

WITNEY CENTRAL COMMUNITY INSIGHT REPORT

REPORT

FEBRUARY 2025



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Executive summary

In September 2024, Community First Oxfordshire was commissioned by West Oxfordshire District Council and Oxfordshire County Council Public Health to undertake community insight research in Witney Central.

The aim of the research explored in this Insight Report was to capture the opinions of the community in relation to: 1- the local strengths and assets that support and enable health and wellbeing and; 2- challenges to health and wellbeing and what would help to address these. The views and experiences collected are intended to help develop a better understanding of what local people think about health and wellbeing and how it can be improved.

This Witney Central Community Insight Report should be read in combination with the separate Witney Central Data Pack. Together, these documents will comprise the Witney Central Community Insight Profile. An executive summary covering both documents will also be produced. The Profile aims to help West Oxfordshire District Council, Oxfordshire County Council, and others local stakeholders and organisations working in Witney to plan better for the future and develop services and projects to improve health and wellbeing outcomes in central Witney.

Research

The community insight research took place from September-December 2024. A mapping exercise was undertaken at the outset to identify key community-based and non-community-based groups, organisations and agencies which are active in the area.

Key individuals were identified, and contact made to introduce the project aims and build relationships. Using these community contacts, an engagement strategy was developed which combined focus groups, one to one conversations, and community surveys. Through this methodology, **167 residents were reached**, across a broad demographic range. 72% of the total number of people consulted were female while 95% were of white British/ other white ethnicity. Further research focusing on the male voice and younger adults would be useful, as would exploring the opinions of those with other ethnicities and backgrounds.

Summary of Findings

A range of local assets to support health and wellbeing were identified. It was generally felt that Witney Central Community Insight Area was well-served with a range of shops and key services (including GP, dentist, pharmacy, and Post Office). Public transport was also viewed positively, with particular reference made to the West Oxfordshire Community Transport Service, which facilitates access to those areas more distant from the town centre. This is an especially beneficial service to older residents and those who struggle with mobility and could have the potential to offer extended services, depending on funding.

Notwithstanding the availability of healthcare services in Witney Central, a prominent concern was *access* to these services. There was extensive comment about the difficulty in getting a GP appointment (with some confused or intimidated by the process and sometimes being put off even

trying) or finding an NHS dentist. Likewise, some have significant difficulty with transport to medical appointments outside Witney.

Comment was also made about needing more community support for new parents, easy access to Health Visitors, and locally-based services where families can ask for advice. This makes community-based support, via Health Visitors, community connectors and Home-Start sessions in particular very important, and all organisations supporting families need to work in partnership to ensure concerns are shared. It was also felt that there would be benefit to reinstating or introducing services at the community hospital.

Most residents thought that Witney Central was generally friendly, with good community spirit, although some reservations were expressed and there is also evidence of anti-social (ASB) behaviour. However, significant numbers did not feel involved with community discussion and decision-making or that they were asked their opinions, particularly children and young people. Regarding the latter, this is a significant shortcoming, potentially establishing patterns of non-involvement that may continue into later life. In terms of ASB, some concerns are related to a lack of available facilities, services, and opportunities for young people, who would benefit from more places to safely congregate and access to support workers.

Parks, play facilities, and green and open spaces were valued local assets, particularly the Leys recreation ground. Access to the wider countryside was also mentioned as a positive feature of local life. However, it was also felt that improvement initiatives would be beneficial, including in relation to litter, bins, and play facilities for younger children. Similarly, while the physical infrastructure in the public realm is generally seen as good, there are issues for less mobile residents in relation to high kerbs, poor state of pavements in certain location, and tactile paving. It was also suggested that more benches in the town centre would also be useful.

There is a large amount of community groups and activity taking place in Witney Central, valued by many users. At the same time, it is felt that communication of what is happening locally could be improved, with a range of methods suggested, tailored to the needs of particular audiences. Other suggestions to facilitate more resident involvement included free or low-cost activities, 'buddy-up' approaches, taster sessions, and holding activities and events at different days and times in order to maximise opportunities to take part.

There is good communication between community groups and agencies (particularly via the Witney Forum). However, there is room for improvement. Reference was made, for example, to the need for health agencies to take a less narrowly medical focus and better understand the value of community work and interventions in improving health outcomes.

Key challenges across all community groups are a lack of volunteers, a lack of support for volunteers, and the short-term fundraising cycle which make it difficult to develop projects with a lasting impact. It was generally felt that good community work takes time: trust must be built, particularly with those with multiple or complex needs. The necessity of working with residents to co-design what is needed (building trust and relationship and capacity building), a focus on long-term projects, and sustainable funding were also emphasised. Given the common challenges there may be opportunities to develop theme-based working groups to address collective issues, develop joint-funding bids, provide peer-to-peer support, share capacity, offer joint-training etc.

In addition to those related to young people and new parents, other important gaps in/ opportunities for support were identified. Isolation among older people was a prominent reference, with support

strongly made for on the ground community connector roles in identifying vulnerable individuals and encouraging them to access support and services. It was felt that introducing more community connectors would allow more people across a range of demographics to be reached and supported, with positive impacts on multiple outcomes related to health and wellbeing. Helping elderly and disabled residents to *physically access* community activity was also noted as a concern, while *financial access* was an issue for those with low incomes in terms of paying for sports and leisure activities, for example.

A strong theme related to special educational and neurodiversity needs among children and young people emerged, where it was felt that demand was large and growing, and that additional support was very important. In addition, while organisations such as MIND and Aspire offer mental health support, there was a strong sense that these services require more consistent, long-term funding to maximise (and extend) their impact. Asylum seekers would also benefit from improvements related to exercise, transport, and food, in particular.

Recommendations

A range of ideas were put forward regarding specific projects to meet challenges and improve health and wellbeing, and these are reflected in the recommendations. More information and underpinning rationale for these recommendations is available later in this document. However, it is not the intention of the report to offer detailed overviews of potential projects to meet those recommendations. These are initial findings based on research findings. Themes and potential initiatives will be further tested and explored in the next phase of the project.

A summary of recommendations is offered here, clustered by theme:

Healthcare, access, and inclusivity

| Recommendations |
|---|
| 1. Access to healthcare: discussions to explore improvements to local services |
| 2. Community-based mental health and associated health and wellbeing initiatives |
| 3. Additional support for SEND and neurodiverse needs |
| 4. An 'Local inclusivity and accessibility information campaign and audit' |

Community and integration

| Recommendations |
|---|
| 1. Develop a holistic, community-wide communication strategy |
| 2. Extend community development worker support |
| 3. Anti-Social Behaviour initiatives |
| 4. Extend community development activity on Smith's Estate |
| 5. Warm Spaces publicity campaign |

6. Extension of food bank offer

Supporting community-based groups and organisations

Recommendations

1. Improve joint-working and networking
2. Improve grant application processes and explore longer-term funding
3. Explore funding opportunities to support extended community action
4. Launch a Witney Volunteer Drive

Community action: meeting identified needs

Recommendations

1. Additional support for young people and improved engagement: liaison with Youth Council, safe spaces, and access to support workers
2. Additional support for asylum seekers: transport and exercise

Community action: improving resiliency and developing skills

Recommendations

1. Introduce community-based Life Skills sessions
2. Extend befriending and community transport initiatives
3. Seek new partnership connections to support and extend innovation in community health and wellbeing

Public realm, environment, and transport

Recommendations

1. Local environment and streetscape improvement discussion/ link to ongoing initiatives
2. Public transport improvement discussion

Acknowledgements

CFO would like to offer its sincere thanks to the residents of Witney Central and the many locally-based organisations who readily, and often enthusiastically, gave their time to talk so openly to our researchers. Many thanks are also due to West Oxfordshire District Council for their support and the Witney Central Community Insight Profile Steering Group.

Research overview

A steering group for the Central Witney Community Insight profile oversaw the development of the work. This consisted of a range of partners, including West Oxfordshire District Council and Oxfordshire County Council Public Health.

Community First Oxfordshire was asked to undertake community engagement and insight gathering for the Profile, exploring resident opinions and observations with regard to health and wellbeing.

This Witney Central Community Insight Report should be read in combination with a separate Witney Central Data Pack. Together, these documents will comprise the Witney Central Community Insight Profile. An executive summary covering both documents will also be produced. The Profile will help West Oxfordshire District Council, the County Council, and others to plan better for the future and develop services and projects to improve health and wellbeing outcomes in Witney Central.

Specifically, Community First was asked to:

- Produce a brief overview of the history of the area.
- Gather the experiences and voices of residents from all age groups, representing the range of communities in the area.
- Collect qualitative data to capture the opinions of the community in relation to: 1- the local strengths and assets that support and enable health and wellbeing and; 2- challenges to health and wellbeing and what would help to address these.
- Collect stories of people's experiences of living in the area, with particular regard to health and wellbeing and healthy eating.
- Gather insight on the two topics noted above from local organisations who work with the residents of Witney Central.
- Provide recommendations for further insight needed and/ or actions to take forward from the findings.

Witney Central - the community

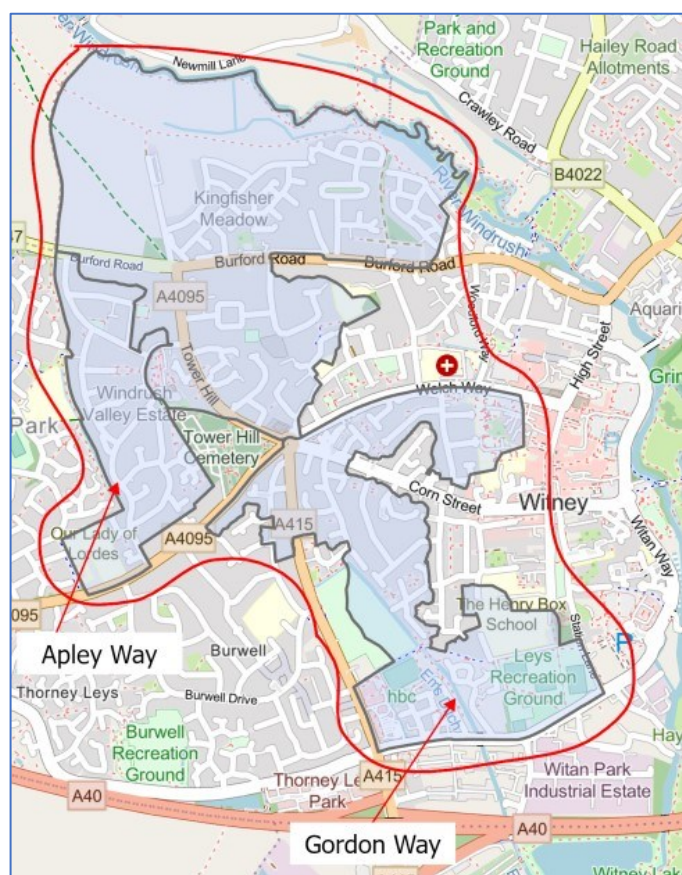
Location and brief overview

Witney is a town and civil parish, located in the district of West Oxfordshire, 12 miles west of Oxford. The town lies on the River Windrush, which is subject to periodic flooding. Significant flooding happened most recently in 2007 – the worst in 50 years – impacting homes, businesses, and transport in the town.

Today, Witney has a population of 30,200 (ONS: 2021). The largest ethnic groups were white (94% - higher than the UK average), Asian, Asian British, Asian Welsh (2.2%), and mixed or multiple ethnic groups (2.1%). The percentage of both these latter groups were lower than the national average.

The Witney Central Community Insight Profile area is a distinct geography in the centre of Witney – see the area outlined in red in the map below.

Figure 1: Witney Central Community Insight area



potently the historic character of Witney.¹

History and economic development

The settlement of Witney has a long history, first mentioned in a Saxon charter in 939 and subsequently in the Domesday book (1086).

Witney was an ancient parish in the Bampton Hundred and became a civil parish in 1866. The town had a railway station until 1970, when the station was dismantled. Since then, there have been periodic discussions, although never any specific plans, to reopen the railway line.

Witney is most famous for its blankets, the blanket-making having been central to the town for hundreds of years until the last mill closed in 2002. 'The wool industry has left an indelible mark on the character and buildings of Witney and Cogges, with mills, workers' houses and associated structures scattered throughout the settlement. It is perhaps this, the woollen industry, that can be said to define most conspicuously and

Until just before World War Two, 'the overall pattern of employment within the town remained much as in the late 19th century, with a large range of retailers, and the continuation of important firms

¹ West Oxfordshire District Council (2013), *Witney & Cogges Conservation Area Character Appraisal*: <https://www.westoxon.gov.uk/media/snadiyuv/witney-and-cogges-conservation-area-character-appraisal.pdf>

such as the builders Bartlett Brothers, the ironmongers and builders Leigh and Sons, Young's engineering, Marriott's coal business, and the Eagle Brewer.²

Post war, new local industries emerged: 'Smiths of England opened a motor accessory plant at the former De Havilland factory west of the town in 1950, manufacturing mostly car and lorry heaters. By the mid-1960s it employed 1,500 people from the Witney area, including several hundred women engaged in both clerical and production work. Many employees were accommodated on a purpose-built housing estate nearby.'³

Other major local employers included Compton and Webb's uniform factory, Brazil's sausage and pie factory, and Lookers glove factory. Across the 1970s and 1980s, these industries declined, leading to significant local job losses. To counter this, 'in the 1980s West Oxfordshire District Council, in conjunction with private developers, promoted large industrial estates on the town's western edge.'⁴ Witney also began to emerge as a significant shopping and commercial centre.

Today, as the West Oxfordshire Local Plan states: 'the economy is diverse with a range of shopping, leisure and tourist facilities and accommodation, several small employment sites throughout the town and large employment estates on the southern and western edges. The town retains a strong manufacturing and engineering presence, and the availability of good quality employment sites on the western side of the town has attracted significant investment, including some high technology manufacturers linked to the Oxford Bioscience Cluster.'⁵

The town has changed markedly from the 1960s, with 'the town's population growing from c.4,000 in the 1930s to c.27,000 by the first decade of the 21st century. This increase in population size saw a commensurate boom in housing development, with new estates to the west and north-east of the historic core dramatically altering the form, and enlarging the footprint, of the settlement.'⁶ Further housing (and employment land) development is set out in the current West Oxfordshire Local Plan, including c. 2000 new homes being built at the East Witney and North Witney Strategic Development Areas.

Witney Central shops, services, and leisure: a brief overview

Witney is the main economic centre in West Oxfordshire and Witney Central is well served by shops, services, and facilities. Most, if not all everyday needs can be accessed within a relatively concentrated area in the town centre. Larger, more budget-oriented supermarkets such as Lidl are somewhat more distant from the centre.

Table 1 (below) sets out distances on foot to key services and facilities from different points in the survey area. Depending on location, therefore, these services have a greater or lesser ease of access. Distances may prove more challenging for those with limited mobility (who might be using a walker

² British History Online, *Witney borough: Economic history, trade and industry 1900-1945*: <https://www.british-history.ac.uk/vch/oxon/vol14/pp97-100>

³ British History Online, *Witney borough: Economic history, trade and industry since 1945*: <https://www.british-history.ac.uk/vch/oxon/vol14/pp97-100>

⁴ Ibid.

⁵ West Oxfordshire District Council (2018), *Local Plan 2031*. <https://westoxon.gov.uk/media/fevjmpen/local-plan.pdf>

⁶ *Witney and Cogges Conservation Area Character Appraisal*.

or scooter) and those who may be pushing a buggy or pram. Although the state of repair of pavements, kerbs and roads is generally good, issues in specific locations may add to access challenges.

In terms of public transport, the volunteer-led West Oxford Community Transport (WOCT) operates a regular Town Service (215) on a loop around the town. This offers good access for those more distant from the town centre, including locations within the area such as Smith's Estate (off Tower Hill) and Kingfisher Meadow (in the north). WOCT also operate a Monday-Friday 'shopper service' (216) from the town centre to Sainsbury's and Lidl.

In terms of accessible services beyond Witney, Stagecoach services S1 and S2 run from the town centre to Oxford and Carterton, while the H2 service runs to the John Radcliffe Hospital in Oxford. WOCT run a service (210) from Market Square to Burford and the Wychwoods, while Pulhams Coaches operate a service 19 and 64 to Carterton and Swindon respectively.

Table 1: Estimated walking distances to a selection of key services and facilities from different points in the Community Insight Profile Area

| | From Welch Way/ Corn Street roundabout⁷ | From Smith's Estate (west of Tower Hill) | From Kingfisher Meadow (north of Burford Road) | From Gordon Way (north of Station Lane) |
|--|---|---|---|--|
| Windrush Medical Practice | 800m | 1.4km | 1.8km | 1.4km |
| Witney community hospital | 700m | 1.3km | 1.7km | 1.3km |
| Windrush pharmacy | 800m | 1.4km | 1.8km | 1.4km |
| Boots pharmacy | 1.5km | 2.1km | 2.5km | 1.3km |
| Library | 800m | 1.4km | 1.8km | 1.4km |
| Coop | 1.5km | 2.1km | 2.5km | 1.3km |
| Post office | 1.5km | 2.1km | 2.5km | 1.3km |
| Sainsbury's | 1.8km | 2.4km | 2.8km | 600m |
| Tesco local (Smith's Estate) | 1k | Less than 1km | 2km | 2.2km |
| Methodist Church | 1.6km | 2.2km | 2.6km | 1.4km |
| Corn Exchange | 1.4km | 2km | 2.4km | 1.2km |
| Leys recreation ground | 2.3km | 2.9km | 3.3km | 400m |
| Henry Box school | 1.3km | 1.9km | 2.3km | 900m |
| Queen Emma's primary school | 700m | 1.3km | 1.7km | 1.1km |
| The Batt primary school | 900m | 1.5km | 1.9km | 1.1km |

⁷ Estimated centre-point of the survey area

| | | | | |
|--------------------------------|-------|-------|-------|-------|
| Witney dental clinic | 700m | 1.3km | 1.7km | 1.4km |
| Witney dental practice | 1.5km | 2.1km | 2.5km | 1.1km |
| Lidl | 2km | 2.6km | 3km | 700m |
| Windrush leisure centre | 1.2km | 1.8km | 2.2km | 1.1km |

Community action, projects and initiatives

Table 2 (*below*) offers a non-exhaustive list of key organisations involved in community-based activity and support: as organisers, active participants, facilitators, hosts etc. The categories set out below are broad – in particular, it is recognised that there is often overlap in the function and organisation of volunteer-led and non-volunteer-led groups.

These organisations have been involved in a wide range of specific activities and projects, focusing on multiple themes. These include: community resilience, activities to support socialising, mental and physical health and wellbeing, cost of living and food poverty, parent and family support, education, and support for young people.

More detailed information of current groups, organisations, partnerships etc. supporting health and wellbeing (with details of the services offered) can be found at appendix 1. Some of these are based in Witney Central while some are based elsewhere but offer support and services in the area.

Table 2: Key groups and organisations active/supporting residents and offering services in Witney Central

| LOCATION | ORGANISATION/ GROUP/ AGENCY | ACTIVITY/ THEMATIC FOCUS |
|--|----------------------------------|---|
| Witney Central-based volunteer-led groups | Baby Bank | Provides vouchers for baby essentials to those in need |
| | Food Bank | Distributes food – by referral – to those in need |
| | Macular Society Support Group | Macular disease support charity |
| | MS Society Support Group | Support for those with MS |
| | Men's Shed | Social and craft space for men and women (based on Smith's Estate) |
| | Witney Food Revolution | Community fridge and larder |
| | Witney Ukraine Support | Support for Ukrainian residents |
| Multiple exercise and fitness groups/ classes | | |
| Witney Central-based organisations | Aspire | Support for 18-24 year-olds |
| | Cottsway Housing Association | Housing association |
| | Congregational Church | Place of worship – hosts community activities, events, and support groups |
| | Citizens Advice West Oxfordshire | Advice centre |

| | | |
|--|--|---|
| | Davenport Road Methodist Church | Place of worship – hosts community activities, events, and support groups |
| | Henry Box School | Secondary school |
| | Integrated Care and Education Centre | Support for those with learning difficulties |
| | High St Methodist Church | Place of worship – hosts community activities, events, and support groups |
| | Oasis family church | Place of worship – hosts community activities, events, and support groups |
| | Our Lady & St Hugh Catholic Church | Place of worship – hosts community activities, events, and support groups |
| | St. Mary's church | Place of worship – hosts community activities, events, and support groups |
| | St. Mary's primary school | Primary school |
| | The Batt primary school | Primary school |
| | The Station | Detached youth work project |
| | Volunteer Link Up | Community transport and befriending charity |
| | Welcome Church | Place of worship – hosts community activities, events, and support groups |
| | West Oxfordshire District Council | Local authority |
| | Witney Community Church | Place of worship – hosts community activities, events, and support groups |
| | Witney Day Centre (Ceewood Hall) | Daytime activities for older people |
| | Witney Library | Library – community events |
| | Witney Town Council | Local Authority |
| Non-Witney-Central-based organisations (volunteer or non-volunteer led) | Age UK Oxfordshire | Charity for older people |
| | Aspire | Support for 18-24 year olds |
| | Asylum Welcome | Support for refugees and asylum seekers |
| | Guideposts Trust | Mental health, learning disability and dementia charity |
| | Home-Start | Parent, child, and family support |
| | Oxfordshire County Council | Local Authority |
| | Oxfordshire MIND | Mental health support charity |
| | Sanctuary Housing Association | Housing association |
| | Turning Point | Health and social care services across multiple themes |
| Partnership projects and networks | Yellow Submarine | Learning disabilities and autism charity |
| | Witney Forum | Community resilience, strength and cohesion |
| | West Oxfordshire Health and Wellbeing Alliance | Community health and wellbeing |

Community Insight Research

Methodology

Community mapping work identified groups and organisations, whether volunteer and community-led or externally based yet active in Witney Central, with which the Insight research needed to engage in order to comprehensively explore the research aims set out in the introduction. These groups and organisations were contacted in order to make introductions to the project and build relationships.

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

1. *One to one conversations*

Two sets of questions (one for resident-based conversations and one for representatives of community-based organisations) were developed by Community First and discussed with the project steering group (see appendix 2).

Researchers then attended community activity sessions and spoke to attendees, taking them through the questions and taking notes. Community First also undertook conversations in the wider community. For community-based organisations, conversations with key representatives were conducted either face to face or, where this was not possible due to pressures of time, via email. Attendees gave consent at the outset of 1 to 2 conversations for their comments to be recorded.

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

2. *Personal stories (case studies)*

Stories were identified as the research progressed, primarily developing naturally from one to one conversations, where individuals expanded on certain points and offered deeper personal insight on particular themes. Some details were amended/ omitted to prevent potential identification of individuals.

3. *Focus Groups*

Focus groups discussion allows for a deeper dive into given issues and can stimulate spontaneous ideas and personal disclosure. The approach that Community First took was that of semi-guided conversations. We did not wish to overly lead focus group discussion but 'go where people wanted it to go'. Attendees gave consent at the outset of Focus Groups for their comments to be recorded.

A list of questions was drafted by Community First and agreed with the Witney Central Community Insight Profile steering group (see appendix 2) and, where researchers were able and where it felt natural, guided the conversation back to consideration of those topics.

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

4. Community survey

The primary focus of the research was qualitative research.

However, it was recognised that a survey could help establish more general, quantitative opinion in relation to the key research themes (whilst also giving opportunities for respondents to offer longer, written comments)

To this end, Community First and the project steering group designed a community survey (hard copy and online- Survey Monkey), which was signed off by the steering group (see appendix 3). The survey was widely disseminated (primarily via a weblink), using the multiple local networks identified during mapping.

The survey was anonymous, although respondents were invited to leave their contact details should they wish to share their experiences and opinions with the research team. Only a small number of surveys were returned from residents who lived in the Witney Central research area.

A separate survey for young people was also drafted and shared with and distributed to pupils by teachers at Henry Box secondary school. However, survey returns were not received in time for inclusion in this report.

Research findings

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

Resident one to one conversations (adults and older people)

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

Table 3: Number consulted in one-to-one interviews

| Setting | Number of residents consulted |
|----------------------------------|-------------------------------|
| Age UK Oxfordshire - Chatterbox | 10 |
| Homestart @ Ceewood Hall | 6 |
| Men's Shed | 1 |
| The Community Fridge | 11 |
| The Place | 4 |
| Oasis café | 7 |
| Homestart @ Methodist Church | 5 |
| Baby Bank | 1 |
| Ceewood Hall day centre | 4 |
| Women's craft group @ Men's Shed | 2 |
| TOTAL | 51 |

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

Summary of key themes

| Research question | Main themes | No. of references ⁸ |
|---|--|--------------------------------|
| 1. What do you like about Witney Central as a community? | Good size/ manageable/ shops and services are close by | 16 |
| | Friendly | 15 |
| | Community feel/ networks | 15 |
| | Events/ community groups/ things going on | 7 |
| | Don't like it/ don't like it as much as I used to | 4 |
| <p><i>'I've lived here all of my life. I love everything about Witney. People are friendly. I'm a country boy and the town has a country feel. The neighbours enquire after me. My neighbour next door brings a newspaper and a coffee every morning at 8am and another person rings every day and gets my shopping.'</i></p> <p><i>'People are friendly. There are interesting things to do and see in Witney. Its calm and peaceful.'</i></p> <p><i>'I don't like the area as much as I did. I've been here 30 years and moved from the North. It now feels like a suburb of Oxford.'</i></p> | | |
| 2. Do you feel involved in decision-making locally and feel that you are listened to? | Don't get involved/ don't ask for advice or support | 15 |
| | No | 12 |
| | Yes | 10 |
| | To some extent | 4 |
| | There is help available if you need it | 4 |
| <p><i>'Never had any specific issues to raise. But I know I can speak to the councillor if I need to.'</i></p> <p><i>'You can give feedback but I've not tried and I don't believe it would change anything.'</i></p> | | |
| 3. What do you do to keep healthy, mentally, physically, emotionally, and spiritually? | Walking | 18 |
| | Socialising/ family | 14 |
| | Exercise and sport | 13 |
| | Community events/ activities/ support groups | 10 |
| | Crafts and pastimes | 7 |
| | Gardening | 4 |
| | Age UK Oxfordshire sessions | 4 |
| | Volunteering/ caring | 2 |

⁸ Not every respondent gave an answer to every question. Some respondents made multiple comments in response to a question.

| | | |
|--|---|----|
| | Eat healthily | 2 |
| | Spiritual practice | 2 |
| <p><i>'I get out and about to help my mental health. A sense of humour helps, and interactions with people when I go for a walk or to the shops.'</i></p> <p><i>'I come to this group [Oasis coffee morning]. There's not much else to do on the estate [Smiths]. I go to town on the community bus now and then, and meet a friend for lunch.'</i></p> <p><i>I just survive! I walk as much as I can. Getting involved in things helps mentally.</i></p> | | |
| 4. What kinds of things are most challenging for you living in Witney Central that impact on your health and wellbeing? | Cost-of-living | 11 |
| | Poor state of pavements/ roads | 6 |
| | Access/ difficulty in getting around for those with mobility issues | 5 |
| | Housing issues: poor quality/ unaffordable/ unhealthy | 5 |
| | Loss of winter fuel allowance | 4 |
| | Bus transport: expense/ infrequent | 4 |
| | Speeding and traffic | 3 |
| | Access to a GP: getting an appointment | 1 |
| | Over-development | 1 |
| | Lack of seating/ benches in town centre | 1 |
| | Cost of healthy food | 1 |
| | Poor quality local schools | 1 |
| | Lack of outdoor play facilities for toddlers | 1 |
| | Air pollution | 1 |
| | Lack of bins | 1 |
| | Lack of decent jobs | 1 |
| | Lack of public toilets | 1 |
| <p><i>'Some of the pavements could do with being fixed in places. The [loss of] winter fuel payment will be difficult. I will be cutting back on heating. If you're not comfortable in your own home then where can you be?'</i></p> <p><i>'The pavements are problematic to navigate with my walker. Church Green is very bad and the back of the church. They are uneven and there are potholes. It's dangerous if it's dark or there is rain. Blind people's crossing points are awful for walkers [i.e. mobility aids].'</i></p> <p><i>The cost of living. My daughter has moved back in with her - she had to come back from living away [because she] couldn't afford to live there. It's hard to afford healthy food, I come here [The Fridge] to get fruit and veg.'</i></p> | | |
| 5. Do you feel safe in the community? | Yes | 40 |
| | Generally | 5 |
| | Don't go out at night | 5 |
| | Not at night | 3 |
| | No | 2 |

‘Yes, and I'm happy to go out in the dark. I don't feel unsafe anywhere.’

‘Yes, safe and very friendly but less safe than it was. Some people drive too fast, 40-50mph on the estate.’

| | | |
|---|--|---|
| 6. What local groups, services, organisations, community spaces etc. do you find particularly helpful or useful to your health and well-being? | The Fridge | 8 |
| | Homestart | 7 |
| | Age UK Oxfordshire - Chatterbox | 6 |
| | Oasis café | 5 |
| | Churches/ church events | 5 |
| | Church coffee mornings/ meals | 4 |
| | Community groups and activities/ clubs | 4 |
| | Methodist Church events/ café | 3 |
| | Men's Shed | 3 |
| | Food bank | 2 |
| | Leisure centre | 2 |
| | Toddler/ baby groups | 2 |
| | Town centre cafes | 2 |
| | The Place | 2 |
| | U3A | 2 |
| | Library groups | 1 |
| | Parks and outdoor spaces | 1 |
| | Charity shops | 1 |
| | Family centre | 1 |
| | Gym | 1 |
| | MIND | 1 |
| | Women's craft group at the Men's Shed | 1 |

‘The Fridge, queuing up, you meet lots of people get chatting, find out about useful things. Everyone is very friendly.’

‘There are plenty of support groups if you need it.’

‘I go to baby groups every day of the week except Tuesday. I like to get out. It's good for me and for the baby.’

‘The Fridge - I know everyone. I go to the church and have friends who are an incentive to keep going.’

| | | |
|--|--|---|
| 7. What are the other local strengths and resources that support community health and wellbeing (such as community spirit, individual skills, passions, knowledge, green spaces etc.) | Parks/ green spaces/ access to countryside | 7 |
| | Community feeling/ spirit | 7 |
| | The Leys | 6 |
| | Community Bus – West Oxfordshire | 5 |
| | Community Transport | 5 |
| | Leisure centre/ gym | 3 |
| | Community Fridge/ larder/ foodbank | 3 |

| | | |
|--|---|----|
| | Volunteering | 2 |
| | Community hospital | 2 |
| | Big community events | 2 |
| | Churches | 2 |
| | Free parking | 1 |
| | Citizen's Advice | 1 |
| | Parent and child groups | 1 |
| | Charity shops | 1 |
| | Library | 1 |
| | Community coffee mornings/ meals | 1 |
| | Community groups and organisations | 1 |
| | Groups and services are joined-up/ well-connected | 1 |
| <p><i>'The community bus is excellent but it would help to extend the return time to the estate on a Saturday. There's not much time to do things in the town before you have to come back.'</i></p> <p><i>'I live in a close of 20 houses and there's a real community spirit. Everyone has their phone numbers so there's always help. We have tea in the summer and the neighbours are fabulous at helping others. There's also Neighbourhood Watch.'</i></p> <p><i>'Community Hospital is good but a bit limited. Could offer more, e.g. pregnancy scans, check-ups for baby. Currently have to go to JR in Oxford for this. GPs are accepting patients which is good but appointments are hard to get.'</i></p> <p><i>'There's good access to the countryside, the Leys, Ducklington lake, the river which used to be good for fishing has got too polluted now.'</i></p> | | |
| 8. What do you think helps you/your family maintain healthy habits around food and eating and getting out and about, or what would help you? | Try to eat healthily/ do as well as I can | 16 |
| | Cost of healthy food makes it difficult | 6 |
| | Learned skills in the family/ developed good habits | 3 |
| | Need more education in schools | 2 |
| | Health issues mean eating healthily is vital | 2 |
| | Difficulty eating (specific medical conditions) | 2 |
| | Lack of time | 1 |
| <p><i>'It's a challenge financially to afford good quality and my diet isn't what it should be. The only way to get cheap food is to shop out of town.'</i></p> <p><i>'I try to eat healthily but am reliant on The Fridge. I have a Widows Pension but lost the winter fuel allowance. I come out so the heating is not on and I don't have hot water, I boil a kettle.'</i></p> <p><i>'We keep an eye on what we eat but we're not fanatical about it.'</i></p> | | |

'My husband and I are both diabetic, we have to eat healthily.'

| | | |
|--|---|----|
| 9. Do you think the local community would benefit from additional projects and ideas to support health and well-being? If so, what? This could be a new group, organisation or something else – be as creative as you want! | Yes | 31 |
| | Maybe | 5 |
| | No | 1 |
| | SPECIFIC IDEAS | |
| | Activities/ groups for young people, e.g. youth club | 7 |
| | More health visitors/ localised support for new mothers, babies, and toddlers | 2 |
| | Transport to get people to events | 2 |
| | Cooking skills | 1 |
| | More sport and exercise classes during the day | 1 |
| | Creative/ artistic/ craft activities/ groups | 1 |
| | Counselling programme/ a talking space | 1 |
| | Subsidised access to exercise | 1 |
| | Good soft play facility | 1 |
| | More groups for men | 1 |
| | More sports pitches | 1 |
| | Autism group for children | 1 |
| | Play area on Smith's Estate | 1 |
| | Mental health support group for young people | 1 |
| | Place to store shopping in the town centre | 1 |
| | Free healthy eating group | 1 |

'Yes. Getting involved really helps mental health. Everyone has something to offer.'

'Yes. Some people have a stigma about coming along to Age UK events. Think it is not for them. When I moved here I felt isolated but plucked up the courage to come along. Befriending would help encourage people to come along.'

'Yes - but getting people there is a problem, especially those with physical problems and disabilities. Need transport.'

'The Shed is good - when you feel like it you can drop in. There are maybe a few too many people coming now. It's better to keep it smallish. Could do with more projects like this.'

'Yes - activities that get people out of the house and interacting, e.g. creative things like art, crafts, pottery. Also being with animals outside can have therapeutic benefits.'

| | | |
|--|---|----|
| 10. What do you think would encourage more local people to create or take part in health and wellbeing initiatives? | Advertising: more/ better/ more targeted/ use different methods not just online/ a <i>what's on</i> leaflet | 12 |
| | Free/ more affordable events/ sessions | 7 |
| | Offer transport | 2 |
| | Show the benefits of volunteering | 2 |

| | | |
|--|--|----|
| | Some people just don't want to get involved | 2 |
| | Some people are put off by events run by the church/ or a perception that they are | 2 |
| | Taster sessions | 1 |
| | Buddying up | 1 |
| | Home visiting | 1 |
| | Whole-community events | 1 |
| | Easy access | 1 |
| | Make a creche available | 1 |
| | More community development support | 1 |
| <p><i>'There's stuff going on but you need to find out about it. You have to go online but not everyone is comfortable or able to do that. So don't just use Facebook. Also, some people are generally more outgoing than others, so home visiting is important, like social prescribers and community connectors. But that takes time. You need to build trust and confidence. More community connectors would absolutely make a difference.'</i></p> <p><i>'More advertising. There are isolated people out there but sometimes they are embarrassed about asking for help. You could use people who know these isolated people to talk to them.'</i></p> <p><i>'A buddy system. There are a lot of women on their own who are shy going to a new group or activity for the first time.'</i></p> | | |
| 11. Would you be interested in joining with others (perhaps in a community group or project) to work on projects to support health and well-being? | Yes | 16 |
| | No | 7 |
| | Maybe | 5 |
| | Already do | 4 |
| | Too busy | 2 |
| <p><i>'Yes. If accessible and there is help with transport and sufficient stimulus which align with my interests.'</i></p> <p><i>'Absolutely, I've done enough that has been solitary.'</i></p> | | |

LOCAL STORIES

'Deborah' - 69

I live on the Smith's Estate. I've lived here since 1984 and it has changed a lot. There was more of a community feel in the past. People lived and worked together at the Smith's factory. I don't feel it is friendly anymore and my neighbours don't mix with me, they're not interested.

I don't feel that younger people today get involved and talk to their neighbours like I did when I was their age. They don't want to bother with older people but they could learn so much from the older ones.

I used to go out walking with my dog but since he died I don't go out much. I don't like walking on my own and I can't walk far. And I can't do much gardening anymore.

Since the Stagecoach bus stopped the community bus is a godsend. Sometimes I use it to go into town and meet people for lunch. We go to the Wetherspoons for a lunch because it is cheaper. I wouldn't be able to get to town otherwise. Sometimes I go to the Shed for coffee. I try to eat healthily. It is important to keep your body going.

Before I came here [Oasis coffee morning] there wasn't much for me to go to. It was [the West Oxfordshire DC community connector] who persuaded me to come along. She came to my house and kept on saying. She is totally brilliant, look at all the people who are here! I think there are isolated people on the estate who could really benefit from coming here but they don't come out.

Rising prices have been an issue for me and the [loss of the] fuel payment will have an impact. But I can manage. Some of my friends will miss it much more than me.

LOCAL STORIES

'Jim' – 75

I moved here in 1981. This is my home. It is a very friendly and open place, and I feel safe. I don't get involved in much with talking to councillors or local consultations. I feel like someone has probably raised issues before me. I did try to talk to my MP a few years back but it was impossible to get an appointment.

I do some volunteering, helping children with reading skills. I socialise and also go to Age UK sessions and events at places like the Methodist Church. The cost of living is a big problem for me. I can't afford to go out much and I am continuing to cut back on things. My house needs some repairs but I can't afford the upkeep. There are times when I won't put the heating on and this winter will be the worst yet with the winter fuel payment being lost. I eat as healthily as I can but sometimes cost is an issue.

I struggle to get an appointment at the GP. I have to fight to get one, sometimes it is who you know on the reception and if they are willing to help. I feel abandoned by the health service, not that I go the doctor often. But when I need to I can't get seen.

I have friends and good neighbours but I do feel that older people like me are becoming more isolated. I don't want to be a burden but sometimes I just want to talk to people. It can be a bit scary living alone, and lonely. I think we need a general signposting service where people can go to find things out and get support.

Getting involved in things is good for my mental health and we need to show other people the benefits of volunteering. But I do think that since Covid it has been harder to get volunteers. Everyone has something to offer but you need to have the confidence to get involved. I'd love to take to part in more things. Free parking in Witney is really important in helping people to get around to do things.

Locally active groups and organisations: one to one conversations

Table 4: Locally active groups and organisations consulted in one-to-one interviews

| Organisation | |
|--|-----------|
| Age UK Oxfordshire | |
| Aspire | |
| Citizen's Advice | |
| Cottsway Housing – community investment team | |
| Home Start | |
| Inclusive Care and Education Centre (2 individuals) | |
| MIND Oxfordshire | |
| Oxfordshire County Council – adult social care | |
| Oxford Health Arts Partnership | |
| Sanctuary Housing Association – housing team (2 individuals) | |
| Sanctuary Housing Association – partnerships | |
| Thames Valley Police | |
| Volunteer Link-Up | |
| West Oxfordshire District Council – healthy communities | |
| West Oxfordshire District Council - community builder | |
| West Oxfordshire District Council - councillor | |
| Witney Baby Bank | |
| Witney Day Centre | |
| Witney Town Chaplains | |
| TOTAL | 19 |

19 one to one conversations (face to face and/ or email) were held with groups and organisations which are actively engaged in community activity/ projects in Witney Central. Requests for conversations and questionnaires were sent to multiple others without reply.

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

Summary of key themes

| Research question | Main themes | |
|--|---|--|
| 1. In your experience, what works well in getting residents involved in projects and initiatives, and what doesn't (barriers to involvement)? | WHAT WORKS | BARRIERS |
| | Friendliness and approachability | Transport- getting people to activities |
| | Getting people out of their homes | Address care needs of those attending/ might attend groups/ sessions |
| | Go through trusted contacts/ organisations to reach residents | Perceptions of being judged negatively by coming to events/ sessions |

| | | |
|--|---|---|
| | Build trust | Encouraging vulnerable people to come to groups |
| | Good awareness raising around issues | Lack of visible progress on certain issues creates cynicism |
| | Give people a choice | |
| | Talk to people where they are – go to them | |
| | Be sensitive with new attendees and attentive to their needs/ levels of confidence | |
| <p><i>‘Social contact is hugely important. People struggle to get out and there are a lot of isolated people. This is an area that needs to be supported.’</i></p> <p><i>‘[Events/ session etc] need to be free. The biggest barrier is money.’</i></p> <p><i>It’s difficult to encourage vulnerable people to come along. With one mum it took me six months. But when they do come they are up and running!’</i></p> <p><i>‘Street meetings and have your say sessions on certain roads or hot spots where there have been issues [are useful]. Residents can voice their concerns and also find out what agency they need to contact for support.’</i></p> <p><i>‘There are no quick fixes [to low level crime] so people feel things are not going anywhere – they stop reporting and instead comment on social media.’</i></p> <p><i>‘Volunteers might be caring but not carers.’</i></p> <p><i>‘There are naturally groups who sit together and groups have been built from coming along to Chatterbox and not knowing anybody. We always try to mix people in a light touch way.’</i></p> | | |
| 2. In terms of the discussion and design of community-based projects and initiatives – what are the ingredients for success in the long term? | Walk alongside people to find out what they need and how to best support them | |
| | Befriending and buddying up to encourage people to come along | |
| | Take time to build connections and trust | |
| | Know what the needs are – talk to people | |
| | Make it resident/ community led: ask people what they want to do and have collective decisions about how to spend project funds | |
| | Ensure that activities are inclusive and meet different needs | |
| | Consistency- important to keep events running across the year, through school holidays etc. | |
| | Free events and taster sessions | |
| | Get the publicity right – use multiple means: social media, posters, word of mouth etc. | |

| | | |
|--|---|--|
| | Celebrate resident/ community involvement in projects | |
| | Make it interesting and fun | |
| | Make sure events are held at the best time of day/ different times to attract attendees | |
| <p><i>‘Find out what people want and what is in their comfort zone. Sometimes we try to take people out of that and it doesn’t work.’</i></p> <p><i>‘Relationship building takes a long time.’</i></p> <p><i>‘Give people a choice about taking part – ask them what they’d like to do and give them options.’</i></p> <p><i>‘It’s important to celebrate what people have been doing and the difference that their involvement has made.’</i></p> <p><i>‘With vulnerable people word of mouth works best. Then you draw them in through befriending. But it’s difficult to reach everyone.’</i></p> <p><i>Going on your own to something can be barrier if you’re not confident. Offering to go along with someone can help.’</i></p> <p><i>‘Ideas need to come from the residents – a community garden project was suggested but that didn’t work well because no-one wanted to take the lead.’</i></p> <p><i>‘Activities have to be accessible for people who are non-readers or non-verbal for example, and differentiated, so everyone gets something out of it.’</i></p> | | |
| 3. What are the key challenges you face as a community-based organisation (or an organisation working in Witney Central)? What would help you solve them? | There was much overlap with themes set out above | |
| | CHALLENGES | POTENTIAL SOLUTIONS |
| | Paid staff | Difficult without the necessary (extra) funding |
| | Securing long-term funding (2-3 years+) | Discussion with funders |
| | Ensure effectiveness of the organisation | Take time to reflect – review successes and be open about challenges/ is the organisation doing what it needs to? |
| | Volunteer-based organisations have common challenges | Offer collective support, e.g. shared training |
| | Effective support for volunteers | Establish specific interests, supporting, training, incentivise involvement (if possible) by paying expenses, do not over-burden people – work with what they can offer. |

| | | |
|---|--|---|
| | | All volunteers are equal: be attentive to 'hierarchies' that may have arisen from people volunteering for a long time |
| | Effective volunteer governance | Have people in the organisation assigned to tasks: safeguarding, compliance, policy |
| | Grant application processes and endless funding cycles are burdensome | (Collective) discussion with funders. The process needs to be straightforward |
| | Continued lack of understanding from some agencies about the complexities in achieving improvements in health and wellbeing outcomes | Discussion/ good partnership working |
| | Ensure activity is complementary and does not duplicate | Partnership working |
| | Poor uptake of community-based sessions | Partnership working/ effective outreach |
| <p><i>'We need funding to sustain projects across the long terms. Short-term projects are difficult to sustain. 2-3 years funding helps to build something for the future.'</i></p> <p><i>'People who set up organisations need to be able to change with them – this can be challenging.'</i></p> <p><i>'People find can find grant application processes very difficult – we need to make sure they are more straightforward to navigate. People will say "can you help, I don't know how to answer this question".'</i></p> <p><i>'Need to continue to educate the Primary Care Networks in the role that advice and non-health-based charitable support can play in supporting health. This is challenging to get across to some health colleagues. But the evidence is clear and has been there for many years. For example, if you fix people's money problems then they have better mental health.'</i></p> <p><i>'We have gone to where people are but have struggled to fill community-based mental health sessions. Renamed it to "wellbeing sessions". Other services say it is needed but then their users don't turn up. Is it apathy? Have people had so much self-reflection during covid that they just want to get on with it?'</i></p> <p><i>'It's about networking and not working in isolation – talking to other relevant agencies. I believe that is crucial, sharing ideas.'</i></p> <p><i>'Good communication with stakeholders is very important, especially referral agencies.'</i></p> | | |
| 4. What do you think the main impacts of the pandemic were | POSITIVE | |
| | Community spirit – people pulling together | |

| | |
|---|---|
| locally, and do you think any impacts are still being felt? | Groups and initiatives sprung up |
| | NEGATIVE |
| | Isolation and fear, loss of confidence |
| | Increased mental health issues across all demographic groups |
| | Mobility for elderly people negatively affected due to not being able to get out |
| | Negative impacts for younger children: social skills, developmental concerns, speech and language |
| | Some people still somewhat reluctant to go out/ ongoing negative impacts from isolation |
| <p><i>‘Community spirit was very positive but there was also volunteer fatigue after a couple of years.’</i></p> <p><i>‘There are ongoing mental health implications for some people and with the cost-of-living crisis it has been a double whammy.’</i></p> <p><i>‘We had a spate around the second lockdown with a number of males committing suicide – since then this has not been so regular.’</i></p> <p><i>‘People haven’t really recovered from the pandemic and there are isolated clusters of people who still don’t leave the house.’</i></p> <p><i>‘There’s still a big impact on children’s social skills and speech and language – lockdown babies. There was a lack of social interaction and modelling which you get from other children. Speech issues could be due to people being cooped up and not talking to each other. Also changes in play skills.’</i></p> <p><i>‘People’s mental health has deteriorated since the pandemic and with the cost-of-living crisis.’</i></p> | |
| 5. What worked well – locally- in terms of supporting the community through the pandemic, and what could be improved/ developed to help ensure the community is best equipped to deal with anything similar in the future? | Increase in online support and using apps BUT this can increase isolation |
| | Welfare checks – dropping in on people – VERA list of vulnerable people |
| | Referrals to food banks |
| | Collaboration with Witney Land Army |
| | Online peer support groups then smaller groups with distancing |
| | Telephone check-ins on welfare |
| | Good communication and engagement between agencies and between community groups |
| | Streamlining services and rapid adaptation |
| | Positive impact on service design |
| <p><i>‘If it happened again, we would have better awareness of what support is out there. We should try and keep groups going that came together in the pandemic.’</i></p> | |

'We're hoping that when the [Police Community Support Team] is more stable that visiting vulnerable people might become more of a regular thing as prevention [of problems that might arise from isolation].'

'Safe space to talk could be developed. Somewhere to off-load and get practical, emotional and spiritual support.'

'People are better prepared to look after themselves now.'

| | |
|---|--|
| 6. Have you noticed any cost-of-living crisis impacts affecting residents locally? | The negative impacts of the cost-of-living crisis was a prominent theme in discussions |
| | Negative impacts: mental health/ increased anxiety |
| | Increase in referrals to foodbanks/ reliance on foodbanks |
| | Increase in referrals to the baby bank |
| | Increase in referrals to local charities/ applications for support from housing associations |
| | More damp and mould in properties (linked to unaffordability of heating) |
| | Negative impact on groups and organisations from increased costs |
| 7. Do you have any other observations about health and wellbeing in central Witney and how it could be improved? | Services are responding, e.g. pension credit information campaign |
| | OBSERVATIONS |
| | Often multiple interlinked issues which have cumulative negative impacts |
| | Increased numbers of individuals begging (not organised groups) |
| | Complexity in claiming disability benefits (Personal Independence Payments) leads to increased anxiety/ compounds other issues |
| | More young people struggling with neurodiversity/ SEND |
| | More young people struggling with mental health |
| | Some evidence of drug-taking/ ASB among young people (linked to boredom) |
| | Concern with young people vaping |
| | Unaffordability of sports memberships removes a means of addressing health |
| | Difficulty in getting a GP appointment (complexity of booking system) |
| | Difficulty in accessing NHS dentistry services |
| | A lot of community activity takes place in churches – this could put some people off |
| | Dedicated leisure sessions are available for those with special needs BUT nothing outside of these |
| | Loneliness and isolation in older people |
| | Some evidence of hostility towards refugees and asylum seekers |

| | |
|---|--|
| | Easier access to health visitors |
| | Poor state of repair of housing |
| | POTENTIAL IMPROVEMENTS |
| | Information about warm spaces would be useful so people can be signposted |
| | Opportunity to make more use of creative health – lots of evidence it has a positive impact |
| | A neutral community space that is not attached to any organisation |
| | Improved coordination role for the Council regarding what's happening/ available in the community/ joining things up |
| | More youth support BUT youth clubs difficult to set up |
| | Education campaign on risks of vaping |
| <p><i>'A lot of the houses on Smith's Estate are getting older. Lots of repairs and maintenance are needed. It's been a sticking plaster approach across the years.'</i></p> <p><i>'Working with a family at the moment and there are so many issues that you don't know where to start.'</i></p> <p><i>'We deal with multiple issues. A wider range of people since the pandemic don't have enough to live on. More people are using foodbanks. More people are not able to afford the gap in rent between available benefits and actual rent. Demand shot up in the pandemic and hasn't really gone away.'</i></p> <p><i>'We've bounced straight from covid into the cost-of-living crisis.'</i></p> <p><i>'Disability payments are a key concern and further tightening up eligibility is going to hurt [people]. More people will suffer from the impacts, with all the increased stresses on health.'</i></p> <p><i>'SEND need is exploding but it is very difficult to get help. There is a two-year wait for a speech and language therapist, for example.'</i></p> <p><i>'The new online booking system at the Windrush surgery is putting off older people from making an appointment. There is then the risk of them getting more ill and presenting at A&E.'</i></p> <p><i>'Cherwell District Council has good communication, joint events, Age Friendly Banbury – things really happen through this, it's not just talking. We could have this here.'</i></p> | |

LOCAL STORIES

'Susan' - 32

I have three children and I'm either working or I come to the Home Start group at Ceewood Hall and the Methodist Church, there's nowhere else to go. I went to another one at Cogges Church but didn't feel so welcome. In lockdown there was a lack of socialisation for children and difficult for the children to go to school. The Home Start group was a godsend.

I live on the Smith's estate and generally feel safe but I have a twelve year old daughter and she thinks she's safe but I worry when it's dark. My neighbour's window was broken and an elderly man's window. I think it was random youths but I don't know if anything happened.

The flooring in my house (Housing Association) and the condition of my house is a challenge. It has mould as one side of the house as it isn't insulated and the bathroom ceiling is black. It hasn't been sorted in one and half years. I've been to the GP as my child has eczema, asthma, and a chest infection.

I go to The Leys but there is no baby equipment or equipment for toddlers and it needs to be better. You need to be hands-on in case your child falls so you can't relax. It would be good to have a new, local soft play area. The one in Witney has bad upkeep so you have to travel to Abingdon or Carterton and then there's travel and the cost of entry. For two five year olds it's £15 for an hour with no food and the time slots don't always match with bus times.

My youngest child isn't eating properly and there is no help or advice - I can't speak to someone, it's all by text. More health visitors are needed as families need more support for children up until they are five years old. A health visitor would help especially with my child who isn't eating. I try to eat healthy and the rest of the family but something around healthy eating - ideas and help with difficult/ fussy eaters would be really useful. My children keep me active so there is not much time for me but I would get involved with a project if I could.

I worry when the children get older. I had a youth centre so no wonder there are so many youths on the street getting into trouble its quite scary. The youth centre was closed down and it helped my friend to get out of drugs. Young people 11 upwards need something.

LOCAL STORIES

'Marco' - 42

Finances are really tight. I have two children and The Fridge and The Larder are 'life saving'. Without them I wouldn't be able to get through the week. I was a chef for 12 years and I'm good at creating healthy meals from whatever ingredients I can get and making them last.

I would like to do more to keep fit, but time and money are limited. I used to do boxing but my blood pressure is too high now and I have to take medication for it as well as painkillers for a bad back and knees.

Most of my time goes into looking after my children. I'd like to see accessible gym and sports facilities across the town for adults and children and cheaper transport for getting around – I have to pay for

my children on the bus to get to the leisure centre for a swim, plus the entry cost which can make it unaffordable.

I often feel exhausted as a single parent but I'm grateful for support I've had from the children's primary school and the Witney Children and Family Centre Early Help services. Also, volunteers from a church charity have recently been helping me to tidy the garden and decorate my children's bedrooms.

Focus Groups

Table 5: Focus Groups Locations and Demographics

| FOCUS GROUP ATTENDEES | | |
|-------------------------------------|---|---------|
| Setting/ group | Demographic | Numbers |
| Inclusive Care and Education Centre | Adults in their twenties with learning disabilities | 5 |
| Asylum hostel | Adult asylum seekers aged 30-50 | 5 |
| Project steering group | Adults in their 30s to 50s | 8 |
| Queen Emma's Dyke Residents | Adults in their 70s and 80s | 9 |
| Men's Shed Women's Coffee Group | Female adults in their 70s and 80s | 5 |
| TOTAL | | 32 |

Summary of focus group key themes – residents aged 20+

| Research question | Key themes |
|---|---|
| 1. What do you like about Witney Central as a community? | Friendly – sense of community with some contrasting, negative comment |
| | Lots going on for older people |
| | Range of different activities available in general |
| | Activities for those with specific needs (e.g. learning disabilities) |
| | The range and availability off shops and services |
| <p><i>'It's very easy to get into to the town to the doctor's and that.'</i></p> <p><i>'I'm here because of circumstance. I wouldn't choose to live here.'</i></p> <p><i>'I want to say that all the people in Witney are good and kindly [asylum seeker].'</i></p> | |

| | |
|---|---|
| <p>2. Do you feel involved in decision-making locally and that you are listened to?</p> | <p>The general sense amongst older people was that they did NOT feel involved. An issue raised was the fact that meetings were often held in the evening when they were less likely to go out.</p> <p>Other groups and individuals had less comment in this regard.</p> |
| <p><i>‘They just do what they want.’</i></p> <p><i>‘No-one really asks me anything.’</i></p> | |
| <p>3. What do you do to keep healthy – mentally, emotionally and physically?</p> | <p>For older people activities prominently included gardening, craft activities. Reminiscence sessions were also mentioned</p> <p>For those with learning disabilities getting exercise (canoeing, cycling, horse riding, dancing) was a common theme. Healthy eating was also mentioned.</p> <p>For asylum seekers, a lack of financial resources to get out and about and do things meant that socialising with friends at the hostel was a key means of maintaining wellbeing. After-school clubs for children of asylum seekers were clearly seen as important and valued.</p> |
| <p><i>‘We sit down and talk about our memories. Where we’ve been and what we’ve done. I live on my memories of travel and holidays.’</i></p> <p><i>‘I’ve stopped going to the tuck shop and eat fruit salad every day.’</i></p> | |
| <p>4. What kinds of things are most challenging for you living in Witney Central that impact on your health and wellbeing?</p> | <p>For older people several themes, issues and concerns were mentioned. These included: bereavement and the impact on mental health and; mental health in general, often related to isolation.</p> <p>Other issues included public realm concerns, such as potholes and the poor repair of pavements. This can be a particular issue for those with mobility problems/ walking aids/ scooter. There was also concern about cars still driving through the High Street despite pedestrianisation.</p> <p>Another prominent theme was problematic access to health services: difficulties in securing an appointment, including navigating the booking system; having to travel to Oxford for services that used to be provided locally; difficulty get access to a dentist.</p> <p>Cost-of-living was also a common topic. Rising prices have impacted on already stretched budgets. Rents have also increased. Some felt able to cope and were able to manage their budgets. Cost was also an issue in paying for activities such as swimming at the leisure centre.</p> |

| | |
|---|---|
| | <p>For asylum seekers a key issue was anxiety about being moved to another part of the country with no choice in the matter. This also caused particular difficulties for children, who may have just settled at school and now have to move on and start again.</p> <p>Lack of money was also a major concern (with an allowance of £9.20 a week per person). This leads to reliance on the food bank, where there has been some evidence of hostility from local residents. Lack of money also meant that access to paid exercise was almost impossible, leading to negative impacts on health. It was also almost impossible to pay for transport (bus) to get around. This leads to boredom and frustration, which is compounded by being unable to work or volunteer (without leave to remain, which takes c. 2 years).</p> <p>The quality of the food available in the hostel was also criticised strongly, and a lack of suitable diet for those with who are pregnant or whose children have medical issues. They also cannot cook in the hostel and there is one microwave for 200 people. It is common for people to boil eggs in kettles.</p> |
| | <p><i>'I haven't been to a dentist since I have lived here and that is a long time. And I couldn't afford it anyway.'</i></p> <p><i>'It's difficult to get around when you have mobility issues.'</i></p> <p><i>'Christmas is coming and it's just depressing. I don't have the money I did last year.'</i></p> <p><i>'I've just been given notice of eviction by the Home Office. I want to stay in Witney and stay with my Egyptian friends. I go to a church in Abingdon.'</i></p> <p><i>'Exercise is good for mental health – every day at home I was swimming but here I get no exercise. I have a lot of pain in my body and it gets worse when I can't exercise' [asylum seeker]</i></p> <p><i>'It's very difficult for us [asylum seekers] to get around. Can Witney council provide [free] bus passes like they do in Oxford?'</i></p> |
| 5. Do you feel safe in the community? | <p>Across all focus groups the general sense was YES.</p> <p>However, for some older people there was a sense that Witney could be unsafe.</p> |
| | <p><i>'Witney is not a safe place at night. More so at the weekend. My grandson was attacked one night because he wouldn't drive someone to Carterton.'</i></p> |
| 6. What groups, services, organisations, community | <p>For older people the role of the WODC community connector was mentioned as a source of support, advice and encouragement. The community bus – West Oxfordshire</p> |

| | |
|--|---|
| <p>spaces do you find particularly helpful to your health and wellbeing?</p> | <p>Community Transport – is clearly valued as a key means of getting around the town. There was a common attitude that you ‘just get on with things.’</p> <p>Various venues and activities were mentioned, including: The Shed, various churches, the day centre at Ceewood Hall, the U3A, walking groups, MIND, meals on wheels. Those at Queen Emma’s Dyke valued their regular social gatherings in the common room.</p> <p>For those with learning disabilities the Integrated Care and Education centre was a highly valued resource. Mention was also made of community groups and activities in general.</p> <p>For asylum seekers comment was generally positive in relation to having good support from local health services and support groups such as Asylum Welcome and Volunteer Link Up.</p> |
| <p><i>‘The doctor is very good. They make an appointment for us on the same day [asylum seeker].’</i></p> <p><i>‘Meals on Wheels are £3 but well worth it. It’s a good bit of homemade cooking!’</i></p> | |
| <p>7. What helps you and your family maintain healthy habits around eating?</p> | <p>Across all Focus Groups a range of opinions were offered, including: buying fresh fruit and veg; keeping up healthy habits (will power); home-cooking and baking and; putting fresh fruit in lunchboxes.</p> <p>Comment was made about the rising cost of living making it more difficult to afford healthy food.</p> <p>As noted above, for asylum seekers food is a key area of concern.</p> |
| <p><i>‘You can’t buy nicer bread as its way above your budget. You end up having to buy processed bread.’</i></p> <p><i>‘It would make a huge difference to be able to cook for ourselves [asylum seeker]’</i></p> | |
| <p>8. Do you think the community would benefit from additional projects and ideas to support health and wellbeing</p> | <p>Across all Focus Groups a range of ideas were put forward. These included yoga, t’ai chi, and dancing classes, and other activities such as board games and snooker.</p> <p>There was also comment that there was already a lot going on, although much was in the evening – this made it problematic for some people to go to them (such as older people who are less confident in going out at night).</p> |

| | |
|--|--|
| | Activities, including intergenerational initiatives that bring different parts of the community together, was also mentioned. |
| <i>'I don't just want to meet old people. I want to mix with everybody.'</i> | |
| 9. Would you be interested in joining with others to work on projects to support health and wellbeing? | There was a range opinion offered across all Focus Groups . Some were particularly keen, others much less so. |
| 10. What do you think would encourage more people to take part in health and wellbeing initiatives? | <p>Across all groups there was little comment in this regard.</p> <p>It was noted that young people need somewhere to go. Older people made reference for the need for things to be easily accessible. The need to improve communication so that more people were aware of what was going on was raised.</p> |
| <i>'An exercise class was started but it was too fast. The instructor was looking at herself instead of checking we were doing it right.'</i> | |
| SUPPLEMENTARY QUESTIONS FOR LOCALLY ACTIVE COMMUNITY GROUPS, AGENCIES, AND ORGANISATIONS | |
| 11. What works well in getting residents involved in projects and initiatives, and what doesn't (barriers to involvement)? | FIND THE MOTIVATION: give people a reason for taking part |
| | ACCESS: make sure people can get there. |
| | GET THE PUBLICITY RIGHT: use different means to reach different people/ groups. |
| | SUPPORT VOLUNTEERS EFFECTIVELY: give them a say in what they are doing. Offer training and support. Treat all volunteers equally. Take time to find out what they can specifically offer. |
| | TIME: there is often no short-cut to getting people involved |
| | BUDDY SYSTEM: link people up with someone who can take them along. |
| <p><i>'The most effective way to get someone to engage in the first place is to answer the question "what's in it for me."'</i></p> <p><i>'Witney is well-served by transport but there is much less in the evening.'</i></p> <p><i>'It took me 6 months to get one mum from Smith's Estate to come along. But when she did she just kept coming, and we did an amazing piece of support work with her.'</i></p> | |

| | |
|--|---|
| <p>12. In terms of the discussion and design of community-based projects and initiatives, what are the ingredients for success in the long-term?</p> | <p>SUPPORT FOR COMMUNITY DEVELOPMENT WORKERS: sharing of experience, ideas, challenges is very important.</p> |
| | <p>TRAINING AND SUPPORT FOR ORGANISATIONS: all groups have similar issues. Offer collective training (e.g. health and safety, safeguarding, volunteer management). BUT cost is an issue – it really needs to be free.</p> |
| | <p>LESS FOCUS ON NARROW MEASURING OF HEALTH OUTCOMES: some improvements in health and wellbeing cannot be directly measured.</p> |
| | <p>EVALUATION OF IMPACT IS DIFFICULT: people are individuals – they engage and respond in different ways and over different timescales.</p> |
| | <p>FUNDING: core funding/ the endless funding cycle/ short-term funding are major issues for groups and organisations.</p> |
| <p><i>‘You can feel on your own out there trying to drum up social interaction. It can be lonely doing that in isolation.’</i></p> <p><i>‘Training can be incredibly expensive for some organisations.’</i></p> <p><i>‘If someone comes in and they’re on X amount a week and can’t afford food and are supplementing with the food bank and by the time they have had support they have £50 more a week and now don’t need the food bank. They are clearly eating better and their financial situation is better, all of which will have a positive impact on their health. Why can’t we just take that as a given?’</i></p> <p><i>‘There is such a ripple effect to all this. You never actually know what’s really gone on with someone because you might have had a short intervention. But something positive might happen 12 or 18 months down the line as a result of a conversation you had back then.’</i></p> <p><i>‘For those funders who offer year on year funding to the same groups and have done for a long time. Is there a way to offer multi-year funding instead?’</i></p> | |
| <p>13. Have you noticed any cost-of-living impacts affecting residents locally?</p> | <p>There was strong agreement that this is an important current challenge, particularly in relation to debt and energy prices. There has been an increase in food bank referrals. An associated challenge is getting people to engage with advice in an effective way – trust is needed.</p> <p>The loss of the winter fuel allowance has been a major topic and concern recently. This is a major issue for Age UK Oxfordshire in particular, especially for those who just miss out on pension credits.</p> |

'The problems are across the board – from the elderly to young families, all are struggling equally with bills.'

'It's about helping people overcome their barriers to getting help, saying do go and speak to this person, they're lovely and they're going to be really helpful.'

'Budgeting is a huge thing – a lot of families could really do with budgeting help.'

14. Do you have any other observations about health and wellbeing in Witney Central and how it may be improved?

ACCESS TO GPs and DENTISTS: there was much comment about issues for certain groups (such as the elderly and those with learning difficulties) navigating online booking systems. Also, anecdotal evidence that people are not making appointments because it is too difficult.

ACCESS TO HOSPITALS AND MEDICAL SERVICES BEYOND WITNEY: this can be problematic for some and causes anxiety. Not everyone qualifies for free hospital transport and if they do the trip can take hours.

MENTAL HEALTH AND ANXIETY: this was a generalised concern, as was the limited access to mental health support services.

SEND: there are a number of families in central Witney who are not being supported.

ACCESSIBILITY: comment was made that transport around Witney is quite good and West Oxford Community Transport services in particular. However, WOCT continues to struggle with funding.

The quality of the public realm was felt to be quite good. There are issues of pavement/ roads state of repair in certain locations, which can create difficulties for those who struggle with mobility.

'[If you can't get an appointment or are intimidated by the process] small things just end up getting bigger and bigger and more difficult to sort out.'

LOCAL STORIES

'Peter' – 68

I help with a local men's group. I was referred by a local charity as I had mental health issues and was put on medication. I use my previous work experience to support the men, it's nice to be useful and give something back.

Informality is important in the group. Some men sit, look, and listen. They like to be in the environment and drink tea rather than do something practical. Some just want to be amongst

people in a warm space and are in on themselves at the start and then get more involved with projects. There are shocking conditions that some live in and there is diversity in what people are living with. It's important to make it fun.

Everyone that comes feels oppressed in some way. It operates as a type of self-help group. We encourage the men to talk about what's acceptable and what's not. It important for them to be able to express themselves. There is real potential to use skills and share. Some have issues and can't realise their own potential, they might need a carer, have mobility issues, mental health issues etc. but can come on quickly if we find something simple for them to do. It's not a solution and some need professional support but we can open minds and see potential develop.

It's priceless - it's a family environment and we care about people. If they don't turn up they will get a phone call to check they are ok. Money must not get involved in this – money causes issues so it's all free.

Sometimes the needs are too complex for us – everyone is very different and we try to accommodate as many men as possible in the space. One man has the start of dementia but still has intellect and can do a project if we set one up for him. There is a woman who sometimes comes who we give wood to heat her house – she is looking after her husband.

The group is a little intervention but there should be a place like this in every built-up place. Its somewhere with less rules and it's the highlight of the week for some.

LOCAL STORIES

'Anne' - 46

I regularly visit the Community Café in the Methodist Church after getting fruit and veg from The Fridge. I appreciate the help since my food bills have increased and also believe in reducing food waste.

My son is autistic and suffers from Emotionally-Based School Avoidance (EBSA). It's been a huge struggle getting an Education Health and Care Plan (EHCP) but I'm relieved he has had a diagnosis after a very long wait. The local Special Educational Needs and Disabilities (SEND) parent support group has been incredibly helpful. They organise speakers and provide helpful links to information and advice.

In terms of my own health and wellbeing, I like to swim at the leisure centre and do yoga. It helps that as a registered carer I get a discount at leisure facilities and playcentres. I think that schools should do more to educate children about healthy eating. My son has chosen the option of doing food technology but it's not a core curriculum subject and many children don't understand where food comes from and why a healthy diet is important.

I'd like to see more subsidised activities that promote good health, for example a community yoga class that is affordable for all. I also think there should be more time for PE at school – its only one hour a week for my son now he's in Year 10.

Children and Young People: focus groups and one to one conversations

Table 6: Children and Young People focus group and one-to-one conversation attendee's breakdown

| FOCUS GROUP ATTENDEES | | |
|---------------------------------------|-------------------------|-----------|
| The Batt Primary School | Children aged 6-11 | 18 |
| Witney Youth Council | Young people aged 11-22 | 11 |
| ONE TO ONE CONVERSATIONS | | |
| Support organisation for young people | Young people aged 18-24 | 4 |
| TOTAL | | 33 |

Summary of findings – children and young people

The Batt Primary School – Focus Group

Research question

1. What do you like about living in central Witney?

Key comments were that there are lots of things to do, such as shopping, going to the park and Cogges Farm. It is also a friendly place and community events are good, such as when they switch the Christmas lights on. The history of Witney was also mentioned as something people liked about Witney.

‘Witney has a big history. Where I live there used to be a sewing factory.’

2. Do you feel that you are listened to and have a say in what affects your life?

There was a mixed response. Some felt they were listened to at home but less so at school. Generally, there was a feeling that they would like to be asked their opinions more often.

3. What do you do to keep healthy?

Various sports were mentioned, including football, running, martial arts, and basketball. Eating fruit and veg was also referred to. There was general discontent about the quality of school meals at the primary school – since a new caterer took over the portions were smaller and there was less choice.

Various other activities were also mentioned to help keep happy, including spending time with family, video games and family games.

4. What kind of things do you find difficult about living in central Witney?

A strong theme for primary school children was low-level vandalism of play equipment in the park by older children. The quality of the public realm was also a concern with comment about littering, overflowing and not enough bins, and graffiti.

'I've seen trolleys and chairs thrown into the little stream.'

'Stop people making a mess so we don't have to clean it up.'

5. What do you think could be improved about central Witney?

The subject of vaping was prominent. Children are clearly aware of and concerned about this. There was comment that vaping shops should not be allowed.

As well as the public realm improvements (see above) there was also comment about the need to improve the parks and play areas and have more play facilities for older children. There was also concern expressed about junk food and the need to do something about it.

'Don't have vaping shops. There's one that has toys in the window and little kids want to go in.'

Witney Youth Council – Focus Group

Research question

1. What do you like about living in central Witney?

The peacefulness of the community and a good community feel were mentioned. However, comment was also made about antisocial behaviour, particularly around the skate park.

Attendees talked about attending community groups, particularly organised sport and martial arts, as well as attending the Youth Council. However, the general consensus was that there is not much for young people to do, with some people stating that some of their friends don't do much/get involved with much at all.

*'I see people being antisocial and it makes me feel uncomfortable, I try to stay away.
When I'm walking past the skatepark and in town people shout racist things.'*

2. Do you feel that you are listened to and have a say in what affects your life?

The general consensus was that young people are not listened to and few efforts are made to engage with young people. For example, there is currently an ongoing consultation about the Witney library refurbishment but young people haven't been included. This reflects the frustration that young people have ideas but nowhere to share them. However, it was also noted that while it is good to be listened to (if this can encouraged) it is then very important to act on what has been discussed.

It was noted that young people now feel more listened to in the secondary school setting but that this took a lot of effort from young people themselves to drive the change. It was suggested that members of the Youth Council they can play a role here as ambassadors.

‘Young people should be involved in planning and design of public facilities and amenities.’

‘95% of young people would say they have no say [about their lives in general, including what happens in the community].’

3. What does being healthy mean to you and what helps/ doesn't help

The main themes discussed were being happy and feeling safe and respected. Also, having the confidence to go out and about in the community.

5. What do you think could be improved about central Witney?

The consensus was that more clubs, organisations and activities were needed for young people. However, these need to be set up in discussion with young people, with different things for different age groups and interests. Specific ideas mentioned were a multi-sports club with running, football, rugby, and matches at the weekends.

The Youth Council has already identified that a cultural festival would be a very useful initiative to bring the community together. This could also help address issues such as racism. Activities that bring together different generations together would also be positive.

The need for a specific place for young people to hang out was also seen as needed, somewhere along the lines of Base 33 (which closed in 2017).

‘When the Churches organised football over the summer lots of people went.’

‘People need to be educated about racist abuse. A cultural festival could be a good idea and more activities between younger and older people.’

6. When you think about the world, what kind of things worry you?

A range of topics were referred to. These included the negative influence of ‘troublemakers who cause divisions’ such as Elon Musk and Andrew Tate (particularly the influence on boys and young men).

Fake news was also discussed as a source of worry, as were online fears and concerns, such as predatory individuals and the isolation that comes of spending too much time alone on the web/ social media. There was comment that this was contributing to young people feeling less able to talk about their feelings with others and even missing out on their childhood by not going out in the real world.

‘Social media brings people down, affects mental health, causes low self-esteem. Everyone feels they have to be the same.’

Support organisation for young people – one to one conversations

| Research question | Main themes | No. of references ⁹ |
|--|--|--------------------------------|
| 1. What do you like about Witney Central as a community? | | |
| | Friendly/ community feel | 2 |
| | Range of shops/ market | 2 |
| | Events/ community groups/ things going on | 1 |
| <i>‘Witney is more peaceful than a big city where I came from. It feels tight knitted compared to other places.’</i> | | |
| 2. Do you feel involved in decision-making locally and feel that you are listened to? | No | 4 |
| <i>‘No because of my age I don't feel involved and feel that my age group are not asked for an opinion, others make decisions for us.’</i> | | |
| 3. What do you do to keep healthy, mentally, physically, emotionally, and spiritually? | Aspire Witney Hub, including courses | 3 |
| | Exercise, including gym | 2 |
| | Turning Point | 1 |
| | Healthy diet | 1 |
| | Walking | 1 |
| | Access adult social care | 1 |
| | Community midwife | 1 |
| | Nuffield health centre | 1 |
| | Occupational health | 1 |
| | Psychiatrist | 1 |
| 4. What kinds of things are most challenging for you living in Witney Central that impact on your health and wellbeing? | Public transport: unreliable buses/ infrequent services to JR hospital | 3 |
| | Lack of affordable housing | 2 |
| | Poor state of housing repair | 1 |
| | Difficulty getting healthcare appointments (availability) | 1 |
| | Cost of living | 1 |
| | Lack of shopping choice locally | 1 |
| | Lack of jobs for those who lack experience | 1 |
| | Lack of things to do | 1 |
| <i>‘I find the costs of living compared to Birmingham much higher.’</i> | | |
| <i>‘Housing is not very affordable and in supported living doesn't make it all that easier.’</i> | | |
| | Mostly | 2 |

⁹ Not every respondent gave an answer to every question. Some respondents made multiple comments in response to a question.

| | | |
|--|--|---|
| 5. Do you feel safe in the community? | No | 1 |
| | Yes | 1 |
| <p><i>'As a young woman I do not feel safe, someone is always getting beaten up or worse and where I live is not exactly the safest, I often worry about going out alone at night.'</i></p> <p><i>'To a degree - it is quiet during the day but sometimes busy at night with people taking drugs and alcohol. I can smell weed often.'</i></p> | | |
| 6. What local groups, services, organisations, community spaces etc. do you find particularly helpful or useful to your health and well-being? | Aspire Witney hub | 4 |
| | Gym/ leisure centre | 2 |
| | Turning Point | 1 |
| | YPSA progress coach | 1 |
| | Better Me project/ support | 1 |
| 7. What are the other local strengths and resources that support community health and wellbeing (such as community spirit, individual skills, passions, knowledge, green spaces etc.) | Don't often go out | 2 |
| | Unsure | 1 |
| | College | 1 |
| | Pubs | 1 |
| | GP | 1 |
| <p><i>'I do not often leave my home to see things like that going on and just use the support that I already have. Aspire, doctors.'</i></p> | | |
| 8. What do you think helps you/your family maintain healthy habits around food and eating and getting out and about, or what would help you? | Difficult to maintain healthy habits: takeaways nearby | 2 |
| | Plan shopping and meals | 1 |
| | Make healthy diet a priority | 1 |
| | Food needs to be cheap | 1 |
| <p><i>'Money is a struggle so most of the time it needs to be cheap so not junk food all the time however my house is located near a lot of takeaways so when pay days comes it is takeaways.'</i></p> | | |
| 9. Do you think the local community would benefit from additional projects and ideas to support health and well-being? If so, what? This could be a new group, organisation or something else | Better community healthcare: walk in centre for mental health and other concerns | 3 |
| | More pre-natal support/ support for new mothers | 2 |
| | Better access to GPs | 1 |
| | More resources to support those in housing difficulties | 1 |
| | More support for the homeless/ homeless shelter | 1 |
| 10. What do you think would encourage more local people to create or take part in health and wellbeing initiatives? | More activities/ events for young people | 2 |
| | Unsure | 1 |
| | Open days at leisure centre/ gym | 1 |
| | Yes | 2 |

| | | |
|--|----|---|
| 11. Would you be interested in joining with others (perhaps in a community group or project) to work on projects to support health and well-being? | No | 2 |
| <i>'Yes I would - for more art and craft projects and emotional wellbeing courses.'</i> | | |

LOCAL STORIES

'Isuri' - 17

I recently came to the UK seeking asylum with my father and brother. I live locally and like the calm environment. I have found people friendly - in particular, my college tutor has been very helpful and supportive. When I am not studying for A-levels at the local college, I like to walk in the parks and green spaces.

It's been very hard to eat well because there are no facilities to cook in the hostel and there are no choices available in the food that is provided. The food isn't healthy and it's not what I'm used to. I go to The Fridge to get fruit and bread and other things that don't require cooking.

I think that a counselling programme offering a space for people to talk about what's on their mind would be very beneficial for mental health and wellbeing.

LOCAL STORIES

'Amanda' - 35

I suffer from social anxiety and fibromyalgia and can find it hard to go out with my young son. I've moved around quite a lot and haven't been living in Witney for very long but I have found the local community welcoming. I particularly like the green spaces, cafes, charity shops and local community events like Bonfire Night and the Christmas Fair. I enjoy coming to the Homestart group at Ceewood Hall on Mondays.

Since moving here, I haven't been able to get dental care for myself and my son. It's also been very hard finding some where affordable to live. We are currently in a privately rented house that is too small and has no garden. It means that my son doesn't have his own bedroom. When my two step-children are staying it can be difficult to find the private space I need for my mental wellbeing.

I also struggle to get my family to eat healthily and think there should be fewer fast-food outlets and less advertising of unhealthy food and drinks like KFC and McDonalds.

When my health improves, I'd be interested in joining with others to work on projects that support health and wellbeing, for example a community yoga and meditation group in the local park or library.

Discussion of findings

Introduction

Research themes

The research undertaken explored: 1- the local strengths and assets that support and enable health and wellbeing and; 2- challenges to health and wellbeing and what would help to address these. **167 individuals were consulted across the project**; focus group attendees (61); one to one conversations (74); and the community survey (32).

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

Research and data overview/ limitations

Community First had a twelve-week period in which to undertake the research. The first weeks focused on introducing the project, building trust with local organisations and residents, and arranging specific research activities.

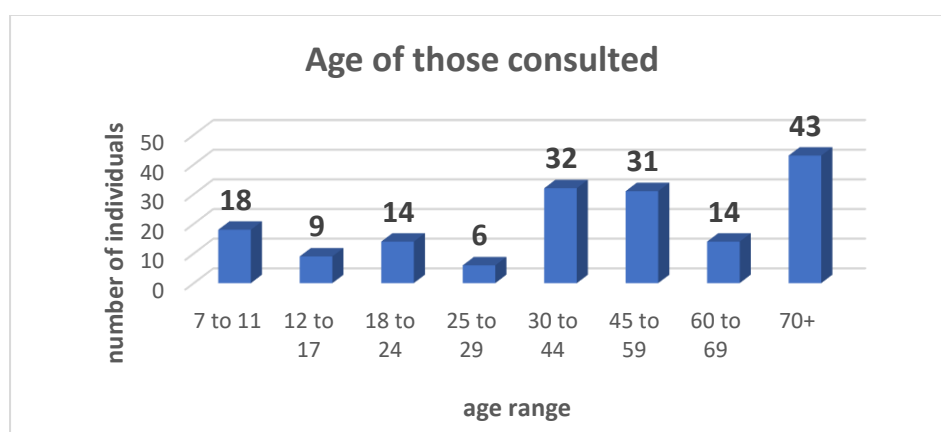
The objective of the qualitative research undertaken by CFO was to produce in-depth information in order to understand more about the research questions (see appendix 2). However, it is recognised that qualitative research can only provide illustrative information and data, sometimes very personal and perhaps only indirectly comparable.

Despite the shortness of the research window, a key focus was to reach a large number of people via higher-level approaches (shorter one to one conversations and the community survey) and complement this with more in-depth approaches (longer one to one conversations, personal stories and focus groups). This allowed findings to combine both numbers (of people consulted) and depth, building a richer, more detailed and more nuanced set of findings to support the recommendations set out below.

Multiple attempts were made to engage with organisations working with young people to explore issues including mental health, self-harm, drugs and alcohol, etc. However, we were unable to get responses.

The age of those consulted was as follows:

Figure 2: Chart showing age range of those consulted



As can be seen, the project engaged with a broad range of age groups. 72% of the total number of people consulted were female while 95% were of white British/ other white ethnicity. The remaining respondents were Asian/ Asian British (1%), Black/ African/ Caribbean/ Black British (1%) or other ethnic group (3%).

Further research focusing on the male voice and younger adults would be useful, as would exploring the opinions of those with other ethnicities and backgrounds. Findings from the [West Oxfordshire Youth Needs Assessment](#) would offer particularly useful insight regarding the youth voice.

Local strengths and assets that support and enable health and wellbeing

A range of themes were identified and explored. Key findings are set out here to frame general perceptions and inform the discussion about improvements needed.

These summaries are predominantly derived from one to one conversation and Focus Group evidence. However, secondary evidence from the community survey is also presented to further inform these findings – complete survey results are available at Appendix 4.

The community and social cohesion

In general, respondents noted that the local area was friendly, with nice people and good neighbours, and had positive community spirit. 45% of survey respondents stated that community feeling was something they liked about living in central Witney. At the same time, there was some negative counter-opinion about friendliness.

In addition, most people across all demographics felt that the community was safe. 60% of survey respondents felt very safe during the daytime, although the percentage feeling very safe at night dropped to 16%. Some residents, especially older people, did not go out at night. And some parents stated that they worried about their children, particularly their daughters, when they were out in the community.

It was also felt that the size of Witney in general was manageable (not too large), with the centre and key services within a walkable distance, and had a country feel. Some longstanding residents clearly take pride in their community and how it has evolved with them, while others value Witney's history.

However, others noted that Witney has changed as a result of recent housing development and would continue to do so. There was a perception that continued increases in population may have potentially negative impacts on community interaction and services.

Public realm and transport

There was much positive comment about the value of green and open spaces (and beyond - access to the surrounding countryside was also seen as an asset). 79% of survey respondents stated that green spaces, parks and playparks support health and wellbeing, while 45% stated that *green and open spaces* was something they liked about living in central Witney. The Leys, in particular, is clearly a much-valued outdoors community space.

It was felt that public transport around the town is good, and that the centre is well connected to the outer areas. West Oxfordshire Community Transport was frequently mentioned as an excellent, much-

valued service, especially for allowing older people to easily access the town centre (and other destinations). 65% of survey respondents found it easy/ very easy to get around central Witney.

Local services and amenities, including healthcare and education

There was a general sense that Witney Central was well-served by shops and services and that they met most needs. 90% of survey respondents stated that 'local shops and services' was something they liked about living in central Witney. Some did feel that there were too many pubs and cafes.

Services mentioned as being of particular value include: the community hospital, the Windrush Health Centre, and the library. Valued amenities include the leisure centre, the cinema, and Cogges.

Social and community infrastructure

As set out at section *community action, projects, and initiatives* (above) and at appendix 1, there is a wide range of local groups, courses and classes, community sessions, social and support groups, sports clubs, community venues etc. available in central Witney. It is clear from multiple conversations that many people use and value these. Also, there are a lot of different churches and they are very active, running lots of community activities. 59% of survey respondents *agreed/ completely agreed* that there are places and spaces where people can meet in central Witney.

In terms of specific groups, it was felt there is much available for older people, in particular, with less for younger people (teenagers). There is also good provision for people with learning disabilities at the Integrated Care and Education Centre, based at Langdale Hall in the centre of town, and some support available for children with special educational needs and their families.

Groups mentioned as particularly useful were:

- Oasis coffee group
- The Shed
- Lunch at the Welcome Church in the High Street
- The day centre at Ceewood Hall
- U3A
- Walking groups
- Events at Churches
- MIND
- Meals on wheels
- Home Start and other toddler groups
- Early Help (run by Oxfordshire County Council - Children's Social Care)
- Chatterbox (Age UK Oxfordshire)
- Foodbanks
- Citizen's Advice
- SEND group
- Dementia Club

Challenges to health and wellbeing and improvements needed

Set out in this section is:

- Further evidence relating to the local assets that support health and wellbeing set out above and how they could be improved.
- Health and wellbeing challenges in relation to specific groups and key themes.
- Specific improvement ideas identified in the research which could build on existing activity and initiatives or to develop new activity.

LOCAL ASSETS THAT SUPPORT HEALTH AND WELLBEING SET OUT ABOVE AND HOW THEY COULD BE IMPROVED

The community and social cohesion

There was some comment about neighbourhood disputes, anti-social behaviour (ASB), and vandalism (Smith's Estate). Drug dealing and drug and alcohol consumption near McDonalds, the astro turf facility, and the Leys was also commented upon. Shoplifting is also an ongoing problem, as is ASB in shops (people making a mess/ being rude to staff). There is also an issue with young people speeding on e-scooters.

Thames Valley Police have ongoing discussions with housing associations and West Oxfordshire District Council about neighbourhood disputes and ASB, the majority of which is youth-related. The issue of missing people was also raised by the Police Community Support officer (PCSO), with someone going missing every couple of days. While most were found, some could be high risk. There are also young people and older people with dementia who have been identified for safeguarding.

In addition, there is a perception that Witney is an affluent area but not everyone is affluent – there are people struggling with poverty (*see cost of living, below*).

In terms of taking part in community discussion and consultations, 44% of survey respondents *did not agree at all* that they feel 'involved in decision making in central Witney', while 36% *did not agree at all* that they are 'part of the local community in central Witney.' Street meetings already take place to allow residents to express their concerns about local issues. **More publicity about when and where these take place may allow more residents to engage.**

Public realm and transport

Transport

While West Oxford Community Transport (WOCT) is an excellent resource, its coverage is limited and its hours of operations are reduced at the weekends and in the evening. 60% of survey respondents support *more frequent bus frequencies or routes*. **There would be value in exploring longer-term sustainability of funding for WOCT and potential extension of services.**

Also, it can take two buses to get to shops outside the town centre or to reach certain areas where community sessions might be taking place (such as Cogges or Madeley Park). This can be especially problematic for older people/ parents with children and buggies etc. The cost of buses can be an issue

for families struggling financially, particularly if they have children over the age of five who are required to pay a fare.

State of repair of streets and pavements

While it is relatively easy for most people to get around, this is more difficult for those with a wheelchair or mobility scooter or if you are pushing a pram or buggy. There can be access problems with high kerbs and paving in certain areas could be improved. In addition, Market Square can be slippery when it rains. 55% of survey respondents support improved pavements and walking routes.

Some people feel the changes to vehicle access on the High Street have made it more dangerous than it used to be to cross the road. Some commented that cars still drive through the pedestrianised area as there is no enforcement. Potholes were also mentioned as a concern, as was speeding.

Access and inclusivity

It was noted – particularly at Age UK Oxfordshire Chatterbox and The Place – that while tactile paving makes the public realm more accessible for those with visual impairments it creates problems for those with mobility aids (who struggle with the ‘bumps’). **A public realm accessibility audit could be useful.**

The provision of additional benches in the town centre so people could sit down and rest would be beneficial. This could be linked to a community project, as happened in Caldecott, Abingdon for example, where the community art team organised decorated benches.

Parks and green spaces

These assets were generally viewed favourably. However, there was a sense that their **general upkeep and cleanliness could be improved and that bins could be more regularly emptied, litter removed etc.**

There was also a feeling from younger children that play equipment was sometimes vandalised/occupied by older children. In addition, it was suggested that the **Leys recreation ground could be improved by providing baby and toddler play equipment/ soft play area.**

Local services and amenities, including healthcare and education

Healthcare access

A prominent concern was access to a GP and other healthcare services such as an NHS dentist and hospital services. 29% of survey respondents stated that *poor access to healthcare when I need it* made it more difficult to look after themselves/ their household.

There was extensive comment that it is difficult to get an appointment. Online-based systems are intimidating and off-putting for some, with some evidence that people simply give up trying or do not even try. 36% of survey respondents find accessing the health centre or GP *difficult*, while 55% find access *okay*. **Solutions to meet the needs of those disadvantaged/ intimidated by current booking processes should be explored.**

Fewer services can now be accessed at the community hospital. This affects older people (e.g. no blood pressure checks) and younger parents (e.g. cannot get pregnancy scans and post-natal baby checks). At the same time, access to non-Witney hospitals can be difficult, especially those with limited transport options. This causes anxiety.

Access to leisure and exercise

Comment was made about the cost of the leisure centre, gym and membership of local sports clubs. To this end, **more concessionary/ subsidy schemes could be very helpful** (for example for family swims).

Social and community infrastructure

A range of issues, challenges, and opportunities were raised and discussed in this regard, many of which are overlapping and mutually informing:

Funding, resourcing, and need

The key challenges identified for community groups and organisation are:

- **Lack of volunteers:** not enough to go around and often lots of bureaucratic complexities
- **Adequate support for volunteers:** to improve recruitment and retention)
- **The constant fundraising cycle:** sometimes this leads to competition with other local groups, which is not helpful for collaboration
- **Short termism:** short term funding = short term contracts. This impacts consistency and creates a feeling that the community have been 'abandoned' if a project starts and quickly stops

These are prominent issues for many community-based (or led) groups and organisations. It is clear that most, if not all, are stretched in terms of available time and financial resource and, for those who work with them, the volunteer pipeline is drying up (compounded by the fall-off in community activity with Covid which has still not recovered).

To help tackle the volunteering challenge, a **Witney volunteer drive could be undertaken**, with specific strategies to reach different parts of the community (language and cultural outreach) and different age groups. Such a drive could consider ease of access for volunteers, flexibility of role, why people would want to become volunteers, and time commitment.

There are excellent examples of training, supporting, and developing volunteers which can be shared and the drive could also link into the Volunteer Vision work undertaken by Oxfordshire Community and Voluntary Action and Community First Oxfordshire to learn and feed into best practice.

Shared training

Shared training would be very useful. This might focus on, for example, volunteering, training, health and safety, safeguarding, and funding etc. For many groups, cost is a key concern. Therefore, enabling free, subsidised, or very low-cost training (perhaps on a sliding scale) is very important. Having training in an accessible venue is also key.

Training and information sharing focused on better measuring success/ impact for health outcomes would be very useful. Beyond the specific training topic, these sessions that bring different community groups together could also offer opportunities to offer peer-to-peer support, share learning, discuss common challenges and opportunities, and develop joint initiatives etc.

At the same time, strong comment was made that it is **important to effectively tell the story of community work and its benefit to individual and community health and wellbeing**. Most often, community work is not focused on one outcome or narrow health measure but is much more complex and multi-faceted with the benefits becoming clear over time.

Linked to this, it is important that **public health agencies (and statutory organisations and service providers) understand the complexity of people's lived experiences and the value of (often) intensive working with different individuals with unique needs**. These interventions may be less obviously *measurable and scalable* but are vital to a more holistic and realistic understanding of how to improve health and wellbeing, which must be directly related to individual need and circumstance.

Peer support group

Discussion among practitioners explored the nature of community development work. This is often solitary, complex, and emotionally-involving. It was felt there would be value in **practitioners coming together occasionally for peer support**. Such networking and support sessions would allow people to share experiences and support each other, while exploring common challenges and opportunities, including potential joint initiatives. **The existing Witney Forum could be developed or hold specific sessions.**

Encouraging more people to take part in health and wellbeing activities

A number of potential solutions were identified:

- **Keep it simple:** no membership, involve everyone in meetings and let people do what they want (they can get involved or just sit and watch).
- **Offer free activities and taster sessions**
- **Get the communication right:** find the right type of communication for the target group and offer accessible information
- **Make it resident-led:** find out what people want, don't do it to them
- **Provide transport to get people to the venue**
- **Use a befriending or buddying system to support new attendees**
- **Offer a creche so parents can take part**
- **Use the community connector approach:** a consistent, known face in the community, building connections and relationships with people and home-visiting

The point was also made that a community development work should also **aim to hand over projects to the community, reducing dependency and developing confidence**, building and releasing skills and capacity by supporting and mentoring residents to 'take over'. This could also facilitate pathways to skills development, education and training, also improving outcomes related to aspiration and mental health.

69% of survey respondents stated that *free or reduced cost access to events and activities* would help improve health and wellbeing in central Witney. 42% and 47% respectively thought *more community-led activities* and *community events to encourage interest* would improve health and well-being.

Communication

The need for improved communication and publicity in order to spread the word about community groups, sessions, activity etc. was noted. 32% of survey respondents *did not agree at all/ did not agree* that they know where to get information about central Witney.

Various means of communication were referenced but the overall sense was that there is no single solution – multiple methods should be used and it is important (as noted above) to tailor the method/s to the audience/s. A holistic community communication strategy could be very usefully discussed and developed, combining a calendar, noticeboards, leafleting, and technology (websites and social media) and mapping of opportunities to share information by word of mouth.

Venues, access, and inclusivity

Comment was made that venues for community groups to meet within Witney Central can be difficult to find. There are not a lot of options and they can be expensive or have problems with access.

The point was made that while church-based or run activities were valuable, holding activities in a church can be a barrier for some residents. Some also made the point that they felt people were put off from attending certain sessions not held in a church because they perceived that they were church-run. The idea of looking into the **possibility of establishing a community-based owned and run-venue** was offered.

HEALTH AND WELLBEING CHALLENGES: SPECIFIC GROUPS AND KEY THEMES

SPECIFIC GROUPS

Children aged 0-5 and new parents

There was some concern expressed by residents about difficulties in access to Health Visitor support. There are many routes to accessing this support, through a digital/text offer, via telephone, drop-ins and child reviews. However, sometimes residents do not get support when they need it. Therefore, **continued partnership working between organisations, to reach and support families to access help, and continued communication about the support available from health visiting services and community groups, will be valuable.**

In addition, the community-based support for very young children and families is important and valued. Home-Start mentioned how valuable it is to have lots of different agencies working together, such as Health Visitors, Council Officers, Home-Start, and Housing Association Officers encouraging parents, especially young mothers to access community support. This can require effort and persistence, and it can be difficult (and take a very long time in some cases) to persuade vulnerable individuals in particular to come to groups and sessions. Some also feel a stigma about doing so.

Increased support and resource for such community-based services could allow more people to be reached.

An additional challenge is ensuring consistency in service across holiday periods, which requires funding and resourcing.

Extensive comment was also made about impact of the pandemic on pre-school children. Many lacked social contact and are now behind in language and development skills. This was exacerbated by a lack of play and contact with other children, impacting socialisation skills. Physical development was also impacted negatively. For example, some children are wearing nappies for significantly longer than expected, with implications for readiness for school.

Younger people

Younger children (6-11) at a local primary school expressed the general opinion that there was lots for their age group to do. However, a frequent observation across the research from organisations as well as many residents is that **more activities and groups for older children/ teenagers are needed**. It was also noted that sports memberships/ paid sports are often unaffordable for young people.

Such a lack of social, recreational etc. opportunities are likely contributing to issues of anti-social behaviour among young people noted elsewhere in this report. Also, young people often tend to congregate in certain locations, such as sitting under The Buttercross. This indicates that there is no other place to go but also that, by coming together in that location, a safe space to meet is important. It was suggested that a **drop-in space would be very useful, somewhere where there are support professionals that young people can talk to about various concerns** (there was a space of this type available until a few years ago).

This situation is being further exacerbated by an increase in mental health issues for young people since the pandemic, such as social anxiety. In recognition of this challenge, a new school team has been set up by Child and Adolescent Mental Health Services in Henry Box school. Comment was also made regarding some young people stopping attending school during the pandemic and simply not going back. A lack of aspiration was also noted by some, which is likely negatively affected by wider life experience and family situations noted elsewhere in this report.

For organisations that work with young people, such as Aspire, it is a challenge to get young people 'over the threshold.' Anxiety, isolation, and lack of confidence mean that effective engagement is long-term process, built on trust and 'going at the speed' of the young person. **More activities and services are needed, and the most effective practice in this regard is that activities are designed and led by young people themselves.**

Sanctuary Housing noted that there is not much for young people to do on Smith's Estate. They are talking to The Station and the Witney Bicycle Project about outreach to the estate.

In terms of specific health concerns, vaping was a regular topic of discussion. Children spoken to at a local primary school are aware of vaping shops and noted that some put toys in the window to attract children. They are also aware of older children using vapes and reports of parents buying vapes for their children, which raises the risk of the normalisation of behaviour. Those who work with young people also strongly expressed their concern about vaping and how this may lead on to more harmful

behaviours. **It was felt that more education about vaping risks for young people and parents was needed.**

There was also general feeling from young people that they are not asked their opinion about community matters and that others speak for them.

Older people

Several health and wellbeing challenges have been noted in this report. As well as mobility and access concerns, for example, related to the poor state of repair of pavements and roads, loneliness and isolation was mentioned frequently.

It is clear that even among those who attend groups that isolation was a concern. For some, attending a coffee morning or weekly session was their only social contact. Some were suffering with grief. However, people also stated that they were sure there were many others who were isolated yet were not accessing any community group/ support. This strong sense of hidden need was shared by community workers. Some may wish to engage and others may not, but the first challenge was identifying them.

The cost-of-living crisis and the removal of the winter fuel payment (linked to some just missing out on pension credit) were also prominent concerns (*discussed below*).

Those with special educational needs

There was extensive discussion regarding rising special educational and neurodivergent support needs and a lack in available support, including getting an educational healthcare plan. Several observers commented that there are many families in Witney Central who are not being supported and that helping the families navigate support and helping them through the process is very complex, and often stressful. MIND has developed a SEND course, developed by staff who have experience of navigating the systems. **This course could be adopted by other groups or MIND brought in to facilitate the course in other spaces such as they are doing in Kidlington.**

The weekly SEND group for parents/ carers is a very useful support group (also offering links to other organisations and services, and sometimes speakers). However, it seems clear **that additional support services for both children, young people and parents/ carers are required, including a neurodiversity group.**

Those with physical, learning or wellbeing needs

For those with physical, learning or wellbeing needs, 'Wheels for All' at Wood Green school offers inclusive cycling sessions for those with physical, learning or wellbeing needs. There are also dedicated sessions available at Windrush Leisure Centre for swimming and multi sports.

However, outside of these it is impossible for their people to join in with mainstream leisure/sports activities as venues don't have the resources to provide the additional support that people would need. This has a negative impact on breaking down barriers for disabled people and promoting the mainstreaming of disabled needs.

Asylum seekers

Witney hosts a large asylum hostel, just outside the southern boundary of the research area. Some 200 individuals are currently resident there.

While access to local health services is generally good, a lack of money (individuals are given a £9.20 per week 'allowance') is a major challenge. People struggle with paying for public transport, and it is almost impossible to afford leisure activities such as swimming. Spare money, if there is any, tends to be spent on supplementing food, the meals which are delivered to the hostel being almost universally seen by interviewees as poor quality and offering poor choice. In the hostel, there are no cooking facilities other than one microwave and many residents use the community fridge. In addition, until an individual gets leave to remain it is extremely difficult to volunteer or work locally.

Health and wellbeing challenges from these issues include boredom (a sense of being 'stuck', unable to get to know the local area by visiting other places), frustration (being unable to contribute or get more genuinely involved in local life and society), and specific health issues related to inadequate or inappropriate diet. There is also some evidence of hostility towards asylum seekers from local residents.

Anxiety is a common concern, stemming from the arbitrary nature of the asylum system whereby someone can be given an eviction notice and told they are being moved to another part of the country with very little notice. This is particularly disturbing to children, who have started school locally, made friends, and now have to begin again somewhere else.

Ideas and potential initiatives to address these concerns included **free bus passes for asylum seekers**, as in Oxford, **subsidised access to the sports and leisure facilities**, and **access to cooking facilities at the hostel**.

CROSS-CUTTING THEMES

Three prominent themes and challenges in the community conversations relevant to the wider context were the following:

Cost-of-living

As can be seen from the one to one conversation and focus group summaries, there was much sustained comment on this theme. It is clear that individuals across all demographics have been affected by rising prices, inflation, and energy costs, although some have been affected more than others. 59% of survey respondents stated that (lack of) income made it more difficult to look after themselves.

The cost of heating was mentioned specifically by MIND and Sanctuary Housing as a major issue, while the removal of the winter fuel payment was a significant concern for Age UK Oxfordshire. Aspire noted that many young people are struggling with their budgets and that many use food charities. A degree of stoicism was noted, particularly among older people, a sense of 'you just need to get on with it.' However, it is clear that the multiple impacts of rising prices and costs is a significant driver of anxiety.

There have been impacts on the ability of residents to heating their homes. This is resulting in colder, more damp and mouldy homes which has obvious health risks, especially for children (as some people

specifically noted). The ability to afford good, healthy food is also impacted and there has been an increase in the use/ referrals to the foodbank. At the same time, there has recently been a decrease in the amount of food available to food charities, which is linked both to a lack of supply but an increase in demand. Responding to this increase in demand, very recent discussions have been progressed which will extend foodbank support in the community.

Citizen's Advice (CA) noted that the top four issues that people approach them require support with are: benefits issues; debt; housing; and employment. Navigating people through the Personal Independence Payment process is also a significant and likely soon to be growing task as eligibility rules are further tightened. CA also noted that demand for its services rose during the pandemic and has remained at that level ever since.

Assistance with budgeting skills (support sessions) was mentioned as a very useful means to mitigate the impact of the cost-of-living crisis.

Housing

Housing-related concerns were a common thread in discussions.

Young people talked about challenges with the cost of housing (rental costs) and access to affordable housing. Social housing tenants referenced increased rents and the state of repair of their homes (sometimes related to cost-of-living issues such as being unable to afford to put the heating on, leading to cold and damp houses). Homeowners also expressed concerns. Cost, for example, was making it difficult to afford repairs and adequately heat homes.

Sanctuary Housing Association is the main registered provider on Smith's Estate. Here, challenges include the age of the housing stock and related maintenance issues. The social mix on the estate can also cause complexities and conflict (agency efforts to better manage social conflict have been noted above). There are a number of older residents who were former Smiths (local factory) employees who have lived on the estate for a long time, plus newer residents, some of whom have complex needs, for example single parent families with children with SEND needs, including developmental delay, autism, and ADHD. Chronic Obstructive Pulmonary Disease is an issue for many tenants, exacerbated by an inability to properly heat their property. Sanctuary's hardship fund is well-subscribed.

One to one conversations on the estate with older people noted a lack of interaction between longer-standing and newer residents, particularly a gulf between older and younger generations. There was little confidence expressed that the community could benefit from whole community activities to bring people together. Sanctuary also noted that there have been mixed successes from holding community events, with limited participation.

Researchers also spoke to homeless residents. There is no emergency accommodation in Witney so people often camp in the woods and beg during the day. The PCSO noted increased numbers of individuals begging (not organised groups). It is clearly extremely challenging to secure housing, with a lack of available rooms to meet demand, which tend to be allocated very swiftly. To bid for a room you need to have a phone but if you do not have a place to live it can be challenging to keep it charged. There is therefore a risk of missing out.

Mental Health

As noted elsewhere in this report, mental health issues, loneliness, and other conditions were frequent reference points across all demographic groups in one to one conversations and focus groups. In general, there is a sense that there has been an increase in mental health issues since the pandemic and compounded by the cost-of-living crisis.

At the same time, 65% of survey respondents stated that the pandemic had *no particular impact* on their mental health. What seems clear, however, is that mental health issues are more prevalent among certain groups.

Challenges for young people in relation to social anxiety and isolation have been explored above, with the PCSO noting incidences of suicide among young men. Loneliness, isolation, and bereavement among older residents has also been noted with isolation among older people noted as a major concern by Volunteer Link Up and Age UK Oxfordshire (which runs a monthly bereavement group). A lack of trauma support was also identified as a gap in Witney based mental health services. **The provision/ extension of specialist support for those suffering from grief and trauma would be beneficial.**

For residents across other demographic groups, while mental health *problems* were not regularly mentioned directly, a common comment was that ‘exercise was good for mental health.’

Different community groups discussed their work with and support for those with mental health difficulties. The Shed work with a lot of men with learning disabilities, mental health issues, and dementia etc. MIND work with those affected by disabilities, long term health conditions, lack of mobility and unemployment, all of which can have negative impacts on mental wellbeing. It was also noted (Citizen’s Advice) that those with mental health challenges often struggle to manage money. This creates a vicious circle.

There is some confusion with regards mental health provision. MIND is challenged with filling options appointments which enable people to access their services as a result of the ‘media portraying that mental health services are on their knees’ and ‘people thinking that there are others who are worse off’. Uptake of MIND workshops in the community is also difficult despite using ‘wellbeing’ instead of ‘mental health’, and sessions being free and held in the community.

There is also more choice which can be confusing e.g. Keystone, Talking Spaces, Primary Care. The crossover with primary care is making it harder for GPs to know where to signpost. **More positive promotion of services is needed, opportunities for liaison with GPs and potentially providing support within existing group activities.**

Much like in relation to supporting young people, **a drop-in space open to all residents, with professionals on hand to offer support about mental health and other concerns was suggested.** There is a provision provided by Keystone at the Nuffield Health Centre but these are assigned appointments and so further provision could be considered and perhaps a community based location is needed.

Recommendations

Recommendations have been clustered by key themes explored in the discussion of findings in previous sections.

It should be added that many of the recommendations should not be viewed or discussed in isolation: there is much overlap in theme and content, and discussions should emphasise the need for a holistic, strategic approach and design.

This discussion and recommendations set out below do not exist in a vacuum. While much has been identified in regard to community needs, wider and more deeply rooted long-term socio-economic indicators and the challenges of the current fiscal climate must also be recognised. As will be clear from the Data Profile for the Witney Central Insight Profile, the community has significant socio-economic issues and challenges across a range of indicators, many deep-rooted and structural.

In addition, while the value of community-based activity being undertaken in Witney Central is evident and potential initiatives to support, widen, and deepen volunteer and community-led activity have been identified, there is only so much that these groups – constricted in so many ways by funding, time, and the pool of available volunteers – can continue to achieve and deliver, and be expected to achieve and deliver, in a context which rightly makes a virtue of voluntary and community-based activity but often does not provide the resource to maximise the potential of that activity.

Healthcare, access, and inclusivity

| Recommendations | |
|---|--|
| 1. Access to healthcare: discussions to explore improvements to local services | <p>Community steering group to seek discussions at a strategic level with service providers to explore solutions to key issues. These include:</p> <ul style="list-style-type: none">- More availability of health visitor support in the community, including more community-based services and drop ins.- Increased availability of ante-natal support and support for new parents, especially mothers. This could be intergenerational support - older mothers with grown up families sharing their experience with young mums.- Improving appointment systems to meet the needs of older residents/ residents with learning difficulties who struggle with or are intimidated by with online systems- Introduction of maternity support at the community hospital |
| 2. Community-based mental health and associated health and wellbeing initiatives | <p>Community steering group to discuss improved support, including:</p> <ul style="list-style-type: none">- Consistent funding for existing services such as Aspire and MIND to deliver support services, plus investigation into additional funding to provide extended support services, |

| | |
|---|---|
| | <p>which may include: one to one and group support sessions at community venues (including schools); informal drop in support at set times in different venues and; offering workshops to existing groups.</p> <ul style="list-style-type: none"> - Positive promotion of community services and their capability to counteract negative media publicity - More clarity about community-based services for GPs - Drop in space for those seeking support/ someone to talk to, with possible collaboration with Keystone to extend their drop-ins to Witney in a community-based location - Developing arts-based initiatives and opportunities to support health and wellbeing (via Oxford Health Arts Partnership) |
| 3. Additional support for SEND and neurodiverse needs | <p>Community steering group to seek discussions with key partners on:</p> <ul style="list-style-type: none"> - Improved and extended community-based support for those with SEND and neurodiverse needs (including parents and carers), including setting up new groups - Possible roll-out of MIND SEND training in other locations |
| 4. An 'Local inclusivity and accessibility information campaign and audit' | <p>Community steering group to seek discussions with relevant partners:</p> <ul style="list-style-type: none"> - An audit of accessibility (pavements/ tactile paving/ kerbs etc). in relation the needs of different users - Access to the leisure centre for those with disabilities and on low incomes - Opportunities considered for those with disabilities to volunteer in the community to promote understanding - An information campaign with shops/ services to raise understanding about better meeting the needs of those with mobility aids |

Community and integration

| Recommendations | |
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| 1. Develop a holistic, community-wide communication strategy | <p>Community steering group to discuss:</p> <ul style="list-style-type: none"> - Shared resources - Most effective ways of reaching community and target groups (hyper-local approaches) - Economies of scale regarding publicity and outreach |
| 2. Extend community development worker support | <p>Community steering group to discuss:</p> <ul style="list-style-type: none"> - Totality of available community development support |

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| | <ul style="list-style-type: none"> - Opportunities to join up initiatives and help facilitate improved links between local organisations and agencies, build bridges with residents (especially those at disadvantage) etc. - Possibility of new community connector/ community development resource |
| 3. Anti-Social Behaviour initiatives | <p>Community steering group to seek discussions with relevant partners regarding:</p> <ul style="list-style-type: none"> - Approaching ASB concerns holistically. This may include additional police support, more support for young people, and introducing more street meetings to allow residents to voice concerns (based on the current Thames Valley Police model) |
| 4. Extend community development activity on Smith's Estate | <p>Community steering group to:</p> <ul style="list-style-type: none"> - Arrange a Smith's Estate Forum with relevant partners to explore holistic strategies and opportunities to extend community development support/ events/ initiatives focused on improving health and wellbeing and improving community cohesion. This may include opportunities for intergenerational activities |
| 5. Warm Spaces publicity campaign | To highlight to the community the location of all available warm spaces. |
| 6. Extension of food bank offer | Consider adding a clothing and hygiene bank to food bank offer |

Supporting community-based groups and organisations

| Recommendations | |
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| 1. Improve joint-working and networking | <p>Community steering group to use existing networks to:</p> <ul style="list-style-type: none"> - Explore ideas for community activity suggested by the research and how to potentially deliver - Map existing activity to identify gaps and crossovers in key themes, complement existing activity, avoid duplication, identify new provision etc. - Facilitate joint-activity (potentially theme-based steering groups) and funding bids - Explore common themes, challenges, opportunities and solutions (e.g. volunteering, safeguarding, training) - Identify where innovations such as creche/ childcare facilities could most usefully be made available to allow |

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| | better access to community activities for parents and carers |
| 2. Improve grant application processes and explore longer-term funding | Community steering group to work with local partners to: <ul style="list-style-type: none"> - Discuss ways and means to simplify grant/ funding application processes - Extend 1-year funding agreements to multi-year arrangements |
| 3. Explore funding opportunities to support extended community action | Town Council to set up joint-discussions with District and County Councils and Housing Associations to explore sources and levels of available funding (for example, Section 106 and future Community Infrastructure Levy developer contributions, and also the use of Town Council funds. |
| 4. Launch a Witney Volunteer Drive | Discussion between local partners using existing networks to launch a volunteering drive. |

Community action: meeting identified needs

| Recommendations | |
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| 1. Additional support for young people and improved engagement: liaison with Youth Council, safe spaces, and access to support workers | Community steering group to discuss improvement to engagement with children and young people and additional resource, including: <ul style="list-style-type: none"> - Liaison with Youth Council to facilitate young people involvement in discussions - More youth workers, to provide additional support sessions based on discussion of needs with young people - Identification of a potential 'safe space' for young people to meet |
| 2. Additional support for asylum seekers: transport and exercise | Community steering group to discuss initiatives with key community partners (including Asylum Welcome) regarding: <ul style="list-style-type: none"> - Free bus passes for asylum seekers - Subsidised access to leisure/ sports facilities - Extension of cooking facilities at the hostel |

Community action: improving resiliency and developing skills

| Recommendations | |
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| 1. Introduce community-based Life Skills sessions | Community steering group to discuss resourcing and running a regular programme of community-based support sessions. These might focus on, for example: |

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| | <ul style="list-style-type: none"> - Household budgeting - Cooking and nutrition - Energy saving - Benefits advice - Parenting advice - Mental health coping strategies/ mental health first aid - Personal development – confidence building/ developing resilience etc. <p>Efforts should also be made to explore how relevant sessions could be led by local residents.</p> |
| 2. Extend befriending and community transport initiatives | Community steering group to discuss opportunities to extend existing befriending (including home visiting) and community transport support to reach more isolated residents and encourage access to community support. |
| 3. Seek new partnership connections to support and extend innovation in community health and wellbeing | Community steering group to develop connections with the Buck Project which will be running an 'Intelligent Kindness Project in the Abingdon, Didcot and Witney areas over the course of the next two years.' |

Public realm, environment, and transport

| Recommendations | |
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| 1. Local environment/ streetscape improvement discussion | <p>Community steering group to seek discussions and link into existing projects with relevant partners regarding:</p> <ul style="list-style-type: none"> - Improvement of litter issues (such as regular community-led litter picks, Leys Clean-Up) - Improvements to management of verges and trees etc. - Introduction of new benches in the town centre (potentially via a community art project) - Improvements to state of repair of pavements and roads |
| 2. Public transport improvement discussion | Community steering group to discuss sustainable funding strategies with West Oxfordshire Community Transport to achieve the long-term viability of the existing service and potential extension of services. |

Appendices

Appendix 1 – Local Groups, Organisations and Assets

Appendix 2 – Research Questions

Appendix 3 – Witney Central Community Survey

Appendix 4 – Witney Central Community Survey Results