



2023

# Revisiting Social Needs in Sutton Coldfield

## Final Report



**University of  
Nottingham**  
UK | CHINA | MALAYSIA

**SCCT**  
Sutton Coldfield Charitable Trust



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*The report content does not reflect the views of Sutton Coldfield Charitable Trust but the independent analysis of the research team.*



## Executive Summary

Commissioned by Sutton Coldfield Charitable Trust (SCCT), this independent report examines the social needs of residents in the Royal Town of Sutton Coldfield with the aim of providing a series of recommendations against which SCCT can take future action to support the wellbeing of residents. Building on the tradition of such work by SCCT (an earlier study was conducted in 1993), this project utilised a mixed methods approach to engage with residents through a household survey and a series of interviews and focus groups, as well as interviews with service providers, local politicians and Trustees of SCCT. Conducted between November 2019 and February 2022, the data collection gathered information prior to the Covid-19 pandemic as well as during the crisis and in its aftermath. The intent, therefore, has been to examine key issues and challenges facing residents and to bring these to the forefront of analysis and subsequent strategic planning by SCCT.

The residents' survey analysis (supported by findings from the interviews and focus groups) indicates that seven "factors" emerge as the most challenging areas of life for residents of Sutton Coldfield. These are: social capital; local community satisfaction; standard of living; mental wellbeing; physical wellbeing; financial wellbeing; and housing. Across wards, the priority of these factors does vary in terms of the order of relevance, but a broad pattern has emerged demonstrating that the seven factors impact on all residents. What the factor analysis does not indicate is the severity of these issues. Rather, it demonstrates residents are having trouble in satisfying their needs in relation to each of these factors. Other factors used in our measures did not have the same impact on residents' lives, and as such these are seven priority areas for intervention and inform the recommendations that form part of this report.

In addition, the analysis produced a quality of life measure which generates insight into how well groups of residents' needs are met across this combined measure. What the analysis suggests is that LGBTQ+ residents and over-75s have a lower quality of life overall. At ward level, the analysis indicates that Four Oaks has the fewest number of residents who are struggling to meet their needs, *but* within such areas pockets of poverty exist where residents will be struggling to meet their social needs. Thus, adopting a ward-focused approach to addressing the challenges raised in this report may not sufficiently reach those masked by living in a more affluent context. The analysis also suggests that around mid-life, residents are experiencing a dip in their wellbeing, although it is not clear from the research exactly what is behind this trend.

Alongside the factor analysis, it has been possible to identify some further issues which impact on the needs of residents of Sutton Coldfield. Whilst this in part overlaps with the pockets of poverty issue mentioned above, there are town-wide concerns from residents that Sutton Coldfield has become a "dead town" with little to draw people to it, or to provide for residents. Broadly, this impacts upon the view of local services, particular shops and amenities available to residents. However, when looking at local services more broadly, a mixed view emerges, with some local provision being regarded highly, whilst others are seen as problematic, especially public transport (the Sutton Coldfield Town Centre Masterplan, which starts to address issues raised here, was published during the timeframe of this report). While there are concerns about antisocial behaviour found within the

analysis, these are perhaps not as significant compared to residents' desire to see investment in facilities for children and young people but also, as the analysis indicates, challenges in providing support for people with learning disabilities – not only in terms of activities but also around opportunities to engage with the wider residents of Sutton Coldfield and its community. The data suggests that often, adults and children with learning disabilities are living within their own bubble within the town.

The report draws out a number of scenarios which reflect the unmet needs of residents of Sutton Coldfield. In response to these, several *potential ambitions* are set out which present a wider goal for local change. These potential ambitions may be pursued by SCCT or in collaborative working with a range of stakeholders within Sutton Coldfield. Illustrating actions that can help to achieve these ambitions are a series of *possible developments*. These are suggested activities in a variety of forms which SCCT can consider pursuing (where its strategy and remit permit) or work in partnership with other stakeholders to share insights from the analysis to facilitate appropriate responses to unmet need. These ambitions and developments are examples of how to respond to unmet social needs. They are presented for the consideration of SCCT. They are not a blueprint for change per se and it is for SCCT to consider how it can best respond to the scenarios listed by itself and through its partnerships with other organisations.

The analysis offered in this report is a starting point. It indicates key areas of wellbeing where all residents of Sutton Coldfield will benefit from intervention but makes clear certain groups who must be the focus of additional support: young people, older people, people with learning disabilities and LGBTQ+ residents. The extent of intervention is not just up to SCCT but also its wider partners. This report offers insight and guidance to support the ongoing development of a Sutton Coldfield wellbeing strategy.



## Chapter One: Introduction

### 1.1 Introduction

An initial study into the needs of residents of Sutton Coldfield was conducted by the Centre for Culture Studies at the University of Birmingham in 1993. Seeking to develop a similar insight into the needs of residents within Sutton Coldfield, Sutton Coldfield Charitable Trust (SCCT) decided to commission a further study twenty-five years after this first study, the outcome of which is reported here.

Since 1993 there have been fundamental changes not only in the socio-economic fabric of the UK and where it sits within an international context, but within Sutton Coldfield itself there has been significant change in the demographics and socio-economic circumstances. The town has also regained its Royal status since 1993, and in 2015 a vote was cast by residents in favour of establishing a town council and on 1 March 2016, an interim town council was established followed by an election in May 2016 resulting in 24 town councillors being elected to 4 wards with the powers and responsibilities of a parish council. In 2018 the number of wards increased to 8, which remains the current number of wards within Sutton Coldfield.

The last 25 years have seen a series of changes in governments at the national level with an array of impacts on health, education, housing and social security provision, much of which will have had direct and indirect impacts on Sutton's residents. The 2008 global financial crisis and following period of "austerity" further changed the landscape, but since the mid to late 2010s policy has increasingly sought to integrate community and voluntary organisations in the provision of welfare support as partners with government and private enterprise. From the Labour government's promotion of the third sector to the Conservative government's focus on the Big Society, the voluntary sector has been called upon to provide a raft of support in a range of social domains. This has important implications for SCCT, who are known for providing a source of funding for a range of welfare, sporting and cultural events within the Royal Town. Indeed, Sutton Coldfield remains an area of significant levels of affluence within which there are some pockets of poverty.

Change of course is not limited to the broader 25-year scope. Indeed, the duration of this research saw significant change which will impact in the immediate as well as longer-term lives of residents as it did on the research within the project: the Covid-19 pandemic in particular and the decision for the UK to leave the EU. In addition, at the time of drafting the report, the top news stories refer to the removal of the universal credit uplift, rise in fuel prices and a rise in the cost of living. This context is mentioned to highlight the rapidly changing climate in which people live and the impact this will have on their *social needs* beyond the lifetime and scope of this study. Subsequently, we may be finding ourselves in a similar point as the aftermath of the financial crisis just over ten years ago: a reduction in the value of welfare support and increased cost of living putting pressure on the affordability of basic needs. This will combine with stresses and strains on social networks and community ties as a result of not only tighter finances but the disruption of the pandemic (Pemberton *et al*, 2016).

At its core, the project sought to remain true to the intent and purpose of the 1993 study, but has rethought the methodology and design of the study to provide a richer data set from which to draw its analysis and provide its recommendations. Like the 1993 study, the report has used a mixed methods approach, combining a survey and series of interviews, but has added to this approach a range of focus groups with residents, a desk-based mapping exercise of existing provision within welfare, sport and leisure activities within Sutton Coldfield as well as interviews with local politicians and a range of Trustees of SCCT. We have also tweaked some elements: our household survey was broader in scope and secured a robust sample of residents (this is outlined in [Appendix 1: Research Design](#)).

It is important to note, however that circumstances during the data collection mean that whilst some data was gathered pre-Covid-19, especially interviews with service providers and the service mapping, the household survey, interviews, and focus groups all took place during and post lockdown as the pandemic response fundamentally shifted the life of residents as it did for many across the UK. The result is that in our analysis we have been careful to reflect on where the pandemic may have played a significant role in shaping responses, reviewed local welfare provision to explore which services remain and which have closed post-pandemic and which findings are relevant and likely to not have been impacted by Covid-19 in the same way. We have also kept a watching brief on the mapping activity and updated this as services paused or closed as a result of the pandemic.

Overarching the project therefore has been a clear rationale and series of aims agreed with SCCT as a condition of the provided funding:

**Research Objective:** To update the 1993 study, *“Uncovering Needs in Sutton Coldfield 1993” – Trends, Problems, and Possible Solutions*, and evaluate the needs of Sutton Coldfield residents in key service areas and project future challenges.

**Aims:**

- Determine current levels of need in the town.
- Investigate existing service provision through a mapping exercise.
- Draw out future challenges for services in meeting needs of local residents.
- Identify some key lessons and interventions which respond to existing and future needs.

Furthermore, the design of the study drew upon the broader considerations of the 1993 study to guide the targeted outputs from this current research:

1. Through the analysis provide suggestions of specific priority needs to address, potentially identify target areas for support as well as provide policy, funding and service implementation suggestions to inform the work of SCCT.
2. Review progress and change since the 1993 study.
3. Provide an updated evaluation of the needs of local residents.
4. Provide a more nuanced analysis than the earlier study through the development of multiple methods – importantly considering stigma and social networks / relationships alongside material needs.

It is perhaps important to place here the following statement, from SCCT itself, regarding its own social mission:

*The Trust aims to alleviate hardship and improve the quality of life for residents of the Royal Town of Sutton Coldfield through the provision of housing and grant awards to support individuals and community organisations*

The findings of this study are designed to help SCCT in achieving this mission.

## 1.2 Structure of the Report

[Chapter Two](#): Sutton Coldfield: A Contextual Overview explores the 2011 Census analysis and some of the demographic insights from the residents' survey and a brief overview of some relevant policy documentation. In addition, for the benefit of SCCT, we include here the response to our survey question to residents as to whether they had heard of SCCT.

[Chapter Three](#): Key Findings and Priorities within Sutton Coldfield is our most substantive chapter. It draws out the first-order priorities, the headline findings which should be used to inform the initial actions of SCCT. These have a mixture of ward-level analysis as well as some broader, whole Sutton Coldfield-level findings. This outlines the seven factors shaping social needs, as well the wider quality of life index we produced through the survey analysis. To support this, insights from the interviews with residents and service providers are integrated into the discussion.

[Chapter Four](#): Wider Social Need Concerns provides the second-order findings, primarily the additional challenges residents experience in meeting their social needs as indicated from the interviews and focus groups.

[Chapter Five](#): Insights from Service Mapping and Stakeholder Interviews then examines the insights from the wider service mapping and interviews with local politicians and trustees to draw out an alignment with current service provision and perceived local priorities by key stakeholders to the wider analysis offered in the previous two chapters.

[Chapter Six](#): Key Findings and Scenarios draws on the analysis to outline a series of scenarios regarding unmet needs within Sutton Coldfield. From this it is possible to set out some potential ambitions and possible developments for SCCT to consider in terms of actions to addressing unmet social needs. We do not state which of these SCCT should take forward, as this is beyond the remit of the report. Rather we present these for consideration by SCCT while it develops its own strategic plan. In addition, we recognise that some of these possible developments will reside outside of the remit of SCCT, and as such the trust may wish to adopt advocacy and partnership working with key stakeholders within the town to consider which potential developments to take forward.

Finally, [Chapter Seven](#): Conclusion provides a summary of the research analysis and outlines the scenarios of social needs within the town, the potential ambitions to take forward and some possible developments to achieve those ambitions.

## Chapter Two: Sutton Coldfield: A Contextual Overview

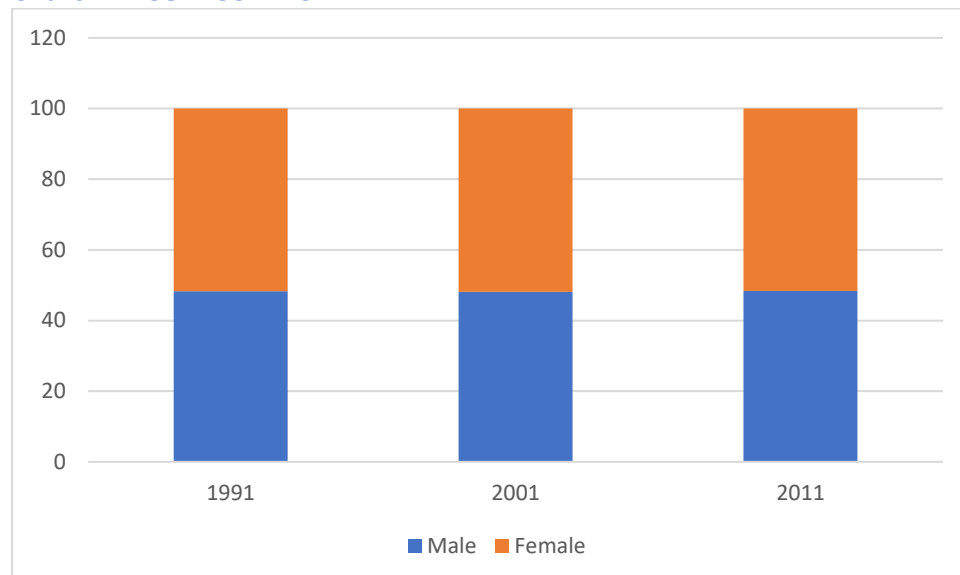
### 2.1 Census Analysis

To develop an overview of Sutton Coldfield we have drawn upon the previous Census data to provide an analysis of population changes since the 1993 study. Unfortunately, the timing of the project means we have not been able to include data from the most recent Census, 2021. Instead, we present the data from 1991, 2001 and 2011 here.

#### Sex

From the analysis of previous Census data, we can see that the population's division by sex has remained consistent since the 1991 Census. Men account for about 48% of the population and women account for 52% of the population. The 2021 Census has been updated to gather more nuanced data on sex and gender which we cannot reflect here.

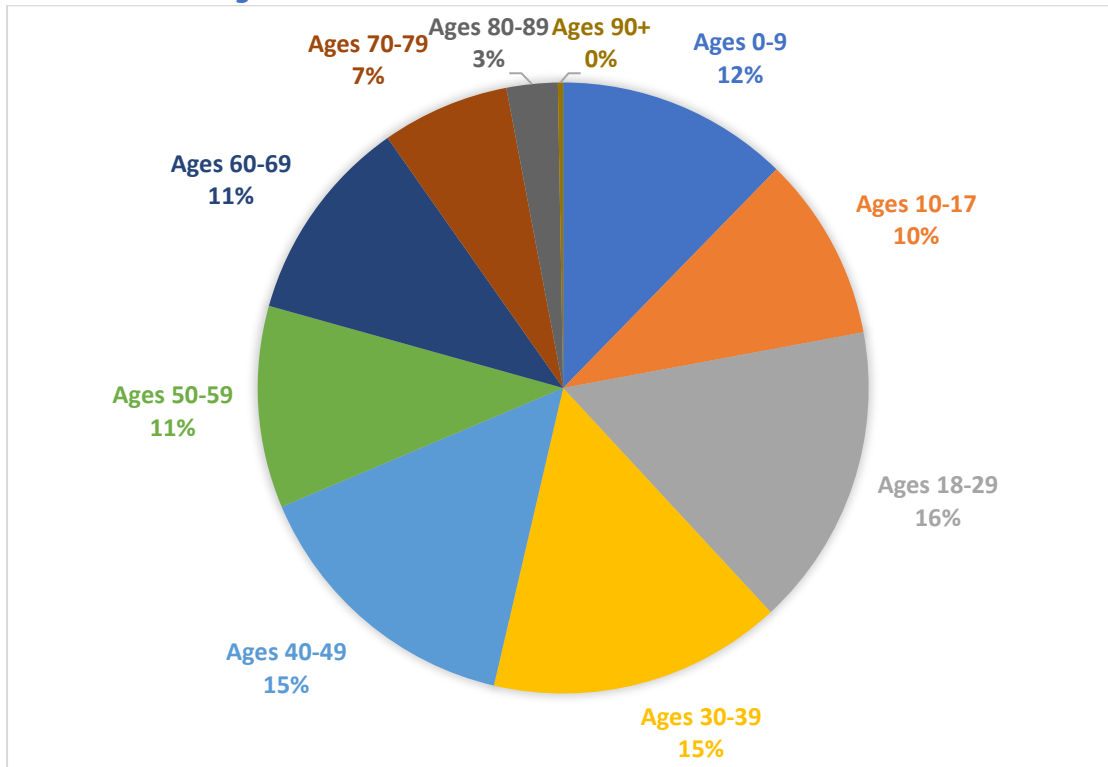
**Chart 2.1: Sex 1991–2011**



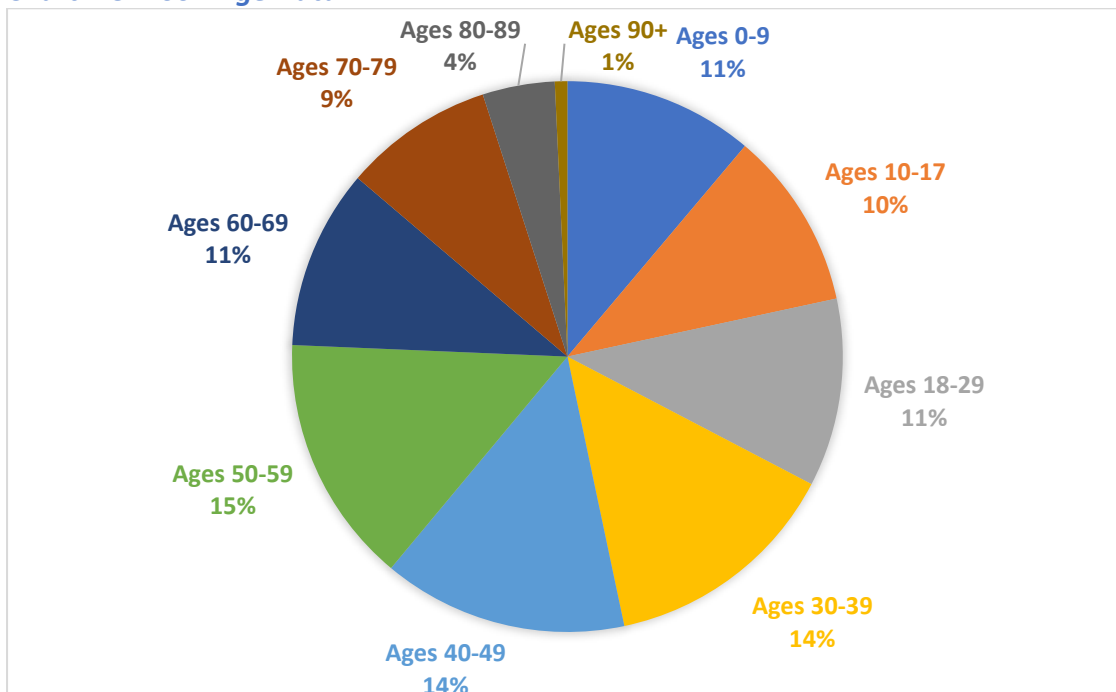
#### Age

The following set of graphs illustrates the age variation across the three sets of Census data. Generally, there is little change in the proportions of each age group. We have split the data to give us two non-adult age groups (0-10 and 11-17) and all the other bands cover adult age groups. The biggest change is from 1991 to 2001 but this may reflect the shift in the boundaries for the Census data, as the 2001 and 2011 data are consistent.

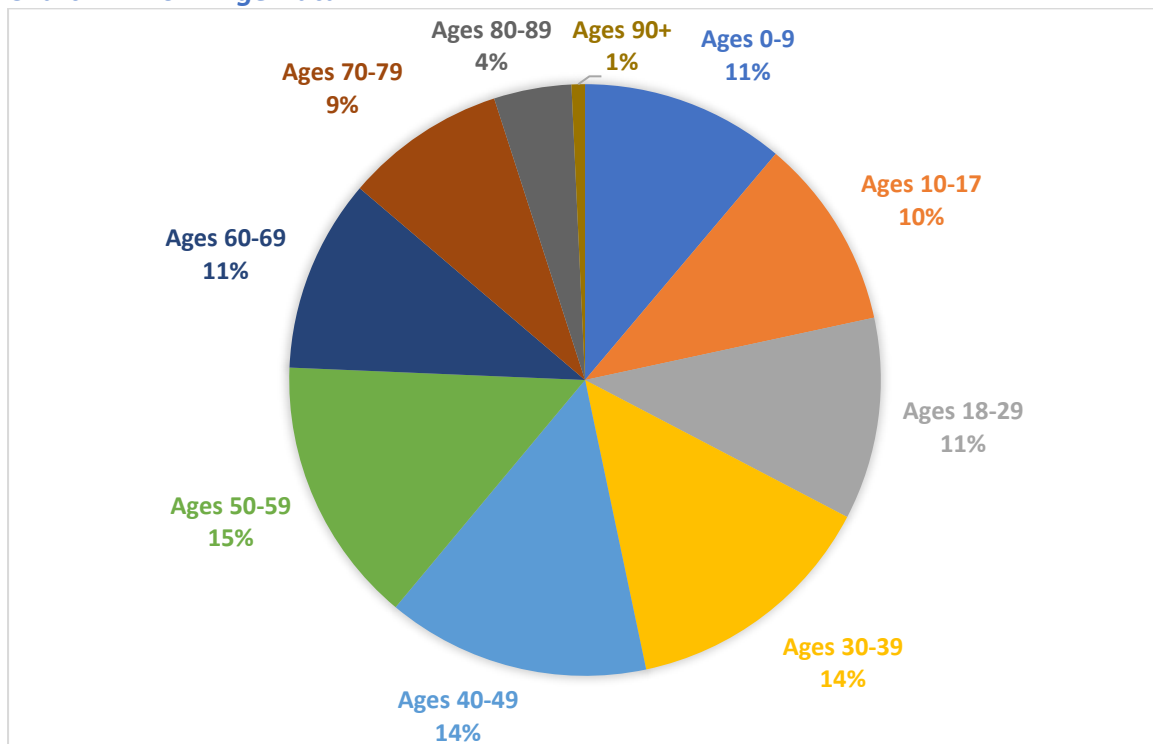
**Chart 2.2: 1991 Age Data**



**Chart 2.3: 2001 Age Data**



**Chart 2.4: 2011 Age Data**



### Ethnicity

Measurements of ethnicity have changed substantially over the decades since the 1991 Census. As such the data is not directly comparable but Table 2.1 below provides the data from the three Census datasets drawn into the discussion here.

This demonstrates that whilst Sutton Coldfield remains predominately White there has been a gradual increase in the diversity of residents, especially among Asian / Asian British residents, an increase to 6.7% of residents in 2011 compared to 2.9% in 2001.

**Table 2.1: Residents' Ethnicity in Sutton Coldfield**

Ethnicity					
1991		2001		2011	
	%		%		%
White	97.18	White	94.30	White	88.7
Black Caribbean	0.58	White: British	91.00	White: English/Welsh/Scottish/Northern Irish/British	85.1
Black African	0.09	White: Irish	2.00	White: Irish	1.8
Black-other	0.17	White: Other	1.40	White: Gypsy or Irish Traveller	0.0
Indian	1.00	Mixed	1.10	White: Other White	1.7
Pakistani	0.25	Mixed: White and Black Caribbean	0.60	Mixed/multiple ethnic groups	2.2
Bangladeshi	0.06	Mixed: White and Black African	0.10	Mixed/multiple ethnic groups: White and Black Caribbean	1.0
Chinese	0.21	Mixed: White and Asian	0.30	Mixed/multiple ethnic groups: White and Black African	0.2
Asian	0.11	Mixed: Other	0.20	Mixed/multiple ethnic groups: White and Asian	0.6
Other	0.36	Asian/Asian British	2.90	Mixed/multiple ethnic groups: Other Mixed	0.4
Born in Ireland	2.06	Asian/Asian British: Indian	2.10	Asian/Asian British	6.7
		Asian/Asian British: Pakistani	0.60	Asian/Asian British: Indian	4.0
		Asian/Asian British: Bangladeshi	0.10	Asian/Asian British: Pakistani	1.2
		Asian/Asian British: Other	0.20	Asian/Asian British: Bangladeshi	0.2
		Black/Black British	1.20	Asian/Asian British: Chinese	0.5
		Black/Black British: Black Caribbean	0.90	Asian/Asian British: Other Asian	0.8
		Black/Black British: Black African	0.20	Black/African/Caribbean/Black British	2.0
		Black/Black British: Other	0.10	Black/African/Caribbean/Black British: African	0.4
		Chinese/Other	0.50	Black/African/Caribbean/Black British: Caribbean	1.3
		Chinese/Other: Chinese	0.30	Black/African/Caribbean/Black British: Other Black	0.3
		Chinese/Other: Other	0.20	Other ethnic group	0.5
				Other ethnic group: Arab	0.1
				Other ethnic group: Any other ethnic group	0.4

*Figures are displayed differently due to the nature of the data extraction.*

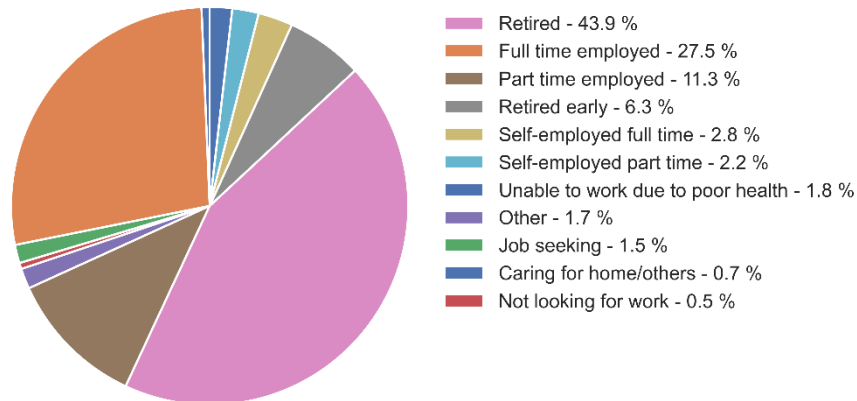
## 2.2 Insights from the Survey

The following pie charts offer some additional analysis from the demographic data gathered in our residents' survey. In Chart 2.5 we can see that the largest group of respondents are retired (44%) and 27% are in full-time employment. The third-largest cohort is in part-time employment (11%) and a group of residents who have retired early (6%). The remaining percentages range from 1–3% for the remaining categories. This indicates that a sizable



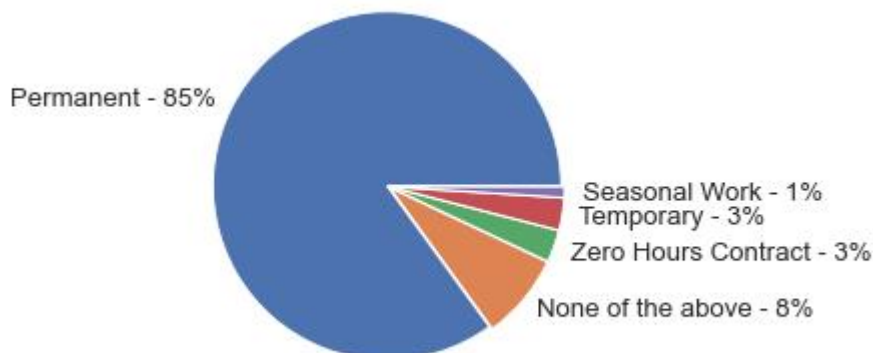
number of residents are retired. However, considering the Census analysis indicates around 25% of the residents are 60 years old and above, this suggests a slightly higher return from retired residents for the survey (as indicated above in the discussion of the survey sample).

**Chart 2.5: Current Employment Status**



In terms of employment, we can see in Chart 2.6 that the majority of employed residents are in permanent employment (85%) and the remaining are split across zero hours contract (3%), temporary contract (3%) and seasonal work (1%). The largest alternative to permanent contract was none of the above (8%), which will include those who have retired and those who did not have employment at the time of the survey.

**Chart 2.6: Responses to “How would you describe your main job?”**



In addition, we gathered data on location of work to highlight how many residents work within Sutton Coldfield itself and how many travel out of Sutton Coldfield for their employment. Table 2.2 illustrates that more of those living in Sutton Coldfield travel into Birmingham for work (16%) compared to those who live and work in Sutton Coldfield (14%). It is worth noting that the age profile noted above may have also impacted here, as 52% of respondents selected “I do not work” – this is largely linked to retirement (49% of respondents) and those with ill-health preventing them from working, currently job seeking or not actively looking for work.

**Table 2.2: Location of Employment**

	%
I do not work	52%
Birmingham	16%
Sutton Coldfield	14%
Other	9%
Work from home	4%
Tamworth	1%
Coventry	1%
Burton Upon Trent	1%
Wolverhampton	1%
Derby	<1%
Leicester	<1%
Nottingham	<1%
Loughborough	<1%

Finally, the analysis in Table 2.3 provides insight into the household composition of the survey respondents. It is important to note that respondents could select multiple options within this question. We can see that most households are living with a partner/spouse followed by single/living alone households. A small number of households contain someone with care responsibilities for an adult and larger proportions looking after children (predominately 1 or 2 dependent children). A similar proportion of residents with two dependent children have 1 or more non-dependent child/children in the household.

**Table 2.3: Household Composition**

	%
Single/living alone	27%
Living with partner/spouse	57%
Caring for an adult dependent part time	1%
Caring for an adult dependent full time	1%
Have 1 dependent child	6%
Have 2 dependent children	11%
Have 3 dependent children	2%
Have 4 or more dependent children	<1%
Have 1 or more non-dependent child/children (i.e. 18 years or older)	8%
Have at least 1 other adult/family member living with me	9%

### 2.3 Chapter Summary

The purpose of this chapter has been to provide an introductory overview of the residents of Sutton Coldfield. Bringing together the analysis from the Census and some of our respondent data, we can paint a broad picture of the residents who live in Sutton Coldfield by various demographic and household factors which have informed our analysis.

## Chapter Three: Key Findings and Priorities within Sutton Coldfield

In this chapter we address the issues which have been drawn out of the residents' survey as key priority areas, and which correspond with the analysis of interview data. Throughout the analysis, we consider issues by ward as well as other key demographics as they emerge as identifying relevant social needs of residents that remain unmet. The analysis presented is largely based on geography as this tended to have greater significance, although, we recognise concerns that a ward-based analysis could open up potentially stigmatising comments and analysis for certain wards that have higher levels of unmet need. However, as illustrated below, ward-based analysis indicates that *similar issues* are experienced across the whole of Sutton Coldfield. Our factor analysis indicates that the same factors, in very similar orders of significance, exist across each ward. Thus, whilst there is some scope for a more targeted set of interventions by ward, the analysis indicates that the *same* factors are issues of concern across Sutton Coldfield and a whole-town approach is essential for addressing unmet social needs.

In this chapter, we explore the key findings of our factor analysis and quality of life measure. This identifies unmet needs of residents in Sutton Coldfield. We support this analysis where appropriate with analysis from the resident and stakeholder interviews and focus groups. We start with a short summary of the key findings prior to exploring the detail.

### 3.1 Chapter Summary

- The factor analysis suggests that there are seven key domains that are having a significant impact on residents' lives. Several factors did not reach the same level of significance.
- Across wards the priority of these factors does vary, but a broad pattern has emerged. Issues of social capital, local community satisfaction and standard of living form the top three priority areas. Mental, physical, and financial wellbeing form the next set of priority issues. Housing is the seventh.
- The factor analysis does not indicate the severity of these issues. Rather, it shows similar unmet needs of residents within each of these factors across Sutton Coldfield.
- Ultimately the factor analysis indicates that residents report a lack of engagement and sense of empowerment within community change, and some level of dissatisfaction with the local community environment.
- The quality of life measure, which brings together all the factors into one metric, does highlight that some wards in Sutton Coldfield are experiencing a lower quality of life compared to others. However, we also see a similar low quality of life across a number of demographic factors.
- Support for LGBTQ+ residents. At present we know that there are lower levels of satisfaction with social networks and quality of life as well as a range of mental health issues. This is potentially a group with very little provision for residents of all ages, especially younger residents who often (covertly) travel into Birmingham to access services.

- For elderly residents (75+) there are indications of a lower standard of living, the lowest levels of social capital across all groups and gradually worsening physical health as age increases.
- There is also a mid-life dip being experienced amongst residents of Sutton Coldfield: many of the factors show a gradual decline as residents reach middle age, with a number of factors improving again at the 75+ age range.

### 3.2 Emerging Priority Factors

As outlined in [Appendix 1: Research Design](#), we have applied a factor analysis to the survey data. This allows us to group questions by a broader range of social needs against which we can examine patterns of residents' needs. We are reporting on all factors that proved to meet levels of significance indicating that this was a particular unmet social need. The first part of our analysis indicates these needs in relation to broader ward level groupings. This demonstrates seven factors and gives a sense of how the priorities of these factors are shaped within wards. Broadly we see the same seven factors which suggest a problem in satisfying these needs for the identified wards, although the order in which these are significant varies a little by ward. In addition, we have further analysis by demographic groups which indicates where our quality of life measure is lower than the average for the population of Sutton Coldfield. This indicates groups of residents in Sutton Coldfield who are unable to satisfy, or have difficulty in satisfying, particular needs.

Our factor approach allows for the identification of a range of issues which cut across all wards in Sutton Coldfield but allow us to explore how the priorities of these factors vary by ward. Such an approach allows SCCT to reflect on how it might adopt an "all Sutton Coldfield" view of initiatives while encouraging additional activity in areas where priorities are higher. While we present the factors in order of priority, by ward, the use of priorities is not a comment on severity *per se*. Housing is a point of consideration here. Those with identified housing needs often experience extreme challenges (from homelessness to damp, mouldy housing). Thus, support in this area is vital. What the priority measure indicates is the frequency of the challenge – the number of residents it impacts upon. A ward-based analysis has also been useful for identifying the existence of pockets of poverty and concentrations of poverty – and for both groups, wider social needs – which remain a persisting challenge for Sutton Coldfield considering its image of affluence compared to the wider city of Birmingham. In later analysis where we identify groups of residents, these groups are experiencing greater levels of unmet need compared to the average resident of Sutton Coldfield and therefore require support and attention as a priority.

At a broader level, we have examined factors across all wards we can identify and rank the priorities by our social need factors as illustrated by Figure 3.1. It is important to note that the analysis of factors by ward indicates:

- All the factors identified feature as an issue in all wards, indicating some similarity of experience across Sutton Coldfield, but the priorities of these for residents vary within wards.
- Three factors dominate in the top three measures.
- Housing is the only consistent factor to have the same priority across all wards.

It is worth noting that several factors did not make it into this diagram because they did not meet our significance threshold:

- Income.
- Moving home.
- Local services (although we offer some comment on local services in the next chapter).
- Home and neighbourhood.
- Local organisation involvement.

While housing features at the bottom of the priority issues across wards, this is not to say that housing needs are trivial. Those in our data with concerns about their housing needs are often experiencing severe circumstances requiring urgent alleviation. It is a lower priority simply because it impacts on a smaller proportion of residents compared to the other factors. Thus Figure 3.1 shows the significant issues and reflects the scale of these issues in terms of the numbers of residents affected through the order of each factor within wards.

These broader patterns across wards indicate the same top two to three priorities. This may be of use to SCCT, as it will be possible to develop interventions/support activity across these issues to develop a broader Sutton Coldfield focus. Indeed, with all the listed priorities, they may not require ward-specific interventions, rather support for activities to address these factors across Sutton Coldfield. Added to this, however, the analysis indicates where additional activity or resources may be targeted within the broader approach to address factors within specific wards where the need is greatest.

### 3.3 Social Capital

It is perhaps not surprising that social capital would feature heavily in a discussion of unmet needs, considering the pandemic context which impacted on a significant portion of the data collection of the research. Within the wider framing of social needs, as outlined in [Appendix 1: Research Design](#), social connections and our relationship to our community is an integral part of social life and forms a key part of our daily life. The Covid-19 pandemic heavily disrupted this aspect of life and perhaps, more so than any other point in contemporary history, highlighted how significant social interactions and connections are to our wider wellbeing.

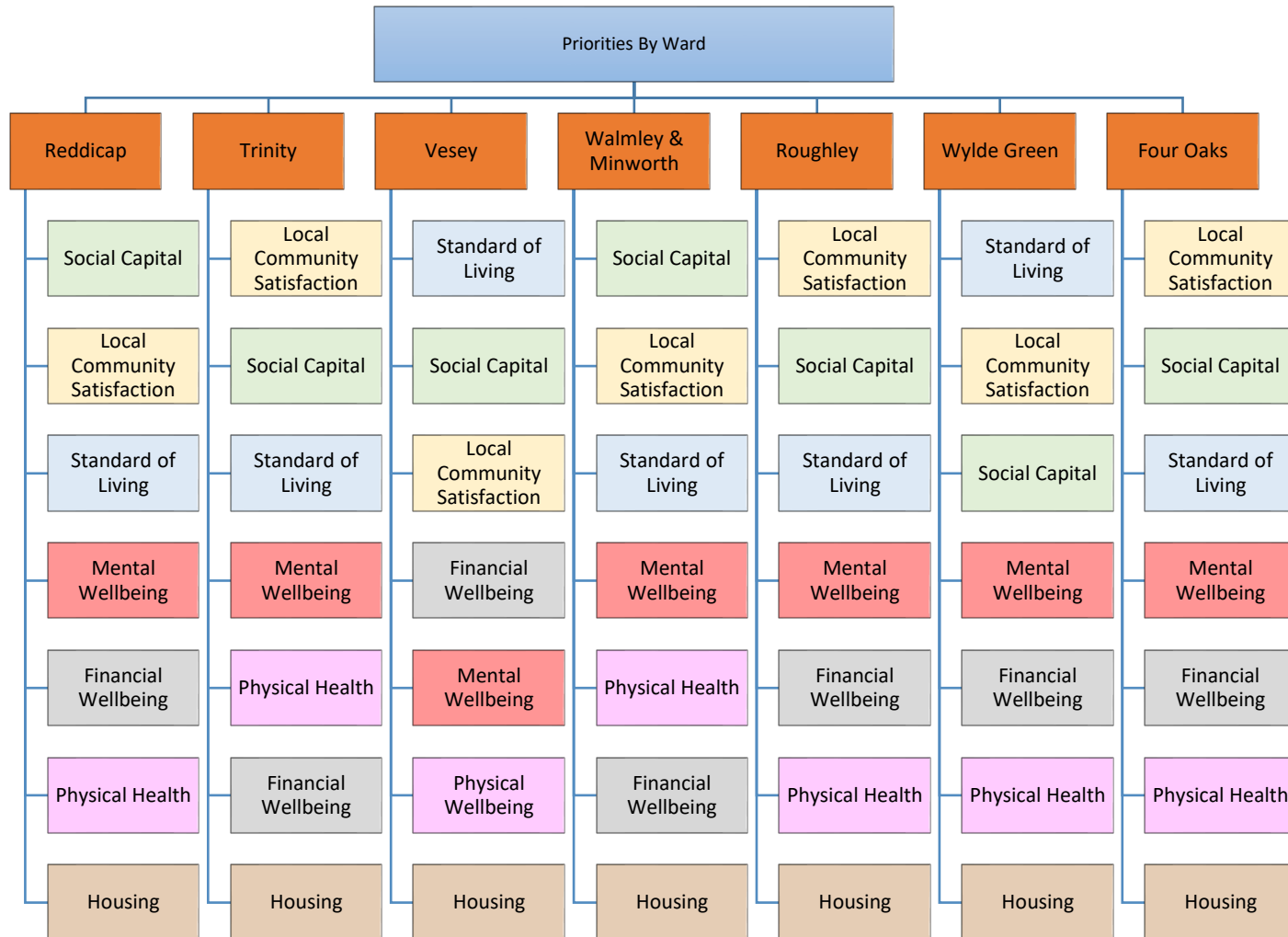
#### Factor construction: social capital

The concept of social capital is referring to the connections an individual has with community members and wider family. Within the work of Putnam (2001), social capital has two forms:

- Bridging social capital: those networks between heterogeneous groups generating weak, inclusive ties.
- Bonding social capital: networks that develop between homogenous groups, generating strong, exclusive ties.

Additional considerations have highlighted *linking social capital*: connections between people and those in positions of power within their community to effect change, such as service providers, local politicians, etc. (Szreter and Woolcock, 2004). The data on social capital here relates more broadly to the bridging and bonding forms, although a discussion of linking social capital forms part of the discussion in the next subsection.

Figure 3.1: Priorities by Ward



Social capital has been a key consideration within a range of policy debates, especially in the post-2010 period which saw an increased focus on community and voluntary organisations taking on a greater role in the provision of welfare support as part of the wider shift towards localism. Specifically, social capital provides a social resource which is generated by participation within the community, with research (Abbot, 2010) suggesting that such participation results in:

- improving public services
- improving psychosocial processes
- self-efficacy

The psychosocial pathway is relevant to discussions of social needs and requires brief elaboration. Essentially the term draws attention to how social networks address issues such as loneliness, depression and anxiety, and this pathway has gained prominence (see for example, Wilkinson and Pickett, 2010). This considers the ways social networks can facilitate:

- coping
- stress reduction
- reduction in depressive symptoms
- transmission of health information
- a buffer against ill-health
- management of long-term illness
- moral and affective support

Related to these dynamics is the notion of self-efficacy. The relevance here links to Bandura's (1994: 71) understanding of self-efficacy which suggests that "a strong sense of efficacy enhances human accomplishment and personal wellbeing". Bandura suggests high levels of efficacy 1) generate high assurance of an individual's capabilities helping them to master rather than avoid difficult tasks; 2) foster intrinsic interest and deep engrossment in activities; 3) allow people to set challenging goals and maintain commitment to achieve them; and 4) meet setbacks with a rapid recovery of self-efficacy. As such, self-efficacy plays an integral role in shaping the control people have over their life and their ability, and confidence, to engage in a range of social activities. This can include increased participation in civic life and utilisation of community voices to inform and shape the development of local services.

Social capital therefore features as a significant element of social needs, not only to ensure people have social connections but for the suggested consequences for good health and improved services and community participation that are said to result.

Our measure of social capital essentially spans two factors. The first we have labelled as social capital is captured through questions 16 and 17 of our survey:

Q16: How often do you speak to friends/relatives (either in person, on the phone, or over an online platform/video call such as Zoom or Facebook Messenger)?

Q17: How many of your friends and relatives do you see or speak to at least once a month?

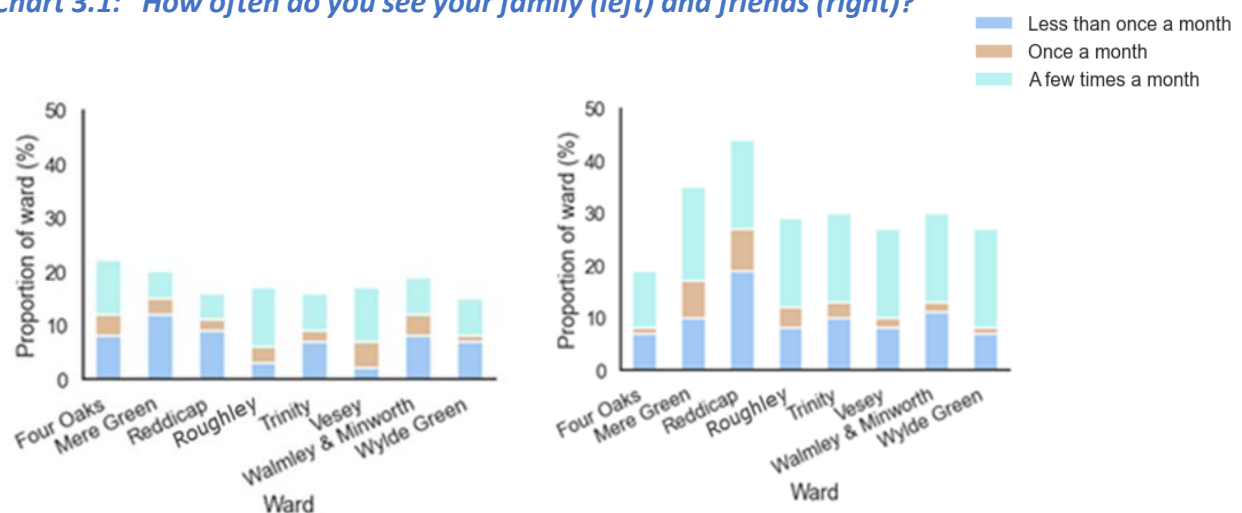


As can be seen from the question wording, we were able to modify this prior to the distribution of the survey to attempt to mitigate any impact of Covid-19 on the data we gathered. This allowed us to capture how frequently people connect with and interact with their friends and family. This does not necessarily negate the fact that Covid-19 has likely impacted on this element of residents' lives, as insights from the wider data collection indicate a context of family distance.

#### Key findings: social capital

The analysis of our social capital indicators suggests that 80% of residents see family every day or a few times a week, and this pattern is consistent across the wards. In terms of how often residents see friends we see a similar pattern, but with a reduction in responses to the option "every day" and an increase in the weekly/monthly options. Again, the pattern is consistent by ward. While most residents do have regular social connections, generally around 20% have less frequent contact in most wards. If we look instead at the proportions of those who see family and friends less frequently (Chart 3.1), we see more variation across the wards. Chart 3.1 highlights particularly those who do not communicate with their family and friends much. The remaining population, not shown in these charts (for the ease of reading), see their family/friends generally more than once a week.

**Chart 3.1: "How often do you see your family (left) and friends (right)?"**



The analysis shows that residents are more likely to see family on a regular basis compared to friends. Around 20% of residents across all wards do not see family daily/weekly. This shifts in relation to seeing friends, where between 20 and 50% of residents do not see friends daily/weekly. The results from this factor have made it quite significant compared to others and it is often the top factor across our analysis. It may also be one that is easily addressed, in part, as lockdown restrictions ease. But as noted in our later analysis, for some residents' distance from family and friends is the main barrier to seeing these groups of people.

We are not suggesting that there is a certain level of interactions between friends and family that people should have. But reflecting on how social capital is built around bonding and

bridging forms, there is a potential over-reliance on family social networks to the detriment of wider bridging networks with non-family members that can have impacts on health (especially mental health).

**Table 3.1: “How often do you see/speak to friends each month?”**

	None	One	Two	3–4	5–8	9+
Four Oaks	1%	3%	11%	42%	25%	17%
Mere Green	0%	15%	8%	40%	27%	10%
Reddicap	8%	6%	8%	31%	25%	22%
Roughley	7%	1%	14%	26%	29%	22%
Trinity	5%	5%	12%	22%	29%	26%
Vesey	2%	6%	9%	35%	25%	22%
Walmley & Minworth	5%	4%	14%	29%	28%	20%
Wylde Green	0%	3%	13%	26%	25%	32%

**Table 3.2: “How many family members do you see/speak to each month?”**

	None	One	Two	3–4	5–8	9+
Four Oaks	3%	7%	17%	43%	19%	11%
Mere Green	7%	17%	22%	25%	18%	12%
Reddicap	7%	4%	14%	30%	21%	23%
Roughley	4%	7%	12%	33%	26%	17%
Trinity	7%	7%	12%	27%	32%	15%
Vesey	3%	7%	15%	33%	24%	17%
Walmley & Minworth	4%	8%	23%	34%	12%	18%
Wylde Green	1%	11%	10%	39%	29%	10%

We can see that residents are more likely to speak to a larger number of friends compared to family each month which corresponds with the analysis above. This suggests that residents are likely to have some friends they relate to and that they have high levels of bonding social capital with these two groups. As can be seen, Reddicap and Roughley have the highest proportion of people who don’t see/speak to any friends each month, and Mere Green, Reddicap and Trinity have the highest proportion of people who don’t see/speak to family monthly.

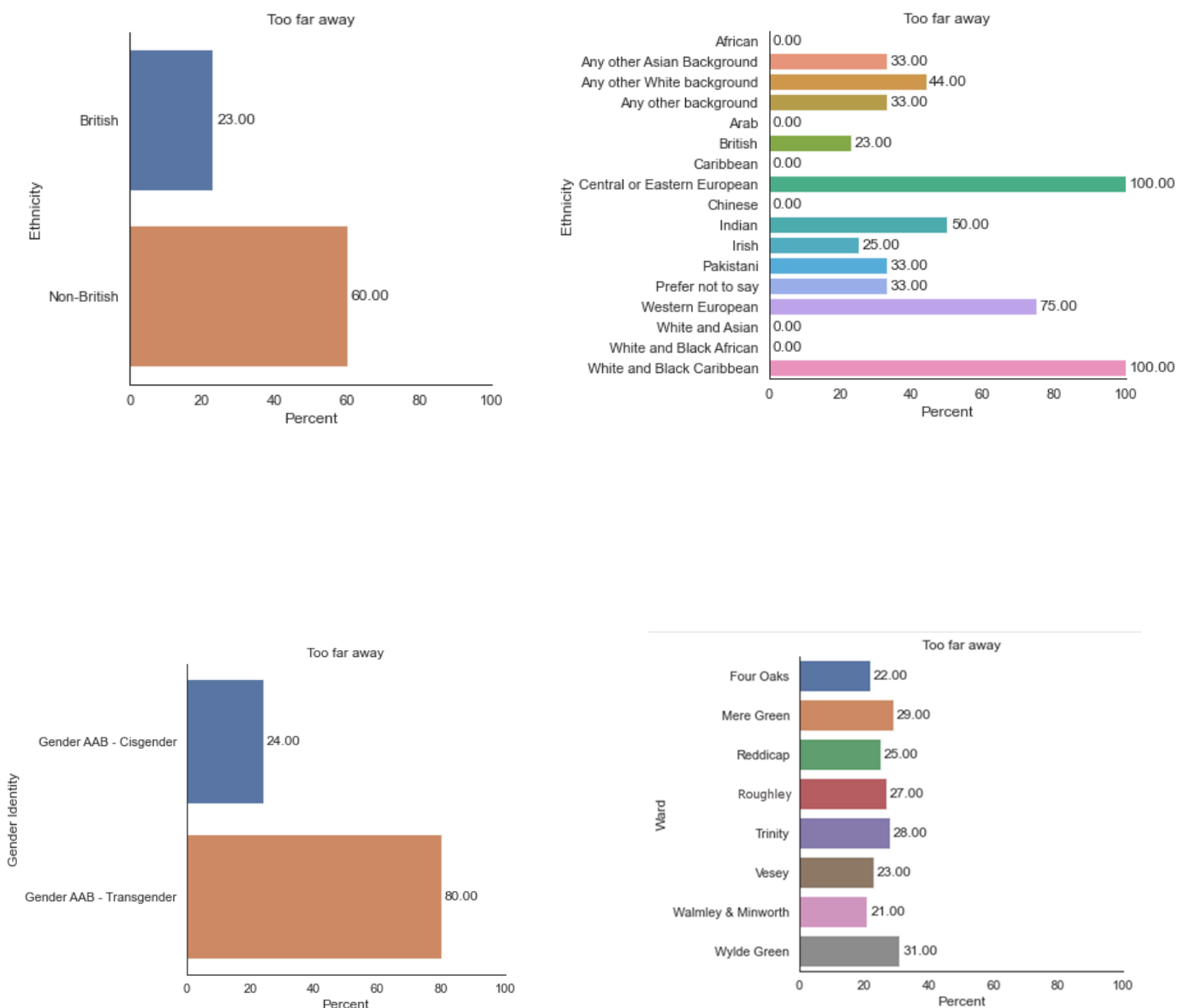
It is this group, whilst small, which has resulted in social capital featuring as one of the top factors in our analysis. This potentially suggests a level of isolation for certain residents who do not have many opportunities to engage with family, friends or the wider community.

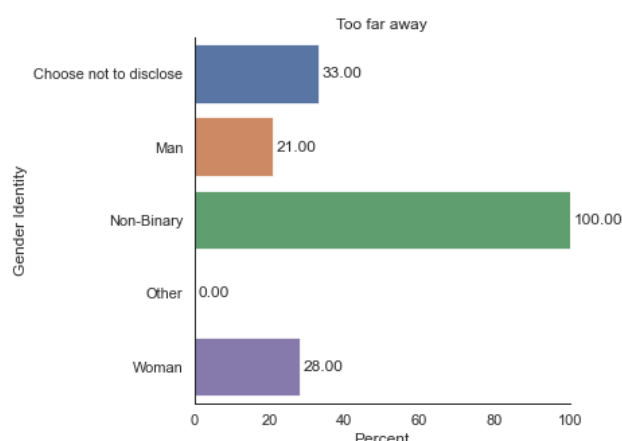
Social Capital comes out as one of the highest needs. Whilst the majority of people across the wards see their family/friends between 3-8 times a month, there is a significant proportion of people who do not see anybody at all, indicating that they are isolated to some level. When we examine some of the data in more depth, we can see that most residents who do not see family or friends often do so as a result of distance (rather than affordability or lack of time, see Chart 3.2).

As the charts below demonstrate, there is a clear pattern to the analysis which suggests that distance is the key factor underpinning lack of interaction with family and friends for those

residents who have low levels of contact. This was reflected in the interview data with residents. This appears to be especially true for residents from ethnic minority backgrounds. It is important to note that for some of the ethnicity groups we do have low numbers of responses by groups, whilst overall our BAME response is representative of Sutton Coldfield residents. However, a 100% response will likely reflect the one respondent in that category. Primarily, however, across all demographics, and comparing the different options, distance is the key barrier to socialising with friends and family.

**Chart 3.2: Demographics and Too far away responses**





Adding further insight to this analysis, we can turn to data from the interviews and focus groups. There are a few aspects of the context of Sutton Coldfield which may be impacting on the levels of social capital and why this has become a larger challenge for residents; issues which pre-date the pandemic and perhaps erode the resilience of social networks during a period of lockdowns and Covid-19 restrictions. The first challenge is that many residents do not have family locally. For some this is a result of children going to university or adult offspring moving out of Sutton Coldfield, often due to housing costs:

*I don't have family close by. I've been widowed twice so I'm on my own.*

Resident Interview

*I don't know what spread of housing association properties there are in Sutton Coldfield. I'd expect that there are but whether we need more of those because you do get this thing where people are attracted to rural areas like Sutton, and then the place becomes outpriced for families who have grown up there and then they feel that they need to move out. Take my daughter, for example, she's in a two-bedroom house and her family was growing so she looked around and for what she could actually get in a place like Hagley it was twice as big as what you could get in Sutton Coldfield.*

*People who live in Sutton Coldfield in terms of the younger ages will need to go to other parts if they can't actually afford to stay or if their parents can't give them a helping hand. Then that also then provides housing space for different communities to come in and acquire houses as well who will find that their children are in the sense of situations as maybe what the current Sutton Coldfield housing tenure population is at the moment. Things like some starter homes, shared ownership.*

Resident Interview

Residents across interviews and focus groups highlighted that Sutton Coldfield is rarely somewhere younger generations will stay as they transition into adulthood. While in the broader UK context there is concern about the affordability of buying a home and the challenges many face in securing a deposit, the specific Sutton Coldfield narrative here is

that the cost of the current housing stock, and the lack of affordable alternatives, is resulting in people moving away. Added to this (and discussed in Sections 6.3 and 6.5), younger residents feel that Sutton Coldfield is a “dead town” which offers them little. The “lucky ones” escape to university and start to develop a life outside Sutton Coldfield. Those who did not go down this route see very few prospects for themselves in terms of activities to socialise and job opportunities, and home ownership was not something they were even considering.

As noted above, social capital is constructed around two key forms: bridging and bonding. Family connections relate to bridging social capital: they are the closer ties which we have with family and close friends. The movement of younger residents out of Sutton Coldfield stretches these bonds and this creates disruption and isolation for those who remain in Sutton Coldfield (as illustrated in the quotes below). Many residents may therefore rely on the bridging bond with the wider community to provide them with a source of support and friendship. But in part because of the pandemic, and in part because of the broader context of Sutton, many residents will feel little connection to the wider community.

While the interviews were conducted during lockdown, and the term “social isolation” took on a different meaning in public debate, our data does indicate the isolation that residents felt in their daily lives. Interestingly the interviews illustrate this point, suggesting isolation is not a result of lockdown, but a wider sense of isolation within Sutton Coldfield.

*I think that [putting on cookery classes] would be a great, great help to the community, especially those people living on their own, because people are starting to feel very unsure and very isolated.*

Resident Interview

*We assume because it's a middle class, middle England, middle management type of place that nobody suffers. You know, I know children who were brought up by their grandparents, I know kids that don't have the usual 2.4 kids and two parents and a loving home, holidays. You know, they're lonely, they're dreadfully, dreadfully lonely.*

Resident Interview

*I know I'm not on my own because I have my son with me. But he's eighteen, you know, he's lovely but he may as well not be there sometimes cos there's no interaction if you know what I mean?*

Interviewer: Yeah, my youngest brother is a teenager and he's always on his PlayStation.

*Yeah, but I am very thankful he's with me because it gives me a purpose to cook a meal. Do you know what I mean? You know, the difference it makes to just speak to someone else and not be on your own. You know, I'll have a conversation with anyone while I'm sat having a coffee. And this is why, this is what I think is lacking in Sutton. As I say, because shops are choosing to pull back, we were getting the footfall. I think the reason why M&S pulled out, it wasn't due to footfall, I don't think it's down to profits or anything like that. I think they just decided to pull out. and I hear about*

*people talking about regenerating it, erm, so, I think because the writing's been on the wall that everyone's leaving and going online, it's just like you're programmed to believe that, you know?*

Resident Interview

Illustrated by these quotes, we see that for some residents in Sutton Coldfield there is an experience of isolation due to a lack of wider networks. Whilst the suggestion of a “cooking class” is quite specific, it is indicative of a wider desire expressed by many residents for community-based activity. Within one of our focus groups, for example, several residents, in raising concerns about the lack of accessible fresh fruit and vegetables locally, suggested the possibility of a community garden for growing produce, bringing together residents through volunteering and community activity whilst also providing some goods that could be sold locally and reduce the travel burdens people experience accessing groceries. The focus here should not be the specific suggestions, but rather that the broader feelings of isolation are manifesting in a series of suggestions and ideas that could bring residents together, particularly important for rebuilding community connectivity in the wake of several lockdowns due to the pandemic.

For those residents who do experience some of the challenges raised by our other factors (financial wellbeing, housing condition, concerns about their local community and antisocial behaviour), we find some evidence of barriers to social interaction disrupting people's lives:

*No, no. I wouldn't invite anyone round here. My mum and dad come occasionally, but I wouldn't want anybody to come here cos there's always something going on. It's really not nice for anybody to have to see, you know I feel uncomfortable.*

Resident Interview

For this interviewee, the context of drugs, antisocial behaviour, and concerns about the quality of their home resulted in them wanting to move, but being unable at present to do so:

*Well, first of all I did ring them and I reapplied again. Then they said they've sent me an email which they didn't. They said I've been taken off the list. I said can I have a copy of the email and the woman just didn't get back to me. I've kept messaging and one person I spoke to said: "What's the problem?" and I said: "I've been speaking to this one person and she's just ignoring me, they've took me off the list". To be honest, I want to be in Cannock with my mum and dad and he's asked them how we'd go about sorting it and they said that they need to be there for one year first because they like to look after their own first, which is fair enough*

Resident Interview

Although this reflects some perceived challenges with housing association support, which cannot be fully explored or commented on here, in terms of social needs it indicates a context some residents experience whereby the wider factors (discussed in the following sub-sections of this chapter) accumulate to disrupt the wider social networks that residents have. It is the disruption in their material and health needs which disrupts their social capital, and this often occurs in a context of limited levels of support, activities and

opportunities for community participation which wider research indicates not only generates social capital but facilitates the associated benefits of wider social networks (Cattell, 2001, 2012).

Within the family, we also see that residents' lives are not always as expected or assumed. Family formations vary and this can result in varied experiences of connections with others. As noted in the interviews, parents can often experience very few social connections. Such insights from residents suggests that those who have few social connections outside the family may also feel some element of despondence because they lack the wider range of social networks which broader academic research has indicated is beneficial to good health (Cattell, 2001, 2012).

For social capital to come out as the most significant factor for residents suggests that the pandemic has likely eroded many of the support and networks residents had. This is occurring in a context where many residents will often not have family living locally. The impact on this is heightened in the pandemic context as one of the support networks that many relied on, the bubbles that people would have formed with family during the pandemic, were likely not as readily available to many Sutton Coldfield residents. This was especially the case for many older residents who were interviewed.

The relevance of social capital cannot be underestimated. Not only is it important in terms of generating social networks between residents with a range of health benefits (reductions in social isolation, depression, etc.), but it is also a means of engaging people with their local communities and pursuing change. Such change can result in feelings of worth, improved self-efficacy and feeling that you have a voice and say in your local community: a sense of empowerment. Thus, social capital overlaps with our second prominent factor: local community satisfaction.

### 3.4 Local Community Satisfaction

Factor construction: local community satisfaction

Like social capital, it is perhaps not a surprise that local community satisfaction is a top issue. This is because in part the measure is capturing those local concerns and issues which often have a more visible and disruptive impact on daily life: street appearance, traffic, parking, etc. However, this measure captures two useful dimensions. The first relates to more neighbourhood factors, especially parking and antisocial behaviour (ASB)/crime. The second dimension brings the focus back to social capital, as measures of social capital engage with political engagement. There is a feeling of lack of voice within the community, and whilst this in part relates to political stakeholders, it is much broader – focusing on volunteering and local action to make change in the community.

Our measure of local community satisfaction is constructed around two broad items. The first focuses on levels of satisfaction with elements of the local community (question 1 in the survey) whilst the second element (questions 2 and 3) relate to the feelings residents have that they can be part of community change. This second element also relates to social capital, in particular bridging and linking social capital (connections with the wider community and connections with people in power).



Q1: To what extent are you satisfied or dissatisfied with:

- Open Spaces
- Street Appearance
- Traffic
- Parking
- Antisocial Behaviour & Crime
- Local Area Overall

Q2: To what extent would you say:

- You're well informed about your area?
- Different people get together?
- You can influence decisions affecting your area?

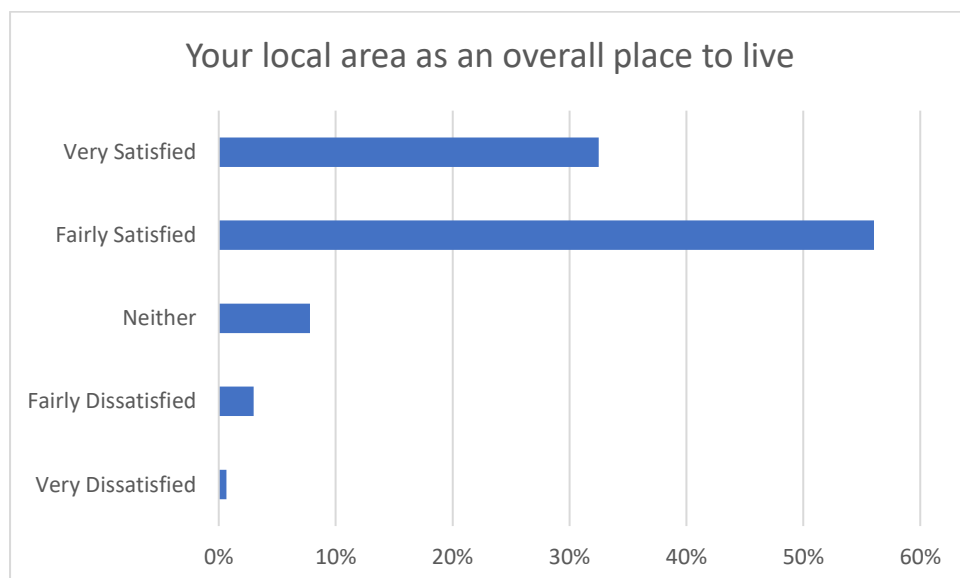
Q3: Thinking of your local area, in the last 12 months have you...

- Contacted a local councillor or MP?
- Attended a protest meeting or joined an action group?
- Thought about joining an action group or contacting a politician, but did not do anything about it?

Key findings: [local neighbourhood context](#)

In the interviews and focus groups, residents were generally happy to be living in Sutton Coldfield, recognising that they are quite privileged to live in the area, with comments about a broader community spirit frequent (see Chart 3.3).

**Chart 3.3: Responses to: “Your local area as an overall place to live”**



This does not exclude some level of dissatisfaction with some aspects of life. A number of concerns regarding traffic and parking have been drawn out from the analysis (see Table 3.3). The data suggests that the bulk of residents are around the middle of the scale or are currently satisfied with levels of traffic and parking. In interviews, residents voiced concerns with these issues more than any of the other measures, although any solution to these

issues largely rests outside the direct influence of SCCT and may be an issue to draw to the attention of key stakeholders within Sutton Coldfield.

Table 3.3 illustrates that most residents reside in the middle range of responses with regard to traffic, and this is likely to be expected. However, for parking we see higher levels of dissatisfaction amongst residents.

**Table 3.3: Resident Responses on Traffic and Parking**

<b>Traffic: noise, pollution, safety</b>		
	Very Satisfied	9%
	Satisfied	37%
	Neither	23%
	Dissatisfied	24%
	Very Dissatisfied	7%
<b>Parking</b>		
	Very Satisfied	11%
	Satisfied	34%
	Neither	21%
	Dissatisfied	23%
	Very Dissatisfied	11%

Such concerns are often linked to a broader experience of parking frustrations, as expressed through our interviews:

*It's definitely getting busier, so dissatisfied I would say. It died down during Covid. There's cars, the [FALCON LODGE] estate wasn't built with drives, so anyone who's got a drive has had to pay for it themselves or get it down. There's limited parking in some of the roads, very bad parking on our road especially. They've changed it outside of Mum and Dad's, but on another road there, where my girlfriend lives, they come in, they double park, they block your drive, stuff for that, it isn't good. Especially here. If there's an ambulance or a fire engine, you ain't getting down. I think parking would be a big thing to sort out, so cars aren't blocking roads, especially the school on the estate.*

Resident Interview

*Yeah there's parking but to be honest the town centre has been dying for years and they've done nothing. All they keep doing is increasing the parking prices. You know, if you want to encourage people you have to remove the price of the parking.*

Resident Interview

*Obviously, you always run the risk of hypocrisy by saying there's too many cars if you've got one yourself. I would say that what I've noticed is that the road that we live on, it's always got cars parked off it although we're subject to parking restrictions. They're always full. It's just noticeable that people in Sutton will go to any lengths to not pay for an hour's parking. In the scheme of life, it's not really, not a huge hindrance.*

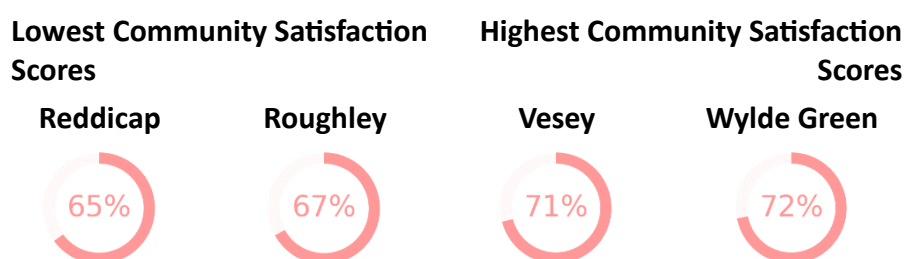
*Just, I suppose, what it reflects, or what I see on social media, parking seems to be one of those things that people on social media are upset about. The fact that there's no free parking in the middle of Sutton seems to be having a very detrimental effect on the forecourts of the shops. I believe, recently the council have tried to get some free parking and failed, as much I can see. I'm not quite sure why.*

Resident Interview

Quite often the discussions around satisfaction with the community related specifically to the locale in which people resided. Often any discussion of Sutton Coldfield resulted in participants discussing the town centre rather than the broader town of Sutton Coldfield. Subsequently, residents are often satisfied with their local area and dissatisfied with Sutton Coldfield town centre (see Section 4.3).

While we explore a number of these themes in more detail in later analysis (see Sections 4.3, 4.5 and 4.6 in the next chapter), at this point in the analysis, it is important to recognise that the levels of satisfaction vary across ward. Figure 3.2 illustrates that Reddicap and Roughley have the lowest levels of community satisfaction, which contrasts with Vesey and Wylde Green.

**Figure 3.2: Reddicap and Roughley: Lowest Community Satisfaction**



The nuance facilitated by the factor analysis indicated that residents within Reddicap are twice as likely as residents in other wards to be dissatisfied with their local community. Within our interviews, we could unpick some of the reasons behind this, as residents shared more explicit examples of having encountered crime, struggled to access suitable housing, and having dissatisfaction with open spaces, street appearances and safety in the area.

*I'm dissatisfied with the street appearances because you've got lot of litter around and obviously where I live on the flats, we've been given the electric doors and some of the blocks around here, like on Fairfax Road, they've been given, the council give them fencing round so the kids could play out and they're fenced off, so obviously on mine, I literally live on the main road. It would be ideal if the council was to fence that*

*off so children can actually have like a front garden because in a flat you don't get much of a garden.*

Resident Interview

More broadly, residents have noted a change in Sutton Coldfield over time and this could be seen as a gradual erosion of the town. Despite strong affiliation with the area and the perceived privilege of living in Sutton Coldfield, it is becoming difficult for people to conduct their day-to-day lives. As partly illustrated in the discussions in Section 4.3, this also reflects the view of Sutton Coldfield town centre.

Specifically, to illustrate this, our focus group participants all discussed with each other the demise of local shops and services. Proximity to supermarkets, supplies of fresh fruit and vegetables as well as other amenities (such as banks, etc.) have diminished:

*Participant 4: There is nothing much to go into Sutton for. There is the bank I occasionally use but that is it really.*

*Participant 1: And that is the main thing for most of us, we have to use two buses to do a decent shop. We used to have a lovely butcher's along here.*

*Participant 4: We did, and a greengrocer.*

*Participant 1: So now we've got four hairdressers, two massage parlours.*

*Participant 2: I think I counted seven here one day, hairdressers, some also offering other things.*

*Participant 1: You've got the place to get your smoke.*

*Participant 4: That's right.*

*Participant 1: The vape thing, for electric cigarettes, for vaping. But it's the essentials we need. What we are actually saying is we have to catch us bus to get a piece of meat. We have to catch a bus to go bank.*

*Participant 4: Well there is the Co-op but they aren't always well stocked.*

*Participant 1: But at our age...*

*Participant 2: There is the farmers' market once a month which is nice.*

*Participant 3: It is but then again, we don't always want to buy meat from a back of a van.*

*Participant 1: Exactly.*

*Participant 3: It's not frozen or anything.*

*Participant 1: You see what has happened is that all the main stores, the supermarkets have lost their fresh veg, not fresh veg, but wet fish and fresh meat and that's why we have to go two buses to get a decent piece of meat. I think what we are saying is that Sutton has become a dead to us situation, if you're well off you're OK, you're fine, but if you are on low income or you can't drive or you can't travel, or you want fresh food ... but I think that is why no one comes to Sutton, isn't it?*

*Participant 2: Yes.*

Focus Group One Discussion

Residents are experiencing a perceived disruption to their local environment. In part, this relates to an erosion in the local environment, a perceived downward spiral in the quality of streets. Although residents at times did recognise efforts to address this by the Town

Council, there is a level of frustration among residents that they feel unable to facilitate change. This resonates with the second dynamic of local community satisfaction, ability to engage and facilitate change.

#### Key findings: local neighbourhood change

As noted in the discussion above regarding social capital, the term not only recognises the social networks that people develop but associates this with residents' community participation, feeling informed about their community, but also in terms of facilitating community change. As such, an important aspect of social needs reflects the agency residents have over their lives but also their community. This draws consideration to the levels of engagement, participation and awareness of local, civic, activity and community development.

From our analysis of the survey, we found that Roughley and Vesey have the lowest levels of residents who feel informed about things happening in their local communities (44% and 34% respectively). It is unclear why this is the situation. From discussions with residents, there is a clear information transmission issue that in part reflects some of the findings from the 1993 study.

Word of mouth can play a key role in the spread of information, and a few parents in our interviews commented on how being connected to the "one parent" in the school group who knew what was happening, when and where, was their main source of information. However, most of the residents find out what is happening in Sutton Coldfield either through their own engagement with organisations or their ability to access social media pages for different groups and events:

*Facebook. On their community pages and stuff like that. And well I work for Age Concern as well, with all different groups and that, so they, the cafe has a leaflet which is updated every web feed, pre-lockdown that's updated every month with all the different listings going on and digital boards in the windows as well. So, there's like, so lots of word of mouth, there's lots of signs. It is busy: Boldmere, particularly, is very busy and there's lots of events.*

Resident Interview

*Now I've got into it a bit, and I've got Facebook and the local social media pages where you can find out things that are going on. It used to be the local paper, which is no more. Is there anything much publicised in the town centre? There isn't really. It probably is word of mouth.*

Resident Interview

But for older residents this is problematic. Many do not have access to a computer, or if they do use it, it is in a very limited way to engage and so they are not likely to be using social media to find out what is happening and what activities they can attend. Alternative sources of information are needed:

*I wonder whether the municipal churches could look at funding an information sheet. What's on, who's meeting what, where, and when. What plays are on, what concerts are on, what theatre is on in the locality rather than going into Birmingham city centre. That was just a thought, the lack of information. And then if you do figure out what's out there, it isn't always open for everyone. Example, my wife, I remember because when we got together, it must be 20 years ago now, she went to Sutton Coldfield College to play badminton in an advertised badminton class, but it wasn't a class at all. It was a club. It was really difficult for her to integrate because she was a beginner at badminton. All these people were experienced, and so she wasn't really welcomed at all because she couldn't play badminton to their standards, so she stopped going.*

Resident Interview

*Participant 1: And I was angry with the Covid because there was so many volunteers that would come and ask you if you wanted anything, and we never had one. Not one volunteer came around and asked if you wanted your prescriptions fixed or if you were alright for anything. You don't want them for every little thing, but just for them to know we were here. We had not, nothing whatsoever.*

*Participant 2: There was a lady who was here one day.*

*Participant 1: Well I didn't see her*

*Participant 2: It was one of the days we were sitting out in the sunshine, and she said ladies you could call [overlapping discussion of the possible number by all participants, none with the same number].*

*Participant 1: But with all these volunteers no one has knocked my door and given me a number that I could ring.*

*Participant 2: I don't think they would come round knocking doors [name] to be honest.*

*Participant 1: But they could have made a public announcement in the library or somewhere.*

*Participant 3: but the library was shut.*

*[laughter]*

*Participant 1: Or somewhere, a notice board in the village. I know there is a notice board outside the library but not many people bother to go.*

*Participant 3: It's a funny one isn't it?*

*Participant 2: Not many people go to the library, you need it in front of St Johns Church Hall or something.*

*Participant 1: Or by the memorial. We need a notice board in Walmley updated regularly with messages and information.*

*Participant 2: Especially with the buses as well.*

*Participant 1: Bus timetables, you can't get them anywhere.*

*Participant 2: The drivers haven't got any.*

Focus Group One Discussion

This may however be age-dependent as briefly discussed in the focus group with young people:

*Participant 3: I don't think posters or notice boards are right for this generation. It's social media and websites that are searchable. If there was like a town website where information was you would find it through that even if it wasn't on social media.*

*Participant 6: I've never seen an advertisement for this sort of event or that sort of event whereas in Birmingham you have this for all events and parades like Pride and stuff.*

Focus Group Two Discussion

While in the 1993 report there was a suggestion of developing community newsletters, the contemporary context would have a very limited interest in such developments. The move to social media and increased digitisation perhaps problematises the idea of a printed local newsletter but opens up opportunities for a more dynamic response. The use of digital platforms to create newsletters, apps and social media accounts which can share information more broadly is perhaps one response to this issue. However, many residents, especially older residents, are not as digitally engaged.

Focusing on some of the broader issues linked with community satisfaction and its overlap with social capital, we also explored residents' awareness of how to pursue change at a local level. Our focus groups illustrate the discussions around this topic well:

*Participant 3: I think you can write to the MP, but you would probably get zero response.*

*Participant 6: What even is the process for writing to an MP?*

*Participant 3: You have to write them a letter and email and they read it, or someone reads it, and if it's any good ... I don't know. I just know you can write to your MP.*

*Participant 6: I hear people say write to your MP but I never know what that means, you may as well write a letter to Santa.*

*Participant 4: Or call your local council and be on hold for four hours.*

*Participant 5: Join a local activist group and campaign around something and get involved with that.*

*Participant 6: But how do you campaign, though? If you were to start with that, like if you wanted more bins in Sutton Park, how would you go about campaigning?*

*Participant 4: I don't think they care about more bins. It's like the quality of life changes, there is never going to be enough people who will be up in arms about it, its not going to be a big enough thorn in their side for anyone to do anything about it.*

*Participant 3: I think like people can set up petitions and stuff and can share it on Twitter and like in a day get thousands of signatures, you know, and set up a Facebook group and stuff and have some rights focused activists groups. But they don't solve the problem if no one is paying attention. You can have a protest but if the council doesn't listen ... I think that people just don't bother.*

Focus Group Two Discussion

The key point here is that the discussion illustrates that young people have some vague idea of potential actions but 1) feel very disconnected from mainstream routes of local engagement and activism in its broadest sense and 2) are not sure how effective these



routes are. In Focus Group Two, participants commented on getting responses from local politicians to their letters but it was less clear if any actions to rectify the raised concerns ever materialised. This differs from the adults with learning disabilities who indicated no knowledge of how to make local change:

*Interviewer: So if you wanted to make a change in your community, would you know how to do that?*

*Participant 1: No, not really, I don't know how.*

*Participant 3: No.*

*Participant 2: No. Not sure really.*

#### Focus Group Three Discussion

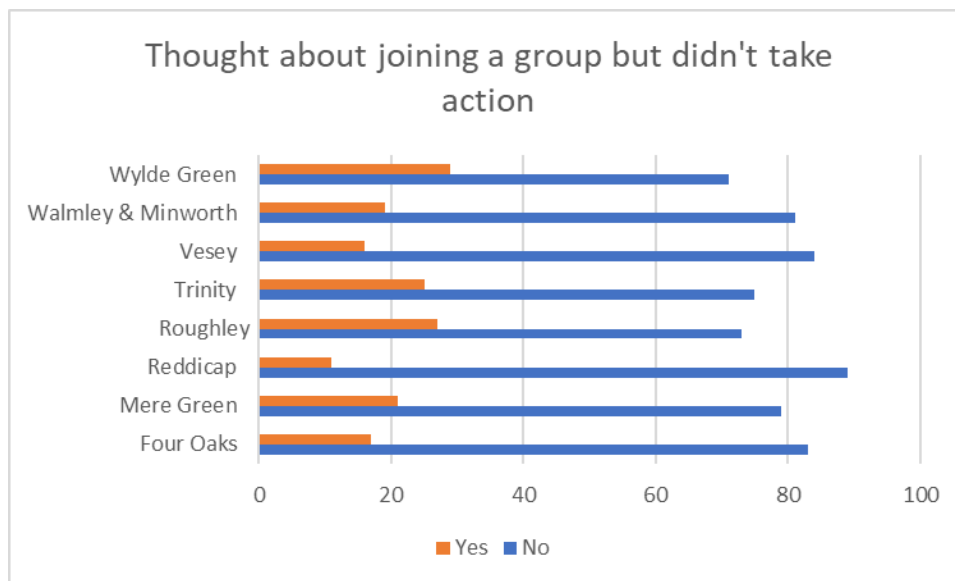
As such, some aspect of physical information sharing may still have relevance within Sutton Coldfield as a means of engaging with and promoting to the widest possible number of residents.

However, information sharing is only one part of broader community engagement. Our survey also explored engagement with local politicians, not as a measure of the activity of local politicians but as an indicator of local residents' own efforts to engage with political processes to facilitate community change.

The data indicated that 28% had contacted their MP and 72% had not. In relation to wards, Vesey had the highest proportion of people who had contacted a councillor/MP, joined an action group or thought about it. In contrast, Reddicap had the lowest proportion of people on average who had contacted a councillor/MP, joined an action group or thought about it. More broadly, in terms of ability to influence local decisions, across wards we see a fairly high level of residents who feel they have not got any influence on decisions about their local area: this is especially high in Reddicap (82%) and Roughley (74%).

Associated with this, Chart 3.4 illustrates by ward the proportions of residents who have thought about joining an action group but ultimately did not pursue it. For clarity, those who responded "yes" are residents who considered joining an action group but *did not* take action to join one. This contrasts with those responding no: these residents have not considered joining an action group (and as such have taken no action).

**Chart 3.4: Responses for “Thought about joining an action group or contacting a politician, but did not do anything about it?”**



\*caption abbreviated for space saving.

While most residents did not consider joining a group or taking action, suggesting that for most residents there may not be a huge appetite for facilitating change, we can see that several residents had considered joining a group but did not. This suggests two findings. First, that residents may not be taking their interest forward because they are not aware *how* to get involved; second, that by ward we see that high levels of satisfaction do not necessarily indicate a reduced desire to engage in action groups, nor do low levels generate a greater desire to engage. Rather, the picture is more mixed. Wylde Green, as an area with a high level of local community satisfaction, had the highest proportion of residents who sought to take action but did not, and Roughley, one of the areas with the lowest local community satisfaction, had a similarly high number of residents looking to take action, but not taking it forward.

Whilst the analysis does not make clear why residents are not turning the desire to take action into practice, there are perhaps a few suggestions worth considering:

1. The interpretation of the question is potentially fairly broad. Asking people if they wished to join an action group does not distinguish if this is local, national or international in focus. As such, people’s efforts here may not be specifically about community change.
2. That where there is a willingness to take action it may not be clear how to put this in practice. This would relate not only to knowledge about how to become politically engaged but also, in terms of engagement locally in Sutton Coldfield, having appropriate mechanisms locally to facilitate engagement.

It is perhaps in relation to this last point that there is some frustration with existing, formal, political processes.

Through the interviews with residents, we have identified a number of perceived concerns with regard to engagement with local political institutions. It is important to note that

residents are often referring to interactions with City Council officials but at times reflect on their own experiences with local politicians. Again, as noted above, this is not a commentary on the work of these groups and individuals. Rather, it is about highlighting a sense of frustration held by some residents and drawing attention to this so that efforts can be made to reduce tensions and facilitate effective engagement between local political institutions and the widest possible range of residents. Ultimately there will also be some dissatisfaction as some issues are not always easily, or speedily, resolved.

*[The council] just don't care. Literally unless it's something for them like you know, unless it's something for them they don't care about anybody at all on the estate. They've literally just put Falcon Lodge, we get forgotten about basically, everything gets forgotten about and they just get made to leave.*

Resident Interview

*I've complained to the council about the drug smell being so strong. It wasn't something that come and went, it was there all the time and it just got worse and worse and worse. Erm, but they sent a letter to somebody who was up on another floor and told them that I'd complained about them so they came down absolutely fuming. I didn't even know the man. [...] So I wouldn't mention anything again now because, you know, that man could have done anything really.*

Resident Interview

*What triggered this was, that particular quarter, Four Oaks would have the highest coronary heart events. We were discussing it because we were in the health committee. She said, and I can remember this day very clearly. Hang on. She said, I quote, "Well, all the people in Four Oaks live all these rich lifestyles. That's what gives them the heart attacks."*

*I said, "So don't you start spouting off as if you've got real now. People in Four Oaks aren't all millionaires. There's a lot of poverty here. If I was there now, I would say, "Why are people having to go to food banks?" There is a lot and this annoys me. We don't all live on Four Oaks Estate. [...] The assumption is if the councillors are thinking that, that everybody's rich because they are rich and they're living in big, posh houses, and yet my husband's nieces, they're scrambling around, his one nephew's homeless, they're relying on food banks, and we've got people in the family relying on food banks who are a bit too proud to come and ask. It's real, and people saying: "I never thought I'd have to go to a food bank".*

Resident Interview

Such insights go beyond the findings in the analysis that residents do not feel able to influence local decisions and into a broader concern with how Sutton Coldfield itself is perceived. Residents recognise that Sutton Coldfield is an affluent town despite some areas having larger numbers of social housing and a higher incidence of poverty and deprivation. What is clear, however, is that residents also recognise that there are pockets of poverty throughout Sutton Coldfield, and that the affluence of one ward does not indicate that all residents are able to satisfy their social needs. Instead, we see that the perceptions of Sutton Coldfield are often a barrier to pursuing and facilitating change, even for those

residents who are active in community fora. Even when residents engage with formal methods of raising concerns, the result can be a deepening rather than a resolution of the problem raised, and one that may also raise safety concerns for residents, such as the example above which ultimately resulted in a lack of willingness to engage in formal process in future.

Ultimately in terms of community satisfaction there is frustration regarding some aspects of community life and an inability to facilitate change. Where processes are engaged with by a few residents, they can often be unsatisfactory in their resolution. What of course we cannot detect from our analysis is where residents have been successful in their engagement with local political processes, as this is not something that is easily captured. Perhaps, however, one persisting challenge to facilitating change is the perception of Sutton Coldfield itself. The affluence of many of its residents is seen to reflect all who live in Sutton Coldfield, which our analysis shows not to be the case. A significant number of residents lack the buffer of individual/household affluence that others have. They rely therefore on services provided locally, which have gradually eroded as investment in provision to meet needs is less likely to impact Sutton Coldfield because it does have higher levels of affluence. The affluence effect therefore is key here: on the one hand, it is a barrier to recognising the pockets of poverty across Sutton, focusing attention into a few key areas, such as Falcon Lodge; while on the other hand, the perception prevents investment and change which would help satisfy the unmet needs highlighted in this report.

### 3.5 Standard of Living

#### Factor construction: standard of living

Our measure of standard of living focuses on two elements. First, it considers the quality of people's living conditions. Thus, whilst housing was found to be the lowest factor across the wards in need of attention, an element of housing quality is captured in this measure. The distinction, however, is that many of the elements captured here often relate to affordability to fix or address some of these aspects of their housing condition. Second, the factor captures some of our cost of living measures which were drawn out of the Poverty and Social Exclusion (PSE) survey. The lack of these indicates that residents are missing an item deemed a necessity by the UK public in the construction of the PSE measure of poverty.

Our measure of standard of living was constructed from questions 10 and 25 of the survey:

Q10: Do you have any of the following problems with your accommodation?

- Shortage of space?
- Too dark?
- Faulty heating?
- Leaky roof?

Q25: Standard of Living: Do you own/can you afford:

- Washing machine
- Damp-free home
- Enough bedrooms for every child of 10 years and over and a of a different sex to have their own bedroom

- Home computer
- Internet connection at home
- Home insurance
- To be able to pay an unexpected expense of £500
- Regular savings (of at least £20 per month) for rainy days
- Heating to keep home adequately warm
- Two meals a day
- Fresh fruit and vegetables every day
- Celebrations on special occasions, such as Christmas
- Appropriate clothes for job interviews
- Friends or family round for a meal or drink at least once a month
- Going out socially once a fortnight
- Holidays abroad once a year
- Taking part in sport/exercise activities or classes

With regard to the items in question 25, these were selected from a range of needs that are captured by the PSE survey. These reflect items the public have rated as an essential part of contemporary life in the UK. In addition, respondents were able to select, for each item, one of three responses: I have this item; I do not have this item and do not want or need it; I do not have this item, I do want/need it but cannot afford it.

Drawing out some of these examples, several are perhaps self-explanatory (two meals a day and fruit and vegetables) and capture some of the readily perceived basics of survival. Other items capture the ability to afford some of the social and leisure activities which can generate social capital. Some were selected for the broader need they represent. For example, a washing machine reflects an item which the majority of the public would expect people to have. A home computer is an item which between 1999 and 2012 in the PSE data has increased in importance (from 5% to 40%) but in the context of the pandemic has greater significance. Home insurance is another item which over 50% of the public believe everyone should be able to afford, and it is retained in this measure because unlike a washing machine or home computer it is a service rather than a good to be purchased and reflects an ongoing cost (monthly or yearly) unlike one-off purchases such as the first two items. Finally, on the list is a holiday abroad once a year. Whilst within the PSE data it does not make the 50% threshold, it has only recently dropped below the 50% level and it reflects the affordability of a larger, leisure item as opposed to the other three items in the list, reflecting the importance of leisure as part of our wider social needs. Although the Covid-19 context impacted on the ability of people to take a holiday, it is not the practice but the affordability of this which is of interest, where residents have the means and resources to meet this need, and the other three, and whether any lack is by choice or through lack of income.

#### [Key findings: standard of living](#)

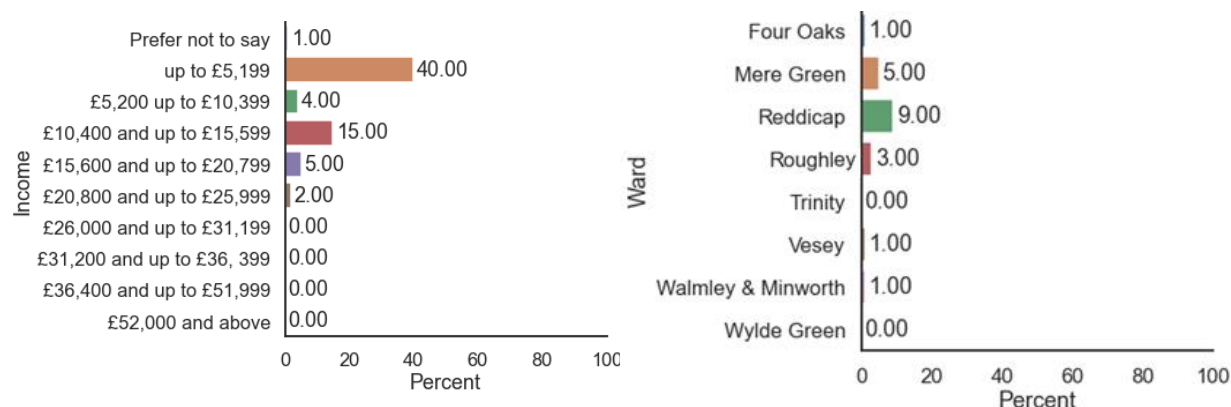
For our measure of standard of living we see the pattern of income primarily determining if residents can afford certain items and some distinct patterns by ward. Across demographics we do not see such clear-cut patterns and again, with diverse ethnic groups in particular, the

lower number by each distinct group can often suggest 100% are missing something from the list of items, but this in fact represents one respondent.

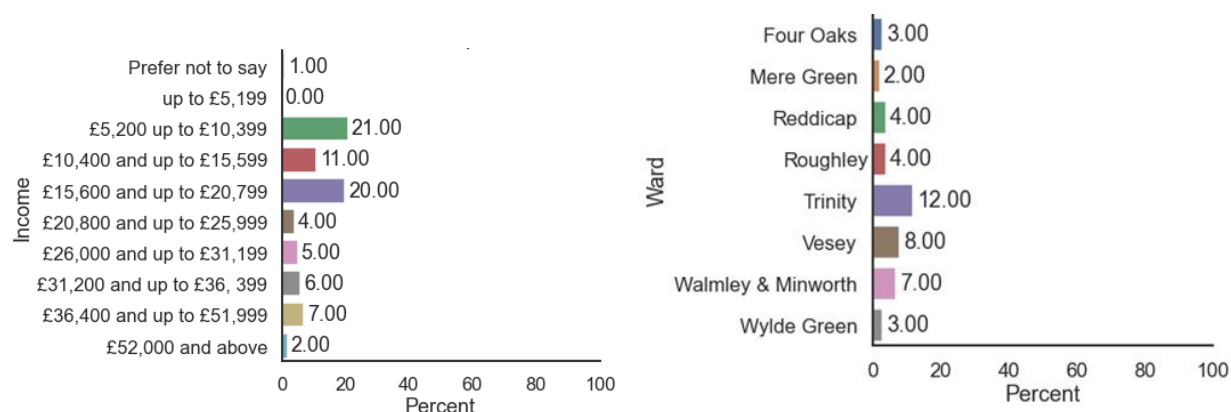
Taking a sample from the data, we can see that lower income groups are more likely to be going without certain items within our standard of living measure (see Charts 3.5 to 3.9). Predominately we can see that lower-income groups are lacking items that they need but cannot afford. This is to be expected and we add the caveat that for the up to £5,199 group we have a small sample here so the higher percentage should be treated with some care. Across wards, we do not see quite the same clear-cut pattern and see greater variation.

Interestingly, considering again how social capital has been identified as one of the top factors in our analysis, the data on the residents' desire to have friends or family round for a meal or drink at least once a month but are unable to afford this comes out as one of the highest across all wards. It is likely that residents with low incomes are prioritising their expenditure around needs which ensure basic survival but not the wider social interactions which are fundamental to a broader set of social needs.

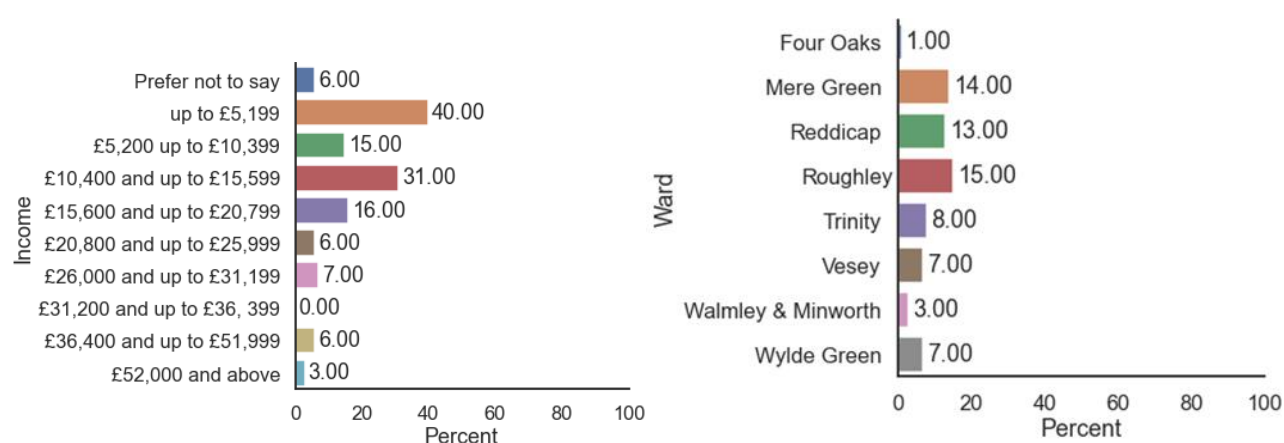
**Chart 3.5: “Can’t afford – Heating to keep home adequately warm”**



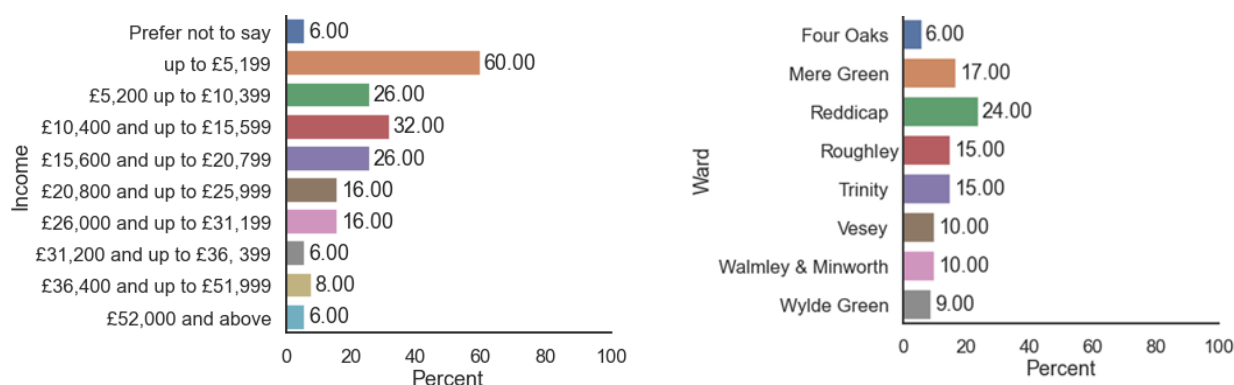
**Chart 3.6: “Can’t afford – Damp-free home”**



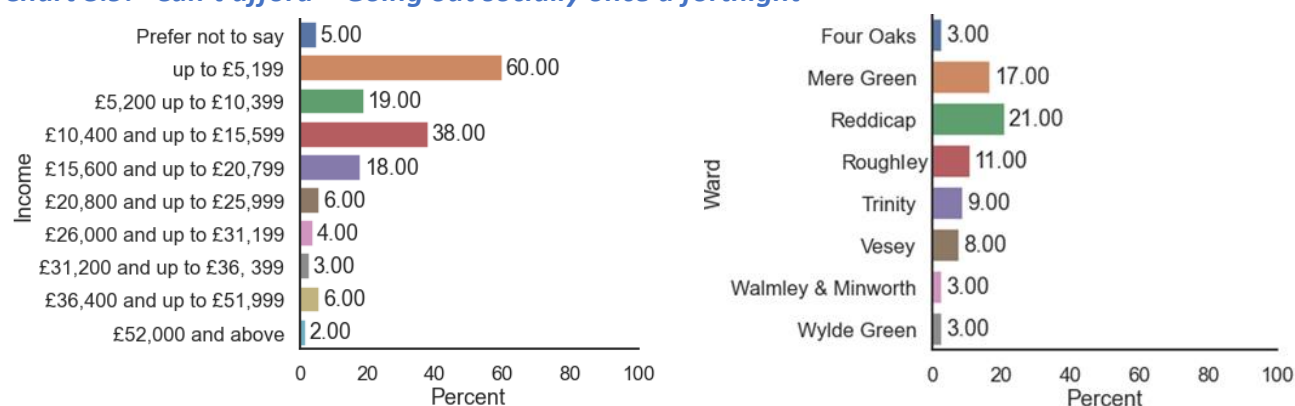
**Chart 3.7: “Can’t afford – Appropriate clothing for an interview”**



**Chart 3.8: “Can’t afford – Friends or family around once a fortnight”**



**Chart 3.9: “Can’t afford – Going out socially once a fortnight”**



Within some of the other measures, across all wards around 3–6% cannot afford a computer at home. Between 1 and 8% cannot afford enough bedrooms for every child of 10 years and over and of a different sex to have their own bedroom (noticeably Mere Green, 8%, and Wylde Green, 6%, are the highest). In terms of affording two meals a day, 4% in Reddicap cannot afford this, and 2% in Mere Green, Vesey and Walmley and Minworth; whereas those

who cannot afford fresh fruit and vegetables daily are highest in Mere Green and Roughley (7% and 6% respectively) and then Trinity (5%), Reddicap (4%) and all other wards around the 1–2% range.

In relation to two of the measures captured in this question which relate to savings (ability to afford an unexpected bill and regular savings for rainy days) we discuss these in a little more detail within Section 3.8 on financial wellbeing.

### 3.6 Mental Wellbeing

Factor construction: mental wellbeing

Prior to the Covid-19 pandemic there was an increased awareness around mental health issues developing within policy debates. With the lockdowns that were implemented to manage the pandemic this concern for people's mental health increased. As such whilst this is an important health issue worthy of investigation in its own right, it is also a topic to be investigated as part of wider social needs. The Office for National Statistics (ONS) has for several years gathered data on personal wellbeing and a number of questions used in this data collection were replicated for this survey:

Q28: Overall, to what extent do you feel the things you do in life are worthwhile?

Q29: Overall, how happy did you feel yesterday?

Q30: Overall, how anxious did you feel yesterday?

ONS data illustrates that due to the pandemic there has been a deterioration in levels of personal wellbeing and that these were sharpest during the pandemic itself. These declines have been the greatest since the measure was developed, resulting in an increase in feelings of anxiety and a reduction in feelings of happiness and life being worthwhile. The West Midlands as a region saw the largest increase in levels of anxiety compared to the rest of the UK (a 0.44 point increase), whilst it also saw the largest decreases in levels of happiness (a 0.22 point decrease).

Key findings: mental wellbeing

Across wards we can see that the majority of residents do feel that the things they do in life are completely or fairly worthwhile. We saw some lower responses in relation to not very and not at all worthwhile primarily in Mere Green, Reddicap and Roughley. These do reflect a small proportion of residents but it is worthy of note that these areas also overlap with some of the lowest levels of satisfaction within some of the other factors explored thus far.

**Table 3.4: Feelings of things done in life being worthwhile by ward**

Ward	Four Oaks	Mere Green	Reddicap	Roughley	Trinity	Vesey	Walmley & Minworth	Wylde Green
Q28_01								
Completely Worthwhile	44.0	48.0	32.0	39.0	39.0	50.0	43.0	46.0
Fairly Worthwhile	49.0	38.0	48.0	46.0	53.0	42.0	53.0	42.0
Neither	4.0	8.0	12.0	7.0	5.0	6.0	2.0	10.0
Not Very Worthwhile	3.0	2.0	5.0	8.0	3.0	2.0	1.0	1.0
Not at all Worthwhile	0.0	3.0	2.0	0.0	0.0	1.0	1.0	0.0



Generally, we do not see much variation across demographic groups, which would indicate that no group is significantly feeling things are not worthwhile. The data does indicate a small percentage of heterosexual people feeling that things are not very or not at all worthwhile (3%). In addition, within the £20,800 and up to £25,999 income group, 12% of respondents indicated that they felt the things they did in life were not very/not at all worthwhile, although this reflects a small number of respondents and as such it is really the ward level of analysis which is useful here.

With regard to the measure of happiness, we see a distinct pattern across Sutton Coldfield whereby most residents are either completely or fairly happy but across all wards 7% of residents per ward are not very happy (although in Vesey this is 5%). In Table 3.5 we see this similar broad pattern in Sutton Coldfield regarding low levels of anxiety. However, unlike the other two measures we can see higher levels of residents responding that they are fairly anxious, and a number are completely anxious. While the survey did not allow us to explore why this might be the case, we can expect this to be linked in part to ongoing issues with the pandemic. The data was collected during September 2020 and coincided with a period of adjustment and changes in lockdown rules, in particular the reinstating of the rule of six (indoor and outdoor social gatherings above six were banned in England on 14 September) and restriction in England introduced included a return to working from home and a 10pm curfew for the hospitality sector (22 September). Thus, the data was gathered in the lead up to the second national lockdown and so perhaps captures a reflection of anxiety at the time which matches the broader UK data.

**Table 3.5: Feelings of Anxiety**

Ward	Four Oaks	Mere Green	Reddicap	Roughly	Trinity	Vesey	Walmley & Minworth	Wylde Green
Q30_01								
Completely Anxious	3.0	2.0	5.0	1.0	3.0	1.0	1.0	3.0
Fairly Anxious	4.0	15.0	21.0	21.0	17.0	13.0	16.0	17.0
Neither	14.0	10.0	21.0	12.0	14.0	15.0	24.0	8.0
Not Very Anxious	30.0	33.0	14.0	33.0	32.0	35.0	32.0	35.0
Not at all Anxious	49.0	40.0	38.0	32.0	34.0	36.0	27.0	37.0

Across our other demographic measures, we see higher levels of anxiety across specific groups:

1. Higher levels of anxiety within LGBTQ+ residents (33% fairly anxious) compared to heterosexuals (15%)
2. Across income groups, lower-income groups have higher levels of anxiety (40% for those earning up to £5,199; 32% for those earning £5,200 up to £10,399; 22% for those earning £10,400 up to £15,599 and 22% for those earning £16,600 up to £20,799).
3. For those who do not identify with the gender they were assigned at birth, 20% are completely anxious and 40% fairly anxious, compared to 2% and 14% for those who identify with the gender they were assigned at birth.

As previously noted, some of the sample sizes for these groups are low and the results should be treated with care. However, the data is showing three patterns which do give

some useful insight into particular groups which may need additional support. That support of course is likely to vary. For residents on low incomes, it is likely a mix of the pandemic context, insecurity of employment/income and the gradual increases in the cost of living that will continue to generate higher levels of anxiety going forward. For the LGBTQ+ residents, generally feelings of safety and security and feeling accepted are important factors. As noted elsewhere in this report, there is little provision within Sutton Coldfield for these residents. Consequently, higher anxiety might reflect an inability in lockdown to travel and engage with their usual social networks outside Sutton Coldfield, but it would be useful to facilitate more work with LGBTQ+ residents in Sutton Coldfield to better explore their circumstances.

A broader consideration here is the Sutton Coldfield context. Specifically, from our interviews with service providers, there is a perceived erosion of support for mental health provision within the town. Discussions with a range of service providers during the service mapping exercise also drew attention to issues regarding mental health. Reflecting these conversations, service providers outlined how:

*the mental health needs in the community are growing, it's become an overwhelming issue, [...] nationally, we are encouraging people to talk about their mental health, but the services and resources are not there to back it up.*

Service Provider 3

People in a crisis are reaching out to community leaders who often feel ill equipped to help:

*People come to me every day struggling with their mental health. I'm here but I don't have the training, really we need the right people, in the right place at the right time.*

Service Provider 12

Provision which would once have supported residents' mental health is no longer around in the same capacity, or at all. One example of this would be the Sure Start service, which has been significantly reduced in recent years. Important work would be done within this service such as working to solve social isolation and mental health issues of new parents and uncovering domestic abuse. Since cuts to this service have been made, one service provider told us they had concerns that many women and families remain isolated and in need of support, as illustrated by one interviewee in particular:

*I used to do a council mum and baby group and this group was so popular. I mean literally, you could hardly get a place, it was really quite competitive and it was free. And then about six months after going we found out the council wanted to close it down and everyone was like "What? Why? This is ridiculous". So, we all did like a petition that went round, like save the club. Anyway, the club gets cancelled, they got rid of it, they cut the funding. For some mums, like that's a lifeline that has gone. And I loved that because it, like there wasn't anywhere like I said before, like swings or slides near so a couple of the mums that I've made friend with locally, we'd congregate there, at that library to do that little club for half an hour. And actually, it's so lonely when you first have a baby, and I honestly can't tell you how sad it made me that they took it away, or the support they need. You know they can say well*

*you've got your health visitor or if you need anything get in touch but it's that proactive need to have that presence.*

Resident Interview

What is particularly interesting about the above comment is that it also reflects the frustration noted above with regard to voice and influence in the community by residents. The quote not only illustrates how services that provided support have been closed, but that efforts to make change and challenge the closing of services have also failed to have an impact. This reiterates, to an extent, the importance of the social capital discussions we have highlighted above to broader social needs and the wellbeing of residents.

Perhaps the central consideration in any response to mental health issues remains the need to adopt a whole Sutton Coldfield approach. As the data suggests, the experience of levels of mental wellbeing is broadly similar across wards. In fact, the analysis indicates that some of these wards which do have lower levels of feeling things are worthwhile are those same wards that have lower scores within other factors we have assessed. As such, it is likely that addressing some of the broader contextual issues outlined in Sections 3.3, 3.4 and 3.5 above would help to reduce the levels of residents feeling that things are not very/not at all worthwhile. Alongside this, the broader pandemic experience has negatively impacted on the anxieties of residents. Whilst this will likely reduce as concerns around the pandemic abate, there may be some means by which support can be reintroduced and reinforced throughout Sutton Coldfield to provide services to residents. Adopting a whole Sutton Coldfield approach to addressing issues of mental health, as well as responding to the earlier identified needs, provides a useful approach. This, as noted earlier, would also avoid the concerns of SCCT that too much of a ward-level focus could generate stigmatising effects for residents. In relation to mental health issues, this would likely reinforce some of the effects and challenges which interventions were being developed to address.

### 3.7 Physical Wellbeing

Factor construction: physical wellbeing

The measurement of physical wellbeing is constructed around two measures. The first is a subjective measure of wellbeing whereby residents self-rated their general health. Our second measure asked residents to indicate any illness or disability they may have, impacting on several health matters (vision, hearing, etc.).

The first question reflects one first used in the Census in 2001. The question aims to get a general sense of health within the community which can be used to inform local authorities and health service planners of the health needs of residents. The question uses a subjective measure as, broadly speaking, health refers to a state of complete physical, mental and social wellbeing and not just the absence of disease

Our measuring of physical wellbeing was captured in questions 26 and 27

Q26: How is your health in general?

Q27: Do you have an illness or disability which affects any of the following?:

- Vision
- Hearing
- Mobility
- Breathing
- Mental Health
- Other

#### Key findings: physical wellbeing

Within the interview data we did not have much information about residents' physical health as the majority of interviews explored financial circumstances, experiences of service usage and social connections. Through these discussions we gained some insights into the wider wellbeing of residents. Generally, as the following interview extract illustrates, these were expressed as barriers residents face in accessing a variety of services:

*My dad's got Alzheimer's mixed with Parkinson's. He can't walk far because he's had bouts where he can't move his legs, his brain won't tell him to move. He gets incontinent. If he has a bout of that when he's out, this is why he can't go too far because he'll have an accident. It's not nice for him, it's not nice for Mum and it's totally embarrassing. So telling him to get two busses to come and see a doctor is not on. He worked all his life just to be treated like that now because there's no money left.*

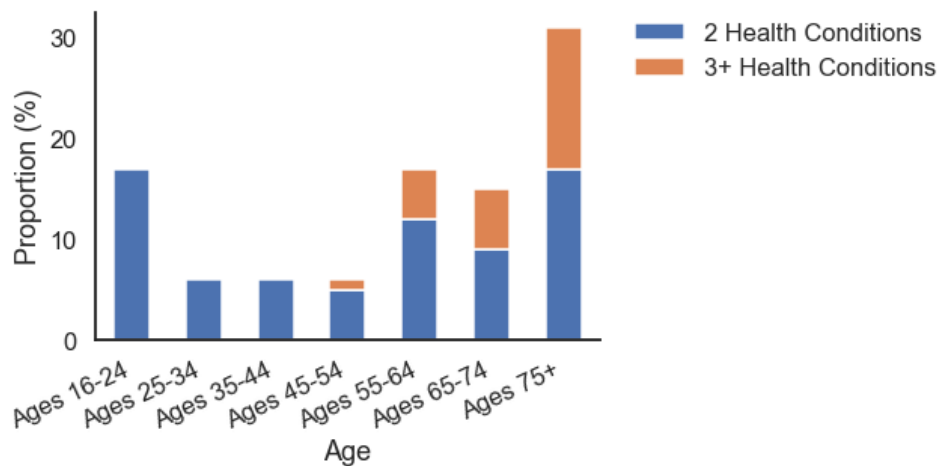
Resident Interview

*And they give me this walking stick but some days I can't even straighten my legs, so I just can't walk. They're just so sore. Even getting the kids to school, I just physically can't, I just struggle. And so I need some help and I've been looking at the motorised cars but because I'm only 42 and it's a bit, well, you know. And not that I can afford one but.*

Resident Interview

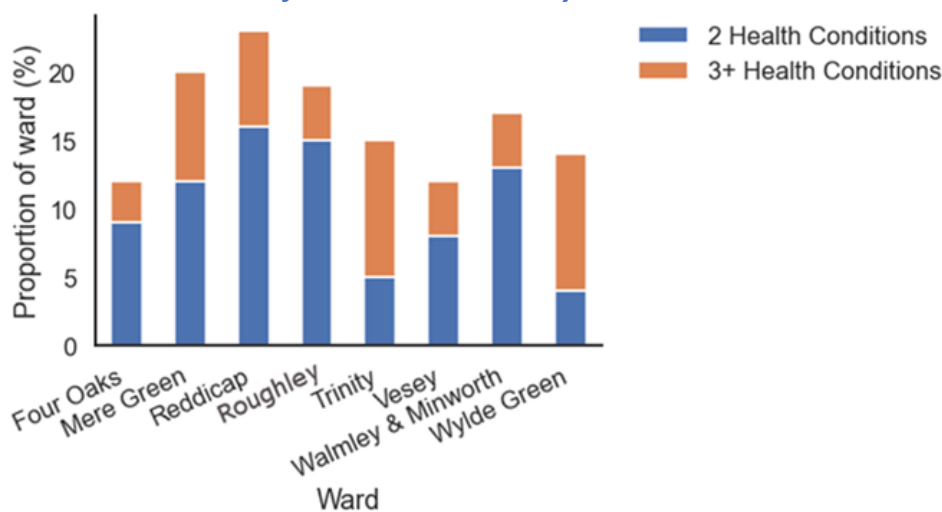
Although the interview data did not capture much about this factor, the key insight arose from the survey analysis and was, as expected, a gradual decline of physical wellbeing by age. It can also be seen that with increasing age comes an increase in comorbidity of multiple health conditions.

**Chart 3.10: Number of Health Conditions by Age**

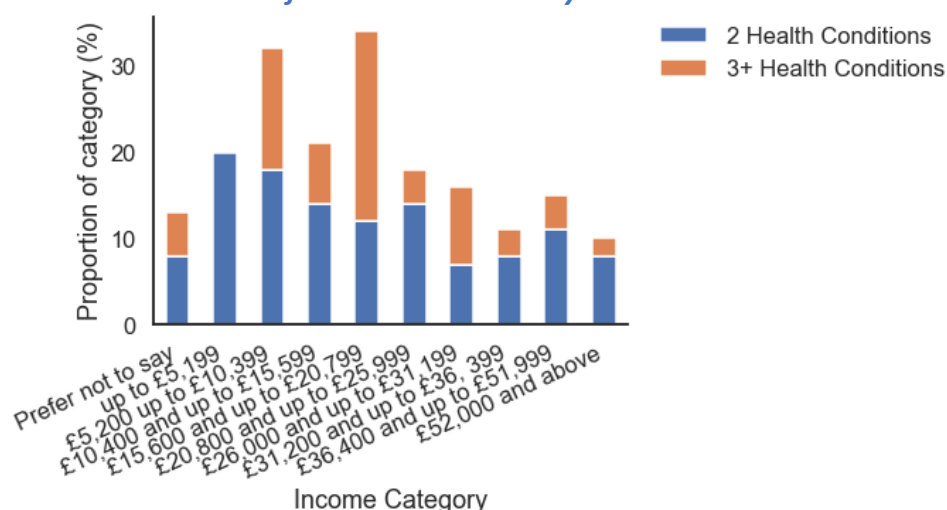


By ward we see that there is a broader spread across the various wards, likely reflecting the spread of older residents across Sutton Coldfield and suggesting that any support in relation to physical wellbeing is likely best targeted at the older age groups, especially as this seems to be when multiple physical health challenges increase.

**Chart 3.11: Number of Health Conditions by Ward**



**Chart 3.12: Number of Health Conditions by Income**



Typically, we would expect to see those with lower income to have worse-quality health and to an extent the data does illustrate this. But we do see a clustering of two and three plus health conditions in the middle range of incomes, especially the £15,600 to £20,799. This is around the average income from a pension, and so it is possible that our older residents are driving the higher levels of multiple health conditions within these income groups.

### 3.8 Financial Wellbeing

Factor construction: financial wellbeing

Our measure of financial wellbeing primarily seeks to capture the subjective view of our respondents. This is to allow them to reflect on their own ability to meet their needs through their own financial resources but to also reflect on their ability to maintain payments for key bills and any credit commitments. As such, the factor is constructed from the questions below to provide a sense of how satisfied people are with their financial situations, but also to start to develop some insights into their behaviours. Thus, the factor is constructed around the following questions:

Q20: How well would you say you and your household are managing financially these days?

Q21: To what extent do you feel that keeping up with your bills and credit commitments is a burden?

Q22: In the last 12 months, have you (and your partner) fallen behind on, or missed, any payments for credit commitments or domestic bills?

Financial wellbeing is built around a mixture of elements, from the social and economic environment in which we live our lives to the personality and attitudes of individuals and households to the contexts in which people are making financial decisions and the knowledge and skills they have to manage their finances. These elements result in the behaviours we adopt and what we do with our finances, and in turn much of this is influenced and supported by the opportunities available to people and the forms of advice and support as well as the available services, to inform and enact financial decisions. We cannot explore all this in detail in a study of needs, however. Thus, by focusing on the satisfaction people have regarding their financial circumstances *and* their ability to keep up

with bills and credit commitments, we can get some insight into how well supported people are within their wider financial lives.

Broadly what we can see from the data is that for the majority of residents in Sutton Coldfield there are few barriers to good financial wellbeing. By ward, we do see some variation in this but often across wards we see similar levels of financial wellbeing. Ultimately there are some wards which would benefit from some more targeted support and others which would benefit from broader Sutton Coldfield wide initiatives.

#### Key findings: financial wellbeing

Our first measure of financial wellbeing is built around the subjective view of residents on how comfortable, or not, their financial circumstances are. It is primarily at the ward level we see variation but, it is worth noting, not significant levels of variation. As Table 3.6 illustrates, Four Oaks and Reddicap are the main outliers at either end of the spectrum and the other wards broadly align around the middle. Whilst this may indicate that Reddicap requires more intervention than other areas, as illustrated in some of the discussion below, this may reflect broader variation in income trends across the wards. Thus, those in Four Oaks who indicate they are finding it quite or very difficult to manage their financial circumstances are likely to be in greatest need, for there are fewer overt sources of advice in contrast to Reddicap. That is not to say there is extensive service provision in Reddicap; in fact, as discussed in Section 4.4, Sutton Coldfield itself may be under-resourced here: for example, there is no Citizens Advice within Sutton.

As such, the ward-level analysis is useful for indicating where more targeted resources may be needed at ward level, but there is a need to reflect on how to best engage the invisible residents who are struggling financially but are hidden by the affluent surroundings of most people residing in the same ward.

**Table 3.6: Responses to Managing Financially by Ward**

	Living comfortably	Doing alright	Just about getting by	Finding it quite difficult	Finding it very difficult
Four Oaks	70%	20%	7%	1%	1%
Mere Green	42%	39%	10%	7%	2%
Reddicap	31%	46%	15%	4%	4%
Roughley	39%	38%	17%	3%	4%
Trinity	35%	46%	11%	2%	4%
Vesey	43%	46%	7%	3%	<1%
Walmley & Minworth	40%	45%	13%	<1%	1%
Wylde Green	49%	38%	9%	1%	3%

By other demographic factors (gender, sexuality, ethnicity) we see broadly similar patterns between residents, with the majority in the living comfortably or doing alright categories. With regard to ethnicity, we do have a few more residents in the getting by or difficulty categories but, as a note of caution, in the “count” this is often one out of three residents in

that specific ethnic group and as such we would not wish to draw out too strong a relationship without further data.

What this analysis indicates, and this is a broader theme picked up in Section 4.2 below, is the existence of groups of people in poverty among the wider affluence of Sutton Coldfield. Recognising that some people will be struggling financially but in a broader context where support may not be as readily visible and accessible as in more deprived parts of the wider Birmingham region likely makes the experiences of financial hardship more acute.

As might be expected when we look at the breakdown in responses by income group:

- *Finding it quite difficult* was selected by 7% of those on incomes of £5,200 up to £10,399 and 12% of those on £10,400 up to £15,599.
- *Finding it very difficult* was also selected by 7% of those on incomes of £5,200 up to £10,399 and 12% of those on £10,400 up to £15,599, but with 40% of those on up to £5,199 selecting this option (although a comparatively smaller group of responses).
- For those *just about getting by*, we see a similar pattern of more residents in our lower-income groups selecting this option, with a few in the higher income groups. Most of the higher-income groups reported that they are doing all right or living comfortably.

The question regarding keeping up with bills and credit commitments generates a broadly similar pattern across all wards. Residents who do not find their bills to be a burden represent between 63% and 80% across the wards. At the other end of the scale, keeping up with commitments is a heavy burden was reported by between 1% and 8% of residents across wards. The highest proportions of residents reporting this were in Mere Green, Reddicap and Trinity. Thus, residents who find bills and credit commitments somewhat of a burden, across wards, range from 19% to 31% with Vesey (31%), Reddicap and Roughley (29% each) and Mere Green (27%) having the highest proportion of residents in this category. Across demographics we do not see anything that would indicate any particular group is facing a heavy burden in this aspect of their lives and as might be expected, those with lower incomes have higher percentages of residents who find their commitments a somewhat heavy or heavy burden.

In our final question within this factor, falling behind on a bill, we see most residents across wards (93% to 100%) responded no to this question. Very few (0%–2%) across wards selected many times in the last 12 months and between 1% and 9% across wards opted for a few times in the last 12 months. Reddicap and Trinity had the highest levels, with 9% and 7% respectively. Across demographics and income groups we do not see any standout trends in the data other than to note that of those earning up to £5,199, 25% reported they had missed bills a few times and were the only group to have a response in double figures – again this may in part reflect the smaller number of residents in our survey within this income bracket, but likely indicates they are more likely to struggle due to their lower income.

Broadly, it can be assumed that most residents are experiencing few challenges financially. Those who do, however, are likely to experience quite severe challenges, as some of the wider support within the community may not be as visible or accessible (a theme we start to illustrate in Section 4.2).



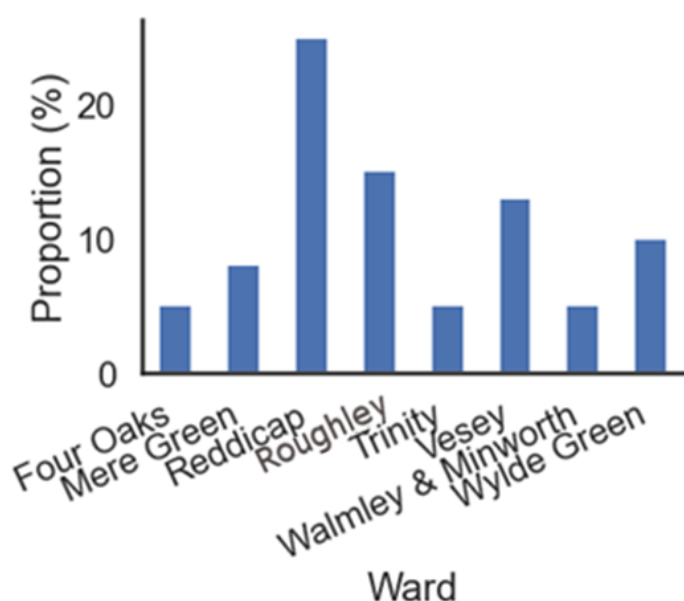
#### Key findings: unexpected bill of £500

We can broaden our discussion of financial wellbeing to review two other points of data which relate to savings behaviours and the assets of residents. The PSE survey measure of savings uses a proxy situation of being able to afford an unexpected expense of £500. The typical scenario here is of a lumpy cost such as a new washing machine or cooker. The £500 level is a commonly accepted measure of being able to afford lumpy costs which are outside the usual weekly/fortnightly/monthly expenditure patterns of households.

This may prove to be useful, as the analysis above suggests that residents who are experiencing some challenge in managing their finances will experience a more severe disruption to their financial management when things in the home suddenly break down and need replacing. These unexpected bills can be a burden on tight financial resources (especially if there is no ability to save on a regular basis, see next section). But, considering SCCT's own activity in the relief of need for individuals, we can see that many of the payments made to residents in the October 2019 to September 2020 year, as an example, was often for this sort of "lumpy expenditure".

Our analysis shows that 25% of those in Reddicap do not have the financial resources to pay for an unexpected cost. This is five times those living in Four Oaks (5%). In Roughley and Vesey the percentages of residents unable to afford unexpected expenses are 15% and 13% respectively.

**Chart 3.13: Ward-level Analysis of Inability to Afford Unexpected Expenditure**



Although the count in relation to some groups is small and the analysis we draw out needs to take note of this, there are two further trends that appear significant in the analysis. First, in terms of gender, 7% of men compared to 12% of women, and 40% of transgender individuals compared to 10% of cisgender individuals do not have the financial resources to pay a bill of £500. It should be noted that there is a small sample of transgender participants, but this should not necessarily dismiss the significance of this difference.

Second, 9% of British compared to 5% of non-British people do not have the financial resources.

Expectedly, the higher the income, the more likely it is that the unexpected bill can be afforded. Around 60% of those earning up to £5,199 and 40% of those earning £5,200 to £10,399 are unable to meet unexpected expenditure. And 19% of those choosing to not disclose their sexual orientation would be unable to afford a £500 expense compared to 10% of heterosexual and 0% homosexual/bisexual individuals.

#### Key Findings: regular savings

Complementing this question, we also used the PSE question around regular savings (of at least £20 per month) for rainy days. This allows us to examine which residents do have sufficient income to generate savings and may, therefore, be able to respond to unexpected expenditures.

The following table shows the proportion of people in each ward who are able to save £20 a month.

**Table 3.7: Regular Savings by Ward**

Ward	Four Oaks	Mere Green	Reddicap	Roughley	Trinity	Vesey	Walmley & Minworth	Wylde Green
Don't have this	17%	30%	29%	24%	26%	21%	18%	17%
Have this	83%	70%	71%	76%	74%	79%	82%	83%

The table illustrates that around half the wards contain residents where approximately 20% are unable to save on a regular basis, whilst Mere Green and Reddicap see approximately 30% of residents in this situation and Roughley and Trinity around 25% of residents.

Approximately the same amount of British and non-British people (20% and 19% respectively) have regular savings; this is at odds with the findings of being able to afford an unexpected expense. It could mean that non-British residents generally have more savings. The same pattern exists in that 22% of women compared to 18% of men do not have regular savings of £20 a month. There are approximately equal proportions of cisgender, those who answered yes to being the same gender as assigned at birth (AAB – yes) and transgender (AAB – no), unable to make regular savings, 21% and 20% respectively. With regard to sexual orientation, 19% of those who chose to not disclose their sexual identity are not able to save regularly, compared to 20% heterosexual and 33% homosexual/bisexual individuals. Similar to the pattern of unexpected expense, the higher the household income, the more likely it is that they have savings.

### 3.9 Housing

#### Factor construction: housing

Issues of housing were of particular importance to SCCT and this likely originates from their historic role in providing almshouses to residents. Housing issues however are complex and varied. In relation to social needs, these issues can range from the quality and condition of the home, variations in tenancy and the lack of a home and experiences of homelessness.

Within the framing of social needs adopted in this project we have not drawn out analysis in relation to tenancy types to a great extent. Rather the focus has been on quality/condition, affordability of issues related to housing (heating, etc.) and, through the interview data, issues of homelessness. Our survey however is not able to capture information on homelessness and as such we focus on the interview data to support the discussion around this issue.

Since the late 1990s / early 2000s there has been a significant emphasis on the quality of housing and various standards produced against which social housing should be assessed. Whilst these standards often relate to social housing, it does indicate the importance of housing quality to wider wellbeing and as such forms part of our measure of needs. Like the subjective measures used within some of the other factors discussed above, we asked residents to rate their own level of satisfaction with their housing – replicating a question used in government housing surveys (question 8) and a follow-up question approximately the same as questions about state of repair used in government surveys (question 9). Finally, housing questions often focus on local neighbourhood factors alongside the physical quality of the building. Thus, our factors are constructed from the following questions:

Q6: To what extent, if at all, are any of the following issues a problem for you?

- Noisy Neighbours?
- Neighbourhood Vandalism?
- Pet & Animal Nuisance?
- Rent/Mortgage Cost?
- Ability to Pay Bills?
- Suitability of your Needs?

Q8: How satisfied are you with your current housing/accommodation?

Q9: How would you describe the state of repair of your home?

#### Key findings: homelessness

Although housing has emerged as the final significant factor, some of the data does not illustrate as stark an image as was found in other factors explored above. As such, those who are experiencing issues with housing are likely a smaller proportion of residents across Sutton Coldfield, but likely have quite severe needs to be met.

As some of the issues related to question 6 have been drawn out through the analysis of other factors, the focus here will be on questions 8 and 9.

In terms of satisfaction with their current housing we see no broad patterns amongst residents. But it is worth noting that Indian, Pakistani, and Caribbean groups reported higher

levels of neither satisfied nor dissatisfied or very dissatisfied. It was similar for those who do not identify with the gender they were assigned at birth (our gender AAB – no group). While, as we have noted, we have smaller proportions of respondents in these groups, this is a pattern worthy of consideration, especially for the gender AAB – no group, of whom 20% reported they were very dissatisfied compared to 1% of those who identify with the gender they were assigned at birth (and 1% of this same group stated they were fairly dissatisfied). Thus 93% of gender ABB – yes were either fairly or very satisfied with their housing/accommodation compared to 40% of gender AAB – no.

Finally, in relation to income groups, we see broadly similar levels of satisfaction and dissatisfaction across all groups. Interestingly between 1% and 6% across all income groups were fairly dissatisfied and this may reflect some of the older housing stock within Sutton Coldfield as a broader issue. In terms of very dissatisfied we see that those earning below £15,999 had some level of dissatisfaction but the only other group to report dissatisfaction were those earning between £31,200 and £36,399.

When looking at state of repair responses we once again see no “stand out” patterns in the responses, but rather a broader picture emerges. We see that the largest number of responses rested in the “adequate” response across all of our demographic and ward points of analysis. This may reflect a more general lack of immediate concern to conduct repair work in the home, indicating that most residents likely have no emergency work to take forward or have no repairs that they are struggling to make. Small proportions of residents across all income groups and wards indicated that the state of repair was “poor” and, as suggested above, we feel this reflects the broader housing stock of Sutton.

#### Concerns around homelessness

Although the survey itself does not capture data on homelessness our interviews uncovered some insights from service providers and residents which give some insights into this issue, and it is logical to discuss these here as part of the wider factor of housing.

Interviews with service providers indicated that they engage with residents who have challenges with regard to their rent, but the largest numbers of providers were dealing with issues of “hidden homelessness”. However, the discussions of rent in these interviews were also linked to homelessness as a risk factor. Experience had led service providers to recognise that a number of landlords did not accept “DSS (Department for Social Security) tenants”, creating a barrier for many on no to low incomes to access rental properties in the area. In addition, when recipients of social security support were able to rent properties, the letting agents often did not accept tenants on income benefits. Such barriers are problematic, as a fixed address is beneficial (but not essential) for applying for social security support.

Overall, a range of service providers indicated in interviews that there is a significant issue of hidden homelessness in Sutton Coldfield. Hidden homelessness can take a range of forms from “sofa surfing” or staying with friends to sleeping in cars, and the perception of homelessness as street-living was viewed by service providers as problematic. Within the service mapping (see Chapter Six) we note that 23 organisations are providing various forms of housing support within Sutton Coldfield. But interviewees explained that through their

work they were seeing an increase in people without homes in the community and a lack of provision within Sutton Coldfield to help them. One challenge was the lack of emergency housing in Sutton Coldfield and, as a result, families often moved out of the area to access temporary accommodation.

During an interview with service providers, it was explained that families could be placed in the local Travelodge but as a consequence they would lack access to facilities to wash their clothes, cook (these families would only be able to eat hot food if it was made with a kettle), had no access to cutlery and so often would have to rely on sandwiches as their only meals. Where families are rehomed outside Sutton Coldfield, they are usually placed in empty flats. As such there was no furniture, white goods or kitchen utensils. Alongside these practical challenges were broader disruptions to family life. Relocation often results in difficulties in terms of accessing schools for children and a disruption to any social networks that relocated families had within their old communities.

*At any one time we have one or more families with children who are homeless who we are trying to help. They tend to be given two options, one is to stay in the Travelodge where there's nowhere to wash clothes, cook food, there's no knives or forks or anything. They can't eat anything that isn't cooked using the kettle so they eat a lot of packed sandwiches. For other families, they are given flats to live in but these tend to be empty, no bed, no sofa, no cooker. The other week I was at a flat like that and the oven door wouldn't shut, there were cockroaches in the kitchen. It was a second floor flat with big windows and no child locks, they had three little children. [...] Sometimes families are put up so far away from schools that the children have to catch three buses to get to school which means they are often late or miss it because they can't afford the bus fare.*

Service Provider Interview

*There used to be a neighbourhood housing office years ago and it was fantastic. I mean, obviously it had its problems but it was accessible and useful. Now, you know, you're on the phone or filling things in online and you're being sent all over Birmingham and there's nothing, absolutely. So it's this weekend that we will be turning up on the council's doorstep saying "put us somewhere", and when we tried that before we were being sent left and right, all sorts of places. Horrific places full of drug addicts and alcoholics, you know, people with their own problems, but it's not anywhere for children. And it's not local, not near the schools. Erm, absolutely horrific and we're going to have to go to them again at the end of the week and I don't even know where we're going to be laying our heads on Saturday night.*

Resident Interview

The challenge in part rests upon the lack of emergency housing, for which service providers reported zero provision within Sutton. More broadly it is likely the mechanisms generating homelessness need further investigation and an assessment of appropriate responses to be pursued. This is an issue which does not impact on many residents within Sutton, but it is one of the most acutely experienced and disruptive experiences to impact on people's lives.

### 3.10 Quality of Life Measure

Unlike the factor analysis, which provided a breakdown of key areas of social need, our quality of life measure offers an overview of all indicators, drawing together a range of key factors which have informed the development of the index. The patterns here remain primarily attached to the ward patterns we have seen. These are briefly reviewed but, as noted above, we believe a broad Sutton Coldfield approach to addressing the above factors, but with some additional area-based targeting at certain wards, is likely the best way forward. However, the quality of life index also offers some insights by demographics which also suggests certain groups in Sutton Coldfield are likely in need of additional support. As a broad overview of the key issues explored in this section, our analysis suggests:

- There is lower quality of life more broadly in Reddipap and Trinity compared to high quality of life in Four Oaks.
- The LGBTQ+ community is experiencing a lower quality of life and this may be linked to limited services and lower scores especially in relation to mental health and social capital. We also see quality of life is lower amongst trans residents – which reflects broader national patterns.
- Older age groups have lower quality of life, largely linked to deterioration in their physical wellbeing.
- We have also noticed what we are referring to as a “mid-life dip”. As residents reach their middle ages, we see some lower quality of life outputs which improve again as they move into older age groups (with the exclusion of physical wellbeing, which continues to deteriorate).

The importance of this analysis is to indicate some target groups for SCCT to consider in its work following this report. This does not in any way detract from the broader patterns suggested above around the seven factors and the evidence of broader patterns by ward, but the smaller pockets of residents within affluent wards who are struggling to meet their social needs.

#### Ward distinctions

Four Oaks scored highest in housing, financial wellbeing, physical wellbeing, mental wellbeing and our neighbourhood measures. Consequently, the area has the highest average quality of life score at 81%. Within some of these measures more specifically:

- 7% of Four Oaks residents stated they were unhappy compared to 78% who said they were happy (mental wellbeing measure).
- Similarly 7% stated they were anxious compared to 78% who stated that they were not.

In comparison, Reddipap, Trinity, Roughley and Walmley & Minworth were significantly lower in their quality of life compared to Four Oaks. Whilst it is important to note that only a small number of responses were received from Four Oaks, the percentage was approximately the same as the percentage of all residents who live in Four Oaks according to the Census data (10% and 12% respectively). The lower response rate from this area, however, may be indicative of a perceived lack of need in the area and thus little impetus to engage with the project.

A consensus from the qualitative data showed that it is a safe and peaceful area and is generally a privileged area:

*... it's very safe, very peaceful, very beautiful, but also unbelievably privileged. Yeah. Very, very wealthy area...*

Resident Interview

*But everywhere affordable is getting pushed out of the area. And then even just with the schools, the way everything is done with the schools, it's just, it's unaffordable...*

Resident Interview

While this is the case, there are residents in the ward who are unsatisfied with their quality of life, which reflects findings in the interviews we refer to as the “hidden pockets of poverty” within Sutton Coldfield. This has been indicated in the discussions above, especially in relation to financial wellbeing.

*In Four Oaks... erm, I'm a renter, I rent from a landlord, I'm a private tenant, but it turns out that my landlord is a rogue landlord. Our property, all the problems were painted over, we've got Environmental Health involved and er, yeah we've actually been homeless. Well, I'm actually still paying rent on that property because I'm not giving it up. They can't win the fight. But erm, we've actually been homeless for the past six months, me and my children. So you know, there are still problems within Four Oaks. And I'm also very aware that there are people within Four Oaks who are in similar economic situations to myself, erm, who aren't very catered for in Four Oaks.*

Resident Interview

In an area like Four Oaks, where the vast majority can meet their social needs, those who struggle to do so often lack the resources or community support to gain assistance. Compared to other areas in Sutton, where there is a perceived greater need, these residents are experiencing a barrier to support which is not easily resolved at present.

In contrast, Reddicap and Trinity have lower quality of life indicators, which has been illustrated across a number of the factors explored earlier in this chapter. For example, Reddicap has the highest proportion of lowest earners: 38% of respondents earn less than £20,800. This is followed closely by Mere Green. Although subjective financial wellbeing is not necessarily linked to income (i.e. those earning more do not necessarily perceive their financial wellbeing to be better), our data indicated these wards typically had lower satisfaction with their financial circumstances, but these were perhaps not as stark as some might imagine. There can be several reasons for this:

- People live to their means and carefully manage their finances to meet their needs and reduce expenditure on goods and services beyond those needed for a basic level of survival.
- Those with more tend to spend more and this may generate challenges in managing finances.

There is, however, a significant impact of income on overall mental health. In Reddicap and Roughley, there is a greater impact of income on quality of life and mental health in the lower income bands compared to other wards. The data suggests that Reddicap, Trinity and Roughley have a high number of people who regularly feel anxious and unhappy. People in

these wards were approximately three times more likely to say that they were anxious compared to residents in Four Oaks.

The interview data illustrated similar challenges indicated in the survey analysis:

*People find it difficult to get a council housing property. Like myself I'm in a two-bedroom ground floor flat with six of us. Four children, three of which are disabled and two of them are over the age of ten. And boys and I've got a daughter, so my daughter's having to share with obviously her two brothers. One's 11, one's 10. But the council won't do anything about it so before, when it was just Sutton under Warwickshire, I would have been out of there.*

Resident Interview

*My dad's got Alzheimer's mixed with Parkinson's. He can't walk far because he's had bouts where he can't move his legs, his brain won't tell him to move... He gets incontinent... So telling him to get two busses to come and see a doctor is not on. He worked all his life just to be treated like that now because there's no money left.*

Resident Interview

*Crime rate and everything. I've actually been forced to put CCTV up, I've been forced to basically protect myself from whatever could happen. My mum and dad are, they're vulnerable. I feel worried for them because they've had the door kicked in before and I was actually in bed at the time.*

Resident Interview

It is also useful to recognise that wider residents of Sutton Coldfield identify parts of these wards as the areas likely to need the most support, as one Mere Green resident explained:

*Sutton probably isn't the worst-off area for that. I always think that's important. I always think that should be a priority. I wouldn't say that's probably the worse area but if it was say, places like Falcon Lodge, Erdington doesn't really come under Sutton, but they're areas that generally, I would say, probably need to see more support.*

Resident Interview

It would be easy to identify key areas within these wards, such as Falcon Lodge, and suggest that the focus of activity following this report is targeted at these areas. It is difficult to disagree with this. There is a clear need for support around all of the identified factors in these areas. This, however, by itself is insufficient.

Our analysis is clear on a few key points. First, the key factors which impact on quality of life are significant challenges within each ward. There are a series of related unmet needs in all wards and the priority of these needs varies little across wards. Second, areas such as Reddip and Trinity do seem to have a greater deficit in met needs and this likely a result of lower income within these areas. But this is also a known issue and one that has resulted in a range of resources supporting areas such as Falcon Lodge. It is important that such services continue to get support and expand their activities and support for residents. Third, within all wards, however, there are unmet needs and for residents in more affluent wards, where the vast majority experience little challenge in satisfying needs, there will be fewer outreach



and support services. Guidance, advice and support may be harder to find and consequently compound the experience of these residents. Therefore, we advocate for a Sutton Coldfield wide approach but with some additional targeted support at key groups of residents.

Within the wider academic literature, this is known as “progressive universalism”. The ambition here is to provide services and support to all, universally, but with a progressive twist to those with greatest needs. This can be pursued, for example, by initially developing support in areas with the greatest needs relative to other wards and to gradually expand provision across Sutton Coldfield. Alternatively, it could take the form of town-wide interventions which provide additional support to target areas and groups. With our ward-based discussion, the foregoing analysis justifies such an approach. But we can extend this discussion to also embrace the need to support additional groups, examined in the remainder of this chapter.

#### LGBTQ+ community: lower quality of life

While we have not been able to secure much qualitative data around LGBTQ+ issues, the data from the household survey indicated a particular set of considerations in relation to quality of life (especially for trans residents), fewer social connections and poorer mental health across LGBTQ+ residents.

The qualitative data brings out the difficulties faced by those in the LGBTQ+ community, such as loneliness and perceived stigma and lack of any LGBTQ+ culture and support for younger LGBTQ+ individuals. In the quantitative data, those with undisclosed sexual orientation scored much lower on quality of life. Some illustrations of these issues, linked to local service provision, were illustrated in the qualitative data, but as noted, this is a small part of the data, despite its significance:

*CAMHS in Sutton just, basically the consultant that assessed [CHILD] turned to me in the last meeting and just said: "They need a gender specialist, need to go to a gender identity clinic". I said: "Well yeah I've been saying that for months, we've been wasting our time coming here haven't we?" but then they also said: "Nut they also need counselling now," and I said: "Yeah, I'm fully aware of that". But I think the thing that really stung me was that this consultant sat there in her office in Sutton Coldfield, she turned to me and gave me a list of places I could go for possible private gender specialist counsellors. I said: "Well, how am I supposed to be able to afford this?" and she said, she actually said to me: "You get disability benefits for them don't you? Use your benefits," and I said: "Firstly, those benefits would not cover counselling, you know, I've looked into it for myself and I know what it costs. Secondly those benefits have been given for mobility issues, they pay for taxis left, right and centre". We can't cover everything with that: our benefits don't take counselling into consideration. And I said: "Even if it is a gender issue, isn't there something in the meantime for anxiety and depression?" They just washed their hands of it, and it was just this attitude of: "You've gotta go private and pay for it out of your benefits". I was horrified, and I reported that back to the special educational needs school and they were horrified.*

Resident Interview

Through our interaction with service providers and our discussion with young people, many in Sutton Coldfield have to travel out of Sutton Coldfield to access broader support services and not just the leisure and shopping activities that other young people travel out of Sutton Coldfield to access. Considering the importance of social capital to the broader social needs of residents, this is likely a community that has experienced greater levels of isolation and disconnection from supportive social networks in recent years than the majority of other groups of residents.

#### Over 75s have a lower quality of life

Reflecting an issue highlighted in the 1993 study, concerns over the ability of older people to meet their social needs remain relevant in Sutton Coldfield today. Primarily this is linked to physical deterioration as people get older. The data also indicates a generally lower level of met needs in relation to standard of living and social care factors.

Whilst most residents have no health conditions to report, Chart 3.14 illustrates a strong downward trend in physical health with increasing age. Between the age groups 25 and 75+, the number of individuals with no health conditions halves, whilst those with a single health condition doubles. Then, 14% of people aged 75+ are living with 3+ physical conditions, and 17% are living with 2 physical conditions. See chart 3.10 above.

Some qualitative data outlined that older residents engaged in fewer activities due to their age, and the kinds of activities that they engaged with were different:

*You get to a point where you know what you can do, how much you can do without it being too much.*

Resident Interview

*The other thing is the other thing that you will find, especially in towns like this, where people can be rather entitled, is if you've got a disability, your friends dump you. [...] but I haven't got a friend as such anymore left in Sutton Coldfield. They don't want to know if you're disabled, whether they're embarrassed by you, or whether they feel that they don't understand you. They don't understand what to say to you. That shocks me.*

Resident Interview

The final quote is especially interesting in illustrating an intersection between physical impairment and its impacts on social capital. It is a reminder of the interconnected nature of the factors we have identified and how disruption in one can cause challenges across a range of needs.

The 1993 report suggested that attention was needed for carers' support and bereavement services, primarily for older people, with some attention being given to day-care provision. To an extent some of this may remain true, as some of the interview participants highlighted how bereavement has resulted in isolation within Sutton. But it would seem, in the present context, that older residents need support in living active lives in their communities, to maintain social networks, but to do so in ways which accommodate a range of physical impairments.

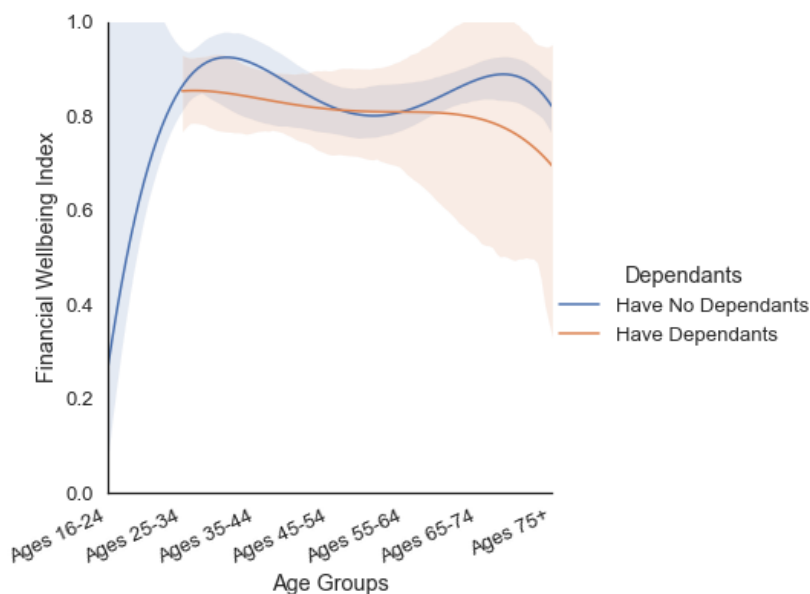
### A midlife dip

The final insight from our quality of life measure has been the change in patterns across the different age groups. As noted above, physical health seems to deteriorate as residents age, and this is a general trend we might expect to find. However, our wider analysis of the quality of life measure across demographic characteristics illustrated that around mid-life we see a general dip in all factors for those in their middle ages.

Looking at the data by our factors and age, we can clearly see this dip within financial wellbeing, mental wellbeing and social capital, and these patterns broadly exist in the same way across the sample as a whole. Breaking the analysis down to consider other factors which may vary the significance of this mid-life dip indicates two sources of fluctuation: having, or not having, dependents, and gender. Looking first at dependents (Charts 3.15–3.17), the line illustrated in each chart presents a dip around the late 30s and into the 60 age groups before there is a bit of an uplift. This does not neatly fit the data collection categories but reflects the ages we start to see dips. As illustrated below, these dips do vary across different groups of residents.

This data illustrates each factor in relation to the number of dependents (or not) residents have. Broadly, this pattern illustrates that from early 20s to midlife, residents' ability to meet needs across our factors gradually reduces. This then receives an uplift as residents move out of their 50s and up to the age of 74 before we start to see a decline again in the factors.

**Chart 3.15: Midlife Dip in Financial Wellbeing**

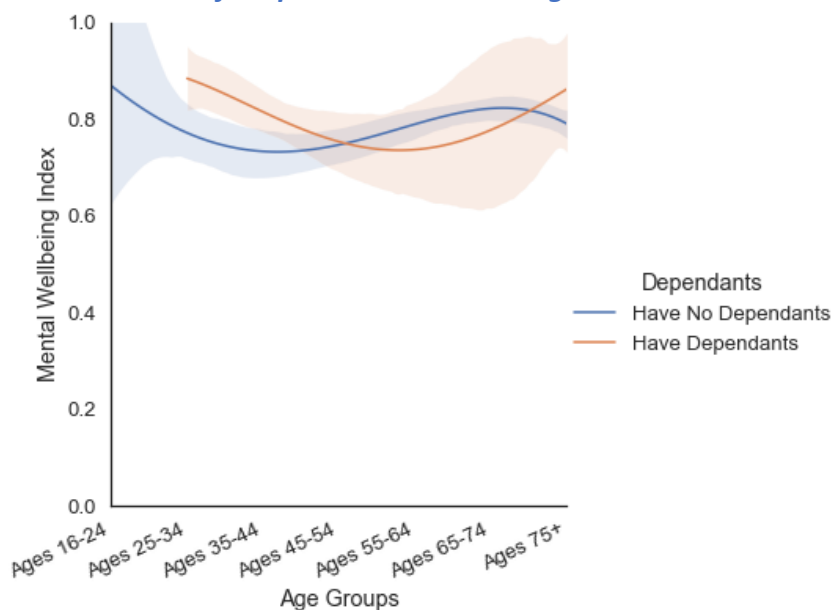


The challenge in this data however is that there is no clear difference between those who have dependents and those who do not, as one explanation for a dip in financial wellbeing could be related to the cost of raising children and the shift in burden of those costs as children leave the family home and gain financial independence. The data however shows

little difference between the two groups, suggesting something else is driving this midlife dip. But from the analysis we have been able to conduct, it is difficult to determine exactly what.

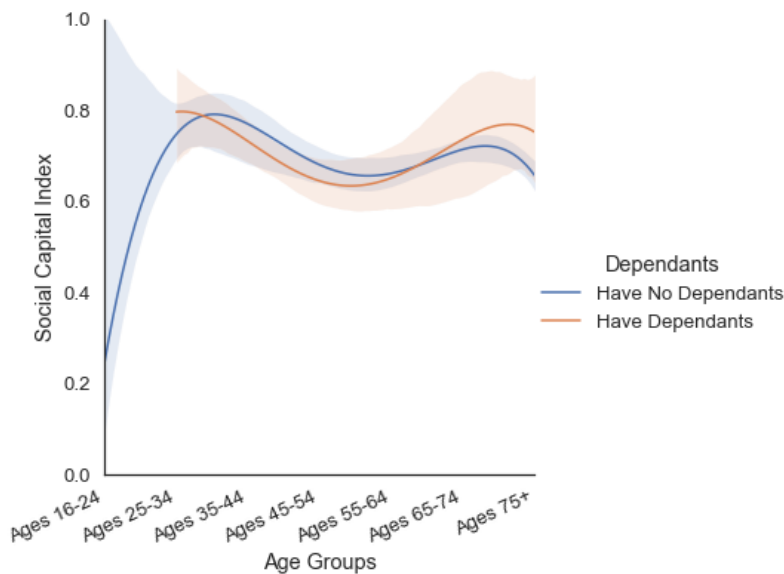
In relation to the factor of financial wellbeing itself, therefore, we would recommend addressing the issues we have highlighted in Section 3.8, and the potential responses to these are explored in Chapter Six, alongside some follow-up research with residents to uncover what is causing these dips and exploring any impact of the interventions on addressing the dip.

**Chart 3.16: Midlife Dip in mental wellbeing**



It is difficult from our data to speculate why this dip occurs. The broad point to make therefore is that whilst we have noted in Section 3.6 a number of issues related to mental wellbeing, there may need to be some consideration towards additional outreach support for residents in these age groups. Considering the association linking social capital and financial wellbeing to mental health it is perhaps useful to consider how support in relation to these other two factors can also assist in improvements in mental wellbeing.

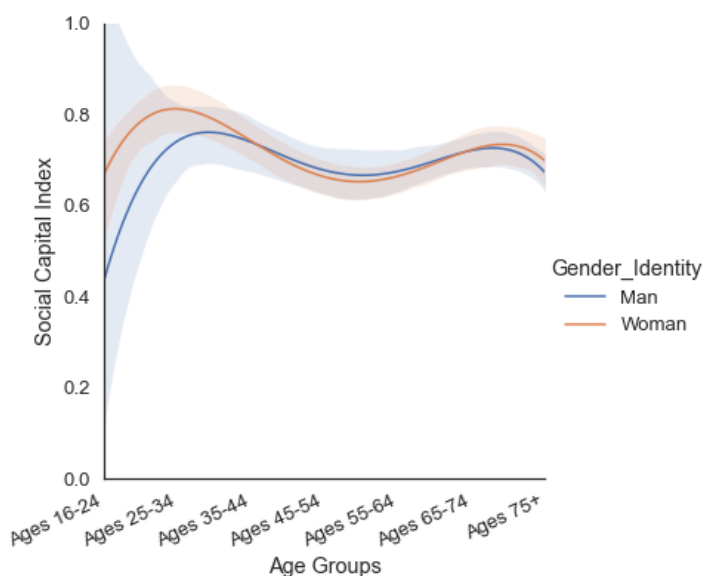
**Chart 3.17: Midlife Dip in Social Capital by Dependents**



This pattern is particularly pronounced for social capital where the dip is much deeper. We see that women tend to have higher levels of social capital earlier in life but the dip in social capital starts at around the same age for both sexes displayed in the graph. We see a slightly slower resurgence by women than men, although this is at the same rate. But when the dip occurs again in later life, women still have marginally higher social capital. Women having higher social capital is not unexpected. Women generally have stronger connections within the family and their communities compared to men, wider forms of bonding and bridging capital, which is often associated with the care work they provide as mothers and carers.

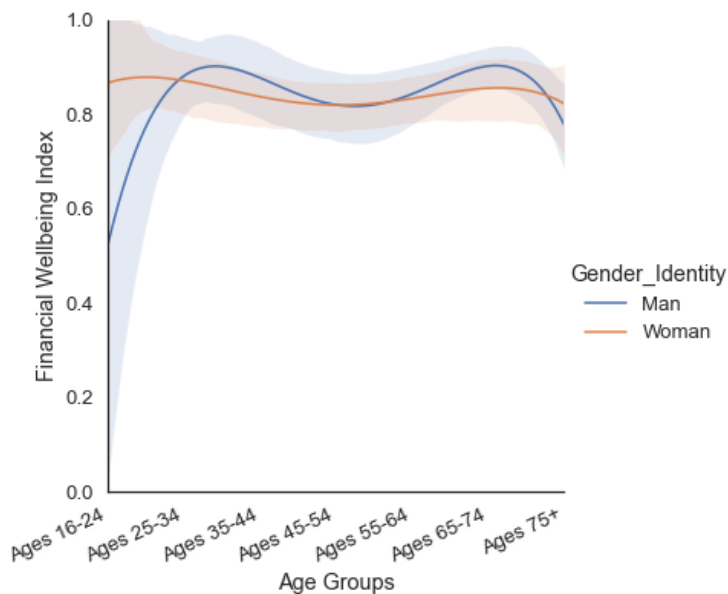
Again, this pattern is present for both males and females, but as can be seen, the dips happen at different times in life (Charts 3.18 to 3.21).

**Chart 3.18: Midlife Dip in Social Capital by Sex**



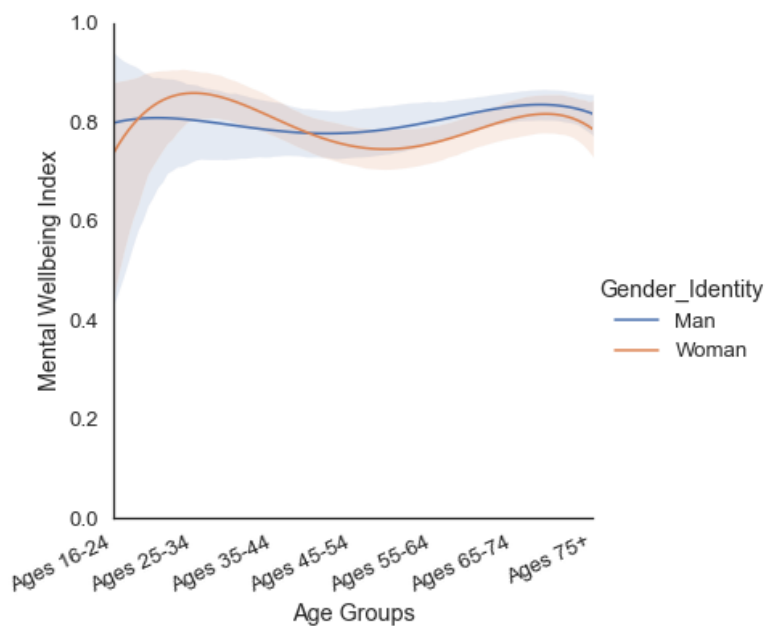
The dip in terms of financial wellbeing appears to be more gradual over a longer period of time for women, but for men happens more abruptly in the 30s to 50s. It is also important to note that women tend to have a lower level of financial wellbeing across all age groups in comparison to men.

**Chart 3.19: Midlife Dip in Financial Wellbeing by Sex**



For men we can see that the dip starts around the mid-20s but by the mid-40s has started to improve. Women's mental wellbeing, however starts higher before a dip starting from the mid-20s and does not start to improve until the early 50s.

**Chart 3.20: Midlife Dip in Mental Wellbeing by Sex**

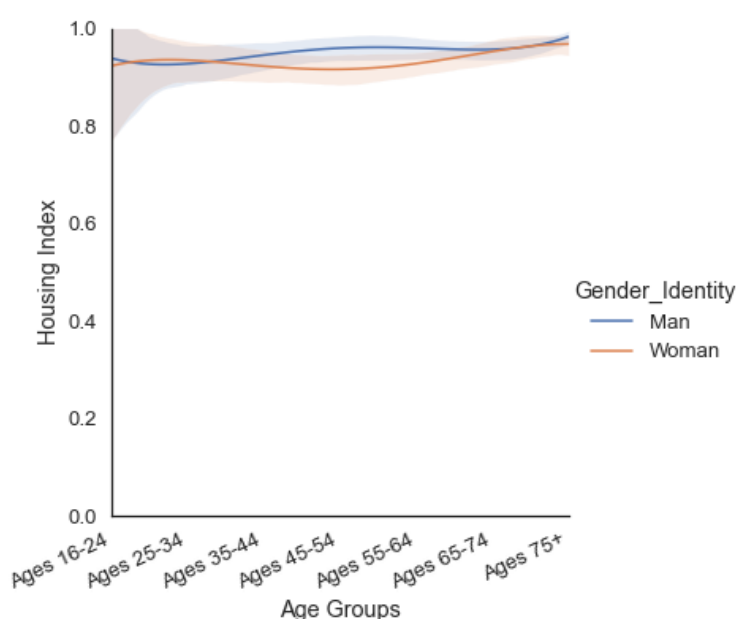


Generally, the housing index tends to increase over a lifetime, but it looks like there is a slight difference between men and women's experience of housing in midlife. This pattern is also different for those with dependants compared to those without. It appears that those with dependants tend to experience the same dip in the housing index.

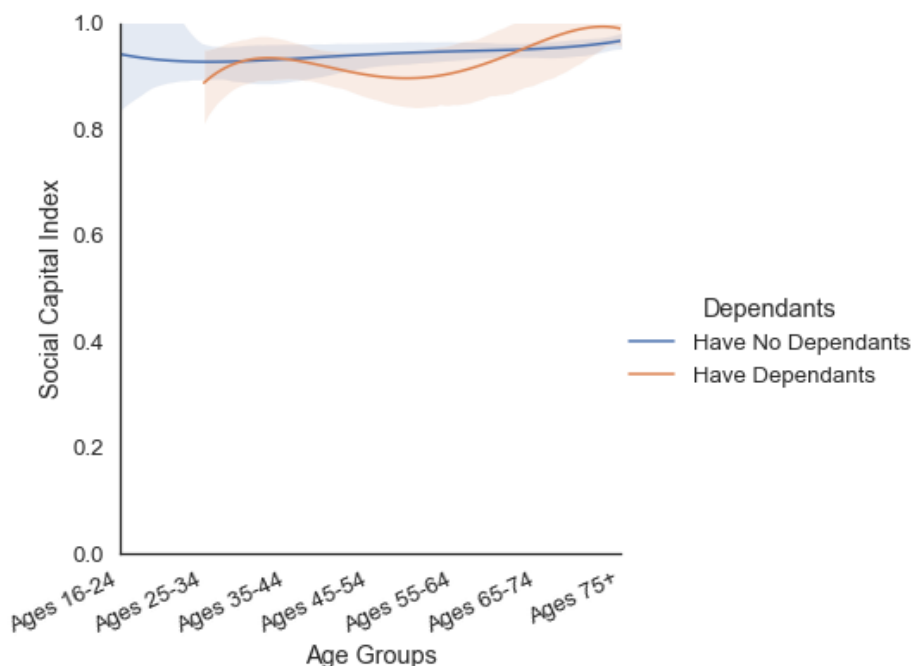
In relation to dependants and considering the age at which there is a dip, we can expect this to broadly relate to children growing up and perhaps issues of space and need for repair may have increased, and the sharp improvement later potentially reflects children becoming adults and leaving the family home, consequently reducing pressures on space and reflecting efforts to improve the home ahead of retirement so that no further house repairs are needed. The slight dip for those without dependants in the younger age groups likely reflects challenges securing your own home (not a rented house share) or perhaps remaining in the family home until the mid-30s due to challenges in securing a deposit for your own home. However, the broadly similar levels of satisfaction which persist across the other age groups likely reflects some stability in housing needs which do not fluctuate with the changing space needs of dependents and the gradual wear and tear caused by day-to-day life.

In terms of the differences by sex, these are more challenging to explain. Without further data to investigate this variation, it is difficult to suggest plausible explanations which fit the pattern.

**Chart 3.21: Housing Index by Sex**



**Chart 3.22: Housing Index by Dependants**



### 3.11 Chapter Conclusion

This chapter has drawn out a series of complex analyses driven by the survey findings. It has indicated that across Sutton Coldfield, the same seven factors form the priority focus for any interventions pursued, or supported, by SCCT. Primarily this is because the needs of residents within these factors are unmet. The challenge is that for many residents these are found in pockets of poverty within Sutton Coldfield, although there is some concentration within wards. The importance of this is that whilst it may be simpler to target those wards indicating greatest need, this would leave other residents in more affluent areas with limited support and a more acute experience of unmet needs.

Our findings recommend an all-Sutton Coldfield approach, but one that incorporates additional support targeted at those wards or groups we have identified as having greater levels of unmet needs. The strength of this approach rests upon our factor analysis, which demonstrated that social capital, local community satisfaction and standard of living are the main factors where residents indicated greatest need. This is supported in much of the interview and focus group data. Following this is a cluster of “wellbeing” measures (mental, physical and financial) which is followed by housing. As we have noted, housing is a slightly harder factor to pin down in the analysis, as the measures indicate that residents are generally happy with the quality of their housing. But it remains an issue for some, suggesting that while only affecting a small number of residents it is likely to be quite severe. Our interview data provided additional insights into the issue of hidden homelessness within Sutton Coldfield. Thus, we know from the data, residents across Sutton Coldfield will experience challenges meeting needs across the factors.



In terms of the quality of life measure, which brings together an analysis of all factors, we see some clear distinctions. Reddicap and Trinity are two geographical areas that need the greatest support, although as noted this is not at the expense of support needed across the pockets of poverty that exist within Sutton. In addition, those over 75 are likely experiencing challenges meeting needs because of problems with their physical health (and likely multiple problems), whilst the LGBTQ+ community and middle-aged residents are also experiencing a lower quality of life. For the former, this may be linked to limited support and provision (or even recognition that LGBTQ+ people live in Sutton Coldfield). For the latter group, it is challenging to determine an exact cause for the dip as a general pattern, although some of the analysis by dependents/no dependents and men/women can offer some insight into a number of these dips by our different factors.

## Chapter Four: Wider Social Need Concerns

The previous chapter identified seven priority factors representing clusters of needs currently unmet for a significant number of residents in Sutton Coldfield. These factors were: social capital, community satisfaction, standard of living, mental wellbeing, physical wellbeing, financial wellbeing and housing. Within our ward-level analysis, these same seven areas of unmet need exist and whilst some of this may relate to the recent pandemic crisis (and therefore offer consideration for post-pandemic reconstruction) other aspects arise from broader financial and local contexts. The chapter also highlighted some groups of residents where unmet needs are a present concern: the LGBTQ+ community, over 75s and those in their 40s to late 50s. These form several potential priority areas for SCCT to consider in terms of its own activity and partnership interventions with key stakeholders.

Wider data collection has also identified additional areas worthy of mention and can also inform the future activity of SCCT. In this chapter, the discussion draws upon the interviews with residents and service providers to explore some of the emerging issues in addition to the broader patterns outlined in the previous chapter.

### 4.1 Chapter Summary

- Our analysis suggests that whilst concerns about poverty and deprivation focus on certain locations within Sutton Coldfield, pockets of poverty exist across all wards – and it is in affluent wards that there will likely be fewer services and support available.
- Residents have generally expressed that Sutton Coldfield town centre has eroded over time and is now a “dead town”.
- Generally, residents are happy with local services, but they have some concerns with issues of access in the post-Covid context and have noted a reduction in shops and amenities to meet basic needs and an increase in “less useful” stores.
- Facilities for children and young people are significantly lacking/underinvested.
- There are general concerns around perceptions of crime and antisocial behaviour, largely linked to safety in Sutton Coldfield Park and car thefts.
- Concerns around transport largely highlight the lack of reliability of the bus network.
- Support for people with learning disabilities, as with youth services, are underfunded/lacking. People with learning disabilities also seem to live their day-to-day lives in a bubble excluded from wider Sutton Coldfield residents.
- Several other issues are noticeable within Sutton Coldfield, especially concerns in relation to domestic abuse and the lack of support for residents who experience this within Sutton Coldfield.

### 4.2 Pockets of Poverty

The previous analysis at a few points of the discussion has drawn out a reference to the idea of “pockets of poverty”. Despite the affluent/prosperous wards as well as broader affluence of the town, Sutton Coldfield does contain a few established social housing estates which have higher levels of poverty and deprivation. But despite the view often found that these are where unmet needs are greatest within Sutton Coldfield, the analysis here highlights that there are shared groups of unmet social needs across Sutton Coldfield.

Within our interview data, we find examples that residents are fully aware that the challenges of poverty and deprivation do exist across Sutton Coldfield. While many residents point to social housing estates, many also recognise that poverty exists within the more affluent wards. Interviews with residents reiterated the existence of these pockets of poverty. For example, residents in Reddicap explained:

*On the whole, it's an affluent area but then there's the Reddicap area where there is poverty and I guess, probably being Sutton, and being a minority issue really probably not as good as there is in Birmingham in terms of community support or alleviating poverty.*

Resident Interview

*Sutton isn't one of those which I would say has a high level of poverty. Having said that, I know there are pockets, there are areas of it. So, Falcon Lodge is one of them, it's a council estate, well an ex-council estate because most of the people on there have bought their houses over the years. But as it originates, it was the council estate of Sutton if you like.*

Resident Interview

But this could be part of a broader recognition of the wider poverty challenges within Sutton:

*We have quite a large area of social housing over on the Falcon Lodge area of the town. Certainly, if there was to be much deprivation, that's where it would be found. The Falcon Lodge over to parts of Walmley, council housing. [...] Falcon Lodge is the biggest area of deprivation, there's some in Minworth as well. Similar things could be said there, but not very much. Let's face it, this is one of the wealthiest towns in the country.*

Resident Interview

In our area [Boldmere] I would say, I know there's always going to be pockets of people who are less fortunate and there's less money, but overall, on average it is a really wealth area. Like I can afford barely any of the houses here, some of the houses are like millions in Sutton. So, it's a really wealthy area but not necessarily all of the properties are really wealthy, overall.

Resident Interview

Consequently, there is an awareness that supporting people with unmet needs in Sutton Coldfield is a challenge because of the association with the affluence of the town. To address this, we have suggested a broader Sutton Coldfield wide approach to addressing unmet needs, but one which uses the analysis of this report to offer additional or more targeted support within the broad approach for certain wards and groups of residents. This would allow SCCT to avoid its concerns that area-based and group-based approaches might create a source of stigma within the actions it takes. But, as the quotes above illustrate, there is perhaps little need for concern about any potential stigmatising effects of activity. Residents are aware that certain areas of Sutton Coldfield need additional support, while also recognising that there are residents in more affluent areas that also need support.

As one resident pointed out in relation to Four Oaks:

*People in Four Oaks aren't all millionaires. There's a lot of poverty here. If I was there now, I would say: "Why are people having to go to food banks?" There is a lot, and this annoys me. We don't all live on Four Oaks Estate. [...] and yet my husband's nieces, they're scrambling around, his one nephew's homeless, they're relying on food banks, and we've got people in the family relying on food banks who are a bit too proud to come and ask. It's real, and people saying: "I never thought I'd have to go to a food bank".*

Resident Interview

As such, the discussion in this chapter builds on this pocket of poverty discussion. It outlines a range of emerging issues from the interviews and focus groups to highlight issues which impact on a range of residents and create barriers to their ability to meet their needs. Many of these issues, however, are not necessarily issues SCCT can address by itself. As such, SCCT will likely have a role in using its networks and influence in Sutton Coldfield to advocate on behalf of residents on these issues. Some other challenges to meeting needs raised in this chapter are challenges SCCT can look to address through its support for Sutton.

#### 4.3 Sutton Coldfield Town Centre

One key challenge that the residents indicated throughout the interviews is a growing concern about the town centre. Quite often when discussing "life in Sutton" residents would refer to the town centre as "Sutton". It is important to note that at the time of interviews the Town Council was in the process of developing its "Master Plan" for the town centre, and some link to this can be made in our discussion. However during interviews with residents no one indicated any awareness of this, and only one focus group made a mention of a new "bus hub" in the town centre.

Residents' commentaries highlighted the demise of the town centre as a gradual process linked to a shift in the shops that are available (or not) and the rise of more coffee shops and restaurants and the diminishing provision of clothing and food retailers.

*Like my little daughter, I don't want to take her to Sutton town centre because she would go: "So why is that shop closed? Why is that shop closed?" It's too upsetting to say: "Oh well, they're all going because there isn't a great area anymore and it once was," and its, the, I don't know what's gone on but its seriously, the shopping centre is depressing. Even if you look at somewhere like Solihull, its thriving, similar demographic, like a wealthier suburb, it's got a big shopping centre, it's got big brands there. We just don't have that power, so we're always having to go out and put into their economy instead of putting into our own. Its rubbish. [...] the town centre is just so sad and dying a death.*

Resident Interview

*Other than the fact that the town centre seems, well there's been a lot more shops closed since we moved here which is quite a shame because I remember as a child going around the shops for the first time I was allowed to go when I was about 15 or so. I was quite hoping that that would be the same for my kids, but I don't think*

*there'll be much of a shopping centre left at this rate. That's quite sad to see. I've tried to go in a few times to buy things, there was just not enough shops to actually make it a worthwhile shopping trip, so you end up going to going places like Tamworth or Solihull which seems to be just getting things right.*

Resident Interview

*Sutton town centre is not pleasant in the evening, it's quite intimidating because there's not so many people live there. And erm, yeah, it's just so outdated and shutting down. It's sad, it's sad. You know, I used to go into the town centre to use Marks & Spencers but now I just jump on the bus to Tamworth. [...] We don't have the little shops; we don't have the independent places. I'd hate to see the town centre completely die off, that would be terribly sad.*

Resident Interview

*Well, for me, the biggest problem in Sutton number one: It has died a death as a potential area. That in itself causes a lack of community because you haven't got a central point for people to meet. If I look at Lichfield, you know, they have different markets on. They have a grub club where they have loads of food. They do lots of different things, there's none of that in Sutton.*

Resident Interview

In terms of access to the town centre, we identified a few concerns residents have with the broader reliability of buses (see below) but some small examples of concerns with parking charges:

*Yeah, there's parking but to be honest the town centre has been dying for years and they've done nothing. All they keep doing is increasing the parking prices. You know, if you want to encourage people you have to remove the price of the parking.*

Resident Interview

More broadly, as was raised by younger focus group participants, Sutton Coldfield was perceived to be a “dead town”:

*I've lived in Sutton all my life, erm has generally declined. Resources, presentation, everything has just, yeah, there's nothing great or special about Sutton Coldfield anymore.*

Resident Interview

*Yeah, quite a few of the shopping centres certainly becoming a little bit of a ghost town, that's Sutton Parade. That's become more of a ghost town. The infrastructure is deteriorating quite badly. Roads, footpaths, the street furniture, the trees along the streets, everything's deteriorating. Litter is a major problem. But yes, it's not going up, it's going down more than anything you know.*

Resident Interview

To an extent, this relates to the discussions which follow in Sections 5.4, 5.6 and 5.7 below. The concern for many residents is that Sutton Coldfield now lacks shops and activities which

would retain people in Sutton. For our younger participants, this is often resolved through travelling into Birmingham by train (although the young residents within the focus group were all relatively local to the train station and so this offered easy access, this may not be ubiquitous across all young people). For older residents, routes out of Sutton Coldfield were more complicated, often relying on the bus, which offered an unreliable service (see 5.7), or a car, which is not something all older people have access to.

One challenge for Sutton Coldfield, therefore, is not simply about rejuvenating the town centre as outlined in the current plan. There is also a need to invest in a broader range of activities for residents, especially young people, as explored in Section 4.5.

The regeneration of the town centre is currently a concern for the Town Council and its broader partners. A recent “Master Plan” has been published to rejuvenate the town centre, indicating the Town Council is aware of this demise and is now prioritising the need to regenerate the town centre and taking action (Birmingham City Council, 2021). The plan is shaped around several key objectives linked to broader themes (connecting, communicating, celebrating, community, changing and complementing). Whilst the current report was not drafted to respond to these issues specifically, a few comments can be drawn out from the wider analysis which SCCT may wish to raise with the Town Council and its partners (see Table 4.1).

**Table 4.1: Town Centre Redevelopment**

Objective/Value for redevelopment	Relevant insights from the study
Connecting	<p>As noted later in relation to concerns about the development of the “transport hub” in Sutton Coldfield town centre, older residents are concerned about the impact this will have on their ability to traverse The Parade (see Section 4.7). Offering some form of shuttle bus or similar innovation may be worth considering within the wider pedestrianisation scheme.</p> <p>Connections to wider areas of Sutton Coldfield would be useful if this offers an easier means for residents to travel to various parts of Sutton Coldfield and reduces the overall number of buses used to make one journey.</p> <p>The wider concern about lack of activities amongst young people (see Section 5.5) could also inform these issues. Consideration could be given to the development of activities and connecting to these routes so that young people have ease of access.</p>
Communicating	<p>Our discussion in Section 3.4 indicates many residents access information via social media but others have no awareness of this (especially younger residents) or do not use these digital social networks (older residents). The analysis of social needs suggests a need to better promote events and activities in Sutton Coldfield but to do so through a multitude of digital and physical means.</p>
Celebrating	<p>The analysis has no specific commentary here other than to note the majority of residents recognise a significant sense of community identity with Sutton Coldfield despite their concerns over the demise of various services and shops over recent years.</p>
Community	<p>The analysis here supports the need to recognise and promote existing local groups, and the mapping of services and sporting activities could be useful in this endeavour. However, we do note that many activities can also exclude residents where more formal memberships, etc., are required. Considering the insights presented in Sections 3.3, 3.4, 4.5 and 4.8 below we would recommend a broader initiative to enhance the range of community activities, groups and forms of participation, which likely goes beyond the remit of the development plan <i>per se</i>.</p>
Changing	<p>Our analysis does not offer much commentary in regard to this objective other than to suggest that such changes would likely be well-received by residents concerned over the demise of the town centre.</p>
Complementing	<p>Again, we do not have specific comments here, rather that some of our broader recommendations within this report resonate with the hopes for diverse usage of the town centre and highlight that there are concerns about the affordability of housing within Sutton Coldfield and that this should be considered within any housing development planning.</p>

#### 4.4 Local Services

Elements of this theme have already been examined from the survey analysis above. From the interviews with residents, however, we can identify several local service concerns which cut across the range of wards, and to an extent this gives a sense of “two Sutton Coldfields” developing from the qualitative data: a sense that some residents have sufficient income that they are able to access services outside of Sutton Coldfield as a result of their financial resources, whilst others are not so fortunate and have to make do with what is available locally, or stretch their financial resources to secure essential goods and services from across Sutton.

Within relatively affluent areas there were concerns about the visible aspects of their communities: issues of litter, road quality, etc., which tend to dominate in these accounts. For example, in Four Oaks and Wylde Green, residents are extremely positive about their communities but highlight concerns regarding losing affordable shops (potentially because of gentrification) and reporting unkempt community spaces:

*Yeah. Very, very wealthy area. [...] shops wise, you know, it's a lot of expensive restaurants, expensive clothes and shoe shops. There's a Poundland but that's about it. But everywhere affordable is getting pushed out of the area.*

Resident Interview

*I go to the Lanes, the shopping centre in Wylde Green, it's a completely different story, its filthy and disgusting and I've got a three-year-old daughter and I don't even want to take her there because it looks, it's just not nice for her to be.*

Resident Interview

Included in this pleasant place to live but with some minor concerns are Roughley, Walmley and Minworth and Vesey. Boldmere is highlighted as a place which has a feeling of community to it:

*Boldmere is quite a vibrant place. It's got a really strong sense of community, particularly around the High Street area. Everybody says it's the community feel and vibrancy around you can just tell when you're there. [...] There has been quite a lot of changes over the years. For example, there's a lot more independent retailers in Boldmere High Street. You have the community festival there, which is great fun. There's quite a few more sort of eating establishments as well and cafes, more bars, restaurants, which keep the place going by the evening as well as the daytime. You don't get a lot of empty stock units because they tend to be picked up quite quickly.*

Resident Interview

But we see some of these wards also starting to merge into a more concerned commentary about the state of the local services. For example, residents in Mere Green and Trinity (which includes the town centre) raised concerns regarding empty shop units and lack of similar replacements, leaving the units empty for a longer period of time. Additional to the loss of shops is the gradual withdrawal of *some* services – local bank branches, pharmacies, etc., providing a sense of a hollowing out of community hubs. Whilst much of this is likely beyond the scope of SCCT to address, it highlights the significance residents place on local amenities within Sutton Coldfield that are gradually eroding:



*There was a bank up there when we moved in, it's gone. There was a Santander up there, it's gone. I think they're closing the Barclays as well, which is not good. There was something else up there that was useful as well. There was a Lloyds Pharmacy on the corner, by the Poundland and that's gone as well since we've been here. Several shops have closed in Mere Green.*

Resident Interview

*I mean at one time, we had a hairdressers, a florist, a chemist, an independent grocery shop and there was, oh, there was a video shop, now it's changed, we've got a vape shop and a betting shop. Chemist has gone, the florist has gone, the Co-Op's taken over the independent food and newsagents. So, oh and the post office has gone from being an independent place alone, of standalone to the back of the Co-Op which is, is lucky really that it's still there. But to lose a chemist for a vape shop is a big loss.*

Resident Interview

The withdrawal of services was especially recognised by older residents who have seen changes over a period of decades within Sutton. This was presented as a shifting over time which has seen a reduction in food shops, especially larger supermarkets, but a rise in services shops (hairdressers, vape shops and charity shops). Non-essential goods and services were often in greater supply than some essential services. The consequence of this is that residents often rely on transport to access essential shops, which can not only increase the cost of accessing these services but adds a financial penalty of the bus fare as outlined in an extract earlier:

Participant 1: The vape thing, for electric cigarettes, for vaping. But it's the essentials we need. What we are actually saying is we have to catch a bus to get a piece of meat. We have to catch a bus to go bank.

Participant 4: Well, there is the Co-Op but they aren't always well stocked.

Participant 1: But at our age...

Participant 2: There is the farmers' market once a month which is nice.

Participant 3: It is but then again, we don't always want to buy meat from a back of a van.

Participant 1: Exactly.

Participant 3: It's not frozen or anything.

Participant 1: You see what has happened is that all the main stores, the supermarkets have lost their fresh veg, not fresh veg, but wet fish and fresh meat and that's why we have to go two buses to get a decent piece of meat. I think what we are saying is that Sutton has become a dead to us situation, if you're well off you're ok, you're fine, but if you are on low income or you can't drive or you can't travel, or you want fresh food ... but I think that is why no one comes to Sutton, isn't it?

Participant 2: Yes.

For some residents, however, the re-routing of the bus has proven to be beneficial and where provision of the free bus pass removes the cost of bus usage, which as illustrated in

the following quote, was a consequence of health complications preventing this resident's parents from driving:

*They've re-routed some of the routes, which is ideal because they can actually go to Asda now whereas before they couldn't. It's ideal for them, there's the pensioners and that. It'll be the same for people who are working or whatever, they can get to a superstore.*

Resident Interview

Concerns around service provision exist across all sections of Sutton. Our survey analysis did illustrate service satisfaction amongst residents. Specifically, we asked if residents had used / not used a list of services and whether they were satisfied or dissatisfied. Looking just at the responses from those who used services in terms of satisfaction and dissatisfaction, we can see some variation in response.

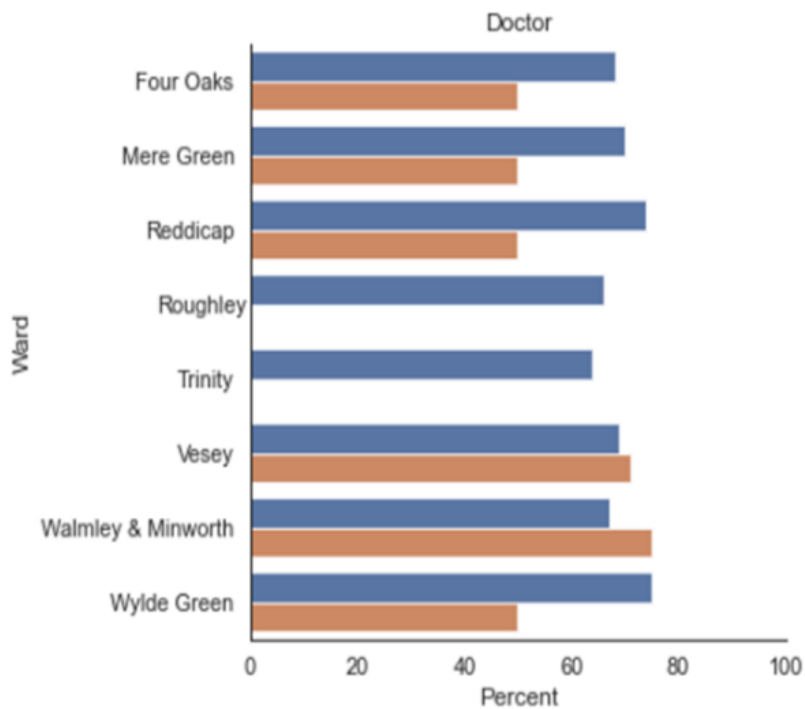
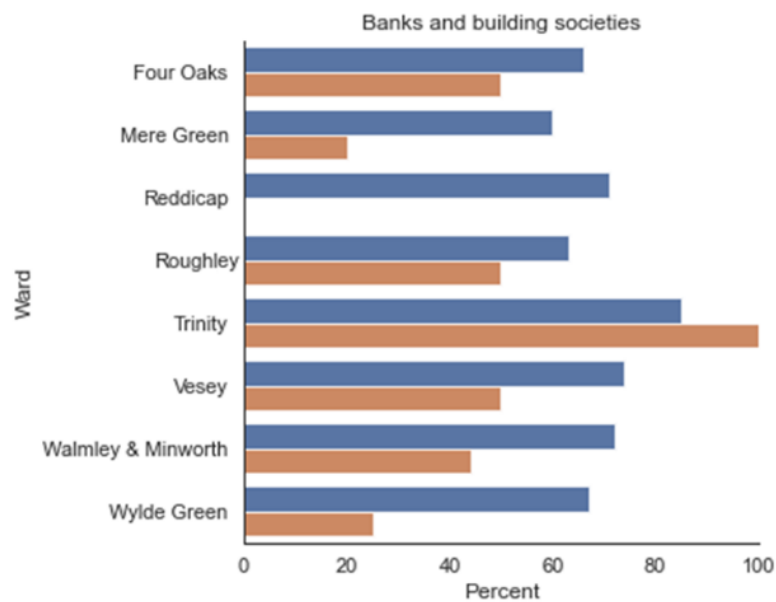
To illustrate this Chart 4.1 draws together four examples of services from our extended list to illustrate some of the variation in levels of satisfaction between users and non-users of services by ward. By looking at non-user responses we get a broader insight in to public perceptions that can be compared to the levels of satisfaction by those who have used identified services.

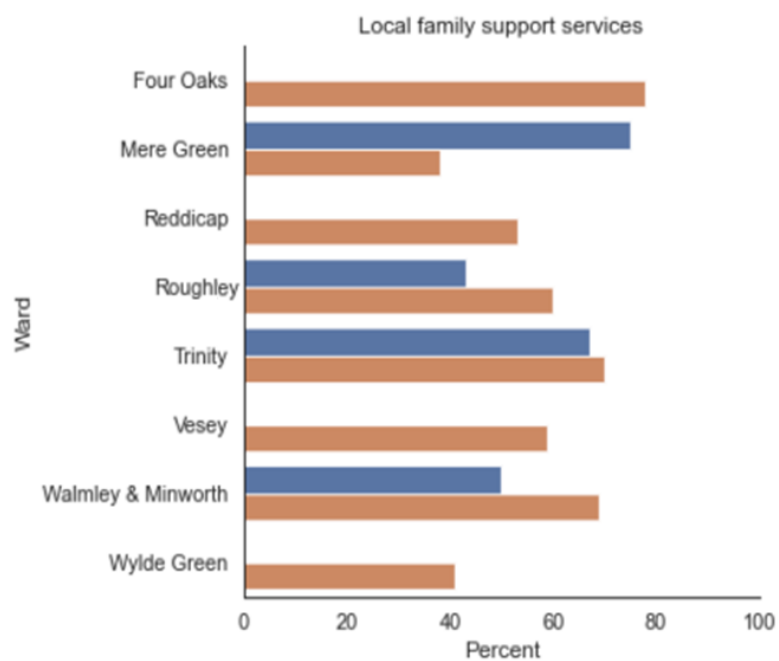
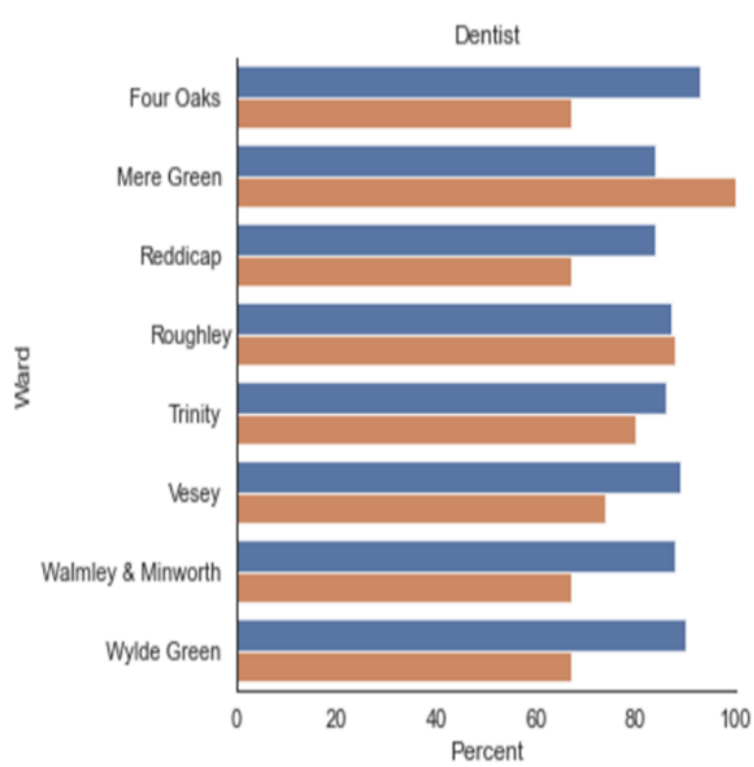
Doctors and dentists within Sutton Coldfield seem to have a high level of satisfaction among users and non-users, although in the focus groups and interviews some concerns were raised around the challenges of accessing GP surgeries for appointments, as well as the reliance of many services on digital-based communications. Generally, residents seemed satisfied, and it is possible some of the current challenges with access are linked to Covid-19 restrictions.

For other services, such as banking and building societies and local family support, we see a much more varied picture. With regard to banking services, we see broadly high levels of satisfaction, with users tending to have higher levels of satisfaction compared to non-users. For local family services, however, we only had responses from users in a few wards (and non-users in all wards). For users of the service, satisfaction is high in some areas and lower in others.

Across the data, we do not see any significant patterns in the levels of satisfaction or dissatisfaction. We look at a few more specific services below as part of the discussions on other emerging findings. At this broader level, however we can suggest that whilst on the whole residents do experience good service provision, residents face some challenges in terms of access to services. Often, therefore, it is not the service that is problematic but the wider reconfiguration of local high streets and the town centre to reduce provision of some available goods and services and the subsequent need to travel further afield that is fundamentally the core challenge of local service provision (see Section 4.7).

*Chart 4.1: Service Satisfaction by User and Non-user Across Wards – Example Services*

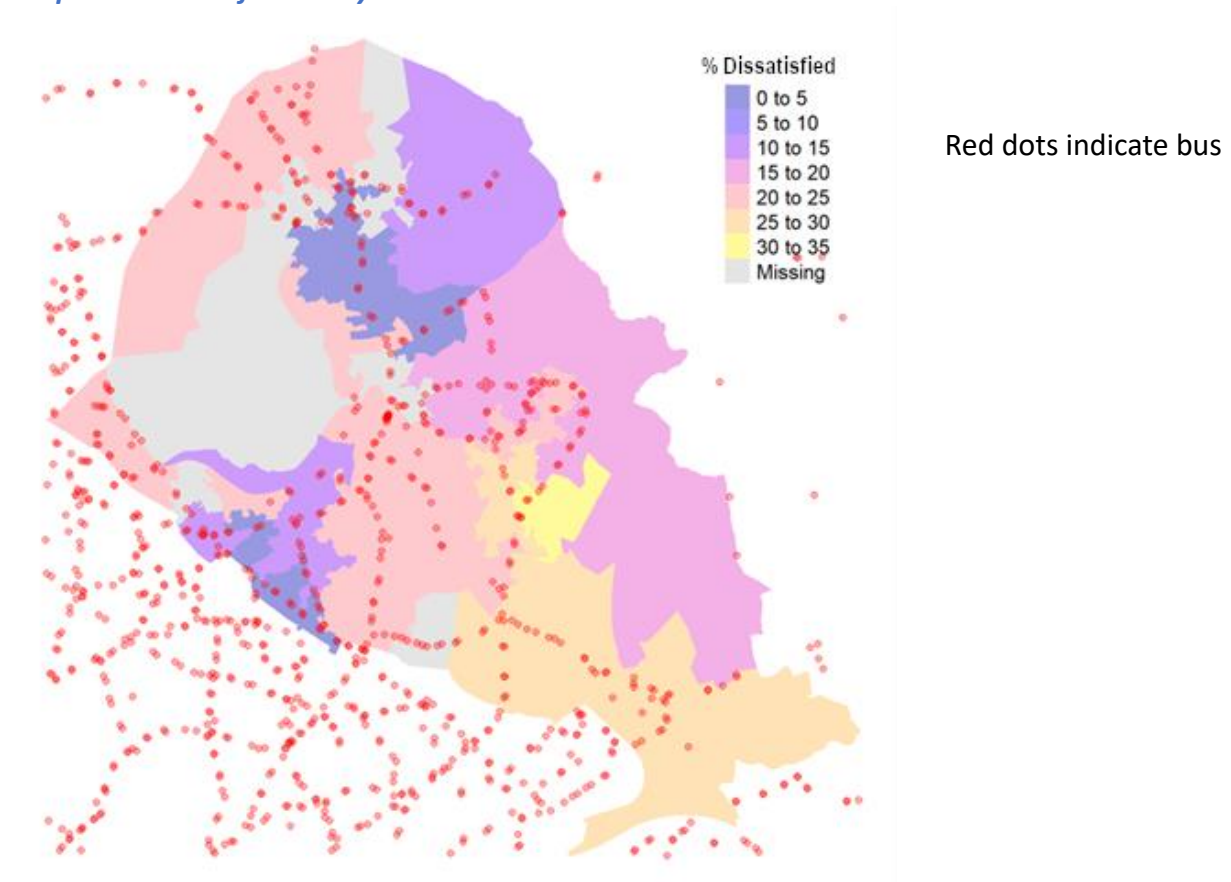




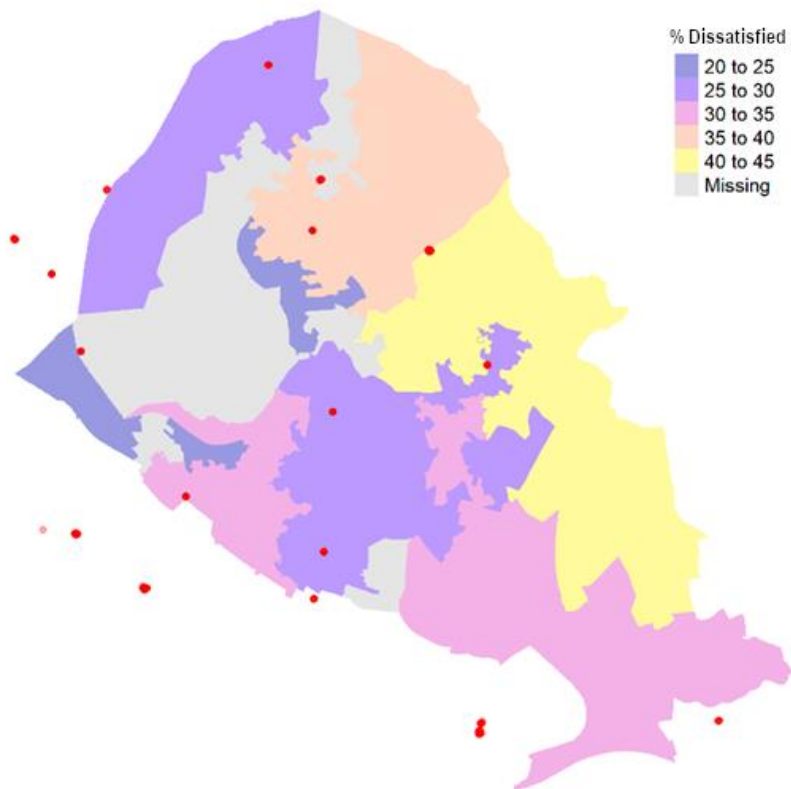
Alongside this analysis, we have also mapped the satisfaction against location to see if levels of satisfaction varied by residency and proximity to services. Across all the services we do not see any general variation by location, and broadly therefore levels of satisfaction and dissatisfaction are fairly evenly spread and not, as we might expect, demonstrating higher levels of satisfaction as proximity increases.

The maps below show the locations of the services (the dots) and the levels of dissatisfaction. For example, the areas shaded with yellow have the highest level of dissatisfaction (30–35%), whilst the deepest purple shows 0–5% people are dissatisfied in that area.

**Map 4.1: Dissatisfaction by Bus Service**

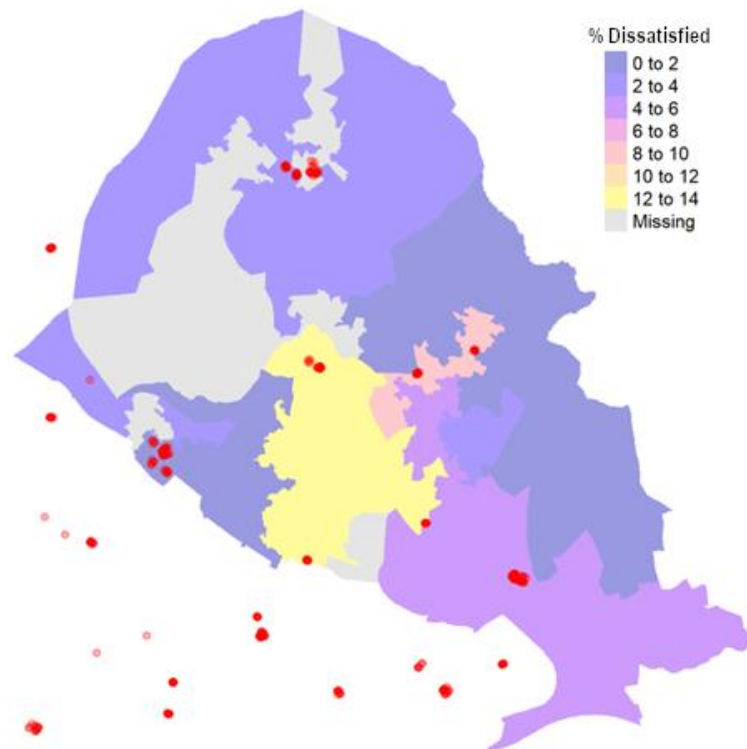


*Map 42: Dissatisfaction by Doctor Provision*



Red dots indicate GP practices

*Map 4.3: Dissatisfaction by Supermarket*



Red dots indicate supermarkets

This analysis likely suggests, as we have noted elsewhere, that high levels of satisfaction exist but it is the accessibility of many services that is often problematic. Residents do not believe they have poor-quality services; the challenges rest, for some residents (especially low-income, no-car households) on the ease of access.

#### 4.5 Facilities for Children and Young People

A broader view of services also reflects the provision of leisure activities. This remains a challenge within Sutton. The 1993 report highlights a need to produce safe play areas for children with good-quality services alongside affordable childcare options. While childcare has not come out as a significant factor in our data, and there has been a considerable policy shift in this area over the last 30 years, the need for quality children's play areas remains a concern for many residents across the Royal Town:

*The play areas, they're abysmal, abysmal. There's the one at Sutton Coldfield town gate which is a, a hodgepodge of child's out-of-date things. [...] It's not that well maintained. [...] We end up driving to Lichfield so much because they seem to really have made the play parks really good. And they have things like for disabled kids there that are like amazing that I'd never seen. Like whoever's running their council on their play parks is just doing an incredible job.*

Resident Interview

Concern exists for the provision of youth services for older young people, especially those with disabilities:

*So, when they're younger there are more things because more things have safeguarding in place, so you can go to a park and know that the gates are shut but then it's when they have access to the community when they're slightly older I would say, erm. Well, you're fighting for everything, always, always, always. And this is when I say that community centres, the resources there, they're fighting for every penny.*

Resident Interview

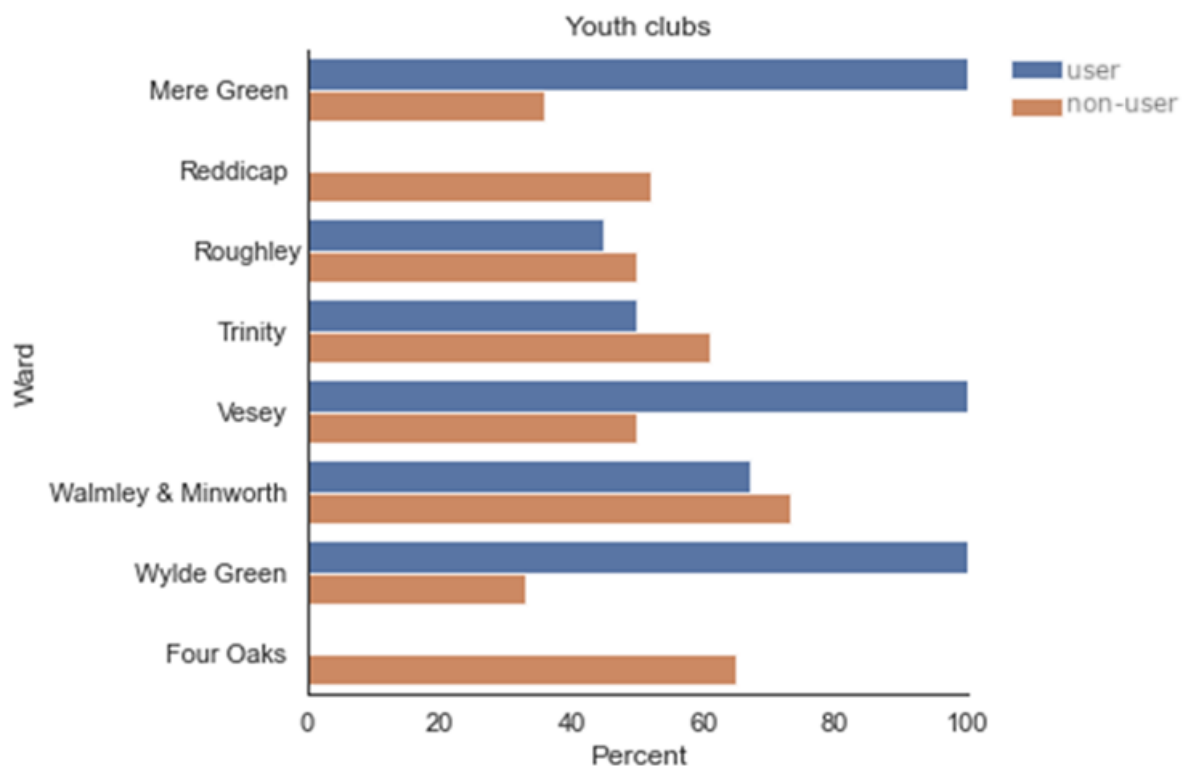
First there is a concern about available play areas for children (and their quality). Second, there is a lack of services for older children and young adults, especially those with a disability. This starts to interlink with service provision more broadly (a theme to be examined in the wider findings analysis). However, there is recognition that local services by the YMCA in particular provide high-quality provision, especially for disabled young people, but that by itself, this is insufficient for a place the size of Sutton Coldfield:

*However, I will say that the one saving grace, amazing place, in Sutton Coldfield is the YMCA. I have to say without that place, it's amazing. It's got disability groups, it's got carers' groups, it's got help for people who find themselves homeless, it's got inclusion groups, it's got everything, because you don't just have a child with a disability, you have a family with a child with a disability, so everyone is impacted. And the YMCA do everything.*

Resident Interview

This is in part supported by our survey data, which asked a question around service satisfaction in relation to services for young people. As Chart 4.2, illustrates there is lower user and non-user satisfaction with youth clubs in Roughley and Trinity (although we do not have any data from users in Reddicap) and, to a lesser extent, Walmley and Minworth. However, satisfaction levels in Mere Green, Vesey and Wylde Green are high, and as with Reddicap we do not have user information for Four Oaks.

**Chart 4.2: Youth club Provision Satisfaction by Ward**



Although it can be difficult to identify from survey data what is underpinning these trends in responses, we can see from the interview and focus group data that residents have concerns about the level of support and activity for young people, especially during the teenage years and early adulthood.

Within a focus group discussion with young adults (18-24) there was a sense that very little was available to them once they finished school.

*Participant 3: At school I did have careers appointments and stuff and things like that but they didn't really seem to give any sort of actual advice, they would be like: "So what do you want to do?" and I would be like: "I don't know, because I need some actual advice on what there is to do," and they would be like: "You could be an office worker," and like, I already know that's a job, I want to know what there is, and that's what I think is missing, is about telling you what you don't know not what you do know and actually going through and sitting with you and having a look at your CV, I never really had any CV support, and thinking about what you need to do to get the*



*job, and actual work experience. I don't think that was really ever given to me as any sort of advice.*

*Participant 4: We did like one practice interview and that was it, it was like there you are, you're set.*

*Participant 3: I think schools are more bothered about you going to university now and not you are getting a job and I don't think that is really fair for people who don't want to go down that route.*

*Participant 6: Straight up, school was like: "Are you going to uni?" There was no like mention of apprenticeships or any sort of alternative routes, they just ticked you off. We had a kid in the year above who went to Oxford and my god did you never hear the end of it, someone went to Oxford from our school.*

*Participant 3: I think at school, why they have job fairs and stuff, they are all the same BMW, Jaguar, Rolls Royce in a row and then KPMG, and no diversity in what is being offered, like there was nothing from more creative jobs or anything. Especially going to a grammar school, STEM is pushed on to us and it is very hard. There was never anything creative, like if you wanted to be a dancer.*

*Participant 6: Literally like the jobs fair was 80% engineering or accounting. If you wanted to be an engineer or accountant, yeah, you're set. But it's like the school didn't know about anything else.*

*Participant 4: [Name] was similar but a bit better, like you would always find things they would push, like army recruiting, so seven army booths and two normal, no army booths. But outside of jobs fairs, at college, we didn't have any, like, life skills or anything other than the one I got kicked out of about learning to drive, and I could already drive as I had already passed, so they kicked me out of it.*

*Interviewer: So, what sort of things would you prefer to see?*

*Participant 4: I think external people. Like teachers are doing it for their own sake, whereas external people, like teachers always push you into being a teacher as well, whereas if you are external you have come from this business, or this industry or here and they have experience of it and when you are 17, like I could only list maybe 10 jobs but you know there are all these other jobs but you don't know what people do or what the jobs entail rather than the same old, same old.*

*Participant 3: I think what the students actually want to do when they finish, I think the job fairs weren't relevant to anyone, like one or two said it was "interesting to me" but no one really cared, and they could have done things based on people's interests.*

*Participant 4: I think they do what the parents want their kids to do so they think: "well the parents want them to do this, so we should do this".*

*Participant 6: Yeah doctors, lawyers, accounting, engineering, and that's it. Drop the army in and Bob's your uncle.*

*Participant 4: So even those same four jobs, but in the army.*

*Participant 3: I feel like they could do more to support building skills. They did some things to help but there was never anything like building communication skills, or building your confidence, so I feel like more workshops and groups would be more useful to people. 'Cause I think some people do struggle with confidence, even at our age, and I feel like more of that needs to be taught at school – like time management and organisation, soft skills. And we are not really taught to do that.*

*Participant 6: They kind of just expect you to pick this up from school.*

*Participant 4: There is no transferable skills or nothing, they are teaching you how to get into the four big ones [key employers] and if you don't want to go to the four big ones then you're on your own.*

*Participant 3: And this is like where the focus is on university as you go to the grammar schools and they are like: "Oh, so and so went to this university and so and so went to that university," it is never who went into jobs. I feel like they never really teach you what employers are looking for but what unis are looking for.*

*Participant 5: I feel like schools have a one size fits all approach and it would have been nice if they had looked at what your strengths and interests were and suggested things, like you were interested in that kind of, because they know you, basically connecting your strengths to something useful, they kinda expect you to do that on your own.*

#### Focus Group Two Discussion

The participants expressed that unless they wished to go drinking, Sutton Coldfield offered very little for them. Sports clubs had a potential barrier not only in terms of access (affordability and ability to travel), but facilities used for sport activities often had limited availability outside of the formal club activity for non-club members to access tennis courts, pitches, etc. The concerns expressed also illustrated that sporting activities were not necessarily what young people desired. Access to other leisure pursuits was also considered to be missing from Sutton Coldfield. Ultimately, this group expressed that they desired to have things to do to allow them to interact with peers that did not require drinking.

Insights from the service provider interviews also raised concerns that the central government's austerity policies had impacted on the town and resulted in "youth services being decimated". Our mapping activity suggests that within Sutton Coldfield there are only a handful of services aimed at teenagers and young adults, and because of funding cuts many now have limited provision. In fact, our focus group with young people included many who lived within or near to the town centre, but they were unable to list activities there: often Sutton Coldfield Park was seen to be one of the few places where young people could spend time.

Interviews with service providers presented a sense of frustration that they often felt they were not able to invest in and support local young people and that because of low service provision many were simply hanging around in the town centre. While we do need to treat such claims with caution, as these are the perceptions of service providers, there was some corroboration of this through the interview with one of the local police and community support officers who stated "they're [young people] constantly asking for things to do in the evening".

More broadly, concerns raised by service providers also indicated:

- Concern regarding the lack of mental health support available despite an increase in young people requiring help (a finding echoed by providers who worked closely with schools to address mental health issues and to which SCCT has recently provided some funding support for services).
- Concerns regarding support for young people in relation to drug addiction, family issues and questions around their identity.

- Associations between young people and crime and antisocial behaviour, especially in the wake of the stabbing of Ozell Pemberton (2018). As part of the response to this, “Youth Vision” has been set up by The Gap to hold a meeting three times a year with all local service providers, counsellors and PCSOs. The aim of this meeting was to share and update knowledge on youth culture in Sutton Coldfield.
- Finally, several service providers have suggested a growth in the number of young carers within Sutton Coldfield in recent years.

The data here is largely reliant on the perceptions of service providers, as well as insights from young people themselves, and this should always be treated with some caution. However, the service providers are working on the front line to support young people and as a result will have significant insight and knowledge about the current challenges to provision. In addition, as this was an insight shared by several service providers across Sutton Coldfield, it is likely this is an issue beyond the usual public concern that young people lack activities.

While people may point to the variety of sporting clubs and services on offer to suggest that young people have a good level of provision, this is not the experience of young people themselves. Rather, they see many of the clubs as inaccessible for both financial and transport reasons, and they often require a more formal engagement and commitment to the sport than many would like. Young people express a desire to just have accessible leisure and sport facilities that offer them safe spaces to engage with peers. It is this more informal sporting and leisure provision that needs to be addressed, alongside some of the pastoral elements of young people’s lives, for which we have some, limited, data to suggest there is a need for advice and support, especially for those who do not go into higher education (see also Section 6.9 for a discussion of young people with a learning disability).

#### 4.6 Antisocial Behaviour and Crime

A similar concern about the impact of service withdrawal on local communities can also be found in relation to residents’ perceptions and comments about crime and antisocial behaviour.

While in many of the interviews and focus groups antisocial behaviour was largely linked to the town centre, there were some concerns around drug use which were not seen as being restricted to the town centre, with a particular mention of these issues by residents in Reddicap (with Reddicap residents expressing higher levels of dissatisfaction with the local area conflating concerns with the environment with wider issues around criminality):

*Recently, with the lockdown, there has been a massive proliferation of the CO<sub>2</sub>, the silver canisters all over the park. I'm a member of a local group that tries to keep parks tidy and do litter picks and that. It's quite criminal really, because obviously they're legal [laughs]. It's quite amazing really how they are used and then dumped all over the park in the local area.*

Resident Interview

*The drug problem has got worse. It's the same at Falcon Lodge, cos I see what's going on there as well. Erm, yeah that's a concern. [...] It's ecstasy and you know the little*

*canister things? There's loads of them. I see them everywhere. It's meant to be laughing gas but it's not, and people don't realise that. I didn't know, I thought they were out of e-cigarettes. My lad picked one up and I told him to put it down, he said: "I'll keep it, it looks nice," I said: "No, put it down!" It's been hard in this area because I've had to teach- my kids are only seven and eight and they know more about drugs than I did at their age. But I've got to make them aware. [...] I've had one of the drug dealers approach my son cos they need runners.*

Resident Interview

*Well, unhappy really because everyone just throws everything. I can't put my washing on the balcony, I've had sick, human poo, nappies, sanitary towels, I've had just pretty much everything thrown down from above. But yeah, it's just disgusting, people are just disgusting. They don't care about anything or anybody. And they don't think that other people have got kids and that's the only outdoor space they've got, cos I won't let my kids out far.*

Resident Interview

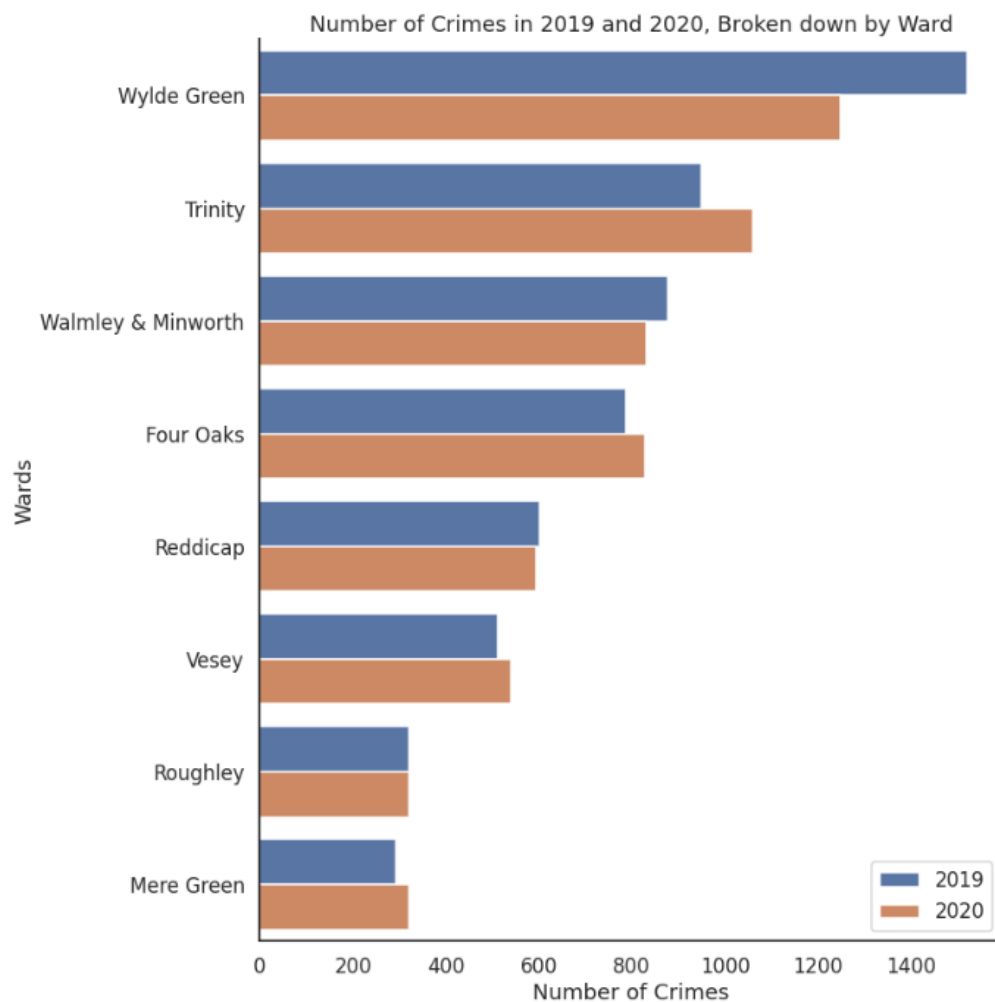
However, as with much of our analysis, we can see concerns around crime across the various wards within Sutton. Importantly, the perceptions of residents here also vary by ward and this is summarised in Table 4.2. Thus, while all wards have concerns and issues to address, these vary in form and magnitude in clear patterns.

**Table 4.2: Overview of Crime Discussions with Residents, by Ward**

Level of concern	Relevant wards	Examples from interview data
For Sutton Coldfield rather than the specific ward	Four Oaks	Generally, residents expressed concern about crime in the town centre and did not comment on crime locally.
Low to moderate perceived occurrence, low-level crime  Infrequent car theft, antisocial behaviour	Wylde Green Vesey Roughley Walmley and Minworth	<i>There's not much in my area, there's no signs of graffiti, it's first-world problems. I'll just say, no. Sometimes you have quad bikers going down the road, which gets a bit of attention. There's probably more alertness to that through the local newspapers or what used to be the Sutton Observer, but that stopped.</i>  <i>I think, not so much antisocial behaviour and crime, like, well, a lot of car theft. There's always a lot of car theft around here. [...] But yeah, not so much antisocial behaviour like the car theft and yeah, some burglaries, but yeah not, nothing kind of major in that I don't think.</i>
Safety in the park	Vesey	<i>... muggings, people having bikes stolen, gangs of teenagers hanging around, and then there's sort of sexual predators as well. Erm, sort of flashers, you know. [...] I've had one of my friends who was walking her dog and she was with her two girls and she was walking and there was a chap just masturbating under a tree. Erm, it just isn't policed enough at all.</i>
More significant criminal activity concerns	Trinity Reddicap	<i>Young teenagers in gangs, they need some kind of meeting ground. You know, I'd much prefer my children to go into Birmingham than into Sutton Coldfield to see their friends because of the crimes and gangs.</i>  <i>Crime rate and everything. I've actually been forced to put CCTV up, I've been forced to basically protect myself from whatever could happen. My mum and dad are, they're vulnerable. I feel worried for them because they've had the door kicked in before and I was actually in bed at the time.</i>  <i>Crime? Yes. Here, there's a lot of it. A guy got stabbed to death, didn't he? He lived at the top of the road near my girlfriend's house. A young lad in his 30s, that was in the news, by a lad who lived on the estate. We found out that was over, I don't know, something about drugs. It's all related, isn't it?</i>  <i>Car crime. Breaking into cars. I've had to put CCTV up to protect my tools because they're my livelihood. If I leave them in the vehicle, I need them to work the next day otherwise I can't work. Violent crimes, drug abuse, quite a bit of that, just run down.</i>

This analysis highlights the perception of residents and some reporting on the types of criminal acts they endure. Reflecting on the discussion in Section 3.4, we also know that some residents, when they have raised their concerns with local authorities, have been left feeling unsupported by the process and have been dissuaded from making future reports. Combined with the reported activity by many residents that they are adopting their own additional crime prevention practices, especially within those wards with perceived/actual higher levels of criminal activity, we can see a genuine concern to be addressed. Whilst this may be beyond the role of SCCT *per se*, it may be possible to support residents and facilitate work with key stakeholders and crime prevention services from the local authority to the police, which may not only relieve the perceptions of criminal and antisocial activity in Sutton Coldfield but also help to improve crime prevention.

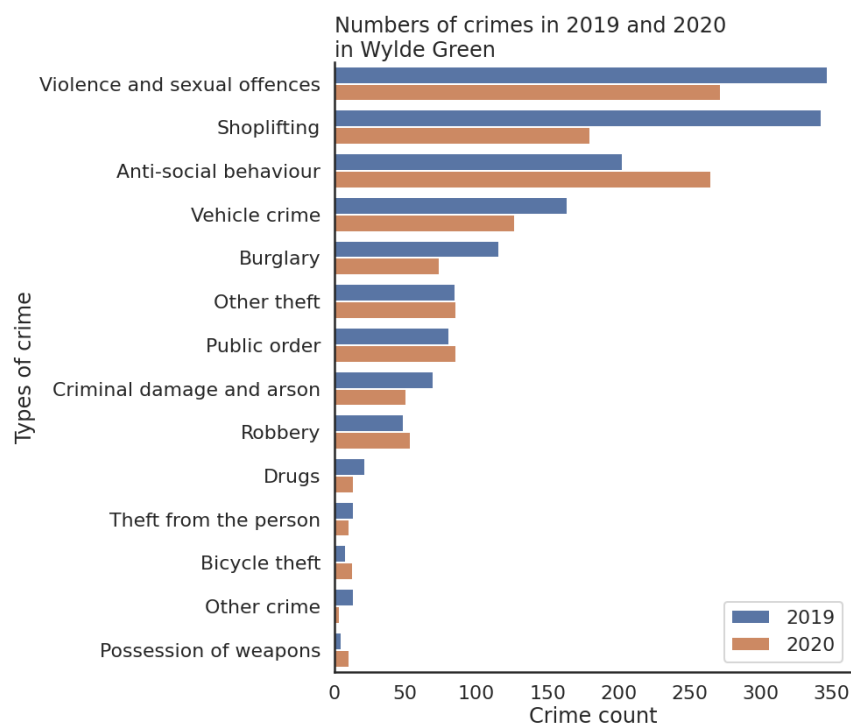
**Chart 4.3: Crime by Ward 2019 and 2020**



As can be seen in Chart 4.3, according to police data, Wylde Green has the highest numbers of recorded crimes in 2019 and 2020 compared to Mere Green with the lowest crime rate.

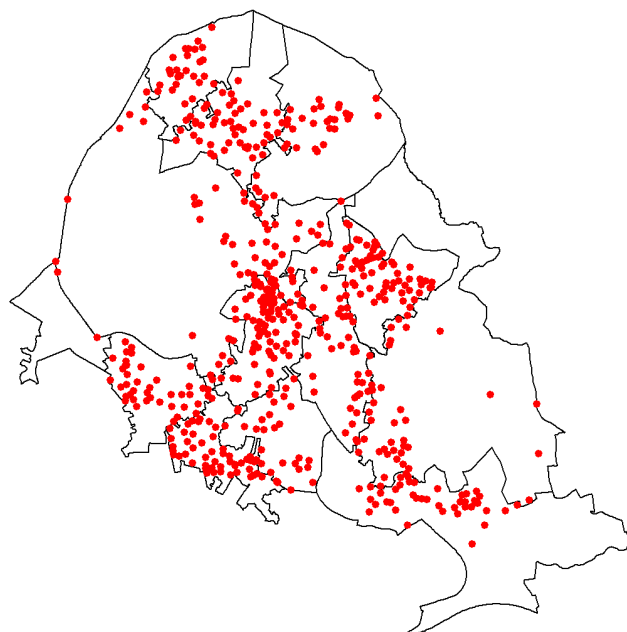
According to the figures below, violence and sexual offences are the most common across each of the wards. As can be seen, there is a much higher incidence of shoplifting in Four Oaks and Wylde Green compared to other wards (however, crime data boundaries do not correspond exactly to ward boundaries and this is likely why Four Oaks is included here – the crime data boundary is larger than the Four Oaks ward). Vehicle crimes also appear consistently in the top three most common crimes across each ward, as is antisocial behaviour. Bicycle theft, theft from a person and weapon possession are generally the least common crimes across the wards.

**Chart 4.4: Crime by Ward 2019 and 2020**

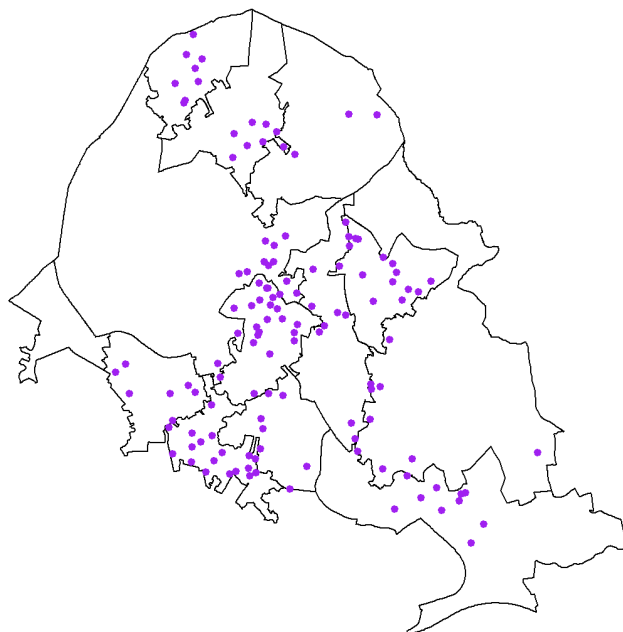


The following maps present some illustrations of crime distribution (Appendix 3: Further Crime Data Maps).

*Map 4.1: Reports of Antisocial Behaviour*

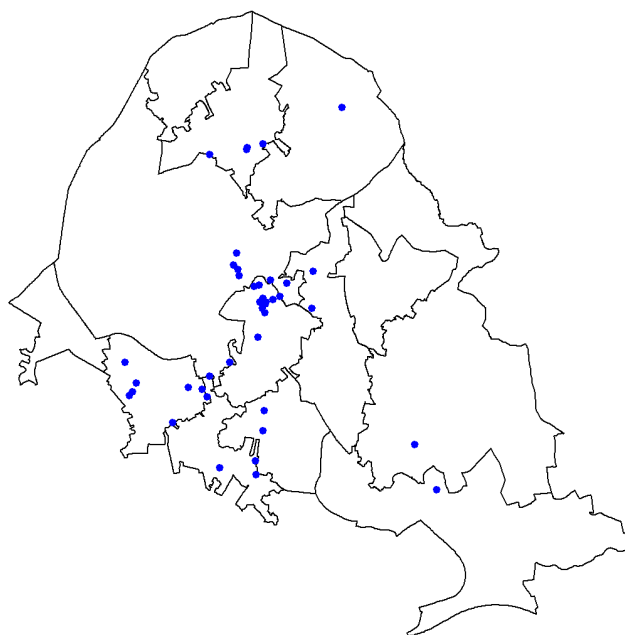


*Map 4.2: Reports of Crime Related to Drugs*

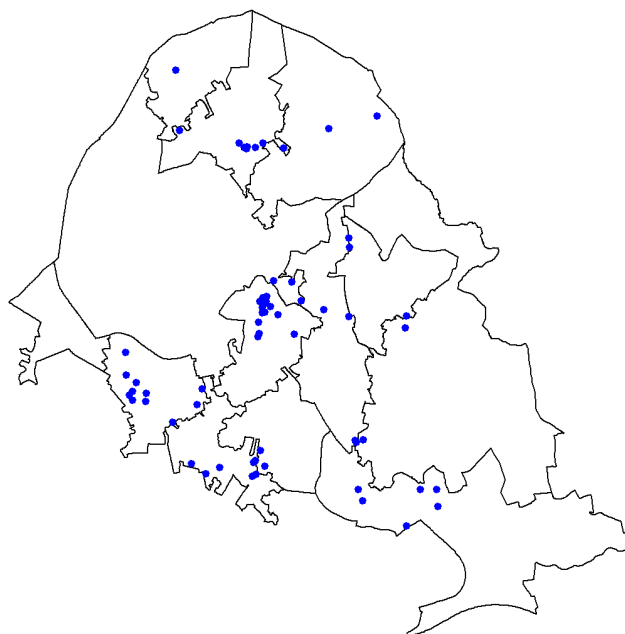




*Map 4.3: Reports of Theft from Person*



*Map 4.4: Reports of Shop Theft*



There are no specific patterns within the data here (as might be expected) and the spread is generally across Sutton Coldfield. The overall data drawn into the analysis also does not use reporting areas that always fit neatly the Sutton Coldfield wards. As such, the mapping here (and in Appendix 4: School Support for Mental Wellbeing) is designed to provide a sense of where offences are reported alongside the reporting from the wider analysis of this report.

One key area of activity worthy of exploration rests with the residents' reported incidence of car thefts. Within the data this is one of the most frequent, and therefore most prominent, areas of crime that residents drew to our attention. Quite often the perceived motivation behind this was the affluence of Sutton Coldfield attracting opportunists:

*Yes. We've actually got a road WhatsApp group. I'll be honest, I don't really see a lot of these kind of behaviours personally, but it's amazing the amount of people that will put on a message saying, "Oh, we've seen someone dodgy around," or, "We've had our shed broken into." In fact, someone on my road said they'd had someone break into their house in the middle of the night actually shouting: "Armed police". Obviously, they weren't. They were trying to get their car keys off them. I know, I know. It is crazy, isn't it, because you wouldn't believe it would happen.*

*But, in Boldmere, it's a nice area. I think that kind of stuff could happen everywhere. In some ways it could, it's probably a more affluent area than say, going into Erdington. In some ways, you're probably attracting people who are after people with nice cars and good things. To be honest, I never see it happen but you hear a lot, a lot of that happening. Other times I'm thinking: "Okay, you're just making this up". Other times I think: "Actually, it is happening". To say that, I had a padlocked box that I was keeping outside the front which I would put bouquets in for people to collect when I wasn't in. It was empty, left it out the front, and the lock on that thing was broken. You don't see it happen but it just happens.*

Resident Interview

*Last year, we had a spate of car-key thefts but we've got it sorted. But in town, there does seem to be quite a lot of crime. Before Covid there were crimes being committed, I'm only going by what I get fed back through Neighbourhood Watch and the latest from the chief constable bloke who sent the Neighbourhood Watch alerts last week was that house break-ins are going up, car thefts are going up, domestic abuse is going up. I'm only going by police figures from this summer, so crime is going up, but during lockdown, quite a few stuff has just gone down. The big crimes that have happened have been in the Sutton Park.*

Resident Interview

*I remember about two or three years ago when it's snowy and you let your car run outside, and then you think: "Oh, it's fine. I've left the keys in but I'm sure there's nobody around at seven o'clock in the morning," I remember a car pulling up and this young lady getting out and she came to see me and I thought: "Oh, this is a bit unusual". Didn't think anything of it again, naivety. She said: "What you need to know is the level of crime in this area is significant in terms of cars," and it was an*

*undercover police officer who was going around the area because of the level of crime at that point in time was high in terms of car theft.*

*I suppose sometimes in Sutton we can be lulled into a false sense of security around what we perceive to be a safe area and we still have to be able to understand what the risks are but also not let them overwhelm you so that you don't necessarily- I have some families that I work with in Ladywood that don't want to leave the house because they think it isn't a safe area to live in and I things could happen, but unfortunately, things do happen frequently to them.*

Resident Interview

#### 4.7 Transport Concerns

Already noted throughout elements of the discussion are concerns with access to buses in particular but also the reliance on transport networks to get access to various goods and services. Within the interviews and focus groups a number of issues emerged which broadly fall under this category of transport concerns; in particular the unreliability of the bus timetable and the indirect routes the buses take; the limited transport options impacting on the ability to access important services, such as health services; and a broader concern with parking across Sutton.

In relation to unreliability of services, this was mentioned by several residents in focus groups and interviews. What the data illustrates is a nuanced picture whereby older people, who tend to rely more extensively on the buses have frustrating experiences and have to plan their use of the bus routes carefully. They often leave well in advance of the bus arrival time to ensure that they do not miss the bus if it is early, but often experience significant delays in the arrival of buses:

*Participant 3: I had to get a bus the other day to visit my daughter, and I got to the bus stop, there were two people at the bus stop and the bus was coming eight minutes past six and I was like: "Blimey, I timed that well considering I didn't realise," and anyway, we stood, and we stood, and we stood, and it came a quarter to seven.*

*Participant 2: Oh my god.*

*Participant 3: Quarter to seven. And the one girl had to get to work.*

*Participant 1: Well, I go to church as you know to [name of church] and a friend of mine who gets the bus with me last week [same bus stop, different service] and she says, I've just missed the bus and they are only one an hour and she says: "Well I'll have to wait". So, I come home and I see her the next week and she says to me she had to wait two and a half hours.*

*Participant 3: Ohhhh.*

*Participant 2: Oh no, now you tell me that isn't frustrating.*

*Participant 4: And most of us cannot afford taxis and you would need a phone to do that.*

*Participant 1: I think we are poorly served by public transport, and perhaps this is for the minority and not the majority but it's not something new, we've never had a good bus service.*

Focus Group One Discussion

*Participant 6: I was in Nottingham the other week and they had notice boards which told you where the bus was and around here there is nothing like that.*

*Participant 4: You're just doomed.*

Interviewer: So, do you rely on the buses a lot?

*Participant 3: Train more than buses.*

*Participant 5: Yeah, trains as I use to go to the University of Birmingham.*

*Participant 3: Yeah, it's like trains as the buses are so unreliable, you can wait like an hour.*

*Participant 6: It is just the system of the buses, but the trains tell you all the detail, even if it's cancelled.*

*Participant 4: Sometimes it's not that the bus is running late.*

*Participant 6: No, it just doesn't show up.*

*Participant 4: No, it can be like early so it came and went five minutes before the bus is meant to be there.*

*Participant 6: It just comes and goes.*

*Participant 4: And you don't even know, like.*

*Participant 6: You constantly have to tell people you might be late.*

*Participant 3: But I feel like even with the train I get an earlier one just in case.*

Focus Group Two Discussion

The uncertainty of the buses impacts across a broad range of activities residents are seeking to engage with, especially where schedules and timings are important; for example, reliance on the bus to access places of worship to accessing health appointments.

*Doctor's, apparently Mum was telling me they've closed the surgery in Covid, didn't tell anyone, so now it's a lucky dip. They trying to get Mum and Dad to go to, two bus rides away and she's like: "I can't do it". Dad who just can't do it, so they can't get to their doctor until they open the one up on the estate, but whether they will or not, don't know, so it could be a problem.*

Resident Interview

*Participant 2: I've had health problems, and I needed to see the doctor and he did see me and he referred me to a clinic at the hospital so I duly got the letter saying you had four choices, Good Hope, Heartlands, QE or Birmingham [City Hospital]. So, I went to call, but it was all online, so I went online. Good Hope, no appointments, Heartlands I knew how to get there, and Heartlands has no appointments at this clinic...*

*Participant 3: Ohhhh my god.*

*Participant 2: QE, 43 weeks.*

*Participant 3: Ohhhhh.*

*Participant 2: But I've got to go about my hands, and do you know what time my appointment was? A quarter to eight in the morning...*

*Participant 3: Ohhhhh.*

*Participant 2: And I have got to get from here to the Woodlands, by a quarter to eight in the morning. When I phoned up, they said they were very sorry but you will have to wait six weeks and so now I am going on 1 November, and do you know how much it is to get a taxi to get there and back?*

*Participant 3: Eighty pounds.*

*Participant 2: Eighty-seven pounds: to get from here and back again to the Woodlands was eighty-seven pounds. What I am saying is you wouldn't get there for under sixty pounds. And they know I am 90, so how do they expect me to get from Walmley, which is three ruddy buses, which I told them in the first place, now I've got to get there half past nine, but that's ok, you stand a chance of getting there, I phoned up and said: "I can get there but you'll have to hang on until a quarter past 10, so I can get there by bus".*

*Participant 4: I had to get to the dental hospital, which isn't too far away, but when I phone them up, I say to the young man to not book me in before 10:30 because you can just do it if you leave here at half nine and so I have cancelled them [appointments] and got them back again.*

Focus Group One

More broadly residents had concerns with parking. Often this relates to the original design of the housing provision pre-dating the increased use of cars by households. Frequently, however, these concerns were expressed in terms of the congestion caused by parking:

*It's definitely getting busier, so dissatisfied I would say. It died down during Covid. There's cars, the [FALCON LODGE] estate wasn't built with drives so anyone who's got a drive has had to pay for it themselves or get it down. There's limited parking in some of the roads, very bad parking on our road especially. They've changed it outside of Mum and Dad's, but on another road there, where my girlfriend lives, they come in, they double park, they block your drive, stuff for that, it isn't good. Especially here. If there's an ambulance or a fire engine, you ain't getting down.*

Resident Interview

*Obviously, you always run the risk of hypocrisy by saying there's too many cars if you've got one yourself. I would say that what I've noticed is that the road that we live on, it's always got cars parked off it although we're subject to parking restrictions. They're always full. It's just noticeable that people in Sutton will go to any lengths to not pay for an hour's parking. In the scheme of life, it's not really, not a huge hindrance.*

Resident Interview

*A lot of the pavements in Sutton because of all the drop curbs and that, and the people parking so far on the pavements that you can't get across if you were in a wheelchair or something. Certain parts of the road you'd have to go in the road.*

Resident Interview

Finally, while the local authorities are seeking to generate a revised transport hub for the town centre, older residents have some concerns about the design of this and how it will impact on their ability to access the shops and facilities:

*Participant 2: Other towns have a bus station, but we don't.*

*Participant 1: Oh, and there is another hub, do they call it a hub, that they want to build?*

*Participant 2: And have all the buses stop there.*

*Participant 3: I think near the train station, at the top of The Parade.*

*Participant 1: But they don't think about us, how are we supposed to walk up to it as it is uphill?*

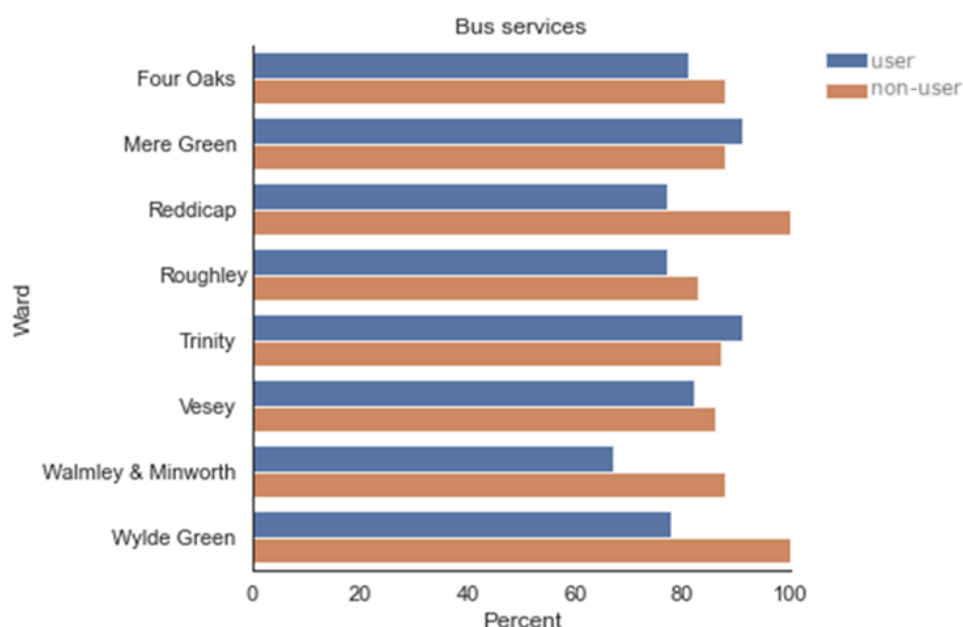
*Participant 2: they could do with a shuttle bus going up and down The Parade for those of us who had trouble walking.*

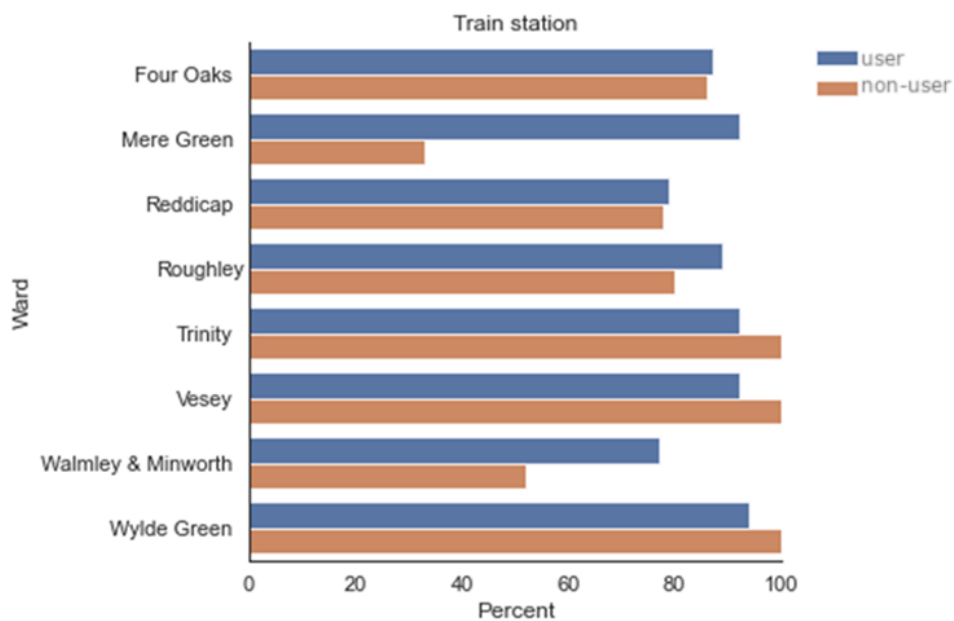
Despite this, a more general pattern emerging from the survey data does suggests high levels of satisfaction with the bus and train transport systems in Sutton Coldfield, as Chart 4.5 illustrates.

These sorts of concerns are issues which SCCT can raise with stakeholders in the dissemination of the findings of this report and encourage approaches to this development which consider the additional challenges for older residents.

The range of transport concerns are more forcefully felt by residents when they create an impediment to the satisfaction of other needs. Whilst parking may cause a nuisance and a problem, the most vocal concerns were often when transport, especially public transport, became a barrier. Relating to the suggestion above of “two Suttons”, this is a frustration and barrier experienced by those with lower levels of income, limited local service provision and lacking a car to provide some means of overcoming the challenge.

**Chart 4.5: Satisfaction by User and Non-user Across Wards - Train and Bus Services**





#### 4.8 Support for People with a Learning Disability

Highlighted across several interview and focus groups were the challenges linked to supporting people with learning disabilities. While several organisations are working in this area, there is significant diversity in the type of situations in which residents are supported. Our analysis indicates several issues arising here for residents across the age spectrum. For younger residents, and linked to the discussion in Section 4.5, there are concerns about the lack of activities. This is especially prominent for children from the ages of 11/12 into early adulthood. From several data sources, we found a significant concern for this group and in their transitions through childhood into adulthood.

For adults and older residents, the main issues of concern typically relate to either supported living or domiciliary care situations which can generate concerns around “hidden needs”. Worthy of note is how a few adults with learning disabilities remain living with their parents, which creates complex care relationships. While the parent ages, and may require care support themselves, they are still discharging care responsibilities towards their adult children; for example, adult children living with Down’s syndrome. Additional problems will arise with the care of adults with learning disabilities as their parents die and that main form of support and care is lost. This example was raised by service providers who engaged with this research and illustrates some of the expected challenges in the near future.

Potentially stigmatising experiences for those with learning disabilities were noted as they navigate local shops, although this can be eroded over time as residents become better known in the local communities. Assisting with this has been efforts to promote more community, inclusive, activities (Special Olympics, 5k inclusive run event), but the primary focus of activities continues to be on the integration of people with learning disabilities into the community. However, as mentioned above, there is concern among some service providers that as young people with learning disabilities transition into adulthood, there are next to no services dedicated to supporting their needs.

The analysis of the focus group discussion with adults with learning disabilities perhaps provides a more insightful experience of residents in the Covid-19 context.

*Participant 1: More shops, Primark, Top Shop, there is Top Shop, or is it Top Man?*

*Participant 2: Top Shop.*

Interviewer: So, clothing shops, any other type of shops?

*Participant 2: Tea shops.*

*Participant 1: No, we've got enough tea shops and places to eat. Sutton is dead at the moment.*

Interviewer: Why do you think that is?

*Participant 1: 'Cause there are eating places and it just needs more shops, and a bowling alley, that would be cool.*

Interviewer: So, some people I was speaking to last week mentioned a bowling alley, is there anything else you can think of?

*Participant 1: Cool. Mini golf.*

*Participant 2: Snow dome.*

*Participant 1: Laser quest. Oh, and in Birmingham in Grand Central there is a cat café, so a cat café or a dog café or something.*

[...]

Interviewer: Is there anything you want to do but can't currently access?

*Participant 1: Dance workshop, or drama workshop.*

*Participant 3: At Midland Mencap we have different activities and people coming in.*

Interviewer: And do you get to meet lots of other people who live in Sutton?

*Participant 1: Not at the moment. We used to, but not at the moment because of the virus. We used to meet loads of people in Mencap.*

Interviewer: But what about people who weren't in Mencap?

*Participant 1: Oh, you mean new people, in different care homes?*

Interviewer: Or just other people who live in Sutton or the community?

*Participant 1: Not really, but I would love to.*

*Participant 2: No.*

*Participant 3: Yeah, when I, years ago when I worked in an old people's home, I worked that, and then because of the virus I stopped going. I was annoyed with that. I never got to go back.*

*Participant 1: We use to do some stuff, but it's all cancelled.*

Interviewer: Is there anything else you've not been able to do?

*Participant 1: Parks like Drayton Manor.*

*Participant 2: Bingo.*

Interviewer: So, what stops you going to bingo?

*Participant 2: My hours?*

Interviewer: Is that work?

*Participant 2: No hours with my staff. If bingo, it's at 6 o'clock it doesn't finish until 9 o'clock.*

*Participant 3: We use to go to club, but they have different groups now and so we go at different times, half of us now. But we want it to go back to normal.*



*Participant 1: Yeah, one of my friends got damn Covid and we all had to isolate for 10 days.*

Interviewer: Was it better you could go to the YMCA on the same days?

*Participant 1- Yeah, it was better.*

[...]

Interviewer: So, did any of you get involved in any volunteering work?

*Participant 1: Yeah.*

*Participant 2: Yeah, I use to work with horses.*

*Participant 3: I use to, but I did different jobs like washing up, drying up, clearing the tables after arts and crafts but it's all stopped now.*

*Participant 1: I use to volunteer at St Giles and British Heart Foundation, and one of the animal ones, RSPCA or PDSA, I can't remember, it was too long ago. I would love to do more volunteering as well, with animals or anything.*

#### Focus Group Three Discussions

Focus Group Three engaged with young people with learning disabilities who shared similar concerns. Two of the participants discussed how they use to go to clubs but that these have stopped due to Covid-19 and two explained that they never went to clubs – one highlighting that her college doesn't offer any. Most of the young people did still interact with friends, but this largely involved going to the park, although one mentioned going to a dance group designed for young people, but it was not local. In the discussion of engaging with others, one participant explained he preferred to interact with people through computer gaming and due to his college timetable did not have much time to meet people. The others discussed how they regularly met existing friends. For all participants there was a frustration that they are not able to access many services because they are not accessible activities, and where accessible activities are provided, they are not always local to Sutton Coldfield.

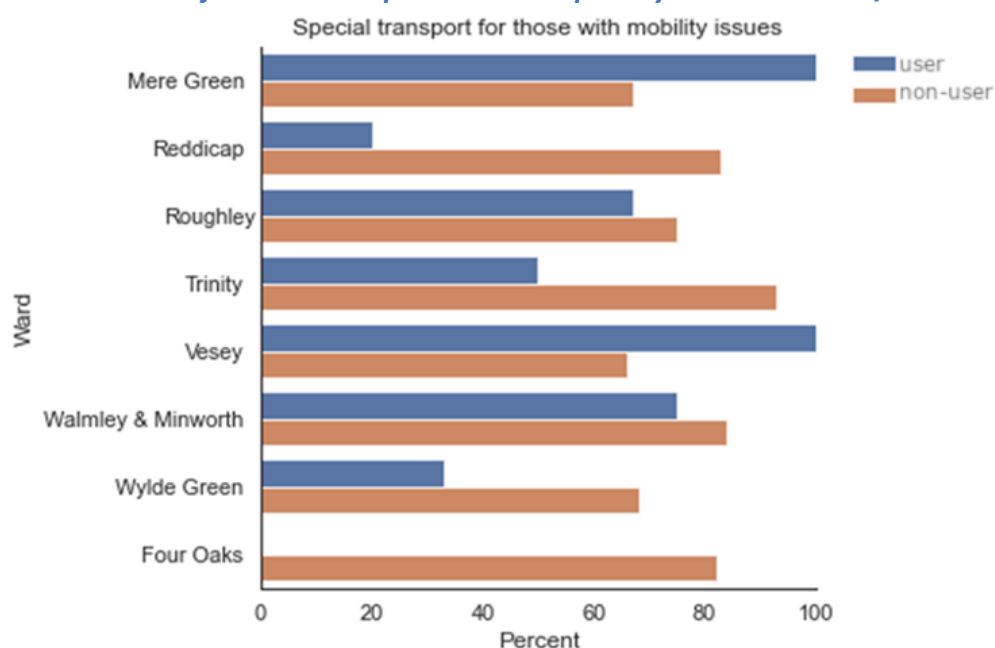
While residents are currently able to engage in a limited range of activities through their supported housing accommodation, they are still limited in who they are able to meet outside the supported accommodation. Access to other services has, by necessity, required grouping of people and restricting groups to access services on certain days. This allows for social distancing and implements the bubble system for managing any Covid-19 infections. One consequence of this is that friendships can be disrupted where friends are not able to join the same groups to access services, and while residents had to make decisions about which group to join to access a service, this could often require them to decide which friends, they were able to spend time with. While residents with learning disabilities feel they can engage in a range of activities, and often develop some skills and broader qualifications, they have also experienced a loss of access to volunteering opportunities. Volunteer opportunities are one of the few examples given by residents of interactions they had with people who do not have learning disabilities. Consequently, there was a sense that increasingly people with learning disabilities are living within a broader bubble made up of others with learning disabilities (and support workers), with limited opportunity to interact with wider groups of residents. As suggested above, there is a concern about access to services and activities for this particular group of residents to be addressed: this should also

seek to ensure that people with learning disabilities get opportunities to volunteer and interact with a wider range of residents.

Through our wider service mapping and engagement with service providers, concern was also raised about the extent of support services provided to residents living with various disabilities. For example, service providers highlighted that there are only two services in Sutton Coldfield for children with autism: one has an 8–10-week waiting list and can only facilitate eight children and young people at one time. The other service has 380 children signed up and any number of these children can turn up to any session at any one time. At the latter service, between 30 and 70 children usually attend each session, which runs twice a week. This often provides one of the few sources of activity for families with children with autism, to the extent that it was suggested that many families, during the summer holidays, do not leave the house unless they go to the sessions due to the lack of provision in Sutton Coldfield.

In addition to availability, there is a potential wider accessibility issue linked to transport. As our data from the survey illustrates in Chart 4.5, some areas are very happy with special transportation for those with mobility issues, others are not. The note of caution here is that the data is not *age*-specific and so will reflect issues of mobility across *all* age groups.

**Chart 4.6: Satisfaction with Specialist Transport by Ward and User/Non-user**



A further barrier to accessing support is not just the level of provision, but also affordability. Service providers identified concerns that many families reliant on Carer's Allowance were unable to afford to access services. Furthermore, echoing the discussion above, there are concerns about what happens when these children enter their teenage years, as there are no youth centres with experience of working with young adults with autism. From across the town, service providers highlighted a persistent concern that while services are available for children, and services are often available for adults, there is a significant gap in provision for the teenage to early adult years. To an extent, this also reflects the concerns raised by the

focus group with young people, who also expressed their own disappointment and frustration with the lack of activities within Sutton Coldfield for their age group.

Finally, in relation to disability support, service providers drew attention to challenges experienced by older residents in relation to dementia. It was reported that Sutton Coldfield has the highest proportion of people living with dementia in the West Midlands and consequently, one-third of the service providers we spoke to were actively trying to make their service “dementia friendly”, as they were seeing more people with dementia coming to their services. While we do not have much data highlighting the extent of this issue, it was clear from discussions with service providers that organisations in Sutton Coldfield are working to improve provision here, often in a context of tight financial restraints. During the pandemic, this group will also have been harder to reach as they tend to have limited online activity. As such there may be work to be done as we emerge out of the context of lockdown to support outreach support in order to facilitate engagement with services by people with dementia and their families.

#### 4.9 Other Emerging Issues

Whilst the preceding discussion has drawn out some emerging issues from the resident and service provider interviews and focus groups and sought to illustrate the most prominent themes, the following discussion draws out some of the further issues raised but with fewer examples. Similar to points made earlier, often whilst there are fewer examples of these issues, they are typically more acutely felt by those who experience them. These insights are typically from service providers, providing broad summaries of some of the experiences and challenges they have noted amongst the residents they work with.

##### Domestic abuse

There were concerns about the level of support provided in Sutton Coldfield for victims of domestic abuse. From historic funding discussions, it would appear provision has been well-resourced in the past but that further funding to continue projects was difficult to obtain, resulting in a number of services folding. It was not clear from discussions what, if any, refuges existed for domestic abuse victims within Sutton Coldfield. New Heights (a domestic abuse counselling service based at Our Place), for example, reported that while they were able to meet the current demand in the community, they worried about how they would cope if the level of need increased. This reflects concerns pre-Covid and during the pandemic that there had been a dramatic increase in the number of people seeking help due to domestic abuse. As published by The Guardian:

The UK’s largest domestic abuse charity, Refuge, has reported a 700% increase in calls to its helpline in a single day, while a separate helpline for perpetrators of domestic abuse seeking help to change their behaviour received 25% more calls after the start of the Covid-19 lockdown.

(Townsend, 2020)

##### Challenges with the social security system

Reflecting discussion from several service providers, there were concerns about the impact the switch to Universal Credit (UC) was having on residents. Several service providers were concerned that Universal Credit was designed by people who did not appreciate life on

benefits. Such comments often justified this claim with reference to changes that have been made to the benefits system:

- First, there is a six-week gap between applying for and receiving benefits, and this wait is longer for some. Those already receiving benefits had to reapply using the UC system and wait six weeks, too.
- Second, payments have been moved from fortnightly to monthly and people are struggling to budget.
- Third, not everyone has access to a computer or has the skills to navigate the online system.
- Fourth, the application forms are “too tricky”. One service provider said: “It’s as if they want you to get muddled, it’s as if they set people up to fail”.

A few of the providers explained that these changes to the system were putting people who were already struggling into financial trouble and psychological distress. These changes were also keeping those without a home on the streets for longer (as is discussed below). One service provider said that some residents in “genuine dire straits” were being refused any support.

Another prevalent issue highlighted by many of the service providers was the impact of sanctions (reduction in benefit for failing to meet one or more conditions of the benefit) on some residents. All the providers who spoke about sanctions said they had seen a dramatic increase in the number of people being sanctioned in recent years. Service providers further expressed concerns that:

- Sanctions are “too harsh”, as those with mental health issues and other disabilities are not given any flexibility when navigating the system.
- Sanctions were: “Hitting people with sticks [which] doesn’t work” and a different approach needs to be adopted because: “People do not choose to need help in this way”.
- The need for services such as job clubs has: “Skyrocketed because of Universal Credit and sanctioning”.

All those who spoke about Universal Credit said there is a need for pastoral support when people try to access benefits and find employment. As such, the service mapping and service provider interviews identified local initiatives to step in and offer this support where the Job Centre Plus is seen to no longer offer this service. The perception of service providers was that Universal Credit resulted in a less personal approach by Job Centre staff, who no longer offered the interpersonal support that many people need when applying for a job or trying to claim benefits. Thus, within the local initiative, volunteers at “Job Club” services have stepped in to try to be a source of support for people trying to access the system as well as practically help people fill in the UC application form which, as providers highlighted: “requires a particular set of skills, a sort of language”.

It is interesting to note that the change in attitude was mentioned by a resident whose previous employment was in offering this support to claimants:

*As a job, I worked in the civil service 43 and a half years. I was with the Labour Department, and latterly I ran the job centres in Wolverhampton and Walsall. I*

*organised some teams that used to provide special aids to working disabled people to enable them to cope better with the workplace. It was a good life.*

*[...]*

*Not now. It's a dreadful place to work now.*

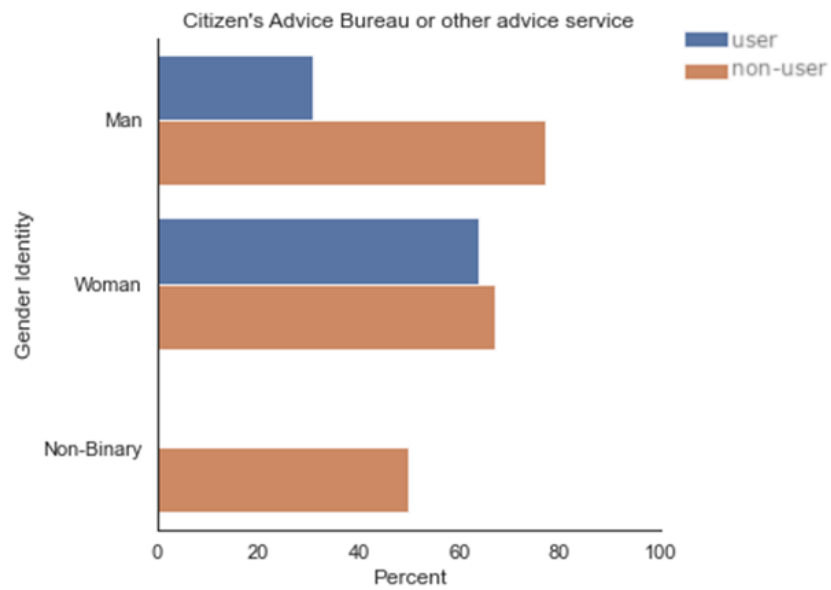
*When I was there, it was good fun as well as being very satisfying. The ethos has changed. It's more about cracking the whip and chasing people up hill and down dale, rather than providing support and help. The ethos has changed. It's got more Thatcherite, an: "On your bike, get yourself a job, you're unemployed, it's your fault," sort of approach. You know? There's more emphasis on the unemployed people doing things for themselves. There's less hand-holding, there's less putting an arm around them and supporting them. There's a greater emphasis on doing things online, which is fine if that suits you, if you're capable and competent but it's not if you're not. I'm glad to be out of it.*

Resident Interview

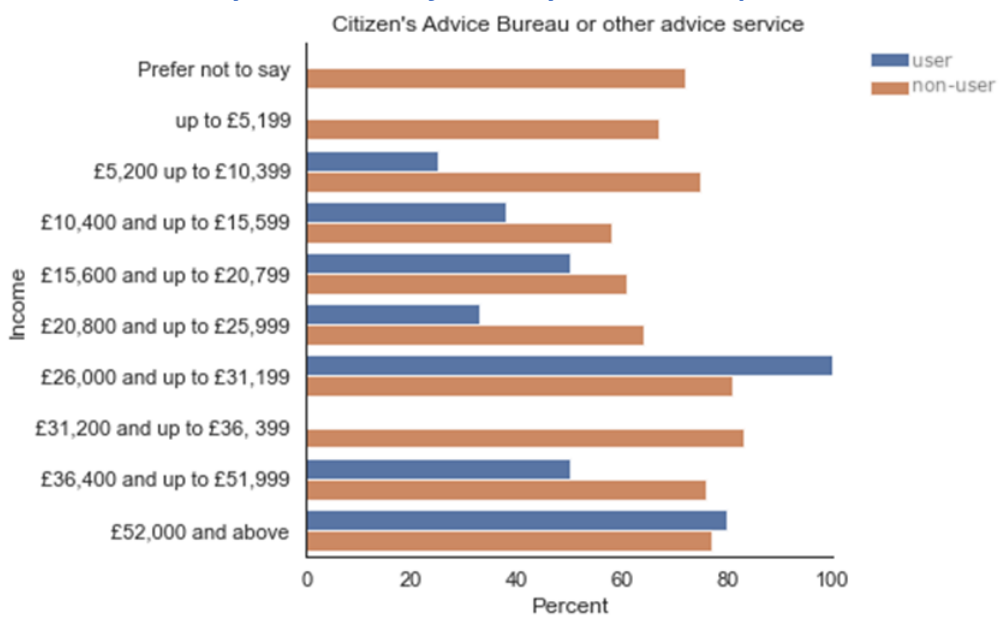
Associated with these broader concerns were perceived challenges in supporting those who had their benefits refused or were not offered the correct level of benefits. Efforts to challenge these decisions through a tribunal can take up to 12 months to complete, with recipients having to live on an extremely limited income during this period. Unfortunately for some service providers they have known service users to die whilst waiting for their tribunal, and their claim be awarded after death.

Within the survey we captured residents' satisfaction with advice services. It is important to note that there is not a Citizens Advice in Sutton Coldfield itself and branches in Birmingham, Walsall and Tamworth seem to be the closest provision. The following charts show levels of satisfaction by users and non-users in relation to advisory services.

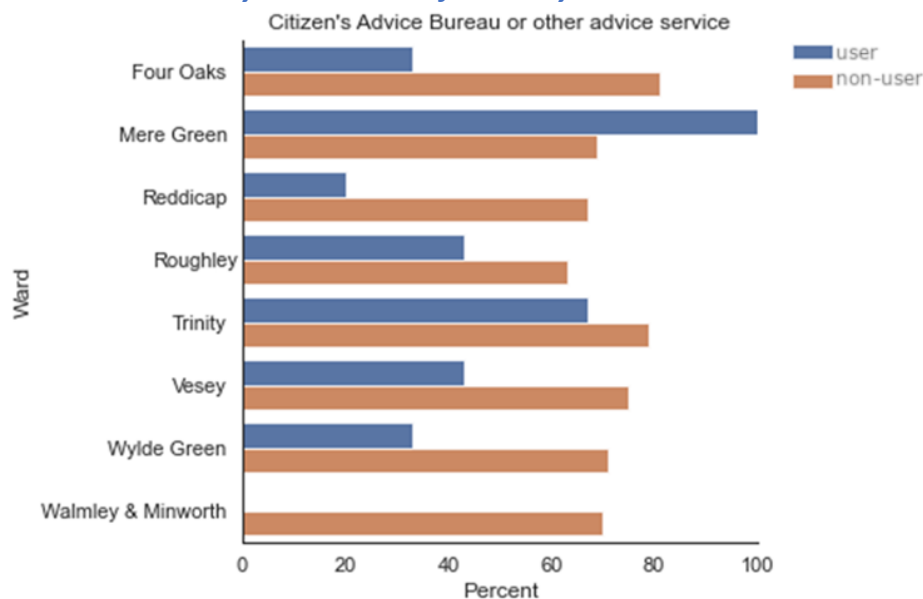
**Chart 4.7: Advisory Services Satisfaction by Gender**



**Chart 4.8: Advisory Services Satisfaction by Income Group**



**Chart 4.9: Advisory Services Satisfaction by Ward**



The broad pattern here is of higher levels of satisfaction with services by *non-users* than by *users*. Generally, users of advisory services have lower levels of satisfaction with provision within Sutton. Men and residents on lower incomes are the most dissatisfied with provision. We also see that Reddicap, Wylde Green and Four Oaks are the most dissatisfied, closely followed by Vesey. Although we cannot suggest the reasons for dissatisfaction, we did gain some insights from residents about a broader lack of support and accessibility of services.

One indicator of this challenge being experienced in relation to support was noted in relation to carers. In interviews, service providers indicated that some residents have had trouble in accessing Carer's Allowance and being defined as a care giver. In addition, not all service users were aware that they had a right to apply for Carer's Allowance and Attendance Allowance and that those who they care for might be eligible for the Personal Independence Payment (PIP). Those working with carers said they are trying to raise awareness of the definition of a "carer" and the availability of benefits for carers.

Fundamentally, as the social security system has reformed and become more complex to navigate there appears to be an information gap developing for residents with entitlement to support. Existing services in Sutton Coldfield are working to plug this gap, but often it is beyond their remit and resources.

### Employment

Many of those interviewed mentioned that they are seeing more families who are in employment but who are struggling to financially support their household. The proliferation of low-income jobs in the community was mentioned by many of the service providers. One noted a "reoccurring trap" of people on benefits unable to find work which would pay them a reliable and liveable wage. They said the "risk" of leaving the benefits system to be in unstable, low-paid work was "too high" for many residents.

This has not only influenced service users but has also affected volunteers who work at the services. Over half of the service providers noted that they had experienced a dramatic decrease in the number of people who felt they were able to volunteer their time. It was reported that volunteers tended to be older residents who were less likely to volunteer now (likely a reflection of the Covid-19 context). Thus it was becoming difficult to find sufficient volunteers to deliver services. As one service provider put it: “We used to have a catalogue of volunteers who had the time to do the job, now we’re struggling to find people”. As a result, those who can volunteer their time are finding themselves remarkably busy.

### Food poverty

Service providers also highlighted a growing tension within the perceived affluence of Sutton Coldfield and the reality of the lives of those who live in the pockets of poverty we identified in the foregoing analysis. Whilst many in Sutton Coldfield have commented that there is no need for a food bank in the area, the reality for service providers on the ground is that after opening the first food bank for the town there was a clear need.

Throughout the first six years of Foodbank4U at the United Reform Church being in operation the numbers of those accessing support (as reported to us) has gradually increased. In 2019, those numbers doubled: the service gave out 1,957 food parcels to 400 adults and 180 children. The most prominent reasons why service users needed food parcels were: benefit sanctions, struggling to live on Universal Credit and medical issues in the family which meant being in paid work was not possible. Service providers also reported that while most of their service users are single men living with long-term health conditions, they received visits from 30 families with two adults last year and 73 from single-parent families. They expect the level of need to continue growing as more people are sanctioned and accessing the Universal Credit system requires a six-week wait.

### Education and schools

Those who work with children in Sutton Coldfield reported that there has always been pressure on children to do well at school, and many face navigating parental expectation that they will attend a grammar/private school and then university. For some service providers, this is the pressure generated by: “high-achieving parents and the schools themselves seeking to maintain their ‘outstanding’ status. The pressure on young people is that as students in Sutton Coldfield they should be ‘exceptional.’” Within the focus group with young people aged 18-24 we saw a similar perception of schools (as noted in 4.6).

Yet for young people their time in school was also linked to having a sense of belonging which dissipated after compulsory schooling finished:

Interviewer: Do you feel like you are part of the community?

*Participant 2: No, I just feel like I live here. I don’t... I have mates here and stuff... It feels like more of a community when you are at school, but as time goes on it just feels like... you’re on your own and you just see friends. If that makes sense.*

*Participant 4: There is nothing to interact with. You walk through here [town centre] and spend some money getting food in a shop and go home, and that’s it. That’s the problem you have with Sutton. You don’t get an email or anything to find out what you think about Sutton. You just live here.*



*Participant 5: I don't know what it would really feel like to be part of the community in Sutton, as Sutton is quite a big place, so it is bigger than Sutton centre, even though it has a town feel. How do you get involved in the community? I am not sure how you would go about doing that.*

*Participant 3: I think there is more community spirit in Sutton, but I don't feel part of the community, if that any makes sense. I think people in Sutton have a lot of pride but that and a lot of like, you know when they have town rangers and stuff, that is unusual, and people feel invested in Sutton, perhaps not in this age group, but I don't feel like there is any sort of community. But I think people themselves will see a connection individually.*

*Participant 2: I don't think I would feel too fussed about being part of the community. There is nothing for me being part of that community. You go out, you see your mates, you go home. If I was part of the Sutton community, it wouldn't change any of that. I wouldn't get anything from being part of the community anyway, so I don't really care about being part of it, like.*

*[...]*

*Participant 3: I think having more events in Sutton, like music bands and stuff, would get people there.*

*Participant 6: Like Sutton Park is big enough, perhaps not for a festival, but for something going on.*

*Interviewer: Whilst over the last two years there isn't much that could be done, I know there are events like Proms in the Park... but I guess from your faces that doesn't appeal?*

*Participant 6: What are Proms?*

*Interviewer: Classical music performances.*

*Participant 6: I thought you meant like a school prom or something. I don't know if that's a community though as you don't speak to anyone or interact. And you wouldn't know about it as well*

*Participant 4: Yeah, there is no way we would be told.*

*Participant 6: Unless you saw a poster or on social media and even then, it's only like if it is a viral post as there are so many things.*

*Participant 4: I am not sure I would even see it as I don't follow anything about Sutton.*

*Participant 6: Would you follow a Sutton Instagram?*

*Participant 4: No because it would be dead. Nothing is going on. It would be like here's pictures of people getting high in the park.*

Focus Group Two Discussion

But there were also pressures perceived by young people as noted earlier:

*Participant 3: I think schools are more bothered about you going to university now and not you getting a job and I don't think that is really fair for people who don't want to go down that route.*

*Participant 6: Straight up, school was like: "Are you going to uni?" There was no like mention of apprenticeships or any sort of alternative routes, they just ticked you off.*

*We had a kid in the year above who went to Oxford and my god did you never hear the end of it someone went to Oxford from our school.*

#### Focus Group Two Discussion

Some service providers highlighted that shifts within the broader educational context were increasing testing and pressure to be considered “excellent”; this resulted in many services engaging with young people suffering from mental health issues as a result of these pressures. Significantly, over recent years they are seeing more younger children who are struggling with self-esteem and anxiety due to the increase in testing. Illustrating this point, one volunteer counsellor said that it is not uncommon to meet children in Year 2 (aged six and seven) who are struggling with self-esteem due to Key Stage 1 national testing. Considering the broader context of anxiety noted earlier in Section 3.6 as a result of the pandemic, and the pressures of home schooling at this time, this is an issue we can expect to have been exacerbated over the last 18 months.

The experience of service providers also suggested that issues of anxiety amongst those who are expected to sit the 11+ exam to gain entry to a grammar/private school are especially pronounced. For those in families who can afford to pay for practical support from tutors, these resources are utilised to support their child(ren) in their attempts to pass the test and gain access to the schools. But much of this support is removed once entry into the school has been secured, often resulting in the pupils feeling “lost” and unsupported in their education.

Consequently, schools, ill-equipped to support students with mental health issues, are increasingly relying on external service providers to provide support. However, this is often requested without any form of financial support, as school budgets do not allow for financial support to be paid. This often relies on funding to be secured by the service provider and often this will not cover the full cost of provision. Funding does not support a salary and only supports work over a short period of time. In addition, recruiting people to take on these support roles was reported as being difficult, as a relatively low-paid and short contract is not appealing to potential employees. Thus, this restrictive funding structure makes supporting children difficult because when working with those with mental health issues a sustained effort over a significant period is often required.

#### 4.10 Chapter Conclusion

The intent of this chapter was to draw out some additional challenges noted in our analysis, primarily from the interviews and focus group activity with residents and service providers. Unlike the analysis offered in Chapter Three, it is not so easy to pin down particular geographical locations or groups of residents who have the greatest need. Rather, the insights drawn out relate to a broader, emerging lived experience for many residents in Sutton Coldfield who are often on the fringes of local community life. Because of disability, poverty or lack of local services, these residents are struggling to meet their social needs, and local services are, despite best efforts, struggling to fill the gaps. Whilst some of the themes in this chapter cut across a broader experience of life in Sutton, especially in relation to the town centre and local service provision to issues of crime and antisocial behaviour, several issues are more bespoke, affecting certain groups of residents.

## Chapter Five: Insights from Service Mapping and Stakeholder Interviews

This chapter examines the insights from the service mapping activity and then integrates additional commentary and analysis from interviews with local politicians and trustees. The intention of this chapter is to provide a brief overview of the provision in Sutton Coldfield and a review of the perceived priorities of local politicians and SCCT to map alignment with the findings of the previous two chapters.

### 5.1 Chapter Summary

- The service mapping has identified 243 support services across 15 categories of services but 3 of these organisations have closed due to Covid-19 and one may have reduced/withdrawn services from Sutton Coldfield.
- 141 sporting clubs provide 143 sporting activities, but these are primarily for adults and children, with little provision for older people and people with disabilities.
- Many of the findings presented thus far in previous chapters align with the perceptions local politicians have regarding the needs of residents in Sutton Coldfield, which offers some corroboration of the second-order priorities we have outlined.
- SCCT have very clear views about their wider mission and ambition for addressing needs in Sutton Coldfield, despite potential challenges to the promotion and pursuit of this work.

### 5.2 Findings: Major Cross-Cutting Themes

#### Overview of support services

Our review has identified 243 organisations working across 15 service areas. We initially divided services into 14 categories, but with several providers involved in emergency/subsidised food provision we added this as a 15th category upon review of the mapping. This list is perhaps the largest list of organisations and services currently available within Sutton Coldfield. In developing the mapping, we engaged with existing lists and community documentation to cross-reference our identified services. Intentionally, as requested by SCCT, we focused primarily on organisations based within Sutton Coldfield itself, although some service providers operate on a broader scale and others operate outside Sutton Coldfield despite offering services within Sutton. A more recent review of the mapped services, however has indicated three closures due to the pandemic:

- Lisieux Trust resource centre (closed during pandemic and could not reopen due to lack of funds).
- Norman Laud Association (closed due to lack of funding).
- Reiki for Mind Body and Spirit (permanently closed due to Covid-19).

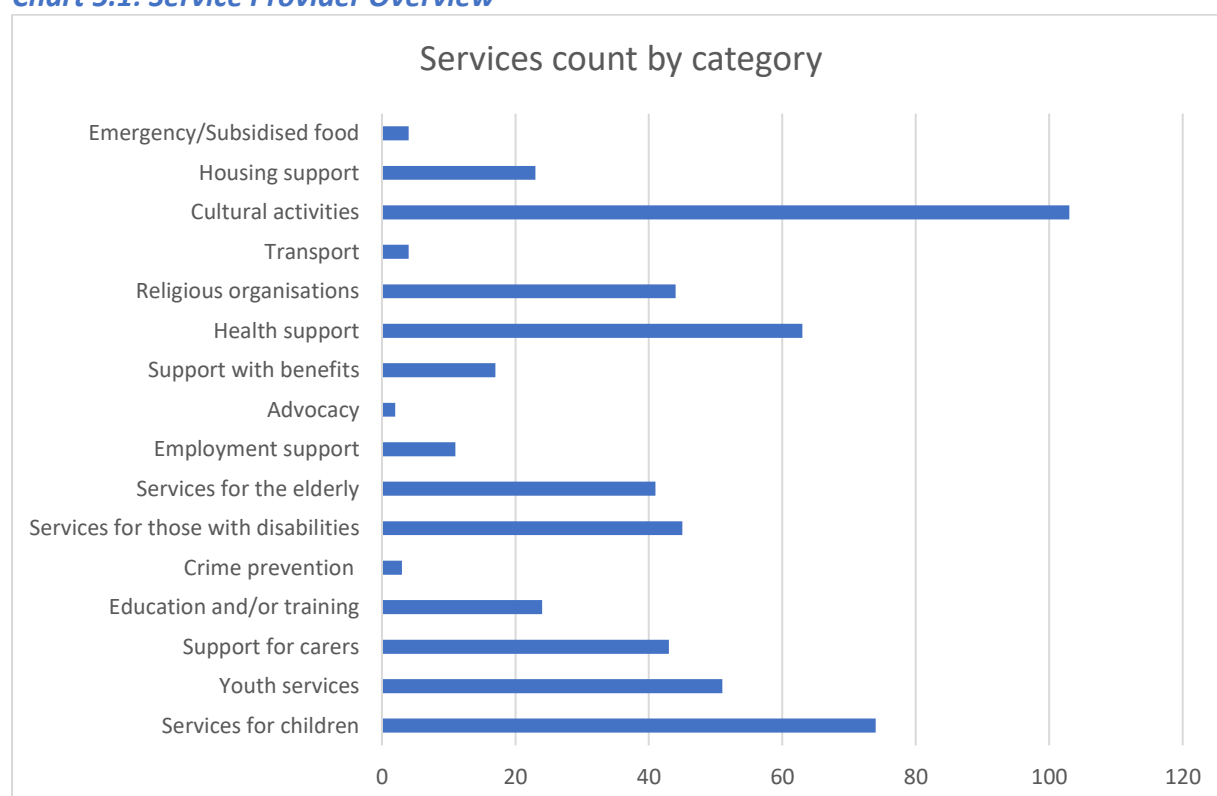
In addition, New Heights Domestic Abuse Counselling Service no longer advertises the Sutton Coldfield branch on their website and it is unclear if this is still open. It is important to note that of the three confirmed closed services, two specifically supported people with disabilities and their carers. Considering the noted challenges for this group of residents in the previous chapters, this is likely to be a cause for concern.

It is worth noting that service providers often framed their concerns about the sustainability of services as a challenge coming out of the context of austerity over the previous decade.

Here interviewees expressed concern that the national policy of austerity was impacting upon the local community, but that this was largely overlooked because of the affluent image of Sutton Coldfield. Alongside this, service providers on the front line were also engaging in activity like “social work” in providing support and advice beyond the remit they felt comfortable with. Ultimately there was a perception that austerity was impacting on services relied upon by those with greatest levels of unmet need and those living in the most challenging circumstances. There was also a view that Sutton Coldfield was also a low priority for service investment due to its lower levels of deprivation. As such, it was not a priority for additional support and intervention, and this work was largely left to community organisations to deliver.

Chart 5.1 illustrates that cultural activities are found across the most service providers, followed by health support, services for children and youth services alongside services for carers and for those with disabilities. Advocacy is the lowest provided service and may be an issue to address, considering the discussion in the previous chapter with regard to access to social security support. Services related to transport, crime prevention and emergency food aid are also low. It is likely the first two of these are because of wider service provision beyond that offered by community organisations. As noted above, food aid is an emerging issue and remains a limited service for residents in the most extreme circumstances.

**Chart 5.1: Service Provider Overview**

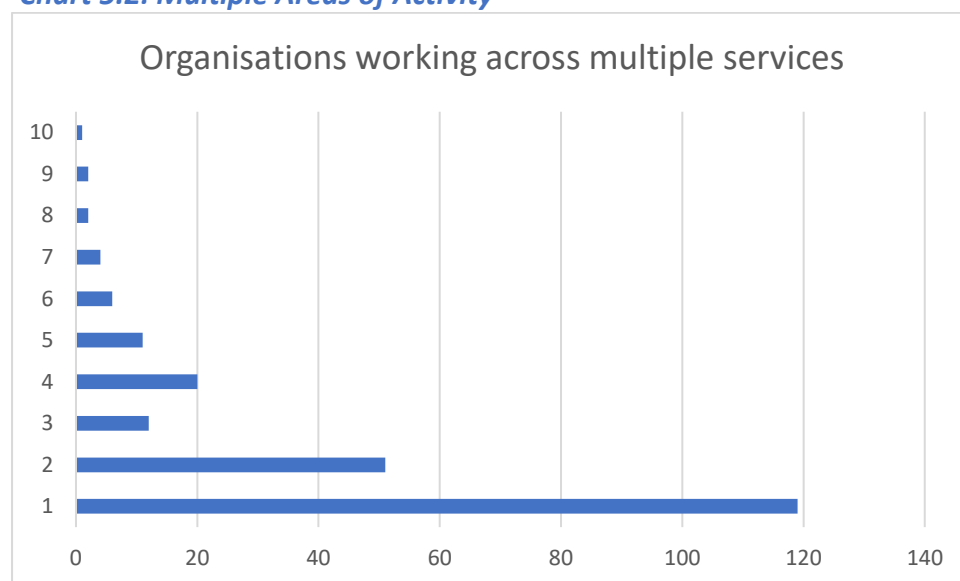


As illustrated in Chart 5.2, most organisations are operating within one area of provision, although a number offer services across two to five categories of services. Very few providers are working across more than five categories of support. This suggests that most organisations within Sutton Coldfield are working with a noticeably clear remit. The three operating at the top end of the scale (Compass Support, Midland Mencap and Our Place

Community Hub) are specifically multi-user in design and are working to support specific client groups across several welfare areas. Perhaps the only organisation to treat with care here is SCCT itself, as it is listed as providing one service (the almshouses) and yet will be a key source of funding for a range of other services it may not directly provide. Norman Laud was also one of the higher service providers, offering seven categories of service to residents through its work. As such the loss of this provider impacts significantly on the level of service provision within Sutton.

Interviews with service providers highlighted their struggle in accessing consistent and long-term funding. Not only are there well-documented challenges for community organisations in developing the skills to apply for funding and support; this can also extend to drafting funding bids which incorporate the correct terminology required by the funding organisation and presenting applications in such a way as to fit the needs of funders. Organisations experience further challenges with the additional workload that often comes with funding. Not only are time and skills required to apply for funding, but if successful activity is involved in delivering funding (often with turbulent transition periods as funding arrives but recruitment of staff to deliver the service must then be pursued), but also engaging in reporting back. As one interviewee illustrated during their interview: “You end up doing the job three times over, first you apply for the funding, then you actually do the job, then you have to report back on the job”.

**Chart 5.2: Multiple Areas of Activity**



Our interviews, however, also noted that sources of funding were often for new services rather than maintaining existing service provision. Thus, funding to maintain existing successful projects is harder to secure. This reflects a challenge often experienced by community organisations more broadly, as funding is often to deliver a service for a fixed period, rarely to continue provision, as it is often assumed that the service becomes a fixed part of the activity of these organisations by the end of the funding period.

Funding by SCCT is an important source of support for local service providers. While many in interviews expressed gratitude towards SCCT, the interviews often involved elements where

providers outlined initiatives they hoped SCCT might fund in the future. For many, the support from SCCT was an important local resource which was often pursued every three years, in line with the funding rules.

Volunteers

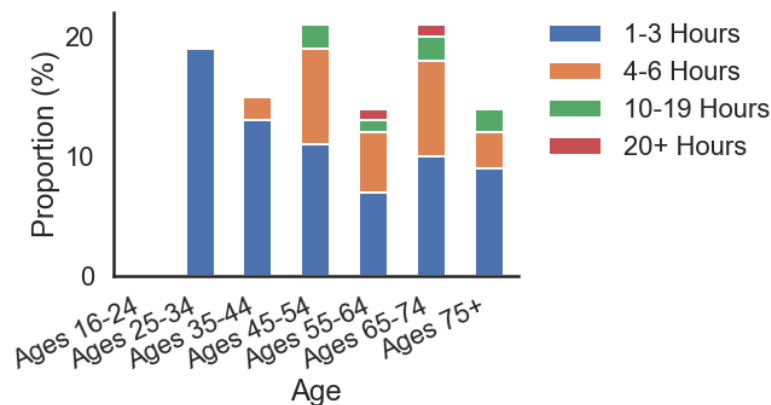
Interviews with service providers did raise some concerns with the level of volunteering and support they were receiving for the provision of their services. It is important to note that most of these stakeholder interviews took place *before* the Covid-19 pandemic, and so these are reflections from service providers prior to lockdown and any consequential impact the pandemic had on volunteer efforts.

Within our residents’ survey we explored the levels of volunteering amongst residents. The data suggests that 81% of people do not volunteer at all, 10% of people volunteer for one to three hours a week, 5% volunteer for four to six hours and 4% of people volunteer for more than seven hours a week. By ward, Four Oaks has the lowest proportion of volunteers. Mere Green has the highest, with 24% of people volunteering for at least one hour a week.

Table 5.1: Volunteering by Ward

Number of people who volunteer	
Four Oaks	12%
Mere Green	24%
Reddicap	19%
Roughley	20%
Trinity	15%
Vesey	22%
Walmley & Minworth	17%
Wylde Green	20%

Chart 5.3: Volunteering by Age



The two highest proportions of volunteers are those aged 65–74 and 45–54. To give a comparison with the national picture, an England-wide analysis by Clark (2021) suggested

that 64% of people aged 65–74 volunteered at least once in 2020/21 compared to 53% of over-75s and that the 35–49 age group was the most active in terms of volunteering. As such these patterns within Sutton Coldfield reflect the broader national picture, whereby the majority of volunteer activity is amongst older populations (as noted by service providers in the previous chapter).

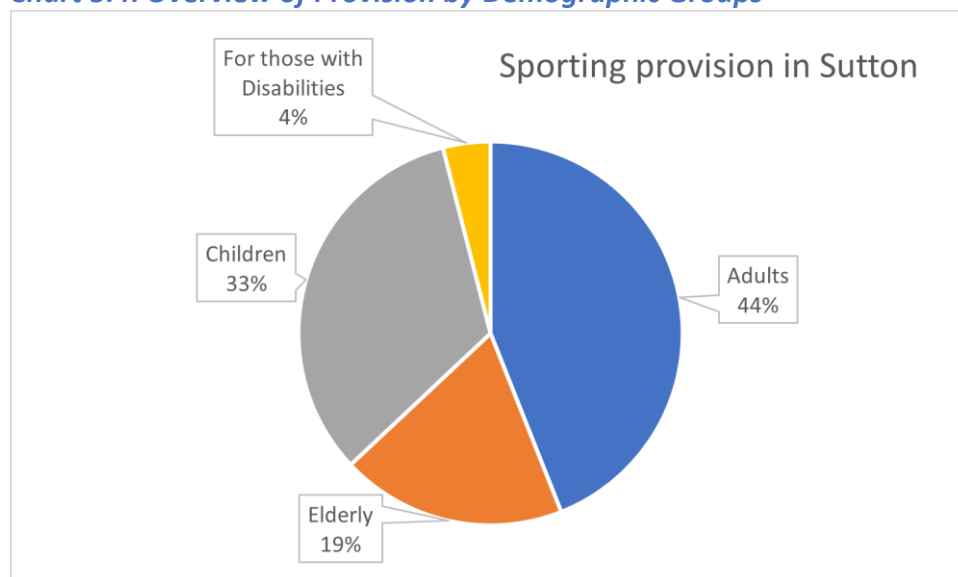
#### Overview of sporting activities

One additional element to the mapping exercise requested by SCCT was an overview of sporting activities. In total 141 clubs provide 143 sporting activities (for example the two running clubs offer activities on top of running: Boldmere Bullets offer cycling and Royal Sutton Coldfield AC offer running and a range of field sports). Football and dancing are the most well-provisioned services, followed by golf, rugby, tennis and water-based sporting activities. Athletics, fencing, hockey, kickboxing, orienteering, shooting, trampolining and volleyball all have one provider. As Chart 5.4 illustrates, the bulk of this provision is for adults (44%) followed by children and young people (33%). While there are some services available for older residents, those with disabilities have the lowest level of provision of sporting clubs and activities. Two earlier findings resonate with this discussion.

First, in relation to disabilities, there was a reported lack of opportunities for people with disabilities to engage with sport and leisure pursuits (which resonates with the service mapping). Whilst Midland Mencap have previously provided the “Sutton Park Challenge” and cycling opportunities, these were not captured in this mapping which focused on formal clubs, rather than the compensatory activities of wider service providers. As such there may be similar provision across other providers who are not formally sporting organisations but seeking to use services to plug a gap. Indeed, of the nine services that highlight provision for people with disabilities, four of these are trampolining and two are walking. Sporting provision for people with disabilities seems to be limited to five categories (archery, athletics, trampolining, gymnastics and walking). This is not to say that other providers are not offering sporting activities to disabled people. Rather, on reviewing the public information of sporting clubs only nine demonstrate provision for disabled people.

Second, as reflected by our young adult participants, some of the provision for children does not necessarily cover all age groups. However, the provision here is much more diverse for children than it is for older people. Young people have access to 22 categories of sporting activity compared to older people who only have access to 8 of these categories. Our data does not necessarily suggest a need to improve provision for older residents, as those we interviewed did not comment on a need or desire to engage in physical activity. There were, however, concerns about access to activities highlighted by teenagers and young adults (discussed in Section 4.5).

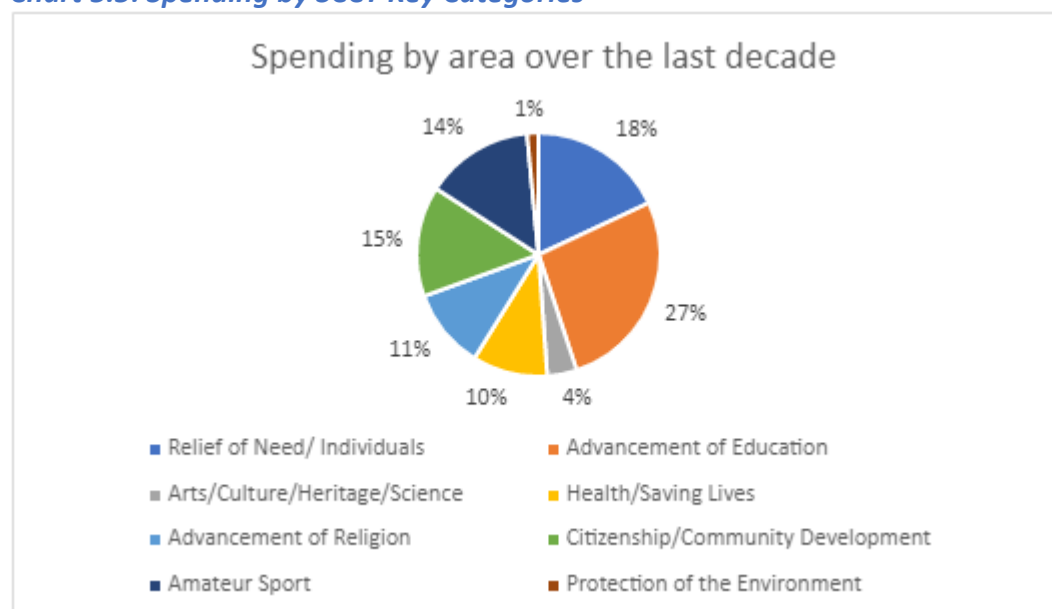
**Chart 5.4: Overview of Provision by Demographic Groups**



#### Funding support by SCCT

SCCT provides funding support for organisations and residents within Sutton Coldfield (although some funding does go to organisations outside Sutton Coldfield that are providing services within the Town). Historically formed categories of funding shape SCCT's expenditure. As illustrated in Chart 5.5, most of the funding over the last decade has gone to education provision followed by relief of needs, citizenship and community development and amateur sport. Environmental protection and arts and culture are the lowest expenditure areas.

**Chart 5.5: Spending by SCCT Key Categories**



Reviewing the sorts of expenditure covered within these areas reflects many of the issues already raised within the foregoing analysis. For example, citizenship and community development often covers operation costs, transport costs, building repairs and events for a



range of community groups that have been mapped in our services document. Similar patterns with regard to the purchasing of one-off items or support for facilities cuts across several of the areas of funding. The relief of need is particularly interesting considering the analysis of financial wellbeing and unexpected expenditures, as many of the items residents have requested grants for are of the form that this measure seeks to capture: washing machines, laptops, home repairs. Broadly, therefore, SCCT is investing in supporting the infrastructure of services in Sutton Coldfield and helping to facilitate the development of new initiatives and programmes of support. It is also able to provide some relief for residents unable to cover unexpected costs.

Going forward, it is likely SCCT will continue to invest in these activities, and this would be appropriate. However, from our analysis outlined in Chapters Three and Four, it is perhaps worthwhile developing funding for more specific interventions and needs around the identified challenges for residents. This could be done through SCCT developing its own suggested programmes and services which community organisations can apply to deliver across Sutton Coldfield. A view would need to be taken as to what impact this may have on the forms of expenditure SCCT already delivers. It would be recommended that funds to support the relief of individual need and school uniform grants be protected expenditure, but there may also be ways of working with other stakeholders to develop sustainable solutions for households to tackle these issues.

It should be clear that this report is not seeking to make suggestions regarding continued funding towards projects and initiatives supported by SCCT or to suggest a shift to fund new projects and initiatives considering the preceding analysis in Chapters Three and Four. Rather in presenting the findings SCCT can determine if meeting the priority needs identified by the research should justify ongoing funding for existing provision and/or investment in new projects, which may include SCCT specifically commissioning interventions/provision which meet certain identified needs. Whilst the recommendations of this report will suggest new initiatives, programmes, and services to address needs of residents, this is not necessarily at the expense of existing services – and some of the recommendations may work well in partnership with existing providers.

### 5.3 Wider Insights from Stakeholders: Local Politicians

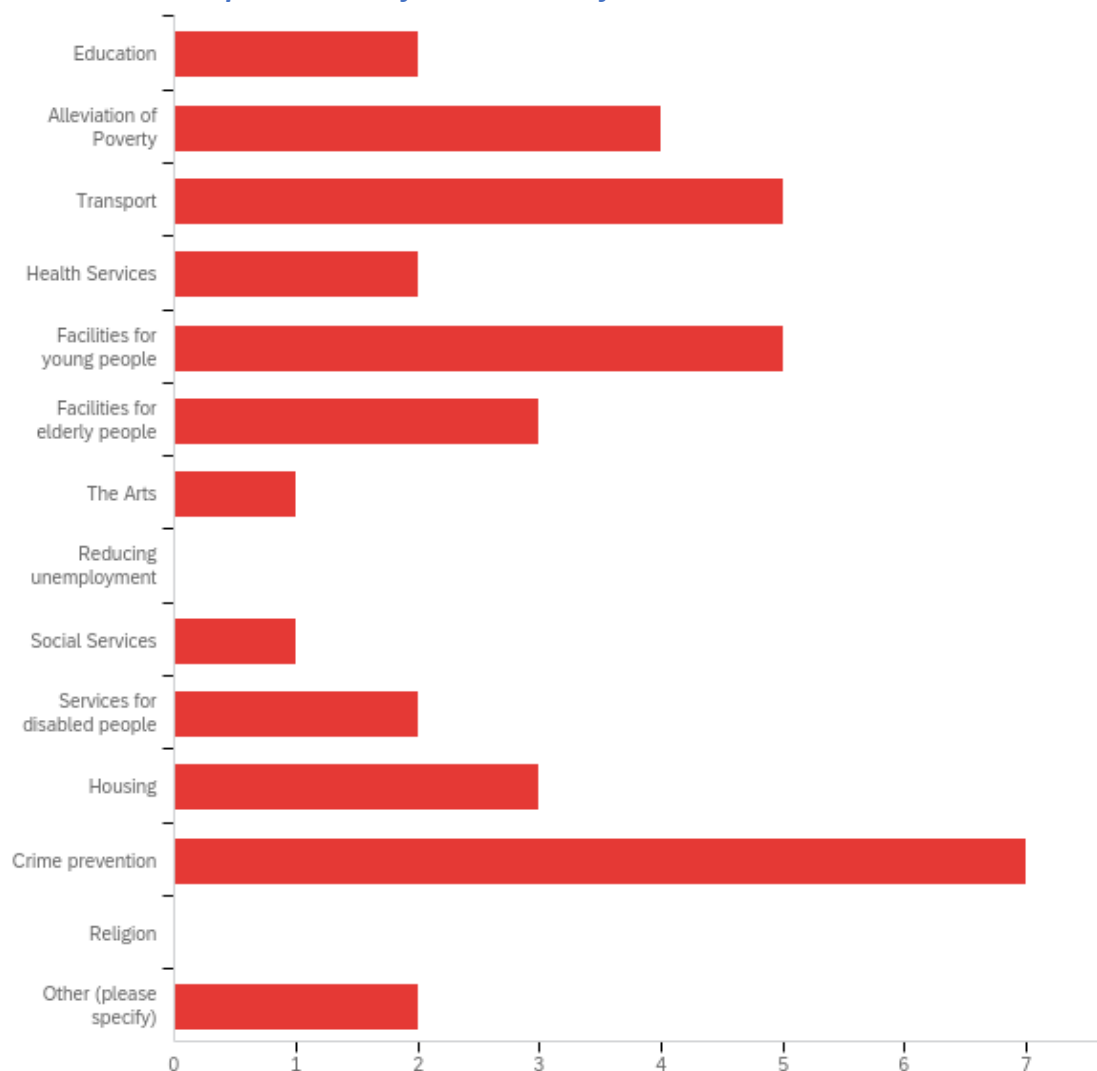
The delay in data collection due to the Covid-19 pandemic provided an opportunity to conduct additional analysis with local politicians and the trustees. The discussions with politicians focused on two forms of data collection: a survey to all city and town councillors and some follow-up interviews with willing participants. This was pursued to develop a sense of local politicians' insights and perceptions around the needs and challenges facing residents of Sutton Coldfield.

#### Local politicians' insights: top priorities

Using one of the questions used in the 1993 survey, local politicians were asked to identify three key priorities within Sutton Coldfield. This was set up as a two-stage question asking what the priorities were pre and post-pandemic. Chart 5.6 illustrates the priorities pre-Covid. Here it can be seen that local politicians believed that crime prevention, facilities for young people and transport are the three priorities in the area. This is closely followed by alleviation of poverty and then housing and facilities for older people. With regard to the

“other” category, two issues highlighted were the regeneration of the town centre and a comment about developing the relationship with BCC.

**Chart 5.6: Priorities pre-Covid-19 for Sutton Coldfield**



These insights relate in part to the discussions in Chapter Three, our emerging findings gathered from interviews with residents. We see here that concerns about transport and its impact on access to goods, services and social contacts can play a disruptive role in residents’ lives. What is particularly interesting here is that the 1993 report suggested that transport was one of the lowest priority areas for residents, which has changed over the last few decades. The priority of crime prevention also reflects some of our emerging findings, suggesting that local experiences of crime is something residents draw to the attention of their local councillors.

The final top priority, facilities for young people, resonates with the discussion in Section 4.5 around growing concerns among parents and young adults that there is not much for them within Sutton Coldfield. Despite the discussion of sporting clubs above suggesting a range of activities for young people, only a small percentage of provision is targeted at young people. In addition, as discussed in Section 4.5, there is concern amongst young people themselves

that unless you have the resources to formally join these clubs, many of the sporting facilities are denied to young people. Rather, young people would prefer facilities which offered a more informal space in which to engage socially with peers whilst engaging in a variety of leisure pursuits. Whilst the “shopping list” of items that was suggested by focus group participants (especially the young people’s group and the adults with learning disabilities) offers some insight into what sort of activities are desired, there will always be the challenges of resources, staffing and facilities which influence what can be taken forward and where.

Most of the free-text comments on this question related to information about crime reduction and facilitating resident safety alongside more proactive interventions to reduce issues around drugs and antisocial behaviour. Whilst the survey did not offer space for participants to comment in depth, the interviews highlighted that this proactive intervention rests heavily with working relationships with the police, city and town council. Interestingly, the discussion of youth provision has some overlap here, as investment in activities and good-quality facilities was often hinted at as a means of addressing some of the antisocial behaviour that was seen to arise from young people having little to do. From our data we cannot make any links between crime and lack of facilities and activities for residents more broadly, let alone young people. However, one effective means of addressing antisocial behaviour is investment in the wider social fabric. Wider activities and services for residents may help to address *some* of the challenges around crime and antisocial behaviour, but it will not address them all.

Reflecting on the responses to the same question, but in relation to the Covid-19 context, indicates a shift in some priorities. The top priority area highlighted by local politicians was now tackling unemployment, which had received zero response in the pre-Covid question: it was now selected by half of respondents. Crime prevention remained in the top three and health services now entered the top three, but jointly with “Other”. In terms of employment support, the previous analysis indicated a variety of needs from training to interview clothing. There is likely a need for such provision, especially as it was noted by the focus group with young people that those who do not go to university often have few options within Sutton. In addition, from national research we know that the previous recession and the more recent pandemic has tended to impact on young cohorts in terms of prolonged periods of unemployment and challenges accessing employment, usually because graduates, with fewer graduate jobs available, take on non-graduate jobs and displace non-graduates from that job market. In addition, as the earlier analysis highlights, around 7% of survey respondents are in zero-hours, temporary or seasonal work. Whilst this is a small proportion of respondents, it is worth considering some broader structures of support around employability and skills development which SCCT may wish to invest in on behalf of residents to provide support and opportunities to enhance employability. The recent funding to support The Future Melting Pot is one good example of this practice.

Within the free-text comments on this question, we found comments relevant to our analysis in relation to the town centre. Local politicians expressed a need to re-develop the town centre and offer business support to assist those companies that were not eligible for any of the government programmes. While this discussion had some specific pandemic-related undertones (linked to support to businesses at the time), it does resonate with the

wider concerns of residents around the decline of the town centre more broadly and a need to reinvest (see the discussion in Section 4.3).

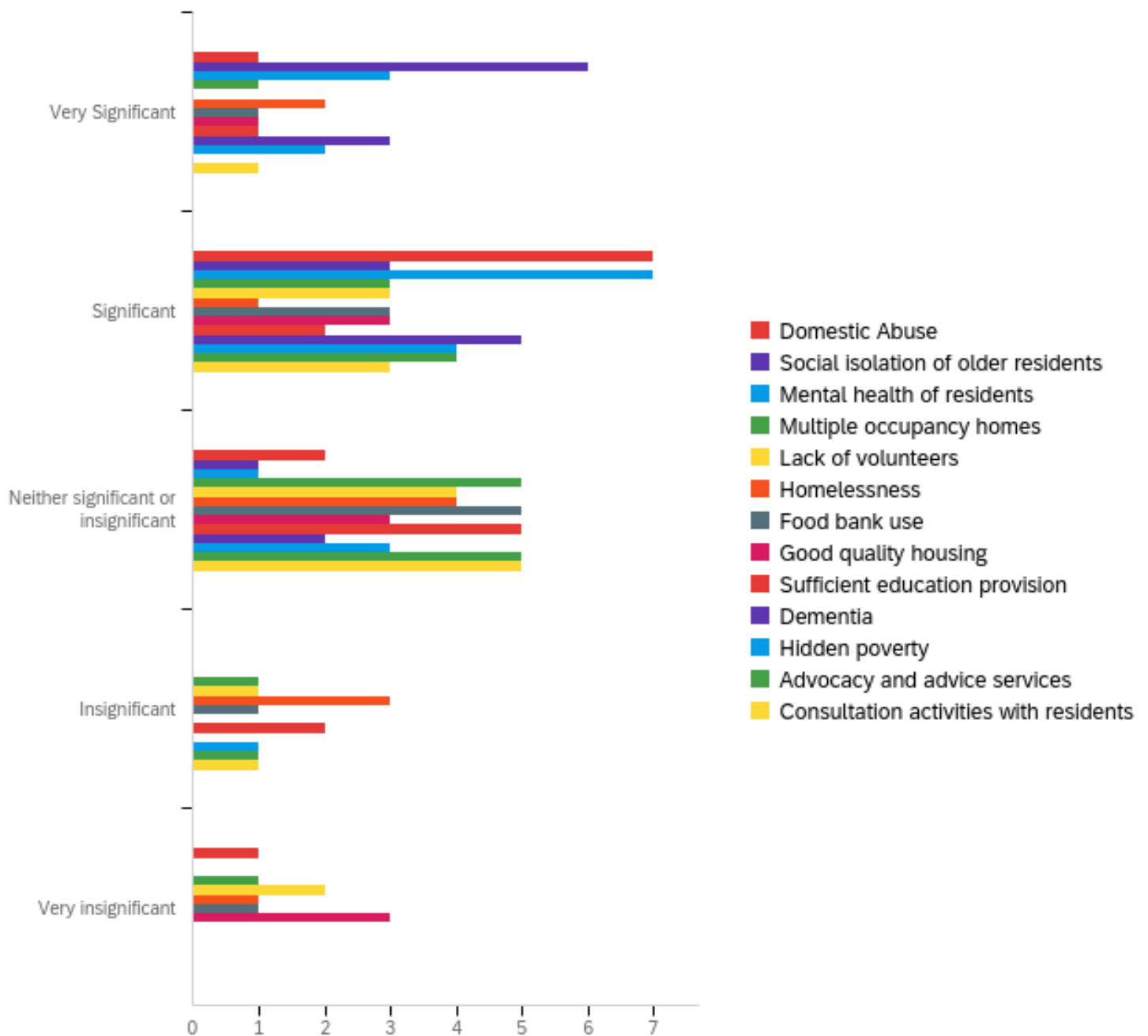
#### Cross-comparison with service provider insights

The next set of questions in the survey examined some of the emerging elements from our service provider interviews on issues to be addressed in Sutton Coldfield to see if local politicians recognised these issues from their own work. Thus, several topics were drawn out from interviews with service providers to provide a list of issues for which respondents were asked to rate their perceived significance for residents in Sutton Coldfield.

The findings suggest that local politicians believe social isolation of older residents, domestic abuse, mental health and dementia to be the most significant issues facing Sutton Coldfield residents. Many issues were neither significant or very insignificant (multiple occupancy homes, lack of volunteers, homelessness, food bank use, good-quality housing, sufficient education provision and consultation with residents). Hidden poverty and issues around advocacy and advice sit between significant and neither significant/very insignificant – so on these two issues there was some difference of opinion between respondents.

The analysis suggests corroboration from local politicians of some of the emerging issues within Sutton Coldfield which were not so neatly picked up in our survey data. Issues of domestic abuse and social isolation may reflect the pandemic context, as both of these issues had high-profile media coverage in the early months of the first national lockdown. But, especially in relation to isolation, it does resonate with the discussion of social capital in Chapter Three, and as we progress out of lockdown and the pandemic there is a need to rebuild community connections and participation amongst residents. This will happen in what will likely be an anxious time as Covid-19 remains an ongoing issue and people will have different practices around social distancing. The concern with domestic abuse services is likely a poignant issue considering the lower level of service provision and the closure of one service because of Covid-19.

*Chart 5.7: Ratings of Issues Raised by Service Providers*



The survey of local politicians also included a review of their views on community cohesion. Generally, as Table 5.2 illustrates, there was broad agreement that people from different backgrounds within Sutton Coldfield get on well with each other.

**Table 5.2: “To what extent do you agree or disagree that this local area is a place where people from different backgrounds get on well together?”**

Answer	%
Strongly agree	45.45%
Agree	54.55%
Strongly disagree	<1%
Disagree	<1%
Neither agree or disagree	<1%
Total	100%

However, alongside this measure were a series of statements looking to capture more specific experiences of discrimination (or not) by certain groups of residents in Sutton Coldfield. Several respondents stated that they did not know if discrimination against LGBTQ+ was a particularly important issue in Sutton Coldfield nor if there was sufficient community provision for this group. This was often expressed as not having much awareness of this community within Sutton Coldfield, which perhaps relates to some of our findings. Residents in Sutton Coldfield have no local services for LGBTQ+ people and it is not clear there is an appetite for this. Rather, residents often travel into Birmingham to access some of these support mechanisms. Accessing this community directly is often a challenge in research, and yet within our resident interviews we gained a slight insight into the challenges potentially faced by this community:

*I've got friends, two of my friends are a lesbian couple who lived in Sutton centre, but they've left now. My other friend is trans, assigned male at birth and they live in Four Oaks, and you see, you know there are people who are LGBTQ+ in Sutton Coldfield, but yet nobody sort of knows or speaks to each other, there's no connection. A lot of when you do speak to people in that community in Sutton they're always like: "Oh yeah, I've got plans to move to the other side of town eventually, or the city centre, I don't really want to be living there because this is my home but". And it confuses me, because I could understand if they really were the only one you know? But they aren't at all. There's a huge number of LGBTQ+ people.*

*[...]*

*My eldest accesses a service in Birmingham, in the LGBTQ centre, erm and it's called Emerge and it's for trans and non-binary teenagers so, 13–19 year olds. They were meeting once a month for about six hours, but it actually was so popular that they*

*were moving it to every weekend just before lockdown. Lockdown has happened and they've had to go online so they do Zoom meetings and I feel for them because there's such a need, yet these kids are, or young people should I say, are all suffering a lot with confidence issues. And you know, it's not a surprise they're going through a transition, erm, and a hell of a lot of them don't use things like video calls or be online. An awful lot of them, their parents don't even know so they'll be hopping on trains from miles away and coming to Birmingham to access this, a safe space for them to be who they are. They can't do it from home virtually, you know, it's not safe for them. Now, I mean, going back to Sutton, I know that through my teenager who was able to just come out when they did, you know, they were fairly young, because I'm quite open. Erm, and because of their experience they were able to be somebody that other teenagers in Sutton Coldfield in school who people could confide in.*

Resident Interview

We see issues potentially within Sutton Coldfield linked to this group. First, we know from the discussion of the quality of life indicator the LGBTQ+ community in Sutton Coldfield has a lower quality of life. Limited access to social networks, as discussed in Section 3.3, will play a key role here. The limited (perceived) provision of LGBTQ+ specific and inclusive services, activities, etc., may also be having an impact here. Second, the desire to remain “closeted” amongst many young LGBTQ+ residents is resulting in potentially unsafe practices of having to travel into Birmingham and not informing their parents/guardians of where they are going because they are not “out”.

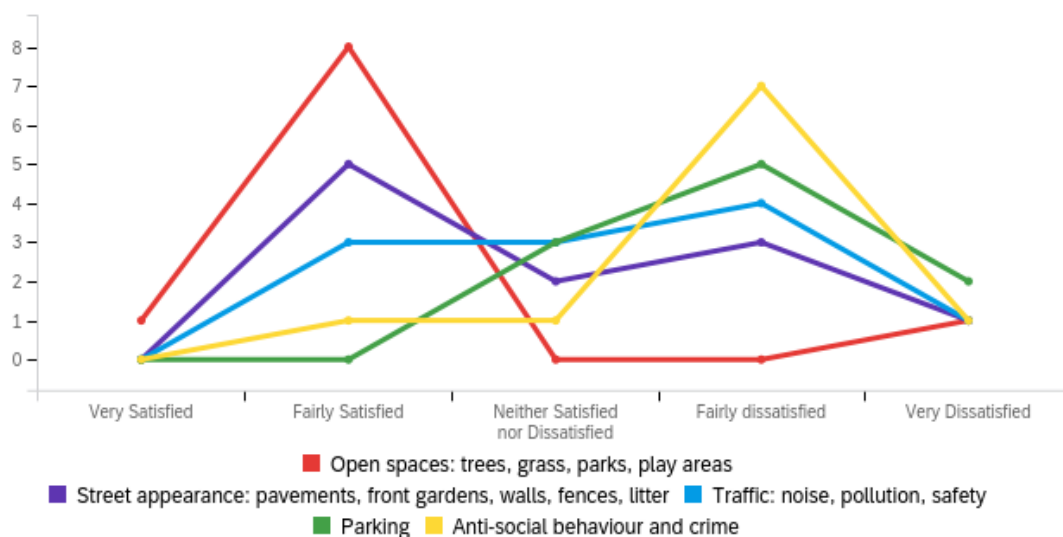
We are not able to offer a clear solution to the potential challenges here. Rather it is an area of further work that may need to be undertaken to better understand this group of residents and their lives in Sutton.

Returning to the discussion of experiences of discrimination and perceptions of the problem by local politicians, we see that for racial/ethnic minorities there was disagreement with the statement “Racial discrimination is not an important issue in Sutton Coldfield”. Consequently, local politicians expressed a need for work to be done in Sutton Coldfield to address issues of discrimination targeted towards these groups. The analysis also shows that local politicians are not aware if there is sufficient support for BAME communities within Sutton Coldfield. Again, this is a topic which is difficult to unpick from our analysis. We have insights which indicate several services are provided by religious organisations within Sutton Coldfield, but we have few BAME residents in our interview data. Despite efforts to recruit BAME residents, we must be a little careful here. Whilst much of the survey analysis does not suggest BAME communities are experiencing greater challenges to meeting needs in comparison to other residents, we have some more examples in the interview data of BAME residents having to leave Sutton Coldfield to access places of worship. Unlike LGBTQ+ residents, where some of our factor analysis and quality of life measures do indicate problems with meeting their social needs, we cannot say the same for BAME residents. However, like the LGBTQ+ residents, therefore, we would suggest this is another group of residents where additional work may be needed, targeted specifically at this group of residents.

In contrast, there was a general view that there was sufficient provision for disabled groups of residents within Sutton Coldfield. This is interesting considering the analysis suggested the opposite. With regard to youth services, we see that there are limited services and activities for young people to engage with, and this is especially true during the transition to adulthood in the teenage to early twenties years. Our analysis of sports clubs suggests that only a small number are accessible to disabled people and as noted in the discussion in Section 4.8, we could argue that residents with learning disabilities exist in more of a bubble with limited interaction with people without learning disabilities. It is likely that this experience could be extended to others with disabilities more broadly. It is important to note that this is not to say that the perceptions of local politicians are incorrect or that they are uninformed. Rather it is simply about exploring how current awareness matches our broader findings to highlight the need to inform discussions around support for this group with the analysis from our data.

Finally, Chart 5.8 illustrates the perceptions of local politicians against our local community satisfaction factor (see Section 3.4). As with some of the discussion above, we see a broad alignment with the responses from residents. There is significant satisfaction with open spaces and street appearance but concerns over antisocial behaviour and crime (overlapping with key priority areas) and parking and traffic (noise, pollution and safety). Some of the resident interviews also highlighted these concerns and this came out as our second significant factor in our survey analysis.

**Chart 5.8: Perceptions of Local Community Satisfaction**



#### Insights from interviews with local politicians

Two town councillors provided a joint statement in response to the survey request rather than completing the survey. Alongside this, a small number of local politicians also participated in interviews. The following draws out some of the key points from both sources of information (statement and four interviews).

All local politician respondents recognised that whilst Sutton Coldfield was a relatively affluent area it did contain pockets of deprivation, primarily within the large council estate at



Falcon Lodge and some of the other housing associations across Sutton. While this reflects many of the findings in our analysis, there is a need to reiterate the significance of the pockets of poverty discussed in Section 4.2. Intervention to support residents must provide support to these larger areas whilst finding ways to reach out to the hidden poor in all parts of Sutton.

A few key issues drawn out from the interviews, some of which resonated with our analysis, include the following mentioned by most local politicians:

- Concerns regarding the road network within Sutton Coldfield and comments that this is not able to cope at peak travel times. Several respondents noted the significance of cars for residents to be able to travel as local public transport was not seen to be sufficiently reliable. Public transport was the second “traffic” related issue outlined by respondents. This is seen as integral for supporting the older population in Sutton Coldfield but also the new housing development in Langley.
- Increasing need for health-care provision with an elderly population. Specifically, there needs to be more support and provision for dementia sufferers. Sutton Coldfield pioneered the first dementia-friendly ward, and later dementia-friendly constituency – later adopted by the Town Council.
- Social isolation of older, single people was likely made worse by the pandemic.
- Whilst Sutton Coldfield has a myriad of voluntary organisations, the age profiles of volunteers is high, and new volunteers are in short supply. In the future therefore there will be an increasing need to fund numbers of events and provide charitable services, which currently are paid for and supported by volunteer generosity.
- Lack of affordable housing. This illustrates tensions between efforts to resist building on the green belt and the housing demand of parents for their children to be able to live in Sutton. It was recognised that there is a breadth to this challenge as many older generations in large homes are unable to move to other areas due to lack of suitable accommodation. As such, the broader housing mix is inappropriate although the development of the new housing estates on Langley may start to address this situation.
- The suitability of the building that houses the town centre library.
- Demographic changes in Sutton Coldfield resulting in a diversification of religions and a need, therefore, to engage with all faiths and ensure they are able to be wholly involved in the civic life of Sutton Coldfield.

A few of the local councillor responses also highlighted issues that typically informed their casework activity, and these included:

1. Waste collections / green waste.
2. Parks / open space / litter / fly-tipping / trees (condition and provision of more).
3. Planning (complaints about visual amenity).
4. Road issues – conditions / traffic / parking (especially around schools).
5. Antisocial behaviour. Politicians noticed an increase in this since lockdown: “Neighbour disputes have clearly been exacerbated by long days spent at home!”
6. Council tax / business rates and other financial support / benefits.

Many of the issues raised align with key findings from this research and are within the purview of SCCT if they wish to pursue change in these areas. Other aspects, as commented previously, are beyond the remit of SCCT but are connected with a range of stakeholders to draw attention to these issues on behalf of residents. The discussion here indicates that local politicians are aware of the need to address some of the issues raised by our analysis which will facilitate efforts to make change. Other areas are not so clearly on the radar of local politicians and the findings of this research can be used to engage them in the broader endeavour to improve the lives of residents of Sutton.

#### 5.4 Wider Insights from Stakeholders: Trustees and the Activity of SCCT

At the request of the new Chief Executive, the research extended activity to include a series of interviews with SCCT trustees. All trustees were sent an invitation to attend an interview and eight responded and took part. They were asked about broader themes: the role of SCCT, perceived needs of Sutton Coldfield (the place and its residents), ambitions for the social needs research and perceived challenges. The following reflects a narrative around these three themes drawn out from the interviews.

##### The role of SCCT

SCCT has an established role and set of practices illustrated in various ways by the trustees interviewed. As one trustee explained:

*Overall, it is to help with the needs of the community. It does that through two streams, one is the provision and maintenance and running of the almshouses and secondly, it's through provision of grants to either individuals, groups, societies and schools in the community.*

Much of this work was perceived as the ongoing function of SCCT. To provide finances via grant applications as a “baseline” of activity, but this blends with activity to provide more individual support to residents of Sutton Coldfield. As one trustee stated, there was a desire to:

*continue things that are supportive of residents but consider other directions we can branch out in to according to the needs of the community, and society.*

There is a clear division in the work of SCCT in relation to support and this can be expressed as three lines of provision: the almshouses, grants to organisations and grants to individuals. These form part of the expressed desire of several Trustees to “alleviate need”.

Whilst recognising that it has had a highly influential history within Sutton Coldfield, the project has been perceived as an opportunity to create a different direction and momentum for SCCT. For some this was expressed as trying to break away from the safety net of familiarity:

*I feel we've become very safe, it's all very much: "We will do the same this year as we did last year". And the same people come to us this year as they in previous years [... these organisation] do a lot of good work but I just feel we should be brave and look to do something [different]. The social needs review is very much needed and will*

*point us to where the gaps are and so that's one end of the spectrum, but then there's the other end of the spectrum where we help individuals... I feel that there must be masses of people in Sutton who we do not reach who are suffering massively with massive need.*

Such support was viewed a key characteristic of SCCT to date, but framed in a reactive rather than proactive sense:

*Improving lives of people within Sutton Coldfield who asked for help, and they've responded well, however I would like to see the Trust over the next 5–10 years be significantly more proactive in the community [...] but how do you do that?*

Reflections on how to be proactive in the support offered to Sutton Coldfield and its residents will interact with the ambitions for the social needs research. It is generally hoped that the research will uncover local needs to which SCCT can respond in advance of any service providers seeking funding/support to address these issues.

Taking this proactive approach forward perhaps also reflects how SCCT has already started to develop a strategic approach to its future through the formation of a strategy group:

*It's an evolving process, I would like to think the foundations we have at the moment are correct, appropriate, and measured but we are not complacent because we know we can do much more than this. Should we be thinking differently as we move forward?*

*It's not acceptable to wait any longer and wait for people to come to us. Because it's the same people coming all the time. I have got this niggling doubt that we are missing some of the people who have need in Sutton Coldfield.*

These discussions recognise that there are tensions between ongoing funding activities and historic patterns of support which can generate a cycle of applications and a need to invest in a more diverse range of social needs. Generally, trustees felt that there was nothing SCCT should stop supporting but there was a need to question some of the larger funding requests, potentially to address overreliance on SCCT as a form of income. This is worth noting in relation to the experience of interviewers for the project. A few organisations approached raised either directly or indirectly how the report will inform the activity of SCCT, with a small number wondering (often out loud) how their participation in the research may encourage SCCT to be supportive of their next application. Such comments are not problematic, and rather show the importance of SCCT to a range of organisations within Sutton Coldfield. But it offers some anecdotal insight into the broader perception of some of the trustees interviewed.

Trustees also outlined their desire for their work to have a long-lasting impact on Sutton Coldfield. Some expressed an ambition to leave a lasting impact on the community. One stated:

*This is a rare opportunity with the funds that we've got, with the funds we have coming [into] the trust, to make a big impact on society in Sutton Coldfield. And to do that you have to be passionate, and you have to think big. [...] I want to be a bit more aspirational.*

*I see more grants rejected now than when I first started. There's a bit more thought put into it. There's more challenge because we have more trustees with different experiences.*

#### Trustees' perceived needs within Sutton Coldfield

Like the discussion with local politicians, it is useful to get a sense of what trustees perceive in terms of the needs of Sutton Coldfield residents. This can help reflection on expectations and data analysis to inform recommendations and future actions. A large range of commentary was generated in this discussion and is outlined below.

- Homelessness – primarily concerns around “hidden homelessness” rather than visible, rough sleeping within Sutton Coldfield (the perception is that there is not much of the latter).
- SCCT's work has historically focused on older people and issues of housing and loneliness (part of wider mental health issues); younger age groups may now need more prominent attention. More broadly there was a need to develop activities for young people that “inspire” and are not just sport-related. This is linked to suggestions by other trustees of “after-school provision”.
- A range of housing/building provision ideas.
  - Extension of almshouses as this is what SCCT “knows” how to do but for a broader range of people in need (people with disabilities, young people and perhaps certain families).
  - Investment into a “community development project” which would provide housing and local facilities for residents (range of household types from bungalows to small apartments) alongside facilities such as gyms, social spaces, etc.
  - Purchase of commercial premises to provide spaces for people to work: a workplace hub [Moseley Exchange is one such facility which offers a workspace for people to hire] alongside/combined with the purchase of premises to house organisations who typically request support for rent through the SCCT grant application process.
- Respite support was suggested – especially for young carers (broadly defined as under 18 years of age) and recognising the need for respite of many with care duties.
- An interest in revisiting individual grants and ensuring these are better publicised.
- Concerns over limited support by SCCT towards organisations who deal with abuse (this also was linked by some trustees to the individual grant provision).
- Environmental protection.
- Exploring income-generating assets and sleeper assets within wider provision by SCCT.

### Ambitions for the social needs research

Naturally within the discussions some attention was given to the work of the researchers to explore the social needs of Sutton Coldfield. These often linked with the perceived needs of Sutton Coldfield, as outlined above:

*What I'm hoping to see is that your work shows there is an unmet need across different age groups or different groups in the community, the homeless, the lonely, ex-service personnel, ex-NHS personnel. People with mental health issues. The traditional model has been looking at the almshouses, but I think we should be looking more at community provision or support of community services.*

*I'm looking for two angles from the social needs review: where is the real need and hardship and how can we access helping those people better either through organisations or them directly? And secondly, is there a gap somewhere in Sutton very substantial? We should look at extending our portfolio of almshouses to other sectors of the community.*

Many trustees highlighted that they saw the research and its analysis identifying the “known unknowns”. Trustees accepted that there were many aspects of social needs within Sutton Coldfield they may have limited, or no, knowledge of because their awareness is tied to:

- 1) the applications made to SCCT
- 2) their work on SCCT
- 3) wider networks that offer some insight into Sutton Coldfield

The research therefore is seen as a way of providing insight in to “who is missing from this list” of known groups and individuals with needs in Sutton Coldfield. Some held a clear view that the research should directly inform the future activity, but most perceived the work as generating this “gap-filling” activity; for the former group this was expressed as: “Hopefully, the review should show us what we should be doing”.

### Perceived challenges

In terms of challenges for SCCT in moving forward there was really one clear message from across the trustees: the communication and profile of SCCT. This ties in with work already underway around the use of social media and a communications strategy, and this may be the driving force behind why this theme came out so forcefully in the discussions with Trustees:

*We should be doing more for individuals, but the problem is connecting with them. [...] Hopefully the new marketing strategy under the new chief exec will help bring in more people who need help.*

*People don't know about us even after all these years.*

These discussions also suggested a need to revise the website – not only to promote SCCT but to provide a web portal for grant applications. Commentary on the wider communications strategy and work is beyond the scope of this research but, as noted, SCCT is already carrying out work in this area which will aid the dissemination of the research findings.

The concerns about residents' awareness of SCCT were also considered within our own survey. Within our residents' survey we included a question asking participants if they were aware of SCCT. This was considered a useful question insofar as it would provide some insight into the visibility of SCCT and the work it facilitates within the town. The analysis of awareness of SCCT demonstrated that around 55% of all respondents have heard of SCCT. By ward, we see this pattern played out, although Wylde Green has the lowest proportion of people who have heard of SCCT, whilst Mere Green has the highest.

**Table 5.3: Awareness of SCCT by Ward**

<b>Ward</b>	<b>Heard of SCCT</b>
Four Oaks	45%
Mere Green	52%
Reddicap	46%
Roughley	49%
Trinity	42%
Vesey	43%
Walmley & Minworth	44%
Wylde Green	40%

We know that SCCT is working to improve its social media presence and its visibility within Sutton Coldfield. This analysis may provide some insight in how best to start developing this strategy. It would perhaps be useful for SCCT to map its funding and grant support against wards to see if this is having an impact on awareness – for example is there greater awareness of SCCT resulting from higher levels of funding? Of course, it is highly possible that the slight variation by ward is linked to social networks and word of mouth, quite often the key means through which awareness is spread.

Finally, there are also perceived challenges in terms of SCCT rather than local authorities being seen as the funding source for welfare support in Sutton Coldfield. However, it is difficult to comment on whether this is a perception of a few trustees or an actual practice resulting from the low levels of deprivation in Sutton Coldfield compared to the wider city of Birmingham.

## 5.5 Chapter Conclusion

The main ambition of this chapter has not been to provide an assessment of needs of residents but to take a step back and explore the broader context of support for the findings of the report and potential developments outlined in the next chapter. It has demonstrated that a range of services and sports provision exist for Sutton. In terms of the services there has been some change as a result of Covid-19, but broadly we see a range of provision across all categories and this mapping may help develop more formal information provision for residents about what services are available to them. Similarly to our mapping of sporting activities, we hope this can be used to inform residents of available provision. But we have noted elsewhere in the report that some residents perceive and experience barriers to

accessing more formal clubs. In addition, for services, there are concerns about the future levels of volunteering and there may be solutions here linked to some of the community engagement discussion in Sections 4.3 and 4.4.

The other discussions in this chapter have focused more broadly on the alignment of our findings with the perceptions and interests of local politicians and SCCT trustees. The intention of this section is not to provide commentary on the accuracy of either group views of Sutton Coldfield but to find points of alignment from which action towards addressing social needs can begin, and also highlight where our analysis is perhaps going unnoticed at present and the need to therefore draw attention to these matters.

## Chapter Six: Key Findings and Scenarios

This final chapter draws on the previous analysis to present a series of “scenarios” which summarise the unmet needs of Sutton Coldfield. Each of these scenarios is linked to “potential ambitions” indicating a broader change that could be pursued. These in turn are linked to “possible developments” – a series of actions to be considered which can help to achieve their potential ambitions. It is not for this report to determine what actions are taken forward directly by SCCT and other stakeholders.

Considering the impact of Covid-19 during the duration of the project and the several wider developments within the town that have taken place, these should be reflected upon in conjunction with the findings of this report by SCCT in its strategic work:

- Sutton Coldfield Town Centre Masterplan Website and Supplementary Planning Document – 2020–2021
- Sutton Coldfield Health and Wellbeing Review (in progress)
- Integrated Care Partnership - North Birmingham Locality Reviews (ongoing)
- Sutton Coldfield Neighbourhood Network Scheme Gap Analysis – as at March 2022

Other than (briefly) the Town Centre Masterplan, this report has not directly engaged with these reports or authors as they are either in progress or were completed *after* the analysis that has informed this review.

Furthermore, in June 2022 SCCT revised its guiding aims, mission and values as:

**Vision:** Enhancing the quality of life for all in Sutton Coldfield

**Mission:** The Trust aims to alleviate hardship and improve the quality of life for residents of the Royal Town of Sutton Coldfield through the provision of housing and grant awards to support individuals and community organisations

**Values:** Responsible; Inclusive; Caring; Transparent; Sustainable

As such, this chapter seeks to link the scenarios to analysis from the social wellbeing factors outlined in previous chapters. In response to these scenarios set out a series of *potential ambitions* and *possible developments* to inform SCCT’s strategic planning.

These are *potential* because it is beyond the scope of the report to provide a clear, costed, action plan of specific actions. Rather, tasked with making recommendations for SCCT to consider, this section of the report outlines the possible activities that could be pursued by SCCT within its own governance remit, or in collaboration with other organisations as appropriate.

Many of these possible developments will appear as new initiatives and areas of activity. This is not to deny future funding to existing service provision – in fact it is likely that meeting potential ambitions will be achieved through ongoing support to existing services. Indeed, some recommendations suggest support for existing organisations to develop new



activity (e.g. welfare rights advisors). This can be aided by the mapping exercise submitted to SCCT of existing organisations and the areas of need in which they currently operate.

Rather we have started with the assumption that SCCT will continue to support, within its guidelines, services and organisations within Sutton Coldfield already supporting resident's needs. The presentation of scenarios, potential ambitions, and possible developments, we hope will offer a way of:

1. orientating *some* existing support towards identified unmet needs
2. providing some broader ambitions to which existing providers and services can contribute
3. facilitating SCCT to consider commissioning solutions to which existing providers are likely to apply to deliver. This recognises that SCCT may have to develop a different relationship with service providers, in which SCCT takes a more direct role in shaping and directing services alongside a potential source of finance for services
4. encouraging renewed/new partnership working with wider stakeholders within the town to achieve a more integrated approach of maintaining key provisions in Sutton Coldfield
5. developing a new role for SCCT in coordinating and facilitating discussions of social needs and how best to meet these amongst stakeholders, particularly where possible developments may rest outside the remit of SCCT

The discussion in Section 6.1 highlights a number of possible developments that could contribute to achieving the potential ambitions which respond to the identified scenarios. In this section a commentary is provided on these possible developments. But for ease an initial summary is presented in Table 6.1 below.

The final part of this chapter considers broader activities – issues of advocacy on key findings which sit outside the direct work of SCCT and some internal impact and evaluation work for SCCT to consider.

## 6.1 Relating Factors of Needs to Scenarios

For simplicity we present the key findings with a short summary reminder of the issues the research has uncovered and provide scenarios with examples of possible solutions related to each social needs factor. Some scenarios will span a few factors.

The research determined that seven factors were significant in unfulfilled needs. Additionally, we combined all factors into a Quality of Life measure. The seven factors were:

1. Social Capital
2. Community Satisfaction
3. Standard of Living
4. Financial Wellbeing
5. Mental Wellbeing
6. Physical Wellbeing
7. Housing

A range of other issues were also drawn out from the interview and focus groups. Where appropriate we have linked this within the discussion of the seven factors above. However, some of these issues are likely to sit outside the scenarios that we develop to form what we refer to issues of advocacy – findings that SCCT can promote with other stakeholders who have a more direct influence on these areas of social and public policy.

#### Social Capital and Local Community Satisfaction

The top factor across the town was related to social capital, and this was consistent across all wards. Key considerations from the analysis include:

- Recognising a potential pandemic impact on this factor, resulting in significant levels of isolation and disconnection from the community experienced by residents from lockdowns.
- Many residents, particularly older residents, likely experienced issues of isolation prior to the pandemic and this may have been exacerbated over the two years of various lockdowns.
- The analysis suggests that there is a similar spread of limited connections across wards and age groups.
- Physical distance from friends and family rather than cost, lack of time or difficulties with transport are barriers to social capital.
- Low levels of social capital are associated with lower health outcomes (especially mental health but some association has also been found with physical health). It is useful to note that lower-income groups tend to deprioritise social needs, which will likely erode social capital and impact on mental wellbeing.

Local community satisfaction explored several relevant dynamics around engagement with and knowledge of the local community and the physical appearance of the community.

- Many residents are happy with where they reside and broadly with Sutton Coldfield – although greater displeasure exists with regard to the town centre.
- Parking and traffic are the main concerns in terms of the physical aspects of living in Sutton Coldfield.
- There is uncertainty about how to engage in local decision-making, primarily amongst younger residents who have limited awareness of how to contact local politicians.
- Wider analysis from interviews and focus groups indicates that some residents have limited to no access to sport and leisure facilities. Barriers include learning disabilities, physical disabilities, inability to afford membership to formal clubs, etc.

*Table 6.1: From Scenarios to Potential Ambitions and Possible Developments*

Scenarios - Linked to social & wellbeing factors	Potential Ambitions	Possible Developments that SCCT may support
<b>Social Capital and Local Community Satisfaction</b> The COVID-19 pandemic has exacerbated and extended pre-existing social isolation and reduced opportunities for community cohesion.	<b>One:</b> Support the development of more inclusive and accessible sporting and leisure provision within Sutton Coldfield.	1.1 Improved engagement with sport for young people and people with disabilities
		1.2 Requirement that sports grant applications demonstrate inclusivity
	<b>Two:</b> Facilitate collective social interaction through community initiatives that encourage community participation and reduce social isolation and loneliness within Sutton Coldfield.	2.1 Post-COVID development of social activities that reduce loneliness
		2.2 Development of a time banking network
		2.3 Ensure the service and sporting mapping directory is kept up-to-date and available as an information resource for residents
		2.4 Enhancement of residents' voices in their communities
<b>Standard of Living and Financial Wellbeing</b> Many residents are sacrificing social needs to fund the cost of basic needs, whilst having limited (if any) savings to cover "lumpy" expenditures and are generally struggling to manage financially.	<b>Three:</b> Support the development of improved welfare advice, employment guidance and financial literacy	2.5 Development of a network of Community Centres
		3.1 Development of a network of welfare advisors
		3.2 Development of an employment support fund
		3.3 Improvement of financial literacy initiatives and guidance available to residents of Sutton Coldfield.
		3.4 [linked to housing findings] Development of a support fund for home repair – similar to relief of need grants.
<b>Mental wellbeing</b> Within the context of the pandemic residents report poor mental health, with links to social capital and financial wellbeing influencing this pattern.	<b>Four:</b> Support the development of initiatives to improve mental health.	4.1 Development of a network of mental health first aiders
		4.2 Investment in parental support initiatives
		4.3 Social capital and financial wellbeing initiatives that should also assist in attaining this ambition.

<b>Physical wellbeing</b> Residents within Sutton Coldfield experience a deterioration of physical wellbeing as they get older alongside decreasing access to sport and leisure activities.	<b>Five:</b> Support the development of Sutton Coldfield as an “active town”	5.1 Initiatives that enable Sutton Coldfield to become an “Active Town” including active ageing initiatives
		5.2. See possible developments listed above in relation to <b>potential ambition one:</b> Support the development of more inclusive and accessible sporting and leisure provision within Sutton Coldfield.
<b>Housing</b> Residents who lose their home or are seeking to escape domestic abuse have few housing options available to them.	<b>Six:</b> Explore the development of various forms of housing support for varied circumstances, such as recently being made homeless or escaping domestic abuse	6.1 Exploration into the feasibility of providing Almshouses, or a different model of supported housing, to those who have recently become homeless or with other specific requirements.
		6.2 Provision for individuals experiencing or escaping domestic abuse.
		6.3 Development of a support fund, or system of packages, to provide a new home starter kit for people/families who have recently become homeless.
<b>Quality of life measure</b> Certain groups of resident’s experience lower overall quality of life in comparison to other residents: specifically geography, sexuality and age.	<b>Seven:</b> Support the development of inclusive approaches to enhance the quality of life for all in Sutton Coldfield	7.1 As part of equality, diversity and inclusion at SCCT, develop connections and reach across a wider range of diverse community groups, and specifically those less represented in the research focus groups: LGBT+ residents and agencies, ethnic minority residents and groups, and residents with physical disabilities
		7.2 Consideration into the viability and suitability of future research targeted at those groups less represented in the research interviews and focus groups within the next five years.
		7.3 Integration of inclusivity monitoring into wider grant application activity.
	<b>Eight:</b> In adopting a whole town approach to implementation of new initiatives and activities consider targeting pilot schemes or initial activity in those areas, and amongst those groups of residents, with lower quality of life scores.	8.1 Ensuring that a whole town approach is adopted to all the above possible developments within strategic planning
		8.2 Using the analysis provided to inform discussion, consider the suitability of adopting a phrased/targeted introduction of certain developments to ensure those residents experiencing more significant barriers to needs satisfaction are early beneficiaries.

Social capital is often presented as a means for generating healthy social connections with others, creating a sense of community embeddedness, and for facilitating participation in community life. Activities which facilitate the development of social capital include local community events, participation in leisure/sporting activities and festivals and engagement in decision-making.

SCCT already supports several activities in this area, many of which were suspended due to the pandemic and social distancing rules.

Consequently, the first scenario which captures the challenges noted in relation to our factors on social capital and local community satisfaction:

**Scenario One**

*The Covid-19 pandemic has exacerbated and extended pre-existing social isolation and reduced opportunities for community cohesion.*

**Potential Ambition One**

To support the development of more inclusive and accessible sporting and leisure provision within Sutton Coldfield.

**Potential Ambition Two**

To facilitate collective social interaction through community initiatives that encourage participation and reduce social isolation and loneliness within Sutton Coldfield.

Potential ambition one: [inclusive and accessible sporting and leisure provision](#).

Ambition one would build upon the existing work of SCCT in supporting the development of sport and leisure activities within the town. A range of organisations across Sutton Coldfield have received funding for their activities from SCCT and often make regular applications for further funding, within the stated guidelines. As such, adapting existing practices for grant applications, for example, could be one potential development for achieving this wider ambition.

**Engagement in sports for young people:** this could involve investment in the development of sporting pitches and equipment which are accessible outside formal sporting club arrangements. This could be achieved through:

- direct funding and provision
- a condition of grant funding that providers offer up some periods of time for wider community engagement with facilities

**Residents with learning and physical disabilities:** building upon existing activity, such as the community games and Midlands Mencap Sutton Park Challenge, SCCT could expand support into the follow possible developments:

- Partnership with the Town Council to embed leisure activities into regeneration plans for the town centre and/or through improvement in accessible transport links to facilitate ease of access.

- Modify SCCT grant requirements so that applications for funding for amateur sport make clear how they will ensure that the provided service is inclusive to the widest possible range of participants.
- Establishment of a training fund to improve inclusion across sports. One challenge is lack of sporting and leisure staff familiar with ways to support those with disabilities to participate. Training would help to resolve this barrier. SCCT could consider the provision of a specific fund for sports clubs to access within Sutton Coldfield to secure training to include disabled people in their sporting offer.
- Potential extension of financial support to ensure spaces are modified to be accessible.

#### Potential ambition two: collective social interaction through community initiatives

As noted, SCCT has a history of supporting an array of initiatives and events which have sought to foster community engagement and celebrations of life within the town. However, efforts could be more expansive within this tradition, to foster new mechanisms to facilitate community engagement, explore new fora in which residents can participate in decision-making and support the ongoing maintenance of the service and sporting mapping activity which formed part of this research.

**Re-launching community initiatives:** SCCT could develop a specific pot of funding dedicated to the re-launch of community initiatives and the development of new provision. SCCT could intentionally set up a simple commissioning process with clear objectives for applicants on the inclusivity and diversity of events. It is important to note here that inclusivity is referring to efforts to ensure all residents, regardless of age, gender, sexuality, ethnicity or disability feel able to engage and participate and/or have access to community events.

**Support the development of a time-banking network:** Time-banking is a practice designed to facilitate volunteering, support the development of community participation and grow participants' social capital. Using the Blaengarw Time Centre as a model of excellence, SCCT could, through a network of community/advice centres, facilitate the development of time-banking. Through time-banking, volunteers earn a time credit for each hour of volunteering they give to their community. These credits accumulate and can be "spent" on a range of social, educational and cultural activities. One credit entitles the volunteer to one hour of activity in exchange.

Time-banking has been used successfully to develop a series of community engagement and development activities. To earn credits, volunteers can help their neighbours with befriending schemes, odd jobs, decorating, gardening, shopping or even running classes from art through to information technology classes. Through the credit exchange, people are giving their time and their skills to their communities but in so doing start to create broader social networks – developing their bridging social capital (the wider ties and connections residents have with their communities).

The benefits of this development include:

1. Generating and developing a pool of volunteers.
2. Using the skills and assets residents already have to support their local communities.

3. Developing social connections to reduce feelings of isolation (many GP surgeries have used time-banking as a form of social prescription to tackle depression and isolation).
4. Facilitate the growth of social networks for residents, which has a range of health benefits.
5. Facilitate networks for information sharing.
6. Provide a platform through which residents can engage in community change and have a voice in the development of their community.

**Ensure the service and sporting mapping directory is kept up to date and available as an information resource for residents:** Whilst SCCT could take on the role of leading information-sharing and provide a hub on their website alongside their social media activity, it may be more effective to provide the mapping data for the Town Centre or City Centre to host on their websites.

- This would require staffing resource in order to maintain an up-to-date public-facing directory that is easily searchable, for all residents to use.
- Linking up across websites so that service provider websites contain a “What’s On in Sutton Coldfield” section which links to this centrally updated hub.
- Redeveloping community notice boards and ensuring they are maintained and updated on a regular basis is another route through which information-sharing can be facilitated. This can be pursued with possible development 2.5.

**Support and enhance residents’ voices within their communities:** SCCT could facilitate a series of regular Town Hall meetings where residents could contribute to discussion about the development and wider issues within Sutton Coldfield. Key considerations include:

- These would need to ensure inclusivity of diverse groups of residents.
- These are safe spaces for residents to contribute.
- Key stakeholders are invited.
- Consideration is paid to how to promote citizen engagement (potentially linked to time-bank credit earning) to facilitate engagement.
- The use of physical and virtual spaces, for example, the Town Halls.

**Support the development of a network of community centres:** some communities within Sutton already receive support for local community and advice centres from SCCT through grant awards. Within this possible development therefore efforts should focus on:

- Developing comprehensive coverage, potentially through the hub and spoke model.
- Centres are able to offer a range of services including advice and support (linking to other potential developments suggested in Table 6.1).
- Potentially offer venues for events and activities linked to other ambitions listed in Table 6.1.

### Standard of Living and Financial Wellbeing

The next two factors are potentially more pertinent than at the time of conducting the research as a result of the cost of living crisis being experienced in the UK at the time of writing. Yet these are two areas where direct intervention by SCCT is perhaps most limited. Whilst the relief of need forms one of the funding streams of SCCT through the provision of

grants to residents, many of the issues that arise within these two factors relate to low income, therefore, resolution of this is beyond the realms of SCCT *per se*. Key findings were:

- Lower-income groups are lacking items that have been identified as common needs in contemporary society because they cannot afford them.
- There is some variation across wards in relation to the ability to afford essentials.
- Low income overlaps with social capital as residents' desire to have friends or family round for a meal or drink at least once a month is one item many are unable to afford, and this is consistently high across all wards.
- Residents are likely prioritising the costs of essentials to life (food, etc.) and deprioritising social needs due to low income (likely to compound challenges regarding social capital).
- Whilst most residents seem to experience few significant challenges with their finances, a sizeable minority across Sutton Coldfield struggle keeping up with bills, are unable to afford unexpected bills or lack the ability to make regular savings.
- Although certain areas of the town have higher levels of low income, pockets of poverty exist across *all wards* and often residents in more affluent wards will have fewer visible sources of support.
- Linked to the housing factor, a small proportion of residents experience financial difficulty in maintaining the state of repair of their home.

#### ***Scenario Two***

*Many residents are sacrificing social needs to fund the cost of basic needs, whilst having limited (if any) savings to cover "lumpy" expenditures and are generally struggling to manage financially.*

#### **Potential Ambition Three**

*Support development of improved welfare advice, employment guidance and financial literacy*

Potential ambition three: Support the development of improved welfare advice, employment guidance and financial literacy

The scope of activity is potentially limited within the wider factors to which this ambition is linked. That said, there are a few potential developments that can be considered by SCCT and its wider partners.

**Develop an employment support fund:** This potential development could operate in a number of ways:

- *Interview clothing:* Using a similar model and application process, residents could apply for funds to secure appropriate clothing for an interview.
- *Upskilling:* Building on the existing work recently funded with The Future Melting Pot we recommend exploring ongoing support for employment training and upskilling of residents, for example through a specific branch of grant support for residents looking to access training opportunities. Support for organisations seeking to develop this service through the usual funding route is another possibility.
- *Support for placements, internships and other opportunities:* Targeted at those who do not attend university and so lack access to the usual careers networks and bursaries offered to higher education students.



- *Commissioning local employment support services:* SCCT should continue to work with organisations that facilitate the provision of employment support for a diverse range of young people in Sutton Coldfield, such as the Future Melting Pot.

**SCCT could put out to tender** an information-sharing and awareness campaign for residents in Sutton Coldfield around financial support and guidance. This could be targeted at all residents, directing them to source of support such as Money Helper, Money Skills, Stop Loan Sharks and other organisations.

**SCCT could also facilitate or support a partnership** between SCCT, local schools, and Young Enterprise to improve young people's financial literacy. Young Enterprise is an organisation that works with schools to develop financial education programmes aimed at a range of young people. This partnership could be developed to create Sutton Coldfield as a centre for excellence in teaching financial literacy across all its schools and to support teachers in developing skills and confidence in delivering financial education.

**Raise awareness of credit unions.** Credit unions are local financial institutions which can help community members to develop regular savings and gain access to affordable loans. Several credit unions operate within Birmingham, and SCCT could work with these organisations to facilitate a range of partnership activities:

1. Promotion and outreach to enhance the visibility of credit unions and promote membership.
2. Provide a physical presence for credit unions within the community centres as in *possible development 2.5*.
3. Explore potential routes through which relief of need grant recipients could be linked to the credit unions to develop their own savings.

**Develop a grant fund for supporting small-scale home improvements.** The survey illustrated that some residents experience challenges maintaining their home in a good state of repair. This may in part reflect the older housing stock, but also reflects low incomes and difficult financial circumstances. Thus SCCT could:

- Consider the viability of such a fund.
- Determine clear criteria against which residents can apply.
- Set financial limits to the awards.
- Work in its advocacy capacity to raise quality concerns with wider partners across the housing sector.

### Mental Wellbeing

The mental wellbeing factor also included some potential pandemic effects which should inform actions going forward. As noted at various points in the report, there are also links between social capital and financial wellbeing, thus actions relating to these areas should also impact on mental wellbeing.

- Across wards we see similar levels of positive and negative mental wellbeing amongst residents.
- Within the £20,800 and up to £25,999 income group, 12% of respondents indicated that they felt the things they do in life was not very/not at all worthwhile.
- LGBTQ+ residents and those on lower incomes have higher levels of anxiety.

### Scenario Three

*Within the context of the pandemic residents report poor mental health, with links to social capital and financial wellbeing influencing this pattern.*

### Potential Ambition Four

*Support the development of initiatives to improve mental health.*

#### Potential ambition four: support the development of mental health initiatives

**Support the development of a network of mental health first aiders:** this is not about training to be a therapist but to upskill trainees to listen, reassure and respond in a range of situations to provide appropriate support and signposting to professional assistance.

- This provision could initially be targeted at existing service providers within Sutton Coldfield with the aim of developing a wider network.
- Support could also be integrated into the time-banking mechanism as a means by which community members can earn time credits by completing the training.
- A network could be developed of different types of mental health first aiders across Sutton Coldfield. Whilst a range of organisations provide such training, Mental Health First Aid England also provide training for a variety of roles such as MHFA Champions and broader awareness training.
- Support service providers in Sutton Coldfield to engage in the awareness course to facilitate a reduction in the stigma people with mental health issues may experience and to support organisations to become more supportive and inclusive places for people with mental health challenges.

**Invest in parental support initiatives:** Perhaps not one of the most obvious findings from the research but an underpinning element of some of the insights offered by service providers is the lack of community initiatives to support parents, especially young parents. Linked to the wider issues around anxiety and mental wellbeing there is potential for targeted support in this area.

- SCCT could commission the development of bespoke parental support services targeted at expecting/new parents, for example Salford Dadz and Home Start Leeds.
- This could establish the foundation for a more local variation of the Sure Start initiatives across Sutton Coldfield supported by SCCT to provide an ongoing network of centres and support for residents. This could be linked to *possible development 2.5*, to create a larger, sustainable network of community support should SCCT wish to invest to this extent and *possible development 4.1* by integrating mental health first aiders within these initiatives.

#### Physical Wellbeing

Whilst there is little data on the broader analysis regarding physical wellbeing, insights primarily from the residents' survey and a small amount of interview data suggest:

- One key challenge to physical wellbeing relates to the ageing process and the increase in physical health issues as residents get older (this is potentially reflected in the income-analysis of two plus physical health conditions).

- There are potential challenges in the management of health conditions which can impact on the ability of residents to access services; this could include the noted dissatisfaction residents reported with specialist transport.
- Indirectly, younger residents and residents with learning disabilities reported barriers to accessing sporting activities (as noted above).
- The service mapping indicated that fewer sporting clubs were offering opportunities for older residents.

**Scenario Four**

*Residents within Sutton Coldfield experience a deterioration of physical wellbeing as they get older alongside decreasing access to sport and leisure activities.*

**Potential Ambition Five**

*Support the development of Sutton Coldfield as an “Active Town”*

**Potential Ambition One**

*To create inclusive and accessible sporting and leisure provision within Sutton Coldfield (also linked to Scenario One).*

Within a broader approach SCCT could join efforts with stakeholders to make Sutton Coldfield an “Active Town”. With examples in Nottingham and East Riding, these are partnerships between multiple organisations to encourage a range of physical wellbeing, learning and community activities. Thus, they adopt holistic approaches to wellbeing. These initiatives are often coordinated through a web presence listing the range of activities available to residents. This would intentionally include the provision of grant funding by SCCT to organisations encouraging residents to be physically, mentally and socially active. It would also allow for a coordinated presentation of existing, funded initiatives operating in this space and subsequently facilitate promotion of this information, and resident access to services, through possible developments linked to scenario one.

Potential ambition five: Support the development of Sutton Coldfield as an “Active Town”

SCCT already does work in this area but could potentially benefit from a more coordinated and strategic approach. This is also an area which overlaps with several of the scenarios already presented. Some suggestions of the sort of activities, not exhaustive, could involve:

1. Family Fun Days: events in the green spaces of Sutton Coldfield with tasters of different sports for all ages and abilities.
2. Community garden initiatives to encourage local growing of produce and healthy eating.
3. Develop a “bike library” which allows residents to borrow bikes for a short period of time, including helmets and high-visibility clothing. This would also require some maintenance costs.
4. Cycling start-up grant – funding for residents who wish to cycle but have limited resources for a new bike and equipment.
5. Continue to support the Community Games and seek to support inclusivity as a key aspect of this work. Again, there is already great work here and SCCT can assist to ensure this remains a sustainable and accessible part of Sutton Coldfield.

**Support initiatives that enable Sutton Coldfield to become an “Active Town”:** SCCT could establish a fund to which organisations can apply to deliver a range of active ageing initiatives across Sutton Coldfield. This could:

- Explore examples of existing practice. SCCT may wish to look at examples of large-scale innovations such as Fit as a Fiddle and Sport England Active Ageing as an example of how to approach larger-scale commissioning and support in this endeavour.
- Review these projects to develop specific activities which SCCT may wish to intentionally fund.
- Ensure funds are sufficiently flexible to allow applications for ideas and innovations from within the community.

### Housing

Housing was our final factor to come out as significant in the analysis but with fewer illustrations of challenges in this area. Within the interviews with residents and service providers additional information was gained that reinforced the significance of this factor:

- Service providers were keenly aware of the need for homelessness prevention support – this included support for those fleeing domestic violence.
- Survey data indicated challenges for some residents to maintain their homes through repair work.

#### **Scenario Five**

*Residents who lose their home or are seeking to escape domestic violence have few housing options available to them.*

#### **Potential Ambition Six**

*Explore the development of various forms of housing support for varied circumstances, such as recently being made homeless or escaping domestic abuse.*

Potential ambition six: Explore the development of various forms of housing support for varied circumstances, such as recently being made homeless or escaping domestic violence

Intersecting two key challenges this ambition recognises that small numbers of residents experience quite extreme disruption to their lives through loss of their home and/or the need to escape domestic violence and other forms of abuse. Within the broader possible developments, a number of themes are present.

**Housing scheme:** SCCT may wish to consider the development of a housing scheme of supported accommodation to:

- Provide short-term housing solutions for residents in Sutton Coldfield who have become homeless and lack access to other supportive accommodation in the town.
- Explore the suitability of similar provision for those escaping domestic abuse (recognising that relocation may offer distance from the abuser but could also disrupt existing social networks).
- Explore existing examples of best practice developed within the almshouse model, or explore other models of supported housing to consider alternative models of provision. It is likely this provision would be best developed through looking at good

practice examples and working with experts in the sector to develop appropriate accommodation options and support and guidance facilities for those experiencing domestic violence.

- These initiatives could build on the almshouse model with which SCCT already has extensive experience, or it may explore other models of supported housing and adopt a different approach to the current almshouse provision.

**Home essentials packs:** In addition, as noted earlier in the analysis, often residents experiencing homelessness can find themselves in accommodation which lacks utensils, cooking equipment and other essentials. Supporting the production of packs which can be distributed to recently homeless people and families or providing vouchers which could be used to access relevant goods would provide significant help to people who are recently homeless.

**Training fund:** broader areas of activity can be pursued within this form of support:

- Make use of the service mapping to increase awareness of support available for those experiencing homelessness / domestic violence.
- Provide funding for service providers to gain specific training in homelessness support and guidance so that more service providers can offer this to service users: this can be linked to *possible development 3.1*.
- Set up a pot of funding specifically for training service providers in appropriate forms of support, guidance and signposting in relation to issues of domestic abuse.
- Develop a commissioning process for additional support services within Sutton Coldfield with regard to domestic violence.

#### Quality of Life Measure

The analysis of the survey data also drew together all factors into one quality of life measure. This indicated

- Certain wards report lower overall quality of life.
- LGBTQ+ residents report lower quality of life.
- Older residents (75+) report lower quality of life.
- Trends in the data suggest that there is a mid-life dip experienced by residents which improves a decade or so prior to the mid-70s, but it is difficult to determine exactly what is behind this issue.

### **Scenario Six**

*Certain groups of residents experience lower overall quality of life in comparison to other residents: specifically geography, sexuality and age.*

### **Potential Ambition Seven**

*Support the development of inclusive approaches to enhance the quality of life for all in Sutton Coldfield.*

### **Potential Ambition Eight**

*In adopting a whole-town approach to implementation of new initiatives and activities consider targeting pilot schemes or initial activity in those areas and amongst those groups of residents with lower quality of life scores.*

Potential ambition seven: Develop insights and inclusive approaches to enhance the quality of life for all in Sutton Coldfield

Reflecting the central position diversity and inclusivity has been given in the current strategic work of SCCT *possible development 7.1.* is likely underway: *As part of equality, diversity and inclusion at SCCT, develop connections and reach across a wider range of diverse community groups, and specifically those less represented in the research focus groups.* Some of this may relate to recommendations in the report to further research opportunities with groups that are not so prominent within the interview and focus group data and resonating with other possible developments listed above, adjustments could be made to funding applications and award procedures to enhance inclusivity monitoring. In this context, “monitoring” refers to ensuring that inclusive practices and ideas are embedded into applications, rather than a form-filling task.

**LGBTQ+:** Take time to connect and reach out to the LGBTQ+ community and supporting agencies in order to demonstrate and maintain the inclusion and relevance of SCCT. SCCT may also consider supporting the development of an outreach team to support LGBTQ+ residents. This could provide an important signposting function for residents to other networks and support organisations within Birmingham. Whilst the initial remit may be a listening and support service, it could be developed over time to work with LGBTQ+ residents who wish to develop more social activities and networking opportunities in Sutton Coldfield.

**Ethnic minority residents:** A short project or commitment to develop connections with ethnic minority communities and organisations could offer additional insight for the social needs of this group of residents. Unlike the LGBTQ+ group, where there is limited-local service provision, there are several organisations and groups working with people of colour in Sutton Coldfield. As such it may be beneficial to organise a few strategic planning meetings with groups already working within this area to pull together additional insights which can be developed into practice. One aspect we have highlighted is some limited insight into the challenges for residents’ religious needs when they must access places of worship outside Sutton Coldfield.

**Individuals with physical disabilities.** It is not clear from our interview data which residents live with physical disabilities. However, this is also an area where local services have ceased

in greater numbers since Covid-19. Whilst we have some clear insights regarding learning disabilities, we have fewer with regard to physical disabilities. Additional investigation around the needs of this group may also be worth pursuing.

There are already several organisations and groups working with disabled residents in Sutton Coldfield. As such it may be beneficial to organise a few strategic planning meetings with groups already working within this area to pull together additional insights which can be developed into actions.

One starting point would be issues of transportation links to services. In addition, the few disabled residents we spoke to may also experience barriers to making social connections and living active lives.

In relation to the three groups above, it is important to note that the *possible developments* in relation to social capital, financial wellbeing, mental wellbeing and physical wellbeing, under the broader inclusivity umbrella, would benefit all three identified groups of residents without drawing them out as specific group for support.

The final possible ambition (adopting a whole-town approach to the implementation of new initiatives and activities and consider targeting pilot schemes or initial activity in those areas and amongst those groups of residents with lower quality of life scores) is a broader consideration for SCCT, does not need elaboration here and is more a matter for SCCT to consider.

As noted at the start of the chapter, there have been developments since the data collection and analysis of this project which start to speak to a number of these issues. As such there may also be groups and networks in existence to which these suggested potential ambitions and developments could be taken for further discussion and consideration. SCCT is already reaching out and working with such networks and organisations, drawing on the initial findings of this report as part of its strategic planning activity.

## 6.2 Developing Advocacy and Evaluation of Grant Support Provision

Several insights from this report are not directly within SCCT's gift to necessarily pursue. Consequently, working with stakeholders, SCCT would be well-advised to promote the findings of this report as widely as possible. Whilst our dissemination strategy will assist, this only informs the initial conversations. As noted above SCCT is already underway in developing much of this activity. As such, this section briefly reiterates those aspects of the analysis beyond a direct relationship with factors that are worth highlighting to other stakeholders.

Attention should be drawn to how other stakeholders in Sutton Coldfield can continue to refine some of the work that is already underway in relation to:

1. The redevelopment of the Town Centre (see Section 4.3)
2. Crime prevention (see Section 4.6)
3. Raising residents' concerns around transport and parking (Sections 3.4 and 4.7)



4. Highlighting the pockets of poverty hidden behind the affluence of Sutton Coldfield (Section 4.2)

As many of the above potential ambitions may involve SCCT awarding grants or directly commissioning service provision, we suggest that SCCT consider two routes of evaluation and development of its work.

1. For commissioned activity and funding provided to existing service providers, explore the implementation of a *social return on investment* assessment of all SCCT-funded activity.
2. Develop evaluation practices to be adopted by commissioned and funded services. Being aware that SCCT does not necessarily wish to develop complex evaluations of the services they provide, we would recommend that the development of some template data collection processes could be easily rolled out and be part of commissioned activity and reporting by those funded by SCCT.

Collected data could be sorted until such time SCCT wishes to evaluate its impact on Sutton Coldfield and it could then commission researchers to review this evidence and produce a short report on the effectiveness of the implementation of the report's recommendations. Ideally some work should take place to establish suitable materials for evaluation to ensure consistency of data and comparability. Such an approach would also benefit from the development of a "How to" guide to accompany evaluation materials.

In addition, we would also recommend to SCCT that they seek to repeat this study, perhaps in five years' time, to assess longer-term trends in residents' needs more frequently but also to gather insights which are not so close to the pandemic and its impact on residents' lives. This would seem prudent as the impact of Covid-19 and the emerging cost of living crisis will impact lives of residents in ways this report has started to indicate, and likely in ways that at the time of data collection and analysis were not yet apparent.

### 6.3 Chapter Summary

Although not tasked with setting out specific, costed actions for SCCT, this chapter has sought to achieve one of the aims of this project: Identify some key lessons and interventions which respond to existing and future needs. Through the recommendations and the reformulation of these into a series of scenarios and challenges regarding unmet needs and suggested potential ambitions and possible developments SCCT may support, this chapter provides SCCT with a series of suggestions to consider within its strategic planning. Alongside the wider analysis, the scenarios and conclusion of this report can be used to inform the actions and strategic plans to improve and enhance the lives of residents in the Royal Town of Sutton Coldfield.



## Chapter Seven: Conclusion

The research has suggested that there are seven key factors or unmet needs, and particular groups experience a lower quality of life (by geography, sexuality and age). Whilst this analysis does not comment on the severity of these needs, the fact that these seven have been consistently highlighted across all wards indicates that a whole-Sutton Coldfield approach is required to address these issues. The seven factors that have been identified are:

1. Social Capital: connections with others.
2. Local Community Satisfaction: local community factors from parking to green spaces and feeling involved and empowered in local change.
3. Standard of Living: challenges in meeting certain costs of living.
4. Mental Wellbeing: an overview of issues of anxiety, isolation and feeling life has little of worth.
5. Physical Wellbeing: primarily around those with multiple health conditions.
6. Financial Wellbeing: savings, ability to manage unexpected financial costs, etc.
7. Housing: primarily issues of state of repair but also concerns about the lack of homelessness provision and limited options available if experiencing domestic abuse.

These seven factors cut across all wards and whilst the order of relevance may vary across wards, this is a very slight variation. The key point to recognise is that these seven factors were found to be significant issues for residents in Sutton Coldfield. Several other factors *did not* have the same significance. As such we are confident that the recommendations designed to address these factors would improve wellbeing in Sutton Coldfield.

Within this analysis there are three areas of concern. First, there are some expected variations by ward, and we see that residents in certain wards have greater difficulty in securing their needs. This would suggest some additional targeting of resources towards these areas. But due care is needed here. The pockets of poverty in more affluent wards are likely to have fewer services to access because investment has been within those areas with higher needs. As such, the clear recommendation is that a whole-Sutton Coldfield approach is adopted and pursued, as outlined in most recommendations. This need not remove additional provision being targeted at some wards to provide further support, but this will be done under the broader umbrella of a Sutton Coldfield approach. This would ensure universal provision of the report recommendations, but with a progressive twist of occasional additional investment in certain areas.

Second, LGBTQ+ residents experience lower quality of life scores. This may be in part linked to the lower sample of such residents in the overall sample. However, the analysis still offered statistical significance in relation to this lower quality of life score, and as such it is not something to be dismissed. It is likely that support for this group will be difficult, partly because badged and targeted provision towards LGBTQ+ people may not fit with a broader desire of these residents to not be “outed” in the community. From the limited information we have been able to gather through interviews, residents access services in Birmingham centrally where there are more tailored groups and support networks. As such, it may be that residents prefer a separation between place of living and place of engagement and support to avoiding “outing” themselves locally. Therefore, it may be prudent for SCCT to begin with some small steps towards supporting this group of residents via funds for training

and outreach by existing service providers which can offer more targeted support where appropriate within their services, rather than setting up distinct LGBTQ+ services in the first instance.

Third, older residents experience lower quality of life scores, largely driven by physical wellbeing. Whilst we have highlighted the midlife dip, although it is not entirely clear what causes this dip, there is an uplift in quality of life again in the late 50s to early 70s before quality of life starts to deteriorate. As such, we would not necessarily suggest the midlife dip requires an urgent response but looking into developing Sutton Coldfield as an active ageing town may facilitate a range of initiatives and create a strategic approach to addressing this priority which will have benefits for generations to come.

In relation to the midlife dip, an initial consideration would be the typical life course of this age group – likely teenage children which brings distinct financial burdens, a transition and change in lives as family dynamics start to shift and change and perhaps changes in patterns of employment because of children needing less direct care. Much of this is speculative about this trend and there may be little in terms of direct interventions to be pursued. We feel however that many of our broader recommendations will benefit this group and it would be worth considering how this group can be made an explicit focus of intervention in future SCCT funding.

In addition, the analysis suggests a number of emerging issues. First, as already mentioned, there are pockets of poverty across Sutton Coldfield. As a town, Sutton Coldfield is affluent and therefore very low down on the indices of deprivation and not often a priority for investment. As understandable as such approaches are, this does not provide support for those in need. Residents who are often experiencing hardship amongst affluence likely find their hardship acute. Such areas usually have few overt sources of support or targeted interventions. Thus, those with needs may have no clear source of support to contact. Many of our recommendations seek to offer support across the whole of Sutton Coldfield in recognition of these pockets of poverty, and we would highly recommend that SCCT consider, in the strategic development of the recommendations it wishes to take forward, that a broader consideration of communications and information awareness is pursued. Ensuring that residents can find out about sources of support will be vital for those living within pockets of poverty in areas of affluence.

Second, and briefly, the concern of residents that Sutton Coldfield has become a “dead town” has cut across much of our analysis. Whilst the majority of this relates to the perceived demise of the town centre, it is likely that regeneration planning that is already underway will assist. But what has been clear, especially from younger residents, is that Sutton Coldfield offers them very little to do. They must travel out of Sutton Coldfield, which is easy for those who live central to the train station, yet more problematic for those who live further out. There are, however, efforts and plans in progress to address this which have developed in parallel to the data collection of which residents may not have been aware.

Third, linked to the above point, is the concern of young people about the lack of social activities available to them in Sutton Coldfield that do not involve drinking. There is a sense of frustration around this and concern that this has not been helped by many local sporting

clubs and facilities requiring paid membership to access – often beyond the financial means of these residents, but also requiring a pursuit of sport which goes beyond leisure and moves into a more amateur professionalism that many did not want.

Finally, and broadly in the same concerns raised by young people, both adults and young people with learning disabilities have limited access to services locally. Much of this results in current provision not being seen as “accessible” by providers who have concerns about adaptations that might be necessary to accommodate people with learning disabilities. But, as emerged from discussions with residents and service providers, the majority with learning disabilities are primarily interacting with others with such disabilities and support staff, not with wider residents. Thus, they often live within a bubble within Sutton Coldfield with few opportunities to interact with residents who do not have learning disabilities. Not only should more be done to promote activities for this group, but there must be support to make existing services, sports clubs and leisure activities accessible to facilitate the integration of different type of residents within the community.

The analysis offered provides further concerns around unmet needs for residents with learning disabilities. However, we do not have much information on those with physical disabilities and as such this may be an important group to follow up with some further research. In addition, while our survey data does not show that residents of ethnic minority have disproportionately unmet social needs compared to other groups of residents, we were not able to recruit many ethnic minority residents for interviews and focus groups. As such, some of the insights these forms of data collection offered to complement the survey and offer wider analysis may have been missed due to low participation in the qualitative methods. Some follow-up work with this group of residents is also recommended.

To address these unmet needs a series of scenarios, potential ambitions and possible developments have been presented. These are for SCCT to consider in its strategic planning and discussions with various partners and stakeholders.

There are some distinct areas of intervention which would offer important quick wins for residents who are experiencing some of the most extreme challenges in life. Investment in homelessness support and provision and domestic abuse services are the most obvious of these and will likely offer discrete projects that SCCT can facilitate or support. Here SCCT may find that it starts to move into a new relationship with Sutton Coldfield and seek to commission services – and this will require SCCT to develop appropriate skills, mechanisms and evaluation processes for such work. Considering the demise of such provision locally, this offers a significantly impactful way in which SCCT can make change locally.

Other innovations may require more time to develop and plan and will likely result in SCCT seeking to support existing providers of services or to work closely with other stakeholders in Sutton Coldfield to develop a short-term and longer-term strategic vision for meeting the social needs of residents. Fundamentally this report has identified key areas of concern regarding the attainment of residents’ wellbeing against which a series of potential ambitions and developments have been presented. This will hopefully provide a useful and informative starting point for the next stages of the work that the trustees are keen to pursue, enhancing the quality of life for all in Sutton Coldfield.

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## Appendices

### Appendix 1: Research Design

The design of the research adopted a mixed methods approach: a combination of a residents' survey, interviews with residents and interviews with key stakeholders. We added to this a mapping exercise of the local services and sports and leisure activities within Sutton Coldfield and a series of focus groups. Consequently, we produced a much richer and complex data set than was previously generated to inform the analysis of residents' social needs, to replicate elements of the 1993 study to allow for some basis of comparison, as well as broadening this out to develop a much richer data set for the evaluation.

The design fundamentally consisted of four key aspects:

- A household survey targeting a sample of 3,000 households (with 2,000 reminders resulting in 5,000 surveys being distributed).
- Residents' interviews – target of 50 interviews.
- Service mapping activity of provision in Sutton Coldfield of welfare provision by the voluntary (and faith-based) sector which was extended to include sport and leisure activities.
- A series of focus groups.

Despite the global disruption caused by the Covid-19 pandemic, the impact on the study was a three-month delay in interviews as we repurposed the design of this aspect of data collection and redesigned recruitment information and practices. It also resulted in a more significant delay in relation to focus groups, with no focus groups possible until social distancing rules had been significantly relaxed. The disruption did, however, allow for some additional data collection to take place (virtually or by phone):

- Interviews with trustees.
- Interviews with local politicians.
- A short survey with local politicians.

This appendix gives an account of the design of these various elements. It starts with an overview of the service mapping activity before discussing the survey design and analysis. The third section examines the interview and focus group practices and the fourth section reviews some of the additional activity that was pursued as a result of the Covid-19 disruption. Finally, a brief account of the ethical approval and practices is provided.

Prior to this discussion is a brief commentary on how social needs were defined. In developing a social needs review, the starting point should consider how to conceptualise "social needs" in order to inform the data collection and subsequent analysis. In a general sense, social needs refer to the essential elements of one's welfare that are "missing". This in turn shapes the need for support or intervention to access some good or service to satisfy the need. It implies that there is an inability to satisfy the need through access to private resource (money, social networks, etc.) and for the provision to come from a different source. Such deficits need not be at the individual or family level; they can also exist at the wider community level, and this is important for the conceptualisation of need: that it has individual as well as social elements.

To define *social need* we have utilised the Bristol Matrix of Social Exclusion, as it provides a comprehensive overview of different dynamics and looks beyond income in relation to wellbeing (Levitas *et al*, 2007). This highlights three broad dimensions (resources, participation and quality of life), each with different elements (see Table A1.1). Such a matrix informs the measure of multiple deprivation and recognises the significance of community context to experiences of deprivation (not just individualised accounts of income). Where an individual or community is excluded in several of these domains, they are seen to be in “deep exclusion” or multiple deprivation. Within Table A1.1 we have also mapped the needs to the survey question topics and those aspects we have excluded (usually because we have gathered information via other methods, e.g. crime data and interviews).

**Table A1.1: Bristol Matrix of Social Exclusion and Survey Design**

Three dimensions	Elements within each dimension	Measures included	Measures excluded
<i>Resources</i>	Material and economic	Income	Debt
		Home ownership	
		Savings (“lumpy costs”)	
		PSE identified necessities	
	Public and private services	Transport	
		Services	
		Private services	
		Financial services	
	Social resources	Frequency of contact with friends and family	Separation from family
		Social capital	
<i>Participation</i>	Economic participation	Paid work	Quality of work
		Care work	
		Full time/part time/zero hours	
	Social participation	Participation in common social activities (not measured due to Covid-19)	Social roles
	Culture, education and skills	Culture/leisure activities	Basic skills
		Internet access	Access to education

	Political and civic participation	Educational attainment	
		Political participation	Citizen status
		Civic participation	Enfranchisement
		Civic efficacy	
<i>Quality of life</i>	Health and wellbeing	Physical health	Vulnerability to stigma
		Material health	Personal development
		Life satisfaction	Self-harm and substance misuse
			Self-esteem
	Living environment	Housing quality	
		Neighbourhood safety	
		Neighbourhood satisfaction	
		Access to open spaces	
	Crime, harm and criminalisation		Objective safety
			Subjective safety
			ASBO
			Criminal record
			Imprisonment
			Exposure to bullying/harassment

### A1.1 Service Mapping Activity

Prior to an investigation of social need, the project conducted a review of services and support networks already in existence within the Royal Town of Sutton Coldfield. This primarily targeted service providers, but was expanded to include discussions with ex-trustees, local politicians, and the Town Council. The aim of this investigation was to get a sense of what activity to support and meet residents' social needs already existed (funded by SCCT or not) and to develop a comprehensive picture of this activity. Using an initial list provided by SCCT, the identification of services expanded through desk-based investigation and snowball sampling with interview participants from identified services, asking them to identify and recommend organisations that they operated with. Utilising the following categories, services were identified by the type of support they provided to residents:

- Services for children
- Services for young people
- Support for carers
- Education

- Crime prevention
- Services for people with disabilities
- Services for older people
- Employment
- Advocacy
- Support with benefits
- Health support
- Religious organisations
- Transport
- Cultural activities
- Housing support
- Emergency/subsidised food

Although primarily a desk-based activity, a series of interviews were also held with a selection of willing service providers. To conduct this analysis, we did not develop a specific interview schedule; rather we developed a few generic topics and allowed the conversation to flow around these. This allowed for a more penetrating exploration of the service providers' own views and issues to offer some insight into current practices, challenges and future issues to be faced by the services and Sutton Coldfield in particular. In a few instances, where service providers were also residents, we were able to discuss the experience of life in the town. This approach ensured we secured useful information regarding service provision in Sutton Coldfield, but also some insight into the life of residents to inform the interview and focus group schedules with residents as part of this wider project.

Once completed, at the request of SCCT, this work was extended to also create a similar map of sporting clubs and organisations in the town. This information was then sorted by categories:

- Adults
- Older people
- Children/Young people
- People living with disabilities

This approach facilitated an understanding of the history of the service, as well as the current aims and practices at the service. Discussion then broadened out to consider information on the current level of need that the service was experiencing. In doing this, it was possible to gain insight into the current challenges faced by the service providers in meeting the needs of residents and how this has changed in recent years. The conversations then moved on to consider how the needs of residents might develop in the next ten years and how they plan to meet such needs, and asked the service providers to consider what the anticipated challenges would be in meeting these needs. Within these meetings, it was possible to develop a wide scope of understanding of the needs of the residents in Sutton Coldfield, the programmes through which these are currently being addressed and details on any unmet or "hidden" needs in the community.

To conclude the meetings, questions were asked regarding perceptions of Sutton Coldfield and how this has/has not changed in recent years. Most service providers were residents of the town and so they were able to provide rich insight into what they saw as the key challenges facing the area and how they believed these could be tackled.



Chapter Five provides an overview of the key findings and discussion from these data. In addition, it integrates insights from wider stakeholder interviews.

## A1.2 Residents' Survey

### *Design of the survey*

Following the 1993 study, a survey tool was designed to measure the social needs of residents. Unlike the earlier survey we did not utilise measure of attitudes and perceptions around social issues. Rather, we drew upon several existing survey measures of different aspects of wellbeing to create a longer and more in-depth survey of forty-four questions, divided into the following key sections:

- Housing and local community
- Time use and social life
- Financial wellbeing
- Health
- Demographic details

To support the development of this tool, we drew upon the Bristol Social Exclusion Matrix outlined above. This allowed us to integrate the Poverty and Social Exclusion Survey (PSE – see [www.poverty.ac.uk](http://www.poverty.ac.uk)) to develop measures of the extent of poverty and social exclusion in the town. The use of the PSE measures will allow for a national comparison of needs to be facilitated, providing a new dynamic to the project which was not entirely possible in the previous study (recently discussed in Dermott and Main, 2017; Bramley and Bailey, 2017). Thus we have nationally determined (by the public) indicators of various items that form the basics of life in contemporary Britain and can use this to explore how many residents from Sutton Coldfield lack these publically identified needs.

One key social challenge of recent years has been experiences of social isolation among older people but also among ethnic minority groups (Brooke and Jackson, 2020; Lewis and Cotterell, 2018). Such an investigation also moves a focus on needs away from a pure focus on the “material core” of needs to include the social dynamics which are integral to investigations of poverty (Lister, 2004). This provides a broader evaluation of needs beyond purely income-focused measures, such as the Minimum Income Standard (see <https://www.jrf.org.uk/report/minimum-income-standard-uk-2018>) to also consider the centrality of social networks and relationships in tandem with the challenges of social exclusion (Allan and Phillipson, 2003).

The design was of an unrelated design in this case, which means that each person was given the questionnaire once. Answers were only given by the respondent; no proxy responses were taken.

### *Survey sample*

The survey was sent out to 3,000 residents by post. The letter enclosed a copy of the survey which could be completed and posted back to BMG Research (the organisation employed to facilitate survey distribution) at no charge. Alternatively, residents had the option of completing the survey online, via a link to the survey provided in the letter.

The mailing file containing the sample of 3,000 addresses that were sent the survey was designed to try to ensure we achieved responses from a representative sample of residents, in terms of their location/ward and of key demographics such as ethnicity. Based on the latest census data, the 3,000 surveys were sent in proportion to the number of addresses in each ward. However, to help to ensure we received a reasonable response from BAME residents, a slightly higher number of surveys were sent in wards such as Vesey and Wylde Green which have a higher number of BAME residents than the average across Sutton Coldfield (11%).

Following an initial mailing in August 2020 and then a reminder in September to all those who had not yet responded, a total of 618 completed surveys were received, 465 by post and 153 via the online survey, which represents a 21% response rate. This compares to the 1993 residents' survey which had a response of a little over 200.

As the following table highlights, the profile of responses by gender and ethnicity reflected the proportions in the Sutton Coldfield population (according to the 2011 Census). However, on age, the profile of responses over-represented older residents and under-represented younger residents, which is quite typical in a postal survey, as younger people are less likely to respond. The profile of responses by ward was only slightly different to the Census profile. However, to correct the age profile and match the ward profile to the actual population weights were applied to the data by age and ward.

**Table A1.2: Survey Response Demographics by Census Comparison**

	Sample	Census
<b>Ward</b>		
Four Oaks	12%	10%
Mere Green	10%	10%
Reddicap	9%	11%
Roughley	12%	12%
Trinity	10%	9%
Vesey	21%	21%
Walmley & Minworth	15%	17%
Wylde Green	11%	9%
<b>Age</b>		
16-34	7%	24%
35-44	11%	17%
45-54	14%	18%
55-64	18%	16%
65-74	28%	12%
75+	22%	12%
<b>Gender Identity</b>		
Man	48%	48%
Woman	52%	52%
<b>BAME</b>		
BAME	11%	11%
Non-BAME	89%	89%

#### *Data cleaning*

Data was imported and analysed using Python 3.8. "Don't know" responses were replaced with missing values. In the case of this data, they were treated as structurally missing data, and therefore removed. The next step was to ensure that the questionnaire scoring matched a scale where higher values were positive and lower values were negative, so some questions were reverse-scored.

A factor analysis is a statistical method to explore the variability observed between variables of a dataset. It is used to reduce the number of items by merging variables down into underlying factors. EFA was undertaken with the question totals, excluding any demographic variables.

#### *Explanatory factor analysis*

There were over a hundred questions to the questionnaire, which meant that, to do any meaningful analyses and comparisons, this data needed to be “collapsed” down in a

meaningful way. Explanatory Factor Analysis (EFA) is a suitable method to do this; it is from the family of multivariate statistical methods which attempts to reduce data into the smallest number of hypothetical constructs (referred to as factors in this analysis) that explain the covariation observed amongst the set of variables (Brown, 2015).

EFA allows for the measurement of what is known as latent variables. In the questionnaire, it was hoped to measure mental health, physical health, and social capital etc. However, these are not directly measurable by themselves. Instead, several questions need to be asked in order to measure them.

When collapsing down this data, there will be some questions that are more important than others. EFA highlights which ones are most important to each factor, allowing the data to be collapsed down, and for the most important questions to be weighted. As such we were able to group questions together under broader categories which could then be used in the analysis. As can be seen from Table A1.3, we conceptually linked questions under broader factors to shape our analysis.

**Table A1.3: Survey Questions Grouped by Factors**

	<b>Mental Health</b>
	<p>Q28: Overall, to what extent do you feel the things you do in life are worthwhile?</p> <p>Q29: Overall, how happy did you feel yesterday?</p> <p>Q30: Overall, how anxious did you feel yesterday?</p>
	<b>Physical Health</b>
	<p>Q26: How is your health in general?</p> <p>Q27: Do you have an illness or disability which affects any of the following?:</p> <ul style="list-style-type: none"> <li>▪ Vision</li> <li>▪ Hearing</li> <li>▪ Mobility</li> <li>▪ Breathing</li> <li>▪ Mental Health</li> <li>▪ Other</li> </ul>
	<b>Social Capital</b>
	<p>Q16: How often do you speak to Friends/Relatives (in person, on the phone, or over an online platform/video call such as Zoom or Facebook Messenger)?</p> <p>Q17: How many of your friends and relatives do you see or speak to at least once a month?</p>
	<b>Financial Wellbeing</b>
	<p>Q20: How well would you say you and your household are managing financially these days?</p> <p>Q21: To what extent do you feel that keeping up with your bills and credit commitments is a burden?</p> <p>Q22: In the last 12 months, have you (and your partner) fallen behind on, or missed, any payments for credit commitments or domestic bills?</p>
	<b>Income</b>
	<p>Q19: Please can you estimate your typical weekly or annual income for your household.</p>
	<b>Standard of Living</b>
	<p>Q10: Do you have any of the following problems with your accommodation?</p> <ul style="list-style-type: none"> <li>▪ Shortage of space?</li> <li>▪ Too dark?</li> <li>▪ Faulty heating?</li> <li>▪ Leaky roof?</li> </ul> <p>Q25: Standard of Living: Do you own/can you afford:</p> <ul style="list-style-type: none"> <li>▪ Washing machine?</li> <li>▪ Home computer?</li> </ul>

- Home insurance?
- Holidays abroad once a year?

## Housing

Q10. Do you have any of the following problems with your accommodation?

- Shortage of space
- Too dark, not enough light
- Heating faulty or difficult to control or regulate
- Heating system or radiators not sufficient
- Draughts
- Leaky roof
- Damp or mould on walls, ceilings, floors, foundations, etc.
- Rot in window frames or floors
- Problems with plumbing or drains
- Condensation
- No place to sit outside, e.g. no terrace, balcony or garden
- Other
- No problems with accommodation

## Moving Home

Q11. How likely it is that your household will move from your current accommodation in the next 1-2 years?

## Local Services

Q5: Which of the following local services have you used within the last 12 months, and do you think they are adequate or inadequate in Sutton Coldfield?

## Home & Neighbourhood

Q6: To what extent, if at all, are any of the following issues a problem for you?

- Noisy neighbours?
- Neighbourhood vandalism?
- Pet & animal nuisance?
- Rent/mortgage cost?
- Ability to pay bills?
- Suitability of your needs?

Q8: How satisfied are you with your current housing/accommodation?

Q9: How would you describe the state of repair of your home?

## Local Community Satisfaction

Q1: To what extent are you satisfied or dissatisfied with:

- Open spaces
- Street appearance
- Traffic
- Parking

- Antisocial behaviour & crime
- Local area overall

Q2: To what extent would you say:

- You're well informed about your area?
- Different people get together?
- You can influence decisions affecting your area?

Q3: Thinking of your local area, in the last 12 months have you...

- Contacted a local councillor or MP?
- Attended a protest meeting or joined an action group?
- Thought about joining an action group or contacting a politician, but did not do anything about it?

### Local Organisation Involvement

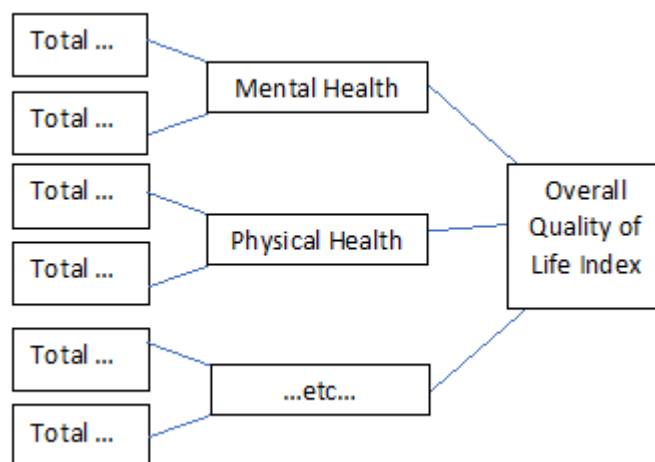
Q4: Have you been involved in any local organisation(s) over the last 3 years?

Q33: Had you heard of Sutton Coldfield Charitable Trust prior to receiving this survey?

Several of these factors ended up lacking significance and were removed from the final analysis:

- Income.
- Moving home.
- Local services.
- Home and neighbourhood.
- Local organisation involvement (this contained a question on awareness of SCCT).

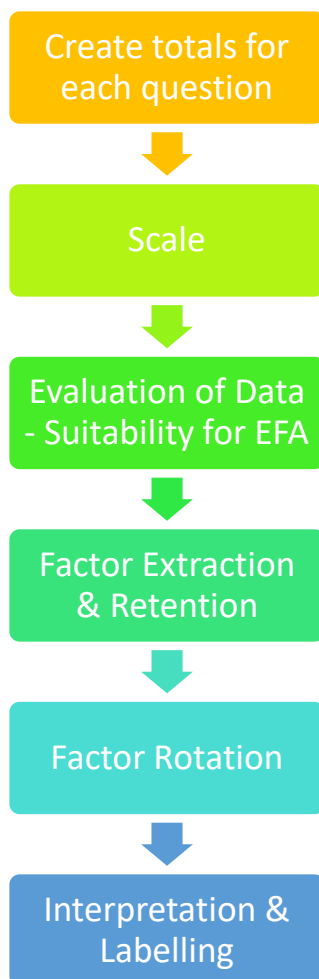
*Diagram A1.1: Forming the Overall Quality of Life Index*



Thus, with the remaining factors we constructed a quality of life index as illustrated in Diagram A1.1.

The sum total of a respondent's scores were used for both matrix-style questions and single-response questions. Each of these question totals were then transformed/scaled using a min-max normalisation, which meant that each person was then assigned a score relative to everyone else (like a percentage). This transformed factor therefore becomes a unitless indicator score (0-100) observed for an individual. This approach ensured that each factor had equal weighting and they were therefore comparable to each other to facilitate comparison between factors and between groups to identify where there were differences and how great they were.

Thus, in generating an overall index we established an easy way of making broad observations about the differences between groups, such as wards, gender, sexual orientations, or ethnic minorities, etc. Generally, these demographic breakdowns generated slight differences but represent multiple, complex, underlying patterns.



Many of the questions in the questionnaire consisted of multiple parts (matrix-style questions); for example, Question 1 asks about the satisfaction with six different aspects of the local community, such as open spaces, street appearance, traffic and parking, etc. In these cases, a sum of the scores for each aspect of the question was calculated; the sum was calculated as opposed to the mean to make the analysis more sensitive to extreme ratings.

In other questions such as question 4, there is a single question, the rating for which is taken to be the total score for that question. In the same way, for both kinds of questions the sum total of their scores were used. Each of these question totals was then transformed using a min-max normalisation: the transformed factor therefore consists of a scale based on the indicator score (0-100) observed for an individual.

The formula for min-max normalisation is below, where  $x_i$  is the individual's normalised score and  $x_{min}$  and  $x_{max}$  are the minimum and maximum scores that were observed across all individuals.

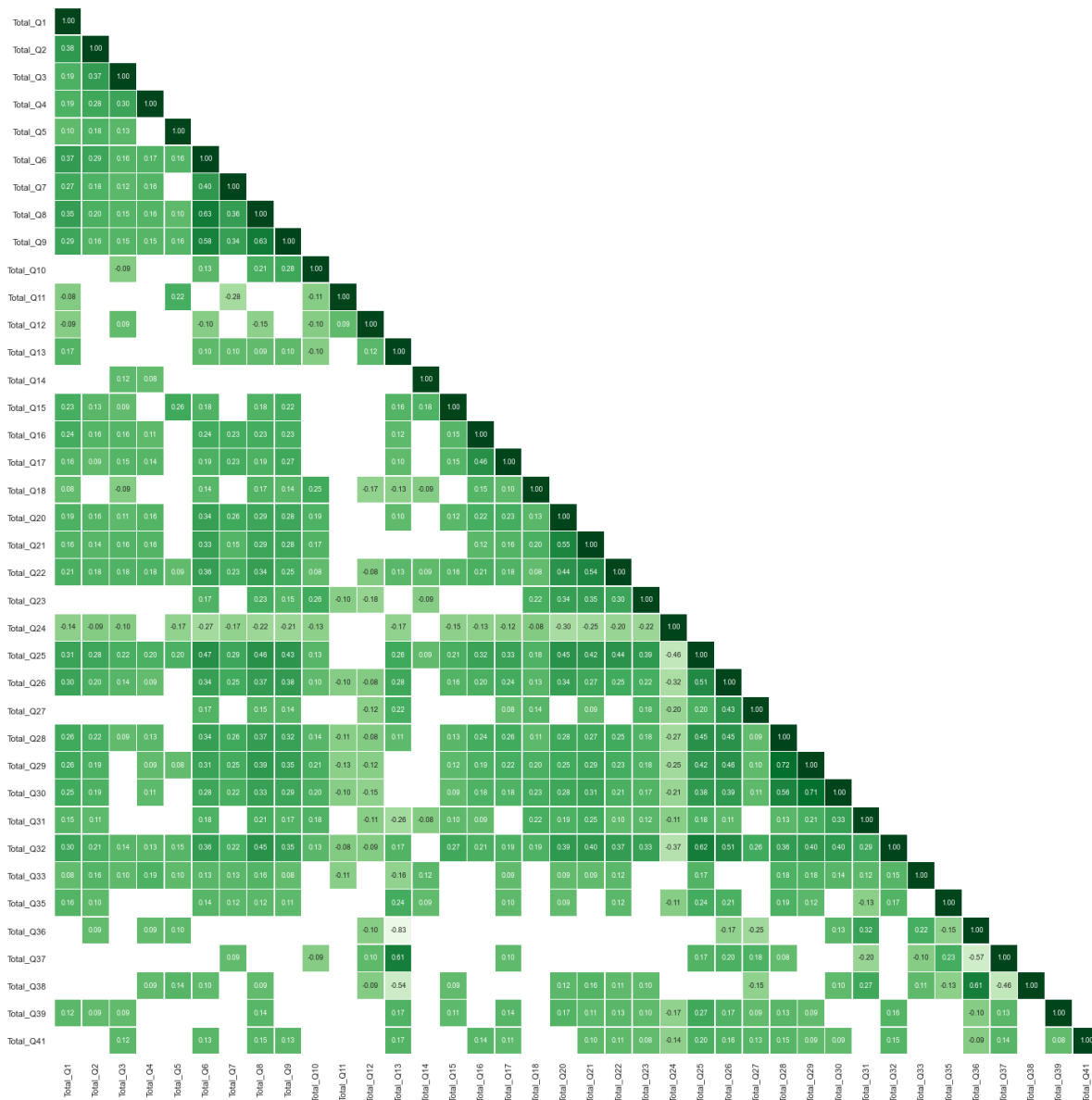
$$x_i = \frac{x - (x_{min})}{x_{max} - x_{min}}$$

This normalisation allows different indicators to be aggregated into factors for further analysis. For example, the Mental Wellbeing factor is the sum of each question and sub-question of Q28, Q29 and Q30. However, as can be seen below, there are differences in



the relative importance of each question to the overall factor, therefore, these weights were applied accordingly.

**Figure A1.1: Correlation Matrix**



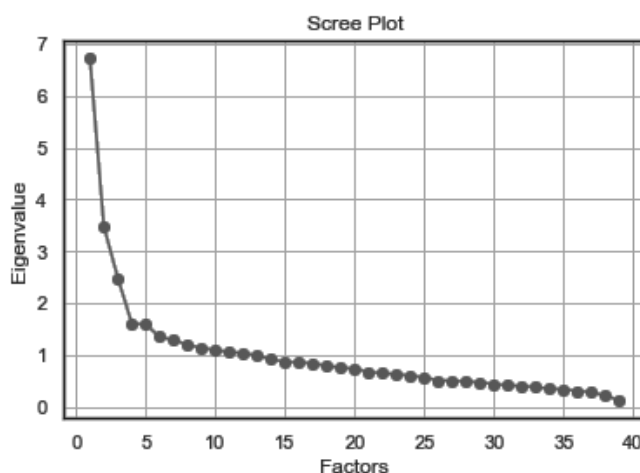
This correlation matrix displays the totals of each question. Each of the visible correlations is significant at  $p=.05$  whilst those masked are not significant.

The suitability of an EFA depends on the observed variables not intercorrelating (tested by Bartlett's Test of Sphericity). Sphericity is where the variance between all of the combinations of related groups or levels is equal. Larger proportions are expected as this represents more correlation being present among the variables, thereby allowing the application of dimensionality reduction techniques such as Factor Analysis (tested by a Kaiser-Meyer-Olkin (KMO) Test). In this case, dimensionality reduction refers to reducing over 100 questions to underlying constructs such as quality of life, housing, physical and

mental health, etc. These are factors that cannot be measured directly, but can be detected by their effects on other variables (e.g., how anxious or happy are you feeling? are indicators of mental health).

The sum totals for each question were used to conduct Bartlett's Test of Sphericity,  $\chi^2 = 7661.93$ ,  $p < 0.001$ . A KMO Test showed a proportional variance amongst the variables, KMO=0.82.

Of the total number of questions, 11 factors emerged with eigenvalues  $> 1$ . Therefore, an EFA was run with 11 factors, and "oblimin" rotation; the factors generated are listed below. We found that 41% of the variance in the data is explained by these factor groupings. Factor rotation is an attempt to make the data less complex and thereby easier to interpret; it attempts to give the best solution with the simplest structure. The output of an EFA is factor loadings. A factor loading is how much each variable contributes to a factor. Not every variable contributes equally to a factor; some will be more important than others. A factor loading is a measure of how important each of the variables is to the overall factor.



Oblimin rotation was chosen because the unrotated factors did not load distinctly onto the factors. There is also evidence to suggest that the factors (i.e., questions) are theoretically linked conceptually. The questionnaire was designed with separate factors in mind, exploring a number of linked concepts.

As already mentioned, the sum totals for each question were used in the EFA; the next step was to create a factor

score. This was done by calculating the weighted, harmonic mean for each question in that factor. Let  $w_i$  denote the weights and  $x_i$  denote  $n$  observations.

$$WHM = \frac{\sum w_i}{\sum \left( \frac{w_i}{x_i} \right)}$$

All factors were shown to be normally distributed and most of the data was able to be grouped in a way that was homogenous in variance.

### Confirmatory Factor Analysis

Structural Equation Modelling (SEM) is a multivariate analysis method used to analyse structural relationships within a data set; it offers a statistical model for defining, identifying and estimating total, direct and indirect, causal influences and effects to obtain the predicted individual scores of the quality of life and the relative contribution of each variable of quality of life.

A key attribute of SEM is that it enables an unobserved variable (in this case, the factors below such as housing, health and mental wellbeing, etc.) to be estimated from the statistical relationships among the observed variables (Kline, 2011). The results of the SEM allowed us to calculate the relative importance of the questions that are considered significant in understanding the quality of life of those living in Sutton Coldfield.

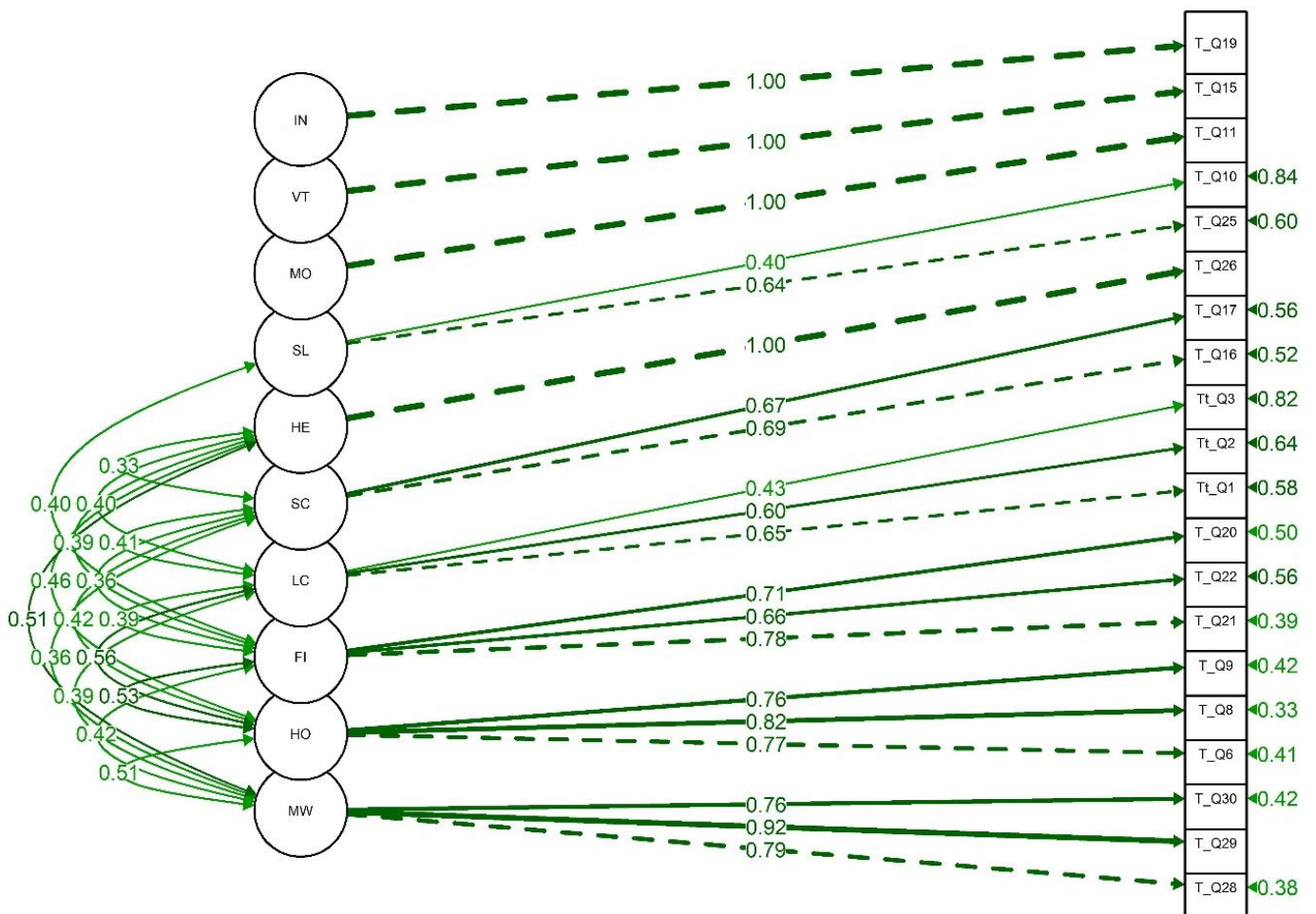
The SEM model below (Figure A1.2) examines the relationships between the observed and latent variables. It looks at the causal relationships amongst the variables while simultaneously accounting for measurement error. The relevant questions are shown on the right and the resulting latent variables on the left. The factor loadings are shown in the lines connecting the squares and circles. The factor loadings correspond to the “importance” of each of the questions to the latent variable. The model fit is displayed in Table A1.2, which shows the Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA), Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC).

MacCallum, Browne and Sugawara (1996) used 0.01, 0.05, and 0.08 to indicate excellent, good, and mediocre fit, respectively. As can be seen from Table A.1.2, the RMSEA is a good fit, which is confirmed by the CFI, which is 0.93; the conventional threshold for a good fitting model is for CFI to be > .9.

**Table A1.3: Model Fit Information**

CFI	RMSEA	AIC	BIC
0.94	0.05	-8241.862	-7883.317

Figure A1.2: SEM Model



### *Groups of interest*

In the questionnaire, people were asked about the following demographics:

- Ward
- Income
- Ethnicity
- Gender (including cisgender and transgender)
- Age
- Sexual orientation

While survey questions captured many of these questions, the distribution of the survey was coded by ward to monitor response rates to later inform the analysis of representativeness. In addition, this provided partial postcode data which would allow for some initial mapping of our analysis.

### *A1.3 Interviews and Focus Groups*

The use of interviews and focus groups provides significant insights into the social experiences of residents and generates useful data in relation to their social needs. The research sought to interview 50 residents from across Sutton Coldfield and a selection of other stakeholders within the town (local service providers, local politicians and trustees). In addition, the intention was to hold a series of focus groups:

- 1x men only (18+)
- 1x women only (18+)
- 1x children (under 14)
- 1x young people (14-17)
- 1x older people (50+)
- 1x Black and Ethnic Minority residents (18+)
- 4x mixed gender and ethnicity (18+)

Unfortunately, the Covid-19 pandemic had an impact on these plans. While interviews were switched to a phone-based interview approach, the focus groups were put on hold until lockdown restrictions allowed for groups to meet. Consequently, the focus group activity was modified to a more targeted selection of residents and the overall number was reduced because of the limited time in which to conduct the focus groups (see below).

### *Semi-structured interviews*

The advantage of interviews rests on two key dynamics. First, the open-ended style of questioning allows participants to provide information about their own lives and experiences of living in Sutton Coldfield and allows for greater depth of investigation around these issues, producing a series of data that can be analysed alongside that of other interviewees to identify emerging themes and patterns about life in Sutton Coldfield. Second, from the researcher's perspective, this style of interview also provides opportunities to gather in-depth information and insights that may not have been predicted when formulating the interview schedule and allow later interviews to be modified to explore new and emerging insights from participants.

Formally known as semi-structured interviews, these require the generation of a broad interview schedule to help guide and facilitate the data collection but allow the researcher a flexibility not possible in a survey. Essentially the interviewer is able to probe responses and ask follow-up questions to generate a more nuanced and richer account of the lives of residents. Through this, extensive data is generated and transformed into a transcript for analysis.

The process of analysis requires several steps to be pursued. Once transcribed, interviews are analysed for “recurring themes”, essentially grouping together examples of similar, shared experiences and commentaries by participants. This stage often produces many “codes” – ways of linking the experiences shared by participants. This helps to identify relevant aspects of the interviews which provide insight into the social needs of residents. These initial codes are then formed into broader groups of themes which can help to simplify the analysis into more manageable and digestible data and provide clearer analytical insights.

The process of analysis starts with transcription and subsequent multiple readings of the interviews. Utilising computer software, transcripts are uploaded and quotes from interviews are coded to the emerging range of codes identified in the analysis. Building of the broader themes results from two activities. First, a research team discussion of the emerging findings from the resident’s survey and interviews identifies similarities and differences. Where similarities exist, these are brought together to develop the analytical point. Where there are differences, further analysis was pursued in the residents’ survey to explore potential supporting analysis for the interviews (where found, this is discussed in Chapter Three). Our second approach to analysis was a memorandum strategy. As Charmaz (2006: 72) states, “Memo-writing constitutes a crucial method ... because it prompts you to analyse your data and codes early in the research process... [and it] constructs analytic notes to explicate and fill out categories”. Through the notes and discussions within the team, our memo-writing generated broader themes and links and ways through which to present the analysis which has become a fundamental structure of this report. Included in this process were a mid-project report which has largely informed discussions with the social needs review working group within SCCT and a series of internal webinars to present emerging findings.

### *Interview schedule*

The interview schedule was structured around the survey topics. We drew out a few similar questions into card-sort activities so that we could explore which needs people did and did not have. The interview schedule is provided in

Appendix 2: Interview Schedule. As noted, the benefit of the interview process is that it allows greater flexibility of questioning and as such we had a series of “probes” linked to each question. Probes allowed us to follow up and explore the responses that interview participants provide. While there were fixed topics to discuss in the interviews, we also had the flexibility to examine wider topics the participants raised during the interview.

The interview schedule consisted of several sections. The first section was an ice-breaker to help participants feel at ease. Section two examined local community satisfaction and section three examined social capital and community life in Sutton. Section four explored local services, section five was focused on our measures of poverty and section six concluded with a discussion around local priorities. We designed the interview to use a range of card-sorting activities, utilising lists of items under some of the categories to mirror the resident survey items. However, the Covid-19 impact resulted in interviews moving from an in-person format to a phone-based interview. Consequently, we had to rethink the approach we had adopted. Thus, we reduced the range of items to a shorter sample that could be discussed over the phone. We also replaced some of the questions and probes with more open-ended questions to allow participants to comment on our desired topic areas but offering them greater flexibility from the outset about which issues to discuss. Consequently, we were still able to explore the key areas of interest and allow participants to raise issues they wished to discuss in relation to the research.

### *Focus groups*

The focus group activity was significantly impacted by the Covid-19 context. The initial intention was to run the focus groups alongside the interviews and adopt a similar interview schedule. However due to lockdown regulations it was not possible to deliver in-person focus groups and we felt that moving to online focus groups would not necessarily work as well (the interaction of a focus group is not as easily replicated on a virtual setting and switching to a virtual focus group may unintentionally exclude participants who do not have good quality, or any, internet access or confidence in using platforms such as Zoom). As such we decided to wait until the lockdown restrictions had lifted.

In terms of the timing of the work, it was not possible to hold focus groups until the final months of the project. This resulted in a shift in approach for the focus group activity. Rather than the original series of focus groups, we changed the focus towards particular groups of residents where we either had some emerging findings from the service mapping and interviews but need to generate further insights and put additional effort into securing participation from groups of residents we had not engaged with as successfully through the interviews and survey.

As such we delivered focus groups for:

- 1x older residents living within SCCT almshouses
- 1x younger residents (18-24) accessing unemployment support services
- 1x adult residents with learning disabilities
- 1x children (14-17) with learning disabilities
- 1x mixed residents (adults and children) living on or near Falcon Lodge.



We attempted to secure additional participants from ethnic minority residents, but despite utilising a number of local contacts who had offered support in recruiting ethnic minority residents in Sutton Coldfield, this had limited success. In total we delivered five focus groups across these categories rather than the planned nine: this is due to the time pressures caused by the Covid-19 delay and completing the project by the deadline.

With this revision, the original plan to adopt a similar set of questions to the interviews was no longer suitable. Rather, it was clear from the early analysis that we could use the focus groups to develop a more focused set of questions for the different groups we were engaging. Thus, as an example, for residents with learning disabilities, we had information from some parents as well as local service providers around some of the issues and challenges this group face, but we did not have these insights from the residents themselves. As such, we refocused the questions for this group to explore some of our broader interests alongside the emerging findings. This allowed the later analysis to add more depth and insights into the findings presented in this report. Thus, for each focus group we have a mix of general questions about life in Sutton Coldfield and some specific questions targeted at the group we were talking to.

#### *Interview recruitment and participants*

Recruitment practices for the resident interviews commenced in March 2019. Initial recruitment was facilitated by the service mapping exercise. Using these organisations, it was possible to distribute contact information and recruitment flyers to potential participants. This was followed up by use of other organisational groups (for example local political parties) to request they share the information with their membership. This resulted in some sharing of the flyers via Facebook and further sharing of this to a wider pool of residents. In addition, within the survey we asked respondents if they were willing to participate in an interview, and if so, to provide contact details. Within the survey responses, approximately 100 respondents indicated their willingness to take part in an interview, and although some failed to provide clear/correct/any contact details, it was possible to contact a selection of respondents and engage them in interview activity.

In March 2021, aware that there had been little engagement from residents on Falcon Lodge, researchers contacted service providers in the area. Researchers were invited to speak at community events both online and in-person to promote the research to service providers and residents. An intentionally more locally targeted flyer was designed to specifically state an interest in Falcon Lodge, rather than Sutton Coldfield, at the suggestion of outreach workers, to generate greater engagement by residents of the Lodge. In addition, further social media messages promoting the flyer were circulated to generate widespread recruitment for interviews.

Initially our plan was to ask interview participants to complete a short demographics survey so that we could keep an accurate record of participants by different demographic factors and determine a suitable sample of residents. Unfortunately, the need to switch to phone-based interviews created a challenge here. It was felt to be potentially problematic to ask this information down the phone, despite reassurances of anonymity and confidentiality, and so the survey was sent out to participants to complete. However only a small number of these were returned and as such we are not able to provide a clear breakdown of



participants. We did try to keep an approximate record of who we interviewed but we know that in the individual interviews we did not secure many young people and few people of colour. We cannot be sure whether we secured many participants with regard to disability or sexuality. Some of this we attempted to compensate for through the focus groups.

#### A1.4 Additional Data Collection Activity

As a result of some delays due to the Covid-19 pandemic, additional data collection targeted trustees and local politicians. In particular, a short survey was sent to local politicians to gather their views/perceptions of social needs in Sutton. This survey drew upon elements of the residents' survey and some of the 1993 questions around key priorities for Sutton Coldfield. Willing local politicians also followed up with an interview to discuss the social needs of residents within Sutton Coldfield.

Completing this data collection, a series of interviews with trustees were conducted. These interviews allowed the researchers to start to uncover some of the aims and ambitions of SCCT and provided useful reflections in the drafting of the analysis and presentation of potential developments to address unmet needs (see Chapter Six).

#### A1.5 Research Ethics

Ethical approval was secured through the University of Birmingham ethics review process and the researcher conducting focus groups with young people held a valid DBS certificate. The University of Birmingham was the location of the principal investigator prior to and during data collection.

## Appendix 2: Interview Schedule

### Preamble

1. Welcome & questions, how long have you lived in Sutton?
2. Consent form and permission to record

### Section one: Ice breakers

1. Which part of Sutton Coldfield do you live in?
2. How would you describe [area]?
3. How long have you lived in [area]?
4. [If more than 12 months] Have you noticed any changes since moving in?

### Section two: Satisfaction levels

I'm going to read you a list of items in the environment... can you tell me if you are satisfied or dissatisfied with them in relation to Sutton Coldfield.

First, are you satisfied or dissatisfied with...

#### Open spaces

trees, grass, parks, play areas

#### Street appearance

pavements, front gardens, litter, walls & fences

#### Traffic

noise, pollution, parking

#### Safety

Road safety, antisocial behaviour and crime

**Prompt 1:** Discuss why each card is in either the satisfied or dissatisfied pile

**Prompt 2:** Ask participants how items in the dissatisfied pile could be improved locally

**Prompt 3:** Do they feel that these items have changed over the last three years?

**Prompt 4:** If they had to pick a priority area for their locality would it be one of these items or would it be a different issue – explore selected issue and reason and how it might be addressed

### Section three: Activities

For someone like you, living in Sutton Coldfield, do you feel you are able to:

- Engage in social activities of your choice (which activities? What facilitates or prevents participation?)
- [Unless mentioned in response to previous question] Engage in sporting activities of your choice (which activities? What facilitates or prevents participation?)
- [Unless mentioned in response to previous question] Engage in arts and cultural activities of your choice (which activities? What facilitates or prevents participation?)

- Do you think these activities are available to all Sutton Coldfield residents? (Probe on barriers and facilitators to participation, also consider geographical location).
- What activities do you think are missing locally? Are there any community based events that currently exist or you would like to see in Sutton Coldfield?
- How do you find out about what is going on in Sutton Coldfield?

#### Section four: Local services

I'm going to read you a list of services, have a think about which services you have used over the past 12-24 months.

##### **Social spaces**

Local library, sport facilities, community hall, day centre and social clubs, youth clubs, after school clubs, mother and toddler group.

##### **Healthcare**

Doctor, dentist, optician, chemist, home help, chiropodist, local mental health and wellbeing services.

##### **Facilities**

Post office, banks, Citizens Advice Bureau, corner shop, supermarket, meals on wheels, school meals, nurseries and playgrounds, local family support. Services.

##### **Transport**

Busses, trains, specialist transport for those with mobility issues, public transport to get to schools.

##### **Art and culture**

Museums and galleries.

- Which of these have you used in the last 12-24 months?
- How would you explain your experience of the service? – probe on quality, access, cost(?), location
- Are there any services on this list which you did not realise existed in Sutton Coldfield?
- How confident are you that you could find out about such services if you needed them?
- Are there any services which you are surprised to find on the list?
- Are there any services you think are missing from the list?

#### Section five: Needs

I'm now going to read you a list of items which I would like you to respond to in one of three ways.

- 1) you have this item/can participate
- 2) things you don't have but don't want
- 3) things you would like but don't have access too because they are unaffordable.

So, for example, internet access at home. You would answer either, 1) yes I have it 2) I don't have it but I don't want it or 3) I don't have it, but would like access to it, however it is unaffordable.

[Focusing on would like but cannot afford pile, explore items and why access is restricted]

#### **Biological**

1. Heating to keep home adequately warm
2. Two meals a day
3. Fresh fruit and vegetables every day

#### **Material**

1. Damp-free home
2. Washing machine
3. Replace or repair broken electrical goods such as refrigerator or washing machine
4. Internet connection at home
  - a. Prompt: What devices do they use? What do you access online?

#### **Cultural**

1. Celebrations on special occasions such as Christmas
2. Attending weddings, funerals and other such occasions
3. A hobby or leisure activity

#### **Social**

1. Visiting friends or family in hospital or other institutions
2. A table, with chairs, at which all the family can eat
3. Friends or family round for a meal or drink at least once a month

### **Section six: Local priorities**

Finally, I'm going to read you a list of 13 areas, which three areas would you say were a particular priority for Sutton Coldfield over the next two to three years?

I can repeat them for you if you miss any, so please don't hesitate to ask

1. Education
2. Alleviation of poverty
3. Transport
4. Health services
5. Facilities for young people
6. Facilities for elderly
7. The arts
8. Reducing unemployment
9. Social services
10. Services for those with disabilities
11. Housing

12. Crime prevention
13. Religion
14. Other

Probe: why was each area selected and what in particular makes this a priority area?

### **Conclusion to interview**

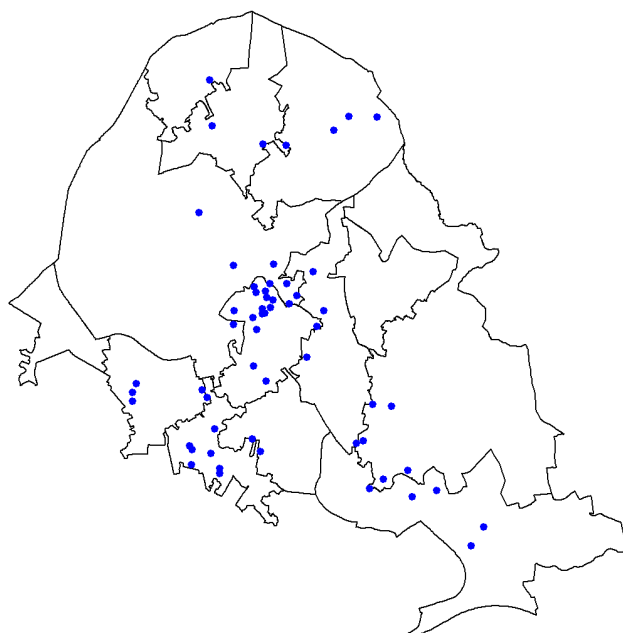
Thank your participant for taking part

Ask if they have any questions – and provide answers

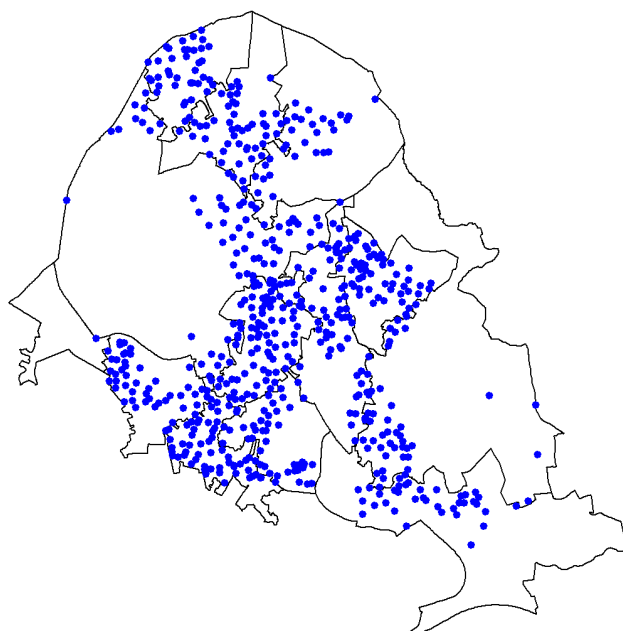
- I hope you have found the discussion interesting.
- If there is anything you are unhappy with or wish to complain about, please contact the research lead or speak to me later. If you have any questions, please do ask us or feel free to contact the research team using the details in the information sheet.
- I would like to remind you that any comments featuring in this report will be anonymous.

### Appendix 3: Further Crime Data Maps

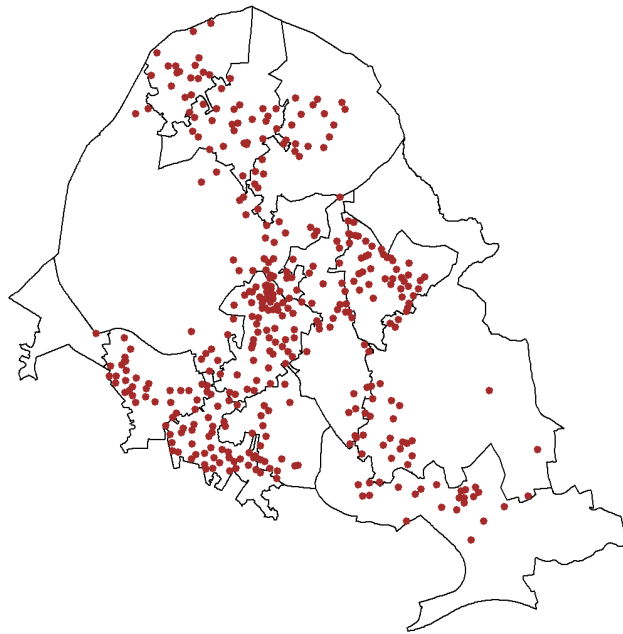
#### Bicycle Thefts – Sutton Coldfield



#### Burglary – Sutton Coldfield



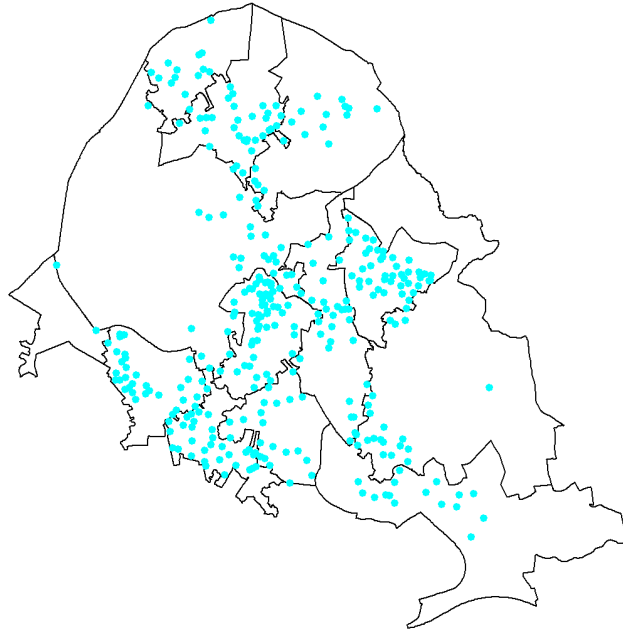
### Criminal Damage and Arson – Sutton Coldfield



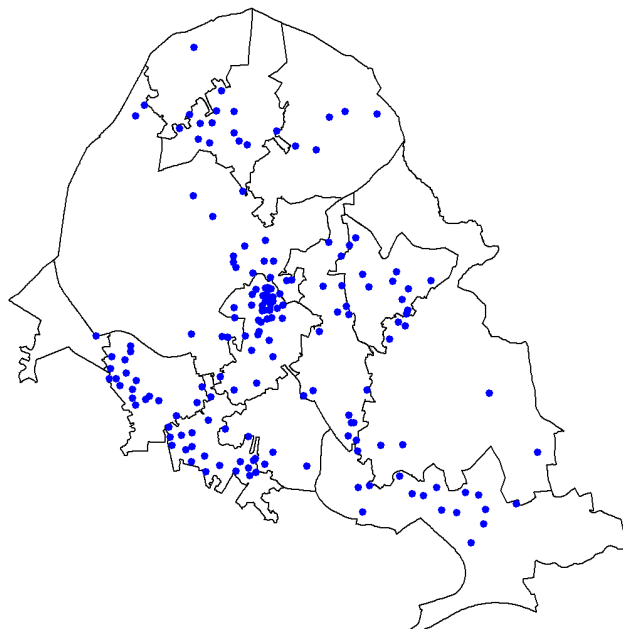
### Possession of Weapons – Sutton Coldfield



## Public Order – Sutton Coldfield

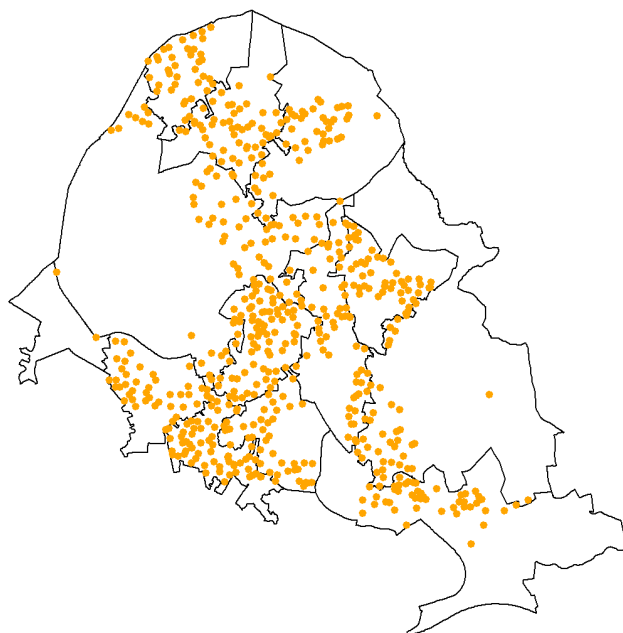


## Robbery – Sutton Coldfield





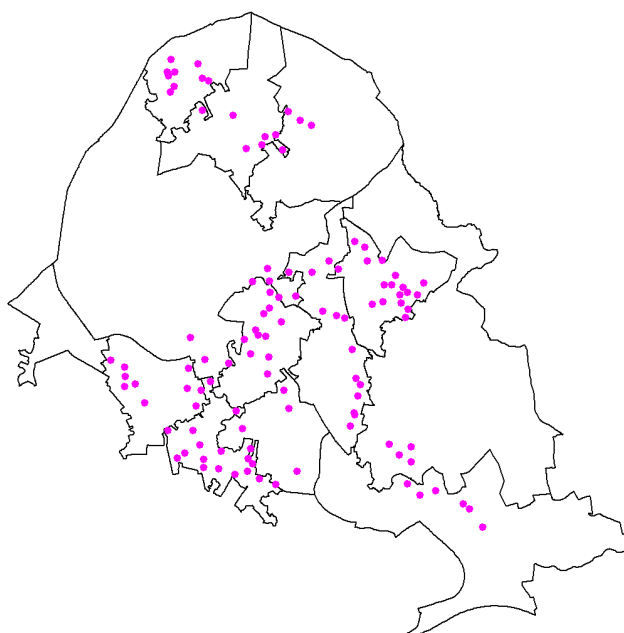
### Vehicle Crime – Sutton Coldfield



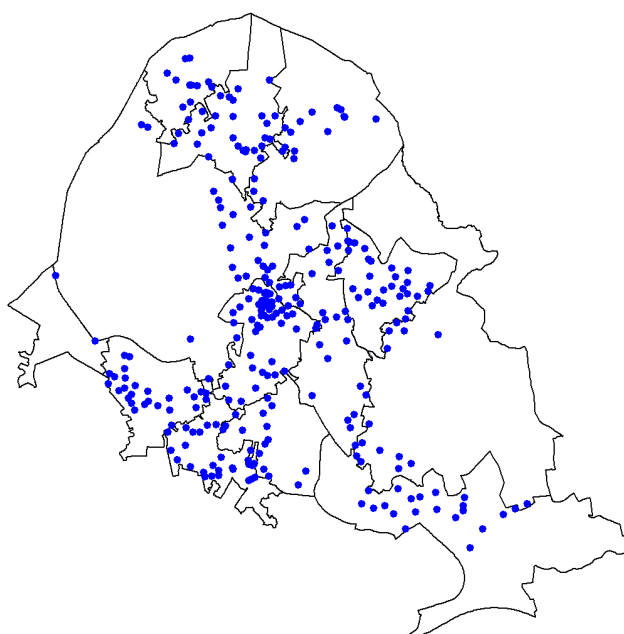
### Violence and Sexual Offences – Sutton Coldfield



## Other Crimes – Sutton Coldfield



## Other Theft – Sutton Coldfield



## Appendix 4: School Support for Mental Wellbeing

Commentary from a pastoral care mentor trustee and head teacher trustee provided during the review of the first draft of this research report:

In terms of children's mental health, more immediate access is needed to face-to-face services. Health services like FTB have a 12-week waiting list; city-wide services like PAUSE are phone only.

Local charities in Sutton are offering face to face with their limited means. One service funded by SCCT is trying to support many schools (Cherished), offering free mentoring and Cherished programmes to limited numbers of children in schools and self-help books for staff to work through with children struggling with anxiety – has been a most welcome service.

More funding required for early years; reception and nursery children have missed vital social and emotional development due to isolation, social distancing, they need support to catch up.

Lot of online services popping up, that's not the answer, children have been cooped up in the home with their tablets, children need face to face. More specialist counselling services e.g., counselling for children impacted by domestic abuse, etc.

Demand to support children with mental health is unprecedented, parents are struggling too and are not in a good place themselves to help or support their children.

Schools are having to prioritise wellbeing, to ensure children are in a good place to learn, stretching staff resources.

We are experiencing many more parents of young children who are not skilled in providing the right support for their children. These younger parents / first-time parents may have missed the interactions they would have normally received with pre/post-natal groups or the health visitor. As said, you cannot replace face-to-face support, especially when discussing personal issues.