

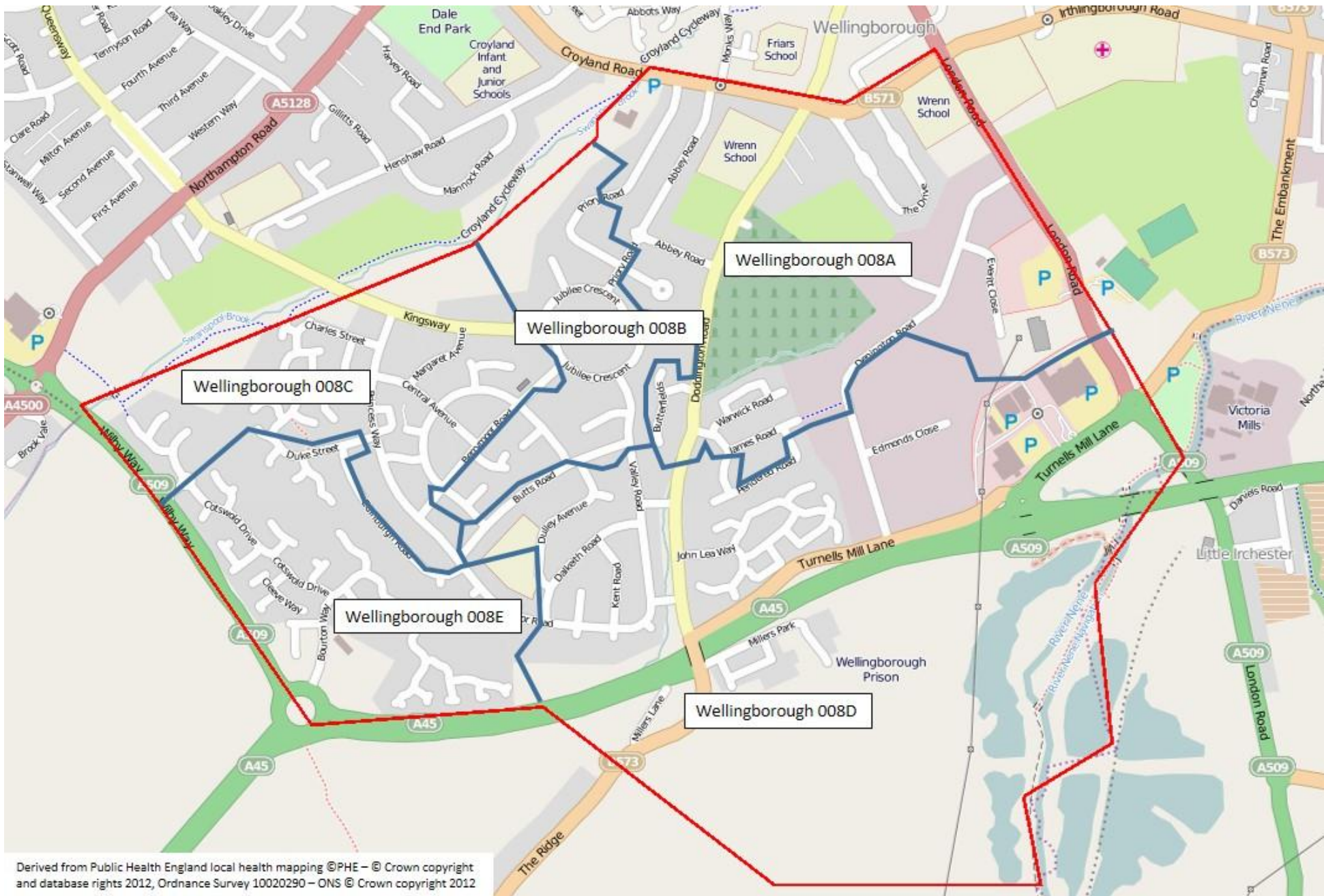
## **1. Introduction**

This report compiles the best available evidence (as of May 2014) relating to service needs in three Wellingborough wards.

- Croyland ward is located on the south side of Wellingborough. It comprises five Office for National Statistics (ONS) super output areas (SOAs): Wellingborough 008A, 008B, 008C, 008D and 008E (see fig. 1). It encompasses the area popularly known as 'Kingsway'.
- Hemmingwell ward is located on the north side of Wellingborough. It comprises five Office for National Statistics (ONS) super output areas (SOAs): Wellingborough 002A, 002B, 002C, 002D and 002E (see fig. 2).
- Queensway ward is located on the west side of Wellingborough. It comprises four Office for National Statistics (ONS) super output areas (SOAs): Wellingborough 005A, 005B, 005C and 005D (see fig. 3).

Evidence has been compiled from the following sources.

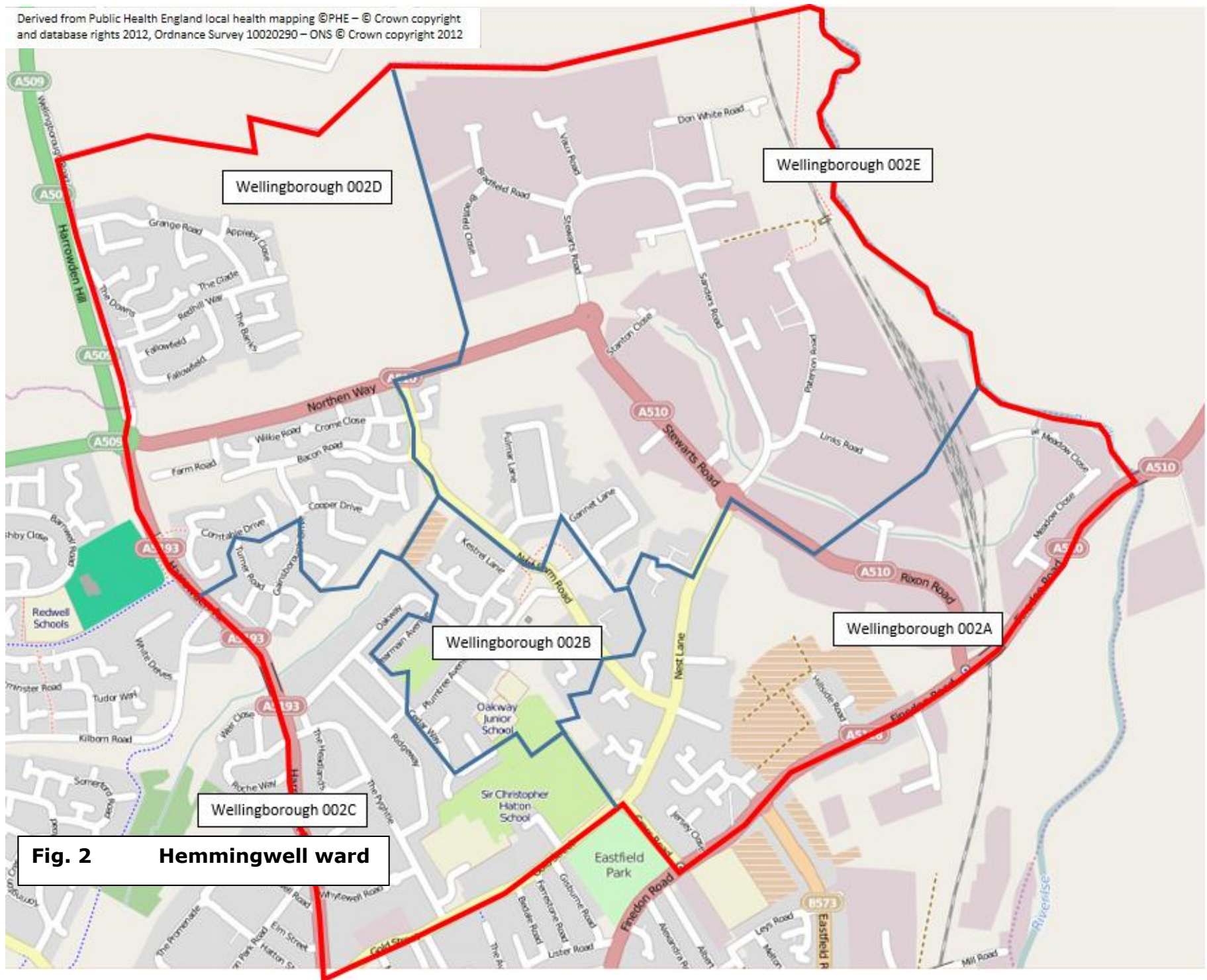
- Research report by *M-E-L Research* on Hemmingwell, published in February 2013. The report included evidence from: (i) desk-based research; (ii) a questionnaire survey of 652 households in Queensway; (iii) qualitative consultation with service-providers at seven organisations and agencies based in Wellingborough.
- Research report by *M-E-L Research* on Queensway, published in December 2013. The report included evidence from: (i) desk-based research; (ii) a questionnaire survey of 400 households in Queensway; (iii) qualitative consultation with service-providers and users at twelve organisations and agencies based in Wellingborough.
- Desk-based research by the University of Northampton during April-May 2014. Since the publication of the *M-E-L Research* reports on Hemmingwell and Queensway, a substantial body of new, ward-level data has been made available. Desk-based research by the University of Northampton updated and extended the evidence base on Hemmingwell and Queensway by compiling new data from:
  - Office for National Statistics (ONS) neighbourhood statistics data, including data from the 2011 UK Census and 2010 Index of Multiple Deprivation (see: <http://www.neighbourhood.statistics.gov.uk/dissemination/>);
  - Public Health England (PHE) local health profiles, published in September 2013 (see: <http://www.localhealth.org.uk/#l=en;v=map9>);
  - Countywide datasets for Northamptonshire archived on [www.northamptonshireanalysis.co.uk/](http://www.northamptonshireanalysis.co.uk/) particularly those derived from the 2013 Joint Strategic Needs Assessment (JSNA) for the County.
- Research by the University of Northampton on Croyland, conducted during Jan-May 2014. The project collated evidence from: (i) desk-based research (notably using the new ward-level data-sets listed above); (ii) qualitative consultation with service-providers and users at eight organisations and agencies based in Wellingborough.



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**Fig. 1 Croyland ward**





**Fig. 2 Hemmingwell ward**



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**Fig. 3** Queensway ward

## **2. Structure of report**

The following sections highlight key service needs evident from the data-sets outlined in section 1. Across the research activities coordinated by the University of Northampton and M-E-L Research, the following key themes were evident:

- service needs relating to population and demography;
- service needs relating to poverty and deprivation;
- service needs relating to employment;
- service needs relating to health and wellbeing;
- service needs relating to education, skills and training;
- service needs relating to housing and living environment;
- service needs relating to crime and public safety;
- broader issues relating to residents' engagement with services.

Each section highlights:

- service needs which are evidently common to multiple areas of Wellingborough – particularly where indicators for Wellingborough as a whole are worse than the Northamptonshire, East Midlands, or national average;
- any service needs which are evidently distinctive to Croyland, Hemmingwell or Queensway;
- evidence of differences in service needs within individual wards – particularly where there are evidently relatively small pockets of service need, where indicators are among the '20% worst' nationally.

### 3. Service needs relating to population and demography

Tables 1-3 show the age structure of Croyland, Hemmingwell and Queensway wards as recorded in the 2011 census, in comparison to the borough, county and national averages.

**Table 1 Population of Croyland ward by age group, from 2011 census**

8,239 residents in 3,164 households  
82% white British, 5% other white, 2% Black African, 2% Black Caribbean, 2% Indian/British Indian

Age	Frequency	Per cent		W'borough %	Northants %	England %
0-15	2,075	25		20	20	19
16-24	855	10		10	11	12
25-64	4,385	53		54	54	53
65-84	893	11		14	13	14
85+	106	1		2	2	2

**Table 2 Population of Hemmingwell ward by age group, from 2011 census**

8,272 residents in 3,367 households  
72% white British, 8% Indian/British Indian, 6% other white, 3% Black African, 3% Black Caribbean, 3% dual white/black Caribbean

Age	Frequency	Per cent		W'borough %	Northants %	England %
0-15	2,007	24		20	20	19
16-24	879	11		10	11	12
25-64	4,265	52		54	54	53
65-84	1,022	12		14	13	14
85+	99	1		2	2	2

**Table 3 Population of Queensway ward by age group, from 2011 census**

5,818 residents in 2,533 households  
79% white British, 6% other white, 3% Black Caribbean, 2% Black African, 2% dual white/black Caribbean

Age	Frequency	Per cent		W'borough %	Northants %	England %
0-15	1,423	24		20	20	19
16-24	670	12		10	11	12
25-64	2,867	49		54	54	53
65-84	747	13		14	13	14
85+	111	2		2	2	2

Key service needs relating to ward-level population and demography are highlighted in table 4.



**Table 4 Service needs relating to population and demography**

Service need	Evidence of need
<p>Sustained and better signposted support for preschool children and their families</p>	<p>The 2011 census indicates that, in Wellingborough as a whole, 7% of the population are aged 0-4 (greater than the county and national average of 6%).            In Croyland, Hemmingwell and Queensway, 8-9% of the population are aged 0-4.            In four SOAs in these wards, more than 10% of residents are aged 0-4 (SOAs Wellingborough 002B, 002E, 005C and 008B).</p> <p>In consultations with parents/carers in Croyland, the extensive offer of sessions, guidance and resources available at Croyland Children’s Centre was widely praised. Regular and occasional users of the centre outlined how contact with the centre had been very positive and produced positive outcomes for them and their child/ren. Key positive outcomes included emotional support, reduced isolation, new friendships, guidance and support for parenting, skills-development, and signposting of diverse other services. Centre staff were praised for their ability to engage, communicate and empathise with local parents/carers. Non-users of the centre reported that they found it reassuring that the centre was there ‘whenever they needed it’. All parents/carers consulted knew at least one local parent/carer who did not engage with the centre. This was reportedly because of a lack of effective advertisement/signposting of services, or because of feelings of ‘distrust’ or ‘it’s not for me’ (see section 10 on broader barriers to engagement with local services).</p> <p>However, consultations with parents/carers in Croyland were underscored with anxiety about the centre’s future in the wake of imminent changes to commissioning of Children’s Centres in Wellingborough. Local parents/carers reported a wide range of anxieties and rumours in this context. Some recurring anxieties/rumours were that: the centre would be taken over or replaced by an ‘outside’ agency; staff numbers would be reduced; popular staff members would be made redundant or replaced by ‘outsiders’ who ‘do not understand’ local communities; the extensive programme of sessions would be reduced; outreach sessions (e.g. at St. Andrew’s Church) would be discontinued; fewer sessions would be open to all in the community; attendance fees would be introduced. It was argued that any of these changes might substantially reduce local parents/carers’ engagement with the centre.</p>
<p>Additional provision and support for young people</p>	<p>The 2011 census indicates that in Wellingborough as a whole, 20% of the population are aged 0-15 (slightly greater than the national average of 19%).            In Croyland, Hemmingwell and Queensway, 24-25% of the population are aged 0-15.            In two SOAs in these wards, more than 33% of residents are aged 0-15 (SOAs Wellingborough 2E and 8B). In five further SOAs, more than 25% of residents are aged 0-15 (SOAs Wellingborough 002A, 005A, 005C, 008C and 008E).</p> <p>Qualitative research with young people, residents and service-providers in Croyland, Hemmingwell and Queensway typically identified a lack of provision and spaces for local young people as a major concern, with tangible outcomes in terms of young people’s ASB, health/wellbeing and aspirations. In Hemmingwell and Queensway, these anxieties were generally discussed in terms of there being ‘nothing to do, nowhere to go’ for young people. In Croyland, young people and parents/carers tended to indicate that all places where children and young people could go were unsafe. In all three wards, there was reportedly very limited engagement with, or awareness of, existing forms of local provision for young people. In all three wards, focus groups with residents of all ages indicated a strong degree of anxiety about local young people’s futures (typically in terms of a lack of ‘hope’, jobs or opportunities, or their likelihood of ‘falling into’ criminality, ASB or drug/alcohol use). Overwhelmingly, consultation with young people revealed feelings of exclusion, disenfranchisement, ‘not being welcome’ and ‘always being seen as trouble’ in local communities.</p> <p>Young people who engaged with local clubs and provision outlined how this engagement had been very positive and produced positive outcomes including emotional support,</p>

	<p>new friendships, guidance and support, skills-development, and signposting of diverse other services. However, very few young people had engaged with provision of this kind to any significant degree. This was reportedly because of a lack of effective advertisement/signposting of provision, or because of feelings of ‘distrust’ or ‘it’s not for us’ (see section 10 on broader barriers to engagement with local services).</p>
Support for isolated elderly people	<p>The 2011 census indicates that in Croyland, Hemmingwell and Queensway, 12-15% of the population are aged 65+ (lower than the borough, county and national average). Evidence from qualitative research with elderly people and service-providers in all three wards suggests that the relatively small proportion of elderly residents may contribute to feelings of isolation, vulnerability and anxiety.</p> <p>In Croyland, Hemmingwell and Queensway 25-35% of residents aged 65+ live alone In each ward there are 200-300 households containing lone people aged 65+ (Wellingborough average = 31%, England average = 32%).</p> <p>Qualitative research evidenced a considerable degree of vulnerability and anxiety among elderly residents in Croyland, Hemmingwell and Queensway. In all three wards, elderly residents indicated that they found their local community somewhat unpleasant and worrying, particularly in afternoons (when young people were perceived to be out and about) and after dark. All elderly respondents preferred not to leave their home after dark, and all reported that some local elderly people prefer to never leave home because of anxieties about personal safety. Croyland, in particular, was described as an ‘isolated’, ‘not nice’ place for elderly people to live (with the exception of elderly people living in local residential care homes, which appeared to have a positive reputation).</p>
Tailored provision and support for BME communities	<p>The 2011 census indicates that in Hemmingwell and Queensway, around 25% of residents are BME (greater than the Northamptonshire average of 15%, and national average of 20%). In Croyland, 18% of residents are BME. In two SOAs in these wards, more than 30% of residents are BME (Wellingborough 002A and 002E).</p> <p>In consultations with service-providers in Croyland, Hemmingwell and Queensway it was suggested that local BME communities are especially ‘hard-to-reach’ for health, wellbeing, social care and community services and interventions. Key barriers to engagement were identified as language, cultural norms (e.g. valuing ‘self-reliance’), ‘distrust’ or poor experiences of statutory or healthcare provision. In this context, it was argued that local service provision could be tailored somewhat more effectively to support and encourage engagement by BME communities</p>
Engaging with long-term residents	<p>Consultation in Croyland, Hemmingwell and Queensway indicates that around 30% of residents have lived in these wards for 20+ years, and a further 40% have lived locally for 3-15 years. Qualitative research with residents of all ages in the three wards indicates that long-term residents (especially families where multiple generations have lived locally) are especially resistant to, and distrustful of, ‘external’ support agencies and interventions (see section 10 on broader barriers to service provision).</p> <p>In consultations with service-providers and stakeholders in Croyland, Hemmingwell and Queensway it was widely argued that cultural and family norms about parenting, lifestyle and ‘self-reliance’ are ‘deeply embedded’ among long-term residents. In qualitative research in Croyland and Hemmingwell there was some evidence that the very active local Children’s Centre and community centre in these wards have begun to have a transformative impact upon parenting styles and engagement with parenting support, among long-term residents.</p>
Specific support for recent migrants	<p>The 2011 census indicates that, in each of Croyland, Hemmingwell and Queensway ward, 200-300 (2-4%) residents migrated to the UK less than five years ago (Wellingborough average = 3%, England average = 4%).</p> <p>In consultations with service-providers in Croyland, Hemmingwell and Queensway rapid</p>



	<p>'population churn' was identified as a particular barrier to engaging with recent migrants (especially those in private rented accommodation). In this context, it was argued that local service provision could be slightly more responsive to the needs, work patterns and complex mobilities of recent migrants.</p>
<p>Work to ease and mediate community tensions</p>	<p>Qualitative research with residents of all ages in Croyland, Hemmingwell and Queensway evidenced the existence of community tensions across all three wards. The most commonly-cited tensions were:</p> <ul style="list-style-type: none"> <li>• intergenerational tensions, mutual distrust and stereotyping between young people and older residents (with particular 'flashpoints' including incidents of ASB and motorbike usage);</li> <li>• animosity towards recent (particularly East European) migrants, particularly in relation to their perceived alcohol misuse, noise levels and access to housing and benefits.</li> </ul> <p>Consultations with service-providers in Croyland, Hemmingwell and Queensway suggested that local agencies could do more to ease and mediate tensions such these through their activities (e.g. via intergenerational or inter-community projects or events).</p>
<p>Support for lone parent households</p>	<p>The 2011 census indicates that in each of Croyland, Hemmingwell and Queensway wards there are 250-350 (12-16% of households) lone parent households with dependent children. This exceeds the borough and county average (both 8%). The vast majority of these lone parents are females who are either not in employment or are in part time work. In consultations with service-providers in Croyland, Hemmingwell and Queensway it was argued that, although local Children's Centres and community centres have been important in developing support for lone parents, more could be done to support the health and care needs of lone parent households (e.g. in relation to mental health – see table 10).</p>

#### 4. Service needs relating to poverty and deprivation

The 2010 ONS Index of Multiple Deprivation (IMD) collated evidence about seven ‘domains’ of deprivation in every English SOA. Each SOA received a score indicating performance in relation to each form of deprivation. For each domain, the SOAs’ scores were ranked from 1<sup>st</sup> (most deprived in England) to 32,482<sup>nd</sup> (least deprived in England). Each SOA was also given an overall ranking, indicating its overall performance across all seven domains of deprivation.

Tables 5-7 show 2010 IMD rankings for the SOAs in Croyland, Hemmingwell and Queensway wards. Rankings of less than 6,496 indicate that the SOA is among the 20% most deprived in England (shown in red). Rankings of less than 12,993 indicate that the SOA is among the 40% most deprived in England (shown in orange).

Key points in relation to tables 5-7 are as follows.

- In terms of the IMD measures, Wellingborough contains some of the most deprived SOAs in England. For example, in Croyland, Hemmingwell and Queensway, SOAs 002A, 002B, 002E, 005A, 005C and 008B are among the 20% most deprived SOAs in England overall, while SOAs 005B, 005D, 008A, 008C and 008C are among the 40% most deprived overall.
- In Croyland, Hemmingwell and Queensway 60-70% of households are deprived in relation to at least one IMD 2010 domain (borough average = 34%, national average = 42%), and 25-35% are deprived in relation to two or more domains (borough average = 25%, national average = 25%).
- Significant pockets of deprivation existing in Wellingborough 002A, 002E, 005A, 005B, 005C and 008B, where more than 70% of households are deprived in relation to at least one IMD 2010 domain, and more than 33% are deprived in relation to two or more domains.
- Overall scores for each ward are ‘skewed’ upwards by positive indicators in SOAs such as Wellingborough 002C, 002D and 008E, suggesting that these SOAs may have different needs, opportunities and social capital than surrounding SOAs.

**Table 5 IMD 2010 rankings for SOAs in Croyland ward**

Figures shaded in red are among the 20% most deprived in England

Figures shaded in orange are among the 40% most deprived in England

IMD domain	Rankings for Croyland SOAs (1 = most deprived in England, 32,482 = least deprived)				
	008A	008B	008C	008D	008E
Income	9,557	1,634	10,282	11,870	25,879
Employment	8,242	3,500	13,106	9,823	27,944
Health	11,931	8,170	12,164	14,648	26,022
Education, skills and training	5,665	523	3,286	5,631	14,685
Barriers to housing and services	11,147	15,020	15,501	1,738	3,159
Crime	5,083	1,344	7,686	7,489	18,476
Living environment	19,924	27,064	23,029	21,241	30,233
Overall deprivation	8,914	2,421	10,428	8,857	22,590

**Table 6**

**IMD 2010 rankings for SOAs in Hemmingwell ward**

Figures shaded in red are among the 20% most deprived in England

Figures shaded in orange are among the 40% most deprived in England

IMD domain	Rankings for Hemmingwell SOAs (1 = most deprived in England, 32,482 = least deprived)				
	002A	002B	002C	002D	002E
Income	5,662	5,654	22,582	29,335	624
Employment	6,043	5,972	21,320	25,873	1,951
Health	12,290	13,057	25,423	29,450	10,084
Education, skills and training	3,729	1,847	16,406	23,254	518
Barriers to housing and services	9,939	9,365	16,712	17,145	6,897
Crime	1,947	566	5,091	19,428	4,100
Living environment	22,267	22,117	25,279	32,356	29,311
Overall deprivation	6,063	4,814	20,875	29,621	1,592

**Table 7**

**IMD 2010 rankings for SOAs in Queensway ward**

Figures shaded in red are among the 20% most deprived in England

Figures shaded in orange are among the 40% most deprived in England

IMD domain	Rankings for Queensway SOAs (1 = most deprived in England, 32,482 = least deprived)			
	005A	005B	005C	005D
Income	3,984	8,407	6,378	8,799
Employment	5,063	7,759	6,451	8,868
Health	10,297	11,828	11,278	14,031
Education, skills and training	1,898	2,494	1,031	3,961
Barriers to housing and services	5,795	26,166	23,251	12,858
Crime	11,196	1,144	601	6,587
Living environment	28,647	27,119	27,460	17,140
Overall deprivation	5,360	7,367	5,309	8,890

Indicators and service needs relating to the domains of employment, health, education, housing and crime are discussed in the following sections. In addition, the research outlined in section 1 identified several specific service needs relating to income inequalities in Wellingborough (see table 8).

**Table 8 Service needs relating to poverty and deprivation**

Service need	Evidence of need
Enhanced support for low income households	<p>In Croyland, Hemmingwell and Queensway, 18-25% of residents (around 4,500 residents in total) live in households with low incomes as indicated by receipt of means tested income support, housing benefits, jobseeker’s allowance, pension credits, child tax credits and/or subsistence/accommodation support: a significantly higher proportion than the borough, county and national averages (10-13%).</p> <p>According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of income. For example, Wellingborough 002A, 002B, 002E, 005A, 005C and 008B are among the 20% most deprived SOAs in terms of household income. In these SOAs, 25-45% of households have low incomes as indicated by receipt of means tested benefits. Wellingborough 005B, 005D, 008A, 008C and 008D are among the 40% most deprived SOAs in terms of household income.</p> <p>Annual ONS data archived on <a href="http://www.northamptonanalysis.co.uk">www.northamptonanalysis.co.uk</a> indicate that median annual full-time earnings for Wellingborough residents are consistently lower than the county and national average. In December 2012, median annual full-time earnings for Wellingborough residents were £23,677 (compared to a county average of £26,017): the second lowest average income among Northamptonshire boroughs/districts.</p> <p>In 2008, ONS estimated that 25% of households in Croyland, Hemmingwell and Queensway wards had a household income of less than 60% of the national median income. ONS estimated that mean weekly household income for Croyland was £550 (compared to a county average of £600).</p> <p>In consultations with service-providers in Croyland, Hemmingwell and Queensway it was argued that the design and delivery of local services could take more of an ‘holistic approach’ to the wide-ranging, and typically multiple, service needs of families experiencing poverty in local communities.</p>
Tailored support for children living in income deprived households	<p>According to IMD 2010, 25-35% of children aged 0-15 in Croyland, Hemmingwell and Queensway (around 1,600 children in total) live in income-deprived households: a significantly higher proportion than the borough, county and national averages (14-19%)</p> <p>According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of child poverty. For example, Wellingborough 002A, 002B, 002E, 005A, 005B, 005C and 008B are among the 20% most deprived SOAs in terms of child poverty, with 30-50% of children aged 0-15 living in income-deprived households. Wellingborough 005D, 008A and 008C are among the 40% most deprived SOAs in terms of child poverty, with around 25% of children aged 0-15 living in income deprived households.</p>
Tailored support for elderly people living in poverty	<p>According to IMD 2010, around 25% of residents aged 60+ in Croyland and Queensway live in pension credit households: a significantly higher proportion than the borough, county and national averages (14-17%). (In Hemmingwell, 16% of residents aged 60+ live in pension credit households).</p> <p>According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of older people living in poverty. For example, Wellingborough 002E, 005A, and 008B are among the 20% most deprived SOAs in terms of this measure, with more than one-in-three residents aged 60+ living in pension credit households. Wellingborough 002A, 002B, 005C, 005D and 008C are among the 40% most deprived</p>



	SOAs in terms of this measure, with around one-in-four residents aged 60+ living in pension credit households.
Enhanced, or better signposted, support for residents with unmanageable personal debt	<p>ONS data from 2003-06 indicated a rising trend of unmanageable personal debt in Croyland, Hemmingwell and Queensway with 100-200 County Court Judgements relating to personal debt per annum in each ward. The mean value of these personal debts was around £2,000.</p> <p>Consultations with service-providers in Croyland, Hemmingwell and Queensway indicated that engagement with existing sources of support and guidance for debt issues is currently very limited. For example, in M-E-L's questionnaire survey of 652 households in Hemmingwell, 11% indicated that they had ever engaged with available sources of information and support relating to debt, benefits or welfare advice.</p>
Supporting the needs of residents who do not live in the most deprived SOAs	<p>Ward boundaries often group together SOAs which are very dissimilar in terms of their deprivation characteristics. For example, Overall IMD scores for Croyland, Hemmingwell and Queensway are 'skewed' upwards by positive indicators in SOAs such as Wellingborough 002C, 002D and 008E, suggesting that these SOAs may have very different needs, opportunities and social capital than surrounding SOAs.</p> <p>In consultations with residents and service-providers in Croyland, Hemmingwell and Queensway it was sometimes argued that approaches to service provision often tend to focus exclusively on the needs of the most deprived, whereas needs of 'less deprived' households or communities are not prioritised in the same way. It was argued that consultations and strategic approaches to health, wellbeing, community and other issues should 'not forget' less deprived residents, nor focus only on 'a minority of residents to the exclusion of everyone else'</p>

## 5. Service needs relating to employment

According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of barriers to employment. For example, Wellingborough 002A, 002B, 002E, 005A, 005C, 008A, 008B, 008C and 008D are among the 20% most deprived SOAs in England in terms of barriers to employment. Indeed, Wellingborough 008B is among the 2% most deprived SOAs in England in terms of this domain.

The research outlined in section 1 identified several specific service needs relating to employment in Wellingborough (see table 9).

**Table 9 Service needs relating to employment**

Service need	Evidence of need
Enhanced, or better signposted, support for residents who are unemployed	<p>According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of involuntary exclusion from employment. For example, in most SOAs in Croylund, Hemmingwell and Queensway, 15-25% of working age residents are involuntarily excluded from employment. Wellingborough 002A, 002B, 002E, 005A, 005C and 008B are among the 20% most deprived SOAs in England in terms of exclusion from employment.</p> <p>ONS data indicate that, in each month between 2009-13, 4-10% of the adult population of Croylund, Hemmingwell and Queensway claimed unemployment benefits. This proportion is in line with the county and national average. However, the proportion of claimants who had claimed unemployment benefit for more than one year (around 10% of claimants) was consistently slightly higher in the three wards than the county and national average. ONS data indicate that in Wellingborough 002A, 002B, 002E, 005A, 005B, 005C and 008B 7-10% of working age residents claimed Jobseeker's Allowance per month between 2009-13: these were among the 20% highest JSA claim rates in England.</p>
Tailored support for residents who are long-term unemployed	<p>The 2011 census indicates that, in Croylund, Hemmingwell and Queensway, 23-26% of working-age residents have been out of work for more than a year: a higher proportion than the borough, county and national averages (20-21%). According to 2011 census, 8% of adult residents of Croylund, Hemmingwell and Queensway (1,250 residents in total) have never worked, or are classified as 'long-term unemployed': a slightly higher proportion than the borough, county and national averages (6-7%).</p> <p>In consultations with service-providers in Croylund, Hemmingwell and Queensway concern was raised about the multiple service needs of, and challenges posed by, families in which multiple generations have experienced long-term unemployment. It was argued that the design and delivery of local services could take more of a 'joined-up' approach to engaging with such families.</p>
Enhanced support for young people who are not in education, employment or training	<p>ONS data indicate that, in each month between 2011-13, 5-10% of 18-24-year-olds in Croylund, Hemmingwell and Queensway claimed Jobseeker's Allowance: a higher proportion than the county and national averages (2-4%). In Wellingborough 002A, 002B, 002D, 005A and 008B, 7-10% of 18-24-year-olds claimed Jobseeker's Allowance per month between 2009-13: these were among the 20% highest JSA claim rates in this age bracket in England.</p> <p>In qualitative research with residents and service-providers in Croylund, Hemmingwell and Queensway concern was often raised about the limited future prospects of local young people. It was widely felt that a lack of employment, education and training prospects – and more broadly a 'lack of hope' – for local young people could have significant detrimental impacts upon local communities in the foreseeable future.</p> <p>See also table 11 on education, skills and training needs.</p>
Tailored support for children	The 2011 census indicates that around one-in-three children aged 0-4 in Croylund,

<p>and families living in workless households</p>	<p>Hemmingwell and Queensway (around 700 children in total) live in workless households. In Wellingborough 002A and 005A, more than 50% of children aged 0-4 live in workless households. In Wellingborough 002E, 008A, 008B and 008C more than 40% of children aged 0-4 live in workless households.</p> <p>In consultations with service-providers in Croyland, Hemmingwell and Queensway it was noted that families living in workless households are consistently among the hardest-to-reach for health, wellbeing, social care and community services and interventions. Key barriers to engagement were identified as a culture of 'self-reliance', as well as 'distrust' or poor experiences of statutory or healthcare provision.</p>
<p>Enhanced, or better signposted, support for residents who are seeking skills development or career progression</p>	<p>The 2011 census indicates that, in Wellingborough as a whole, 40% of working age residents are employed in jobs classified by ONS as socio-occupation groups 5-7 ('lower supervisory and technical', 'semi-routine' and 'routine' occupations) (national average = 33%). In Croyland, Hemmingwell and Queensway, 40-50% of working age residents are employed in jobs classified as groups 5-7.</p> <p>See also table 11 on education, skills and training needs.</p>

## 6. Service needs relating to health and wellbeing

According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of indicators of health and wellbeing. For example, Wellingborough 002A, 002E, 005A, 005B, 005C, 008A, 008B and 008C are among the 40% most deprived SOAs in England in terms of health and wellbeing. In these SOAs the proportion of residents (in all age bands) receiving health-related benefits (e.g. Disability Living Allowance, Severe Disablement Allowance, Incapacity Benefit, Attendance Allowance or Income Support disability premium) significantly exceeds the national average.

According to PHE data, male life expectancy in some Wellingborough wards is significantly worse than the borough and national averages. For example, life expectancy for males in Croyland and Queensway is 75-77 years, compared to a borough average of 79 and national average of 78 years. Female life expectancy is relatively consistent across Wellingborough and similar to borough and national averages (82-83 years). However, in 2006-10 the infant mortality rate for Wellingborough (5-6 per 1,000 live births) consistently exceeded the county and national average (4-5 per 1,000 live births), and was the second highest rate of any Northamptonshire borough/district. According to ONS data, there are significant health inequalities within Wellingborough: life expectancies are 10.1 years lower for males and 6.4 years lower for females in the most deprived wards than in the least deprived wards in the borough.

The research outlined in section 1 identified several specific service needs relating to health and wellbeing in Wellingborough (see table 10).

**Table 10** Service needs relating to health and wellbeing

Service need	Evidence of need
Enhanced, or better signposted, community-based access to guidance, support and provision for health issues	<p>In the 2011 census, self-reported levels of healthiness were relatively consistent across Wellingborough and similar to the national average, with around 80% of residents describing themselves as in 'good' or 'very good' health, and 5% describing themselves as in 'bad' or 'very bad' health. However, consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggests that health needs are underestimated in official statistics. For example, in M-E-L's questionnaire survey of 652 households in Hemmingwell, 11% of respondents indicated that they in 'bad' or 'very bad' health.</p> <p>In consultations with service-providers in Croyland, Hemmingwell and Queensway it was noted that engagement with available guidance, support and provision for health/wellbeing issues was generally limited in all three wards. Efforts to establish outreach clinics and similar forms of provision were described as especially challenging, given broader barriers to service engagement in local communities (see section 10)</p> <p>In consultations with service-providers in Croyland, Hemmingwell and Queensway it was suggested that local guidance, support and provision for health/wellbeing issues could be signposted more effectively, and could engage with local residents more effectively. In Croyland, many respondents reported feeling physical 'remote' and 'restricted' from accessing healthcare provision because of the relatively long journey required to access the nearest GP/health centre.</p>
Enhanced, or better signposted, support for residents with mental health conditions	<p>According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of recorded incidences of mental health, mood and anxiety-related conditions. For example, in Wellingborough 002A, 002B, 002E, 005A, 005B, 005C, 008A, 008B and 008C, 25-50% of residents have received treatment for this group of conditions. These SOAs are among the 40% most deprived in England in terms of this indicator.</p> <p>In consultations with service-providers and residents in Croyland, Hemmingwell and Queensway it was suggested that tailored and sustained local support in relation to mental health conditions is particularly needed for: lone parents and isolated new</p>



	<p>parents; isolated elderly people; teenagers; BME communities.</p> <p>Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that prevalence of mental health conditions and needs is consistently underestimated in official statistics, and could be more effectively addressed by local statutory and voluntary agencies.</p>
Enhanced, or better signposted, community-based support for residents with disabilities or long-term health conditions	<p>The 2011 census indicates that 15-20% of residents of Croyland, Hemmingwell and Queensway have a long-term health problem or disability which limits day-to-day activities to some extent. Incidences of long-term health problem or disability were greater in Wellingborough 002C, 005B, 005D, 008A, 008B and 008C, where 20-25% of residents reported a limiting long-term health problem or disability.</p> <p>Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that prevalence and impacts of long-term health problems are underestimated in official statistics. For example, in M-E-L's questionnaire surveys, 24% of respondents in Queensway and 25% of respondents in Hemmingwell indicated that they have a health problem or disability which limits day-to-day activities. Key issues were impaired mobility, mental health conditions, and diverse forms of long-term pain and discomfort.</p>
Enhanced, or better signposted, support for residents who provide unpaid care to relatives, friends or neighbours	<p>The 2011 census indicates that one-in-ten residents of Croyland, Hemmingwell and Queensway provide unpaid care to a relative, friend or neighbour (in line with the borough, county and national average). 3% of the population of these wards provide more than 50 hours per week of unpaid care (compared to national average of 2%). A slightly higher proportion of residents (4%) provide 50+ hours per week of unpaid care in Wellingborough 002C, 005B, 008A and 008C.</p> <p>Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that residents' care needs and provision are consistently underestimated in official statistics. For example, in M-E-L's questionnaire surveys, 45% of respondents in Queensway and 22% of respondents in Hemmingwell indicated that they have a health issues which requires care or help 2+ times per day. In addition, consultations with residents in the three wards suggested they undertook a wide range of care-giving practices for family-members or neighbours, including assisting with everyday tasks, personal care needs, shopping, chores, and managing risks. In consultations with service-providers, it was argued that statutory and voluntary agencies could provide more support in relation to this substantial array of 'hidden care'</p>
Expanded and sustained support for victims of domestic violence	<p>M-E-L's consultation with Wellingborough Women's Aid indicated that there were 174 referrals to the service in 2011-12. 53% of all referrals from Wellingborough borough came from Hemmingwell, Kingsway and Queensway.</p> <p>Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that domestic violence is underreported and normalised within some families in the wards. For example, consultation with service-providers in Queensway and Croyland indicated that domestic violence has significant, long-term negative health and social care outcomes for many families in the wards. It was noted that local work by Women's Aid, Children's Centres and other organisations have provided very significant support to victims of domestic violence, but anxieties were raised about the limited funding and uncertain futures of these organisations.</p>
Strategic approach to public health interventions	<p>Data on key public health concerns in Wellingborough are as follows. In consultations with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway it was argued that a strategic approach was needed to address these issues, which are often interrelated through family lifestyles and norms.</p> <p><b>Obesity:</b> PHE data indicate that In 2009-12, 7-12% of children in Croyland, Hemmingwell and Queensway were recorded as obese in reception year, and 20-25% were recorded as</p>

	<p>obese by school year 6 (similar to borough and national average). In 2006-08, it was estimated that 25-30% of adult residents of the three wards were obese, and 15-20% regularly binge eat (similar to borough and national average).</p> <p><b>Diet:</b> In 2012 PHE estimated that 20-25% of adult residents of Croyland, Hemmingwell and Queensway regularly ate healthily (compared to a national average of 30%). JSNA data estimates that 34% of children in Wellingborough regularly eat the recommended five portions of fresh fruit/veg per day (similar to the estimated county average). In <i>M-E-L's</i> questionnaire survey of 652 households in Hemmingwell, 21% of respondents did not eat 5 portions of fruit/veg per day, 9% ate takeaway or fried food 3+ times per week, and 10% indicated that they 'did not have a healthy diet'.</p> <p><b>Smoking:</b> PHE data indicate that approximately 25-30% of adult residents of Croyland, Hemmingwell and Queensway regularly smoke (similar to the borough and national average, and confirmed by <i>M-E-L's</i> surveys in Hemmingwell and Queensway). However, PHE data indicate that 16% of mothers from the wards smoked at the time of pregnancy/childbirth: significantly higher than the national average (13%).</p> <p><b>Alcohol:</b> JSNA data estimates that 19% of adults in Wellingborough regularly consume twice the daily recommended amount of alcohol in a single session (similar to the borough and national average, and confirmed by <i>M-E-L's</i> surveys in Hemmingwell and Queensway). However, the rate of hospital admissions for alcohol-related harm is slightly but significantly lower among Wellingborough residents than the national average. However, JSNA data indicate that 31% of adults in Wellingborough are 'high-risk' drinkers and DOH estimates indicate that 21% of adults from Wellingborough are 'increasing and high risk' drinkers (i.e. at risk of future alcohol-related harm because of patterns and extent of alcohol consumption). Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that extent of alcohol dependencies in local communities is underestimated in official statistics (see discussion of drug use below).</p> <p><b>Drug use:</b> JSNA data estimates that 10% of Wellingborough adults have health issues relating to drug misuse Northampton Drug and Alcohol Partnership data for 2011 indicates that proportionally few Wellingborough residents are referred for treatment for drug/alcohol issues per quarter. However, it is unclear whether this reflects relatively low service need or challenges of accessing services and engaging service-users in Wellingborough. Similarly, the Partnership's <i>Needs Assessment for Young People 2010-11</i> notes that proportionally few young people from Wellingborough are referred for treatment for drug/alcohol issues. Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that prevalence drug dependencies is underestimated in official statistics. In <i>M-E-L's</i> questionnaire sample of 652 households in Hemmingwell, 5% of respondents had received medical treatment for drug/alcohol tendency issues, and a further 3% had a family member who required such treatment.</p> <p><b>Exercise:</b> PHE estimate that 8% of adults from Wellingborough undertake regular exercise (estimated national average = 12%). In <i>M-E-L's</i> questionnaire survey of 652 households in Hemmingwell, 32% of respondents indicated that they did not do 30 minutes of moderate exercise 3 times per week</p>
Support for health needs of BME communities	<p>APHO estimates suggest that disease prevalence among BME communities is generally higher in Wellingborough-Nene CCG than elsewhere in Northamptonshire. For example, in 2010, prevalence of Chronic Obstructive Pulmonary Disease (COPD), Cardio-Vascular Disease (CVD) and Coronary Heart Disease among black and Asian populations were the highest of any Northamptonshire CCGs for these ethnic groups.</p> <p>In consultations with service-providers in Croyland, Hemmingwell and Queensway it was often noted that local BME communities are especially 'hard-to-reach' for health/wellbeing, interventions. Key barriers to engagement were identified as language,</p>

	cultural norms (e.g. valuing 'self-reliance'), 'distrust' or poor experiences of statutory or healthcare provision.
Strategic approach to teenage conceptions	JSNA data indicate that in 2007-09 there were 215 conceptions among Wellingborough residents aged under-18 (a rate of 50 pregnancies per 1000 females). 45% of these conceptions ended in abortion. In 2009-11 there were 193 conceptions among Wellingborough residents aged under-18 (47 per 1000 females). Teenage conception rates for Wellingborough are consistently the second highest of any borough/district in Northamptonshire (after Corby). The rates are consistently significantly higher than the county (39%) and national (40%) averages, and among the 25% highest of any English borough/district.
Preventative interventions relating to chronic/acute health conditions	<p>According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of hospital admissions for acute health conditions. For example, in Wellingborough 002A, 002E, 005A, 005B, 005C, 008A, 008B and 008C, the proportion of residents (in all age bands) requiring emergency hospital admissions for acute health conditions significantly exceeds the national average. These SOAs are among the 40% most deprived in England in terms of this indicator.</p> <p>PHE data indicate that among Wellingborough residents, incidences of depression, hypertension, diabetes and chronic kidney disease are significantly greater than the national average. However, ward-level data on incidences of these conditions are not currently in the public domain.</p> <p>PHE data on emergency hospital admissions among residents of Croyland, Hemmingwell and Queensway are as follows.</p> <ul style="list-style-type: none"> <li>• In 2006-11, the rate of emergency hospital admissions (all causes) was significantly higher (by 10-20%) for residents of the three wards than the national average.</li> <li>• The admission rate for self-harm was significantly higher (by 35-50%) among residents of the three wards than the national average.</li> <li>• The admission rate for Chronic Obstructive Pulmonary Disorder (COPD) was significantly higher (by 76%) among Croyland residents than the national average.</li> <li>• The admission rate for knee and hip replacements was significantly higher (by 50%) among Croyland and Queensway than the national average.</li> <li>• The admission rate for Coronary Heart Disease (CHD) was significantly higher (by 39%) among Queensway residents than the national average.</li> </ul>
More 'joined-up' support for families with multiple health and social care needs	In M-E-L's questionnaire survey of 652 households in Hemmingwell, 30% of respondents indicated that they and/or their family have multiple health and social care needs which require support from, and contact with, multiple statutory and voluntary services. Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that families with multiple health and care needs represent a major challenge for local services. Several respondents reported a lack of robust, current local intelligence about health and social care needs within Wellingborough, particularly in cases where individual families have multiple service needs and have been in contact with multiple statutory and voluntary agencies. It was argued that, certainly historically, approaches to families with multiple health and social care needs had been hampered by limited 'joined-up' inter-agency work and communication.

## 7. Service needs relating to education, skills and training

According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of access to, and engagement with, education, skills and training. For example, Wellingborough 002A, 002B, 002E, 005A, 005C, 008A, 008B, 008C and 008D are among the 20% most deprived SOAs in England in terms of employment, skills and training. Indeed, Wellingborough 008B is among the 2% most deprived SOAs in England in terms of this domain.

The research outlined in section 1 identified several specific service needs relating to employment in Wellingborough (see table 11).

**Table 11 Service needs relating to education, skills and training**

Service need	Evidence of need
Support skills development of adult residents with limited skills and qualifications	<p>The 2011 census indicates that, in Wellingborough as a whole, 26% of residents aged 16+ have no formal qualifications (national average = 22%). In Croyland, Hemmingwell and Queensway, 25-33% of residents aged 16+ have no formal qualifications. In some SOAs (Wellingborough 002B, 005A, 005B, 005C, 008A, 008B, 008C and 008D) 33-40% of adult residents have no formal qualifications.</p> <p>Across all SOAs in Croyland, Hemmingwell and Queensway, relatively few residents have attained apprenticeships (2-3%), compared to the borough (4%) and national (4%) averages.</p>
Interventions to develop aspirations and enhance educational attainment	<p>Key ONS data about educational attainment in local communities are as follows.</p> <p><b>Key stage 1 (end of school year 2):</b> in 2011-12 attainment levels for pupils living in Croyland, Hemmingwell and Queensway equalled or exceeded the county and national average. 85-95% of pupils attained level 2+ in reading, writing and mathematics.</p> <p><b>Key Stage 2 (end of year 6):</b> in 2011-12 attainment levels for pupils in Hemmingwell were in line with the national average, but attainment in Croyland and Queensway was consistently lower than the county and national average:</p> <ul style="list-style-type: none"> <li>• 70-78% of pupils from Croyland and Hemmingwell attained level 4+ in English (compared to borough average of 82% and national average of 85%);</li> <li>• 57-81% of pupils from Croyland and Hemmingwell attained level 4+ in mathematics (borough average = 82%, national average = 84%);</li> <li>• 53-64% of pupils from Croyland and Hemmingwell attained level 4+ in reading, writing and mathematics (borough average = 68%, national average = 75%).</li> </ul> <p><b>Key Stage 4 (GCSE or equivalent):</b> in 2011-12, 45-48% of pupils from Croyland, Hemmingwell and Queensway attained 5+ GCSEs at grades A*- C (or equivalent), including maths and English (borough average = 57%, national average = 58%). In Wellingborough 002E, 005B, 008A and 008B 25-35% of pupils attained 5+ GCSEs at grades A*- C in 2011-12.</p> <p><b>A-levels:</b> in 2011-12, 82-85% of pupils from the Croyland, Hemmingwell and Queensway attained 2+ passes (or equivalent) (county average = 90%, national average = 92%). The average A-level point score for pupils from Croyland and Queensway was 578-614 (borough average = 667.9, county average = 699.9). A-level point scores for pupils from Hemmingwell were in line with the national average. For pupils from Wellingborough 002B, 002E, 005B, 008B, 008C and 008D the mean A-level point score was 450-550.</p> <p><b>Highest qualification attained:</b> 2011 census data indicate that, in Wellingborough as a whole, levels of educational attainment are consistently different from the national average. For 16% of residents aged 16+ in Wellingborough borough, the highest qualification achieved is a level 1 award (1-4 O Levels/CSE/GCSEs at any grade, entry level qualifications, or equivalents) (national average = 14%). 20% of adult Wellingborough residents have achieved a level 4 award (Honours degree or equivalent) (national average = 27%).</p>



	<p>Data about the highest qualifications achieved by residents of Croyland, Hemmingwell and Queensway aged 16+ are as follows:</p> <ul style="list-style-type: none"> <li>• For 17-20%, the highest qualification is a level 1 award (1-4 O Levels/CSE/GCSEs (any grades), entry level qualifications, Foundation Diploma, NVQ level 1, Foundation GNVQ, basic/essential skills);</li> <li>• For 17-18%, the highest qualification is a level 2 award (5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A*-C), School Certificate, 1 A Level/ 2-3 AS Levels/VCEs, Intermediate/Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma);</li> <li>• For 10% the highest qualification is a level 3 award (2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma, Welsh Baccalaureate Advance Diploma, NVQ Level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma);</li> <li>• For 10-19% the highest qualification is a level 4 award (Degree (BA, BSc), Higher Degree (MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Professional Qualifications (Teaching, Nursing, Accountancy)).</li> </ul> <p>In Wellingborough 002E, 005A, 005C, 008B and 008C, a level 1 award is the highest qualification of more than one-in-five residents aged 16+. In Wellingborough 002E, 005A, 005B and 008B fewer than one-in-ten adult residents have attained a level 4 qualification.</p>
<p>Enhanced, or better signposted, support for transitions to post-compulsory education</p>	<p>According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of non-engagement with post-compulsory education. For example, In Wellingborough 002B, 002E, 005A, 005B, 005C, 005D, 008A, 008B and 008C, 25-40% of young people do not stay on in education post-16. These proportions are among the 40% highest of any SOAs in England. In Wellingborough 002A, 002B, 002E, 005A, 005B, 005C, 005D, 008B, 008C and 008D, 80-90% of young people do not enter higher education. These proportions are among the 20% highest of any SOAs in England.</p>
<p>Interventions to address pupil absences</p>	<p>ONS data on pupil absences in 2006-12 among pupils living in Croyland, Hemmingwell and Queensway are as follows.</p> <ul style="list-style-type: none"> <li>• Among pupils of all ages from the three wards, 5-6% of pupil half-days were missed due to all forms of absence (borough average = 5%, national average = 5%).</li> <li>• Rates of pupil absence were slightly higher than average among pupils from Wellingborough 002E, 008A and 008B (7%).</li> <li>• Among pupils of all ages from the three wards, 1% of pupil half-days were missed due to unauthorised absence (in line with borough, county and national averages).</li> <li>• Rates of unauthorised absence were slightly higher than average among pupils from Wellingborough 002E, 005B, 005C, 005D and 008A, 008B and 008C (2%).</li> <li>• 4-8% of pupils from the three wards are classified as 'persistent absentees' per annum. This proportion has consistently exceeded the borough, county and national average in each school year (3-5%).</li> </ul>
<p>Interventions in relation to school exclusions</p>	<p>JSNA data on school exclusions in 2007-10 are as follows.</p> <ul style="list-style-type: none"> <li>• In 2009-10, 120 pupils (0.12% of the school population) were permanently excluded from schools in Northamptonshire. The majority of these exclusions were from state-funded secondary schools, where the rate of exclusion was 0.22%. Nationally, an average of 0.02% of the school population is permanently excluded per annum.</li> <li>• Between 2007-10 the most common reasons for permanent exclusion were persistent disruptive behaviour, verbal abuse or threatening behaviour against an adult, or physical assault against a pupil.</li> <li>• In 2010-11 489 pupils from Wellingborough (2% of the borough pupil population) were issued with fixed exclusions, and 15 received permanent exclusions (0.1% of the borough pupil population). These proportions are similar to county average, but slightly higher than the national average (fixed exclusions = 0.9%, permanent exclusions = 0.02%).</li> </ul>

Developing engagement with library / Library Plus services	JSNA data indicate that Wellingborough has some of the lowest rates of child and adult library usage in Northamptonshire. In 2012-13 16% of 0-4 year-olds, 25% of 5-10-year-olds and 9% of adults in Wellingborough were active library users (i.e. in possession of a library card which has been used in the last 24 months). These rates for 0-5 and 5-10 year-olds were the lowest of any borough/district in Northamptonshire, and the adult library usage rate was the second lowest of any borough/district in the county. In Croyland, Hemmingwell and Queensway, 7-13% of 0-4 year-olds, 15-22% of 5-10-year-olds and 7-8% of adults were active library users in 2011-13. These proportions are all lower than the county average (20% for 0-4-year-olds, 29% for 5-10-year-olds and 9% for adults).
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## 8. Service needs relating to housing and living environment

According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of housing and living environment. For example, two Croyland SOAs (Wellingborough 008D and 008E) are among the 20% most deprived SOAs in England in terms of this indicator.

The research outlined in section 1 identified several specific service needs relating to housing and living environment in Wellingborough (see table 12).

**Table 12** Service needs relating to housing and living environment

Service need	Evidence of need
Support for residents with limited mobility	<p>IMD 2010 indicates that many residents of Wellingborough 008D and 008C are among the 20% most deprived SOAs in England in terms of their distances from key services (e.g. GP, Post Office, food store, primary school).</p> <p>The 2011 census indicates that 23-31% of households in Croyland, Hemmingwell and Queensway have no access to a car/vehicle (Wellingborough average = 21%, England average = 26%). In Wellingborough 008A and 008B more than 33% of households have no access to a car.</p> <p>In consultations with residents and service-providers in Croyland, Hemmingwell and Queensway, mobility and access to local services emerged as a major theme. This was particularly so in Croyland, where the relatively long journeys endured to access GP, health services, children’s centre and shops were identified a recurring issue. The limited mobility of lone parents, families and elderly residents with no access to a car profoundly limited the ability or inclination of some residents to engage with local services.</p>
Support for residents with housing issues	<p>The Wellingborough Borough Council <i>Housing Plan 2013-18</i> identifies Croyland and Hemmingwell (plus Swanspool and Brickhill) as priority areas in Wellingborough, in terms of enhancing housing quality (e.g. in relation fuel poverty, solid wall insulation) and locating accommodation to cater for specific housing needs. The <i>Housing Plan</i> also includes the following data.</p> <ul style="list-style-type: none"> <li>• In Wellingborough it is estimated that 30% of private rented properties and 15% of LA/Housing Association owned properties do not meet ‘Decent Homes’ standards. These proportions are declining, year-on-year, and are slightly better than national averages. Ward level estimates are not currently in the public domain.</li> <li>• 18% of private rented properties in Wellingborough are assessed as exhibiting Category 1 housing health safety system hazards (‘presenting an unacceptably high risk to the health and safety of residents’). Equivalent data for LA/Housing Association owned properties are not presently available.</li> </ul> <p>In consultations with residents and service-providers in Croyland, Hemmingwell and Queensway, anxieties about the quality and safety of local housing stock emerged as a recurring concern. It was felt that many residents (particularly vulnerable or isolated residents) could be better supported, or more effectively signposted to support, for housing concerns.</p>
Support for residents experiencing fuel poverty	<p>The Wellingborough Borough Council <i>Housing Plan 2013-18</i> reports that 17% of properties in Wellingborough currently experience fuel poverty (England average = 15%). In consultations with residents and service-providers in Croyland, Hemmingwell and Queensway, the issues faced by residents experiencing fuel poverty emerged as a notable concern. It was felt that statutory and voluntary agencies could be more effective in signposting the support and guidance available in this context, especially for vulnerable and isolated residents.</p>

<p>Strategic approach to supporting homeless and vulnerably housed residents</p>	<p>DoH Health Profile data from 2012 indicate that the rate of statutory homelessness in Wellingborough is 4.5 per 1,000 (England average = 2 per 1,000)  M-E-L's consultation with Wellingborough Daylight Centre indicated that the population of vulnerably housed residents in deprived wards is consistently underestimated in official statistics.</p> <p>The Wellingborough Borough Council <i>Housing Plan 2013-18</i> includes the following data.</p> <ul style="list-style-type: none"> <li>• In Wellingborough as a whole there are significant housing needs in relation to the provision of appropriate accommodation for single vulnerable people, rough sleepers, youth homeless, families seeking refuge, and service-users with mental health and substance misuse issues.</li> <li>• At time of writing, 1,543 people registered as in need of housing on the Wellingborough borough housing register: the majority were single people requiring one bedroom properties or families seeking two bedroom properties. One-in-three required specific needs (e.g. ground floor properties, adapted properties, wheelchair accessibility, sheltered accommodation).</li> </ul> <p>In consultations with residents and service-providers in Croyland, Hemmingwell and Queensway it was argued that additional resources could be provided to support the work of organisations such as Daylight Centre which support homeless and vulnerably housed residents. It was also suggested that additional support could be provided by statutory and voluntary agencies for those local residents who experience significant housing issues and vulnerabilities, yet do not meet the criteria of 'in priority need'</p>
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## 9. Service needs relating to crime

According to IMD 2010, Wellingborough contains some of the most deprived SOAs in England in terms of reported crime. For example, two Croyland SOAs (Wellingborough 008A and 008B) received high IMD scores in the crime domain because of relatively high reported incidences of crime during the monitoring period. Details of the reported crimes are not provided. The scores for these two SOAs are among the 20% highest of any SOAs in England. The scores for Wellingborough 008C and 008D are among the 40% highest of any SOAs

The research outlined in section 1 identified several specific service needs relating to housing and living environment in Wellingborough (see table 13).

IMD 2010 indicators relating to **reported crime** in Croyland are as follows.

Service need	Evidence of need
Support for residents who feel unsafe	<p>Northamptonshire Police data from the 2010-11 Wellingborough Borough Council <i>Core Demographic Long List</i> indicate that in 2010-11, reported incidences of crime in Croyland, Hemmingwell and Queensway were among the highest of any ward/beat in Wellingborough. On average, there were 65-75 reported offences per month during this period. The vast majority were incidents of reported anti-social behaviour (in addition, there were a smaller number of reports of violence and vehicle crime). Croyland and Queensway had the highest number of incidents of anti-social behaviour of any ward/beat in Wellingborough during this period.</p> <p>Focus groups with residents in Croyland, Hemmingwell and Queensway indicated that anxieties about crime and personal safety were an everyday, taken-for-granted experience for residents of all ages. ASB, gangs of teenagers, motorbikes, dogs, litter, street crime and drug-dealing were identified as worrying issues in all three wards. In Queensway and Hemmingwell, these anxieties were typically discussed in terms of there being particular local 'no go' areas or 'pockets' of crime which were avoided. In Croyland, interviewees tended to talk more in terms of constantly 'looking over my shoulder' during everyday routes and routines because of these anxieties. In all three wards, many respondents discussed how:</p> <ul style="list-style-type: none"> <li>• their local community was not a safe place for children to play outdoors;</li> <li>• the community was not considered safe after dark;</li> <li>• they worried about young family members spending time outdoors, for fear of them 'getting in trouble';</li> <li>• local parks and play spaces were considered unsafe, and areas to be avoided;</li> <li>• older residents and parents with young children felt particularly vulnerable outdoors and tended to avoid spending time outdoors (especially in afternoons and evenings, and after dark).</li> </ul> <p>In consultations in all three wards it was widely argued that a 'small minority' of residents 'spoiled the area for everybody else', and respondents called for more effective crime prevention activity, as well as enhanced support for residents whose daily lives are limited because of fear of crime.</p>
Improving residents' relationships with PCSOs and CJS	<p>Focus with residents of all ages in Croyland, Hemmingwell and Queensway suggested the existence of a strong 'anti-snitching' culture and more general distrust of CJS representatives within local communities (see section 10 on broader barriers to service engagement).</p> <p>Consultations with residents in Queensway indicated that tense and worsening relationships between PCSOs and local young people (e.g. in relation to young people's motorbike usage) meant that many local young people were unlikely to trust local Police/PCSOs or report crime as a witness or victim. Focus groups with parents/carers,</p>

residents' groups and older residents in Croyland, Hemmingwell and Queensway also typically indicated a somewhat strained relationship with local Police/PCSOs and lack of faith in their capacity or resourcing to tackle local issues of ASB, motorbike offences and drug-dealing.

In Croyland, relationships between residents local Police/PCSOs appeared to be more positive. Local parents/carers, residents' groups and older residents appeared to value the efforts of local PCSOs to communicate and engage with local residents. It was generally felt that local PCSOs could be readily contacted, and would listen to concerns, and report back on how reported incidents were being dealt with. Focus groups with young people in Croyland also suggested that local PCSOs have been relatively successful in engaging with young people. All young people consulted knew local PCSOs by name, and knew how/where to contact them. Young people in Croyland generally valued the presence and approach of local PCSOs. Even young people who admitted participating in reported incidents of ASB or motorbike usage indicated that they had been 'fairly' and reasonably treated by local PCSOs

## 10. Broader issues relating to residents' engagement with services

Consultation with residents of all ages in Croyland, Hemmingwell and Queensway evidenced a range of broader barriers to engagement with local services. Key barriers were as follows.

### 'Self-reliance'

Consultation with residents of all ages in Croyland, Hemmingwell and Queensway evidences a strong local culture of 'self-reliance', with many residents strongly reliant upon immediate family networks for support, care and advice within these wards. In all three wards, many respondents reported a limited awareness of, or interest and engagement with, statutory and voluntary support agencies (which were sometimes described as 'external' or 'them'). A number of respondents felt that available local services and agencies were, for example, 'not for me', 'not for us' or 'not my cup of tea'. In M-E-L's questionnaire survey of 400 households in Queensway, fewer than 10% had accessed local services or guidance relating to benefits, debt, welfare, heating, signposting services etc, and 82% felt that no additional outside support was required in the community. Qualitative research in Croyland and Hemmingwell generally echoed this finding, although there is some evidence that the very active local Children's Centre and community centre in these wards have resulted in more families engaging with diverse local providers of guidance and support.

### 'Distrust' of services

In M-E-L's questionnaire survey of 400 households in Queensway, 65% of respondents had not provided informal support, guidance or care to local residents beyond their immediate family. Qualitative research in Croyland and Hemmingwell suggested a slightly different pattern: there is some evidence that the very active local Children's Centre and community centre in these wards have been key in fostering a greater degree of support for, and engagement with, non-relatives. Nonetheless, feelings of distrust and avoidance towards 'external' organisations and interventions persisted in all three wards (see below). Consultation with stakeholders and service-providers in all three wards recognised this sense that local communities are generally somewhat 'resistant', 'insular' and 'suspicious' towards agencies and service-providers. In consultations in Croyland, key reasons given for this distrust included:

- a widespread feeling that 'outside'/'external' organisations do not understand local communities, cannot communicate effectively with local residents and 'look down on us';
- a widespread sense that service-providers and policy-makers have, in the past, 'made promises but nothing has happened';
- recollections of a range of previous projects, consultations and provision which 'sounded great but turned out to be short lived';
- recollections of participating in multiple consultations over the last two decades but 'never seeing any end result';
- specific personal stories of very poor or variable past experiences of health services, statutory services or voluntary organisations;
- a suspicion that policy-makers pay 'lip service' to developing local services (especially prior to elections) but 'it's all hot air';
- for some residents at least, a worry that local services are closely associated with distrusted institutions such as Police, social services, faith organisations or local Councils;
- for many residents, a broader sense that 'they don't care about us' (with, for example, closure of local swimming pool and health services, and the uncertain future of the Children's Centre cited as evidence: 'what message does it send to us when everything is being cut or closed down?')

### Limited civic engagement

The consultations also evidence a very limited degree of engagement with local groups, volunteering activities and other forms of civic engagement (despite a very strong degree of community belonging and identification). In M-E-L's questionnaire survey of 400 households in Queensway, 88% of respondents had not engaged with local groups, voluntarism or civic engagement. Qualitative research in Croyland suggested a similar pattern, with voluntarism or civic engagement seen as a 'waste of time', 'not for me' or 'not a priority



for people around here'. In Hemmingwell, qualitative research suggested that the presence of a very active community centre (Hope) has been key in fostering a slightly greater degree of civic involvement and community spirit among local residents.

### **Sustainability and delivery of interagency work**

Consultation with stakeholders and service-providers engaged with residents in Croyland, Hemmingwell and Queensway suggest that, in general, statutory and voluntary agencies evidence a strong commitment to engagement with local communities. There was also evidence of a positive degree of collaboration and communication between agencies. However, some stakeholders and service-providers also voiced the following concerns about the effectiveness and sustainability of strategic service design and delivery in Wellingborough.

- Several stakeholders and service-providers suggested that challenging operating conditions (characterised by budgetary cuts, anxiety among service-providers, efficiency measures, limited time and resources to innovate, and increased 'competition' for contracts and resources) would limit the efficacy of multi-agency work in the foreseeable future.
- A small number of stakeholders and service-providers voiced concerns about a perceived lack of effectiveness and coordination in the strategic design and delivery of services within Wellingborough. These respondents described a sense of 'distrust' between key local stakeholders (e.g. alleging strained relationships with and within Support Wellingborough) and a perceived repetition of effort, and lack of effective oversight, particularly with regard to conducting and acting upon consultation activities.
- A small number of respondents reported a lack of robust, current local intelligence about health and social care needs within Wellingborough, particularly in cases where individual families have multiple service needs and have been in contact with multiple statutory and voluntary agencies. It was argued that, certainly historically, approaches to families with multiple health and social care needs had been hampered by limited 'joined-up' inter-agency work and communication.