Between 1992 and 2005 life expectancy in Castle Vale rose by an average of more than seven years. The achievement was underpinned by two factors above all others: improved housing and environment, and a strategy for health improvements tailored to problems prevalent on the estate.

The strategy was based on a 1992 survey of the estate which provided evidence of the social and economic conditions in Castle Vale. It also documented the ailments, afflictions, and barriers — real and imagined — that contributed to a reduction in residents’ quality of life.

The report was commissioned by Jay Hill, then deputy director for health at Birmingham City Council. “It was well known that Castle Vale was deprived, but it wasn’t clear what people were dying of, whether cancers, heart attacks, or strokes, or at what age.” It was equally unclear what could be done to improve the situation, and why the problems were so deep-rooted.

The early years
Dr Paul Sadler was one of the first GPs in Castle Vale. “I started work on 13 November 1967, and stayed until 1995. I wanted to go to Castle Vale because the integration of all health practitioners under one roof seemed like a progressive idea, like the estate itself. I thought it was important that we were all aware of each other’s activities.”

“I usually for the 1960s, doctors, midwives, social workers, and health visitors in Castle Vale were all based in the same building.”

“The 1960s baby boom meant that there were quite a lot of single mums around. The estate also had a very young population. At one stage I think that 36% of residents were under the age of 12. It is also true that plenty of girls got pregnant to get council accommodation. To some it was the only means of leaving home and being independent,” says Dr Sadler.

From the mid-1970s there was a noticeable dissatisfaction with high-rise living. Dr Sadler remembers the flats as noisy and damp, and unsuitable for families with young children. Elderly people felt particularly isolated. “But although the stairwells and public areas were often poorly maintained, people generally took great pride in their own flats.”

Pat Smith, a health worker in Castle Vale from 1968 to 1988, remembers a higher than average number of children with upper respiratory problems: “Particularly those living in the flat-roofed maisonette blocks.”

Dr Sadler enjoyed most of his career in Castle Vale. “The last few years were tarnished because, I’m afraid, that the city council did use it as a dumping ground.”

From the mid-1980s the arrival of large numbers of single men led to a significant increase in instances of anti-social behaviour. Noise pollution, intimidation, and drug abuse all rose. The rot was setting in.

As soon as the Housing Action Trust was up and running, residents wasted little time in voicing their concerns about anti-social behaviour. It was prioritised very early. The problem was that the Trust had multiple priorities in the early years. Education, the repairs backlog, the estate’s negative image, and so much more all required attention. Improving the health of residents was just one aspect of the process, albeit a vital one.

Assessment
The 1992 Health Needs Assessment revealed that life expectancy was low (68.3 years against a national average of 75.9), and rates of perinatal mortality were among the highest in the West Midlands. Rates of mental illness and domestic violence were also disproportionately high.
Domestic violence was captured vividly by local artist Paul Hill. “Getting His Bottle In” is a portrait of a lady I’ve known for many years. I came across her bruised and shaken, on the way home [in the early 1990s]. She told me that she’d forgotten to get her husband’s bottle in.”

In truth the survey confirmed what many already suspected. Life in Castle Vale was tarnished by poverty, fatalism, and a sense of dislocation from mainstream society.

Many visitors talked of their fear of crime. “We found out that social workers felt threatened in Castle Vale. Some would only come in pairs, if they came at all,” says Jay Hill.

It was clear that the existing health provision was over-stretched, and under-used. It was also hampered by poor transport links. Opportunities for people to seek some basic services were few and far between (see ‘Infant mortality’ and ‘Mental illness’ below).

Over the years the Trust established or supported all sorts of working groups and partnerships, under the umbrella of the health sub-group. It funded drug workers to reduce waiting lists, and set up a club for pre-school-age children, to help single mums get out to work. It also supported the Golden Years group, which offered holidays to elderly residents, and contributed to the cost of the Sanctuary. Only the unwilling were overlooked.

Examples of Castle Vale HAT’s approach to the delivery of healthcare improvements are documented over the following six pages.

Alcohol & substance abuse

Drug and alcohol misuse were severe problems. A 1996 survey by Sheffield University revealed that there were 1,517 very heavy drinkers in Castle Vale, and over 650 substance abusers. The extent of the problems demanded commitment and a long-term plan. The Trust’s strategy, introduced in October 1996, was subscribed to by 11 agencies.

Phase 1 focused on breaking the cycle of drug and alcohol misuse. An outreach team was employed to identify and support crack cocaine addicts. The Trust also provided office space for the full drugs team at the Sanctuary (see Side panel 2). This placed it under the same roof as other charities and support agencies, optimising the potential for collaboration.

The strategy subsequently shifted, to focus on the promotion of awareness and prevention. Education providers, including Birmingham...
City Council Education Department, the head teachers of schools in Castle Vale, Parents for Prevention, and Midlands Life Education Trust, worked with drug and alcohol agencies to provide information, training and treatment. Over a three-year period more than 2,000 children aged three and above and 100 teachers benefited from the programme.

Domestic violence
The 1992 assessment of Castle Vale’s health needs revealed that domestic violence was a major problem. Jay Hill recalls one three-month period during which 53 cases were reported. Research began in 1996, followed in October 1999 by a year-long Zero Tolerance campaign. The idea was to raise awareness of domestic violence, and to demonstrate that cruelty against women and children was both unacceptable and under surveillance. The campaign was led by Birmingham’s Women’s Aid, with support from the Housing Action Trust, West Midlands Police, and local faith groups.

As part of the campaign the Housing Action Trust lobbied successfully for greater justice for victims of violence. “One of the local vicars told me how appalled he was that in cases of domestic violence the perpetrator, often the man, would almost always stay in the house. The wife and children would be forced out. We changed the policy to ensure that perpetrators would be evicted,” says Jay Hill. In February 2002 the scheme was extended to support survivors of domestic violence.

Infant mortality
From the outset the Housing Action Trust was concerned about the instances of low birth weight, and the high rates of infant mortality. Part of the problem was the distance to the nearest scanner. Good Hope Hospital is two bus trips away. “It’s quite a trek, particularly if you’re feeling sick and you’re short of money,” says Rachel James, a midwife in Castle Vale since 1990.

The solution was to ask the National Health Service to invest in a scanner for Castle Vale. With access to proper facilities the infant mortality rate gradually began to drop. But there was still the problem of getting women to go to the health clinic. “Defaulters were a big concern to us. We had to make the clinic more accessible, and dangle carrots in front of them. We’d say, ‘if you come to the clinic you’ll get a free sample of whatever we had that week’. It was very important to establish relationships,” say Liz Pritty, a midwife in Castle Vale between 1990 and 2001.
Despite everyone’s best efforts, the final health baseline study1 revealed bad news. It showed that the rate of stillbirth babies per 1,000 births was 6.63% in Castle Vale, 1% above the West Midlands average. There were suggestions that the low birth-weight indicator showed that between 1997 and 2001 the numbers almost doubled, from 7.3% to 15.2%.

The figures serve as a reminder that while enormous improvements have been made in Castle Vale, problems do remain.

Mental Illness

There is a high rate of mental illness in Castle Vale, a phenomenon partially explained by the closure of two psychiatric institutions in Birmingham in the early 1990s, Highcroft and All Saints. Because there was almost always accommodation available in Castle Vale, even at short notice, large numbers of people with mental health problems ended up there. But the level of demand overwhelmed the existing services and facilities.

In the early 1990s there was a community psychiatric nurse on the Vale, but the service was not popular. One of the problems was that clinics were held in the health centre, where patients’ anonymity was not protected. The nearest alternative required a bus trip with three changes. 

In 1992 the assessment of Castle Vale’s health needs revealed that problems ended up there. But the level of demand overwhelmed the existing services and facilities.

The outcomes of this relatively inexpensive intervention (around £20,000 per annum) were impressive, with reductions in hospital admissions, individuals coming off medication, and some even being able to return to work.

Poverty

The 1992 assessment of Castle Vale’s health needs revealed that protection rackets and loan sharks had a grip on the estate. Ever since the last bank had closed during the late 1980s loan sharks had been the only option available to people in need of financial support.

Every Thursday loan sharks would congregate at the shopping centre, with their client’s Post Office books. They’d give the books to their clients, and wait outside to take their share. The same thing would happen week after week. Partly because of this the true extent of indebtedness was not known. But it was clear that very few residents had a history of saving.

In 1996 the Birmingham Credit Union Development Agency was invited to develop a credit union for people who lived or worked in Castle Vale. Following negotiations with the Housing Action Trust, Tenants and Residents Alliance, and the estate’s two churches, Castle Vale Credit Union was approved by the Register of Friendly Societies in September 1998.

As well as offering a savings service, members can apply for cheap loans after three months of consecutive saving. Castle Vale Credit Union also provides Financial MOT general advice on financial management, and runs the Junior Savers Club. The idea is to instil an understanding of money in children from a young age. In June 2004 the Credit Union had 640 members, senior and junior.11

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with three-year-olds. The Trust’s approach to working closely with partner agencies and service providers also bore dividends (see ‘Alcohol & substance abuse’, ‘Domestic violence’, ‘Mental illness’, and ‘Poverty’ above).

The approach has been carried into the post-Housing Action Trust era by a Health Improvement forum, which brings together the National Health Service, Castle Vale residents, and local service providers. The Forum, chaired by M. Dennis, director of Eastern Birmingham Primary Care Trust, feeds directly into the Neighbourhood Partnership (see chapter 9). Assuming all goes to plan, residents health gain will be maintained long into the future. The changing life of a midwife on Castle Vale

For years the midwives of Castle Vale have considered midwives to be very important and professional women. The midwives of Castle Vale have been there for the period 1989–2003. Midwives have played a vital role in the community of Castle Vale. Many patients, both young and old, have been fearful of giving birth. The midwives at Castle Vale have been very supportive and understanding.

As a result of this they have been asked to organise a maternity service in Castle Vale. The midwives have been there for the period 1989–2003. Midwives have played a vital role in the community of Castle Vale. Many patients, both young and old, have been fearful of giving birth. The midwives at Castle Vale have been very supportive and understanding.

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The Sanctuary is the type of institution where residents are likely to benefit most from. The Sanctuary was opened in 1996. It is a purpose-built centre. The Sanctuary is on the estate and is surrounded by trees. It is used for the purposes of offering anonymous treatment. It is managed by Jaffray Care Society, Victim Support, and the Castle Vale Mental Health Friendship Club. As well as providing dedicated premises for some of the more isolated and vulnerable members of society, the Sanctuary has been successful in offering employment opportunities.

The Sanctuary, which opened in August 1999, cost just under £1 million to build. It is a mini-hospital. The Sanctuary is the type of invaluable community asset that very few estates can boast.

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