Clifton Community Profile
Well Doncaster
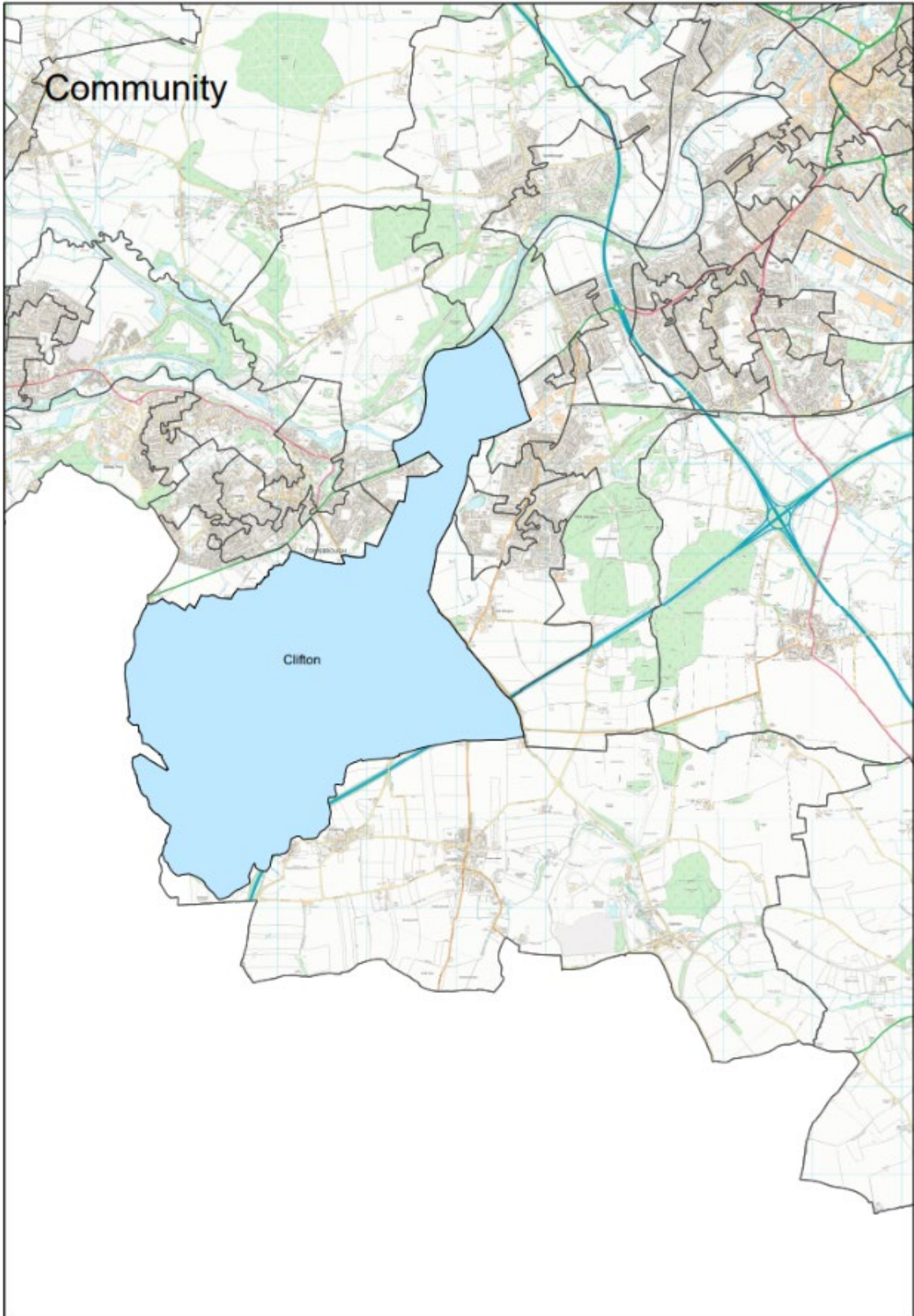

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Community

Clifton

This Report

This report focuses on the community of Clifton part of the Conisbrough ward in the South of the City and begins with a summary outlining key information and priorities. This document includes conversations with communities, ward members, community organisations, faith groups, residents and other organisations who work in the area. Communities' knowledge of their own areas enables them to identify their strengths and the assets on which they can build on. This document is shared with the intention of supporting those conversations and sharing information that might not be readily available to local people.

To ensure each community is represented as accurately as possible in this report, where possible, separate data and illustrations have been used. Much of the health and population data presented in this report is only available at ward level, and this will be stated when this is included. The Office of National Statistics and Census data allows us to include community specific data.

26.6% of children are living in **poverty**

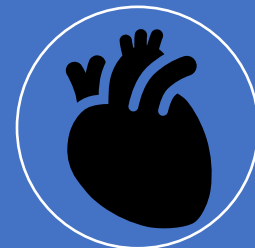18.6% of households are deprived in 3 dimensions

Respiratory diseases are the leading cause of premature mortality

25.5% of residents live with a long term limiting illness

High proportion of elderly residents, a significant amount are economically inactive

Emergency hospital admissions for COPD are significant

Contents

One Page Summary

This report focuses on the community of Clifton which is part of the Conisbrough ward in the South of the City. It has a population of 230 with 100 households. Clifton has an Index of Multiple Deprivation (IMD) Score of 17.9 and ranked 59/88 communities, indicating it is a relatively affluent community. However, the community lacks business, community and health assets and is very remote. Work around decreasing this number must be taken into consideration when working in Conisbrough.

21.2% of the ward experiences income deprivation, this is significantly higher than Doncaster (16.6%) and England (12.9%). Similarly, 4.55% of residents in the ward access Universal Credit, which is higher than Doncaster (4.45%) and 9th highest in the borough. A significant number of children are currently living in poverty in the Conisbrough Ward (26.6%) compared to Doncaster (16.6%) and England (12.9%) and this is likely to be a significant contributing factor of poor child development and lower educational levels. Residents who have no qualifications (21.2%) is higher than Doncaster (22.7%) and England (18.1%). Similarly, those who are qualified to level 4 and above (31.4%) is higher than Doncaster (22.7%)but lower than England (33.9%). It is vital to consider how poverty can be mitigated through actions that support the community and improve the health of its residents.

Residents in Conisbrough have a significantly shorter life expectancy than the average person in Doncaster or England. The biggest inequality can be found in healthy life expectancy. This is the number of healthy years someone is expected to enjoy. In the Conisbrough ward, residents are expected to enjoy approximately 6.1 fewer healthy years before they experience a health condition which affects their daily life compared to the Doncaster average.

The percentage of people in the ward with a long-term limiting illness (25.5%) is significantly higher than that of Doncaster (21.7%) and England (17.6%) with deaths from respiratory disease and those considered preventable being the leading cause of death. A large percentage of residents live with conditions related to poor lifestyle choices, such as smoking, binge drinking and low levels of physical activity. There are also higher than average levels of feeling low, self-harm and depression.

Clifton has an aging population, with a high proportion of individuals over 65 years of age, with 33.8% of the residents being retired. 17.6% of residents are considered disabled under the Equality Act higher than England (17.3%).

As Clifton is geographically very small and wholly contained within one Output Area it is difficult to identify particular streets that exhibit specific health inequalities.

Key Health Priorities

Clifton has a range of health priorities, which are as follows:

- 26.6% of children living in poverty.
- Significantly high rates of emergency hospital admissions for COPD, heart attack (myocardial infarction) and coronary heart disease.
- 25.5% of residents live with a long-term limiting illness.

- Respiratory disease is the leading cause of premature mortality.

Assets

The Conisbrough ward is split geographically into 4 communities, Denaby, Old Denaby, Conisbrough and Clifton, each having its own assets. It is appreciated that these maps are a starting point in understanding the communities and that further work in needed amongst the community to further understand all the assets and how they are used.

Asset maps

The maps below illustrate the different types of assets found in Clifton. Maps have been split to show Business, Community, and Health assets separately. It should be noted that these maps are a starting point in understanding the community and that further work is needed amongst the community to understand all the assets and how they are used.

Business Assets
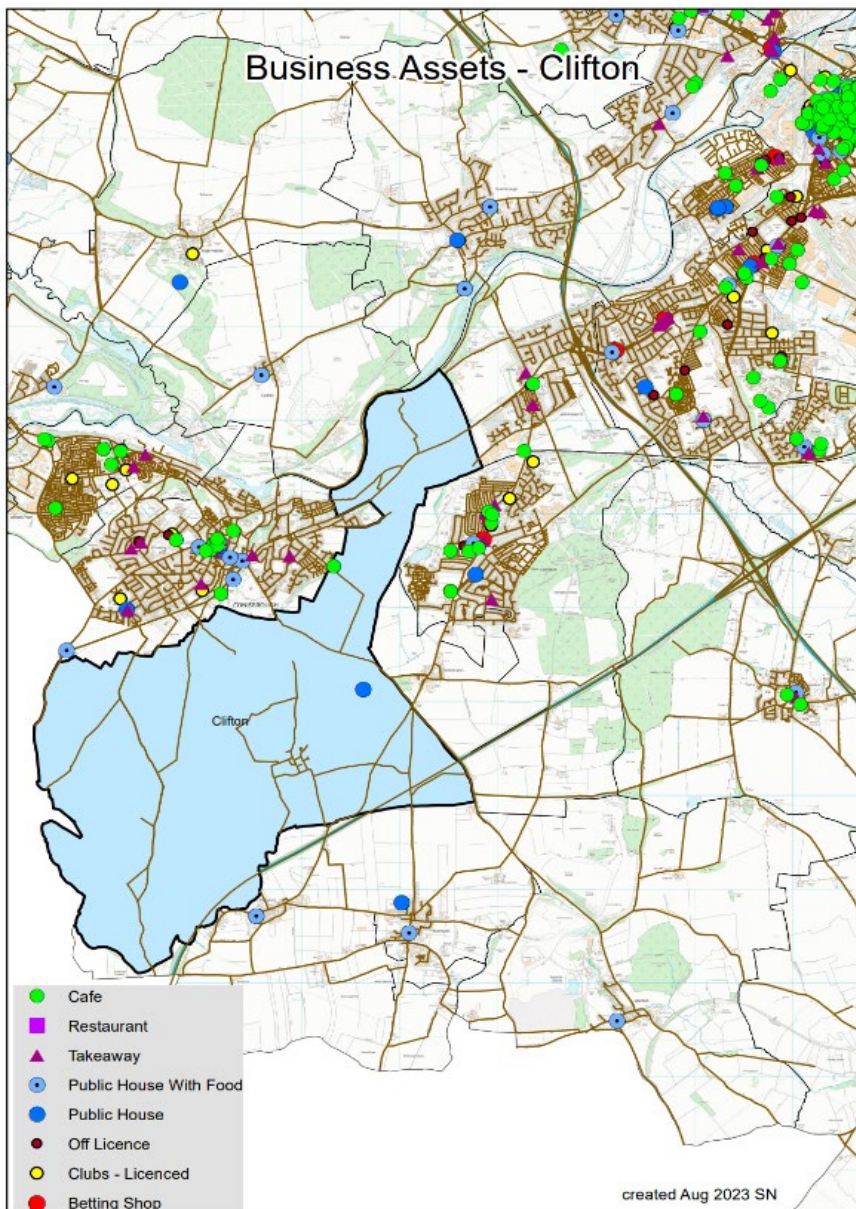
Figure 1. Business assets in Clifton

Health Assets
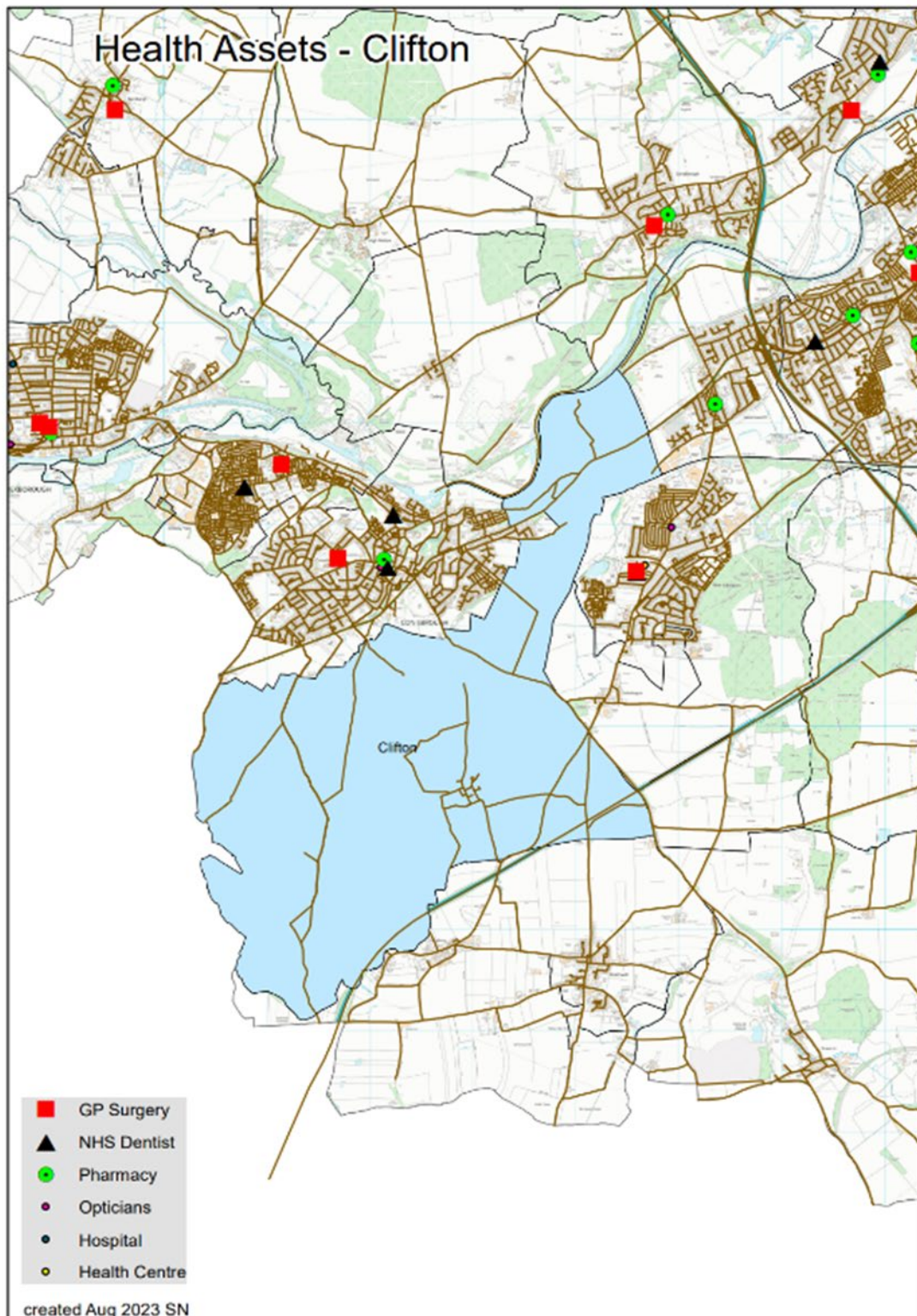
Figure 2. Health assets in Clifton

Community Assets
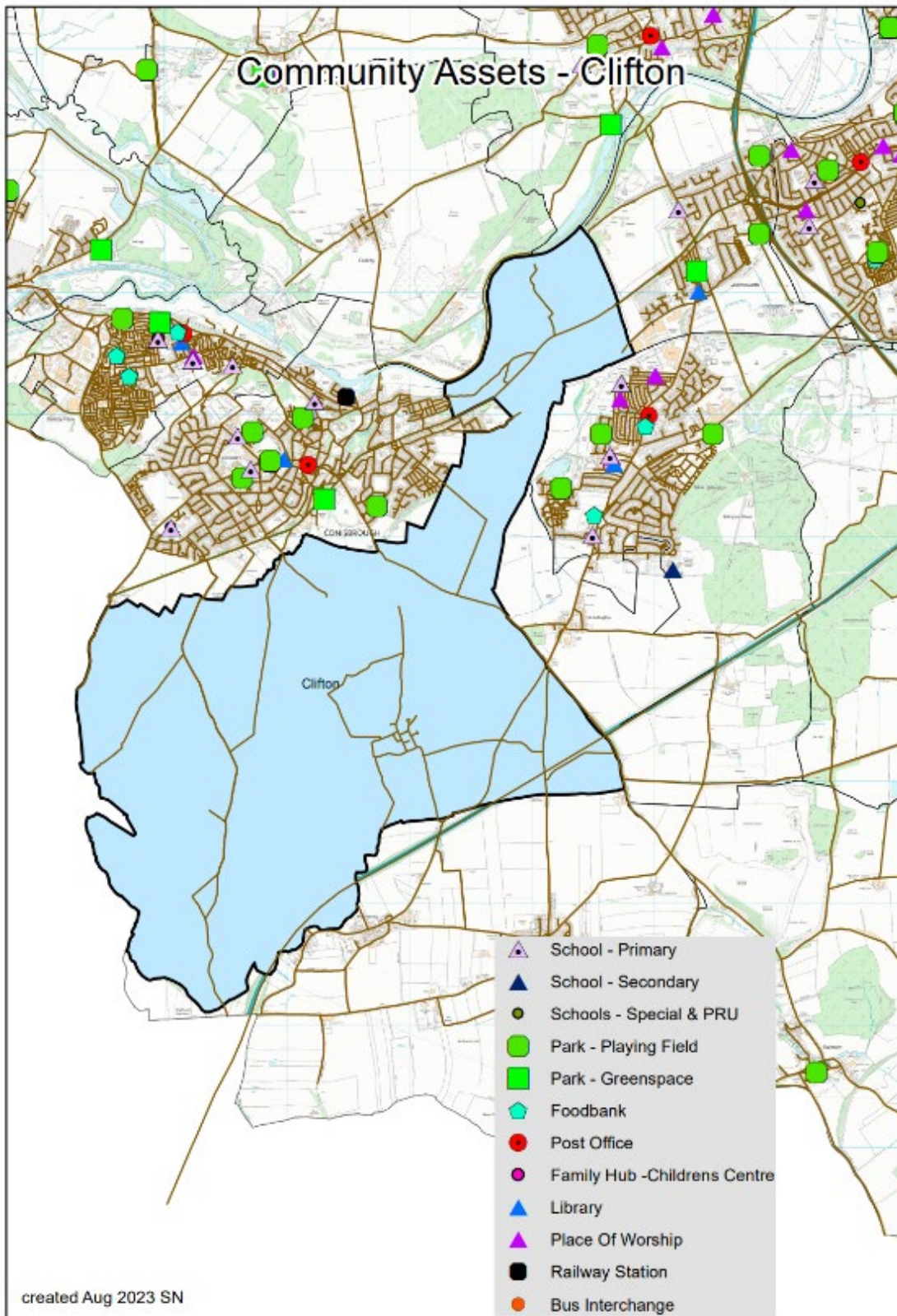
Figure 3. Community assets in Clifton

Assets in the Community
Population Health Management

As part of a population health management approach, the following assets have been identified and themed around places and people:

Institutions (Schools/colleges etc.)	Physical space (Parks, carparks etc.)	Local Economy (Local profit Businesses)
Religious • Clifton Church	Parks/Green Space • Clifton Play Area	

INDIVIDUALS (Key individuals within the community)	ASSOCIATIONS (Local Groups/Clubs)
Ward Members: • Ian Pearson • Nigel Ball • Lani-Mae Ball Community leaders:	

INDIVIDUALS (Key individuals within the community)	ASSOCIATIONS (Local Groups/Clubs)
• Get Doncaster Moving (GDM) Community Connector – Bri Ball • Conisbrough Parks Parish Council – Chairman: Paul Manning	

Ward Members

The Conisbrough ward has three ward councillors. The local elected representatives for Conisbrough ward are Cllr Lani-Mae Ball, Cllr Nigel Ball and Cllr Ian Pearson. They can be contacted as follows: lani-mae.ball@doncaster.gov.uk, nigel.ball@doncaster.gov.uk or ian.pearson@doncaster.gov.uk

Councillor Lani-Mae Ball

Conisbrough
Labour
Portfolio Holder for Early Help, Education, Skills and Young People

Councillor Nigel Ball

Conisbrough
Labour
Portfolio Holder for Public Health, Communities, Leisure and Culture

Councillor Ian Pearson

Conisbrough
Labour

Health & Wealth

Health inequalities are avoidable differences across the population and between different groups within society. Health inequalities arise from the conditions in which we live, work and play. These conditions influence our opportunities for good health, how we think, feel and act, therefore shaping our health and wellbeing.

Deprivation

Evidence shows that people living in our most deprived areas face the worse health inequalities in relation to health access, experiences, and outcomes. Deprivation covers a range of issues and refers to unmet needs caused by a lack of resources, including but not limited to finances, housing, and education. It is measured in different ways including the Indices of Multiple Deprivation (IMD). Doncaster is within the 10% most deprived communities in England.

Doncaster Borough
Deprivation by LSOA
(IMD 2019)

Clifton

Lower Super Output Area
IMD Decile (1 is the most deprived 10%)
■ 1
■ 2
■ 3
■ 4
■ 5
■ 6
■ 7
■ 8
■ 9
■ 10

created October 2019
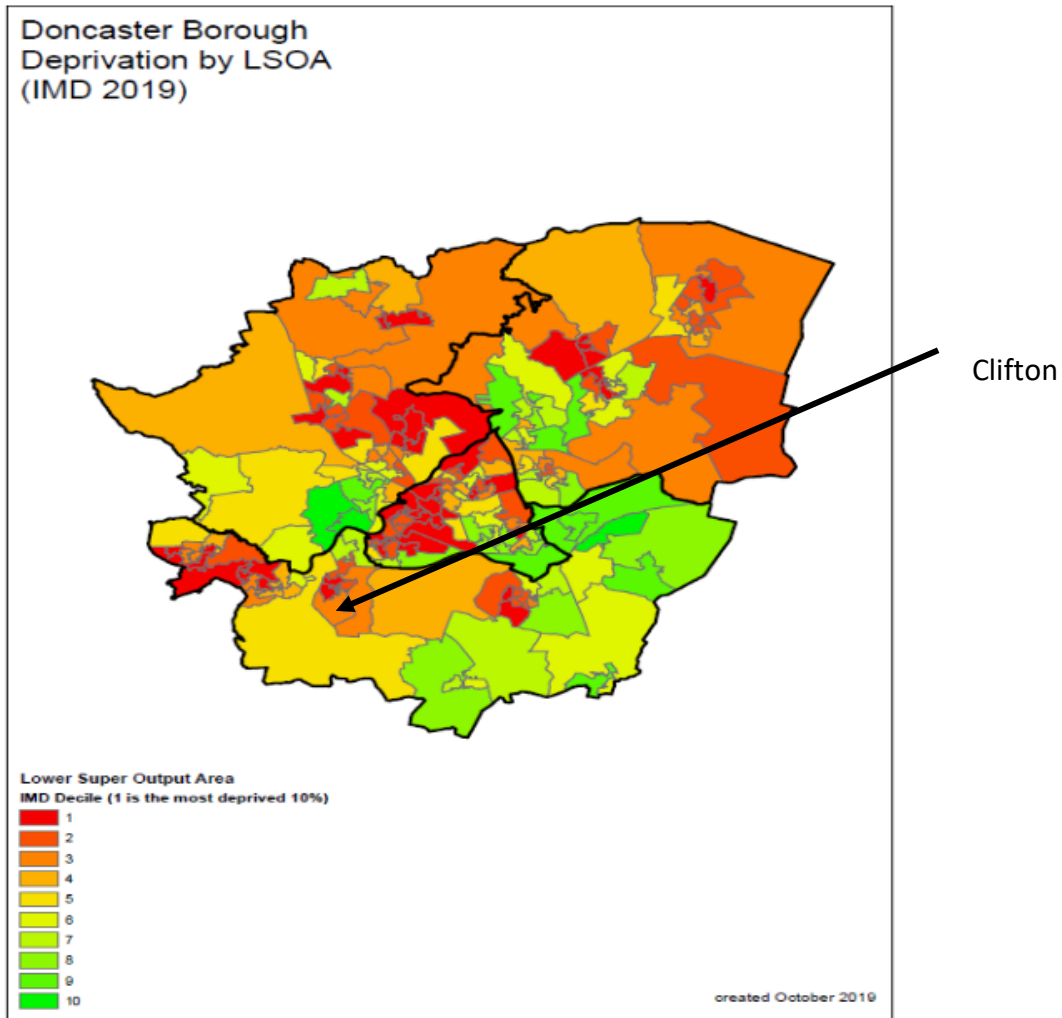
Figure 4. Deprivation deciles across Doncaster by LSOA (Fairness and Wellbeing Commission, 2019).

Clifton is ranked as the 59th most deprived community in Doncaster in 2019.

The 2021 Census data has been used to produce estimates that classify households in England and Wales by four dimensions of deprivation: employment, education, health and disability and household overcrowding. Deprivation at a household level in Clifton can be seen in the figure below.
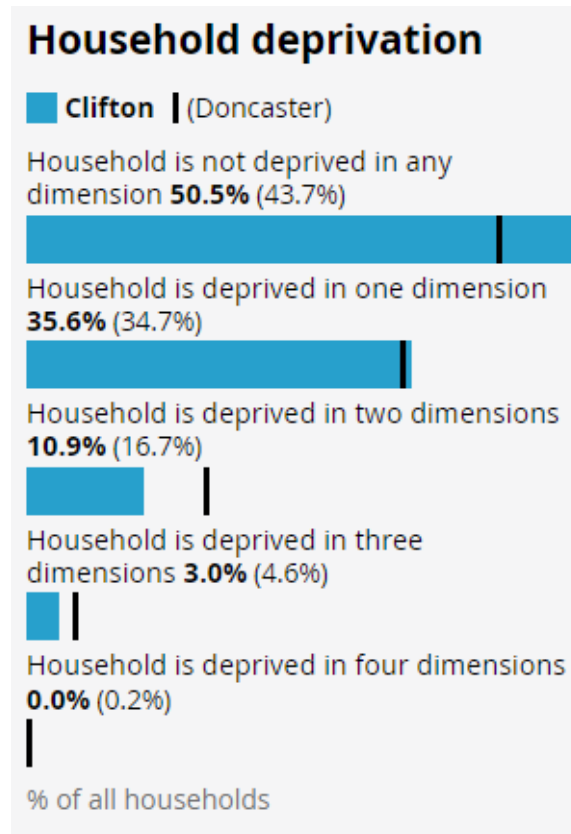
Figure 5. Household deprivation in Clifton (ONS, 2021)

The Census 2021 data breaks down this information into household deprivation at a community level, Conisbrough compared to Doncaster and England.

50.5% of households are not deprived in any dimensions which is higher than Doncaster (43.7%) and England (48.4%).

35.6% of households are deprived in one dimension higher than Doncaster (34.1%) and England (34.7%) however deprivation in two dimensions (10.9%) is significantly lower than Doncaster (16.7%) and England (14.2%) and households deprived in three dimensions (3.3%) are lower than Doncaster (4.6%) and England (3.7%) indicating that there is some level of deprivation which must be considered when looking to mitigate health inequalities.

Wealth Inequalities

The following data is presented at Ward level. A significantly high proportion of Clifton residents are experiencing income deprivation (21.2%), This is significantly higher than Doncaster (16.6%) and England (12.9%).

26.6% of children in Clifton are living in poverty, significantly higher than Doncaster (22.7%) and England (17.1%). Furthermore, 22.2% of older people are also living in poverty which is higher than Doncaster (15.9%) and England (14.2%). These deprivation indicators are illustrated in the chart below comparing the Conisbrough ward to England.
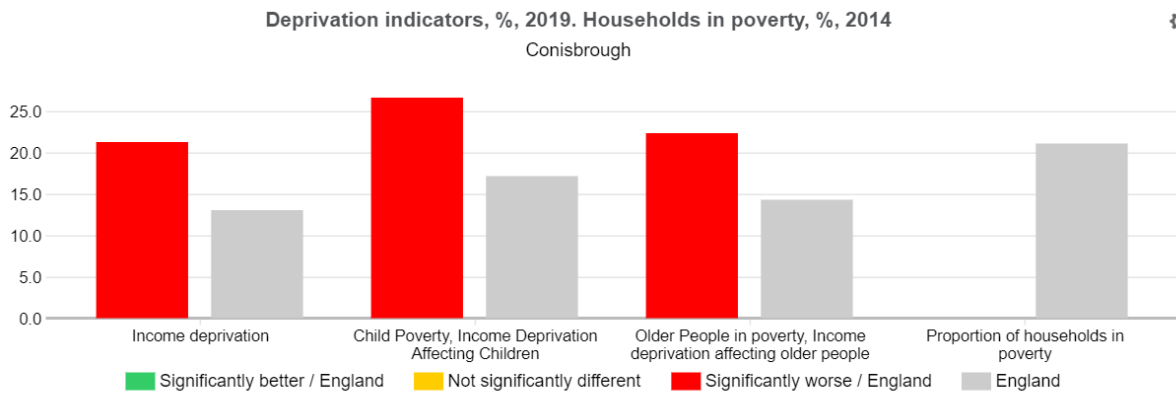
Figure 6. Deprivation indicators (2019) in Conisbrough ward, reported as % of population. Source: Ministry of Housing and Local Government 2019, Office for National Statistics, (ONS) 2014

Food poverty

There are 5 foodbanks located in the South Locality and one in the Conisbrough Ward.
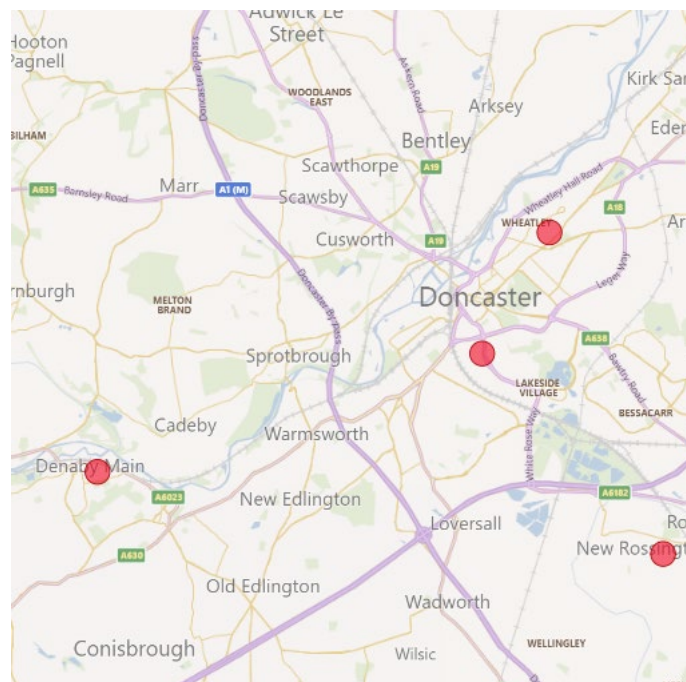
The most common household types needing support are Individuals, followed by families. The South locality ranks as 2nd in relative level of support compared to the rest of the city, highlighting the need to address poverty, food poverty and low income. Initiatives such as The Bread and Butter Thing, located at Mexborough Community HUB is nearby and aims to transition people out of food poverty.
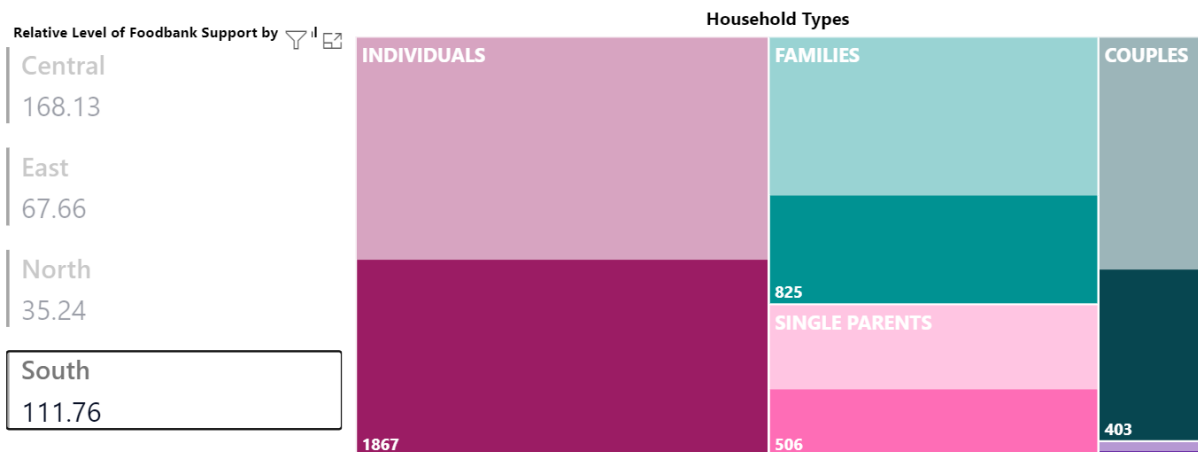
Figure 7. Relative level of foodbank support by households in South Locality

Top reasons for accessing support include the cost of living crisis, debt, and low income which is consistent with Conisbrough experiencing income deprivation and high levels of universal credit claimants.

Fuel Poverty

Fuel poverty is defined as a household living on a lower income which is not deemed reasonable enough to warm a home sufficiently.
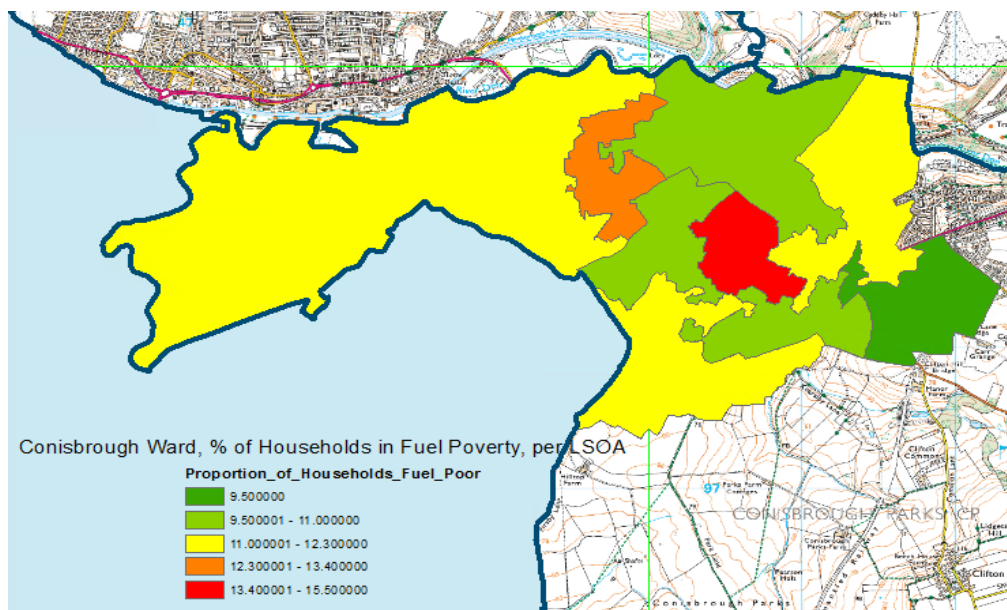
Figure 8. Conisbrough Ward, Percentage of Households in Fuel Poverty, Per LSOA (Lower super output area, 2020).

In 2020, 20.2% of adults in Clifton were unable to warm their homes to a reasonable standard which is higher than Doncaster (18.8%) and significantly higher than England (13.2%). The recent cost of living crisis, including rising fuel costs and inflation, may be a contributing factor. Another measure which may indicate deprivation is the number of cars in each household. There are a significantly lower number of people who do not own a car or van (9.9%) compared to Doncaster (24.4%) England (23.5%). Furthermore 24.8% own 3 or more cars or vans, significantly higher than Doncaster (8.1%) and England (9.1%). This is understandable given the lack of assets, remote

location and need to travel to access local amenities. This should be considered when considering health interventions between the communities as it may be a barrier to accessing services.

Employment

Unemployment rates amongst working age adults in Conisbrough ward (6.1%) is in line with Doncaster (6.1%), but higher than England (5.0%). 26.8% of Clifton residents aged 16 and over are not in employment and have never worked, higher than Doncaster (27.2%) and England (25.6%).

In Clifton, of those who are in work the majority work full time (54.5%), which is similar to Doncaster (60.7%) and England (59.1%) and 28.1% work part time, lower than Doncaster (28.9%) and England (29.8%). Occupation figures highlight the majority of people are Managers, directors and senior official positions (23.5%) which is significantly higher than Doncaster (10.2%) and England (12.9%), along with professional and associate / technical occupations which is significantly lower than Doncaster and England.
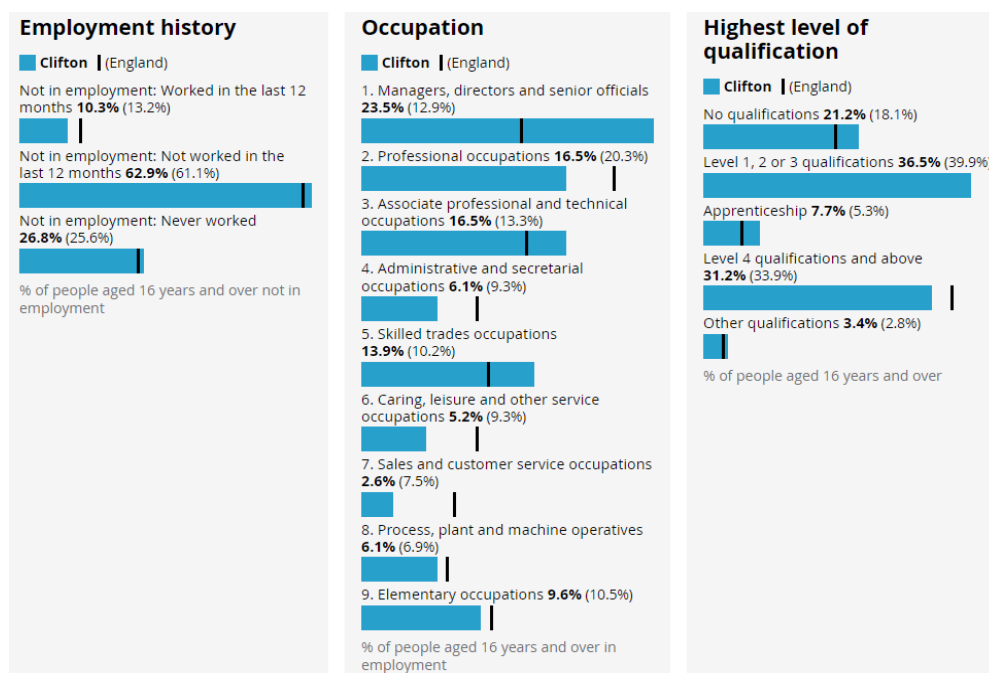
Figure 9. Employment history, Occupation and Highest level of qualification percentages in Clifton (ONS, 2021).

There are less people employed in administrative, caring and sales occupations which traditionally are low skill and low pay roles. This highlights Cliftons difference to the rest of the Conisbrough Ward and indicates it is more affluent.

A high percentage of people aged 16 years and older have no qualifications (21.2%) compared to England (18.1%) so targeting work around upskilling and training could be considered.

The Joint Strategic Needs Assessment (JSNA) (2022) data displays percentages of residents claiming universal credit. In Conisbrough 4.55% of the population are claimants, which is slightly higher than Doncaster (4.48%).

Citizens Advice Doncaster borough

Citizens Advice Doncaster Borough (CADB) is a network of charities that gives people the knowledge and confidence they need to find their way forward, whoever they are, and whatever their problem. There is currently a CAB outreach site at Edlington Helping Hands which is a pod and supplies advice, whilst a permanent office is located at Mexborough. There were 215 clients located in the Conisbrough Ward with a total of 1086 interactions. The income gain sits around £187,912 to these clients. The distribution of clients can be seen below.

Figure 9. Citizens Advice Doncaster Borough interactions in Conisbrough

In 2022/23 financial year, the top issues for clients with postcodes within the Conisbrough Ward were predominantly around money:
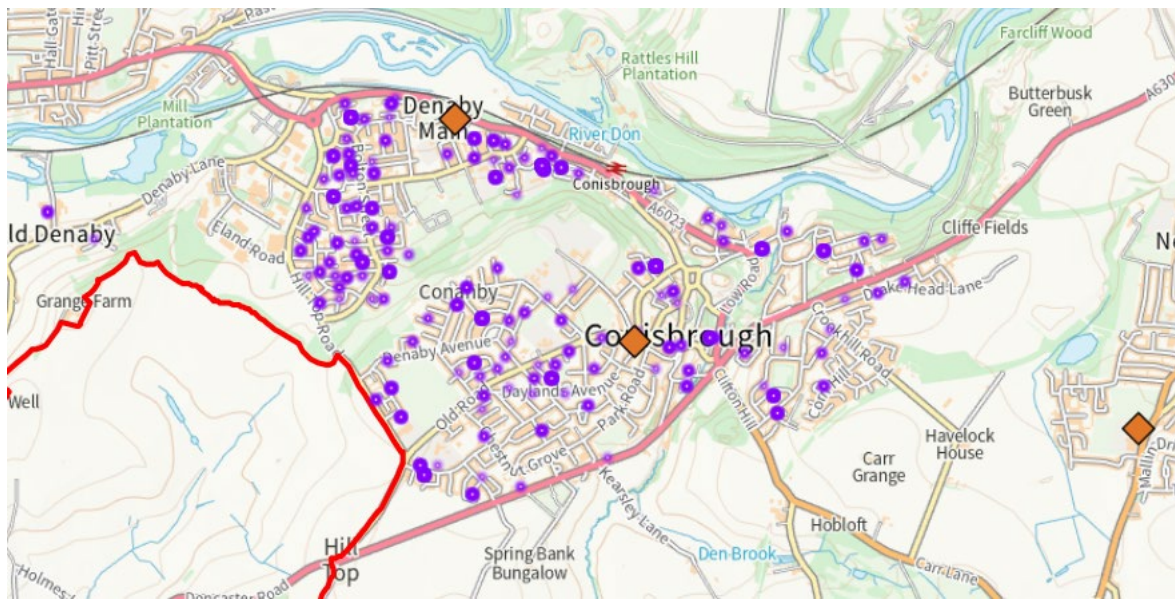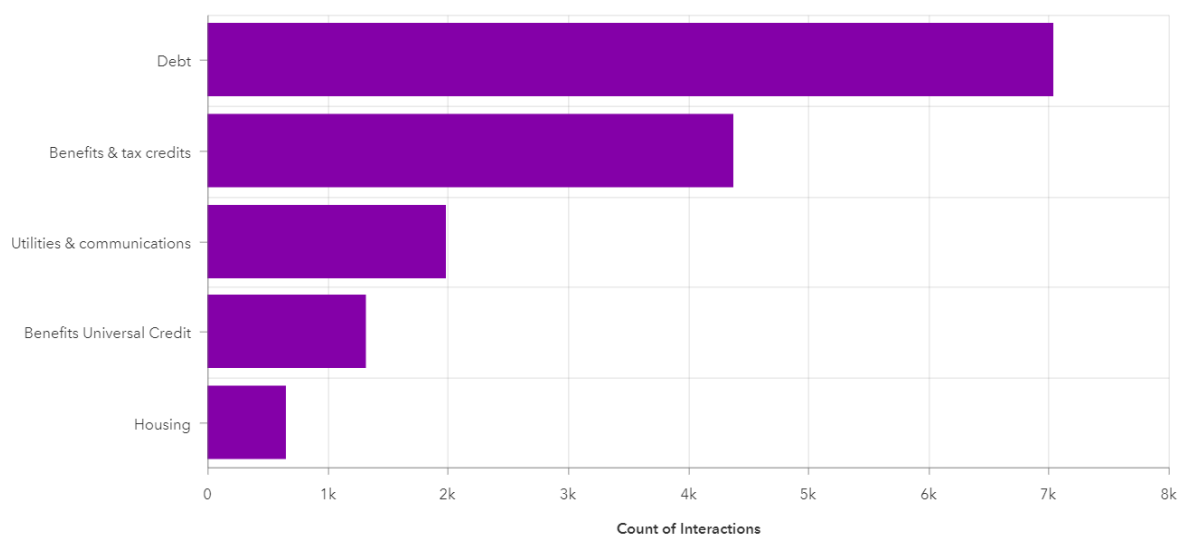
Figure 10. Reasons for interactions with CADB

This data is consistent with Conisbrough being an area of deprivation, with many households suffering from income deprivation, low paying jobs and low levels of education. Work around these factors must be considered when addressing health inequalities.

Childhood Development

Childhood obesity

In the most recent data collected in 2021 24.1% of children are overweight or obese at reception age in the Conisbrough ward which is similar to Doncaster (26.1%) but still significantly higher than England (22.6%). This increases to 36.9% in year 6 similar to Doncaster (38.2%) and higher than England (35.8%).

The prevalence of regular smokers at age 15 (5.4%) are lower than Doncaster (6.8%) and matches England (5.4%) and the deliveries to teenage mothers (1.8%) are significantly higher than Doncaster (1.1%) and England (0.7%). Furthermore, the general fertility rate, which is live births per 100.0 women aged 15-44 is similar (62.1) to Doncaster (62.4) and England (59.2).

Emergency hospital admissions in under 5s are both higher in Conisbrough (99.1 per 100.0) than Doncaster (91.1 per 100.0) but lower than England (140.7 per 100.0). Emergency hospital admissions for under 15 year olds (91.3 per 100.0) are higher than Doncaster (88.8 per 100.0) and England (92.0 per 100.0). Furthermore the Emergency hospital admissions for injuries in 15 to 24 year olds in the Conisbrough ward(146.2 per 100.0) is higher than England (127.9 per 100.0).

Pupil Lifestyle Survey

The Pupil Lifestyle Survey is conducted by City of Doncaster Council to provide valuable data on children and young people's health-related behaviour, through an anonymous school-based questionnaire. Data from the survey has provided a set of Doncaster-wide figures at key points in children and young people's development; KS2, 3 and 4. This profile will compare the previous 2020 data with that collected most recently in 2022.

In the Conisbrough ward 285 pupils participated. 84% of participants have breakfast, this is lower than Doncaster (86%) and only 50% have school meals, children's alternative school meals could be contributing to the high levels of childhood obesity. The survey also indicated that 17% of school-aged children in Conisbrough have free school meals, this is lower than Doncaster (19%). Only 24% ask before getting a snack, significantly higher than Doncaster (37%). 15% claimed to consume takeaway food most or every day (vs 15% across Doncaster). However, daily fruit consumption is only 61%, lower than Doncaster (68%). 95% of children reported they feel warm and comfortable at home which is lower than Doncaster (97%).

Learner outcomes

As reported in 2022, pupils expected grades at Key Stage 2 and GCSE fall behind the rest of Doncaster and England. At KS2: Each pupil is assessed in reading, writing and maths and the figure shows the percentage of pupils who have reached the expected standard in all three subjects. At GCSE (KS4) Each pupil is given an Attainment 8

score out of 90, based on their 8 best GCSE grades including English, maths and at least 3 other traditional academic GCSEs.

Table 1. Percentage of pupils reaching the expected standard.

	GCSE Expected	KS2 Expected
NATIONAL	49%	59%
DONCASTER	45%	55%
CONISBROUGH WARD	48%	52%
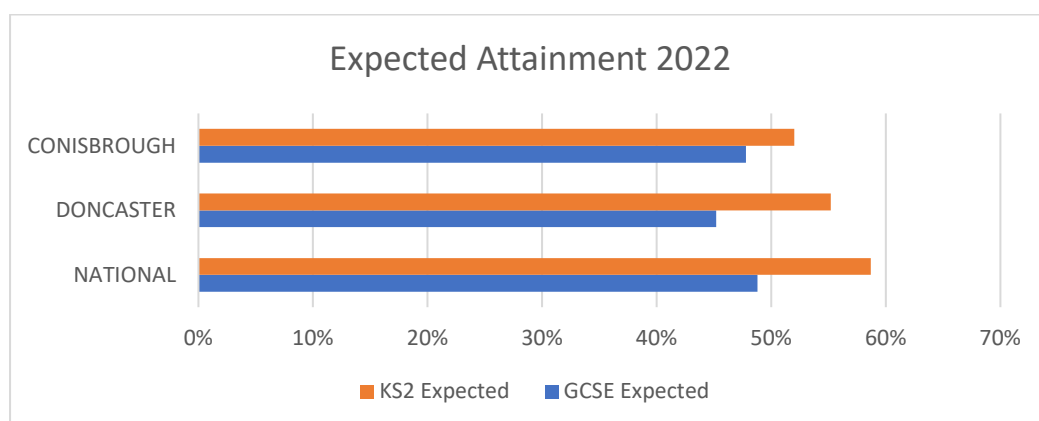
Figure 11. Expected attainment in Conisbrough ward compared to Doncaster borough and National data, 2022

There are 22 children in the Conisbrough ward electing to be home schooled, and only 1 child who is missing education, that the local authority are aware of

Health Inequalities

Long Term Health Conditions

In the Conisbrough ward the number of people who report to be living with a long-term limiting illness (25.5%) is higher than Doncaster (21.7%) and England (17.6%). Having bad or very bad health (7.9%) is significantly worse than Doncaster (6.9%) and England (7.9%). Furthermore, 44% are reported to have very good health which is lower than England (48.5%).

Conisbrough exhibits high levels of mortality compared to Doncaster and England. The leading cause of deaths are those considered preventable. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could potentially be avoided by public health and primary prevention interventions (that is, before the onset of diseases or injuries, to reduce incidence).

Preventable mortality overlaps with, but is not the same as treatable mortality, which includes causes of deaths that can be mainly avoided through timely and effective

healthcare interventions, including secondary prevention and treatment. Preventable mortality and treatable mortality are the two components of avoidable mortality, as defined by the Office for National Statistics. The inclusion of this indicator sends out a clear signal of the importance of prevention as well as treatment in reducing avoidable deaths. Deaths from respiratory diseases, coronary heart disease, circulatory disease and cancer are all higher than the Doncaster average. Only deaths from Strokes are lower. High respiratory disease related deaths could be attributed to the high smoking levels in the community.
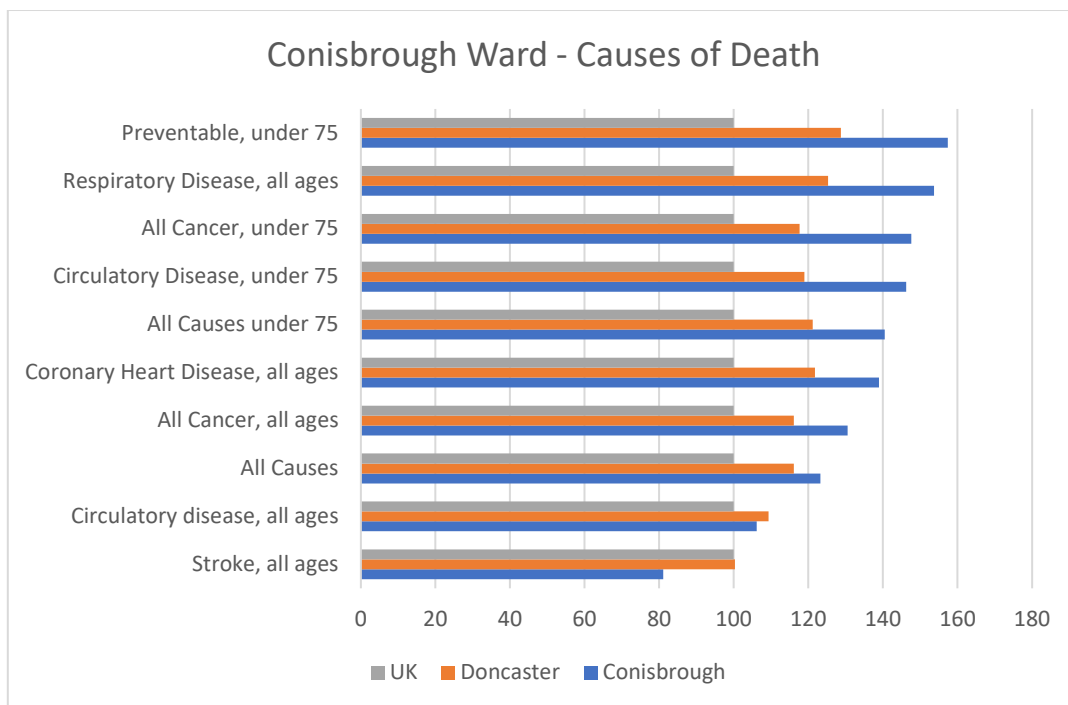
Figure 12. All causes of death in Conisbrough ward

Hospital Admissions

The Conisbrough ward has significantly high rates of emergency hospital admissions. The highest is for COPD, followed by heart attack (myocardial infarction) and coronary heart disease. Intentional self-harm and stroke are similar to the rates for the rest of Doncaster and hip fractures in over 65 year olds are lower than Doncaster. This data indicates that Conisbrough residents are struggling to self-manage conditions.
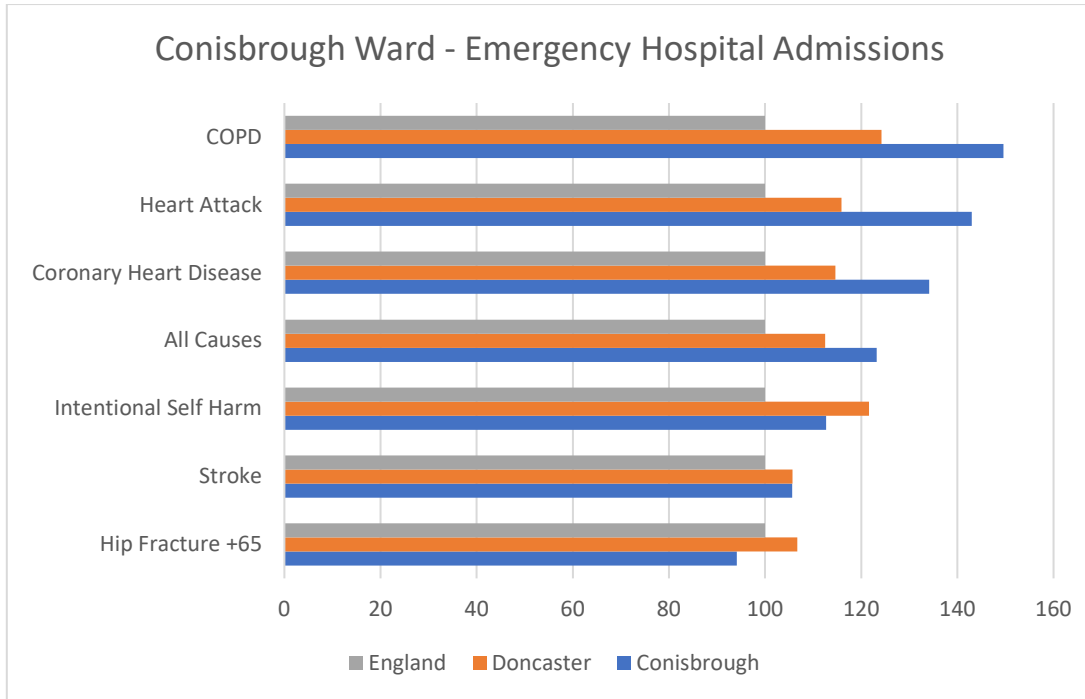
Figure 13. Emergency hospital admissions in Conisbrough ward

Figure 14 shows that Conisbrough exhibits higher than city average incidences of all cancers, including breast, prostate, colorectal, and lung cancers. Potential factors contributing to this could include environmental exposures, lifestyle choices including high levels of smoking, and limited knowledge on healthcare access.
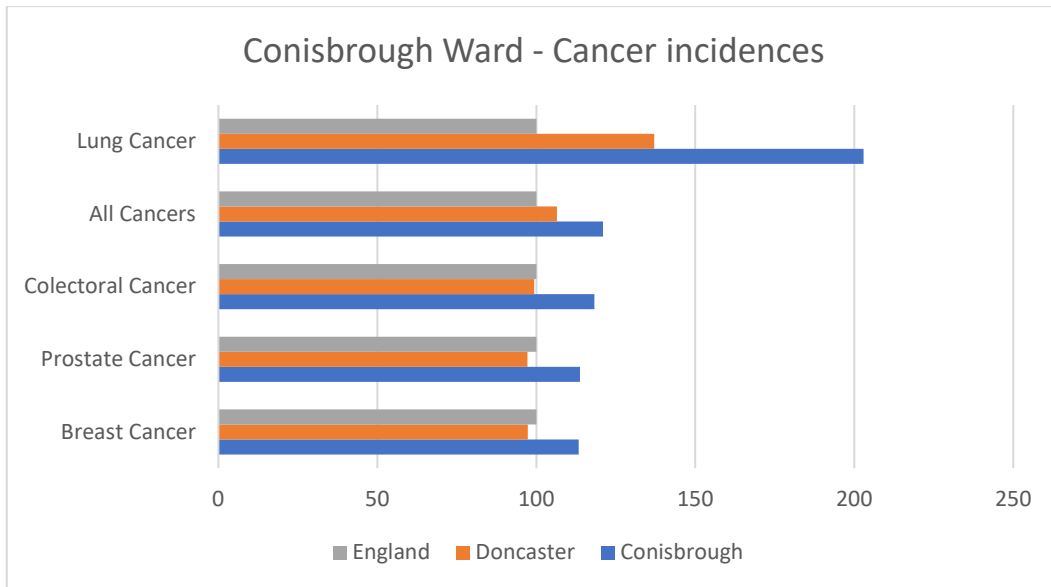
Figure 14. Cancer incidences in Conisbrough ward

Acorn data (figure 15) shows the percentage of the population in the Conisbrough Ward with a diagnosis of different health conditions. The prevalence of such health conditions is higher in Conisbrough than the borough average. The are significantly higher levels of emphysema, coupled with the significantly higher proportion of deaths from respiratory diseases, which highlights the need to tackle the high rates of smoking in the community.

HEALTH (EVER DIAGNOSED WITH)

HEART & LUNGS

2.5%	12.7%	3.3%	1.6%	19.4%
Index: 120	Index: 105	Index: 146	Index: 168	Index: 114
Coronary Heart Disease	**Asthma**	Chronic Bronchitis	**Emphysema**	**Cholesterol** (taking medication for)

OTHER

21.6%	2.9%	31.6%	7.6%	2.0%
Index: 111	Index: 135	Index: 106	Index: 122	Index: 104
High Blood Pressure	**Stroke**	**Obese (BMI>30)**	Diabetes	**Any Liver Condition**

KEY INSIGHTS

- Issues such as emphysema are about 68% above the base average.

- Incidents of stroke are 35% more likely in this profile than in the base.

- Approximately 27% consider themselves to have poor general health. This is 36% above the base.

Figure 15. % of preventable diseases in Conisbrough residents (ACORN)

Smoking

Table 2. Patients Registered in Primary Care Network across Doncaster, England (NHS, 2023)

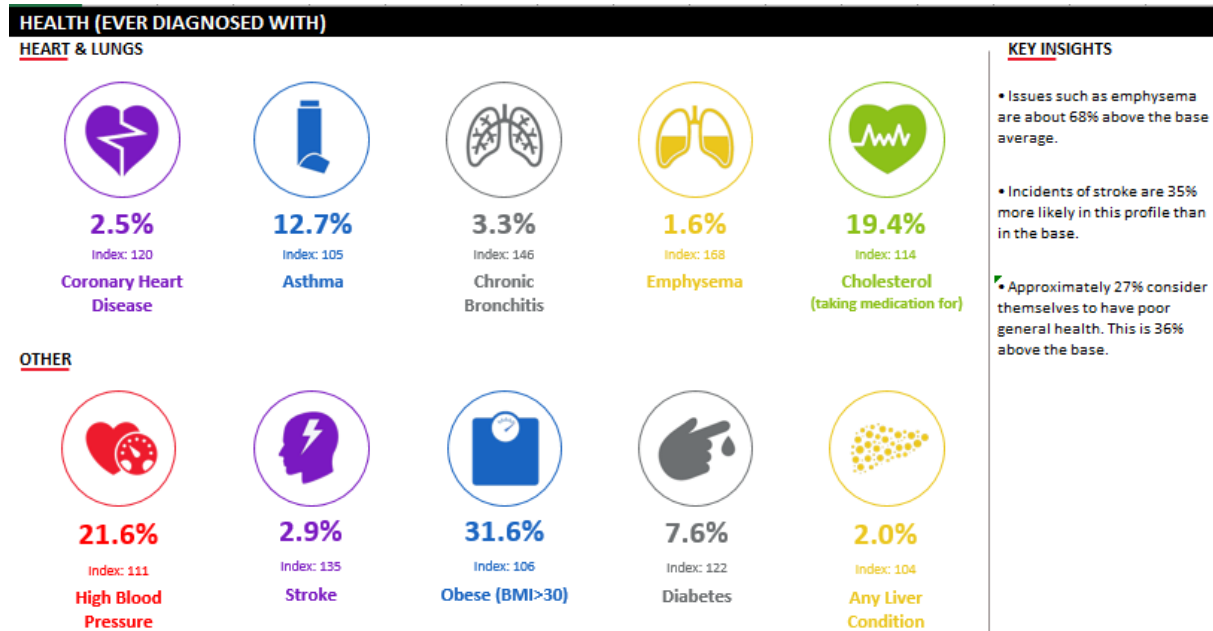| Practice	Sum of 15+	Sum of Smokers	Sum of Prev
The Flying Scotsman Health Centre	9671	3053	31.57%
Frances Street Medical Centre	5931	1532	25.83%
The New Surgery	6143	1447	23.56%
The Nayar Practice	4229	979	23.15%
The Ransome Practice	6749	1519	22.51%
Edlington Health Centre Practice	4010	877	21.87%
Thorne Moor Medical Practice	7867	1688	21.46%
Conisbrough Medical Practice	1377	287	20.84%
Askern Medical Practice	6441	1333	20.70%
Field Road Surgery	7840	1615	20.60%
Kingthorne Group Practice	11261	2272	20.18%
Northfield Surgery	8405	1681	20.00%
Mexborough Health Centre	4130	821	19.88%
Great North Medical Group	13539	2682	19.81%
Regent Square Group Practice	8533	1675	19.63%
Conisbrough Group Practice	9756	1906	19.54%
Don Valley Healthcare	11148	2157	19.35%
St. Johns Group Practice	7301	1373	18.81%
The Scott Practice	12879	2327	18.07%
The Rossington Practice	6766	1207	17.84%
The Lakeside Practice	7261	1280	17.63%
Denaby Medical Practice	2921	509	17.43%
West End Clinic	3706	643	17.35%
White House Farm Medical Centre	5181	867	16.73%
Asa Medical Group	16707	2794	16.72%
Petersgate Medical Centre	7633	1225	16.05%
St Vincent Medical Centre	12203	1817	14.89%
The Oakwood Surgery	4797	677	14.11%
Mount Group Practice	11271	1567	13.90%
Scawsby Health Centre Practice	4850	655	13.51%
The Burns Practice	13152	1717	13.06%
Hatfield Health Centre	7785	952	12.23%
Park View Surgery	2126	238	11.19%
Dunsville Medical Centre	5268	542	10.29%

|			
The Tickhill & Colliery Medical Practice	7447	700	9.40%
The Mayflower Medical Practice	6353	544	8.56%
Barnburgh Surgery	2044	174	8.51%
Doncaster	274681	49332	17.96%

According to NHS England in 2023 ((NHS England Quality and Outcomes Framework 2022-2023), there are 54584 registered patients with Doncaster South Primary Network (PCN). Of which, 9298 are registered as smokers, equating to 17.03% of registered patient smokers across south of Doncaster. This percentage is slightly lower than across Doncaster (17.96%).

In Conisbrough Medical Practice, 20.84% of patients (287 out of total registered patients of 1377) are registered as smokers. In Conisbrough Group Practice, there are 19.54% of patients registered as smokers. Showing higher rates of smokers compared to all other PCNS in Doncaster, and higher than the South locality average. This is likely to contribute to the higher levels of respiratory disease and relatable Hospital Admissions as shown above. The Conisbrough ward has significantly high rates of emergency hospital admissions related to respiratory conditions, the biggest cause is COPD.

It must be noted that data is taken from self-reported measures when signing up to GP. Residents registered at GP do not necessarily reside in the community. This may not truly reflect the prevalence of smoking in specific communities. Also, it relies on individuals self-reporting their behaviours.

Alcohol

In the table below, the data at the Lower Super Output Area (LSOA) level, shedding light on disparities among communities in terms of alcohol-related hospital admissions. Two out of Conisbrough's eight LSOAs surpass the Doncaster average for such admissions. Of particular significance is Conisbrough North, which ranks as the third

Alcohol specific admissions per 1000 population Apr 2016 - July 2023
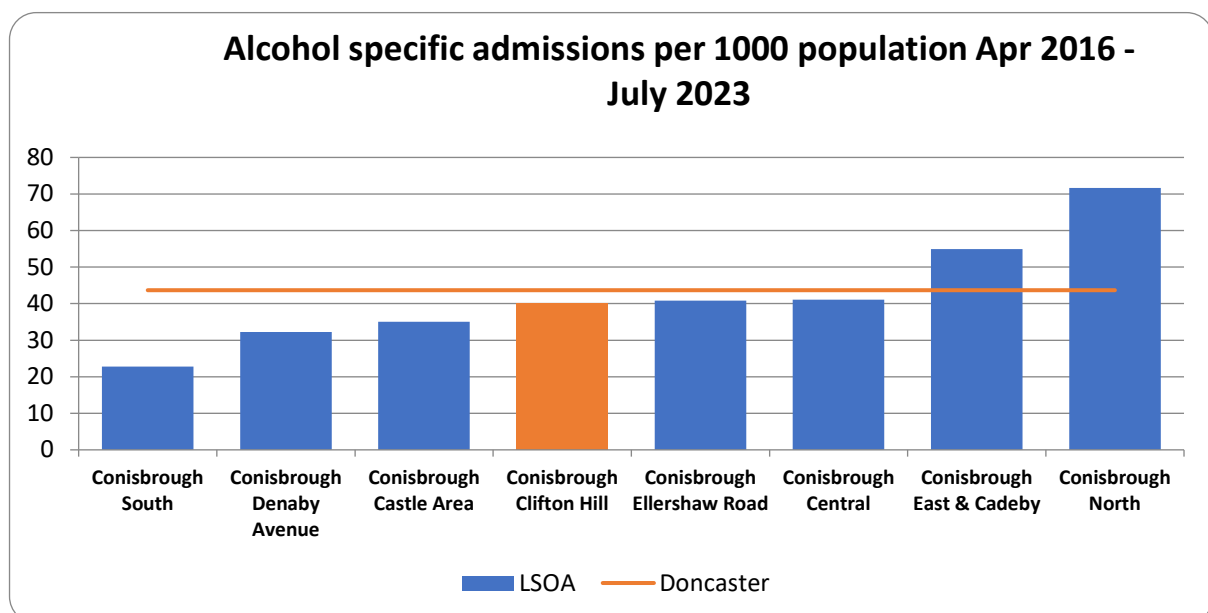
highest amongst all LSOAs in the South Locality. Clifton is located in Conisbrough Clifton Hill, which is just below the City rates.

Figure 16. Alcohol specific admissions per 1000 population April 2016 – July 2023

Loneliness and isolation

Around 34.3% of older people (> 65 year-olds) live alone in the Conisbrough ward, compared to 31% across Doncaster and England. The Conisbrough ward has the highest percentage of residents aged over 65 living in social accommodation per area and population total. This highlights that most of this age group are living alone in social housing either through the Council's housing stock or residential/care homes. Whilst this does not indicate loneliness and/or isolation, it is an indicator that should be considered alongside local intelligence.

Loneliness and isolation are associated with mental health and wellbeing. The most recent data captured in 2020 and shown in the graphic below highlights the percentage of residents who had been diagnosed with clinical depression, as well as rates of other self-reported indicators of mental health and wellbeing.
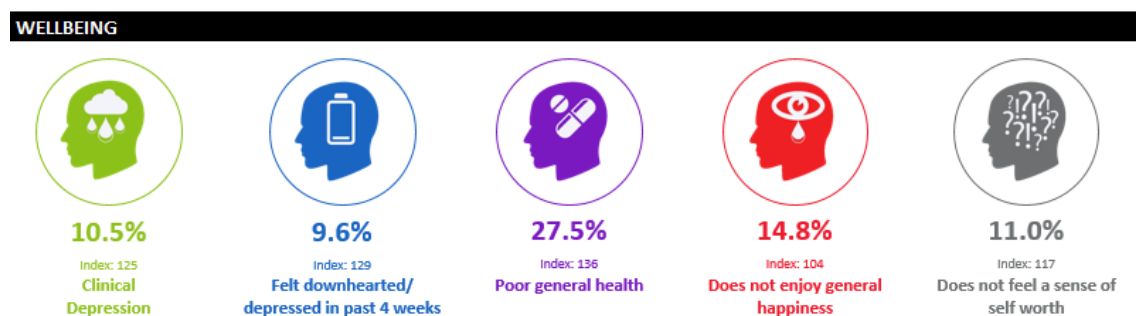

Figure 17. Wellbeing scores in Conisbrough residents (ACORN)

Physical Activity

Most of the information in this section is taken from Mosaic data and more information about Mosaic can be found in the [appendix](#). Levels of physical activity in Denaby Main are relatively high compared to the rest of the borough. This can be seen in the map below which identifies areas with the highest number of inactive households:
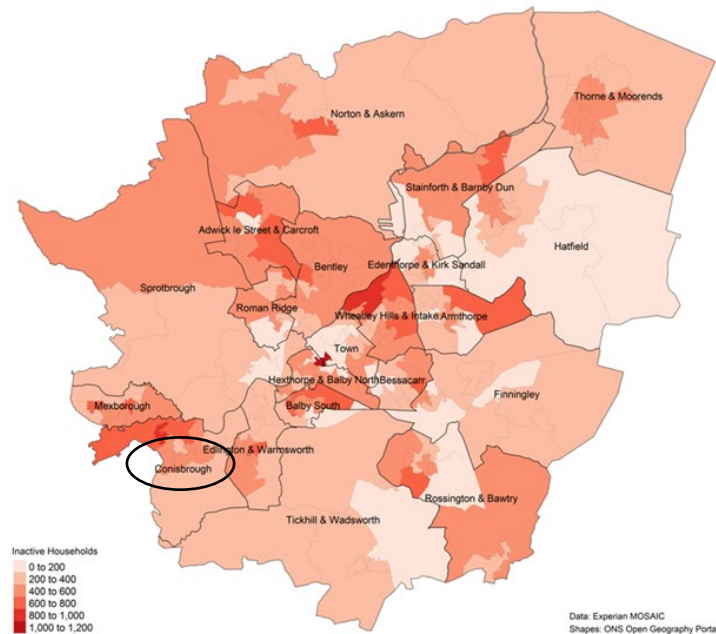

Figure 18. Physical Activity levels in Conisbrough ward

This data has been matched to the number of children and young people living in deprived and inactive households. The former data positions Denaby as an area of focus and priority for the Get Doncaster Moving Strategy. The table below shows the number of households in the priority areas of inactive, low incomes and households with children and young people.

Given that Clifton falls within the boundaries of Denaby ward and levels of inactivity are high across Doncaster, we can assume that Clifton has relatively low levels of physical activity. Work should be undertaken to fully understand the levels of physical activity in Clifton as a community in its own entity and be used to initiate future public health interventions.

Community Information

Population

Population Size
Clifton: 234

Age Profile
A total of 43.7% of the population are of working-age (25–64 years old). The community has more people aged 65+ than the rest of the ward and City.
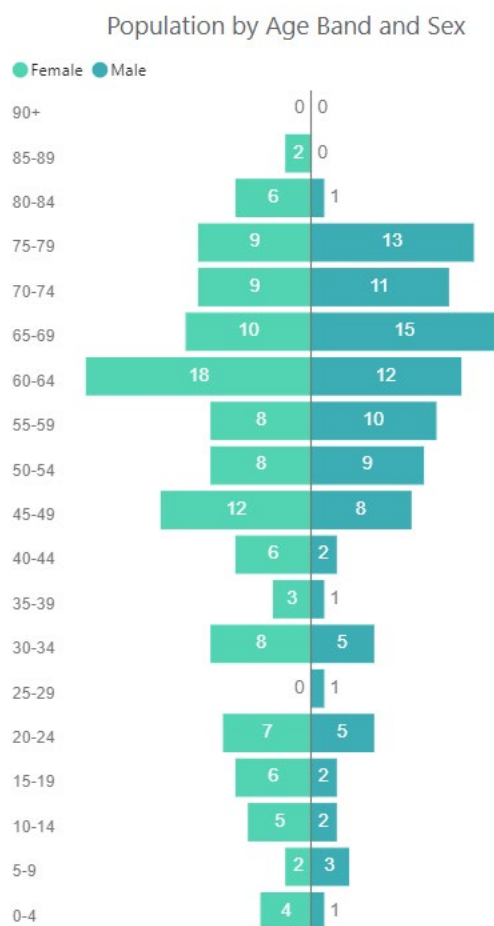

Figure 19. Age profile of Clifton (ONS, 2021)

As the population ages, individuals may face increased risks of chronic health conditions such as arthritis, heart disease, and dementia. Aging is often linked to a decline in physical and mental resilience, making older adults more vulnerable to various health issues that may require long-term care and support.

Ethnicity and Language
The community continues to be predominantly White British, with only 1.8% of the population being from a Black, Asian & Minority Ethnic (BAME) group. This percentage is over half the average of the borough.

Table 3. Ethnicity across Conisbrough ward, Doncaster City and England

Ethnic Group	Ward	Doncaster	England
Asian	0.4%	2.9%	9.6%

Black	0.0%	1.2%	4.2%
Mixed / Multiple	1.3%	1.5%	3.0%
White	98.2%	93.1%	81.0%
Other	0.0%	1.2%	2.2%

Housing

Housing conditions and the surrounding environment can have profound impacts upon residents' health and exacerbate health inequalities. There are around 7,200 houses in the ward, 100 of which are located in Clifton. The household size figures are consistent with the ward, borough and national average with the majority having 2 people living in the household (52.2%). The majority are whole houses or bungalows (98.0%) higher than Doncaster and England. A significant number of houses have 4 or more bedrooms (38.6%) higher than Doncaster (16.0%) and England. Whether a household's accommodation is overcrowded, ideally occupied or under-occupied is calculated by comparing the number of bedrooms the household requires to the number of available bedrooms. There are high levels of overcrowding in Clifton (3.0%) when compared to the ward (2%), Doncaster (2.2%) Overcrowding in affluent communities may result from high housing demand due to desirable amenities and limited housing supply, often constrained by regulations. Economic disparities, cultural norms, and in-migration can further contribute to crowded living conditions in these sought-after areas.
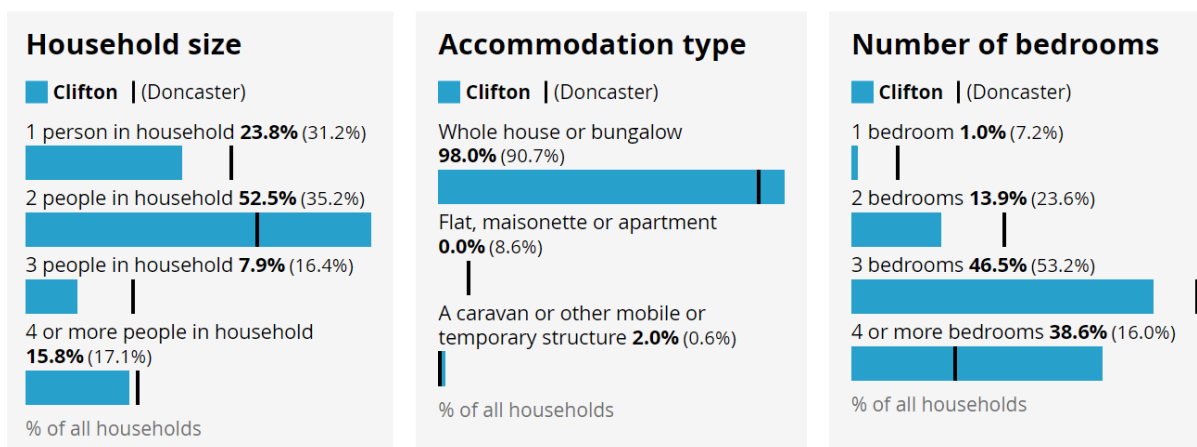

Figure 20. Household size, accommodate type and household bedrooms (ONS, 2021)

The majority of housing in Clifton is owned outright (57.7%). This tenure composition is significantly higher than Doncaster and England. However, the amount of socially rented housing for Clifton (6.7%) as a community is significantly lower than the rest of the ward (26.4%) indicating that Clifton is relatively affluent as a community.

St Leger Housing

St Leger Homes provide housing services across Doncaster. They manage over 21,000 residences who are owned by the City of Doncaster Council. High levels of social housing are an indicator of deprivation and are associated with overcrowding, low income and low childhood development. The number of socially rented houses

along with the number of homeless families in the Conisbrough ward can be seen in the table below and the community of Clifton has only 3 socially rented houses.

Table 4. St Leger housing make-up in Clifton and Conisbrough ward

Community	Bungalows	Flats	Maisonette	Houses	Total	Under 18 years	18-65	66+ years	Homeless
Denaby Main	584	83	36	422	1125	0	717	393	11
Old Denaby	2	2	0	2	6	0	3	3	0
Conisbrough	111	137	25	424	697	1	501	188	3
Clifton	0	0	0	3	3	0	3	0	0

Crime and Antisocial Behaviour (ASB)

Stronger Communities purpose is for there to be strong, active, inclusive and resilient communities across the whole of Doncaster, effectively building on and using their strengths and assets to work in partnership to improve their quality of life and well-being, to make their neighbourhoods safe and supportive and able to tackle the issues that matter to them. The table below shows that the South has the highest number of ASB and hate crime figures Doncaster.
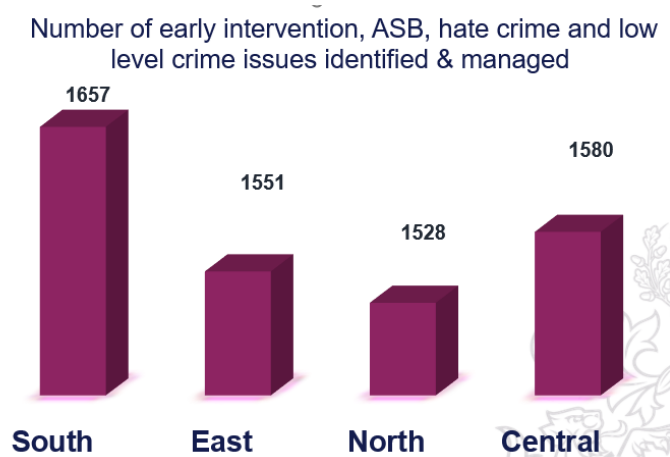

Number of early intervention, ASB, hate crime and low level crime issues identified & managed

South 1657 East 1551 North 1528 Central 1580

Figure 21. Number of early intervention, ASB, hate crime and low level crime issues identified and managed (Stronger Communities, Doncaster Council)

The Conisbrough Ward also exhibits the highest level of ASB from all wards in the City. Highlighting the need to have youth focussed activities in the area.

ASB/ EIP

1. **Conisbrough & Denaby -**
   Does not feature in any other top 5
   9.2% of City wide demand
2. **Stainforth & Barnby Dun**
   No 1 for VV's.
   7.9% of City wide demand
3. **Adwick & Carcroft**
   No 2 for VV's & No 4 for SF
   7.4% of City wide demand
4. **Town Ward**
   No 5 for Wellbeing
   7.2% of City wide demand.
5. **Hexthorpe & Balby North**
   No 5 for VV's & No 4 for Wellbeing
   6.4% of City wide demand

Community Insight

The Well Doncaster Team undertake Appreciative Inquiry (AI) within communities to gather insight to inform co-designed action plans with the community. Armstrong (2020) suggests in 'A changing world, again. How Appreciative Inquiry can guide our growth' that reframing the questions in light of a crisis like Covid-19 and drawing on strengths and assets from past positive experience will help participants as they restructure their community. The AI questions are structured to pull out the successes of the past and present, to seek new potentials and possibilities and build on those through the Dream and Design stages.

The Appreciative Inquiry will include the following steps:
1. **Discovery Phase** – This will involve engagement with the residents of Clifton to find out what is working well in the community. Responses will be themed to allow priorities of the community to be established.
2. **Dream** – Residents and key stakeholders will be invited to attend an initial workshop to discuss what ideas they have for their community and how these will meet the priorities highlighted in the discovery phase.
3. **Design** – All attendees are invited back for a second workshop to develop an action plan to direct work for the community.
4. **Destiny** – A collaborative way of working and investing resources to meet the actions from the previous phase.

Clifton hasn't been a Well Doncaster priority community and so, insight available for Clifton is limited. Work is underway to continue to gather local insight and knowledge to help inform future work with the community of Clifton to better where they live, work and play. This is a living document and thematic analysis that is undertaken with community conversations will be shared as it is developed.

Doncaster Talks

In 2019 Doncaster Talks undertook suvreys across the borough. Responses were separated into wards and thematically analysed. Across the Conisbrough ward, 188 responses were received (1.14% of the Ward) and the main themes on what people liked about the area, what could be improved, and what the borough should focus on are displayed in the table below.

CONISBROUGH

Like

- Good community spirit
- Historic building – castle and church
- Access to greenspace and countryside

Improve

- Reducing ASB – problems with off-road bikes and drugs in particular
- Improving appearance of place (more flowers, etc) and improving cleanliness (by cracking down on fly-tipping, littering and dog-fouling)
- Improving quality of highways (pot-holes, roadworks etc)
- Craggs mentioned as problematic area, throughout

Focus

- Cracking down on ASB
- Better street cleanliness, enforcement, tackling dog-fouling
- Building community spirit and sense of community – small community feel but wider Doncaster also, looking after citizens generally

Locality Plans

Locality plans look at how we can together to strengthen communities and improve the lives and opportunities for residents living there.

The South Locality Plan has been developed in conjunction with residents and sets out what will be done to improve the community over the next 12 months. Communities were engaged with through several different ways:
The 2023-24 Locality Plan for the South Area outlines a set of priorities and can be viewed using the following link South Locality Plan 2023 - Draft Version.pdf (windows.net)

Community Investment

Across the South locality a total of £821,780 was awarded to community groups through the Community Wealth Builder arm of Well Doncaster. Of that, £84,690 was awarded to the Conisbrough ward primarily to increase the sense of community spirit and to revitalise under-used assets for the benefit of the community.
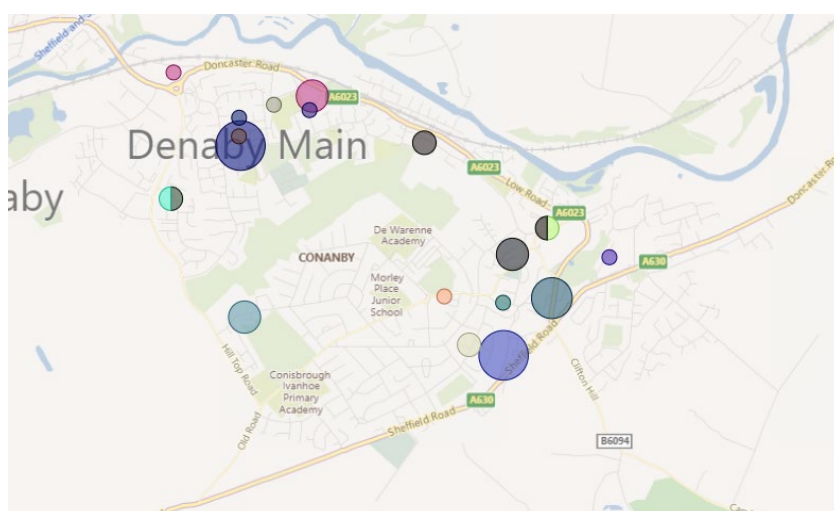

Figure 22. Heat map of community investment in Conisbrough and Denaby ward

Appendix

Well Doncaster Annual reports

More information about how Well Doncaster has been meeting these outcome and objective can be found below

Well Doncaster overall info: https://youtu.be/e1RKOZoGI10

More information about how Well Doncaster has been meeting outcomes and objectives can be found in past and present annual report:

https://welldoncaster.wordpress.com

Mosaic Data

Mosaic Public Sector classifies the UK population into one of 66 types and 15 groups through a detailed and accurate understanding of each citizen's demographics, lifestyles, behaviours and location.

The Physically Inactive Population of Doncaster
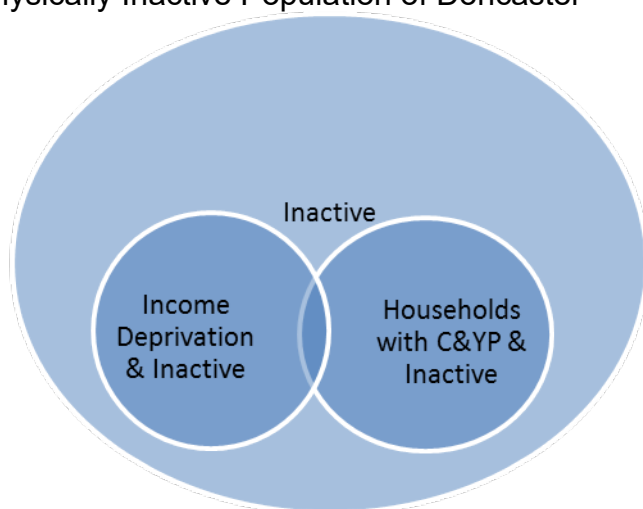
The MOSAIC types who "Do not exercise" and "Do not take part in Sport" were searched and three priority groups have been identified through work with strategic partners as part of the development of Doncaster's Physical Activity Strategy. The three priority groups are:

The Inactive

Families with children and young people

People living in income deprivation

These groups are cross-referenced against the inactivity list allowing for the identification of MOSAIC types which are both likely to be inactive and living in deprivation as well as inactive and from households with children and young people.

Link to the Get Doncaster Moving and LDP strategy;

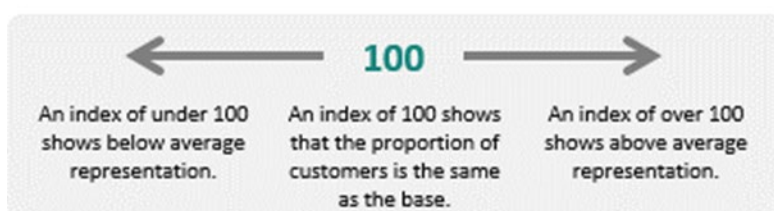https://getdoncastermoving.org/

Acorn profiles

Wellbeing Acorn segments the population into 4 groups (Health Challenges; At Risk; Caution; Healthy) and 25 types describing the health and wellbeing attributes of each postcode across the country. By analysing significant social and health related behaviours, it provides precise information and an in depth understanding of upstream issues affected by current lifestyle traits.

INTERPRETING THE REPORT

The Wellbeing Acorn profile report helps you understand the underlying demographics, lifestyle and health attributes of your customers and service users by comparing their Wellbeing Acorn profile to a base (e.g. UK population, area or other customer groups).

INDEX

| An index of under 100 shows below average representation. | An index of 100 shows that the proportion of customers is the same as the base. | An index of over 100 shows above average representation. |

The Wellbeing Acorn Profile contains 12 variables that are indicators of Disability or Infirmity in the population and 9 variables related to unhealthy Behaviours. The average score measured against the base profile of Yorkshire and the Humber is 100. A value above 100 indicates that the area population is over represented for this characteristic, below 100 the value is less than the average or under represented.

Public Health Data

Fingertips

This is a new fingertips profile that uses data from Local Health an existing PHE data tool. Local Health is a collection of quality assured health information presented for small geographical areas. By presenting data for small areas, Local Health provides evidence of inequalities within local areas. It supports targeted interventions to reduce such inequalities.

Local Health contains indicators related to:

- Population and demographic factors
- Wider determinants of health
- Health outcomes

It presents data for middle super output areas (MSOA), electoral wards, clinical commissioning groups (CCG), local authorities, and England as a whole.

Please note, as the Local Health tool was designed to allow users to map small area data, a mapping option has not been provided in this profile.

https://fingertips.phe.org.uk/profile/local-health/data#page/0

Community Profiles - Power BI Report Server

Interactive Map

To access and identify assets at ward and locality level please use the following interactive map:

https://www.google.co.uk/maps/d/viewer?mid=17BayPsliJ1OUq6U4OFbk9FKLYL2-wDZN&ll=53.50909620569456%2C-1.1365028000000032&z=14

Active Dearne

For more information about the Active Dearne programme please visit

https://www.yorkshiresport.org/what-we-do/in-the-community/activedearne/