

Focus Group Feedback

Real-time demographic analysis of responses allowed the Public Health Division to commission additional targeted engagement activity to address under-representation in the following areas: children and young people, the Muslim, Hindu and Sikh communities and BAME (black and minority ethnic) groups.

Three local organisations were commissioned to undertake targeted participation activities. This summary details the feedback received.

Doink, Beatfreaks collective

Population: Children and Young People

Opportunistic sampling at Asda Bordesley Green and Sparkhill Swimming Pool

The Beatfreaks research centred around three questions –

- Which priorities need action first?
- Which priorities have the biggest impact?
- What does your community need to action these priorities?

Key findings:

Working aged people were seen as the centre of support for both children and the elderly and as such ranked the highest in priority and in impact. This was despite people showing greater concern for the plight of children and the elderly in our city. Suggested support for working age adults including access to training and employment to tackle joblessness (which was perceived to be a root cause of many other issues) and carer services. It was felt that engaging with schools, faith centres and workplaces are key to connecting with this demographic.

Many respondents, particularly those of faith-based communities felt that problems surrounding drug or alcohol misuse were not issues that affected “their communities”; similarly loneliness in older adults were not seen to be issues as many people in that part of the city live in multi-generational households.

A need to identify a different approach to engaging women, especially homemakers was raised. It was felt that engagement could focus around schools.

The environment was ranked lowest in priority and was seen to affect people personally the least. However through discussion people made links between a healthier environment and the health of Birmingham’s citizens.

The Active Wellbeing Society

Population: Adults from faith communities; Muslim, Hindu and Sikh women

Number of Focus Group participants: 23 (2 sessions)

Total number of participants: 23

Key findings:

Priority 1: Child Health

There was consensus by both groups that the three themes - based on a discussion around the statistics and contributory risk factors – were the right themes to focus on in the strategy for child health.

The theme that both groups particularly focussed their attention and interest on was the childhood obesity theme, and participants were surprised by the increase in the rates of obesity from primary school entry (11.3%), to exit (25.6%). This provoked much discussion around the opportunities – where interventions and education should be provided and at what age should we be focusing efforts. Pregnancy and postnatal were identified as high-risk times for Muslim women in terms of mental and physical wellbeing. The Muslim Focus Group agreed that parenting support and support in pregnancy (i.e. education and information giving) was important to ensure a happy mum and happy baby

Priority 2: Working Age Adults

Overall, both groups felt that the themes were broadly focused on the right things. However, the Muslim Focus Group commented that there is nothing specific on men's health, something that they felt needed attention and particularly men's mental health.

Priority 3: Ageing Well/Older adults

The discussion around ageing well – the risks, what Public Health can influence and opportunities to tackle it very much crossed over all three themes in this priority for both focus groups. Participants also felt that this priority very much linked to the previous themes about the importance of providing opportunities for people to be socially and physically active.

In the Muslim Focus Group, the conversation quickly focused on how significant the group felt the impact of isolation was in older people. Linked to the Child Health priority, participants discussed that there can be a perception that isolation is less of an issue in the Asian community as there are "large families and you look after your elders", however, the group all agreed that feeling lonely and isolated is not always about whether there are people around you. Some of the group also suggested that this can actually add to isolation in older people.

There was a view that we need to have more older people's activities – social and physical that tackle isolation. Comments were that there should be activities that stimulate conversations, peer support, spending time with others outside the family. There was an agreement that we need to look after not just vulnerable older adults, but older adults more generally to stop them sliding into this category.

Priority 4: Healthy Environment – main findings

Whilst there were some discussions about air quality in the Hindu/Sikh Focus Groups, both groups focused their discussions on health protection, particularly vaccinations.

Commonwealth Games

In terms of impact, there was a view that it could really help to get children and parents interested in sport but that there would need to opportunity to them act upon this interest and funding for community level sport. There was also a view that the CWG is a good opportunity to get rid of bad or old buildings and lead to new assets that stay for the communities after the games, such as Perry Barr train station and the extension of the nearby cycle lane, and that it could bring new equipment. Overall, the groups were very positive and excited about the CWG coming to Birmingham.

Smart Women CIC

Population: Sparkbrook B11 area; participants recruited from local organisations: Ashiana Community Project, Bosnia House, Fallows Road Resident Association, ISRA, Muath Trust, Narthex Sparkhill, Yemeni Community Foundation

Number of Focus Group participants: 192 (12 sessions)

Participants invited to review and evaluate findings: 106

Questionnaires processed: 242

Total number of participants: 450

Key findings: the main concerns raised within participants were around access to information, and access to health and community services to enable behavioural change such as weight loss, and the self-management of conditions such as Type 2 Diabetes.