

Useful contacts

Crawley Eagles	07703 130913
Elim Church (James Glass)	01293 552244
Sussex Police (Jim Sharpe)	07785 341733
Childline	0800 1111
Samaritans	08457 90 90 90
Crime Stoppers	0800 555111
NHS Direct	0845 4647
Social Services	01293 895100
Addaction	01293 649860
Langley Green Primary School	01293 525675
Our Lady Queen of Heaven Catholic School	01293 526057
Cherry Lane Adventure Playground (Dawn Malt)	01293 516163
Leacroft Surgery	01293 526441
National AIDS helpline	0500 500 695
FRANK (National Drugs helpline)	0800 7766 00
Family and Friends Project (info on drugs & alcohol)	01243 382940
Citizens Advice Bureau	01293 529737
Health Visitor (Jackie Poole)	01293 582144
Muhabbat Group (Shamim Khan)	01293 514449
St Leonard's Church (Chris Cook)	01293 520843
Connexions Centre for Young People (Sera Passfield)	01293 843334
Crawley Primary Care Trust (Annie Alexander, Fliss Stanford)	01293 572100
Crawley Borough Council	01293 482000
Crawley Youth Centre (Raj Sharma)	01293 550010
Crawley Play Service (Nikke Gladwin)	01293 438412
Happy Hut Care Group	01293 613250
Development Focus UK (www.devfocus.org.uk email devfocus@devfocus.org.uk)	01273 700707



H.I.P. - LANGLEY GREEN

Health Improvement Project

A report of information and ideas from local people on how to improve their health



Co-ordinated by Crawley Primary Care Trust and Development Focus Trust
In partnership with residents, Crawley Borough Council, West Sussex Sure Start Early Years and Childcare Service and West Sussex Voluntary Organisation Liaison Group



This report is a reflection of what people said to us.

As much as possible, it is written using the words of the participants, not an interpretation or paraphrase.



Crawley Primary Care Trust and Development Focus Trust would like to thank Crawley Borough Council, West Sussex Sure Start Early Years and Childcare Service and West Sussex Voluntary Organisation Liaison Group for providing support to this project.

Thanks also to the many residents of Langley Green who participated so enthusiastically in the research and to the organisations and businesses who provided venues. These include: the Happy Shopper, Forbuoys, the Launderette, Headline and Guv'nors Hairdressers, Langley Green First and Middle Schools, Our Lady Queen of Heaven First School, the Muhabbat Group, Hindu Temple, Stagelands GP Surgery, the Over 60s Club, Cherry Lane Adventure Playground, Elim Church, and the Amenity Tip. Special thanks to Crawley Eagles for the use of their building as a base from which to co-ordinate the project.

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Executive Summary

ایگزیکٹو کی طرف سے خلاصہ

کار्यकारी संक्षेप

What is the purpose of this report?

This report presents the findings of the Langley Green Health Improvement Project (HIP Langley Green), which was set up to find out about the health of local people and identify how things could be improved. Over 600 people in Langley Green (8.3 percent of the population) participated in the project, which took place between May and December 2004.

The report offers a starting point for taking these ideas forward into planned community action.

Who is it for?

This report has been written for anyone responsible for organising and delivering services to Langley Green and for the people who live there.

This includes people in the NHS, social services, local government, schools, community and voluntary sector organisations, employers, local and regional policy makers and agencies who all have a role to play in improving the health of the population of Langley Green.

What does the report do?

- Explains why the research took place in Langley Green
- Highlights the most important health concerns identified by local residents and service providers
- Summarises their suggestions for improving things
- Identifies the top priorities for action
- Outlines the methodology behind Community Assessment and Action
- Proposes a structure and system for taking action forward
- Provides links to local organisations

What action is needed and by whom?

An Action Group of residents and service providers will be set up to ensure implementation of the Action Plan and to monitor and evaluate changes in services. This group will meet regularly in Langley Green. Anyone interested in joining the Action Group should contact Fliss Stanford or Annie Alexander at Crawley PCT (see back cover for details).

اس رپورٹ کا کیا مقصد ہے؟

یہ رپورٹ لینگلے گرین ہیلتھ ایمریومینٹ پروڈیکٹ (ایچ آئی پی لینگلے گرین) سے حاصل کی گئیں باتیں پیش کرتی ہے۔ اس پروڈیکٹ کو مقامی لوگوں کی صحت کے بارے میں معلوم کرنے اور یہ جاننے کے لئے تیار کیا گیا تھا کہ معاملات کو کیسے بہتر بنایا جاسکتا ہے۔ اس پروڈیکٹ میں لینگلے گرین کے 600 سے زیادہ (آبادی کے 8.3 فیصد) مقامی لوگوں نے حصہ لیا تھا اور اس پر مبنی دسمبر 2004 کے درمیان کام کیا گیا تھا۔

یہ رپورٹ منصوبہ کے جوئے کینیوٹی ایکشن میں ان نظریات کو آگے لے جانے کی ایک ابتدا ہے

یہ رپورٹ کس کے لئے ہے؟

یہ رپورٹ ہر اس شخص کے لئے ہے جس پر دوسرے کا انتظام کرنے اور انھیں لینگلے گرین میں فراہم کرنے کی ذمہ داری ہے اور یہ ان لوگوں کے لئے ہے جو یہاں رہتے ہیں۔

اس میں این ایچ ایس کے لوگ، سوشل سروسز، مقامی حکومت، سکولوں، کمیونٹی اور رضا کار تنظیمیں، ایمپلائرز، مقامی اور علاقائی پالیسیاں بنانے والے اور وہ ایجنسیاں شامل ہیں جو لینگلے گرین کی آبادی کی صحت بہتر بنانے میں ایک کردار ادا کرتے ہیں۔

یہ رپورٹ کیا کرتی ہے؟

- یہ وضاحت کرتی ہے کہ لینگلے گرین میں ریسرچ کیوں کی گئی تھی۔
- مقامی لوگوں اور سروس فراہم کرنے والوں کی طرف سے شناخت کئے گئے صحت کے سب سے اہم نگرانی پر روشنی ڈالتی ہے۔
- چیزوں کو بہتر بنانے کے لئے تجاویز کا خلاصہ دیتی ہے
- کارروائی کرنے کے لئے سب سے اہم کاموں کی شناخت کرتی ہے
- کمیونٹی ایسیسمنٹ اور کارروائی کے لئے جو طریقے کام کرتے ہیں ان کا خاکہ پیش کرتی ہے
- کسی کارروائی کو آگے بڑھانے کے لئے ایک خاکہ اور نظام تجویز کرتی ہے
- مقامی تنظیموں کو رابطے پیش کرتی ہے

کیا کارروائی کرنے کی ضرورت ہے اور یہ کارروائی کون کرے گا؟

رہائشیوں اور سروس فراہم کرنے والوں کا ایک ایکشن گروپ بنایا جائے گا تاکہ اس بات کا یقین کیا جاسکے کہ ایکشن پلان لاگو کیا جا رہا ہے اور سروسز کی تبدیلیوں کی جانچ پڑتال کی جارہی ہے۔ یہ گروپ باقاعدگی سے لینگلے گرین میں اکٹھا ہوا کرے گا۔ اگر کوئی شخص ایکشن گروپ میں شامل ہونا چاہتا ہے تو اسے فلیس اسٹینفورڈ یا اینی ایکسلیکسڈر سے رابطہ کرنا چاہیے (تفصیلات کے لئے پچھلے صفحے کو دیکھئے)۔



آیا رپورٹ کو لے کر کیا ہوگا؟

آیا رپورٹ لینگلے گرین ڈیپٹی ڈائریکٹر آف ہیلتھ (ایچ.آئی.پی. لینگلے گرین) میں پیش کیا جائے گا، جہاں : لوگوں کا آہستہ آہستہ جانچا جائے گا اور انہیں لگاتار باہر لگاتار ڈیپٹی ڈائریکٹر آف ہیلتھ سے ملنا ہوگا اور انہیں : آہستہ آہستہ لینگلے گرین میں 600 سے زیادہ لوگوں کے (وہاں 8.3 فیصد) آہستہ آہستہ لینگلے گرین میں 2004 دسمبر میں آہستہ آہستہ

آیا رپورٹ کو لے کر کیا ہوگا؟

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Introduction



Research in action

This report has been written for people living and working in Langley Green in Crawley and for those responsible for organising and delivering services to this neighbourhood.

It presents the findings of the Langley Green Health Improvement Project (HIP Langley Green), which was set up to find out about the health of local people and identify how things could be improved. The project took place between May and December 2004 and involved over 600 people in Langley Green, 8.3 percent of the local population.

The aim of this report is to highlight the most important health concerns identified by local residents along with their suggestions for improving their lives and the area. The report offers a starting point for taking these ideas forward into planned community action.

Background to Langley Green Health Improvement Project

Langley Green is the fourth most deprived ward in Crawley according to the government's Index of Multiple Deprivation (IMD 2000). It lies to the northwest of Crawley and encompasses a large part of Gatwick Airport. The population is currently 7286 with most people living in the southern part of the ward. The population is multicultural with nearly a quarter being Asian or Asian British (total 23.75%). This is a greater proportion than any other neighbourhood in Crawley, and the highest for West Sussex.

Although not as deprived as some other wards in Crawley, Langley Green has a number of problems that have been "kept on the back burner" over the years, including issues around overcrowded housing and a general concern about access to services. The recent census also raised concerns about the amount of long term illness and 'not good health' among the Asian population; the high proportion of Langley Green residents providing unpaid care of up to 50 hours per week (one person 24/7). There were also

some specific issues in Langley Green at the time of the research: arrests of suspected terrorist supporters in Langley Green; disturbances involving the police along the shopping parade over drinking and drug misuse, which added to the perception that this was a "no go" area; the merger of Langley Green First and Middle schools due to the change of age of transfer to secondary school; the move of Catherington special school to Manor Green School; the relocation of the Amenity tip on to the former Catherington school site; travellers setting up pitch on Langley Green playing fields; and consultation by Crawley PCT about a proposed new mental health hospital to be located in Langley Green.

The aim of the Health Improvement Project was to find out from local people what they thought were the issues and problems around their health and well being, and to get them involved and interested in finding solutions. It was important to hear the views of as many people as possible who lived or worked in Langley Green, particularly those who do not usually take part in consultation.

Crawley PCT had conducted a similar research project in Bewbush in 2002 using a participatory research methodology called Community Assessment and Action. The project had been very successful and had led to a wide range of initiatives benefiting the health of people in that ward.

Two main strengths of HIP Bewbush had been the participation of residents and the involvement of people from different agencies through the research methodology. The research in Langley Green was therefore done in the same way.

A number of the original Bewbush team members wanted to take part, and they, along with other local residents and workers formed the Langley Green research team. Development Focus Trust trained and supported the team over the research period. Crawley PCT paid for the research.

What does the report cover?

This report concentrates on the issues, solutions and actions identified by residents in Langley Green to improve their health and well-being. The key actions have been pulled together into an Action Plan. The report also gives background on how the research was conducted.

The Action Plan

The Action Plan on the next two pages highlights the key actions coming out of the research.

The Future

It is hoped that this report will kickstart the process of making the actions happen and consequently improve the health of people in Langley Green. An Action Group of residents and service providers will be set up to ensure implementation of the Action Plan, and to monitor and evaluate changes in services. This group will meet regularly in Langley Green. Anyone interested in joining the Action Group should contact Fliss Stanford or Annie Alexander at Crawley PCT (see back cover for details).



Summary of actions

Environment

- Pavements to be evened out
- Clean up Langley Green shopping parade
- Shops need painting
- Street litter to be cleared up
- More dog poo bins
- Overgrown gardens to be tidied up
- Get rid of dumped cars
- Charge people who dump cars

Racial Inclusion

- Brownies to be more open to other ethnic groups
- Better education for adults to speak English
- Better education to understand other cultures
- More community events
- More integration between different faiths
- Religious chanting together

Exercise/Activity

- Set up an information shop
- Improve safety in Langley Green
- Install cycle paths
- More exercise classes for free
- Day trips with the family

Community Spirit

- Improved parking on streets
- More women's groups
- More clubs/activities for older youths (12+) which are more accessible
- No travellers near children's facilities
- Cinema club for 45–55 year olds
- More community events
- Different activities for different age groups
- More neighbourhood watch schemes

Community Safety

- More police on beat
- More clubs and activities for young people aged 5-15 years
- Shopping parade to be made safer
- Tidy flats and shops
- Toilets need to be open and clean
- More policing rather than CCTV
- More parking at shopping parade

Healthy Eating

- Return to proper school dinners
- Manufacturers to reduce price of healthy food
- More local shops eg a bakers in L Green
- Reduction in working hours

Mental Health and Stress

- Greater provision for clients with Asperbergers/Austistic syndrome
- Better provision for mental health generally
- Publicise support groups
- Improve provision of translation services

Drugs, Alcohol & Smoking

- Parents to do more
- Show kids the bad effects of these bad habits
- Good advice from youth workers
- More policing
- More counselling
- Anger management
- More anti-drug organisations

Transport

- Direct bus service from Langley Green to West Green hospital
- More parking spaces
- Widen roads for off road parking
- More traffic wardens to enforce disabled parking
- Widen roads for cyclists

Young People

- More designated cycle lanes
- More understanding and communication between adults and young people
- Want a "place to chill" without having to learn anything
- Help with housing needed for young people
- Improve confidence of young men
- Access to cheap internet
- More night clubs for young people

Sexual Health

- Sexual health information in schools repeated for different year groups
- Ensure sexual health information in schools does not cause anxiety
- Family Planning clinics to "work with" young people rather than being told what to do
- Young mothers to give talks in schools about the responsibilities/realities of being teenage parents
- Genital Urinary Medicine (GUM) clinics to open at weekends
- GPs to hand out condoms with the pill
- Abortion clinic for teenagers in Crawley
- More support for pregnant teenagers
- Leaflets on diseases, symptoms, cures

Jobs and Money

- Lower council tax
- Lower living costs
- Tax breaks for lower paid
- Lower rents
- More council housing
- More help for dental/eye care
- State to contribute more
- More family friendly employers
- Serious subsidy on public transport
- Cut down paperwork for benefits

Services

- More telephone lines to the Doctors
- Ability to make medical appointments in advance at Doctors
- More female ethnic minority GPs
- Improved translation services at Doctors
- Increased parking at hospital
- Increased staff numbers at hospital
- Improve quality of food at hospital
- Minimise appointment cancellations at hospital
- Improve transport between hospitals (Crawley and Redhill)
- Better publicity for youth centre
- NHS dentist for Langley Green
- Means test families for admission to the adventure playground
- New swings and more play areas

Information about Health

- Health promotion in different languages
- Advocates for non-English speakers
- Provide more qualified staff for exercise classes
- Information & drop-in centre
- Easier access to information on local services/activities
- More contact with people from different communities
- Provide more independent translators at reasonable cost
- Information on health promotion in religious & cultural groups
- Information on mental health
- Find out how different groups want to access services
- Local day-time activities for older people
- More health visitors
- Closer inter-agency working
- Mentoring system for young people

It is proposed that an Implementation Plan will be drawn up following the launch of the report, with timescales for implementing the recommendations.

Aims and objectives

The aims of the project were to:

- See what health improvements are needed in the community
- Reach the hard to reach
- Find out barriers to health and where the gaps are
- Identify issues on local needs and what changes are needed
- Improve health services locally
- Encourage community ownership
- Include local users in decision making
- Monitor and evaluate outcomes

The objectives of the project were to:

- Work together – services in partnership with local residents
- Include everyone in the process so that people feel involved and part of community
- Service providers, residents, etc to get to know their community and other residents
- Be sensitive to different communities
- Encourage the community to work together
- Write a report and decide a realistic plan of action
- Set a time-line to implement the recommendations set out in report

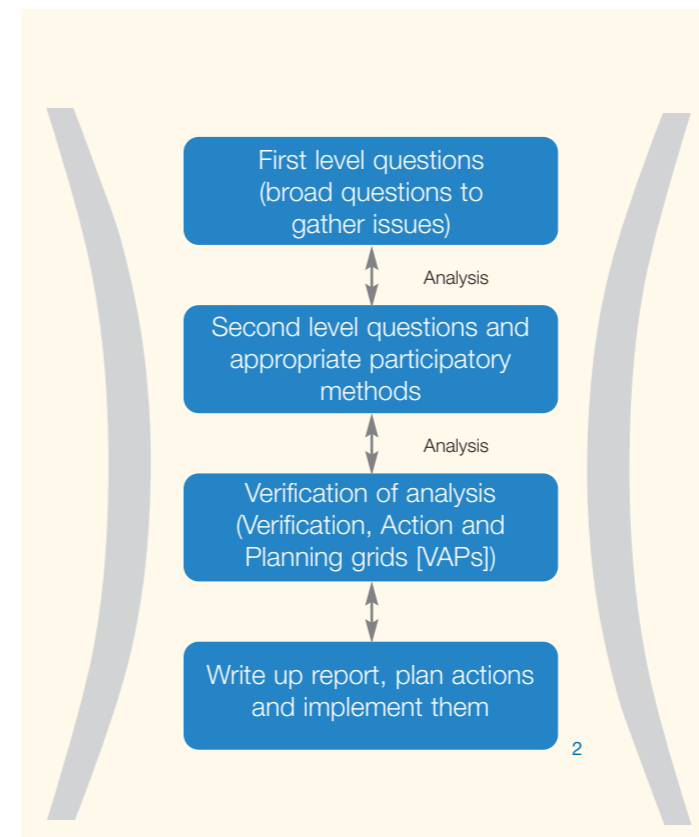
The Methodology

Regeneration through Community Assessment and Action¹

HIP Langley Green used a participatory approach called Regeneration through Community Assessment & Action (CAA) developed by Development Focus Trust. CAA is built upon a technique called Participatory Appraisal that was initially developed in Africa and Asia and has more recently been used in the UK. CAA uses visual tools that encourage participation and researchers work closely with residents to identify their priorities.

The approach includes rigorously coding participants who take part in the process to ensure that a representative sample of the local population is involved. Details of age, gender, ethnic background, housing status, disability, employment, wealth, and number of children are noted and recorded in a database. A series of research questions elicit increasingly detailed information around issues, solutions and actions, which are then pulled together in an Action Plan. Visual tools such as maps, ranking lines, bar charts, problem walls and solution trees encourage local people to take part. Service providers are involved in the process through Reference Group workshops.

The research is conducted in a series of phases:



1. 'Regeneration through Community Assessment and Action' is an accredited course developed and run by Development Focus and is a trademark of Development Focus.

2 Research funnel adapted from material in R. Nurick and V. Johnson, Regeneration through Community Assessment and Action: Overview of Methodology. 2002, Development Focus, Brighton

Regeneration through Community Assessment and Action^{TM*}

This approach maintains that 'successful regeneration requires the inclusion of community members as partners and participants in decision-making'. Not only does the process involve actively listening to residents' concerns but also allows exploration by those involved to solve their own problems. The solving of community and health related problems may require resources, time or simply re-organisation in some way and the research process encourages empowerment of the community to do something to enhance their environment, lives or health. Community Assessment and Action enables an holistic approach to be taken in recognition of the fact that these aspects are joined up. By promoting a sense of ownership and involvement, it is more likely that communities will succeed in appropriate and sustained regeneration.

Inclusion

The ethos behind the approach is that everyone will be able to contribute because the techniques used are visual. The approach is flexible (but rigorous) so that modifications can be made to ensure that everyone's views and opinions can be included. This is particularly important in a community like Langley Green where there is a diverse cultural and ethnic population.

Communication

The approach requires communication between the range of stakeholders including different people in the community, policy makers and service providers. Findings are fed back to people in the community and service providers to ensure that there is effective communication and continued involvement of all the various partners.

Action

The research process is geared towards action - ie to ensure that the research findings are acted upon. However, there is a balance to be had between fantasy and reality and it is essential that participants' expectations are not raised beyond what is feasible.

Ownership

Community Assessment and Action encourages local people to take control over their environment. As residents see that they really can make a difference, they are more likely to stay involved in the long term.

Involving service providers in the process

It is essential that service providers are involved throughout the process to ensure links with existing and future projects. Service providers will be more effective if they understand what each other is trying to do and have an appreciation of the priorities of different sections of the community. The Reference Groups allow agencies to explore how things will work in practice and how to move things forward together.

*Adapted from handouts from Development Focus Trust

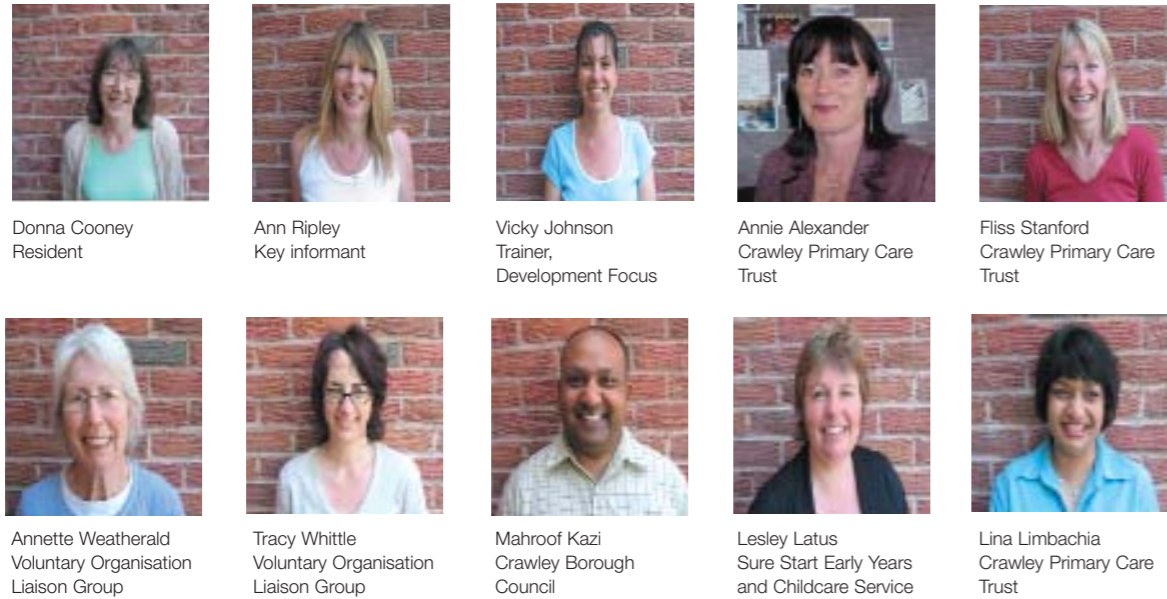
Time Frame

The project took place between May and December 2004, with the bulk of the fieldwork between late May and September.



Research at the bus stop

The Research team



The research team

The team comprised local residents and workers from the following organisations: Crawley PCT, Crawley Borough Council, Sure Start Early Years and Childcare Partnership, West Sussex Voluntary Organisation Liaison Group (VOLG). The research was funded and co-ordinated by Crawley Primary Care Trust Health Inequalities Team. A Project Support Worker played a vital role in co-ordinating the team and overseeing the smooth running of the project.

Training and support

Development Focus Trust provided training and support for the team throughout the process. The team followed the course 'Regeneration through Community Assessment and Action™' which consists of practical and theoretical training sessions, fieldwork, reflection and review time and keeping a diary as evidence of personal learning. This course is accredited with the Open College Network (OCN) and the team was encouraged to go for accreditation.



Team training



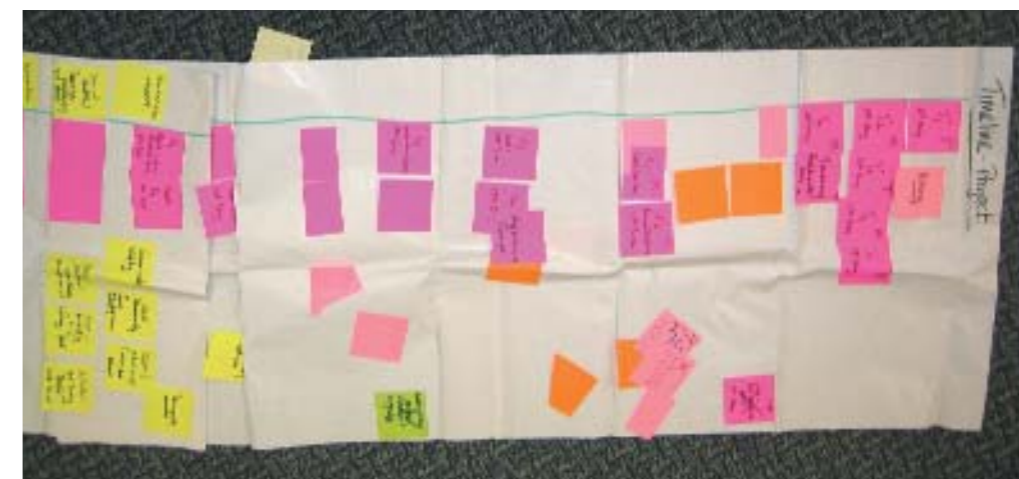
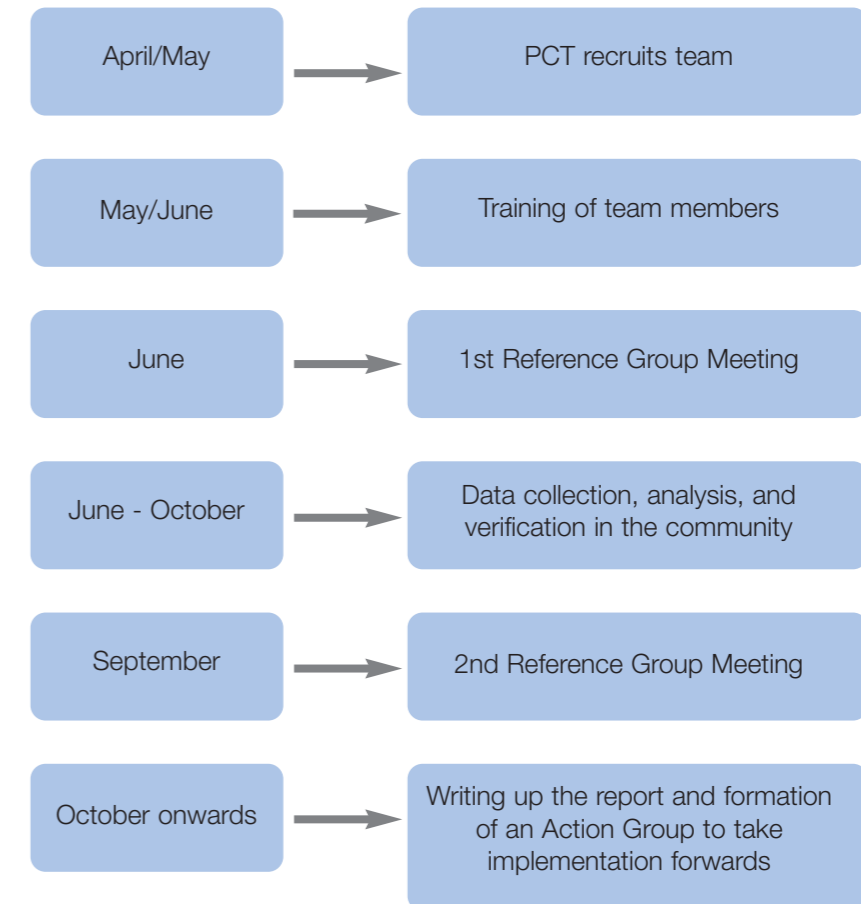
The Process

Getting underway

Discussions with various agencies identified which ones were keen to participate and could second staff to the research team. The word was spread in Langley Green through adverts and local networks to identify potential interest among local residents. It was important to have a local base for the research project and we were lucky to be offered one by a local organisation in the centre of Langley Green.

Organisation

A timeframe was set out for the project, which included a detailed time-line for the training, outreach sessions and Reference Group meetings and a date for the report to be written up. The rough outline of the time-line was as follows:



The Time line

Developing the aims and objectives



The research team formulated the aims and objectives of the project together using visual tools. Sensitivity over ethnic issues and potential barriers to health were a major consideration as well as how the whole community could benefit from any potential changes.

Developing a code



The coding sheet

Although participation in the study was anonymous, it was important to monitor who did participate. A code was developed to record and monitor ethnicity, religion, age, and gender and a number of other indicators to do with housing, disability, poverty and wealth. This code also made it possible to trace issues and actions back to different groups in the community to help identify which people were concerned with which issues, and where there was agreement and conflict of opinion.

Documentation and monitoring

A monitoring map was used to document visually who participated. Along with the database, this was reviewed regularly and compared with the community profile to ensure that participants were representative of the population as a whole. Any gaps identified were discussed by the team and addressed through additional outreach sessions.



The monitoring map

Identifying where to go

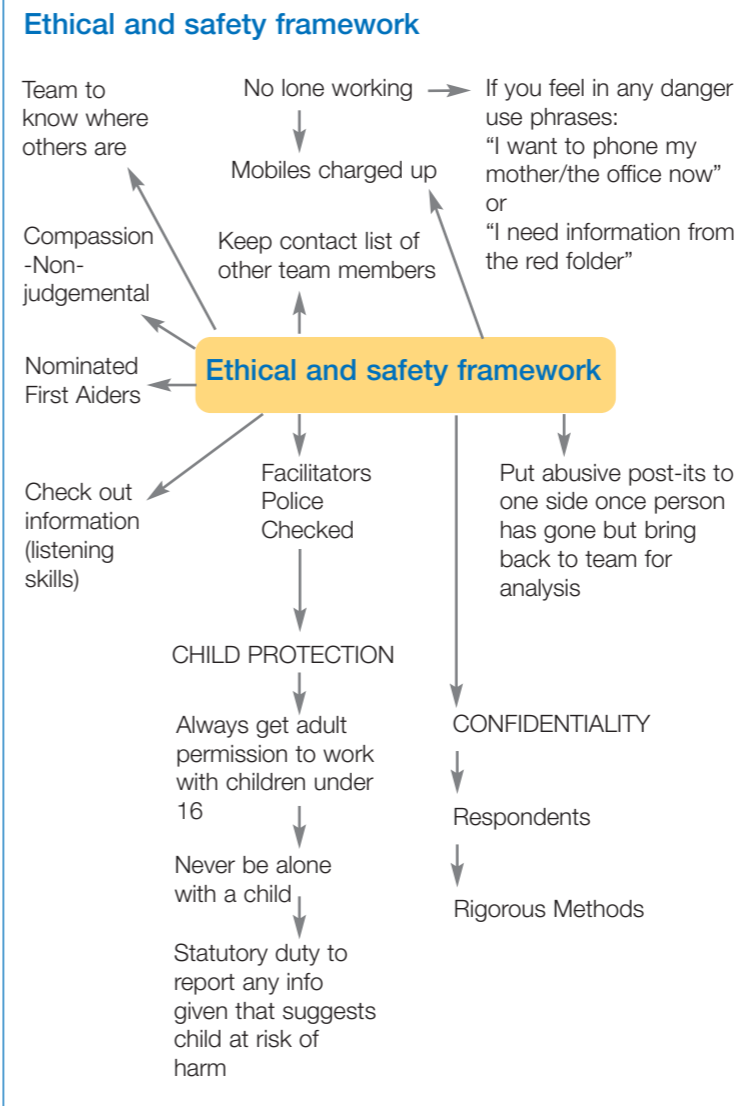
The team made a list of places where local people go. These included schools, clubs, playgrounds, surgeries, churches and mosques as well as public areas (eg the shopping parade). Where gaps existed for different groups, specific venues and times of day were identified, and more targeted research carried out. Every effort was made to access all the community, including 'hard to reach' groups.

Doing the research

The research was conducted at different places on different days of the week. The main venues were outside the shops on Langley Green parade, especially the Happy Shopper, Forbuoys, the Launderette and Hairdressers; at the three mainstream schools - Langley Green First and Middle Schools and Our Lady Queen of Heaven First School; with different groups including the Muhabbat Group and the over 60s group; the Hindu Temple, Stagelands GP Surgery, Cherry Lane Adventure Playground, Elim Church, and the Amenity Tip. Where people had substantial amounts of specific information, case studies were taken. We spoke to people at different times of the day. Evening research worked well because people were more relaxed and it was a good time to catch young people.

Ethical and safety issues

An ethical and safety framework was established to ensure that all those participating were aware of potential issues with working with the public, such as client confidentiality, lone working, how to deal with comments that other respondents might find offensive, child protection issues etc.



Research at the co-op

Tools and questions

The research moved in a sequence from general themes to action planning through a series of increasingly detailed questions. First level questions were broad-based and identified issues or themes for further investigation. Responses to these questions were developed into more specific second level questions. These questions encouraged participants to think of solutions to the issues and actions that they commented on, and identify who should be responsible for the actions and how they should be prioritised. The final stage was the development of Verification, Action and Planning Grids (VAPs). These VAPs were used to 'check out' the research findings by asking people if they agreed or disagreed with the actions raised. The VAPs also included questions on how ideas could be turned into action.

The team used a range of visual tools and techniques for facilitating groups and individuals to talk about their health. These tools include ranking lines, maps, problem walls, solution trees and mood maps as seen below.



A mood map

Involving other service providers

A Reference Group of service providers was involved throughout the process to share ideas and ensure the commitment of different agencies to actions arising from the research. There were two meetings: one near the beginning to share ideas, note work that might tie in with the research, and identify other people to involve; the second, later on, gave feedback on what residents were saying and encouraged the group to identify ways they could support the project.



Reference group workshop



Who we spoke with



We spoke to a total of 603 people who lived, worked or were visiting Langley Green at the time of our research. Out of this total, 360 were female and 243 were male.

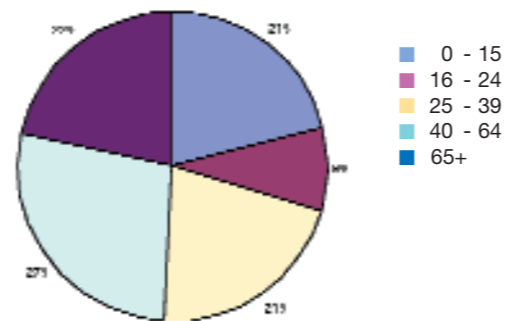
Langley Green is a very multicultural ward and the research aimed to reflect this. The pie charts below show the percentage breakdown by ethnicity and indicate that the profile of respondents broadly mirrored the most recent Crawley community profile³.



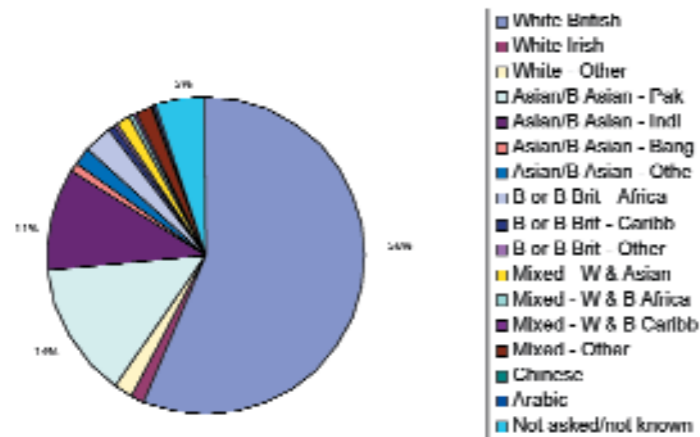
What did people say?



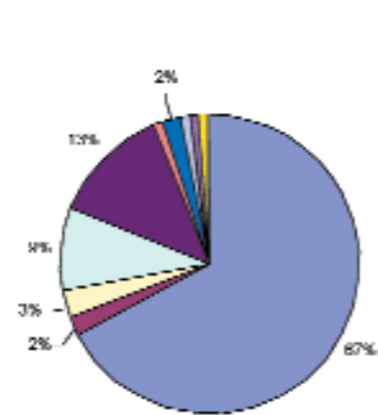
Age breakdown of respondents



Ethnic breakdown of respondents



Ethnic breakdown of Langley Green residents



Key themes:

The following chapters look at the key themes that were identified by residents in Langley Green as affecting their health and well-being. In all, 15 final themes emerged from the data:

- Environment
- Community Spirit
- Racial Inclusion
- Exercise/Activity
- Young People
- Community Safety
- Transport
- Services
- Jobs and Money
- Mental Health and Stress
- Housing and Homelessness
- Healthy Eating
- Sexual Health
- Drugs, Alcohol and Smoking
- Information about Health

In each chapter you will find:

- An introduction to the section relating to the issues, the needs of particular groups, linkages between issues and anything that stood out
- A table summarising the key findings for that issue
- Where applicable, a summary of the Verification, Action and Planning grid which shows where respondents agreed or disagreed with the issues/actions raised during the research. The coloured dots, squares or triangles in the VAPs represent every individual who participated in the research. The shape and colour of the dots identifies key details as set out below:

Key

Residents:

Female	Male
0 - 15	0 - 15
16 - 24	16 - 24
25 - 39	25 - 39
40 - 64	40 - 64
65 and over	65 and over

Service Providers:
(male & female - any age) ▼

Environment

This theme generated a great deal of interest. In general, residents believe that much could be done to improve their health through improving the environment, and there were a lot of suggestions as to how to take this forward.

There was a lot of concern about the amount of street litter, household waste, rubbish left between household alleyways, overgrown gardens and dog mess. Residents were unhappy with the state of the shops, the tip, the number of uneven and cracked pavements and dumped cars. There was also concern about parking at the shopping parade and the number of people drinking on the street in the daytime.

Improvements to the car parking were seen as a priority. Although there is a car park at Langley Green parade and another near by outside the Community Centre, car parking is seen as a problem, and there are concerns that this would get even worse once Langley Green First and Middle combined to form Langley Green Primary School in September.

Solutions included an amnesty for dumped cars, publicising the collection of garden waste, patrolling the parade to discourage street drinking during the day, providing more bins for the collection of litter and dog mess and employing a dog warden to patrol the area. The community warden scheme could be a solution to a number of these problems as community wardens have authority to issue fixed penalty fines to offenders. Reference group members suggested residents should contact a community warden via the Town Hall. This can be done in confidence if they know the offenders and wish to report anonymously. It may be that residents do not know about the community warden scheme.

The graph below shows the key issues taken from the VAP. It shows that the main concern for residents is street litter. Dog mess, pavements and overgrown gardens also cause concern.

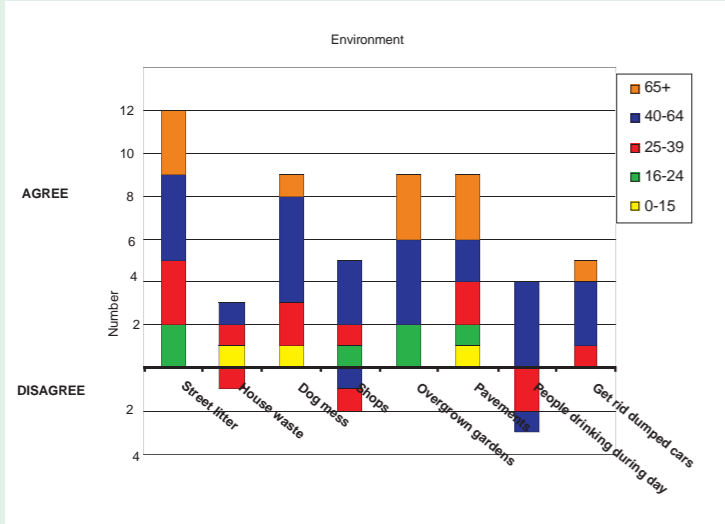
It highlights that respondents were concerned about daytime drinking which links with findings on Drugs, Alcohol and Smoking. The comments of service providers have been omitted in order to concentrate on what residents said.

Environment - key actions:

- Street litter to be cleared up
- Overgrown gardens to be tidied up
- Pavements to be evened out
- More dog poo bins
- Clean up Langley Green shopping parade
- Get rid of dumped cars
- Shops need painting
- Charge people who dump cars

Issues/Actions	Agree	Disagree	How?	Who by?		When?		Help needed?
				You	Who else?	Now	Later	
Street litter	●●●●● ●●●●● ■●■●■		Put bins along road ● More street cleaners ● Free phone to report? ■	●	Council ●●●●● Shops to play their part ●	●	■	
House waste	●●● ■▼	●	Wheelie bins for residents ●●●■ Pay proportionately according to how much they put out ■ Disagree with putting bins along road ■ Disagree with wheelie bins ■		Council to improve service ●	●●		
Dog mess	●●●●● ■●■●■ ■ ▼		More poo bins ●●●●●■▼ Cannot change irresponsible dog owners ● Council to be firmer in enforcing good practice amongst dog owners ■●■ Dog owners be more responsible ●● Educate about harm dog poo can do to children ▼▼			■		Employ warden to police owners
Shops	●●●●● ■●■	●●■	Need painting ●●●■ More police on beat to stop vandalism ●■		Shop owners ●■	●		
Tip	■●■	●						
Pavements	●●●●● ●●●●● ■●■				Council ●●●●●■ Council to tarmac ■			
Alleyways between houses have rubbish	●●		Council to allow rubbish (settees etc) to go to tip ■ Get rid of them ●					
People drinking during the day	●●●●●	●●●■	Stop selling alcohol ● Someone patrolling and moving them on ●		Stop selling drink to underage children ● Council/police/shop owners ●■ Getting better now Portuguese gone ● Police to enforce drinking - 3 warnings only ●■	■		
Overgrown gardens	●●●●● ■●■		Publicise collection of garden waste ■		Council or private tender ■		■	
Get rid of dumped cars	●●●■ ■●■		Charge people who dump cars ●●●■ Amnesty for dumped cars ■			●▼		

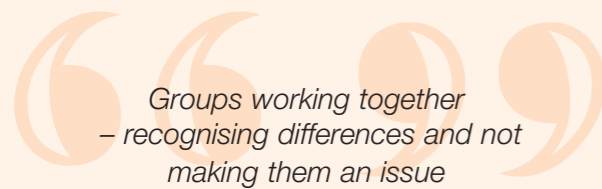
How will we measure success?
 When no dog poo around – all nice & tidy ● ■
 Cleaner - more accessible. More resources available ●
 When the job is done (pavements) ■
 Pavements – roads kept maintained ●
 See visible improvement, tarmaced ●



Community Spirit

Community spirit was seen as very important and residents saw a need to make sure that the community was robust. Community Spirit was defined as 'the responsibility for all individuals towards other individuals'. There was a feeling that without 'community spirit', the community may fail to support some of the more vulnerable people like the elderly or those with poor mental or physical health. The research identified that caring is carried out by many people in Langley Green (see themes of Young People, and Jobs and Money). There was recognition that there are different communities within Langley Green and that 'one size' solutions don't necessarily fit all.

People said that trust was needed in order to develop community spirit, and there are links here to Community Safety, Racism and Young People. One solution was:



Community spirit - key actions:

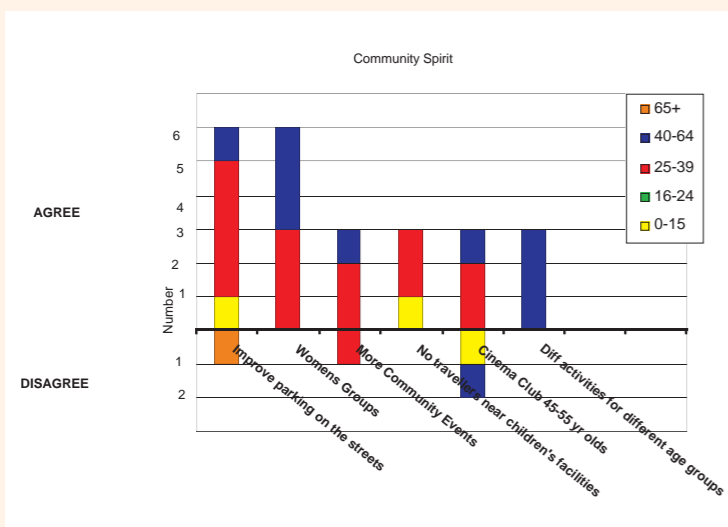
- Improved parking on streets
- More women's groups
- More clubs/activities for older youths (12+) which are more accessible
- No travellers near children's facilities
- Cinema club for 45 - 55 year olds
- More community events
- Different activities for different age groups
- More neighbourhood watch schemes

Community spirit was seen as key to solving many of the environmental issues, such as dog owners clearing up their dog's mess, people not throwing litter or being aggressive in the street.

Different age groups recognised the importance of having different activities for different people, and that they would like a range of activities, which cross-references with Young People, Transport and Exercise/Activities. Older people wanted activities like book or cinema clubs whilst young people wished for a 'chill out zone' where they could be themselves and enjoy the company of other young people without too many rules imposed upon them:



The graph below shows the key issues taken from the VAP. The main concerns for residents are improving parking on the streets and the need for more activities for different age groups, especially women's groups.



Issues/Actions	Agree	Disagree	How?	Who?	When?	Where?	Help needed?
No ball games in residential areas		●■	Make use of green areas ● Put up signs			Signs in residential areas No where else to go	
No travellers near children's facilities	■ ■ ■		Educate - not judge them ▼	Travellers have rights too ●▼		Create an area for travellers away from children's facilities ■	
Improve parking on streets	● ● ● ■ ■ ■ ▼▼▼	●	Take away the verges & widen road ■ Use space at school for parking ● More space you provide, the more cars there will be ●	Council ● CBC has schemes to improve parking in worst affected residential streets. But resources only available to do one scheme per year ▼		Put parking spaces in instead of flats ●	
More variety of activities for under 5s	●■	●	Quite a few already but more advertising ● More clubs & playgroups ▼			Community centres ■	
Cinema club for 45 - 55 year old people	● ● ■	● ●		If they want it ●	Monthly - afternoons		
Book club 50 + to read and discuss	●■				Monthly - afternoons	At pub	
Women's groups	● ● ● ● ● ● ■ ▼				Monthly - afternoons Every 2 wks		
More clubs/activities for older youths 12 + which are more accessible	● ■ ▼▼▼		Cheaper ●		Evenings	Youth need somewhere to hang out - safe & loosely supervised ● Give out info via secondary schools	Other people to come in & start taking groups
More affordable clubs for 5 - 11 year olds	● ■		Adventure playground should be free			Anywhere there's a building ■	
More community events	● ● ■	●		For groups children & teenagers	Christmas time	Day trips to London Bournemouth on coaches ■ Holiday clubs Fun Day on 21 was good ●	Local residents to help Local residents committee
Different activities for different age groups	● ● ■		Different activities for different "communities", age groups, genders			Community Centre ■	
More neighbourhood watches		● ■ ▼				This happens informally in my street ● In other areas of Langley Green ■	Get neighbourhood watch co-ordinator involved - local groups can do promotion at street level ▼

How will we measure success?

- Keep tally chart of the numbers going in ■
- When there is less dog poo ■
- Drop in crime - less youths hanging about ●
- See how many turn up

NB some gaps on coding exist because participants failed to put on their numbered dots

Racial Inclusion

The theme of racism arose from broad first level questions, when the research team first asked people; "what do you like/dislike in Langley Green?" From the answers, it was clear that there were problems with racism.

Some of the comments people made included:

there are too many Indians
too few shops owned by English
feel like a foreigner in my own country

Many people said:

I'm not a racist... but.....

We also found that when talking to an Asian researcher, some people would say: "no offence to you but..."

At the time the research was being conducted, a group of travellers had set up camp on council land. Travellers also were the subject of racism, with comments like:

get rid of them
keep travellers travelling
no travellers near kids
interaction is the solution – not integration

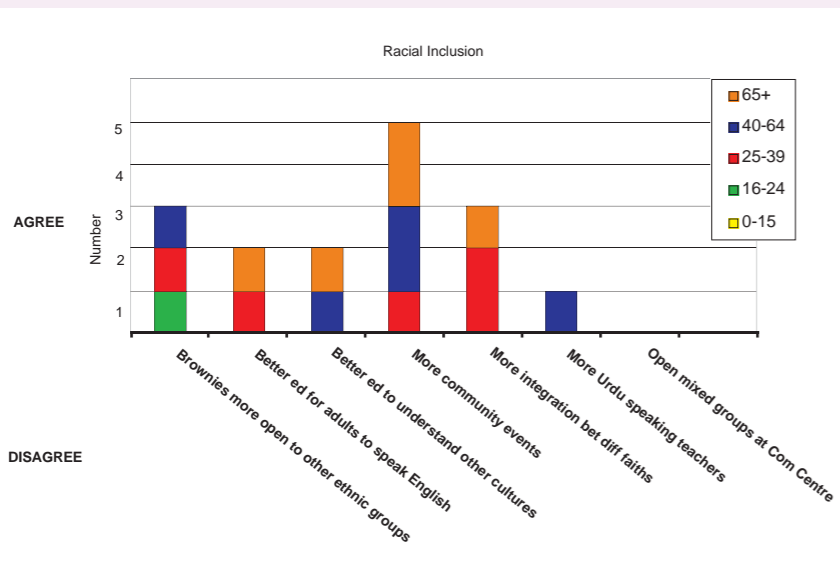
Racial Inclusion - key actions:

- More community events
- Brownies to be more open to other ethnic groups
- More integration between different faiths
- Better education for adults to speak English
- Better education to understand other cultures
- Religious chanting together

There were issues of poor communications within the community. White residents were annoyed that some ethnic minority people could not speak English despite being resident in the UK for several years. Ethnic minority residents said that going to the doctors was difficult because the doctors only spoke English. They suggested that translators would help to make the doctors more accessible. The need for affordable translators and health promotion information in different languages was also highlighted in the Information about Health and the Services themes.

Many white residents talked about 'reverse racism', saying that asylum seekers jump the queue for housing, when there are not enough council houses for their own children to leave home. They also felt that Asian groups had more services specifically tailored to their needs. To ensure that the research got a balanced mix of views, the team visited the Hindu Temple to talk to a group of elderly women about their experiences (see page 24 & 25).

People recognised that different cultures within the community did not mix, but that perhaps it is unrealistic to expect this. However, while many people wanted to retain their cultural identity, they also wished to see a greater community spirit. One suggestion was that:



This graph shows that the most popular solution to racism was more community events.

Issues/Actions	Agree	Disagree	How?	Who?	When?	Where?	Help needed?
Brownies to be more open to other ethnic groups	●●● ▼▼▼▼			Brownies, cubs & scouts			
Better education for adults to speak English	●● ▼▼▼▼	▼▼	Nurses & Doctors – integrate English course in adaptation course ●●	Forget if you go to classes because of age ●●●●			Employers can help employees access English classes by contacting Thomas Bennett or Ifield Community Colleges ▼
Better education to understand other cultures	●● ▼▼▼▼		Children to get at school ● ▼ More education/integration at root level. People from different communities mixing ●				Need translation ●●●
More community events	●● ●●● ▼▼			I would be happy to sit on residents committee to make things happen ●	At Christmas time or other festivals ●	Celebration of all cultures ▼	
More integration between different faiths	●●●		Challenge racism in society and community ▼▼▼ Religious chanting & getting together ●●●●				
More Urdu language speaking teachers	●▼		All teachers should speak English to all children ●●				So many children with English as a 2nd language struggle in pre-schools – need multi-lingual volunteers to help support them ▼
Open mixed groups at the Community Centre			Need strong people behind you "doers" ● Advertise in the Drs surgery ●	Involve people who own the shops ●			More commitment from individuals ▼

Other comments about racial inclusion

No men there to help family members - lonely	●●●●
Help to buy shopping	●●●●●●
In Langley Green – need someone to carry shopping	●●●●
Tolerance – 2 way for white British as well	●● ●
Cannot drive & no family members there	●●●●●●
Transport to new temple	●●●●●●●●
When in Rome do as Romans do – but in Britain	● ●

Case Study - Hindu women

The research team visited the Hindu temple to talk to a group of older Hindu women to ensure that their views were included in the research. We were particularly interested in their views on racism and in what they felt about services.

One of the main things which came out was that many of these women feel lonely and isolated. They were on their own because their husbands had died and their families had moved away. The Hindu temple was the main focus of their lives, both socially and spiritually. Because of their age and isolation, they needed help with practical things such as carrying their shopping, or getting out and about because they can't drive and find using the bus difficult, due to their physical disabilities.

It was interesting that most of them said they had never been subjected to racism. We wondered whether this might be because they do not speak or understand English very well, so even if racist comments were made, they wouldn't have understood what was being said to them. When they were asked if they would like to learn English, they said that they were too old.

It was interesting that out of all the Asian respondents (all ages) 31% did not know the total monthly income for the family, compared with 16% for all white women. This rose to 35% in the 40 plus age groups, compared to 22% for white women. This suggests that Asian women had less financial dealings or responsibility than their white counterparts.

In terms of local services, these women were generally happy with the local shops and had similar difficulties as the general population with obtaining doctors appointments etc.

The VAP opposite shows the opinions held by women at the Hindu temple were similar to those voiced by other people on the street. (See the Services theme discussed more fully later in this report)

These were some of the other comments the women voiced

No men there to help family members - lonely	●●●●
Help to buy shopping	●●●●●●
In Langley Green – need someone to carry shopping	●●●●
Difficulty in walking - need help	●
Cannot drive & no family members there	●●●●●●
Transport to new temple	●●●●●●

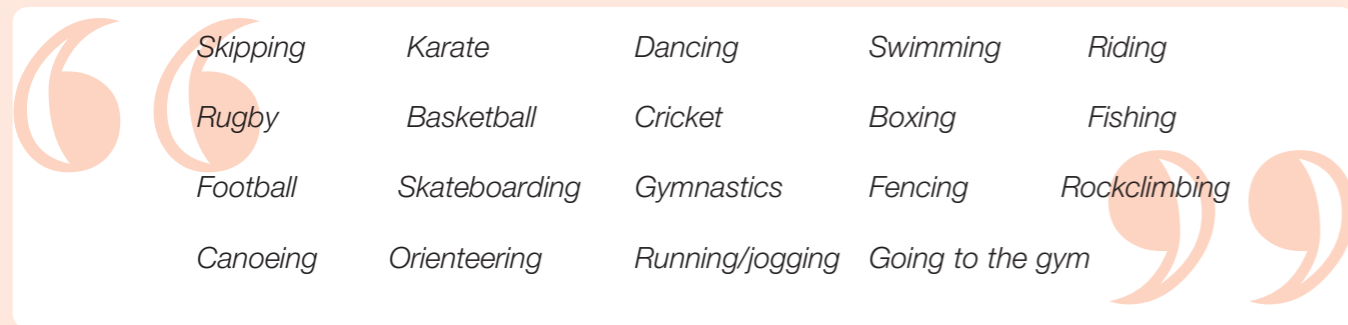
Service	Use	Why?	If not, why not?	What's good?	What's bad?	Suggested changes?
Hospital	●●●●●●●●	For blood tests ● X-rays & diabetes ● Use every 6 months – had tumour ● Appointment for diabetes ● Leg problems ● Health not good ●		Nurses & Drs ●●● Don't use hospital much ●● Hospital ok ●●	Food ●●	
Dentist	●●●●●	Barely use dentist ● Some teeth are bad ● In Gossops Green – no quick service ● Bad teeth ● Wobbly teeth ●	All done in India ●	Very nice Pakistani dentist – talks Hindi ●		
GP	●●●	Dr good – has asthma ● All good ● Has diabetes, BP, asthma ●	Have GP in Northgate Dr is in Northgate – same since 1976 ● Use GP in Gossops Green – live there ages ago & not changed ●	Good Dr ●●	Dr no appointment ● Phone in morning but always busy ● Appointment system – can't get appointment – the ladies will not make one ● Give advice over phone but would like to see personally ●	Change GP ● Want to get an appointment ● Have drop-in clinics rather than all appointment. Promote self-care management ▼ Difficult to get GP appt: Access to GP Primary Care Services develop needs led initiatives/clinics in accordance to health needs of the community ▼
Chiroprapist		Would like to see ●				
Youth Centre			Not interested ● No use for it! ●	Good community spirit ▼	Gypsies there so not going ●	
Shops	●●●●●●●●	Indian shop & Co-op ● Yes – Co-op, chemist, Spar, 2 - 3 times per week ● Indian shop for local goods ● To buy small items & vegetables ● Indian & veg ● To buy veg & milk ●●●	Hardly use shops – too small, too expensive – cheaper in Asda ● Not use shops – only use Asda & Sainsburys ●	Just right shops ● Sells Indian vegetables ● All goods there ●	Drunks by shops – scary people ● Chemist wait is too long wasting time ● Not everything available so have to go to town ●●● Too far to walk ● Cheaper to go elsewhere ●	
Adventure Playground			Not used ever ●	Playground is inclusive – open to everyone ▼		
Community Centre	●●●●●	Near to me ● All good ● For functions eg religious classes ●●● Language classes ● If there is a function ●●		Near access ● Functions at Community Centre ●●	Sometimes too small ●●●	

Exercise/Activity

The theme of exercise has “activity” added because many people feel that they do not participate in “exercise” per se, however they talked about walking, gardening, housework, and after school clubs which all contribute to keeping people fit.

The research team talked to lots of people on this topic. Children and young people came up with all sorts of activities that they either participate in at the moment or would like to in the future:

Gardening was mentioned as an enjoyable activity by middle and older age groups. This is interesting given the feedback from the Environment theme where residents suggested that some of the non-gardeners in the community “let (their gardens) become overgrown” and that this brought the neighbourhood down. Perhaps a solution could be linking the two in some way.



On the street, other activities were identified by adults, such as squash, gardening and walking.

Walking was a popular pastime with residents of all ages. Pensioners said they like to walk to the shops daily and felt this was good exercise and kept them mobile. Children like to go for walks after school. This activity has the benefit of spontaneity (no pre-booking) and costs nothing more than a pair of shoes, trainers or walking boots. However, one barrier to walking was the issue of safety – a couple of young women said they would not go walking alone, and many older people (over 65) said they did not feel safe from early evening onwards. This comes up again in the Community Safety theme where participants expressed concerns about “no go areas” and being frightened to go to the shopping parade in the evening. Environmental barriers to taking exercise were broken pavements, dog dirt and litter, which comes up in the Environment and Community Safety themes.

Cost and timing of activities are both issues. People mentioned that some of the clubs and classes were too expensive, and children said that their families could only afford one activity. Many children would like to go horse riding, but is too expensive. Swimming also was too costly for families with large numbers of children. Organisations need to think about scheduling activities to fit in with people's free time. For example, the timing of after-school activities is crucial to their success.

Lack of information was one of the biggest barriers to doing more activities/exercise - people didn't know what was going on locally or where to go to find out about it. This message was echoed in other themes (eg Information on Health and Services etc) and highlights the need for an information centre in Langley Green.

Exercise/Activity - Key actions:

- Set up an information shop
- Improve safety in Langley Green
- Install cycle paths
- More exercise classes for free

Issues

- Don't feel safe from early evening onwards
- Broken paving and litter
- Watch too much TV
- Don't have time to exercise
- Just don't enjoy it
- Easier to use the car all the time even for short journeys
- Cycling is so dangerous on the roads nowadays
- Can't afford exercise classes
- Don't know what is on offer around Langley Green

Solutions

- Walk more, it costs nothing - walk to school; get a dog so have to walk everyday
- Go for a stroll everyday regardless of weather
- Bike riding needs to be safe to do with the children so need cycle paths
- Don't use the car so much
- Watch less TV and do something active like gardening
- Eat well and take care of yourself: love yourself
- Information shop so residents know what is going on

These are some of the things people told us:

More areas for family led activities and more community events

More safe playing areas for children and more dedicated space for family led activities

Dancing – would like lesson in afternoon so don't have to go out in evening - good exercise and fun

Want more singing and dancing classes locally at different times so can have choice of when to go.

Encourage gardening both at home which would make environment nicer for everyone and also get involved in community gardening, it is good exercise, meet new people and have fun

Would love to go horse riding but is too expensive

Publicise Buchan Park and Millpond etc for family walks, make public transport available to these places

Would like ladies only sessions at the gym and would like a local gym. Also need child care which is expensive at any time of day.

Like to play cricket and can do this after school – cricket club at Cherry Lane excellent.

Would like skipping club after school or lunchtime at school so I could do it with my friends and it would be fun.

Would like some squash courts locally so could play more often.

There is a karate club for children locally but too much money can't afford it for more than one child

Would like yoga class locally but wouldn't go out on my own after dark as don't have car.

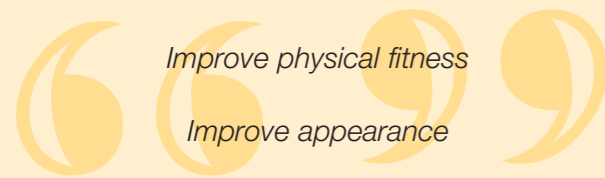


Exercise VAP

Young People

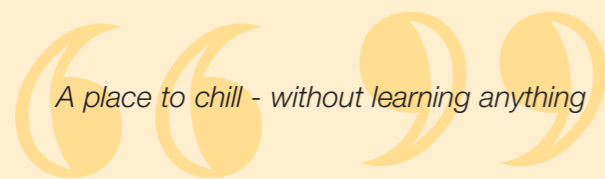
Young people aged 16-24 were the hardest age group to reach and as the project went on, the team found the best time to talk to them was in the evenings outside the shops. The positive side of Community Assessment and Action is that this method enables people who would otherwise have difficulty in expressing themselves to open up, which was particularly useful for children and teenagers. Out of the 127 young people under 15 spoken to, 5% (n=6) said they were “carers” for relatives or friends in some capacity⁴. This theme had links with Sexual Health, Exercise/Activity and Information about Health amongst others.

Young people raised many issues around their health, and wanted to:



Some young women wanted to improve their appearance by losing weight and improving their skin, while others believed the answer was “selling cheaper make-up”. A greater number of young people were interested in improving their physical fitness and suggested that there should be gyms for younger people. It seems that this facility already exists through Crawley Youth Centre but young people don’t necessarily know about it. This reinforces the necessity for better information about what’s on in the area, perhaps through a central information point, which was raised in several other themes.

Young people said that although there were quite a lot of groups and activities for younger children such as after school clubs and Cherry Lane Adventure Playground (which was spoken about very enthusiastically), there is not much for teenagers in Langley Green. There was also a perception that the present service provision appeals more to Asian teenagers than to white youths. People also said the Youth Centre was not addressing the needs of many young people in Langley Green who wanted somewhere to go in the evenings as a ‘chill out zone’: safe and warm, where they could be themselves and enjoy the company of other young people without too many rules imposed upon them. They want:



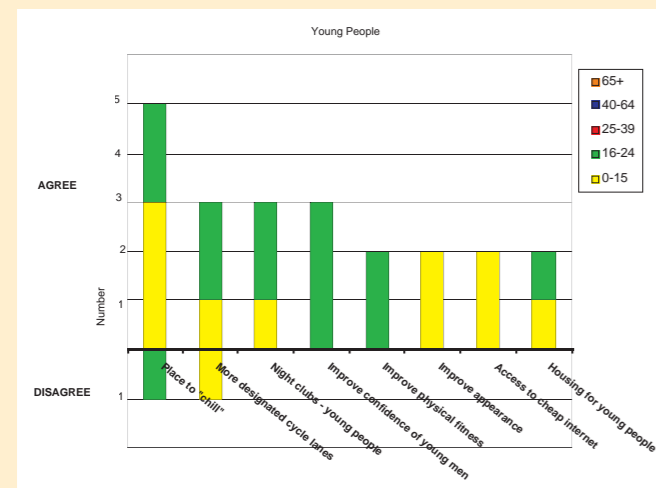
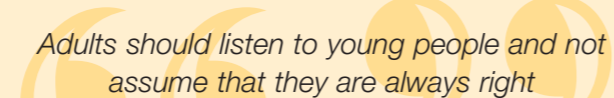
Young People - Key actions

- Want a “place to chill” with no imposed agenda to learn something
- More understanding and communication between adults and young people
- More designated cycle lanes
- Improve confidence of young men
- Access to cheap internet
- More night clubs for young people
- Help with housing needed for young people
- Improve physical fitness

This idea was also supported by the Reference Groups. This ‘chill out zone’ should be sited in a central, well-lit area and welcome to everyone. It should support young people in an informal way, give them information on request and link them in with what is on offer across the town, rather than focus on an educational agenda. Such a place could also provide health information, which young people say they want, but won’t go to the Doctors for, in case it gets back to their families. The ‘zone’ should be open at different times for different ages. Management could be by the young people themselves with adult support. The café on the parade was put forward as being an ideal venue.

Some of the comments made by young men highlighted their lack of self-confidence. This is emphasised in the VAP where three young men have agreed that there should be confidence-building sessions for this age group. In fact, at the Reference Group meeting a service provider noted that this is planned in the future. Parents spoke of their children not being able to find homes of their own and living at home when they should be setting up on their own and the problems this causes.

There was also a need for greater understanding and communication between adults and young people. Young people want to be taken seriously by adults.



This graph shows that a “place to chill” was a high priority for young people. It seems that young people were less interested in support for housing.

Issues/Actions	Agree	Disagree	How?	Who?	When?	Where?	Help needed?
Improve physical fitness	■ ■		Go to gym/fitness classes Gyms for younger people ● ● ▼▼	(NB Crawley Youth Centre – Tue,Thur, Fri 6.30–9.00 pm) ▼			Cheaper Council run gyms ▼
Improve appearance	● ●		Sell make up cheaper ● ● Healthy eating programmes ▼ Go on a diet	PCT – Cook & Eat ▼			
Improve confidence of young women			English Language classes for *BME women ▼	Huggees – young parents but mostly women up to 21 ▼			
Place to “chill” without learning anything	● ● ■ ■ ■	■				By the Adventure Playground ■	
More designated cycle lanes	■ ■ ■ ▼▼▼	●	Cycle lanes need to be complete ▼				
Night clubs for young people	● ● ■ ▼▼	▼		11-14 & 14–18 age groups ■ Dance & Youth Active sessions via Crime Stoppers ▼	11-14yrs: 9–11 pm 14–18yrs: 11.30–2.00 am ■	Ikon ■ In town ■ Snap Dance club night being organised through Community Safety @ ICON/DIVA in 2005	Committee for each age group ●
BBQ area	●	■					
More areas for family centred activities	▼▼▼ ▼▼			Schools already link to West Sussex Family Learning Service ▼		Children's Information Service ▼▼ Pre school groups Toddler groups	
Access to cheap internet	● ● ▼▼				Convenient times ●	Library ▼ Schools can offer high speed internet access ▼	Supervised as children do not know who they are talking to ▼
More understanding and communication between adults and young people	■ ▼▼▼ ▼▼		Family trips Greater integration with people with learning difficulties to prevent bullying ▼	Adults should listen to young people & not assume they are always right ■			Greater help with parenting – learning mentors – family support workers could be good ▼▼
Help needed for young people for housing	● ■ ▼▼▼						Mediation with parents when young people at threat of being thrown out ▼
Improve confidence of young men	■ ■ ■ ▼		Club sessions for young men ■	Young fathers group at Huggees planned for future ▼			
More dancing and singing groups	●					Langley Green	Children's Information Service ▼▼
Legalise cannabis	■ ■						
More after school activities	● ▼			Youth workers ●		Should be after school activities in all schools ▼	

*BME – Black & Minority Ethnic

Community Safety

The theme of Community Safety drew out a good response. There was a strong sense of community on the street and residents spoke of their willingness to try to make things better. As with the theme of Services, there were no participants under the age of 15 at the Verification, Action and Planning (VAP) stage; this was because the time and location of the final research was done during school hours.

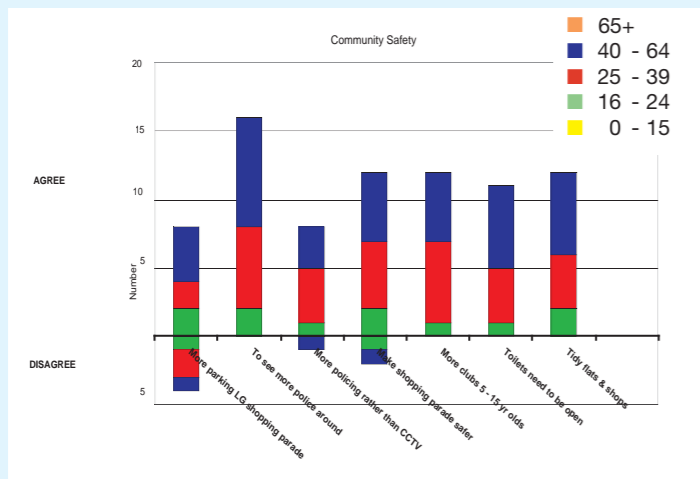
The most popular action was to have more bobbies on the beat, which was seen as preventative policing, rather than to have more CCTV cameras. Although, when discussing, CCTV cameras were seen as a useful deterrent. People also saw the need to keep young people occupied, and thought this would mean less likelihood of them using drugs around the shops which caused great concern to residents. The knock-on consequences of young people hanging around the shops with nothing to do means that the shopping parade has effectively become a no-go area in the evenings for many residents. This links with comments made in Young People and Community Spirit. There is a need to break the cycle in order to get the community to "own" their environment once again. Another idea put forward was a "mentoring service" where teenagers support others who have issues.

There were links with the Environment over the look of the shopping parade and people said that the public toilets should be open and clean. For older people, not having access to a toilet when out stops them doing things which can reduce their psychological as well as physical well-being.

As seen in the graph below the key action is for more police on the beat in Langley Green. Other popular actions were to do with the nature of the shopping parade and the need for more activities for young people. There was a mixed response to the idea of more parking at Langley Green Parade.

Community Safety – Key actions:

- More police on beat
- More clubs and activities for young people 5 –15 years
- Shopping parade to be made safer
- Tidy flats and shops
- Toilets need to be open
- More policing rather than CCTV
- More parking at shopping parade
- Toilets need to be clean
- Day trips with the family



Issues/Actions	Agree	Disagree	How?	Who?	When?	Where?	Help needed?
More parking at Langley Green shopping parade	●●●●● ●●●●● ■	●●●● ■ ▼	Not more parking but better layout of car park Possible charges at LG parade ▼	Council ●			
Want to see more police around	●●●●● ●●●●● ●●●●● ■ ■ ■	■ ▼	Proactive targeting of policing functions ▼ See more policemen walking rather than driving in cars ●●●●● On the beat – children get used to them ●	Government ● Community Warden with PC so when given bad areas they become hot spots ▼ Greater parental supervision ■	Now ▼		
More policing rather than CCTV	●●●●● ●●●●● ■ ▼	●	More police officers – how about some from *BME groups ▼ CCTV needs film & someone to watch it ■	Council ●●		CCTV at Cherry Lane Adventure Playground, Langley Drive & Martyr's Ave ●	Police call Community Wardens for anti-social behaviour ▼
Make shopping parade safer	●●●●● ●●●●● ■ ▼	●●	Make car park bigger ■	Council ■ Everyone help to improve it ▼	ASAP ■		
More clubs & activities for young people 5-15 years	●●●●● ●●●●● ●●●●● ■ ▼		Day trips with the family ●●●●● More activities, more day trips ● More clubs – keep young busy so don't get into trouble ■ More sports clubs – indoors & outdoors ■	Parent led initiatives with support from stat agencies ▼ Youth club after school – maybe parents & teachers ■ ▼ Sure Start Early Years Team re out of school clubs etc ▼	After school ●●●●●	In LG – somewhere safe indoors ● School hall ■	
Toilets need to be open	●●●●● ●●●●● ■ ▼			Council ●●●●●	Open 7am-7pm & closed at certain times ■ Open 9-5, Mon-Sat ● ASAP ●	And clean ● Need to patrol loos ■	
Tidy flats & shops	●●●●● ●●●●● ■ ▼		Competition for best kept shop front ▼	Council & people who live there ■ Council & tenants ●			

*BME – Black & Minority Ethnic

How measure success?

- More visible policing – see them on beat & not just when trouble ■■
- Community groups to assist policing ▼
- Toilets to be open and clean & not used by drug users ●●
- Facilities available when needed ●
- Need to be clean ■ ▼

Transport

As with other topics such as Environment and Community Safety, transport issues were highlighted early on in the research.

The biggest bugbear for residents in Langley Green was both the lack of parking (also raised in the theme Community Safety) and the use by non-residents of parking spaces in the shopping parade car park. They expected this problem to get worse once Langley Green Middle School becomes a bigger Primary School. They felt that traffic wardens could be doing more to enforce parking restrictions.

Transport – Key actions:

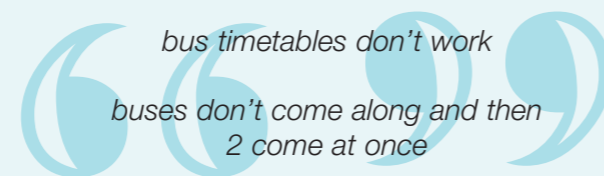
- Direct bus service from Langley Green to Crawley hospital
- More parking spaces
- Widen roads for off road parking
- More traffic wardens to enforce disabled parking
- Widen roads for cyclists



Transport Ranking Line

There were a number of issues raised about the bus service. There was a particular difficulty with getting to Crawley Hospital by bus; people said they have to catch a bus into Crawley centre and then catch another bus back to the hospital, making their journey inconvenient, expensive (2 bus fares) and unnecessarily lengthy. People want a bus that goes direct to Crawley hospital from Langley Green. There was also concern about transport to the hospital in Redhill. People also asked for easier bus time-tables, which ties in with Transport.

People reported that:



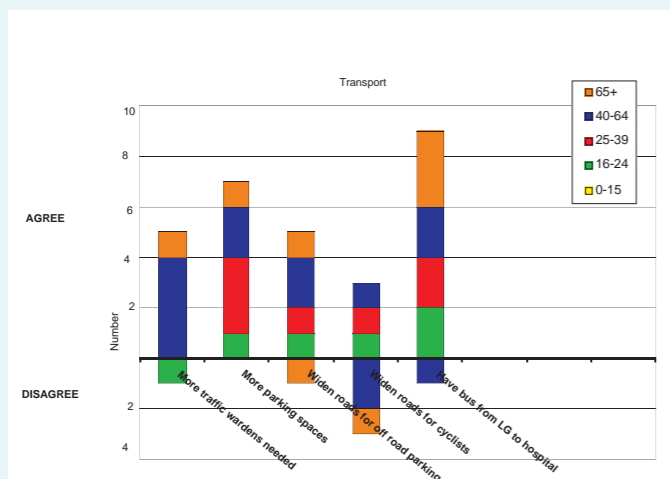
Other comments were around making it easier and safer for cyclists, which was also mentioned in Young People.

It was felt that more work could be done on this theme because of future changes.

Issues/ Actions	Agree	Disagree	Who?	When?		How?	Where?
				Now	Later		
More traffic wardens needed	To enforce disabled parking	● ● ●	● ● ●				
	To stop commuter parking	● ●					
	To enforce parking in marked bays only	● ●					
More parking spaces	● ● ● ● ● ● ● ●			●		System in place for permitted (residents') parking only ● Permit system only usually introduced to address problems caused by commuters affecting residents' ability to park ▼	Outside houses ●
Widen roads for off road parking	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ●	Will create more cars ●			Council ● Houseowners to phone council ●	
Widen roads for cyclists	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ●				Council ● Safe routes to school run by WSCC ▼	
Have bus from LG to hospital	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ●	There is a bus that goes from LG - 4 or 5? ●		● ● ●	Strategic Health Authority to provide as they moved the hospital ▼ Council to provide ● ● ● ● Bus services operated on a commercial basis by Metrobus. CBC has discussed provision to hospital, but not poss/practical for all services to serve the hospital, although objective is accepted ▼	More timetables for shop buses eg Sainsburys, Asda ●

How will success be measured?

- When buses get here ●
- No 9 bus back & no selling cars in car park ●
- Do follow up survey to check it out ■



The graph shows how many people agreed and disagreed with issues and actions from the research. The key action was for a bus service direct to Crawley hospital. There was a mixed response to widening roads for cyclists.

Jobs and Money

Langley Green is perceived as an impoverished area, yet the research found very little on the themes of Jobs, Money and Housing. This may be because people did not perceive their health as being directly affected by these issues or because participants felt that they had no power to influence decisions made at local or national level. When pressed, people brought up different issues which were indirectly related to these themes.

There were concerns about homelessness for the next generation who were still living with their parents because they could not afford to buy their own home and were not in line for council housing. The Council's decision to sell off houses to a local housing association was a big issue for those concerned. Respondents voiced their concerns over the high cost of Council Tax but once again, this is not specific to Langley Green.

Jobs:

Out of the broad questions came responses such as:

happy because not working

I'm a little unhappy as on standby for work and am tired

work a lot – 12 hours a day

great difficulty in finding employment after raising children for the past ten years

More detailed questions such as: "What difficulties do you experience in your work or in finding work?" raised issues about childcare, learning disability, working long hours for low pay and impact on housing as well as racism, transport and stress in the workplace.

Childcare:

Can't afford childcare – had to give up (work)

I work shifts including nights – I have no night care for my children

My son is out of school more than in. My life revolves around him

Jobs and money – Key actions:

- Lower council tax
- Lower living costs
- Tax breaks for lower paid
- Lower rents
- More council housing
- More help for dental/eye care
- More family friendly employers
- Serious subsidy on public transport
- Cut down paperwork for benefits

Learning disability:

Have trouble with spelling and reading

Working long hours:

One woman stated that she worked 44 hours per week but liked the night shift and liked her job. A man said that part of his job entailed "stepping in" and serving on the till when staff didn't turn up.

Low pay:

20% of pensioners spoken to (total 31 people aged 65 and over) said their total monthly income was less than £500 per month. 16% of lone parents reported incomes of less than £500 per month.

One young woman, who is also a part time youth worker in Langley Green, observed:

Most problems I see with my work are that even if you have a full time job, you still can't afford to live and pay rent

Racial Inclusion: (see Racial Inclusion theme)

If you have black skin you have to work much harder than if you have white skin.

(Asian male aged 25–39 living in temporary/assisted accommodation)

A foreign name could put off prospective employers

Transport (see Transport theme)

One man (aged 40 – 64) said he was a fork lift truck driver but there was no work in Crawley and he didn't have his own transport to get him to outside locations. He suggested a solution would be for employers to offer an allowance to cover public transport costs for the first three months of employment until new employees had found their feet.

Stress in workplace:

People complained:

of being "under-staffed"

"exploited" by a system of temporary jobs

companies don't seem to care about their employees

This links in with other themes (eg Community Spirit) where people wanted greater flexibility in the workplace for individuals with family commitments.

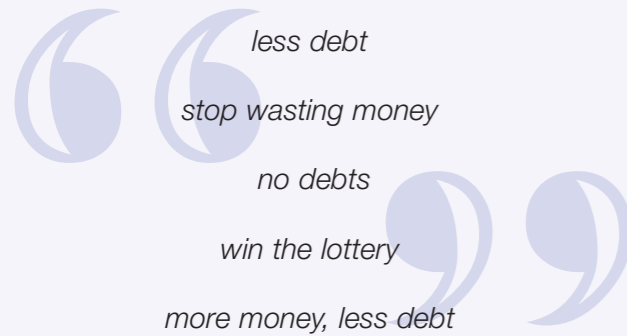
Carers: (see also Young People)

The team identified a surprising number of carers in Langley Green. Thirteen out of 131 people aged 65 plus, (6 male, 7 female), said they spent on average 26 hours per week looking after other people. People do not necessarily apply for carers' allowances - one woman said "if I apply for carers' allowance, they stop my husband's disability allowance". (NB our definition of "carer" included people in extended families looked after relatives or friends, not parents with young children).



Money:

When asked how they could improve their financial position, people said:



A further question: "What stops you having enough money?" drew responses as seen below:



Inadequate benefits/low wages/high cost of living:

Low wages, high cost of living, high council tax and high public transport costs were frequently cited as causing financial difficulty. One former student explained that she had a £14,000 student loan and a £3,000 overdraft. She said the student debt gets directly deducted from her wages and she feels like she is always "catching up".

One man (aged 40–64) explained that he'd been out of work for two years. He gets £57 every two weeks and £24 a week disability allowance. He has to live with his parents as he can't afford to pay rent. He was in a "vicious circle caught at the bottom end of the ladder".

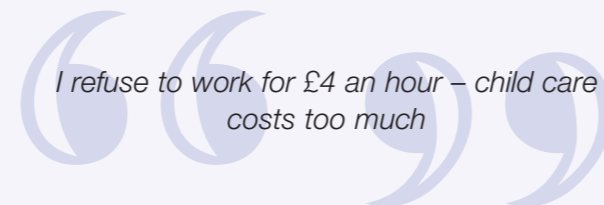
Another person said: "sometimes if you go to work you can find you're no better off than when on benefits".

Many retired people cited the need for "more pension".

Childcare:

Child care was seen as too expensive, particularly relative to wages.

One woman stated:

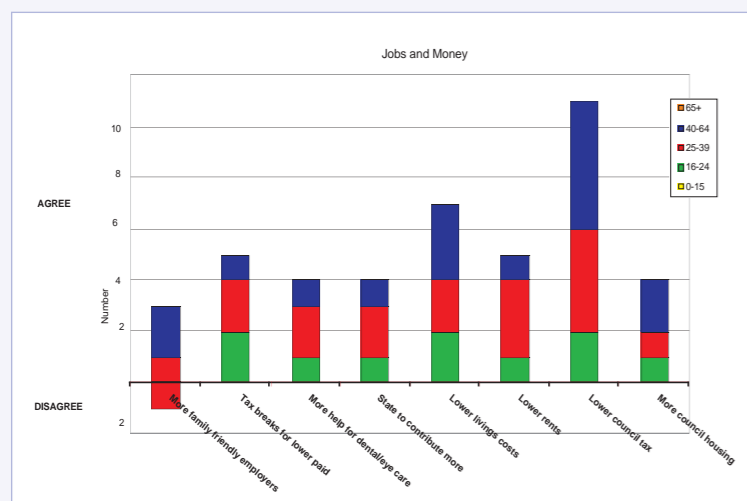


Similar comments were made by a number of respondents along with the need for employers to be flexible and family friendly.

The Reference Group identified a number of ways in which service providers could support people around Jobs and Money, which residents were unaware of. This highlights again the need for better information to ensure that residents know what help is available.

While it was evident that issues around jobs and money had a negative impact on the well-being of people in Langley Green, the solutions identified were not detailed or realistic enough to be developed into an action plan. This issue requires further work.

This graph shows the main actions from the grid. The most popular action was to lower council tax.



Issues/Actions	Agree	Disagree	How?	Who by?		When?	When?
				You	Who else		
More family-friendly employers	●● ■▼▼▼	■	Greater flexibility regarding unplanned time off eg child sickness - more unpaid leave ● Reduce holidays during school term especially for Gatwick workers ▼	Ask at interview stage ●	Local councillor ● Total responsibility of state – all issues ■ Employer ■	All issues now ■	In all employment areas ●
Tax breaks for lower paid	● ■ ■ ■ ■		Tax breaks for people to afford housing ■ ■				
More help to pay for dental and eye care	● ● ■ ■ ▼						
State to contribute more	■ ■ ■ ■						
More pension	■ ■						
Lower living costs	● ● ■ ■ ■ ■ ■		Especially for accommodation and transport ■				
Lower rents	● ■ ■ ■ ■		Housing biggest issue for me ■				
Lower Council Tax	● ● ● ● ■ ■ ■ ■ ■ ■ ■ ■		Council don't provide service you pay for – need for cheaper houses in Crawley ■ By reducing community vandalism ●			Now ●	More community police officers on the beat ●
More Council housing	● ■ ■ ■ ■		Releasing money from council house sales for new council houses ●				
Serious subsidy on public transport	● ■ ■ ▼		Easier bus time tables; regular buses; discount for students living locally on buses ●			Now ●	
Cut down paper work for benefits	● ● ■ ▼		Time when waiting for benefits should be cut down ■ Too many pen-pushers ● Difficult to get rid of bureaucracy ● Lower land registry fees ■				

Mental Health and Stress

Using a ranking line (see photo opposite), the team asked people “How are you feeling today?” Participants put a dot on the ranking line relevant to their feelings and were then asked why they put themselves there and how they could move themselves up the line towards the happier/healthier end. Many people put themselves on either the middle or the smilier end of the line.

They said:

I need to stop drinking so much

*Many friends, shops close by
I have money in my pocket*

Wish kids could have better education – they hassle me too much

It's my day off – don't have to work, feel good

I eat too much when I feel low and then feel worse

Smoking buzz makes me happy

I am part of the church and they are like family – would encourage others to join – we all want to belong

Wish I could be motivated to do more exercise – it would make me feel more positive about life

A number of references were made to sleeping problems as reasons for not feeling very happy/well, and for contributing to stress. People said:

Not enough sleep

Would be happy if I wasn't that tired

Sleeping problems, I can't sleep

I don't sleep well, I lost my daughter 5 years ago

Solutions to stress and feeling bad were mainly individual. For example, a girl, (aged 0-15) whose baby had recently been taken into care, said “getting my baby back” would make her feel happier. A male (aged 25-39) suggested that he should become “more organised”, implying that disorganisation was having a negative impact on his well-being. Other indirect comments included a male (aged 16-24) who needed a solution to deal with noisy neighbours. A woman (aged 40-64) needed more “translation help” – implying that a lack of language skills was making her life stressful. This need for greater provision for translation was also highlighted in the Services and Information about Health themes.



Responses to why and how things could be improved were placed in a “solution tree”.



Clearly, mental health was a key issue. People said that if they felt happy/content mentally than they felt better physically; when feeling low it is easy to turn to alcohol, smoking, drugs, overeating and into a downward spiral. Responses to other themes highlighted that stress is a key problem, although it was interesting that people generally didn't rate themselves as very stressed. For example in Jobs & Money, people said they wanted to eat healthily but a variety of reasons prevented them from doing so, causing a conflict between what they knew to be right and what they could realistically achieve.

The Reference Group identified a wealth of support groups, so a key action point will be to publicise these groups so that residents know what is on offer.

While the research identified a number of issues, there are gaps which could usefully be explored at some later date to obtain a more complete picture.

Case Study - A mother with an autistic child

Joyce is a single parent with three children, the oldest of whom is Ben. Ben was 'stated' by the Education Psychologist for 'behavioural difficulties' when he was 12. However, Joyce thinks that Ben's problems are more complex and that Ben has Aspergers syndrome along with elements of Dyspraxia, Dyslexia, Obsessive Compulsive Disorder, Tourettes, ADHD, and depression.

Ben used to attend the local Catholic School. School reports stated that Ben's behaviour disrupted other children. Joyce reported that Ben was seated at a separate desk from other children although he didn't worry about this as it allowed him to “get a better view” out of the window. He was taken out of this school before he was excluded because of the stigma he would feel.

Unfortunately, Ben's statement has not made Joyce's life easier. Ben should have a personal assistant for 3 hours per day in mainstream school, have special books and cutlery but this hasn't happened. Neither statutory nor private provision has been found for Ben in West Sussex. In addition, Joyce feels that she does not fully understand the “statement” of her son's difficulties and that it has not been explained to her in a meaningful way. She feels let down by the system.

Joyce spoke about the impact that Ben's needs have upon Ben himself, Joyce and the rest of the family. Ben has no strength in his wrists and has shoulder ticks as well as huge mood swings. He has self-harmed, his short-term memory is poor and he strives for perfection. He can become very violent and verbally aggressive to his family, particularly his mother. Joyce feels the house is gradually being trashed and has had to call in the police on two occasions in the last year. In shops, Ben can playfully knock things off shelves, which means a hasty exit for Joyce.

Joyce says she wants the best for Ben but she also wants to be fair to her two daughters who miss out because her time is largely taken up with Ben's needs. Her daughters have also witnessed the physical violence and verbal aggression which takes place at home. On occasions, this behaviour has led Joyce to break down and cry in front of her children.

Ben is now 13 and wants to be like other teenagers. However, he feels overwhelmed when friends stay for too long and he prefers the company of people who are older or younger than his peers. He also has a strong aversion to men being around the house which has not only left him without a positive male role model but has implications for Joyce's social life too.

Joyce is not seeking residential care for her son. Instead she would like specific help:

For Ben

Help to raise Ben's self-esteem and self-worth

A personal tutor/male mentor to take Ben out to do something completely different say for 2 days a week giving Joyce a break

For Joyce

Some time for herself to complete a computer course

For the other children

Quality time for Joyce to be with her other two girls without the distraction of Ben being about.

(names have been changed to protect identities)

Housing and Homelessness

The research team wanted to find out whether overcrowding was an issue in Langley Green. However, first and second level questions had failed to find significant evidence that this was an issue for residents, although hints came out in the Transport theme where residents expressed concern at not being able to park outside their houses because of multiple occupancy.

A VAP was designed to ask residents directly about the impact on them, their families and the community about their housing situation, which was taken outside the shops. Despite a low participation level, some interesting information was revealed.

Males (aged 25–39) talked about sharing houses that were overcrowded. One 2-bed-roomed house accommodated four adults and one child at a monthly rent of £625. Some flats in the centre of Langley Green were cited as being overcrowded. One man said that he shared a flat with one bathroom with 5-6 people. He said that at peak times it was difficult, as everyone wanted to use the bathroom at the same time. This made living conditions stressful and people became tense, argumentative and impatient. This man had spoken to the local MP and had been informed that the legislation to enforce change is a “long process”. Another participant who also shared accommodation said that overcrowding meant he felt alienated and did not feel part of the community.

One schoolgirl (under 16) alluded to domestic/child abuse by saying she lived in a “horrible environment” with a “violent brother”.

Housing – Key actions:

- Provision of more housing
- More responsive policing
- Adults in large houses to move to smaller houses

Another observation and source of frustration for residents was the fact that some couples without children lived in houses too large for them (eg with four bedrooms) whilst others (‘her auntie with three kids’) struggled with one bedroomed houses.

The high incidence of crime in the area was a hinted at when one man said that after being burgled twice he moved from Langley Green to Maidenbower.

People were asked to give details of their housing including type of tenancy and number of bedrooms. The pie chart below shows that 41% (249) respondents owned their own home, and 25% (149) of respondents lived in council accommodation.

The team would like to find out more about the residents’ experiences, in particular residents of the Homeless Hostel in Langley Green, who we were unable to visit during the research time frame.

We asked: ‘How does your housing situation affect yourself, family and community?’

Yourself:

- I have a home with too many people
- Stressful
- Expensive, overcrowded
- I live in a home with a violent brother in a horrible environment
- Have got broken into twice so moved to Maidenbower

Family:

- Tension, arguments, impatience, lots of friction
- Not big enough house
- My auntie lives in 1 bed-roomed house with 3 kids

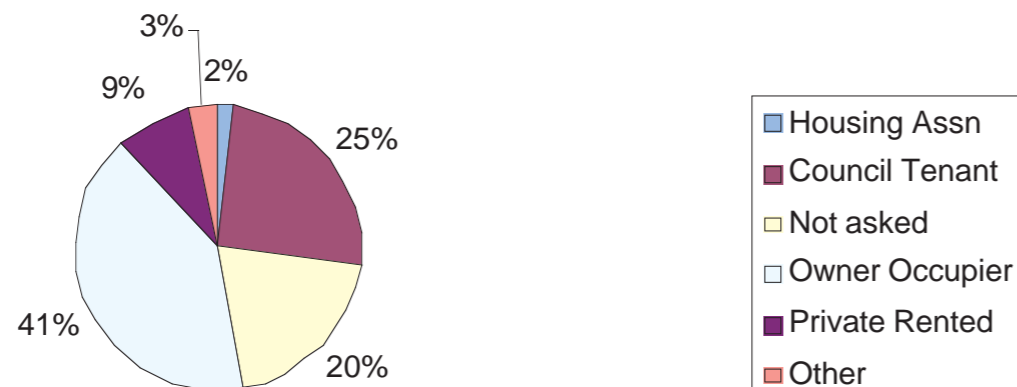
Community:

- Don’t feel part of the community “alienation”
- Overcrowding in houses in Langley Green – above shops... is stressful
- Only 1 bathroom for 5–6 people – difficult when all getting ready to go to work
- Two adults live in 4 bedroom homes with no kids and people with 1-3 kids need it

Solutions:

- More housing
- Legislation - spoken to Laura Moffet – it’s a slow process
- Solution is to move to smaller houses
- More responsive police – more bobbies on the beat
- More crèches at jobs
- Abolition of Set Retirement Age
- Stop age discrimination
- Would like to do voluntary work but still be able to get pension

Housing Status of Respondents



The Reference Group listed organisations which offer help to people with housing problems, including: Open House, CDHA (part of Hyde Housing Group), Crawley Borough Council (various officers: Assistant Hostels Manager, Tenant Participation Officer, Homeless Officers, Planners).

A number of support groups were also listed:

Cherry Lane Adventure Playground –
Tuesday – Friday 3.30pm – 6pm
Saturday 10.30am – 5.30pm

Cherry Lane Toddler Group –
Fridays 10am – 12noon

Connexions (for young people 13-25) –
Queens Square 9am – 9pm everyday

Sikh Women's Group –
26-29 Spencer Road, West Green
Wednesdays. Punjabi

Healthy eating

This theme started off with asking school children "What makes your family healthy?" Some of the answers the children gave were:

Fruit and veg

Sleep

Exercise

They were also asked "What changes does your family need to make to make it more healthy?"

Stop smoking *More exercise*

No biscuits *Fruit & veg*

Drink more water *No alcohol*

Less TV

When people in general were asked "what stops you being healthy?", they said:

Time

Convenience food

Don't like cooking for one

Don't like taste of healthy food

Don't like veg

Changes suggested to help people to eat more healthily included using sweeteners instead of sugar, not frying, mixing vegetables with other foods, manufacturers reducing prices on healthy foods, fewer fast food places and promoting healthy food through the media. One suggestion was for "proper school dinners" organised by "volunteers in the community".



Healthy Eating – Key actions:

- Return to proper school dinners
- Manufacturers to reduce prices of healthy food
- More local shops eg a bakers in Langley Green

During the research it seemed that almost everyone knew about healthy eating but other factors stopped them from eating healthily, such as cost and time, and who does the shopping.

Manufacturers to reduce healthy food

Things would get better when "prices had changed"

Time was a key factor. Lack of time prevented people from preparing nutritious food.

Most families could benefit if mum at home & cooking & not under so much stress

Pressure of work

Children often do not have control over their food as it is purchased by their parents:

my dad does the shopping and he doesn't like apples

although children could exert considerable influence through positive 'pester power'.

Solutions suggested by the Reference Group included setting up breakfast clubs at schools. This has proved successful in Bewbush schools. Some schools are taking the lead on healthy eating by introducing the Government's free fruit scheme. However, this is only for 5 and 6 year olds. Other ideas included bringing in the Cook And Eat team from the PCT to show people how to cook nutritious budget conscious food. Potential venues for this and other similar groups were suggested.

As with some other themes, there was insufficient time to explore this theme in enough detail. It would be useful to do this in the future, perhaps through focused discussions with different groups. Reducing obesity is a key objective in the recent government White Paper on Public Health, which provides added incentive to bring about change at community level.

Group changes	Who?	When?	Where?	How?	How do you know things have got better?
Do more exercise – possibly provide exercise classes ■	Council	Soon	Nr Community Centre	Ask people what they'd like in it	At the moment don't know anyone who (takes) exercise – in future I would
More exercise classes for free ■			Locally, nr Deerswood where they're building		When there's hardly any fat people
Go back to proper school dinners ■	Council Shops share out of date food with community - M & S, Co-Op, Tesco	Soon		Get volunteers in the community to do that	Shape of people
Get together in church hall to discuss community issues ■	Would like community to help			Advertise in local press & through Post Office to let people know	
Manufacturers to reduce healthy food prices ●					Prices will change
Local shops – for those without transport – veg shop, baker, meat ■	Council – introduce new shops. Small branches Tesco, Sainsbury etc	Consider poss 2005/06 but to take into account all of society	Parade	Start negotiation with likely stores/retailers to do this	Greater variety of healthy foods to purchase and less use of cars

Sexual Health

In spite of local increases in sexually transmitted diseases and teenage pregnancies⁵, sexual health as an issue did not come out of the first and second level questions. The team therefore designed a tool specifically to ask young people about their experiences of access to sexual health education/information and what could be done to improve it so that the health messages were taken on board.

The tool was taken out to the shopping parade where there was a group of young people hanging out. Since it had been quite difficult to engage young people in this study, the style of participation was modified into a street session. Some of these young people had participated in the other tools and one young participant was pregnant.

The group were asked, "What information/advice do you need?" to which they responded overwhelmingly

more advice and information at school and college

But this information needs to be communicated in a way that messages can be taken in and acted upon, without causing unnecessary worry. One boy said that the "school advice is no good"; the information was

too hard - it made me worry about cancer

Young people said that advice is given when children are young, implying that a lot of the information went over their heads. They want it repeated when they were older and as their understanding and experiences have grown.

The Family Planning clinic also came under criticism for pressuring young people to behave in a certain way. The female participant who was pregnant said that her mum had told her that she was "too young to be a mum". She said she needed support, not criticism.

Respondents were then asked "Who do you turn to for advice and feel comfortable with?". Nine young people agreed that the GUM (Genito-Urinary Medicine) clinic was good but that it should be open every day, whilst six respondents said they preferred their friends' advice. Two advocated their mums' advice whilst another two said that they turned to people who had been in the same situation.

The participants were also asked how "they could improve things?" Three group members commented that there should be better support for those who were pregnant and that the Family Planning Clinic should work with the young person and not the other way round.

There was general agreement with the suggestion that older girls who had themselves been teenage mothers should give advice to young people as they acted as credible sources of information with first hand experience.

Sexual Health - Key actions:

- Sexual health information in schools needs to be restated in different year groups
- Ensure sexual health information delivered in schools does not cause anxiety
- Family Planning clinics to "work with" clients
- Young mothers to give talks in schools about the responsibilities/realities of being teenage parents
- GUM clinics to consider opening at weekends
- Abortion clinic in Crawley
- More support for pregnant teenagers

There was a mixed response to the idea that there should be local abortion clinic; whilst four of the group said they were in favour of this, another commented that this may encourage more pregnancies. Therefore there is a balance to be had with provision of service and educational messages around taking informed and responsible decisions.

The majority of the group said that they need more leaflets on a range of diseases. It was suggested that:

GPs should hand out condoms with the pill

However, one person commented sex doesn't feel good with a condom and so something else needs to be invented.

The Reference Group added other suggestions and comments. There was agreement with more sex education at school. Other ideas included moving sexual health services away from the GP where parents may attend, that everybody should be educated about condom use, and designing modern "funky" posters to show that:

**STDs are common and it's not a big deal*

It was proposed that girls' sexual health groups should be available and that venues should be accessible for impromptu well-being clinics. Service providers also suggested that there should more awareness of HIV and that STD testing kits and treatments should be available over the counter at chemists. However, this may cause concern to the GUM clinic, who consider it vital to monitor progress.

⁵ See Annual Report of Director of Public Health 2003, available from Crawley Primary Care Trust

*STDs - Sexually Transmitted Diseases

See below for responses on how things can be improved:

Abortion clinic for teenagers in Crawley – not all the way to Brighton ●■

BUT – may encourage more pregnancy ■

Pregnant young people want support ●●●

Leaflets on diseases, symptoms, cures ●■

Hospitals, schools, doctors ●■

Information about every kind of disease ●

At school and college ■

Older people who were pregnant give advice to teenagers ●●●▼▼

STDs – should be able to get test and treatment over the counter ▼

Sex with a condom doesn't feel very good – should invent something else ■

GPs should hand out condoms with the pill ●●●■▼

Encourage condoms by all – married or not – develop awareness all levels ▼

Girls' sexual health issues & groups available with funding ▼

Help where workers can gather group of people together and take them to well being clinic without pre-booking ▼

More leaflets so can hide them if family there ■

More awareness of HIV/AIDS levels in Crawley – very high – teach to protect selves ▼

Access to sexual health away from GP where parents may attend ▼

Education at school ▼

Family Planning should work with you – not you work with them ●●●



Drugs, Alcohol and Smoking

These issues were raised as a problem by many people in Langley Green. However, the research showed that whilst drugs and alcohol seemed to be high on many residents' agendas, smoking (and passive smoking) did not figure much. The best response to this theme came from the evening research.

People said that there was a need to

Educate people about dangers of drink & drugs

but acknowledged that it doesn't always work

*People tell people to stop & they don't but some people do – they take advice
Bad people take drugs then others start*

Residents felt that the shopping parade is a 'no go' area in the evening because of the number of young people hanging about there and the level of alcohol and drug use going on.

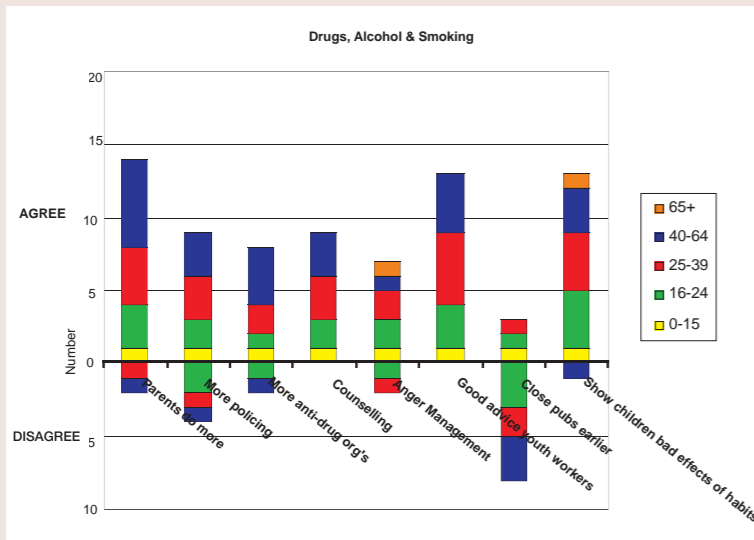
Many people (including teenagers) felt that it was the responsibility of the whole community (police, parents, teachers etc) to enforce the law, and offer support and advice at the appropriate time, which was 'when issues arise – when children reach that time of life'.

Participants were asked if they agreed with legalising drugs and most disagreed. They also disagreed (by a slim majority) with upping the legal drinking age limit to 21.

Drugs, Alcohol and Smoking – Key actions:

- Parents to do more
- Show kids the bad effects of these bad habits
- Good advice from youth workers
- More policing
- More counselling
- Anger management
- More anti-drug organisations

This theme was particularly difficult to research because of issues of legality (around drugs and alcohol) and balancing reality with social acceptance. In general, drinking is socially acceptable but when this becomes drunken behaviour, it can cause misery for people living close to pubs as well as a substantial drain on local police resources. Individual behaviour can have a major impact upon the community and the lives of other people. So this is a theme that would benefit from further research.



The graph shows how many people agree/disagree with the proposed actions. It shows clearly that the idea of closing pubs earlier was not popular with residents. It also highlights the popularity of 'getting parents to do more', 'good advice from youth workers' and showing children the bad effects of their habits.

Issues/Actions	Agree	Disagree	How?	Who?		When?		Where?	Help needed?
				You	Who else?	Now	Later		
Parents to do more	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	●●	Watch children - encourage openness ■ Be at home for them - more discipline & morals ■ Parents to report children to police ● If parents drink, someone older to tell them ● Work together ■ ▼ Parents authority taken away ●	Mothers & fathers keep sending same message - set an example ■ Parents to talk about these issues in the home ●		When issues arise when kids reach that time ●		Friends & families project at 'DAAT' ▼ Parent training for drugs & alcohol from local bobby	Some parents need support to cope - agency with non-judgemental support workers ●
More policing	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	An approachable policeman - need to be able to talk in private ● Policing in the community would have influence on drug dealers & offenders Police doing job more checks won't see drunks ■	Proper sentencing by law ■ Public meeting & discussion ▼		Need CCTV especially at night times asap ■		CCTV round back of shops to watch for drug users ■	
More anti-drug organisations	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	Don't work ■ ▼ More CCTV ■	Police & Council ■				Specialist help for young people with drug probs can be accessed via Connexions in Crawley ▼	School nurse and **PHSE progs can help
More counselling	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	LG needs info/drop in centre open to all ●● Open House family counselling (nr old police station) ●	Advertising for volunteers/parents ●● Government to provide more counsellors ■ Council ●●		●●		Churches? ●	
Anger management courses	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	Drs & hospital already running ● They would just use it as an excuse to get out of trouble ■	School staff working with mental health professionals ▼ Promoting good communication in schools & pre-schools before anger becomes a big problem ▼					
Good advice from youth workers on the street	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	More good advice ■ Handouts ●	Not afraid to challenge behaviour ▼ Youth workers who have a heart to help ●	Accept it as everyone's problem & do not turn blind eye ▼		ASAP ●		In local community accessible to all ●
Close pubs earlier	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	Close later ■ Think if closed earlier we would get trouble round shops & streets ● Less pubs ● Cheaper/free non alcoholic drinks for designated drivers ▼▼▼						
Show kids bad effects of their habits	●●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●● ■●●●	Depending on age ● By example ■ Talking to children ■ Put info/talks on regular school timetable ▼	Parents ■ Parents & teachers the most Everyone ■	When the need arises ■ When they are about to succumb to temptation nip in the bud ■			More in school ● Getting reformed addicts to talk in schools ●	

*DAAT - West Sussex Drug and Alcohol Action Team
** PHSE - Personal Health Social Education

Information about Health

This theme was drawn from the comments contributed by the service providers and members of the first Reference Group. It should be remembered that these participants are mainly professionals who have first hand experience of working with people in Langley Green but may not necessarily live there. The themes they identified were put into a grid and taken out for residents to comment upon. A variety of different age groups participated. One of the most wished-for actions was that information on health would be printed in several different languages. This is an interesting idea and suggests that people are interested in their health but need support in overcoming language barriers. This was further supported by the action of having advocates for non-English speakers. It was interesting that when researchers asked people their main language, there were no less than 28 different languages in Langley Green alone.

Participants wanted:

Posters or hand outs in different languages

A drop-in centre for information

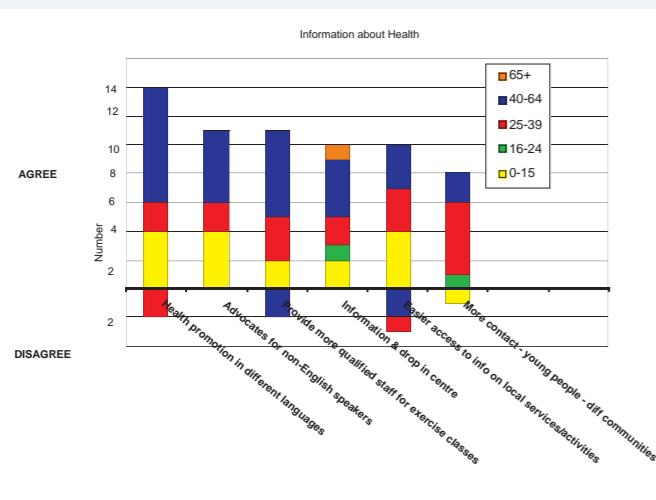
The idea of an information centre was prioritised in several other themes such as Exercise/Activity and Services, where people said that there was lots going on in Langley Green but they didn't know where to find out about it. They want somewhere central for people to go and obtain information.

Service providers recognised that there are gaps in services, particularly around mental health. There is a need for:

Promoting understanding of mental health issues

More info on mental health issues

These comments link with older people feeling lonely (see the case study on Hindu Women). As this report was being drawn up, Crawley Primary Care Trust were in consultation with the residents of Langley Green about a proposed new mental health hospital, which was generally welcomed.



Information about Health – Key actions:

- Health promotion in different languages
- Advocates for non-English speakers
- Provide more qualified staff for exercise classes
- Information & drop-in centre
- Easier access to information on local services/activities
- More contact with people from different communities
- Provide more independent translators at reasonable cost
- Information on health promotion in religious & cultural groups
- Information on mental health
- Find out how different groups want to access services
- Local day-time activities for older people
- More health visitors
- Closer inter-agency working
- Mentoring system for young people

Much of the information on this theme related either to working with young people, or how professionals should work together. It was generally acknowledged that closer inter-agency working made for better services and that whilst professionals often talked about this, it didn't always happen.

Not enough of this – some people “pass the buck” & won’t get involved when they should

Agencies need to know they need to be involved

An idea from service providers, which links to Young People, was to have some sort of mentoring system, especially for young people. Their progress could be monitored every 3-6 months by contacting schools and parents to find out about attendance and behaviour. Participants also suggested it might be helpful to have trained youth workers on the street to talk more openly with young people.

There were too many actions to list all of them on the graph which shows the actions with the greatest participant support. The key action was for health promotion information in different languages, which was echoed in the action to have advocates for non-English speakers. Other actions worth emphasising, but not included were: health promotion information in religious and cultural groups; information on mental health; more independent translators at reasonable cost; and to find out how different groups access services.

Issues/Actions	Agree	Disagree	Who?	When?	Where?	How?	Help needed?
Provide more qualified staff for exercise classes	4 yellow, 4 blue, 1 red, 1 green, 3 black triangles	2 blue		More exercise at work ie lunch-time fun exercise classes ▼			
More buildings for community pastimes	3 blue, 1 green, 1 red, 1 black triangle	4 yellow, 3 blue, 1 red	Under-used 3 blue Activities for young people 1 green				
Encourage local people to participate in local politics	3 red, 2 blue, 1 green, 1 red square	2 yellow	Encourage schools, make it fun, engage youths ▼			Info re politics & how this influences life of people ▼ Newsletters available in Info Centre 1 blue	
More contact with young people from different communities	3 red, 2 blue, 1 green, 1 red square	1 yellow	Parents & young people 1 red		Information Centre 1 blue Youth clubs 2 blue At school 2 blue	Trips for young people eg to Chessington 1 green Promote understanding of mental health issues 1 red	
Easier access to information on local services/activities	4 yellow, 3 red, 2 blue, 1 black triangle	3 blue, 1 red	Community workers at Info drop in centre 1 red, 1 blue			Handouts: where, when, how much, for whom 1 red, 1 blue, 1 black triangle	
Free venues for health education	3 yellow, 1 red, 1 black triangle		Don't understand 1 blue Health education for schools? 2 yellow, 1 red				
Information & drop in centre	4 yellow, 3 blue, 1 green, 1 red square		Trained community workers 1 blue For all 1 blue	ASAP 1 red, 1 blue	Near shops 1 blue Cherry Lane 1 blue	Phone no for people who don't want to be seen using centre. They could then be visited at home 1 yellow	Info on promoting mental health issues
Find out how different groups want to access services	3 red, 2 blue, 1 orange, 1 black triangle				Information Centre 1 red, 1 blue		
Build a healthy living centre	4 yellow, 1 red, 1 black triangle	3 blue, 1 red	Waste of money 1 red, 1 blue Put it towards Info Centre 1 red, 1 blue Centre to address education, healthy living etc ▼				
Variety of services to increase understanding of *BME communities with learning disabilities	2 yellow, 1 red, 1 black triangle	1 black triangle					
Info on health promotion in religious & cultural groups	4 yellow, 2 blue, 1 black triangle	3 blue, 1 red, 1 black triangle	It should be for all 1 red, 1 blue, 1 black triangle		In schools 3 yellow, 1 red, 1 blue At info centre 1 yellow, 1 blue		
Information on mental health	3 yellow, 2 blue, 1 green, 1 red square, 1 black triangle				At drugs centre 1 green		
More Health Visitors (HVs)	1 yellow, 1 red, 1 blue, 1 black triangle, 1 black triangle, 1 black triangle		Crawley PCT 2 black triangles Up the age 5 - 16 1 blue			Bring back nit nurses in schools & pre-schools 1 red, 1 blue, 1 black triangle, 1 black triangle	People support HVs School Nurse promotes parenting skills support -ing mental health 2 black triangles
Provide more independent translators at reasonable cost	4 yellow, 3 blue, 1 black triangle	1 black triangle	Ethnic minority info line *ICIS info available ▼				
Health promotion info in different languages	4 yellow, 3 blue, 1 red, 1 black triangle, 1 black triangle	1 red square			At information centre 1 blue, 1 black triangle		
Promoting mental health issues	3 yellow, 2 blue, 1 red, 1 black triangle						
Closer inter-agency working	3 yellow, 2 blue, 1 red, 1 black triangle, 1 black triangle, 1 black triangle		Strongly agree 4 black triangles Agencies talk of this but doesn't always actually happen ▼ Agencies need to know they need to be involved ▼			Refer - Info Centre 1 red, 1 blue	Not enough of this - some agencies pass the buck when they should get involved ▼
Advocates for non-English speakers	4 yellow, 3 blue, 1 red, 1 black triangle, 1 black triangle		Have a student district nurse who speaks 5 non-Eng languages - contact me ▼				
Local day-time activities for older people	3 yellow, 2 blue, 1 red, 1 black triangle, 1 black triangle	3 blue, 1 red	Lots already going on Find out 1 red inform Ikon Centre 2 blue			More info to engage elderly residents generally ▼	More resources needed for ethnic groups ▼

*BME - Black and Minority Ethnic

*ICIS - specialise in finding you help and can be found on the internet (www.icis-info-4life.org.uk)

The Future

This report has been written for anyone responsible for organising and delivering services to Langley Green and for the people who live there.

It highlights the most important health concerns identified by local residents and service providers; summarises their suggestions for improving things and identifies the top priorities for action. It offers a starting point for service providers and residents to work together to improve the health of people living in Langley Green.

An Action Group of residents and service providers will be set up to ensure implementation of the Action Plan and to monitor and evaluate changes in services. This group will meet regularly in Langley Green. Anyone interested in joining the Action Group should contact Fliss Stanford or Annie Alexander at Crawley PCT (see back cover for details).



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Appendix 1

Fieldwork sessions

Theme	Date	Level	Location	People aimed at
Environment	16.09.04	VAP	LG shops (toilet wall)	Teenagers/young people
Racial Inclusion	13.07.04	2nd level	LG shops (bookies)	a.m. shoppers
	14.09.04	VAP	Hindu Temple	elderly Hindu women
Community Safety	19.07.04	1st level	LG First School	School children
	12.09.04	VAP	LG shops	p.m. shoppers
Community Spirit	14.09.04	VAP	LG shops (toilet wall)	Teenagers/young people
	16.09.04	VAP		
	17.09.04	VAP	Muhabbat Group	Asian women
Ideal Community	22.06.04	1st level	Cherry Lane Ad Play	Children/parents
	11.07.04	1st level	LG Fair	Everyone
Transport	19.07.04	1st level	LG First School	School children/parents
Services	02.06.04	1st level	LG bus stop	Everyone
	13.07.04	2nd level	LG shops (bookies)	Morning shoppers
Exercise/Activity	30.06.04	2nd level	Catholic school	School children
	09.09.04	VAP	LG Shops	Everyone
Young People	30.06.04		LG shops	Teenagers/eve shoppers
	16.09.04			
Jobs Money and Housing	20.07.04	2nd level	LG shops	Everyone
	12.09.04	VAP	LG shops	Everyone
	c. 16.09.04	VAP	LG shops	Teenagers/eve shoppers
Mental Health and Stress		All encom -passing	Elim church GP Surgery	Case study Adults
Healthy Eating	21.06.04	1st level	LG First School	School children
	06.07.04	2nd level	Catholic school	School children
	29.09.04	2nd level/ VAP	LG shops	People coming home from work
Sexual Health	c. 16.09.04		LG shops	Teenagers/eve shoppers
Drugs, Alcohol and Smoking	25.05.04	1st Level	LG shops (am)	Everyone
	15.07.04	1st Level	LG shops (pm)	Teenagers/eve shoppers
	09.09.04	VAP	LG shops (Happy Shopper)	Teenagers/eve shopper
	14.09.04	VAP	LG Cafe	Focus group
Food	30.06.04	2nd level	Catholic school	School children
	09.09.04	VAP	LG Shops	Everyone
Information about Health	10.06.04	1st level	LG shops (Forbuoys)	Pensioners/shoppers
	14.09.04	VAP	LG cafe	Focus group
	c. 16.09.04			Teenagers/eve shoppers
	17.09.04	VAP	Muhabbat group	Asian women

Appendix 2

Ground Rules

- Confidentiality
- Feel relaxed with each other
- Reliable
- Trustworthy
- Honesty and openness (on need to know basis)
- Agree to disagree
- Turn off mobile phones
- Challenge the view, not the person
- No raised voices – calm discussion
- Fun and humour
- Confidence in each other
- Differing views hold equal importance
- Equality and inclusiveness
- Fair communication (no swearing or offensive language inappropriately)
- Clarity of instructions from facilitators
- Listening skills
- Understanding and being non-judgemental listeners
- Empathy
- Patience
- Approachable
- Supportive
- Compassionate
- Available – no clock watching
- Respond with questions – not solutions
- Recognition

Appendix 3

Letter of introduction

Hello

HEALTH IMPROVEMENT PROJECT - LANGLEY GREEN

We are a team of local workers and residents who are working with Crawley Primary Care Trust.

We will be talking with Langley Green residents over the next few months (May to October 2004) to find out:

- 1) What problems affect the health and well-being of people living in Langley Green
- 2) What actions can be taken to improve their health and well-being

The information given to us will be kept anonymous. It will, however, be used by local people to plan ways of improving the health of people living in Langley Green.

The team is trained in Community Assessment and Action by Development Focus.

If you would like further information regarding the project, please contact Fliss Stanford at the Primary Care Trust on 01293 572147.

We thank you, in advance, for your help with this work.

Best wishes