



# Community Walks and Reflection

2022 Eastbourne Listening Tour Pre Activity  
20<sup>th</sup> and 21<sup>st</sup> September 2022

**healthwatch**  
East Sussex

# Community Observations Walks



Community Observation Walks are part of the planning process for Healthwatch East Sussex's (HWES) Listening Tour which took place in the last two weeks of October 2022. This pre-engagement activity is intended to inform targeted engagement and broaden our networks and connections with local communities.

A Community Observation Walks involve bringing groups of people, including staff, volunteers, Borough and Town councillors, health and care professionals and interested local residents together to help plan engagement activity and identify pockets of the community that experience poor health outcomes within key areas/wards in the borough.

# Why walk the community?

## What did we want to achieve?

The Purpose of this activity is to:

- View the community from a fresh perspective – a great way to observe details you don't see when driving through a community
- To observe where people go formally and informally to meet up and exchange information
- To talk to people on our walk – finding ways to engage with the community can be enjoyable as well as important
- To understand how communities communicate
- To help identify where people , whose voices we seldom hear, interact with their community

# Community Observation Walks

Reflections – September 2022

*Creating change requires understanding of a community's nuances.*

- *How does it feel?*
- *Who is a part of it?*
- *What are its characteristics?*

*Healthwatch supports an approach whereby you can start to learn some of these answers by walking through your community. Taking time to reflect on what you notice, inviting others to join you and finding ways to collectively solve problems.*

# Setting the scene

## Context

It is widely accepted that happy, healthy communities include:

- timely access to health and social care support when they need it,
- they live in low crime areas,
- the people in them connect with each other socially,
- they have a good standard of housing and
- access to employment, transport links, education and spaces to enjoy.

The word “community” invokes a sense of togetherness, a common purpose, perhaps a sense of belonging. Whether we represent the health and social care sector, local government, voluntary sector, policing or local business or our families, neighbours and those we care about, we share a common interest in supporting communities and the people who live within them to live well and stay safe.

# What we asked our observers to do?

## What did you see?

Communities of interest can include many assets, who is part of it and what are its characteristics? These can include:

- Shops and businesses with strong community ethos
- Shops and community groups reaching out to diverse communities
- Informal information hubs – places where naturally people exchange information e.g. bus stops, Post Offices, open spaces etc.
- Places where parents with babies/children, young people and older people meet
- Posters that reach out to different communities
- Places offering health and wellbeing information
- Affluent locations or run down locations?

# What did you hear?

## Suggested questions to ask?

What other communities exist in the area?

- Faith groups
- Parents
- Veterans
- LGBTQ+
- Neighbourhood groups
- Wellbeing centres
- Arts centres
- Schools
- Health and care services

# How did it feel?

## What did you sense?

Take time to reflect on your walk, individually and collectively.

- Who did you meet?
- What did the people you meet tell you about local services?
- What does the community care about ?
- What surprised you?
- What exists in the community that can be built on?





# When and Who?

Wednesday 20<sup>th</sup> September (Daytime)

- A total of 12 people met in the centre of town, we planned our walk, agreed key points to observe and set off in two teams. Individuals joining the walk included:
  - Members of staff
  - Volunteers
  - NHS and Adult Social Care Staff
  - Local Cllr.
  - Local residents
  - Voluntary and Community Sector representatives



# Our Routes

## Devonshire Ward

Focus: Devonshire Ward. Eastbourne Health Profiles.

Our two teams walked part of Seaside in Eastbourne covering both sides of the road.

- **Walk 1** proceeded to Seaside Medical Practice and returned to meeting point via residential routes.
- **Walk 2** proceeded to Leaf Hall Community Hall and returned to the meeting point via the seafront.

# What did we learn?

Some reflections





## Quotation

*“There is a hugely diverse community as a whole and mini communities amongst that. There is a huge breadth of shops, take aways, pubs and cafes (from ethnically diverse communities).*

*To really enter into discussion with the micro communities, it will require engagement such as going into cafes and being customers, striking up conversations. Going into the pubs and bars and speaking to the landlords and bar staff, and finding a way to speak to some of the barbers.*

*It seems quite a male dominated community, which means engagement is an opportunity to help more men interact with health services.”*

*Public Health East Sussex professional*



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## Observation

*The walk down Seaside Road was very interesting. Starting at the Beacon Centre to the end of the road 1.5 miles away, the socio-economic evidence differed but generally the trend was a decline in factors such as wealth, services and pleasantness of the environment, the further away we were from the Beacon Centre.*

*We stopped at Eurafro World, a shop run by black African women with produce, gifts and hair dressing services. They talked to us about healthcare services needing to be more accessible and how everyone is sick of talking about covid. We told them how we needed to hear from them to help change happen to address the issues they raised. It was a good discussion and they had enjoyed having people listen to their views.*




# Quotation

Observer

*“The road felt hurried and busy, not somewhere to hang around. It is a bit of a paradox as whilst there were quite a few people about, and often hanging about talking on the street (mostly men) and there were quite a few community based spaces, it didn’t feel particularly welcoming.*

*This is partly due to the noisy and often dirty environment (overflowing bins in some places, old torn posters, general look that there is no one looking after it). But also, it felt that whilst there is a variety of different communities using Seaside, there is no feeling of an overriding cohesive community that brought them together.”*





**Community Observation Walk  
21<sup>st</sup> September from 7.30 pm –  
9.30 pm**



# Night Observation Walk

21<sup>st</sup> September from 7.30 pm

A total of 12 people joined the night time observation walk including:

- NHS Primary Care Commissioners
- Statutory representation from the Rough Sleepers Initiative (RSI)
- Voluntary Sector Representatives
- Young Volunteers
- Local Residents
- HW Staff





## Our Route

One group revisited the area along Seaside covered in the previous walk (20<sup>th</sup> September) to Leaf Hall Community Centre.

The remainder of the group covered the town centre and parts of the seafront.

Our key aims were to:

- understand how the area along Seaside visited in the daytime, differed in any way in the evening/night time.
- engage with people rough sleeping / experiencing homelessness pathways on how they accessed health and care services.



## Our aims

### What we wanted to achieve?

More focus on talking to people, what we heard and what people told us.

For statutory services to hear directly from the night time community about their experiences accessing health and care services.

Mindful that what we observe is still important!

It was helpful to have a knowledgeable local resident support the night time walk. And to learn about the previous projects and investment in the part of the town we walked.




# What did we learn?

## Observations and comments from primary care representatives

*I observed groups of people pocketed together or on their own on the street, they were quite dispersed. There were those who were very willing to talk to us and others not so much. There seemed to be support for each other, however there was also some tension within groups.*

*It was quite empty and some areas seemed darker than others. Talking to one person, I saw how many people just ignored them when asking for change, not even a 'no I'm sorry' or anything. It struck me how invisible, vulnerable and exposed people were particularly those on their own.*






## More Comments and observations

*I spoke with two people, one gentleman who seemed very reasonable, had mental health issues, described how long they had to wait on the phone when contacting his GP practice which 'ate' into his minutes on the phone, though seemed happy once through and had an appointment. They told me about the number of different people asking things and they would prefer more services in the afternoon.*

*Another person described the difficulties they had accessing services, how walk in centres would not see them. They felt that services needed to be a lot more integrated and much better linked together and how more mental health services need to be (or at least more proactive/visible). They also talked about the importance of peer support and activated groups working together.*





## More Comments and observations

### Observed


Fairly busy with people walking about, shoppers and people in eateries, sitting outside.

People of diverse ethnicity

Evidence of ethnically diverse community i.e. corner shop groceries, eateries (Greek, Turkish, Chinese, Japanese, Latin Deli)  
Chatted to a couple of older age group men.

### Off Seaside towards Colonnade Gardens

Pub – Crown & Anchor. Didn't observe closely. Known to some in the walking group as a welcoming, well-run pub – quizzes, live music, good food. (This location was later used in the Listening Tour to join the Quiz Night and to engage more informally with people.





## More Comments and observations

**Viewed Recovery Hub**, run by East Sussex Recovery Alliance (ESRA). Hosts a café and runs support groups. Recommended to visit during opening hours to explore opportunities for engaging with people living in Emergency and Temporary Accommodation ETA and other people in unstable housing.

### Heard

Languages other than English.





## Interactions with local community members

### Interactions with People

Older man sitting outside café. Strong accent, spoke about health problems – diabetes and other unspecified. Says they can't work. Didn't elaborate on what he did about money or place to live. Says *"it's too hard to get a GP in Eastbourne"* so he goes back to a Dr he's registered with in London.

Rough sleeper sitting outside Tesco & eating a pasta meal, early thirties, originally from Worthing. Has been sofa surfing & sleeping rough for 6 weeks. Says his health *"is more or less ok"*. They were calm and communicated in an articulate, considerate way. (*"it's not great, [out here] but other people have it much worse"*)

When asked about safety on the street and what it was like, he replied that Worthing was really rough out on street, but Eastbourne was much calmer.

Sometimes people (passers-by, not other rough sleepers) say bad things and spit at him but not often.





## Revisiting Seaside

The second group observed approx. the same area covered by the afternoon walk. The mix of people were similar – largely men, however the Sports Bar attracted a mixed audience including students and a ‘Hen Party’

### What local people on the walk told us

Individuals with local knowledge expressed sadness of the decline in the area when Big Lottery funding ended, but were reenergised by other schemes starting up again i.e. Leaf Hall Community Hall. There appeared more community cohesion at night. Very few people approached the group to engage.





# Outcomes

Many paid staff commented on the value of getting out into the community and talking to people.

Insight captured informed the Listening Tour focus on people experiencing the poorest health outcomes.

One connection was established during the activity with [Leaf Hall](#). For further engagement.

Local people who joined the walks also attended the Launch event.

The concept of undertaking observation walks as an engagement tool has attracted interest from others to replicate.

Healthwatch East Sussex welcomed the support from local Councillors.

Opportunities to promote Healthwatch services to communities that are unaware of local Healthwatch.

# Outcomes

Unlike previous Observation Walks Healthwatch has undertaken, very few people engaged with the groups during the activity.

A positive strength of Community Observation Walks has previously been how the activity stimulates local people's curiosity to ask ... 'you look interesting, what are you doing?' enabling those conversations to begin.

This was not the case in the areas visited, very few local people approached the group. Several homeless people welcomed the opportunity to talk to health and care staff, but overall engagement was low.

When entering premises. Most people were polite and entered in conversation with group members and accepted information and posters about Healthwatch.

Healthwatch should develop further engagement opportunities to have a regular presence in the area to support people to navigate the health and care services.

# Next Steps

This report will be part of the overarching 2022 Listening Tour (Eastbourne) Report that will be published in the spring of 2023.

Healthwatch will present the full report to East Sussex Health and Wellbeing Board in March 2023.

Recommendations and actions arising from all the Listening Tour reports will be followed up with a six-month update and a one year on event to feedback to the community how local services have acted on the findings and been able to make positive changes.

Healthwatch East Sussex would like to thank everyone who took part in the Community Observation Walks and the local people we met along the way.

# For more information

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