



Tarner Health and Wellbeing Study



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Initial comments

This report highlights the perceptions of Tarner residents about the effect of community activities in their health and wellbeing.

Tarner residents fed into this report by answering a set of questions which covered issues about their participation in community activities and their access to health services. A sample of this questionnaire is included in the appendix.

This report is divided in three main sections. The first section deals with the responses that the residents provided with regard to the views they have about their communities and the services they access within them.

The second section analyses the information provided by the residents with regard to the health services they access as well as their opinions on what measures can be taken so that their involvement can be greater.

The final section focuses on recommendations for further action by residents, commissioners, health professionals and the Council. These recommendations are practical and efficient action to improve the health and well being of the residents of Tarner.

This report has been commissioned by the Primary Care Trust (PCT), Novas Scarman and the Brighton and Hove City Council.

England has 32,483 Super Output Areas, Tarner was ranked 1 and Eastern Road 42 in 2004, in 2007 Tarner was ranked 39 in relation to overall deprivation.

As a result of the statistics that showed Tarner Super Output Area as ranking 1 in relation to overall deprivation, an agreement has been made through the Public Service Board and Local Strategic Partnership. As part of this agreement, the Sussex Foundation Partnership NHS Trust are undertaking a 6 month project to compile a profile of all Tarner residents referred to the Access Team, and to consult about a potential community based clinical practitioner; the housing department are also exploring the allocation policies for the area.

This report is directly monitored by a Community Service Agreement project, which would seek to complement the LSP approach by working on the ground with the existing Health Action Group (HAG). The premise of the Community Service Agreement (CSA) is for it to be a flexible process, where the learning from the project is vital. The CSA project has two main objectives:

- to increase numbers of resident's engaging with the HAG, particularly those residents who have self identified with a low level mental health issues.
- to develop the HAG encouraging and enabling the group to become independent and sustainable.

This report provides the baseline to understand the involvement in community activities by Tarner residents and to evaluate the impact that their involvement has in their health and wellbeing. It is expected that after the analysis of these two elements some conclusions can be drafted and more residents can be encouraged to participate in activities in groups such as the HAG.

The combination of the LSP quantitative approach and the Community Service Agreement qualitative project aim to support a long term, clear robust evidence base to steer and influence positive service change, this would be about developing and shifting existing service provision.

Executive Summary

This project is funded by the Primary Care Trust (PCT), Novas Scarman and the Brighton and Hove City Council to explore the impact of participating in community activities of Tarner' residents. Tarner has been subject to other research projects that attempted to look at how to improve the health and wellbeing of their residents, and it was thought that the community component was important to be included in the overall picture.

Residents were approached through door knocking, in open air events and during their participation in some local events. The variety of settings provided diverse responses from people from different backgrounds. 50 people from Tarner contributed to the points highlighted in the report, which constitutes a 5% of the residents of the Tarner Super Output Area (SOA) which was the focus of the study.

The following points highlight the key findings of the report which are further explained in the body of the report.

Key finding 1 - There is a correlation between being part of a group and feeling part of the community [see page 11]

Residents pointed out that participating in community activities made them feel be part of the community and meeting like minded people.

Key finding 2 - Residents appreciated local community activities even if they did not personally access them [see page 12]

Reasons for not attending were lack of time, interest or not feeling that the groups were for them. However they mentioned that they were happy about the fact that there were community activities available so that they could join in if their circumstances change.

Key finding 3 – Residents with children are more linked to community activities [see page 12]

The attendance to community activities by families and children has provided the basis for the provision of more activities to respond to this demand. From there it can be followed that if activities are attended, there are more possibilities that similar activities for that sector of the population are provided.

Key finding 4- Once you participate in an activity, there are more possibilities that you participate in more [see page 13]

It became clearer through the study that those residents that managed to attend one group became "hooked" and attended more than one. Once the first move was made to participate in activities, it was easier to keep going and trying other activities.

Key finding 5 – Participating in community activities makes residents feel healthier [see page 15]

Residents pointed out that attending groups and activities helped them to fight against isolation, felt members of the community and in some cases, assisted them to learn more about their specific health conditions.

Key finding 6 – Residents did not participate in community activities due to social dynamics [see page 15]

Residents did not participate for several reasons. Some of the most vocal residents pointed out that the main reason was “politics” and the perception that other residents had about them because of the place they lived in (“*there are only single men in this block and people seem to have a funny perception about us*”) or particular circumstances such as illnesses or mental health dispositions.

Key finding 7 - The majority of residents accessed conventional health services [see page 17]

Some residents did not want to go to the doctors because they felt that they were quite unhelpful and did not refer them to useful services or alternative approaches to take care of their health. For example, 50% of people that attended the Expert Patient Programme expressed their disappointment at the lack of support from their doctors in their interest of pursuing alternative therapies. These residents were however very satisfied with other services that the NHS provided especially with the East Brighton Healthy Living Centre

Key finding 8 - There is a correlation between less visits to health professionals and active residents [see page 18]

Following from key finding 2, the responses showed a correlation between those residents that were active in the community and the perception of their health. Residents pointed out that being active make them feel healthier and more aware of their needs which translated into less visits to the health professionals

Key finding 9 - There is also a correlation between visits to alternative therapists by active residents [see page 18]

It was also highlighted that more active residents had a more unconventional approach to health and did not want to follow the formula of taking pills to get better but to raise awareness about their health and bodies and adopt generally more healthy lifestyles

Key finding 10 – Those residents that received professional medical advice, followed it and saw improvements in their situation [see page 18]

10% residents stated that they had received advice from the health professionals and 80% of those had followed the advice which involved measures such as adopting healthier living styles, doing more exercise, etc. In contrast, two residents pointed out that they had not felt supported by their GPs when the residents requested information about alternative therapies to support them in their recovery from their illnesses.

Further to these key findings, recommendations are presented to attempt to solve some of these issues

Recommendations – Residents

- Support the existent programmes and activities in the area
- Get in touch with the Community worker in the area to let them know about any initiatives or ideas you would like to start
- Taking part in community activities positively impact your health

Recommendations – GP and Health Professionals

- The provision of collated information about alternative therapies and activities that might be relevant to the resident
- Ensure that an efficient referral system is in place

Recommendations – Commissioners

- Support the involvement of grass roots groups in community needs and a new approach to “delivery”
- Invest in further research
- Take proactive steps based on evidence from previous research and continue exploring new approaches to “delivery”
- Further research to identify the specific needs of residents in specific areas

Recommendations – Council

- Support community development work in Tarner
- Provide support activities

All these points will be further explored in the report which will also include details on how the data was collected and basic principles that surrounded the research process.

Introduction

Over the last few years there has been an increasing interest in looking at how alternative social support measures can complement the work that statutory bodies do. This partnership is sought in order to reduce duplication of efforts and respond to the needs of the residents of Tarnar. Colwell et al (2010) reported on 6 selected cases studies from organisations in Brighton and Hove and concluded that the third sector greatly contributes towards a reduction of money invested by other statutory organisations. Through the use of the term “therapeutic community” (Colwell et al, 2010: 60) the report shows that residents of a certain area who participate in community activities comply with the following characteristics:

- Having attachment through belonging, choosing to join and to leave
- Containment in a safe environment with rules, boundaries and support
- Developing openness through discussion of a shared ethos
- Involvement in a living and learning community with community meetings and structures
- Having agency empowered through democratic decision-making and long-term membership

Further evidence provided by a local group, Brighton and Hove Neighbourhood Care Scheme, also supports the view that working in the community has a positive impact in peoples’ health and wellbeing. The Brighton and Hove Neighbourhood Care Scheme (<http://www.ipbh.org.uk/supportgroupsvoluntaryorganisationscharities/documents/NeighbourhoodCareSchemeinfo.pdf>)¹ is a group that supports older people, people with physical disabilities and carers by recruiting local volunteers to support them in a variety of ways. The scheme operates in ten neighbourhoods of Brighton & Hove, embracing about half of the city’s population. Some of the residents that took part in the questionnaire that informs this report either volunteer or receive the support of this scheme.

According to information gathered through the Scheme Members and Volunteers in the period 2008 – 2010, there are interesting links with regard their participation in the scheme and their sense of belonging to their community and their general wellbeing.

Scheme Members	2008	2009	2010
<i>(of those helped in previous 12 months)</i>			
% reporting positive benefit	94	89	90
% generally feeling better	61	70	62
% feeling less depressed	42	43	47
% feeling more confident	24	29	28
% reporting increased self-esteem	18	21	28
% feeling more connected to local community	58	56	54
% feeling less at risk of falling	30	25	33
Volunteers			
<i>(of those volunteering in previous 12 months)</i>			
% reporting positive benefit	94	95	90
% generally feeling better	62	66	62

¹ Accessed November 2010

% feeling less depressed	11	7	9
% feeling more confident	37	28	-
% reporting increased self-esteem	39	29	32
% feeling more connected to local community	58	65	59
% feeling less at risk of falling	-	44	-

In this context, it is apparent that there are health and wellbeing advantages attached to the participation in community activities in the sense that leads to support mechanisms, a sense of belonging and empowerment. This report aims at highlighting how elements like these affect Turner residents.

There are also economic advantages that cannot be underestimated. The same report produced by Colwell et al (2010) points out that there were savings of £89,102 to the NHS by investing in Expert Patient Programme (EPP) courses in Brighton and Hove; £985.32 per annum to the NHS by reductions in use of mental health medication by young people as result of third sector organisations support and £24 million donation by volunteers in Brighton and Hove each year (Taking Account, 2008)

From the point of view of mental health issues, the second pillar of this study, it has been documented that mental health is affected by inequality (Freidli, 2009). This statement was one of the leads for initiating this report, which was proposed as a consequence of the results from previous research projects which showed that there was a high number of people living in the Turner super-output area (SOA)² with mental health issues (Quality Improvement Team 2008).

In order to tackle this issue and improve the situation of these residents, Brighton and Hove City Council, the Primary Care Trust and Novas Scarman commissioned the Trust for Developing Communities to deliver a piece of work to explore how the participation in community activities impact the lives of Turner residents. It was suggested that if the impact was to be positive, the provision of community activities could officially constitute the basis for support and a platform for improving residents' wellbeing in general as well as that of their closest networks.

The interest to undertake this piece of work was also supported by people's perception with regard to their health and wellbeing. When looking at the National Indicators (NI) 119 (Self-reported measure of people's overall health and wellbeing)³ in Brighton and Hove, the lowest percentage of residents who consider that their health is good, live in the area of Queens Park where Turner is located.

The following map shows the specific geographical area that was object of study.

² Super-Output Area (SOAs) are a new geographic hierarchy designed to improve the reporting of small area statistics in England and Wales For the purpose of the research, the geographical area studied was in and around the formerly known as Turner Neighbourhood Renewal Area.

³ <http://www.esd.org.uk/Solutions4Inclusion/ProjectsByIndicators.aspx?NI=119&weekImpact> [accessed October 2010]



The following sections will explain how the outcomes presented in this report were gathered and the main findings from the research project.

Methodology

Data gathering methods

This study focuses on the effects of participating in community activities on Turner residents' health and wellbeing. The research particularly explores the health services Turner residents use, particularly those that help with mental health issues. The findings from the survey are expected to influence the direction that some of the community health services can adopt to serve the direct needs of the residents.

The stages of the research are thus as follows:

- Preliminary meeting with stakeholders and user groups to identify the meaning of mental health, mechanisms and barriers to participate in community activities and groups

- Survey selected groups and individuals
- Dissemination of the “live” report [which is at the point were we are at the moment – November 2010]
- Focus group/Event to explore issues and discuss the main findings of questionnaire
- Meeting with stakeholder and user groups to discuss final findings and discuss ways to move forward
- Focus group/Event to communicate findings and if appropriate plan future activities
- Production/dissemination of the final report with recommendations

A total of 50 residents were approached. 38 live in the Tarner SOA and 12 live outside that area but at very short distance. The feedback from these residents also shows commonalities with regard to their approach to community and health related activities.

The information was gathered after visiting several community organisations and activity groups (Asian Women’s group; Brighton Unemployment Centre Family Project; Millwood Centre, Tarner Children’s Centre and Puffins nursery; Active for Life - Family Fun Activity). It was also decided that to have a wide representation of views, residents attending open air events will be interviewed (Tarner Park consultations; after school play time at the park) as well as door knocking.

The methods thus used to gather this information are various:

- The survey gathered the most substantial information for the study.
- Focus groups will facilitate the space for residents to come together and learn more about the outcomes of the survey and local health activities. The outcome from these groups will complement the information gathered through the survey. The focus groups will be undertaken to identify and clarify the nature of the issues as raised in the survey. These focus groups will take place at specific events organised for this purpose in Tarner.
- Review of secondary data and research undertaken previously in related fields of work.

Residents from a variety of backgrounds were surveyed including the Expert Patient Programme (EPP) - provided by the Primary Care Trust- , community groups and any other identified stakeholders.

In order to maximise the information gathered, the tools of data gathering changed thus the survey was used as guidance used by the researcher to interview the subjects with a combination of open ended and close questions⁴.

⁴ The sample of a questionnaire is included in the appendix of this report.

This process of data gathering was undertaken by a researcher from the Trust for Developing Communities with support of the Neighbourhood worker and the Steering Group constituted to support the implementation of the project.

Research ethics

The research methods and their implementation in the fieldwork observed the following ethical principles:

- *Respect for autonomy*, research participants were entirely free to make a choice about their participation in the project.
- *Non-maleficence* the researchers are obliged not to inflict harm or minor discomfort on participants
- *Beneficence (two types)* Positive beneficence, in that the research has some value scientifically, practically or educationally and utility beneficence, in that the researcher balances the benefits and weaknesses to produce the best overall results
- *Justice*: participants were treated equally and fairly and accorded their full rights

The research will also observe the rules of veracity, anonymity and confidentiality.

- *Veracity; researchers were open, honest and transparent.* It is expected that the information will be presented in a comprehensive manner by working at different levels (research partners, steering group and community) and examining the views contained therein.
- *Anonymity* is the protection of the participant in a study so that even the researchers cannot link the subject with the information provided. Names will not be mentioned in minutes or other public documents.
- *Confidentiality* is the prevention of disclosure, to other than authorized individuals, of a participant's identity. Similarly to the case for anonymity, participants' real names will not be mentioned throughout the project and its outcomes unless they express otherwise.

The research was initiated in June 2010 and surveys were undertaken from June – October 2010. This document is considered as a live document which will be complemented by the views of residents (through the remaining focus groups), members of the Health Action Group and members of the Steering Group that oversees the research until March 2011 when this project will finalise.

Analysis of Data - Tarner Health and Wellbeing Questionnaire

The survey was answered by 38 people from Tarner SOAs and 12 people who lived outside that geographical area but who use Tarner services.

It was originally estimated that 50 people were going to be consulted from the EPP surmounting the final amount of subjects to 100. However, after looking at the post codes of the EPP participants, it found that only three people lived

in Tarner area. These three people were consulted and their views are included in this report.

Other local organisations were approached in order to increase the number of residents' views. The main way of reaching was through door knocking.

Respondents' profile (demographics)

All responses have been analysed by age, gender, sexuality, ethnical background, religion and if applicable, long term illness. Where no mention is made, the reader can assume that there no significant difference in responses. A breakdown of the participants' demographics is included in the appendix.

The survey is constituted by two main thematic sections. The first one focuses on the Community. It was devised to assist respondents to focus on their idea of community and to explore the community activities in which the respondents took part in. The second part was about the health services accessed by the respondents and how respondents felt about them, what would help to get residents involved in more health related activities and how the advice provided by health professional had affected their general health and wellbeing.

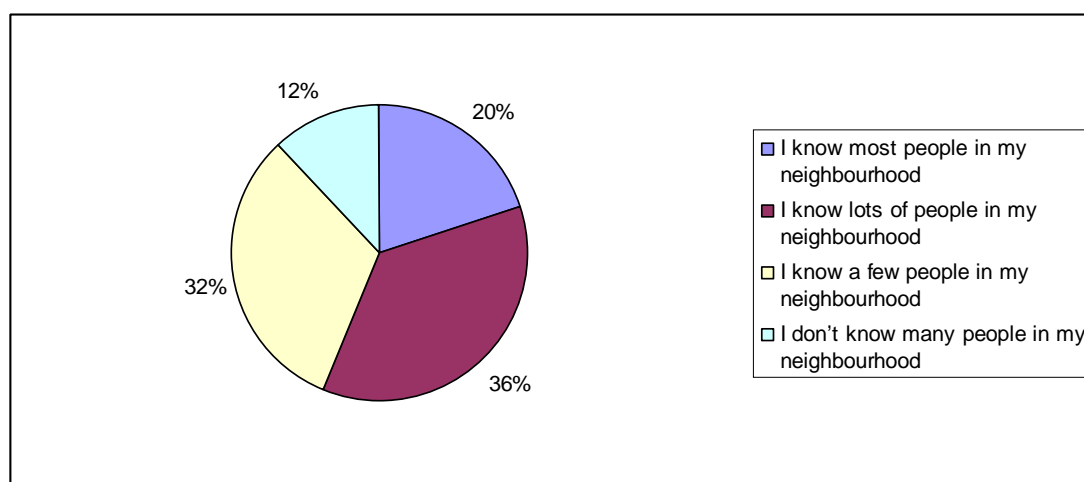
The following sections will analyse the responses provided within each section.

About your Community

There was a sense that opinions are divided.

Key Finding 1 – There is a correlation between being part of a group and feeling part of the community

Respondents that belonged to a group (15) considered themselves as being part of the community. Below there is a graph that illustrates respondents' perception about their knowledge of their neighbourhoods.



Residents that did not participate in activities or groups due to health issues, lack of interest or motivation, did not feel part of the community and they are illustrated in the 32% and 12% of the categories presented in the graph.

It is worth mentioning here that when talking more about their neighbourhoods, in some instances, neighbourhoods were considered “communities” as in the case for the Hindu and Bangladeshi respondents, which includes people that live in the whole of Brighton and Hove. People perceptions of what a community was varied.

Key Finding 2 – Residents appreciated local community activities even if they did not personally access them

Respondents that were approached through open events and door knocking (25) considered that they could do more, did not know enough of what was going on, or just wanted to keep to themselves. However they felt content about the fact that there were services available if they needed it.

Key Finding 3 – Residents with children are more linked to community activities

When first approached about the groups that they belonged to, it was interesting to see that if the respondent had children, all the groups they attended to were related to their children’s activities and no further involvement was acknowledged. The main reason for not being involved was either lack of time, information or cost.

In those cases where the respondents were involved in activities or groups, they were invited to talk more about their involvement. If the respondents had children, they mentioned the activities in which their children were taking part, such as Family Fun, Tarnerland project, Brighton Youth Centre activities, Karate at Millwood. It was interesting to note that a resident who had no children was less linked to his immediate community. As he put it

“having no kids probably makes me less tied to my little bit of Brighton”.

The second biggest group belonged to people that were attending sessions provided by the Brighton Unemployed Centre Families Project (Tai chi, Pilates, Dance) and specific sessions delivered at the Brighton Youth Centre (Asian Women’s Group). It was noticeable that 11 respondents (29%) contacted through door knocking did not take part in any of the activities but their children did.

Here is a summary of some of the groups mentioned that were attended by either themselves or the families of the respondents:

- All different, All equal group
- Asian Women’s group,
- Bangladeshi Women’s group,

- Brighton Unemployment Centre Families Project (BUCFP)
- Carlton Hill school (PTAs and Governors)
- Children and family focused groups at Turner Children's centre
- Community Reporters
- East Brighton Healthy Living Centre
- Expert Patient Programme (EPP)
- Fit for families;
- Friends of Turner Park,
- Health Action Group
- Karate Millwood Centre
- Local adopted network
- Mixed blessing theatre,
- Mosaic group
- Moulsecoomb Asian exercise group and language group
- Neighbourhood care scheme
- Phoenix community centre
- PPP course (Parenting Skills)
- Puffin nursery community group
- Residents' association
- Tai chi classes
- Turner area partnership
- Turnerland
- Young Carers

Key Finding 4 – Once you participate in an activity, there are more possibilities that you participate in more

It is worth mentioning that all respondents who belonged to any group, belonged to more than one. It was highlighted throughout that the hardest step to make is joining the first community group.

Key Finding 5 – Participating in community activities makes residents feel healthier

Regarding what they got out of participating in community groups, the majority of responses were related to their health and wellbeing. Some of the responses that were given when asked what they got out of participating in those groups were:

Community related

- "community spirit"
- "company"
- "family cohesion"
- "fun"
- "involvement in school"
- "making a difference"
- "meeting like minded people"

- “more safety, knowing lots of people and having a social network”
- “organise events with others and getting involved”
- “supported, help will be there”
- “transform peoples lives and environments”

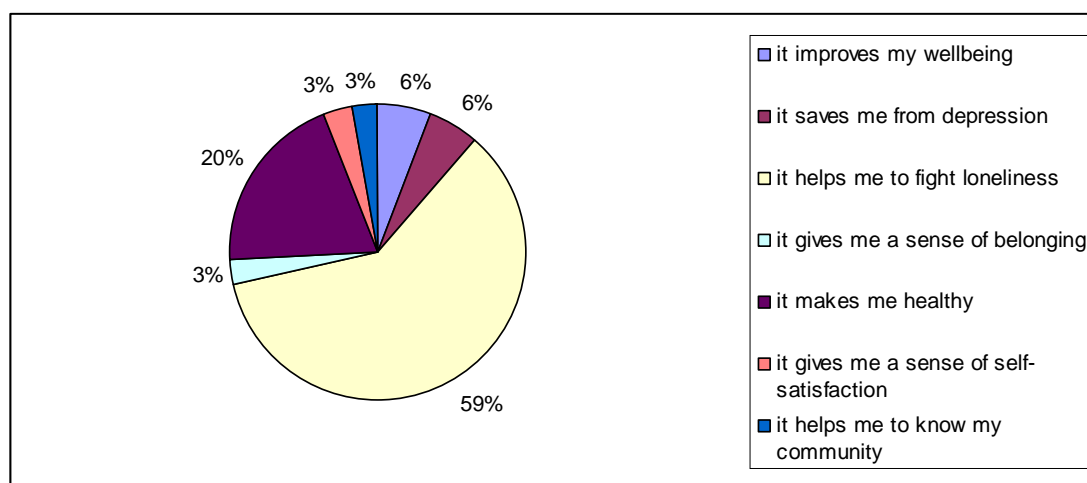
Health related

- “children are more healthy”
- “doing something new”
- “fitness”
- “it makes me proud of my children”
- “joy from watching people learning a skill”
- “knowing there is a baby group gives me peace of mind”
- “mental wellbeing”
- “more confident”
- “only hour on my own”
- “peace of mind because my son is off the street”
- “provide resources to enable local people to improve their quality of life”
- “sense of belonging, opportunity to make things happen, chance to work for change, friendships, sharing”
- “sense of purpose, direction and academic achievement”
- “social, moral and political responsibility [I also enjoy it]”
- “staying fit”
- “to deal better with depression”
- “to understand about my illness and other peoples”

Residents’ responses have been categorised by their relevance to “community” or “health” issues. Please note that in some cases the point of view expressed can refer to both so this categorisation is not exclusive.

People that participated in groups and activities found that participation was very important for themselves, supporting their wellbeing and providing them with skills to manage their illnesses, and for their children.

The graph below summarises what residents got out of participating in community activities.



As the graph above shows, many of the responses evolve around the idea of community activities as a resource to assist people to fight loneliness and as

originator of the perception of feeling healthier. This association is not to be underestimated as it has been pointed out in other research that positive mental health is essential to improve the general health and wellbeing of the individual (Jenkins et al. 2008).

Key Finding 6 – Residents did not participate in community activities due to social dynamics

There were also respondents that did not get very much out of the groups and three respondents mentioned the difficulty of being in a group once local politics, “gossip” and “complaints” dominated the running of the community group. In one case, this situation forced him to resign from his participation in the group. One respondent mentioned that he felt inappropriate to attend community activities in the local area because he was aware of the perception that residents had of his block of flats and he felt somewhat embarrassed. He was however interested in learning about community activities and felt that “when ready” he will take part in them. Likewise two respondents felt that they had tried to participate in community activities and that due to the lack of knowledge and understanding of other members of the group about their health condition (mostly mental health related) they did not want to attend the sessions again.

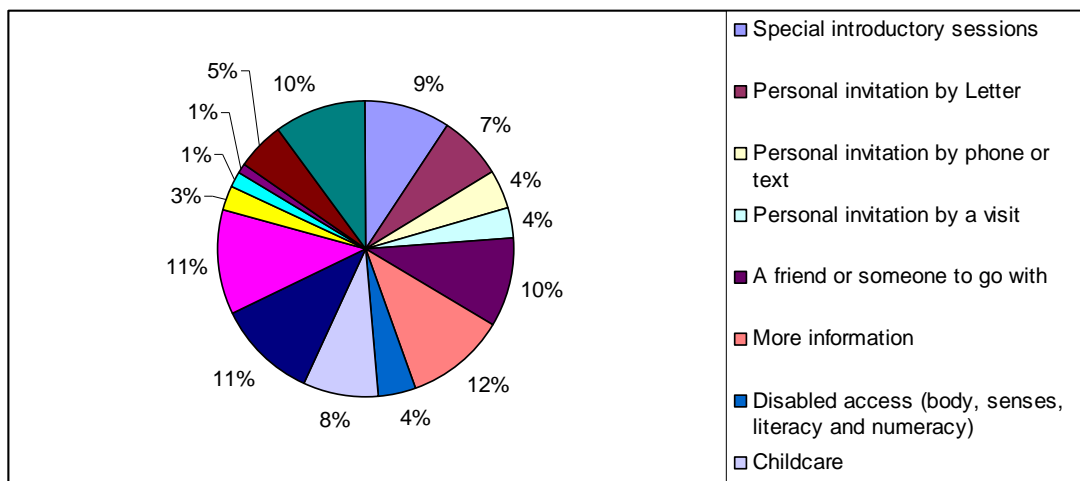
Other reasons that influenced peoples participating in community groups were their illnesses, childcare, time, lack of information, feeling that the group was not for them, and in two cases, the feeling that the group was lacking in direction, there was no focus, the members were not very welcoming and apathy.

As one respondent puts it

“the fact that not many people take part in events, it makes it very disheartening and it makes me doubt why I am participating”.

Within this context, it can be suggested that raising awareness about different types of mental health issues and their requirements, addressing prejudices within the neighbourhood and providing stronger support to constituted groups, could solve some of these obstacles to participation and ultimately allow these residents to enjoy the activities available.

In accordance with these responses, and in order to explore the reason why residents did not participate in community activities, there was a question in the survey that attempted to find out if specific support could be provided to encourage them to attend. The graph below indicates which elements could be taken into consideration to encourage respondents to attend community activities



From the graph above, it seems that ensuring a welcoming environment, having someone to go with, more information, transport, free or low cost activities and the provision of childcare facilities would support respondents to attend community activities.

10% of respondents mentioned that “a friend to go with” was important. However, during the interviews three respondents pointed out that they did not have friends to go with and although the idea of going with friends was good “it would be nice to have friends to go with”. This point is important to be highlighted as for those residents that need support, the encouragement to use the resources available in the area may reside in professional support for the resident to attend the sessions until they feel confident by themselves. It was evident that residents benefit from support to access and to run groups.

It is worth noticing that despite the fact that some of these elements are currently provided, it may be necessary to revisit it as the perception is that it is not currently happening.

About your Health

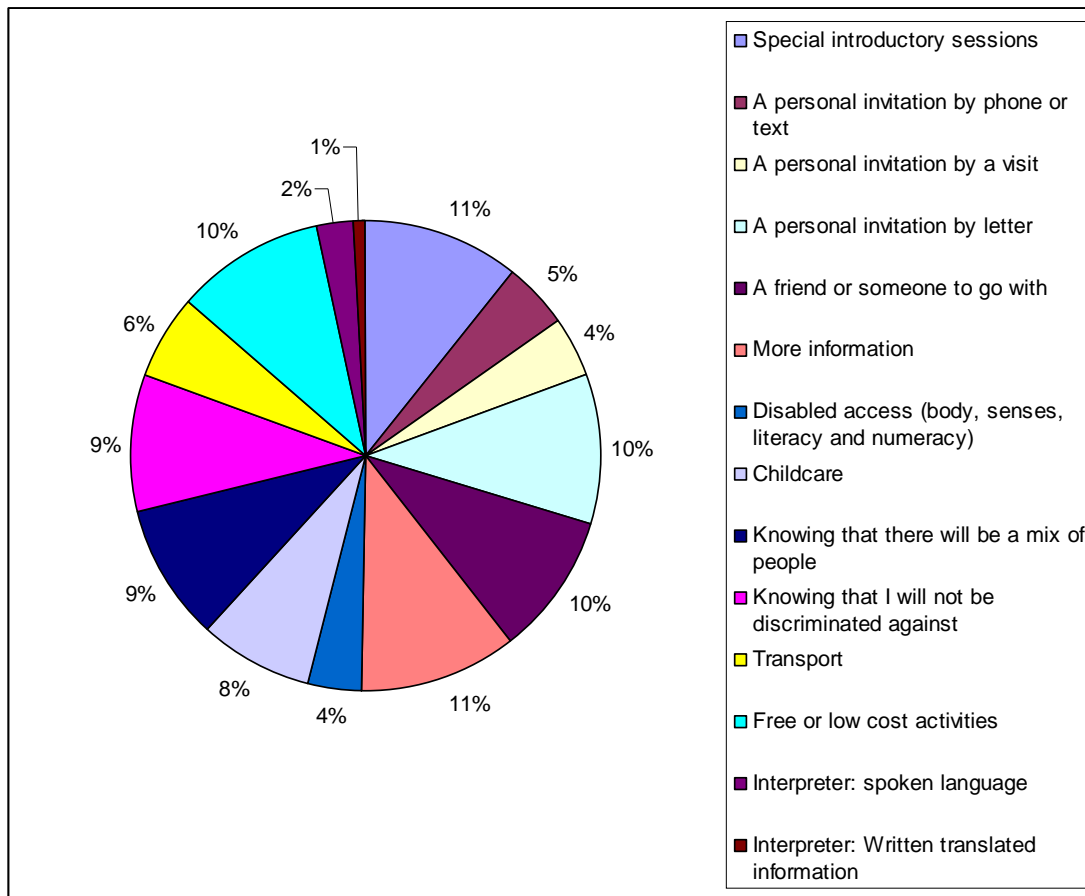
The second part of the questionnaire was dedicated to explore the perception that residents had about the health services available in the area.

Key Finding 7 – The majority of residents accessed conventional health services

It was interesting to observe that the majority of respondents were using conventional medical services, such as their GP (36) or hospital (12). Other services that were mentioned – mostly by one or two people each- were chiropractor, homeopathy, massage, laughing with friends, the outdoors, going for a walk and going out with friends, going to the gym, attending baby weighing sessions at the Turner Children’s Centre, gardening and BUCFP courses.

The benefits from using these services were largely related to health check-ups (12), “having peace of mind” (15) and happiness (2).

In terms of the drawbacks of attending their GP, three respondents mentioned the waiting times, one person mentioned the problems in being able to see a specialist and the waiting lists and one person mentioned the lack of support from their doctor regarding the use of natural remedies. It is interesting to note, for anecdotal purposes, that the latter respondent was one of the people from the Expert Patients Programme.



A welcoming environment, more information and free or low cost activities would encourage more people to use health services. Special introductory sessions and a personal invitation by letter, phone and/or visit would also contribute to this encouragement.

Key Findings 8 & 9 – There is a correlation between fewer visits to health professionals and active residents. There is also a correlation between visits to alternative therapists by active residents.

An interesting point within this section is that when looking at the relationship between those respondents that belonged to more of one group, the attendance to the GP and other medical or health practitioners considerably decreased. Equally, those people that accessed alternative therapies also participated in more than one group.

Key Finding 10 – Those residents that received professional medical advice followed it and saw improvements in their health.

Lastly, there was one section in the questionnaire that referred to specific advice that resident may have received from their GPs, whether they had followed the advice and what the effects of following that advice were. This section was only answered by 5 people (10%). Advice that had been given was related to stop smoking, improve diet and exercise. 80% of respondents stated that following the advice had helped and one of the cases, mentioned that was not ready to give up smoking and was not persuaded by the medical advice.

Recommendations: What is in here for me/you?

The following recommendations are supported by the views of the residents who took part in the questionnaire and focus groups. These recommendations are an attempt to make this report a proactive and practical document that sets up some tangible goals which can have a direct and rapid impact in the lives of Tarner residents. Below there is a box indicating the key findings of the report against which recommendations are proposed.

Key Findings

1. There is a correlation between being part of a group and feeling part of the community
2. Residents appreciated local community activities even if they did not personally access them
3. Residents with children are more linked to community activities
4. Once you participate in an activity, there are more possibilities that you participate in more
5. Participating in community activities makes residents feel healthier
6. Residents did not participate in community activities due to social dynamics
7. The majority of residents accessed conventional health services
8. There is a correlation between fewer visits to health professionals and active residents
9. There is also a correlation between visits to alternative therapists by active residents
10. Those residents that received professional medical advice followed it and saw improvements in their health

Residents

- *Support the existent programmes and activities in the area.* If services and activities are not attended they may disappear. [Key findings 1 – 4]
- *Get in touch with the Community Worker in your area to let them know about any initiatives or ideas you would like to start.* This is at the heart of the Big Society agenda presented by the Government and it is always important to provide activities and services that directly answer the residents' needs. "If you have an idea, go for it and get your friends and family involved!" [Key findings 1 -4]
- *Taking part in community activities positively impact your health.* There seems to be a correlation between participating in community activities and less frequent visits to the doctor and other medical practitioners. [Key finding 5]

GP/Health Professionals

- *The provision of collated information about alternative therapies and activities that might be relevant to the resident.* The use of these resources can potentially increase the credibility of the residents in the health system, improvements in their general wellbeing in a holistic manner and a reduction in costs due to the reduced number of residents using the services and prescription drugs. [Key finding 7]
- *Ensure that an efficient referral system is in place* so that GP and Health Professionals are supporting residents in accessing cross-sector activities which have a direct impact in the health and wellbeing of Tarnier residents. [Key findings 5 & 9]

Commissioners

- *Support the involvement of grass roots groups in community needs and a new approach to “delivery”.* This objective could be achieved by ensuring the presence in or communication between the commissioners with groups such as the Health Action Group or the Area Partnerships to see through the delivery of efficient measures to improve the health and wellbeing of residents. [Key findings 1, 4, 5 & 8]
- *Invest in further research* to evaluate through a period of time the impact in people's lives of accessing activities (physical, social or support) and advice that are not seen as strictly medical. [Key finding 7]
- *Take proactive steps based on evidence from previous research and continuing exploring new approaches to “delivery”.* [Key findings 1, 4, 5, 7 & 8]
- *Further research* would be appropriate to identify the specific needs of residents in specific areas. Cost Benefit Analysis of services provided to support residents can only be appropriately measured if a correlation is made between post-codes and the service provided. As it stands only a partial picture is possible to explain a link between the services people access and the influence of community activities in their general health and wellbeing as people use services available citywide and the localised effects are difficult to extrapolate from the bigger picture. The information per post code is currently not generally available as pointed out in previous research [Key findings 1, 4, 5, 7 & 8]

Council

- *Support community development work in Tarnier.* Tarnier is a vibrant area with many opportunities to participate in events and activities. However, for disengaged residents there is a need for further support. In collaboration with the mentioned referral system, it is recommended the support for community development work to try to engage those residents that do not feel ready to participate in community activities as yet but that they are in the process of recovery and are interested in finding out more about what is happening locally that can be beneficial for them and their families. [Key findings 1, 2, 4, 5 & 6]
- *Provide support activities* which raise awareness about different types of mental health issues and their requirements, arise prejudices within

the neighbourhood and provide stronger support to constituted groups
[Key finding 6]

Conclusion

This report aims to highlight the main issues drawn from the research project. At this stage (November 2010), the report will be complemented by the opinions of the members of the Health Action Group, the Steering Group and those residents that will participate in the focus groups.

As previously mentioned, this document aims to be a “living” document, so there is a scope to expand on any sections or statements as required by the different stakeholders.

The report has pointed out that participating in community activities has its advantages at individual and collective levels. It has also been pointed out that it contributes to the general wellbeing of the individual and a sense of belonging to their communities can provide support to deal with other personal issues.

It has also been noticeable that there is still a percentage of the residents that are not engaged and they perceive that there is not enough information and that the groups do not relate to them. Social dynamics also act as obstacles to their participation.

From the health perspective, it has been presented that most residents had a conventional approach to health and considered that the help they received from their GPs was appropriate. There were instances where this was however not the case. In terms of finding a relationship between community and health, there was a correlation between active residents and fewer visits to the health professionals as well as their access to less conventional health practitioners.

Finally the report has presented some recommendations that are expected to provide a useful framework to act upon to deal with some of the issues highlighted here.

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Appendices

Turner Health and Wellbeing Survey Questionnaire

1: About the Community

We are going to ask you a series of questions to find out how you feel about your area and your level of involvement in the community.

Q1. Do you live in Turner area?

**Q2. How much do you feel part of your community?
Why?**

Q3. Which of these statements best describes you?

Tick () **one** box only

I know most people in my neighbourhood

I know lots of people in my neighbourhood

I know a few people in my neighbourhood

I don't know many people in my neighbourhood

2: Community Activities

These questions are about your local community and the impact on your well being.

Q4. What physical, social or support activities make you feel better?

Q5. Which community groups or support activities are you involved in? Which groups and activities have you been involved in, in the past?

If you are not involved with any group or activity go to Q8.

Q6. What do you get from participating in these activities and groups?

Q7. Is there anything that puts you off from participating in local activities and groups?

Q8. What do you think the effect on your wellbeing would be if you did/didn't participate in these activities?

Q9. What would help you to get involved in community activities?

Tick () all that apply

Special introductory sessions

A personal invitation
By letter
By phone or text
By a visit

A friend or someone to go with

More information

Disabled access (body, senses, literacy and numeracy)

Childcare

Knowing that there will be a mix of people

Knowing that I will not be discriminated against

An interpreter
A spoken language
Written translated information
Sign language

A convenient location
Please say where.....

A convenient time
Please say when.....

Transport

Free or low cost activities

Other, please specify.....

Please provide any more details about what would help you get involved.

3. Health Services

These questions are about your local health services and their impact on your well being.

**Q10. What services do you use for your health and well-being?
What services have you used in the past?**

Q11. What do you get from using these services?
If you do not access any services, please answer next question.

Q12. What puts you off from participating in health activities?

Q13. What do you think the effect on your health and wellbeing would be if you did/didn't use these services?

Q14. What would help you to get access to health activities that improve your wellbeing?

Tick () all that apply

Special introductory sessions

A personal invitation
By letter
By phone or text
By a visit

A friend or someone to go with

More information

Disabled access (body, senses, literacy and numeracy)

Childcare

Knowing that there will be a mix of people

Knowing that I will not be discriminated against

An interpreter
A spoken language
Written translated information
Sign language

- A convenient location
Please say where.....
- A convenient time
Please say when.....
- Transport
- Free or low cost activities
- Other, please specify.....

Please provide any more details about what would help you get involved.

Q15. Would you like to find out more about health and well-being activities locally?

4. Your Health

These questions are more specific about your health

Q16. What advice have you received from a healthcare professional about regular physical or mental health related activities?

Q17. What activity did you do following this advice?

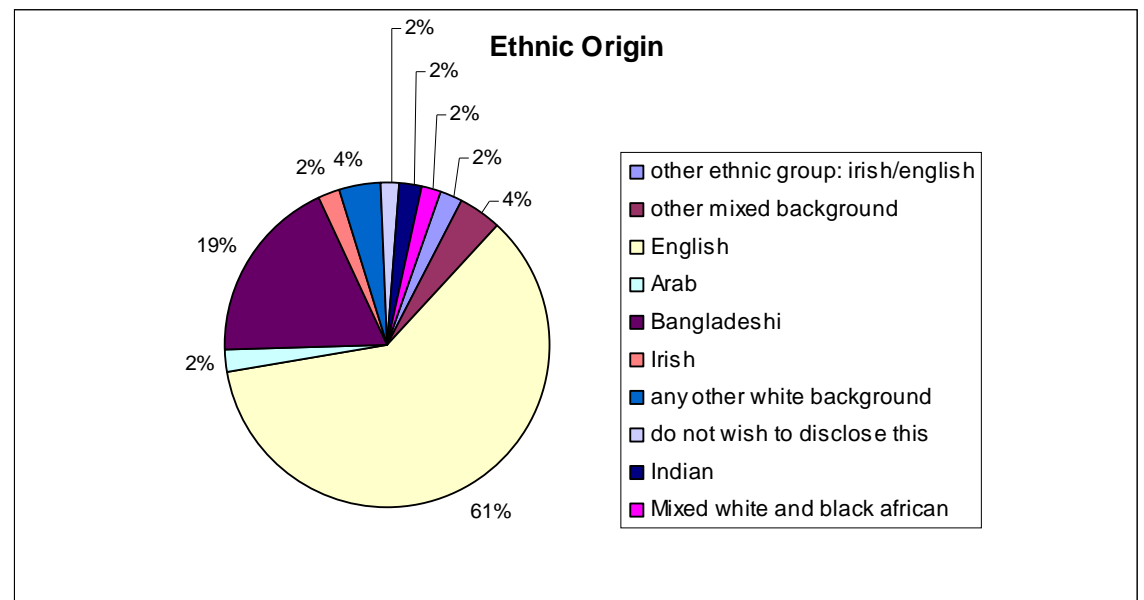
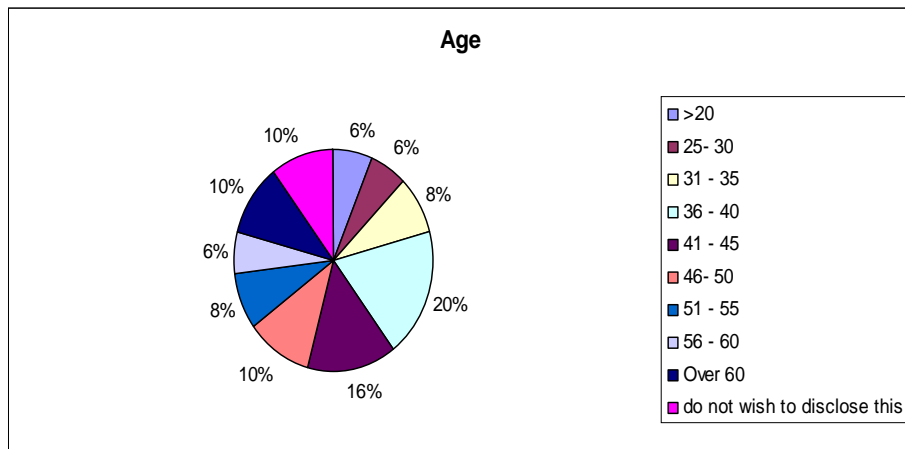
Q18. If you did not follow the advice, please tell us why

Q19. In what ways did the activity impact on you?

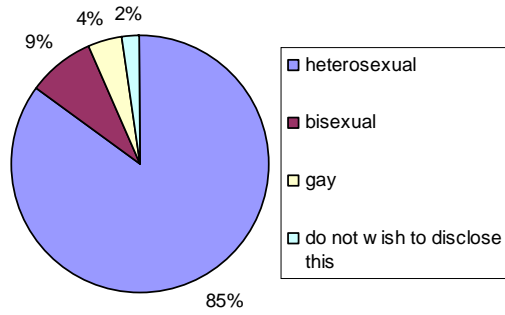
Turner Health and Wellbeing Questionnaire – Demographics

50 people have taken part in the questionnaire, 38 of which are residents of the Turner Super-Output area.

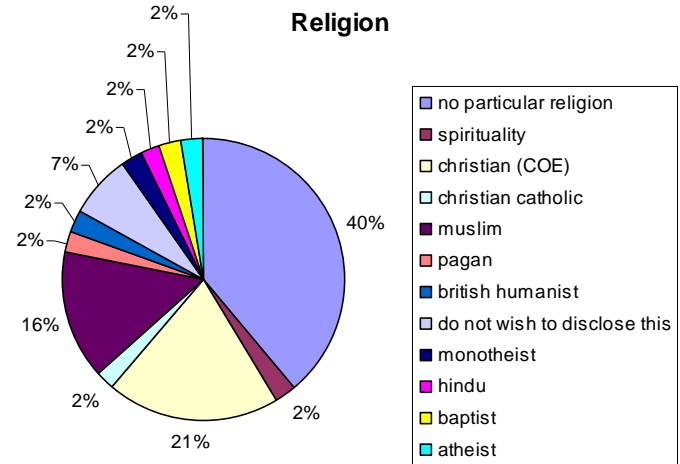
The demographic graphs included herein belong to the overall of respondents as it shows a useful background of the people using the services available in Turner.



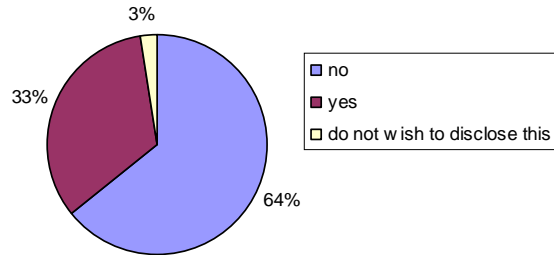
Sexual Orientation



Religion



Are your day to day activities affected by a health problem or disability?



Types of Impairments

