

Health and Wellbeing in West Bicester: 2025 Community Survey

Why are you asking what I think?

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

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

What do we mean by wellbeing?

Wellbeing is the state of being or feeling comfortable, healthy, or happy. It also includes other things, such as how satisfied people are with their life as a whole, their sense of purpose, and how in control they feel.

What happens next?

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

Important information about how we will process your responses

This survey is completely anonymised so that anyone who completes it cannot be identified. The analysis of your feedback will be undertaken on behalf of Cherwell District Council and the County Council by CFO. By completing this survey, you are consenting for your response data to be shared by these organisations. Your data will be processed by these organisations in accordance with the General Data Protection Regulation (2018). Please see the back of the survey for links to data protection and privacy policies.

CFO will provide an anonymous summary report on survey findings for Cherwell District Council and the County Council - this report will be publicly available.

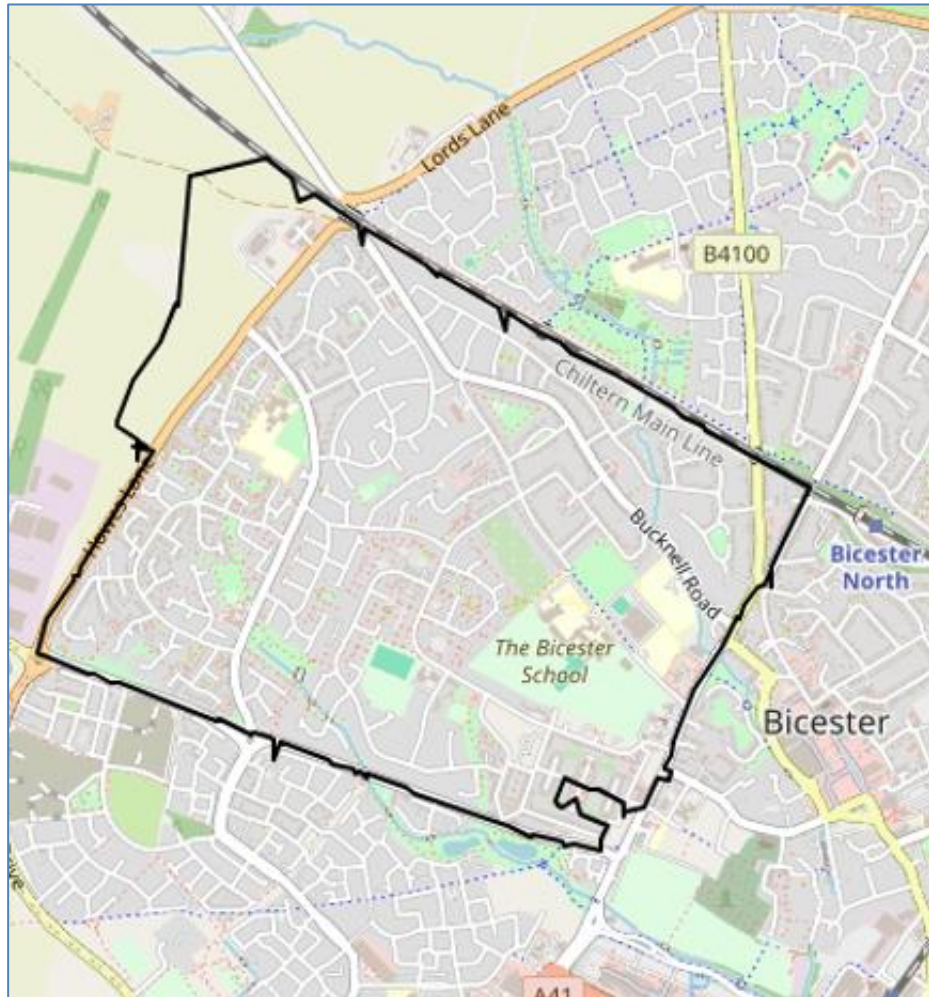
You can also complete the survey online by following this link or scanning the QR code:

<https://www.surveymonkey.com/r/WESTBICESTER>



PLEASE RETURN YOUR SURVEY IN THE
FREEPOST ENVELOPE PROVIDED

PART 1 – WHERE DO YOU LIVE?



1 – Do you live inside the West Bicester area outlined in red in the map above?

Please tick one

Yes – please go to Part 2

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

TURN OVER FOR PART 2 OF THE SURVEY

PART 2 – ABOUT YOU

2 – What is your age? *Please tick one*

This survey is for those aged 15+

15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54
55-59	60-64	65-69	70-74	75-79	80-84	85+	

3 – What gender do you identify as? *Please tick one*

Male	
Female	
Describe myself in another way	
Prefer not to say	

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

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

5 – Please tell us your employment status? *Please tick one*

In full-time employment	
In part-time employment	
Retired	
Unemployed	
Other: <i>please tell us what</i>	

PART 3 – LIVING IN WEST BICESTER

6 – What do you like about living in West Bicester? *Please tick all that apply*

Community feeling	
Local shops and services	
Local schools	
Green and open spaces	
Playparks	

Sports and recreation facilities	
Community groups and organisations	
Other: <i>please tell us what</i>	

7 – How satisfied are you about West Bicester as a place to live on a scale of 1-5: 1 = not satisfied at all, 5 = very satisfied. <i>Please tick one</i>				
1	2	3	4	5

8 – Please tell us if you agree or disagree with the following statements: 1 = do not agree at all, 5 = completely agree. <i>Please tick the relevant box for each</i>					
	1	2	3	4	5
I feel involved in the decision making in West Bicester					
I feel my views are listened to when asked about living in West Bicester					
I participate in community consultations about West Bicester					
I know where to get information about West Bicester					
I feel I am part of the local community in West Bicester					
I would like to be more involved in decision making and community consultations in West Bicester					

9 – Have you contacted any of the following to seek assistance with an issue or to discuss a concern about living in West Bicester? <i>Please tick all that apply</i>	
Community group, organisation, or charity	
Council officer (Town, District or County)	
Local councillor (Town, District or County)	
Member of Parliament	
Other: <i>please tell us who</i>	

10 – How satisfied are you with your housing situation in each of these areas on a scale of 1-5:
1 = not satisfied at all, 5 = very satisfied. *Please tick the relevant box for each*

	1	2	3	4	5
Cost (rent or mortgage)					
Access to social (affordable) housing					
Location / neighbourhood					
Adequate size					
State of repair					
Other: <i>please tell us what</i>					

PART 4 – YOUR DAILY LIFE

11 – How often do you/ your household use these modes of transport?
Please select a frequency for each

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

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

	1	2	3	4	5
To get around within West Bicester					
To get from West Bicester to other parts of the town					
To get from West Bicester to other locations					

13 – Please tell us what would be helpful to you for getting around West Bicester?
Please tick all that apply

Improved bus frequencies or routes	
Increased parking options	
More cycle routes	
Improved pavements/ walking routes	
Other: <i>please tell us what</i>	

14 – Which community groups, classes, or activities do you use in West Bicester?
Please tick all that apply

Groups and activities specifically for BABIES AND TODDLERS	
Groups and activities specifically for CHILDREN	
Groups and activities specifically for TEENAGERS AND YOUNG PEOPLE	
Groups and activities specifically for OLDER PEOPLE	
Sport and exercise groups/activities	
Craft and hobby groups/activities	
Physical health support groups/activities	
Mental health support groups/activities	
Faith or religion-related groups/activities	
LGBTQ + groups/activities	
Other – <i>tell us what below</i>	

Please tell us specifically which groups etc. you use:

15 – Which community spaces and places do you use or go to in West Bicester and, if relevant, how often? *Please tick the relevant frequency for each*

In the comment box underneath each space/place, please tell us what you think about them: this could be a variety of things but could include whether they meet your needs, ease of access, opening hours, state of repair, feelings of security, the range of events/ activities offered.

	Never use	Use occasionally	Use often
West Bicester community centre			
<i>Thoughts - tell us which place you are commenting on:</i>			
	Never use	Use occasionally	Use often
Religious setting			
<i>Thoughts - tell us which place you are commenting on:</i>			
	Never use	Use occasionally	Use often
Shops			
<i>Thoughts - tell us which place you are commenting on:</i>			
	Never use	Use occasionally	Use often
Parks and playparks			
<i>Thoughts - tell us which place you are commenting on:</i>			
	Never use	Use occasionally	Use often
Other green spaces			
<i>Thoughts - tell us which place you are commenting on:</i>			
	Never use	Use occasionally	Use often
Other community spaces			
<i>Thoughts - tell us which place you are commenting on:</i>			

16 – How easy do you find it to access the following health services?

Please tick the relevant box for each

In the comment box underneath each service, please tell us more, including where you go and/or what could be improved.

	Never use	Difficult	OK	Easy
Health centre / GP				
<i>Thoughts:</i>				
	Never use	Difficult	OK	Easy
Pharmacy				
<i>Thoughts:</i>				
	Never use	Difficult	OK	Easy
Dental practice / services				
<i>Thoughts:</i>				
	Never use	Difficult	OK	Easy
Bicester Community Hospital				
<i>Thoughts:</i>				
	Never use	Difficult	OK	Easy
Oxford hospitals (e.g. JR, Churchill)				
<i>Thoughts:</i>				

17 – Tell us if you can meet your needs inside or outside West Bicester on a scale of 1 to 5:

1 = I meet all of my needs in West Bicester, 5 = I meet all of my needs outside West Bicester

Please tick one

1	2	3	4	5

18 – Tell us below what needs you have to meet OUTSIDE West Bicester

Please give details below

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19 – Tell us how safe you feel in the community at different times of day on a scale of 1-5:

1 = not safe at all, 5 = very safe.

Please tick the relevant box for each

	1	2	3	4	5
Day-time					
Night-time					

20 – Tell us more about your feelings of safety (such as what you feel could improve safety or your experiences with safety issues).

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21 – Which of the following statements do you agree with?

Please tick one

I feel lonely all the time	
I feel lonely most of the time	
I feel lonely sometimes	
I rarely feel lonely	

Please tell us more, if you wish:

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22 – Please tell us whether you agree or disagree with the following statements: 1 = do not agree at all, 5 = completely agree.

Please tick the relevant box for each

	1	2	3	4	5
I know where I can meet other people in West Bicester					
There are places and spaces where people can meet in West Bicester					
People from different backgrounds can mix in West Bicester					

Please tell us more, if you wish:

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

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

PART 5 – YOUR HEALTH AND WELLBEING

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

	1	2	3	4	5
Physically healthy					
Mentally healthy					
<i>If you feel comfortable, you are welcome to share details of your health situation:</i>					

25 – Do you have a long-standing illness or disability that affects day to day life?

Please tick one

Yes	
No	
<i>If you feel comfortable, you are welcome to share details of your illness or disability:</i>	

26 – Has the COVID-19 pandemic had any long-term impacts on your physical or mental health? <i>Please tick the relevant box for each</i>					
	A very negative impact	A somewhat negative impact	No particular impact	A somewhat positive impact	A very positive impact
Physical health					
Mental health					
If you feel comfortable, you are welcome to share details of the impact of COVID-19 on your health:					

27 – What do you do to look after your health/ yourself? <i>Please tick all that apply</i>	
Socialise with friends	
Attend groups and organisations	
Keep active (e.g. playing sport, exercising, gardening, cycling, walking)	
Spend time outside	
Maintain healthy habits around food and eating	
Go to a religious setting	
Other: <i>please tell us what</i>	

28 – Does anything make it more difficult for you to look after yourself/ your household? <i>Please tick all that apply</i>	
Income	
Poor access to healthcare when I need it	
Job insecurity	
Problems with housing situation	
Lack of time	
Poor access to healthy and affordable food	
Getting around/ transport	
Poor access to the internet	
Health condition (physical and/or mental)	

Poor access to exercise (e.g. costs of classes/ availability)	
Childcare (e.g. costs or availability)	
Other: <i>please tell us what</i>	

29 – Do you have a caring responsibility? <i>Please tick one</i> <i>A carer is anyone who gives unpaid care to a family member, partner or friend who could not cope without their support</i>	
Yes	
No	
Please tell us more, if you wish:	

30 – What do you think supports health and wellbeing in West Bicester? <i>Please tick all that apply</i>	
Community spirit/ relationships	
Volunteering	
Green spaces, parks, and playparks	
Community groups/ organisations/ charities	
Religious settings	
Employment relevant to qualifications and experience	
Other: <i>please tell us what</i>	

31 – What do you think would improve the health and wellbeing of people living in West Bicester? <i>Please tick all that apply</i>	
More community-led activities focused on health and wellbeing	
Community events to encourage interest in health and wellbeing	
Free or reduced cost access to events and activities	
Taster sessions for activities	
Activities at different times of the week/ day	
Activities that bring together people in different age groups	
Support groups for specific health issues	
Stronger community relationships	

Do you have any other thoughts about how to improve health and wellbeing? Do you have any specific ideas? This might be a new group or specific activities for people to do. Please tell us below!

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

Please tick the relevant box for each

	Yes	Sometimes / maybe	No
I can access affordable and healthy food options			
I and/or my family maintain healthy habits around food and eating			
I would value information and support about healthy food and eating habits			

Please tell us more, if you wish:

33 – Do you notice any of the following activities taking place in West Bicester?

Please tick the relevant box for each

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

34 – If you answered ‘yes’ to any of Q33, where do you see these things taking place?
Please tick all that apply

	Inside the home	School gate areas	Parks / green spaces etc.	Shops	Bus stops
People smoking					
People drinking alcohol and/or alcoholic drink litter					
People taking drugs and/or drug litter					
<i>Other location: please tell us where</i>					

PART 6 – YOUR PERSONAL EXPERIENCES OF HEALTH AND WELLBEING

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

- Your experience with a local service or project
- How you overcame a personal challenge
- Your personal or family experience during the COVID-19 pandemic
- How you/ your family maintain healthy habits
- Something different

Please write in the box underneath if you have something to share. Any information you provide will be anonymised but will be used as part of the report

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

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

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

Name	
Email	
Phone	

MANY THANKS FOR YOUR TIME!

PRIVACY POLICIES

- You can read Community First Oxfordshire's Privacy Policy at:
<https://www.communityfirstoxon.org/privacy-policy/>.
- You can read Cherwell District Council's Data Protection Policy at:
<https://www.cherwell.gov.uk/info/5/your-council/367/privacy-and-cookies#:~:text=Our%20privacy%20policy%20explains%20what%20personal%20information%20we,information%20and%20how%20we%20protect%20your%20personal%20information.>
- You can read Oxfordshire County Council's Privacy and Data policies at:
<https://www.oxfordshire.gov.uk/council/about-website/privacy-notice#paragraph-5977>.