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**Slough Health Beliefs
Qualitative Research**

Slough Borough Council

**Headline findings and Key Themes
July 2019**



Project details

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Introduction

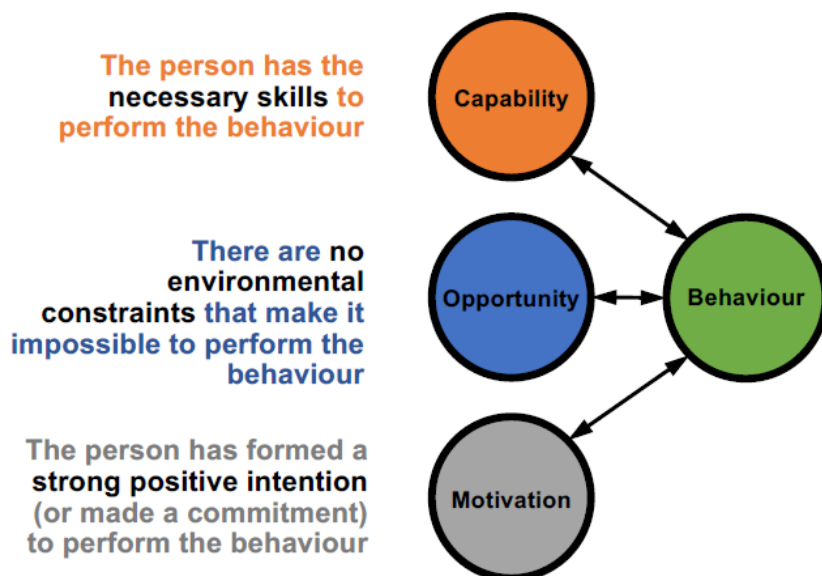
Slough Borough Council wished to commission an in-depth, community led research project to involve Slough residents in a local conversation on health. Primarily, it was to focus on what residents believe they can do to keep physically and mentally well and prevent poor health in themselves and their loved ones. This would likely to draw on understanding residents' health beliefs, their levels of health literacy and behavioural insights.

This document provides a headline summary of the Qualitative Stage of the Health Beliefs Research. It consists of a Stakeholder workshop, six chatabout sessions with local community groups - Aik Saath, Art Beyond Belief, Berkshire Autistic Society, Britwell Recycled Teenagers, Chalvey Community Forum, Rise & Shine Slough - and two focus groups with residents.

General approach

To support the research we are using the COM-B behaviour change model (Capability, Opportunity and Motivation - Behaviour). The COM-B model will assist in identifying triggers and motivations to improving health literacy. For any change in behaviour to occur, a person must:

- Be physically and psychologically **capable** of performing the necessary actions;
- Have the physical and social **opportunity** (people may face barriers to change because of their income, ethnicity, social position or other factors);
- Be more **motivated** to adopt the new, rather than the old behaviour.



COM-B¹ gives us insight into which elements, in particular, are most likely to have a positive impact on success. For example, whether an increase in physical activity is due to a desire to lose weight (motivation), positive support provided by their family or friends in their efforts to increase their physical activity levels and healthy lifestyle (social opportunity) or whether they have the necessary knowledge and ability to participate in a specific sport e.g. swimming, running, cycling etc (capability).

It should also be noted that the elements of COM-B can be interlinked, with the various aspects enforcing or detracting from each other – for example, the opportunity and interest of children to participate in cycling may be outweighed by a parent’s concerns (motivation) over safety.

Stakeholder workshop

The Stakeholder workshop was attended by representatives from the Active Communities Team, Customer engagement and transformation, Early Years, Community Mental Health Team, NHS East Berkshire CCG, Community Dental Service Oral Health project, School Sport team, Slough Children’s Services Trust, Slough CVS, Slough Parks Team, Wildfowl & Wetlands Trust and Young People’s Services.

The workshop was facilitated by David Chong Ping, Local Government Research Director at M·E·L Research and Jeromy Oliver, Senior Teaching Fellow UCL, Centre for Behaviour Change.

The objectives of the workshop were to brief Stakeholders on the approach to the Health Beliefs research project, covering both the qualitative and quantitative stages as well as to gain an understanding of the current challenges, plus key health and activity themes of particular interest to stakeholders. Taking an Appreciative Inquiry approach - working on strengths and positives - the discussion and activities undertaken by Stakeholders looked to identify where we are now, what gaps exist in knowledge and what behaviours need to be targeted to promote positive behaviour change.

Stakeholders were introduced to the COM-B model of behaviour change and, working in pairs, were asked to consider the types of information needed and questions that needed answering for each aspect of the model. The findings from this stage helped to scope the topic guide and themes to be subsequently discussed with the wider community.

¹ COM-B forms the hub of the Behaviour Change Wheel (BCW) around which there are nine intervention ‘functions’ aimed at addressing deficits in one or more of the COM-B conditions. Around this are seven categories of policy that could enable those interventions to occur.

Chattabouts

The second stage was to conduct chattabouts - our 'streetwise' form of group discussions, but more informal and participatory - with local community groups that represented the key groups identified in the Stakeholder workshop.

Chattabouts mean that we work closely with the VCS sector to 'piggyback' on existing community meetings and events, usually by partnering with third-sector organisations. We attended their meetings rather than expecting them to travel to give their views. This meant that meetings were in a recognisable environment which people know and trust. They are also more natural settings for participants, putting them more at ease and speaking to them in their 'space'.

Six community groups agreed to participate in the research covering young people (11 to 19), mental health and wellbeing support, support for parents of children with Autism, support for isolated and lonely residents from the Indian community, support for the over 55's and a local community forum. In total, some 100+ residents attended these sessions.

The objectives of the chattabouts were to gain an understanding of residents' views and thoughts on how they can tackle key issues that affect their health and their behaviours and attitudes to staying healthy and active.

While the chattabouts provided an ideal opportunity to gather views and thoughts from a wide range of residents and differing community groups, the duration and style of discussions did not always allow for all topics to be discussed in full detail. To therefore support the chattabout findings, two focus group discussions were undertaken.

Focus groups

Two focus group discussions were conducted with a broadly representative sample of residents aged between 18 and 70; one at Langley Pavilion and the other at the Council offices at St Martins Place. The profile of participants is shown in the tables below:

Age band	Qty	Marital status	Qty
18 to 24	2	Single without children	6
25 to 34	2	Single with children	1
35 to 44	6	Married with no children	1
45 to 54	1	Married with children	6

55 to 64	3	Married with children left home	1
65+	1		

Carer	Qty	Housing status	Qty
Yes	3	Home owner	9
No	12	Housing tenant	3
		Living with parents	1
		Private tenant	2

The discussions focused on residents' views on how they could stay healthy and active with a particular focus on oral health, sexual health, immunisation and screening/health checks. The discussions also looked at where residents expected to find information on these topics and their use of online tools and social media.

Broad Findings

The following analysis looks at the views and behaviours of residents when compared to their psychological and physical capabilities, the physical and social opportunities they have and their reflective and automatic motivations – linked to the COM-B behaviour change model.

Capability

In the main, residents' knowledge and awareness (their psychological capability) had been informed by ongoing media messages and by social norms. National and local campaigns on healthy eating and exercise have clearly been successful in raising awareness of what people 'should' do. When asked what people can do to stay healthy and active, many people mentioned healthy eating, having a balanced diet and doing some form of exercise or daily activity.

"It is an all-round thing... so healthy eating, exercise, sleep. I think it's a balance in your whole life, not just 'oh to be healthy you've got to eat healthy'. Taking care of yourself, with health needs, maybe being able to go to the doctors when you need to and dentist appointments. Just a bit of everything really."

"Living a healthy lifestyle, eating well and exercising."

"Being able to get up and about and go on walks."

While physical capability was said to decline with age as people generally just 'slow down' and start to have mobility problems, even older residents recognised these campaign messages. This was evident when they were asked what they might do differently if they could go back in time. Here residents talked about making healthier choices, such as not smoking and drinking less, and being more active at an earlier age. They suggested, in hindsight, they probably would not be suffering from the ailments they now have if they had heeded these messages earlier.

"Energy levels are definitely something that change with age."

"I think when you're younger you don't think about it but when you hit 50/60 you think about it because you want to live as long as you can. You don't really think of those things when you're younger."

This finding was clearly demonstrated in one of the chattabout sessions where many of the younger children struggled with the concept that 'prevention is better than cure' (when it comes to being healthy and active). The phrase was taken literally, with 'cure' taken to mean

illness, rather than the phrase having a wider connection to making positive and healthy choices.

That said, when asked more widely what they do to stay healthy and active, all of the children and young adults at this chattabout could discuss the range of activities and exercises they participated in, including those as part of the school curriculum.

Interestingly, children found it much easier to list the things that detracted from a healthy and active lifestyle. They recognised that computer games and social media led to more inactive lifestyles. Similarly, they recognised that they have healthy and unhealthy options when it comes to diet and behaviours (e.g. fast food, sugar, drinking, smoking, drugs).

*“Eating healthy is a lot about knowledge. We’re often told what *not* to eat, e.g. McDonald’s, but not told what *to* eat.”*

This suggests that social norms, driven by national and local media campaigns, are definitely raising awareness levels. While there may still be further work to be done on raising awareness for some groups of the population, in the main, residents’ psychological and physical capabilities appear to be strong when applied to healthy and active lifestyles. Nevertheless, one resident was aware of Slough having challenges with childhood obesity but did not understand why this was.

“I think they’ve done a lot of things on diabetes. I think Slough is proven to be a pocket, country-wide, where there is a lot of diabetes... they have specific nurses that educate children from a young age. But it’s why? Why Slough? What’s the reason?”

Mind, body and soul

Older residents (e.g. 50+) were often quicker to mention mental wellbeing than younger residents (although this was still on younger residents’ radar). This is likely due to older residents having been in the workplace for longer, having families and juggling priorities, as well as dealing with elderly relatives with age related mental health conditions. Some people mentioned that recent media focus and positive messages around mental health were starting to break down the stigma of mental health issues – allowing conversations to take place.

“Avoiding stress... it’s how you deal with it, there’s always going to be stress around but it’s how you deal with it and cope with it... but then you’re not only talking about physical health your talking about mental health as well.”

“Yeah because it allows you to get things off your chest that you might otherwise keep inside.”

Nevertheless, having the necessary awareness and ability to make healthy choices, stay active and promote positive mental wellbeing does not always lead to the opportunities or motivation to make those choices. Having found that many people (but not necessarily all) have the capability to be healthy and active, the next section considers the social and physical opportunities that can support this.

Opportunity

In the main, residents in the chattabouts and focus groups demonstrated they had the Capability to be healthy and active. They had the broad psychological awareness of their own capabilities and were mostly physically capable of undertaking suitable activities.

Where differences in sub-groups of the population start to appear is with Opportunity. Here we are considering the interpersonal influences, shared practices and social norms and values displayed by residents. How they might best be made aware and supported by people they know, and what role there is for social networking and influence.

We also consider what environmental, physical and technological infrastructure could support and sustain positive behaviours, what levels of access residents may have and what potential barriers there might be, such as time and money.

Social opportunity

The power of social opportunity was identified during the Stakeholder Workshop during discussions around the positive and increasing growth of ‘Run with Active Slough’ sessions. It was suggested that word of mouth had helped increase participation in these sessions, driven by the positive



experiences of those attending. The friendly, less formal nature of the activities, where everyone is welcome, young or old, is enhanced by being free and volunteer led. The use of social media had also further endorsed social opportunity – the Facebook page shows a range of photos of people from all walks of life engaging in activity across the Borough.

It was suggested that this type of social activity overcomes some of the barriers of other physical activity sessions, such as going to the gym. Stakeholders in the workshop and participants in the chattabouts and focus groups all highlighted the social pressures of going to a gym – the ‘need’ to wear ‘sports’ attire, to have a certain body shape, and to look ‘competent’ undertaking the activity.

Even when people had attended an initial induction session and had been shown how to use the equipment, this was often felt to be too quick and then embarrassing if they had to ask how it works on their next visit. This perceived social requirement (clothing, body shape and competency) was also said to be true of group classes run at gyms or leisure centres – leading some to believe ‘it was not for people like them’. Promotional imagery showing slim, sports attire clad, toned and glowing models is unlikely to resonate with those not already engaged in sports and leisure activities.

“What I noticed was that when they had the induction, they would come with maybe 12 to 15 people.... And they’d all be motivated to do this and do that... and they’d be given the induction on how things work and stuff. And then next time, from the 15 people, only one or two comes and the following week nobody comes from that group... I tell you why, it is too overwhelming, and they simply don’t connect with them.”

Other residents highlighted that gyms were not social spaces as most people turn up to undertake their own routines and simply ‘plug-in their headphones and zone out everyone else’. This was seen as a particular challenge by those with mental health conditions.

“I went to a drop-in (gym session) at Hope College. I had my induction and I went to one session and I realised this isn’t for me... I don’t feel as though I belong here... everyone just looks different... I don’t fit in. So it was just too much, it was overwhelming. Even though in the old gym they had a separate women’s area, even in there I was like ‘I can’t do this’. I just don’t like the closed in (feeling) or the people... yeah, it’s the people.”

“I can totally relate to that. I go, but that’s exactly how I feel. Sometimes I’m lucky enough to strike up a conversation with somebody... on the treadmill or wherever... but it definitely somehow I get taken out of my own comfort zone.”

“Isn’t it really odd that that’s the one place that nobody talks to each other. Like nothing. It’s all headphones in... In the gym it’s like there’s no bonding, there’s no community, no nothing... no interaction.”

Promoting healthy choices at wider social events was highlighted by participants in the focus groups. To make this more inclusive, they suggested having healthy food options at free or subsidised rates to encourage people to try something different, and not just the 'default' of a burger. Similarly, the children in one chattabout suggested that it was easier and cheaper to purchase an energy drink from the High Street than a bottle of water.

“Another thing is food festivals. People in the summer like being outside, going to a big open space, bit of music, etc. Do that but do it on a healthy eating basis and don't have burger vans all the way around.... Either make it free or cost effective and get people engaged”

“Or if you are going somewhere and there was an incentive to have the healthier choice on the menu... (but) salads are about £12 on a menu!”

“Yeah, a salad can be the same price as a burger and chips.”

The chattabout sessions also reinforce social opportunity. We attended local community group events and activities that brought together local people to participate in shared experiences; whether this was young people and community cohesion activities, older people's lunch clubs and line dancing sessions, mental wellbeing shared arts projects and activities, older Asian women's yoga and exercise classes, or simply a support group for parents of children with Autism.

Many of those in the chattabouts suggested that the facilities (physical opportunities) existed to undertake activities to help stay healthy and active, but they needed to know that they would fit in and be around like-minded, similar and familiar people.

“I don't think necessarily there is a lack of facilities, places to go to, to do these events but maybe a lack of organising these things. It's very difficult to just turn up yourself... you need some structure there.”

A participant in a focus group also highlighted this need 'to fit in' when talking about a GP referral service (social prescribing) healthy eating and weight activity they were aware of.

“There is a programme that Slough and other councils do that you get referrals from your GP... it's called Eat4Health... but they also have other ones to help stop smoking or drugs. I think its 3 months... they have a session every week about an hour and a half... you do exercise but also have a talk and discussion around food and calories. That seemed really positive and I think it's got to be slightly limited because its free... but if more people knew about it, it would be really helpful because you're in a group of like-minded people.”

Parents recognised that they need to try and provide a balance for their children between those activities that might be fun with friends, but indoors, to social activities that are outside the home.

“You’ve got to get a balance. Obviously, they want to do that [play games, watch YouTube] and everyone’s doing that, that’s the thing. You’ve got to get some understanding to give them that time, but you have to have a balance so that they do other things; athletics, football, swimming.”

Raising people’s awareness of the range of opportunities to participate in healthy and active activities will still be a challenge; the use of local community and support groups to spread the word is likely to be beneficial. This was demonstrated by a participant in a focus group that did not feel there were opportunities for girls and young women to get involved in team sports. In contrast, another participant suggested that activities were available, but clearly people did not know about them.

“Personally it doesn’t affect me, but they don’t really target females at all. I don’t think Slough as a whole does anything to help young females get into sport or anything like that. I’ve got younger cousins, sisters, etc, and they struggle to find activities to do as a team.”

“I understand with those sports, but I disagree personally because I was involved briefly in trying to set up netball in Slough. So that’s set up now and that’s ladies netball.”

Another challenge is how to promote activities to the widest range of residents, with some activities simply not on their radar. The use of social media was considered a more useful tool than leaflet drops or newspaper articles for some residents.

“Within the park actually... one of the other weekends there was something going on with gazebos and things with the kids. There was a group there teaching them how to skateboard and other things... But I didn’t know about that, I didn’t see that promoted. There could’ve been a lot more children over there, they could do a lot more things like that.”

“See I wouldn’t be doing things like issuing leaflets because any leaflets we get they’re immediately binned... They could do more like big scale campaigns on social media just to make people aware of actually what’s there, how we can access it.”

Another way for social opportunity to be encouraged is through the promotion of volunteering; this could also be beneficial in helping to tackle loneliness and isolation across the Borough.

Physical opportunity

It would be much harder for the activities described above to take place (or be formed from new) if suitable space and venues were unavailable or too expensive – the support of the Council and other local community partners is therefore critical in ensuring suitable spaces, times and infrastructure is available and maintained and widely promoted to residents. Unfortunately, this was not always found to be the case.

Very few people were aware of the extent (£62m) of regeneration and investment that the Council had made in health and leisure facilities and activities. Whilst many were aware 'The Centre' was the newest addition to leisure provision, this knowledge was not universal. In fact, some of the children in one of the chattabouts did not know that The Centre had now opened.

Many were aware the Montem centre had closed as a result of The Centre opening. A number of these residents suggested that this had reduced the opportunities for them and their family to participate in activities as the new centre was further away, now being two bus journeys. However, it does not appear that many residents had considered or explored alternative ways of accessing The Centre, such as walking or cycling. The distance between the two facilities is less than 1 mile or a 20 minute walk for the average person.

"I used to do a lot of swimming and a lot of walking so I'm hoping to get back to that. Unfortunately, it's a much longer walk now because I live just down the road from Montem Sports Centre and now they've moved to The Centre."

There also appeared to be some perceptions around the lack of availability and poor(er) quality of local community assets and leisure facilities that had occurred over time. Some residents, in each of the chattabouts and in the focus groups, mentioned that their local area had suffered from decline and closure of services that support healthy and active lifestyles.

In Chalvey, for example, residents talked about a lack of services for younger people now that the YMCA was no longer funded to provide a youth club. They also highlighted the closure of the community centre and a general lack of investment in their area.

“One thing the council’s done is they’ve put a lot of outside gyms into parks... but what we don’t have is youth clubs... we don’t have any facilities for youngsters to actually take part in coordinated activities. We’ve had a few in the past but eventually the funding runs out... the YMCA used to have one called the ‘hang out’ which was funded by children in need and it was quite good”.

“We used to have a library and a community centre, but they are knocking it all down to build a school, so they temporarily used the library for some of the younger children.”

This suggested lack of investment and replacement of facilities, they claimed, had led to an increase in anti-social behaviour, including street drinking and drug taking - residents are linking a lack of opportunity to a break down in social norms, with energy being spent on partaking in non-healthy activities.

“Quite a lot of street drinking as well that goes on as well as drug taking.”

“Drug takers tend to be younger... sort of teens through to thirties.”

While these residents highlighted a decline in physical opportunities others were aware of the Council investing in equipment and infrastructure for younger people and families, such as the Green Gyms. Similarly, Slough Active was known by a few residents, but not the majority that we spoke to.

“We’ve got one in our road [gym in a park], and there’s always people on it. It’s a mixture of both, the kids have got like an enclosed football area and then there’s a zipwire thing and then a gym park thing.”

“Slough Active does loads of different activities. I’ve done things that I wouldn’t have done before; paddle-boarding, running group.”

“They don’t promote it enough. I’ve lived in Slough all my life and never heard of it.”

“I think it’s about communication. The communication in Slough about everything, from recycling to exercise available, is poor... they’re not reaching everyone.”

The Council will need to consider how best to promote and advertise the range of opportunities that are available to residents. While raising awareness of the range of activities and locations in which to participate in sport and leisure activities across the borough (and beyond) would go some way to encouraging people to give something a try, any promotional activity will need to actively demonstrate both the physical opportunities and the wider social opportunities available to people.

A further challenge is 'a lack of time', perceived or actual. Many residents claimed that they were too busy to undertake activities to stay healthy and active, such as cooking a fresh meal from scratch or doing simple exercises, such as a brisk walk. Here, tackling motivation is more important (discussed in the next section).

"With activity, I don't have the time. I have 2 kids, while they're in school I'm working and then when we get home you have to do dinner, etc."

However, we did encounter real time challenges for single parents and people looking after those with disabilities, such as Autism.

"Looking after yourself and doing exercise, etc, is the last thing on your list of things to do. There's lots of other things to do that comes first... managing the household, caring for my child. Just leaving the house can be quite a challenge... you know [child's] delay tactics. You may have to work out what sort of mood they're in to work out how you can leave the house."

"Meeting the needs of our children becomes very exhausting so even if you're getting enough sleep, you're still tired. Just meeting their needs on a daily basis, having to talk to schools, talking to the council, etc... as well as being a normal parent and looking after 2-3 other neurotypical children just creates pure exhaustion. So, if you did have a spare hour, the thought of actually going to the gym... I'm like no."

Finally, cost remains an opportunity barrier for some people and communities in the Borough. Free or subsidised activities could help overcome this. This was also suggested when considering technological support mechanisms to help people make healthier choices.

"There are lots of parks and actually lots of facilities to use... The actual cost now though of hiring those out, for example Upton Court Park... they've put such a price now that we just can't afford to do anything."

"One thing I think the council could do is there are all these apps these days on smartphones giving you healthy options but most of them you have to pay a fee say £5.99 to sign up. If the Slough Borough Council area was to give a limited time period discount code with the incentive to try these apps out... I think something like that would work great."

Motivation

Perhaps the most challenging aspect of changing to positive behaviours is managing the balance between automatic motivation (habits, emotions, desires and impulses) and reflective

motivation (plans, beliefs and intentions). Ideally, we want residents to reflect on their behaviour using controlled, rule-based, conscious and rational thoughts – but these take time and effort. Most of the time we make effortless, sub-conscious, emotional and automotive decisions – because it’s quicker and easier.

For example, it’s easier for one parent to simply get ready meals for their family than perhaps put the effort into planning how to prepare a healthy meal from scratch that could be reheated later. Others find it too much of a chore and so suggest time is the issue.

“I think it’s really hard (cooking healthily and eating together) when you’ve got a family, and they all come in at a different time.”

“Sometimes... at the moment I am sick of cooking. I’ll eat healthily if someone cooks it, because it’s just too time consuming.”

However, there were some that recognised that their behaviour was not healthy and so made the effort to be healthier when cooking for their family.

“When you’ve got a responsibility to feed other people, I think that’s when it kicks in actually what you’re doing. When it’s just yourself it’s easy to just eat what’s convenient.”

One participant in a focus group had joined Weight Watchers (WW). The WW programme is underpinned by the behaviour change principles of making small, concrete, achievable goals, playing to ‘ego’, incentives, recognition that small slips may happen (but do not detract from overall goals) and the social opportunity of undertaking something with like-minded people in similar situations.

“I think the shock factor of seeing the amount of ‘sins’ for a meal I would normally eat, that shock factor made me stop. Then when I had one week of following this plan and I lost half a stone, that incentive, that was it. Then I was eating the salad off the menu when I went out because losing weight outweighed the fact that I was spending £12 on it. I think you have to see the results.”

To try and overcome behaviours linked to automotive motivation, there are a wide range of behavioural interventions that have been introduced, including defaults, social norming, priming, commitments, ego and incentives. One form of incentive is the dis-incentive. Examples of this include taxation, such as on alcohol, tobacco and now sugar. These do not work for everyone.

This was demonstrated during discussions around eating healthily. While we could see that people have the Capability and Opportunity to make healthy choices, the automotive motivation remains too high for some to change their behaviour.

“They put the price up on Coke, that didn’t stop me from buying Coke.”

“It’s too easy to get fast food. For me, I can go and get a takeaway for £6 but if I was to cook say a healthy meal, we’re talking £15 on ingredients and then cooking it... It’s just so easy, with Uber Eats and Deliveroo now. I just don’t think there’s enough healthy food that is on offer that’s quick, easy to access and tastes good.”

“Cigarettes are probably 15 times the price they were years ago, but people still buy them.”

Some residents felt the Council should be doing more to promote healthier behaviours, particularly to reduce the availability of poorer choices. The better use of planning regulations and legislation was cited as being one area that was directly under Council control.

“How do we get everyone engaged? Not just in schools but outside of schools, growing up. It’s all about engagement; how can we get communities engaged, schools engaged, churches engaged. Everyone just engaged in taking a healthier approach to life, because it probably costs the council and NHS hundreds of thousands dealing with people that suffer with obesity but then they’ll put four chicken shops in one parade of shops... why are these chicken shops and everything getting the right to open up and promote all this non-healthy food because surely the council would have a say in what shops can open and not.”

Other suggestions included education and training, covering school age to adults. It was also suggested that this could be supported as a group activity (Social Opportunity) with friends also participating.

“Don’t you think that men should be having lessons in school in cooking or in college or wherever, which are promoted by the Council presumably, as well as women.”

“Why limit it to schools; were all learning at different times in our lives... Why not offer these classes as a council, within locations where you and a couple of friends can go to learn how to do this or watch a seminar.”

To overcome unhealthy behaviour, stronger motivations will be needed to underscore and persuade people to undertake positive behaviours. This was demonstrated during discussions

around cycling. Residents were easily able to highlight the benefits of cycling, whether to get to and from work or simply for pleasure. Parents talked about their children wanting to cycle more.

Residents demonstrated they have the Capability and Opportunity to cycle but suggested their motivation was reduced due to poor infrastructure to support this activity. They suggested that while the town did have some cycle paths, these often only covered relatively short distances, and were too narrow or unusable due to vehicles parked half on the pavement and half in the cycle lanes.

“What’s the point when cars are parked in them (cycle lanes)?”

Concerns for their safety, but especially for children, was therefore a much stronger motivator to not cycle on the Borough’s roads (or pavements).

Similarly walking and cycling in the more natural environment was off-putting for some residents, as was using the Borough’s parks when it starts to get dark, due to safety concerns. The less visually appealing access points to get to and from some of the Borough’s green spaces was also mentioned by some.

“We have the river round the back but there are homeless people who gather round their which can be daunting... not (just) because of the homeless people but because of the mess that’s made round there.”

However, a small number of residents, both male and female, did highlight the benefits they found in using the green space, including alongside the river, and that they felt safe accessing this space.

“There a couple of really nice parks around here that are aimed at walking... There’s Upton Park and there’s Herschel Park... they are like beauty spots... and there’s one in Langley where you can go walking... and they are safe environments where you can just go on your own.”

“The parks have got outside gyms now as well.”

Self-help and preventative initiatives

When considering health screening, participants in the focus group were mostly positive about this. They also suggested that greater opportunities for health screening could be considered, such as walk-in and pop-up facilities.

“I think they (health checks) should be done early because at the end of the day if they catch something earlier it’s going to save the NHS money in the long-run.”

“If you were to offer pop-up doctor’s surgeries and say if you’re between this age range and live in this area you can book yourself in for this health check... I think that would work great. offering a service that people can take advantage off and use... It’s about prevention.”

However, whilst most felt the idea of screening was a positive step, few had actually found the motivation to attend or undertake these activities believing that too much time and effort would be involved. For some, fear was a disincentive suggesting that ignorance was preferred.

“Through the NHS you have to be really specific about what you want, sometimes you have to jump through hoops to get there. I’ve got to take another day off work, another morning off and you just think oh forget it, I’ll wait until it gets better.”

“It’s very stressful beforehand... the initial waiting for the results. It’s a massive relief afterwards to find out I’m reasonably healthy.”

Similarly, fear was said to have prevented some people from getting immunisations. Participants in the focus groups suggested that media coverage of scare stories had resulted in some people not getting the necessary inoculations, such as the MMR vaccine.

“But that was only one study... with autism... it was only one study that was never proven... But that scare factor for some people... people never had those vaccinations.”

“There’s not always trust in the government because of past things... so that gives people concerns. You can kind of see why some people wouldn’t have that trust.”

Finally, oral health was not on most people’s radar at all.

Conclusion

This qualitative research stage has shown that residents have the broad Capability to lead healthy and active lifestyles, but Opportunity and Motivation needs to be focussed on. While this stage has identified key themes, the wider survey with a representative sample of residents from across the Borough will help identify the extent to which these themes exist. The findings

from the survey should also assist in prioritising what actions are needed and with which segments of the population.



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