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Queensway Research Project

Support Wellingborough

October 2013

Final Report







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1) Project details and acknowledgements

Title	Queensway Research Project	
Client	Support Wellingborough	
Project number	PR 13-061	
Client reference		
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The Author would like to thank all who have worked in support of this research, including Community Steering Group members and local community and organisational stakeholders, and local residents living on the Queensway estate.

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2) Executive Summary

This research study was commissioned by Support Wellingborough – a consortium of housing, social care and third sector providers working collaboratively to improve the design and delivery of services for people in Wellingborough. This research is focused on the area of Queensway as shown on the map in Appendix 1.

The executive summary is a result of the 'triangulation' of research components – desk research, qualitative and quantitative research – synthesising findings to demonstrate how organisations, communities of interest and local people might respond to emerging support needs. The conclusion seeks to contextualise the available data, taking into account the current political and operating context for services and organisations currently working on in Queensway and in a Wellingborough-wide context.

Most people perceive the Queensway estate to be relatively safe, but with many people recognising particular areas that have a reputation and notoriety. There is also evidence of area loyalty, with good levels of appreciation of available support services. Services and activities provided by the Children's Centre are particularly valued.

Young people have argued that there is nowhere for them to go to take part in particular activities; this has led to some young people getting into trouble with the police as a result of using motorbikes on pavements and pathways. This, in turn, has worsened relationships between the police and young people and reduced the likelihood of them reporting incidents to the police, either as witnesses or victims.

There are some families who have a significant impact on the wider Queensway community, both as users and recipients of services. The key organisations providing support services and interventions to this cohort work well together, with communication between statutory and voluntary agencies being effective and partnership working taking pace wherever possible. Many service providers are of the opinion that collaboration is becoming increasingly difficult as resources become scarcer, with organisations having to compete for funding and contracts.

Some organisations take the view that there is a mis-match between assumptions made at county and at local level, with resourcing decisions not made on the basis of local need.

There would appear to be low levels of social capital on the estate, with very few people indicating involvement with volunteering, civic involvement or social action projects. Older people are more likely to be involved in consultative fora

The research study has captured some serious misconceptions across generations with regard to demographic change and access to housing and benefits. There is some evidence of cultural differences impacting on community life, with alcohol consumption amongst certain communities and noise levels on the street fuelling resentment.

Engagement with local people (particularly young people) is crucial to helping develop social capital and social action. The establishment of a 'community hub' to act as a physical focal point for the development of social action projects in Queensway would help facilitate and sustain relationships between organisations and local residents. This would also help increase the number of Queensway residents who are able to get involved in local consultative fora, engage in volunteering opportunities, and help develop learning and skills to help address long-term unemployment.

The quantitative survey indicated high levels of self-reliance and use of informal networks by Queensway residents, pointing to no significant willingness to pay for support services. A focus on the development of volunteering capacity may, however, encourage local people to use their skills in developing entrepreneurial approaches.

Service provider commitment to improving local engagement is much in evidence; there would be merit in the creation of a formal alliance between the Queensway Medical Centre, the Children's Centre, local schools, St Marks and Wellingborough Homes to help determine the focus of social action projects and to ensure inter-generation activity and family support across the age groups.

Local Partners may also wish to explore the possibility of securing corporate sponsorship for a Community Enterprise Hub. If support is available, a Feasibility Study should be undertaken to determine levels of local interest and support.

3) Introduction and context for the study

Context for the Research Project

M-E-L Research is an independent social research organisation, based in Birmingham and working across the country on behalf of central and local government, housing and health providers, police forces, and third sector organisations.

M-E-L Research was commissioned by 'Support Wellingborough' – a consortium of housing, care and support providers working with local people and local organisations on the Queensway to improve access to and provision of services.

In 2012 M-E-L Research undertook a similar Action Research Study in the Hemmingwell ward. Having designed and delivered a research methodology that was suitable for the project, it was decided that the methodological approach could be replicated in another area in Wellingborough, namely in Queensway.

Northamptonshire County Council had previously developed a new Prevention Strategy ('Helping you to help yourself: Shaping prevention and demand management in Northamptonshire') which is intended to supersede the national Supporting People Strategy. The objective of this new Prevention Strategy is to 'manage demand' for statutory care and other public services by intervening early in appropriate cases to prevent people from travelling up the 'care escalator', requiring ever more expensive services. Under the new Prevention Strategy service providers will have to target resources much more effectively, to save money and demonstrate outcomes.

Support Wellingborough, is a consortium of providers and key organisations is seeking to work innovatively to support vulnerable people. The Consortium is made up of a group of twenty-five local organisations committed to working collaboratively for the benefit of Wellingborough residents and communities. The Consortium seeks to take a preventative approach, helping people tackle their problems at an early stage to prevent escalation, and working to ensure better outcomes for service users, clients and customers, and ensure better efficiencies in terms of reducing costs. A number of key service provider organisations have participated in this research study.

The Queensway Research Project is aimed at seeking to understand local need and respond pro-actively to Northampton County Council's Prevention Strategy, under which service providers will have to target resources much more effectively to save money and to demonstrate positive outcomes. There is consensus that, in the current economic climate, service providers are under intense pressure to deliver more with less. As such, Support Wellingborough's partners acknowledge the urgent need to work differently, more intelligently and more collaboratively.

The Queensway Research Project sought to provide Support Wellingborough with local intelligence, through the generation of robust, comprehensive and meaningful data on:

The levels of need for care and support in the area

The services and organisations operating in the area to support people and families with identified needs

How local services and organisations are working together, and how partnership working can be developed

Identified community support, assets, strengths and resilience in the area to support people and families in need, and how these can be developed.

In terms of governance, there is an established link with the Queensway Partnership For the purposes of the research a Community Steering Group was formed that has acted as reference group for the research. The purpose of the Steering Group has to been to work with the Research team to facilitate contacts and introductions to key individuals and organisations working in the area and to identify areas of social action that would support people in the Queensway and Brickhill Wards.

Wellingborough is a market town, governed by the Borough Council of Wellingborough, with a population of, according to the 2011 Census, 75,400 people. Further demographic details can be found in the desk research section.

4) Methodology

A mixed methodology was agreed with the client. Originally, it was our intention to recruit and train community researchers who would be supported to undertake a household survey amongst a sample of Queensway residents. Despite the strenuous efforts of key partners, we were unable to identify sufficient numbers of volunteers to participate in the training and to guarantee that the survey could be carried out within Market Research Society and ethical guidelines.

Research re-design resulted in the desk research element (data gathering; analysis of 2011 Census data; mapping etc) being undertaken separately. The desk research data can be found in a later section of this report. The Project Management Team agreed that the fieldwork would be undertaken by M-E-L's interviewers. The survey set out to achieve a sample of 400 respondents who would be spread as evenly as possible across six agreed thematic case study sites. This was later enhanced by a household survey in the Queensway area as shown by the map in appendix 1. A survey, adapted from the instrumentation used in Hemmingwell, was designed and approved by the client and is included in the appendices. This face to face survey was further enhanced by a series of qualitative discussion groups. Fieldwork took place between July and September 2013. To begin with, key organisations were identified and interviews were undertaken with service and project managers, along with relevant individuals such as Councillors. In addition, focus groups were held with some organisations. The organisations and community agencies who agreed to take part in this qualitative element included:

- St Mark's Parish Church
- Queensway Medical Centre
- Wellingborough & East Northants Women's Aid WENWA
- Penrith Drive Children's Centre
- The Bridge Substance Misuse Programme
- Service Six
- Attley Court
- Glamis Hall Day Centre
- Police Community Support Officers
- Ruskin School
- Local Resident Associations
- Weavers School

The Case Study Sites were identified as those incorporating the following themes for the research study:

- Parents and Families
- Older People
- Young People
- Resident Associations
- Domestic Violence
- Drugs/alcohol/ASB

5) Queensway/Brickhill Desk Research

Published data about Queensway

The Queensway area

The area covered by this research, as shown on the map in appendix 1, lies within the wards of Queensway and Brickhill, and entirely within the Parish of St Mark. Some of the published data (from the 2011 Census, from Northamptonshire County Council (NCC) and from other sources) relates to the wards, some data refers to the Parish of St Mark and some to areas within each ward. These data have been analysed and that which relates to the area of interest is summarised in this section of the report. This area is referred as Queensway although part of it falls within the Brickhill ward.

Child poverty, lone parent households and unemployment

Queensway has one of the highest levels of child poverty in Wellingborough, and indeed in Northamptonshire. In the area to the east of the Queensway road 48.5% of children under the age of 16 are in poverty as defined by government; this is second only to an area of Hemmingwell in Wellingborough. The other areas of Queensway are also high. On average for Queensway, 32% of children under 16 are in poverty.

Child poverty correlates with lone parent families and with unemployment. In Queensway, 39% of households with children have a lone parent, putting it in the top 10% of areas in the UK on this measure. In Queensway 9.4% of households with children have no adult in employment, higher than Hemmingwell which is at 7.8% and Wellingborough as a whole at 4.4%. Unemployment is caused in part by the lack of qualifications: 36% of adults of working age in Queensway have no qualifications.

Child poverty, education, skills and training are key issues for Queensway. This is reflected in the Index of Multiple Deprivation (IMD) which is used by government and local authorities to assess the need for services. The IMD for Queensway puts it in the 10% most deprived areas in the UK.

Poverty in older age

Queensway also has a high level of poverty in older age, with 27% of people aged 60 or over in receipt of the guaranteed part of pension credit, putting the area into the top 10% most deprived areas in the UK.

Health and Wellbeing

In the 2011 census people were asked to rate their health and to say whether their day to day activities were limited to any degree. In Queensway 6.0% of people rated their health as bad or very bad, compared with 5.1% for Wellingborough as a whole; and 9.0% of people reported that their day to day activities were limited a lot compared with 7.9% for Wellingborough. Recent government research shows that life expectancy is 10.1 years lower for men and 6.4 years lower for women in the most deprived areas of Wellingborough than in the least deprived areas. Life expectancy in Queensway is therefore likely to be significantly less than in some other areas of Wellingborough.

QUEENSWAY RESEARCH PROJECT

Provision of care

In the 2011 census, people were also asked to say whether they provide unpaid care to someone. In

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Queensway, around 10% of people provided some unpaid care, which is similar to the average for

Wellingborough as a whole.

The demographics of the population

In Queensway 79% of the population describes themselves as white British; the BME population is

therefore 21%. This is slightly higher than Wellingborough as a whole but not significantly so. 92% of the

population has English as their main language and a further 6% speak English well or very well; only 2%

cannot speak English well.

Queensway has a higher proportion of children under the age of 16 (24.6%) compared with Wellingborough

as a whole (20.0%), with a correspondingly lower proportion of adults. The percentage of people aged 85

and over is 1.9%, slightly lower than Wellingborough which is 2.1%

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6) Quantitative Research Findings: the survey

Questionnaire design, sampling & data processing

The questionnaire survey, adapted from the survey instrumentation used in Hemmingwell, was designed and approved by the client and is included in the appendices. The survey findings below are based on a representative sample of 403 Queensway residents. The sample design was focused on generating statistically reliable results at a local level. (Include something here about confidence levels) Once the sample of a minimum of 400 had been achieved, data processing and quality assurance processes were carried out by M-E-L's in-house data team.

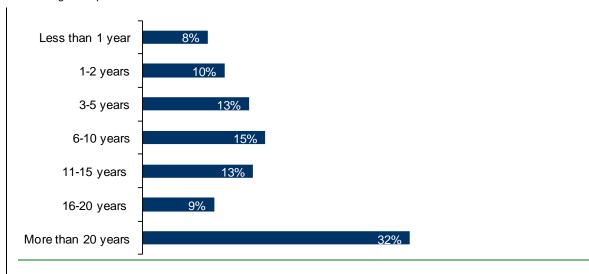
Quantitative Research: Survey results

Local area findings

Survey respondents were asked how long they had lived on the Queensway estate. We can see that almost half of respondents (41%) have lived in the area for between three and fifteen years, which explains the attachment to the neighbourhood many have. There is also a sizable section of the community – almost a third of respondents – who have lived on the estate for more than twenty years.

Chart 1 Length of time in local area

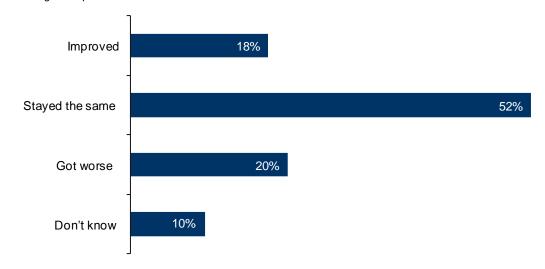
Percentage of respondents



Base: 403

The survey then went to ask people to consider whether the neighbourhood had changed in the past couple of years, for better or for worse. We can see in the chart overleaf that over half of those surveyed (52%) took the view that the area had stayed the same. Whilst one in five of respondents (20%) thought that the area had deteriorated, there was an almost similar number (18% of respondents) who thought that the area had improved.

Percentage of respondents

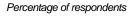


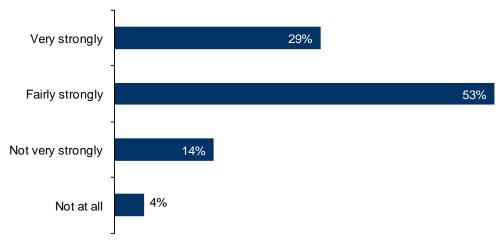
Base: 402

Being part of the community

Chart 3 Whether respondents felt sense of belonging in neighbourhood/local area

The chart below suggests a real sense of community cohesion in the area, with a very positive 82% of the sample indicating a fairly or very strong sense of community belonging in their neighbourhood. This may reflect the length of time a significant number of people have lived on the Queensway estate as indicated earlier.





Base: 403

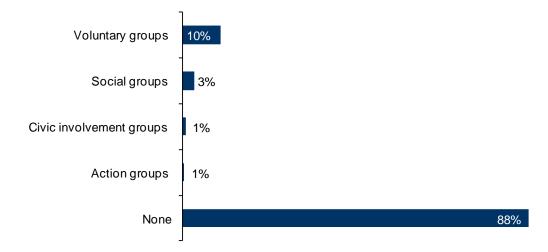
In an effort to capture 'social capital', respondents were asked if they took part in any voluntary or community activity; the chart below indicates that the vast majority of respondents didn't. A note of caution here, perhaps, as sometimes the terminology (governance; civic engagement' charitable activity) used in surveys can lead to misinterpretation by respondents. The qualitative discussions, particularly with parents, suggested much in the way of 'informal' community activity – helping out with school events on an ad-hoc basis; supporting people who had stayed in hospital etc. More generally, however, both the quantitative

and qualitative findings point to something of a 'community disconnect', with evidence to suggest most help and support is kept 'within the family'.

Chart 4 Whether respondents have helped out in local area

The chart below indicates that most people do not get involved in volunteering activity or wider social action.

(Note: the percentage figures do not add up as respondents were able to tick more than one box)



Base: 397

Linking into possible engagement in voluntary activity, the next question had a focus on the issue of supporting or providing help to friends or neighbours. Whilst the majority – 65% of survey respondents said that they didn't, the remaining 35% of respondents were providing a wide range of unpaid-for help and advice. It should be noted that respondents were able to respond to more than one category.

Table 1 Whether respondents have helped non-relatives on an unpaid basis

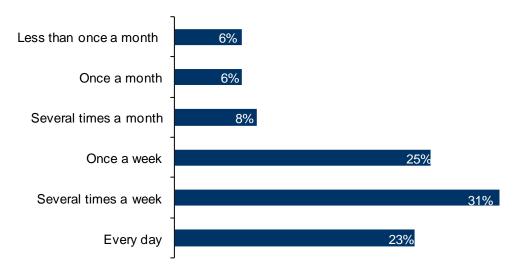
Help provided	% respondents
Looking after property or pets for someone who is away	21%
Giving advice to someone	11%
Keeping in touch with someone who has difficulty getting out and about	7%
Babysitting or caring for children	7%
Transporting or escorting someone	5%
Cooking, cleaning, laundry, gardening or other routine household jobs	4%
Doing shopping, collecting pension or paying bills for someone	3%
Writing letters or filling in forms for someone	2%
Sitting with or providing personal care	2%
Helping organise a local community event or activity	2%
Decorating, or doing any kind of home or car repairs for someone	1%
Representing someone (e.g. talking to a council official)	1%
None of these	65%
Other, please specify	2%

Bases: 402

Chart 5 Frequency of socialising with friends, relatives or work colleagues

We can see below that the survey suggests that Queensway residents are socially active, with almost a quarter of respondents engaging in social activity on a daily basis. This is underpinned by over half of respondents socialising at least once a week or several times a week.

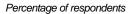
Percentage of respondents

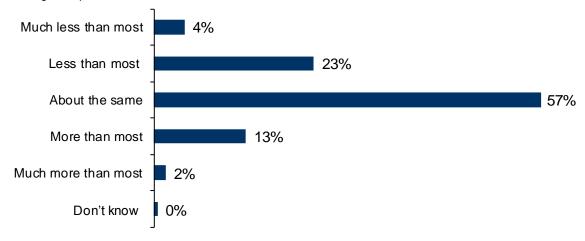


Base: 403

Chart 6 Frequency of social activities compared to people of similar age

Well over half of survey respondents judge themselves to be as socially active as their same-age peers



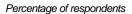


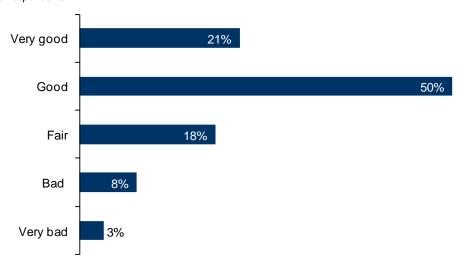
Base: 403

Health and well-being

Chart 7 General health of respondents

Asked to describe their overall general health, almost three quarters of survey respondents indicated that they experienced very good or good health. Given the age of respondents to the survey, with 38% being aged between 16 and 34 and 32% aged up to 55 years, this is to be expected. The percentage of people describing their health as bad or very bad (11%) is higher than that reported in the 2011 census (6%)



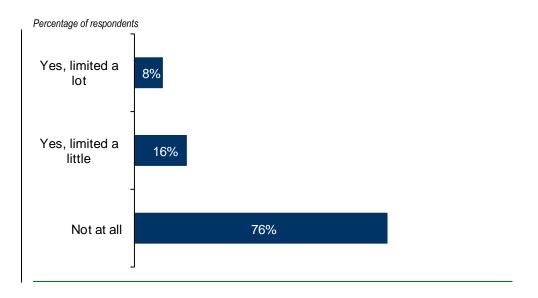


Base: 403

Chart 8 Day-to-day activities limited because of a health problem or disability

We can see below in Chart 8 that over three quarters of respondents don't experience limitations in their day to day activities, including problems associated with getting older.

Percentage of respondents



Base: 402

Table 2 below shows the physical and mental impairments of those that reported that their day to day activities were limited. For some survey questions respondents could give more than one response (multiple choice) For the questions the percentages of each respondent is calculated as a percentage of the total number of respondents, therefore percentages do not add up to 100%.

Table 2 Level of impairment

Impairment identified by respondent	% respondents
Physical disability/long term health conditions	62%
Person with mental health needs	10%
Very frail older person	6%
Other	31%
Prefer not to say	9%

Bases: 6-58

Table 3 Level of physical activity and health of Queensway residents

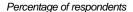
Level	Respondents
Level of mobility	
No problems in walking about	28%
Some problems in walking about	69%
Confined to bed/house	3%
Level of ability to self-care	
No problems with self-care	83%
Some problems washing/dressing	15%
Unable to wash/dress myself	2%
Ability to carry out usual activities	
No problems	27%
Some problems	70%
Unable to perform usual activities	3%
Level of pain/discomfort	
No pain/discomfort	25%
Moderate pain/discomfort	47%
Extreme pain/discomfort	28%
Level of anxiety/depression	
Not anxious/depressed	53%
Moderately anxious/depressed	34%
Extremely anxious/depressed	13%

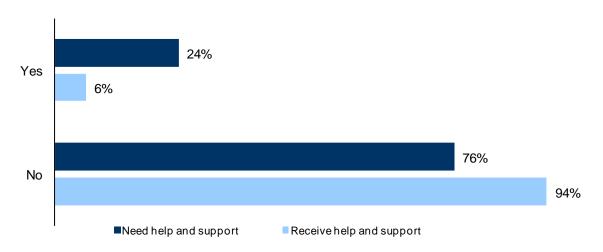
Bases: 93-96

The percentage figures below throw up some slight contradictions; Chart 8 suggested that over three-quarters of survey respondents didn't experience any limitations in their day to day activities, whereas Table 3 above suggests differently. Almost 70% of people are suggesting they experience problems walking around and a similar figure in respect of carrying out activities.

The overwhelming number of respondents – over three quarters of the sample – suggested that they didn't need any help or support in terms of personal care as can be seen in the chart below. Again, this should be seen in light of the age of the bulk of survey respondents. This leaves, however, almost a quarter of those who took part in the survey suggesting they do need help.

Chart 9 Help and support needed and received





Bases: 117-282

Table 4 below gives an indication for those small numbers of respondents receiving support of the type and frequency. Almost one in four suggest they are the recipients of help to enable them to manage practical day to day tasks, with almost one in five receiving personal care. For the majority (73%) this is once or twice a day. Whilst the bulk of this support is provided by friends or family members, 41% of the sample (note the base of 17) receive support from a statutory service provider or a private sector agency.

Table 4 Type, frequency and source of support received

	Respondents
Support received (Base:16)	
Managing practical tasks of daily	
living	81%
Meeting my personal care needs	19%
Being part of my community	19%
Accessing work and learning	6%
Making decisions and organising my life	6%
Frequency of support (Base:11)	
One person, once a day	55%
One person, twice a day.	18%
One person, five or more times a day	27%
Who provides support (Base:17)	
Support from family or friends	59%
Support from a statutory / private agency	41%
Other	6%
Help required (Base:7)	
Managing practical tasks of daily living	29%
Being part of my community	29%
Accessing work and learning	29%
Making decisions and organising my life	29%
Managing risks	29%
Meeting my personal care needs	14%
Eating and drinking	14%

Whilst the base (7) for help required is small, the table above indicates that almost a third of respondents suggest they require help in daily living, decision-making and organising, community engagement and accessing employment and learning opportunities.

Table 5 Access and take-up of services

We can see below that the vast majority of people are self-reliant when it comes to basic home-based tasks.

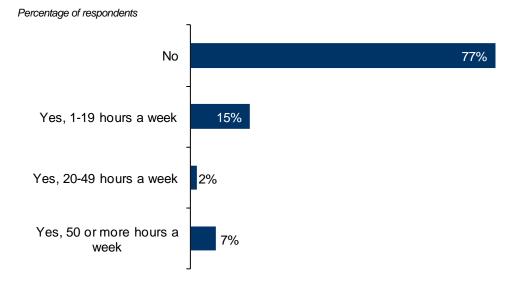
		Frequency of take up of service				
	Accessed service	None of the time	Rarely	Some of the time	Often	All of the time
Shopping	85%	88%	2%	7%	3%	0%
Cleaning/laundry	74%	88%	4%	8%	1%	0%
Decorating/home maintenance	56%	79%	6%	14%	1%	0%
Caring for pets	43%	94%	1%	4%	1%	0%
Gardening	61%	78%	4%	15%	3%	1%
None	12%					

Base: 336-340

Informal care and support

The survey sought to capture details of resident activity in respect of providing informal care and support to members of their family or those outside of the family – friends and neighbours. Over three-quarters of respondents said that they didn't give such support to anyone with health problems, poor mental health or age-related conditions. Almost one in ten of respondents, however, indicate they are providing at least 20 hours a week and, in the majority of those case over 50 hours a week.

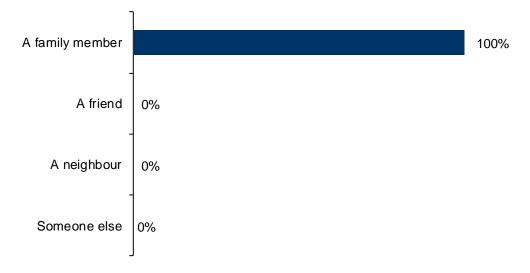
Chart 10 Help and support given to family members, friends, neighbours



Base: 399

Chart 11 Who respondents received help and support from

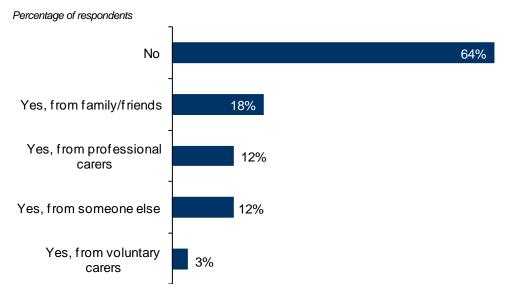
For those providing unpaid care and support, the recipient is always a family member. (Note the low base rate – 8)



Base: 8

Asked if they needed help, advice or support, some 64% of respondents indicated that they or their family didn't need support from external agencies or organisations for a variety of reasons. (Note small base rate – 3) Again, this links to a community/family 'self-reliance'.

Chart 12 Sources of help, support or advice

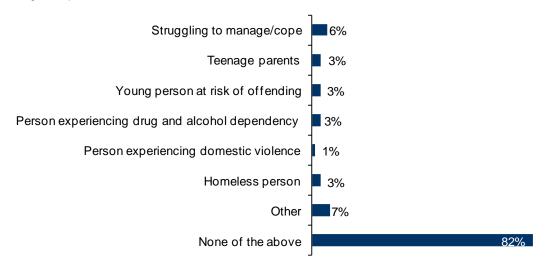


Base: 3

Going on to ask for reasons why support might be needed in specific areas, over 80% didn't identify anything specific, with small numbers of respondents indicating support requirements in relation to parenting, offending or substance dependency.

Chart 13 Reasons why specific areas of support is needed in your area

Percentage of respondents



Base: 90

Provision of Advice and Support Services

Table 6 Accessing and rating of support services in the local community

Again, the majority of respondents – over three-quarters – said that they didn't currently access local advice or information services. This may also point to a reliance on family/friends for advice and information or a reluctance to seek advice or information irrespective of need.

		Frequency of take up of service				
Service	Accessed service	None of the time	Rarely	Some of the time	Often	All of the time
Benefits advice / welfare rights services	11%	73%	12%	11%	4%	1%
Debt advice	4%	87%	4%	6%	2%	2%
Heating and energy bills	6%	81%	7%	8%	2%	2%
Energy saving/insulation advice	9%	76%	12%	10%	2%	1%
Signposting services	1%	77%	6%	10%	3%	4%
Local neighbour		77%	6%	10%	3%	4%
None	78%		7%	8%	2%	2%

Base: 249-279

Demographics

Two thirds of the people who took part in the survey were women, with the bulk of respondents (38%) being aged under 35 years.

Group	Percentage
Gender	
Male	34%
Female	66%
Age group	
16-24	14%
25-34	24%
35-44	18%
45-54	14%
55-59	4%
60-64	5%
65-79	17%
80+	4%
Number of people in household - pre-school age	
0	48%
1	34%
2+	18%
Pre-school age (0-4 years)	
0	49%
1	30%
2+	21%
Primary school age (5-11 years)	
0	48%
1	30%
2+	21%
Secondary school age (12-16 years)	
0	68%
1	23%
2+	9%
Post school education (16/17 years)	
0	83%
1	17%
2+	1%
Adult (18-59 or 64)	
0	7%
1	30%
2	47%
3	13%

4+	4%
Retired (60 or 65+)	
0	60%
1	20%
2+	20%
Current housing status	
Home owner - own with or without mortgage/loan	39%
Shared ownership	1%
Rented from housing association/Registered Social Landlord (Long term/secured)	44%
Rented from housing association/Registered Social Landlord (short term/unsecured)	1%
Rented from Private Landlord or Letting Agency (long term or secured tenancy)	8%
Rented from Private Landlord or Letting Agency (short term or unsecured tenancy)	1%
Rented from other	0%
Living with parents	4%
Staying with parents	0%
Homeless	0%
Other	2%
Ethnic groups	
White English/Welsh/Scottish/Northern Irish/British	83%
White Irish	0%
White Gypsy or Irish Traveller	0%
Any other background	5%
Mixed / multiple ethnic groups White and Black Caribbean	2%
Mixed / multiple ethnic groups White and Black African	0%
Mixed / multiple ethnic groups White and Asian	0%
Mixed / multiple ethnic groups Any other background	1%
Asian / Asian British Indian	1%
Asian / Asian British Pakistani	0%
Asian / Asian British Bangladeshi	0%
Asian / Asian British Chinese	0%
Asian Any other background	1%
Black / Black British African	3%
Black / Black British Caribbean	5%
Black / Black British Any other background	0%
Other ethnic group Arab	0%
Any other ethnic group	0%

7) Qualitative Research Findings

Discussions with key organisations and individuals

Participants who agreed to take part in the groups were assured of anonymity in an effort to encourage an honest dialogue. Group discussions took, on average, an hour to complete. Group discussions were moderated by the Senior Consultant, using a thematic discussion guide; groups were not recorded, notes were taken throughout for analytical purposes.

It should be noted that focus group discussions can facilitate a group dynamic whereby one person's views trigger another. As such, group discussions should be read cautiously – the findings are not quantifiable or representative as with a survey of a wider population. Consultations with representatives from key organisations represent the views of the individual concerned and, again, should be treated with caution.

Focus groups

1) Children's Centre and Family Intervention Project

A discussion group was held with staff from the Children's Centre and staff from the Family Intervention Project and was held at the Children's Centre on Penrith Drive. To ensure anonymity for the staff representatives from both projects, and to ensure service user confidentiality, we have combined the two discussions.

Key findings

The discussion began with staff describing their current service activities and the make-up of service users at the Centre. The staff are employed by Action for Children, and the Centre is one of a 'cluster' of Centres operational in the County. The building belongs to the County Council. A range of activities for parents and families are available, including 'stay and play'; teenage mums' support; child poverty and parenting projects, a crèche; access and advice for employment and learning; and benefit and welfare advice. They estimate that 98% of current service users are women.

Staff suggested that there had been significant reductions in funding, with their budget being cut by two thirds, and that this had impacted on how they were able to support families. One member of staff described:

"The challenge of dealing with a cycle of disengagement on Queensway – we're under pressure to work with those hardest to reach families; those not yet on the radar of statutory services but families who are often struggling to cope with basic parenting".

This view was echoed by her colleague who argued:

"We're navigating a complex array of difficult life circumstances that place local families at a tremendous disadvantage".

This disadvantage (or disadvantages for some) meant that on-going engagement and participation in parent support was time-consuming and not always successful. Some in the group took the view that this was further complicated by out-of date local intelligence on which families were 'known' to statutory services and a lack of joined up working by key agencies. (This view was echoed by other organisations as will be highlighted later in this report.)

All staff were of the opinion that domestic violence was prevalent (and under-reported) on the Queensway estate, with violent behaviour 'normalised' within some families; it was noted that even though most Centre users will be aware of the advice and support available to women experiencing domestic violence, there is frequently a reluctance on the part of victims to report abusive behaviour.

A Children's Centre Service Co-ordinator has day-today responsibility for the management of staff and resources, with input from a Manager of the cluster of Children's Centres in the County. Some staff had been involved with Sure Start

for a considerable length of time, noting changes in resourcing and programme activity. The continued re-configuration of Children's Centres has, to some, diluted the potential impact of service interventions. One member of staff argued:

"Despite all the different interventions, we're still left with a community that's falling apart – it's a generational thing. Young mums who come here have learned how to parent from their mums, and it's often inadequate with a total lack of discipline and a poor concept of boundaries. Many families don't understand the importance of structure in a child's life – regular bedtimes, healthy diet, reading."

Picking up this theme her colleague said:

"I'm continually astounded by what some parents think it's ok for their kids to do. Access to social networks like Facebook – it really worries me when parents are posting photographs and details of what their kids are up to and where. With older kids there can be problems with bullying online. Some of our parents don't understand the importance of acceptable behaviour, of appropriate behaviours. Or how to say 'no?"

Staff in the group described very positive partnerships on the Queensway estate, amongst schools, key advice agencies, housing services and health visitors and with midwife support. They also described, as a result of service and funding re-configuration, a change in their individual roles and responsibilities. It was suggested that, along the way, some specialisms had been weakened or lost as staff were needed to be equipped with a variety of generic skills and capabilities in response to the demands of service commissioners and funding requirements.

Relationships with other organisations are acknowledged as key to successful inter-agency working, particularly in relation to child protection issues. Staff acknowledge a good level of support internally when having to deal with multi-complex families, recognising the different context of child protection. There were, however, concerns that some problems within families – in addition to domestic abuse – weren't picked up. Concern was expressed within the group, however, regarding a perceived lack of support for mums with mental health problems:

"There's a significant number of our service users who have got poor mental health. It's often an issue which won't be addressed until a problem escalates. Parents who experience depression can frequently demonstrate a lack of coping with general parenting, or their ability to parent while experiencing depression can be affected by, say, being in an abusive relationship or having money problems. It's a complex area, but resources for this are scarce. If we make referrals to statutory services because of our concerns, or if we receive information from one of the local schools that we should act upon, it often feels like our concerns get lost because they're not sufficiently serious enough to warrant a statutory intervention".

It was reported that Northamptonshire County Council's Children's Social Services had recently received a Ofsted report which rated services as inadequate, and that this would impact locally on resourcing decisions.

2) Young Mums at the Children's Centre

This group discussion took place with a cohort of young (under the age of 20) mums who were participating in a 'stay and play' session held at Penrith Drive Children's Centre. The group comprised four parents, of whom three were White and one Afro-Caribbean. In terms of children, one mum had two children aged 6 months and 17 months and was pregnant with a third; one had a child aged 3 along with 6-month old twins; one mum had two boys aged 2 and 3 and the last one three children all under the age of 5. All four women lived with their partners on the Queensway estate; three of the four lived in privately-rented housing, and one was a tenant with Wellingborough Homes having moved to the town from another part of the County. Two of the women had lived on the estate all their lives; one for over ten years and the other who had moved for two years.

They all talked positively of the Children's Centre, placing value on the available services and support for local parents. The 'stay and play' sessions were experienced positively, enabling their children to socialise in a safe learning environment with other children whilst giving them as mothers the opportunity to meet their peers. One participant said:

"When I moved here I didn't know anybody – it was hard 'cos my partner was out at work all day and it was just me and the kids stuck at home. It felt like I was really isolated socially – I missed my friend and family. One of my neighbours told me about the Centre, and I came along and chatted to one of the staff. Have been coming to these sessions ever since".

Another said:

"Queensway can feel a bit 'soulless'. There's not enough to do. The staff here are really good, but it sometimes feels like, unless you've got serious problems with your kids you don't get any attention".

Social isolation was considered to be a key concern with this group, particularly during the winter months. All confessed to something of a reliance of television and computer games, leaving them feeling like 'not so good' parents "but what else can you do?" They were pleased that their partners were in employment, but recognised that as 'stay at home mums' they took responsibility for most aspects of parenting along with domestic duties.

Despite most living in the area for a long time, there was no sense that these mums had any sense of 'community belonging'. They described informal relationships and links with neighbours, but no-one in this group said that they did anything for others – their focus was very much on their immediate family. Asked about whether they ever used 'informal care or support' they were adamant that they would only ever leave their children with family members. There was no indication that this group would ever pay for personal or support services – including childcare. This cohort definitely took the view that caring for children (at least until of school age) was their prime responsibility; in an emergency they would call on family members or – if really desperate – neighbours.

This group demonstrated a good knowledge of local organisations and services, but the Children's Centre was identified as the most used and the most popular, with an appreciation of the non-judgmental approach used by staff. None of this group had had dealings with other key organisations, apart from Wellingborough Homes. Housing (or rather access to) was, however, an issue of concern for this group. Reflecting the views of others who took part in this research, participants took the view that housing was more readily available to those who had 'problems'. One woman said:

"If you work there's no help or support. We applied to the Council and to Wellingborough Homes but we weren't considered to be of 'priority need'. My partner works, so we're having to scrape every penny together that we can to try and get a deposit to buy somewhere".

Others agreed with this sentiment; some people expressed perceptions regarding new communities receiving preferential treatment:

"Our rent (private landlord) costs more than a mortgage does. But Eastern Europeans seem to do alright with their housing when they come over. The Council will soon give them somewhere to live, and we'll be picking up the tab!"

"Yeah it can feel like you're penalised if you're not on benefits. My partner works really hard but his wages aren't enough. We have to get topped up with Tax Credits. I have wondered in the past if we'd be better off if he didn't work. But having said that, it would probably drive me nuts if he was at home all day!

Mums were unable to differentiate between housing providers – to their minds there were public (Council, RSLs) or private landlords, and your personal circumstances and capacity to pay would determine whether you were able to get help and support or not.

The group were largely very positive about their individual circumstances – they felt positive about being young/teenage mums (and certainly didn't feel judged), and considered themselves to be coping reasonably well with their task. All indicated that they had had a positive educational experience, and all had qualifications which, at some point, they wanted to utilise:

"Once the kids are at school I will go back to college and get my Level 3 in Childcare. One day I'd really like to be a social worker".

Asked about their health, well-being and 'habits' there was no problem in getting them to talk about fairly 'personal issues'. One woman said that she had asthma and took occasional medication. Only one of the four smoked cigarettes; they described themselves as 'moderate drinkers' (one said she didn't drink at all). Three of the women suggested that they were 'on the pill' when they became pregnant; the effectiveness (or non-effectiveness) of contraception was described as "part of life"; they all knew where to get contraceptive advice from. Knowledge of advice, support and services (advice; domestic violence etc;) was

demonstrated, with mums acknowledging the role of the Children's Centre in making available signposting information and informal access to staff. This was appreciated.

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The group were finally asked to consider what they thought was positive or less positive about living on Queensway. There was unanimous agreement that drugs were an issue:

"People would know where to go on the estate. The police seem to turn a blind eye".

It will worry me more when the kids get older. I know some parents won't let their kids out to play on the streets or on the playing fields. You see them on their bikes making deliveries; wearing their hoodies so noone can recognise them".

Further probing around this issue indicated that there is something around local drug issues that is almost accepted as part of 21st-century life, with a perception that it will always be there and, mostly, there is very little that statutory organisations can do about drug-dealing as there will always be a market for illegal substances.

3) WENWA Wellingborough & East Northants Women's Aid

WENWA provides secure accommodation via three 'safe' houses, emotional support including structured counselling, and child therapy. Referrals are made via Women's Aid helplines, social care and health providers, the police, the Children's Centre, social services and housing associations. They estimate that the majority of referrals in the county come from those residing in Wellingborough. WENWA supports women and children who are victims of domestic abuse and honour based violence. They offer targeted support service at level 2 and 3. The main services they offer include the provision of a 24-hour helpline, secure accommodation and support in securing move-on accommodation, drop-in activities and group work (which women are referred to).

WENWA maintain that the primary presenting needs of women and children accessing the service are that they are victims of interpersonal violence. However, they often present with a number of other needs including mental health issues, disability, debt problems and immigration needs, and parenting/behavioural problems. WENWA suggest there is a growing demand for their services

It was not possible, due to the vulnerable position of some WENWA service users and in order to protect confidentiality, to hold a group discussion. A decision was reached for the Senior Consultant to hold face to face interviews with individuals who had accessed the organisation and its services. Accordingly, these discussions took place at WENWA's offices. No WENWA staff were present; one woman was accompanied by two children.

There were two women who were prepared to be interviewed face to face. Both were White, and both in the early 30's. Discussions with both were of a nature whereby, by dint of their experiences and their relationships with various agencies, it would be relatively easy to identify them. Accordingly, in order to protect their identity, some details have been excluded from this write-up.

The first interviewee (who will be referred to as 'A') said she had lived on the Queensway estate for over 25 years, and for the past 11 years had been a Wellingborough Homes tenant. Her mother still lived on the estate, along with siblings; she described a fractured relationship with other family members (four sisters), including her mum. The woman was in her early 30's and two children aged 11 and 1; both have different fathers.

The woman described a long-term and fairly extensive (and current) relationship with statutory services in Wellingborough and described herself as:

"Both a victim and a perpetrator"

Asked what she meant by this, 'A' said that she had a history of abusive relationships with men, coupled with a personal capacity for violence herself. She went on to describe the relationships she had with various agencies and organisations in Wellingborough. Her present situation is a complex one, following one of her children reporting to school following a physical assault by 'A's current partner. He was eventually charged with Common Assault. This, as a result of her previous episodes, resulted in a referral to Social Services and the child being subject to a Child Protection Plan, which is due to expire later this year. As part of this Plan, 'A' had to participate in WENWA's 'Freedom Programme'. (This is a twelve week programme which seeks to empower women to make positive choices about their

lives and to address their behaviour in order to stay free from abuse. It also explores parenting and the impact of abuse on children.) This is the third time that 'A' has been on the Freedom Programme.

Asked about her experience as a participant and her engagement with WENWA, she said:

"The Programme's been good to me, making me think about how I physically, verbally and emotionally respond to the kids. I have a tendency to 'lash out' – my partner knows what buttons to press, then I'll go for him. It teaches you to think before you react'.

Probed as to how she felt about participating in the Programme for a third time, there was a tacit recognition that she was there because it was a requirement of the Child Protection Plan:

"I need to demonstrate that the kids are not at risk. I need to show them I can respond to stuff without resorting to violence".

'A' came across as someone for whom violence had been 'normalised' – she went on to describe a difficult childhood with a mother who had problems with depression and who, ultimately, neglected (both emotionally and physically) her children. It was 'normal' she said, to be hit, and she acknowledged that this early experience had influenced both her relationships with men and the way she parented her children. She was relaxed about involvement by statutory services, but was somewhat critical about what she considered to be their heavy-handed approach, particularly with regard to the school's involvement and the rush to involve child protection practitioners:

"It was only a tap to the head – it was no big deal. It's not like it's serious abuse is it?"

'A' went on to say that she thought the Queensway estate was "better than it used to be" but that there remained some issues for the estate which meant it was sometimes a difficult place to live and raise a family. She identified what she considered to be a high number of single/teenage parents who were "swallowing up all the housing" and:

"There's nothing for young people to do – no youth club, no holiday schemes. There's no childcare – nothing to give people like me a break; you've got to be there with them all the time. No wonder things blow up sometimes".

'A' had previously been beaten up herself (by another woman) on the Queensway estate over what she described as a "neighbour domestic". She reported the incidence to the police who, she said, took no further action. She went on to say that she thought that PCSOs on the estate were a lot more approachable and responsive to local need.

The second interviewee, 'B' was in her late 30s and was a lone parent (divorced) with a 10 year old son. She is currently happily settled with a new partner who also has children (and he has Parental Responsibility). She rents privately on the Queensway estate, but has been accepted for housing by Wellingborough Homes. She was referred to WENWA by Wellingborough Mind.

'B' suffers from acute anxiety and depression, as a result of being sexually abused by her father for a number of years when she was a child. She went on later in life to marry someone who was also severely depressed, but she said:

"I thought when we had a child together that would help but it didn't – it made matters worse. We were both on medication at one point".

She talked about the effect of her childhood abuse on her life and her relationships. She said that her mother colluded with the abuse, refusing to believe what was happening. 'B' took the decision a few years ago to break all ties with her family on the basis that the relationship was dysfunctional and damaging to her son. (Her parents live in the South of England.) Her experience of being sexually abused has impacted both physically and mentally; she has a slight disability (which she says is as a result of the psychological effects of the abuse) and shakes continually. She currently receives one-to-one therapy from Mind, and takes party in the 'Freedom Programme' at WENWA so that she can get support from other women who have had similar experiences. She is determined that her son is going to have a better life, and feels positive about introducing him to her partner's children.

She was enthusiastic about the support she was receiving from local services, arguing that:

"I'm not sure I would still be here if it wasn't for Mind and the likes of Women's Aid. It's taken me a long time, trying to come to terms with how my childhood has been taken away from me. I still have issues with being able to trust people or forming relationships. My self-esteem is pretty crappy. I struggle to concentrate enough to hold down a job - I would really like to train to be a care worker so I could help and support others - but I have to make my child my priority."

Both interviewees came across as being articulate and knowledgeable about domestic violence, the organisations and services available to provide interventions, and the potential impact on relationships, parenting and the wider family. The author recognises that this may be as a result of long-term pro-active engagement with therapeutic service providers, but is not in a position to make a judgment on the effectiveness and outcomes of such interventions.

4) Ruskin School Family Fun Day - young people

Taking advantage of younger children being on site with their parents, we were able to have a brief informal chat with children who were located in Wellingborough Homes 'arts and crafts' stand at Ruskin School's Fun Day. The group (who were sitting with parents throughout – therefore there were no consent issues) were colouring and making animal face masks. Wellingborough Homes staff were also on the stand at all times.

The group comprised two boys aged 6 and 7 (who were cousins); a girl aged 9, a girl aged 14 and a 2-year old (unable to determine gender).

This brief informal discussion sought to capture the view of children about what was good (or not) about living on the Queensway estate, and what the children did for fun or leisure. Excluding the 14 year old and the toddler, there was enthusiasm for sports facilities and green areas:

"I've got a big park by my house - I go there with my bike and meet friends".

"I like playing on the big slide".

"There's a new basketball court that's good".

Children present were asked what it was like living on the estate and whether it felt safe. The 14 year old, who attended Weaver's School, said that she very rarely ventured out, particularly during the school holidays, preferring to be "In my bedroom on my 'phone". Younger children present, however, said:

"Sometimes you get older kids on bikes hanging around, but I try and show that I'm not scared".

"I've seen people trying to set fire to the grass in the park".

The 9 year old said she liked going outdoors with her mates but that her mum didn't like her doing it so she tended to stay at the house with brothers and sisters and that her friends went there.

All present said that they enjoyed going to school and that their teachers were nice.

Informal discussions were also held with staff at Ruskin School on the day, particularly with those staff who were involved in parent engagement and parent support initiatives. Staff talked of making huge efforts to engage with parents in an attempt to get them to be part of school life; it was acknowledged that such efforts were directed at some parents in particular who were 'known' to statutory agencies. One member of staff took the view that:

"I sometimes wonder whether we've done too much, made it too easy for parents. School policy has had so much emphasis in the past ten years on 'the hard to reach' or the 'disadvantaged' that it feels like the sort of support structures and systems that we've put in place have actually served to help create a sense of entitlement. I wonder if we have done too much — helped create a type of complex dependency whereby some people expect agencies to do absolutely everything for them?"

More generally, school staff described the long-term effort (often fruitless) of parental engagement. One staff member said:

"If we don't establish a relationship when the kids first come to nursery or reception class there's very little hope of engaging with lots of parents. I try and focus on the importance of parent-child communication; of talking and reading, of avoiding too many other distractions. It's hard work!"

The school described a very professional, pro-active relationship with local partners, and talked positively about communication mechanisms working, particularly in relation to child protection concerns or parental neglect. Some staff, however, expressed concerns about the capacity of Social Services to respond to all but the most serious cases as their caseload was heavy. Others had wider concerns regarding service delivery organisations:

"The fragmentation of local services; there are increasing numbers of dysfunctional families – for some it's a generational thing, with poor behaviour being passed down from one generation to the next. What this means is that some parents have what I'd describe as an 'informal' relationship with different agencies. One organisation might be supporting a parent by providing informal parenting events; another might be dealing with domestic violence; someone else might be supporting a housing application. What I'm trying to say is that in the current climate organisations are often consumed with securing the resources to keep going – services to local families are being delivered but not in a particularly systematic way."

There is some anecdotal evidence to back up the quote above. We were able to take advantage of our presence at the event to chat to some parents, some of whom had children at the school. The Senior Consultant had a number of informal discussions with parents. A number of themes emerged; firstly, parents (all mums) were remarkably up front about their relationship with statutory services, including involvement with Child Protection Teams. Secondly, some talked of their frustration at, for example, local housing providers not providing services such as gardening, decorating or household maintenance. Thirdly, there was a general consensus that, for older children, there was little to do, particularly during the school holidays – parents said that they couldn't always afford trips to town where there was the temptation of spending money in shops.

Finally, this cohort (of five individual parents) were all relatively comfortable talking about their relationships and networks, and how they were not comfortable with the concept of supporting people outside of their immediate family or friendship networks. None would consider, for example, volunteering or providing support to someone in their community; reliance was placed within their families so, for example, it was understood that if you had a problem with childcare a parent or family member (or, at a push, a close friend) they were the ones turned to. This group was relatively young, with the oldest in their mid-30's, and, as such, didn't identify health or care support needs. They tended, they said, to socialise within their family or with friends and that often this activity would consist of "having a drink at someone's house 'cos it's cheaper than going to the pub". None of these mums would consider paying for services; they came across as being fairly knowledgeable about what they considered their 'entitlement' to be in terms of housing, health, education and benefits, and knew where to go to in terms of accessing information.

5) Attley Court

Attley Court is a sheltered housing scheme located in Olympic Way on the Queensway estate providing accommodation for people aged 55+. The accommodation consists of self-contained flats with a range of community facilities. There is a Manager on site throughout the day (the Court Manager).

This focus group was made up of nine residents, six of whom were female and three male. All were White. The youngest was aged 67 and the oldest resident present was 88 years of age. Some had been at Attley Court for between 8 and 12 years; others for 2 or 3 years. One man was relatively new, having moved into the scheme a few weeks ago. Attley Court is owned by Housing 21; the costs – dependent on property size range from (paid for by all residents present) is £ between £450 and £500 per week (this includes the service charge but excludes Council Tax.

The group participants – some of whom used walking sticks - described a range of physical ailments and conditions including heart problems, kidney disease and arthritis. Others said they didn't have any physical ailments, but were merely getting older and needing physical support for some day to day activities. Participant comments around health and well-being included:

"We've got everything we could possibly need on site here. The Manager takes responsibility for storing medication we take."

"It suits me living here. I'm not as quick on my feet as I used to be, I'm 88 so it would be funny if I was but I don't worry about something happening to me while I live here – there's always somebody around and you can call in the middle of the night if you need to."

The group was asked about diet, smoking and alcohol consumption. Nobody in the group smoked, but three people had previously smoked. Alcohol was used by some, but all said only occasional drinking occurred. One female resident, however, confessed to a hobby:

"I make my own wine in my flat. The other residents have a bit of a tipple sometimes. It's cheaper than buying it at Morrison's!"

Diet was understood to be important; most said that they tried to make sure that sufficient fruit and veg was consumed. If food wasn't delivered to Attley Court, participants said that they used the local Co-op, which was also handy for the Medical Centre. They also said that they had occasional 'fish and chip nights' which were very popular.

There was universal praise for Attley Court and the services and support made available. Residents described their situation as follows:

"It's a real community here, but with the attraction of having your own privacy".

"I've lived in Wellingborough all my life, and feel really secure here. The staff are brilliant – sometimes you wouldn't know they were there, but you're safe in the knowledge that there's always someone on site".

"Security's very important to me – I feel safe here and safe living on this estate. I go walking across the field early in the morning. It's not far and the fresh air does me good."

Asked whether they would consider paying for practical services or informal care and support there was a unanimous 'no'. Firstly, they are already paying through the resident and service charge to Housing 21. Secondly, this is a group that is used to living communally and with support staff 'on site'. As such, the concept of having to identify, secure and pay for services in addition to what they're already paying for is largely beyond their comprehension.

One of the issues that concerned them was that of the availability of local housing, with a perception that both in Wellingborough, and on the Queensway estate, housing was both unaffordable and not accessible to local people. Some took the view that migration patterns were responsible. Some in the group described the locality as an 'overspill estate, with the suggestion that the development and provision of social housing on Queensway had helped give the area a bad name. There was, however, the suggestion that the area still had 'community spirit', with one woman arguing that:

"This isn't a bad place to live – there're just a few families that help give the place something of a reputation. Relationships with schools are good but it would be even better if there were closer relationships between young people and older people – especially for those of us who haven't got family around."

It may be that there are possibilities here for some inter-generational work.

6) Glamis Hall

Glamis Hall (with the premises owned by Wellingborough Council) is a day centre located on Goldsmith Road on the Queensway Estate, providing a range of activities including bingo, quizzes, flower arranging, painting and card making for people aged 50+. Each day a hot three-course lunch is available (cooked on the premises) and special diets can be catered for. There are also facilities for Centre users to take baths and showers with the help of trained care assistants. Transport is available for those who want to come to the Centre but who don't have access to transport or who have mobility problems. The Manager estimates that approximately 40% of their clients are from Queensway; a significant number of service-users are referred by GPs. There is a staff team of twelve, and the organisation has to pro-actively fund-raise and secure donations to keep the Centre and its services going.

The group at Glamis comprised three women and two men, one of whom was accompanied by his wife but didn't contribute to the discussion as a result of what was described as his 'severe dementia'. Of the three

women, they were all in their late 80s and one had lived on Queensway for 35 years and another for 42 years. The male present who was able to contribute had lived on the estate for over 26 years; he was aged 60 and said that his partner was disabled. All were white, with no obvious physical disability apart from one man who was clearly in very poor physical health and moved with difficulty. (He later described his health condition to me in private). No-one in the group smoked, but two identified themselves as ex-smokers.

They talked freely about coming to the Glamis Centre two or three days a week. Some of the discussion focused on the social aspects: participants said they enjoyed:

"The social aspects – coming here and having a cuppa – seeing a friendly face. If I didn't come here I'd be on my own in the house."

"I enjoy playing bingo; we have a laugh when we get together. I like being with other women."

For others, their attendance at the Centre enabled their family members of partners to have a break from caring responsibilities:

"I get a three-course dinner every time I come here. The food's nice and it saves my partner having to cook all the time and it means that she can have a bit of a break from me!"

"I've had three heart attacks. I met my wife when I worked for London Transport – I used to drive buses but eventually my health deteriorated and we moved up here. I haven't been able to work for a few years. If I stay cooped up at home for too long it gets me down and we start arguing – this place has been a life-saver; they come and pick me up in the minibus too as I can't drive anymore."

"My daughter (who lives locally) does quite a bit for me – she takes me shopping twice a week, picks me up in the car and we go to the big Sainsbury's. I suppose when I come here she knows I'm looked after, that I eat well and even get a shower here sometimes 'cos the staff can help me."

The group participants said that they usually attended the Centre between the hours of 9.30 and 3.30pm, and paid £11 a day which they considered to be good value.

Going on to talk about their health and care support needs, this group also indicated something of a reliance on family members and (occasionally) neighbours. In addition to the example given above, one person in the group talked about how brilliant her neighbours were in undertaking small, practical (but vital) tasks such as changing light-bulbs or moving items of furniture. There was no indication from this group that they would be willing to pay for services other than those traditional services provided by professionals such as decorating.

Four of the group were Wellingborough Homes tenants; one was a house owner who had bought a house in the town to be closer to her daughter. They expressed some concerns about local low-level crime. More seriously, one woman said she had been mugged on Burns Road by a youth who stole her purse. She reported the incident to the police but said the perpetrator wasn't caught and she didn't get her purse back. Another woman in the group said that the police should supply older people with personal alarms for security when out and about. One of the male participants said that there were:

"Problems with kids on motor-cycles – the police don't seem able to do anything about them."

Asked to expand on what the problems were, the man described:

"They ride on footpaths and on the grass verges. Sometimes they have hoods on so you can't see their faces.

The group said that they couldn't talk to me after the brief discussion about crime and ASB as the bingo session was starting.

7) Young People

A discussion group was held at a secondary school on Queensway, and recruitment of group participants was undertaken by a school staff member. The group was also attended by a Police Officer and a local

PCSO; the young people gave their consent for the police representatives to be present throughout the discussion. The group comprised six boys and two girls, all of whom were aged 13 and 14 years old. Two of the group was mixed-race, the rest white. All had lived locally since they were born.

The group was initially reticent to talk, but there was one boy in the group who was more confident and this, in turn, helped enable his peers to make a contribution to the discussion.

We began by exploring their attitudes towards living on Queensway; what activities they got up to outside of school and whether they felt 'safe'. The boys in the group were more vocal about articulating their enjoyment of being outdoors, particularly using their motorbikes. They expressed real frustration at efforts to thwart this activity by the police:

"There's nothing to do 'round here, so if we're not allowed to ride our bikes off road we're going to end up getting into trouble".

"If we can't use the field we use the paths 'round Kilnway. The only problem here is that there are sometimes some dodgy people around".

"I've been riding my motorbike since I was 6 – I'm not going to stop now. Everybody does it – everybody knows where to go. The police sit in their vans taking photographs of you just in case they want to arrest you at some point".

The police were adamant that their colleagues would not be taking photographs, and were at pains to point out the inherent dangers of driving motorbikes illegally. They pointed out the risks in terms of the young people not being insured, stating what potential liability might be if they were to knock someone over or damage another vehicle or property. They also raised the issue of young people not wearing crash helmets. The Police Officer talked of a Motorbike Project that had been set up by the police in Wellingborough, indicating that the Council had contributed funding to the police project to help establish diversionary activities for young people. Whilst those in the group hadn't heard of this initiative, a number of the boys subsequently took details from the police.

Returning to their experiences of growing up and living on Queensway, some in the group talked of knowing which particular areas were best avoided. Others talked openly about being victims of crime (street robbery, assault) but stated categorically that they would never report such matters to the police as:

"You don't snitch. If need be you sort things yourself. Nobody wants the reputation in school or on the estate as being a grass."

"Yeah, the police wouldn't do anything anyway! They might just walk you home and hand you over to your mum".

One of the girls said that she was regularly stopped by the police but declined to say why.

The group declared that 'reputation' amongst peers was crucial and that this was one of the reasons that they could never be seen to reporting anything to the police, even if they were in danger. Some in the group were candid about their experience of the criminal justice system, talking about how many times they had been arrested or cautioned, and talked openly about being on 'first name terms' with certain officers, and demonstrated a knowledge of legal terminology:

"I got cautioned under a Section 9".

"I've had three of them!"

(According to the police, a Section 9 is a warning issued about dangerous driving). There was no shame in these confessions; it was simply part of their lives to be occasionally taken to the police station or referred to the Youth Justice Panel. (There were a couple of boys in the group who were already involved with Service Six following referrals.) There was broad acknowledgement within the group that, in terms of personal safety, the young people were much safer within the confines of school. When probed, the group said that bullying took place both within and outside of school, but argued:

"The school's pretty strict and there is zero tolerance of bullying at school – if caught you're sent to the isolation unit. Once you're outside it's different; there's not the same protection. It's safer in school".

"Sometimes we'll get stopped by older youths. They might be after fags, or you have to give them your 'phone or any money you've got. There's nothing you can do; there's no point reporting it to anyone. No point being a pussy".

Asked about their relationships with parents and parental attitudes, most in the group said that their parents were largely oblivious to what went on outside of the house as long as they weren't made aware of any trouble. It was also suggested that both young people and their parents knew that there were some locations on the estate that were known areas for drug dealing, and the young people said that these areas were best avoided. Of greater concern to the group were problems associated with adult alcohol consumption:

"There no pub on Queensway – it got burnt down - so people go into town to drink, but they will have a few before they go out 'cos it's cheaper. My mum gets hers from the Co-op; her and her mates have a few before they go out".

"Yeah, you hear them coming back from town – there's no bus service at night so if they've spent all their money on booze they walk back, singing and being generally loud."

One of the girls took the view that there was a problem with 'Poles' drinking on the street (the police said that they were aware of this problem):

"They get smashed during the day on the cheapest booze you can get in the supermarket; cider and stuff. Perhaps they wouldn't do this if there was a pub to go to. Whatever, they say things to you when they've had a few. They make a lot of noise late at night – I can hear it when I'm in bed sometimes!"

One of the boys concurred but also added that he thought more recently there was a problem with Afghan men who were relatively new to the estate; he said that some of his friends were a bit threatened because:

"We don't understand what they say, but it sounds funny. They can look at you in a strange way – I don't hang about, you know what I mean?"

Asked to consider what improvements they would like to see on Queensway, there were a number of practical suggestions, including better street lighting to give them a greater sense of security when on the street. Having run out of arguments for illegal motorbike riding, the second most popular activity was skateboarding, and the availability of a local skate park would be popular – needing to be in walking distance of the school - and ideally including an area in which motorbikes could be used safely. It was also suggested that it would be useful to have somewhere where young people go 'to hang out':

"It would be great to have somewhere to go after school where you could meet your mates and have a chat."

"It would need to have computers and PlayStations. Pool table would be good. And a café."

"I do the boxing classes run by Service Six, but it would be good to have something else, something of our own."

The discussion finished with a brief conversation about 'generational issues', with some participants saying that 'older people' were always moaning about young people generally which fuelled misunderstanding and mistrust. It was suggested that grownups frequently assumed that a group of young people 'hanging out on the street together' were up to no good, but this simply wasn't the case – they had nowhere else to go. Again, there would appear to be some opportunities here for intergenerational work.

Service Delivery Organisation Discussions

The Bridge Programme

The Bridge Programme has an office in Northampton but has some input in Wellingborough. The Bridge Programme is a social enterprise, incorporating a mentoring service available to adult (18+) clients who have problems with alcohol and/or Class A drugs. Their funding comes from the Drug Intervention Programme and Northants DAAT. Some activities in Wellingborough are delivered via the Daylight Centre. Bridge Programme staff described a new drug and alcohol service run by CRI which was launched in Northamptonshire in February of this year. (Discussions with staff at Queensway Medical Centre confirmed that CRI have taken responsibility on the Queensway estate for drug treatment.)

The key provider at a county level, according to the Bridge, is CRI. The CRI Northamptonshire Integrated Recovery Service will have premises in Northampton, Kettering, Wellingborough, Daventry and Corby. (CRI will also work with partners to deliver treatment via satellite services in rural areas). Overall, the CRI service will seek to provide advice, information and medical treatment for people with substance misuse problems and will make advice available to friends and family. Within Northants, CRI have been commissioned by the County Council to work in partnership with voluntary sector providers including the Bridge Programme and Aquarius. CRI have signed up to the 'payment by results' agenda, meaning that their 'outcomes' – ensuring a client remains 'drug free' for a predetermined period – will be linked to funding arrangements.

Service Six

Service Six supports counselling and service activities for young people across the county. Support Groups are targeted at vulnerable and 'at risk' young people to encourage and enable them to address and discuss issues associated with their lives, services they received/receive and gaps in service provisions and to offer them extra support in areas they are struggling and find difficult to cope with. Their 'core services' are family therapy and detached street-based youth work. They describe a very good working relationship with the police around tackling youth crime and anti-social behavior. The police and PCSOs on Queensway will pass on intelligence about particular areas of concern, and there is a data-sharing protocol in place.

During the sessions they provide the young people involved with incentives and motivation to enable them to actively participate and express their views and opinions during the sessions/workshops. All young people involved can gain a local and/or national volunteering award/accreditation for taking part in the discussions and consultations. Topics might include alcohol and drugs, relationships, sexual health, drug misuse and crime/anti-social behaviour, training and volunteering opportunities. They are currently working on the Queensway estate and organise, for example, a boxing project held at Glamis Hall. (Some of the young people in the school focus group are currently engaged with Service Six.)

Service Six have secured grant funding from the Big Lottery Fund for a project called 'Youth Starz'. This finding is worth £310K for 2013-2016, and will focus on providing disadvantaged children, young people and families within Northampton, Wellingborough and Kettering with a wide range of; community events; sports and dance academies; life skills programmes; accredited volunteering opportunities and supporting local organisations with volunteering hours.

Staff considered the Queensway estate to be:

"Deprived, sometimes lacking aspirations, with real evidence of inadequate parenting skills".

Their organisational approach is one based on "being on the streets" to help identify young people at risk. Great emphasis is placed on developing trust and relationships with young people; their experience tells them that young people will not engage with them as an organisation "if Service Six is seen as being too close to the police."

Returning to young people at risk, staff suggested that on the Queensway estate there were a number of families where there is family dysfunction, no parental control of children, and continual, inappropriate behavior exhibited on behalf of adults (criminal activity, drug and alcohol misuse, violence and parental abuse and neglect.) For young people, inappropriate role models and lack of structure, Service Six argue, exposes them to risky behaviours (sexual; substance; crime;) and increases the likelihood of school exclusion and contact with the criminal justice system. Service Six staff acknowledged a valuable role played by the Children's Centre in supporting troubled families via the Family Intervention Project. They

highlighted the fact that Northamptonshire County Council had secured £2.7 million from central government to work with 'troubled families'.

Service Six have been honest regarding their role on the Queensway estate and of their relationship with other key service providers. They maintain that they are delivering a distinct, evidence-based intervention for Queensway's young people and that, at present, their focus is on developing and maintaining relationships with this cohort and meeting agreed funding outcomes.

Queensway Medical Centre

The newly-located Queensway Medical Centre is situated on Olympic Way. They have some 12,000 patients registered, with a catchment area much wider than the Queensway Estate. The Practice Manager is responsible for the day-to-day management of the Centre. There is also an active Patient Participation Group, chaired by a local retired Headteacher, who works with the doctors and staff to improve medical and treatment services.

Staff at the Centre suggested that there are high numbers of people coming to the surgery who suffer from depression, often wanting someone to talk to. The Centre has developed a range of professional working relationships with other organisations, and describe particularly positive ones with the Police who drop in for a regular 'surgery' and Age UK volunteers who come to the Centre to support people recently out of hospital. The provider for their patients who are drug/alcohol dependent, as of April this year, is CRI; the Centre suggest that the new public health structure and service delivery landscape is confusing for local people who don't necessarily understand service restructuring or relocation.

The Centre suggests it has coped well with demographic change; the practice has registered an estimated 900 Eastern Europeans in the past two years but argue that this cohort don't present with any particular problems. Staff do suggest, however, that a more pressing issue is the high level of teenage pregnancies on the estate which, they argue, has an impact on mental health and well-being for many families,

One of their key concerns is the incidence of child abuse and child neglect. The Medical Practice has a duty to produce written child protection reports to assist child protection processes and interventions. Previously, it was the responsibility of the Health Authority to make payment to the Practice for these reports, but there is now less clarity. It is thought that Norhamptonshire County Council, following service reconfiguration, is now liable for payment for these reports. Since May of this year some 46 Child Protection reports have been written and produced, but the Medical Centre has yet to be paid.

The Practice describe working extremely hard to improve the health of the local community, and recognise the linkages between heath, education and economic inequalities and the potentially damaging impact of a small number of dysfunctional families in terms of the quality of life for the broader community.

St Mark's Parish Church

St Mark's Parish Church is located in the heart of Queensway. There are a range of activities available for both church members and non-practicing residents. The Vicar, who has been in this post for 10 years, previously served as Chair of 'Churches Together in Wellingborough' during 2009-11 and has extensive local knowledge of the local area. There is also a Church warden who is Chair of the Queensway Community First Panel. The Vicar of St Mark's acknowledges the difficulties in getting local people to engage with various groups and drop-in sessions which are held in the Church Hall. There is also, within the church community, recognition that Queensway experiences what they describe as classic 'deprived estate' issues such as drug misuse, alcohol abuse, low-level crime and high teenage pregnancy rates. They suggest that much of this is underpinned by a number of 'troubled families' who are known to all key agencies. Against this backdrop the church has established a 'Buggy Club' which provides toys, play activities and refreshments for local parents and carers. The church also promotes wider social engagement via their San Marco Café which is held every Saturday morning, making available breakfast and snacks and informal chatting opportunities for local residents.

Police Community Support Officers

There are two PCSOs who have responsibility for the Queensway estate; both are stationed at Wellingborough Police Station on the Midland Road. PCSOs take the view that there is a small number

(between 5 and 7) of young men aged between 15 and 17 years of age who are responsible for a wide range of anti-social and criminal behavior on the estate. This group allegedly uses threats of violence in order to intimidate local residents and to prevent criminal activity being formally reported. It is further suggested that whilst some of the mothers of this group of males will co-operate with police enquiries, some won't. This 'family protectiveness' is used by the perpetrators, many of whom regard the police as 'the enemy'. To the police, this negativity is exacerbated by a perceived lack of facilities and activities for young people, with insufficient diversionary activities to reduce the possibility of contact with the criminal justice system. Some young men in this gang have already experienced youth custody.

A key issue for the PCSOs and the police generally is drug dealing and drug-dealing gangs who use 'Kilnway' as a trading area. Drug dealing is largely in heroin, with some dealers being able to take advantage of Wellingborough's location and proximity to motorway links.

Whilst it is thought that there are reasonably good relationships between the police and the resident community on Queensway, the suggestion is that there is a lack of coherent intelligence regarding drug dealing for the police to have a real impact on the issue. It was recognised that Wellingborough Homes had made real efforts to make environmental improvements on Kilnway in an attempt to help 'design-out' crime. Wellingborough Homes, however, do not have responsibility for street lighting which is thought to facilitate unlawful activity if not working properly. Despite efforts to hamper criminal activity following environmental changes, it was also suggested that criminal activity can sometimes simply 'relocate' elsewhere within the estate. Criminal gangs and networks can, the police suggest, quickly become aware if policing has successfully targeted a particular area and gangs can move their operations to another location with minimum disruption to their entrepreneurial efforts.

PCSOs take the view that it is unlikely that just one organisation can influence change, and that the onus is on agencies working together. It was suggested that statutory organisations, such as the police or the Youth Offending services, can have the upper hand, and can be instrumental in putting in place the foundations for change. They argued that the role of Social Services and their ability to influence parental behavior and, accordingly, reduce the incidence of anti-social behavior. The role is, perhaps, more significant than is generally realised.

PCSOs recognised that there is an issue regarding the relationship between them and young people, with communication not always being effective. This is further hampered, they suggest, by a lack of willingness on the part of some families to engage with the police or have any sort of dialogue.

Local Council Representatives

There are three Ward Councilors for each of Wellingborough Brickhill and Queensway and two of them were interviewed as part of this research study. Wellingborough Council is Conservative. Whilst having different experiences based on the length of their involvement, both were passionate advocates of community engagement. They talked of the political and economic context — in particular of the major welfare reform changes and of the huge reductions in public funding with a knock-on effect of the amount available to fund key public services.

There was discussion around the housing history of the Ward, with the mixture of tenure and the significant presence of social housing landlords; it was recognised that many people had lived on the estate for a considerably long time, but there were some changes as economic migrants took advantage of the growth in 'buy to let' properties and were happy to rent out properties to private renters. It was suggested that the 'bedroom tax' was a big issue locally, with pockets of under-occupation. The housing mixture is deemed responsible for securing agreement regarding areas of ownership and responsibility over, for example, pieces of land and parking; this results in "things not getting done' and "confusion about who is responsible for key services"

Both interviewees took the view that there is a mismatch between the resources made available by the County Council and what community needs actually were, that the contracting out of services was not always practical and that there was a need for greater clarity on behalf of the County Council with regard to service delivery intent.

In consideration of relationships between the statutory and voluntary sectors, one interviewee thought the relationship to be 'dreadful' with a general lack of trust. Both thought that the operating environment was extremely difficult, with competition for dwindling resources fuelling an atmosphere of non-collaboration or co-operation.

Both also took the view that there had been an absence on the Queensway estate of any real community infrastructure, coupled with any sort of physical focal point. It was also suggested that, historically, schools hadn't been academically successful and that the home-school relationship poor. There was some discussion about the decision for one local school to be awarded 'Academy' status. This theme – the reconfiguration of services and the changes in local governance (in health, education, family support) had led, it was suggested, to confusion at a local level in terms of accountability and transparency.

Both welcomed efforts seeking to improve local co-ordination, and efforts to secure the involvement and engagement of local residents, particularly young people.

Places for People

Places for People are a large organisation, providing a range of services including property management, regeneration interventions, supported housing and housing with care (Langdale Court). In terms of housing services on the Queensway estate they provide services for what might be described as a more challenging tenant base. They hold surgeries, for example, on debt advice and financial management; benefit entitlement; information on drug and alcohol services and employment and volunteering initiatives. They regularly host the activities of other organisations, including those of the County Council attempting to undertake community outreach activity at the Queensway Resource Centre in Brooke Close, next to Sassoon Mews.

8) Conclusions, discussion points & recommendations

The concluding section of this report is split into three key areas – a first focusing on the family interventions and family support context, a second on community (dis)engagement and a third and final section regarding relationships. This will be followed by a number of recommendations which are based on analysis of the research findings, and in consideration of discussions held will stakeholders during the course of fieldwork activity. The final paragraph captures the 2013 Health Profiles as particular health indicators suggest public health problems for Queensway.

Preventative services – family support

The majority of families on the Queensway estate are functioning normally and raising happy, healthy independent young people. There is evidence of good levels of support within families as a result of well-established informal networks. This is underpinned, as shown in the research, by a real 'self-reliance' and something of a reluctance to involve other agencies in family life. People, although not particularly connected to community-based activity, describe a loyalty to the area and an appreciation of existing support projects, accessible to those who want them. There is a real appreciation, from families with young children, of the Children's Centre. There is, perhaps, less of a connectivity amongst younger people, who articulated their frustration at what they consider to be fewer resources and activities. This fuels poor relationships, in particular with the police.

Discussions with key service providers, particularly those dedicated to supporting families and providing housing, education and health care, suggest that there are a small number of dysfunctional families who have a significant impact on the wider Queensway community. This is further evidenced by the perceptions and experiences of parents and young people who agreed to take part in the research, along with the police and PCSOs. These families may well be, according to the key agencies, the ones responsible for anti-social behaviour and more serious criminal activity; they are also the ones most likely to be 'known' to social services and at risk of being subject to child protection plans. These are the households most likely to be exposing children and young people to domestic violence and criminal activity; the ones known to Women's Aid and the police.

Recently collated Medical Centre statistics highlight the relatively high number of requests by the County Council for the practice to produce reports for consideration in child protection proceedings; whilst this should be treated with caution as not all patients are Queensway residents, this number of statutory interventions is worrying on the basis that it is informed by the numbers of families who have 'crossed the threshold'. Whilst it is notoriously difficult to quantify the incidence of domestic abuse, child cruelty, child neglect or inadequate parenting, and not wishing to paint Queensway and Wellingborough as somewhere suffering higher than average levels of challenging families, these findings are, perhaps, cause for concern.

The economic outlook – with further cuts in welfare spending and further reductions in funding from central to local government - will further exacerbate a difficult situation for many organisations. Local authorities don't have the resources for the types of interventions which have the potential to achieve long-term positive outcomes. Local Authorities are currently confined to damage-limitation approaches; this should be set against an overall context of central government funding for early intervention services being gradually reduced with further reductions anticipated in the next financial year. There is also a move by Local Authorities to focus on preserving child protection and looked-after children budgets at the expense of preventative services such as Children's Centres. As such, there may be a mis-match between assumptions made at both county and local level, with resourcing decisions and moves towards further outsourcing not made on the basis of evidence of wider community need.

Against this backdrop, there is evidence to suggest something of a hierarchy emerging, with some organisations repositioning themselves (already evident on the Queensway estate) as being better placed to provide particular services as a result of resourcing decisions, leaving others working within what can only be described as a 'patchwork of provision'. There is a question mark, then, about the willingness of organisations to pool resources (financial and otherwise); to share intelligence and to work collaboratively to secure change. Professionals are operating in a culture which is increasingly outcome-driven and in which only those deemed most 'at risk' will be targeted. This service fragmentation is physical too; (this will be further addressed in the next section) we can see on the Queensway estate key services being delivered largely in isolation from each other — housing, education, health, family support. Excluding the Children's Centre which has a focus on supporting families with pre-school children, there is no central point, no physical location where families can access advice, support and information.

Some who took part in this research argued that services and family interventions are inadvertently creating a culture of dependency amongst some local families, helping create the conditions whereby there is an expectation or assumption that things 'get done' to or for them. This research suggests that this may be the case for a small number of families and individuals, but for most Queensway residents, there exists a real culture of 'self-reliance' or a dependency on friends and family for support.

Community disengagement

Both the quantitative and qualitative research elements point to low levels of social capital on the Queensway estate, amongst most adults and young people. (This is seemingly not the case with older people; focus group discussions indicate more of a connectedness to the locality and something of a 'civic pride' a real satisfaction with the location and availability of local services.) For some – again both adults and children and young people - this 'lack of belonging' is fuelled by perceptions of demographic change; many are badly mis-informed regarding the numbers of economic migrants living on the estate and their ability to access housing and associated services.

We have not gathered, during focus group discussion or the household survey, any evidence to indicate a willingness to pay for services other than those associated with housing costs. As indicated in the previous section, there are well-developed informal networks on the estate; people work on the assumption that family members will be the first port of call for (free) help and support. Older people have a reliance on family members for practical tasks such as shopping or home maintenance.

Focus group discussions and consultations with the police suggest that there is a poor relationship between the police and the community, with a worrying lack of trust which results in a reluctance to report crime as either witnesses or victims. Poor relations with police result in poor intelligence gathering, leaving particular areas on the estate prone to criminal activity despite the efforts of housing providers. For young people, this increases the likelihood of becoming a crime victim and also makes them more vulnerable to involvement with criminal activity and gangs. If there is (even a small-scale) community reluctance of not engaging with the police, that mind-set will be a worrying influence on children and young people.

Acknowledging the time needed and resources devoted to developing community engagement (and despite the heroic efforts of some local providers during the summer months) there is room for a more coherent and better co-ordinated approach. (Practical suggestions will be addressed in the recommendations). During the course of the fieldwork, for example, we came to realise that we were attempting to re-interview the same respondents – parents and local residents who were already engaging with community activities put on by Wellingborough Homes, the Children's Centre and Ruskin School – people who had already completed our survey questionnaires. The only reasonable conclusion to be drawn here is that provider organisations are already successfully engaging with those service users who are likely to participate in most things without too much persuasion – the concern, perhaps, is the wider community who readily describe themselves as 'isolated' or that cohort that needs to be exposed to the potential benefits of social action.

An obvious starting point, as highlighted earlier is the lack of a community focal point on Queensway – even for adults, there isn't a pub. For many young people, 'hanging out' on the streets or on the shopping precinct is the only option. This lack of some sort of 'community hub' is further exacerbated by a lack of community infrastructure; there appears to be no structure in place which isn't 'single purpose'. This is further exacerbated, according to young people in particular, by the Queensway estate being poorly served by public transport, with frustration expressed of there being no service after 7pm at night. For young people, this increases their feelings of social isolation.

Relationships

Queensway residents are not a homogenous group; like people elsewhere they are individuals with individual issues, coupled with family structures likely to affect their willingness and capacity to engage in social action. This research points to a high incidence of informal support networks – a reliance on established relationships amongst family members in particular – for childcare, help with transport, shopping etc. Furthermore, discussions with service providers and service users indicate that a small number of local residents are well-known to support service organisations; this cohort demonstrate a good understanding of what's required of them in terms of parenting.

Relationships between organisations currently delivering services on the estate are viewed positively by those concerned. Most recognise, however, the potential difficulties in continuing to work collaboratively as a result of the reduced public purse and a growing inter-organisational competitiveness for financial resources. There is some anecdotal evidence to suggest, as indicated earlier, that relationships between the police and some sections of the community are poor. This is informed and underpinned by negative perceptions (especially on the part of some young people) regarding what the impact of a better relationship might be. There would seem to be a warm, professional working relationship between the Children's Centre, local schools and health visitors; there would be benefits to be had in linking in more frequently with services delivered via the Medical Centre.

Wellingborough Health Profiles 2013

The health of people in Wellingborough is varied compared with the England average. About 3,000 children live in poverty. Life expectancy for both men and women is similar to the England average. (In the most deprived areas 10.01 years lower for men; 6.4 years lower for women.)

By Year 6 almost 20% of children are classed as obese.

Levels of teenage pregnancy and smoking during pregnancy are worse than average.

Rates of sexually transmitted infections and stays in hospital for alcohol-related harm are better than the England average. The rate of drug misuse is better than average.

Rates of statutory homelessness, violent crime and long-terms unemployment are worse than average.

Recommendations

Following the conclusions set out, and the threads following from the quantitative and the qualitative elements there are, perhaps, two key prevention themes emerging; community disengagement and inter-agency collaboration.

In terms of the thread, there is:

- Misinformation around existing services; who is responsible for what and where
- Lack of knowledge between agencies about each other and no obvious sense of agencies working together
- Some evidence of a need for other 'home support' services e.g DIY, gardening
- Reliance on family support but a question as to whether people know which agencies to access if they need to secure external support
- Suspicion between different generations; both older and younger people resorting to stereotyping
- Suspicion of emerging, new communities, particularly around allocation of housing and access to services.

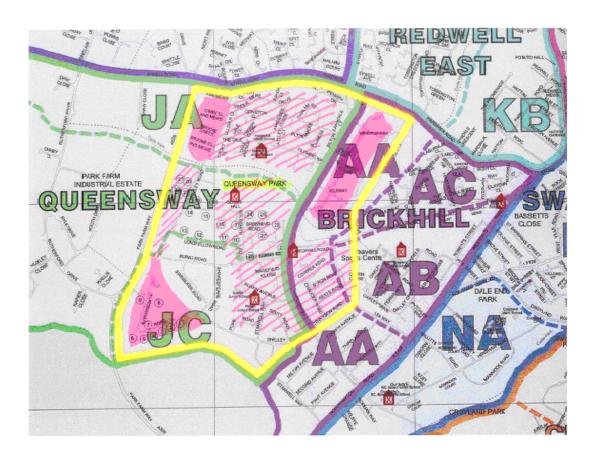
Accordingly, the recommendations below focus on the need for addressing community disengagement and interagency through:

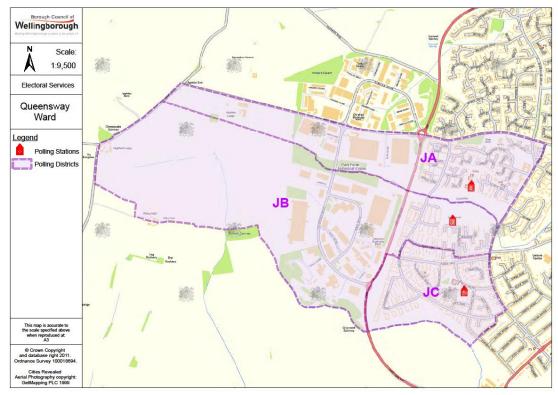
- Working in and between communities (of age, of ethnicity) on inter-generational projects
- Promoting the availability of existing agencies and services through a range of channels and format
- Identifying opportunities for joint working, service opportunities, sharing and pooling resources at a time when resources are diminishing fast.

Recommendations

- 1. Partners should explore a more formal Local Prevention Partnership with those agencies and organisations that have a physical presence on Queensway to drive forward joint work for families and individuals. This might, for example, help tackle the high teenage pregnancy rates.
- 2. Partners should explore the development of a Queensway Community Enterprise Hub that can provide a key focal point for communities, young people and raise aspirations for local people around jobs, skills and training and promote the development of micro-enterprises and social enterprise. Young people should be recruited to the Partnership structure of the Enterprise Hub.
- 3. Partners should seek sponsorship and to promote skills, learning and enterprise development on the estate to help tackle long-term unemployment. Resources should be identified to fund the costs of a Feasibility Study and a potential Community Enterprise Plan.
- 4. High levels of teenage pregnancy can fuel health and economic inequalities, with strong links between social class and deprivation. The Children's Centre, in conjunction with Queensway's Medical Centre, Service Six and Weavers School and primary schools should promote the benefits of contraception amongst young people.
- 5. The Police should promote the Project seeking to enable young people to ride motor bikes. The agency should also consider commissioning a small action research study to explore the lack of trust between the police and some sections of the community to help identify actions to improve dialogue and relationships.
- 6. A Local Prevention Partnership should prioritise resourcing for WENWA, the Police and the Medical Centre to ensure that there is a formal and regular input at Weaver's Academy in PSHE to raise awareness of domestic violence, mental health, drug and alcohol misuse.

Appendix A: Map





Appendix B: Survey

Project No. 13061

Final Version

Support Wellingborough: A preventative approach to delivering support

Queensway Research Project

+	$oldsymbol{\Xi}$
	Good moming/afternoon/evening, my name is I am a Researcher with M-E-L Research; we are carrying out the survey on the Queensway estate on behalf of 'Support Wellingborough' to find out what people think about how local services can best respond to local need.
	Can you spare a few minutes to give us your views? Your responses will be completely confidential. Information from the survey may be used by Support Wellingborough and other loc organisations to help to develop and improve care, support and service provision within the loca area.
	Interviewer details Interviewer name
	Date of interview
	Start time
	Finish time
	Respondent details Title (Mr/Mrs/Miss/Ms)
	Full name
	Address

MEASUREMENT ♦ EVALUATION ♦ LEARNING: USING EVIDENCE TO SHAPE BETTER

Full postcode _____

Telephone number _____

Project No. 13061

About Your Local Area

Q1	So firstly, can I ask how long you have lived in the local area? CODE ONE	
	Less than 1 year	
	1-2 years	
	3-5 years	
	6-10 years	
	11-15 years	
	16-20 years	
	More than 20 years	🗖 7
⊕	Do you think/feel that the local area has changed over the last 2 years? Co	ODE ONE ONLY
QZ		oroved . 🗆 1
		yed the same □ 2
	Sid	worse . \square 3
	Do	n'tknow . □ 4
	D01	III KIIOW . 🔲 4
Q3	If you could change one thing in your area what would that be?	
_		
<u>Co</u>	mmunity Assets / Being Part of the Community	
Q4	How strongly to you feel you belong to your neighbourhood / local area?	- READ OUT & TICK
	ONE ONLY	П.
	Very strongly	
	Fairly strongly	
	Not very strongly	
	Not at all	4
0.5	le 4be le 4 40 escrébe le company le des d'activité au contra de la contra del contra de la contra del l	:
Qo	In the last 12 months have you helped out at any clubs, societies, charitie local area? (For example Neighbourhood Watch, Residents or Tenants As	
	with Parent Teacher Association, volunteering at community events etc).	
	READ OUT & CODE ALL THAT APPLY	
	Voluntary groups e.g. helping out/good causes e.g. charity work, reading at sch	
	Social groups e.g. hobbies and interests such as social secretary at local club	
	Civic involvement groups e.g. governance or taking charge of something such a	
	governor, local magistrate	
	Action groups e.g. litter picking, painting - actively improving the local environment	
	None	□ 5

	Q6	In the last 12 months, have you done any of the following for someone who is not a religious on an unpaid basis? It might have been for a friend, neighbour or someone else related to you.	ative o	
		READ OUT & TICK ALL THAT APPLY Keeping in touch with someone who has difficulty getting out and about	. 🗆 1	
		Doing shopping, collecting pension or paying bills for someone		
		Cooking, cleaning, laundry, gardening or other routine household jobs	3	
		Decorating, or doing any kind of home or car repairs for someone		
		Babysitting or caring for children	5	
		Sitting with or providing personal care (e.g. washing or dressing) for someone who is sick or frail	. – .	
		Looking after property or pets for someone who is away		
		Giving advice to someone		
		Writing letters or filling in forms for someone		
		Representing someone (e.g. talking to a council official)		
		Transporting or escorting someone (e.g. to a hospital, or an outing, or a school-run)		
		Helping organise a local community event or activity		
		Other, please specify		
1		None of these	. 🔲 14	
	Q7	How often do you meet socially with friends, relatives or work colleagues? READ OUT CODE ONE ONLY		
		Never		
		Less than once a month.		
		Once a month.		
		Several times a month Once a week		
		Several times a week		
		Every day		
		Don't know (DO NOT PROMPT)		
		•		
	Q8	Compared to other people of your age, how often would you say you take part in socia activities? SHOWCARD 3 – READ OUT & CODE ONE ONLY		
		Much less than most		
		About the same		
		More than most		
		Much more than most		
		Don't know (DO NOT PROMPT)		
		Don't Mon (Do No 11 Nom 1)	🗖 0	
Į	Hea	ulth and Well-being		
<u>+</u>				
ت	Q9	I'd now like to move on to ask you some questions about health and well-being.		
		First of all, would you say in general your health is? READ OUT & CODE ONE ONLY	_	
		Very good		
		Good		
		Fair		
		Bad		
		Very bad	⊔ 5	

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Q10	Are your day-to-day activities limited because of a health problem or disab lasted, or is expected to last, at least 12 months? (include problems relate CODE ONE ONLY. NOTE: INCLUDES MENTAL HEALTH	
	Yes, limited a lot	1 – GO TO Q10A
	Yes, limited a little	2 - GO TO Q10A
	Not at all	
Ð		
ີ Q10ຄ	WHERE YES above: How would you describe your impairment? SHOWCAF ALL THAT APPLY	
	Very frail older person	
	Older person with dementia	🗖 2
	Older person with other support needs	
	Persons with physical disability/long term health conditions	
	Person with learning disability	🗖 5
	Person with mental health needs	
	Other	
	Prefer not to say	
	following questions are designed to be asked of everyone to find out how ph thy people who live in Queensway are in comparison to people living elsewh	
Q11	Please tell which of these statements best describes your level of mobility READ OUT & CODE ONE ONLY	
	I have no problems in walking about	
	I have some problems in walking about	
	I am confined to bed/to my house	🗖 3
Q12	Please tell which of these statements best describes your level of ability wi care? READ OUT & CODE ONE ONLY	•
	I have no problems with self-care	
	I have some problems washing or dressing myself	
	I am unable to wash or dress myself	🗖 3
Q13	Which of these statements best describes the extent to which you are able activities such as work, study, housework, family or leisure activities? REONE ONLY	
	I have no problems with performing my usual activities	П4
	I have some problems with performing my usual activities	По
	I am unable to perform my usual activities	
	Tall diable to perform my asad activities	
Q14	Which of these statements best describes the level of pain or discomfort ye experiencing? READ OUT & CODE ONE ONLY	-
	I have no pain or discomfort	
	I have moderate pain or discomfort	
	I have extreme pain or discomfort	🔟 3

	Q15	And which of these statements best describes the level of anxiety or depression you may be experiencing? READ OUT & CODE ONE ONLY				
		I am not anxious or depressed	🗖 1			
		I am moderately anxious or depressed	🗖 2			
		I am extremely anxious or depressed	🗖 3			
	Q16	And thinking about all of this, do you need any help and support with the things you haidentified?	-	st		
		Yes (GO TO Q17)				
		No (GO TO Q20)	🗖 2			
	Q17	Do you receive any help and support to meet your needs?				
		Yes (GO TO Q17a)				
		No (GO TO Q18)	🗖 2			
	Q17a	If yes, which of the following do you receive support with: TICK ALLTHAT APPLY				
		Managing practical tasks of daily living (e.g. shopping, cleaning, doing your laundry, caring fo pets, gardening and arranging the general upkeep of your home).				
		Meeting my personal care needs				
		Eating and drinking				
		Being part of my community				
		Accessing work and learning				
		Making decisions and organising my life (e.g. managing your money, managing correspondence, paying your bills)	□ 6			
		Managing risks				
#	O47b	And how often do you masive support? Plane colect an antion that heat describes the				
	Q17D	And how often do you receive support? Please select an option that best describes the support that you need. READ OUT & CODE ONE ONLY	•			
		a) I receive support from one person, once a day.	□1			
		b) I receive support from one person, twice a day.				
		c) I receive support from one person, three times a day.				
		d) I receive from one person, four times a day.				
		e) I receive from one person, five or more times a day.				
		f) I receive support from two people, once a day.				
		g) I receive support from two people, twice a day.				
		h) I receive support from two people, three times a day.				
		i) I receive support from two people, four times a day.				
		j) I receive support from two people, five or more times a day.				
		k) I receive support at night to meet my support needs				
	Q17c	And, who do you receive support from? -READ OUT & TICK ALL THAT APPLY				
		Support from a statutory / private agency (formal paid employee)	🗖 1			
		Support from family or friends (unpaid informal support)				
		Other (please explain)	🗖 3			

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	Q18	What help and support do you need w TICK ALL THAT APPLY	hich you are n	ot curren	tly receiving?	?	
		Managing practical tasks of daily living (e pets, gardening and arranging the general Meeting my personal care needs	al upkeep of you	your mon	ey, managing		1
#	Q19	Have you recently accessed any of the TICK ALL THAT APPLY Shopping	e following ser	vices? –	SHOWCARD	14 – RE	AD OUT & 1 2 3 4 5
	Q19a	If these services were available at a re trust, would you take up that service? EACH					
		Shopping Cleaning/laundry Decorating/home maintenance Caring for pets Gardening	None of the time 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rarely 2 2 2 2 2 2	Some of the time 3 3 3 3 3	Often 4 4 4 4 4	All of the time 5 5 5 5 5
	Info	ormal Care & Support					
We know that many residents have family members or neighbours they look after, but we don't know how many residents do this or where they are. Providing this information will help us to understand what support is needed and where. Q20 Do you look after, or give any help or support to family members, friends, neighbours or others because of either: — long-term physical or mental ill-health or disability? — problems related to old age? Please do not count anything you do as part of your paid employment.						us to	
		No (GO TO Q26)					2 1 3

	Q21	Thinking of your answer to the previous question, who do you look after, or pre or support? READ OUT & TICK ALL THAT APPLY	ovide with help)
		A family member	🗖 1	
		A friend	🗖 2	
		A neighbour	🗖 3	
		Someone else	4	
	Q22	Do you receive help, support or advice from any sources in your caring role? TICK ALL THAT APPLY		
		No	🗖 1	
		Yes, from family/friends	🗖 2	
		Yes, from voluntary carers	🗖 3	
		Yes, respite care	🗖 4	
		Yes, from professional carers	🗖 5	
		Yes, from someone else	🗖 6	
+	Q23	We need to understand any specific support people may need in your area. Wo	uld vou sav	
		you or someone in your family needs support because they are: READ OUT & APPLY	TICK ALL THA	T
		Struggling to manage/cope	🗖 1	
		Teenage parents	🗖 2	
		Young person at risk of offending		
		Person experiencing drug and alcohol dependency		
		Person experiencing domestic violence	🗖 5	
		Homeless person	🗖 6	
		Other – please specify	🗖 7	
		None of the above	8	
	Q23a	If so could you tell us what type of support they require?		٦̈
		,		
				_
	Pro	vision of Advice and Support Services		
	110	VISION OF AUVICE and Support Services		
	Q24	Have you recently accessed any of the following services? -READ OUT & TICK	ΔΙΙ ΤΗΔΤ	
	٠	APPLY		
		Benefits advice / welfare rights services		
		Debt advice	🗖 2	
		Heating and energy bills	🗖 3	
		Energy saving / insulation advice		
		Signposting services (to tell you how and where to get you to the right service and su	ipport 🗖 5	
		None	□ 6	

Q25	Please could you rate the support you would use of it was available within your lood our ward): READ OUT & TICK ONLY ONE FOR EACH			local community (on		
	your wardy. NEED OUT a HONONEY OF	None of the time	Rarely	Some of the time	Often	All of the time
	Benefits advice / welfare rights services	□ 1	□ 2	□ 3	□ 4	□ 5
	Debt advice	<u> </u>		□ 3	□ 4	□ 5
	Heating and energy bills	_ i	□ ₂	□ 3	□ 4	□ 5
	Energy saving / insulation advice	<u> </u>		□ 3	□ 4	□ 5
	A local neighbour support service	-	u 2	u 3	4	4 5
	(a person who knew how to get you to the					
	right service and support)	□ 1	□ 2	□3	4	□ 5
Final	Out You Bly we've got a few questions about you; esentative cross section of people.	these are jus	t to mak	e sure we hav	e covere	ed a
_	semante dioss section of people.					
⊕ Q26	INTERVIEWER RECORD GENDER:					□1
	Female					
Q27	Can you tell me how old you are? Age group 16 - 24					
	How many people living permanently in a following categories? (Write the number is nil). READ OUT & WRITE NUMBER Of 1) Pre-school age (0-4 years) 2) Primary school age (5-11 years) 3) Secondary school age (12-16 years) 4) Post school education (16/17 years) 5) Adult (18-59 or 64) 6) Retired (60 or 65+)	in each cate	gory, ent	ter 0 if the ans		

	Q29 Looking at this list, how would you describe your current housing status? – REAL CODE ONE ONLY					
		Home owner - own with or without mortgage or loan	□1			
		Shared ownership				
		Rented from Housing Association/Registered Social Landlord (long term / secured tenancy).				
		Rented from Housing Association/Registered Social Landlord (short term / unsecured				
		tenancy)	4			
		Rented from Private Landlord or Letting Agency (long term / secured tenancy)	. 🗖 5			
		Rented from Private Landlord or Letting Agency (short term / unsecured tenancy)	. 🗖 6			
		Rented from Other	. 🗆 7			
		Living with Parents	. 🗖 8			
		Staying with Friends	. 🔲 9			
		Homeless	. 🗖 10			
		Other (please specify)	. 🛮 11			
_						
#	Q30	Which of the following groups do you consider you belong to?				
		White				
		English/Welsh/Scottish/Northern Irish/British				
		Irish				
		Gypsy or Irish Traveller				
		Any other background (please specify)	. 🔲 4			
		Mixed / multiple ethnic groups				
		White and Black Caribbean				
		White and Black African				
		White and Asian				
		Any other background (please specify)	. 🔲 8			
		Asian / Asian British				
		Indian	. 🔲 9			
		Pakistani	. 🔲 10			
		Bangladeshi	. 🛮 11			
		Chinese				
		Any other background (please specify)	. 🔲 13			
		Black / Black British				
		African	. 🔲 14			
		Caribbean				
		Any other background (please specify)	. 🗖 16			
		Other ethnic group				
		Arab	. 🗖 17			
		Any other ethnic group (please specify)	. 🗖 18			

Further Consultation

⊕ Q3	Support Wellingborough would like to invite some local residents to take part in a focus group to discuss your views in more detail. The group will last about an hour and there will be about 8-10 people per group, is this something you would be interested in attending? It's likely to be in July but we will contact you nearer the time with all the details. Everyone who is selected to attend will be given a £30 Love to Shop voucher as a thank you for their time.				
	YesNo				
Q3	Would you be willing for someone from to contact you to make sure that carried out satisfactorily? Yes No		1		
Co	nfirmation	Vaa	No		
	on firm that this interview was conducted in an appropriate manner and, to the	Yes	No □ 2		
I ha	t of my knowledge; the details have been recorded accurately we given my contact details so someone can contact me to confirm the survey	1	1 2		
I ha	carried out satisfactorily ve given my contact details so that someone from Support Wellingborough can tact me about further consultation	1	□ 2		
cor	make sure that we are doing our job properly, a number of people interview firm that an interview has taken place. May we have your telephone numbe cked? Your telephone number will not be used for any other purpose and y tacted except for this reason.	r so this c	an be		
Tel	No:				
MA	NY THANKS FOR YOUR ASSISTANCE IN COMPLETING THE QUESTIONNAI	RE			
PR	SPONDENT TO COMPLETE: I CONFIRM THAT THIS INTERVIEW WAS COND OPER MANNER AND THAT THE DETAILS HAVE MEL RECORDED ACCURA CEIVED INFORMATION ABOUT MEL AND THE SURVEY				
Res	pondent to sign: Date:				

Using evidence to shape better services



Research



Public Consultation



Surveys



Consultancy Evaluation





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