

Health and Wellbeing in Littlemore: Community Survey - 2023

Why are you asking what I think?

Oxford City Council and Oxfordshire County Council Public Health are working on a project with community partners to find out more about health and wellbeing in places across the county. One of these areas is Littlemore. A charity, Community First Oxfordshire (CFO), has been asked to talk to local residents to find out more about the following:

1. What kind of things (like organisations, services, and people in the community) support health and wellbeing?
2. What causes the biggest problems to people's health and wellbeing and what would help improve these?

What happens next?

Your views and experiences will help to create a really useful picture of what people in Littlemore think about health and wellbeing and how it can be improved. This will help the City Council, the County Council and others to plan better for the future and develop services and projects to improve things.

Important information about how we will process your responses

This survey is completely anonymised so that anyone who completes it cannot be identified. The analysis of your feedback will be undertaken on behalf of the City and County Councils by CFO. By completing this survey, you are consenting for your response data to be shared by CFO, Oxford City Council, and Oxfordshire County Council. Your data will be processed by CFO and Oxford City Council in accordance with the General Data Protection Regulation (2018).

You can read CFO's Privacy Policy at: <https://www.communityfirstoxon.org/privacy-policy/>.

You can read Oxford City Council's Data Protection Policy at:

https://www.oxford.gov.uk/info/20141/data_protection/530/our_data_protection_policy.

You can read Oxfordshire County Council's Privacy Notice at:

<https://www.oxfordshire.gov.uk/council/about-website/privacy-notice#paragraph-5977>.

CFO will provide an anonymous summary report on survey findings for Oxford City Council and Oxfordshire County Council. This report will be publicly available.

You can complete the survey online by following this link or scanning the QR code:

<https://www.surveymonkey.co.uk/r/LITTLEMOREHEALTHSURVEY>



Or you can return a hard copy of your survey to
Freepost Plus RTUH-ALLT-RAHZ, Community First
Oxfordshire, South Stables, Worton Park, OX29 4SU

PART 1 - WHERE DO YOU LIVE?



1 - Do you live in Littlemore?

Please tick one

Yes - please go to Part 2

No - PLEASE DO NOT COMPLETE THE SURVEY AS YOUR ANSWERS WILL NOT BE RECORDED

TURN OVER FOR PART 2 OF THE SURVEY

PART 2 – ABOUT YOU

2 – What is your age?

Please tick one

This survey is for those aged 15 and over.

15-17	18-24	25-29	30-44	45-59	60-69	70+

3 – What gender do you identify as?

Please tick one

Male	
Female	
Describe myself in another way	
Prefer not to say	

4 – What is your ethnic group? *Tick one option that best describes your ethnic group/background*

White English/ Welsh/ Scottish/ Northern Irish/ British	
Other white background	
Mixed/ multiple ethnic group	
Asian/ Asian British	
Black/ African/ Caribbean/ Black British	
Other ethnic group	
Prefer not to say	

PART 3 – LIVING IN LITTLEMORE

5 – What do you like about living in Littlemore?

Please tick all that apply

Community feeling	
Local shops and services	
Schools	
Green and open spaces	
Playparks	
Sports facilities	
Community groups and organisations	
Other: <i>please tell us what</i>	

6 – How satisfied are you about Littlemore as a place to live on a scale of 1-5:
1 = not satisfied at all, 5 = very satisfied.

1	2	3	4	5

7 – Please tell us if you agree or disagree with the following statements: 1 = do not agree at all, 5 = completely agree.
Please tick the relevant box for each

	1	2	3	4	5
I feel involved in the decision making in Littlemore					
I feel my views are listened to when asked about living in Littlemore					
I participate in community consultations about Littlemore					
I know where to get information about Littlemore					
I feel I am part of the local community in Littlemore					

PART 4 – YOUR DAILY LIFE

8 – How often do you and your family use these modes of transport?

Please select a frequency for each

	Daily	Weekly	Fortnightly	Monthly	Less than once a month	Never
Car						
Bus						
Train						
Taxi						
Motorbike/Moped						
E-scooter						
Bicycle						
Walking						
Other: <i>please tell us what</i>						

9 – How easy do you find it to get around in and outside of Littlemore on a scale of 1-5:
 1 = not easy at all, 5 = very easy. *Please tick the relevant box for each*

	1	2	3	4	5
To get around within Littlemore					
To get from Littlemore to other parts of the city					

10 – What of the following community groups / activities do you know of and/or use in Littlemore?
Please tick all that apply

	Not aware of	Aware of but don't use	Make use of
History Society			
Book club			
Gardening group			
Arts and crafts courses			
Bingo			
Woodturners club			
Orchestra/bands			
Church choir			
Women's Institute			
Age UK sessions			
Afternoon tea (Village Hall)			
Men's Breakfast			
Church coffee mornings			
Scriptural reasoning group			

Other: *please tell us what*

11 – What of the following groups / activities for children and young people do you know of and/or use in Littlemore? *Please tick all that apply*

	Not aware of	Aware of but don't use	Make use of
Stay and Play at the library			
Stay and Play at John Henry Newman Academy			
Growing Minds groups			
Little Chuggers			
Saturday craft at the library			
The Hang After School Club at the library			
Youth club			
Air/army cadets			
Beavers / cubs / scouts / brownies			
Other: <i>please tell us what</i>			

12 – What of the following sport and fitness groups / activities do you know of and/or use in Littlemore? *Please tick all that apply*

	Not aware of	Aware of but don't use	Make use of
Rugby club			
Bowls club			
Parkour Park			
Martial arts classes			
Lacrosse			
Gymnastics			
Football			
Angling Society			
Fitness classes (yoga, pilates, Zumba)			
Other: <i>please tell us what</i>			

13 – When community spaces and places do you use or go to in Littlemore and, if relevant, how often? *Please tick the relevant frequency for each*

In the comment box underneath each space/place, please tell us what you think about them (this could be a variety of things but could include ease of access, opening hours, state of repair, feelings of security, range of events).

	Never use	Use occasionally	Use often
Community centre			
<i>Thoughts:</i>			
Village hall			
<i>Thoughts:</i>			
Library			
<i>Thoughts:</i>			
Religious setting			
<i>Thoughts:</i>			
Shops			
<i>Thoughts:</i>			
Parks and playparks			
<i>Thoughts:</i>			
Other green spaces			
<i>Thoughts:</i>			
Other			
<i>Thoughts:</i>			

**14 – How easy do you find it to access the following health services?
Please tell us more, including where you go, in the relevant comment boxes**

	Never use	Difficult	OK	Easy
Health centre / GP				
<i>Thoughts:</i>				
Pharmacy				
<i>Thoughts:</i>				
Dental practice / services				
<i>Thoughts:</i>				
JR / Headington hospitals				
<i>Thoughts:</i>				

15 – Do you feel safe in your neighbourhood on a scale of 1-5: 1 = not safe at all, 5 = very safe.

1	2	3	4	5

16 – How satisfied are you with your housing situation with regard to each of the following on a scale of 1-5: 1 = not satisfied at all, 5 = very satisfied. Please tick the relevant box for each

	1	2	3	4	5
Cost					
Location / neighbourhood					
Adequate size					
State of repair					
<i>Other: please tell us what</i>					

17 – Please tell whether you agree or disagree with the following statements: 1 = do not agree at all, 5 = completely agree.
Please tick the relevant box for each

	1	2	3	4	5
I have the skills and/or qualifications to find employment					
There are local opportunities to learn new skills and/or gain qualifications					
I feel able to access local opportunities to learn new skills and/or gain qualifications					

PART 5 – YOUR HEALTH AND WELLBEING

18 – How healthy do you consider yourself, both physically and mentally, on a scale of 1-5:
 1 = not healthy at all, 5 = very healthy.
Please tick the relevant box for each

	1	2	3	4	5
Physically healthy					
Mentally healthy					

19 – What do you do to keep healthy - mentally, physically, emotionally, and spiritually?
Please tick all that apply

Socialise with friends	
Attend groups and organisations	
Keep active (e.g. playing sport, exercising, gardening, cycling, walking)	
Spend time outside	
Maintain healthy habits around food and eating	
Go to a religious setting or place of worship	
Other: <i>please tell us what</i>	

20 – What barriers have you experienced in looking after yourself? <i>Please tick all that apply</i>	
Cost and affordability	
Access to healthcare	
Job security	
Good quality, affordable housing	
Healthy and affordable food	
Transport	
Access to the internet	
Health condition (physical and/or mental)	
Childcare	
Other: <i>please tell us what</i>	

21 – Which of the following statements do you agree with? <i>Please tick one</i>	
I feel lonely all the time	
I feel lonely most of the time	
I feel lonely sometimes	
I rarely feel lonely	
<i>Please tell us more:</i>	

22 – What do you think would improve the health and wellbeing of people living in Littlemore? <i>Please tick all that apply</i>	
More community-led activities focused on health and wellbeing	
Community events to encourage interest in health and wellbeing	
Free or reduced cost access to events and activities	
Taster sessions	
Activities at different times of the week/ day	
Activities that bring together people in different age groups	
Activities and groups which link to what people care about	
Strong community relationships	
Other: <i>please tell us what</i>	

23 – In relation to food, please tick whether you agree with the following statements.

	Yes	Sometimes / maybe	No
I can access affordable and healthy food options			
I and/or my family maintain healthy habits around food and eating			
I would value information and support about healthy food and eating habits			
<i>Please tell us more:</i>			

24 – Do you notice any of the following activities taking place in Littlemore?

	Yes	No
People smoking		
People drinking alcohol and/or alcoholic drink litter		
People taking drugs and/or drug litter		

25 – If you answered 'yes' to any of Q24, where do you see these things taking place?

Please tick all that apply

	Inside the home	School gate areas	Parks / green spaces etc.	Shops	Bus stops
People smoking					
People drinking alcohol and/or alcoholic drink litter					
People taking drugs and/or drug litter					

Other location: please tell us here

PART 6 – IMPACTS OF THE COVID-19 PANDEMIC

26 – As a resident of Littlemore, what was your experience of the COVID-19 pandemic with regard to the following on a scale of 1-5: 1 = do not agree at all, 5 = completely agree.

Please tick the relevant box for each

	1	2	3	4	5
Felt well supported					
<i>Comment, if relevant:</i>					
Experienced isolation and loneliness					
<i>Comment, if relevant:</i>					
Experienced decline in health					
<i>Comment, if relevant:</i>					
Experienced improvement in health					
<i>Comment, if relevant:</i>					
Was able to access nature and green spaces					
<i>Comment, if relevant:</i>					
Was able to access services					
<i>Comment, if relevant:</i>					

27 – How do you feel the COVID-19 pandemic has affected the following on a scale of 1-5: 1 = very negative effects, 5 = hardly any effects.

Please tick the relevant box for each

	1	2	3	4	5
Your or your family's health and wellbeing in general					
<i>Please tell us more:</i>					
Community health and wellbeing in general					
<i>Please tell us more:</i>					

PART 7 – YOUR PERSONAL EXPERIENCES OF HEALTH AND WELLBEING

28 – We would really like to find out a bit more about your personal experiences of health and wellbeing. This could be:

- Your experience with a local service or project
- How you overcame a personal challenge
- Your personal or family experience during the COVID-19 pandemic
- How you/ your family maintain healthy habits (this could be around food and eating, getting exercise etc.)
- Something different

Please write in the box underneath if you have something to share.

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29 – If you would be happy to be contacted about your story, please leave your contact details below.

We will only use these details to contact you about your experience - they will not be shared with anybody else.

PLEASE FILL IN THE DETAILS BELOW IF YOU CONSENT FOR COMMUNITY FIRST OXFORDSHIRE TO CONTACT YOU.

Name	
Email	
Phone	

Many thanks for completing this survey!