the inclusive economy and sustainability of services.

## 9.2 Community activation and cohesion

We recommend that all agencies and organisations that provide outreach and community services leverage the strong ties and partnerships they have established with service users and the broader community. Participation in community activity from the village is already encouraging and residents report an increase in collaboration and cohesion which is already relatively strong in Berinsfield.

Community activation is very important to drive social transformation and could be a catalyst for softer interventions to support health and wellbeing. It supports us to make healthy choices in our daily lives and coaches' fun, inclusive and engaging activities that help whole

communities to change their behaviour, adapt and keep a healthy active lifestyle. It is recommended that this continues to play a critical part especially to support the connections between new and existing residents as new housing development proposals are developed.

Key partners may also wish to discuss how the roles of community development or outreach personnel can support organisations strategically to achieve joined up approaches and mend any historic gaps in the development of programmes and services locally.

## 9.3 Loneliness, identity and belonging

The Health and Wellbeing survey produced a wealth of suggestions from the community on how to tackle loneliness, identity, and community ownership and belonging. It is recommended that consideration should be given to the importance of existing community assets and the ability to futureproof and utilise these more effectively to tackle loneliness and enhance community belonging.

Informal and formal physical spaces and their relationship with the social fabric of the community is always important. The facility to host talks, show films, hold events in attractive and comfortable surroundings is a pre-requisite of strong social cohesion.

It is recommended that the steering group, building on the work already completed in the community facilities project should explore the usage of venues and where potential new or existing activity could be best located.



The report also observes that loneliness affects people from different backgrounds and ages in Berinsfield. It suggests that programmes that involve different generations are developed and introduced. Intergenerational activities can offer many advantages such as boosting self-confidence, reducing bias, and addressing social isolation and loneliness. Intergenerational work can help to foster the exchange of cultural traditions and values from older to younger generations and vice versa. Looking into these opportunities will also help with the problems related to discrimination.

#### 9.4 Healthy food and eating

According to the results of the Berinsfield Health and Wellbeing Survey, half of the younger village residents and up to two-thirds of the older, perceive themselves and their families to be maintaining healthy lifestyles around food. However, this is at variance slightly with the anecdotal evidence reported at The Berin Centre food larder, where some residents felt unaware of how to prepare and use such fresh food items.

The most frequently mentioned 'other comments' in this section of the survey were suggestions on how to support healthy eating habits including, education and better access to healthy eating and food, cooking groups and access to healthy food.

Given the relatively poor provision of fresh and non-processed food options in the immediate village environs it seems likely that there is room for improvement in healthy eating. The consumption of ultra-processed food is a national issue, and of course poor habits are

replicated everywhere. The solution to this is not easy, but by demonstrating the continuous rewards and positive effects on lifestyle outcomes should be embedded into future outreach.

It is recommended that education around the subject is key, supplemented with improved access to fresh and local produce. Initiatives might take the form of pop-ups, trial producers' markets, information at the health centre and surgery, courses offered at local organisations which teach healthy cooking and eating. It is not just awareness of the subject that could improve healthy eating but also practical opportunities to learn should also become available.

Communication and liaison to ensure this aspect of healthy living is on the agenda for the Social Prescriber would be a low-cost intervention. Again, it is key that learning opportunities are provided from a young age, as the first five years of a child's life are critical, shaping the rest of their life. Targeted outcomes for pre-school and primary school aged children should be considered as a preventive measure and to support behaviour change from an early age.

#### 9.5 Education, employment, and access to opportunities

Less than half (42%) of the adult respondents said there are local opportunities to learn new skills and/or gain qualifications and only 41% said they could access them. Upskilling the community is key to economic and social development.

The younger residents surveyed seemed uncertain about access to local opportunities and their ability to learn/gain qualifications with the

most significant responses being ‘neither agree nor disagree’ or no answer at all. Recognising this dimension of life is very important for future dialogues and local representatives might want to investigate how they can work with local educational partners or employees to create these opportunities locally.

It is recommended that considering limitations to transport and a high proportion of the village’s population being in employment with a significant amount undertaking shift work – that any educational opportunities should be bought into the community. Benefits of upskilling or even reskilling can provide better employment and life prospects to individuals, which also could lead on to greater productivity locally – whether it is in employment or in a voluntary capacity. It is also recommended that opportunities are offered during the day and evenings, weekdays, and weekends.

Collaboration with existing and new businesses both in the village and wider area could be improved for volunteering and apprenticeship positions. It is recommended that through the Health and Wellbeing group, relations with local employers are maintained and built upon to nurture new opportunities. Such opportunities should be advertised at a local level.

Development of these opportunities should also be explored with local educational providers to bring satellite provisions to the village. Considering other themes raised within these recommendations, it should also be considered that community-based life or support skills and alternative education is introduced. Whilst such recommendation could target vocational or extracurricular options, it could also pick up on holistic wellbeing themes such as living independently, nutrition, parenting support, budgeting, energy savings and so forth.

## 9.6 Access to services and information

Just over half of the adult residents surveyed said they knew how to find information that benefits them and their family. It is recommended that linked to recommendation 9.1, a communication mechanism is sought to enable the most effective way of sharing information or signposting residents, as well as how to access services.

Residents report their access to services are limited due to costs, so focus on discounts, price offers, incentives, staged level pricing is recommended. The cost-of-living crisis is a recurrent theme and no doubt affecting the community across the age groups particularly the young people. Accessing opportunities and the connection with financial resources to do so, affects the life learning experiences for the younger demographic which could be a determinant of poorer health both mentally and physically. It is recommended dedicated space for young people is a constant consideration and the provision of youth activities, youth workers and opportunities are an important continuing concern.

Drop-ins are frequently mentioned or requested as a simple low cost, low inhibition way for residents to access services, and much praised by the younger people surveyed particularly in relation to mental health services. There is a sense of difficulty around access on this issue as there is in the wider community. It is recommended that consideration is sought by organisations, to provide more ways of working within the community which could break down historical stigma regarding accessing provisions or help. It may be that there are

more community clinics between services, to support where appropriate, a 'one-stop shop'.

### 9.7 Fuel poverty

Berinsfield has a higher proportion of households in fuel poverty than the average for South Oxfordshire and Oxfordshire. Given the economic challenges faced by residents in a cost of living and climate crisis, the case for improving the energy efficiency of homes and investing in affordable, renewable sources of energy is increasingly important.

Recommended actions should prioritise opportunities to accelerate energy efficient home upgrades and low carbon heating options (e.g., air-source heat pumps), particularly for low-income households. Those living in cold and/or damp housing with poor ventilation are more likely to suffer from long-term health conditions, and helping households to reduce draughts and keep heat in will also help lower fuel bills as well as carbon emissions. Some possible solutions are to lower or eliminate the costs of making these changes, for example by offering cheaper technologies like buying solar panels in bulk or giving grants or low-interest loans. An alternative approach could focus on making it easier to make the required changes, through offering whole-house retrofit plans, help to undertake simple DIY measures, or direct links to specialist one-stop-shop services to manage the whole retrofitting process.

A feasibility study of the potential of large-scale renewable energy projects has already been undertaken. This identified several opportunities for further investigation including solar arrays on

industrial buildings and a heat network fuelled by water source heat pumps in the Queenford Lakes. If the construction of the new garden village at Mount Farm development goes ahead, this will be a critical opportunity for large scale roll-out of renewable energy and low carbon heating. Water sourced heat pumps, ground sourced, solar installations for the existing dwellings should all be analysed. Economies of scale making the community self-sufficient in energy generation could drive long-term gains across the social fabric, not least with fuel poverty.

### 9.8 Staying physically and mentally healthy.

The younger and mid-life age cohort have a range of activities on offer, but it is not clear from the representation provided in the survey to what extent the whole community uses them. It is possible to assume the respondents represent an average sample and extrapolate out but other analysis in surveys would be welcome. Whilst sports play a key part of the community, diversification and access to alternative leisure is recommended.

It is also recommended that more targeted provision is planned considering the findings of the Community Insight Profile to directly address local demand and needs. This could be encouraged through either group/community events such as Park Run, sponsored walks, and demonstration events or through assisted walking schemes, rambling groups, expert visits from foragers, wildlife and environmental experts and enthusiasts, etc.

It is recommended that key partners should discuss improved support for community-based mental health initiatives. Whilst there is great work being completed already by Riverside Counselling, it should be explored further the best ways to really breakdown the barriers and stigma connected to reaching out for help. There is a lot being offered presently, but the root cause of uptake or access to the services should be pin pointed. Such suggestions could include funding for a mental health visitor to undertake one-to-ones perhaps in home-settings and group support sessions at community venues where appropriate. It is recognised that support groups can introduce peers to sharing experiences and learning from others with lived experiences, encouraging a sense of camaraderie within the community as well as fostering a sense of belonging. It is important that diversification in service delivery is explored to tailor support to the community's needs.

Community-led support groups or social activism could be supported by trained professionals to address core issues of neighbourhood concern. This might also include awareness and training around drugs and alcohol, anti-social behaviour including dealing with difficult behaviour. This will promote stewardship within the community.

### 9.9 The built environment and infrastructure

The research did not focus on the physical environment and infrastructure when engaging and consulting with people. But some people mentioned the physical surroundings along with other themes in the survey.

How buildings and physical assets look and work affects wellbeing and how people feel about their environment. This can depend on how well the buildings and spaces serve their purpose, how they appear, or both.

Project discussions on improving or changing community facilities are recommended because this is related to the previous suggestion regarding provision of services. The planned housing allocation at Land at Mount Farm Berinsfield is important for this issue and the building of new amenities it will offer and help the renewal plan for existing Berinsfield.

The older age group has distinct continuing needs around access to medical facilities and education. Economies of scale should become possible at that stage around improving physical infrastructure such as ramps, walkways, guardrails.

It is recommended that healthy place shaping continues as part of the master planning process within Berinsfield for the proposed allocated site at Land at Mount Farm and regeneration within the existing village. There is merit in creating communities where it is easy to be healthy. In relation to shaping the built environment, it is recommended that we must look for early opportunities in the existing village including improvement to the public realm, greenspaces, recreation and leisure and other infrastructure at a local level to encourage healthy living such as community or health hubs and cafes.

The built environment can also play a part in improving elements of community safety, such as better lighting and sensitively designed recreational areas.

### 9.10 Transport and active travel

Encouragingly being a relatively self-contained and bounded area, 100% of younger people surveyed in Berinsfield report walking as a means of getting around. Alternatives mentioned are also the healthy ones of scooters and bikes.

The ability to move around the village and connect to the wider environment was frequently raised as a theme in the workshops and surveys. Bus services within the village are limited but do exist. These services need to be reviewed regularly and consistently placed in prominent position in consultations. Public transport and wider active travel improvements is recommended to be assessed in connection with the expansion plans around the Mount Farm development in the context of infrastructure.

Applying techniques of gentle persuasion to assess more healthy modes of transport as regards active travel could be considered in future consultations and communications. The village is relatively connected for cycling and walking and has unusually high opportunities for water-based activities.

It is recommended that pilot initiatives should be researched further and implemented to support transport and active travel, this could include but is not limited to e-bike and e-scooter trials to access other local service centres. It may also include other volunteer-led schemes

such as community drivers to facilitate better access to community activity. Other case studies to learn from is the successful role out of Ride Revolution in educating young people in to fixing bikes and allocating them to local families.

### 9.11 Conclusion

The research carried out to support development of this report aimed to understand the experience of residents and stakeholders in relation to health and wellbeing, outline the health challenges and opportunities, and present a series of recommendations to guide action planning towards improving health outcomes in the community.

The report is based on a range of engagement activities, such as surveys, interviews, focus groups, and events, that involved residents, local organisations, businesses, and service providers and draws on data and statistics from the public health team at Oxfordshire County Council.

Several key findings and themes are identified such as the importance of green spaces, community facilities and activities, social support and relationships, access to local services, education, employment, and skills, physical and mental wellbeing, community safety, and healthy food and eating.

A set of recommendations have been presented that detail actions aimed at addressing the challenges and barriers to health and wellbeing, as well as building on the strengths and assets of the village.

The recommendations include:

- Improving communication, coordination, and coproduction among stakeholders,
- Enhancing community activation and cohesion,
- Tackling loneliness as well as fostering a sense of identity, and belonging,
- Supporting healthy food and eating habits, through improved provision, education and communication,
- Supporting improved access to education, employment and other learning opportunities,
- Improving access to local services and information,
- Addressing fuel poverty including through energy efficiency of homes,
- Targeted provision of physical and mental wellbeing initiatives,
- Improvements to the built environment and infrastructure by employing healthy place shaping principles,
- Improving transport links and encouraging active travel.

After the publication of this report, an action plan will be created outlining tasks related to the outcomes of the research to help with the implementation of the recommendations.

A £25,000 grant fund is allocated as part of the funding for this project will be used to finance local community projects that align with the outcomes and suggestions stated in this report.

A Community Health Development Officer will also be recruited to assist the ongoing work and the sustained joint working through the Berinsfield Health and Wellbeing Group.