NHS Greater Glasgow and Clyde
2011 Health and Wellbeing Survey

Main Findings Report

Final Report

Prepared for

NHS Greater Glasgow and Clyde

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Traci Leven Research

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1   Introduction

1.1   Introduction

This report contains the findings of a research study on health and wellbeing carried out in 2011 on behalf of NHS Greater Glasgow and Clyde. The fieldwork and data entry were performed by Progressive. Analysis and reporting were performed by Traci Leven Research. It is the follow up in a series of studies which started in 1999 when NHS Greater Glasgow conducted a health and wellbeing study of their population. The study has been repeated every three years. In 2008 the study expanded to take in the area covered by NHS Greater Glasgow and Clyde, this study represents the first follow-up of the expanded study and also allows trends to be explored in the area administered by the former NHS Greater Glasgow.

Background

The original aims of the study were:

- to provide intelligence to inform the health promotion directorate;
- to explore the different experience of health and wellbeing in our most deprived communities[1] compared to other areas; and
- to provide information that would be useful for monitoring health promotion interventions.

There have been many policy changes over the decade the health and wellbeing study has been in operation. For example, the dissolution of social inclusion partnership areas (SIPs) as a focus of tackling area based deprivation and the emergence of using the Scottish Index of Multiple Deprivation (SIMD) as the main tool for measuring area based deprivation and focusing of resources; the emergence of Community Health (and Care) Partnerships as a vehicle for integrated planning and delivery of health (and social) care services at a local level and changes to the performance assessment framework have led to an increased focus on some health behaviours such as use of alcohol; diet and exercise.

The health and wellbeing survey was formed around core questions which have remained the same and allow the monitoring of trends over time. However, the survey has also been adapted over time to take into account emerging health and wellbeing issues and new geographies.

The survey provides a snapshot in time of the views and experience of the resident adult population. Whilst we cannot attribute causal relationships between the findings and the changing policy context we can explore our findings alongside wider changes in NHS Greater Glasgow and Clyde (NHSGGC).

Our local survey has provided flexible options to explore health and wellbeing at a local level. In 2011 many of the CH(C)Ps and Glasgow South Sector bought into the survey. Separate reports are available for each of these areas. In addition, Glasgow South West, Glasgow South and East Dunbartonshire bought into the survey at enhanced levels to allow for local exploration between the most deprived areas and other areas. All the reports will be posted on http://www.phru.net as they become available.

Thanks are due to the working group that led the survey:

Allan Boyd   Senior Analyst

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[1] In 1999, our most deprived communities were given additional resources with the aim of reducing the gap between deprived and least deprived areas. The initiative was part of an umbrella programme of support which focused on Social Inclusion Partnership areas.

Norma Greenwood   Head of Public Health Resource Unit
Margaret McGranachan   Public Health Researcher
Julie Truman   Senior Researcher

In addition the project benefited from the support and advice of the advisory group:

Heather Cunningham   Renfrewshire CHP
Linda de Caestecker   NHS Greater Glasgow and Clyde
Liz Holms   East Renfrewshire CHCP
Russell Jones   Glasgow Centre for Population Health
Jacqui McGinn   West Dunbartonshire CHCP
Karen McNiven   Glasgow City CHP (South Sector)
David Radford   East Dunbartonshire CHP
Clare Walker   Renfrewshire CHP
Helen Watson   Inverclyde CHCP

Objectives

The objectives of the study are:

- to continue to monitor the core health indicators
- to determine whether the changes found in the first three follow-ups were the beginning of a trend in the NHSGG area
- to compare attitudes and behaviour of those living in the bottom 15% SIMD areas and other areas and address whether changes in attitudes and behaviour apply across the board or just in the most deprived/other areas, thereby tracking progress towards reducing health inequalities
- to provide the first follow–up of health and wellbeing measures for NHSGGC
- to provide intelligence for health improvement policy, programmes and information to enhance performance management.

Summary of Methodology

In total, 6,101 face-to-face in-home interviews were conducted with adults (aged 16 or over) in the NHSGGC area. The fieldwork was conducted between mid August and mid December 2011. The response rate for all in-scope attempted contacts was 71% as illustrated in Table A3 in Appendix A.

The sample was stratified proportionately by local authority and SIMD quintile (for definition of SIMD see section 1.2), with addresses selected at random from the residential postcode address file within each stratum. Adults were randomly selected within each sampled household using the last birthday technique.

A full account of the sampling procedures, fieldwork and survey response can be found in Appendix A. The survey questionnaire is in Appendix E

1.2   Sample Profile

The 6,101 completed interviews were weighted to account for under/over representation of groups within the sample to ensure the 2011 sample was as representative as possible of the adult population in the Greater Glasgow & Clyde NHS Board area. A full explanation of the weighting method and the data sources used can be found in Appendix B. The breakdown of the final weighted dataset - and how this compares with the known population profile - is shown in Tables 1.1 - 1.3.

Table 1.1: Age and Gender Breakdown
Base: 6,087

Age	Men (% of sample)	Women (% of sample)	Total (% of sample)	NHSGGC % of population (aged 16+)
16-24	7.9%	7.7%	15.6%	15.6%
25-34	8.8%	8.5%	17.3%	17.3%
35-44	8.3%	9.1%	17.4%	17.3%
45-54	8.4%	9.2%	17.7%	17.6%
55-64	6.3%	7.0%	13.3%	13.5%
65-74	4.6%	5.6%	10.1%	10.0%
75+	3.0%	5.6%	8.6%	8.8%

Table 1.2: Community Health Care Partnership
Base: All (6101)

CHCP	% in sample	NHSGGC % of population (aged 16+)
East Dunbartonshire	8.8%	8.7%
East Renfrewshire	7.6%	7.5%
Glasgow North East Sector	13.3%	13.3%
Glasgow North West Sector	15.0%	15.1%
Glasgow South Sector	17.6%	17.6%
Inverclyde	7.4%	7.4%
North Lanarkshire	1.5%	1.5%
Renfrewshire	14.7%	14.7%
Cambuslang & Rutherglen	4.5%	4.7%
West Dunbartonshire	9.6%	9.5%

The Scottish Index of Multiple Deprivation (SIMD) 2009 is a relative measure of deprivation used to identify the most deprived areas in Scotland. It is constructed using 38 indicators within 7 'domains' (Income, Employment, Health, Education, Skills & Training, Geographic Access, Housing and Crime) each of which describes a specific aspect of deprivation. The SIMD is a weighted combination of these domains.

The SIMD is based on small geographical areas called datazones. The average population of a datazone in NHSGGC is 820 and unlike previous deprivation measures, which were based on much larger geographies (e.g. postcode sectors, average population 5,000), they enable the identification of small pockets of deprivation. In order to compare the most deprived small areas with other cut-off points, the most deprived 15% datazones are used. There are 6,505 datazones in Scotland. They are ranked from 1 (most deprived) to 6,505 (least deprived). The NHSGGC area contains the most deprived datazone in Scotland and in total 45.3% of the most deprived 15% datazones in Scotland lie within it.

Table 1.3: Most Deprived 15% Datazones Versus Other Datazones
Base: All (6,101)

Group	% in sample	NHSGGC % of population (aged 16+)
Most deprived 15% datazones (or most deprived 20% in the case of East Dunbartonshire)	29.8%	30.0%
Other datazones	70.2%	70.0%

1.3   This Report

Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary.   For each indicator, tables are presented showing the proportion of the sample which met the criteria broken down by demographic (independent) variables.   Only those independent variables which were found to be significantly different (p<0.01) are reported. The independent variables which were tested were:

- Gender;
- Age;
- Age and gender
- Most deprived 15% datazones (or most deprived 20% datazones in East Dunbartonshire) versus other datazones;
- Whether all household income is from benefits;
- SIMD quintile;
- Whether feel isolated from family and friends;
- Whether have control over decisions affecting daily life;
- Self assessed general health;
- Self assessed physical wellbeing;
- Self assessed mental/emotional wellbeing;
- Self assessed quality of life;
- GHQ12 score (high/low);
- Whether has a limiting illness/condition;
- Whether exposed to second hand smoke (most/some of the time);
- Smoking status;
- Whether exceeds recommended weekly alcohol limits;
- Whether consumes 5+ portions of fruit/veg per day;
- BMI (obese/not obese);
- Whether has any educational qualifications.

Ethnicity is not included in the above list because (a) only a very small proportion of the sample is from an ethnic minority (reflecting the make-up of the population), and (b) it would be inadvisable to analyse all 'non-white' ethnic groups as one group, as the opinions, behaviour and cultural experiences of these groups do not necessarily have anything in common.

An explanation of how the independent variables were derived is in Appendix C.

2 People's Perceptions of Their Health & Illness

2.1 Chapter Summary

Table 2.1 below shows the indicators relating to perceptions of health and illness.

Table 2.1: Indicators for Perceptions of Health and Illness

Indicator	% of sample	Unweighted base (n)
Self-perceived health very good or good (Q1)	75%	6,100
Positive perception of general physical wellbeing (Q35b)	78%	6,094
Positive perception of general mental or emotional wellbeing (Q35c)	82%	6,088
Positive perception of happiness (Q44)	85%	6,098
Feel definitely in control of decisions affecting daily life (Q45)	66%	6,050
Positive perception of quality of life (Q35a)	84%	6,091
Has long term illness/condition that interferes with daily life (Q3)	19%	6,086
Receiving treatment for at least one condition (Q2)	39%	6,085
GHQ12 score of 4 or above (indicating poor mental health) (Q13)	15%	6,101
Have some/all of own teeth (Q10)	88%	6,094
Brushes teeth twice or more per day – based on those with some/all of own teeth (Q11)	80%	4,907

Three in four (75%) respondents rated their general health positively. Those less likely to rate their general health positively were older respondents, women, those in the most deprived areas, those without qualifications, those who exhibited factors associated with socially exclusion, those with a high GHQ12 score (i.e. poor mental health), those with a limiting condition/illness, those exposed to second hand smoke, smokers, obese people and those consuming fewer than five portions of fruit/vegetables per day.

Four in five (78%) respondents rated their physical wellbeing positively. Those less likely to rate their physical wellbeing positively included older respondents, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score (i.e. poor mental health), those with a limiting condition or illness, smokers and obese people.

More than four in five (85%) respondents rated their mental or emotional wellbeing positively. Those less likely to rate their mental or emotional wellbeing positively included those aged 55 or over, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, respondents with a high GHQ12 score (indicating poor mental health) and those with a limiting condition or illness. Other factors associated with less positive views of mental or emotional wellbeing were smoking, being exposed to second hand smoke and being obese.

More than four in five (85%) respondents gave a positive rating of their happiness. Those less likely to rate their happiness positively included those aged 75 or over, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, those exposed to second hand smoke, smokers and obese people..

Two thirds (66%) of respondents felt 'definitely' in control over the decisions affecting their lives. Those less likely to feel definitely in control of decisions included those in the youngest and oldest age groups, those in the most deprived areas, those without qualifications, those receiving all household income from benefits, those feeling isolated from family/friends, those with a High GHQ12 score, those with a limiting condition or illness, those exposed to second hand smoke, smokers and those consuming fewer than five portions of fruit/vegetables per day.

More than four in five (84%) respondents gave a positive view of their overall quality of life. Those less likely to give a positive view included those aged 75 or over, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, those exposed to second hand smoke, smokers and obese people.

One in five (19%) respondents said that they had a long-term illness or condition that interfered with their daily life. Those more likely to have a long-term limiting illness/condition included those in the older age groups, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, obese people, smokers and those consuming fewer than five portions of fruit/vegetables per day.

Two in five (39%) respondents were receiving treatment for at least one condition or illness. Those more likely to be receiving treatment for a condition/illness were older people, women, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a limiting illness/condition, those with a high GHQ12 score, obese people, smokers and those consuming fewer than five portions of fruit/vegetables per day.

One in seven (15%) respondents had a high GHQ12 score, indicating poor mental health. Those more likely to have a high GHQ12 score included older respondents, women, those without qualifications, those who were exhibited factors associated with social exclusion, those with a limiting illness or condition, obese people, smokers, those exposed to second hand smoke and those consuming fewer than five portions of fruit/vegetables per day.

Nearly nine in ten (88%) respondents had some or all of their own teeth. Those less likely to have any of their own teeth included older respondents, women, those in the most deprived areas, those without qualifications, those whose household income comes entirely from benefits, those who do not definitely feel in control of the decisions affecting their lives, those with a high GHQ12 score, those with a limiting condition or illness, and those consuming fewer than five portions of fruit/vegetables per day.

Of those with at least some of their own teeth, four in five (80%) said they brushed their teeth twice or more per day. Those less likely to brush their teeth twice or more per day included those aged 65 and over, men, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke, obese people and those consuming fewer than five portions of fruit/vegetables per day.

2.2   Self-Perceived Health and Wellbeing

General Health

Respondents were asked to describe their general health over the last year on a four point scale (excellent, good, fair or poor). Overall, three in four (75%) gave a positive view of their health, with 29% saying their health was very good and 46% saying their health was good. However, 25% gave a negative view of their health, with 15% saying their health was fair, 7% saying it was bad and 2% saying it was very bad.

As Table 2.2 shows, the likelihood of giving a positive view of general health decreased with age. Those rating their general health as very good or good ranged from 41% of those aged 75 or over to 94% of those aged 16-24. Men were more likely than women to give a positive view of their general health – 77% of men and 73% of women gave a positive view.

Table 2.2: Self-Perceived General Health (Q1) by Age and Gender

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Age:								
16-24	54%	40%	3%	2%	<1%	94%	6%	416
25-34	38%	50%	6%	4%	1%	89%	11%	926
35-44	37%	49%	10%	3%	1%	86%	14%	933
45-54	25%	49%	16%	7%	3%	74%	26%	1,046
55-64	14%	50%	21%	11%	4%	64%	36%	893
65-74	8%	43%	33%	13%	3%	52%	48%	976
75+	6%	35%	34%	19%	6%	41%	59%	897
Gender:								
Men	32%	46%	14%	6%	2%	77%	23%	2,450
Women	27%	46%	16%	8%	2%	73%	27%	3,648
Men 16-44	45%	45%	6%	3%	1%	90%	10%	887
Women 16-44	41%	48%	7%	3%	1%	89%	11%	1,387
Men 45-64	23%	49%	16%	8%	4%	72%	28%	842
Women 45-64	18%	50%	19%	9%	3%	68%	32%	1,097
Men 65+	6%	41%	35%	15%	3%	47%	52%	716
Women 65+	8%	39%	33%	16%	5%	46%	54%	1,157
All	29%	46%	15%	7%	2%	75%	25%	6,100

As shown in Table 2.3, those living in the most deprived areas were the least likely to give a positive view of their general health – ranging from 68% in the bottom 15% (most deprived areas) to 85% in the least deprived quintile. Also, Half (50%) of those with no qualifications gave a positive view of their general health compared to four in five (82%) of those with at least one qualification.

Table 2.3: Self-Perceived General Health (Q1) by Deprivation and Socio Economic Measures

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Bottom 15% datazones	21%	47%	19%	10%	4%	68%	32%	2,342
Other datazones	33%	46%	14%	6%	2%	78%	22%	3,758
SIMD quintile								
1 (most deprived)	23%	46%	18%	10%	3%	69%	31%	2,740
2	27%	47%	15%	8%	3%	74%	26%	994
3	32%	47%	13%	6%	1%	79%	21%	807
4	31%	47%	16%	4%	1%	79%	21%	556
5 (least deprived)	41%	44%	10%	4%	1%	85%	15%	1,003
At least one qualification	33%	48%	12%	5%	1%	82%	18%	4,384
No qualifications	13%	37%	28%	16%	5%	50%	50%	1,699

As Table 2.4 shows, respondents who could be described as socially excluded tended to have less positive perceptions about their general health.

Table 2.4: Self-Perceived General Health (Q1) by Factors Associated with Social Exclusion

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
All income from benefits	11%	37%	29%	17%	7%	48%	52%	1,463
Feel isolated from friends/family	21%	32%	25%	16%	6%	53%	47%	671
Not in control of decisions affecting daily life, or only 'to some extent'	21%	42%	19%	13%	4%	63%	37%	2,051

Table 2.5 shows that a number of health and wellbeing measures were associated with less positive perceptions of general health. These were:

- Having a high GHQ12 score (indicating poor mental health);
- Having a limiting condition or illness;
- Being exposed to second hand smoke;
- Being a smoker;
- Being obese; and
- Consuming fewer than five portions of fruit/veg per day.

Health and wellbeing measures associated with more positive perceptions about general health were:

- Having a positive view of physical wellbeing;
- Having a positive view of mental/emotional wellbeing;
- Having a positive view of quality of life; and
- Exceeding the recommended limit for weekly alcohol consumption.

Table 2.5: Self-Perceived General Health (Q1) by Health and Wellbeing Measures

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Positive view of physical wellbeing	35%	52%	11%	2%	<1%	87%	13%	4,573
Positive view of mental/emotional wellbeing	33%	50%	12%	4%	1%	83%	17%	4,868
Positive view of quality of life	32%	50%	14%	4%	1%	81%	19%	5,010
High GHQ12 Score	12%	26%	27%	25%	9%	38%	62%	1,025
Limiting condition or illness	3%	18%	38%	31%	11%	20%	80%	1,534
Second hand smoke	26%	48%	16%	8%	2%	74%	26%	2,305
Current smoker	19%	50%	19%	9%	2%	69%	31%	1,835
Exceeds weekly alcohol limit	34%	49%	13%	3%	1%	83%	17%	1,066
Obese	15%	48%	22%	10	4%	64%	36%	1,042
Consumes fewer than 5 portions of fruit/veg per day	27%	46%	17%	8%	2%	73%	27%	4,202

Physical Wellbeing

Respondents were presented with a 7-point 'faces' scale, with the expressions on the faces ranging from very happy to very unhappy:
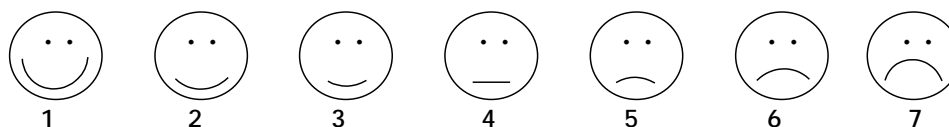
Using this scale, they were asked to rate their general physical well-being and general mental or emotional well-being. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

Eight in ten (78%) of respondents gave a positive view of their physical wellbeing, using this scale.

There was no significant difference between men and women's perceptions of their physical wellbeing. However, as Table 2.6 shows, there was a clear relationship between age and perceptions of physical wellbeing – the younger the respondent the more likely they were to have a positive perception, ranging from 90% for 16-24 year olds to 57% for those aged 75 years old and over.

Table 2.6: Positive Perception of Physical Wellbeing (Q35b) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	90%	415
25-34	84%	925
35-44	84%	932
45-54	77%	1,046
55-64	72%	892
65-74	69%	975
75+	57%	896
Men 16-44	85%	886
Women 16-44	87%	1,385
Men 45-64	75%	841
Women 45-64	74%	1,097
Men 65+	64%	715
Women 65+	63%	1,156
All	78%	6,094

Table 2.7 shows that perceptions of physical wellbeing were less likely to be positive for those who lived in the most deprived areas and those with no qualifications.

Table 2.7: Positive Perception of Physical Wellbeing (Q35b) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	76%	2,338
Other datazones	79%	3,756
SIMD quintile		
1 (most deprived)	75%	2,736
2	79%	992
3	78%	807
4	79%	555
5 (least deprived)	84%	1,004
At least one qualification	82%	4,382
No qualifications	63%	1,695

As shown in Table 2.8, all three factors associated with social exclusion were associated with a lower likelihood of giving a positive view of physical wellbeing.

Table 2.8: Positive Perception of Physical Wellbeing (q35b) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	60%	1,459
Feel isolated from friends/family	51%	668
Not in control of decisions affecting daily life, or only 'to some extent'	67%	2,046

The following health and wellbeing factors were associated with less positive views of physical wellbeing:

- Having a high GHQ12 score (indicating poor mental health);
- Having a limiting condition or illness;
- Being a smoker; and
- Being obese.

Health and wellbeing measures associated with more positive perceptions about physical wellbeing were:

- Having a positive view of general health;
- Having a positive view of mental/emotional wellbeing;
- Having a positive view of quality of life; and
- Exceeding the recommended limit for weekly alcohol consumption.

Table 2.9: Positive Perception of Physical Wellbeing (q35b) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	90%	4,125	Limiting condition or illness	34%	1,531
Positive view of mental health	90%	4,867	Current smoker	74%	1,832
Positive view of quality of life	89%	5,011	Exceeds weekly alcohol limit	84%	1,065
High GHQ12 Score	41%	1,022	Obese	66%	1,042

Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, eight in ten (82%) of respondents gave a positive view of their mental or emotional wellbeing.

Table 2.10 shows that perceptions of mental or emotional wellbeing varied by age. Those aged 16-24 were the most likely to give a positive view (89% in this age group did so).

Table 2.10: Positive Perception of Mental or Emotional Wellbeing (Q35c) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	89%	415
25-34	83%	926
35-44	84%	932
45-54	80%	1,045
55-64	75%	893
65-74	82%	972
75+	75%	893
Men 16-44	84%	886
Women 16-44	87%	1,386
Men 45-64	81%	842
Women 45-64	75%	1,096
Men 65+	80%	711
Women 65+	78%	1,154
All	82%	6,088

Table 2.11 shows that those living in the most deprived areas were less likely to give a positive view of their mental or emotional wellbeing (77% of those in the most deprived quintile compared to 88% of those in the least deprived quintile). Also, respondents without qualifications were less likely to have a positive view of their mental or emotional wellbeing than those with at least one qualification (68% and 85% respectively).

Table 2.11: Positive Perception of Mental or Emotional Wellbeing (Q35c) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	78%	2,337
Other datazones	83%	3,751
SIMD quintile		
1 (most deprived)	77%	2,734
2	82%	993
3	82%	807
4	87%	555
5 (least deprived)	88%	999
At least one qualification	85%	4,382
No qualifications	68%	1,690

As Table 2.12 shows, all three factors associated with social exclusion were associated with less positive perceptions of mental or emotional wellbeing.

Table 2.12: Positive Perception of Mental or Emotional Wellbeing (q35c) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	62%	1,461
Feel isolated from friends/family	51%	663
Not in control of decisions affecting daily life, or only 'to some extent'	69%	2,040

Table 2.13 shows that more positive views of mental or emotional wellbeing were associated with those with a positive view of their general health, physical health and quality of life. Those least likely to give a positive view were respondents with a high GHQ12 score (indicating poor mental health) and those with a limiting condition or illness. Other factors associated with less positive views of mental or emotional wellbeing were smoking, being exposed to second hand smoke and being obese. However, those who exceeded the recommended alcohol limit in the previous week were more likely than others to have a positive view of their mental/emotional wellbeing.

Table 2.13: Positive Perception of Mental or Emotional Wellbeing (q35c) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	90%	4,124	Second hand smoke	78%	2,302
Positive view of physical health	94%	4,571	Current smoker	74%	1,832
Positive view of quality of life	93%	5,007	Exceeds weekly alcohol limit	87%	1,063
High GHQ12 Score	35%	1,016	Obese	76%	1,041
Limiting condition or illness	52%	1,529			

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Overall, 85% of respondents gave a positive view of their happiness.

Views of happiness varied for different age groups, with 16-24 year olds being the most likely to give a positive perception of their happiness (88% did) and those aged 75 or over were the least likely to give a positive view (79%). This is shown in Table 2.14.

Table 2.14: Positive Perception of Happiness (Q44) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	88%	416
25-34	86%	925
35-44	86%	933
45-54	84%	1,046
55-64	82%	893
65-74	87%	975
75+	79%	897
Men 16-44	85%	887
Women 16-44	88%	1,386
Men 45-64	84%	842
Women 45-64	83%	1,097
Men 65+	83%	716
Women 65+	83%	1,156
All	85%	6,098

Table 2.15 shows that those living in the most deprived areas and those with no qualifications were less likely to give a positive view of their happiness.

Table 2.15: Positive Perception of Happiness (Q44) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	80%	2,340
Other datazones	87%	3,758
SIMD quintile		
1 (most deprived)	80%	2,738
2	88%	993
3	84%	807
4	90%	556
5 (least deprived)	90%	1,004
At least one qualification	87%	4,385
No qualifications	75%	1,697

All three factors associated with social exclusion were associated with less positive perceptions of happiness, as shown in Table 2.16.

Table 2.16: Positive Perception of Happiness (Q44) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	68%	1,461
Feel isolated from friends/family	59%	671
Not in control of decisions affecting daily life, or only 'to some extent'	73%	2,051

Table 2.17 shows that those with a positive view of their general health, their physical health, their mental/emotional wellbeing and their quality of life were more likely to have a positive perception of their happiness. Those with a high GHQ12 score (indicating poor mental health) and those with a limiting condition or illness were particularly less likely to have a positive view of their happiness. Other measures associated with less positive views of happiness were being exposed to second hand smoke, being a smoker and being obese.

Table 2.17: Positive Perception of Happiness (Q44) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	91%	4,128	Limiting condition or illness	91%	1,533
Positive view of physical health	95%	4,574	Second hand smoke	82%	2,303
Positive view of mental/ emotional wellbeing	96%	4,866	Current smoker	79%	1,834
Positive view of quality of life	96%	5,011	Obese	79%	1,042
High GHQ12 Score	50%	1,024			

Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life, such as planning their budget, moving house or changing job. Two thirds (66%) said that they 'definitely' feel in control of these decisions, while 27% said that they felt in control 'to some extent' and 6% did not feel in control of these decisions.

The youngest and oldest age groups were the least likely to say that they definitely felt in control of the decisions affecting their lives. This is shown in Table 2.18.

Table 2.18: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Age and Gender

	Definitely in Control	Unweighted base (n)
Age:		
16-24	57%	407
25-34	69%	921
35-44	69%	929
45-54	71%	1,040
55-64	70%	890
65-74	66%	966
75+	59%	884
Men 16-44	65%	878
Women 16-44	66%	1,378
Men 45-64	71%	837
Women 45-64	70%	1,093
Men 65+	70%	710
Women 65+	62%	1,140
All	66%	6,050

Those living in the 15% most deprived areas were less likely than those in other areas to say they definitely felt in control of their lives (58% and 70% respectively). Also, 46% of those with no qualifications compared to 72% of those with at least one qualification said that they were definitely in control of decisions.

Table 2.19: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Deprivation and Socio Economic Measures

	Definitely in Control	Unweighted base (n)
Bottom 15% datazones	58%	2,316
Other datazones	70%	3,734
SIMD quintile		
1 (most deprived)	59%	2,712
2	65%	981
3	72%	806
4	80%	551
5 (least deprived)	69%	1,000
At least one qualification	72%	4,365
No qualifications	46%	1,668

Perceived lack of control over the decisions affecting one's life is used as a measure of social exclusion. Respondents exhibiting either of the other two measures of social exclusion (all income from benefits and feelings of isolation) were associated with a lower likelihood of feeling 'definitely' in control over decisions affecting life. This is shown in Table 2.20. Fewer than two in five of those who felt isolated from their friends/family or those who received all income from benefits felt definitely in control over the decisions affecting their life.

Table 2.20: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Factors Associated with Social Exclusion

	Definitely in Control	Unweighted base (n)
All income from benefits	37%	1,441
Feel isolated from friends/family	39%	665

Table 2.21 shows that positive views of general health, physical health, mental/emotional wellbeing and quality of life were associated with a higher likelihood to feel definitely in control of the decisions affecting life. Those who exceeded weekly alcohol limits were also more likely to say they definitely felt in control of the decisions affecting their life. Those least likely to feel in control of decisions were those with a High GHQ12 score and those with a limiting condition or illness. Other health and wellbeing measures associated with lower levels of feeling in control were being exposed to second hand smoke, being a smoker and consuming fewer than five portions of fruit/vegetables per day.

Table 2.21: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Health and Wellbeing Measures

	Definitely in Control	Unweighted base (n)		Definitely in Control	Unweighted base (n)
Positive view of general health	72%	4,101	Limiting condition or illness	45%	1,515
Positive view of physical health	71%	4,537	Second hand smoke	60%	2,282
Positive view of mental/ emotional wellbeing	72%	4,830	Current smoker	57%	1,816
Positive view of quality of life	71%	4,972	Exceeds weekly alcohol limit	70%	1,059
High GHQ12 Score	32%	1,012	Consumes fewer than 5 portions of fruit/veg per day	63%	4,166

2.3   Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 84% of respondents gave a positive rating of their quality of life.

Those aged 16-24 were the most likely to give a positive view of their overall quality of life (88% did so) and those aged 75 or over were the least likely (77%).

Table 2.22: Positive Perception of Quality of Life (Q35a) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	88%	415
25-34	85%	924
35-44	84%	932
45-54	85%	1,045
55-64	80%	892
65-74	82%	974
75+	77%	896
Men 16-44	83%	887
Women 16-44	88%	1,383
Men 45-64	83%	841
Women 45-64	84%	1,096
Men 65+	80%	715
Women 65+	79%	1,155
All	84%	6,091

Table 2.23 shows that less positive views of overall quality of life were given by those living in the most deprived areas and those with no qualifications.

Table 2.23: Positive Perception of Quality of Life (Q35a) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	79%	2,338
Other datazones	86%	3,753
SIMD quintile		
1 (most deprived)	79%	2,736
2	85%	989
3	84%	807
4	89%	555
5 (least deprived)	89%	1,004
At least one qualification	87%	4,380
No qualifications	71%	1,695

Table 2.24 shows that all three factors associated with social exclusion were associated with less positive perceptions of overall quality of life.

Table 2.24: Positive Perception of Quality of Life (Q35a) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	64%	1,458
Feel isolated from friends/family	60%	668
Not in control of decisions affecting daily life, or only 'to some extent'	72%	2,045

Respondents with a positive view of their general health, physical health or mental/emotional wellbeing were also more likely to have a positive view of their overall quality of life. Those who had exceeded weekly alcohol limits in the last week were also more likely to have a positive view of their quality of life. The health and wellbeing measures most associated with less positive perceptions of quality of life were having a high GHQ12 score (indicating poor mental health) and having a limiting illness or condition. Other factors associated with less positive views of quality of life were being exposed to second hand smoke, being a smoker and being obese.. This is shown in Table 2.25.

Table 2.25: Positive Perception of Quality of Life (Q35a) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	90%	4,124	Second hand smoke	81%	2,302
Positive view of physical health	95%	4,573	Current smoker	77%	1,831
Positive view of mental/ emotional wellbeing	95%	4,864	Exceed weekly alcohol limit	87%	1,065
High GHQ12 Score	50%	1,021	Obese	80%	1,042
Limiting condition or illness	58%	1,530			

2.4   Illness

One in five (19%) respondents said that they had a long-term condition or illness that substantially interfered with their day to day activities.

Of those who said they had a long-term condition or illness that interfered with their day to day activities:

- 53% said that they had a physical disability;
- 21% said they had a mental or emotional health problem; and
- 56% said they had a long-term illness.

Of those with a limiting long-term condition or illness:

- 88% said it interfered with taking up training;
- 87% said it interfered with holding down or obtaining a job;
- 91% said it interfered with taking exercise/physical activity; and

- 82% said it interfered with socialising.

The likelihood of having a limiting condition or illness increased with age, ranging from 4% of 16-24 year olds to 50% of those aged 75 or over.

Table 2.26: Limiting Long-Term Condition or Illness (Q3) by Age and Gender

	Long-Term Condition/Illness	Unweighted base (n)
Age:		
16-24	4%	415
25-34	9%	925
35-44	12%	931
45-54	19%	1,041
55-64	25%	891
65-74	36%	975
75+	50%	895
Men 16-44	9%	884
Women 16-44	8%	1,386
Men 45-64	21%	836
Women 45-64	22%	1,096
Men 65+	44%	714
Women 65+	42%	1,156
All	19%	6,086

Table 2.27 shows that those living in the most deprived areas were more likely than others to have a limiting long-term condition/illness. Also, limiting conditions/illnesses were much more common among those with no qualifications than those with qualifications (40% and 13% respectively).

Table 2.27: Limiting Long-Term Condition or Illness (Q3) by Deprivation and Socio Economic Measures

	Long-term condition/ illness	Unweighted base (n)
Bottom 15% datazones	23%	2,328
Other datazones	17%	3,758
SIMD quintile		
1 (most deprived)	23%	2,726
2	21%	994
3	16%	807
4	15%	555
5 (least deprived)	13%	1,004
At least one qualification	13%	4,380
No qualifications	40%	1,689

All three factors associated with social exclusion were associated with a higher likelihood of having a limiting long-term condition or illness. This is shown in Table 2.28.

Table 2.28: Limiting Long-Term Condition or Illness (Q3) by Factors Associated with Social Exclusion

	Long-term condition/ illness	Unweighted base (n)
All income from benefits	45%	1,452
Feel isolated from friends/family	41%	671
Not in control of decisions affecting daily life, or only 'to some extent'	31%	2,050

Table 2.29 shows that the following groups were more likely to have a limiting long-term condition or illness:

- Those with a high GHQ12 score (indicating poor mental health);
- Obese people;
- Smokers; and
- Those consuming fewer than five portion of fruit/vegetables per day.

Those less likely to have a limiting long-term condition or illness were:

- Those with a positive view of their general health;
- Those with a positive view of their physical health;
- Those with a positive view of their mental/emotional wellbeing;
- Those with a positive view of their quality of life;
- Those who exceeded the recommended weekly alcohol limit in the last week.

Table 2.29: Limiting Long-Term Condition or Illness (Q3) by Health and Wellbeing Measures

	Long-term condition/ illness	Unweighted base (n)		Long-term condition/ illness	Unweighted base (n)
Positive view of general health	5%	4,122	Current smoker	23%	1,826
Positive view of physical health	8%	4,567	Exceeds weekly alcohol limit	11%	1,065
Positive view of mental/ emotional wellbeing	12%	4,861	Obese	29%	1,041
Positive view of quality of life	13%	5,000	Consumes fewer than 5 portions of fruit/veg per day	21%	4,189
High GHQ12 Score	56%	1,020			

Illnesses/Conditions for Which Treatment is Being Received

Two in five (39%) respondents were receiving treatment for at least one illness or condition.

The likelihood of being in receipt of treatment for at least one illness/condition rose with age – from 12% of those aged 16-24 to 86% of those aged 75 or over. Also, women were more likely than men to be receiving treatment (41% of women compared to 36% of men).

Table 2.30: At Least One Illness/Condition Being Treated (Q2) by Age and Gender

	Being Treated for Condition/Illness	Unweighted base (n)
Age:		
16-24	12%	415
25-34	17%	925
35-44	26%	929
45-54	37%	1,042
55-64	60%	892
65-74	72%	975
75+	86%	894
Men	36%	2,439
Women	41%	3,644
Men 16-44	18%	881
Women 16-44	20%	1,387
Men 45-64	45%	839
Women 45-64	48%	1,095
Men 65+	77%	714
Women 65+	79%	1,155
All	39%	6,085

Overall, those in the 15% most deprived areas were more likely than others to be receiving treatment for an illness or condition (42% and 37% respectively). However, there was not a straightforward association between deprivation and the likelihood of being treated for an illness or condition: those in the third and fifth quintile were the least likely to be receiving treatment. Also, those with no qualifications were more likely than those with at least one qualification to be receiving treatment for an illness or condition (63% and 32% respectively). This is shown in Table 2.31.

Table 2.31: At Least One Illness/Condition Being Treated (Q2) by Deprivation and Socio Economic Measures

	Being Treated for Condition/ Illness	Unweighted base (n)
Bottom 15% datazones	42%	2,330
Other datazones	37%	3,755
SIMD quintile		
1 (most deprived)	42%	2,727
2	42%	993
3	33%	807
4	44%	556
5 (least deprived)	31%	1,002
At least one qualification	32%	4,382
No qualifications	63%	1,686

Table 2.32 shows that all three factors associated with social exclusion were associated with a higher likelihood of being in receipt of treatment for a condition or illness. Three in

five (59%) of those who received all household income from benefits were being treated for at least one condition or illness.

Table 2.32 At Least One Illness/Condition Being Treated (Q2) by Factors Associated with Social Exclusion

	Being Treated for Condition/ Illness	Unweighted base (n)
All income from benefits	59%	1,453
Feel isolated from friends/family	52%	670
Not in control of decisions affecting daily life, or only 'to some extent'	47%	2,047

Table 2.33 shows that the following groups were less likely to be receiving treatment for one or more illness/condition:

- Those with a positive view of their general health;
- Those with a positive view of their physical health;
- Those with a positive view of their mental/emotional wellbeing;
- Those with a positive view of their quality of life;
- Those who exceeded the recommended weekly alcohol limit in the last week;
- Those exposed to second hand smoke.

As would be expected most (97%) of those who said they had a limiting illness or condition were currently being treated for an illness or condition. Having a high GHQ12 score (indicating poor mental health) also showed a strong relationship with receiving treatment: 75% of those with a high GHQ12 score were receiving treatment for at least one illness or condition. Others more likely to be receiving treatment were those who were obese, smokers and those who consume fewer than five portions of fruit/vegetables per day.

Table 2.33: At Least One Illness/Condition Being Treated (Q2) by Health and Wellbeing Measures

	Being Treated for Condition/ Illness	Unweighted base (n)		Being Treated for Condition/ Illness	Unweighted base (n)
Positive view of general health	24%	4,118	Second hand smoke	35%	2,293
Positive view of physical health	28%	4,565	Current smoker	42%	1,823
Positive view of mental/ emotional wellbeing	32%	4,862	Exceeds weekly alcohol limit	26%	1,062
Positive view of quality of life	34%	5,002	Obese	57%	1,042
High GHQ12 Score	75%	1,002	Consumes fewer than 5 portions of fruit/veg per day	41%	4,187
Limiting condition or illness	97%	1,531			

Figure 2.1 below shows the proportion of respondents who were being treated for each type of illness/condition (for all those with a proportion of 0.5% or more).

The most common condition being treated was high blood pressure, for which 12% of respondents were being treated. Also, 12% of respondents were being treated for arthritis/rheumatism/painful joints.

Figure 2.1: Conditions/Illnesses for Which Treatment is Being Received (Q2)

Condition	%
High blood pressure	12.2%
Arthritis; rheumatism; painful joints	11.9%
Asthma	7.4%
Stress related conditions	5.9%
Gastro-intestinal problems	5.8%
Diabetes	5.3%
Clinical depression	4.7%
Coronary heart disease	4.6%
Chronic pain	3.8%
Osteoporosis	3.0%
Cancer	2.4%
Severe eyesight problems	2.1%
Stroke	1.8%
Severe hearing problems	1.7%
Drug or alcohol related conditions	1.2%
Accident/injury	1.1%
Epilepsy	0.6%
Acquired brain injury	0.5%

% of respondents

2.5   Mental Health

GHQ12 Scores

The survey used the General Health Questionnaire (GHQ) to assess the mental health of respondents. The GHQ was designed to be a self-administered questionnaire which could be used to detect psychiatric disorders in the general population. The version used for this survey is based on twelve questions (GHQ12) which ask respondents about their general level of happiness, depression, anxiety, self-confidence, and stress in the few weeks before the interview. Respondents were asked to complete the responses themselves. Interviewers recorded whether they actually did so, or whether they asked the interviewer to help.

Each respondent was given a score between 0 and 12, based on his/her responses to the 12 questions. The number of questions for which the respondent claimed to have experienced a particular symptom or type of behaviour 'more than usual' or 'much more than usual' over the past few weeks is counted, and the total is the score for that person. The higher the score, the greater the likelihood that the respondent has a psychiatric disorder.

The questions on the GHQ12 ask about changes from normal functioning but not about how long those changes have persisted. As a result, the GHQ detects psychiatric disorders of a range of durations, including those that may be of very short duration. This should be borne in mind when interpreting the results. The prevalence figures presented in this chapter estimate the percentages of the population with a possible psychiatric disorder at a particular point in time and are most useful for comparing sub-groups within the

population. It is not possible to deduce the incidence of psychiatric disorders from these data.

A score of four or more on the GHQ12 has been used to identify those with a potential psychiatric disorder (and references to respondents with a 'high' GHQ12 score refer to those with scores at this level). This is the same method of scoring that is used in the Scottish Health Survey series.

Overall, 15% of respondents had a GHQ12 score of four or more, indicating poor mental health.

Women were more likely than men to have a high GHQ12 score (16% of women compared to 14% of men). Also, The likelihood of having a high GHQ12 score generally increased with age, ranging from 11% of those aged under 35 to 19% of those aged 75 or over.

Table 2.34: High GHQ12 Score (Q13) by Age and Gender

	High GHQ12 Score	Unweighted base (n)
Age:		
16-24	11%	416
25-34	11%	926
35-44	14%	933
45-54	18%	1,046
55-64	18%	894
65-74	15%	976
75+	19%	897
Men	14%	2,450
Women	16%	3,659
Men 16-44	11%	887
Women 16-44	13%	1,387
Men 45-64	17%	842
Women 45-64	20%	1,098
Men 65+	16%	716
Women 65+	18%	1,157
All	15%	6,101

High GHQ12 scores were more common for those living in the most deprived areas and those with no qualifications, as shown in Table 2.35.

Table 2.35: **High GHQ12 Score (Q13) by Deprivation and Socio Economic Measures**

	High GHQ12 Score	Unweighted base (n)
Bottom 15% datazones Other datazones	19% 13%	2,342 3,759
SIMD quintile 1 (most deprived) 2 3 4 5 (least deprived)	19% 14% 14% 10% 12%	2,740 994 807 556 1,004
At least one qualification No qualifications	12% 27%	4,385 1,699

Table 2.36 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a high GHQ12 score. More than two in five (44%) of those who felt isolated from friends/family had a GHQ12 score of four or more.

Table 2.36 High GHQ12 Score (Q13) by Factors Associated with Social Exclusion

	High GHQ12 Score	Unweighted base (n)
All income from benefits	33%	1,464
Feel isolated from friends/family	44%	672
Not in control of decisions affecting daily life, or only 'to some extent'	30%	2,052

Table 2.37 shows that those with a positive view of their general health, physical health, mental/emotional wellbeing or quality of life were less likely to have a high GHQ12 score. Those who exceeded the recommended weekly alcohol limit were also less likely to have a high GHQ12 score.

Those who had a limiting illness or condition were much more likely than others to have a high GHQ12 score (45% did). Other factors associated with a higher likelihood of having a high GHQ12 score were smoking, being obese, being exposed to second hand smoke, and consuming fewer than five portions of fruit/vegetables per day.

Table 2.37: High GHQ12 Score (Q13) by Health and Wellbeing Measures

	High GHQ12 Score	Unweighted base (n)		High GHQ12 Score	Unweighted base (n)
Positive view of general health	8%	4,128	Second hand smoke	18%	2,305
Positive view of physical health	8%	4,574	Current smoker	22%	1,835
Positive view of mental/ emotional wellbeing	6%	4,868	Exceeds weekly alcohol limit	12%	1,066
Positive view of quality of life	9%	5,011	Obese	20%	1,042
Limiting condition or illness	45%	1,535	Consumes fewer than 5 portions of fruit/veg per day	17%	4,203

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) Scores

The survey also used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to assess positive mental health (mental wellbeing). This uses 14 positively worded questions. Scores are derived by summing responses to each of the 14 questions on a 1-5 likert scale. Thus, the maximum score is 70 and the minimum score in 14. The scale is designed to allow the measurement of mean scores in population samples. The provisional mean score for the Scottish population is 50.7.

The overall mean WEMWBS score for respondents was 51.7.

Mean WEMWBS scores indicate that mental wellbeing decreased with age, from 55.1 for those aged 16-24 to 47.8 for those aged 75 or over.

Table 2.38: Mean WEMWBS Score (Q14) by Age and Gender

	Mean WEMWBS Score	Unweighted base (n)
Age:		
16-24	55.1	402
25-34	53.2	905
35-44	52.4	917
45-54	51.3	1,021
55-64	49.4	873
65-74	49.5	942
75+	47.8	860
Men 16-44	53.8	865
Women 16-44	53.2	1,358
Men 45-64	50.7	823
Women 45-64	50.3	1,071
Men 65+	48.5	688
Women 65+	48.7	1,114
All	51.7%	5,932

Those who live in the least deprived areas and those with qualifications had higher mean WEMEBS scores, indicating better mental wellbeing. This is shown in Table 2.39.

Table 2.39:   Mean WEMWBS Score (Q14) by Deprivation and Socio Economic Measures

	Mean WEMWBS Score	Unweighted base (n)
Bottom 15% datazones	50.5	2,273
Other datazones	52.2	3,659
SIMD quintile		
1 (most deprived)	50.8	2,652
2	51.1	970
3	52.0	791
4	52.5	544
5 (least deprived)	53.2	975
At least one qualification	52.7	4,314
No qualifications	47.7	1,601

Table 2.40 shows that all three factors associated with social exclusion were associated with lower WEMEBS scores, indicating poorer mental wellbeing.

Table 2.40:   Mean WEMWBS Score (Q14) by Factors Associated with Social Exclusion

	Mean WEMWBS Score	Unweighted base (n)
All income from benefits	45.9	1,399
Feel isolated from friends/family	44.5	639
Not in control of decisions affecting daily life, or only 'to some extent'	47.0	1,958

Health and wellbeing factors associated with lower WEMWBS scores were:

- Having a high GHQ12 score;
- Having a limiting condition or illness;
- Being a smoker;
- Being obese;
- Being exposed to second hand smoke; and
- Consuming fewer than five portions of fruit/vegetables per day.

Factors associated with a higher WEMWBS score were having a positive view of general health, physical health, mental/emotional wellbeing and quality of life. Those exceeding the recommended weekly limit for alcohol consumption also tended to have a higher WEMWBS score.

Table 2.41: Mean WEMEBS Score (Q14) by Health and Wellbeing Measures

	Mean WEMWBS Score	Unweighted base (n)		Mean WEMWBS Score	Unweighted base (n)
Positive view of general health	53.9	4,304	Second hand smoke	50.5	2,235
Positive view of physical health	53.9	4,472	Current smoker	48.8	1,766
Positive view of mental/ emotional wellbeing	53.8	4,752	Exceeds weekly alcohol limit	53.1	1,038
Positive view of quality of life	53.4	4,893	Obese	49.4	1,016
High GHQ12 Score	39.2	981	Consumes fewer than 5 portions of fruit/veg per day	51.0	4,075
Limiting condition or illness	43.5	1,465			

2.6   Oral Health

Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Most (88%) of respondents said that they had all (64%) or some (24%) of their own teeth, while 12% had none of their own teeth.

The proportion with all or some of their own teeth ranged from 34% among those aged 75 or over to 100% of those aged under 25. Men were more likely than women to have all or some of their own teeth (90% of men compared to 86% of women).

Table 2.42: Proportion of Own Teeth (Q10) by Age and Gender

	All	Some	None	All/some	Unweighted base (n)
Age:					
16-24	97%	3%	0%	100%	416
25-34	88%	11%	1%	99%	925
35-44	77%	22%	1%	99%	933
45-54	66%	30%	4%	96%	1,046
55-64	39%	48%	13%	87%	891
65-74	21%	42%	37%	63%	976
75+	10%	24%	66%	34%	895
Gender:					
Men	63%	27%	10%	90%	2,448
Women	64%	22%	14%	86%	3,645
Men 16-44	85%	14%	1%	99%	887
Women 16-44	89%	11%	<1%	100%	1,386
Men 45-64	53%	40%	7%	93%	840
Women 45-64	56%	35%	9%	91%	1,097
Men 65+	13%	41%	46%	54%	716
Women 65+	18%	29%	54%	46%	1,155
All	64%	24%	12%	88%	6,094

Those in the least deprived areas were more likely to have all or some of their own teeth. Also, those with no qualifications were more likely to say that they had none of their own teeth. This is shown in Table 2.43.

Table 2.43: Proportion of Own Teeth (Q10) by Deprivation and Socio Economic Measures

	All	Some	None	All/some	Unweighted base (n)
Bottom 15% datazones	55%	29%	16%	84%	2,339
Other datazones	67%	22%	11%	89%	3,755
SIMD quintile					
1 (most deprived)	57%	27%	16%	84%	2,737
2	61%	24%	15%	85%	994
3	71%	20%	9%	91%	807
4	63%	28%	10%	90%	555
5 (least deprived)	73%	20%	7%	93%	1,001
At least one qualification	71%	22%	6%	94%	4,382
No qualifications	34%	31%	35%	65%	1,696

Those who receive all household income from benefits and those not feeling definitely in control over the decisions affecting their lives were less likely to have all/some of their own teeth. This is shown in Table 2.44.

Table 2.44: Proportion of Own Teeth (Q10) by Factors Associated with Social Exclusion

	All	Some	None	All/some	Unweighted base (n)
All income from benefits	42%	32%	27%	73%	1,461
Not in control of decisions affecting daily life, or only 'to some extent'	56%	28%	16%	83%	2,048

For health and wellbeing measures, those more likely to have all or some of their own teeth were those who:

- Had a positive view of their general health;
- Had a positive view of their physical wellbeing;
- Had a positive view of their mental/emotional wellbeing;
- Had a positive view of their quality of life;
- Exceeded the recommended limit of alcohol in the previous week; and
- Were exposed to second hand smoke.

Those who were less likely to have all or some of their own teeth were those with a high GHQ12 score, those with a limiting condition or illness, and those who consumed fewer than five portions of fruit/vegetables per day.

Table 2.45: Proportion of Own Teeth (Q10) by Health and Wellbeing Measures

	All	Some	None	All/some	Unweighted base (n)
Positive view of general health	73%	21%	6%	94%	4,216
Positive view of physical wellbeing	70%	22%	9%	91%	4,570
Positive view of mental/emotional wellbeing	67%	23%	11%	89%	4,863
Positive view of quality of life	66%	23%	11%	89%	1,219
High GHQ12 Score	50%	31%	19%	81%	1,024
Limiting condition or illness	31%	36%	33%	67%	1,533
Second hand smoke	63%	26%	11%	89%	2,303
Exceeds weekly alcohol limit	71%	23%	5%	95%	1,065
Consumes fewer than 5 portions of fruit/veg per day	60%	26%	15%	85%	4,198

Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Four in five (80%) said they brushed their teeth at least twice a day.

Those aged under 35 were the most likely to say that they brushed their teeth twice or more per day. Women were more likely than men to brush their teeth at least twice per day (85% of women and 74% of men did so).

Table 2.46: Brushes Teeth Twice or More Per Day (Q11) by Age and Gender

	Brushes Teeth 2x or more per day	Unweighted base (n)
Age:		
16-24	84%	416
25-34	85%	917
35-44	83%	919
45-54	79%	1,002
55-64	69%	757
65-74	72%	583
75+	73%	302
Men	74%	2,026
Women	85%	2,880
Men 16-44	79%	872
Women 16-44	89%	1,379
Men 45-64	67%	774
Women 45-64	82%	985
Men 65+	67%	376
Women 65+	76%	509
All	80%	4,907

Those in the most deprived areas and those with no qualifications were less likely to brush their teeth twice or more per day.

Table 2.47: Brushes Teeth Twice or More Per Day (Q11) by Deprivation and Socio Economic Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)
Bottom 15% datazones	72%	1,796
Other datazones	83%	3,111
SIMD quintile		
1 (most deprived)	73%	2,098
2	76%	759
3	83%	676
4	90%	474
5 (least deprived)	87%	900
At least one qualification	84%	3,932
No qualifications	58%	962

As Table 2.48 shows, all three factors associated with social exclusion were associated with a lower likelihood of brushing teeth twice or more per day.

Table 2.48: Brushes Teeth Twice or More Per Day (Q11) by Factors Associated with Social Exclusion

	Brushes Teeth 2x or more per day	Unweighted base (n)
All income from benefits	55%	1,005
Feel isolated from friends/family	68%	522
Not in control of decisions affecting daily life, or only 'to some extent'	66%	1,556

As Table 2.49 shows, health and wellbeing measures associated with a higher likelihood of brushing teeth at least twice per day were having a positive view of general health, physical health, mental/emotional health and quality of life. Measures associated with a lower likelihood of brushing teeth twice per day were:

- Having a high GHQ12 score;
- Having a limiting condition or illness;
- Being a smoker;
- Being exposed to second hand smoke most or some of the time;
- Being obese;
- Consuming fewer than five portions of fruit/vegetables per day; and
- Exceeding the recommended weekly alcohol limit.

Table 2.49: Brushes Teeth Twice or More Per Day (Q11) by Health and Wellbeing Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)		Brushes Teeth 2x or more per day	Unweighted base (n)
Positive view of general health	83%	3,680	Second hand smoke	73%	1,929
Positive view of physical health	82%	3,894	Current smoker	68%	1,489
Positive view of mental/ emotional wellbeing	82%	3,995	Exceeds weekly alcohol limit	77%	988
Positive view of quality of life	82%	4,130	Obese	71%	837
High GHQ12 Score	62%	775	Consumes fewer than 5 portions of fruit/veg per day	75%	3,283
Limiting condition or illness	65%	931			

3   The Use of Health Services

3.1   Chapter Summary

Table 3.1: Indicators for Use of Health Services

Indicator	% of sample	Unweighted base (n)
Seen a GP at least once in last year (Q6a)	74%	6,087
Outpatient to see doctor at least once in last year (Q7d)	24%	6,101
Accident and emergency at least once in last year (Q7c)	14%	6,101
Hospital stay in last year (q7e)	13%	6,100
Seen Pharmacist for health advice in last year (Q7a)	19%	6,094
Contacted NHS24 in last year (Q7b)	10%	6,101
Used GP out of hours service in last year (q7f)	4%	6,099
Been to the dentist within past six months (Q9)	55%	5,474
Difficulty reaching hospital for an appointment (Q12d)	8%	5,241
Difficulty getting GP appointment (Q12a)	16%	5,639
Difficulty getting hospital appointment (Q12c)	13%	4,203
Difficulty getting GP consultation within 48 hours (Q12f)	12%	5,006
Difficulty accessing health services in an emergency (Q12b)	5%	4,626
Difficulty getting dentist appointment (Q12e)	5%	4,874

Three in four (74%) respondents had seen a GP in the last year. Those more likely to have seen a GP were older respondents, women, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12, obese people and those who consumed fewer than five portions of fruit/vegetables per day.

One in four (24%) respondents had visited hospital as an outpatient to see a doctor in the last year. Those most likely to have been outpatients were those aged 75 or over, women, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, and obese people.

Fourteen percent of respondents had visited accident and emergency in the last year. Those most likely to have visited accident and emergency were 16-24 year olds, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition/illness, obese people, those who exceeded the recommended weekly limit for alcohol consumption, smokers and those exposed to second hand smoke.

One in eight (13%) had been admitted to hospital in the last year. Those most likely to have been admitted to hospital were older people, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, and obese people.

One in five (19%) had seen a pharmacist for health advice in the last year. Those most likely to have consulted a pharmacist were those aged 25-54, women, those who received all household income from benefits, those who felt isolated from family/friends, those with a high GHQ12 score, those who had exceeded the recommended weekly alcohol limit, smokers, those exposed to second hand smoke and those with a limiting condition or illness.

One in ten (10%) had contacted NHS24 in the last year. Those most likely to have contacted NHS24 were women, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a

high GHQ12 score, those with a limiting illness or condition, smokers, those exposed to second hand smoke and obese people.

Four percent of respondents had used the GP out of hours service in the last year. Those more likely to have done so were those aged 25 or over, women, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting illness or condition, obese people, smokers and those exposed to second hand smoke.

Just over half (55%) of respondents had visited the dentist within the last six months. Those less likely to have visited the dentist in the last six months were those in the oldest age groups, men, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition/illness, smokers, those with a high GHQ12 score, those exposed to second hand smoke, obese people, and those who consumed fewer than five portions of fruit/vegetables per day.

One in 12 (8%) respondents said that it was difficult for them to reach hospital for an appointment. Those who were more likely to have difficulty reaching hospital were those in the oldest age group, women, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness and smokers.

One in six (16%) said that they had difficulty getting a GP appointment. Those more likely to have difficulty getting a GP appointment were those aged 25-44, women, those who felt isolated from family/friends, those with a high GHQ12 score, smokers, obese people and those with a limiting condition or illness.

One in eight (13%) respondents said that they had difficulty getting a hospital appointment. Those more likely to say it was difficult to get a hospital appointment were those aged 35-54, those in the most deprived areas, those who exhibited factors associated with social exclusion, those with a high GHQ12 score and smokers.

One in eight (12%) respondents said that it was difficult to get a consultation with someone at their GP surgery within 48 hours. Those more likely to say this were those aged under 65, women, those who felt isolated and those with a high GHQ12 score.

One in 20 (5%) felt that it was difficult to access health services in an emergency. Those more likely to say that this was difficult were younger people, women, those who exhibited factors associated with social exclusion, those with a high GHQ12 score and those with a limiting illness or condition.

One in 20 (5%) respondents said that it was difficult to get an appointment to see the dentist. Those most likely to report difficulty getting a dentist appointment were those aged 25-64, women, those who felt isolated, those who did not definitely feel in control of decisions, those with a high GHQ12 score, those with a limiting condition or illness and smokers.

3.2   Use of Specific Health Services

General Practitioners (GPs)

Three in four (74%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, half (51%) had visited the GP either once (26%) or twice (26%) in the last year, although the number of visits made in the last year ranged from 1 to 156. For all those who had visited their GP in the last year, the mean number of GP visits was 4.28.

The proportion of respondents who had seen a GP in the last year varied by age, ranging from 62% of 16-24 year olds to 91% of those aged 75 or over. Women were more likely than men to have visited a GP in the last year (80% of women compared to 67% of men), although the difference for gender was only apparent for those aged under 65.

Table 3.2: Seen GP at Least Once and Mean Number of Visits (Q6a) by Age and Gender

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Age:			
16-24	62%	3.51	416
25-34	65%	3.95	926
35-44	73%	3.99	932
45-54	72%	4.78	1,044
55-64	81%	4.74	890
65-74	88%	4.33	974
75+	91%	4.71	892
Gender:			
Men	67%	4.01	2,444
Women	80%	4.48	3,641
Men 16-44	57%	3.60	886
Women 16-44	76%	4.00	1,387
Men 45-64	71%	4.28	839
Women 45-64	81%	5.15	1,095
Men 65+	90%	4.50	714
Women 65+	89%	4.51	1,152
All	74%	4.28	6,087

The likelihood of having visited a GP in the last year was higher for those with no qualifications. This is shown in Table 3.3.

Table 3.3: Seen GP at Least Once and Mean Number of Visits (Q6a) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
At least one qualification	71%	3.89	4,379
No qualifications	83%	5.57	1,691

All three factors associated with social exclusion were associated with a higher likelihood of having visited a GP in the last year.

Table 3.4: Seen GP at Least Once and Mean Number of Visits (Q6a) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
All income from benefits	81%	6.01	1,456
Feel isolated from friends/family	81%	6.71	669
Not in control of decisions affecting daily life, or only 'to some extent'	77%	5.18	2,043

The health and wellbeing measures associated with a higher likelihood of visiting a GP in the last year were having a limiting condition or illness, having a high GHQ12 score, being obese and consuming fewer than five portions of fruit/vegetables per day. Positive views of general health, physical wellbeing, mental/emotional wellbeing and quality of life were associated with a lower likelihood of having seen a GP in the last year. Exceeding the recommended weekly alcohol limit was also associated with a lower likelihood of having seen a GP in the last year. This is shown in Table 3.5.

Table 3.5: Seen GP at Least Once and Mean Number of Visits (Q6a) by Health and Wellbeing Measures

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Positive view of general health	68%	2.88	4,126
Positive view of physical wellbeing	69%	3.19	4,568
Positive view of mental/emotional wellbeing	71%	3.38	4,863
Positive view of quality of life	71%	3.69	5,003
High GHQ12 Score	92%	7.62	1,023
Limiting condition or illness	95%	8.06	1,523
Exceeds weekly alcohol limit	67%	3.40	1,066
Obese	84%	5.15	1,042
Consumes fewer than five portions of fruit/veg per day	76%	4.30	4,191

Other Uses of GP Surgery

Figure 3.1 below shows the extent of other uses of GP surgeries in the last year. In addition to the 74% of respondents who had seen a GP in the last year, 40% had seen a nurse or midwife from the GP surgery (mean number of visits was 3.11). Nearly one in eight (12%) had seen staff such as physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 3.83). Also, 4% had seen some other type of staff at a GP surgery (mean number of visits was 4.74).

Figure 3.1: Seen Specific GP Practice Staff in Last Year (Q6)
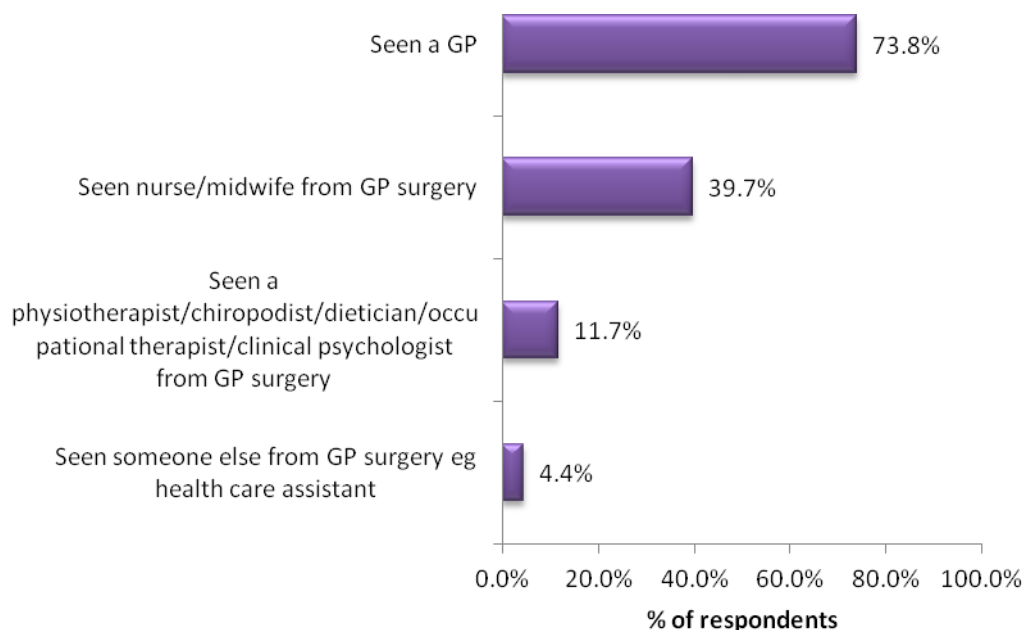
Outpatients

One in four (24%) respondents had visited a hospital outpatient department to see a doctor at least once in the last year. Of those who had made such a visit, three in five (62%) had done so just once (37%) or twice (26%), although the number of visits ranged from 1 to 250. The average number of outpatient visits in the last year was 3.53.

Those aged 16-24 were the least likely to have visited hospital as an outpatient, and those aged 75 and over were the most likely to have done so. Women were more likely than men to have been hospital outpatients in the last year. This is shown in Table 3.6.

Table 3.6: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	11%	3.76	416
25-34	15%	2.78	926
35-44	21%	3.93	933
45-54	24%	3.60	1,046
55-64	28%	4.33	894
65-74	38%	3.12	976
75+	47%	3.17	897
Gender:			
Men	21%	3.31	2,450
Women	26%	3.70	3,649
Men 16-44	13%	3.46	887
Women 16-44	19%	3.57	1,387
Men 45-64	25%	3.13	842
Women 45-64	27%	4.63	1,098
Men 65+	41%	3.38	716
Women 65+	43%	2.99	1,157
All	24%	3.53	6,101

Those with no qualifications were more likely than others to have been a hospital outpatient in the last year.

Table 3.7: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits	Unweighted base (n)
At least one qualification	21%	3.47	4,385
No qualifications	37%	3.67	1,699

All three factors associated with social exclusion were associated with a higher likelihood of having been a hospital outpatient in the last year, as shown in Table 3.8.

Table 3.8: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	35%	4.42	1,464
Feel isolated from family/friends	37%	4.47	672
Not in control of decisions affecting daily life, or only 'to some extent'	29%	3.95	2,052

Those with positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life were less likely to have visited hospital as an outpatient in the last year. Those exposed to second hand smoke and those who exceed the recommended weekly limit for alcohol consumption were also less likely to have visited hospital as an outpatient. Health and wellbeing measures associated with a higher likelihood of being a hospital outpatient were having a high GHQ12 score, having a limiting condition or illness and being obese.

**Table 3.9: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Health and Wellbeing Measures**

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	15%	2.36	4,128
Positive view of physical wellbeing	17%	2.58	4,574
Positive view of mental/emotional wellbeing	19%	2.97	4,868
Positive view of quality of life	20%	3.11	5,011
High GHQ12 Score	50%	4.81	1,026
Limiting condition or illness	59%	4.63	1,535
Exposed to second hand smoke	22%	3.77	2,305
Exceeds weekly alcohol limit	15%	2.44	1,066
Obese	34%	4.04	1,042

Accident and Emergency

One in seven (14%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, 71% had been once in the last year, but the number of visits ranged from 1 to 52. The mean number of visits was 1.56.

Those aged 16-24 were the most likely to have visited Accident and Emergency in the last year.

Table 3.10: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	19%	1.30	416
25-34	15%	1.48	926
35-44	12%	2.06	933
45-54	13%	1.69	1,046
55-64	12%	1.46	894
65-74	11%	1.60	976
75+	12%	1.37	897
Men 16-44	16%	1.71	887
Women 16-44	14%	1.40	1,387
Men 45-64	13%	1.59	842
Women 45-64	12%	1.59	1,098
Men 65+	11%	1.49	716
Women 65+	12%	1.49	1,157
All	14%	1.56	6,101

Those with no qualifications were more likely others to have visited Accident and Emergency in the last year, as shown in Table 3.11.

Table 3.11: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits	Unweighted base (n)
At least one qualification	13%	1.58	4,385
No qualifications	17%	1.49	1,699

All three factors associated with social exclusion were associated with a higher likelihood of having been to Accident and Emergency in the last year. This is shown in Table 3.12.

Table 3.12: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	19%	1.74	1,464
Feel isolated from family/friends	26%	1.88	672
Not in control of decisions affecting daily life, or only 'to some extent'	175	1.60	2,052

Those with positive views of their general health, physical health, mental/emotional wellbeing and quality of life were less likely to have visited accident and emergency in the last year.

Health and wellbeing factors associated with a higher likelihood of having visited accident and emergency in the last year were:

- Having a high GHQ12 score;
- Having a limiting condition or illness;
- Being obese;
- Exceeding the recommended weekly limit for alcohol consumption in the last week;
- Smoking; and
- Being exposed to second hand smoke.

Table 3.13: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	11%	1.34	4,128
Positive view of physical wellbeing	11%	1.36	4,574
Positive view of mental/emotional wellbeing	12%	1.46	4,868
Positive view of quality of life	12%	1.42	5,011
High GHQ12 Score	27%	1.88	1,026
Limiting condition or illness	24%	2.10	1,535
Exposed to second hand smoke	17%	1.72	2,305
Smoker	17%	1.76	1,835
Exceeds weekly alcohol limit	17%	1.42	1,066
Obese	17%	1.73	1,042

Hospital Admissions

One in eight (13%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 70% had been admitted once in the last year, although the number of admissions ranged from 1 to 105. The mean number of admissions was 2.13.

Respondents aged under 25 were the least likely to have been admitted to hospital in the last year (7% had), while those aged 75 or over were the most likely to have been admitted to hospital (25% had).

Table 3.14: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Age and Gender

	% at least once	Mean number of admissions	Unweighted base (n)
Age:			
16-24	7%	1.29	416
25-34	13%	2.00	925
35-44	11%	2.27	933
45-54	12%	1.74	1,046
55-64	15%	3.68	894
65-74	18%	1.80	976
75+	25%	1.71	897
Men 16-44	9%	2.79	887
Women 16-44	12%	1.34	1,386
Men 45-64	13%	3.57	842
Women 45-64	13%	1.94	1,098
Men 65+	24%	1.87	716
Women 65+	19%	1.64	1,157
All	13%	2.13	6,100

Those with no qualifications were more likely than others to have been admitted to hospital.

Table 3.15: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Deprivation and Socio Economic Measures

	% at least once	Mean number of admissions	Unweighted base (n)
At least one qualification	11%	2.34	4,384
No qualifications	21%	1.68	1,699

Table 3.16 shows that all three factors associated with social exclusion were associated with a higher likelihood of having been admitted to hospital in the last year.

Table 3.16: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Factors Associated with Social Exclusion

	% at least once	Mean number of admissions	Unweighted base (n)
All income from benefits	21%	2.46	1,464
Feel isolated from family/friends	21%	1.81	672
Not in control of decisions affecting daily life, or only 'to some extent'	18%	1.70	2,051

Those with positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life were less likely to have been admitted to hospital in the last year. Those who had exceeded the recommended limit for alcohol consumption in the previous week were also less likely to have been admitted to hospital in the last year.

Those with a high GHQ12 score, those with a limiting condition or illness, and obese people were more likely to have been admitted to hospital in the last year. This is shown in Table 3.17.

Table 3.17: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Health and Wellbeing Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Positive view of general health	8%	1.44	4,127
Positive view of physical wellbeing	9%	2.07	4,573
Positive view of mental/emotional wellbeing	10%	2.29	4,867
Positive view of quality of life	11%	2.12	5,010
High GHQ12 Score	31%	2.00	1,026
Limiting condition or illness	33%	2.86	1,535
Exceeds weekly alcohol limit	8%	1.32	1,066
Obese	17%	1.60	1,042

Use of Pharmacy for Health Advice

One in five (19%) respondents had seen a pharmacist for health advice in the last year. Of those who had done so, 44% had done so only once. The number of visits to the pharmacist for health advice ranged from 1 to 150, and the mean number of visits to the pharmacist was 2.65.

As Table 3.18 shows, those in the youngest and oldest age groups were the least likely to have sought health advice from a pharmacist in the last year. Women were more likely than men to have seen a pharmacist for health advice in the last year (20% of women and 17% of men had done so).

Table 3.18: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	15%	1.99	416
25-34	22%	2.38	925
35-44	21%	3.71	932
45-54	22%	2.15	1,045
55-64	18%	2.36	892
65-74	16%	3.65	976
75+	14%	2.46	895
Gender:			
Men	17%	2.59	2,446
Women	20%	2.70	3,646
Men 16-44	17%	3.19	885
Women 16-44	22%	2.46	1,387
Men 45-64	18%	1.90	841
Women 45-64	22%	2.48	1,096
Men 65+	15%	2.01	715
Women 65+	15%	3.93	1,156
All	19%	2.65	6,094

Those who received all household income from benefits and those who felt isolated from family or friends were more likely to have sought health advice from a pharmacist in the last year.

Table 3.19: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Factors Associated with Social Exclusion

	% at least once	Mean number of admissions	Unweighted base (n)
All income from benefits	24%	4.30	1,460
Feel isolated from family/friends	27%	4.04	671

Those with a positive view of their general health or physical wellbeing were less likely to have asked a pharmacist for health advice in the last year.   Health and wellbeing measures associated with a higher likelihood of having seen a pharmacist for health advice in the last year were having a high GHQ12 score, exceeding the recommended weekly alcohol limit, being a smoker, being exposed to second hand smoke and having a long-term limiting condition or illness.

Table 3.20: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	17%	2.07	4,123
Positive view of physical wellbeing	18%	2.18	4,568
High GHQ12 Score	26%	3.25	1,026
Limiting condition or illness	22%	4.13	1,531
Exposed to second hand smoke	22%	3.05	2,300
Current smoker	23%	3.35	1,831
Exceeds weekly alcohol limit	25%	2.54	1,064

Contacting NHS24

One in ten (10%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 59% had done so just once. The number of contacts ranged from 1 to 52 and the mean number of contacts was 1.89.

Women were more likely to have contacted NHS24 than men (11% of women compared to 9% of men).

Table 3.21: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Age and Gender

	% at least once	Mean number of contacts	Unweighted base (n)
Gender:			
Men	9%	1.78	2,450
Women	11%	1.97	3,649
Men 16-44	9%	2.09	887
Women 16-44	13%	1.84	1,387
Men 45-64	10%	1.38	842
Women 45-64	10%	2.16	1,098
Men 65+	8%	1.65	716
Women 65+	10%	2.07	1,157
All	10%	1.89	6,101

Those in the most deprived areas and those with no qualifications were more likely than others to have contacted NHS24 in the last year. This is shown in Table 3.22.

Table 3.22: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Deprivation and Socio Economic Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Bottom 15% datazones	13%	1.68	2,342
Other datazones	9%	2.01	3,759
SIMD quintile			
1 (most deprived)	13%	2.04	2,740
2	10%	1.96	994
3	11%	1.82	807
4	6%	1.46	556
5 (least deprived)	7%	1.59	1,004
At least one qualification	9%	1.95	4,385
No qualifications	14%	1.73	1,699

Table 3.23 shows that all three factors associated with social exclusion were associated with a higher likelihood of having contacted NHS24 at least once in the last year.

Table 3.23: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Factors Associated with Social Exclusion

	% at least once	Mean number of contacts	Unweighted base (n)
All income from benefits	17%	1.84	1,464
Feel isolated from family/friends	22%	2.14	672
Not in control of decisions affecting daily life, or only 'to some extent'	14%	1.91	2,052

Health and wellbeing measures associated with a higher likelihood of having contacted NHS24 in the last year were having a high GHQ12 score, having a limiting illness or condition, being a smoker, being exposed to second hand smoke and being obese.

Those with positive views of their general, physical and mental/emotional health and quality of life were less likely to have contacted NHS24 in the last year.

Table 3.24: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Health and Wellbeing Measures

	% at least once	Mean number of contacts	Unweighted base (n)
Positive view of general health	7%	1.61	4,128
Positive view of physical wellbeing	7%	1.64	4,574
Positive view of mental/emotional wellbeing	8%	1.70	4,868
Positive view of quality of life	9%	1.84	5,011
High GHQ12 score	27%	2.34	1,026
Limiting condition or illness	23%	2.25	1,535
Exposed to second hand smoke	13%	2.05	2,305
Smoker	14%	1.82	1,835
Obese	13%	2.42	1,042

Use of GP Out of Hours Service

Four percent of respondents had used the GP out of hours service in the last year. Of those who had used the service, the number of uses of the service ranged from 1 to 10 and the mean number of uses was 1.72.

Those aged 16-24 were the least likely to have used the GP out of hours service in the last year. Women were more likely than men to have done so.

Table 3.25: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	2%	1.15	415
25-34	4%	1.55	926
35-44	4%	2.29	933
45-54	6%	1.81	1,046
55-64	5%	1.39	893
65-74	4%	2.17	976
75+	6%	1.49	897
Gender:			
Men	3%	1.65	2,450
Women	5%	1.76	3,647
Men 16-44	2%	2.16	887
Women 16-44	4%	1.14	1,386
Men 45-64	5%	1.80	842
Women 45-64	6%	1.53	1,097
Men 65+	4%	1.99	716
Women 65+	5%	1.76	1,157
All	4%	1.72	6,099

Table 3.26 shows that all three factors associated with social exclusion were associated with a higher likelihood of having used the GP out of hours service in the last year.

Table 3.26: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	8%	1.60	1,463
Feel isolated from family/friends	10%	2.27	672
Not in control of decisions affecting daily life, or only 'to some extent'	6%	1.81	2,050

Those with a positive view of their general health, physical wellbeing, mental/emotional wellbeing or overall quality of life and those who exceeded the recommended weekly limit for alcohol consumption were less likely to have used the GP out of hours service. Those more likely to have used the service were:

- Those with a high GHQ12 score;
- Those with a limiting illness or condition;
- Obese people;
- Smokers; and
- Those exposed to second hand smoke.

Table 3.27: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	2%	1.19	4,127
Positive view of physical wellbeing	3%	1.31	4,573
Positive view of mental/emotional wellbeing	3%	1.54	4,867
Positive view of quality of life	3%	1.47	5,009
High GHQ12 Score	13%	1.97	1,025
Limiting condition or illness	12%	1.93	1,534
Exposed to second hand smoke	5%	1.97	2,304
Smoker	6%	2.03	1,834
Exceeds weekly alcohol limit	3%	1.41	1,066
Obese	6%	1.90	1,041

3.3   Dental Services

Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, more than half (55%) said that they had visited the dentist within the last six months, a quarter (23%) had visited the dentist between six and 15 months ago, and a quarter (22%) had last visited the dentist over 15 months ago.

Table 3.28 shows that those in the oldest age groups were least likely to have visited the dentist within the last six months, and women were more likely than men to have visited the dentist within the last six months.

Table 3.28: When Last Visited Dentist (Q9) by Age and Gender

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Age:				
16-24	68%	18%	14%	404
25-34	59%	28%	13%	889
35-44	61%	25%	14%	887
45-54	55%	25%	20%	990
55-64	48%	24%	28%	826
65-74	38%	22%	40%	820
75+	28%	13%	59%	649
Gender:				
Men	51%	25%	23%	2,182
Women	58%	21%	21%	3,292
Men 16-44	58%	26%	15%	828
Women 16-44	66%	22%	12%	1,352
Men 45-64	48%	26%	26%	781
Women 45-64	56%	23%	21%	1,035
Men 65+	32%	20%	48%	571
Women 65+	35%	17%	48%	898
All	55%	23%	22%	5,474

Table 3.29 shows that those living in the most deprived areas and those with no qualifications were less likely to have visited the dentist in the last six months.

Table 3.29: When Last Visited Dentist (Q9) by Deprivation and Socio Economic Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Bottom 15% datazones	45%	25%	30%	2,025
Other datazones	59%	22%	19%	3,449
SIMD quintile				
1 (most deprived)	46%	25%	29%	2,381
2	50%	24%	26%	874
3	58%	23%	20%	744
4	66%	23%	11%	518
5 (least deprived)	67%	19%	14%	957
At least one qualification	59%	24%	17%	4,129
No qualifications	33%	20%	47%	1,330

Table 3.30 shows that all three measures of social exclusion were associated with a lower likelihood of having visited the dentist in the last six months.

Table 3.30: When Last Visited Dentist (Q9) by Factors Associated with Social Exclusion

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
All income from benefits	31%	23%	46%	1,209
Feel isolated from family/friends	37%	23%	40%	594
Not in control of decisions affecting daily life, or only 'to some extent'	44%	24%	31%	1,813

Health and wellbeing measures associated with a lower likelihood of having visited the dentist in the last six months were:

- Having a limiting condition/illness;
- Being a smoker;
- Having a high GHQ12 score;
- Being exposed to second hand smoke;
- Being obese; and
- Consuming fewer than five portions of fruit/vegetables per day.

Those with positive perceptions of their general health, physical wellbeing, mental/emotional wellbeing and quality of life were more likely to have visited the dentist within the last six months.

Table 3.31: When Last Visited Dentist (Q9) by Health and Wellbeing Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Positive view of general health	60%	23%	17%	3,820
Positive view of physical wellbeing	58%	23%	18%	4,165
Positive view of mental/emotional wellbeing	58%	23%	19%	4,416
Positive view of quality of life	57%	23%	20%	4,559
High GHQ12 Score	42%	19%	38%	882
Limiting condition or illness	38%	21%	41%	1,252
Exposed to second hand smoke	46%	28%	26%	2,066
Smoker	39%	27%	33%	1,616
Obese	47%	25%	28%	960
Consumes fewer than 5 portions of fruit/veg per day	51%	23%	27%	3,705

3.4   Involvement in Decisions Affecting Health Service Delivery

Information about Condition or Treatment

Of those who had accessed any health services over the last year, 51% felt that they had 'definitely' been given adequate information about their condition or treatment, 44% felt that they had 'to some extent', and 5% felt that they had not.

Women were more likely than men to say that they had definitely been given adequate information (53% of women compared to 47% of men).

Table 3.32: Given adequate information about your condition or treatment (Q8a) by Age and Gender

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Gender: Men	47%	48%	5%	95%	2,014
Women	53%	41%	6%	94%	3,220
Men 16-44	47%	50%	3%	97%	643
Women 16-44	54%	40%	6%	94%	1,143
Men 45-64	46%	47%	7%	93%	699
Women 45-64	52%	42%	6%	94%	991
Men 65+	50%	46%	5%	95%	668
Women 65+	54%	41%	5%	95%	1,080
All	51%	44%	5%	95%	5,236

Those in the most deprived areas were less likely than those in other areas to feel that were definitely given adequate information about their condition or treatment. However, those with no qualifications were more likely than those with qualifications to say they were definitely given adequate information about their condition or treatment.

Table 3.33: Given adequate information about your condition or treatment (Q8a) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	43%	52%	5%	95%	2,057
Other datazones	54%	41%	5%	95%	3,179
SIMD quintile 1 (most deprived)	46%	48%	6%	94%	2,387
2	55%	39%	5%	95%	864
3	50%	44%	6%	94%	658
4	56%	40%	4%	96%	474
5 (least deprived)	52%	44%	5%	95%	853
At least one qualification	49%	46%	5%	95%	3,651
No qualifications	55%	39%	6%	94%	1,570

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their lives were less likely to feel that they were definitely given adequate information about their condition or treatment.

Table 3.34: Given adequate information about your condition or treatment (Q8a) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
All income from benefits	46%	46%	8%	92%	1,329
Not in control of decisions affecting daily life, or only 'to some extent'	42%	52%	5%	95%	1,789

For health and wellbeing measures, those less likely to feel they had definitely or to some extent been given adequate information about their condition or treatment were:

- Those with a high GHQ12 score (indicating poor mental health);
- Those with a limiting condition or illness;
- Obese people;
- Those exposed to second hand smoke; and
- Smokers.

Table 3.35: Given adequate information about your condition or treatment (Q8a) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	52%	45%	3%	97%	3,342
Positive view of physical wellbeing	52%	44%	4%	96%	3,861
Positive view of mental/emotional wellbeing	52%	44%	4%	96%	4,156
Positive view of quality of life	53%	42%	4%	96%	4,312
High GHQ12 Score	44%	43%	13%	87%	974
Limiting condition or illness	53%	38%	9%	91%	1,502
Exposed to second hand smoke	48%	46%	6%	94%	1,947
Current smoker	46%	48%	6%	94%	1,549
Exceeds weekly alcohol limit	48%	48%	4%	96%	872
Obese	54%	38%	8%	92%	944

Encouragement to Participate in Decisions Affecting Health or Treatment

More than four in five (86%) of those who had used health services in the last year felt that they had been encouraged to participate in decisions affecting their health or treatment either definitely (37%) or to some extent (48%).

Women were more likely than men to feel they had definitely been encouraged to participate in decisions. This is shown in Table 3.36.

Table 3.36: Encouraged to participate in decisions affecting health or treatment (Q8b) by Age and Gender

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Gender: Men	34%	53%	13%	87%	1,850
Women	40%	45%	15%	85%	2,970
Men 16-44	30%	56%	14%	86%	559
Women 16-44	39%	44%	17%	83%	1,040
Men 45-64	37%	49%	14%	86%	652
Women 45-64	40%	47%	13%	87%	926
Men 65+	38%	53%	9%	91%	634
Women 65+	40%	45%	15%	85%	998
All	37%	48%	14%	86%	4,822

Table 3.37 shows that those in the bottom 15% most deprived areas and those with no qualifications were less likely to feel that they had to any extent been encouraged to participate in the decisions affecting their health or treatment.

Table 3.37: Encouraged to participate in decisions affecting health or treatment (Q8b) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	31%	52%	17%	83%	1,911
Other datazones	40%	47%	13%	87%	2,911
SIMD quintile					
1 (most deprived)	33%	49%	17%	83%	2,220
2	39%	48%	12%	88%	803
3	38%	48%	13%	87%	608
4	43%	45%	12%	88%	429
5 (least deprived)	38%	49%	13%	87%	762
At least one qualification	36%	51%	13%	87%	3,359
No qualifications	41%	40%	18%	82%	1,450

Table 3.38 shows that those exhibiting factors associated with social exclusion were less likely to feel that they were encouraged to participate in decisions affecting their health or treatment.

Table 3.38: Encouraged to participate in decisions affecting health or treatment (Q8b) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
All income from benefits	35%	45%	20%	80%	1,262
Feel isolated from family/friends	43%	38%	19%	81%	566
Not in control of decisions affecting daily life, or only 'to some extent'	30%	54%	16%	84%	1,627

The health and wellbeing measures associated with a lower likelihood of people feeling that they were encouraged (to any extent) to participate in decisions affecting their health or treatment were:

- Having a high GHQ12 score (indicating poor mental health);
- Being exposed to second hand smoke;
- Being a smoker; and
- Consuming fewer than five portions of fruit/vegetables per day.

Table 3.39: Encouraged to participate in decisions affecting health or treatment (Q8b) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	37%	50%	13%	87%	3,002
Positive view of physical wellbeing	38%	49%	13%	87%	3,507
Positive view of mental/emotional wellbeing	37%	50%	13%	87%	3,796
Positive view of quality of life	39%	48%	13%	87%	3,949
High GHQ12 Score	37%	40%	23%	77%	904
Exposed to second hand smoke	35%	47%	18%	82%	1,778
Current smoker	33%	50%	17%	83%	1,432
Consumes fewer than five portions of fruit/veg per day	36%	48%	16%	84%	3,308

Having a Say in How Health Services are Delivered

Three in four (74%) of those who had used health services in the last year felt that they had had a say in how these services are delivered, either definitely (28%) or to some

extent (46%). Those aged 55 or over were the most likely feel that they had a say in how services are delivered to any extent. Women were more likely than men to say they definitely had a say.

Table 3.40: Have a say in how health services are delivered (Q8c) by Age and Gender

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Age:					
16-24	26%	47%	27%	73%	257
25-34	25%	43%	32%	68%	624
35-44	29%	43%	28%	72%	692
45-54	28%	44%	28%	72%	812
55-64	28%	50%	22%	78%	730
65-74	28%	50%	22%	78%	831
75+	33%	46%	22%	79%	749
Gender:					
Men	25%	48%	27%	73%	1,822
Women	31%	44%	26%	74%	2,882
Men 16-44	23%	47%	30%	70%	562
Women 16-44	30%	41%	28%	72%	1,010
Men 45-64	26%	49%	26%	74%	641
Women 45-64	30%	45%	25%	75%	901
Men 65+	29%	51%	20%	80%	614
Women 65+	31%	46%	23%	77%	966
All	28%	46%	26%	74%	4,706

Those in the most deprived areas and those without qualifications were less likely to feel that they had a say in how health services were delivered to any extent.

Table 3.41: Have a say in how health services are delivered (Q8c) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	23%	47%	31%	69%	1,861
Other datazones	30%	45%	24%	76%	2,845
SIMD quintile					
1 (most deprived)	24%	45%	31%	69%	2,162
2	28%	45%	27%	73%	796
3	28%	46%	26%	74%	587
4	38%	44%	18%	82%	426
5 (least deprived)	29%	49%	22%	78%	735
At least one qualification	26%	49%	25%	75%	3,285
No qualifications	33%	37%	30%	70%	1,408

Those who receive all household income from benefits and those who felt isolated from family or friends were less likely than others to feel that they had a say in how health services are delivered to any extent. Also, those who did not definitely feel in control of the

decisions affecting their lives were less likely to feel that they definitely had a say in how health services are delivered. This is shown in Table 3.42.

Table 3.42: Have a say in how health services are delivered (Q8c) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
All income from benefits	24%	43%	34%	66%	1,233
Feel isolated from friends/family	28%	24%	38%	62%	555
Not in control of decisions affecting daily life, or only 'to some extent'	20%	53%	27%	73%	1,590

Those with a positive view of their general health, physical wellbeing, mental/emotional wellbeing or quality of life were more likely to feel that they had a say in how health services are delivered. Those less likely to feel that they had a say in service delivery were:

- Those with a high GHQ12 score;
- Smokers;
- Those who exceed the recommended weekly alcohol consumption limit; and
- Those exposed to second hand smoke.

Table 3.43: Have a say in how health services are delivered (Q8c) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	29%	46%	25%	75%	2,947
Positive view of physical wellbeing	29%	45%	25%	75%	3,432
Positive view of mental/emotional wellbeing	29%	47%	25%	75%	3,707
Positive view of quality of life	30%	45%	25%	75%	3,848
High GHQ12 Score	24%	40%	36%	64%	894
Exposed to second hand smoke	26%	44%	30%	70%	1,733
Current smoker	24%	45%	31%	69%	1,417
Exceeds weekly alcohol limit	23%	46%	31%	69%	772

Feel that Views and Circumstances are Understood and Valued

Nine in ten (90%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (40%) or to some extent (51%). Those aged 75 or over were the most likely to feel that their views and circumstances were 'definitely' understood and valued and women were more likely than

men to feel that their views and circumstances were 'definitely' understood and valued. This is shown in Table 3.44.

Table 3.44: Feel that views and circumstances are understood and valued (Q8d) by Age and Gender

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Age:					
16-24	39%	54%	8%	92%	262
25-34	37%	55%	8%	91%	645
35-44	39%	50%	11%	89%	716
45-54	39%	49%	12%	88%	842
55-64	40%	50%	10%	90%	752
65-74	42%	51%	8%	92%	858
75+	44%	49%	7%	93%	792
Men	35%	56%	9%	91%	1,876
Women	43%	47%	10%	90%	3,001
Men 16-44	32%	60%	8%	92%	571
Women 16-44	44%	47%	10%	90%	1,051
Men 45-64	37%	52%	12%	88%	661
Women 45-64	41%	47%	11%	89%	933
Men 65+	40%	53%	7%	93%	639
Women 65+	45%	47%	8%	92%	1,011
All	40%	51%	10%	90%	4,879

Those in the most deprived areas were the least likely to feel that their views and circumstances were definitely understood and valued. Those with no qualifications were more likely than those with at least one qualification to say that their views and circumstances were definitely understood and valued. However, those with no qualifications were also more likely to say that their views and circumstances were not understood and valued. This is shown in Table 3.45.

Table 3.45: Feel that views and circumstances are understood and valued (Q8d) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	33%	56%	11%	89%	1,917
Other datazones	42%	49%	9%	91%	2,962
SIMD quintile					
1 (most deprived)	36%	52%	12%	88%	2,233
2	40%	51%	9%	91%	819
3	40%	49%	11%	89%	618
4	48%	46%	6%	94%	443
5 (least deprived)	41%	53%	6%	94%	766
At least one qualification	38%	54%	8%	92%	3,404
No qualifications	46%	41%	13%	87%	1,462

Those exhibiting factors associated with social exclusion were less likely to feel that their views and circumstances were understood and valued. This is shown in Table 3.46.

Table 3.46: Feel that views and circumstances are understood and valued (Q8d) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
All income from benefits	38%	48%	15%	85%	1,266
Feel isolated from friends/family	40%	44%	16%	84%	573
Not in control of decisions affecting daily life, or only 'to some extent'	34%	55%	12%	88%	1,663

For health and wellbeing measures, those less likely to feel that their views and circumstances were understood and valued were those with a high GHQ12 score, those with a limiting condition or illness, obese people, those exposed to second hand smoke, smokers and those who consume fewer than five portions of fruit/vegetables.

Table 3.47: Feel that views and circumstances are understood and valued (Q8d) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	39%	54%	7%	93%	3,057
Positive view of physical wellbeing	41%	51%	7%	93%	3,554
Positive view of mental/emotional wellbeing	41%	52%	7%	93%	3,839
Positive view of quality of life	42%	50%	8%	92%	3,998
High GHQ12 Score	36%	43%	21%	79%	933
Limiting condition or illness	43%	43%	15%	85%	1,445
Exposed to second hand smoke	36%	52%	12%	88%	1,794
Current smoker	34%	54%	12%	88%	1,467
Obese	43%	44%	13%	87%	885
Consumers fewer than five portions of fruit/veg per day	39%	51%	11%	89%	3,332

3.5   Accessing Health Services

Respondents were asked on a scale of 1 to 5, (1 being 'very difficult' and 5 being 'very easy') how easy or difficult it was to access a number of specific health services. The tables in this section have categorised responses so that 1 and 2 are 'difficult', 3 is 'neither difficult nor easy', and 4 and 5 are 'easy'.

Travelling to Hospital for an Appointment

Four in five (78%) respondents indicated that they found it easy to travel to hospital for an appointment, while 15% found it neither difficult nor easy and 8% found it difficult (1% said very difficult).

Those aged 75 or over were the most likely to report having difficulty travelling to hospital for an appointment (15% in this age group said this was difficult). Women were more likely than men to find travelling to hospital for an appointment difficult.

Table 3.48: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Age and Gender

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Age:					
16-24	4%	10%	86%	1%	298
25-34	7%	11%	82%	1%	758
35-44	5%	16%	79%	1%	791
45-54	8%	12%	81%	1%	899
55-64	8%	21%	71%	1%	790
65-74	11%	18%	71%	1%	875
75+	15%	19%	66%	2%	820
Gender:					
Men	6%	14%	80%	1%	2,037
Women	9%	15%	75%	1%	3,202
Men 16-44	4%	10%	86%	1%	671
Women 16-44	6%	15%	79%	1%	1,175
Men 45-64	5%	15%	79%	<1%	713
Women 45-64	10%	16%	74%	1%	976
Men 65+	10%	22%	68%	2%	649
Women 65+	14%	16%	69%	2%	1,046
All	8%	15%	78%	1%	5,241

For deprivation and socio economic measures, those most likely to find it difficult to travel to hospital for an appointment were those living in the most deprived areas and those with no qualifications.

Table 3.49: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Bottom 15% datazones	10%	15%	76%	1%	1,997
Other datazones	7%	15%	78%	1%	3,244
SIMD quintile					
1 (most deprived)	9%	14%	77%	1%	2,339
2	8%	18%	74%	1%	864
3	8%	10%	82%	1%	681
4	4%	10%	86%	<1%	486
5 (least deprived)	6%	22%	73%	1%	871
At least one qualification	6%	16%	79%	1%	3,757
No qualifications	15%	11%	74%	2%	1,471

All three social exclusion measures were associated with a high likelihood of reporting difficulty in travelling to hospital for an appointment, as shown in Table 3.50.

Table 3.50: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
All income from benefits	18%	13%	69%	3%	1,267
Feel isolated from friends/family	17%	9%	74%	4%	592
Not in control of decisions affecting daily life, or only 'to some extent'	10%	21%	69%	2%	1,682

Table 3.51 shows that the health and wellbeing measures associated with a higher likelihood of reporting difficulty travelling to hospital for an appointment were:

- Having a high GHQ12 score;
- Having a limiting condition or illness;
- Being a smoker.

The measures associated with a higher likelihood of saying it was easy to travel to hospital for an appointment were:

- Exceeding the recommended weekly alcohol limit;
- Having a positive view of general health;
- Having a positive view of quality of life;
- Having a positive view of physical wellbeing; and
- Having a positive view of mental/emotional wellbeing.

Table 3.51: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Positive view of general health	4%	15%	80%	1%	3,414
Positive view of physical wellbeing	5%	15%	80%	1%	3,805
Positive view of mental/emotional wellbeing	6%	15%	79%	1%	4,113
Positive view of quality of life	6%	15%	80%	1%	4,251
High GHQ12 Score	17%	14%	69%	3%	929
Limiting condition or illness	16%	14%	70%	3%	1,440
Current smoker	10%	17%	73%	1%	1,531
Exceeds weekly alcohol limit	5%	11%	84%	<1%	897

Getting a GP appointment

One in six (16%) respondents said that it was difficult to obtain an appointment to see their GP, 15% said that it was neither easy nor difficult and 69% said that it was easy.

Those aged 25-44 were most likely to say it was difficult to get an appointment to see their GP. Those aged under 25 and those aged 75 or over were the most likely to say that it was easy. Women were more likely than men to say that it was difficult to get a GP appointment. This is shown in Table 3.52.

Table 3.52: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Age and Gender

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Age:					
16-24	14%	10%	76%	3%	333
25-34	19%	12%	69%	3%	805
35-44	19%	14%	67%	4%	852
45-54	16%	14%	70%	3%	970
55-64	17%	23%	60%	4%	842
65-74	13%	18%	70%	2%	948
75+	12%	11%	76%	2%	878
Gender:					
Men	13%	15%	72%	2%	2,184
Women	19%	14%	66%	4%	3,453
Men 16-44	14%	11%	75%	2%	724
Women 16-44	21%	13%	66%	5%	760
Men 45-64	13%	18%	69%	3%	696
Women 45-64	19%	18%	63%	4%	1,265
Men 65+	9%	18%	73%	1%	1,052
Women 65+	15%	12%	73%	3%	1,130
All	16%	15%	69%	3%	5,639

Those in the least deprived areas were the least likely to sat that it was difficult to obtain a GP appointment.   Those with no qualifications were less likely than others to say that it was easy to obtain a GP appointment.

Table 3.53:   Difficulty/Ease of Getting Appointment to See GP (Q12a) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
SIMD quintile					
1 (most deprived)	18%	12%	70%	4%	2,536
2	15%	17%	68%	4%	925
3	17%	12%	71%	3%	732
4	18%	16%	67%	3%	507
5 (least deprived)	13%	19%	69%	2%	939
At least one qualification	16%	17%	68%	3%	4,000
No qualifications	18%	7%	75%	4%	1,622

Those who felt isolated from family/friends were more likely to find in difficult to obtain a GP appointment.

Table 3.54: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Feel isolated from friends/family	20%	10%	69%	5%	642

Those with a positive view of their general health, physical and mental wellbeing and quality of life were less likely to say it was difficult to get an appointment to see their GP. Table 3.55 shows that for health and wellbeing measures, those more likely to have difficulty getting an appointment to see their GP were those with a high GHQ12 score, obese people and those with a limiting condition or illness.

Table 3.55: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Positive view of general health	15%	16%	69%	2%	3,691
Positive view of physical wellbeing	15%	16%	69%	2%	4,133
Positive view of mental/emotional wellbeing	14%	16%	70%	2%	4,426
Positive view of quality of life	15%	16%	69%	3%	4,578
High GHQ12 Score	28%	10%	61%	7%	1,010
Limiting condition or illness	20%	10%	70%	6%	1,520
Obese	21%	17%	62%	5%	999

Obtaining an Appointment at the Hospital

One in eight (13%) respondents said that it was difficult to obtain a hospital appointment, 22% said that it was neither easy nor difficult and 65% said that it was easy.

Those aged 35-54 were the most likely to have difficulty obtaining a hospital appointment.

Table 3.56: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Age and Gender

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Age:					
16-24	11%	17%	72%	0%	201
25-34	17%	20%	63%	2%	565
35-44	14%	21%	65%	1%	604
45-54	15%	22%	63%	2%	678
55-64	10%	31%	59%	1%	634
65-74	11%	22%	67%	1%	763
75+	8%	20%	72%	<1%	748
Men 16-44	13%	19%	68%	1%	472
Women 16-44	15%	20%	64%	1%	897
Men 45-64	10%	27%	64%	1%	537
Women 45-64	15%	26%	59%	1%	775
Men 65+	9%	23%	68%	<1%	570
Women 65+	10%	20%	70%	1%	941
All	13%	22%	65%	1%	4,203

Table 3.57 shows that those in the most deprived areas and those with no qualifications were the most likely to say that it was difficult to obtain a hospital appointment.

Table 3.57: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Bottom 15% datazones	17%	20%	63%	2%	1,603
Other datazones	11%	23%	66%	1%	2,600
SIMD quintile					
1 (most deprived)	16%	20%	64%	2%	1,879
2	8%	26%	66%	1%	674
3	15%	15%	70%	<1%	545
4	11%	19%	71%	<1%	377
5 (least deprived)	9%	30%	60%	1%	728
At least one qualification	12%	25%	63%	1%	2,958
No qualifications	16%	13%	72%	2%	1,234

Those who exhibited factors associated with social exclusion were more likely to say that they found it difficult to obtain a hospital appointment, as shown in Table 3.58.

Table 3.58: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
All income from benefits	17%	17%	66%	3%	1,080
Feel isolated from friends/family	21%	17%	62%	2%	491
Not in control of decisions affecting daily life, or only 'to some extent'	15%	23%	67%	2%	1,462

Those with a high GHQ12 score and smokers were more likely than others to say that it was difficult to obtain a hospital appointment. Those with positive views of their general health, physical wellbeing, mental/emotional wellbeing or quality of life were less likely to say that it was difficult to obtain a hospital appointment.

Table 3.59: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Positive view of general health	12%	24%	64%	1%	2,559
Positive view of physical wellbeing	12%	25%	63%	1%	2,910
Positive view of mental/emotional wellbeing	11%	24%	65%	1%	3,206
Positive view of quality of life	11%	24%	65%	1%	3,328
High GHQ12 Score	21%	17%	62%	4%	834
Current smoker	15%	23%	61%	1%	1,229

Getting a Consultation at GP Surgery within 48 Hours

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. Seven in ten (69%) said that it was easy, 18% said that it was neither easy nor difficult and 12% said that it was difficult (including 2% saying very difficult).

Those aged 65 or over were less likely than younger respondents to say that it was difficult to get a GP consultation within 48 hours. Women were more likely than men to say it was difficult.

Table 3.60: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Age and Gender

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Age:					
16-24	13%	14%	73%	2%	281
25-34	12%	18%	70%	2%	704
35-44	13%	19%	67%	3%	757
45-54	13%	16%	72%	2%	854
55-64	14%	25%	62%	2%	744
65-74	10%	21%	69%	2%	864
75+	8%	16%	76%	1%	790
Gender:					
Men	10%	20%	70%	1%	1,190
Women	14%	17%	69%	3%	3,094
Men 16-44	10%	18%	72%	1%	608
Women 16-44	15%	17%	67%	4%	1,133
Men 45-64	11%	21%	67%	2%	663
Women 45-64	15%	18%	67%	2%	935
Men 65+	85	23%	69%	1%	634
Women 65+	10%	16%	74%	2%	1,020
All	12%	18%	69%	2%	5,006

Those without qualifications were more likely than those who had qualifications to say that it was easy to obtain a consultation within 48 hours.

Table 3.61: Difficulty/ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
At least one qualification	12%	20%	68%	2%	3,565
No qualifications	13%	12%	75%	1%	1,427

Those who felt isolated from family and friends were more likely to say that it was difficult to obtain a consultation within 48 hours. Those who did not definitely feel in control of the decisions affecting their life were less likely to find it easy to get a consultation within 48 hours.

Table 3.62: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Feel isolated from friends/family	18%	12%	70%	3%	584
Not in control of decisions affecting daily life, or only 'to some extent'	12%	24%	64%	3%	1,692

Those with a high GHQ12 score and obese people were more likely to say that it was difficult to obtain a consultation within 48 hours.

Table 3.63: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Positive view of general health	11%	20%	68%	2%	3,191
Positive view of physical wellbeing	11%	20%	69%	2%	3,598
Positive view of mental/emotional wellbeing	10%	20%	70%	2%	3,885
Positive view of quality of life	11%	19%	70%	2%	4,023
High GHQ12 Score	23%	16%	62%	5%	904
Obese	16%	20%	64%	4%	926

Accessing Health Services in an Emergency

Four in five (80%) respondents said that it was easy to access health services in an emergency, while 15% said that it was neither easy nor difficult and 5% said that it was difficult (including less than 1% who said it was very difficult).

Table 3.64 shows that those aged 55 to 64 were the least likely to say that it was easy to access health services in an emergency, and women were more likely than men to say this was difficult.

Table 3.64: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Age and Gender

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Age:					
16-24	7%	11%	83%	0%	278
25-34	5%	10%	84%	<1%	711
35-44	5%	16%	79%	1%	737
45-54	4%	12%	84%	<1%	785
55-64	5%	24%	71%	<1%	667
65-74	4%	21%	75%	<1%	749
75+	4%	19%	77%	0%	687
Gender:					
Men	4%	16%	80%	<1%	1,804
Women	6%	15%	79%	<1%	2,820
Men 16-44	4%	12%	83%	<1%	633
Women 16-44	6%	13%	81%	1%	1,092
Men 45-64	3%	19%	78%	<1%	616
Women 45-64	6%	15%	79%	<1%	836
Men 65+	3%	22%	74%	0%	550
Women 65+	4%	18%	77%	<1%	886
All	5%	15%	80%	<1%	4,626

Those in the fourth SIMD quintile were the most likely to say that it was easy to access health services in an emergency and those in the fifth SIMD quintile (least deprived) were the least likely to say that this was easy. Those without qualifications were more likely than those who had qualifications to say that it was easy to access health services in an emergency. This is shown in Table 3.65.

Table 3.65: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
SIMD quintile					
1 (most deprived)	4%	14%	82%	1%	2,132
2	4%	18%	78%	<1%	726
3	8%	10%	82%	0%	594
4	3%	12%	85%	0%	403
5 (least deprived)	7%	22%	71%	1%	771
At least one qualification	5%	17%	78%	<1%	3,333
No qualifications	5%	9%	85%	<1%	1,280

Those who exhibited factors associated with social exclusion were more likely to find it difficult to access health services in an emergency, as shown in Table 3.66.

Table 3.66: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
All income from benefits	7%	13%	81%	1%	1,128
Feel isolated from friends/family	11%	12%	77%	1%	507
Not in control of decisions affecting daily life, or only 'to some extent'	7%	20%	73%	1%	1,541

Table 3.67 shows that for health and wellbeing measures, those more likely to find it difficult to access health services in an emergency were those with a high GHQ12 score and those with a limiting condition or illness.

Those with positive views of their general health, physical and mental wellbeing and quality of life and those who exceeded the recommended weekly limit for alcohol consumption were less likely to find it difficult to access health services in an emergency.

Table 3.67: Difficulty/Ease of Accessing Health Services in an Emergency (Q14b) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Positive view of general health	4%	16%	80%	<1%	3,022
Positive view of physical wellbeing	4%	16%	80%	<1%	3,360
Positive view of mental/emotional wellbeing	3%	16%	81%	<1%	3,616
Positive view of quality of life	4%	16%	80%	<1%	3,739
High GHQ12 Score	12%	14%	74%	1%	825
Limiting condition or illness	7%	12%	80%	1%	1,256
Exceeds weekly alcohol limit	3%	12%	85%	1%	828

Getting an Appointment to See the Dentist

More than four in five (83%) of respondents said that it was easy to get an appointment to see the dentist, while 12% said that it was neither easy nor difficult and 5% said that it was difficult (including 1% who said it was very difficult).

Those aged 25-64 were the more likely than those in younger or older age groups to say that it was difficult to get a dentist appointment. Women were more likely than men to say that it was difficult to get a dentist appointment.

Table 3.68: Difficulty/ease of Getting an Appointment to See the Dentist (Q12e) by Age and Gender

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Age:					
16-24	3%	6%	91%	1%	357
25-34	6%	11%	82%	1%	849
35-44	7%	14%	79%	1%	839
45-54	6%	11%	83%	<1%	924
55-64	6%	17%	78%	1%	719
65-74	3%	14%	83%	<1%	683
75+	5%	15%	80%	1%	496
Gender:					
Men	4%	12%	84%	1%	1,898
Women	7%	12%	81%	1%	2,975
Men 16-44	4%	11%	86%	1%	758
Women 16-44	8%	11%	82%	1%	1,286
Men 45-64	5%	13%	81%	1%	685
Women 45-64	6%	13%	80%	<1%	958
Men 65+	4%	13%	83%	1%	453
Women 65+	3%	15%	81%	<1%	726
All	5%	12%	83%	1%	4,874

Those in the least deprived SIMD quintile were the least likely to say that it was easy to get an appointment to see the dentist.

Table 3.69: Difficulty/ease of Getting an Appointment to See the Dentist (Q12e) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
SIMD quintile					
1 (most deprived)	6%	11%	84%	1%	2,083
2	5%	15%	80%	<1%	750
3	6%	8%	86%	1%	661
4	3%	8%	90%	<1%	485
5 (least deprived)	7%	19%	75%	<1%	895

Those who felt isolated and those who did not definitely feel in control of decisions were more likely to find it difficult to get an appointment to see the dentist.

Table 3.70: Difficulty/ease of Getting an Appointment to See the Dentist (Q12e) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Feel isolated from friends/family	12%	9%	79%	2%	492
Not in control of decisions affecting daily life, or only 'to some extent'	7%	15%	78%	1%	1,508

For health and wellbeing measures, those more likely to find it difficult to get an appointment to see the dentist were those with a high GHQ12 score, those with a limiting condition or illness and smokers.

Table 3.71: Difficulty/ease of Getting an Appointment to See the Dentist (Q12e) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Very difficult	Unweighted base (n)
Positive view of physical wellbeing	5%	12%	83%	1%	3,779
Positive view of mental/emotional wellbeing	4%	12%	83%	1%	3,956
Positive view of quality of life	5%	12%	83%	1%	4,104
High GHQ12 Score	10%	9%	80%	2%	757
Limiting condition or illness	7%	9%	84%	1%	1,029
Current smoker	7%	14%	79%	1%	1,376

4   Health Behaviours

4.1   Chapter Summary

Table 4.1 shows the core indicators relating to health behaviours.

Table 4.1: Indicators for Health Behaviours

Indicator	% of sample	Unweighted base (n)
Exposed to second hand smoke most or some of the time (Q15)	39%	6,096
Current smoker (Q16)	29%	6,101
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers (Q17)	42%	1,835
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q23)	20%	6,098
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q23)	42%	2,624
Binge drinker in the past week (based on all respondents) (Q23)	31%	6,099
Binge drinker in the past week (based on all those who drank at all in the past week) (Q23)	65%	2,625
Takes at least 30 minutes of moderate exercise 5 or more times per week (Q31)	51%	6,055
Participated in at least one sport or activity in the last week (Q32)	92%	6,101
Consumes 5 or more portions of fruit/vegetables per day (Q24 & Q25)	33%	6,093
Consumes at least 2 portions of oily fish per week (Q27)	28%	6,094
Consumes at least 2 portions of high fat snacks per day (Q26)	36%	6,096
Body Mass Index of 25 or over(Q28 & Q29)	49%	5,107
More than 1 of the following 5 'unhealthy' behaviours: smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/veg consumption, binge drinking	74%	5,067
More than 1 of the following 5 'healthy' behaviours: non-smoker, within normal BMI range (18.5-24.99), meet the physical activity recommendations, eat 5 or more portions of fruit/veg per day, drink within safe limits/not at all	83%	5,067

Four in five (39%) respondents were exposed to second hand smoke most or some of the time. Those more likely to be exposed to second hand smoke were those aged under 25, men, those in the most deprived areas, those with no qualifications, those exhibiting factors associated with social exclusion, smokers, those who exceeded the recommended weekly limit for alcohol consumption, those with a high GHQ12 score and those consuming fewer than five portions of fruit/vegetables per day.

Three in ten (29%) respondents were smokers, smoking on at least some days. Those more likely to be smokers were those aged 45-54, men, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those exposed to second hand smoke, those who exceed the recommended weekly limit for alcohol consumption, those with a high GHQ12 score, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

Just under half (45%) of respondents drank alcohol weekly. Those more likely to drink alcohol at least once a week were those aged 25-54, men, those in the least deprived areas, those with qualifications, smokers, those exposed to second hand smoke and those with positive views of their health, wellbeing and quality of life.

One in five (20%) respondents had exceeded the recommended weekly limit for alcohol consumption in the previous week. This equates to 42% of those who had drunk alcohol in the last week. Those more likely to have exceeded weekly limits were those aged under 55, men, those with qualifications, those who felt isolated from family/friends, those who felt in control of decisions affecting their life, smokers, those exposed to second hand smoke, those who consumed fewer than five portions of fruit/vegetables per day, those with a positive view of their general health, those with a positive view of their physical wellbeing, those with a positive view of their mental/emotional wellbeing and those with a positive view of their quality of life.

Three in ten (31%) respondents had been binge drinkers in the previous week. This equates to 65% of all those who had drunk alcohol in the last week. Those more likely to be binge drinkers were those aged under 45, men, those with qualifications, those who did not receive all household income from benefits, those who felt in control of decisions affecting their life, smokers, those exposed to second hand smoke, those who consumed fewer than five portions of fruit/vegetables per day, those with a positive view of their general health, those with a positive view of their physical wellbeing, those with a positive view of their mental/emotional wellbeing and those with a positive view of their quality of life.

Half (51%) of respondents met the target for physical activity (at least 30 minutes of moderate physical activity 5 times per week). Those less likely to meet this target were those in the oldest age groups, those in the third SIMD quintile, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score, obese people and those consuming fewer than five portions of fruit/vegetables per day.

Nine in ten (92%) respondents had participated in at least one sport or activity in the last week. Those less likely to have participated in sport/activity in the last week were those in the oldest age groups, men, those outside the least deprived quintile, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition/illness, those with a high GHQ12 score and obese people.

One in three (33%) respondents met the target of consuming five or more portions of fruit/vegetables per day. Those less likely to meet this target were those aged 75 or over, men, those in the most deprived areas, those with no qualifications, those exhibiting factors associated with social exclusion, smokers, those who exceeded the recommended weekly alcohol limit, those exposed to second hand smoke, those with a high GHQ12 score and those with a limiting condition or illness.

Just under three in ten (28%) respondents ate two or more portions of oily fish per week. Those less likely to do so were those aged 16-24, those in the most deprived areas, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their lives, smokers, those consuming fewer than five portions of fruit/vegetables per day, those who exceeded the recommended weekly alcohol limit and those exposed to second hand smoke.

Just over a third (36%) of respondents exceeded the recommended limit of one high fat/ sugary snack per day. Those more likely to exceed this limit were those aged 16-24, those outside the least deprived quintile, those with no qualifications, those who received all household income from benefits, those who felt isolated from family/friends, those with a high GHQ12 score, obese people, those with a limiting condition or illness, those exposed to second hand smoke, those who consumed fewer than five portions of fruit/vegetables per day and smokers.

Half (49%) of respondents were overweight or obese. Using the BMI of 29.2 as a definition of obesity, one in five (19%) were obese. Those more likely to be obese were those aged 55-64, those outside the least deprived quintile, those with no qualifications, those receiving all household income from benefits, those who felt isolated from friends/family, those with a limiting condition or illness and those with a high GHQ12 score.

Three in four (74%) respondents exhibited more than one of the following 'unhealthy behaviours' - smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/vegetable consumption, binge drinking. The mean number of unhealthy behaviours was 2.24. Those who tended to exhibit more unhealthy behaviours were those aged 45-64, men, those in the most deprived areas, those with no qualifications and those exhibited factors associated with social exclusion.

Four in five (83%) respondents exhibited more than one of the following 'healthy behaviours' - meet the physical activity recommendations, eat 5 or more portions of fruit/vegetables per day, drink within safe limits/not at all. The mean number of healthy behaviours was 2.64. Those who tended to exhibit fewer healthy behaviours were those aged 45-64, men, those in the most deprived areas, those with no qualifications and those exhibited factors associated with social exclusion.

4.2   Smoking

Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. Two in five (39%) said that this happened most of the time (22%) or some of the time (17%). A further 34% said that they were seldom exposed to second hand smoke and 26% said they were never exposed.

Those aged under 25 were the most likely to be exposed to second hand smoke, with 50% of those in that age group being exposed most or some of the time. Those aged 75 or over were the least likely to be exposed to second hand smoke, with 18% of those in that age group being exposed most or some of the time. Men were more likely than women to be exposed to second hand smoke most/some of the time (42% and 37% respectively).

Table 4.2: Exposure to Second Hand Smoke (Q15) by Age and Gender

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Age:						
16-24	22%	28%	32%	18%	50%	416
25-34	21%	22%	33%	24%	43%	926
35-44	23%	14%	38%	24%	38%	933
45-54	27%	17%	31%	25%	43%	1,045
55-64	26%	14%	36%	24%	40%	894
65-74	20%	9%	38%	33%	29%	973
75+	11%	8%	33%	48%	18%	896
Gender:						
Men	25%	18%	34%	24%	42%	2,447
Women	20%	17%	35%	29%	37%	3,647
Men 16-44	24%	21%	34%	21%	45%	887
Women 16-44	21%	21%	35%	23%	42%	1,387
Men 45-64	29%	16%	30%	24%	46%	841
Women 45-64	23%	15%	36%	25%	39%	1,098
Men 65+	18%	8%	41%	33%	26%	714
Women 65+	14%	9%	325	45%	23%	1,155
All	22%	17%	34%	26%	39%	6,096

Those in the most deprived areas and those with no qualifications were more likely to be exposed to second hand smoke most or some of the time, as shown in Table 4.3.

Table 4.3: Exposure to Second Hand Smoke (Q15) by Deprivation and Socio Economic Measures

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Bottom 15% datazones	34%	16%	27%	23%	50%	2,339
Other datazones	17%	18%	37%	28%	35%	3,757
SIMD quintile						
1 (most deprived)	33%	17%	27%	23%	50%	2,735
2	24%	17%	34%	24%	41%	994
3	18%	18%	36%	28%	36%	807
4	12%	15%	44%	28%	28%	556
5 (least deprived)	9%	17%	41%	32%	26%	1,004
At least one qualification	21%	17%	37%	26%	38%	4,383
No qualifications	28%	19%	26%	28%	47%	1,696

Table 4.4 shows that the three factors associated with social exclusion were associated with an increased likelihood of being exposed to second hand smoke most or some of the time.

Table 4.4: Exposure to Second Hand Smoke (Q15) by Factors Associated with Social Exclusion

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
All income from benefits	40%	17%	22%	22%	56%	1,463
Isolated from friends/family	31%	19%	26%	23%	50%	671
Not in control of decisions affecting daily life, or only 'to some extent'	28%	19%	30%	23%	47%	2,050

For health and wellbeing measures, those more likely to be exposed to second hand smoke most or some of the time were:

- Smokers;
- Those who exceeded the recommended weekly limit for alcohol consumption;
- Those with a high GHQ12 score; and
- Those consuming fewer than five portions of fruit/vegetables per day.

Obese people and those with positive views of their mental/emotional health and their quality of life were less likely to be exposed to second hand smoke.

Table 4.5: Exposure to Second Hand Smoke (Q15) by Health and Wellbeing Measures

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Positive view of mental/emotional wellbeing	20%	17%	37%	25%	38%	4,864
Positive view of quality of life	20%	18%	37%	25%	38%	5,008
High GHQ12 Score	30%	17%	29%	24%	54%	1,026
Current smoker	67%	21%	9%	3%	88%	1,834
Exceeds weekly alcohol limit	35%	20%	28%	17%	55%	1,066
Obese	20%	13%	39%	27%	33%	1,042
Consumes fewer than 5 portions of fruit/veg per day	27%	18%	33%	22%	45%	4,199

Smokers

Three in ten (29%) of respondents were smokers, smoking either every day (26%) or some days (3%).

Figure 4.1: Current Smoking Status (Q16)
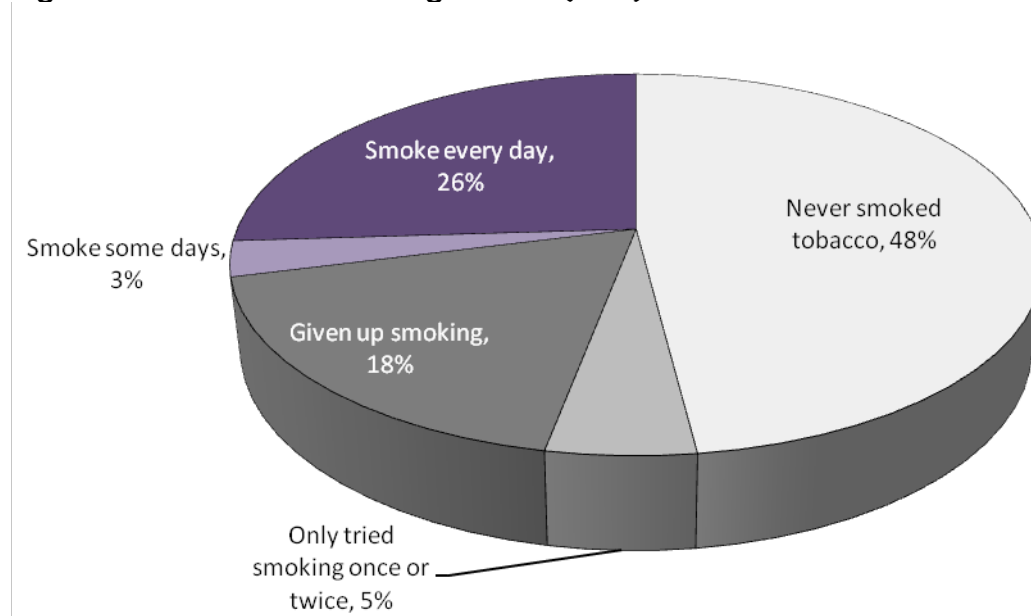
Those aged 45-54 were the most likely to be current smokers (34% in this age group were smokers) while those aged 75 or over were the least likely (16% in this age group were smokers). Men were more likely than women to be smokers (32% and 26% respectively).

Table 4.6: Proportion of Current Smokers (Q16) by Age and Gender

	Current smoker	Unweighted base (n)
Age:		
16-24	25%	416
25-34	29%	926
35-44	33%	933
45-54	34%	1,046
55-64	32%	894
65-74	27%	976
75+	16%	897
Men	32%	2,450
Women	26%	3,649
Men 16-44	32%	887
Women 16-44	27%	1,387
Men 45-64	36%	842
Women 45-64	30%	1,098
Men 65+	26%	716
Women 65+	19%	1,157
All	29%	6,101

Table 4.7 shows that those in the most deprived areas were more likely to be smokers. More than two in five (42%) of those in the most deprived quintile were smokers compared to 14% of those in the least deprived quintile. Also, those with no qualifications were more likely to be smokers than those with qualifications.

Table 4.7: Proportion of Current Smokers (Q16) by Deprivation and Socio Economic Measures

	Current smoker	Unweighted base (n)
Bottom 15% datazones Other datazones	43% 23%	2,342 3,759
SIMD quintile 1 (most deprived) 2 3 4 5 (least deprived)	 42% 29% 26% 15% 14%	 2,740 994 807 556 1,004
At least one qualification No qualifications	26% 42%	4,385 1,699

Table 4.8 shows that all three factors associated with social exclusion were associated with a higher likelihood of being a smoker. This was particularly true for those who received all household income from benefits, over half (55%) of whom were smokers.

Table 4.8: Proportion of Current Smokers (Q16) by Factors Associated with Social Exclusion

	Current smoker	Unweighted base (n)
All income from benefits	55%	1,464
Feel isolated from friends/family	44%	672
Not in control of decisions affecting daily life, or only 'to some extent'	37%	2,052

Table 4.9 shows that those more likely to be smokers were:

- Those exposed to second hand smoke;
- Those who exceed the recommended weekly limit for alcohol consumption;
- Those with a high GHQ12 score;
- Those with a limiting condition or illness; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Obese people and those with positive views of their general health, physical and mental/emotional wellbeing and quality of life were less likely to be smokers.

Table 4.9: Proportion of Current Smokers (Q16) by Health and Wellbeing Measures

	Current smoker	Unweighted base (n)		Current smoker	Unweighted base (n)
Positive view of general health	27%	4,128	Limiting condition or illness	36%	1,535
Positive view of physical wellbeing	27%	4,574	Exposed to second hand smoke	65%	2,305
Positive view of mental/emotional wellbeing	26%	4,868	Exceeds weekly alcohol limit	44%	1,066
Positive view of quality of life	27%	5,011	Obese	25%	1,042
High GHQ12 Score	42%	1,026	Consumes fewer than 5 portions of fruit/veg per day	35%	4,203

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 15.7. Two in five (42%) smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day. Male smokers were more likely than female smokers to be heavily addicted (48% and 36% respectively). Also, as Figure 4.2 shows, smokers aged 55-64 were the most likely to be smoking 20 or more cigarettes per day.

Figure 4.2: Proportion of Smokers who are Heavily Addicted (i.e. Smoke 20 or More Cigarettes per Day) by Age
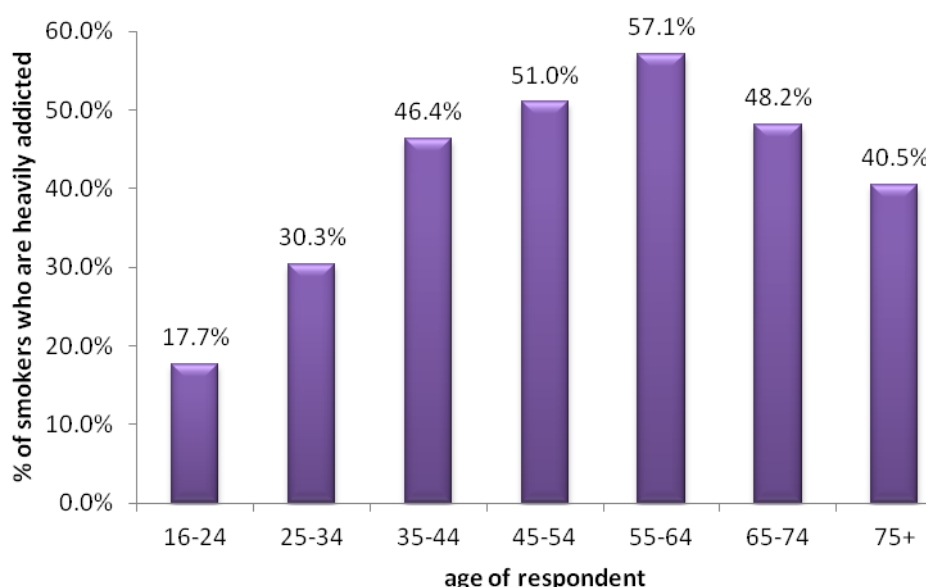
Intention to Stop Smoking

A third (33%) of smokers said that they intend to stop smoking while 47% said they did not and 20% were unsure. Heavily addicted smokers were less likely than other smokers to say that they intend to stop smoking (23% and 41% respectively).

4.3   Drinking

Frequency of Drinking Alcohol

One in five (22%) respondents said that they never drank alcohol, 33% drank alcohol sometimes, but less than weekly and 45% drank alcohol at least once a week (including 16% who drank alcohol on three or more days per week).

Those aged 75 or over were more likely than others to say that they never drank alcohol, and less likely to do so weekly.   Men were more likely than women to drink weekly (55% of men and 36% of women did so).

Table 4.10: Frequency Drink Alcohol (Q19) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-24	18%	38%	43%	414
25-34	17%	35%	48%	925
35-44	18%	32%	50%	831
45-54	19%	32%	49%	1,044
55-64	21%	34%	46%	894
65-74	28%	31%	41%	975
75+	46%	27%	26%	897
Men	18%	27%	55%	2,443
Women	26%	38%	36%	3,646
Men 16-44	16%	30%	54%	883
Women 16-44	19%	40%	41%	1,386
Men 45-64	15%	26%	59%	842
Women 45-64	24%	39%	37%	1,096
Men 65+	28%	22%	50%	715
Women 65+	43%	34%	24%	1,157
All	22%	33%	45%	6,091

Those in the least deprived areas and those with qualifications were more likely to drink alcohol weekly.

Table 4.11: Frequency Drink Alcohol (Q19) by Deprivation and Socio Economic Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Bottom 15% datazones	24%	35%	42%	2,335
Other datazones	21%	33%	46%	3,756
SIMD quintile				
1 (most deprived)	26%	32%	42%	2,733
2	22%	35%	43%	994
3	23%	32%	44%	806
4	17%	38%	45%	555
5 (least deprived)	16%	30%	54%	1,003
At least one qualification	18%	34%	48%	4,381
No qualifications	37%	30%	33%	1,693

All three factors associated with social exclusion were associated with a higher likelihood of never drinking alcohol.

Table 4.12: Frequency Drink Alcohol (Q19) by Factors Associated with Social Exclusion

	Never	Less than weekly	At least once a week	Unweighted base (n)
All income from benefits	34%	29%	37%	1,457
Feel isolated from friends/family	28%	30%	42%	671
Not in control of decisions affecting daily life, or only 'to some extent'	27%	34%	40%	2,048

For health and wellbeing measures, those more likely to drink alcohol weekly were smokers, those exposed to second hand smoke and those with positive views of their health, wellbeing and quality of life. Those with a limiting condition or illness, those with a high GHQ12 score and those who consume fewer than five portions of fruit/vegetables per day were more likely than others to say that they never drank alcohol.

Table 4.13: Frequency Drink Alcohol (Q19) by Health and Wellbeing Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Positive view of general health	18%	34%	48%	4,120
Positive view of physical wellbeing	19%	34%	47%	4,570
Positive view of mental/emotional wellbeing	19%	33%	47%	4,864
Positive view of quality of life	20%	34%	47%	5,004
High GHQ12 Score	34%	32%	34%	1,021
Limiting condition/illness	37%	31%	32%	1,533
Exposed to second hand smoke	19%	30%	51%	2,298
Current smoker	18%	28%	55%	1,826
Consumes fewer than five portions of fruit/veg per day	25%	35%	40%	1,889

Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. Just under half (48%) of all respondents said they had drunk alcohol in the past week (therefore similar to the 45% who had said they drank alcohol weekly).

Respondents were asked how many of each type of drink they had consumed on each of the past seven days. Responses were used to calculate the total units of alcohol consumed on each day, and a total number of units for the week. For the 2008 and 2011 surveys, in calculating the number of units, new assumptions were applied for the number of units in each type of drink which differed from those which were applied in previous surveys. Appendix D shows the assumptions of units in each type of drink for both the current survey (and 2008 survey) and for the surveys up to 2005. The data presented here show indicators for both the new unit measures and the old unit measures for comparison.

The recommended weekly limit for alcohol consumption is 21 units per week for men and 14 units per week for women. Using the new unit measures, 20% of all respondents exceeded their weekly limit. This equates to 42% of all those who had drunk alcohol in the last week.

Those aged under 55 were more likely than older respondents to have exceeded the recommended weekly limit for alcohol. Men were more likely than women to have exceeded the weekly limit (28% of men and 13% of women).

Table 4.14: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Age and Gender

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Age:			
16-24	24%	20%	416
25-34	22%	17%	926
35-44	24%	16%	931
45-54	23%	17%	1,046
55-64	19%	14%	894
65-74	12%	8%	976
75+	4%	3%	897
Men	28%	21%	2,449
Women	13%	9%	3,649
Men 16-44	30%	23%	886
Women 16-44	18%	13%	1,387
Men 45-64	30%	23%	842
Women 45-64	14%	9%	1,098
Men 65+	16%	10%	716
Women 65+	4%	2%	1,157
All	20%	15%	6,098

Those with qualifications were more likely than those without qualifications to have exceeded the recommended weekly limit for alcohol in the last week.

Table 4.15: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Deprivation and Socio Economic Measures

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
At least one qualification	21%	15%	4,385
No qualifications	15%	13%	1,697

Those who felt isolated from family/friends were more likely to have exceeded the weekly alcohol limit in the last week. Those who did not definitely feel in control of the decisions affecting their life were less likely to have exceeded the weekly alcohol limit.

Table 4.16: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Factors Associated with Social Exclusion

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Feel isolated from family/friends	24%	22%	670
Not in control of decisions affecting daily life, or only 'to some extent'	18%	15%	2,049

Table 4.17 shows that those with a limiting condition or illness and those with a high GHQ12 score were less likely to exceed the weekly limit for alcohol consumption. However, those more likely to exceed the weekly limit were:

- Smokers;
- Those exposed to second hand smoke;
- Those who consume fewer than five portions of fruit/vegetables per day;
- Those with a positive view of their general health;
- Those with a positive view of their physical wellbeing;
- Those with a positive view of their mental/emotional wellbeing; and
- Those with a positive view of their quality of life.

Table 4.17: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Health and Wellbeing Measures

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Positive view of general health	22%	16%	4,128
Positive view of physical wellbeing	22%	15%	4,574
Positive view of mental/emotional wellbeing	21%	15%	4,866
Positive view of quality of life	21%	15%	5,009
High GHQ12 score	16%	14%	1,025
Limiting condition/illness	12%	10%	1,534
Exposed to second hand smoke	28%	23%	2,303
Current smoker	30%	25%	1,833
Consumes fewer than five portions of fruit/vegetables per day	23%	17%	4,200

Binge Drinking

Binge drinkers were defined as:

- Men who consumed eight or more units of alcohol on at least one day in the previous week;
- Women who consumed six or more units of alcohol on at least one day in the previous week.

Using the new measures for calculating unit totals, 31% of all respondents had been binge drinkers during the previous week. This equates to 65% of all those who had consumed alcohol in the previous week.

Those aged under 45 were the most likely to have been binge drinkers in the previous week while those aged 75 and over were the least likely. Also, men were considerably more likely than women to be binge drinkers (42% of men; 20% of women). This is shown in Table 4.18.

Table 4.18: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Age and Gender

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Age:			
16-24	37%	35%	416
25-34	37%	32%	926
35-44	39%	33%	932
45-54	34%	28%	1,046
55-64	28%	22%	894
65-74	17%	12%	976
75+	4%	2%	897
Men	42%	36%	2,450
Women	20%	17%	3,649
Men 16-44	48%	42%	887
Women 16-44	27%	24%	1,387
Men 45-64	44%	36%	842
Women 45-64	21%	15%	1,098
Men 65+	21%	16%	716
Women 65+	4%	3%	1,157
All	31%	26%	6,099

Table 4.19 shows that those with qualifications were more likely than those without qualifications to have been being drinkers in the previous week.

Table 4.19: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Deprivation and Socio Economic Measures

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
At least one qualification	33%	28%	4,385
No qualifications	21%	19%	1,698

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were less likely to be binge drinkers.

Table 4.20: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Factors Associated with Social Exclusion

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
All income from benefits	26%	24%	1,464
Not in control of decisions affecting daily life, or only 'to some extent'	27%	24%	2,050

For health and wellbeing measures, those more likely to be binge drinkers were:

- Smokers;
- Those exposed to second hand smoke;

- Consuming fewer than five portions of fruit/vegetables per day;
- Those with a positive view of their general health;
- Those with a positive view of their physical wellbeing;
- Those with a positive view of their mental/emotional wellbeing; and
- Those with a positive view of their quality of life.

Those with a limiting illness or condition and those with a high GHQ12 score were less likely to be binge drinkers.

Table 4.21: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Health and Wellbeing Measures

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Positive view of general health	34%	29%	4,128
Positive view of physical wellbeing	33%	28%	4,574
Positive view of mental/emotional wellbeing	32%	27%	4,866
Positive view of quality of life	32%	27%	5,009
High GHQ12 score	24%	21%	1,026
Limiting condition/illness	20%	16%	1,535
Exposed to second hand smoke	40%	35%	2,303
Current smoker	44%	38%	1,834
Consumes fewer than five portions of fruit/vegetables per day	34%	29%	4,201

Alcohol Free Days

Most (96%) respondents had two or more days in the previous week in which they did not consume alcohol. This equates to 91% of those who had drunk alcohol in the previous week. Those aged under 35 were the most likely to have had two or more alcohol-free days in the last week. Women were more likely than men to have had two or more alcohol-free days.

Table 4.22: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Age and Gender

	Two or More Alcohol-Free Days	Unweighted base (n)
Age:		
16-24	98%	416
25-34	98%	926
35-44	96%	932
45-54	95%	1,046
55-64	94%	894
65-74	94%	976
75+	93%	897
Men	94%	2,449
Women	97%	3,649
Men 16-44	97%	886
Women 16-44	98%	1,387
Men 45-64	92%	842
Women 45-64	97%	1,098
Men 65+	89%	716
Women 65+	96%	1,157
All	96%	6,100

Those in the least deprived areas were the least likely to have had two or more alcohol-free days in the previous week. This is shown in Table 4.23.

Table 4.23: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Deprivation and Socio Economic Measures

	Two or More Alcohol-Free Days	Unweighted base (n)
SIMD quintile		
1 (most deprived)	96%	2,739
2	97%	994
3	96%	807
4	96%	556
5 (least deprived)	93%	1,004

Those who felt isolated from friends/family were less likely to have had two or more alcohol-free days in the last week.

Table 4.24: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Factors Associated with Social Exclusion

	Two or More Alcohol-Free Days	Unweighted base (n)
Feel isolated from friends/family	92%	671

For health and wellbeing measures, those less likely to have had two or more alcohol-free days in the previous week were those with a limiting condition or illness, those with a high GHQ12 score and smokers.

Table 4.25: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Health and Wellbeing Measures

	Two or More Alcohol-Free Days	Unweighted base (n)		Two or More Alcohol-Free Days	Unweighted base (n)
Positive view of general health	96%	4,128	High GHQ12 Score	94%	1,025
Positive view of physical wellbeing	96%	4,574	Limiting condition or illness	93%	1,534
Positive view of mental/emotional wellbeing	96%	4,868	Current smoker	94%	1,834
Positive view of quality of life	96%	5,011			

4.4   Physical Activity[2]

Frequency of Physical Activity

Respondents were asked on how many days in the last week had they taken a total of 30 minutes or more of physical activity which was enough to raise their breathing rate. Two in five (41%) said that they had not done this on any day in the last week. One in six (17%) had done so on five or more days in the last week. The mean number of days for all respondents was 2.1.

Respondents were also asked, including all types of physical activity, how many days in the last week had they taken at least 30 minutes of moderate physical activity. This would include housework and work-based activity where relevant. One in six (16%) said that they had not done this on any day in the last week, and a third (33%) said they had done this every day in the last week. The mean number of days was 4.1.

The target for physical activity is to take 30 minutes or more of moderate physical activity on five or more days per week. Half (51%) of respondents met this target.

Those aged 25-44 were the most likely to meet the target for physical activity and those aged 75 or over were the least likely.

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[2] In July 2011 the four UK Chief Medical Officers published new physical activity guidelines. However, as this survey was commissioned prior to publication of the new guidelines , it uses the previous measure of 30 minutes on 5 or more days per week. The new guidelines are to accumulate 150 minutes (2.5 hours) of moderate intensity activity or accumulate 75 minutes of vigorous intensity activity in bouts of 10 minutes or more per week.

Table 4.26: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Age and Gender

	Meet Physical Activity Target	Unweighted base (n)
Age:		
16-24	49%	413
25-34	63%	913
35-44	61%	923
45-54	52%	1,039
55-64	47%	889
65-74	37%	970
75+	28%	895
Men 16-44	58%	877
Women 16-44	58%	1,371
Men 45-64	47%	835
Women 45-64	53%	1,093
Men 65+	35%	712
Women 65+	32%	1,153
All	51%	6,055

Those in the third SIMD quintile and those with no qualifications were less likely to meet the target for physical activity. This is shown in Table 4.27.

Table 4.27: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Deprivation and Socio Economic Measures

	Meet Physical Activity Target	Unweighted base (n)		Meet Physical Activity Target	Unweighted base (n)
SIMD quintile					
1 (most deprived)	51%	2,703	At least one qualification	56%	4,357
2	54%	991	No qualifications	29%	1,682
3	46%	806			
4	54%	556			
5 (least deprived)	50%	999			

All three measures of social exclusion were associated with a lower likelihood of meeting the target for physical activity, as shown in Table 4.28.

Table 4.28: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Factors Associated with Social Exclusion

	Meet Physical Activity Target	Unweighted base (n)
All income from benefits	38%	1,433
Feel isolated from friends/family	36%	662
Not in control of decisions affecting daily life, or only 'to some extent'	41%	2,020

For health and wellbeing measures, those less likely to meet the target for physical activity were those with a limiting condition or illness, those with a high GHQ12 score, obese people and those consuming fewer than five portions of fruit/vegetables per day.

Those more likely to meet the physical activity target were those exceeding the recommended weekly limit for alcohol and those with positive perceptions of their general, physical or mental/emotional health or quality of life.

Table 4.29: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31)by Health and Wellbeing Measures

	Meet Physical Activity Target	Unweighted base (n)		Meet Physical Activity Target	Unweighted base (n)
Positive view of general health	57%	4,090	Limiting condition or illness	30%	1,529
Positive view of physical wellbeing	58%	4,535	Obese	46%	1,036
Positive view of mental/emotional wellbeing	56%	4,831	Exceeds weekly alcohol limit	55%	1,061
Positive view of quality of life	56%	4,971	Consumes fewer than 5 portions of fruit/veg per day	49%	4,174
High GHQ12 Score	36%	1,019			

Participation in Sport and Activities in the Last Week

Respondents were asked whether they had participated in specific sports and activities in the last week. Responses are shown in Figure 4.3. Overall, 92% of respondents had participated in at least one sport or activity in the last week. The most common types of activity were domestic activity, walking for commuting and walking for recreation.

Figure 4.3: Proportion Participating in Sports in the Last Week
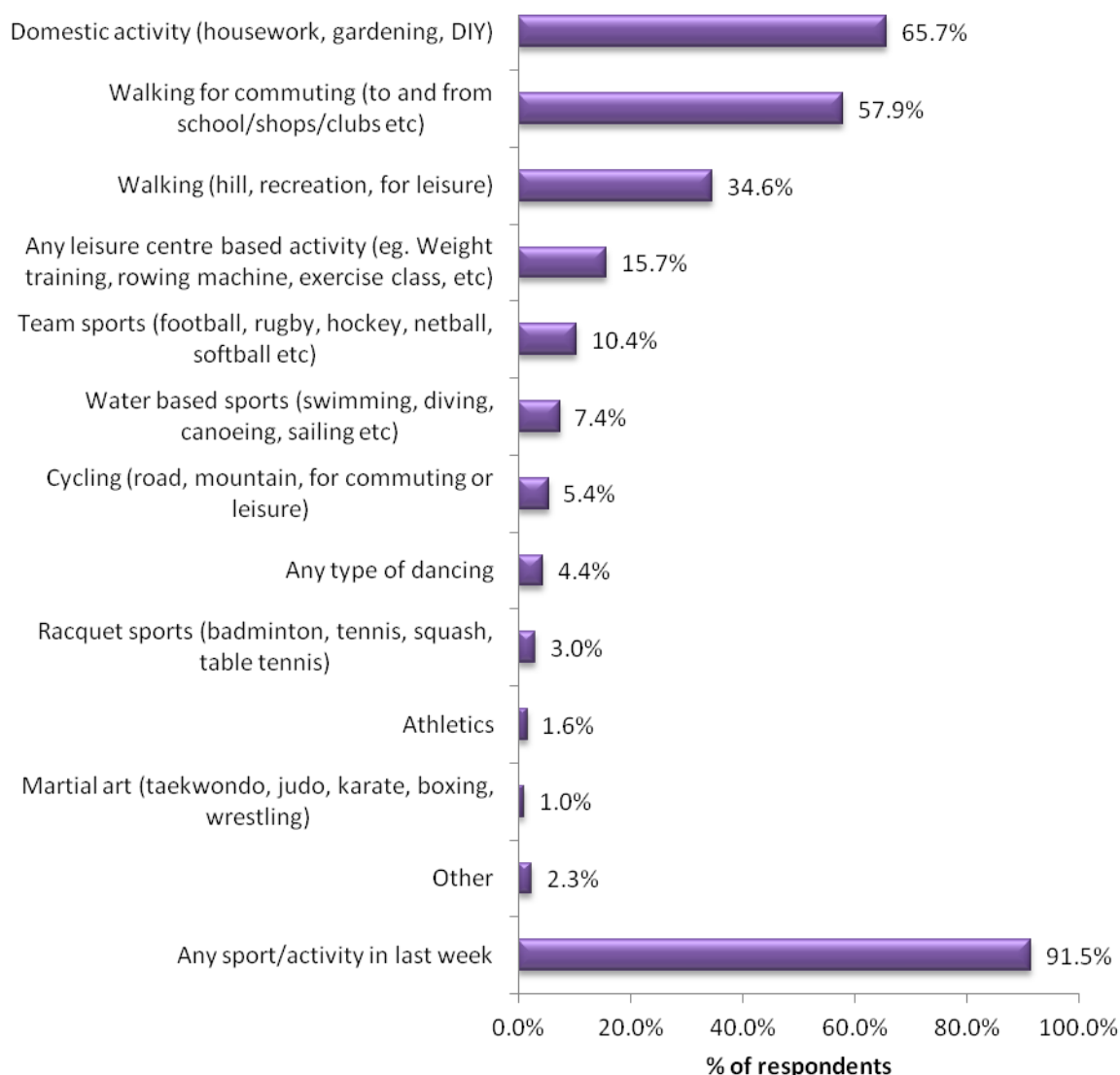
The most commonly described 'other' activity was golf, in which 1.2% of respondents had participated in the previous week.

The likelihood of having participated in at least one activity in the last week decreased with age, ranging from 95% of those aged under 45 to 79% of those aged 75 and over. Women were more likely than men to have participated in sport/activity in the last week (93% of women and 90% of men).

Table 4.30: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Age and Gender

	Participated in Sport/Activity	Unweighted base (n)
Age:		
16-24	95%	416
25-34	96%	926
35-44	95%	933
45-54	92%	1,046
55-64	89%	894
65-74	86%	976
75+	79%	897
Men	90%	2,450
Women	93%	3,649
Men 16-44	94%	887
Women 16-44	96%	1,387
Men 45-64	88%	842
Women 45-64	93%	1,098
Men 65+	80%	716
Women 65+	85%	1,157
All	92%	6,101

Those in the least deprived areas and those with qualifications were more likely to have participated in sport in the last week.

Table 4.31: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Deprivation and Socio Economic Measures

	Participated in Sport/ Activity	Unweighted base (n)		Participated in Sport/ Activity	Unweighted base (n)
SIMD quintile					
1 (most deprived)	90%	2,740	At least one qualification	94%	
2	91%	994			
3	90%	807	No qualifications	82%	
4	93%	556			
5 (least deprived)	95%	1,004			

Those who exhibited factors associated with social exclusion were less likely to have participated in sport or activity in the last week, as shown in Table 4.32.

Table 4.32: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Factors Associated with Social Exclusion

	Participated in Sport/Activity	Unweighted base (n)
All income from benefits	83%	1,464
Feel isolated from family/friends	87%	672
Not in control of decisions affecting daily life, or only 'to some extent'	86%	2,052

For health and wellbeing measures, those less likely to have participated in sport or activity in the last week were:

- Those with a limiting condition/illness;
- Those with a high GHQ12 score; and
- Obese people.

Factors associated with a higher likelihood of having participated in sport in the last week were exceeding the weekly alcohol limit and having positive views of health, wellbeing or quality of life.

Table 4.33: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Health and Wellbeing Measures

	Participated in Sport	Unweighted base (n)		Participated in Sport	Unweighted base (n)
Positive view of general health	96%	4,128	High GHQ12 Score	80%	1,026
Positive view of physical wellbeing	96%	4,574	Limiting condition or illness	76%	1,535
Positive view of mental/emotional wellbeing	94%	4,968	Exceeds weekly alcohol limit	94%	1,066
Positive view of quality of life	94%	5,011	Obese	89%	1,042

Travel to Work/Education

Respondents were asked how they usually travel to work (or school/college/university if in full-time education). Responses were categorised as follows:

- Active travel (walking and cycling);
- Personal travel (car/van driver or other method);
- Shared travel (car/van passenger, bus or rail).

Of those who travelled to work or education, 14% used active travel, 64% used personal travel and 22% used shared travel.

Those aged under 25 were the least likely to use personal travel methods and most likely to use shared travel methods. Men were more likely than women to use personal travel methods.

Table 4.34: Method of Travel to Work/Education (Q34) by Age and Gender

	Active travel	Personal travel	Shared travel	Unweighted base (n)
Age:
16-24	24%	34%	43%	269
25-34	16%	65%	19%	635
35-44	8%	77%	14%	597
45-54	12%	75%	13%	694
55-64	8%	72%	20%	347
65+	23%	50%	27%	82
Men	13%	69%	18%	1,175
Women	15%	59%	26%	1,451
Men 16-44	16%	61%	22%	637
Women 16-44	15%	57%	28%	864
Men 45-64	8%	82%	10%	501
Women 45-64	13%	65%	22%	540
Men 65+	5%	68%	27%	37
Women 65+	35%	35%	29%	45
All	14%	64%	22%	2,626

Those in the most deprived areas and those with no qualifications were more likely to use active travel methods.

Table 4.35: Method of Travel to Work/Education (Q34) by Deprivation and Socio Economic Measures

	Active travel	Personal travel	Shared travel	Unweighted base (n)
Bottom 15% datazones	17%	57%	26%	857
Other datazones	13%	67%	20%	1,769
SIMD quintile
1 (most deprived)	20%	54%	26%	1,026
2	14%	60%	26%	430
3	15%	62%	23%	402
4	6%	79%	15%	268
5 (least deprived)	9%	77%	14%	500
At least one qualification	14%	65%	21%	2,382
No qualifications	18%	55%	27%	240

Those who exhibited factors associated with social exclusion were less likely to use personal travel methods and more likely to use shared and active travel methods.

Table 4.36: Method of Travel to Work/Education (Q34) by Factors Associated with Social Exclusion

	Active travel	Personal travel	Shared travel	Unweighted base (n)
All income from benefits	34%	31%	35%	72
Feel isolated from friends/family	17%	46%	38%	179
Not in control of decisions affecting daily life, or only 'to some extent'	17%	51%	31%	600

Those with a limiting condition/illness were less likely to use active travel methods. Those with a high GHQ12 score, those exposed to second hand smoke and current smokers were less likely to use personal travel methods and more likely to use shared travel methods.

Table 4.37: Method of Travel to Work/Education (Q34) by Health and Wellbeing Measures

	Active travel	Personal travel	Shared travel	Unweighted base (n)
Positive view of general health	14%	65%	21%	2,322
High GHQ12 Score	14%	53%	33%	263
Limiting condition/illness	8%	63%	29%	192
Exposed to second hand smoke	16%	58%	26%	1,039
Current smoker	16%	60%	24%	696

4.5   Diet

Fruit and Vegetables

The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Responses indicate that one in three (33%) respondents met this target. One in twenty (5%) had no fruit or vegetables in a day.

Those aged under 35 were the most likely to consume the target amount of fruit/vegetables and those aged 75 or over were the least likely. However, those aged under 25 were more likely than older respondents to say that they ate no fruit/vegetables. Women were more likely than men to meet the target for fruit/vegetable consumption.

Table 4.38: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Age and Gender

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
Age:			
16-24	35%	8%	415
25-34	37%	4%	924
35-44	31%	4%	932
45-54	31%	5%	1,045
55-64	33%	5%	893
65-74	32%	4%	975
75+	26%	2%	897
Men	30%	6%	2,449
Women	35%	3%	3,642
Men 16-44	32%	7%	886
Women 16-44	37%	3%	1,384
Men 45-64	27%	6%	842
Women 45-64	37%	5%	1,096
Men 65+	30%	4%	716
Women 65+	29%	3%	1,156
All	33%	5%	6,093

Those in the most deprived areas and those with no qualifications were less likely to meet the target for fruit/vegetables consumption.

Table 4.39: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Deprivation and Socio Economic Measures

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
Bottom 15% datazones	27%	9%	2,340
Other datazones	35%	3%	3,753
SIMD quintile			
1 (most deprived)	27%	8%	2,737
2	28%	4%	992
3	35%	3%	806
4	43%	3%	556
5 (least deprived)	40%	1%	1,002
At least one qualification	36%	3%	4,381
No qualifications	19%	10%	1,695

Those who exhibited factors associated with social exclusion were less likely to meet the target for fruit/vegetable consumption.

Table 4.40: **Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Factors Associated with Social Exclusion**

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
All income from benefits	15%	12%	1,460
Feel isolated from family/friends	28%	11%	670
Not in control of decisions affecting daily life, or only 'to some extent'	26%	9%	2,047

Table 4.41 shows that those less likely to consume the target amount of fruit/vegetables were:

- Smokers;
- Those who exceed the weekly alcohol limit;
- Those exposed to second hand smoke;
- Those with a high GHQ12 score; and
- Those with a limiting condition or illness.

Table 4.41: **Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Health and Wellbeing Measures**

	Meet Fruit/Veg Target	No fruit/veg	Un-weighted base (n)		Meet Fruit/Veg Target	No fruit/veg	Un-weighted base (n)
Positive view of general health	34%	4%	4,122	Exposed to second hand smoke	23%	9%	2,302
High GHQ12 Score	25%	10%	1,021	Current smoker	18%	10%	1,830
Limiting condition or illness	26%	9%	1,532	Exceeds weekly alcohol limit	22%	8%	1,065

Oily Fish

Just under three in ten (28%) respondents ate two or more portions of oily fish per week.

Those aged 16-24 were the least likely to eat two or more portions of oily fish per week, and those aged 75 or over were the most likely. This is shown in Table 4.42.

Table 4.42: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Age and Gender

	2+ portions per week	Unweighted base (n)
Age:		
16-24	23%	416
25-34	25%	925
35-44	27%	932
45-54	25%	1,045
55-64	30%	892
65-74	33%	975
75+	36%	896
Men 16-44	25%	886
Women 16-44	25%	1,386
Men 45-64	27%	840
Women 45-64	28%	1,097
Men 65+	32%	714
Women 65+	35%	1,157
All	28%	6,094

Those in the most deprived areas and those with no qualifications were less likely to eat two or more portions of oily fish per week.

Table 4.43: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) and Socio Economic Measures

	Meet Oily Fish Target	Unweighted base (n)
Bottom 15% datazones	24%	2,340
Other datazones	29%	3,754
SIMD quintile		
1 (most deprived)	24%	2,738
2	24%	992
3	29%	806
4	31%	556
5 (least deprived)	34%	1,002
At least one qualification	29%	4,381
No qualifications	21%	1,697

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affective their lives were less likely to eat two or more portions of oily fish per week.

Table 4.44: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Factors Associated with Social Exclusion

	Meet Oily Fish Target	Unweighted base (n)
All income from benefits	20%	1,462
Not in control of decisions affecting daily life, or only 'to some extent'	25%	2,049

Table 4.45 shows that for health and wellbeing measures, those less likely to eat two or more portions of oily fish per week were smokers, those who consume fewer than five portions of fruit/vegetables, those who exceed the recommended weekly alcohol limit and those exposed to second hand smoke.

Table 4.45: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Health and Wellbeing Measures

	Meet Oily Fish Target	Unweighted base (n)		Meet Oily Fish Target	Unweighted base (n)
Exposed to second hand smoke	24%	2,302	Exceeds weekly alcohol limit	24%	1,064
Current smoker	22%	1,833	Consumes fewer than 5 portions of fruit/veg per day	23%	4,198

High Fat and Sugary Snacks

Just over a third (36%) of respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps). Those aged 16-24 were more likely to exceed the recommended limit for high fat/sugary snacks.

Table 4.46: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Age and Gender

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Age:		
16-24	47%	415
25-34	34%	926
35-44	32%	933
45-54	34%	1,045
55-64	33%	893
65-74	34%	976
75+	38%	897
All	36%	6,096

Table 4.47 shows that those in the least deprived areas were less likely to eat two or more high fat/sugary snacks per day. Also, those with no qualifications were more likely than those with qualifications to eat two or more portions of high fat/sugary snacks per day.

Table 4.47: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Deprivation and Socio Economic Measures

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
SIMD quintile		
1 (most deprived)	38%	2,737
2	35%	994
3	37%	807
4	37%	556
5 (least deprived)	31%	1,002
At least one qualification	34%	4,384
No qualifications	44%	1,695

Those who received all household income from benefits and those who felt isolated from family/friends were more likely to exceed the recommended daily limit for high fat/sugary snacks.

Table 4.48: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Factors Associated with Social Exclusion

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
All income from benefits	47%	1,464
Feel isolated from family/friends	43%	670

Table 4.49 shows that those more likely to consume two or more high fat and sugary snacks per day were:

- Those with a high GHQ12 score;
- Obese people;
- Those with a limiting condition or illness;
- Those who were exposed to second hand smoke;
- Those who consumed fewer than five portions of fruit/vegetables per day; and
- Current smokers.

Those with a positive view of their health, wellbeing or quality of life were less likely to consume two or more portions of high fat/sugary snacks.

Table 4.49: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Health and Wellbeing Measures

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)		Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Positive view of general health	34%	4,126	Limiting condition or illness	41%	1,533
Positive view of physical wellbeing	33%	4,572	Exposed to second hand smoke	39%	3,789
Positive view of mental/emotional wellbeing	33%	4,866	Current smoker	38%	1,833
Positive view of quality of life	33%	5,008	Obese	42%	1,042
High GHQ12 score	44%	1,023	Consumes fewer than 5 portions of fruit/veg per day	39%	4,200

4.6 Body Mass Index (BMI)

Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated.

BMI classification points are defined as follows:

Underweight	BMI below 18.5
Ideal weight	BMI between 18.5 and 24.99
Overweight	BMI between 25 and 29.99
Obese	BMI between 30 and 39.99
Very obese	BMI 40 or over

However, due to a recognised tendency for people to over-report height and under-report weight, a revised cut off for obesity has been applied at 29.2. The tables in this section show both measures of obesity.

Altogether, half (49%) of respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 19% of respondents were classified as obese.

Those aged 55-64 were the most likely to be obese. Men were more likely than women to be overweight (but the proportion who were obese was similar for both men and women). This is shown in Table 4.50.

Table 4.50: Body Mass Index (Q28/Q29) by Age and Gender

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Age:							
16-24	5%	68%	21%	4%	1%	7%	325
25-34	2%	55%	33%	8%	1%	11%	804
35-44	2%	46%	37%	15%	1%	21%	806
45-54	1%	41%	41%	15%	3%	23%	904
55-64	1%	36%	37%	24%	2%	32%	758
65-74	2%	40%	37%	19%	1%	26%	827
75+	3%	53%	32%	12%	1%	15%	678
Gender:							
Men	2%	44%	41%	13%	1%	18%	2,066
Women	3%	53%	28%	14%	2%	20%	3,040
Men 16-44	2%	53%	36%	8%	1%	11%	745
Women 16-44	4%	59%	26%	11%	2%	15%	1,189
Men 45-64	<1%	31%	47%	20%	1%	27%	733
Women 45-64	1%	46%	31%	18%	3%	27%	929
Men 65+	2%	42%	41%	15%	1%	22%	586
Women 65+	3%	49%	31%	17%	1%	21%	919
All	2%	49%	34%	14%	2%	19%	5,107

Those in the least deprived areas and those with qualifications were less likely to be obese, as shown in Table 4.51.

Table 4.51: Body Mass Index (Q28/Q29) by Deprivation and Socio Economic Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
SIMD quintile							
1 (most deprived)	2%	47%	33%	16%	2%	21%	2,216
2	2%	49%	33%	15%	2%	20%	837
3	3%	49%	33%	14%	1%	19%	712
4	2%	46%	38%	12%	2%	20%	494
5 (least deprived)	3%	53%	35%	9%	1%	13%	848
At least one qualification	2%	49%	35%	12%	2%	18%	3,809
No qualifications	2%	45%	32%	19%	1%	24%	1,288

Those receiving all household income from benefits and those who felt isolated from family and friends were more likely to be obese.

Table 4.52: Body Mass Index (Q28/Q29) by Factors Associated with Social Exclusion

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
All income from benefits	3%	47%	30%	17%	2%	23%	1,132
Feel isolated from family/friends	3%	49%	27%	17%	2%	25%	512

For health and wellbeing measures, those most likely to be obese were those with a limiting condition or illness and those with a high GHQ12 score. Those with positive views of their health and wellbeing were less likely to be obese. Smokers and those exposed to second hand smoke were also less likely to be obese.

Table 4.53: Body Mass Index (Q28/Q42) by Health and Wellbeing Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Positive view of general health	2%	51%	36%	11%	1%	16%	3,552
Positive view of physical wellbeing	2%	50%	36%	11%	1%	16%	3,903
Positive view of mental/emotional wellbeing	2%	49%	35%	12%	1%	17%	4,139
Positive view of quality of life	2%	49%	35%	12%	2%	18%	4,281
High GHQ12 Score	5%	43%	29%	19%	4%	26%	830
Limiting condition or illness	3%	41%	30%	24%	3%	31%	1,190
Exposed to second hand smoke	3%	52%	32%	11%	2%	16%	1,926
Current smoker	2%	51%	34%	12%	1%	16%	1,525

## 4.7 Unhealthy and Healthy Behaviour Indices

An Unhealthy Behaviour Index

This section examines the extent to which multiple 'unhealthy' behaviours are exhibited by the same people. An 'unhealthy' behaviour index has been derived from the following five unhealthy behaviours:

- Smoking;
- Having a BMI of 25 or over;
- Not meeting the recommended levels of physical activity;
- Not meeting the recommended level of fruit and vegetable consumption; and
- Binge drinking.

Figure 4.4 shows that most respondents (93%) exhibited at least one of these behaviours, but just 2% exhibited all five. The mean number of unhealthy behaviours was 2.24.

Figure 4.4: Number of Unhealthy Behaviours Exhibited
Unweighted N=5,067
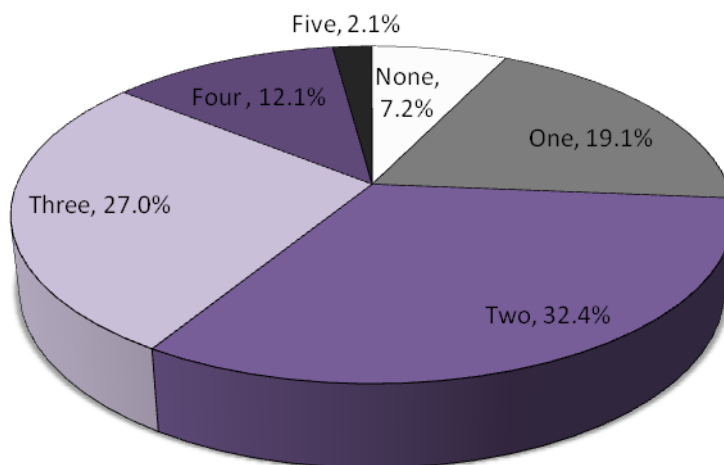
The youngest and the oldest age groups tended to have the fewest number of unhealthy behaviours. Men tended to have more unhealthy behaviours than women (means of 2.47 and 2.03 respectively). The age/gender group with the highest mean number of unhealthy behaviours was men aged 45-64 (mean of 2.72 unhealthy behaviours). This is shown in Table 4.58 below.

Table 4.54: Mean Number of Unhealthy Behaviours by Age and Gender

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Age: 16-24	2.01	323
25-34	2.09	792
35-44	2.32	797
45-54	2.43	898
55-64	2.42	752
65-74	2.28	823
75+	2.07	677
Men	2.47	2,049
Women	2.03	3,018
Men 16-44	2.36	738
Women 16-44	1.95	727
Men 45-64	2.72	582
Women 45-64	2.14	1,174
Men 65+	2.36	923
Women 65+	2.06	918
All	2.24	5,067

For demographic and socio economic measures, those who tended to exhibit more unhealthy behaviours were those in the most deprived areas and those with no qualifications.

Table 4.55: Mean Number of Unhealthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Bottom 15% datazones	2.44	1,870
Other datazones	2.16	3,197
SIMD quintile		
1 (most deprived)	2.43	2,188
2	2.23	833
3	2.21	709
4	2.04	494
5 (least deprived)	2.02	843
At least one qualification	2.15	3,787
No qualifications	2.66	1,271

Those who exhibited factors associated with social exclusion tended to exhibit more unhealthy behaviours.

Table 4.56: Mean Number of Unhealthy Behaviours by Deprivation and Socio Economic Measures by Factors Associated with Social Exclusion

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
All income from benefits	2.73	1,113
Feel isolated from family/friends	2.61	505
Not in control of decisions affecting daily life, or only 'to some extent'	2.39	1,575

A Healthy Behaviour Index

A 'healthy behaviour index' was also developed, which examined the extent to which respondents exhibited multiple healthy behaviours. The five healthy behaviours used in the index were:

- Not smoking;
- Having a BMI within the ideal range (18.5 to 24.99);
- Meeting the physical activity recommendations;
- Consuming five or more portions of fruit/vegetables per day; and
- Either not drinking or drinking within safe limits (i.e. not binging or drinking too much in a week).

Figure 4.5 shows that nearly all (97%) exhibited at least one healthy behaviour, and 6% of respondents exhibited all five. The mean number of healthy behaviours was 2.64.

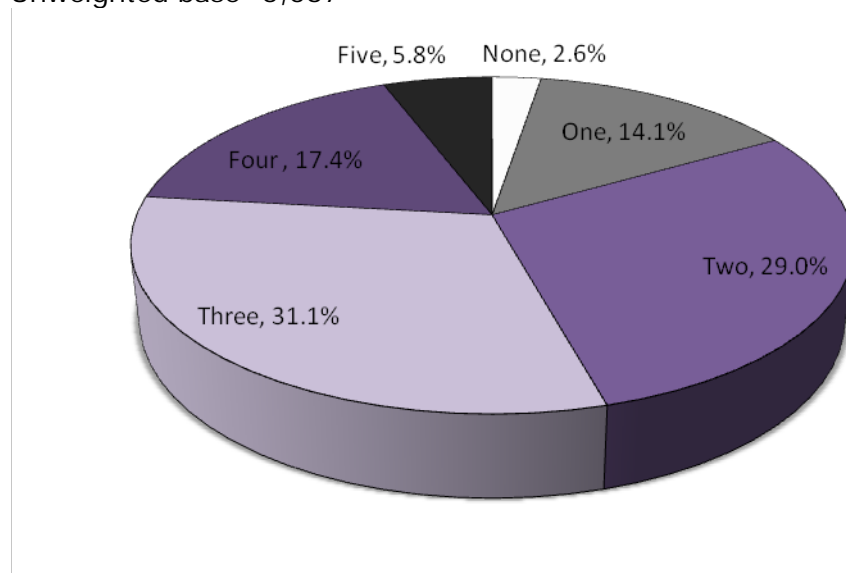**Figure 4.5: Number of Healthy Behaviours Exhibited**
Unweighted base=5,067

Table 4.57 shows that those with the highest mean number of healthy behaviours were those in the youngest and oldest age groups. Women tended to exhibit more healthy behaviours than men. Men aged 45-64 had the lowest mean number of healthy behaviours (2.19) while women aged 16-44 had the highest (2.90).

Table 4.57: Mean Number of Healthy Behaviours by Age and Gender

	Mean No. of Healthy Behaviours	Unweighted base (n)
Age:		
16-24	2.84	323
25-34	2.81	792
35-44	2.56	797
45-54	2.44	898
55-64	2.48	752
65-74	2.58	823
75+	2.82	677
Men	2.43	2,049
Women	2.83	3,018
Men 16-44	2.56	738
Women 16-44	2.90	1,174
Men 45-64	2.19	727
Women 45-64	2.71	923
Men 65+	2.52	582
Women 65+	2.81	918
All	2.64	5,067

Those tending to exhibit fewer healthy behaviours were those in the most deprived areas and those with no qualifications. This is shown in Table 4.58.

Table 4.58:   Mean Number of Healthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Healthy Behaviours	Unweighted base (n)
Bottom 15% datazones	2.46	1,870
Other datazones	2.72	3,197
SIMD quintile		
1 (most deprived)	2.46	2,188
2	2.66	833
3	2.66	709
4	2.86	494
5 (least deprived)	2.82	843
At least one qualification	2.73	3,787
No qualifications	2.25	1,271

All three factors associated with social exclusion were associated with a lower mean number of healthy behaviours.

Table 4.59:   Mean Number of Healthy Behaviours by Deprivation and Socio Economic Measures by Factors Associated with Social Exclusion

	Mean No. of Healthy Behaviours	Unweighted base (n)
All income from benefits	2.17	1,113
Feel isolated from family/friends	2.29	505
Not in control of decisions affecting daily life, or only 'to some extent'	2.50	1,575

5 Social Health

5.1 Chapter Summary

Table 5.1 summarises the indicators relating to social health.

Table 5.1: Indicators for Social Health

Indicator	% of sample	Unweighted base (n)
Feel isolated from family and friends (Q41)	10%	6,096
Feel I belong to the local area (Q40b)	82%	6,071
Feel valued as a member of the community (Q40d)	61%	5,997
People in my neighbourhood can influence decisions (Q40f)	65%	5,650
Identify with a religion (Q60)	61%	6,048
Treated offensively in last three months (Q61)	4%	6,083
Feel safe in own home (Q43c)	98%	6,091
Feel safe using public transport (Q43a)	91%	5,477
Feel safe walking alone even after dark (Q43b)	68%	5,833

One in ten (10%) respondents felt isolated from family and friends. Those more likely to feel isolated from family and friends were those with no qualifications, those receiving all household income from benefits, those not definitely feeling in control of decisions affecting daily life, those with a high GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke, those who exceed the recommended weekly limit for alcohol consumption, obese people and those who consume fewer than five portions of fruit/vegetables per day.

Four in five (82%) respondents agreed that they belonged to the local area. Those less likely to feel that they belonged to the local area were those aged under 45, men, those outside the 4th and 5th (least deprived) deprivation quintiles, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those exposed to second hand smoke, those who exceeded the recommended weekly limit for alcohol consumption, smokers, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

Three in five (61%) respondents felt they were valued as members of the community. Those less likely to feel valued members of the community were those aged under 35, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those exposed to second hand smoke, those who exceed the recommended weekly limit for alcohol, smokers, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

Two thirds (65%) of respondents agreed that by working together local people could influence the decisions that affect their neighbourhood. Those less likely to agree with this were those aged under 35, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those who exceed the recommended weekly limit for alcohol consumption, those exposed to second hand smoke, smokers, those who consume fewer than five portions of fruit/vegetables per day, and those with a limiting condition or illness.

Three in five (61%) identified with a religion. Those less likely to identify with a religion were those in the most deprived areas, those with qualifications, those who felt in control of the decisions affecting their lives, those who exceeded the recommended weekly limit for alcohol consumption, smokers, those exposed to second hand smoke, those with a positive view of their general health and those with a positive view of their physical wellbeing.

One in 22 (4.4%) felt they had been treated offensively in the last three months. Those more likely to feel they had been treated offensively were those aged under 55, those who exhibited factors associated with social exclusion, those with a high GHQ12 score and those with a limiting condition or illness.

Most (98%) respondents felt safe in their own home. Those less likely to feel safe in their home were those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting illness/condition, those exposed to second hand smoke and smokers.

Nine in ten (91%) respondents felt safe using public transport in their local area. Those less likely to feel safe using public transport were those aged 75 or over, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score and those with a limiting condition or illness.

Two in three (68%) respondents felt safe walking alone in their local area even after dark. Those less likely to feel safe walking alone were older respondents, women, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score, obese people and those who consume fewer than five portions of fruit/vegetables per day.

5.2   Social Connectedness

Isolation from Family and Friends

One in ten (10%) said they ever felt isolated from family and friends.

Those with no qualifications were more likely to feel isolated from family and friends. This is shown in Table 5.2.

Table 5.2: Feel Isolated from Family and Friends (Q41) by Deprivation and Socio Economic Measures

	Feel Isolated	Unweighted base (n)
At least one qualification No qualifications	8% 17%	4,385 1,696

Feeling isolated from family and friends has been used throughout this report as a measure of social exclusion. Table 5.3 shows that the other two measures of social exclusion (receiving all income from benefits and not feeling definitely in control of decisions) were associated with a higher likelihood of feeling isolated from family and friends.

Table 5.3: Feel Isolated from Family and Friends (Q41) by Factors Associated with Social Exclusion

	Feel Isolated	Unweighted base (n)
All income from benefits	23%	1,462
Not in control of decisions affecting daily life, or only 'to some extent'	18%	2,049

Those with positive views of their health, wellbeing and quality of life were less likely to feel isolated from family and friends. Those more likely to feel isolated were those with a high GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke, those who exceeded the recommended weekly alcohol limit, obese people and those who consumed fewer than five portions of fruit/vegetables per day.

Table 5.4: Feel Isolated from Family and Friends (Q41) by Health and Wellbeing Measures

	Feel Isolated	Unweighted base (n)		Feel Isolated	Unweighted base (n)
Positive view of general health	7%	4,125	Exposed to second hand smoke	13%	2,305
Positive view of physical wellbeing	6%	4,571	Current smoker	15%	1,835
Positive view of mental/emotional wellbeing	6%	4,867	Exceeds weekly alcohol limit	12%	1,064
Positive view of quality of life	7%	5,009	Obese	12%	1,041
High GHQ12 Score	29%	1,024	Consumes fewer than five portions of fruit/veg per day	11%	4,198
Limiting condition or illness	22%	1,532			

Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". Four in five (82%) respondents agreed with this statement (22% strongly agreed and 59% agreed), 8% disagreed and 10% neither agreed nor disagreed.

The likelihood of agreeing with the statement about belonging to the local area generally increased with age, with those aged 75 or over most likely to agree (93%). Also, women were more likely than men to agree that they belonged to the local area. This is shown in Table 5.5.

Table 5.5: Belong to the Local Area (Q40b) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	78%	11%	11%	414
25-34	74%	14%	12%	918
35-44	77%	14%	10%	926
45-54	84%	9%	7%	1,043
55-64	89%	8%	4%	891
65-74	88%	6%	5%	972
75+	93%	5%	2%	895
Men	81%	12%	8%	2,442
Women	83%	9%	8%	3,627
Men 16-44	75%	15%	11%	881
Women 16-44	78%	11%	11%	1,376
Men 45-64	85%	9%	5%	841
Women 45-64	86%	8%	6%	1,093
Men 65+	91%	7%	3%	715
Women 65+	91%	5%	5%	1,152
All	82%	10%	8%	6,071

Those in the 4th and 5th (least deprived) deprivation quintiles were more likely than others to feel that they belonged to the local area. However, those with no qualifications were more likely than those with qualifications to agree they belonged to the local area. This is shown in Table 5.6.

Table 5.6: Belong to the Local Area (Q40b) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
SIMD quintile				
1 (most deprived)	81%	9%	10%	2,726
2	80%	12%	9%	988
3	81%	11%	9%	805
4	87%	9%	4%	552
5 (least deprived)	84%	11%	5%	1,000
At least one qualification	81%	11%	8%	4,365
No qualifications	84%	7%	9%	1,689

All three factors associated with social exclusion were associated with a lower likelihood of having feelings of belonging to the area, as shown in Table 5.7.

Table 5.7: Belong to the Local Area (Q40b) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	78%	8%	13%	1,453
Feel isolated from friends/family	60%	14%	27%	665
Not in control of decisions affecting daily life, or only 'to some extent'	78%	11%	11%	2,037

For health and wellbeing measures, those less likely to feel that they belonged to the local area were:

- Those with a high GHQ12 score;
- Those exposed to second hand smoke;
- Those who exceed the recommended weekly limit for alcohol;
- Smokers;
- Those with a limiting condition or illness;
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 5.8: Belong to the Local Area (Q40b) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	82%	11%	8%	4,111
Positive view of mental/emotional wellbeing	83%	10%	7%	4,850
Positive view of quality of life	83%	10%	7%	4,990
High GHQ12 Score	74%	10%	16%	1,017
Limiting condition/illness	80%	9%	11%	1,526
Exposed to second hand smoke	78%	12%	10%	2,291
Current smoker	79%	10%	11%	1,826
Exceeds weekly alcohol limits	78%	14%	8%	1,061
Consumes fewer than 5 portions of fruit/veg per day	81%	11%	8%	4,180

Feeling Valued as a Member of the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel valued as a member of my community". Three in five (61%) agreed with this statement (13% strongly agreed and 49% agreed); 15% disagreed and 24% neither agreed nor disagreed.

Those aged under 35 were the least likely to feel they were valued as a member of the community and those aged 65 or over were the most likely to feel this. This is shown in Table 5.9.

Table 5.9: Feel Valued as a Member of the Community (Q40d) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	52%	25%	23%	400
25-34	53%	29%	18%	916
35-44	59%	26%	15%	914
45-54	63%	22%	15%	1,032
55-64	67%	24%	9%	881
65-74	74%	17%	8%	964
75+	74%	17%	9%	877
Men 16-44	53%	26%	22%	867
Women 16-44	57%	27%	16%	1,362
Men 45-64	64%	25%	11%	835
Women 45-64	66%	21%	13%	1,078
Men 65+	76%	16%	7%	708
Women 65+	73%	18%	10%	1,133
All	61%	24%	15%	5,997

Those in the most deprived areas and those without qualifications were the least likely to agree that they felt valued as members of their community.

Table 5.10: Feel Valued as a Member of the Community (Q40d) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	57%	22%	21%	2,299
Other datazones	63%	24%	12%	3,698
SIMD quintile				
1 (most deprived)	57%	22%	21%	2,691
2	59%	29%	13%	974
3	65%	21%	14%	793
4	74%	19%	8%	551
5 (least deprived)	62%	28%	10%	988
At least one qualification	63%	23%	14%	4,324
No qualifications	57%	24%	19%	1,656

All three factors associated with social exclusion were associated with a lower likelihood of feeling valued as a member of the community. This was particularly the case for those who felt isolated from family and friends, just 38% of whom felt valued members of their community. This is shown in Table 5.11.

Table 5.11: Feel Valued as a Member of the Community (Q40d) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	53%	22%	25%	1,432
Feel isolated from friends/family	38%	23%	39%	659
Not in control of decisions affecting daily life, or only 'to some extent'	53%	27%	20%	2,007

Table 5.12 shows that those less likely to feel valued as a member of their community were:

- Those with a high GHQ12 score;
- Those exposed to second hand smoke;
- Those who exceed the recommended weekly limit for alcohol;
- Smokers;
- Those with a limiting condition or illness; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those with positive views of their physical or mental wellbeing or quality of life were more likely to feel valued as members of their community.

Table 5.12: Feel Valued as a Member of the Community (Q40d) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of physical wellbeing	62%	24%	14%	4,506
Positive view of mental/emotional wellbeing	64%	23%	13%	4,794
Positive view of quality of life	63%	24%	13%	4,933
High GHQ12 Score	44%	26%	30%	1,003
Limiting condition/illness	57%	23%	20%	1,506
Exposed to second hand smoke	53%	28%	19%	2,257
Current smoker	55%	24%	21%	1,799
Exceeds weekly alcohol limits	54%	26%	21%	1,048
Consumes fewer than 5 portions of fruit/veg per day	58%	26%	16%	4,121

Influence in the Neighbourhood

Respondents were asked the extent to which they agreed or disagreed with the statement, "By working together people in my neighbourhood can influence decisions that affect my neighbourhood". In total, 65% agreed with this statement (12% strongly agreed and 54% agreed), while 12% disagreed and 23% neither agreed nor disagreed.

Those aged under 35 were the least likely to agree that people in their areas could influence local decisions, while those aged 75 and over were the most likely to agree with this. This is shown in Table 5.13.

Table 5.13: Can Influence Decisions that Affect Neighbourhood (Q40f) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	62%	29%	9%	349
25-34	60%	25%	15%	862
35-44	64%	24%	13%	855
45-54	63%	22%	15%	982
55-64	67%	23%	10%	848
65-74	73%	18%	9%	917
75+	78%	17%	5%	827
Men 16-44	61%	26%	13%	795
Women 16-44	63%	25%	12%	1,270
Men 45-64	64%	23%	12%	807
Women 45-64	65%	21%	13%	1,023
Men 65+	78%	15%	7%	673
Women 65+	73%	19%	8%	1,071
All	65%	23%	12%	5,650

Those in the most deprived areas and those with no qualifications were less likely to agree that local people could influence local decisions.

Table 5.14: Can Influence Decisions that Affect Neighbourhood (Q40f) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	61%	23%	16%	2,126
Other datazones	67%	23%	10%	3,524
SIMD quintile				
1 (most deprived)	61%	24%	15%	2,481
2	64%	26%	11%	947
3	66%	20%	14%	751
4	75%	17%	8%	539
5 (least deprived)	68%	26%	6%	932
At least one qualification	66%	23%	11%	4,120
No qualifications	62%	24%	14%	1,517

Table 5.15 shows that all three factors associated with social exclusion were associated with a lower likelihood of agreeing that local people can influence the decisions that affect their neighbourhood.

Table 5.15: Can Influence Decisions that Affect Neighbourhood (Q40f) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	60%	22%	18%	1,307
Feel isolated from friends/family	44%	28%	28%	586
Not in control of decisions affecting daily life, or only 'to some extent'	59%	26%	15%	1,803

Table 5.16 shows that those less likely to agree that local people can influence local decisions were:

- Those with a high GHQ12 score;
- Those who exceed the recommended weekly limit for alcohol;
- Those exposed to second hand smoke;
- Smokers;
- Those who consume fewer than five portions of fruit/vegetables per day; and
- Those with a limiting condition or illness.

Table 5.16: Can Influence Decisions that Affect Neighbourhood (Q40f) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	66%	23%	11%	3,857
Positive view of physical wellbeing	65%	24%	10%	4,266
Positive view of mental/emotional wellbeing	66%	23%	11%	4,559
Positive view of quality of life	66%	23%	11%	4,694
High GHQ12 Score	54%	25%	21%	906
Limiting condition/illness	63%	21%	16%	1,380
Exposed to second hand smoke	60%	26%	14%	2,101
Current smoker	60%	23%	16%	1,672
Exceeds weekly alcohol limit	56%	30%	14%	979
Consumes fewer than 5 portions of fruit/veg per day	63%	25%	12%	3,837

Religious Identity

Three in five (61%) respondents identified with a religion.

The likelihood of identifying with a religion increased with age, ranging from 46% of those aged under 25 to 88% of those aged 75 or over. Women were more likely than men to have a religious identity (65% of women compared to 56% of men).

Table 5.17: Religious Identity (Q60) by Age and Gender

	Have Religious Identity	Unweighted base (n)
Age: 16-24	46%	415
25-34	50%	919
35-44	52%	922
45-54	61%	1,036
55-64	72%	888
65-74	82%	970
75+	88%	889
Men	56%	2,422
Women	65%	3,625
Men 16-44	47%	876
Women 16-44	52%	1,379
Men 45-64	60%	832
Women 45-64	70%	1,092
Men 65+	78%	710
Women 65+	89%	1,149
All	61%	6,048

Those in the most deprived areas were less likely to identify with a religion. Those with no qualifications were more likely than those with qualifications to identify with a religion. This is shown in Table 5.18.

Table 5.18: Religious Identity (Q60) by Deprivation and Socio Economic Measures

	Have Religious Identity	Unweighted base (n)
Bottom 15% datazones	58%	2,327
Other datazones	62%	3,721
SIMD quintile 1 (most deprived)	60%	2,724
2	61%	987
3	55%	804
4	69%	554
5 (least deprived)	63%	982
At least one qualification	59%	4,354
No qualifications	68%	1,682

Those who did not definitely feel in control of the decisions affecting their life were more likely to identify with a religion.

Table 5.19: Religious Identity (Q60) by Factors Associated with Social Exclusion

	Have Religious Identity	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	64%	2,026

Table 5.20 shows that those less likely to identify with a religion were:

- Those who exceed the recommended weekly limit for alcohol;
- Smokers;
- Those exposed to second hand smoke;
- Those with a positive view of their general health; and
- Those with a positive view of their physical wellbeing.

Those more likely to identify with a religion were obese people and those with a limiting condition or illness.

Table 5.20: Religious Identity (Q60) by Health and Wellbeing Measures

	Have Religious Identity	Unweighted base (n)		Have Religious Identity	Unweighted base (n)
Positive view of general health	58%	4,091	Current smoker	54%	1,821
Positive perception of physical health	59%	4,535	Exceeds weekly alcohol limit	50%	1,057
Limiting condition or illness	74%	1,525	Obese	70%	1,034
Exposed to second hand smoke	55%	2,287			

Experience of Being Treated Offensively

Respondents were asked whether they had been treated in a way that they felt was offensive during the last three months. In total 4.4% of respondents felt they had been treated offensively.

Those aged under 55 were more likely than older respondents to feel that they had been treated offensively.

Table 5.21: Experience of Being Treated Offensively in Last Three Months (Q61) by Age and Gender

	Treated Offensively	Unweighted base (n)
Age:		
16-24	5.1%	416
25-34	5.9%	922
35-44	6.1%	927
45-54	5.2%	1,042
55-64	2.7%	894
65-74	2.6%	976
75+	0.4%	897
Men 16-44	6.1%	879
Women 16-44	5.4%	1,385
Men 45-64	3.3%	840
Women 45-64	4.8%	1,096
Men 65+	1.1%	716
Women 65+	1.8%	1,157
All	4.4%	6,083

All three factors associated with social exclusion were associated with a higher likelihood of having been treated offensively in the last three months. In particular, 14% of those who felt isolated from family/friends felt they had been treated offensively.

Table 5.22: Experience of Being Treated Offensively in Last Three Months (Q61) by Factors Associated with Social Exclusion

	Treated Offensively	Unweighted base (n)
All income from benefits	6.6%	1,456
Feel isolated from family/friends	13.7%	661
Not in control of decisions affecting daily life, or only 'to some extent'	7.1%	2,035

Those with positive views of their general health, physical or mental wellbeing or quality of life were less likely to feel they had been treated offensively in the last three months. Those with a high GHQ12 score and those with a limiting condition or illness were more likely to feel they had been treated offensively.

Table 5.23: Experience of Being Treated Offensively in Last Three Months (Q61) by Health and Wellbeing Measures

	Treated Offensively	Unweighted base (n)		Treated Offensively	Unweighted base (n)
Positive view of general health	3.9%	4,122	Positive view of quality of life	3.6%	5,006
Positive view of physical wellbeing	3.5%	4,569	High GHQ12 score	12.8%	1,015
Positive view of mental/emotional wellbeing	3.2%	4,865	Limiting condition or illness	7.6%	1,523

Of all those who felt they had been treated offensively (unweighted n=222), the most common types of people/agencies who had treated respondents offensively were:

- Unknown person in a public place (37%);
- Known person in a public place (34%);
- Close relative (7%);
- Police/justice system (6%); and
- Landlord/housing office (4%).

The most commonly perceived reasons for being treated offensively were:

- Because of the neighbourhood I live in (18%);
- Disability (11%);
- Ethnic background (11%);
- Accent (8%);
- Age (5%); and
- Religion/faith/belief (4%).

5.3   Feelings of Safety

Feeling Safe in Own Home

Most people (98%) agreed that they felt safe in their own home (52% strongly agreed and 46% agreed), while 1% disagreed and 1% neither agreed nor disagreed.

Those with no qualifications were less likely to feel safe in their own home, as shown in Table 5.24.

Table 5.24: Feel Safe in Own Home (Q43c) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
At least one qualification	99%	1%	<1%	4,382
No qualifications	96%	3%	1%	1,692

Table 5.25 shows that all three factors associated with social exclusion were associated with a lower likelihood of feeling safe at home.

Table 5.25: Feel Safe in Own Home (Q43c) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	95%	3%	2%	1,460
Feel isolated from friends/family	92%	5%	2%	669
Not in control of decisions affecting daily life, or only 'to some extent'	96%	3%	1%	2,045

Those with positive views of their health, physical or mental wellbeing or quality of life were more likely to feel safe in their home. Those who were less likely to feel safe in their home were those with a high GHQ12 score, those with a limiting illness/condition, those exposed to second hand smoke and smokers.

Table 5.26: Feel Safe in Own Home (Q43c) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	99%	1%	<1%	4,127
Positive view of physical wellbeing	99%	1%	<1%	4,572
Positive view of mental/emotional wellbeing	99%	1%	<1%	4,865
Positive view of quality of life	99%	1%	<1%	5,005
High GHQ12 Score	94%	4%	2%	1,021
Limiting condition/illness	95%	3%	2%	1,529
Exposed to second hand smoke	97%	2%	1%	2,302
Current smoker	97%	2%	1%	1,830

Feeling Safe Using Public Transport

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". Nine in ten (91%) agreed with this (31% strongly agreed and 61% agreed), while 4% disagreed and 5% neither agreed nor disagreed.

Those aged 75 and over were the least likely to say that they felt safe using public transport in their local area.

Table 5.27: Feel Safe Using Public Transport (Q43a) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	93%	6%	1%	403
25-34	91%	4%	5%	853
35-44	93%	5%	2%	849
45-54	91%	4%	5%	919
55-64	92%	5%	3%	806
65-74	90%	5%	5%	888
75+	87%	8%	4%	751
Men 16-44	92%	5%	3%	812
Women 16-44	93%	5%	3%	1,292
Men 45-64	91%	6%	3%	750
Women 45-64	91%	3%	6%	975
Men 65+	89%	7%	4%	617
Women 65+	88%	6%	5%	1,022
All	91%	5%	4%	5,477

Table 5.28 shows that those with no qualifications were less likely than those with qualifications to feel safe using local public transport.

Table 5.28: Feel Safe Using Public Transport (Q43a) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
At least one qualification	92%	5%	3%	3,948
No qualifications	88%	5%	7%	1,516

Table 5.29 shows that all three factors associated with social exclusion were associated with a lower likelihood of feeling safe on public transport.

Table 5.29: Feel Safe Using Public Transport (Q43a) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	87%	4%	9%	1,336
Feel isolated from friends/family	84%	7%	9%	588
Not in control of decisions affecting daily life, or only 'to some extent'	87%	7%	6%	1,841

Table 5.30 shows that for health and wellbeing measures, those less likely to feel safe using public transport were those with a high GHQ12 score and those with a limiting condition or illness.

Those more likely to feel safe using public transport were:

- Those who exceed the recommended weekly limit for alcohol;
- Those exposed to second hand smoke;
- Those with a positive view of their general health;
- Those with a positive view of their physical wellbeing;
- Those with a positive view of their mental/emotional wellbeing; and
- Those with a positive view of their quality of life.

Table 5.30: Feel Safe Using Public Transport (Q43a) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	93%	5%	3%	3,784
Positive view of physical wellbeing	92%	5%	3%	4,136
Positive view of mental/emotional wellbeing	92%	5%	3%	4,381
Positive view of quality of life	92%	5%	3%	4,502
High GHQ12 Score	83%	7%	10%	893
Limiting condition/illness	86%	5%	9%	1,297
Exposed to second hand smoke	92%	4%	4%	2,118
Exceeds weekly alcohol limit	94%	3%	3%	976

Feeling Safe Walking Alone in Local Area Even After Dark

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe walking alone around this local area even after dark". In total 68% agreed with this statement (23% strongly agreed and 45% agreed), 20% disagreed and 11% neither agreed nor disagreed.

Older respondents were less likely to feel safe walking alone in their neighbourhood after dark, and women were less likely than men to feel safe walking alone (81% of men compared to 57% of women felt safe). This is shown in Table 5.30.

Table 5.31: Feel Safe Walking Alone Even After Dark (Q43b) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	75%	13%	12%	412
25-34	74%	8%	18%	919
35-44	75%	10%	15%	927
45-54	73%	8%	19%	1,026
55-64	65%	14%	22%	859
65-74	55%	16%	29%	928
75+	39%	15%	46%	753
Men	81%	8%	11%	2,376
Women	57%	14%	29%	3,455
Men 16-44	84%	7%	9%	886
Women 16-44	64%	13%	22%	1,371
Men 45-64	84%	6%	10%	829
Women 45-64	55%	14%	30%	1,056
Men 65+	63%	15%	22%	657
Women 65+	38%	16%	46%	1,024
All	68%	11%	20%	5,833

Table 5.32 shows that those in the most deprived areas were the least likely to feel safe walking alone in their area after dark while those in the least deprived areas were the most likely to feel safe. Also, those with no qualifications were less likely to feel safe walking alone after dark.

Table 5.32: Feel Safe Walking Alone Even After Dark (Q43b) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	60%	10%	30%	2,252
Other datazones	72%	12%	16%	3,581
SIMD Quintile				
1 (Most deprived)	60%	10%	30%	2,628
2	63%	14%	23%	939
3	74%	10%	17%	775
4	76%	11%	13%	537
5 (Least deprived)	81%	11%	8%	954
At least one qualification	73%	11%	16%	4,277
No qualifications	50%	12%	38%	1,542

Table 5.33 shows that all three factors associated with social exclusion were associated with a lower likelihood of feeling safe when walking alone in the local area even after dark.

Table 5.33: Feel Safe Walking Alone Even After Dark (Q43b) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	48%	13%	39%	1,369
Feel isolated from friends/family	58%	11%	30%	634
Not in control of decisions affecting daily life, or only 'to some extent'	56%	15%	29%	1,914

Those who exceeded the recommended weekly alcohol limit were more likely to feel safe walking alone after dark. Positive views of health, wellbeing and quality or life were also associated with a higher likelihood of feeling safe walking alone after dark.

Those less likely to feel safe walking alone after dark were those with a limiting condition or illness, those with a high GHQ12 score, obese people and those who consume fewer than five portions of fruit/vegetables per day.

Table 5.34: Feel Safe Walking Alone Even After Dark (Q43b) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	73%	10%	17%	4,047
Positive view of physical wellbeing	71%	12%	18%	4,448
Positive view of mental/emotional wellbeing	70%	11%	18%	4,697
Positive view of quality of life	71%	11%	18%	4,833
High GHQ12 Score	53%	12%	35%	952
Limiting condition/illness	50%	12%	38%	1,357
Exceeds weekly alcohol limit	78%	9%	13%	1,057
Obese	67%	9%	24%	1,005
Consumes fewer than five portions of fruit/veg per day	67%	11%	22%	3,982

5.4   Social Issues in the Local Area

Using the 'faces' scale (See Section 2.2 of this report for full explanation of the scale), respondent were asked to indicate how they felt about a range of perceived social problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The social issues which most frequently caused concern were the level of unemployment, the amount of drug activity and the level of alcohol consumption.

Figure 5.1: Negative Perception of Social Issues in the Local Area (Q38a-h)
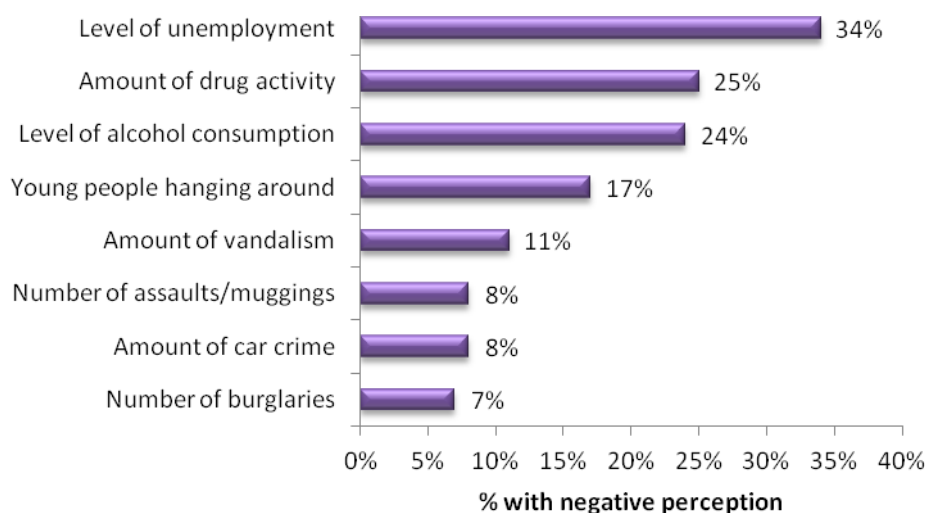
Level of Unemployment

A third (34%) of respondents had a negative perception of the level of unemployment in their area.

Those aged 75 or over were the least likely to have a negative perception of the level of unemployment, as shown in Table 5.34.

Table 5.35: Negative Perception of Level of Unemployment (Q38a) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	36%	361
25-34	37%	812
35-44	34%	817
45-54	32%	905
55-64	37%	760
65-74	33%	766
75+	27%	590
Men 16-44	38%	792
Women 16-44	32%	1,197
Men 45-64	30%	735
Women 45-64	34%	930
Men 65+	36%	567
Women 65+	31%	789
All	34%	5,017

Those in the most deprived areas were the most likely to have a negative perception of the level of unemployment while those in the least deprived areas were the least likely to have a negative perception. Those with no qualifications were more likely to have a negative perception of unemployment levels.

Table 5.36: Negative Perception of Level of Unemployment (Q38a) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	52%	2,005
Other datazones	26%	3,012
SIMD quintile		
1 (most deprived)	54%	2,336
2	38%	800
3	30%	637
4	11%	439
5 (least deprived)	6%	805
At least one qualification	30%	3,716
No qualifications	54%	1,292

Table 5.37 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a negative perception of the level of unemployment in the local area.

Table 5.37: Negative Perception of Level of Unemployment (Q38a) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	64%	1,184
Feel isolated from friends/family	42%	518
Not in control of decisions affecting daily life, or only 'to some extent'	41%	1,662

For health and wellbeing measures, those more likely to be concerned about levels of unemployment were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Smokers;
- Those exposed to second hand smoke;
- Obese people; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those with positive views of health, wellbeing or quality of life were less likely to be concerned about levels of unemployment.

Table 5.38: Negative Perception of Level of Unemployment (Q38a) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	30%	3,502	Limiting condition or illness	49%	1,171
Positive view of physical wellbeing	31%	3,842	Exposed to second hand smoke	45%	1,992
Positive view of mental/emotional wellbeing	30%	4,050	Current smoker	48%	1,577
Positive view of quality of life	30%	4,146	Obese	42%	883
High GHQ12 score	51%	785	Consumes fewer than 5 portions of fruit/veg per day	38%	3,414

Amount of Drug Activity

A quarter (25%) of respondents gave a negative perception of the amount of drug activity in their local area. Those aged under 35 were the most likely to be concerned about the amount of drug activity while those aged 75 and over were the least likely. This is shown in Table 5.39.

Table 5.39: Negative Perception of Amount of Drug Activity (Q38e) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	28%	367
25-34	28%	800
35-44	25%	797
45-54	25%	860
55-64	23%	749
65-74	23%	773
75+	14%	576
Men 16-44	29%	778
Women 16-44	25%	1,185
Men 45-64	23%	712
Women 45-64	25%	897
Men 65+	19%	546
Women 65+	19%	803
All	25%	4,927

Those in the most deprived areas were the most likely to have a negative perception of the amount of drug activity in their area, while those in the least deprived areas were the least likely to be concerned about drug activity. Also, those with no qualifications were more likely to be concerned about drug activity.

Table 5.40: Negative Perception of Amount of Drug Activity (Q38e) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	40%	1,930
Other datazones	18%	2,997
SIMD quintile		
1 (most deprived)	40%	2,259
2	25%	778
3	21%	657
4	8%	443
5 (least deprived)	6%	790
At least one qualification	21%	3,629
No qualifications	38%	1,291

Table 5.41 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a negative perception of the amount of drug activity in the local area.

Table 5.41: Negative Perception of Amount of Drug Activity (Q38e) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	43%	1,172
Feel isolated from friends/family	36%	526
Not in control of decisions affecting daily life, or only 'to some extent'	30%	1,670

Table 5.42 shows that for health and wellbeing measures, those more likely to be concerned about the amount of drug activity in their area were:

- Those with a high GHQ12 score;
- Those with a limiting condition/illness;
- Smokers;
- Those exposed to second hand smoke;
- Obese people;
- Those who exceed the recommended weekly limit for alcohol; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those with positive views of their health, wellbeing or quality of life were less likely to be concerned about the level of drug activity locally.

Table 5.42: Negative Perception of Amount of Drug Activity (Q38e) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	22%	3,427	Exposed to second hand smoke	32%	1,956
Positive view of physical wellbeing	23%	3,731	Current smoker	34%	1,551
Positive view of mental/emotional wellbeing	22%	3,928	Exceeds weekly alcohol limit	28%	910
Positive view of quality of life	23%	4,045	Obese	29%	874
High GHQ12 score	40%	814	Consumes fewer than 5 portions of fruit/veg per day	27%	3,370
Limiting condition or illness	39%	1,160			

Level of Alcohol Consumption

One in four (24%) respondents gave a negative perception of the level of alcohol consumption in their area. Those aged under 35 were the most likely to have a negative perception and those aged 75 and over were the least likely.

Table 5.43: Negative Perception of Level of Alcohol Consumption (Q38f) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	27%	375
25-34	27%	825
35-44	24%	826
45-54	24%	899
55-64	22%	767
65-74	20%	809
75+	14%	623
Men 16-44	26%	798
Women 16-44	25%	1,227
Men 45-64	21%	733
Women 45-64	24%	933
Men 65+	18%	577
Women 65+	18%	855
All	24%	5,131

Those in the most deprived areas were the most likely to have a negative perception of the level of alcohol consumption in their area, while those in the least deprived areas were the least likely to be concerned about alcohol consumption. Those with no qualifications were more likely to be concerned about alcohol consumption than those who had qualifications.

Table 5.44: Negative Perception of Level of Alcohol Consumption (Q38f) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	38%	2,019
Other datazones	17%	3,112
SIMD quintile		
1 (most deprived)	38%	2,359
2	24%	793
3	18%	682
4	8%	449
5 (least deprived)	7%	848
At least one qualification	21%	3,753
No qualifications	35%	1,368

Table 5.45 shows that all three factors associated with social exclusion were associated with a higher likelihood of being concerned about the level of alcohol consumption in the local area.

Table 5.45: Negative Perception of Level of Alcohol Consumption (Q38f) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	42%	1,209
Feel isolated from friends/family	37%	548
Not in control of decisions affecting daily life, or only 'to some extent'	29%	1,762

Table 5.46 shows that for health and wellbeing measures, those more likely to be concerned about the level of alcohol consumption in their area were:

- Those with a high GHQ12 score;
- Those with a limiting condition/illness;
- Smokers;
- Those exposed to second hand smoke;
- Obese people; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those with positive views of their health, wellbeing or quality of life were less likely to be concerned about the level of alcohol consumption in their area.

Table 5.46: Negative Perception of Level of Alcohol Consumption (Q38f) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	21%	3,565	Limiting condition or illness	36%	1,214
Positive view of physical wellbeing	21%	3,886	Exposed to second hand smoke	30%	2,018
Positive view of mental/emotional wellbeing	21%	4,095	Current smoker	32%	1,595
Positive view of quality of life	21%	4,211	Obese	29%	899
High GHQ12 score	37%	857	Consumes fewer than 5 portions of fruit/veg per day	26%	3,508

Young People Hanging Around

One in six (17%) respondents had a negative perception of young people hanging around in their local area. Those aged under 25 were the most likely to be concerned about this while those aged 75 or over were the least likely.

Table 5.47: Negative Perception of Young People Hanging Around (Q38g) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	20%	404
25-34	17%	910
35-44	17%	913
45-54	17%	1,016
55-64	16%	874
65-74	16%	923
75+	9%	832
Men 16-44	18%	871
Women 16-44	18%	1,355
Men 45-64	15%	817
Women 45-64	18%	1,073
Men 65+	13%	680
Women 65+	12%	1,075
All	17%	5,882

Table 5.48 shows that for deprivation and socio economic measures those more likely to be concerned about young people having around were those in the most deprived areas and those with no qualifications.

Table 5.48:   Negative Perception of Young People Hanging Around (Q38g) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	28%	2,278
Other datazones	12%	3,604
SIMD quintile		
1 (most deprived)	27%	2,665
2	15%	939
3	13%	788
4	7%	540
5 (least deprived)	6%	950
At least one qualification	15%	4,272
No qualifications	24%	1,593

Table 5.49 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a negative perception of young people hanging around in the local area.

Table 5.49:   Negative Perception of Young People Hanging Around (Q38g) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	27%	1,398
Feel isolated from friends/family	25%	633
Not in control of decisions affecting daily life, or only 'to some extent'	20%	1,948

For health and wellbeing measures, those more likely to be concerned about young people hanging around in their local area were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Those exposed to second hand smoke;
- Smokers;
- Obese people; and
- Those who consume fewer than 5 portions of fruit/veg per day.

Those who had positive views of their health, wellbeing or quality of life were less likely to be concerned about young people hanging around.

Table 5.50: Negative Perception of Young People Hanging Around (Q38g) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	15%	4,011	Limiting condition or illness	23%	1,440
Positive view of physical wellbeing	15%	4,452	Exposed to second hand smoke	21%	2,244
Positive view of mental/emotional wellbeing	14%	4,724	Current smoker	21%	1,784
Positive view of quality of life	14%	4,855	Obese	20%	1,004
High GHQ12 score	27%	965	Consumes fewer than 5 portions of fruit/veg per day	18%	4,042

Amount of Vandalism

One in nine (11%) respondents gave a negative perception of the amount of vandalism in their area. Table 5.51 shows that those aged under 35 were the most likely to be concerned about vandalism while those aged 75 or over were the least likely.

Table 5.51: Negative Perception of Amount of Vandalism (Q38g) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	14%	390
25-34	14%	889
35-44	10%	904
45-54	9%	999
55-64	10%	854
65-74	10%	918
75+	6%	784
Men 16-44	12%	849
Women 16-44	13%	1,333
Men 45-64	8%	803
Women 45-64	10%	1,050
Men 65+	10%	669
Women 65+	6%	1,033
All	11%	5,748

Those in the most deprived areas and those with no qualifications were more likely to have a negative perception of the amount of vandalism in their area. This is shown in Table 5.52.

Table 5.52: Negative Perception of Amount of Vandalism (Q38g) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	15%	2,214
Other datazones	9%	3,534
SIMD quintile		
1 (most deprived)	15%	2,591
2	10%	916
3	10%	774
4	7%	533
5 (least deprived)	5%	934
At least one qualification	10%	4,183
No qualifications	13%	1,550

Table 5.53 shows that all three factors associated with social exclusion were associated with a higher likelihood of being concerned about the amount of vandalism in the local area.

Table 5.53: Negative Perception of Amount of Vandalism (Q38g) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	15%	1,350
Feel isolated from friends/family	21%	596
Not in control of decisions affecting daily life, or only 'to some extent'	14%	1,893

Those with positive views of their health, wellbeing or quality of life were less likely to be concerned about vandalism in their area. However, those more likely to be concerned about vandalism were those with a high GHQ12 score, those with a limiting condition or illness, those exposed to second hand smoke and smokers. This is shown in Table 5.54.

Table 5.54: Negative Perception of Amount of Vandalism (Q38g) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	10%	3,935	High GHQ12 score	19%	916
Positive view of physical wellbeing	9%	4,374	Limiting condition or illness	15%	1,384
Positive view of mental/emotional wellbeing	9%	4,645	Exposed to second hand smoke	14%	2,204
Positive view of quality of life	9%	4,770	Current smoker	13%	1,753

Number of Assaults/Muggings

One in twelve (8%) respondents had a negative perception of the number of assaults/muggings in their area. Those aged under 35 were the most likely to have a negative perception of this while those aged 75 or over were the least likely.

Table 5.55: Negative Perception of Number of Assaults/Muggings (Q38d) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	10%	377
25-34	10%	846
35-44	5%	843
45-54	8%	946
55-64	8%	814
65-74	7%	866
75+	4%	735
Men 16-44	10%	807
Women 16-44	7%	1,258
Men 45-64	7%	773
Women 45-64	9%	987
Men 65+	7%	626
Women 65+	5%	975
All	8%	5,435

Those in the most deprived areas were the most likely to have negative perception in the number of assaults/muggings in their local area. Those with no qualifications were also more likely than those with qualifications to be concerned about the number of assaults/muggings locally. This is shown in Table 5.56.

Table 5.56: Negative Perception of Number of Assaults/Muggings (Q38d) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	11%	2,059
Other datazones	8%	3,376
SIMD quintile		
1 (most deprived)	11%	2,401
2	9%	871
3	9%	744
4	2%	509
5 (least deprived)	4%	910
At least one qualification	11%	3,970
No qualifications	7%	1,452

Table 5.57 shows that all three factors associated with social exclusion were associated with a higher likelihood of expressing a negative perception of the number of assaults/muggings in the local area.

Table 5.57: Negative Perception of Number of Assaults/Muggings (Q38d) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	12%	1,256
Feel isolated from friends/family	18%	548
Not in control of decisions affecting daily life, or only 'to some extent'	12%	1,794

For health and wellbeing measures, those more likely to be concerned about the number of assaults/muggings in their area were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people;
- Smokers; and
- Those exposed to second hand smoke.

Table 5.58: Negative Perception of Number of Assaults/Muggings (Q38d) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	7%	3,740	Limiting condition or illness	13%	1,299
Positive view of physical wellbeing	6%	4,154	Exposed to second hand smoke	10%	2,071
Positive view of mental/emotional wellbeing	6%	4,384	Current smoker	10%	1,649
Positive view of quality of life	7%	4,513	Obese	11%	944
High GHQ12 score	16%	873			

Amount of Car Crime

One in twelve (8%) respondents gave a negative perception of the amount of car crime in their area. Those aged 65-74 were the most likely to have a negative perception of this but those aged 75 or over were the least likely. This is shown in Table 5.58.

Table 5.59: Negative Perception of Amount of Car Crime (Q38h) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	7%	353
25-34	10%	819
35-44	8%	804
45-54	9%	929
55-64	8%	771
65-74	11%	809
75+	3%	637
All	8%	5,130

Those in the most deprived areas and those with no qualifications were more likely to have a negative perception of the amount of car crime in their area. This is shown in Table 5.60.

Table 5.60: Negative Perception of Amount of Car Crime (Q38h) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	11%	1,871
Other datazones	7%	3,259
SIMD quintile		
1 (most deprived)	11%	2,211
2	9%	822
3	9%	711
4	5%	510
5 (least deprived)	4%	876
At least one qualification	7%	3,860
No qualifications	12%	1,258

Table 5.61 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a negative perception of the amount of car crime in the local area.

Table 5.61: Negative Perception of Amount of Car Crime (Q38h) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	12%	1,075
Feel isolated from friends/family	15%	500
Not in control of decisions affecting daily life, or only 'to some extent'	11%	1,596

For health and wellbeing measures, those more likely to be concerned about car crime in their area were those with a high GHQ12 score, those with a limiting condition or illness, obese people, smokers and those exposed to second hand smoke.

Table 5.62: Negative Perception of Amount of Car Crime (Q38h) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	7%	3,583	Limiting condition or illness	14%	1,164
Positive view of physical wellbeing	7%	3,951	Exposed to second hand smoke	10%	1,932
Positive view of mental/emotional wellbeing	7%	4,182	Current smoker	10%	1,517
Positive view of quality of life	7%	4,312	Obese	13%	896
High GHQ12 score	16%	776			

Number of Burglaries

One in fourteen (7%) respondents expressed a negative perception of the number of burglaries in their area. Perceptions of burglaries varied for different age groups, although there was not a straightforward relationship between age and perceptions of burglaries - the age groups most likely to be concerned with burglaries were 25-34, 45-54 and 65-74. This is shown in Table 5.63.

Table 5.63: Negative Perception of Number of Burglaries (Q38b) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	4%	340
25-34	10%	808
35-44	5%	824
45-54	9%	917
55-64	8%	799
65-74	9%	847
75+	5%	726
Men 16-44	7%	764
Women 16-44	6%	1,207
Men 45-64	6%	744
Women 45-64	10%	972
Men 65+	9%	623
Women 65+	6%	950
All	7%	5,269

Those in the most deprived areas and those with no qualifications were more likely to be concerned about the number of burglaries in their area.

Table 5.64: Negative Perception of Number of Burglaries (Q38b) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	9%	1,990
Other datazones	7%	3,279
SIMD quintile		
1 (most deprived)	9%	2,329
2	8%	813
3	8%	722
4	4%	505
5 (least deprived)	4%	900
At least one qualification	7%	3,877
No qualifications	10%	1,379

Table 5.65 shows that all three factors associated with social exclusion were associated with a higher likelihood of expressing a negative perception of the number of burglaries in the local area.

Table 5.65: Negative Perception of Number of Burglaries (Q38b) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	9%	1,186
Feel isolated from friends/family	14%	519
Not in control of decisions affecting daily life, or only 'to some extent'	9%	1,718

For health and wellbeing measures, those more likely to be concerned about the number of burglaries in their local area were those with a high GHQ12 score, those with a limiting condition or illness, obese people and those exposed to second hand smoke.

**Table 5.66: Negative Perception of Number of Burglaries (Q38b) by Health and Wellbeing Measures**

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	6%	3,621	High GHQ12 score	12%	832
Positive view of physical wellbeing	5%	4,029	Limiting condition or illness	11%	1,250
Positive view of mental/emotional wellbeing	5%	4,261	Exposed to second hand smoke	9%	1,991
Positive view of quality of life	6%	4,387	Obese	10%	923

5.5   Environmental Issues in the Local Area

Again using the 'faces' scale (See Section 2.2 of this report for full explanation of the scale), respondent were asked to indicate how they felt about a range of perceived environmental problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The environmental issues which most frequently caused concern were the amount of dogs' dirt, availability of safe play spaces, number of uneven pavements and the amount of traffic.

Figure 5.2: Negative Perception of Environmental Issues in the Local Area (Q39a-m)
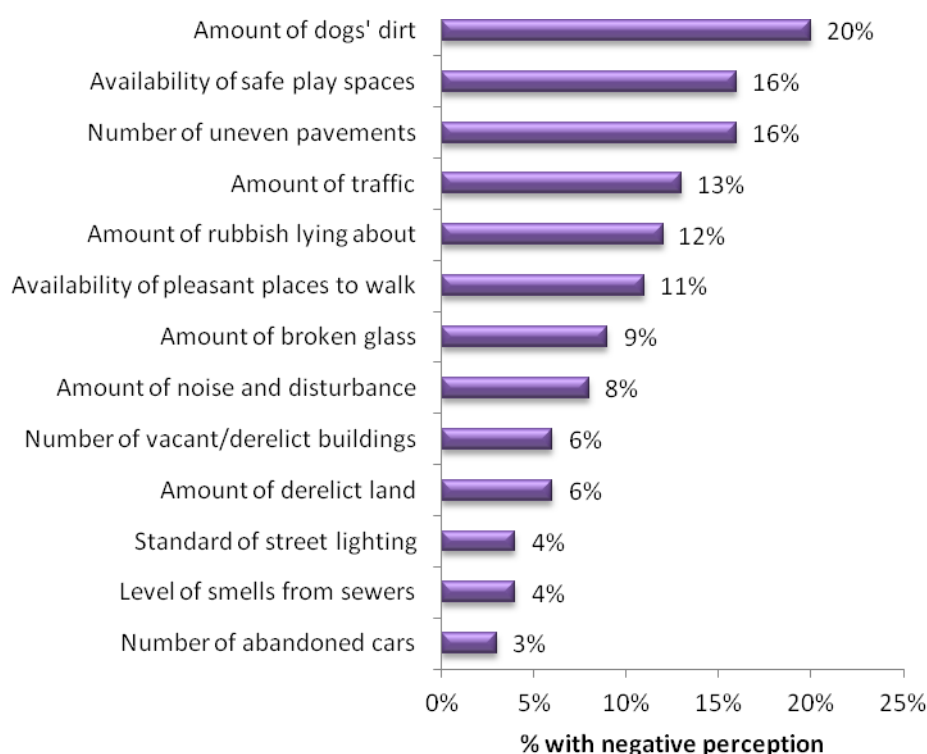
Amount of Dogs' Dirt

One in five (20%) respondents expressed a negative perception of the amount of dogs' dirt in their area. Those aged 25-64 were more likely than younger or older respondents to express a negative perception of this. This is shown in Table 5.67.

Table 5.67: Negative Perception of Amount of Dogs' Dirt (Q39f) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	14%	407
25-34	23%	917
35-44	22%	917
45-54	22%	1,037
55-64	22%	885
65-74	20%	956
75+	12%	852
Men 16-44	20%	872
Women 16-44	20%	1,368
Men 45-64	19%	837
Women 45-64	25%	1,085
Men 65+	15%	693
Women 65+	18%	1,115
All	20%	5,981

Those in the most deprived areas and those with no qualifications were more likely to be concerned about the amount of dogs' dirt in their area.

Table 5.68: Negative Perception of Amount of Dogs' Dirt (Q39f) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	29%	2,229
Other datazones	16%	3,682
SIMD quintile		
1 (most deprived)	28%	2,691
2	21%	972
3	17%	792
4	15%	552
5 (least deprived)	9%	974
At least one qualification	19%	4,334
No qualifications	24%	1,631

Table 5.69 shows that receiving all household income from benefits and feeling isolated from friends/family were associated with a higher likelihood of having a negative perception of the amount of dogs' dirt in the local area.

Table 5.69: Negative Perception of Amount of Dogs' Dirt (Q39f) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	25%	1,424
Feel isolated from friends/family	25%	646

Table 5.67 shows that for health and wellbeing measures those more likely to be concerned about the amount of dogs' dirt in their area were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people;
- Those who exceed the recommended weekly limit for alcohol consumption; and
- Those exposed to second hand smoke.

Those with positive views of their health, wellbeing and quality of life were less likely to have a negative perception of dogs' dirt in their area.

Table 5.70: Negative Perception of Amount of Dogs' Dirt (Q39f) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive perception of general health	18%	4,075	Limiting condition/ illness	25%	1,474
Positive view of physical wellbeing	19%	4,518	Exposed to second hand smoke	22%	2,268
Positive view of mental/emotional wellbeing	19%	4,803	Exceeds weekly alcohol limit	23%	1,053
Positive view of quality of life	19%	4,941	Obese	25%	1,028
High GHQ12 score	26%	974			

Availability of Safe Play Areas

In total 16% of respondents gave a negative perception of the availability of safe play spaces in their area. Those aged under 35 were the most likely to have a negative perception of this.

Table 5.71: Negative Perception of Availability of Safe Play Areas (Q39I) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	18%	371
25-34	19%	871
35-44	16%	888
45-54	17%	970
55-64	16%	819
65-74	14%	862
75+	10%	716
Men 16-44	17%	802
Women 16-44	19%	1,327
Men 45-64	14%	765
Women 45-64	19%	1,024
Men 65+	12%	591
Women 65+	13%	987
All	16%	5,508

Those in the most deprived areas and those with no qualifications were more likely to express a negative perception of the availability of safe play spaces. This is shown in Table 5.72.

Table 5.72: Negative Perception of Availability of Safe Play Areas (Q39I) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	26%	2,111
Other datazones	12%	3,397
SIMD quintile		
1 (most deprived)	24%	2,469
2	14%	891
3	17%	730
4	10%	526
5 (least deprived)	6%	892
At least one qualification	15%	4,041
No qualifications	22%	1,453

Table 5.73 shows those who received all household income from benefits and those who felt isolated from family and friends were more likely to express a negative perception of the availability of safe play spaces.

Table 5.73: Negative Perception of Availability of Safe Play Areas (Q39I) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	27%	1,279
Feel isolated from friends/family	23%	557

Table 5.74 shows that for health and wellbeing measures, those more likely to have a negative perception about the availability of local safe play areas were:

- Those with a high GHQ12 score;
- Those with a limiting condition/illness;
- Those exposed to second hand smoke;
- Current smokers; and
- Obese people.

Table 5.74: Negative Perception of Availability of Safe Play Areas (Q39I) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive perception of general health	15%	3,820	Limiting condition/ illness	22%	1,296
Positive view of physical wellbeing	16%	4,204	Exposed to second hand smoke	21%	2,096
Positive view of mental/emotional wellbeing	15%	4,439	Current smoker	20%	1,668
Positive view of quality of life	15%	4,579	Obese	19%	965
High GHQ12 score	24%	4,627			

Number of Uneven Pavements

Sixteen percent of respondents expressed a negative perception of the number of uneven pavements in their area. Those aged 45-54 were the most likely to express a negative perception of this and those aged 75 or over were the least likely. Women were more likely than men to express a negative perception.

Table 5.75: Negative Perception of Number of Uneven Pavements (Q39k) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	15%	409
25-34	16%	920
35-44	13%	917
45-54	22%	1,036
55-64	17%	885
65-74	19%	961
75+	10%	862
Men	15%	2,409
Women	18%	3,590
Men 16-44	14%	871
Women 16-44	16%	1,374
Men 45-64	18%	836
Women 45-64	22%	1,085
Men 65+	15%	698
Women 65+	16%	1,125
All	16%	6,001

Those in the most deprived areas were more likely to be concerned about the number of uneven pavements in their area. This is shown in Table 5.76 below.

Table 5.76: Negative Perception of Number of Uneven Pavements (Q39k) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	22%	2,300
Other datazones	14%	3,701
SIMD quintile		
1 (most deprived)	20%	2,690
2	14%	972
3	15%	802
4	15%	551
5 (least deprived)	14%	986

Table 5.77 shows that those more likely to be concerned about the number of uneven pavements in their area were those who exceeded the recommended weekly limit for alcohol consumption and those exposed to second hand smoke.

Table 5.77: Negative Perception of Number of Uneven Pavements (Q39k) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive perception of general health	15%	4,083	Exceeds weekly alcohol limit	20%	1,050
Positive view of mental/emotional wellbeing	16%	4,814	Consumes fewer than 5 portions of fruit/veg per day	15%	4,127
Exposed to second hand smoke	18%	2,275			

Amount of Traffic

One in eight (13%) respondents expressed a negative perception of the amount of traffic in their area. Those aged 75 or over were less likely to give a negative perception of this. This is shown in Table 5.78.

Table 5.78: Negative Perception of Amount of Traffic (Q39h) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	12%	411
25-34	16%	920
35-44	12%	928
45-54	16%	1,041
55-64	16%	888
65-74	11%	957
75+	9%	873
Men 16-44	13%	878
Women 16-44	14%	1,380
Men 45-64	14%	839
Women 45-64	17%	1,090
Men 65+	10%	706
Women 65+	10%	1,124
All	13%	6,029

Those in the most deprived areas were more likely to express concern about the amount of traffic in their local area.

Table 5.79: Negative Perception of Amount of Traffic (Q39h) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	19%	2,313
Other datazones	11%	3,716
SIMD quintile		
1 (most deprived)	18%	2,710
2	10%	978
3	16%	802
4	8%	553
5 (least deprived)	10%	986

Those with positive views of their mental/emotional wellbeing and quality of life were less likely to have a negative perception of traffic in their area. Those exposed to second hand smoke were more likely to have a negative perception.

Table 5.80: Negative Perception of Amount of Traffic (Q39h) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of mental/emotional wellbeing	12%	4,830	Exposed to second hand smoke	16%	2,280
Positive view of quality of life	13%	4,970			

Amount of Rubbish Lying About

One in eight (12%) respondents gave a negative perception of the amount of rubbish lying about in their area. Those aged 25-34 were the most likely to be concerned about rubbish lying about.

Table 5.81: Negative Perception of Amount of Rubbish Lying About (Q39a) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	11%	410
25-34	16%	922
35-44	13%	927
45-54	12%	1,039
55-64	13%	886
65-74	11%	967
75+	8%	879
Men 16-44	14%	880
Women 16-44	13%	1,378
Men 45-64	9%	835
Women 45-64	15%	1,090
Men 65+	9%	708
Women 65+	10%	1,138
All	12%	6,041

Those in the most deprived areas were more likely than others to be concerned about rubbish lying about in their area, as shown in Table 5.82.

Table 5.82: Negative Perception of Amount of Rubbish Lying About (Q39a) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	17%	2,321
Other datazones	10%	3,720
SIMD quintile		
1 (most deprived)	17%	2,717
2	12%	976
3	13%	803
4	7%	553
5 (least deprived)	6%	992

All three factors associated with social exclusion were associated with a higher likelihood of expressing a negative perception of the amount of rubbish lying about in the local area.

Table 5.83: Negative Perception of Availability of Amount of Rubbish Lying About (Q39a) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	16%	1,446
Feel isolated from friends/family	18%	661
Not in control of decisions affecting daily life, or only 'to some extent'	14%	2,013

Those with a high GHQ12 score and those exposed to second hand smoke were more likely to be concerned about the amount of rubbish lying about. Those with positive views of their health, wellbeing and quality of life and those who consumed fewer than five portions of fruit/veg per day were less likely to be concerned about the amount of rubbish lying about.

Table 5.84: Negative Perception of Availability of Amount of Rubbish Lying About (Q39a) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive perception of general health	11%	4,098	High GHQ12 score	17%	999
Positive view of physical wellbeing	11%	4,549	Exposed to second hand smoke	15%	2,285
Positive view of mental/emotional wellbeing	11%	4,841	Consumes fewer than 5 portions of fruit/veg per day	11%	4,157
Positive view of quality of life	11%	4,980			

Availability of Pleasant Places to Walk

One in nine (11%) respondents expressed a negative perception of the availability of pleasant places to walk etc. in their area.   Those aged 65 or over were less likely to have a negative perception of this.

Table 5.85: Negative Perception of Availability of Pleasant Places to Walk (Q39m) by Age and Gender

	Negative Perception	Unweighted base (n)
Age: 16-24	13%	408
25-34	11%	918
35-44	13%	920
45-54	11%	1,035
55-64	13%	880
65-74	10%	947
75+	7%	856
Men 16-44	13%	872
Women 16-44	12%	1,373
Men 45-64	10%	833
Women 45-64	13%	1,082
Men 65+	8%	695
Women 65+	9%	1,108
All	11%	5,976

Those in the most deprived areas and those with no qualifications were more likely to express a negative perception of the availability of pleasant places to walk in their area.

Table 5.86: Negative Perception of Availability of Pleasant Places to Walk (Q39m) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	19%	2,293
Other datazones	8%	3,683
SIMD quintile		
1 (most deprived)	18%	2,682
2	9%	967
3	9%	798
4	7%	549
5 (least deprived)	5%	980
At least one qualification	10%	4,325
No qualifications	16%	1,634

All three factors associated with social exclusion were associated with a higher likelihood of expressing a negative perception of the availability of pleasant places to walk.

Table 5.87: Negative Perception of Availability of Pleasant Places to Walk (Q39m) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	19%	1,413
Feel isolated from friends/family	15%	639
Not in control of decisions affecting daily life, or only 'to some extent'	15%	1,978

For health and wellbeing measures, those more likely to express a negative perception of the availability of pleasant places to walk were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Smokers;
- Obese people; and
- Those exposed to second hand smoke.

Those with positive views of their health, wellbeing or quality of life were less likely to have negative views of the availability of pleasant places to walk in their area.

Table 5.88: Negative Perception of Availability of Pleasant Places to Walk (Q39m) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive perception of general health	10%	4,071	Limiting condition/ illness	17%	1,473
Positive view of physical wellbeing	10%	4,511	Exposed to second hand smoke	14%	2,259
Positive view of mental/emotional wellbeing	10%	4,794	Current smoker	16%	1,795
Positive view of quality of life	10%	4,929	Obese	15%	4,007
High GHQ12 score	18%	985			

Amount of Broken Glass Lying Around

One in eleven (9%) respondents expressed a negative perception of the amount of broken glass lying around in their area. Those aged under 55 were more likely to have a negative perception of this.

Table 5.89: Negative Perception of Amount of Broken Glass Lying Around (Q39j) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	10%	409
25-34	10%	917
35-44	10%	917
45-54	13%	1,033
55-64	8%	883
65-74	8%	954
75+	3%	859
Men 16-44	11%	870
Women 16-44	9%	1,372
Men 45-64	9%	834
Women 45-64	12%	1,082
Men 65+	3%	695
Women 65+	7%	1,118
All	9%	5,983

Those who lived in the most deprived areas were more likely to have a negative perception of the amount of broken glass lying around in their area.

Table 5.90: Negative Perception of Amount of Broken Glass Lying Around (Q39j) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	16%	2,306
Other datazones	7%	3,677
SIMD quintile		
1 (most deprived)	14%	2,698
2	6%	964
3	8%	798
4	5%	549
5 (least deprived)	7%	974

Those who exceeded the recommended weekly limit for alcohol consumption and those exposed to second hand smoke were more likely to have a negative perception of the amount of broken glass lying around in their area. Those who consumed fewer than five portions of fruit/vegetables per day were less likely to have a negative perception of this.

Table 5.91: Negative Perception of Amount of Broken Glass Lying Around (Q39j) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Exposed to second hand smoke	11%	2,260	Consumes fewer than 5 portions of fruit/veg per day	8%	4,108
Exceeds weekly alcohol limit	13%	1,049			

Amount of Noise and Disturbance

One in twelve (8%) respondents expressed a negative perception of the amount of noise and disturbance in their area. Those aged under 35 were more likely to express a negative perception of this.

Table 5.92: Negative Perception of Amount of Noise and Disturbance (Q39b) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	12%	410
25-34	11%	922
35-44	6%	927
45-54	8%	1,045
55-64	6%	889
65-74	7%	966
75+	5%	883
Men 16-44	11%	882
Women 16-44	9%	1,376
Men 45-64	5%	840
Women 45-64	10%	1,094
Men 65+	7%	709
Women 65+	5%	1,140
All	8%	6,053

Those in the most deprived areas and those with no qualifications were more likely to express a negative perception of the amount of noise and disturbance in their area.

Table 5.93: Negative Perception of Amount of Noise and Disturbance (Q39b) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	13%	2,325
Other datazones	7%	3,728
SIMD quintile		
1 (most deprived)	12%	2,722
2	7%	978
3	8%	804
4	3%	555
5 (least deprived)	5%	994
At least one qualification	8%	4,362
No qualifications	11%	1,674

All three factors associated with social exclusion were associated with a higher likelihood of expressing a negative perception of the amount of noise and disturbance in the local area.

Table 5.94: Negative Perception of Amount of Noise and Disturbance (Q39b) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	12%	1,452
Feel isolated from friends/family	14%	662
Not in control of decisions affecting daily life, or only 'to some extent'	13%	2,022

For health and wellbeing measures, those more likely to have a negative perception of the amount of noise and disturbance in their area were:

- Those with a high GHQ12 score;
- Those exposed to second hand smoke;
- Those with a limiting condition or illness; and
- Smokers.

Table 5.95: Negative Perception of Amount of Noise and Disturbance (Q39b) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	8%	4,100	High GHQ12 score	13%	1,005
Positive view of physical wellbeing	7%	4,552	Limiting condition/ illness	11%	1,514
Positive view of mental/emotional wellbeing	7%	4,845	Exposed to second hand smoke	12%	2,291
Positive view of quality of life	7%	4,982	Current smoker	10%	1,821

Number of Vacant/Derelict Buildings

One in sixteen (6%) respondents expressed a negative perception of the number of vacant/derelict buildings in their area. Those aged under 35 were more likely to have a negative perception of this issue.

Table 5.96: Negative Perception of Number of Vacant/Derelict Buildings (Q39e) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	8%	404
25-34	8%	905
35-44	6%	908
45-54	4%	1,022
55-64	6%	872
65-74	6%	938
75+	3%	833
Men 16-44	8%	859
Women 16-44	6%	1,357
Men 45-64	5%	828
Women 45-64	5%	1,066
Men 65+	5%	686
Women 65+	5%	1,085
All	6%	5,890

Those in the most deprived areas those with no qualifications were more likely to express a negative perception of the number of vacant/derelict buildings in their area.

Table 5.97: Negative Perception of Number of Vacant/Derelict Buildings (Q39e) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	10%	2,272
Other datazones	5%	3,618
SIMD quintile		
1 (most deprived)	9%	2,662
2	6%	959
3	5%	789
4	3%	543
5 (least deprived)	4%	937
At least one qualification	8%	4,277
No qualifications	6%	1,599

All three factors associated with social exclusion were associated with a higher likelihood of expressing a negative perception of the number of vacant/derelict buildings in the local area.

Table 5.98: Negative Perception of Number of Vacant/Derelict Buildings (Q39e) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	9%	1,409
Feel isolated from friends/family	10%	638
Not in control of decisions affecting daily life, or only 'to some extent'	10%	1,916

For health and wellbeing measures, those most likely to have a negative perception of the number of vacant/derelict buildings were those exposed to second hand smoke, those with a high GHQ12 score, smokers and those who exceeded the recommended weekly limit for alcohol consumption.

Table 5.99: Negative Perception of Number of Vacant/Derelict Buildings (Q39e) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	6%	4,453	Exposed to second hand smoke	9%	2,235
Positive view of mental/emotional wellbeing	5%	4,736	Current smoker	8%	1,783
Positive view of quality of life	5%	4,874	Exceeds weekly alcohol limit	8%	1,036
High GHQ12 score	8%	959			

Amount of Derelict Land

One in seventeen (6%) respondents expressed a negative perception of the amount of vacant/derelict land in their area. Those aged under 25 were most likely to do so.

Table 5.100: Negative Perception of Amount of Vacant/Derelict Land (Q39d) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	9%	402
25-34	7%	904
35-44	4%	910
45-54	5%	1,023
55-64	6%	869
65-74	4%	938
75+	4%	834
Men 16-44	7%	860
Women 16-44	6%	1,355
Men 45-64	5%	826
Women 45-64	6%	1,066
Men 65+	4%	687
Women 65+	4%	1,085
All	6%	5,888

Those in the most deprived areas were more likely than others to have a negative view of the amount of vacant/derelict land in their area.

Table 5.101: Negative Perception of Amount of Vacant/Derelict Land (Q39d) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	8%	2,271
Other datazones	4%	3,617
SIMD quintile		
1 (most deprived)	8%	2,662
2	6%	957
3	4%	789
4	2%	544
5 (least deprived)	4%	936

All three factors associated with social exclusion were associated with a higher likelihood of expressing a negative perception of the amount of vacant/derelict land in the local area.

Table 5.102: Negative Perception of Amount of Vacant/Derelict Land (Q39d) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	7%	1,410
Feel isolated from friends/family	10%	635
Not in control of decisions affecting daily life, or only 'to some extent'	9%	1,918

Those with positive views of their health, wellbeing or quality of life were less likely to have negative views of the amount of vacant/derelict land in their area. Those who exceeded the recommended weekly alcohol limit for alcohol consumption and those exposed to second hand smoke were more likely to have negative perceptions of the amount of vacant/derelict land.

Table 5.103: Negative Perception of Amount of Vacant/Derelict Land (Q39d) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	5%	4,008	Positive view of quality of life	5%	4,874
Positive view of physical wellbeing	5%	4,449	Exposed to second hand smoke	8%	2,236
Positive view of mental/emotional wellbeing	5%	4,736	Exceeds weekly alcohol limit	8%	1,034

Standard of Street Lighting

One in 24 (4%) respondents expressed a negative perception of the standard of street lighting in their area.

Those in the most and least deprived areas were more likely than others to express a negative perception of the standard of street lighting in their area. Those with no qualifications were more likely than those with qualifications to express a negative perception of local street lighting.

Table 5.104: Negative Perception of Standard of Street Lighting (Q39c) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
SIMD quintile		
1 (most deprived)	5%	2,721
2	4%	978
3	4%	805
4	1%	554
5 (least deprived)	5%	987
At least one qualification	4%	4,359
No qualifications	6%	1,669

Those who did not definitely feel in control of the decisions affecting their lives were more likely to express a negative perception of the standard of street lighting in the local area.

Table 5.105: Negative Perception of Standard of Street Lighting (Q39c) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	7%	2,018

Those with a high GHQ12 score, those with a limiting condition or illness and those exposed to second hand smoke were more likely to express concern about the standard of street lighting in their area.

Table 5.106: Negative Perception of Standard of Street Lighting (Q39c) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	4%	4,095	High GHQ12 score	6%	1,003
Positive view of physical wellbeing	4%	4,547	Limiting condition/ illness	6%	1,511
Positive view of mental/emotional wellbeing	3%	4,839	Exposed to second hand smoke	6%	1,824
Positive view of quality of life	4%	4,978			

Level of Smells from Sewers

One in 25 (4%) respondents expressed a negative perception of the level of smells from sewers in their area. The proportion expressing a negative perception of this issue ranged from 1% of those aged 75 or over to 6% of those aged under 25.

Table 5.107: Negative Perception of Level of Smells from Sewers (Q39i) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	6%	401
25-34	4%	917
35-44	2%	916
45-54	4%	1,027
55-64	4%	877
65-74	4%	955
75+	1%	873
Men 16-44	5%	867
Women 16-44	3%	1,366
Men 45-64	3%	831
Women 45-64	5%	1,073
Men 65+	2%	700
Women 65+	3%	1,128
All	4%	5,976

Those in the most deprived areas were more likely to express a negative perception of the number of level of smells from sewers in their area.

Table 5.108: Negative Perception of Level of Smells from Sewers (Q39i) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	5%	2,305
Other datazones	3%	3,671
SIMD quintile		
1 (most deprived)	5%	2,692
2	3%	963
3	5%	797
4	1%	551
5 (least deprived)	4%	973

Those who did not definitely feel in control of the decisions affecting their lives were more likely to express a negative perception of the level of smells from sewers in their local area.

Table 5.109: Negative Perception of Level of Smells from Sewers (Q39i) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	6%	1,985

Those exposed to second hand smoke were more likely to express a negative perception of the level of smells from sewers in their area.

Table 5.110: Negative Perception of Level of Smells from Sewers (Q39i) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	4%	4,507	Positive view of quality of life	3%	4,936
Positive view of mental/emotional wellbeing	3%	4,793	Exposed to second hand smoke	5%	2,249

Number of Abandoned Cars

One in 30 (3%) respondents had a negative perception of the number of abandoned cars in their area.

Those with no qualifications were more likely than those with qualifications to express a negative view of the number of abandoned cars in their area.

Table 5.111: Negative Perception of Standard Number of Abandoned Cars (Q39g) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
At least one qualification	3%	4,277
No qualifications	5%	1,483

Those who did not definitely feel in control of the decisions affecting their lives were more likely to express a negative perception of the number of abandoned cars in their local area.

Table 5.112: Negative Perception of Number of Abandoned Cars (Q39g) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	5%	1,843

Those exposed to second hand smoke were more likely to have a negative perception of the number of abandoned cars in their area.

Table 5.113: Negative Perception of Number of Abandoned Cars (Q39g) by Health and Wellbeing Measures

|	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	3%	4,297	Positive view of quality of life	3%	4,715
Positive view of mental/emotional wellbeing	3%	4,570	Exposed to second hand smoke	4%	2,147

5.6 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.3 shows the responses to each type of

service. The number of respondents answering 'don't know' varied for different types of service reflecting the level of use. 'Don't know' responses have been excluded from analysis, and Figure 5.3 shows the number of respondents who gave a rating response for each service.

The services for which the largest proportion of respondents gave a positive rating were local schools and public transport. Activities for young people had the fewest proportion of respondents giving a positive rating.

Figure 5.3: Perceived Quality of Local Services
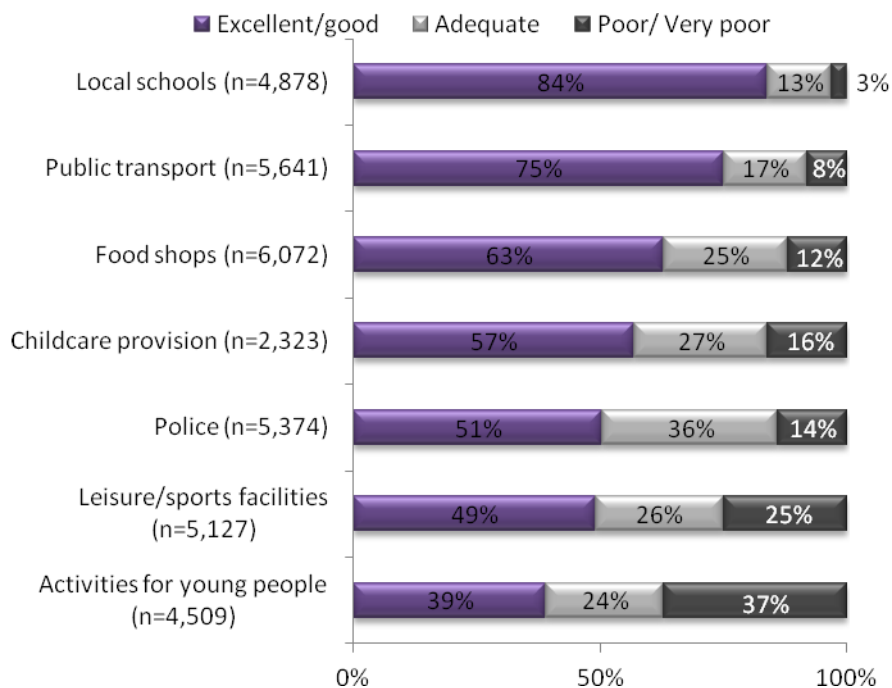
Local Schools

More than four in five (84%) respondents rated local schools positively, with a further 13% saying they were adequate and 3% saying they were poor.

Those in the most deprived areas and those with no qualifications were less likely to rate local schools positively. This is shown in Table 5.114.

Table 5.114: Perceived Quality of Local Schools (Q42b) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	78%	16%	6%	1,835
Other datazones	87%	11%	2%	3,043
SIMD quintile				
1 (most deprived)	78%	17%	5%	2,149
2	89%	9%	2%	763
3	86%	13%	2%	645
4	84%	12%	3%	483
5 (least deprived)	92%	7%	1%	838
At least one qualification	86%	12%	2%	3,694
No qualifications	78%	16%	6%	1,173

Table 5.115 shows that all three factors associated with social exclusion were associated with a lower likelihood of rating local schools positively.

Table 5.115: Perceived Quality of Local Schools (Q42b) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
All income from benefits	76%	17%	7%	1,054
Feel isolated from friends/family	77%	16%	7%	467
Not in control of decisions affecting daily life, or only 'to some extent'	82%	14%	4%	1,587

For health and wellbeing measures, those less likely to rate local schools positively were:

- Those with a limiting condition or illness;
- Those with a high GHQ12 score;
- Obese people;
- Those exposed to second hand smoke; and
- Smokers.

Those with positive views of their health, wellbeing or quality of life were more likely to have positive views of local schools.

Table 5.116: Perceived Quality of Local Schools (Q42b) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	86%	12%	2%	3,432
Positive view of physical wellbeing	86%	12%	2%	3,743
Positive view of mental/emotional wellbeing	86%	12%	2%	3,955
Positive view of quality of life	86%	12%	2%	4,066
High GHQ12 score	76%	18%	7%	763
Limiting condition/illness	75%	18%	7%	1,075
Exposed to second hand smoke	80%	16%	4%	1,862
Current smoker	80%	16%	4%	1,463
Obese	79%	14%	7%	870
Consumes fewer than 5 portions of fruit/veg per day	83%	13%	4%	3,311

Public Transport

Three in four (75%) respondents rated public transport positively, while 17% said it was adequate and 8% considered it poor.

Those in the fourth SIMD quintile were the least likely to rate local public transport positively, as shown in Table 5.117.

Table 5.117: Perceived Quality of Public Transport (Q42c) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
SIMD quintile				
1 (most deprived)	77%	17%	6%	2,582
2	84%	9%	7%	918
3	74%	18%	8%	745
4	65%	23%	12%	498
5 (least deprived)	72%	19%	9%	898

Table 5.118 shows that those who felt isolated and those who did not feel in control of their lives were less likely to rate public transport positively.

Table 5.118: Perceived Quality of Public Transport (Q42c) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Feel isolated from friends/family	70%	19%	11%	615
Not in control of decisions affecting daily life, or only 'to some extent'	73%	19%	8%	1,909

For health and wellbeing measures, those less likely to have a positive view of local public transport were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people; and
- Smokers.

Those more likely to have a positive view of local public transport were those who exceeded the recommended weekly limit for alcohol consumption and those with positive views of their physical or mental/emotional wellbeing.

Table 5.119: Perceived Quality of Public Transport (Q42c) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of physical wellbeing	77%	16%	7%	4,262
Positive view of mental/emotional wellbeing	76%	16%	7%	4,507
High GHQ12 score	67%	20%	13%	933
Limiting condition/illness	70%	20%	10%	1,371
Current smoker	74%	19%	7%	1,722
Exceeds weekly alcohol limit	79%	14%	6%	996
Obese	70%	18%	12%	980

Food Shops

Three in five (63%) respondents had a positive view of local food shops while 25% said they were adequate and 12% said they were poor.

Table 5.120 shows that those aged 75 or over were the most likely to rate local food shops positively. Women were more likely than men to rate local food shops negatively.

Table 5.120: Perceived Quality of Food Shops (Q42a) by Age and Gender

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Age:				
16-24	64%	25%	11%	414
25-34	65%	27%	9%	924
35-44	64%	22%	14%	932
45-54	61%	25%	14%	1,046
55-64	59%	26%	14%	891
65-74	61%	26%	13%	971
75+	66%	22%	12%	883
Men	63%	26%	11%	2,439
Women	62%	24%	14%	3,631
Men 16-44	63%	26%	11%	885
Women 16-44	66%	23%	11%	1,384
Men 45-64	63%	27%	11%	842
Women 45-64	58%	24%	18%	1,095
Men 65+	67%	23%	10%	709
Women 65+	60%	25%	15%	1,145
All	63%	25%	12%	6,072

Those in the most deprived areas and those with no qualifications were less likely to rate local food shops positively.   This is shown in Table 5.121.

Table 5.121: Perceived Quality of Food Shops (Q42a) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	56%	24%	20%	2,326
Other datazones	66%	25%	9%	3,746
SIMD quintile				
1 (most deprived)	55%	25%	20%	2,717
2	70%	21%	8%	993
3	61%	30%	10%	805
4	60%	31%	10%	555
5 (least deprived)	76%	19%	5%	1,002
At least one qualification	65%	24%	11%	4,371
No qualifications	56%	26%	18%	1,684

Table 5.122 shows that those who received all household income from benefits and those who felt isolated from family and friends were less likely to rate local food shops positively. Also, those who did not feel in control of decisions affecting their life were more likely to rate local food shops negatively.

Table 5.122: Perceived Quality of Food Shops (Q42a) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
All income from benefits	53%	26%	21%	1,455
Feel isolated from friends/family	51%	27%	22%	666
Not in control of decisions affecting daily life, or only 'to some extent'	63%	22%	15%	2,033

Table 5.123 shows that those less likely to rate local shops positively were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people;
- Smokers;
- Those exposed to second hand smoke; and
- Those who consume fewer than 5 portions of fruit/vegetables per day.

Table 5.123: Perceived Quality of Food Shops (Q42a) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	65%	24%	11%	4,118
Positive view of physical wellbeing	64%	25%	11%	4,564
Positive view of mental/emotional wellbeing	64%	25%	11%	4,851
Positive view of quality of life	63%	25%	11%	4,996
High GHQ12 score	49%	29%	21%	1,015
Limiting condition/illness	53%	29%	19%	1,517
Exposed to second hand smoke	60%	25%	15%	2,297
Current smoker	58%	26%	17%	1,824
Obese	55%	25%	21%	1,038
Consumes fewer than 5 portions of fruit/veg per day	62%	24%	14%	4,178

Childcare Provision

Just under three in five (57%) of respondents rated local childcare provision positively while 27% said it was adequate and 16% said it was poor.

Those in the most deprived areas were the least likely to rate local childcare provision positively. Those with qualifications were more likely than those without qualifications to rate childcare provision positively.

Table 5.124: Perceived Quality of Childcare Provision (Q42f) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	49%	27%	23%	876
Other datazones	61%	27%	13%	1,447
SIMD quintile				
1 (most deprived)	48%	28%	24%	1,044
2	51%	32%	16%	335
3	63%	26%	12%	305
4	62%	26%	13%	214
5 (least deprived)	72%	22%	6%	425
At least one qualification	59%	26%	16%	1,856
No qualifications	48%	33%	19%	463

Table 5.125 shows that all three factors associated with social exclusion were associated with a lower likelihood of rating local childcare provision positively.

Table 5.125: **Perceived Quality of Childcare Provision (Q42f) by Factors Associated with Social Exclusion**

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
All income from benefits	40%	31%	29%	497
Feel isolated from friends/family	47%	20%	33%	248
Not in control of decisions affecting daily life, or only 'to some extent'	46%	31%	22%	804

Table 5.126 shows that those less likely to rate local childcare provision positively were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people;
- Smokers;
- Those exposed to second hand smoke; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those who exceeded the recommended weekly limit for alcohol consumption and those with positive views of their health and wellbeing were more likely to have positive views of childcare provision in their area.

Table 5.126: **Perceived Quality of Childcare Provision (Q42f) by Health and Wellbeing Measures**

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	59%	27%	14%	1,699
Positive view of physical wellbeing	58%	29%	14%	1,757
Positive view of mental/emotional wellbeing	58%	28%	14%	1,794
Positive view of quality of life	57%	29%	15%	1,881
High GHQ12 score	33%	36%	30%	393
Limiting condition/illness	42%	29%	29%	426
Exposed to second hand smoke	53%	27%	20%	934
Current smoker	50%	29%	21%	730
Exceeds weekly alcohol limit	63%	25%	11%	417
Obese	46%	26%	28%	411
Consumes fewer than 5 portions of fruit/veg per day	54%	28%	18%	1,519

Police

Half (51%) of respondents rated the local police service positively while 36% said it was adequate and 14% said it was poor. Females were more likely than males to rate the police positively.

Table 5.127: Perceived Quality of Police (Q42g) by Age and Gender

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Men	48%	38%	14%	2,167
Women	53%	34%	13%	3,206
Men 16-44	47%	38%	15%	775
Women 16-44	54%	34%	12%	1,243
Men 45-64	46%	41%	13%	770
Women 45-64	49%	33%	17%	988
Men 65+	56%	31%	13%	619
Women 65+	56%	34%	11%	970
All	51%	36%	14%	5,374

Those in the most deprived areas and those with no qualifications were more likely to rate their local police service negatively.

Table 5.128: Perceived Quality of Police (Q42g) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	48%	33%	19%	2,076
Other datazones	52%	37%	11%	3,298
SIMD quintile				
1 (most deprived)	46%	34%	19%	2,433
2	55%	35%	10%	870
3	51%	37%	12%	733
4	48%	38%	15%	506
5 (least deprived)	59%	36%	5%	832
At least one qualification	51%	36%	13%	3,945
No qualifications	49%	34%	17%	1,415

Table 5.129 shows that all three factors associated with social exclusion were associated with a lower likelihood of rating the local police positively.

Table 5.129: Perceived Quality of Police (Q42g) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
All income from benefits	44%	37%	19%	1,275
Feel isolated from friends/family	40%	39%	21%	561
Not in control of decisions affecting daily life, or only 'to some extent'	49%	35%	16%	1,782

For health and wellbeing measures, those less likely to rate the local police positively were:

- Those with a high GHQ12 score;

- Those with a limiting condition or illness;
- Obese people;
- Those exposed to second hand smoke; and
- Smokers.

Table 5.130: Perceived Quality of Police (Q42g) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	52%	36%	13%	3,664
Positive view of physical wellbeing	52%	36%	12%	4,033
Positive view of mental/emotional wellbeing	53%	35%	12%	4,302
Positive view of quality of life	52%	35%	13%	4,429
High GHQ12 score	40%	39%	21%	885
Limiting condition/illness	42%	40%	18%	1,313
Exposed to second hand smoke	45%	38%	17%	2,055
Current smoker	45%	39%	16%	1,645
Obese	43%	38%	20%	956

Leisure/Sports Facilities

Half (49%) of respondents gave a positive rating of local leisure/sports facilities while 26% said they were adequate and 25% said they were poor.

Those aged 75 or over were the most likely to give a positive rating of local leisure/sports facilities and those aged under 25 were the most likely to give a negative rating.

Table 5.131: Perceived Quality of Leisure/Sports Facilities (Q42e) by Age and Gender

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Age:				
16-24	46%	27%	28%	397
25-34	53%	24%	23%	879
35-44	49%	26%	25%	889
45-54	48%	26%	26%	974
55-64	45%	30%	26%	751
65-74	48%	28%	24%	726
75+	55%	26%	19%	507
Men 16-44	49%	24%	27%	838
Women 16-44	49%	27%	24%	1,326
Men 45-64	47%	31%	22%	745
Women 45-64	46%	25%	29%	980
Men 65+	52%	30%	18%	508
Women 65+	50%	25%	25%	725
All	49%	26%	25%	5,127

Those in the most deprived areas and those with no qualifications were less likely to rate local leisure/sports facilities positively.

Table 5.132: Perceived Quality of Leisure/Sports Facilities (Q42e) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	40%	28%	32%	1,940
Other datazones	52%	26%	22%	3,187
SIMD quintile				
1 (most deprived)	40%	28%	33%	2,295
2	47%	30%	23%	818
3	48%	27%	25%	685
4	54%	21%	26%	472
5 (least deprived)	66%	24%	10%	857
At least one qualification	50%	26%	24%	3,909
No qualifications	43%	27%	29%	1,206

Table 5.133 shows that all three factors associated with social exclusion were associated with a lower likelihood of rating local leisure/sports facilities positively.

Table 5.133: Perceived Quality of Leisure/Sports Facilities (Q42e) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
All income from benefits	36%	27%	38%	1,106
Feel isolated from friends/family	38%	27%	35%	505
Not in control of decisions affecting daily life, or only 'to some extent'	44%	29%	27%	1,680

For health and wellbeing measures, those less likely to rate local leisure/sports facilities positively were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people;
- Smokers;
- Those exposed to second hand smoke; and
- Those who consume fewer than 5 portions of fruit/vegetables per day.

Table 5.134: Perceived Quality of Leisure/Sports Facilities (Q42e) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	51%	26%	23%	3,695
Positive view of physical wellbeing	49%	28%	22%	3,966
Positive view of mental/emotional wellbeing	50%	27%	23%	4,150
Positive view of quality of life	49%	27%	23%	4,283
High GHQ12 score	34%	30%	36%	809
Limiting condition/illness	36%	26%	38%	1,096
Exposed to second hand smoke	45%	27%	28%	2,005
Current smoker	43%	27%	31%	1,575
Obese	42%	26%	32%	900
Consumes fewer than 5 portions of fruit/veg per day	46%	26%	28%	3,466

Activities for Young People

Two in five (39%) respondents rated the quality of activities for young people locally positively, 24% said they were adequate and 37% said they were poor. Those aged 75 or over were the most likely to rate activities for young people positively.

Table 5.135: Perceived Quality of Activities for Young People (Q42d) by Age and Gender

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Age:				
16-24	35%	24%	41%	366
25-34	43%	23%	34%	778
35-44	40%	23%	37%	832
45-54	39%	22%	39%	901
55-64	33%	28%	39%	646
65-74	39%	27%	34%	602
75+	44%	24%	32%	380
Men 16-44	38%	23%	39%	754
Women 16-44	40%	24%	36%	1,221
Men 45-64	39%	27%	34%	657
Women 45-64	35%	22%	43%	890
Men 65+	41%	29%	30%	392
Women 65+	41%	24%	36%	590
All	39%	24%	37%	4,509

Those in the bottom 15% most deprived areas were less likely than those in other areas to rate activities for young people positively. Those with qualifications were more likely than those with no qualifications to rate activities for young people positively.

Table 5.136: Perceived Quality of Activities for Young People (Q42d) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	31%	21%	48%	1,767
Other datazones	42%	26%	32%	2,742
SIMD quintile				
1 (most deprived)	31%	20%	49%	2,069
2	35%	31%	35%	705
3	40%	25%	34%	601
4	40%	23%	37%	414
5 (least deprived)	57%	27%	15%	720
At least one qualification	40%	25%	35%	3,473
No qualifications	32%	20%	48%	1,026

Table 5.137 shows that all three factors associated with social exclusion were associated with a lower likelihood of rating local activities for young people positively.

Table 5.137: Perceived Quality of Activities for Young People (Q42d) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
All income from benefits	26%	22%	52%	987
Feel isolated from friends/family	27%	18%	55%	436
Not in control of decisions affecting daily life, or only 'to some extent'	33%	25%	41%	1,455

For health and wellbeing measures, those less likely to rate local activities for young people positively were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people;
- Smokers;
- Those who consume fewer than five portions of fruit/vegetables per day; and
- Those exposed to second hand smoke.

Table 5.138: Perceived Quality of Activities for Young People (Q42d) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	41%	25%	34%	3,280
Positive view of physical wellbeing	40%	26%	35%	3,485
Positive view of mental/emotional wellbeing	39%	26%	35%	3,627
Positive view of quality of life	39%	26%	35%	3,746
High GHQ12 score	25%	19%	56%	723
Limiting condition/illness	25%	21%	54%	941
Exposed to second hand smoke	36%	22%	42%	1,818
Current smoker	33%	23%	44%	1,430
Obese	32%	21%	47%	819
Consumes fewer than 5 portions of fruit/veg per day	35%	24%	40%	3,030

5.7   Individual Circumstances

Household Size

A fifth (19%) of respondents lived alone. Figure 5.4 shows the breakdown of household size.

Figure 5.4: Household Size
(Base: 6,093)
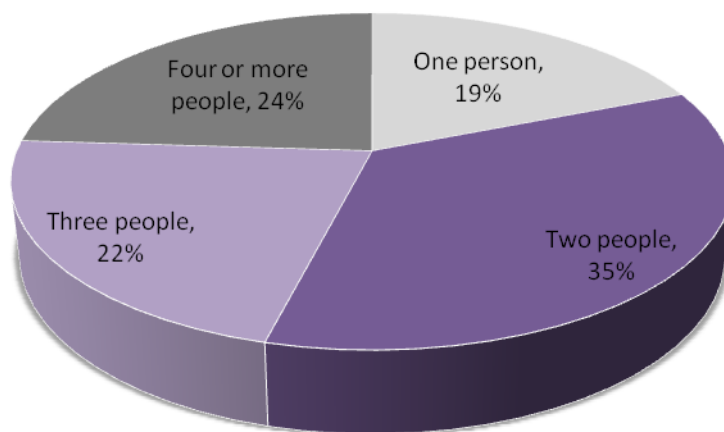
Ethnicity

Respondents were asked their ethnicity. The vast majority (95%) identified themselves as White, 4% identified themselves as Asian and 1% identified themselves as another ethnic group. The small number of minority ethnic groups prohibits detailed analysis of ethnicity.

Marital Status

Just under three in five (58%) of respondents were married, in civil partnership or living with their partner. Figure 5.5 shows the breakdown of marital status.

Figure 5.5: Marital Status
(Base: 6,084)
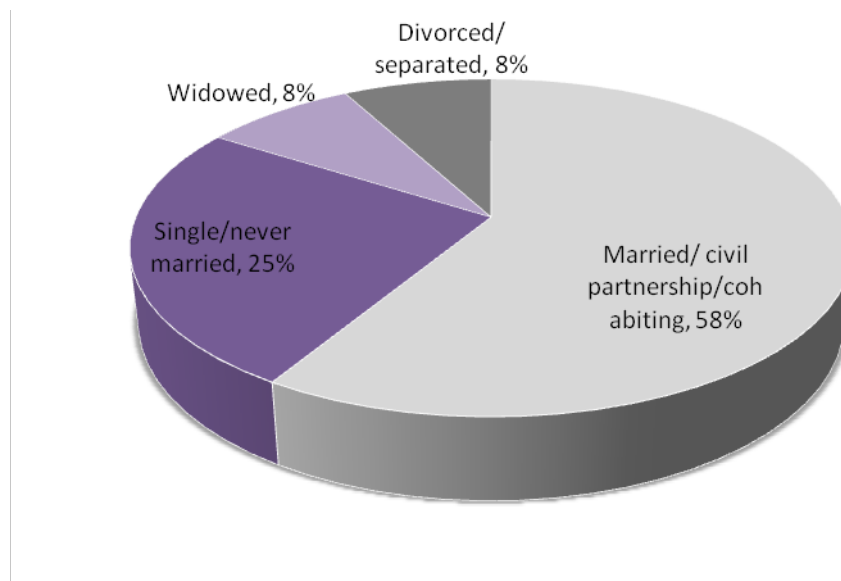
The age group most likely to describe themselves as married or cohabiting was 45-54 year olds, of whom 75% were married, in a civil partnership or living with their partner. More than half (56%) of those aged 75 or over were widowed.

Those in the bottom 15% most deprived areas were less likely than those in other areas to be married, in a civil partnership or living with their partner (49% in the bottom 15% areas and 62% in other areas were married/in a civil partnership/cohabiting).

Caring Responsibilities

One in 18 (5.5%) respondents said that they were responsible for caring for someone on a day to day basis (excluding regular childcare). Those who cared for others were asked how many hours a day they spent caring. More than two in five (43%) said they spent 24 hours per day caring. The mean number of hours per day spent caring was 14.5.

Those aged 55-64 were the most likely to have caring responsibilities (8% in this age group did), and women (7%) were more likely to have caring responsibilities than men (4%).

Table 5.139: Caring Responsibilities (Q55) by Age and Gender

	Caring responsibilities	Unweighted base (n)
Age:		
16-24	1%	416
25-34	4%	925
35-44	6%	933
45-54	7%	1,046
55-64	8%	894
65-74	7%	976
75+	5%	897
Men	4%	2,450
Women	7%	3,647
Men 16-44	3%	887
Women 16-44	5%	1,386
Men 45-64	5%	842
Women 45-64	11%	1,098
Men 65+	4%	716
Women 65+	7%	1,157
All	6%	6,098

Educational Qualifications

One in five (20%) had no educational qualifications. The likelihood of having no qualifications increased with age, ranging from 7% of those aged 16-24 to 50% of those aged 75 or over. Women were more likely than men to have no qualifications (23% and 18% respectively).

A third (33%) of those in the bottom 15% most deprived areas had no qualifications compared to 16% of those in other areas.

Proportion of Household Income from State Benefits

Half (51%) of respondents said that at least some of their household income came from state benefits, and 18% said that all their household income came from state benefits. This is shown in Figure 5.6.

Figure 5.6: Proportion of Household Income from State Benefits
(Base: 5,850)
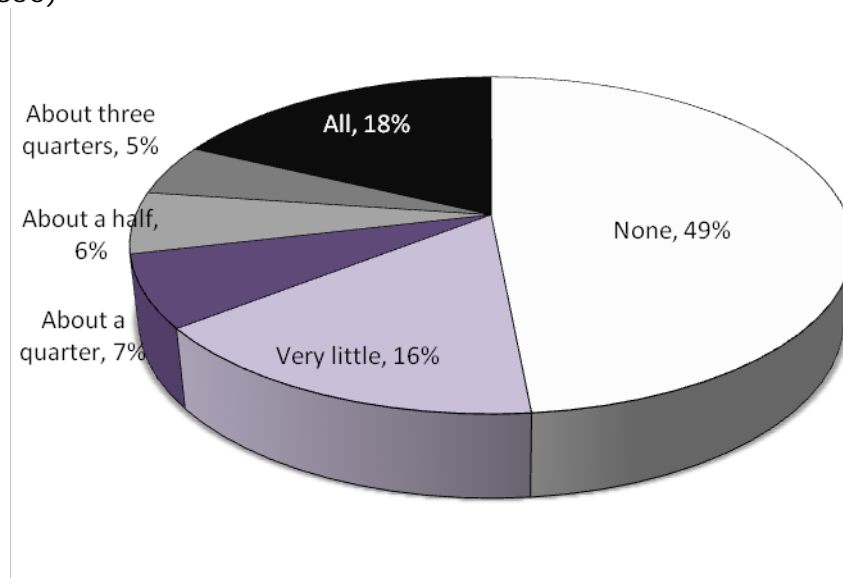
Those aged 75 or over were the most likely to say that all their income came from benefits (30% in this age group received all income from benefits).

A third (32%) of those in the bottom 15% most deprived areas received all household income from benefits compared with 12% of those in other areas. In the least deprived quintile 3% received all household income from benefits.

Half (48%) of those with no qualifications received all household income from benefits.

Difficulty Meeting the Cost of Specific Expenses

Figure 5.7 shows the proportion of respondents who said they had difficulty meeting specific expenses often, occasionally and never.

Figure 5.7: How Often Have Difficulty Meeting the Costs of Specific Expenses (Q51)
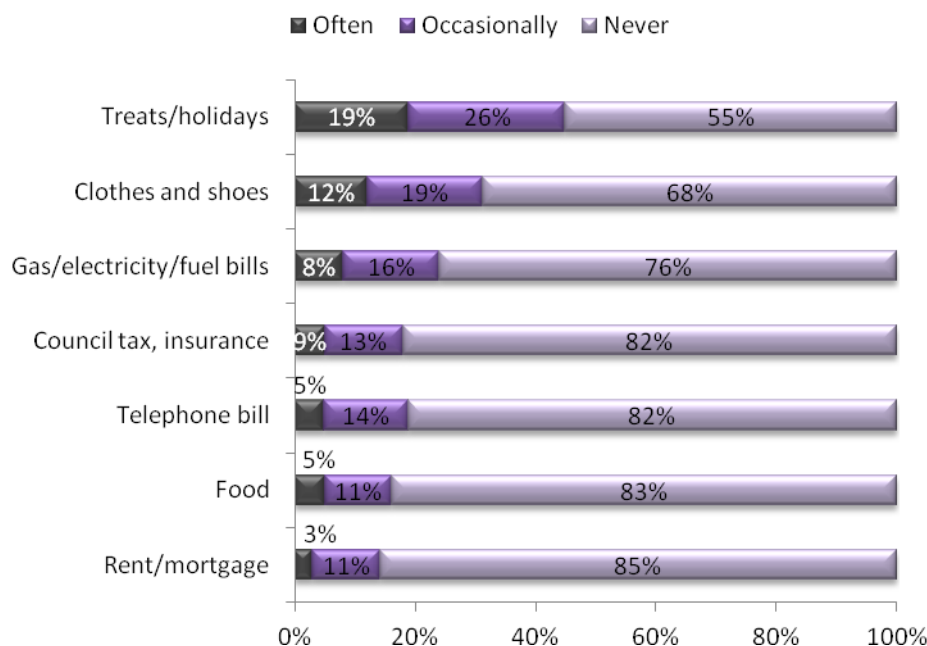
All together, 37% said that they ever had difficulty meeting the costs rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes. Those aged under 25 were the most likely to have difficulty meeting these costs and those aged 75 or over were the least likely.

Figure 5.8: Whether Ever Have Difficulty Meeting the Costs of Rent/Mortgage, Fuel Bills, Telephone Bills, Council Tax/Insurance, Food or Clothes Shoes (Q51) by Age
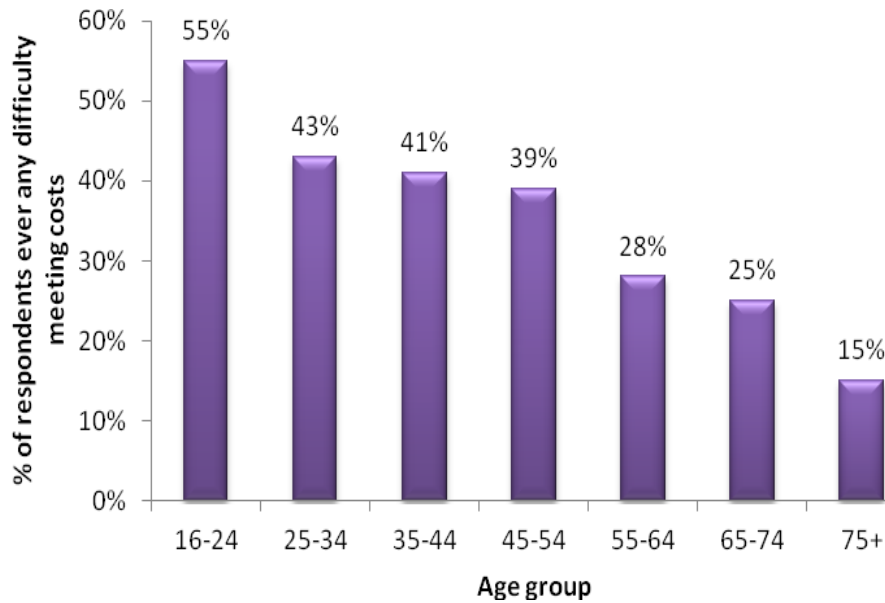
Half (48%) of those in the bottom 15% most deprived areas ever had difficulty meeting these expenses compared to 32% of those in other areas.

Difficulty Finding Unexpected Sums

Just under one in nine (11%) said that they would have a problem meeting an unexpected expense of £20; 36% said they would have a problem meeting an unexpected expense of £100 and three in four (76%) would have a problem finding £1,000 for an unexpected expense.

Those in the bottom 15% most deprived areas were more likely to have difficulty finding money for unexpected expenses. In these areas, 18% would a have a problem finding £20, 52% would have a problem finding £100 and 89% would have a problem finding £1,000.

Economic Activity

Two thirds (66%) of respondents lived in households where the main wage earner was economically active (in or looking for work).

Sexual Orientation

The vast majority (99%) of respondents described their sexual orientation as heterosexual.

6 Social Capital

6.1 Chapter Summary

Table 6.1 summarises the indicator data for social capital.

Table 6.1: Indicators for Social Capital

Indicator	% of sample	Unweighted base (n)
Positive perception of local area as a place to live (Q36)	83%	6,085
Positive perception of local area as a place to bring up children (Q37)	78%	5,381
Positive perception of reciprocity (Q40a)	77%	6,013
Positive perception of trust (Q40e)	77%	5,994
Value local friendships (Q40c)	78%	6,061
Positive perception of social support (Q40g)	84%	6,009

In total 83% of respondents had a positive perception of their local area as a place to live and 78% had a positive perception of their local area as a place to bring up children. Those less likely to have positive views of their area as a place to live or to bring up children were those aged under 65, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke and obese people.

Three in four (77%) had a positive view of reciprocity in their area and a similar proportion (77%) had a positive view of trust in their area. Those less likely to have positive views of reciprocity or trust were those aged under 55, men, those in the most deprived areas, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, those exposed to second hand smoke, smokers and those who consume fewer than five portions of fruit/vegetables per day.

Four in five (78%) respondents valued local friendships. Those less likely to value local friendships were those aged 25-34, those with no qualifications, those exhibiting factors relating to social exclusion, those with a high GHQ12 score, those exposed to second hand smoke, smokers, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

More than four in five (84%) had a positive view of social support in their area. Those less likely to have a positive view of social support were those aged under 35, men, those outside the least deprived areas, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

6.2 View of Local Area

Respondents were presented with the seven 'faces' scale (See Section 2.2 of this report for full explanation of the scale) and asked to indicate how they felt about their area a) as a place to live; and b) as a place to bring up children. Those choosing any of the three 'smiley' faces (1-3) were categorised as having a positive perception. Overall, 83% had a positive view of their area as a place to live and 78% had a positive view of the area as a place to bring up children.

Those aged 55 or over were more likely to positively rate their area as a place to live and those aged under 35 were the least likely to do so.   Overall, women were more likely than men to have a positive perception of their area as a place to live, although this gender difference was only apparent for those aged under 45.

Those aged under 25 were the least likely to positively rate their area as a place to bring up children.

Table 6.2: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Age and Gender

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Age:			
16-24	80%	75%	334
25-34	81%	83%	862
35-44	83%	79%	864
45-54	83%	81%	974
55-64	86%	81%	792
65-74	88%	81%	848
75+	86%	81%	697
Men	82%	-	2,096
Women	85%	-	3,284
Men 16-44	78%	72%	754
Women 16-44	84%	79%	1,305
Men 45-64	87%	84%	752
Women 45-64	83%	79%	1,014
Men 65+	86%	80%	585
Women 65+	88%	81%	960
All	83%	78%	5,381

Those in the most deprived areas and those with no qualifications were less likely to have positive views of their area as a place to live or to bring up children.

Table 6.3: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Deprivation and Socio Economic Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Bottom 15% datazones	77%	69%	2,053
Other datazones	86%	82%	3,328
SIMD quintile			
1 (most deprived)	76%	68%	2,417
2	87%	82%	870
3	83%	79%	717
4	90%	88%	520
5 (least deprived)	92%	90%	857
At least one qualification	85%	80%	3,945
No qualifications	79%	73%	1,422

All three factors associated with social exclusion were associated with a lower likelihood of expressing a positive view of the local area as a place to live or to bring up children.

Table 6.4: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Factors Associated with Social Exclusion

	Place to Live	Place to Bring Up Children	Unweighted base (n)
All income from benefits	72%	64%	1,257
Feel isolated from friends/family	69%	63%	537
Not in control of decisions affecting daily life, or only 'to some extent'	77%	72%	1,727

Table 6.5 shows that for health and wellbeing measures those less likely to have positive views of their area as a place to live or to bring up children were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Smokers;
- Those exposed to second hand smoke; and
- Obese people.

Those who exceeded the recommended weekly alcohol limit and those with positive views of their health, wellbeing or quality of life were more likely to have positive views of their local area as a place to live and to bring up children.

Table 6.5: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Health and Wellbeing Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Positive view of general health	85%	81%	3,729
Positive view of physical wellbeing	90%	85%	4,103
Positive view of mental/emotional wellbeing	91%	84%	4,338
Positive view of quality of life	91%	85%	4,469
High GHQ12 Score	69%	69%	846
Limiting condition/illness	75%	73%	1,265
Exposed to second hand smoke	80%	75%	2,056
Current smoker	79%	74%	1,636
Exceeds weekly alcohol limit	86%	82%	951
Obese	80%	75%	961

6.3   Reciprocity and Trust

Respondents were asked to indicate the extent to which they agree or disagree with the following statements:

"This is a neighbourhood where neighbours look out for each other", and
"Generally speaking, you can trust people in my local area".

Those agreeing with the first statement were categorised as having a positive view of reciprocity, and those agreeing with the second were categorised as having a positive view of trust. Overall, 77% were positive about reciprocity and 77% were positive about trust.

There was a high degree of crossover on these two questions; 88% of those who were positive about reciprocity were also positive about trust and 89% of those who were positive about trust were also positive about reciprocity.

Those in the younger age groups were less likely to have a positive view of reciprocity or trust. Overall, women were more likely than men to have a positive view of reciprocity or trust although this was only true for those aged under 45.

Table 6.6: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Age and Gender

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Age:				
16-24	75%	396	73%	403
25-34	67%	904	71%	901
35-44	76%	922	75%	909
45-54	76%	1,032	77%	1,030
55-64	82%	886	81%	885
65-74	82%	970	81%	967
75+	86%	890	85%	887
Men	75%	2,411	74%	2,406
Women	78%	3,600	79%	3,586
Men 16-44	69%	863	68%	862
Women 16-44	77%	1,358	78%	831
Men 45-64	80%	833	79%	708
Women 45-64	78%	1,085	78%	1,350
Men 65+	87%	710	84%	1,084
Women 65+	81%	1,150	83%	1,146
All	77%	6,013	77%	5,994

Those in the most deprived areas were less likely to have positive perceptions of reciprocity and trust. Also, those with no qualifications were less likely to have positive perceptions of trust.

Table 6.7: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Deprivation and Socio Economic Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Bottom 15% datazones	74%	2,308	66%	2,289
Other datazones	78%	3,705	81%	3,705
SIMD quintile				
1 (most deprived)	73%	2,699	66%	2,676
2	75%	973	78%	977
3	78%	798	78%	797
4	82%	552	91%	553
5 (least deprived)	82%	991	86%	991
At least one qualification	-	-	79%	4,321
No qualifications	-	-	67%	1,657

Table 6.8 shows that all three factors associated with social exclusion were associated with a lower likelihood of having a positive perception of reciprocity or trust.

Table 6.8: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Factors Associated with Social Exclusion

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
All income from benefits	67%	1,432	64%	1,415
Feel isolated from friends/family	54%	647	52%	642
Not in control of decisions affecting daily life, or only 'to some extent'	71%	2,015	69%	1,998

Table 6.9 shows that for health and wellbeing measures, those less likely to have a positive perception of both reciprocity or trust were:

- Those with a high GHQ12 score;
- Those with a limiting condition/illness;
- Those exposed to second hand smoke;
- Smokers; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those who exceeded the recommended weekly limit for alcohol consumption were also less likely to have a positive perception of trust.

Table 6.9: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Health and Wellbeing Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Positive view of physical wellbeing	-	-	78%	4,499
Positive view of mental/ emotional wellbeing	78%	4,807	79%	4,800
Positive view of quality of life	78%	4,946	78%	4,941
High GHQ12 Score	68%	1,003	60%	992
Limiting condition/illness	72%	1,514	70%	1,503
Exposed to second hand smoke	72%	2,263	70%	2,258
Current smoker	73%	1,800	69%	1,798
Exceeds weekly alcohol limit	-	-	72%	1,054
Consumes fewer than 5 portions of fruit/veg per day	75%	4,129	75%	4,121

6.4   Local Friendships

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "*The friendships and associations I have with other people in my local area mean a lot to me*". Overall, 78% agreed with this statement.

Those aged 24-35 were the least likely to value local friendships, while those aged 65 or over were the most likely to do so. Women were more likely than men to value local friendships. This is shown in Table 6.10.

Table 6.10: Proportion Value Local Friendships (Q40c) by Age and Gender

	Value Local Friendships	Unweighted base (n)
Age:		
16-24	78%	410
25-34	71%	915
35-44	76%	923
45-54	78%	1,043
55-64	81%	890
65-74	85%	974
75+	85%	893
Men	80%	2,433
Women	76%	3,626
Men 16-44	73%	875
Women 16-44	77%	1,372
Men 45-64	76%	841
Women 45-64	82%	1,092
Men 65+	86%	712
Women 65+	85%	1,155
All	78%	6,061

Those in the 4th SIMD quintile (second least deprived) were the most likely to indicate that they valued local friendships. Those with qualifications were more likely than those without qualifications to value local friendships.

Table 6.11: Proportion Value Local Friendships (Q40c) by Deprivation and Socio Economic Measures

	Value Local Friendships	Unweighted base (n)
SIMD quintile		
1 (most deprived)	77%	2,720
2	74%	986
3	77%	803
4	89%	554
5 (least deprived)	79%	998
At least one qualification	79%	4,359
No qualifications	74%	1,686

Table 6.12 shows that all three factors associated with social exclusion were associated with a lower likelihood of valuing local friendships.

Table 6.12: Proportion Value Local Friendships (Q40c) by Factors Associated with Social Exclusion

	Value Local Friendships	Unweighted base (n)
All income from benefits	73%	1,447
Feel isolated from family/friends	53%	665
Not in control of decisions affecting daily life, or only 'to some extent'	71%	2,031

Table 6.13 shows that those less likely to value local friendships were:

- Those with a high GHQ12 score;
- Those exposed to second hand smoke;
- Smokers;
- Those with a limiting condition/illness; and
- Those who consume fewer than five portions of fruit/vegetables.

Table 6.13: Proportion Value Local Friendships (Q40c) by Health and Wellbeing Measures

	Value Local Friend-ships	Unweighted base (n)		Value Local Friend-ships	Unweighted base (n)
Positive view of physical wellbeing	78%	4,546	Limiting condition/illness	74%	1,526
Positive view of mental/emotional wellbeing	80%	4,844	Exposed to second hand smoke	73%	2,288
Positive view of quality of life	80%	4,981	Current smoker	73%	1,821
High GHQ12 score	63%	1,012	Consumes fewer than 5 portions of fruit/vegetables per day	76%	4,172

6.5   Social Support

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "*If I have a problem, there is always someone to help me*". Those agreeing with this statement were categorised as having a positive view of social support. According to this definition, 84% overall were positive about social support.

Those aged 65 or over were the most likely to have a positive view of social support and those aged under 35 were the least likely to do so. Also, women were more likely than men to have a positive view of social support.

Table 6.14: Positive View of Social Support (Q40g) by Age and Gender

	Positive View	Unweighted base (n)
Age:		
16-24	81%	401
25-34	78%	910
35-44	84%	920
45-54	84%	1,036
55-64	85%	877
65-74	90%	964
75+	92%	890
Men	82%	2,407
Women	86%	3,600
Men 16-44	78%	865
Women 16-44	84%	1,365
Men 45-64	84%	829
Women 45-64	86%	1,084
Men 65+	91%	709
Women 65+	90%	1,145
All	84%	6,009

Those in the least deprived datazones were the most likely to have a positive view of social support. Also, those with qualifications were more likely than those without qualifications to have a positive view of social support. This is shown in Table 6.15.

Table 6.15: Positive View of Social Support (Q40g) by Deprivation and Socio Economic Measures

	Positive View	Unweighted base (n)
SIMD quintile		
1 (most deprived)	81%	2,701
2	82%	978
3	82%	795
4	91%	554
5 (least deprived)	88%	981
At least one qualification	85%	4,339
No qualifications	80%	1,654

Table 6.16 shows that all three factors associated with social exclusion were associated with a lower likelihood of expressing a positive view of social support.

Table 6.16: Positive View of Social Support (Q40g) by Factors Associated with Social Exclusion

	Positive View	Unweighted base (n)
All income from benefits	75%	1,433
Feel isolated from family/friends	56%	650
Not in control of decisions affecting daily life, or only 'to some extent'	76%	1,997

Table 6.17 shows that for health and wellbeing measures those less likely to have a positive view of social support were:

- Those with a high GHQ12 score;
- Those with a limiting condition/illness;
- Smokers;
- Those exposed to second hand smoke; and
- Those who consumed fewer than five portions of fruit/vegetables per day.

Table 6.17: Positive View of Social Support (Q40g) by Health and Wellbeing Measures

	Positive View	Unweighted base (n)		Positive View	Unweighted base (n)
Positive view of general health	85%	4,074	Limiting condition/illness	78%	1,506
Positive view of physical wellbeing	86%	4,518	Exposed to second hand smoke	79%	2,261
Positive view of mental/emotional wellbeing	87%	4,814	Current smoker	78%	1,799
Positive view of quality of life	86%	4,955	Consumes fewer than 5 portions of fruit/vegetables per day	83%	4,128
High GHQ12 score	71%	992			

7 APPENDIX A: SURVEY METHODOLOGY & RESPONSE

7.1 Authorship

This appendix has been prepared by Progressive, who were responsible for the survey fieldwork.

7.2 Sampling

It was necessary to adopt a sampling system which would be:

- representative of the population of the Board's area as a whole in terms of age, sex, geographical distribution and index of deprivation;

- comparable with the system used in previous years, to allow results to be compared across all surveys;

- replicable, so that future surveys can track indicators over time.

The sample was stratified by local authority, sample type (main, boost, enhanced boost and by SIMD). The target sample was 6145.

To achieve this, 618 clusters were sampled in proportion to the population in each local authority, with a view to achieving an average of 10 random interviews per cluster.

The sampling itself was conducted and sourced by NHS Greater Glasgow and Clyde in agreement with Progressive and took the following approach. Allan Boyd, Senior Information Analyst, NHS GGC took on the key role of sourcing and designing the sample approach based on the approach taken in previous surveys.

Sample was based on:

- A Postcode Address File generated sample of 12,560 for the NHS GGC area split into constituent CH(C)P areas including addresses from Glasgow City, East Dunbartonshire, East Renfrewshire, Renfrewshire, Inverclyde, West Dunbartonshire, South and North Lanarkshire
- Postcode definitions were supplied by NHS GGC
- Each sample point was defined by an output area (data zone) and sample points were randomly generated.

The sample was split into several parts (see Table A1)

- a main sample of 2,400 interviews
- enhanced boost samples of 1,291 for Glasgow City South sector and 900 for East Dunbartonshire CH(C)P
- basic boosted sample of 1,554 for East Renfrewshire, Renfrewshire, Inverclyde and West Dunbartonshire CH(C)P areas
- there were no boosts required for Glasgow City North East, North West nor North and South Lanarkshire
- The main sample was representative of NHS GGC population in terms of CHCP and SIMD (15% most deprived areas) within each CHCP (definitions were supplied by NHS GGC)
- The basic boost samples were evenly spread across the CH(C)P areas

Table A1: Sample breakdown

Areas	Main Sample		Basic Boost	Enhanced Boosts				Total
	15%	Others	All	15%	Others	20%	Others	
NE Glasgow	190	174						**364**
NW Glasgow	135	261						**397**
South Glasgow	166	280		429	318			**1193**
South West Glasgow				302	242			**544**
East Dunbartonshire	6	205				509	391	**1111**
East Renfrewshire	6	166	424					**596**
Renfrewshire	60	282	256					**598**
Inverclyde	56	106	432					**595**
West Dunbartonshire	45	106	442					**593**
South Lanarkshire	31	85						**116**
North Lanarkshire	0	39						**39**
Total	**695**	**1705**	**1554**	**731**	**560**	**509**	**391**	**6145**
South Sample inc SW boost	**166**	**280**		**731**	**560**	**0**	**0**	**1737**
Total Sample inc SW boost	**695**	**1705**	**1554**	**731**	**560**	**509**	**391**	**6145**

NOTE: the figures above were estimates used prior to the actual sample being provided and hence the figures above are slightly different to those in Tables 2 (splitting the interviews by waves and by sample points).

The Glasgow South enhanced boost sample was multi-level; the South boost required over sampling in the 15% most deprived areas and within this there had to be enough interviews obtained from the former South West CHCP to allow analysis at 15% and other areas levels (see Table A1).

The East Dunbartonshire enhanced boost sample was also required for the 20% most deprived SIMD areas and other areas with substantial over sampling in the 20% most deprived areas.

The required outputs from the selected sampling agency (UK Changes) were:

- Full address (4 fields)
- Postcode
- Output area
- Local Authority name
- CH(C)P code (inc 3 sectors within new Glasgow City CHCP and a flag to identify those from the old South West CHCP)
- Datazone
- SIMD score
- SIMD rank
- PAFMOC (household number per dwelling)

7.3   Fieldwork

In terms of rolling out the fieldwork Progressive and NHS GGC decided that it would be beneficial for the randomness of the sampling for the project if the sample points could be distributed across the survey period in a random fashion (as compared to doing it by local authority or by CH(C)P, for example). This was felt to be the optimum approach that would ensure that each sample point was randomly allocated to a wave and as such that there was no bias in the results that could be related to when or where the interviews were conducted. This approach was taken to ensure that, for example, if there was a locally based issue in relation to health or crime (a sharp rise in crime or a murder, for example) that interviews for that area would not be conducted all at the same time but would be spread over the four waves. It was agreed that this suggested design made sense and was agreed as a way forward for all of the selected sample points. This also meant that the changing weather (and the possible impacts this might have on health and well being) would not have a locational impact as a result of sampling.

The four waves of the fieldwork and the random selection of sampling points was carried out using the approach noted below:

1.   A single sample file was set up from the sample worksheets provided by UK Changes (these were split by CH(C)P area)
2.   A unique ID was added for each address in the combined sample
3.   A 'tag' was added to each of the 618 sample points so we knew which sample type each sample point had been sourced from
4.   Using the rand() function in Excel each sample point (of which there were 618) was allocated a random number and these were then sorted numerically and then split into
    a. Wave 1 (approx. 25% of the total number of required interviews) – to be conducted August to mid September
    b. Wave 2 (approx. 33% of the total number of required interviews) – to be conducted mid September to mid October
    c. Wave 3 (approx. 33% of the total number of required interviews) – to be conducted mid October to mid November
    d. Wave 4 (approx. 9% of the total number of required interviews) – to be conducted mid November to mid December
5.   The wave sample point selections were then checked using pivot tables in Microsoft Excel to detail the number of sample points per wave by CH(C)P and Local Authority

These tables are replicated below and were used as a guide to ensure that targets were met during the four waves of the fieldwork.

Table A2: Final interviewing numbers per CHP per wave

CHP	August-mid Sept Wave 1	Mid Sept-mid Oct Wave 2	Mid Oct-mid Nov Wave 3	Mid Nov-mid Dec Wave 4	Grand Total
East Dunbartonshire CHP	222	317	397	159	**1095**
East Renfrewshire CHCP	148	172	220	51	**591**
Glasgow North East	71	129	139	21	**360**
Glasgow North West	95	99	147	74	**415**
Glasgow South	440	539	504	232	**1715**
Inverclyde CHCP	170	202	146	64	**582**
North Lanarkshire CHP	10	20	0	11	**41**
Renfrewshire CHP	162	169	231	20	**582**
South Lanarkshire CHP	30	19	76	10	**135**
West Dunbartonshire CHCP	161	247	138	42	**588**
Grand Total	**1509**	**1913**	**1998**	**684**	**6104**

7.4   Questionnaire Design and Pilot

The survey questionnaire was based on the questionnaire used in 2008, but had been revised by NHS GGC to ensure that the questionnaire fitted with current policy and thinking. For example, the questionnaire had been shortened and several new questions had been added.   There was also some minor updating of key demographic and characteristic questions and these were mostly relating to the harmonisation questions that had been issued by the Scottish Government.

Once a draft questionnaire had been agreed, a pilot survey was conducted.   Three interviewers conducted ten interviews each and interviews were carried out to the following quotas:

Pilot Quota Sheet

Total	10/interviewer	
Male	Min 4	
Female	Min 4	
16 – 35	Min 3	
36 – 55	Min 3	
55+	Min 3	
AB	Min 2	
C1	Min 2	
C2	Min 2	
CE	Min 2	

Respondent:	Occupation/ industry sector (+ as much job detail to allow you to SEG) of CIE in household.	SEG:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

The pilot ensured that:

- the questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous;
- the routing of questions was complete;

- the questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of different levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 2008 for the vast majority of the questions asked. Near the end of the questionnaire design process the Scottish Government issued a set of guidance notes on key harmonisation and comparison questions and some of these changes were discussed and in the end were included in the final draft of the working questionnaire. The changes were not major and tended to cover socio-demographic questions only.

One important point of note is that guidance from the Market Research Society also pointed to a requirement to include some extra options for respondents, allowing them the opportunity not to answer questions – again this was also a critical aspect of utilising CAPI

interviewing for the project where the flow and full completion of the surveys requires that respondents can actually answer a question in a way that they would want – in many cases this included the inclusion of 'don't know', 'not applicable' or 'prefer not to say' responses. Again, these are highlighted when comparing the 2008 survey questionnaire with the 2011 final survey questionnaire – these options were often not visually included in show cards used (a normal and standard approach) but were included in the CAPI script if respondents could not provide an informed response to a question asked.

7.5   Fieldwork

A team of 21 interviewers attended a briefing session which was conducted by Progressive executive staff and the fieldwork supervisor and which was attended by NHS GGC staff. The briefing session involved full instructions in the conduct of the survey interview and these were based on the notes used during the pilot making changes and amendments where necessary. Written instructions were given to all interviewers. Additional fieldwork staff were briefed separately as the full team used could not attend the two half days sessions that were organised – these were conducted by fieldwork supervisors and executive staff from Progressive.

Interviewers were assigned a number of sample points. A list of 20 random addresses was issued per cluster, with interviewers being instructed to obtain at least 10 interviews from each sample point issued. Their instructions were to make at least four calls at an address at different times of the day and on different days of the week before classifying the address as a non-response. A contact sheet was completed by the interviewer for each address and this outcome was logged so that response rates could be fully monitored throughout the four waves of the fieldwork period. The same codes were used as had been used in previous surveys to ensure consistency in coding of, in particular, reasons for non-response.

Respondents were randomly selected within households using the 'next birthday rule'. The person aged 16 or over who would next have a birthday was chosen for interview. In cases where the next birthday was not known, a Kish grid was used to make a random selection. The kish grid was also used where an address included multiple households.

Each sampled address was sent an advance letter from NHS GGC explaining the purpose of the survey and requesting involvement. As a result of this letter, a number of residents (approx 3%) contacted NHS GGC and Progressive to 'opt out' of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by Progressive.

Each interviewer was also provided with a 'letter of authorisation' to show on the doorstep. Interviewers were also instructed to carry their MRS photo-identity card at all times and to display this to all potential respondents.

7.6   Response

Fieldwork began on August 8th 2011, and the target was to have four waves of interviews conducted between August and December 2011. The four waves were designed to ensure that each wave had a random selection of the available sampling points (a total of 618 sample points were developed through the sampling approach). To ensure that the selection of the sample points was random these were selected using a random number generator in Microsoft Excel and then placed in order – this ensures that each wave has a random selection of sample points and as such, the timing of the interviews was not focused in any one CHCP/geographic location.

The table overleaf shows the outcome of attempted contacts:

Table A3: Outcome of Attempts to Interview

Outcomes	2011 n	2011 % of in-scope	2011 % of all contacts
In-scope (interview possible)			
Interview obtained	6104	68.8%	48.6%
Office refusal (telephone/letter)	385	4.34%	3.07%
Number of people in household information refused	62	0.70%	0.49%
No household contact after 4+ calls	954	10.75%	7.60%
Household contact achieved but contact with selected person not achieved after 5+ visits	304	3.43%	2.42%
Personal refusal by selected person	961	10.83%	7.65%
Proxy refusal on behalf of selected person	42	0.47%	0.33%
Broken appointment, no recontact	8	0.09%	0.06%
Ill at home during survey period	4	0.05%	0.03%
Away/in hospital during survey period	19	0.21%	0.15%
Selected person has dementia	9	0.10%	0.07%
English not first language. Consent to use an interpreter was not achieved	23	0.26%	0.18%
Incomplete interview	0	0.00%	0.00%
Total in-scope	*8875*	*100.0%*	*70.66%*
Out of scope (no interview possible)			
Insufficient address	0		0.00%
Not traced	55		0.44%
Not yet built / not yet ready for occupation	0		0.00%
Derelict/demolished	133		1.06%
Empty/vacant	115		0.92%
Business/industrial only (not private)	56		0.45%
Institution only	7		0.06%
Other: Buzzer entry – no access (59); Gated entry – no access (23); Sample achieved (11); Security dogs (7); Parish church (1)	101		0.80%
Total out-of-scope	*467*		*3.72%*
Unresolved attempts (cluster quotas were achieved so the address was untried) – treated as 'out of scope'	3218		
Total contacts	**12560**		

Thus the response rate for the project was 68.8%

7.7 Data Coding and Input

A specially devised data entry programme was set up to allow data to be entered directly onto computer through the CAPI machine, as such there was no direct data inputting as this was part of the actual survey instrument. The CAPI programme included route, range and logic checks based on the final questionnaire.

APPENDIX B: DATA WEIGHTING

Introduction

Data were weighted to ensure that they were as representative as possible of the adult population in the NHSGGC area. This appendix describes the weighting processes.

Household Size Weighting

In this survey, households were selected at random and therefore had equal probability of selection. However within the household the probability of an individual's selection is not necessarily equal to that of others, since it is inversely proportional to the number of people available to be selected. For example, in a single-person household the probability of selection is exactly 1 whereas in a four-person household the probability of selection is 1/4. The logic of this implies that the respondent from the single-person household represents one person (him/herself) while the respondent from the four-person household is in fact representing four people. It is normal to allow for this bias by 'weighting' the sample to give the respondent from the four-person household four times the 'weight' of the respondent from the one-person household. It is usual to calculate this weighting in such a way that the sum of the weights matches the sample size.

The formula for calculating the household size weight was:

$$Wf = F \times \frac{T}{A}$$

Where:

Wf	is the household size weighting factor for a respondent living in a household size F.
F	is the household size
T	is the total number of respondents
A	is the total number of adults in all households where a successful interview took place.

Weighting by Age/Gender/Bottom 15%/CH(C)P

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts to which we applied the age/sex/bottom15%[3]/CH(C)P weighting frame to produce the final weighting factors.   This ensured that the weighted data would reflect the overall Greater Glasgow and Clyde population in terms of age, gender, bottom 15%/other areas and CH(C)P areas. The formula for this stage of the weighting process was:

$$Wi = \frac{ci}{C} \times \frac{T}{ti}$$

Where:

W_i is the individual weighting factor for a respondent in age/gender/bottom15% versus other areas/CH(C)P area group i

c_i is the known population in age/gender/bottom15% versus other areas/CH(C)P area group i

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[3] Bottom 20% in the case of East Dunbartonshire

C   is the total adult population in the NHS Greater Glasgow and Clyde area

T   is the total number of interviews

t_i is the number of interviews (weighted by the household size weighting factor) for age/gender/bottom15% versus other areas/CH(C)P area group i

APPENDIX C: INDEPENDENT VARIABLES

The table below lists the independent variables used for the analysis in this report, showing for each the number of categories and how these categories were formed.

Independent Variable	Number of categories	Categories
Gender	2	Men; Women
Age	7	16-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75+
Age/Gender	6	Men 16-44; Women 16-44; Men 45-64; Women 45-64; Men 65+; Women 65+
Bottom 15% vs the rest	2	15% most deprived datazones; Other datazones
SIMD quintile	5	1 (most deprived quintile), 2, 3, 4, 5 (least deprived quintile)
Educational Qualifications	2	No qualifications; At least one qualification
All income from benefits	2	All household income from benefits; Not all household income from benefits
Whether isolated from family and friends	2	Does ever feel isolated from family/ friends; Does not ever feel isolated from family/friends
Whether have control over decision affecting daily life	2	'Definitely' feel in control of decisions; Only feels in control of decisions 'to some extent' or not at all
Self assessed: general health	2	Q1='very good' or 'good; Q1='fair' 'bad' or 'very bad'
Self assessed: physical health	2	Positive perception (Q35b); Neutral or negative perception (Q35b)
Self assessed: mental health	2	Positive perception (Q35c); Neutral or negative perception (Q35c)
Quality of life	2	Positive perception (Q35a); Neutral or negative perception (Q35a)
GHQ12	2	High GHQ12 score (4+); Low GHQ12 score (less than 4)
Limiting illness/condition	2	Has long term condition (yes at Q3); Does not have long term condition (no at Q3)
Second Hand Smoke	2	In places with other smokers 'most of the time' or 'some of the time'; 'Seldom' or 'never' in places where others smoke
Current smoking	2	Current smoker; Not current smoker
Exceeds weekly alcohol limits (based on new units - See Appendix D)	2	Exceeds weekly (gender-specific) alcohol limits; Does not exceed weekly (gender specific) alcohol limits
Obese	2	Not obese (BMI of under 29.2); Obese (29.2 or over)
Fruit and veg consumption	2	Consumes 5+ portions of fruit/veg per day; Consumes fewer than 5 portions of fruit/veg per day

Appendix D: ASSUMPTIONS OF NUMBER OF UNITS OF ALCOHOL IN EACH TYPE OF DRINK (2005 and 2008/2011)

The table below shows the assumed number of units of alcohol in each type of drink that were used for the calculation of unit consumption in 2005, and the new assumptions that have been applied in 2008 and 2011

	UNIT ASSUMPTION USED FOR ANALYSIS 2005	UNIT ASSUMPTION USED FOR ANALYSIS 2008 and 2011
Normal strength beer - pints	2.30	2.80
Normal strength beer - cans	1.80	2.20
Normal strength beer bottles	1.00	1.70
Strong beer - pints	2.80	3.40
Strong beer - cans	2.25	2.60
Strong beer - bottles	1.80	2.00
Extra strong beer - pints	5.00	5.10
Extra strong beer - cans	4.00	4.00
Extra strong beer - bottles	3.00	3.00
Single measures spirits	1.00	1.00
Single measure martini/sherry/buckfast etc	1.00	1.00
Small glass wine	1.00	1.75
Large glass wine	2.00	3.50
1/2 bottle wine	4.50	5.25
Full bottle wine	8.75	10.50
Small bottle of alcopops	1.50	1.40
Large bottle of alcopops	n/a	5.45

APPENDIX E: ANNOTATED SURVEY QUESTIONNAIRE

The survey questionnaire is presented here. Where relevant, questions show:

- The number of respondents who answered the question (with "don't know", refused and missing responses removed). These are **unweighted** and shown as "(n=)" after the question;

- The percentage of respondents who gave each response. These are **weighted**.

In some cases, the mean response rather than the percentage giving individual responses is given. These are also weighted.