

April 2006

WM Enterprise Consultants
2nd Floor, Orbital House
85-87 Croydon Road
Caterham
Surrey
CR3 6PD

T: 01883 332579

F: 01883 337112

E: mail@wm-enterprise.co.uk

W: www.wm-enterprise.co.uk



FINDINGS FROM THE 2006 RESIDENTS SURVEY

A REPORT BY: WM ENTERPRISE CONSULTANTS

FINDINGS FROM THE 2006 RESIDENTS SURVEY

A REPORT BY: WM ENTERPRISE CONSULTANTS

CONTENTS

	PAGE NUMBER
1. INTRODUCTION	1
2. DEMOGRAPHY AND ECONOMIC STATUS	3
3. CRIME AND COMMUNITY SAFETY	8
4. HEALTH	14
5. LOCAL ENVIRONMENT AND COMMUNITY INVOLVEMENT	20
6. SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS	25

APPENDICES

I QUESTIONNAIRE

1. INTRODUCTION

1.1 BACKGROUND

As part of the on-going evaluation of the Springbourne and Boscombe West Neighbourhood Management Pathfinder (NMP), WM Enterprise Consultants undertook a survey of a representative sample of 515 residents of the Pathfinder area during February and March 2006. The survey was designed to gather views on a variety of local issues, with a particular focus on crime and health matters, building on findings taken from an earlier survey undertaken during 2004.

The 2006 survey largely replicates of the 2004 survey, and therefore, as well as offering an updated set of baseline indicators in the area, offers a comparative tool to assess the relative change in local conditions and attitudes. This consistent approach to regeneration evaluation provides an effective method of tracking the success of the Pathfinder.

1.2 METHODOLOGY

The survey was undertaken under the supervision of an experienced Survey Supervisor from WM Enterprise Consultants and comprised a door-to-door survey of residents across the NMP area. As noted above, the survey was structured around the 2004 survey, to ensure consistency and to enable comparison to be drawn with the earlier dataset, though a number of additional questions were added to the 2006 questionnaire to gather views on new and emerging issues in the area (such as the Safer Stronger Communities agenda).

A team of experienced market researchers undertook the survey work during February and March 2006. Interviews lasted approximately 20-25 minutes and involved the completion of a structured questionnaire (contained at Appendix 1). Interviews were directed at a representative sample of residents to broadly reflect the population mix identified in the 2001 Census. However, residents from BME communities are deliberately over-represented to provide further data and information on the needs and issues facing such groups in the NMP area. Only residents aged 16 and over were interviewed.

Whilst the overall survey results provide a representative sample of residents across the NMP area, the results have also been analysed across five separate zones within the NMP area boundary. These zones were discussed and agreed with the Neighbourhood Management team prior to the commencement of the survey. It should be noted that whilst the following report presents findings at zone-level, these results can only be considered indicative, as the survey was not designed to provide statistically valid results at this level. The five zones were as follows:

- Zone 1: Springbourne;
- Zone 2: Borthwick Park/Walpole Road area;
- Zone 3: Knyveton Gardens area;
- Zone 4: Westby Road Area;
- Zone 5: Marina.

A map showing the boundaries of each zone is shown over leaf.

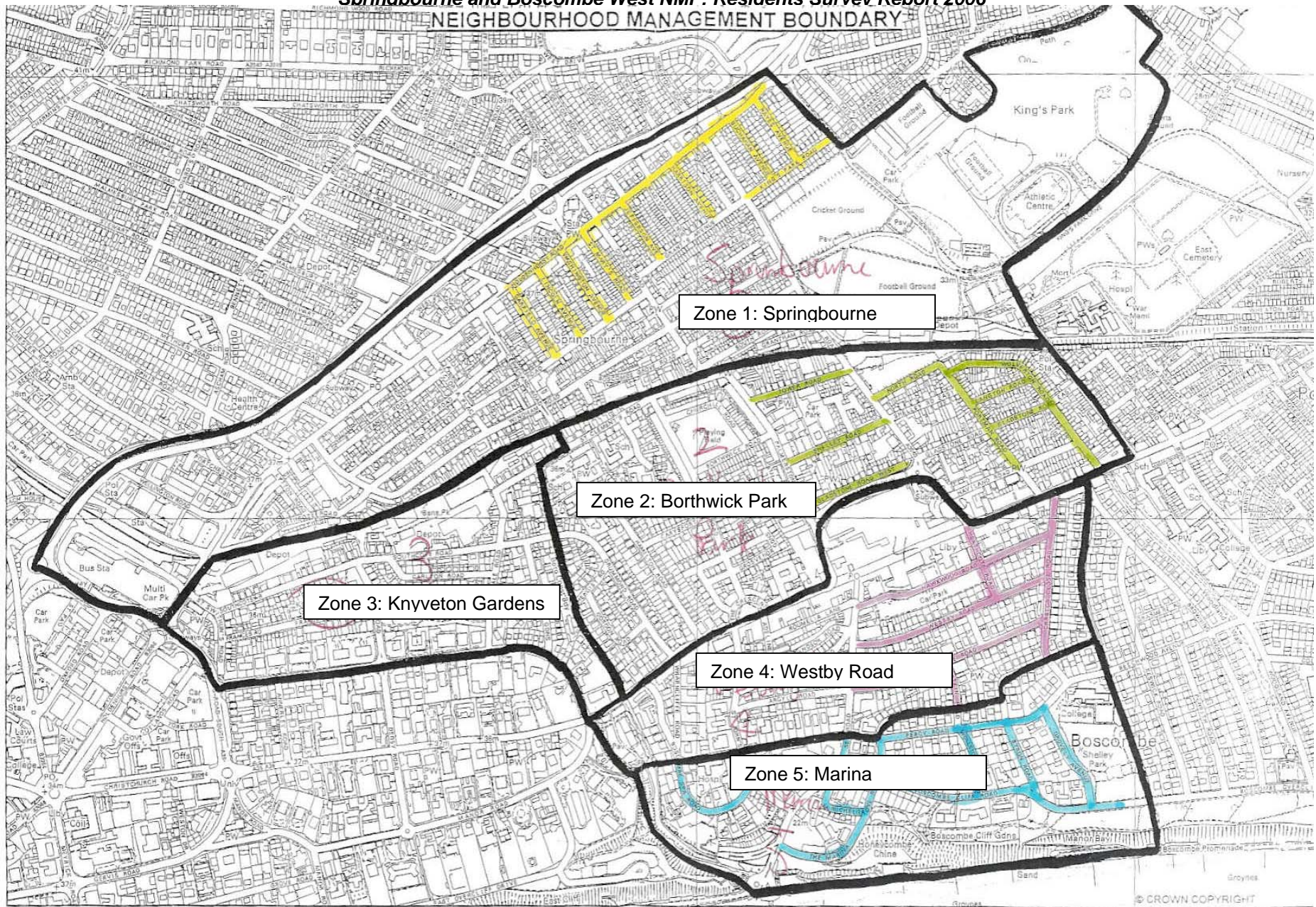
1.4 STRUCTURE OF THE REPORT

The remainder of this report presents the survey findings under a number of key themes:

- Section 2: Demography and Economic Status;
- Section 3: Crime and Community Safety;
- Section 4: Health;
- Section 5: Local Environment and Community Involvement;
- Section 6: Summary of Key Findings and Recommendations.

Springbourne and Boscombe West NMP: Residents Survey Report 2006

NEIGHBOURHOOD MANAGEMENT BOUNDARY



2. DEMOGRAPHY AND ECONOMIC STATUS

2.1 GENDER

Consistent with the 2001 Census, the survey sample contains more men than women. In total 56% of the survey sample are male and 44% female. The 2001 Census recorded a population comprised of 50.2% male and 49.8% female – hence there is a slight male bias in the survey, though this is not considered to have a material impact on the findings.

2.2 AGE

The survey uses a sample broadly consistent with the 2001 census, though those aged 20-29 are slightly over-represented (32% of the sample compared to 24% of the population recorded in the 2001 Census) whilst those aged 75 and over are slightly under-represented, comprising 4% of the sample (see Figure 1). Other age groups have been sampled broadly in accordance with the Census profile. Overall, there is some variation in age sampling from the 2004 survey, though it is considered that the 2006 results provide a more accurate profile of the area as a whole.

Figure 1: Age of Respondents

	2001 Census	2004 Survey	2006 Survey
16 to 19	5%	4%	7%
20 to 29	24%	18%	32%
30 to 59	45%	52%	43%
60 to 74	14%	21%	13%
75 and over	12%	5%	4%

2.3 ETHNICITY

To gather more detailed and accurate data regarding the needs of black and minority ethnic (BME) communities in the NMP area, these groups were deliberately over-sampled in the survey (see Figure 2). The notable difference is the proportionate decrease of the White British respondents that make up 78% of the sample compared to 88.6% of the population recorded in the 2001 Census. As a result, all other ethnic groups are over-represented, with the largest non-white ethnic group being Chinese (also the largest non-white group recorded in the Census).

Figure 2: Ethnicity of Respondents

	2001 Census	2006 Survey
White British	88.6%	78%
White Irish	1.2%	1%
White Other	5.5%	9%
Mixed White and Black Caribbean	0.4%	1%
Mixed White and Black African	0.3%	0%
Mixed White and Asian	0.4%	0%
Other Mixed	0.5%	0%
Indian	0.2%	1%
Pakistani	0.0%	0%
Bangladeshi	0.1%	0%
Other Asian	0.2%	1%
Black Caribbean	0.3%	1%
Black African	0.5%	1%
Black Other	0.0%	0%
Chinese	0.8%	3%
Other	1.0%	3%

2.4 FAMILY STATUS

Figure 3 shows almost half (49%) of the sample are single with just over one-fifth (20.6%) single and living alone. A further 4.1% of the sample are lone parents. A major difference from the 2004 survey is the proportion of respondents classified as 'single living alone', down from 32.2% in 2004 to 20.6% in 2006, and the resultant increase in 'single living with family' and 'single living with friends or sharing' categories. Rather than a significant re-orientation in family status this represents a rearrangement in how those who are single are living, perhaps a reflection of in the ability of single residents to find suitable property, though this may also reflect the lower proportion of the over-75s represented in the sample. The proportion of lone parents recorded has fallen from 5.1% in 2004 to 4.1% in 2006.

Figure 3: Family Status

	Survey	
	No.	%
Single living with family	69	13.4%
Single living alone	106	20.6%
Single living with friends or sharing	77	15.0%
A lone parent	21	4.1%
Married living with partner with no dependents	127	24.7%
Married living with partner with dependents	110	21.4%
No reply	5	1.0%
Total	515	100.0%

2.5 ECONOMIC STATUS

Figure 4 shows the economic activity and economic status of the sample survey, and also measures this against the results of the 2004 survey. In short:

- In terms of employment, education and training there has been a marked improvement in the proportion of residents engaged in these activities against the 2004 level;
- The unemployment rate (both registered and unregistered) has remained constant over the time period;
- There has been a proportionate reduction in the numbers of residents classified as long term sick or disabled.

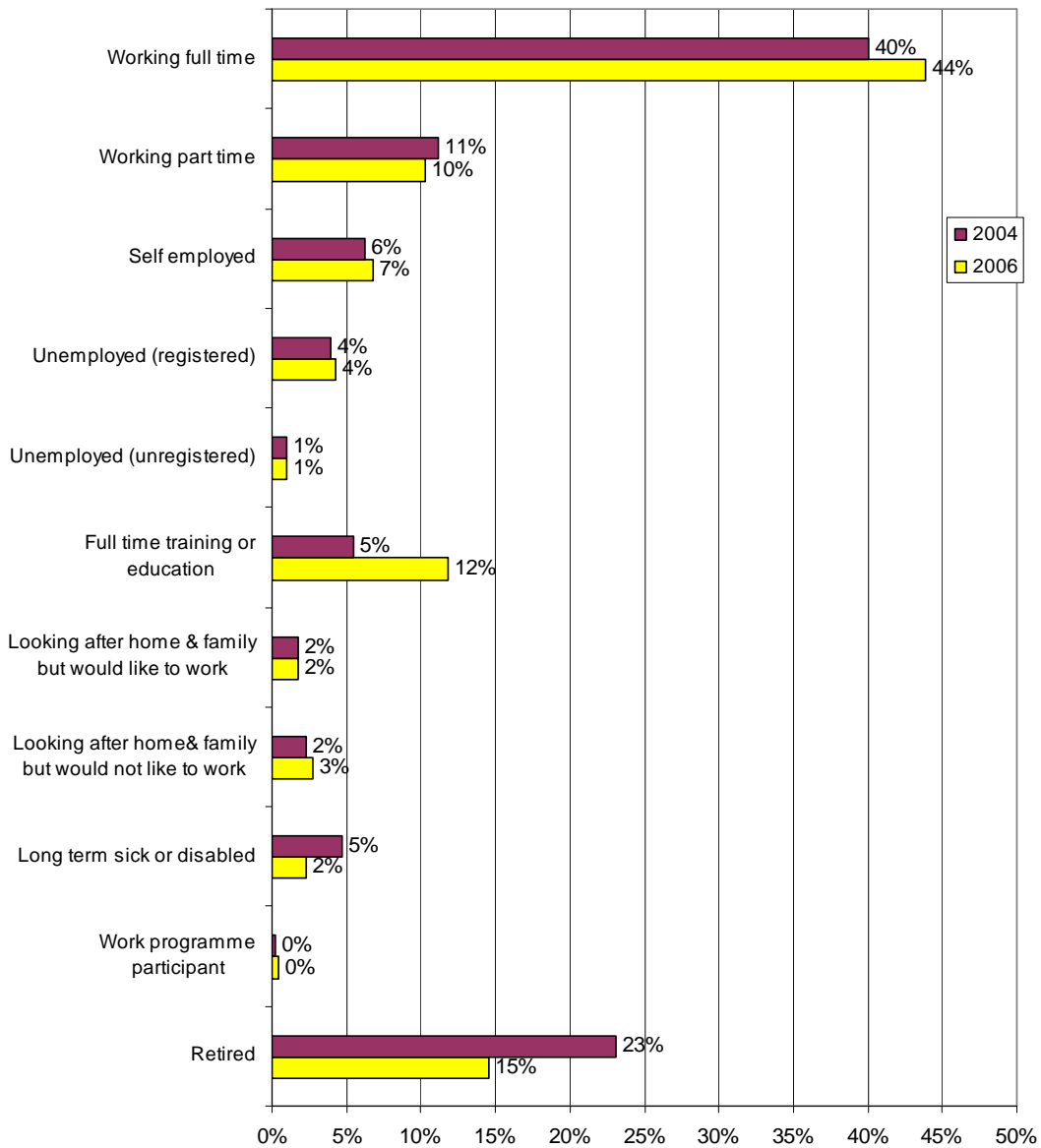
Interestingly, the proportion of residents who are in employment (either full- or part-time or self employed) is highest amongst BME groups in the area. Some 84% of Asian residents and 71% of Black and Other residents are employed, compared to only 58% of the White British population. However, this finding also reflects the fact that a large proportion of the White British population in the area is retired (18%), suggesting that the disparity in employment rates is not as great as these figures would suggest. This is confirmed by rates of unemployment recorded in the survey, which are broadly similar across all ethnic groups (Asian 4%; Black/Other 6%; White British 5%).

The retired population was notably higher in 2004, though this largely reflects the fact the 60+ age group was overrepresented in the 2004 survey. Given the differences in age structure between the two surveys it would be expected the 2006 survey would register higher proportions of groups outside the retired category, and this is indeed the case, with notable increases in the proportions in full-time education and training (again due to the over-sampling of younger age groups rather than any structural shift in the population of the area).

Overall, there are some notable differences in the economic status of residents between the two surveys.

- The number of residents in full time training or education (12%) far exceeds the 2004 figure (5%) – largely due to over-sampling of the 16-19 and 20-29 age groups;
- The number of residents in full time work or self-employed has increased by 5 percentage points to 51% of the total;
- Those classified as economically inactive due to being long-term sick or disabled is slightly lower now than recorded in 2004;
- In terms of gender, the gap between full-time employment between the sexes appears to be narrowing. In 2004 there was a 16% difference in the numbers of full-time male and female workers - this has reduced to 10% in 2006. As experienced nationally, there is a marked discrepancy by gender in the take-up of part-time work with 17% of all working women in part-time work, compared to only 5% of working men.

Figure 4: Economic Status with 2004-2006 comparison



2.6 WORKLESSNESS

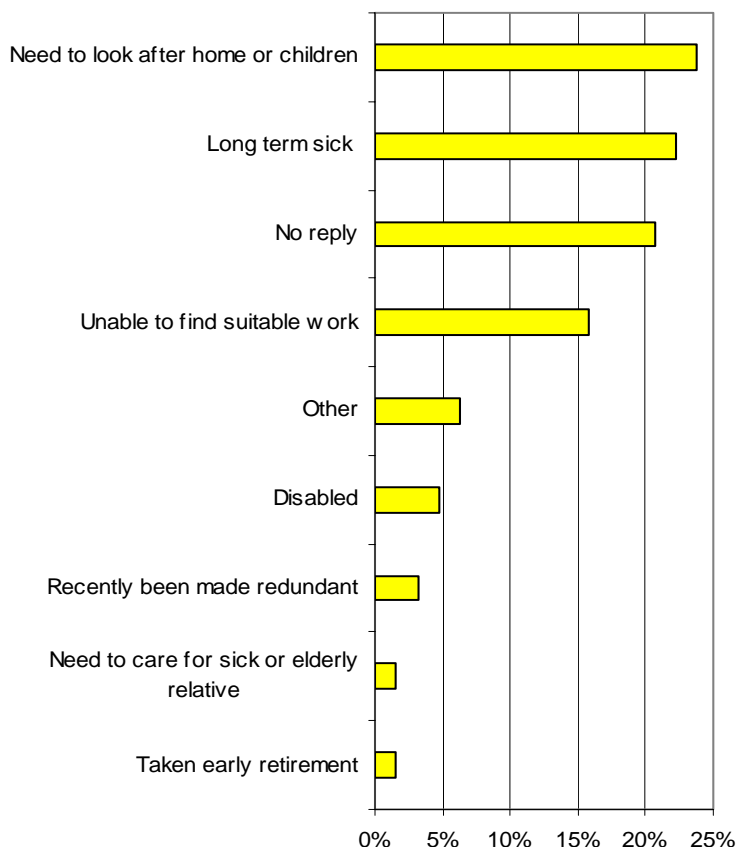
Almost one in eight respondents are workless (12%). Worklessness has been defined to include not only those people who are unemployed and actively seeking work, but also economically inactive residents (i.e. people of working age who are not working, are not in full-time education or training and are not actively seeking work).

Overall, in 2004 the survey recorded 72 workless individuals in the sample population; the equivalent figure in 2006 has fallen to 65. The largest numbers of workless individuals in the sample are from Zone 2 (Borthwick Park) and Zone 4 (Westby Road) areas comprising two-thirds of all workless individuals. The Borthwick Park area also recorded the highest numbers of workless individuals in the 2004 survey.

The two main reasons given for worklessness were to look after home and family and long term-sickness (see Figure 5). Unsurprisingly, the overwhelming majority of residents looking after the home or children are women.

The major variance between White British and BME groups in this analysis is the higher proportion of respondents stating 'long-term sick' as the reason for their worklessness. 13 out of 51 (25%) White British respondents fell into this category compared to 1 out of 12 (8%) BME respondents.

Figure 5: Main Reason Given for Unemployment



2.7 INCOME AND BENEFITS

The proportion of respondents deriving part of their household income from benefits has fallen from a figure of 22% in 2004 to 18% in 2006. Zone 2 (Borthwick Park), which had the highest proportion of households deriving part of their income from benefits mirrored this trend, with 30% of respondents in this area doing so in 2004 compared to 17% in 2006.

Overall, almost a quarter (24%) of respondents are part of a household deriving part or all of their income from benefits - a lower proportion than the 2004 figure which revealed 29% of all respondents received a benefit/tax credit contribution towards their income. The most common types of benefits received are 'child tax credit', 'housing benefit' and 'council tax benefit.'

In terms of ethnicity the Asian population has the lowest proportion deriving either all or part of their income from benefits at 8% compared to 18% of Black respondents and 26% of White British respondents.

3. CRIME AND COMMUNITY SAFETY

3.1 PERCEPTION OF THE FREQUENCY OF CRIME

Figure 6 illustrates residents' perception of crime in the NMP area over the preceding 12 months. The findings show that perceptions of crime have remained largely unchanged between the 2004 and 2006 surveys. This said, in 2006 residents were less certain crime had decreased and more of the opinion it had stayed the same. The proportion of residents with the opinion crime had either stayed the same or had decreased is roughly the same, 57% in 2004, 58% in 2006. The proportion of residents who believe that crime has increased over this period has also remained largely unchanged at 30%. This is a significant proportion and suggests a need for continued work in this area, particularly in addressing the issue of perception of crime, which is often at odds with actual crime rates.

Notable differences in perception of crime exist between the majority ethnic group and BME groups. Whilst 32% of White British respondents perceived crime to be increasing, only 21% of BME respondents had a similar viewpoint. Similarly, 9% of White British respondents thought crime had decreased compared to 12% of BME respondents.

Within the NMP area, Zone 1 (Springbourne) (33%) and Zone 4 (Westby Road) (37%), had the highest proportion of resident population with the opinion that crime had increased.

Figure 6: Perception of Crime Over the Last 12 Months

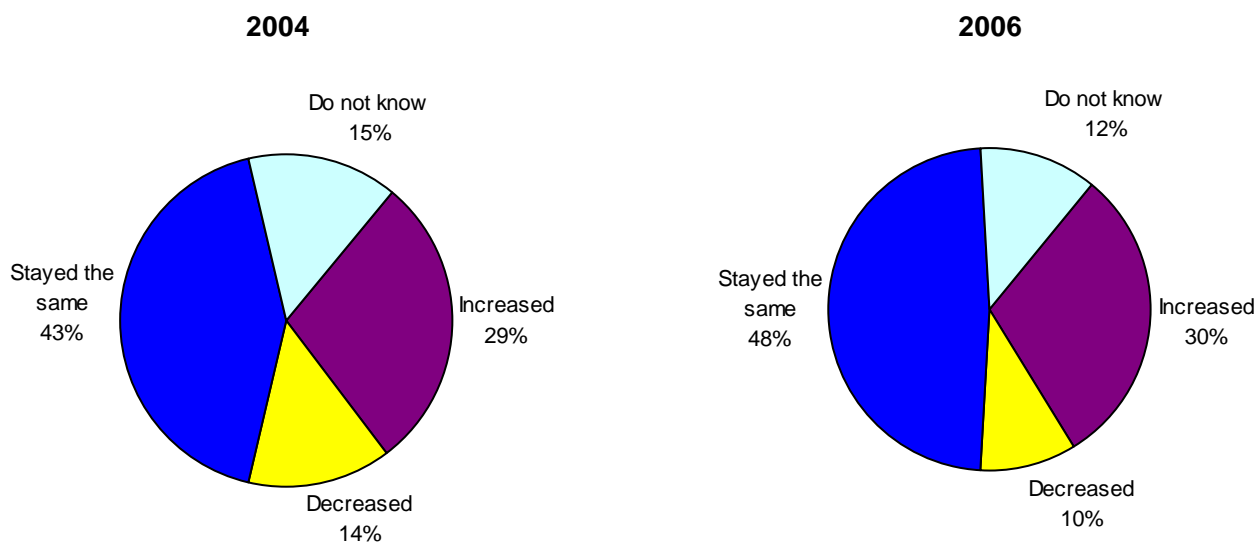


Figure 7 below shows the perception of the incidence of crime by type of crime and is ordered by the type of crime believed by the survey respondents to have increased the most over the past 12 months. Overall, very few residents believe that the incidence of most crimes has decreased over this period. It is also apparent that crimes relating to substance mis-use remain foremost in residents concerns with over 40% believing that drug-related crimes are on the increase, and more than a third believe that alcohol related crime is rising.

The types of crime most likely to be considered to be increasing did not vary much from the findings of the 2004 survey. The crime that the most people considered to be on the increase in both 2004 and 2006 was drug related crime.

Figure 7: Perception of Trends in the Incidence of Crime by Type of Crime Over the Past Year

	Increased	Decreased	Stayed the same	Do not know	No reply
Overall Crime	30%	10%	48%	12%	0%
Misuse of Drugs	43%	4%	41%	12%	0%
Supply of drugs	42%	5%	40%	13%	0%
Alcohol related violent crime	36%	4%	49%	10%	1%
Vandalism to vehicles	26%	7%	54%	13%	0%
Prostitution	26%	5%	50%	18%	0%
Burglary	25%	7%	54%	13%	1%
Being robbed or mugged	23%	6%	56%	13%	1%
Violent Crime	22%	5%	58%	14%	1%
Criminal damage	18%	6%	63%	13%	1%
Theft	17%	7%	63%	14%	0%
Theft of vehicles	15%	7%	61%	16%	0%
Other crimes	1%	1%	1%	0%	97%

3.2 FEAR OF CRIME

Figure 8 highlights the relative fear of a wide range of crimes. The table on the left shows the crimes which worry residents the most. The top three crimes cited include; being burgled at home; crimes associated with alcohol; and being robbed or mugged. Interestingly, those crimes cited as increasing in incidence in the NMP Area are not those that residents worry about the most. Drug dealing (12%) is placed fourth in the fear of crime table, but drug associated crimes appear first and second in crimes thought to be on the increase. Crimes more likely to affect the individual are the most feared, such as the home being burgled or being mugged or robbed.

The findings suggest that residents are now less fearful of crime that they were in 2004. In 2004, residents were notably either very worried or reasonably worried about drug dealing or drug misuse (47%), anti-social behaviour (47%), their home being burgled (45%) or property being damaged (40%). By comparison, the most feared crime in 2006, the home being burgled, made 38% of residents either very worried or reasonably worried.

Figure 8: Resident's Fear of Crime by Type of Crime

	Very worried	Reasonably worried		Not at all worried
Home being burgled	18%	20%	Homophobic attack	64%
Alcohol related crime	14%	22%	Domestic violence	63%
Being robbed or mugged	13%	20%	Racially motivated attacks	56%
Drug dealing or drug misuse	12%	19%	Problems with prostitution	55%
Anti-social behaviour	11%	19%	Being attacked by a youth	47%
Property being damaged	7%	19%	Being attacked by an adult	44%
Being attacked by a youth	7%	12%	Buildings being vandalised	44%
Problems with prostitution	7%	9%	Property being damaged	36%
Car being broken into	7%	16%	Car being stolen	35%
Being attacked by an adult	6%	14%	Anti-social behaviour	34%
Car being stolen	5%	13%	Drug dealing or drug misuse	33%
Buildings being vandalised	5%	12%	Alcohol related crime	32%
Racially motivated attacks	4%	10%	Car being broken into	31%
Domestic violence	3%	5%	Being robbed or mugged	30%
Homophobic attack	2%	6%	Home being burgled	29%

Within the NMP area different crimes elicited various levels of fear in different areas. In general, Springbourne residents responded with an above average fear of crime. Other notable findings are:

- Fear of being robbed or burgled is particularly high in Westby Road (38%) and the Marina (39%);
- Car crime is a particular concern in Springbourne with the fear of car being stolen (24%) and fear of car being broken into (30%) highest in this area;
- Fear of drug dealing is highest in Springbourne (37%) and the Marina (35%);
- Fear of alcohol related crime is also highest in Springbourne (41%);
- Fear of the home being burgled is high in Springbourne (46%) and Marina(48%);
- Fear of property being damaged is high in Springbourne (31%) and Westby Road (30%);
- Fear of problems with prostitution remains an issue in the Knyveton Gardens area (30%).

Respondents were also asked a series of questions relating to the fear of crime and whether this adversely impacted on their everyday lives. Comparing responses to those given in 2004 it is possible to detect how the perception of safety in the NMP Area has changed in the minds of residents. Key findings include:

- Almost half (49%) of respondents are worried about going out alone at night. There is no marked geographical bias to this and it is women who are most worried (70% of women compared to 32% of men). This represents a small increase on the 2004 figure of 48% of respondents worried about their neighbourhood at night in 2004.
- Respondents were asked to select from a list any particular activities they felt unsafe doing in the local area. The most commonly cited activity which residents refrained from doing was 'walking in the local area' (30%), and other notable activities that people avoid included 'using parks' (13%), 'letting children play in the local area' (12%) and 'waiting for public transport' (10%). Consistent with the generally high fear of crime in Springbourne, residents in this area were particularly worried about 'walking in the local area' (40%) and 'letting children play in the local area' (18%).
- Women are disproportionately more fearful of participating in activities in the local area. Comparing results to 2004 suggests the perception of crime, manifested in restricting neighbourhood activities, may have worsened. In 2004, only 22% felt unsafe 'walking in

the local area' and 47% felt safe performing all of the activities - this latter figure compares to only 29% in the 2006 survey.

- When asked if they felt safer than two years ago, only 5% answered yes, whilst the majority (69%) felt as safe as they did two years ago. However, it is significant that almost a quarter (23%) of respondents felt less safe now than in 2004. Again, this perception is most prominent in Springbourne where 29% of respondents feel less safe than they did two years ago.

3.3 EXPERIENCE OF CRIME

Figure 9 shows the proportion of respondents who have been the victim of a crime during the previous two years. It is interesting to note, that despite the apparent increase in fear of crime in the area, fewer residents have actually been the victim of a crime over the last two years. In total 19% of residents had been the victim of a crime (compared to 26% in 2004).

There does not appear to be an ethnic dimension to the incidence of crime. 20% of White British, 19% of White Other, 12% of Asian and 21% of Black Other respondents have been a victim of crime in the previous 2 years. There has been a proportionate reduction across all ethnic groups in those falling victim to crime from the 2004 figures. Of all respondents experiencing crime or having a member of their household experiencing crime, four believed that the incident was racially motivated (of which three were Asian and one is Black). This represents a minor increase on the three individuals from the 2004 survey who believed that they experienced a racially motivated crime.

Those experiencing crime were asked where the crime had taken place. The most common locations cited were those in the neighbourhood, particularly 'in the street near your home' (40%) and 'in your home'(34%). 9% of crime victims fell victim in 'Boscombe town centre.'

Figure 9: Residents Experiencing Crime in the Previous 2 Years

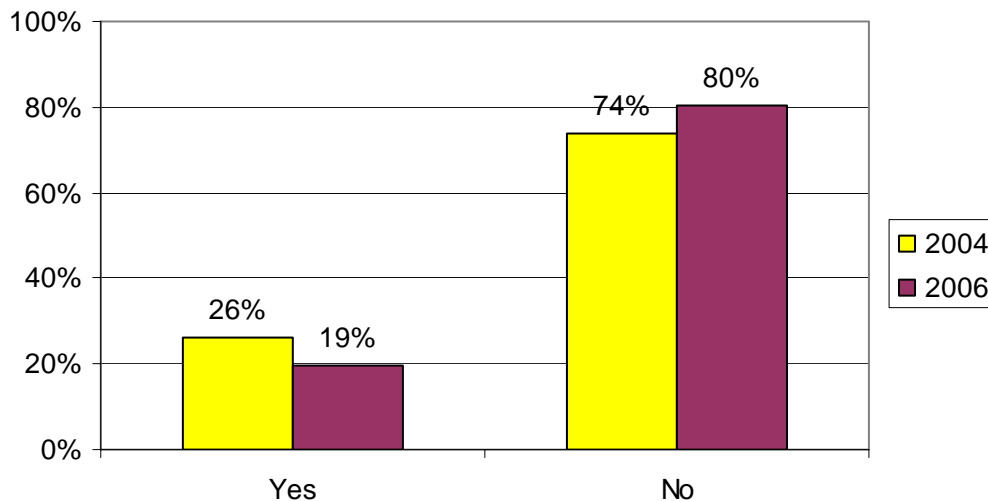


Figure 10 shows the geographical incidence of crime for respondents in the last two years. It shows that the experience of crime varies significantly within our sample group and across the five zones. Again, it is most interesting that only 14% of Springbourne residents were the victims of a crime – the lowest rate of all five areas – given that this area experiences the highest levels of fear of crime in the NM area. The findings suggest that the highest incidence of crime are to be found in Knyveton Gardens (26% were a victim of crime in the preceding two years) and Westby Road area (23%).

Figure 10: Geographical Incidence of Crime

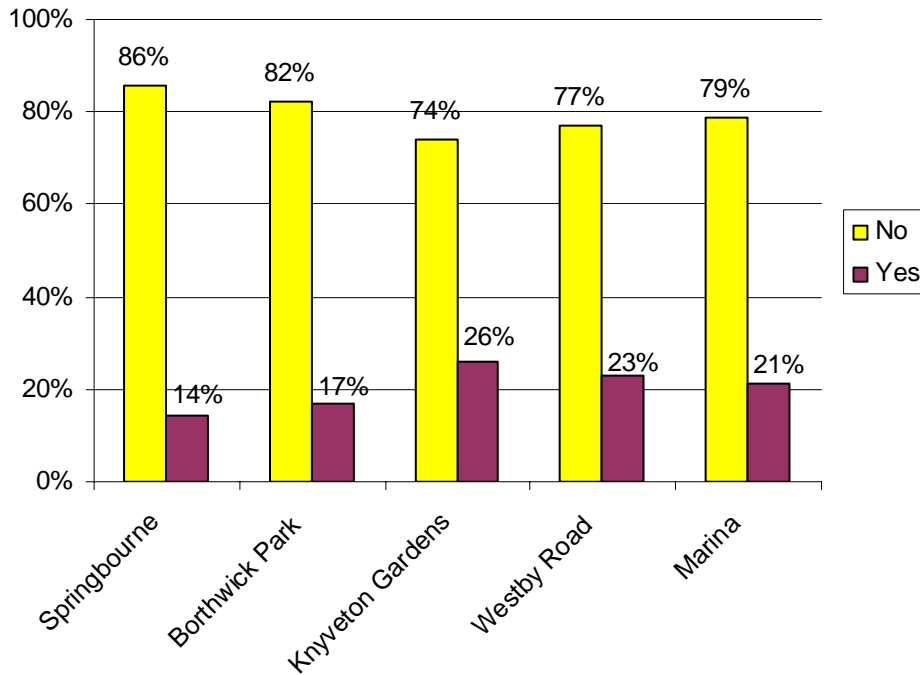


Figure 11: Respondents having a victim of crime within their household

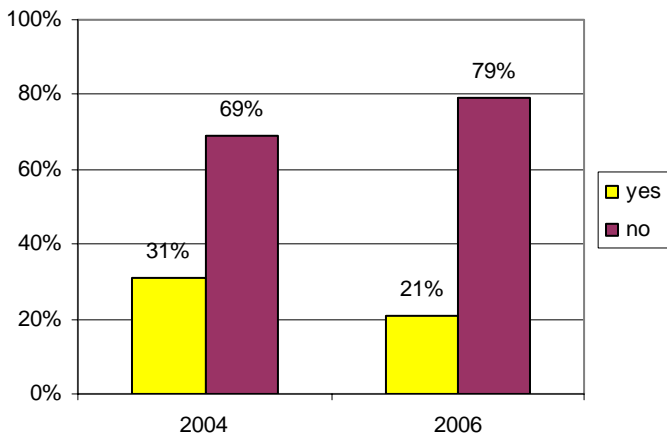
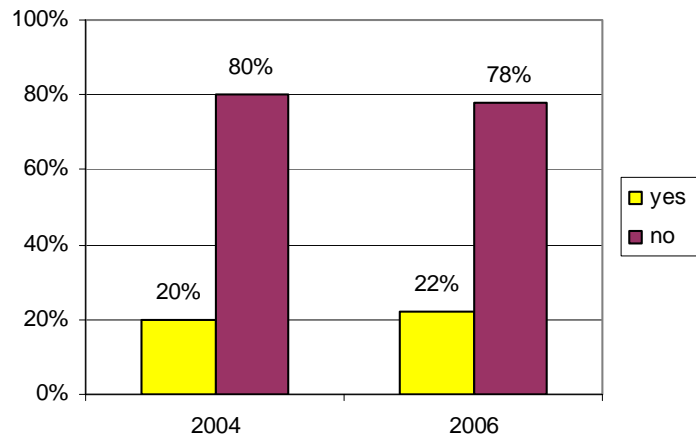


Figure 12: Respondents with a close friend or family member in the area having been a victim of crime



Figures 11 and 12 chart the experience of crime within respondents' networks of association. On balance it also suggests a reduction in the incidence of crime within a respondent's immediate community links. Whilst the 2006 survey registered a slight increase in the incidence of a respondent's close friend or family member being a victim of crime, there was a 10% reduction in victims of crime within a respondent's household.

3.4 CAUSES OF CRIME

The sample was asked what they thought were the main causes of crime in their area. Their responses, in order of the most frequent response, are presented in Figure 13 below.

Figure 13: Perception of Causes of Crime

Reason For Criminal Activity	No.	%
Drugs	264	51%
Alcohol	161	31%
Other	93	18%
Financial reasons/Unemployment	56	11%
Young people	51	10%
Boredom	44	9%
No reply	36	7%
Do not know	32	6%
Prostitution	17	3%
No particular reason	11	2%
Poor parenting	5	1%
Poor Education	0	0%

Substance mis-use is considered by local residents to be the primary cause of criminal activity in the NMP area, with both drugs and alcohol identified as key contributors to the incidence of crime in the area. This finding is particularly apparent amongst residents of the Borthwick Park area, where 67% of respondents considered drugs to be the main cause of crime and 44% considered alcohol to be the main cause of crime.

Overall, responses in 2006 largely mirror those from 2004, though it is notable that prostitution appears to be less of a concern with only 3% of residents identifying this as a cause of crime (compared to 7.2% in 2004).

3.5 TARGETING CRIME

Three priority areas were highlighted by residents as to what action could be taken to reduce crime in the area. These are:

- **Targeting the illegal use of drugs** (36% identified this as a top priority, 26% a second priority);
- **Targeting anti-social behaviour** (30% identified this as a top priority, 13% a second priority); and
- **Targeting alcohol related crime** (7% identified this as a top priority and 26% a second priority).

In addition, some 91% of respondents would support the Operation Dismantle initiative.

These target areas relate closely to the reasons given by residents for the causes of crime and the types of crime they most fear. They are also consistent with actions put forward in the 2004 residents survey although consensus of opinion is not as high.

4. HEALTH

4.1 PERCEPTIONS OF HEALTH

The issue of health is particularly pertinent in 2006 given the emphasis on Health and Employment as priority action areas in the 2005-06 Neighbourhood Management Delivery Plan. Residents' views on health in this survey will act as a useful benchmark for measuring progress towards improving the health and well-being of local residents.

Figure 14: Residents Perception of their own Health

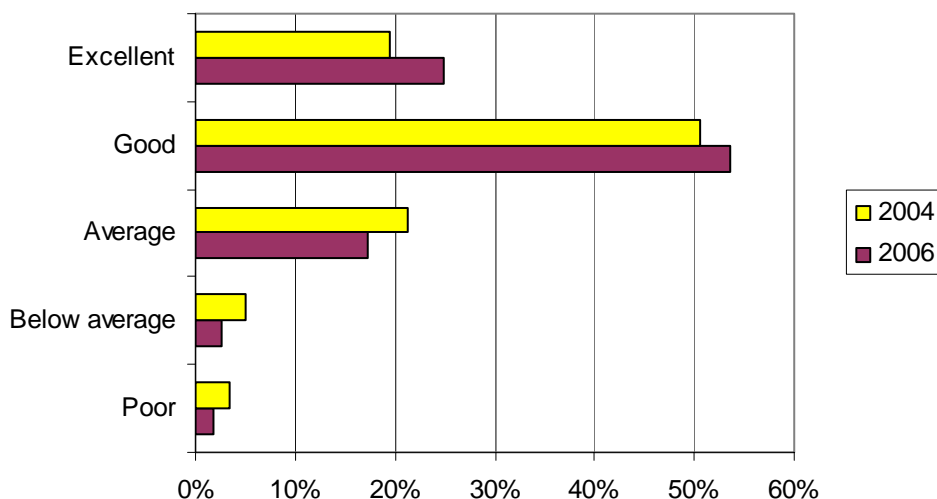


Figure 14 shows that residents generally perceive their state of health to be better than was apparent from the 2004 survey, with fewer proportions of residents indicating their health to be poor (2%) or below average (3%). In terms of ethnicity, Black respondents were more likely to rate their health as excellent (41%) than those who are White British (23%) or Asian (16%). Only White British respondents perceived their health to be either below average or poor.

Residents' were asked if poor health or a disability hindered their level of work activity. In 2004, 78% of respondents did not suffer any health problems that limited their ability to undertake work with 12% stating a health problem did limit their ability to work. The 2006 figures show some improvement with 85% not suffering from any health problems, and a lower proportion (10%) suffering from health problems that are a barrier to work.

Residents were also asked if they are suffering from or have ever suffered from a number of health related conditions. Notable differences in responses between the 2004 and 2006 survey include:

- All of the health related conditions have decreased in prevalence amongst the resident population;
- Those suffering from cancer reduced from 2.3% to 2.1%
- Those suffering from heart disease had reduced from 5% to 2%;
- Those suffering from asthma had reduced from 10% to 5%;
- Proportion of residents reporting high blood pressure has fallen from 15% to 10%;
- Those suffering from depression had reduced from 7% to 4%.

However, again we would suggest caution in the interpretation of this data, as some of the variance may be due to the lower numbers of older people (aged 60 and over) that were included in the 2006 survey.

4.2 ACCESS TO HEALTH FACILITIES

Residents were asked a series of questions relating to their use of health services and their contact with health professionals. The results of these are as follows.

- 94% of respondents are registered with a doctor, this was also the figure for the 2004 survey. The Knyveton Gardens and Westby Road areas both had lower than average proportions of residents registered with a doctor;
- Of those who were not registered with a doctor, the majority (61%) indicated that 'they had not gotten round to it'. This suggests that there are no real problems in terms of the provision of such services locally – indeed it is notable that no respondents indicated that they could not find a doctor to register with. However, there appears to be an ethnic dimension to whether or not respondents are registered with a doctor with more than a fifth (21% of black respondents and 5% of Asian respondents not registered with a GP, compared to only 3% of White British respondents.
- 82% of residents visit the doctor for health advice, 25% visit the chemist, 15% the Internet and 11% visit NHS Direct. The source of health advice is largely similar to that in 2004, although an increase in using the Internet was apparent.
- Only 60% of the survey sample is registered with an NHS dentist – lower than the 70% recorded in 2004.
- Perhaps reflecting the lower rate of registrations, a third (34%) of residents had not visited a dentist in the last six months (notably higher than the 25% recorded in the 2004 survey). Of those having not visited the dentist, 26% 'had not got round to it', 26% 'did not think they needed to' and most significantly, 14% 'could not find a dentist taking on new NHS patients'.
- 24% of residents need to take medicines prescribed by their doctor on a regular basis. This figure was 37% in 2004. As would be expected this statistic is disproportionately high for the over 60 age group.

4.3 PARTICIPATION IN SCREENING PROGRAMMES

In 2004 residents in the sample area cited a lack of invitation as the main reason for not having been for a cervical cancer screening. In 2006, of those eligible for cervical cancer screening, 67% had done so – significantly lower than the 79% recorded in 2004. Given population change is unlikely to have affected results in such a short time frame, part of the discrepancy is best attributed to the differences in sample population for this particular questionnaire and the fact that women under the age of 25 and those aged over 65 are not invited for cervical cancer screening. However, 10% of respondents in the survey who were aged between 30-59 indicated that they had not been invited for screening.

71% of women eligible for breast cancer screening had done so. For the majority who had not attended a screening, the main reason given was again because of a lack of invitation.

4.4 EXERCISE HABITS

Residents were asked how often they undertook moderate physical exercise, defined as 30 minutes of exercise activity, with 30 minutes of exercise 5 times a week being the recommended frequency and intensity of exercise to maintain an individual's health. In comparison to 2004, it appears that, although a higher proportion of residents are engaged in some level of physical exercise, the intensity of this exercise is less.

In 2006, 5% of respondents never undertake moderate physical exercise compared to 8% in 2004. Only a third (34%) exercise 5 times a week or more and 40% 2-4 times a week – these figures compare poorly to 2004 when almost half of respondents (47%) exercised 5 times a

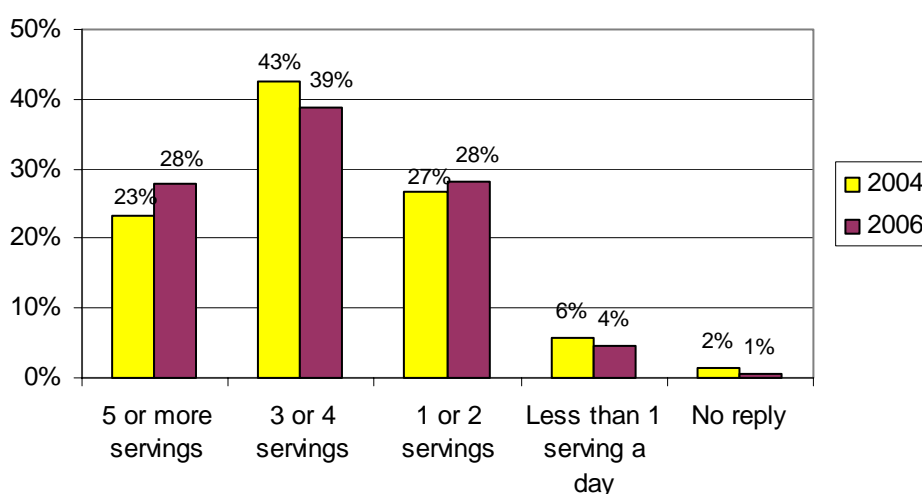
week and 33% 2-4 times a week. Residents of the Borthwick Park and Marina areas exercise at a lower frequency than residents from other areas.

The main obstacles to physical activity experienced by respondents include a lack of time (53%), a lack of willingness to do so (17%) and a lack of money (15%). A lack of available facilities did not appear to be a problem for local residents.

4.5 DIET AND LIFESTYLE

Residents were asked a series of questions relating to the quality and composition of their diet. The 2004 survey identified men and young people as the least likely to consume the recommended level of fruit and vegetables. Overall, residents' diets were skewed towards a regular consumption of milk and dairy products, starchy foods and wholemeal/wholegrain foods with 10% of respondents citing their purchasing power as a barrier to a healthier diet.

Figure 15: How Many Servings of Fruit and Vegetables do Residents Have Every Day?



Fruit and vegetable consumption has marginally improved on the 2004 figures. Fewer residents in 2006 eat less than 1 serving a day and there has been a quantitative shift from people eating 3-4 servings a day to the recommended level of 5 or more servings.

There remains a notable difference between male and female fruit and vegetable consumption. A third of women eat more than five servings a day compared to only 23% of men. It is also notable that 6% of men eat less than one serving a day compared to just 2% of women. Young people also eat fruit and vegetables with less regularity than their older counterparts.

Other foods featuring in respondents' diets include foods eaten:

- Everyday: milk and dairy products (75%), wholemeal/wholegrain (55%), starchy (40%);
- 2 or 3 times a week: red meat/ chicken (57%), starchy (44%), fish (32%);
- Once or twice a month: fish (21%), processed foods (14%), fried foods (12%);
- Rarely/never: Processed foods (29%), fried foods (19%), fatty and sugary foods (14%).

For the majority of the overall sample (78%) there were not perceived to be any obstacles preventing them from adopting a healthier diet. The most commonly cited obstacles were a lack of money (9%) and respondents' lifestyles (8%).

4.6 SMOKING

Comparing the results of the 2004 and 2006 surveys (Figure 16) reveals little change in the overall proportion of smokers in the NMP Area, with 37% of respondents being smokers in 2006. The survey also reveals that smoking is more prevalent amongst White British and Black residents (with 36% and 38% respectively being smokers, compared to only 28% of Asian respondents).

Figure 17 shows a higher percentage of smokers are smoking less per day now than was the case in the 2004 sample. Furthermore, Figure 18 illustrates a shift in attitudes towards abstinence from smoking. A higher proportion of residents are now 'thinking about given up' (22%) rather than being at the previous stage of 'thinking about it but not yet ready' (24%).

Smoking is disproportionately high amongst men (44% of men smoke compared to 29% of women) and young people aged 16-19 (more than half of all young people surveyed were smokers). 43% of smokers know what help is available should they wish to give up. More than a third (36%) of smokers know where they need to go should they require assistance to give up - only 9% do not.

Figure 16 : Proportion of residents who smoke

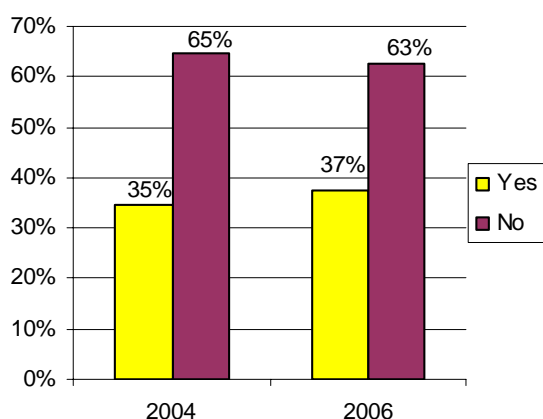


Figure 17: Intensity of smoking - cigarettes smoked per day

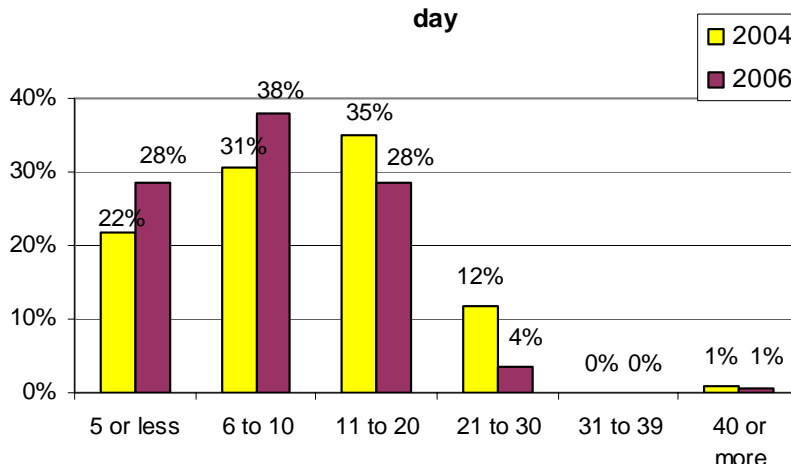
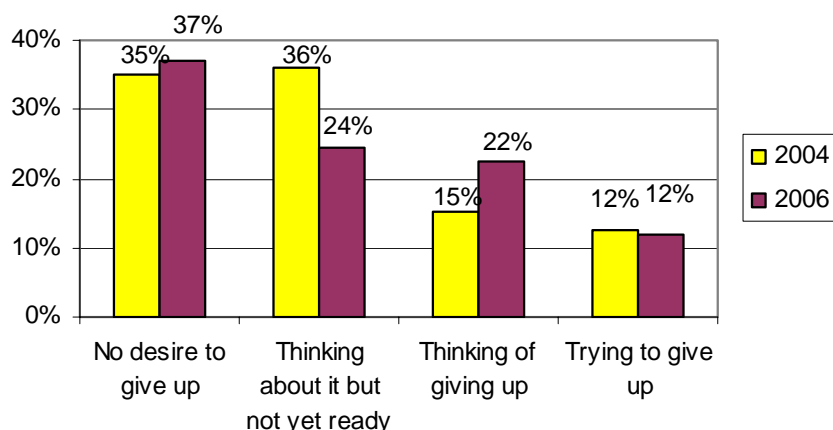


Figure 18: Residents' views on giving up smoking



Smokers were asked if they would consider restricting their smoking habits whilst at home and when in the company of children. 34% of smokers would consider only smoking outside the house, 33% would consider abstaining from smoking in front of children, 29% would consider only smoking inside one room of the house and 33% did not reply. Two-thirds of smokers replied to this question, approximately half of these show a willingness to change their smoking behaviour in each instance. Improving this figure should be an important priority given the health consequences of secondary smoking on others.

4.7 ALCOHOL CONSUMPTION

The findings from the 2006 survey reveal that the proportion of residents not drinking has fallen from 38% in 2004 to 30% in 2006, with the majority who do drink, drinking less than 10 units per week. Males tend to consume more alcohol per week than women. The proportion drinking more than 20 units per week has remained constant.

Figure 19: Number of Alcohol Units Consumed in a Typical Week

Units	No.	%
No reply	5	1%
None	157	30%
5 or less	137	27%
6 to 10	108	21%
11 to 20	72	14%
21 to 25	10	2%
26 to 30	12	2%
31 to 50	7	1%
51 or more units	7	1%

The 2004 residents survey revealed a binge drinking culture in the NMP Area, with a high proportion of respondents consuming more than eight (men) or six (women) units in a single day. The 2006 findings indicate that this trend has continued with 20% of residents binge drinking at least once a week (though this does represent a slight fall from 22% in 2004). Binge drinking at this regularity was particularly prevalent amongst the 20-29 year old age group, with some 30% binge drinking at least once a week.

Though the sample sizes are small, the survey indicates that binge drinking is a particular problem amongst non-white and non-Asian respondents with 42% of respondents of Black ethnicity indicating that they binge drink at least once a week

Figure 20: No. of times Respondents Consume Seven or More Units of Alcohol on One Occasion

How Often	No.	%
No reply	3	1%
Never	113	32%
Less than monthly	80	22%
Monthly	48	13%
2 to 3 times a month	41	11%
Weekly	45	13%
2 to 3 times a week	19	5%
More than this	8	2%
Would prefer not to say	1	0%

In terms of the perception of health affects of alcohol, 68% of respondents did not think their present alcohol consumption levels were harmful to their health, though it is significant that more than a fifth (21%) thought it was – consistent with the number of binge drinkers.

5. LOCAL ENVIRONMENT AND COMMUNITY INVOLVEMENT

Residents were asked a series of questions regarding their quality of life, measured through ratings of satisfaction with the provision of local facilities, perception of the built environment and urban realm. Key findings are presented in this section of the report.

5.1 ACCESS TO FACILITIES

Residents were asked whether they were satisfied that there was sufficient provision of a range of services in the NM area. The results are shown in Figure 21 that shows that the majority of residents are generally satisfied with access to most services. The lowest level of satisfaction was theatres and cinemas, with 11% of respondents indicating that access is insufficient – clearly reflecting the lack of such facilities in the immediate area. .

Figure 21: Do You Have Sufficient Access to ...

	No reply	Agree	Neither agree nor disagree	Disagree	Do not know
Indoor sporting facilities	0%	77%	10%	7%	6%
Outdoor sporting facilities	0%	78%	10%	5%	6%
Parks	1%	90%	5%	3%	2%
Facilities for older people	0%	45%	12%	8%	34%
Cinemas etc	0%	75%	11%	11%	3%
Restaurants	0%	90%	7%	1%	1%
Pubs/clubs	0%	86%	8%	3%	3%
Theatre	1%	67%	14%	11%	8%

Respondents were also asked if cost was a barrier to accessing a range of local services. The findings suggest that the cost of services is not a particular problem for most local people, though some have particular concerns regarding the cost of indoor sporting facilities (notable given the poor levels of exercise undertaken by many).

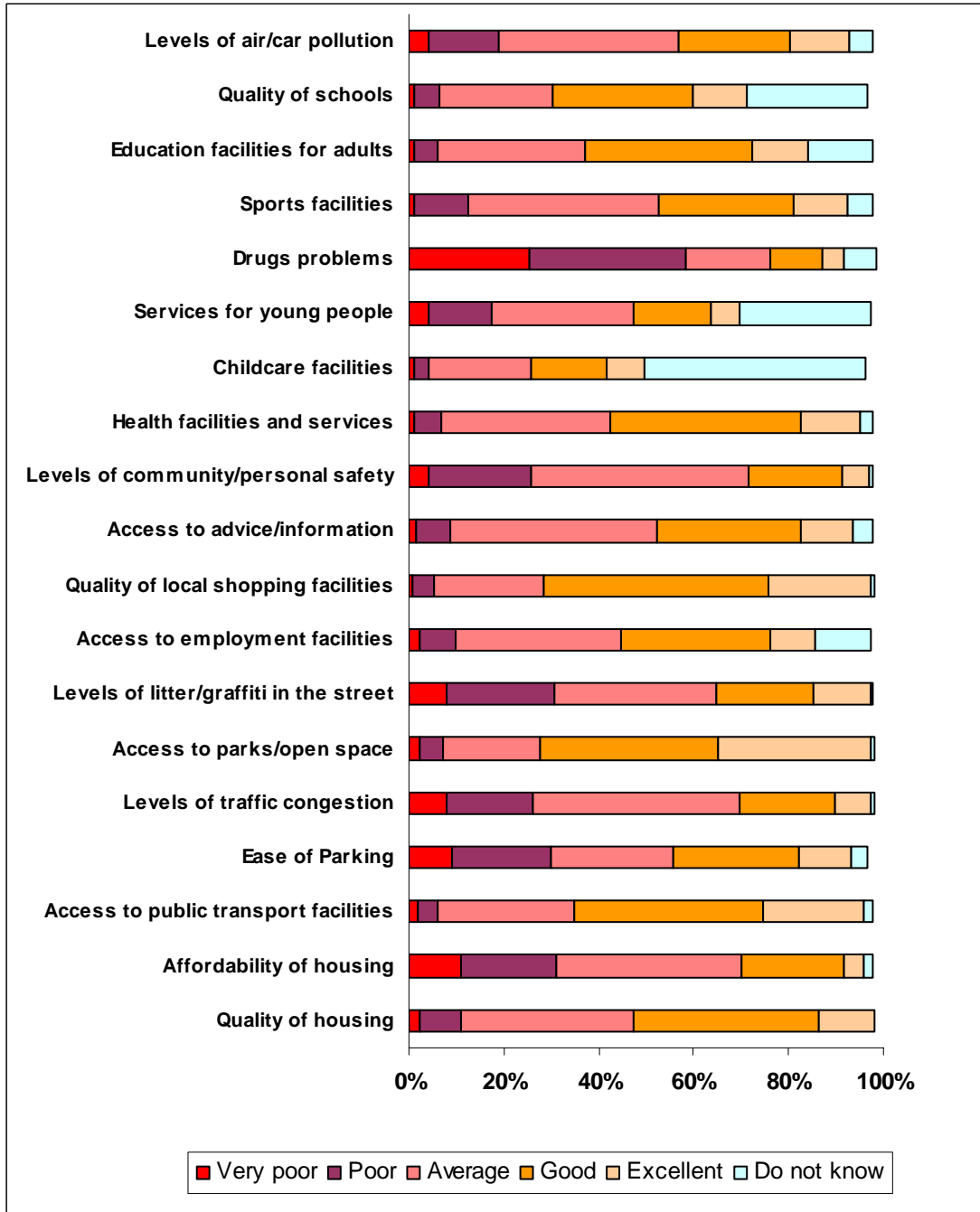
Figure 22: Proportion of Respondents Who Believe that Facilities Are Affordable

	No reply	Agree	Neither agree nor disagree	Disagree	Do not know
Indoor sporting facilities	1%	56%	17%	18%	9%
Outdoor sporting facilities	1%	67%	13%	10%	9%
Parks	1%	85%	7%	5%	2%
Facilities for older people	2%	40%	14%	8%	37%
Cinemas etc	1%	61%	15%	19%	4%
Restaurants	1%	71%	17%	9%	2%
Pubs/clubs	1%	69%	14%	11%	4%
Theatre	1%	59%	17%	13%	10%

5.2 QUALITY OF THE AREA

Figure 23 shows the responses of residents when asked to rate a variety of facilities and aspects of their local area that all contribute to a notion of quality of life. The most obvious concerns of residents are drug problems in the area with over half of all respondents considering that drug use in the area adversely affected their quality of life.

Figure 23: Quality of Neighbourhood: Resident Opinion

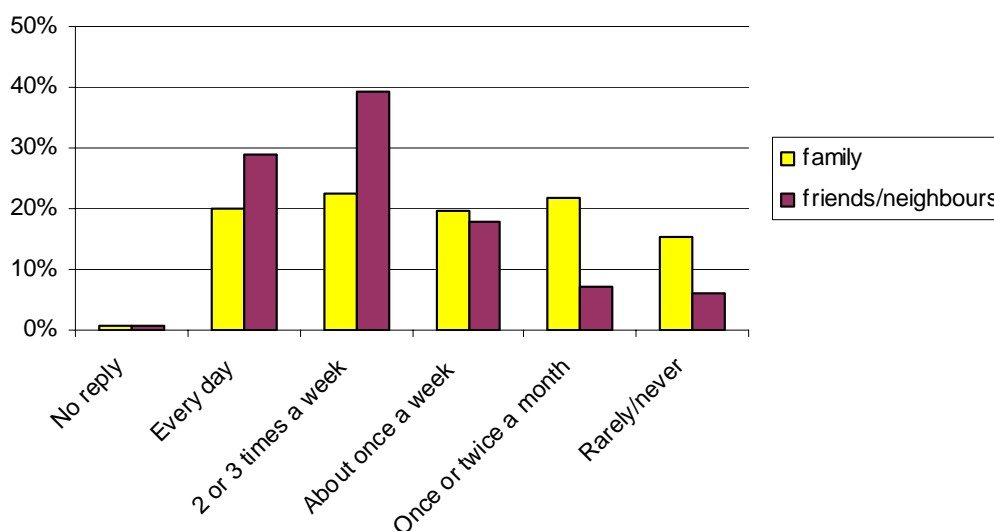


Most other aspects of quality of life were considered by the vast majority as either average or above average. Aspects considered poor or very poor by around 25% of the residents include affordability of housing, ease of parking, level of traffic congestion, levels of litter/graffiti in the street and the level of community/ personal safety. In comparison to 2004, levels of dissatisfaction appear lower i.e. although residents are dissatisfied with similar aspects of quality of life in their local area the level of dissatisfaction is lower.

5.3 SOCIALISATION

Socialisation is an integral part of quality of life for any resident living in any neighbourhood. In many deprived communities personal mobility is often low and so the neighbourhood becomes a vital source of social interaction, social capital and provides a sense of community. To gauge the level of social interaction in the NM area residents were asked a number of questions relating to the frequency of their social meetings and involvement in social activities. Firstly, residents were asked the regularity of social contact with friends and family or neighbours. Figure 24 illustrates how many residents have regular contact with friends or neighbours.

Figure 24: Frequency residents' meet up with family and friends/neighbours

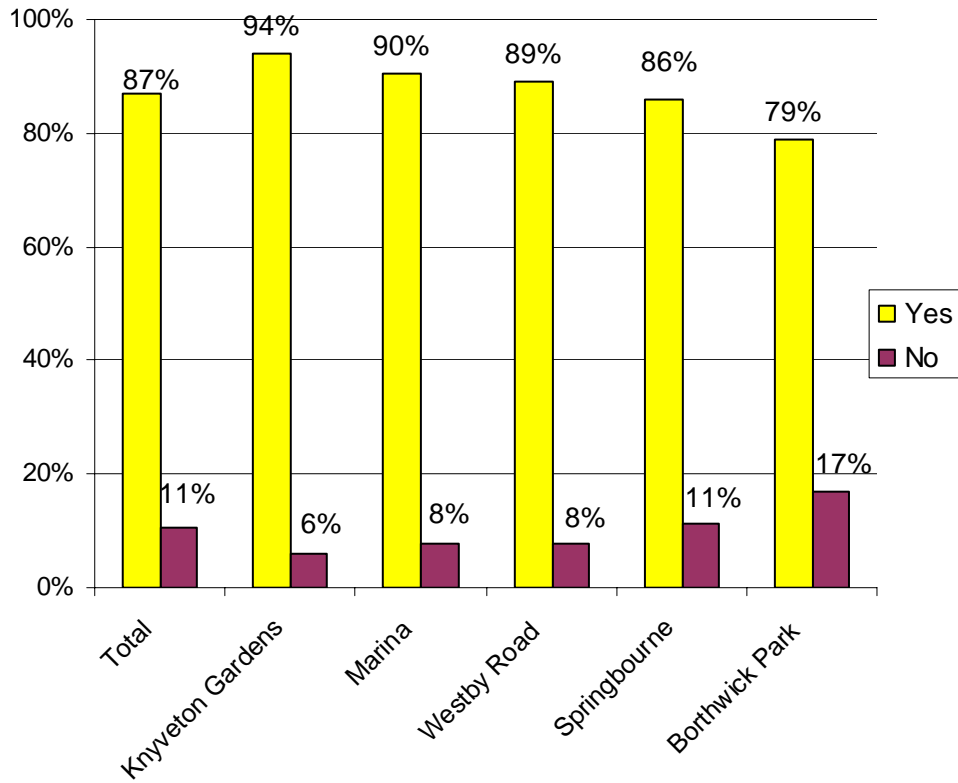


Overall, residents see friends with more regularity than family. However, there area significant proportion of residents (more than 10%) that have irregular or little contact with friends. However, levels of social interaction measured by these indicators appear to suggest quite high levels with almost 70% of residents meeting up with family either every day or 2 or 3 times a week and over 60% meeting up with family at least once a week. However, levels of social interaction are lower amongst older residents (aged over 75) who have less frequent contact with family and friends and many (45%) rarely go out with others.

5.4 COMMUNITY COHESION

Figure 25 presents residents views on whether the NM area is one where people from different communities mix well together. Overall, the vast majority (87%) thought this was the case. However, there are some notable variations by area – with some 17% of residents of the Borthwick Park area indicating that this is not an area where communities mix well. Interestingly, there was little variation in responses by ethnicity, though a slightly lower proportion (76%) of Asian respondents thought that the area was one where communities mix well.

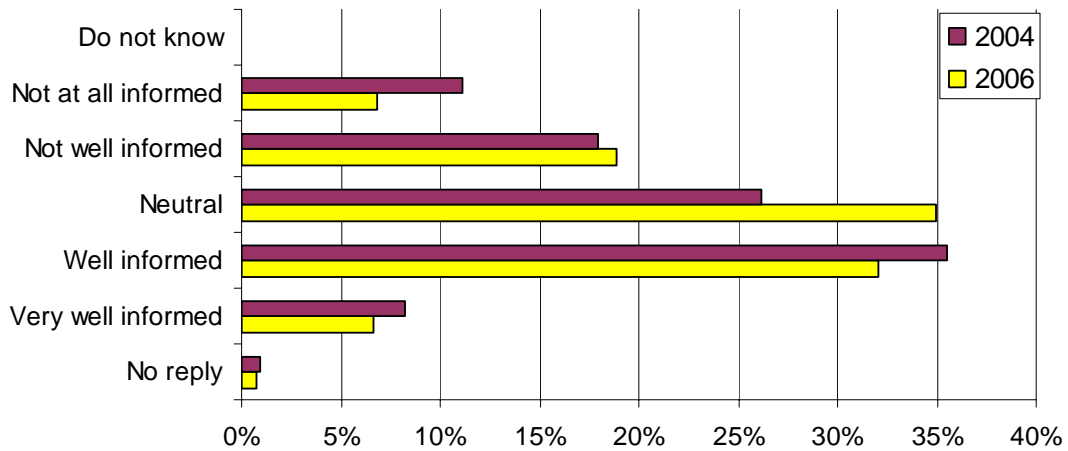
Figure 25: Is your local area a place where people from different communities mix well?



5.5 COMMUNITY INVOLVEMENT

When asked whether they felt informed about local affairs and decisions affecting the local area, far fewer respondents than in 2004 indicated that they were not at all informed or not well informed. However, fewer people also considered themselves to be well informed (with a significantly higher proportion giving a neutral response (as shown in Figure 26)

Figure 26: How well informed do you feel about local affairs and decisions affecting the local area?



Across the ethnic groupings, BME groups feel less informed regarding local affairs and decisions affecting the local area than White British respondents. Of all White British respondents 22% feel either not well informed or not at all informed compared to 43% of White Other, 39% of Black Other and 32% of Asian respondents, suggesting a need to prioritise community involvement activities amongst local BME communities.

On the subject of community involvement residents were also asked how involved they are in the local community and whether they participate in voluntary work. Only 7% stated they were active in the local community in some capacity – half of the level recorded in the 2004 survey.

5.6 AWARENESS OF LOCAL INITIATIVES

To gauge awareness of NM and other activity in the local area, respondents were asked to indicate their level of awareness of a range of initiatives. The findings suggest that awareness of some initiatives has increased over the past two years, particularly the Healthy Living Centre and 'Safe and Clean with awareness rising to 25% and 21% respectively. The survey reveals a high level of awareness of Street Wardens, with more than half of respondents aware of the wardens.

However, the survey suggests a far lower awareness of the NM Pathfinder as was recorded in 2004, at only 28%. This could be due to a general waning of the Neighbourhood Management Scheme in the minds of residents or the timing and extent of promotional activities of the scheme. As with the 2004 survey awareness was particularly low amongst 16 to 19 year olds (14%). Awareness is also particularly low amongst BME respondents with just a fifth of Asian respondents and 15% of Black/Other respondents indicating awareness of the Pathfinder. Of those that had heard of the Pathfinder, 70% believe that it is making a difference in the local area.

Figure 27: Proportion of Respondents Having Heard of Local Initiatives

	2006	2004
Healthy Living Centre	25%	17%
Safe and Clean	21%	14%
Boscombe Working Community Partnership (SRB scheme)	33%	39%
Boscombe or Springbourne Area Forum	36%	n/a
Street Wardens	56%	n/a
'It's Your Call' reporting hotline	14%	n/a
Springbourne and Boscombe West Neighbourhood Management Pathfinder	28%	48%

6. SUMMARY AND RECOMMENDATIONS

6.1 KEY FINDINGS

DEMOGRAPHY AND ECONOMIC STATUS

- Almost one half (49%) of the survey are single with just over one-fifth (20.6%) single and living alone.
- The proportion of lone parents recorded has fallen from 5.1% in 2004 to 4.1%.
- In terms of employment, education and training there has been a marked improvement in the proportion of residents engaged in these activities against the 2004 level (though this can be partly attributed to the higher numbers of young people surveyed).
- One in eight respondents were workless, with the main reasons for worklessness being a need to look after home and family and long-term sickness.
- Overall, 24% of survey respondents are part of a household deriving part or all of their income from benefits/tax credits, this is a slightly higher proportion than the 2004 figure (20%).

CRIME AND COMMUNITY SAFETY

- Perceptions of crime have remained largely unchanged from the time of the 2004 survey. Almost half of respondents felt that levels of crime had remained the same over the intervening period whilst 30% considered that crime had increased.
- Residents of the Springbourne and Westby Road areas had the strongest perception that crime had increased over the last two years.
- Crimes related to substance mis-use, specifically drugs and alcohol, are most widely perceived to have increased in the last year.
- In general, survey respondents feel less fearful of crime than they were in 2004. However, there remains significantly high levels of fear of certain types of crime, notably being burgled at home, and crimes associated with alcohol and being robbed or mugged.
- Springbourne frequently elicited the highest fear of crime in the NM area.
- Contrasting perceptions of crime, residents actual experience of crime has fallen since the 2004 survey, with 19% of respondents having experienced a crime in the previous two years (compared to 26% in the 2004 survey). Experience of crime was highest in the Knyveton Gardens area where more than a quarter of residents had been the victim of a crime during the previous two years.
- Residents continue to believe that drugs and alcohol are by far the most common causes of crime in the local area. More than half of respondents believe that drugs are the main reason for criminal activity in the area.
- Reflecting these concerns, residents priorities for reducing crime were targeting illegal drug use, anti-social behaviour and alcohol related crime. The vast majority (91%) of residents support Operation Dismantle.

HEALTH

- Perceptions of health have increased from those in 2004, with 79% of respondents indicating that their health is either excellent or good.
- 10% of respondents have a health problem limiting their level of work activity, slightly lower than the 12% recorded in 2004.
- Of those women eligible for certain health screenings, 67% of had received a cervical cancer screening and 71% a breast cancer screening. The main response given for having not attended a screening, in both cases, was a lack of invitation – reflecting the fact that many respondents did not fall into the standard age screening categories.
- Dietary habits have not changed significantly from those identified in 2004. Young adults and males still consume less fruit and vegetables than the recommended daily intake.
- Whilst the proportion of residents who smoke has not decreased, smoking habits appear to be subtly changing with many respondents smoking fewer cigarettes and more than a fifth are thinking about giving up. Men and young people remain the groups with the highest incidence of smoking.
- Binge drinking remains a problem in the area, though the numbers who binge drink at least once a week has fallen to 20% (from 22% in 2004).

LOCAL ENVIRONMENT AND COMMUNITY INVOLVMENT

- Drug problems cause the most concern for residents in their local area. Other areas of notable concern include the affordability of housing, ease of parking, level of traffic congestion, levels of litter/graffiti in the street and the level of community/ personal safety.
- The level of community cohesion, measured by the perception of community mixing, is generally perceived to be good, though perceptions are poorer amongst Asian respondents.
- Awareness of the Neighbourhood Management Pathfinder appears to have declined significantly since 2004 with just 28% of all respondents indicating awareness of the Programme. Awareness was particularly low amongst those respondents aged between 16 and 19 (14%).
- However, of those that are aware of the NMP, 70% believe that it is making a difference to their local area.

6.2 RECOMMENDATIONS

The residents survey has raised a number of issues worthy of further consideration by the Pathfinder in planning future activities in the NM area. The following paragraphs present a number of recommendations for further consideration by the Pathfinder. Multi-agency partnership working will be essential in addressing the needs of the community and ensuring that people of Springbourne and Boscombe West feel safe and able to access the services they require to ensure continued good health or improvements in their general health and fitness. The Neighbourhood Management Team will have a key role in bringing together all of the relevant partners to ensure that improvements are made to local services and that new initiatives are introduced to tackle the issues identified through this research. Our specific recommendations follow.

Tackling Crime and Improving Community Safety

As in 2004, residents' key priority in targeting crime is addressing drug use, drug dealing and other drug-related crime in the NMP area. Whilst it is recognised that this has been a priority of the Pathfinder in recent years, it is clear that further action is needed to tackle this issue – and more specifically in addressing residents fear of such crime (which is often out of proportion to the scale of recorded crime in the area). However, the Pathfinder may also wish to consider other approaches such as the 'Model Beat'. A Model Beat is a partnership approach to clamp down on crime and anti-social behaviour. The approach is based on community intelligence (using confidential reporting boxes in community venues) combined with dedicated neighbourhood policing teams who can supplement and extend the work of the Neighbourhood Wardens. One of the prime objectives of Model Beats is to tackle drug dealing and drug related crime with specific objectives to:

- Arrest persistent and known offenders
- Clamp down on anti-social behaviour
- Target low level drug dealers
- Issue drug warrants

Such an approach may also help to allay fear of crime in the area.

Improving Health and Well-being

The 2006 survey again highlighted a number of issues around health and well-being where the Pathfinder could seek to influence service delivery to address identified problems. Key areas for action are discussed below.

Tackling Drinking Problems

The survey indicates that binge drinking continues to be a problem in the NM area (although to a lesser extent than in 2004), especially amongst young people, suggesting a need for initiatives to raise awareness of the health implications of such drinking habits and to encourage people to undertake more healthy activities. Success of any initiative here may also help in seeking to reduce incidents of anti-social behaviour that take place in the area, especially since over a third of respondents have identified a perceived increase in alcohol-related crime.

A partnership approach is key to the success of the scheme and the Pathfinder needs to work in conjunction with the Police, members of the licensed trade and alcohol and health agencies to tackle the problem of binge drinking and related crime and health implications. Building on the Pubwatch initiative, the NMP may wish to consider further actions to address such problems in the locality. One route worthy of consideration is *ServeWise* training for the licensed trade. This programme initiated in Scotland and has provided effective training and support for individuals working in licensed premises to ensure a reduction in intoxication and resultant inappropriate behaviour. The *ServeWise* approach also seeks to alter the culture of drinking and ensure that pubs are not turning a blind eye to under-age drinking and binge drinking. Training needs to be consolidated into a relatively short time period in order to ensure that members of the licensed trade are likely to participate.

Specific issues covered in the training would include:

- Dealing with intoxicated patrons;
- Looking at ways in which to advertise responsibly;
- Reduction of promotional activity that makes it cheaper to buy a double measure of spirits than a single measure.

The Pathfinder may want to consider working with partners to produce material to raise awareness of the harm that binge drinking and excessive alcohol consumption can cause, as well as providing signposting to the available support services.

Smoking

Further action needs to be taken to address the issue of smoking particularly amongst young people (54% of 16-19 year olds taking part in the survey smoke) and men, 44% of whom smoke. Further action is needed to educate and inform young people (and those under-16 who may be at risk of taking up smoking) about the dangers of smoking. Specific provision of advice and support to give up smoking could usefully be targeted on this age group. A useful starting point would be to ensure that all local facilities used regularly by young people are leafleted to provide information on the help available if they want to stop smoking, as well as further information about the dangers of smoking. Action on this could be focused in schools and at leisure facilities.

Healthy Eating

Healthy eating requires further promotion amongst young people with just a fifth of 16-19 year olds and under a quarter (23%) of men eating the recommended daily amount of fruit and vegetables (5 a day) and 14% of 16 to 19 year olds only eating 1 serving of fruit or vegetables per day.

The 'Grab a Bag of Goodness' approach operated by some New Deal for Communities programmes offers an approach that may be applicable to the NM area. The programme promotes healthy eating by improving access to good quality, fresh and affordable fruit and vegetables. Previous initiatives have involved a partnership approach between greengrocers, local leisure centres and volunteers from the community. Greengrocers deliver seasonal fruits and vegetables to the local leisure centre and these are bagged up by volunteers from the local community who have also received some training in healthy eating and nutrition, orders are placed by residents who then collect the bags from the leisure centre at an appointed time. The 'Grab a Bag' scheme also encourages people to use the leisure centre facilities when they pick up their fruit and vegetables, thus improving general fitness levels as well.

As well as providing affordable access to fruit and vegetables, trained volunteer food advisers could also provide practical support and advice on food and nutrition including recipes and workshops with children and young people.

Young People

Peer education could be a potential way of tackling health issues for young people such as healthy eating, smoking and binge drinking. Working with young people through local schools and community groups to produce a health related magazine, such as the Voice 21 magazine produced by young people in Sandwell, may be one way of helping young people to promote healthy living to their peers.

Awareness of the Pathfinder

Given that awareness of the Neighbourhood Management Pathfinder appears to have significantly decreased since 2004 and awareness is particularly low amongst BME respondents – promotion activities need to be focused in BME communities and in community and religious venues in which BME respondents meet. Increased partnership working with BME communities would also help to raise awareness of the Programme and this could also be linked to some of the health initiatives mentioned above.