Greater Glasgow Health &
Well-being Study 2005:
Main Report

Report prepared for
GREATER GLASGOW & CLYDE
NHS BOARD

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CONTENTS

1   INTRODUCTION

This report contains the findings of a research study carried out in 2005 by RBA Research Ltd (with Research Resource Ltd) on behalf of Greater Glasgow NHS Board (GGNHSB). It is the third in a series of studies, the baseline study having taken place in 1999 and the first follow-up in 2002.

1.1   Background

GGNHSB is operating to the NHS clinical priorities of cancer, coronary heart disease and stroke, mental health and services to children and young people. However, underpinning its work is its strong commitment to promote positive health and to reduce inequalities in health by developing initiatives that will:

- Strengthen individuals,
- Strengthen communities and encourage them to participate in decision-making on health services and budgets,
- Improve access to services and facilities, and ensure equity of access, particularly in deprived circumstances, and
- Encourage macro-economic and cultural change by addressing the underlying determinants of health and effecting policy change.[1]

A number of recent strategic developments also have influenced Health Board action. They include:

a. *Towards a Healthier Scotland,*[2] the government's White Paper on public health which established a national strategy for improving Scotland's health. The White Paper calls for a reduction in health inequalities, a focus on children and young people, and initiatives to reduce cancer and heart disease rates. It advocates improving the life circumstances that

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[1] *The NHS in Greater Glasgow: Health Improvement Programme 1999-2004* (1999). Greater Glasgow NHS Board.
[2] *Working Together for a Healthier Scotland* (1999). White Paper. The Scottish Office Department of Health,

impact on health, such as social inclusion, jobs, income, housing and education. In addition, lifestyles that lead to illness and premature death need to be addressed, such as lack of exercise, poor diet, smoking, and alcohol and drug misuse. It also calls for work to prevent accidents and to enhance oral, mental and sexual health. The white paper stresses the importance of having appropriate monitoring and evaluation mechanisms in place to assess the effectiveness of interventions and to provide the indicators and targets that will inform and assess progress in specific areas, as well as the progress towards the reduction of health inequalities between different socio-economic groups.

b. *Creating Tomorrow's Glasgow*, the strategy of the Glasgow Alliance of which GGNHSB was a partner, outlined a plan to re-establish Glasgow as a competitive city attracting and retaining jobs, people and opportunities. GGNHSB has taken the lead role in ensuring that the health and well-being objective - that Glasgow will be a city where all citizens have the knowledge, services and support to live a safe, active and healthy life by 2010 - is met. The initial health priorities for the Alliance were: children's health, mental health, tobacco, physical activity, and drug and alcohol misuse. These have since been identified as continuing priorities in the Glasgow Community Plan (2005).

c. *Social Inclusion* has become a major strand of government policy, a key component of which is the creation of Social Inclusion Partnerships (SIPs). The Scottish Executive's strategy[3] outlines a framework for tackling poverty and injustice and establishes a number of milestones relevant to SIP strategies. SIPs either work in a geographical area or with a particular issue or population group to prevent social exclusion through innovative partnership approaches. Eleven area-based SIPs (9 in Glasgow City, 1 in Cambuslang/Rutherglen and 1 in Clydebank) and three population-based SIPs had been designated in Greater Glasgow in 1999. Since the baseline survey was conducted, three small SIPs (Toryglen, Penilee and Dumbarton Road Corridor) have been designated under the direction of Glasgow City Council.

d. *Community planning through partnership working* has been a strategy guiding work recently both within Glasgow and in North and South Lanarkshire, East and West

Edinburgh.

[3] *Social Justice, a Scotland where everyone matters* (1999). Scottish Executive, Edinburgh.

Dunbartonshire and East Renfrewshire. In July 2004, a new £104 million Community Regeneration Fund was established to bring improvements to deprived areas and replaces the existing SIP and Better Neighbourhood Services Fund (BNSF) programmes. This fund's main purpose is to achieve one of the six 'Closing the Opportunity Gap' objectives: "regenerating the most disadvantaged neighbourhoods, so that people living there can take advantage of job opportunities and improve their quality of life". As a result, the fund focuses on the most deprived 15% of areas (datazones) identified by the Scottish Index of Multiple Deprivation (SIMD) 2004. Community Planning Partnerships have developed a 3-year framework to deliver this objective. In Glasgow City, there will be an additional 80,000 people who live in the most deprived 15% of areas that were not previously designated as SIPs.

Strategic themes of the above developments are:

- A focus on children and young people,
- An emphasis on local working within communities to address local needs and issues,
- Increased attention to the prevention of problems, particularly through working with those at highest risk, and
- A need to establish and maintain strong partnerships with other agencies.

The impact of these policy initiatives on the health and well-being of the GGNHSB population requires careful and systematic monitoring over time, hence the requirement for this series of surveys. In 1999, a baseline study was carried out by MVA Scotland, with a view to measuring core health indicators. Interviews were conducted with 1,693 GGNHSB residents aged 16 and over. The primary aim of the study was to provide baseline data in order to monitor change over time in both SIP and non-SIP areas along a variety of health-related measures. As a result of findings from the baseline study, GGNHSB has set priorities to ensure investment is in place to meet the greatest need.

Some of the indicators established during the baseline study were those required to assess progress towards the Public Health White Paper's targets. Examples include:

- % of 45-54 year olds with no natural teeth,
- % current smokers, aged 16-64,
- % exceeding the recommended weekly alcohol limits,
- % aged 16-64 who achieved recommended moderate exercise level,
- % meeting Scottish Diet target on daily fruit and vegetable consumption.

Other indicators were developed to inform local service delivery. Examples include:

- % reporting a long-standing illness/condition that interferes with daily living,
- % perceiving health as excellent or good.

The baseline study identified baseline measures on the core indicators and explored the relationship between different aspects of life and various measures of the physical and mental health and quality of life of the population. Further statistical analysis was commissioned from the Information and Statistics Division (ISD) to identify the relative influence of the different aspects of life on perceived physical health, perceived mental health and quality of life.

The first follow-up of the baseline study was conducted in 2002 by RBA Research, and consisted of 1,802 interviews. This study provided an opportunity to monitor the core indicators and assess changes over time for the total GGNHSB population, as well as for those living in SIP and non-SIP areas. The questionnaire used for the 1999 study was used as the basis for the 2002 study, but was revised by the advisory group to counteract some of the problems encountered in 1999. Core questions, however, remained the same to enable changes to be tracked over time.

The results of the study were relevant not only to the NHS, but also to a range of partners whose activities contribute to improving the health, well-being and quality of life of people throughout the Greater Glasgow area. Some of the main findings of the follow-up illustrated:

- The impact of health inequalities and the effect of poverty and deprivation on health, with people in SIP areas recording less favourable responses in almost all aspects of health,
- Evidence of improvements in heath since the baseline survey in 1999,
- Encouraging indications that the policy of working in partnership and targeting resources and efforts to SIP areas was resulting in positive changes in both lifestyle behaviours and life circumstances,
- In some aspects of health, the inequality gap between SIP and non-SIP areas was narrowing.

This research was developed and commissioned in early 2005. Later in 2005 a neighbouring health board, NHS Argyll and Clyde, was dissolved. Part of this health board will now come under the boundary of a new health board, NHS Greater Glasgow and Clyde, which takes in the entire former Greater Glasgow NHS Board area and part of the former Argyll and Clyde area. This report refers only to the area covered by Greater Glasgow NHS Board, as the fieldwork for the survey was virtually complete by the time the final decision had been made regarding the merger.

1.2   Objectives

As noted above, the study reported here is the second follow-up of the 1999 baseline Health and Well-being Study. It provides the opportunity to continue to monitor the core indicators and assess changes over time. The timing also allows the study to provide baseline data for the newly-defined regeneration outcome areas (ROAs), which can be tracked in future follow-ups. The intention is to continue carrying out follow-up surveys every three years.

A working group established to facilitate this study has members who have extensive experience with survey research and includes Senior Research Officers from Health Promotion and Information Services and a representative from the Glasgow Centre for Population Health.

The identified objectives of the study are:

1. To continue to monitor the core health indicators in the total GGNHSB population

2. To determine whether the changes found in the first follow-up were the beginning of a trend

3. To compare the attitudes and behaviour of those living in SIP areas with those living in non-SIP areas, and assess whether changes in attitudes and behaviour apply across the board, or just in SIP/non-SIP areas, thereby tracking progress towards reducing health inequalities

4. To compare the attitudes and behaviour of those living in the most deprived 15% datazones with those living elsewhere, and use this analysis as a baseline for tracking progress towards reducing health inequalities in the future

1.3 Summary of Methodology

In total, 1,954 face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the GGNHSB area. The fieldwork was carried out by Research Resource Ltd, under the guidance of RBA Research.

The fieldwork was conducted between 13 August and 11 December 2005. The response rate for all in-scope attempted contacts was 72%.

The sample was stratified proportionately by local authority and DEPCAT (for definition of DEPCAT see Section 1.4), with addresses selected at random within each stratum. Adults were randomly selected within each sampled household.

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

1.4   Sample Profile

The 1,954 completed interviews were weighted to account for under / over representation of groups within the sample to ensure the 2005 sample was as representative as possible of the adult population in the Greater Glasgow 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 - 1.6.

Table 1.1: Age and gender breakdown
Base: All (1,954)

Age	Men % of sample	Women % of sample	Total % of sample	GGNHSB % of population
16-24	7.5	7.9	15.4	15.5
25-34	10.2	10.0	20.3	20.2
35-44	9.7	9.8	19.5	19.5
45-54	7.1	7.4	14.5	14.5
55-64	5.6	6.2	11.8	11.9
65-74	4.5	5.9	10.3	10.4
75+	2.6	5.4	8.0	8.1

Table 1.2: Local Authority breakdown
Base: All (1,954)

Local Authority	% of sample	GGNHSB % of population
Glasgow City	63.2	67.4
East Dunbartonshire	14.5	12.2
South Lanarkshire	4.6	6.3
West Dunbartonshire	6.3	5.1
East Renfrewshire	8.7	7.2
North Lanarkshire	2.7	1.8

Table 1.3: SIP / Non-SIP breakdown
Base: All (1,954)

Group	% of sample	GGNHSB % of population
SIP	26.8	28.3
Non-SIP	73.2	71.7

Table 1.4 SIP area breakdown

Base: All (1,954)

SIP area	2002 definitions %
Cambuslang	0.8
Castlemilk	3.2
Drumchapel	2.2
Dumbarton Road Corridor	1.2
Glasgow East End	3.3
Glasgow Govan	1.6
Glasgow North	2.1
Gorbals	0.7
Greater Easterhouse	2.2
Greater Pollok	4.3
Milton	1.8
Penilee	0.0
Springburn / East Balornock	0.8
Toryglen	0.4
West Dunbartonshire	2.1
Total SIP	**26.8**

The Scottish Index of Multiple Deprivation (SIMD) 2004 is a relative measure of deprivation used to identify the most deprived areas in Scotland. It is constructed using 31 indicators within 6 'domains' (Income, Employment, Housing, Health, Education, Skills & Training and Geographic Access to Services & Telecommunications) 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 is 750 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 GGNHSB area contains both the most deprived and the least deprived datazones in Scotland. In total 38.2% of the most deprived 15% datazones in Scotland lie within it.

Table 1.5: Most deprived 15% datazones vs other datazones breakdown

Base: All (1,954)

Group	% of sample	GGNHSB % of population
Most deprived 15% datazones	34.2	40.0
Other datazones	65.8	60.0

Map 1 overleaf shows the distribution of the datazones in the GGNHSB area which are classed as among the most deprived 15% in Scotland.

Map 1: SIMD most deprived 15% datazones within Greater Glasgow

Greater Glasgow NHS Board
Scottish Index of Mutliple Deprivation 2004
Datazones in the worst 15% in Scotland

15% Deprivation by Datazone

- West Dunbartonshire (15)
- East Dunbartonshire (4)
- North Lanarkshire (2)
- South Lanarkshire (27)
- Glasgow City (371)

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Information Services, GGNHSB
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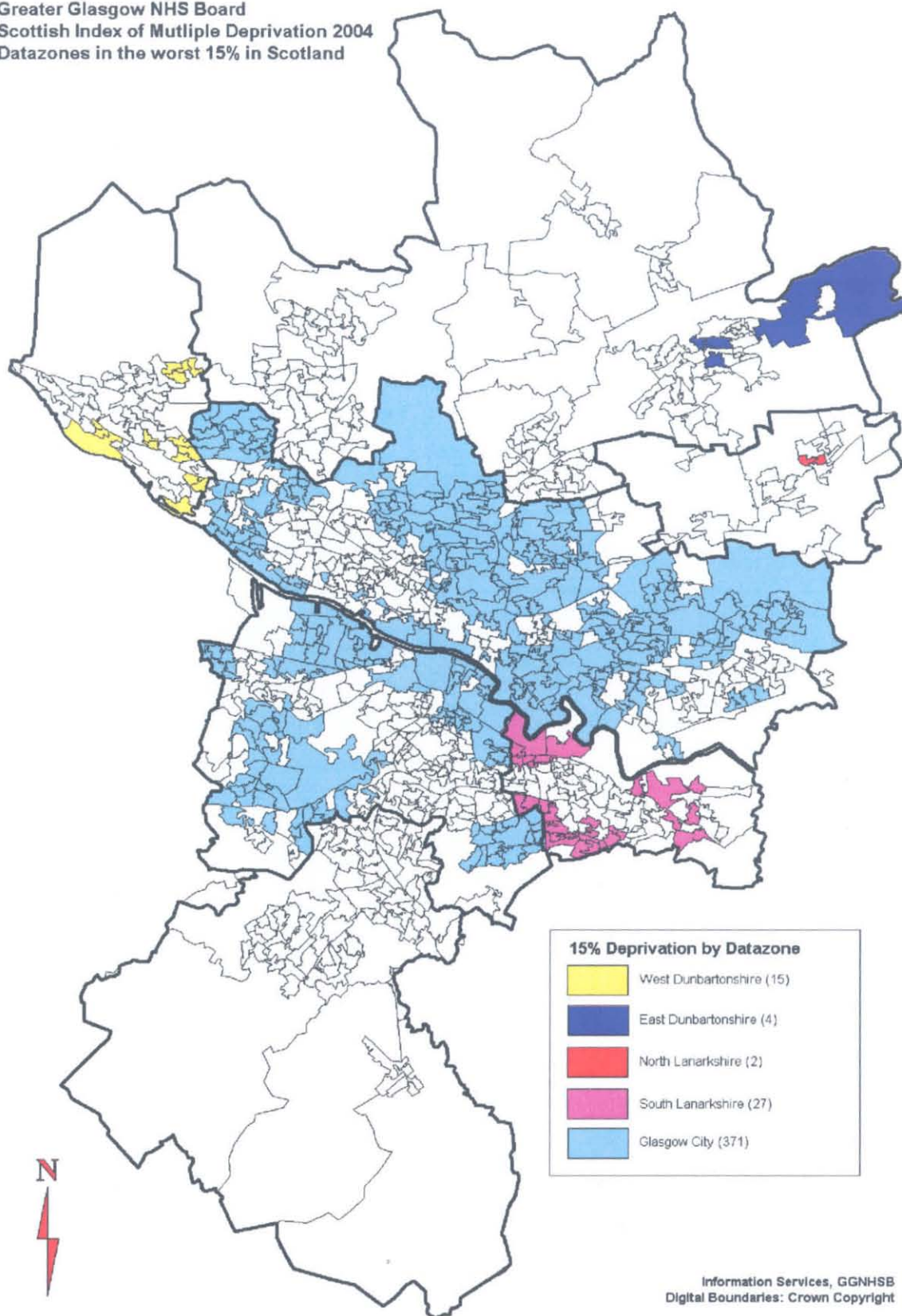
Social class is derived from the description of the occupation of the main wage earner (current or last job or last occupation prior to retirement or widowhood).

The Carstairs Deprivation Index is a summary measure of relative deprivation or affluence applied to populations contained within small geographical localities[4]. These localities are ranked using a combination of socio-economic variables taken from Small Area Statistic Tables of the 2001 census (% of households with no car ownership, male unemployment, overcrowding and social class IV and V). Using these variables, scores are produced by postcode sector which can be divided into 7 groups ranging from DEPCAT 1 (least deprived) to DEPCAT 7 (most deprived). Geographical details of the DEPCAT areas can be found in Map 2 (see overleaf). Carstairs categories are used widely in Scotland to describe health inequalities in epidemiological studies and needs assessments.

Table 1.6: Breakdown by Carstairs Deprivation Index (DEPCAT)
Base: All (1,954)

DEPCAT	% of sample	GGNHSB % of population 2000
1	8.0	9.2
2	10.4	9.0
3	10.1	8.2
4	14.1	14.5
5	7.5	8.9
6	21.2	22.8
7	28.6	27.4

Throughout this report, the DEPCATs have been collapsed into three groups: DEPCATs 1/2 are referred to as 'the least deprived DEPCATs' and DEPCATs 6/7 as 'the most deprived DEPCATs'. DEPCATs 3-5 are referred to as 'the mid-range DEPCATs'.

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[4] Carstairs V and Morris R. *Deprivation and health in Scotland*. Aberdeen: Aberdeen University Press, 1991.

Map 2: DEPCAT areas by postcode sector within Greater Glasgow

Greater Glasgow NHS Board
Carstairs 2001 Deprivation Categories
by Postcode Sector

Deprivation Categories 2001
by Postcode Sector

- 7 (44)
- 6 (24)
- 5 (13)
- 4 (18)
- 3 (13)
- 2 (16)
- 1 (8)
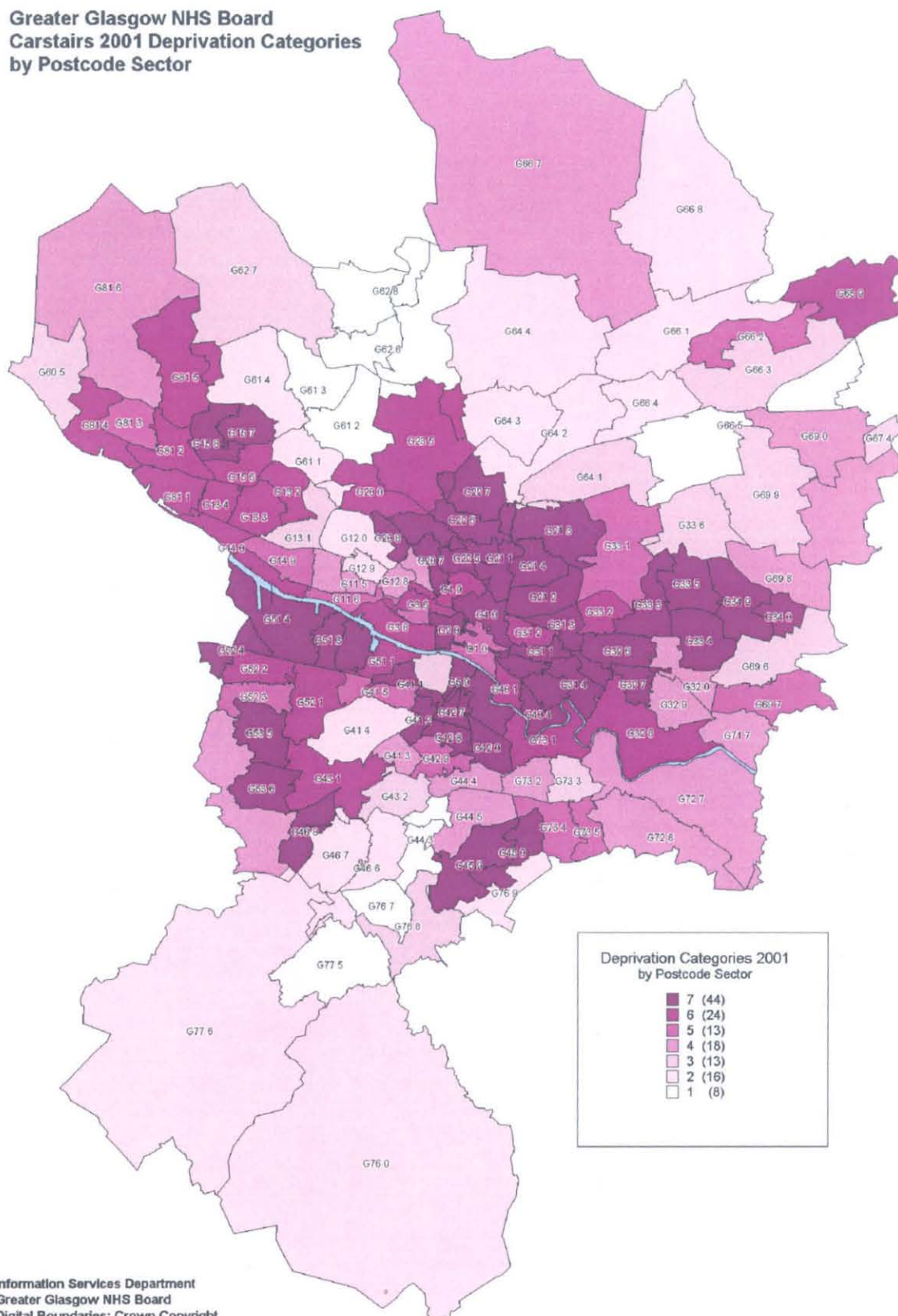
1.5 This Report

Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary. Chapter 7 reports on statistically significant change in the indicators since the 1999 and 2002 surveys. The trend analysis focuses on SIP/non-SIP comparisons rather than using the most deprived 15% datazones, because the analysis by deprivation status in 1999 and 2002 used SIP/non-SIP comparisons. In the main report, however, analysis by deprivation uses grouped DEPCAT and most deprived 15% datazones, since these are the current preferred measures.

For each indicator, tables are presented showing the proportion of the sample which met the criteria broken down by demographic (independent) variables. In the text, however, only those independent variables which were found to be significantly different ($p < 0.05$) are mentioned. The independent variables which were tested were:

- gender;
- age;
- age and gender;
- social class;
- DEPCAT of residential area;
- housing tenure;
- whether in a SIP area;
- whether in the most deprived 15% datazones;
- whether on Income Support;
- whether ever feel isolated from friends and family;
- whether have control over decisions affecting life;
- self-assessed general health;
- self-assessed physical well-being;
- self-assessed mental/emotional well-being;
- self-assessed quality of life;
- GHQ-12 score;
- whether has a long-term illness or condition;

- whether exposed to passive smoking;
- whether a current smoker;
- whether exceeds current recommendations for alcohol consumption;
- fruit/vegetable consumption;
- whether eats breakfast every day;
- Body Mass Index;
- highest educational qualification;
- employment status.

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 some of the independent variables were derived is in Appendix C. A full set of chi-square probability values and t-test calculations for each core indicator by all demographic variables is in Appendix D.

1.6   Acknowledgements

First and foremost, we would like to thank the 1,954 Greater Glasgow residents who gave up their time to be interviewed for this study. Without them, there would be no study!

At Greater Glasgow NHS Board and the Glasgow Centre for Population Health, we would like to thank the project Steering Group: Evelyn Borland, Allan Boyd, Russell Jones, Margaret McGranachan, John Thomson, Julie Truman and latterly Norma Greenwood and Phil White. Their enthusiasm for the project, depth of knowledge and support is much appreciated.

The team at Research Resource did a sterling job of collecting and processing the data for this challenging project. The response rate in 2005 is the best so far in this series of research studies, and the whole team is to be congratulated for this achievement. In particular, our thanks go to Elaine MacKinnon, Lorna Shaw and Kirsty Martin.

In addition to the named authors of this report (below), we would like to acknowledge the contribution of several other members of the RBA team, in particular Cathy Burton, the project manager, who kept us all on track! We are also grateful for the input of Alan Middleton and Andy Webster who helped to produce the report tables, and Paul Kemp, who did the painstaking job of checking that they are accurate.

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Tim Neal
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RBA Research   *June 2006*

2   PEOPLE'S PERCEPTIONS OF THEIR HEALTH & ILLNESS

2.1   Chapter Summary

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

Table 2.1: Indicators for perceptions of health and illness
Base: All (1,954)

Indicator		% of sample
Self-perceived health excellent or good (Q1)		68.2
Positive perception of general physical well-being (Q28b)		80.3
Positive perception of general mental or emotional well-being (Q28c)		83.7
Positive perception of happiness (Q46d)		85.9
Feel definitely in control of decisions affecting life (Q45)		71.1
Positive perception of quality of life (Q28a)		83.2
Have illness or condition affecting daily life (Q3)		21.5
Total number of conditions currently receiving treatment for (Q2):		
	0	58.2
	1	23.8
	2	10.7
	3 or more	7.2
Mean number of conditions for which currently receiving treatment, based on those with at least one condition (n = 966) = 1.73		
GHQ-12 score of 4 or above (indicating poor mental health) (Q11)		12.3
Have some/all of own teeth (Q7)		85.8
Brushes teeth twice a day or more (Q7a) – based on those with at least some of their own teeth (n=1,563)		66.9

Two-thirds (68.2%) of residents have a positive view of their general health. Older people, women, those living in more deprived areas, the socially excluded, those with a limiting condition/illness, passive smokers, obese people and those who are not physically active tend to be less positive about their general health.

Eight in ten (80.3%) rate their physical well-being positively. Older people, those living in more deprived areas, the socially excluded, those with a limiting condition/illness, smokers, heavy drinkers, obese people, those who are not physically active, those who do not eat breakfast every day and those with poor mental health tend to be less positive about their physical well-being.

Over eight in ten (83.7%) rate their mental/emotional well-being positively. Older people, those in more deprived areas, the socially excluded, smokers, those who are obese, those who do not eat breakfast every day and those who are not physically active tend to be less positive about their mental/emotional well-being.

Over eight in ten (85.9%) are positive about their level of happiness. Those in more deprived areas, the socially excluded, those with a limiting condition/illness, smokers, those who are not physically active and those who do not eat breakfast every day tend to be less happy than the average.

Seven in ten say they 'definitely' feel in control of decisions affecting their lives, and a further 25% say they do 'to some extent', leaving just 4% saying they do not feel in control of such decisions. Those aged 25-34, those aged 65+, those in the more deprived areas, the socially excluded, those with poor physical health, smokers, heavy drinkers, the physically inactive, passive smokers, those who do not eat enough fruit/vegetables, those who do not eat breakfast every day and those with poor mental health tend to feel less in control than the average.

Over eight in ten (83.2%) rate their overall quality of life positively. Those in more deprived areas, the socially excluded, smokers, those who are not physically active and those who do not eat breakfast every day tend to be less positive about their quality of life.

Just over one in five (21.5%) report having a long-term condition or illness that interferes with day-to-day activities. Older people, those in more deprived areas, the socially excluded, obese people, those who are not physically active, smokers and those with poor mental health are the groups most likely to say they have such a condition.

Just over two in five (41.8%) say they are currently being treated for at least one illness or condition, and one in six (17.9%) say they are being treated for more than one. Among those with an illness/condition, the mean number of illnesses/conditions is 1.73. The most common conditions are arthritis/rheumatism/painful joints, high blood pressure and asthma/bronchitis/persistent cough. Women, older people, the socially excluded, obese people, those who are not physically active and smokers are the groups most likely to say they have at least one illness/condition.

One in eight (12.3%) have a GHQ-12 score of 4 or more, indicating poor mental health. Women, those in the most deprived areas, the socially excluded, those in poor physical health, passive smokers, smokers, the physically inactive and those who do not eat breakfast every day are more likely to have a high GHQ-12 score.

Almost nine in ten (85.8%) say they have at least some of their own teeth. The Towards Healthier Scotland target is that by 2010, just 5% of 45-54 year-olds will have no natural teeth. The 2005 figure is 6.6%. Older residents, those in more deprived areas, those with a limiting condition/illness, obese people, heavy smokers and those who are not physically active are least likely to have their own teeth.

Two-thirds of those with at least some of their own teeth (66.9%) say they brush their teeth twice a day or more. Older people, men, those in the most deprived areas, the socially excluded, those who do not eat breakfast every day, smokers, heavy drinkers, the physically inactive, those with poor mental health and those with poor physical health are least likely to brush twice a day.

2.2 Self-perceived Health & Well-being

2.2.1 General Health

Respondents were asked to describe their general health using a four-point scale (excellent, good, fair, poor). Just over two-thirds (68%) have a positive view, with 19% saying 'excellent' and 50% 'good'. One in three (32%) describe their health as 'fair' (22%) or 'poor' (10%).

Table 2.2 shows that the younger the respondent, the more likely (s)he is to be positive (88% of 16-24 year-olds say 'excellent' or 'good', compared with only 29% of those aged 75+).

Table 2.2: Perception of general health (Q1), by age and gender
Base: All

	Unweighted base: n	Excellent %	Good %	Fair %	Poor %	Excellent / good %	Fair / poor %
Total	1,954	19	50	22	10	68	32
All							
16-24	209	38	50	9	2	88	12
25-34	346	25	53	17	5	78	22
35-44	330	19	59	19	3	78	22
45-54	310	18	54	21	7	72	28
55-64	235	7	51	25	17	57	43
65-74	298	5	33	37	25	38	62
75+	222	3	27	41	30	29	71
Men							
16-24	83	37	55	5	3	93	7
25-34	155	28	53	17	2	81	19
35-44	136	18	64	14	4	82	18
45-54	147	20	53	20	7	73	27
55-64	91	4	55	18	20	62	38
65-74	126	2	35	41	22	36	64
75+	83	3	22	44	31	25	75
All men	822	20	53	19	9	72	28
Women							
16-24	126	39	45	14	2	84	16
25-34	191	22	53	18	8	75	25
35-44	194	20	55	24	2	74	26
45-54	163	16	56	21	8	71	29
55-64	144	7	46	32	15	53	47
65-74	172	7	32	33	28	39	61
75+	139	3	29	39	29	31	69
All women	1,131	18	47	24	11	64	36

Table 2.2 also shows that overall, men are more likely than women to rate their health positively (72% and 64% respectively). **Chart 2.1** illustrates that this pattern only holds true for those aged under 65, and that in the 75+ age group, women tend to rate their health more positively than do men.

Chart 2.1: Positive perception of general health (Q1), by age and gender
Base: All (see table below chart)
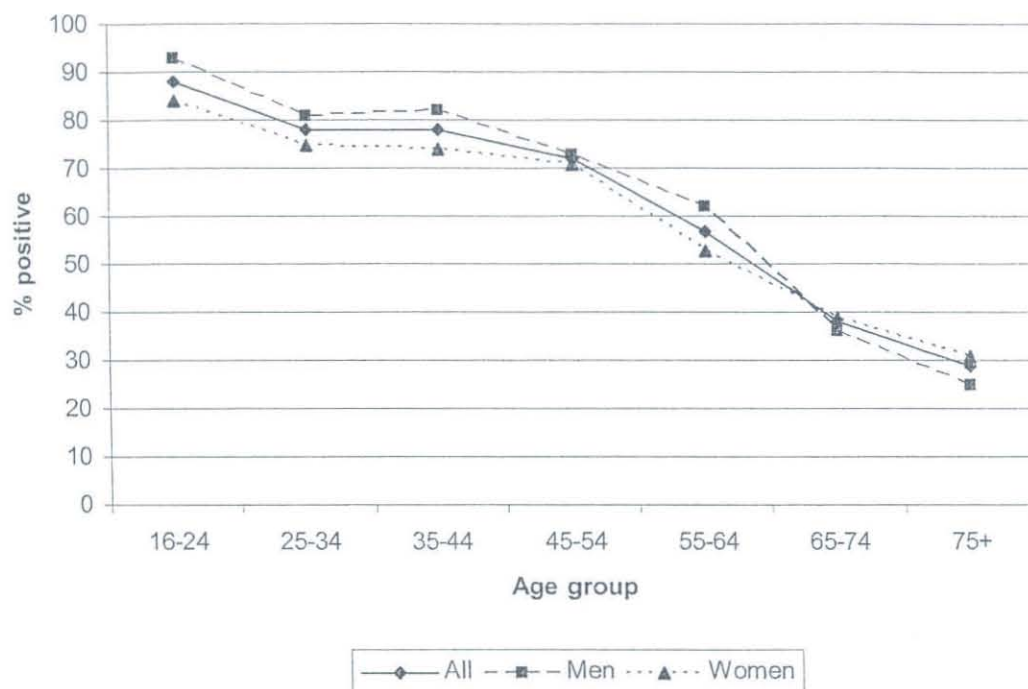
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 2.3 shows that those in the most deprived DEPCATs tend to rate their health less positively than do those in the least deprived areas (64% of those in DEPCATs 6/7 are positive, compared with 80% in DEPCATs 1/2). Similarly, those in the most deprived 15% datazones have a relatively low opinion of their general health (60% rate it positively, compared with 72% of those in other areas).

Table 2.3: Perception of general health (Q1), by deprivation measures
Base: All

	Unweighted base: *n*	Excellent %	Good %	Fair %	Poor %	Excellent / good %	Fair / poor %
Total	1,954	19	50	22	10	68	32
DEPCAT 1/2	213	29	52	15	5	80	20
DEPCAT 3/4/5	708	21	48	22	9	69	31
DEPCAT 6/7	1,033	14	50	24	13	64	36
Most deprived 15% datazones	736	12	49	27	13	60	40
Other datazones	1,218	22	50	19	9	72	28
SIP	556	11	53	25	10	64	36
Non-SIP	1,398	22	48	20	10	70	30

Table 2.4 shows a clear link between perception of general health and socio-economic measures:

- 80% of ABC1s rate their health as 'excellent' or 'good', compared with only 60% of DEs. Furthermore, ABs are almost twice as likely as DEs to say their health is 'excellent' (25% and 13% respectively)
- 76% of owner-occupiers hold a positive view, compared with only 57% of Housing Association tenants
- Economically active residents are twice as likely as economically inactive residents to hold a positive view (85% and 40% respectively)
- 80% of those with qualifications are positive, compared with only 50% of those with no qualifications

Table 2.4: Perception of general health (Q1), by socio-economic measures
Base: All

	Unweighted base: *n*	Excellent %	Good %	Fair %	Poor %	Excellent / good %	Fair / poor %
Total	1,954	19	50	22	10	68	32
A	20	29	43	15	13	72	28
B	153	24	61	13	3	85	15
C1	391	22	56	14	7	78	22
C2	521	20	48	21	12	68	32
D	448	15	47	24	14	62	38
E	244	11	47	33	9	57	43
AB	173	25	59	13	4	83	17
ABC1	564	23	57	14	6	80	20
C2DE	1,213	16	48	24	12	64	36
DE	692	13	47	27	12	60	40
Owner-occupier	851	23	54	17	7	76	24
Housing Association	887	12	44	28	15	57	43
Economically active[5]	648	22	63	13	2	85	15
Economically inactive	706	6	34	38	23	40	60
Qualifications	1,066	26	54	14	6	80	20
No qualifications	889	8	42	33	17	50	50

Table 2.5 shows that those who can be defined as socially excluded tend to have less positive perceptions of their general health. The exception is that those who feel they have no-one to turn to for help with a problem are slightly more likely than average to rate their general health positively.

Table 2.5: Perception of general health (Q1), by social exclusion measures
Base: All

	Unweighted base: *n*	Excellent %	Good %	Fair %	Poor %	Excellent / good %	Fair / poor %
Total	1,954	19	50	22	10	68	32
No-one to turn to for help with a problem	532	15	56	20	8	72	28
Isolated from family and friends	190	16	34	25	25	51	49
No control over life decisions	81	8	32	26	34	40	60
In receipt of Income Support	329	8	44	33	15	52	48

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[5] This analysis is based on the economic activity of respondents who described themselves as the main wage earner of the household. For other respondents, we only collected details of the main wage earner's economic activity. This applies to all tables in this report that refer to economic activity.

Table 2.6 highlights that certain health & well-being measures are associated with a less positive self-perception of general health, i.e.:

- Having a limiting condition or illness
- Being exposed to passive smoking most of the time
- Obesity
- Finding it difficult to access health services
- Not meeting recommended levels of physical activity
- Having a high GHQ-12 score, i.e. poor mental health

Table 2.6: Perception of general health (Q1), by health & well-being measures
Base: All

	Unweighted base: n	Excellent %	Good %	Fair %	Poor %	Excellent / good %	Fair / poor %
Total	1,954	19	50	22	10	68	32
Positive view of physical well-being	1,490	23	54	18	5	77	23
Positive view of mental / emotional well-being	1,564	21	53	20	5	75	25
Positive view of quality of life	1,573	21	52	19	7	74	26
High GHQ-12 score	294	2	22	34	42	24	76
Limiting condition or illness	529	1	16	45	38	17	83
Exposed to passive smoking most of the time	635	14	45	28	13	59	41
Current smoker	728	14	49	24	12	64	36
Heavy smoker (20+/day)	349	14	51	23	11	66	34
Exceeds recommended alcohol consumption	306	25	51	18	6	76	24
Obese	248	9	42	29	19	52	48
Finds it difficult to access health services[6]	543	11	39	31	19	50	50
Does not meet recommended physical activity levels	852	14	46	25	16	60	40
Does not consume recommended levels of fruit / veg	1,408	18	51	21	10	69	31
Does not eat breakfast every day	503	18	48	23	12	66	34

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[6] This is defined as anyone indicating that they find it difficult to: get a GP appointment, access health services in an emergency, obtain a hospital appointment, travel to the hospital for an appointment, or get a dentist appointment. In practice, this means anyone selecting 1 or 2 at any of questions 10a-10e.

2.2.2 Physical Well-being

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.

Overall, eight in ten (80%) rate their general physical well-being positively.

Table 2.7 shows that older people are less likely to hold a positive view of their physical well-being (91% of those aged 16-24 do, compared with 65% of those aged 75+).

Table 2.7: Positive perception of physical well-being (Q28b), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	91	82	85	81	75	69	65	80
Men	94	81	80	84	76	71	69	81
Women	89	84	89	77	74	67	64	80
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 2.8 shows that a relatively low rating of physical well-being is associated with deprivation and 'low' socio-economic status. Compared with the overall figure of 80% holding a positive view:

- In DEPCATs 6/7, only 76% are positive about their physical well-being
- In the most deprived 15% datazones, only 74% rate their physical well-being positively
- 70% of Housing Association tenants are positive
- 78% of C2DEs are positive
- Only 69% of those with no qualifications are positive
- Only 64% of economically inactive residents are positive

Table 2.8: Positive perception of physical well-being (Q28b), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	80	Qualifications	1,066	87
			No qualifications	889	69
DEPCAT 1/2	213	88			
DEPCAT 3/4/5	708	83	A	20	86
DEPCAT 6/7	1,033	76	B	153	88
			C1	391	86
Most deprived 15%	736	75	C2	521	81
Other datazones	1,218	83	D	448	76
			E	244	74
SIP	556	75			
Non-SIP	1,398	82	AB	173	88
			ABC1	564	87
Owner-occupier	851	88	C2DE	1,213	78
Housing Association	887	70	DE	692	75
			Economically active	648	88
			Economically inactive	706	64

Table 2.9 demonstrates that socially excluded residents tend to have a much worse-than-average perception of their physical well-being.

Table 2.9: Positive perception of physical well-being (Q28b), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	80
No-one to turn to for help with a problem	532	75
Isolated from family and friends	190	61
No control over life decisions	81	37
In receipt of Income Support	329	67

Table 2.10 shows that people who demonstrate certain 'negative' health behaviours also tend to hold a less positive view of their physical well-being, i.e.:

- Active and passive smokers
- Heavy drinkers
- Those who are obese
- Those who do not meet recommended physical activity levels
- Those who do not eat breakfast every day
- Those with a high GHQ-12 score, i.e. poor mental health

Table 2.10: Positive perception of physical well-being (Q28b), by health & well-being measures
Base: All

	Unweighted base:	Total
	N	%
Total	1,954	80
Positive view of general health	1,182	90
Positive view of mental / emotional well-being	1,564	92
Positive view of quality of life	1,573	92
High GHQ-12 score	294	37
Limiting condition or illness	529	45
Exposed to passive smoking most of the time	635	72
Current smoker	728	72
Heavy smoker (20+/day)	349	67
Exceeds recommended alcohol consumption	306	80
Obese	248	68
Finds it difficult to access health services	543	75
Does not meet recommended physical activity levels	852	71
Does not consume recommended levels of fruit / veg	1,408	77
Does not eat breakfast every day	503	71

2.2.3 Mental or Emotional Well-being / Happiness

Over eight in ten (84%) rate their general mental or emotional well-being positively using the 'faces' scale.

Table 2.11 shows that those in the younger age groups tend to rate their mental or emotional well-being more positively than do older people (94% of those aged 16-24 are positive, compared with 78% of those aged 75+). This table also shows that there is a significant difference between men and women in the 16-24 age group, in which 97% of men are positive compared with 91% of women.

Table 2.11: Positive perception of mental or emotional well-being (Q28c), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	94	83	87	82	81	75	77	84
Men	97	85	87	83	83	76	78	85
Women	91	81	88	81	80	74	76	82
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 2.12 shows how responses vary by deprivation and socio-economic measures. It is striking that those in the least deprived DEPCATs 1/2 are almost unanimously positive about their mental or emotional well-being (90% are). It is also clear that those in DEPCATs 6/7 are least likely to be positive (79%). The 'deprivation gap' is emphasised by the findings that Housing Association tenants and those living in the most deprived 15% datazones are much less positive about their mental/emotional well-being than owner-occupiers and those not in the most deprived 15% datazones. Nearly all ABs (95%) hold a positive view, compared with 76% of DEs. Similarly, nearly all of those with qualifications and nearly all economically active residents are positive.

Table 2.12: Positive perception of mental or emotional well-being (Q28c), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	84	Qualifications	1,066	90
			No qualifications	889	74
DEPCAT 1/2	213	90			
DEPCAT 3/4/5	708	88	A	20	90
DEPCAT 6/7	1,033	79	B	153	96
			C1	391	89
Most deprived 15%	736	77	C2	521	86
Other datazones	1,218	88	D	448	76
			E	244	76
SIP	556	79			
Non-SIP	1,398	86	AB	173	95
			ABC1	564	91
Owner-occupier	851	91	C2DE	1,213	80
Housing Association	887	74	DE	692	76
			Economically active	648	91
			Economically inactive	706	70

The greater degree of variation according to deprivation status and socio-economic status in this section suggests that these factors have a stronger association with perceptions of *mental/emotional* well-being than with perceptions of *physical* well-being.

Table 2.13 shows that those who can be defined as socially excluded tend to have a less positive opinion of their mental or emotional well-being.

Table 2.13: Positive perception of mental or emotional well-being (Q28c), by social exclusion measures
Base: All

	Unweighted base: n	Total %
Total	1,954	84
No-one to turn to for help with a problem	532	78
Isolated from family and friends	190	61
No control over life decisions	81	31
In receipt of Income Support	329	69

Table 2.14 shows that a positive view of mental/emotional well-being tends to go hand-in-hand with a positive view of general health, physical well-being and quality of life. It also shows that a less positive view of mental/emotional well-being is associated with certain negative health behaviours, namely: active smoking, passive smoking, obesity, low levels of physical activity and not eating breakfast every day.

Table 2.14: Positive perception of mental or emotional well-being (Q28c), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	84
Positive view of general health	1,182	92
Positive view of physical well-being	1,490	96
Positive view of quality of life	1,573	95
High GHQ-12 score	294	35
Limiting condition or illness	529	55
Exposed to passive smoking most of the time	635	77
Current smoker	728	76
Heavy smoker (20+/day)	349	71
Exceeds recommended alcohol consumption	306	82
Obese	248	76
Finds it difficult to access health services	543	77
Does not meet recommended physical activity levels	852	76
Does not consume recommended levels of fruit / veg	1,408	80
Does not eat breakfast every day	503	75

In a new question for 2005, respondents were also asked to use the faces scale to indicate how happy they are, taking all things into account. Overall, 86% are positive about their happiness.

With the exception of the 16-24 age group (in which men rate their happiness more positively than do women – see **Table 2.15**), there is no significant variation by age and gender in terms of the proportion giving a positive rating of their happiness.

Table 2.15: Positive perception of happiness (Q46d), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	90	80	87	86	85	86	92	86
Men	97	79	88	86	84	85	94	87
Women	85	80	87	85	86	87	91	85
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 2.16 shows a strong association between happiness and deprivation. Nearly all of those in the least deprived DEPCATs 1/2 (93%) give a positive rating, compared with 81% in the most deprived DEPCATs 6/7. Correspondingly, those in the most deprived 15% datazones and Housing Association tenants are least likely to give a positive rating.

The association between happiness and socio-economic status is also highlighted in **Table 2.16**. Nearly all ABs (97%) give a positive rating, compared with just 80% of DEs. Those with qualifications and the economically active are more likely to give a positive rating.

Table 2.16: Positive perception of happiness (Q46d), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	*Unweighted base:* *n*	Positive perception %	Socio-economic measure	*Unweighted base:* *n*	Positive perception %
Total	1,954	86	Qualifications	1,066	91
			No qualifications	889	78
DEPCAT 1/2	213	93			
DEPCAT 3/4/5	708	90	A	20	100
DEPCAT 6/7	1,033	81	B	153	97
			C1	391	86
Most deprived 15%	736	77	C2	521	90
Other datazones	1,218	90	D	448	81
			E	244	77
SIP	556	80			
Non-SIP	1,398	88	AB	173	97
			ABC1	564	90
Owner-occupier	851	95	C2DE	1,213	84
Housing Association	887	75	DE	692	80
			Economically active	648	88
			Economically inactive	706	78

Table 2.17 highlights a strong relationship between happiness and social exclusion. Those who can be defined as socially excluded are far less likely than average to rate their happiness positively.

Table 2.17: Positive perception of happiness (Q46d), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	86
No-one to turn to for help with a problem	532	73
Isolated from family and friends	190	57
No control over life decisions	81	28
In receipt of Income Support	329	67

Table 2.18 shows that those who are positive about their general health, physical well-being, mental/emotional well-being and quality of life tend to be happier than average. It also shows that those with a limiting condition or illness are far less likely to be happy than the average (just 67% are), and that smokers tend to be less happy (79% of all smokers, and just 75% of heavy smokers give a positive rating). Those who do not meet the recommendations in terms of physical activity and those who do not eat breakfast every day also tend to be less happy.

Table 2.18: Positive perception of happiness (Q46d), by health & well-being measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	86
Positive view of general health	1,182	90
Positive view of physical well-being	1,490	94
Positive view of mental/emotional well-being	1,564	94
Positive view of quality of life	1,573	95
High GHQ-12 score	294	47
Limiting condition or illness	529	67
Exposed to passive smoking most of the time	635	79
Current smoker	728	79
Heavy smoker (20+/day)	349	75
Exceeds recommended alcohol consumption	306	82
Obese	248	83
Finds it difficult to access health services	543	82
Does not meet recommended physical activity levels	852	80
Does not consume recommended levels of fruit / veg	1,408	82
Does not eat breakfast every day	503	77

2.2.4 Feeling in Control of Decisions Affecting Life

Nearly all residents (96%) say they feel in control of decisions that affect their lives, such as planning their budget, moving house or changing job (71% say 'definitely' and 25% 'to some extent'). This leaves 4% who say they do *not* feel in control of such decisions.

Table 2.19 shows that there is hardly any variation by age and gender in terms of the proportion saying they feel in control to least some extent.

Table 2.19: Feel in control of decisions affecting life (Q45), by age and gender
Base: All

	Unweighted base: *n*	Definitely %	To some extent %	No %	Definitely / to some extent %
Total	*1,954*	71	25	4	96
All					
16-24	*209*	70	25	5	95
25-34	*346*	64	29	7	93
35-44	*330*	76	22	2	98
45-54	*310*	74	23	3	97
55-64	*235*	78	20	2	98
65-74	*298*	67	29	4	96
75+	*222*	69	29	3	97
Men					
16-24	*83*	75	20	5	95
25-34	*155*	60	34	6	94
35-44	*136*	71	26	3	97
45-54	*147*	75	21	4	96
55-64	*91*	77	22	2	99
65-74	*126*	68	29	3	97
75+	*83*	74	24	2	98
All men	*822*	71	26	4	96
Women					
16-24	*126*	64	30	6	94
25-34	*191*	67	25	9	92
35-44	*194*	82	18	1	99
45-54	*163*	73	26	2	99
55-64	*144*	80	18	2	98
65-74	*172*	67	29	4	96
75+	*139*	66	31	3	97
All women	*1,131*	72	25	4	96

Chart 2.2, however, illustrates the pattern in terms of the proportion saying they *definitely* feel in control. This chart shows that those aged 25-34 and 65+ are least likely to feel definitely in control. It also shows that, in the 25-44 age groups, women tend to feel more in control of decisions affecting their lives, but that in the 16-24 and 75+ age groups, men tend to feel more in control than do women.

Chart 2.2: Feel *definitely* in control of decisions affecting life (Q45), by age and gender
Base: All (see table below chart)
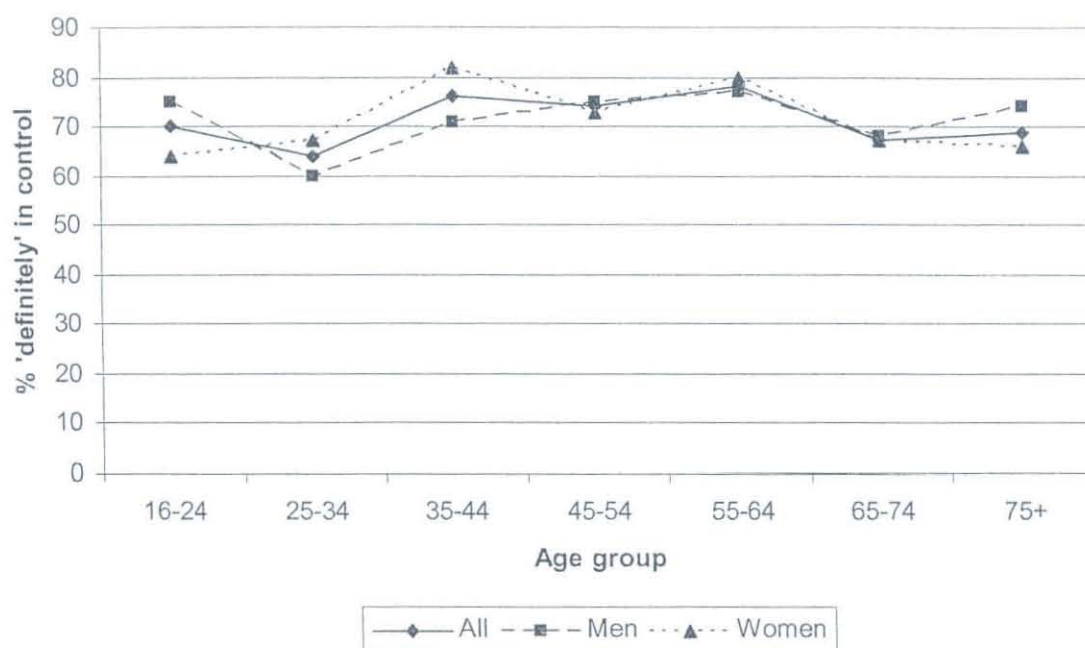
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Similarly, there is a little variation by deprivation status in terms of the proportion feeling as though they are in control to at least some extent, but **Table 2.20** shows that those in the more deprived areas are far less likely to feel *definitely* in control (63% of those in the most deprived DEPCATs 6/7 and 60% of those in the most deprived 15% datazones say they do, compared with 84% of those in the least deprived DEPCATs 1/2 and 77% of those who do not live in the most deprived 15% datazones).

Table 2.20: Feel in control of decisions affecting life (Q45), by deprivation measures
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely / to some extent %
Total	1,954	71	25	4	96
DEPCAT 1/2	213	84	13	3	97
DEPCAT 3/4/5	708	76	21	3	97
DEPCAT 6/7	1,033	63	32	5	95
Most deprived 15% datazones	736	60	35	6	94
Other datazones	1,218	77	20	3	97
SIP	556	65	29	6	94
Non-SIP	1,398	73	24	3	97

A similar pattern is evident in relation to socio-economic measures (see **Table 2.21**). In all groups, the vast majority feel in control to some extent, but there is significant variation in terms of the proportion feeling *definitely* in control:

- 87% of ABs say this, compared with just 57% of DEs
- 85% of owner-occupiers say this, compared with 55% of Housing Association tenants
- 74% of economically active residents say this, compared with just 63% of economically inactive residents
- 79% of those with qualifications say this, compared with just 60% of those without

Table 2.21: Feel in control of decisions affecting life (Q45), by socio-economic measures
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely / to some extent %
Total	1,954	71	25	4	96
A	20	96	0	4	96
B	153	86	13	1	99
C1	391	78	20	2	98
C2	521	78	21	1	99
D	448	67	28	5	95
E	244	39	47	14	86
AB	173	87	11	2	98
ABC1	564	81	17	2	98
C2DE	1,213	66	29	5	95
DE	692	57	35	8	92
Owner-occupier	851	85	14	1	99
Housing Association	887	55	37	8	92
Economically active	648	74	23	3	97
Economically inactive	706	63	30	7	93
Qualifications	1,066	79	20	2	98
No qualifications	889	60	34	7	93

As this can be seen as a measure of social exclusion, it is perhaps not surprising that it is strongly associated with the other measures of social exclusion shown in **Table 2.22**.

Table 2.22: Feel in control of decisions affecting life (Q45), by social exclusion measures
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely / to some extent %
Total	1,954	71	25	4	96
No-one to turn to for help with a problem	532	60	33	7	93
Isolated from family and friends	190	53	28	19	81
In receipt of Income Support	329	47	43	11	89

Table 2.23 shows that those who feel positive about their general health, physical well-being, mental/emotional well-being and quality of life tend to feel more in control of decisions affecting their lives than the average.

Table 2.23 also shows that those in poor health or demonstrating certain negative health behaviours tend to feel *less* in control of decisions affecting their lives. For example, whereas overall 71% say they feel definitely in control, this figure is lower among:

- Those with a limiting condition or illness (55%)
- Smokers (61%)
- Heavy drinkers (63%)
- Those who do not meet recommended physical activity levels (65%)
- Those who are exposed to passive smoking most of the time (66%)
- Those who do not consume the recommended levels of fruit/vegetables (67%)
- Those who do not eat breakfast every day (61%)
- Those with a high GHQ-12 score (39%)

Table 2.23: Feeling in control of decisions affecting life (Q45), by health & well-being measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely / to some extent
	n	%	%	%	%
Total	1,954	71	25	4	96
Positive view of general health	1,182	77	21	2	98
Positive view of physical well-being	1,490	78	20	2	98
Positive view of mental / emotional well-being	1,564	78	21	1	99
Positive view of quality of life	1,573	79	20	1	99
High GHQ-12 score	294	39	39	23	78
Limiting condition or illness	529	55	36	9	91
Exposed to passive smoking most of the time	635	66	26	8	92
Current smoker	728	61	32	7	93
Heavy smoker (20+/day)	349	59	32	9	91
Exceeds recommended alcohol consumption	306	63	31	7	93
Obese	248	78	20	3	97
Finds it difficult to access health services	543	72	23	5	95
Does not meet recommended physical activity levels	852	65	29	6	94
Does not consume recommended levels of fruit / veg	1,408	67	28	5	95
Does not eat breakfast every day	503	61	32	8	92

2.3   Self-perceived Quality of Life

Using the same 'faces' scale as described in section 2.2.2, respondents were asked to rate their overall quality of life. Overall, a large majority (83%) rate their quality of life positively (i.e. select one of faces 1-3).

Table 2.24 shows that the age groups most likely to have a positive perception of their overall quality of life are 16-24 (91%) and 35-44 (88%). This table also shows that overall, and in most age groups, there is no significant difference between men and women on this measure. The exception is the 16-24 age group, in which men tend to be more positive about their quality of life than do women.

Table 2.24: Positive perception of overall quality of life (Q28a), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	91	80	88	81	78	78	83	83
Men	95	79	85	81	75	79	82	83
Women	88	81	90	81	81	78	83	84
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 2.25 shows how ratings of overall quality of life vary by deprivation measures. Those in the most deprived areas are least likely to give a positive rating (78% of those in DEPCATs 6/7 and 77% of those in the most deprived 15% datazones). Among Housing Association tenants, the figure is even lower at 72%.

Table 2.25 also shows that there is a significant association between perceptions of quality of life and socio-economic status. Nearly all ABs (93%) give a positive rating of their quality of life, compared with only 78% of DEs. Similarly, those with no qualifications and economically inactive residents give relatively low ratings of their quality of life.

Table 2.25: Positive perception of overall quality of life (Q28a), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	*Unweighted base: n*	Positive perception %	Socio-economic measure	*Unweighted base: n*	Positive perception %
Total	*1,954*	83	Qualifications	*1,066*	89
			No qualifications	*889*	74
DEPCAT 1/2	*213*	90			
DEPCAT 3/4/5	*708*	88	A	*20*	97
DEPCAT 6/7	*1,033*	78	B	*153*	92
			C1	*391*	85
Most deprived 15%	*736*	77	C2	*521*	87
Other datazones	*1,218*	87	D	*448*	77
			E	*244*	79
SIP	*556*	79			
Non-SIP	*1,398*	85	AB	*173*	93
			ABC1	*564*	88
Owner-occupier	*851*	92	C2DE	*1,213*	82
Housing Association	*887*	72	DE	*692*	78
			Economically active	*648*	87
			Economically inactive	*706*	71

Social exclusion is associated with a less positive perception of quality of life, as evidenced by the figures in **Table 2.26**.

Table 2.26: Positive perception of overall quality of life (Q28a), by social exclusion measures
Base: All

	Unweighted base: n	Total %
Total	1,954	83
No-one to turn to for help with a problem	532	76
Isolated from family and friends	190	59
No control over life decisions	81	28
In receipt of Income Support	329	68

Table 2.27 shows that a positive perception of overall quality of life is associated with a positive perception of general health, mental/emotional well-being and physical well-being. It also shows that a *less* positive perception of quality of life is associated with being in poor health and certain negative health behaviours, namely: active smoking, passive smoking, not eating breakfast every day and low levels of physical activity.

Table 2.27: Positive perception of overall quality of life (Q28a), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	83
Positive view of general health	1,182	90
Positive view of mental / emotional well-being	1,564	95
Positive view of physical well-being	1,490	95
High GHQ-12 score	294	38
Limiting condition or illness	529	58
Exposed to passive smoking most of the time	635	76
Current smoker	728	75
Heavy smoker (20+/day)	349	73
Exceeds recommended alcohol consumption	306	80
Obese	248	78
Finds it difficult to access health services	543	76
Does not meet recommended physical activity levels	852	74
Does not consume recommended levels of fruit / veg	1,408	79
Does not eat breakfast every day	503	75

2.4 Illness

2.4.1 Existence and Effect of Limiting Long-term Condition or Illness

Just over one in five (22%) report having a long-term condition or illness that interferes with day-to-day activities.

Chart 2.3 illustrates that the older the respondent, the more likely (s)he is to report having a limiting long-term illness. The age groups 55-64 and 65-74 exhibit the largest gender differences. Among 55-64 year-olds, women are more likely than men to report a long-term illness. Among 65-74 year olds, the opposite is true. Please see **Table 2.28** for the detailed figures.

Chart 2.3: Limiting long-term condition or illness (Q3), by age and gender
Base: All (see table below chart)
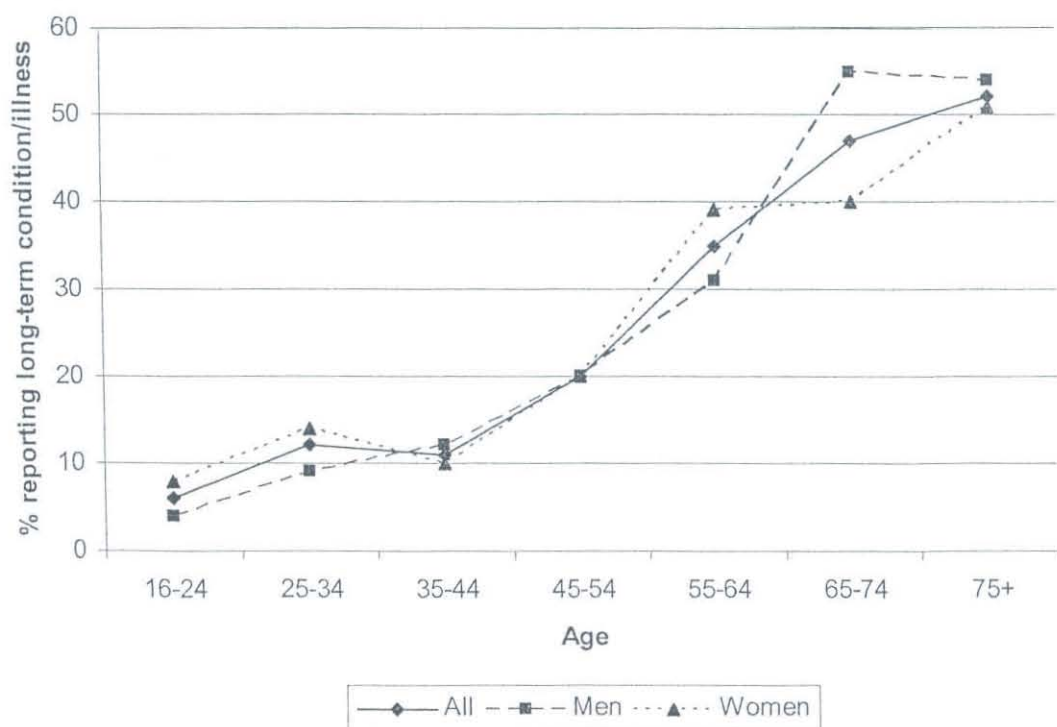
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 2.28: Limiting long-term condition or illness (Q3), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	6	12	11	20	35	47	52	22
Men	4	9	12	20	31	55	54	20
Women	8	14	10	20	39	40	51	23
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 2.29 shows that those living in the most deprived parts of Greater Glasgow (DEPCATs 6/7) are almost twice as likely as those living in the least deprived parts (DEPCATs 1/2) to say they have a limiting long-term illness (26% and 14% respectively). This finding is reinforced when we look at the most deprived 15% datazones, where 27% of residents say they have a long-term illness, compared with only 19% in the other datazones. Similarly, only 16% of owner-occupiers report such a condition, compared with 31% of Housing Association tenants.

Table 2.29 also shows a highly significant association between the reporting of a long-term condition/illness and socio-economic status. DEs are three times as likely as ABs to say they have such a condition (26% and 9% respectively). As many as half of economically inactive residents (49%) say they have such a condition, ten times the proportion among economically active residents (5%).

Table 2.29: Limiting long-term condition or illness (Q3), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Total %	Socio-economic measure	Unweighted base: n	Total %
Total	1,954	22	Qualifications	1,066	11
			No qualifications	889	38
DEPCAT 1/2	213	14			
DEPCAT 3/4/5	708	19	A	20	11
DEPCAT 6/7	1,033	26	B	153	9
			C1	391	18
Most deprived 15%	736	27	C2	521	22
Other datazones	1,218	19	D	448	28
			E	244	23
SIP	556	28			
Non-SIP	1,398	19	AB	173	9
			ABC1	564	15
Owner-occupier	851	16	C2DE	1,213	24
Housing Association	887	31	DE	692	26
			Economically active	648	5
			Economically inactive	706	49

Table 2.30 shows that those who are defined as socially excluded are typically more than twice as likely as the Greater Glasgow population as a whole to say they have a limiting long-term condition/illness (around half do, depending on the social exclusion measure in question). The exception is those who feel they have no-one to turn to for help with a problem, whose responses are not significantly different to the overall sample.

Table 2.30: Limiting long-term condition or illness (Q3), by social exclusion measures

Base: All

	Unweighted base: n	Total %
Total	1,954	22
No-one to turn to for help with a problem	532	19
Isolated from family and friends	190	43
No control over life decisions	81	53
In receipt of Income Support	329	37

Table 2.31 highlights the association between the reporting of a limiting long-term condition/illness and certain negative health behaviours, namely:

- Obesity (36% of obese respondents say they have an illness or condition)
- Not meeting recommended physical activity levels (31%)
- Exposure to passive smoking most of the time (28%)
- Smoking (25%)

Table 2.31 also shows that:

- Those with a high GHQ-12 score, i.e. poor mental health, are among those most likely to report a limiting long-term condition or illness (68%)
- Heavy drinkers are *less* likely than average to report a limiting long-term condition (15%)
- Those with a positive perception of their general health, mental/emotional well-being, physical well-being and quality of life are among those least likely to report a long-term condition or illness

Table 2.31: Limiting long-term condition or illness (Q3), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	22
Positive view of general health	1,182	5
Positive view of mental / emotional well-being	1,564	14
Positive view of physical well-being	1,490	12
Positive view of quality of life	1,573	15
High GHQ-12 score	294	68
Exposed to passive smoking most of the time	635	28
Current smoker	728	25
Heavy smoker (20+/day)	349	23
Exceeds recommended alcohol consumption	306	15
Obese	248	36
Finds it difficult to access health services	543	33
Does not meet recommended physical activity levels	852	31
Does not consume recommended levels of fruit / veg	1,408	22
Does not eat breakfast every day	503	24

Those reporting a long-term condition or illness were asked to describe its general nature. Just over half (52%) say they have a physical disability, 41% a long-term illness and 17% a mental or emotional health problem.

Those reporting a limiting long-term illness or condition were asked to indicate the extent to which it/they interfere(s) with their economic activity. Over half (55%) say that it interferes with their ability to take up training, and the same proportion that it interferes with their ability to hold down or obtain a job. Very few (5%) say that their condition does *not* interfere with these things – the remainder say it is not applicable (these are mainly approaching or over retirement age).

2.4.2 Illnesses / Conditions for Which Treatment is Being Received

Just over two in five (42%) say they are currently being treated for at least one illness or condition. One in six (18%) say they being treated for more than one. Among those with at least one condition, the mean number of conditions is 1.73.

Table 2.32 shows that, overall, women are more likely than men to say they are currently receiving medical treatment (47% and 36% respectively). It also shows that older residents are more likely to be in receipt of treatment.

Table 2.32: At least one illness/condition being treated (Q2), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	14	26	27	45	64	76	86	42
Men	12	19	25	43	54	75	87	36
Women	16	33	30	48	73	77	85	47
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 2.4 illustrates that the 'gender gap' is mainly accounted for by the 25-34 and 55-64 age groups. In the other age groups, the responses of men and women are very similar. In the 25-34 age group, women are more likely than men to report treatment for asthma/bronchitis/persistent cough, stress-related conditions and/or gastro-intestinal problems. In the 55-64 age group, women are more likely than men to report treatment for arthritis/rheumatism/painful joints, diabetes and/or high blood pressure.

Chart 2.4: At least one illness / condition for which treatment is being received (Q2), by age and gender
Base: All (see table below chart)
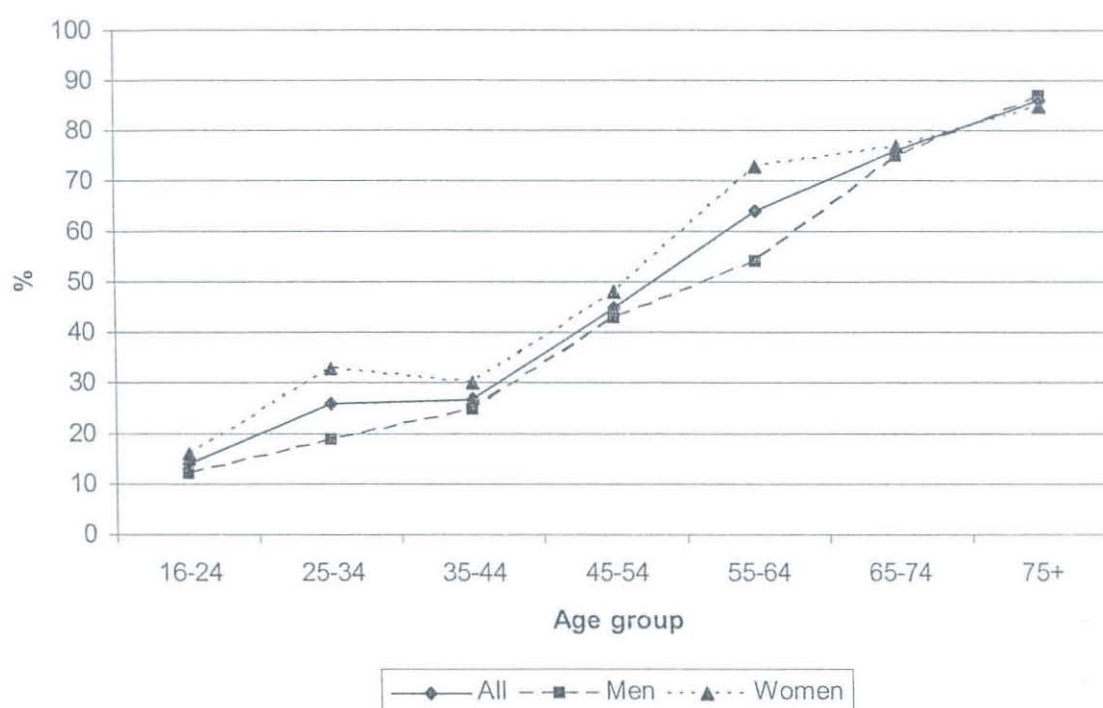
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 2.33 shows that those in the most deprived DEPCATs 6/7 are most likely say they are receiving treatment for an illness/condition (45%, compared with 39% in the other DEPCAT groups). Similarly, Housing Association tenants are significantly more likely than owner-occupiers to report receiving medical treatment (49% and 37% respectively).

The relationship between socio-economic measures and likelihood of receiving medical treatment can also be seen in **Table 2.33**. C2DEs, those with no qualifications and those who are economically inactive are significantly more likely than ABC1s, those with qualifications and those who are economically active to say they are in receipt of treatment.

Table 2.33: At least one illness/condition being treated (Q2), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	At least one condition %	Socio-economic measure	Unweighted base: n	At least one condition %
Total	1,954	42	Qualifications	1,066	31
			No qualifications	889	59
DEPCAT 1/2	213	39			
DEPCAT 3/4/5	708	39	A	20	26
DEPCAT 6/7	1,033	45	B	153	33
			C1	391	38
Most deprived 15%	736	44	C2	521	40
Other datazones	1,218	41	D	448	50
			E	244	42
SIP	556	44			
Non-SIP	1,398	41	AB	173	32
			ABC1	564	36
Owner-occupier	851	37	C2DE	1,213	44
Housing Association	887	49	DE	692	47
			Economically active	648	23
			Economically inactive	706	73

Table 2.34 highlights the strong association between social exclusion and poor health, in that those who can be defined as socially excluded are far more likely than those who are not socially excluded to say they are being treated for an illness or condition. Again, however, the exception is those who feel they have no-one to turn to for help with a problem, who are *less* likely than the overall sample to say they are being treated for an illness/condition.

Table 2.34: At least one illness/condition being treated (Q2), by social exclusion measures

Base: All

	Unweighted base: n	Total %
Total	1,954	42
No-one to turn to for help with a problem	532	35
Isolated from family and friends	190	62
No control over life decisions	81	68
In receipt of Income Support	329	52

Table 2.35 highlights the association between the receipt of treatment for a condition/illness and those who exhibit certain negative health behaviours, namely:

- Having a high GHQ-12 score (82% say they are being treated)
- Those who are obese (67%)
- Those who do not meet recommended physical activity levels (53%)
- Those who are exposed to passive smoking most of the time (48%)
- Smokers (46%)

On the other hand, heavy drinkers are *less* likely than the overall sample to say they are being treated (28%). A positive perception of general health, mental/emotional well-being, physical well-being and quality of life is also associated with a lower likelihood of being treated for an illness or condition.

Table 2.35: At least one illness/condition being treated (Q2), by health & well-being measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	42
Positive view of general health	1,182	22
Positive view of mental / emotional well-being	1,564	35
Positive view of physical well-being	1,490	33
Positive view of quality of life	1,573	36
High GHQ-12 score	294	82
Limiting condition or illness	529	97
Exposed to passive smoking most of the time	635	48
Current smoker	728	46
Heavy smoker (20+/day)	349	43
Exceeds recommended alcohol consumption	306	28
Obese	248	67
Finds it difficult to access health services	543	59
Does not meet recommended physical activity levels	852	53
Does not consume recommended levels of fruit / veg	1,408	41
Does not eat breakfast every day	503	40

Chart 2.5 shows the conditions reported by 0.5% or more of residents. It illustrates that the most commonly-reported conditions are: arthritis/rheumatism/painful joints (12.4%) and high blood pressure (11.7%). Asthma/bronchitis/persistent cough (9.1%) is also relatively widespread.

Chart 2.5: Illnesses / conditions for which treatment is being received (Q2)
Base: All (1,954)
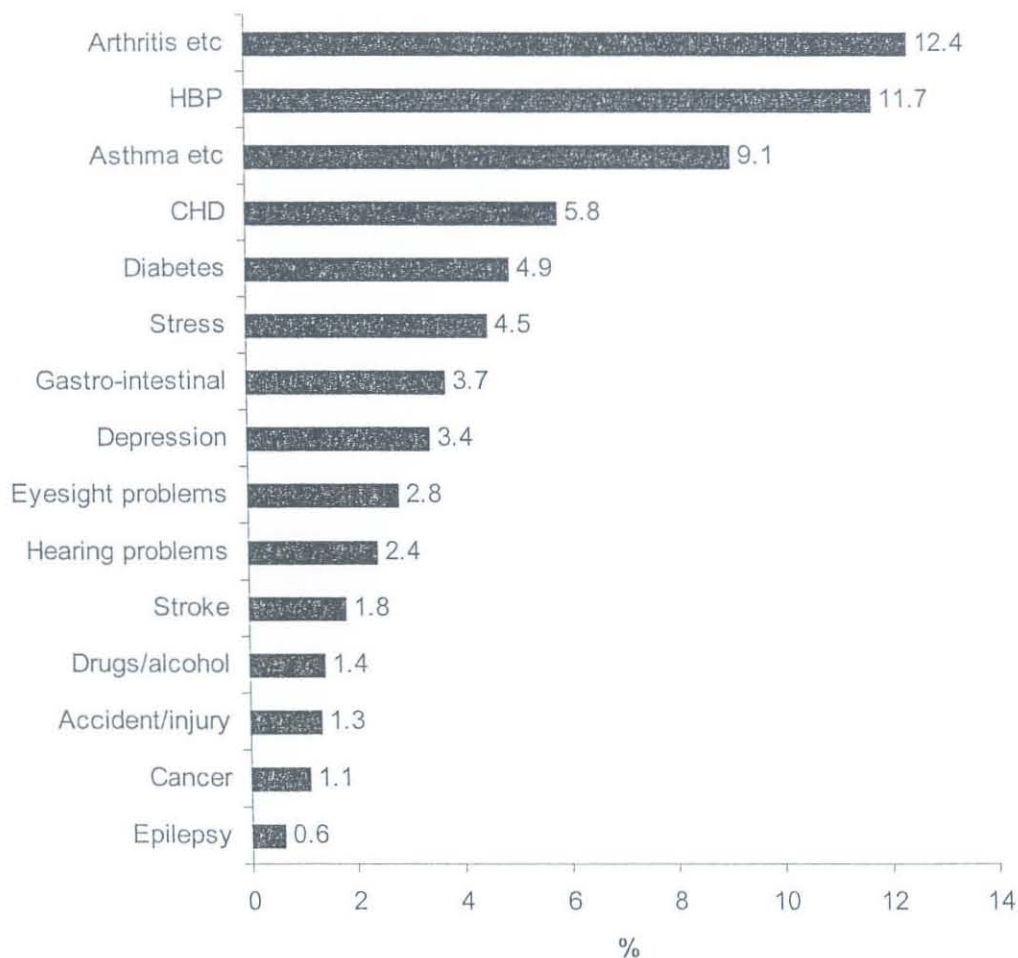
2.4.3 Mental Health

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 (GHQ-12) which ask respondents about their general level of happiness, depression, anxiety, self-confidence, and stress in the few weeks before the interview. The questions were presented on a single page of the questionnaire, and respondents were asked to complete the form 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 GHQ-12 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 GHQ-12 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 as is used in the Scottish Health Survey series.

Overall, one in eight (12%) have a GHQ-12 score of 4 or more, indicating poor mental health.

Table 2.36 shows that women are more likely than men to have a high GHQ-12 score, i.e. poor mental health (14% and 10% respectively), and that the 'gender gap' is widest in the under-25 and 65+ age groups. This table also shows that those aged 55+ are more likely to have poor mental health.

Table 2.36: High GHQ-12 score (Q11), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	8	12	8	14	18	17	16	12
Men	4	10	6	14	17	13	11	10
Women	11	13	10	15	19	20	19	14
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

These patterns are illustrated in **Chart 2.6**.

Chart 2.6: High GHQ-12 score (Q11), by age and gender
Base: All (see table below chart)
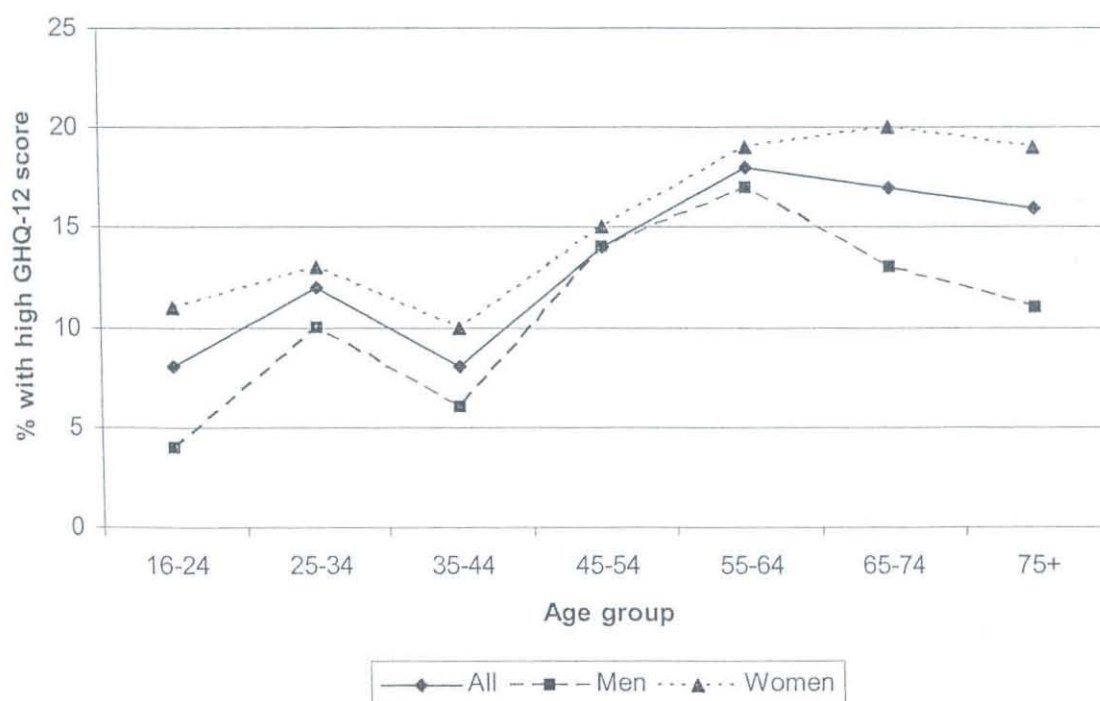
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

53

Table 2.37 highlights a strong link between deprivation and poor mental health. It shows that those in more deprived DEPCATs are more likely to have a high GHQ-12 score (16% in DEPCATs 6/7, compared with 6% in DEPCATs 1/2). Similarly, those in the most deprived 15% datazones are more likely to score highly (17%, compared with 10% of those who don't live in these areas). Housing Association tenants are 2.5 times as likely as owner-occupiers to have a high score (19% and 7% respectively).

Table 2.37 also highlights the link between 'low' socio-economic status and poor mental health. C2DEs are twice as likely as ABC1s to have a high GHQ-12 score (15% and 8% respectively). Those without qualifications are three times as likely as those with qualification to have poor mental health (20% and 7% respectively), and the economically inactive are far more likely than the economically active to have poor mental health (24% and 7% respectively).

Table 2.37: High GHQ-12 score (Q11), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	High GHQ-12 score %	Socio-economic measure	Unweighted base: n	High GHQ-12 score %
Total	1,954	12	Qualifications	1,066	7
			No qualifications	889	20
DEPCAT 1/2	213	6			
DEPCAT 3/4/5	708	10	A	20	11
DEPCAT 6/7	1,033	16	B	153	6
			C1	391	9
Most deprived 15%	736	17	C2	521	10
Other datazones	1,218	10	D	448	17
			E	244	21
SIP	556	17			
Non-SIP	1,398	11	AB	173	6
			ABC1	564	8
Owner-occupier	851	7	C2DE	1,213	15
Housing Association	887	19	DE	692	18
			Economically active	648	7
			Economically inactive	706	24

Table 2.38 shows that poor mental health is strongly associated with social exclusion.

Table 2.38: High GHQ-12 score (Q11), by social exclusion measures
Base: All

	Unweighted base: n	Total %
Total	1,954	12
No-one to turn to for help with a problem	532	18
Isolated from family and friends	190	37
No control over life decisions	81	73
In receipt of Income Support	329	25

Table 2.39 shows that poor mental health is associated with poor physical health and a number of 'negative' health behaviours, namely:

- Having a limiting condition or illness (39% have a high GHQ-12 score)
- Difficulty accessing health services (21%)
- Passive smoking (21%)
- Smoking (18%), especially heavy smoking (20%)
- Not meeting recommended physical activity levels (20%)
- Not eating breakfast every day (20%)

This table also shows that good mental health is associated with a positive perception of general health, mental/emotional well-being, physical well-being and quality of life.

Table 2.39: High GHQ-12 score (Q11), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	12
Positive view of general health	1,182	4
Positive view of mental / emotional well-being	1,564	5
Positive view of physical well-being	1,490	6
Positive view of quality of life	1,573	6
Limiting condition or illness	529	39
Exposed to passive smoking most of the time	635	21
Current smoker	728	18
Heavy smoker (20+/day)	349	20
Exceeds recommended alcohol consumption	306	13
Obese	248	16
Finds it difficult to access health services	543	21
Does not meet recommended physical activity levels	852	20
Does not consume recommended levels of fruit / veg	1,408	13
Does not eat breakfast every day	503	20

2.5 Oral Health

2.5.1 Proportion of Own Teeth

Overall, 86% or residents say they have all (59%) or some (26%) of their own teeth. This leaves 14% with none of their own teeth. Currently, 6.6% of residents aged 45-54 say they have no natural teeth, against the Towards Healthier Scotland target of 5% by 2010.

Table 2.40 shows that nearly all those aged under 55 say they have at least some of their own teeth. The proportion with their own teeth falls sharply after the age of 55. This table also shows that, in terms of the proportion with at some of their own teeth, there is little difference between men and women up to the age of 64. In the 65+ age group, and especially the 75+ age group, men are more likely than women to report having at least some of their own teeth.

Table 2.40: Proportion of own teeth (Q7), by age and gender

Base: All

	Unweighted base: n	All %	Some %	None %	All/some %
Total	1,954	60	26	14	86
All					
16-24	209	94	5	1	99
25-34	346	83	15	2	98
35-44	330	69	29	2	98
45-54	310	58	36	7	93
55-64	235	30	46	24	76
65-74	298	18	39	42	58
75+	222	10	26	64	36
Men					
16-24	83	98	2	1	99
25-34	155	87	12	1	99
35-44	136	63	35	2	98
45-54	147	55	37	8	92
55-64	91	31	48	22	78
65-74	126	22	39	39	61
75+	83	17	33	50	50
All men	822	62	27	11	89
Women					
16-24	126	91	8	1	99
25-34	191	80	18	2	98
35-44	194	75	23	2	98
45-54	163	61	34	5	95
55-64	144	30	45	25	75
65-74	172	16	40	45	55
75+	139	6	23	71	29
All women	1,131	57	26	17	83

Table 2.41 shows that those in the most deprived areas of Glasgow are less likely to have their own teeth. Nine in ten (91%) of those in the least deprived DEPCATs 1/2 have at least some, and 67% have all of their own teeth. In contrast, 84% of those in the most deprived DEPCATs 6/7 have at least some, and just 55% have all of their own teeth.

Table 2.41: Proportion of own teeth (Q7), by deprivation measures
Base: All

	Unweighted base: n	All %	Some %	None %	All/some %
Total	1,954	60	26	14	86
DEPCAT 1/2	213	67	24	9	91
DEPCAT 3/4/5	708	62	23	15	85
DEPCAT 6/7	1,033	55	29	16	84
Most deprived 15% datazones	736	56	28	16	84
Other datazones	1,218	61	25	13	87
SIP	556	57	29	14	86
Non-SIP	1,398	60	25	14	86

Table 2.42 highlights the association between socio-economic status and likelihood of having one's own teeth. Nearly all (97%) of ABs say they do, compared with 83% of C2DEs. Similarly, the proportions with at least some of their own teeth are relatively low among Housing Association tenants (82%), the economically inactive (66%) and those with no qualifications (73%).

Table 2.42: Proportion of own teeth (Q7), by socio-economic measures
Base: All

	Unweighted base: n	All %	Some %	None %	All/some %
Total	1,954	60	26	14	86
A	20	63	33	3	97
B	153	71	25	5	95
C1	391	64	25	11	89
C2	521	58	25	17	83
D	448	51	29	19	81
E	244	62	29	10	90
AB	173	70	26	5	96
ABC1	564	66	25	9	91
C2DE	1,213	56	27	17	83
DE	692	55	29	16	84
Owner-occupier	851	62	26	11	89
Housing Association	887	54	28	18	82
Economically active	648	75	23	3	97
Economically inactive	706	30	36	34	66
Qualifications	1,066	72	22	6	94
No qualifications	889	40	33	27	73

Table **2.43** highlights a relationship between proportion of own teeth and certain health and well-being measures. The following sub-groups are among those least likely to have all their own teeth:

- Those with a limiting condition or illness (26% say they do)
- Those who are obese (31%)
- Heavy smokers (51%)
- Those who do not meet recommended physical activity levels (48%)

Table 2.43: Proportion of own teeth (Q7), by health & well-being measures
Base: All

	Unweighted base: n	All %	Some %	None %	All/some %
Total	1,954	60	26	14	86
Positive view of general health	1,182	73	21	6	94
Positive view of physical well-being	1,490	65	25	10	90
Positive view of mental / emotional well-being	1,564	63	25	12	88
Positive view of quality of life	1,573	62	26	12	88
High GHQ-12 score	294	39	33	28	72
Limiting condition or illness	529	26	40	34	66
Exposed to passive smoking most of the time	635	51	32	17	83
Current smoker	728	54	32	14	86
Heavy smoker (20+/day)	349	51	35	16	84
Exceeds recommended alcohol consumption	306	71	24	5	95
Obese	248	31	43	26	74
Finds it difficult to access health services	543	49	32	19	81
Does not meet recommended physical activity levels	852	48	31	21	79
Does not consume recommended levels of fruit / veg	1,408	59	26	15	85
Does not eat breakfast every day	503	65	25	10	90

2.5.2 Frequency of Brushing Teeth

Two-thirds of those with at least some of their own teeth (67%) say they brush their teeth at least twice a day. **Table 2.44** shows that the older the respondent, the less likely (s)he is to brush twice a day (77% of those aged under 25 say they do, compared with 48% of those aged 75+). This table also shows that, overall, women are more likely than men to say they brush twice a day (73% and 60% respectively).

Table 2.44: Brushes teeth twice or more per day (Q7a), by age and gender

Base: All with at least some of their own teeth

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	77	68	68	66	59	59	48	67
Men	72	59	57	55	58	56	57	60
Women	82	77	79	75	60	61	41	73
Unweighted bases:								
All	*205*	*339*	*323*	*281*	*172*	*157*	*82*	*1,563*
Men	*81*	*154*	*133*	*132*	*65*	*69*	*39*	*674*
Women	*124*	*185*	*190*	*149*	*107*	*88*	*43*	*888*

Chart 2.7 illustrates this pattern, and also highlights that the 'gender gap' is only evident among those aged under 55. Indeed, the gender pattern is reversed among those aged 75+, but bases in this age group are very small so this result should be treated with caution.

Chart 2.7: Brushes teeth at least twice a day (Q7a), by age and gender

Base: All with at least some of their own teeth (see table below chart)
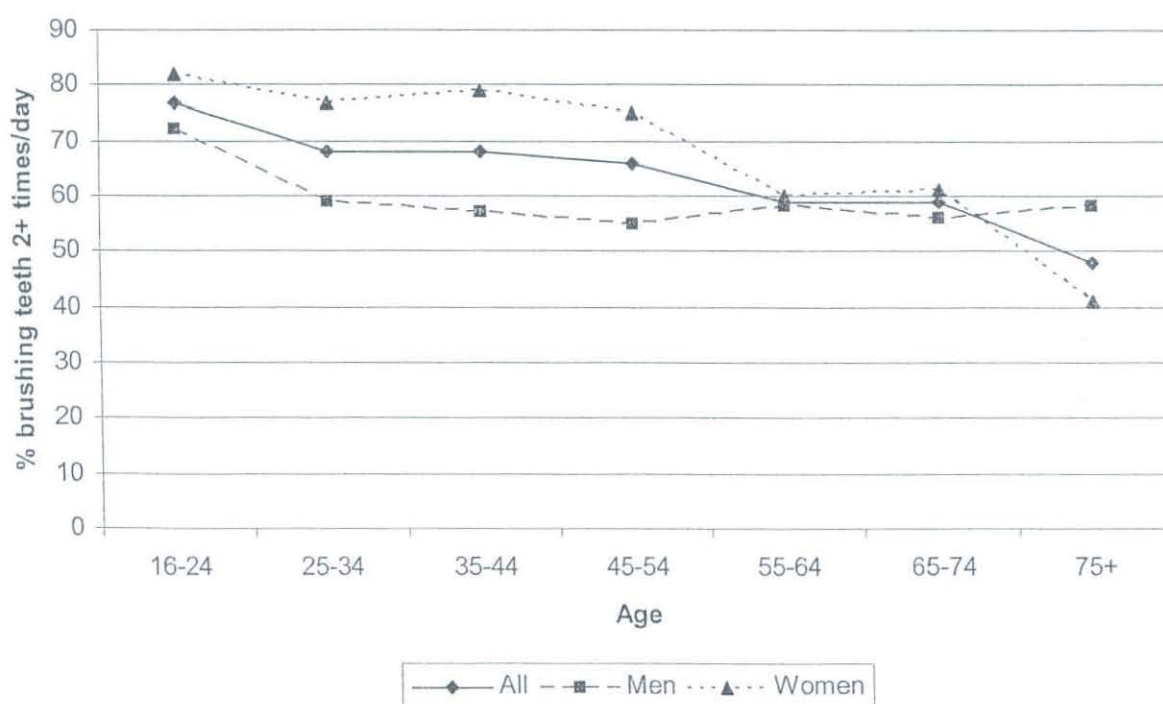
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	205	339	323	281	172	157	82	1,563
Men	81	154	133	132	65	69	39	674
Women	124	185	190	149	107	88	43	888

Table **2.45** shows that those in the most deprived areas are least likely to brush their teeth twice a day (55% of those in DEPCATs 6/7, compared with 81% of those in DEPCATs 1/2). Correspondingly, only 53% of those in the most deprived 15% datazones say they brush twice a day, compared with 74% of those living elsewhere. Housing tenure shows a similar pattern (only 53% of Housing Association tenants say they brush twice a day, compared with 78% of owner-occupiers).

There are also striking differences in terms of socio-economic status, also shown in **Table 2.45**. Eight in ten ABC1s (81%) say they brush twice a day, compared with only just over half of DEs (54%). Those with qualifications and the economically active are also among those most likely to say they brush twice a day.

Table 2.45: Brushes teeth twice or more per day (Q7a), by deprivation measures and socio-economic measures
Base: All with at least some of their own teeth

Deprivation measure	Unweighted base: n	2+ per day %	Socio-economic measure	Unweighted base: n	2+ per day %
Total	1,563	67	Qualifications	965	74
			No qualifications	597	53
DEPCAT 1/2	172	81			
DEPCAT 3/4/5	585	76	A	19	80
DEPCAT 6/7	806	55	B	139	86
			C1	328	79
Most deprived 15%	576	53	C2	398	65
Other datazones	987	74	D	329	61
			E	210	43
SIP	444	60			
Non-SIP	1,119	69	AB	158	86
			ABC1	486	81
Owner-occupier	710	78	C2DE	937	59
Housing Association	675	53	DE	539	54
			Economically active	627	66
			Economically inactive	429	57

Table 2.46 shows that certain measures of social exclusion are associated with a lower likelihood of brushing teeth twice a day.

Table 2.46: Brushes teeth twice or more per day (Q7a), by social exclusion measures
Base: All with at least some of their own teeth

	Unweighted base:	Total
	n	%
Total	1,563	67
No-one to turn to for help with a problem	465	63
Isolated from family and friends	132	64
No control over life decisions	65	32
In receipt of Income Support	276	52

Table 2.47 shows that those exhibiting certain negative health behaviours are also less likely to say they brush their teeth twice a day, i.e. those who do not eat breakfast every day (61% say they brush twice a day), smokers (53%), heavy drinkers (53%), those who do not meet the physical activity recommendations (57%) and those with a high GHQ-12 score (45%). Those with a limiting condition or illness are also among those least likely to brush twice a day (54% say they do).

Table 2.47: Brushes teeth twice or more per day (Q7a), by health & well-being measures
Base: All with at least some of their own teeth

	Unweighted base:	Total
	n	%
Total	1,563	67
Positive view of general health	1,077	71
Positive view of mental / emotional well-being	1,291	70
Positive view of physical well-being	1,272	70
Positive view of quality of life	1,293	70
High GHQ-12 score	294	45
Limiting condition or illness	323	54
Exposed to passive smoking most of the time	491	56
Current smoker	582	53
Heavy smoker (20+/day)	282	52
Exceeds recommended alcohol consumption	283	53
Obese	168	65
Finds it difficult to access health services	404	73
Does not meet recommended physical activity levels	609	57
Does not consume recommended levels of fruit / veg	1,158	62
Does not eat breakfast every day	431	61

3 THE USE OF HEALTH SERVICES

3.1 Chapter Summary

Table 3.1 summarises the indicators relating to use of health services:

Table 3.1: Indicators for use of health services
Base: All (1,954)

Indicator	% of sample
Seen a GP at least once in last year (Q4a)	78.0
Out-patient to see a doctor at least once in last year (Q4c)	22.9
Accident & Emergency at least once in last year (Q4b)	14.5
Hospital stay at least once in last year (Q4d)	13.1
Been to the dentist within the past six months (Q8)	45.2
Registered with a dentist (Q6)	79.4
Difficulty reaching hospital for an appointment (Q10d)	14.4
Difficulty getting GP appointment (Q10a)	11.3
Difficulty getting hospital appointment (Q10c)	8.8
Difficulty getting GP consultation within 48 hours (Q10h)	6.8
Difficulty accessing health services in an emergency (Q10b)	5.2
Difficulty getting dentist appointment (Q10e)	4.7
Someone in household suffered accidental injury in the home in last year (Q12)	9.6

Just over three-quarters of residents (78.0%) say they have seen a GP in the last year. Older people, women, those in more deprived areas, those in poor physical health, those in poor mental health, those who are obese and those who are physically inactive tend to make heaviest use of their GPs.

Just under a quarter (22.9%) say they have seen a doctor at a hospital outpatient department in the last year. Older people, women, those in more deprived areas, those who feel isolated from family and friends, those in poor physical health, those in poor mental health, those who are obese and those who find it difficult to access health services are most likely to have done so.

One in seven (14.5%) say they have been to A & E in the last year, with usage being heavier among: those aged 75+, those in more deprived areas, the socially excluded, those with poor mental health, those in poor physical health, passive smokers, smokers, those who do not eat breakfast every day, heavy drinkers and the physically inactive.

One in eight (13%) say they have been admitted to hospital in the last year. Older people, women, those in the more deprived areas, the socially excluded, those with poor mental health, those in poor physical health, those who are obese and the physically inactive are most likely to say this.

Just under half (45.2%) say they have been to the dentist within the last six months. Those least likely to say this are: men, older people, those in the most deprived areas, those with poor physical health, those with poor mental health, those who are obese, the physically inactive, heavy smokers and those who do not eat breakfast every day.

Eight in ten (79.4%) say they are registered with a dentist. Nearly all of those aged under 55 are registered, but registration rates drop sharply after this age. Registration rates are lower among: those in the more deprived areas, those with poor mental health, those with poor physical health, those who are obese and the physically inactive.

Respondents are generally positive about their opportunities to get involved in decisions affecting health service delivery, with the majority agreeing that: they get adequate information about their condition/treatment, they are encouraged to participate in decisions affecting their health/treatment, they have a say in how health services are delivered and their views and circumstances are understood and valued. Groups that tend to be less positive on these measures are: men, those aged under 55, those in *less* deprived areas and the socially excluded.

Relatively few residents report difficulty accessing health services, but one in nine (11.3%) say it is difficult to get an appointment with their GP. Women and those with poor mental health tend to experience the most difficulty.

One in ten (9.6%) say that they, or someone in their household, has suffered an accidental injury in the home in the last year. Those with poor mental health, those with poor physical health and those who find it difficult to access health services are the groups most likely to have done so.

3.2 Use of Specific Health Services

3.2.2 Frequency of Seeing a GP

Respondents were asked how many times they have seen a GP in the past year, and nearly eight in ten (78%) say at least once. Between two and five visits is most common, with 37% saying this. Over one in five (22%) say they have not seen a GP in the past year. The mean number of visits to a GP in the past year is 3.63.

Table 3.2 shows that older respondents are more likely to say they have seen a GP in the last year. Over nine in ten of those aged 65+ (93%) say they have done so at least once in the past year, compared with six in ten (60%) of those aged 16-24. The mean number of visits is lowest at 1.21 for men aged 16-24, and highest at 6.45 for women aged 65-74. Overall the mean is 3.00 for men and 4.20 for women.

Table 3.2: Seen a GP at least once and mean number of visits (Q4a), by age and gender
Base: All

| | Age group | | | | | | | Total |
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Total (%)	60	76	75	79	88	94	92	78
Men (%)	60	66	70	76	84	93	90	73
Women (%)	61	86	80	81	90	94	93	83
Total Mean	1.61	2.83	2.90	4.04	4.82	6.15	5.56	3.63
Men Mean	1.21	1.42	2.35	3.88	4.82	5.76	5.70	3.00
Women Mean	1.99	4.27	3.44	4.20	4.82	6.45	5.49	4.20
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 3.1 shows the pattern by age and gender. Across all age groups, women are more likely than men to say they have seen a GP at least once in the past year. The largest difference is for the 25-34 age group, in which the figure of 86% for women is the only one that does not fit the trend of GP visits increasing with age.

Chart 3.1: Seen a GP at least once in past year (Q4a), by age and gender
Base: All (see table below chart)
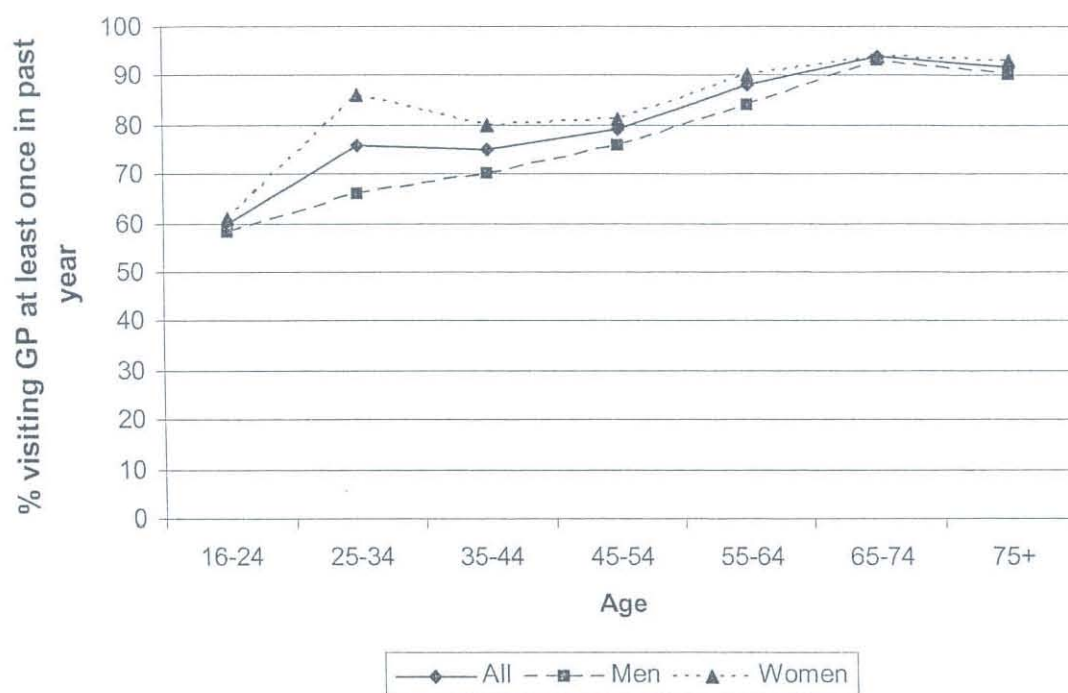
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 3.3 shows that the mean frequency of visits is higher among residents living in more deprived DEPCATs (4.04 in 6/7 compared with 2.76 in 1/2), those living in the most deprived 15% datazones (4.25, compared with 3.30 for those who do not) and DEs (4.15, compared with 2.49 among ABs).

Table 3.3: Seen a GP at least once and mean number of visits (Q4a), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	At least once %	Mean no. of visits	Socio-economic measure	Unweighted base: n	At least once %	Mean no. of visits
Total	1,954	78	3.63	Qualifications	1,064	72	2.73
				No qualifications	889	88	5.03
DEPCAT 1/2	213	73	2.76				
DEPCAT 3/4/5	708	77	3.49	A	20	79	2.53
DEPCAT 6/7	1,033	81	4.04	B	153	74	2.48
				C1	391	77	3.55
Most deprived 15%	736	81	4.25	C2	521	76	3.53
Other datazones	1,218	77	3.30	D	448	82	4.63
				E	244	81	3.25
SIP	556	82	4.29				
Non-SIP	1,398	77	3.38	AB	173	75	2.49
				ABC1	564	76	3.19
Owner-occupier	851	74	2.99	C2DE	1,213	79	3.87
Housing Association	887	84	4.55	DE	692	82	4.15
				Economically active	648	70	2.19
				Economically inactive	706	92	5.83

Table 3.4 shows that a positive perception of general health, mental/emotional well-being, physical well-being and quality of life is associated with a lower mean number of GP visits. Poor physical health, poor mental health, obesity and lack of physical activity, however, are associated with a greater likelihood of visiting the GP, and a higher mean number of visits.

Table 3.4: Seen a GP at least once and mean number of visits (Q4a), by health & well-being measures

Base: All

	Unweighted base: n	Total %	Mean no. of visits
Total	1,954	78	3.63
Positive view of general health	1,182	71	1.91
Positive view of mental / emotional well-being	1,564	75	2.83
Positive view of physical well-being	1,490	75	2.93
Positive view of quality of life	1,573	75	3.05
High GHQ-12 score	294	96	8.94
Limiting condition or illness	529	97	8.78
Exposed to passive smoking most of the time	635	78	4.55
Current smoker	728	80	4.12
Heavy smoker (20+/day)	407	79	4.28
Exceeds recommended alcohol consumption	306	76	2.52
Obese	248	83	5.48
Finds it difficult to access health services	543	89	5.15
Does not meet recommended physical activity levels	852	84	4.45
Does not consume recommended levels of fruit / veg	1,408	79	3.51
Does not eat breakfast every day	503	74	3.58

3.2.3 Out-Patient to See a Doctor

Nearly a quarter of residents (23%) say they have been to a hospital out-patient department to see a doctor at least once in the past year. The mean frequency of visits is 0.83.

Table 3.5 shows that the mean frequency of visits is higher among older residents, ranging from 0.18 for those aged 16-24 to 2.11 for those aged 75 and over. The mean is also higher among women (0.97 compared with 0.66 for men).

Table 3.5: Visited hospital as out-patient at least once and mean number of visits (Q4c), by age and gender

Base: All

| | Age group | | | | | | | Total |
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Total (%)	6	12	19	24	36	36	55	23
Men (%)	5	7	15	19	37	44	54	20
Women (%)	6	18	22	28	36	30	56	56
Total Mean	0.18	0.41	0.73	0.77	1.31	1.32	2.11	0.83
Men Mean	0.27	0.13	0.52	0.71	1.33	1.36	1.66	0.66
Women Mean	0.10	0.70	0.94	0.83	1.29	1.29	2.33	0.97
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 3.6 shows that the mean frequency of visits is higher among residents living in more deprived DEPCATs (0.94 in 6/7 compared with 0.56 in 1/2) and DEs (0.85, compared with 0.27 among ABs).

Table 3.6: Visited hospital as out-patient at least once and mean number of visits (Q4c), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Un-weighted base: n	At least once %	Mean no. of visits	Socio-economic measure	Un-weighted base: n	At least once %	Mean no. of visits
Total	1,954	23	0.83	Qualifications	1,064	18	0.55
				No qualifications	889	30	1.26
DEPCAT 1/2	213	18	0.56				
DEPCAT 3/4/5	708	22	0.80	A	20	20	0.39
DEPCAT 6/7	1,033	25	0.94	B	153	12	0.25
				C1	391	27	0.90
Most deprived 15%	736	20	0.78	C2	521	22	0.78
Other datazones	1,218	24	0.85	D	448	28	0.97
				E	244	17	0.61
SIP	556	23	0.81				
Non-SIP	1,398	23	0.83	AB	173	13	0.27
				ABC1	564	22	0.69
Owner-occupier	851	25	0.70	C2DE	1,213	23	0.82
Housing Association	887	23	1.03	DE	692	24	0.85
				Economically active	648	14	0.43
				Economically inactive	706	39	1.48

Table 3.7 shows that certain measures of social exclusion are associated with higher usage of out-patient services. Those who feel isolated from family and friends and those who feel they have no control over life decisions tend to make heavier use of out-patient departments. Those in receipt of Income Support are no more likely to have visited out-patients, but those who have, have done so more often (i.e. the mean frequency of visits is higher).

Table 3.7: Visited hospital as out-patient at least once and mean number of visits (Q4c), by social exclusion measures

Base: All

	Unweighted base: n	Total %	Mean no. of visits
Total	1,954	23	0.83
No-one to turn to for help with a problem	532	18	0.58
Isolated from family and friends	190	36	1.61
No control over life decisions	81	35	1.41
In receipt of Income Support	329	22	1.15

Table 3.8 shows that positive perceptions of general health, mental/emotional well-being, physical well-being and (to a lesser extent) quality of life are associated with lighter usage of out-patient services. Poor physical health, poor mental health and obesity, on the other hand, are strongly linked with heavier usage of these services. It is also notable that those who find it difficult to access health services are among those making heaviest use of out-patient services.

Table 3.8: Visited hospital as out-patient at least once and mean number of visits (Q4c), by health & well-being measures
Base: All

	Unweighted base: n	Total %	Mean no. of visits
Total	1,954	23	0.83
Positive view of general health	1,182	12	0.31
Positive view of mental / emotional well-being	1,564	18	0.56
Positive view of physical well-being	1,490	17	0.51
Positive view of quality of life	1,573	20	0.59
High GHQ-12 score	294	53	2.52
Limiting condition or illness	529	54	2.49
Exposed to passive smoking most of the time	635	26	1.03
Current smoker	728	21	0.81
Heavy smoker (20+/day)	407	22	0.92
Exceeds recommended alcohol consumption	306	13	0.49
Obese	248	43	1.68
Finds it difficult to access health services	543	40	1.51
Does not meet recommended physical activity levels	852	28	1.04
Does not consume recommended levels of fruit / veg	1,408	21	0.81
Does not eat breakfast every day	503	20	0.85

3.2.4 Accident & Emergency (A&E)

One in seven residents (15%) say they have been to A&E at least once in the past year. Only 4% say they have been more than once. The mean frequency of visits over the past year is 0.29.

Table 3.9 shows that those aged 75+ are the age group most likely to have used A & E services. It also shows that, in the 16-24 age group, men are more likely than women to have done so, whereas in the 65-74 age group, the opposite is true.

Table 3.9: Been to Accident & Emergency at least once and mean number of visits (Q4b), by age and gender

Base: All

	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
				Age group				Total
Total (%)	13	13	16	15	13	13	20	15
Men (%)	17	11	18	13	15	9	19	14
Women (%)	9	16	15	17	11	16	21	15
Total Mean	0.25	0.39	0.33	0.27	0.17	0.20	0.29	0.29
Men Mean	0.39	0.15	0.27	0.25	0.24	0.17	0.24	0.25
Women Mean	0.13	0.63	0.38	0.30	0.12	0.22	0.31	0.32
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 3.10 shows that those living in the most deprived 15% datazones are more likely to have visited A & E at least once (19%, compared with 12% of those who do not live in these datazones). Similarly, 19% of those in the most deprived DEPCATs 6/7 say they have visited A&E at least once, compared with just 11% in the least deprived DEPCATs 1/2.

Table 3.10: Been to Accident & Emergency at least once and mean number of visits (Q4b), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	*Un -weighted base:* *n*	At least once %	Mean no. of visits	Socio-economic measure	*Un- weighted base:* *n*	At least once %	Mean no. of visits
Total	*1,954*	15	0.29	Qualifications	*1,064*	13	0.26
				No qualifications	*889*	17	0.33
DEPCAT 1/2	*213*	11	0.26				
DEPCAT 3/4/5	*708*	10	0.20	A	*20*	79	0.15
DEPCAT 6/7	*1,033*	19	0.35	B	*153*	74	0.27
				C1	*391*	77	0.29
Most deprived 15%	*736*	19	0.38	C2	*521*	76	0.21
Other datazones	*1,218*	12	0.24	D	*448*	82	0.28
				E	*244*	81	0.56
SIP	*556*	17	0.30				
Non-SIP	*1,398*	13	0.28	AB	*173*	75	0.26
				ABC1	*564*	76	0.28
Owner-occupier	*851*	11	0.17	C2DE	*1,213*	79	0.30
Housing Association	*887*	19	0.46	DE	*692*	82	0.38
				Economically active	*648*	13	0.25
				Economically inactive	*706*	18	0.41

Table 3.11 shows that most measures of social exclusion are associated with higher usage of A & E services. Those who feel isolated from family and friends, those who feel they have no control over life decisions and those in receipt of Income Support tend to make heavier use of A & E.

Table 3.11: Been to Accident & Emergency at least once and mean number of visits (Q4b), by social exclusion measures
Base: All

	Unweighted base: n	Total %	Mean no. of visits
Total	1,954	15	0.29
No-one to turn to for help with a problem	532	16	0.35
Isolated from family and friends	190	30	0.82
No control over life decisions	81	33	1.11
In receipt of Income Support	329	26	0.70

Table 3.12 shows that certain health and well-being measures are associated with higher usage of A & E services, namely:

- Poor mental health (34% of those with a high GHQ-12 score say they have used them)
- Poor physical health (30% of those with a limiting condition or illness)
- Passive smoking (21%)
- Obese (18%)
- Smoking (17%)
- Not eating breakfast every day (17%)
- Heavy drinking (16%)
- Not meeting recommended physical activity levels (15%)

Table 3.12: Been to Accident & Emergency at least once and mean number of visits (Q4b), by health & well-being measures

Base: All

	Unweighted base: n	Total %	Mean no. of visits
Total	1,954	9	0.29
Positive view of general health	1,182	9	0.14
Positive view of mental / emotional well-being	1,564	11	0.18
Positive view of physical well-being	1,490	11	0.19
Positive view of quality of life	1,573	12	0.21
High GHQ-12 score	294	34	0.97
Limiting condition or illness	529	30	0.73
Exposed to passive smoking most of the time	635	21	0.52
Current smoker	728	17	0.41
Heavy smoker (20+/day)	407	17	0.43
Exceeds recommended alcohol consumption	306	16	0.34
Obese	248	18	0.30
Finds it difficult to access health services	543	21	0.52
Does not meet recommended physical activity levels	852	15	0.30
Does not consume recommended levels of fruit / veg	1,408	15	0.30
Does not eat breakfast every day	503	17	0.47

3.2.5 Admitted to Hospital

One in eight (13%) say they have been admitted to hospital at least once in the past year. One in twenty (5%) say they have been admitted more than once. The mean frequency of admissions is 0.25.

Table 3.13 shows that the mean frequency of admissions is higher among older residents, ranging from 0.10 for those aged 16-24 to 0.54 for those aged 75 and over. The mean is also higher among women (0.30 compared with 0.20 for men).

Table 3.13: Admitted to hospital at least once and mean number of visits (Q4d), by age and gender

Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Total (%)	8	9	10	15	15	19	28	13
Men (%)	6	3	8	12	17	19	30	11
Women (%)	10	14	12	17	13	19	27	15
Total Mean	0.10	0.23	0.19	0.27	0.27	0.37	0.54	0.25
Men Mean	0.08	0.04	0.16	0.26	0.39	0.35	0.47	0.20
Women Mean	0.11	0.42	0.22	0.29	0.17	0.39	0.58	0.30
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 3.14 shows that the mean frequency of visits is higher among residents living in more deprived DEPCATs (0.29 in 6/7 compared with 0.18 in 1/2) and DEs (0.29, compared with 0.11 among ABs).

Table 3.14: Admitted to hospital at least once and mean number of visits (Q4d), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Un-weighted base: n	At least once %	Mean no. of visits	Socio-economic measure	Un-weighted base: n	At least once %	Mean no. of visits
Total	1,954	13	0.25	Qualifications	1,064	10	0.19
				No qualifications	889	18	0.35
DEPCAT 1/2	213	10	0.18				
DEPCAT 3/4/5	708	12	0.23	A	20	14	0.25
DEPCAT 6/7	1,033	15	0.29	B	153	8	0.09
				C1	391	17	0.36
Most deprived 15%	736	14	0.26	C2	521	11	0.22
Other datazones	1,218	13	0.25	D	448	15	0.30
				E	244	14	0.29
SIP	556	15	0.30				
Non-SIP	1,398	12	0.23	AB	173	9	0.11
				ABC1	564	14	0.27
Owner-occupier	851	11	0.18	C2DE	1,213	13	0.26
Housing Association	887	15	0.35	DE	692	15	0.29
				Economically active	648	7	0.10
				Economically inactive	706	23	0.50

Table 3.15 shows that some measures of social exclusion are associated with hospital admissions, in particular being isolated from family and friends.

Table 3.15: Admitted to hospital at least once and mean number of visits (Q4d), by social exclusion measures
Base: All

	Unweighted base: n	Total %	Mean no. of visits
Total	1,954	13	0.25
No-one to turn to for help with a problem	532	12	0.18
Isolated from family and friends	190	26	0.69
No control over life decisions	81	18	0.81
In receipt of Income Support	329	18	0.42

Table 3.16 shows that positive views of one's general health and one's physical well-being are associated with a lower number of hospital admissions. Poor mental and physical health, on the other hand, are associated with far heavier usage of these services. Obesity and physical inactivity are associated with slightly heavier usage.

Table 3.16: Admitted to hospital at least once and mean number of visits (Q4d), by health & well-being measures
Base: All

	Unweighted base: n	Total %	Mean no. of visits
Total	1,954	13	0.25
Positive view of general health	1,182	6	0.08
Positive view of mental / emotional well-being	1,564	10	0.16
Positive view of physical well-being	1,490	9	0.14
Positive view of quality of life	1,573	11	0.18
High GHQ-12 score	294	36	0.92
Limiting condition or illness	529	33	0.81
Exposed to passive smoking most of the time	635	17	0.34
Current smoker	728	14	0.28
Heavy smoker (20+/day)	407	15	0.34
Exceeds recommended alcohol consumption	306	13	0.25
Obese	248	21	0.41
Finds it difficult to access health services	543	18	0.35
Does not meet recommended physical activity levels	852	17	0.38
Does not consume recommended levels of fruit / veg	1,408	12	0.25
Does not eat breakfast every day	503	14	0.30

3.3 Dental Health

3.3.1 Frequency of Visits to a Dentist

Just under half of residents (45%) say they have been to the dentist within the past six months. A further 26% say they have been in the past 6-15 months while 29% say it is over 15 months since their last visit.

Table 3.17 shows that women are more likely than men to say they have visited the dentist in the past six months (48%, compared with 42% of men).

Table 3.17: Frequency of visits to a dentist (Q8), by age and gender
Base: All

		Unweighted base: *n*	Within past 6 months %	Within 6 to 15 months %	Over 15 months %
Total		*1,954*	45	26	29
All					
	16-24	*209*	61	23	16
	25-34	*346*	54	29	17
	35-44	*330*	50	32	18
	45-54	*310*	44	31	26
	55-64	*235*	43	21	37
	65-74	*298*	22	24	54
	75+	*222*	17	12	71
Men					
	16-24	*83*	55	27	19
	25-34	*155*	52	26	22
	35-44	*136*	40	36	24
	45-54	*147*	38	31	31
	55-64	*91*	44	18	38
	65-74	*126*	22	27	51
	75+	*83*	19	15	67
	All men	*822*	42	27	31
Women					
	16-24	*126*	66	20	13
	25-34	*191*	56	32	12
	35-44	*194*	61	27	12
	45-54	*163*	49	31	20
	55-64	*144*	42	23	36
	65-74	*172*	22	22	56
	75+	*139*	16	11	73
	All women	*1,131*	48	25	27

The proportion of residents who say they have visited a dentist within the past six months is consistently less within each consecutive age group. Conversely, the proportion saying it has been over fifteen months increases in each age group (see **Chart 3.2**). There is a point around the 55-64 age group when the last visit to the dentist is more likely to be over 15 months ago as opposed to within the past 6 months.

Chart 3.2: Frequency of visits to the dentist (Q8), by age
Base: All (see table below chart)
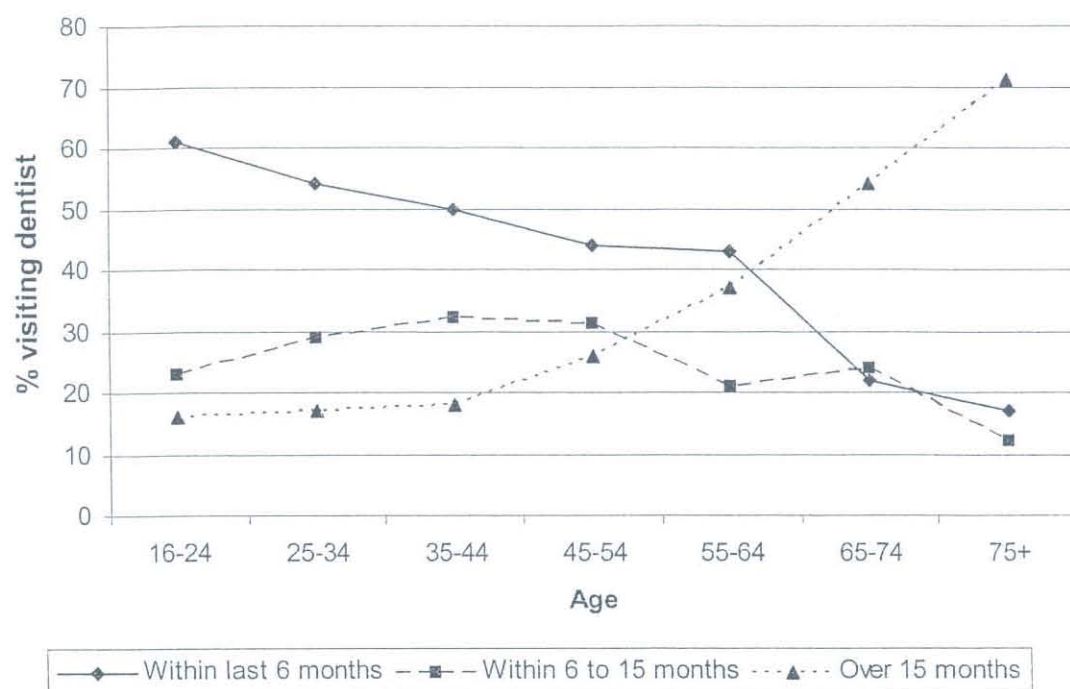
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 3.18 shows that just a third of those living in the most deprived 15% datazones (36%) say they have been to the dentist in the past 6 months, compared with half of those living elsewhere (50%). This table also shows that those in the most deprived DEPCATs are less likely to have been to the dentist in the past six months (60% in 1/2 and 40% in 6/7).

Table 3.18: Frequency of visits to a dentist (Q8), by deprivation measures
Base: All

	Unweighted base: n	Within past 6 months %	Within 6 to 15 months %	Over 15 months %
Total	1,954	45	26	29
DEPCAT 1/2	213	60	24	16
DEPCAT 3/4/5	708	45	25	31
DEPCAT 6/7	1,033	40	28	32
Most deprived 15% datazones	736	36	29	35
Other datazones	1,218	50	24	26
SIP	556	37	30	34
Non-SIP	1,398	48	25	27

Table 3.19 shows that a similar pattern emerges across the socio-economic groups:

- 59% of ABC1s say they have been to a dentist in the past six months, compared with only 41% of C2DEs
- 53% of owner-occupiers have done so, compared with just 38% of Housing Association tenants
- The economically active are twice as likely as the economically inactive to have seen a dentists in the last 6 months (51% and 26% respectively)
- Over half (54%) of those with qualifications have done so, compared with just 31% of those without

Table 3.19: Frequency of visits to a dentist (Q8), by socio-economic measures
Base: All

	Unweighted base: n	Within past 6 months %	Within 6 to 15 months %	Over 15 months %
Total	1,954	45	26	29
A	20	67	27	7
B	153	66	21	13
C1	391	56	22	23
C2	521	46	25	30
D	448	35	27	37
E	244	38	31	31
AB	173	66	22	12
ABC1	564	59	22	19
C2DE	1,213	41	27	33
DE	692	36	29	35
Owner-occupier	851	53	23	24
Housing Association	887	38	29	33
Economically active	648	51	28	21
Economically inactive	706	26	24	51
Qualifications	1,064	54	28	18
No qualifications	889	31	23	46

Table 3.20 shows that those with a positive perception of their general health are more likely than the average to say they have visited a dentist in the last 6 months (52%), as are heavy drinkers (also 52%). Groups *least* likely to have visited in the last six months are:

- Those with poor physical health (27%)
- Those with poor mental health (34%)
- Those who are obese (37%)
- Those who are not physically active (37%)
- Heavy smokers (38%)
- Those who do not eat breakfast every day (40%)

Table 3.20: Frequency of visits to a dentist (Q8), by health & well-being measures
Base: All

	Unweighted base: n	Within past 6 months %	Within 6 to 15 months %	Over 15 months %
Total	1,954	45	26	29
Positive view of general health	1,182	52	28	20
Positive view of physical well-being	1,564	49	28	23
Positive view of mental / emotional well-being	1,490	47	27	26
Positive view of quality of life	1,573	47	27	26
High GHQ-12 score	294	34	18	48
Limiting condition or illness	529	27	21	52
Exposed to passive smoking most of the time	635	37	23	41
Current smoker	728	41	25	35
Heavy smoker (20+/day)	407	38	23	39
Exceeds recommended alcohol consumption	306	52	23	24
Obese	248	37	19	44
Finds it difficult to access health services	543	43	26	31
Does not meet recommended physical activity levels	852	37	26	38
Does not consume recommended levels of fruit / veg	1,408	42	28	30
Does not eat breakfast every day	503	40	28	32

3.3.2 Registration with a Dentist

Eight in ten residents (79%) say they are registered with a dentist.

Table 3.21 and **Chart 3.3** illustrate that registration rates are fairly constant up to the age of 45, and drop sharply after the age of 55. Women are slightly more likely to say they are registered than men up to age 55, whereafter men are more likely to say they are registered.

Table 3.21: Registered with a dentist (Q6), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	90	86	92	88	81	59	37	79
Men	89	83	91	86	72	62	40	80
Women	90	90	93	90	70	57	36	79
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 3.3: Registration with a dentist (Q6), by age and gender
Base: All (see table below chart)
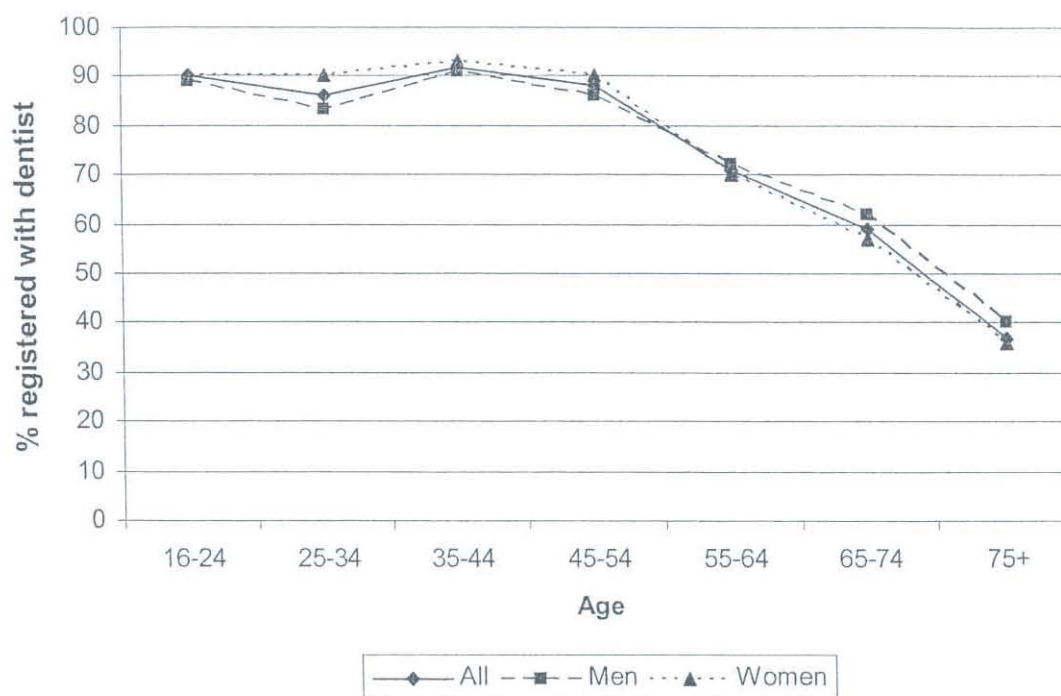
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 3.22 shows that registration rates are lower in the most deprived DEPCATs (89% in 1/2 say they are registered, compared with just 75% in 6/7). Similarly 94% of ABs say they are registered compared with 72% of DEs, while only three-quarters of those living in the most deprived 15% datazones (74%) say they are registered. This table also shows that economically active residents are more likely to say they are registered with a dentist (88%, compared with 61% of those who are economically inactive).

Table 3.22: Registered with a dentist (Q6), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Registered %	Socio-economic measure	Unweighted base: n	Registered %
Total	1,954	79	Qualifications	1,064	89
			No qualifications	889	65
DEPCAT 1/2	213	89			
DEPCAT 3/4/5	708	80	A	20	93
DEPCAT 6/7	1,033	75	B	153	95
			C1	391	85
Most deprived 15%	736	74	C2	521	80
Other datazones	1,218	82	D	448	71
			E	244	73
SIP	556	75			
Non-SIP	1,398	81	AB	173	95
			ABC1	564	88
Owner-occupier	851	86	C2DE	1,213	75
Housing Association	887	74	DE	692	72
			Economically active	648	88
			Economically inactive	706	61

Table 3.23 shows that a positive perception of general health is associated with a higher likelihood of being registered with a dentist. Poor mental health, poor physical health, obesity and physical inactivity, on the other hand, are associated with a lower likelihood of being registered.

Table 3.23: Registered with a dentist (Q6), by health & well-being measures
Base: All

	Unweighted base: n	Registered %
Total	1,954	79
Positive view of general health	1,182	87
Positive view of mental / emotional well-being	1,564	83
Positive view of physical well-being	1,490	84
Positive view of quality of life	1,573	82
High GHQ-12 score	294	62
Limiting condition or illness	529	59
Exposed to passive smoking most of the time	635	74
Current smoker	728	77
Heavy smoker (20+/day)	407	76
Exceeds recommended alcohol consumption	306	84
Obese	248	70
Finds it difficult to access health services	543	76
Does not meet recommended physical activity levels	852	71
Does not consume recommended levels of fruit / veg	1,408	78
Does not eat breakfast every day	503	77

Of those who are registered, nine in ten (91%) say they are NHS patients. Those living in DEPCATs 1/2 are more likely to say they are private patients (20%, compared with 6% elsewhere). Nearly all of those in the most deprived 15% datazones (97%) say they are NHS patients. Similarly 14% of those in social economic group ABC1 say they are private patients compared with 5% of C2DEs.

3.4   Involvement in Decisions Affecting Health Service Delivery

3.4.1 Information About Condition or Treatment

Over four in ten residents (43%) say they have 'definitely' been given adequate information about their condition or treatment. A slightly lower proportion (36%) say they have been informed 'to some extent'. Only 3% say they have not been informed.

Table 3.24 shows that women are more likely to say they have 'definitely' been given adequate information (47%, compared with 38% of men), as are those aged 55 and over.

Table 3.24: Given adequate information about your condition or treatment (Q5a), by age and gender
Base: All

		Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
		n	%	%	%	%
Total		1,954	43	36	3	79
All						
	16-24	209	31	28	4	59
	25-34	346	34	42	1	77
	35-44	330	42	37	4	79
	45-54	310	39	40	3	80
	55-64	235	58	31	2	89
	65-74	298	56	35	4	90
	75+	222	57	31	3	87
Men						
	16-24	83	35	26	2	61
	25-34	155	27	46	1	57
	35-44	136	31	41	3	71
	45-54	147	41	34	1	81
	55-64	91	56	28	1	75
	65-74	126	54	36	4	90
	75+	83	49	36	5	85
	All men	822	38	36	2	74
Women						
	16-24	126	27	30	6	57
	25-34	191	42	39	3	81
	35-44	194	54	32	4	86
	45-54	163	38	46	5	84
	55-64	144	60	34	2	94
	65-74	172	57	33	4	90
	75+	139	60	28	3	88
	All women	1,131	47	35	4	74

Over a quarter of those in the least deprived DEPCATs 1/2 answered 'not applicable' to this question (compared with 10% in DEPCATs 6/7). This largely explains the finding in **Table 3.25** that those in the least deprived DEPCATs are significantly less likely to give a positive rating (69%, compared with 82% of those in the most deprived DEPCATs).

Table 3.25: Given adequate information about your condition or treatment (Q5a), by deprivation measures

Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	43	36	3	79
DEPCAT 1/2	213	42	27	1	69
DEPCAT 3/4/5	708	44	34	3	78
DEPCAT 6/7	1,033	43	40	4	82
Most deprived 15% datazones	736	39	43	4	82
Other datazones	1,218	45	32	3	77
SIP	556	39	44	3	83
Non-SIP	1,398	44	33	3	77

Table 3.26 shows that a perception of being give adequate information is associated with 'lower' socio-economic status.

Table 3.26: Given adequate information about your condition or treatment (Q5a), by socio-economic measures

Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	43	36	3	79
A	20	44	24	4	68
B	153	49	26	1	75
C1	391	46	34	2	81
C2	521	44	34	4	78
D	448	45	37	3	82
E	244	27	50	2	78
AB	173	48	26	1	74
ABC1	564	47	32	2	79
C2DE	1,213	41	38	3	79
DE	692	39	42	3	80
Owner-occupier	851	49	28	3	77
Housing Association	887	38	45	3	83
Economically active	648	36	38	2	74
Economically inactive	706	52	36	3	87
Qualifications	1,064	42	33	3	75
No qualifications	889	44	40	3	84

Table 3.27 shows that most measures of social exclusion are associated with a lower likelihood of feeling as though one has *definitely* been given adequate information.

Table 3.27: Given adequate information about your condition or treatment (Q5a), by social exclusion measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
	n	%	%	%	%
Total	1,954	43	36	3	79
No-one to turn to for help with a problem	532	37	35	3	72
Isolated from family and friends	190	40	37	7	77
No control over life decisions	81	35	39	7	74
In receipt of Income Support	329	31	47	5	78

Table 3.28 shows that certain groups are less likely to feel they have *definitely* been give adequate information, namely: those with a positive view of their general health, heavy drinkers, those who do not eat sufficient fruit/vegetables and those who do not eat breakfast every day. Those with a limiting condition/illness and those who are obese, on the other hand, tend to feel more positive about this aspect of the service.

Table 3.28: Given adequate information about your condition or treatment (Q5a), by health & well-being measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
	n	%	%	%	%
Total	1,954	43	36	3	79
Positive view of general health	1,182	38	35	2	73
Positive view of physical well-being	1,564	41	35	3	76
Positive view of mental / emotional well-being	1,490	42	34	2	77
Positive view of quality of life	1,573	42	35	3	76
High GHQ-12 score	294	48	39	8	87
Limiting condition or illness	529	54	39	4	93
Exposed to passive smoking most of the time	635	41	37	3	78
Current smoker	728	41	39	4	79
Heavy smoker (20+/day)	407	39	37	3	76
Exceeds recommended alcohol consumption	306	30	43	3	73
Obese	248	51	34	3	84
Finds it difficult to access health services	543	56	30	7	86
Does not meet recommended physical activity levels	852	43	41	2	84
Does not consume recommended levels of fruit / veg	1,408	39	40	3	80
Does not eat breakfast every day	503	38	38	4	76

3.4.2 Participation in Decisions Affecting Health or Treatment

A third of residents (34%) say they have 'definitely' been encouraged to participate in decisions affecting their health or treatment, while 39% say they have been encouraged 'to some extent'. One in eleven (9%) say they are not encouraged.

Table 3.29 shows that, again, women are more likely to say they have 'definitely' been encouraged (38%, compared with 29% of men), as are those aged 55 and over.

Table 3.29: Encouraged to participate in decisions affecting your health or treatment (Q5b), by age and gender
Base: All

		Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total		1,954	34	39	9	72
All						
	16-24	209	25	32	8	57
	25-34	346	24	43	10	68
	35-44	330	34	39	8	73
	45-54	310	32	40	13	71
	55-64	235	47	36	7	84
	65-74	298	41	43	9	84
	75+	222	47	33	10	79
Men						
	16-24	83	28	32	6	60
	25-34	155	15	51	8	66
	35-44	136	25	41	8	66
	45-54	147	36	36	8	72
	55-64	91	41	39	6	80
	65-74	126	38	44	10	82
	75+	83	36	43	9	79
	All men	822	29	41	8	70
Women						
	16-24	126	23	32	10	54
	25-34	191	34	35	12	69
	35-44	194	43	37	9	80
	45-54	163	28	43	17	72
	55-64	144	53	34	8	87
	65-74	172	43	42	9	85
	75+	139	52	28	10	79
	All women	1,131	38	36	11	74

Table 3.30 shows that those in the most deprived DEPCATs are *more* likely to say they have been encouraged to participate (62% in 1/2, 77% in 6/7). Again, however, those in the more deprived areas are more likely to give an opinion, which goes some way towards explaining this result.

Table 3.30: Encouraged to participate in decisions affecting your health or treatment (Q5b), by deprivation measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
	n	%	%	%	%
Total	*1,954*	34	39	9	72
DEPCAT 1/2	*213*	35	27	7	62
DEPCAT 3/4/5	*708*	33	37	11	70
DEPCAT 6/7	*1,033*	33	44	9	77
Most deprived 15% datazones	*736*	31	47	9	77
Other datazones	*1,218*	35	34	10	69
SIP	*556*	30	48	9	78
Non-SIP	*1,398*	35	35	10	70

Table 3.31 shows that a perception of being encouraged to participate is associated with certain measures of 'lower' socio-economic status.

Table 3.31: Encouraged to participate in decisions affecting your health or treatment (Q5b), by socio-economic measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
	n	%	%	%	%
Total	*1,954*	34	39	9	72
A	*20*	27	34	11	61
B	*153*	38	32	6	70
C1	*391*	39	34	10	73
C2	*521*	36	38	9	73
D	*448*	32	42	9	74
E	*244*	23	51	9	74
AB	*173*	36	33	6	69
ABC1	*564*	38	33	9	71
C2DE	*1,213*	32	42	9	74
DE	*692*	29	45	9	74
Owner-occupier	*851*	38	31	9	69
Housing Association	*887*	29	48	10	77
Economically active	*648*	28	42	9	70
Economically inactive	*706*	39	41	10	80
Qualifications	*1,064*	33	35	9	68
No qualifications	*889*	35	43	10	78

Table **3.32** shows that social exclusion is associated with a lower likelihood of feeling as though one has been encouraged to participate.

Table 3.32: Encouraged to participate in decisions affecting your health or treatment (Q5b), by social exclusion measures
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	34	39	9	72
No-one to turn to for help with a problem	532	27	38	9	65
Isolated from family and friends	190	25	43	16	67
No control over life decisions	81	25	38	20	63
In receipt of Income Support	329	20	55	10	75

Table **3.33** shows that those in poor physical health and those who find it difficult to access health services tend to feel more encourage to participate. Heavy drinkers and those who do not eat breakfast every day, however, tend to feel less encouraged.

Table 3.33: Encouraged to participate in decisions affecting your health or treatment (Q5b), by health & well-being measures
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	34	39	9	72
Positive view of general health	1,182	30	38	8	68
Positive view of physical well-being	1,564	33	37	9	70
Positive view of mental / emotional well-being	1,490	34	37	9	71
Positive view of quality of life	1,573	33	37	9	70
High GHQ-12 score	294	33	42	19	75
Limiting condition or illness	529	41	45	10	86
Exposed to passive smoking most of the time	635	30	42	11	72
Current smoker	728	32	43	10	75
Heavy smoker (20+/day)	407	31	42	8	73
Exceeds recommended alcohol consumption	306	26	46	9	72
Obese	248	39	39	9	78
Finds it difficult to access health services	543	41	31	19	72
Does not meet recommended physical activity levels	852	35	41	10	76
Does not consume recommended levels of fruit / veg	1,408	31	43	9	74
Does not eat breakfast every day	503	28	39	14	66

3.4.3 Having a Say in Service Delivery

Three in ten residents (29%) say they 'definitely' feel that they have a say in how services are delivered while a third (34%) say they do 'to some extent'. Nearly one in five (18%) say they do not.

Table 3.34 shows that residents aged 55 and over are more likely to say they 'definitely' feel that they have a say.

Table 3.34: Have a say in how these services are delivered (Q5c), by age and gender
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	29	34	18	62
All					
16-24	209	20	30	13	50
25-34	346	22	38	18	60
35-44	330	31	27	22	58
45-54	310	23	37	24	61
55-64	235	41	33	17	73
65-74	298	34	40	15	74
75+	222	38	31	14	69
Men					
16-24	83	23	30	11	54
25-34	155	20	42	14	62
35-44	136	27	29	18	56
45-54	147	25	38	21	63
55-64	91	39	32	16	71
65-74	126	35	40	13	76
75+	83	31	32	20	62
All men	822	27	35	16	62
Women					
16-24	126	18	30	16	48
25-34	191	25	33	22	58
35-44	194	35	26	25	61
45-54	163	21	37	28	58
55-64	144	43	33	18	76
65-74	172	33	40	16	73
75+	139	42	30	12	72
All women	1,131	30	32	20	62

Table 3.35 shows that those living in the most deprived areas are more likely to feel they have a say in how health services are delivered.

Table 3.35: Have a say in how these services are delivered (Q5c), by deprivation measures

Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	29	34	18	62
DEPCAT 1/2	213	30	27	18	56
DEPCAT 3/4/5	708	26	33	20	59
DEPCAT 6/7	1,033	30	37	17	67
Most deprived 15% datazones	736	28	39	17	67
Other datazones	1,218	29	31	19	60
SIP	556	26	39	18	65
Non-SIP	1,398	29	32	18	61

Table 3.36 shows a mixed picture in relation to socio-economic status. ABs and owner-occupiers are more likely than DEs to feel as though they definitely have a say. The economically active and those with qualifications, however, are slightly *less* likely than those without to feel they have a say.

Table 3.36: Have a say in how these services are delivered (Q5c), by socio-economic measures

Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	29	34	18	62
A	20	23	38	7	61
B	153	37	31	15	68
C1	391	29	33	18	62
C2	521	28	35	17	64
D	448	28	34	20	61
E	244	22	39	19	61
AB	173	36	32	14	67
ABC1	564	31	33	17	64
C2DE	1,213	27	35	18	62
DE	692	26	36	20	61
Owner-occupier	851	32	29	18	61
Housing Association	887	25	40	19	65
Economically active	648	26	37	7	63
Economically inactive	706	33	33	9	66
Qualifications	1,064	28	32	18	60
No qualifications	889	30	36	19	65

Table 3.37 shows that most measures of social exclusion are associated with a lower likelihood of feeling as though one has a say in how health services are delivered.

Table 3.37: Have a say in how these services are delivered (Q5c), by social exclusion measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
	n	%	%	%	%
Total	1,954	29	34	18	62
No-one to turn to for help with a problem	532	28	31	16	59
Isolated from family and friends	190	18	31	29	50
No control over life decisions	81	22	28	31	51
In receipt of Income Support	329	19	36	24	54

Table 3.38 shows that those who are obese and those who find it difficult to access health services are more likely to feel they have a say.

Table 3.38: Have a say in how these services are delivered (Q5c), by health & well-being measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely/ To some extent
	n	%	%	%	%
Total	1,954	29	34	18	62
Positive view of general health	1,182	26	34	16	60
Positive view of physical well-being	1,564	28	33	17	61
Positive view of mental / emotional well-being	1,490	29	33	17	62
Positive view of quality of life	1,573	28	34	17	62
High GHQ-12 score	294	28	34	28	62
Limiting condition or illness	529	32	37	22	69
Exposed to passive smoking most of the time	635	27	34	20	61
Current smoker	728	29	36	18	65
Heavy smoker (20+/day)	407	29	35	15	64
Exceeds recommended alcohol consumption	306	24	43	13	67
Obese	248	36	32	19	68
Finds it difficult to access health services	543	38	34	19	71
Does not meet recommended physical activity levels	852	30	36	20	66
Does not consume recommended levels of fruit / veg	1,408	26	36	18	62
Does not eat breakfast every day	503	25	36	20	61

3.4.4 Views and Circumstances Being Understood and Valued

A third of residents (33%) say they 'definitely' feel that their views and circumstances are understood while 39% say they do 'to some extent'. One in eleven (9%) say they do not.

Table 3.39 shows that those residents aged 55 and over are more likely to say they 'definitely' feel that their views and circumstances are understood and valued. It also shows that women are more likely than men to hold a positive view on this measure, particularly in the 35-44 age group.

Table 3.39: Feel that your views and circumstances are understood and valued (Q5d), by age and gender
Base: All

		Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
		n	%	%	%	%
Total		*1,954*	33	38	9	71
All						
	16-24	*209*	25	35	6	59
	25-34	*346*	29	39	10	68
	35-44	*330*	34	33	12	67
	45-54	*310*	27	42	15	70
	55-64	*235*	44	39	8	84
	65-74	*298*	37	46	6	83
	75+	*222*	42	37	5	79
Men						
	16-24	*83*	24	31	7	56
	25-34	*155*	26	43	8	69
	35-44	*136*	27	34	12	61
	45-54	*147*	32	39	10	71
	55-64	*91*	45	39	4	84
	65-74	*126*	33	48	7	81
	75+	*83*	39	36	7	74
All men		*822*	31	38	8	69
Women						
	16-24	*126*	25	38	6	63
	25-34	*191*	32	36	13	68
	35-44	*194*	41	32	11	73
	45-54	*163*	24	45	19	68
	55-64	*144*	43	40	11	83
	65-74	*172*	40	45	5	85
	75+	*139*	44	37	4	81
All women		*1,131*	35	38	10	73

Table 3.40 shows that residents in the most deprived DEPCATs 6/7 are among those most likely to feel their views and circumstances are understood and valued (76% do, compared with 65% in the least deprived DEPCATs 1/2).

Table 3.40: Feel that your views and circumstances are understood and valued (Q5d), by deprivation measures
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	33	38	9	71
DEPCAT 1/2	213	34	31	9	65
DEPCAT 3/4/5	708	30	38	11	67
DEPCAT 6/7	1,033	34	42	9	76
Most deprived 15% datazones	736	32	44	8	75
Other datazones	1,218	33	36	10	69
SIP	556	29	45	9	74
Non-SIP	1,398	34	36	10	70

Table 3.41 shows that ABs and owner-occupiers are more likely than DEs and Housing Association tenants to feel that their views and circumstances are *definitely* understood and valued. The economically active, on the other hand, are slightly *less* likely than the economically inactive to feel this.

Table 3.41: Feel that your views and circumstances are understood and valued (Q5d), by socio-economic measures
Base: All

	Unweighted base: n	Definitely %	To some extent %	No %	Definitely/To some extent %
Total	1,954	33	38	9	71
A	20	27	38	4	65
B	153	42	33	10	75
C1	391	32	38	10	70
C2	521	34	39	9	72
D	448	33	38	8	71
E	244	25	48	8	73
AB	173	40	33	9	74
ABC1	564	35	37	10	71
C2DE	1,213	32	40	8	72
DE	692	30	42	8	72
Owner-occupier	851	37	33	9	70
Housing Association	887	29	45	10	74
Economically active	648	30	39	10	68
Economically inactive	706	35	40	10	75
Qualifications	1,064	32	36	10	68
No qualifications	889	34	43	8	77

Table 3.42 shows that most measures of social exclusion are associated with a lower likelihood of feeling that one's views and circumstances are understood and valued.

Table 3.42: Feel that your views and circumstances are understood and valued (Q5d), by social exclusion measures
Base: All

	Unweighted base:	Definitely	To some extent	No	Definitely/To some extent
	n	%	%	%	%
Total	1,954	33	38	9	71
No-one to turn to for help with a problem	532	31	35	12	66
Isolated from family and friends	190	21	39	18	59
No control over life decisions	81	28	37	19	64
In receipt of Income Support	329	23	45	11	67

3.5   Accessing Health Services

Respondents were asked to rate how easy or difficult it is for them to access certain health services on a scale of 1 (very difficult) to 5 (very easy). For the purposes of reporting we have defined codes 1 and 2 as 'difficult', and codes 4 and 5 as 'easy'. Reaching the hospital for an appointment and getting an appointment to see their GP are seen as creating most difficulty for residents, while getting an appointment to see the dentist is seen as creating least difficulty.

3.5.1 Getting an Appointment to See Your GP

A large majority (71%) say it is easy to get a GP appointment, and 45% say it is *very* easy. One in nine (11%) say it is difficult (4% say *very* difficult). It is worth noting that nearly one in five of those aged 16-24 (18%) say they don't know, implying that they have had little or no experience of trying to make such an appointment.

Table 3.43 shows that women are more likely than men to find it difficult to get a GP appointment (14% and 9% respectively). This difference is particularly marked in the 25-34 age group; over one in five women aged 25-34 (22%) say they find it difficult to get an appointment to see their GP, compared with 11% overall. This result is notable because women aged 25-34 are the group making heaviest use of their GPs (see section 3.2.2).

Table 3.43: Getting an appointment to see your GP (Q10a), by age and gender
Base: All

		Unweighted base:	Difficult	Easy	Don't know
		n	%	%	%
Total		1,954	11	71	7
All					
	16-24	209	6	73	18
	25-34	346	16	67	6
	35-44	330	9	76	5
	45-54	310	15	67	7
	55-64	235	11	73	4
	65-74	298	13	73	4
	75+	222	6	73	3
Men					
	16-24	83	5	70	23
	25-34	155	10	73	11
	35-44	136	6	76	7
	45-54	147	11	71	9
	55-64	91	12	70	8
	65-74	126	13	73	7
	75+	83	9	73	4
	All men	822	9	73	11
Women					
	16-24	126	7	77	13
	25-34	191	22	62	1
	35-44	194	13	76	2
	45-54	163	18	62	5
	55-64	144	11	75	1
	65-74	172	13	74	3
	75+	139	5	73	4
	All women	1,131	14	71	4

Table 3.44 shows that those living in DEPCATs 1/2 and 6/7 are more likely to say they find it easy to get an appointment to see their GP than those in 3/4/5 (73% for 1/2, 74% for 6/7 and 66% for 3/4/5).

Table 3.44: Getting an appointment to see your GP (Q10a), by deprivation measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	11	71	7
DEPCAT 1/2	213	9	73	12
DEPCAT 3/4/5	708	13	66	8
DEPCAT 6/7	1,033	11	74	5
Most deprived 15% datazones	736	12	75	5
Other datazones	1,218	11	70	8
SIP	556	13	73	5
Non-SIP	1,398	11	71	8

Table 3.45 shows that those with poor mental health are more likely to say they find it difficult to get a GP appointment (17%). Heavy drinkers, on the other hand, tend to find it easier than most.

Table 3.45: Getting an appointment to see your GP (Q10a), by health & well-being measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	11	71	7
Positive view of general health	1,182	9	73	10
Positive view of physical well-being	1,564	12	70	9
Positive view of mental / emotional well-being	1,490	11	71	8
Positive view of quality of life	1,573	11	71	8
High GHQ-12 score	294	17	70	2
Limiting condition or illness	529	12	73	2
Exposed to passive smoking most of the time	635	13	69	6
Current smoker	728	12	74	5
Heavy smoker (20+/day)	407	12	75	4
Exceeds recommended alcohol consumption	306	7	77	7
Obese	248	15	65	8
Does not meet recommended physical activity levels	852	5	75	5
Does not consume recommended levels of fruit / veg	1,408	10	73	7
Does not eat breakfast every day	503	13	73	6

3.5.2 Accessing Health Services in an Emergency

Over half (54%) say it is easy (28% *very* easy) to access health services in an emergency. Only 5% say it is difficult (2% *very* difficult). Three in ten (28%) say they '*don't know*'.

Table 3.46 shows that women aged 25-34 are again the age group most likely to find it difficult (12% do, compared with 5% overall and 6% of men in the same age group).

Table 3.46: Accessing health services in an emergency (Q10b), by age and gender
Base: All

		Unweighted base:	Difficult	Easy	Don't know
		n	%	%	%
Total		1,954	5	54	28
All					
	16-24	209	3	56	33
	25-34	346	9	52	26
	35-44	330	4	57	25
	45-54	310	7	49	30
	55-64	235	4	54	28
	65-74	298	4	57	22
	75+	222	3	52	29
Men					
	16-24	83	2	53	36
	25-34	155	6	53	31
	35-44	136	5	55	27
	45-54	147	8	51	32
	55-64	91	5	56	31
	65-74	126	4	61	19
	75+	83	1	55	32
	All men	822	5	54	30
Women					
	16-24	126	3	59	30
	25-34	191	12	52	21
	35-44	194	3	60	23
	45-54	163	7	48	28
	55-64	144	4	53	25
	65-74	172	4	55	24
	75+	139	3	50	27
	All women	1,131	6	54	25

Table 3.47 shows that those living in the most deprived 15% datazones are more likely say they have difficulty accessing health services in an emergency (6%, compared with 3% of those who do not live in these datazones).

Table 3.47: Accessing health services in an emergency (Q10b), by deprivation measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	5	54	28
DEPCAT 1/2	213	6	52	32
DEPCAT 3/4/5	708	7	53	27
DEPCAT 6/7	1,033	4	55	27
Most deprived 15% datazones	736	3	57	25
Other datazones	1,218	6	53	28
SIP	556	4	55	28
Non-SIP	1,398	6	54	27

Table 3.48 shows that those in receipt of Income Support are more likely than the average to find it easy to access health services in an emergency. On the other measures of social exclusion, however, the results are not significantly different from the average.

Table 3.48: Accessing health services in an emergency (Q10b), by social exclusion measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	5	54	28
No-one to turn to for help with a problem	532	6	52	26
Isolated from family and friends	190	4	55	23
No control over life decisions	81	9	58	17
In receipt of Income Support	329	5	65	20

Table 3.49 shows that those with poor mental health are slightly more likely than the average to find it difficult to access health services in an emergency (9%). Those with poor physical health, smokers and heavy drinkers, on the other hand, are more likely to find it easy.

Table 3.49: Accessing health services in an emergency (Q10b), by health & well-being measures

Base: All

	Unweighted base: n	Difficult %	Easy %	Don't know %
Total	1,954	5	54	28
Positive view of general health	1,182	4	54	32
Positive view of physical well-being	1,564	6	51	31
Positive view of mental / emotional well-being	1,490	5	53	29
Positive view of quality of life	1,573	5	53	29
High GHQ-12 score	294	9	57	15
Limiting condition or illness	529	4	61	18
Exposed to passive smoking most of the time	635	5	59	19
Current smoker	728	5	61	19
Heavy smoker (20+/day)	407	4	63	21
Exceeds recommended alcohol consumption	306	3	63	21
Obese	248	3	54	25
Does not meet recommended physical activity levels	852	4	58	27
Does not consume recommended levels of fruit / veg	1,408	4	54	29
Does not eat breakfast every day	503	7	55	23

3.5.3 Obtaining an Appointment at the Hospital

Over four in ten residents (43%) say it is easy (20% *very* easy) and one in eleven (9%) say it is difficult (3% *very* difficult) to obtain an appointment at the hospital. It is worth noting that a third of residents answered 'don't know' to this question.

Table 3.50 shows that women are slightly more likely than men to find it difficult to get a hospital appointment (10% and 7% respectively). This difference is particularly marked in the 45-54 age group (15% of women in this age group find it difficult, compared with 9% overall and just 5% of men in the same age group).

Table 3.50: Obtaining an appointment at the hospital (Q10c), by age and gender
Base: All

		Unweighted base:	Difficult	Easy	Don't know
		n	%	%	%
Total		1,954	9	43	32
All					
	16-24	209	5	42	42
	25-34	346	10	42	36
	35-44	330	8	45	32
	45-54	310	10	41	35
	55-64	235	11	53	20
	65-74	298	9	40	26
	75+	222	8	39	23
Men					
	16-24	83	4	34	50
	25-34	155	8	40	45
	35-44	136	8	46	34
	45-54	147	5	43	40
	55-64	91	10	59	22
	65-74	126	11	43	19
	75+	83	6	48	19
	All men	822	7	44	36
Women					
	16-24	126	6	50	35
	25-34	191	13	44	27
	35-44	194	7	44	30
	45-54	163	15	38	31
	55-64	144	13	47	18
	65-74	172	7	39	32
	75+	139	8	35	25
	All women	1,131	10	43	29

Table 3.51 shows that people living in the 'mid-range' DEPCATs 3-5 are most likely to find it difficult to get a hospital appointment (12%).

Table 3.51: Obtaining an appointment at the hospital (Q10c), by deprivation measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	9	43	32
DEPCAT 1/2	213	6	42	41
DEPCAT 3/4/5	708	12	41	32
DEPCAT 6/7	1,033	8	45	29
Most deprived 15% datazones	736	7	46	32
Other datazones	1,218	10	42	33
SIP	556	8	44	33
Non-SIP	1,398	9	43	32

Table 3.52 shows that those in receipt of Income Support tend to find it easier to obtain hospital appointments. They are not, however, significantly less likely to find it difficult – they are simply more likely to give an opinion.

Table 3.52: Obtaining an appointment at the hospital (Q10c), by social exclusion measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	9	43	32
No-one to turn to for help with a problem	532	8	42	34
Isolated from family and friends	190	12	38	29
No control over life decisions	81	16	47	22
In receipt of Income Support	329	8	55	23

Table 3.53 shows that those with poor mental health are more likely than average to find it difficult to get a hospital appointment. Those with poor physical health, heavy drinkers and those who are not physically active, on the other hand, tend to find it easier.

Table 3.53: Obtaining an appointment at the hospital (Q10c), by health & well-being measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	9	43	32
Positive view of general health	1,182	7	43	39
Positive view of physical well-being	1,564	9	41	36
Positive view of mental / emotional well-being	1,490	8	42	35
Positive view of quality of life	1,573	8	43	34
High GHQ-12 score	294	17	43	15
Limiting condition or illness	529	13	49	15
Exposed to passive smoking most of the time	635	10	46	23
Current smoker	728	10	46	26
Heavy smoker (20+/day)	407	8	47	27
Exceeds recommended alcohol consumption	306	5	50	28
Obese	248	9	42	22
Does not meet recommended physical activity levels	852	9	49	29
Does not consume recommended levels of fruit / veg	1,408	8	43	34
Does not eat breakfast every day	503	12	45	28

3.5.4 Reaching the Hospital for an Appointment

Over half of residents (57%) say it is easy to reach the hospital for an appointment (35% say very easy), while one in seven (14%) say it is difficult (4% say very difficult).

Table 3.54 shows that women are more likely to say they experience difficulty in travelling to the hospital for an appointment (18%, compared with 11% of men). This table also shows that those aged 65-74 and especially 75+ say they find a relatively high degree of difficulty (21% and 32% respectively, compared with 14% overall).

Table 3.54: Reaching the hospital for an appointment (Q10d), by age and gender
Base: All

		Unweighted base:	Difficult	Easy	Don't know
		n	%	%	%
Total		1,954	15	57	18
All					
	16-24	209	9	57	30
	25-34	346	12	62	15
	35-44	330	12	62	16
	45-54	310	14	57	19
	55-64	235	15	63	13
	65-74	298	21	47	18
	75+	222	32	37	12
Men					
	16-24	83	10	51	36
	25-34	155	6	64	17
	35-44	136	12	60	17
	45-54	147	9	62	20
	55-64	91	4	74	14
	65-74	126	26	42	15
	75+	83	25	46	12
	All men	822	11	59	20
Women					
	16-24	126	7	63	24
	25-34	191	18	60	14
	35-44	194	12	64	16
	45-54	163	18	53	18
	55-64	144	25	54	12
	65-74	172	17	51	21
	75+	139	36	32	12
	All women	1,131	18	56	17

Table 3.55 shows that those living in the most deprived DEPCATs say they have more difficulty reaching the hospital for an appointment (12% in 1/2, 13% in 3/4/5, 17% in 6/7).

Table 3.55: Reaching the hospital for an appointment (Q10d), by deprivation measures
Base: All

	Unweighted base: n	Difficult %	Easy %	Don't know %
Total	1,954	14	57	18
DEPCAT 1/2	213	12	56	27
DEPCAT 3/4/5	708	13	63	15
DEPCAT 6/7	1,033	17	54	17
Most deprived 15% datazones	736	15	54	18
Other datazones	1,218	14	59	18
SIP	556	16	52	23
Non-SIP	1.398	14	59	16

Table 3.56 shows that those with 'high' socio-economic status tend to find it easier to reach hospital for an appointment.

Table 3.56: Reaching the hospital for an appointment (Q10d), by socio-economic measures
Base: All

	Unweighted base: n	Difficult %	Easy %	Don't know %
Total	1,954	14	57	18
A	20	11	58	22
B	153	11	69	14
C1	391	14	54	23
C2	521	15	54	22
D	448	17	53	18
E	244	9	65	15
AB	173	11	68	15
ABC1	564	13	58	20
C2DE	1,213	15	56	19
DE	692	14	57	17
Owner-occupier	851	15	59	17
Housing Association	887	16	55	16
Economically active	648	10	61	19
Economically inactive	706	22	49	16
Qualifications	1,064	10	60	20
No qualifications	889	20	53	16

Table 3.57 shows that those who feel isolated from family and friends, and those who feel they have no control over life decisions are more likely to find it difficult to get to hospital.

Table 3.57: Reaching the hospital for an appointment (Q10d), by social exclusion measures

Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	14	57	18
No-one to turn to for help with a problem	532	16	56	15
Isolated from family and friends	190	25	56	10
No control over life decisions	81	30	51	8
In receipt of Income Support	329	13	60	16

Table 3.58 shows that those with poor mental health, those with poor physical health and those who are obese tend to find it more difficult to get to hospital.

Table 3.58: Reaching the hospital for an appointment (Q10d), by health & well-being measures

Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	14	57	18
Positive view of general health	1,182	9	60	22
Positive view of physical well-being	1,564	12	57	22
Positive view of mental / emotional well-being	1,490	12	58	21
Positive view of quality of life	1,573	12	58	20
High GHQ-12 score	294	32	42	5
Limiting condition or illness	529	30	49	18
Exposed to passive smoking most of the time	635	17	57	34
Current smoker	728	16	59	12
Heavy smoker (20+/day)	407	18	60	11
Exceeds recommended alcohol consumption	306	10	61	16
Obese	248	24	52	13
Does not meet recommended physical activity levels	852	13	60	15
Does not consume recommended levels of fruit / veg	1,408	14	55	20
Does not eat breakfast every day	503	15	58	14

3.5.5 Getting an Appointment to See the Dentist

Seven in ten residents (69%) say it is easy (43% *very* easy) to access health services in an emergency. Only 5% say it is difficult (2% *very* difficult). One in seven (15%) say they *don't know*.

Table 3.59 also shows that the older the resident, the less likely (s)he is to find it easy to get a dentist appointment. Older residents do not, however, tend to find it more difficult – they are simply less likely to give an opinion at all. Women aged 25-34 are again the group most likely to have difficulty (9% say it is difficult to get a dentist appointment, compared with 5% overall and 3% of men in the same age group).

Table 3.59: Getting an appointment to see the dentist (Q10e), by age and gender
Base: All

		Unweighted base:	Difficult	Easy	Don't know
		n	%	%	%
Total		1,954	5	69	15
All					
	16-24	209	4	81	30
	25-34	346	6	73	15
	35-44	330	8	74	16
	45-54	310	5	75	19
	55-64	235	2	69	13
	65-74	298	3	56	18
	75+	222	2	32	12
Men					
	16-24	83	4	80	13
	25-34	155	3	73	10
	35-44	136	8	70	6
	45-54	147	6	75	8
	55-64	91	1	77	22
	65-74	126	4	52	28
	75+	83	2	37	45
	All men	822	4	70	14
Women					
	16-24	126	5	82	8
	25-34	191	9	72	4
	35-44	194	7	78	4
	45-54	163	4	74	8
	55-64	144	3	63	22
	65-74	172	2	59	32
	75+	139	1	30	59
	All women	1,131	5	68	16

Table 3.60 shows that those in the least deprived DEPCATs 1/2 are most likely to say it is easy to get a dentist appointment (77%, compared with just 66% in the most deprived DEPCATs 6/7).

Table 3.60: Getting an appointment to see the dentist (Q10e), by deprivation measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	5	69	15
DEPCAT 1/2	213	5	77	8
DEPCAT 3/4/5	708	4	69	17
DEPCAT 6/7	1,033	5	66	17
Most deprived 15% datazones	736	4	68	17
Other datazones	1,218	5	70	15
SIP	556	4	67	17
Non-SIP	1,398	5	70	15

Table 3.61 shows that those with 'lower' socio-economic status are less likely to find it easy to get a dentist appointment. They are, however, no more likely to find it difficult – they are simply less likely to give a definite opinion.

Table 3.61: Getting an appointment to see the dentist (Q10e), by socio-economic measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	5	69	15
A	20	7	84	0
B	153	7	79	5
C1	391	4	72	13
C2	521	5	68	16
D	448	5	65	19
E	244	4	70	16
AB	173	7	80	4
ABC1	564	5	75	10
C2DE	1,213	5	67	17
DE	692	4	66	18
Owner-occupier	851	6	70	13
Housing Association	887	4	67	17
Economically active	648	6	74	8
Economically inactive	706	4	55	32
Qualifications	1,066	5	75	9
No qualifications	889	4	60	26

Table 3.62 shows that those with poor mental health, those with poor physical health and those who are obese are less likely to find it easy to get a dentist appointment. Again, however, they are no more likely to find it difficult.

Table 3.62: Getting an appointment to see the dentist (Q10e), by health & well-being measures
Base: All

	Unweighted base: n	Difficult %	Easy %	Don't know %
Total	1,954	5	69	15
Positive view of general health	1,182	5	77	9
Positive view of physical well-being	1,564	5	72	12
Positive view of mental / emotional well-being	1,490	5	71	13
Positive view of quality of life	1,573	5	71	14
High GHQ-12 score	294	7	52	26
Limiting condition or illness	529	4	53	33
Exposed to passive smoking most of the time	635	6	66	17
Current smoker	728	5	70	13
Heavy smoker (20+/day)	407	5	70	14
Exceeds recommended alcohol consumption	306	4	73	10
Obese	248	4	56	25
Does not meet recommended physical activity levels	852	3	64	22
Does not consume recommended levels of fruit / veg	1,408	5	69	16
Does not eat breakfast every day	503	8	66	14

3.5.6 Getting a Consultation at the GP Surgery within 48 hours

Six in ten residents (62%) say it is easy (38% 'very easy') to get a consultation with someone at their GP surgery within 48 hours when they need to. Only 7% say it is difficult (3% 'very difficult').

Table **3.63** shows that women and those aged 25+ are more likely than men to give an opinion on this measure, suggesting that these groups have more experience of trying to get an appointment within 48 hours.

Table 3.63: Getting an appointment at GP within 48 hours (Q10h), by age and gender
Base: All

		Unweighted base:	Difficult	Easy	Don't know
		n	%	%	%
Total		*1,954*	7	62	20
All					
	16-24	*209*	3	63	28
	25-34	*346*	9	54	21
	35-44	*330*	9	61	20
	45-54	*310*	7	63	19
	55-64	*235*	4	71	15
	65-74	*298*	9	60	18
	75+	*222*	4	67	16
Men					
	16-24	*83*	3	60	34
	25-34	*155*	6	52	27
	35-44	*136*	8	61	22
	45-54	*147*	8	63	21
	55-64	*91*	2	72	21
	65-74	*126*	9	59	18
	75+	*83*	7	60	20
	All men	*822*	6	60	24
Women					
	16-24	*126*	3	65	23
	25-34	*191*	11	57	14
	35-44	*194*	10	62	18
	45-54	*163*	6	62	17
	55-64	*144*	6	69	10
	65-74	*172*	10	60	18
	75+	*139*	3	71	14
	All women	*1,131*	7	63	16

Table 3.64 shows that those with poor mental health are more likely to say they find it difficult to get a GP appointment within 48 hours.

Table 3.64: Getting an appointment at GP within 48 hours (Q10h), by health & well-being measures
Base: All

	Unweighted base:	Difficult	Easy	Don't know
	n	%	%	%
Total	1,954	7	62	20
Positive view of general health	1,182	5	61	24
Positive view of physical well-being	1,564	7	60	22
Positive view of mental / emotional well-being	1,490	6	61	21
Positive view of quality of life	1,573	7	62	21
High GHQ-12 score	294	14	63	10
Limiting condition or illness	529	10	69	10
Exposed to passive smoking most of the time	635	9	64	14
Current smoker	728	8	64	16
Heavy smoker (20+/day)	407	7	64	16
Exceeds recommended alcohol consumption	306	6	61	19
Obese	248	9	60	17
Does not meet recommended physical activity levels	852	6	62	19
Does not consume recommended levels of fruit / veg	1,408	7	60	21
Does not eat breakfast every day	503	7	61	20

3.6   Accidents in the Home

One in ten residents (10%) say that they or someone in their household has suffered an accidental injury in the home in the past year. The majority of households only had an accident to one person.

Table 3.65 shows that, in the 25-34 and 75+ age groups, women are more likely than men to say they have had an accident at home.

Table 3.65: Suffered accident at home in past year (Q12), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	7	12	10	11	8	8	9	10
Men	9	7	9	10	9	9	4	9
Women	6	16	11	13	8	7	11	11
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 3.66 shows that those with poor mental health, those with poor physical health and those who find it difficult to access health services are the groups most likely to have had an accident at home in the past year.

Table 3.66: Suffered accident at home in past year (Q12), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	10
Positive view of general health	1,182	8
Positive view of mental / emotional well-being	1,564	8
Positive view of physical well-being	1,490	9
Positive view of quality of life	1,573	9
High GHQ-12 score	294	17
Limiting condition or illness	529	15
Exposed to passive smoking most of the time	635	10
Current smoker	728	11
Heavy smoker (20+/day)	407	11
Exceeds recommended alcohol consumption	306	8
Obese	248	13
Finds it difficult to access health services	543	15
Does not meet recommended physical activity levels	852	11
Does not consume recommended levels of fruit / veg	1,408	10
Does not eat breakfast every day	503	11

4   HEALTH BEHAVIOURS

4.1   Chapter Summary

Table 4.1 shows all core indicators relating to health behaviours:

Table 4.1: Indicators for health behaviours
Base: All (1,954)

Indicator	% of sample
Exposed to other people's smoke some or most of the time (Q13)	54.9
Currently smoking (Q14)	37.2
Exceeds recommended weekly units of alcohol (Q17) – based on all respondents (n=1,954)	17.7
Exceeds recommended weekly units of alcohol (Q17) – based on those who drank at all in past week (n=807)	38.8
Admits to binge drinking in the past week – based on all respondents (n=1,954)	28.6
Admits to binge drinking in the past week – based on those who drank at all in past week (n=807)	62.7
Takes at least 30 minutes of moderate exercise 5+ times per week (Q26-27b)	50.4
Takes at least 20 minutes of vigorous exercise 3+ times per week (Q27-27c)	28.1
Takes at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (Q26-27c)	58.4
Consumes at least 5 portions of fruit and/or vegetables per day (Q18-19)	30.2
Consumes breakfast every day (Q23)	73.1
Consumes at least 2 portions of oily fish per week (Q22)	29.6
Consumes at least 2 high-fat snacks per day (Q21)	32.4
Body Mass Index 25 or over (Q25)	42.2

Just over half (54.9%) report being exposed to other people's smoke some or most of the time. The groups most likely to say this are: those aged 25-54, those in more deprived areas, the socially excluded and current smokers.

Just over a third (37.2%) say they currently smoke. Men, 25-54 year-olds, those in more deprived areas, the socially excluded, heavy drinkers, those with a limiting condition/illness, those who do not eat breakfast every day and those who do not eat the recommended levels of fruit/vegetables are most likely to say they smoke.

Just over one in six (17.7%) say they drank more than the recommended units of alcohol in the week preceding interview. Among those who had an alcoholic drink in the past week, almost four in ten (38.8%) say they exceeded the recommended amount. Excessive drinking

is most common among: those aged under 35, men, those in the most deprived areas, those with a limiting condition/illness, smokers and those who do not eat breakfast every day.

Almost three in ten (28.6%) admit to binge drinking in the week preceding interview. Among those who had an alcoholic drink in the preceding week, over six in ten (62.7%) admit to having binged at least once in that week. Binge drinking is most common among: younger residents, men, those who do not eat breakfast every day and smokers (especially heavy smokers).

Almost six in ten (58.4%) say they meet the recommended levels of physical activity. Older people, those in the *least deprived* areas, those with poor physical health, those with poor mental health and obese people are least likely to do so.

Three in ten (30.2%) say they eat the recommended quantity of fruit and vegetables. Men under the age of 45, those in more deprived areas, the socially excluded, those with poor mental health, smokers and heavy drinkers are least likely to do so.

Almost three-quarters (73.1%) say they eat breakfast every day. The groups least likely to do so are: younger people, men, those in the more deprived areas, the socially excluded, smokers, heavy drinkers and those with poor mental health.

Three in ten (29.6%) say they eat the recommended quantity of oily fish. Younger people, those in the more deprived areas, smokers, heavy drinkers, those who do not consume the recommended quantity of fruit and vegetables and those who do not eat breakfast every day are least likely to do so.

One in three (32.4%) say they eat more than the recommended quantity of high-fat snacks. Those aged under 35, those in the more deprived areas, those with poor mental health, heavy smokers and those who do not eat breakfast every day are most likely to do so.

Over four in ten (42.2%) have a BMI of 25+, i.e. are above their ideal weight. Those most likely to be overweight or obese are: those aged 55-64, men, the socially excluded, heavy smokers (20+ cigarettes per day), those who are not physically active, those with poor mental health and those with poor physical health.

4.2 Smoking

4.2.1 Passive Smoking

Over half (55%) report being exposed to other people's smoke some or most of the time. A further 23% say this happens seldom, leaving 22% saying it never happens.

Table 4.2 shows that passive smoking levels are highest among those aged 25-54, with levels of passive smoking being far lower among those aged 65+ and in particular those aged 75+.

Table 4.2: Passive smoking (Q13), by age and gender
Base: All

	Unweighted base: n	Most of the time %	Some of the time %	Seldom %	Never %	Most/some of the time %
Total	1,954	32	23	23	22	55
All						
16-24	209	28	29	16	28	57
25-34	346	34	30	21	16	63
35-44	330	36	26	22	17	62
45-54	310	43	18	25	14	61
55-64	235	31	20	31	18	51
65-74	298	27	16	29	28	42
75+	222	11	14	24	50	26
Men						
16-24	83	32	30	15	23	62
25-34	155	37	36	18	9	73
35-44	136	41	31	15	13	72
45-54	147	45	22	22	11	67
55-64	91	28	24	32	15	53
65-74	126	31	14	33	23	45
75+	83	11	17	31	41	28
All men	822	35	27	21	16	63
Women						
16-24	126	24	28	17	32	51
25-34	191	31	23	24	23	54
35-44	194	31	20	29	20	51
45-54	163	40	15	27	18	55
55-64	144	34	16	29	20	50
65-74	172	24	17	27	32	41
75+	139	11	13	21	55	24
All women	1,131	29	20	25	27	48

Chart 4.1 illustrates this pattern, and highlights a 'gender gap' in the 16-54 age groups, with men in these age groups being more likely than women to say they are exposed to others' smoke most or some of the time.

Chart 4.1: Passive smoking (Q13), by age and gender
Base: All (see table below chart)
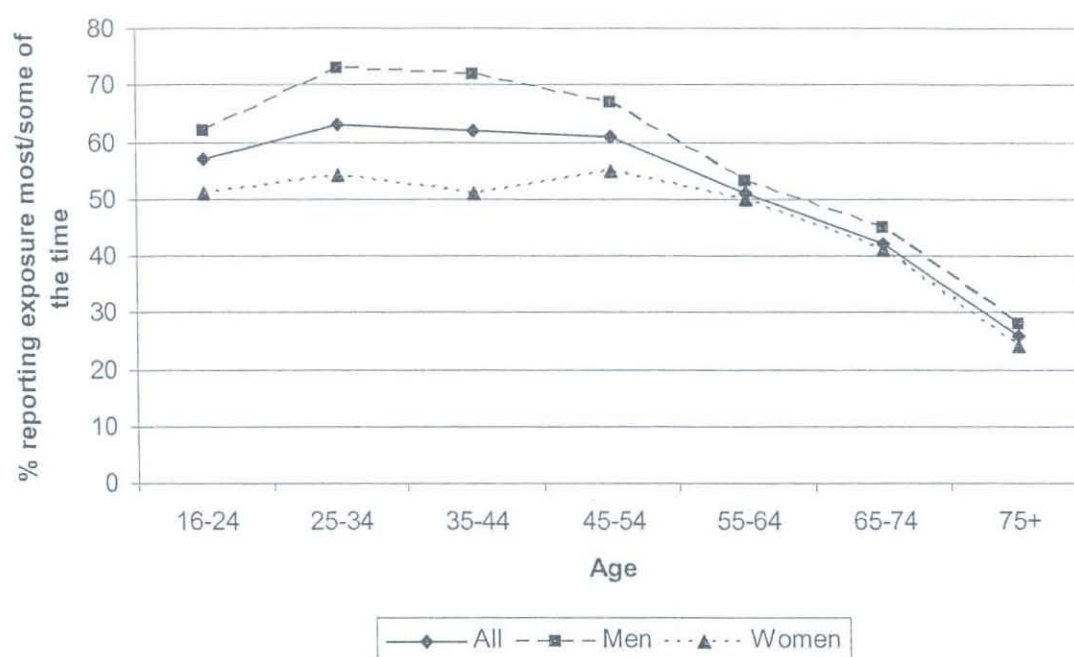
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 4.3 shows that passive smoking is more commonly experienced in more deprived areas. In the least deprived DEPCATs 1/2, the majority say they are seldom or never exposed to others' smoke. In the other DEPCATs passive smokers are in the majority. Similarly, two-thirds (65%) of those in the most deprived 15% datazones say they are exposed to others' smoke most or some of the time, compared with only half (50%) of those living elsewhere.

Table 4.3: Passive smoking (Q13), by deprivation measures
Base: All

	Unweighted base: n	Most of the time %	Some of the time %	Seldom %	Never %	Most/some of the time %
Total	1,954	32	23	23	22	55
DEPCAT 1/2	213	24	15	33	28	39
DEPCAT 3/4/5	708	31	25	22	22	56
DEPCAT 6/7	1,033	35	25	20	19	60
Most deprived 15% datazones	736	40	25	18	17	65
Other datazones	1,218	27	22	26	24	50
SIP	556	42	20	18	20	62
Non-SIP	1,398	28	24	25	23	52

Table 4.4 highlights the strong association between passive smoking and socio-economic status. Fewer than half (44%) of ABC1s say they are exposed most or some of the time, compared with two-thirds (65%) of DEs. Correspondingly, two-thirds (66%) of Housing Association tenants are regular passive smokers, compared with fewer than half (46%) of owner-occupiers. **Table 4.4** also shows that there are also significant differences in passive smoking rates in terms of economic activity and qualifications.

Table 4.4: Passive smoking (Q13), by socio-economic measures
Base: All

	Unweighted base: n	Most of the time %	Some of the time %	Seldom %	Never %	Most/some of the time %
Total	1,954	32	23	23	22	55
A	20	7	7	51	35	15
B	153	24	23	27	26	47
C1	391	21	24	31	25	44
C2	521	32	23	20	25	55
D	448	43	21	20	17	64
E	244	40	26	16	18	66
AB	173	22	21	30	27	43
ABC1	564	21	23	30	26	44
C2DE	1,213	37	23	19	21	60
DE	692	42	23	18	17	65
Owner-occupier	851	23	24	30	24	46
Housing Association	887	42	24	17	17	66
Economically active	648	32	28	24	16	60
Economically inactive	706	35	15	23	27	51
Qualifications	1,066	26	27	26	22	52
No qualifications	889	41	18	19	22	59

Table 4.5 shows that there is a highly significant relationship between passive smoking and measures of social exclusion, with passive smoking levels being far higher among the socially excluded.

Table 4.5: Passive smoking (Q13), by social exclusion measures
Base: All

	Unweighted base: *n*	Most of the time %	Some of the time %	Seldom %	Never %	Most/some of the time %
Total	1,954	32	23	23	22	55
No-one to turn to for help with a problem	532	39	27	21	13	66
Isolated from family and friends	190	40	24	17	19	64
No control over life decisions	81	64	20	7	10	83
In receipt of Income Support	329	53	20	13	15	73

Table 4.6 shows how passive smoking relates to other health behaviours. For most of these behaviours, there is no significant relationship with passive smoking in terms of the proportion being exposed most or some of the time. The main exception is active smoking; nearly all active smokers (95%) say they are exposed to others' smoke most or some of the time. In other words, a high proportion of passive smokers are also active smokers. Among non-smokers, 31% say they are exposed to others' smoke most or some of the time and a further 34% say they are seldom exposed, leaving 35% who say they are never exposed. The other exception is not eating breakfast every day, which is significantly linked with passive smoking.

Looking solely at the proportion saying they are exposed to others' smoke *most* of the time, however, does reveal more variation in **Table 4.6**. Those with a limiting long-term condition, heavy drinkers, those with poor mental health and those who do not eat breakfast every day are among those most likely to be exposed most of the time.

Table 4.6: Passive smoking (Q13), by health & well-being measures
Base: All

	Unweighted base: n	Most of the time %	Some of the time %	Seldom %	Never %	Most/some of the time %
Total	1,954	32	23	23	22	55
Positive view of general health	1,182	28	25	25	22	53
Positive view of physical well-being	1,490	28	24	25	23	52
Positive view of mental / emotional well-being	1,564	29	23	25	23	52
Positive view of quality of life	1,573	29	24	24	24	53
High GHQ-12 score	294	53	15	13	18	69
Limiting condition or illness	529	41	14	20	26	55
Current smoker	728	74	22	4	*	95
Heavy smoker (20+/day)	349	85	12	3	*	97
Exceeds recommended alcohol consumption	306	46	33	12	9	79
Obese	248	31	19	29	21	50
Finds it difficult to access health services	543	36	20	26	18	56
Does not meet recommended physical activity levels	852	32	22	26	20	55
Does not consume recommended levels of fruit / veg	1,408	37	24	20	19	61
Does not eat breakfast every day	503	46	28	12	14	74

* denotes a value of less than 0.5% but greater than zero

4.2.2 Active Smoking

Overall, 37% of respondents are 'smokers' (i.e. they say they smoke at least some days). Those that say they smoke, smoke a mean of 16.73 cigarettes per day, or 117.11 per week.

Table 4.7 shows that smoking levels peak in the 25-54 age groups, and that overall, men are more likely than women to say they are current smokers (43% of men and 32% of women).

Table 4.7: Active smoking (Q14), by age and gender

Base: All

	Unweighted base: n	Never smoked %	Tried it once or twice %	Ex-smoker %	Smoke some days %	Smoke every day %	Some days/every day %
Total	1,954	42	5	16	3	34	37
All							
16-24	209	55	11	3	4	28	32
25-34	346	36	8	13	3	40	44
35-44	330	37	3	14	6	39	45
45-54	310	32	4	16	3	44	48
55-64	235	39	3	26	2	31	33
65-74	298	44	1	27	1	27	28
75+	222	60	1	28	3	8	11
Men							
16-24	83	49	12	1	4	33	37
25-34	155	32	6	14	4	45	48
35-44	136	29	3	14	5	48	53
45-54	147	30	4	13	4	50	53
55-64	91	39	4	25	4	29	33
65-74	126	32	1	32	1	34	35
75+	83	38	0	48	3	10	13
All men	822	35	5	17	4	40	43
Women							
16-24	126	60	9	4	3	24	27
25-34	191	41	9	11	3	36	39
35-44	194	46	4	14	7	30	37
45-54	163	34	4	19	3	39	42
55-64	144	39	1	27	1	33	34
65-74	172	53	2	23	2	21	23
75+	139	70	2	18	3	7	10
All women	1,131	48	5	16	3	29	32

Chart 4.2 shows that this 'gender gap' is evident in all age groups except 55-64 and 75+.

Chart 4.2: Active smoking (Q14), by age and gender
Base: All (see table below chart)
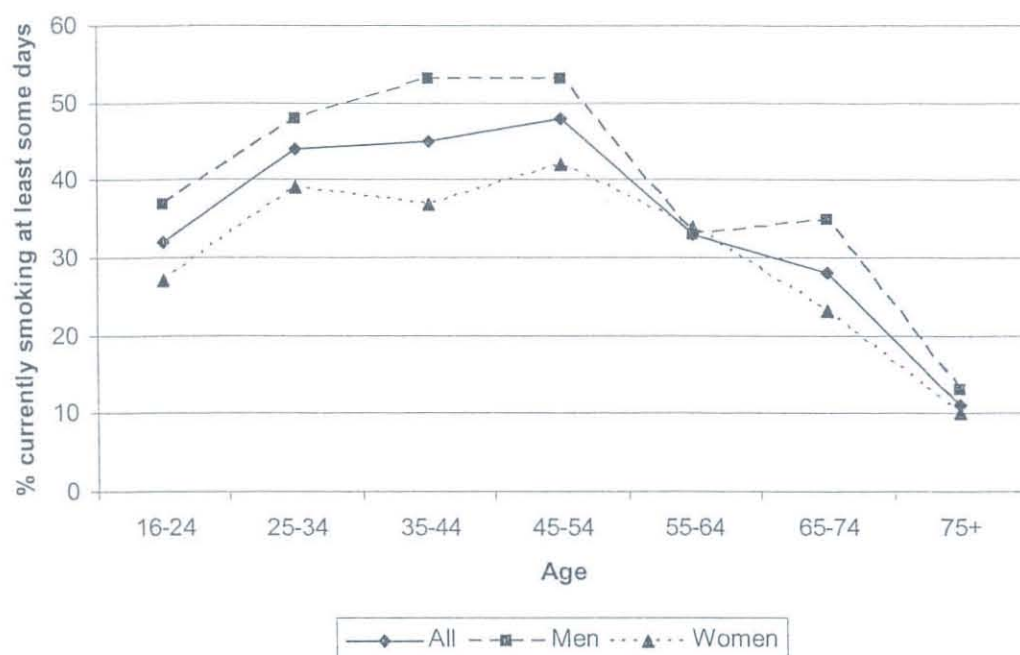
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 4.8 shows a clear link between smoking status and deprivation. Those living in DEPCAT 7 areas are almost twice as likely as those in DEPCAT 1 areas to be current smokers (46% and 24% respectively). Similarly, half (49%) of those in the most deprived 15% datazones are current smokers, compared with three in ten (31%) of those living outside these datazones.

Table 4.8: Active smoking (Q14), by deprivation measures
Base: All

	Unweighted base: n	Never smoked %	Tried it once or twice %	Ex-smoker %	Smoke some days %	Smoke every day %	Some days/every day %
Total	1,954	42	5	16	3	34	37
DEPCAT 1/2	213	55	4	15	3	24	26
DEPCAT 3/4/5	708	45	5	17	3	31	33
DEPCAT 6/7	1,033	35	5	16	4	40	44
Most deprived 15% datazones	736	32	5	13	4	45	50
Other datazones	1,218	47	5	18	3	28	31
SIP	556	32	3	15	3	46	50
Non-SIP	1,398	45	6	17	3	29	33

Table 4.9 shows a clear relationship between smoking and most measures of socio-economic status. DEs are almost twice as likely as ABs to smoke (46% and 25% respectively say they do). Similarly, Housing Association tenants are twice as likely as owner-occupiers to smoke (52% and 25% respectively), and those with no qualifications are more likely than those with qualifications to smoke (46% and 32% respectively). There is, however, no difference between the economically active and the economically inactive in terms of the proportion who smoke.

Table 4.9: Active smoking (Q14), by socio-economic measures
Base: All

	Unweighted base: n	Never smoked %	Tried it once or twice %	Ex- smoker %	Smoke some days %	Smoke every day %	Some days/every day %
Total	1,954	42	5	16	3	34	37
A	20	70	0	18	4	7	11
B	153	50	6	17	4	23	27
C1	391	54	4	14	4	24	28
C2	521	38	5	19	3	36	38
D	448	34	3	17	3	43	46
E	244	36	9	8	6	41	47
AB	173	52	5	17	4	21	25
ABC1	564	53	5	15	4	23	27
C2DE	1,213	36	5	16	3	39	43
DE	692	35	5	14	4	43	46
Owner-occupier	851	52	5	17	3	22	25
Housing Association	887	29	4	15	4	48	52
Economically active	648	40	5	14	4	37	41
Economically inactive	706	36	3	22	2	36	39
Qualifications	1,066	47	6	15	4	28	32
No qualifications	889	33	4	18	3	43	46

Table 4.10 shows that those who can be defined as 'socially excluded' are significantly more likely to smoke than those who cannot be so defined.

Table 4.10: Active smoking (Q14), by social exclusion measures
Base: All

	Unweighted base: n	Never smoked %	Tried it once or twice %	Ex-smoker %	Smoke some days %	Smoke every day %	Some days/every day %
Total	1,954	42	5	16	3	34	37
No-one to turn to for help with a problem	532	34	4	14	4	44	48
Isolated from family and friends	190	32	2	18	3	46	49
No control over life decisions	81	21	2	9	3	65	69
In receipt of Income Support	329	25	6	9	5	56	61

Table 4.11 shows a link between smoking and several measures of health and well-being. The following groups are among those most likely to smoke:

- Those with a high GHQ-12 score, i.e. poor mental health (55% smoke)
- Heavy drinkers (54%)
- Those who do not eat breakfast every day (53%)
- Those with a limiting condition/illness (43%)
- Those who do not consume the recommended quantities of fruit/vegetables (43%)

Table 4.11: Active smoking (Q14), by health & well-being measures
Base: All

	Unweighted base: n	Never smoked %	Tried it once or twice %	Ex-smoker %	Smoke some days %	Smoke every day %	Some days/every day %
Total	1,954	42	5	16	3	34	37
Positive view of general health	1,182	46	6	14	4	31	35
Positive view of physical well-being	1,490	45	6	16	4	30	33
Positive view of mental / emotional well-being	1,564	45	6	16	3	30	34
Positive view of quality of life	1,573	45	6	16	3	30	33
High GHQ-12 score	294	27	1	17	3	52	55
Limiting condition or illness	529	32	2	24	2	41	43
Exposed to passive smoking most of the time	635	10	1	3	1	85	86
Exceeds recommended alcohol consumption	306	26	7	13	7	47	54
Obese	248	41	2	22	3	31	35
Finds it difficult to access health services	543	41	4	15	3	37	40
Does not meet recommended physical activity levels	852	39	4	20	4	33	37
Does not consume recommended levels of fruit / veg	1,408	36	5	16	4	39	43
Does not eat breakfast every day	503	32		15			53

4.3   Drinking

4.3.1 Frequency of Drinking Alcohol

Seven in ten (71%) say they drink alcohol at least sometimes, but only four in ten (41%) say they do so once a week or more. Only 4% say they drink 6-7 days per week (6% of men and 2% of women).

Table 4.12 shows that those aged 55+ tend to drink less often than do younger people and that men tend to drink more often than do women. Unlike some of the other measures, this 'gender gap' is evident across all age groups, although it is particularly marked in the 25-44 age groups. These patterns are illustrated in Chart 4.3.

Table 4.12: Frequency of drinking alcohol (Q15), by age and gender
Base: All

	Unweighted base: *n*	Never %	< once a month %	> once a month but not weekly %	1-2 days per week %	3-5 days per week %	6-7 days per week %	At least once a week %
Total	1,954	29	16	14	32	6	4	41
All								
16-24	209	25	8	17	40	8	2	50
25-34	346	24	16	13	40	5	3	47
35-44	330	22	15	20	32	7	4	43
45-54	310	25	16	15	35	7	4	45
55-64	235	33	17	12	30	5	2	37
65-74	298	40	19	11	21	4	4	29
75+	222	48	24	7	8	3	9	20
Men								
16-24	83	18	7	17	46	11	1	58
25-34	155	20	8	12	49	6	5	60
35-44	136	18	8	16	43	8	7	58
45-54	147	23	9	13	39	9	7	55
55-64	91	27	14	11	40	5	3	48
65-74	126	30	14	15	25	8	8	41
75+	83	34	17	16	11	5	17	33
All men	822	22	10	14	40	8	6	54
Women								
16-24	126	30	10	17	34	5	3	42
25-34	191	28	25	13	31	3	1	35
35-44	194	27	21	24	22	6	1	28
45-54	163	26	22	16	30	4	1	35
55-64	144	39	21	13	21	5	1	27
65-74	172	48	24	9	18	*	2	20
75+	139	55	28	3	7	3	5	15
All women	1,131	34	21	15	24	4	2	30

Chart 4.3: Proportion drinking alcohol at least once a week (Q15), by age and gender
Base: All (see table below chart)
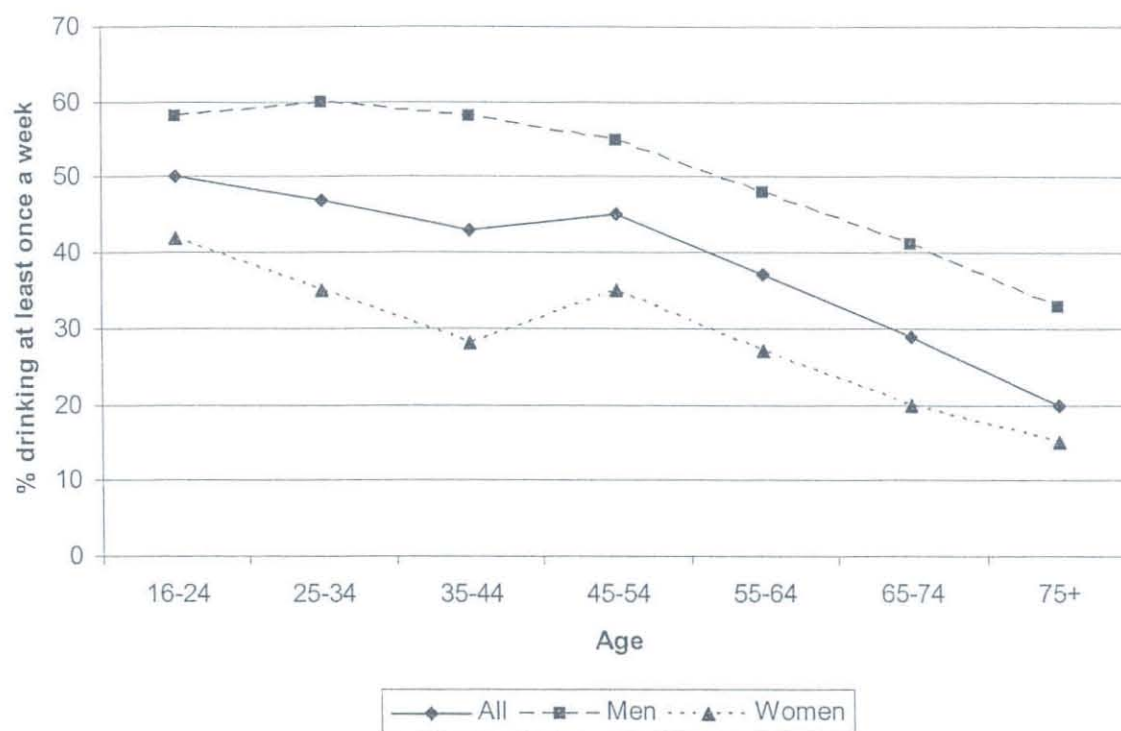
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 4.13 shows that those living in the least deprived DEPCATs 1/2 are most likely to say they drink at least once a week (47%).

Table 4.13: Frequency of drinking alcohol (Q15), by deprivation measures
Base: All

	Un-weighted base: n	Never %	< once a month %	> once a month but not weekly %	1-2 days per week %	3-5 days per week %	6-7 days per week %	At least once a week %
Total	1,954	29	16	14	32	6	4	41
DEPCAT 1/2	213	23	17	14	38	3	6	47
DEPCAT 3/4/5	708	29	14	17	31	6	3	39
DEPCAT 6/7	1,033	30	16	13	31	7	3	40
Most deprived 15% datazones	736	35	13	13	30	6	3	39
Other datazones	1,218	25	17	15	33	6	4	43
SIP	556	33	13	13	32	6	3	41
Non-SIP	1,398	27	17	15	32	6	4	41

Table 4.14 shows a significant association between socio-economic status and likelihood of drinking at least once a week. ABs are the group most likely to drink at least once a week (48% say they do, compared with 40% of C2DEs). Similarly, the economically active are more likely than the economically inactive to drink this often (55% and 31% respectively), and those with qualification are more likely than those with no qualifications to drink this often (45% and 36% respectively).

Table 4.14: Frequency of drinking alcohol (Q15), by socio-economic measures
Base: All

	Un-weighted base: n	Never %	< once a month %	> once a month but not weekly %	1-2 days per week %	3-5 days per week %	6-7 days per week %	At least once a week %
Total	1,954	29	16	14	32	6	4	41
A	20	19	14	20	34	10	4	47
B	153	22	13	16	36	4	9	49
C1	391	28	18	15	34	4	2	39
C2	521	29	14	18	31	5	3	39
D	448	30	19	12	31	6	3	40
E	244	35	12	9	31	7	6	44
AB	173	22	14	16	36	5	8	48
ABC1	564	26	17	16	34	4	4	42
C2DE	1,213	30	16	14	31	6	4	40
DE	692	31	17	11	31	7	4	41
Owner-occupier	851	26	16	16	34	4	4	41
Housing Association	887	31	16	12	31	6	4	41
Economically active	648	19	11	15	44	8	3	55
Economically inactive	706	38	21	10	18	6	7	31
Qualifications	1,066	22	16	17	36	5	4	45
No qualifications	889	38	16	10	25	7	4	36

Table 4.15 shows a link between smoking and likelihood of drinking regularly. Over half (52%) of smokers say they drink alcohol at least once a week, compared with 41% overall. Similarly, 53% of passive smokers say they drink at least once a week. There is also a significant link between drinking regularly and not eating breakfast every day.

Those with a high GHQ-12 (i.e. poor mental health) are less likely to say they drink at least once a week (35% do, compared with 42% of those with a low GHQ-12 score).

Table 4.15: Frequency of drinking alcohol (Q15), by health & well-being measures
Base: All

	Un-weighted base: n	Never %	< once a month %	> once a month but not weekly %	1-2 days per week %	3-5 days per week %	6-7 days per week %	At least once a week %
Total	1,954	29	16	14	32	6	4	41
Positive view of general health	1,182	24	15	16	36	6	3	45
Positive view of physical well-being	1,490	27	15	15	34	6	3	43
Positive view of mental / emotional well-being	1,564	28	15	15	34	5	3	42
Positive view of quality of life	1,573	29	14	15	34	5	3	42
High GHQ-12 score	294	34	22	9	20	8	7	35
Limiting condition or illness	529	44	19	7	17	7	7	30
Current smoker	728	23	13	12	39	7	6	52
Heavy smoker (20+/day)	349	23	13	10	39	8	7	54
Exposed to passive smoking most of the time	635	24	12	10	39	9	5	53
Exceeds recommended alcohol consumption	306	0	1	3	65	19	12	96
Obese	248	29	29	7	27	6	3	36
Finds it difficult to access health services	543	30	20	9	32	4	4	40
Does not meet recommended physical activity levels	852	30	16	13	30	6	5	41
Does not consume recommended levels of fruit / veg	1,408	28	15	14	33	6	4	43
Does not eat breakfast every day	503	23	15	14	36	7	6	49

4.3.2 Consumption in Preceding Week

Those who say they ever drink were asked to state whether or not they had had a drink in the 7 days preceding the interview. Almost two-thirds of 'drinkers' (64%) say they had had an alcoholic drink in the last week. This translates to 46% of the total sample, i.e. slightly more than the 41% who say they drink at least once a week (see section 4.3.1).

The current recommended weekly alcohol consumption limit for men is 21 units per week, and for women it is 14 units per week. Respondents were asked to detail their total consumption per day in the last week (interviewers used a diary-style grid to record their answers), and these data were converted into units. One in six (18%) admit to exceeding the recommended limit in the week preceding the interview (25% of men say they drank over 21 units in that week, and 11% of women say they drank over 14 units).

Table 4.16 shows that the older the respondent, the less likely (s)he is to exceed the recommended drinking levels. The under-35s in particular are relatively heavy drinkers. This table also shows that, in all age groups except 75+, men are more likely than women to admit to drinking above the recommended amount of alcohol. This 'gender gap' is at its widest in the 25-34 age group. These patterns are illustrated in Chart 4.4.

Table 4.16: Exceeds recommended weekly alcohol limit (Q17), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	30	27	15	17	10	6	4	18
Men	33	42	20	23	13	12	5	25
Women	27	13	9	12	6	3	4	11
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 4.4: Proportion exceeding weekly alcohol limit (Q17), by age and gender
Base: All (see table below chart)
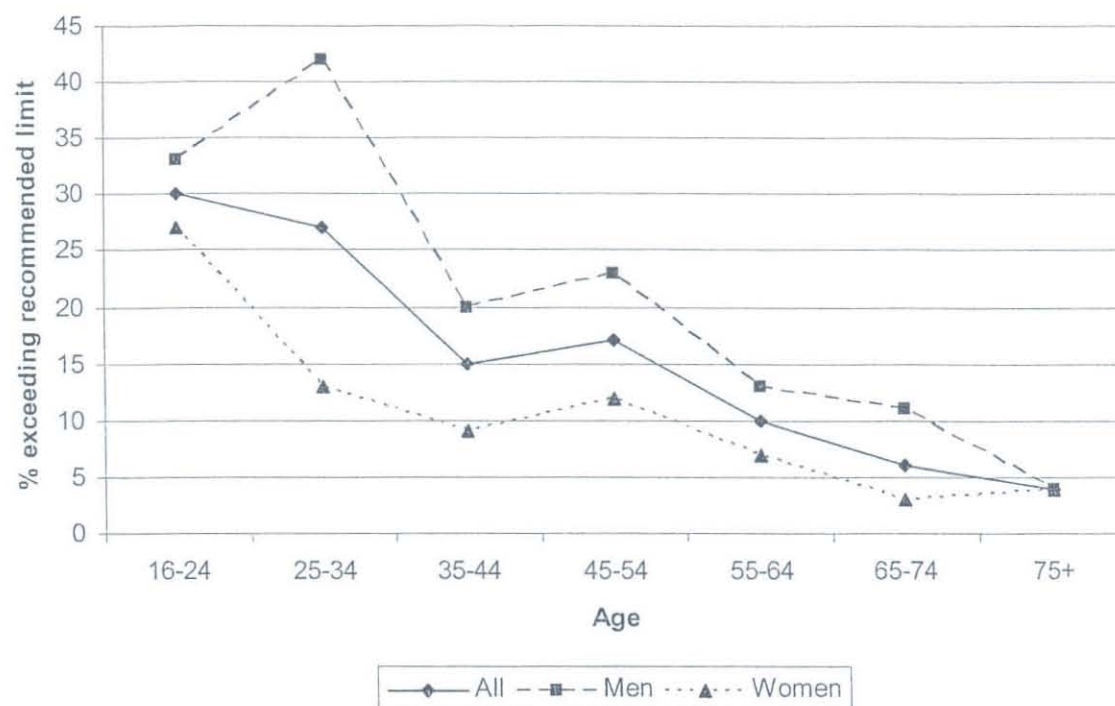
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 4.17 shows that there is a relatively weak association between deprivation and likelihood of exceeding the recommended drinking levels. Those in the most deprived DEPCATs 6/7 are most likely to admit to having exceeded the recommended level in the preceding week (19% do, compared with 15% in the least deprived DEPCATs 1/2).[7] A stronger association is evident, however, when we look at housing tenure (22% of Housing Association tenants admit to exceeding the recommendation, compared with only 13% of owner-occupiers).

The link between excessive alcohol consumption and socio-economic measures is, however, rather stronger (see **Table 4.17**). One in five C2DEs (20%) admit to having exceeded the recommended levels in the preceding week, compared with one in seven ABC1s (14%). On

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[7] Significance testing reveals that the variation by DEPCAT is only significant among men. Among women, there is no significant variation by DEPCAT.

the other hand, economically active residents are twice as likely as economically inactive residents to admit to this (26% and 12% respectively do so).

Table 4.17: Exceeds recommended weekly alcohol limit (Q17), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Exceeds recommendation %	Socio-economic measure	Unweighted base: n	Exceeds recommendation %
Total	1,954	18	Qualifications	1,066	18
			No qualifications	889	17
DEPCAT 1/2	213	15			
DEPCAT 3/4/5	708	17	A	20	13
DEPCAT 6/7	1,033	19	B	153	14
			C1	391	14
Most deprived 15%	736	18	C2	521	17
Other datazones	1,218	18	D	448	18
			E	244	30
SIP	556	19			
Non-SIP	1,398	17	AB	173	13
			ABC1	564	14
Owner-occupier	851	13	C2DE	1,213	20
Housing Association	887	22	DE	692	22
			Economically active	648	26
			Economically inactive	706	12

Table 4.18 shows that those with a limiting condition or illness are less likely than the average to admit to exceeding the recommended levels of alcohol consumption (12%). It also again highlights the link between alcohol consumption and smoking, with a quarter of smokers (26%) and three in ten heavy smokers (29%) saying they exceeded the recommended limit in the preceding week. This table also reinforces the link between alcohol consumption and not eating breakfast every day (24% of those who do not eat breakfast every day admit to exceeding the recommended weekly alcohol limit).

Table 4.18: Exceeds recommended weekly alcohol limit (Q17), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	18
Positive view of general health	1,182	20
Positive view of mental / emotional well-being	1,564	17
Positive view of physical well-being	1,490	18
Positive view of quality of life	1,573	17
High GHQ-12 score	294	19
Limiting condition or illness	529	12
Exposed to passive smoking most of the time	635	26
Current smoker	728	26
Heavy smoker (20+/day)	349	29
Obese	248	13
Finds it difficult to access health services	543	12
Does not meet recommended physical activity levels	852	19
Does not consume recommended levels of fruit / veg	1,408	21
Does not eat breakfast every day	503	24

4.3.3 'Binge Drinking'

For the purposes of this analysis, 'binge drinking' is defined as a man drinking more than 8 units on a single day, or a woman drinking more than 6. By this definition, 29% of respondents (39% of men and 19% of women) admit to having 'binged' at least once in the week preceding interview.

Table 4.19 shows that the younger the respondent, the more likely (s)he is to admit to having 'binged' in the preceding week. It also shows that men are much more likely than women to admit to binge drinking in all age groups, although the gender gap is widest in the 25-54 age groups. These patterns are illustrated in **Chart 4.5**.

Table 4.19: Binge drinking in preceding week (Q17), by age and gender
Base: All

	Age group							Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Total	41	40	32	30	20	10	4	29
Men	48	54	43	39	27	17	6	39
Women	35	26	20	20	14	6	2	19
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Chart 4.5: Proportion 'binge drinking' in preceding week (Q17), by age and gender
Base: All (see table below chart)
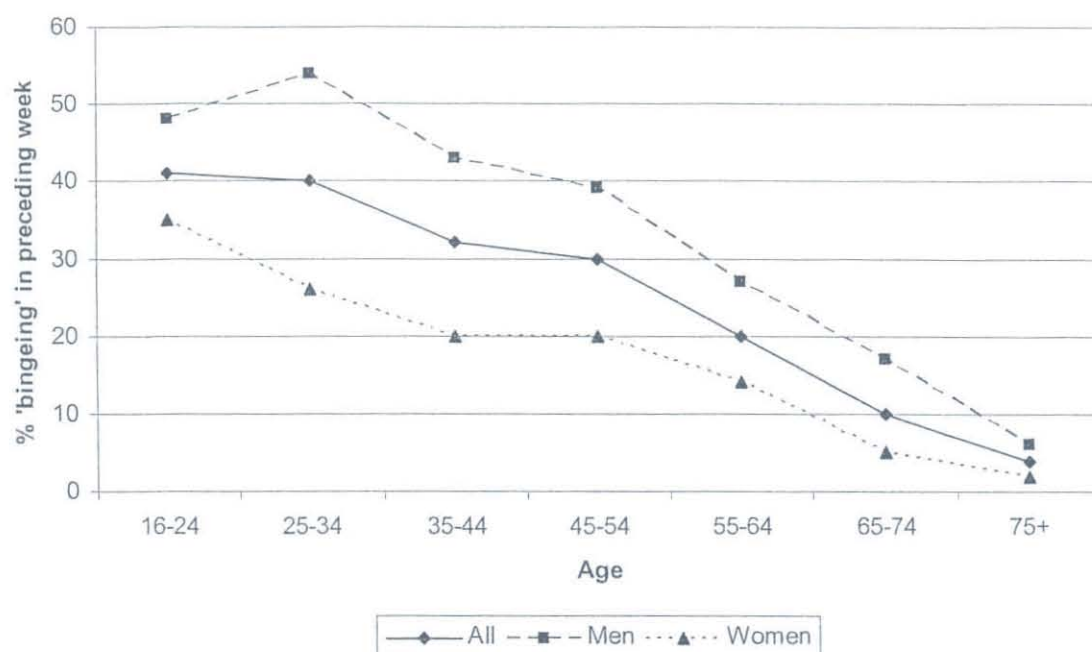
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 4.20 shows that those with qualifications and the economically active are more likely than those with no qualifications and the economically inactive to binge drink.

Table 4.20: Binge drinking in preceding week (Q17), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base:			Socio-economic measure	Unweighted base:	
	n	%			n	%
Total	1,954	29		Qualifications	1,066	32
				No qualifications	889	23
DEPCAT 1/2	213	28				
DEPCAT 3/4/5	708	28		A	20	23
DEPCAT 6/7	1,033	29		B	153	33
				C1	391	25
Most deprived 15%	736	26		C2	521	28
Other datazones	1,218	30		D	448	29
				E	244	32
SIP	556	28				
Non-SIP	1,398	29		AB	173	32
				ABC1	564	28
Owner-occupier	851	27		C2DE	1,213	29
Housing Association	887	31		DE	692	30
				Economically active	648	43
				Economically inactive	706	15

Table 4.21 again highlights the link between drinking and smoking, with smokers (and especially heavy smokers) being among those most likely to binge drink. It also again highlights a link between breakfast eating behaviour and drinking, with those who do not eat breakfast every day being more likely to binge drink. Those with a limiting illness/condition, on the other hand, are among those least likely to do so.

Table 4.21: Binge drinking in preceding week (Q17), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	29
Positive view of general health	1,182	33
Positive view of mental / emotional well-being	1,564	29
Positive view of physical well-being	1,490	30
Positive view of quality of life	1,573	29
High GHQ-12 score	294	26
Limiting condition or illness	529	14
Exposed to passive smoking most of the time	635	39
Current smoker	728	39
Heavy smoker (20+/day)	349	44
Exceeds recommended alcohol consumption	306	96
Obese	248	29
Finds it difficult to access health services	543	23
Does not meet recommended physical activity levels	852	30
Does not consume recommended levels of fruit / veg	1,408	32
Does not eat breakfast every day	503	35

4.4 Physical Activity

Respondents were asked to state the number of days in an average week on which they take at least 30 minutes of moderate physical exercise, such as brisk walking. They were also asked to state the number of days on which they take at least 20 minutes of vigorous exercise, i.e. enough to make them sweaty and out of breath. They were then prompted to find out whether or not they had included physical activity that they do in their job, housework, DIY and gardening. Those who had not were asked to give a revised estimate of their physical activity levels in an average week.

The recommended levels of physical activity are: at least 30 minutes of moderate activity five or more times per week and/or at least 20 minutes of vigorous activity three or more times per

week. Overall, 58% say they meet this recommendation. Half (50%) say they take the recommended level of moderate activity, and three in ten (28%) that they take the recommended level of vigorous activity.

Table 4.22, 4.23 and 4.24 show that younger respondents are more likely to say they achieve the recommended levels of physical activity. Table 4.23 shows that in the 65+ age groups, men are more likely than women to take the recommended level of moderate activity. Table 4.24 shows that, in the under-45 age groups, men are more likely than women to take the recommended level of vigorous activity.

Table 4.22: Proportion taking 30 minutes of moderate activity 5+ times per week and/or 20 minutes of vigorous activity 3+ times per week (Q26-27c), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	77	66	62	54	44	48	35	58
Men	78	68	58	53	40	53	40	59
Women	76	64	66	55	47	44	33	58
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 4.23: Proportion taking 30 minutes of moderate activity 5+ times per week (Q26/27b), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	69	53	54	48	40	43	30	50
Men	69	54	52	46	35	49	40	51
Women	70	52	56	49	43	39	24	50
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 4.24: Proportion taking 20 minutes of vigorous activity 3+ times per week (Q27/27c), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	40	34	30	23	18	20	18	28
Men	45	32	26	22	17	21	14	27
Women	35	37	35	24	18	20	20	29
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Tables 4.25, 4.26 and **4.27** show that physical activity is one of the few measures for which those in the most deprived areas are more likely than those in the least deprived areas to display positive health behaviour, but only in relation to *moderate* physical activity. These tables also show that those with qualifications and the economically active are more likely than those with no qualifications and the economically inactive to meet the recommendations.

Table 4.25: Proportion taking 30 minutes of moderate activity 5+ times per week and/or 20 minutes of vigorous activity 3+ times per week (Q26-27c), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	*Unweighted base:*	Meets recommendation	Socio-economic measure	*Unweighted base:*	Meets recommendation
	n	%		*n*	%
Total	*1,954*	58	Qualifications	*1,066*	62
			No qualifications	*889*	53
DEPCAT 1/2	*213*	51			
DEPCAT 3/4/5	*708*	59	A	*20*	49
DEPCAT 6/7	*1,033*	61	B	*153*	56
			C1	*391*	58
Most deprived 15%	*736*	63	C2	*521*	63
Other datazones	*1,218*	56	D	*448*	61
			E	*244*	52
SIP	*556*	63			
Non-SIP	*1,398*	56	AB	*173*	56
			ABC1	*564*	57
Owner-occupier	*851*	61	C2DE	*1,213*	60
Housing Association	*887*	57	DE	*692*	58
			Economically active	*648*	63
			Economically inactive	*706*	48

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Table 4.26: Proportion taking 30 minutes of moderate activity 5+ times per week
Q26/27b), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Meets recommendation %	Socio-economic measure	Unweighted base: N	Meets recommendation %
Total	1,954	50	Qualifications	1,066	53
			No qualifications	889	46
DEPCAT 1/2	213	44			
DEPCAT 3/4/5	708	48	A	20	49
DEPCAT 6/7	1,033	55	B	153	50
			C1	391	50
Most deprived 15%	736	55	C2	521	56
Other datazones	1,218	48	D	448	54
			E	244	41
SIP	556	58			
Non-SIP	1,398	48	AB	173	50
			ABC1	564	50
Owner-occupier	851	52	C2DE	1,213	52
Housing Association	887	50	DE	692	49
			Economically active	648	53
			Economically inactive	706	43

Table 4.27: Proportion taking 20 minutes of vigorous activity 3+ times per week
(Q27/27c), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Meets recommendation %	Socio-economic measure	Unweighted base: n	Meets recommendation %
Total	1,954	28	Qualifications	1,066	30
			No qualifications	889	25
DEPCAT 1/2	213	27			
DEPCAT 3/4/5	708	29	A	20	18
DEPCAT 6/7	1,033	28	B	153	27
			C1	391	28
Most deprived 15%	736	29	C2	521	25
Other datazones	1,218	28	D	448	33
			E	244	28
SIP	556	28			
Non-SIP	1,398	27	AB	173	26
			ABC1	564	27
Owner-occupier	851	31	C2DE	1,213	29
Housing Association	887	24	DE	692	31
			Economically active	648	32
			Economically inactive	706	23

Tables 4.28, 4.29 and 4.30 show that those with a limiting condition/illness, those who are obese and those with poor mental health are among those least likely to meet the physical activity recommendations.

Table 4.28: Proportion taking 30 minutes of moderate activity 5+ times per week and/or 20 minutes of vigorous activity 3+ times per week (Q26-27c), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	58
Positive view of general health	1,182	64
Positive view of mental / emotional well-being	1,564	62
Positive view of physical well-being	1,490	64
Positive view of quality of life	1,573	63
High GHQ-12 score	294	34
Limiting condition or illness	529	36
Exposed to passive smoking most of the time	635	49
Current smoker	728	59
Heavy smoker (20+/day)	349	59
Exceeds recommended alcohol consumption	306	55
Obese	248	48
Finds it difficult to access health services	543	59
Does not consume recommended levels of fruit / veg	1,408	57
Does not eat breakfast every day	503	54

Table 4.29: Proportion taking 30 minutes of moderate activity 5+ times per week (Q26/27b), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	50
Positive view of general health	1,182	55
Positive view of mental / emotional well-being	1,564	54
Positive view of physical well-being	1,490	55
Positive view of quality of life	1,573	54
High GHQ-12 score	294	27
Limiting condition or illness	529	36
Exposed to passive smoking most of the time	635	49
Current smoker	728	50
Heavy smoker (20+/day)	349	49
Exceeds recommended alcohol consumption	306	46
Obese	248	42
Finds it difficult to access health services	543	54
Does not consume recommended levels of fruit / veg	1,408	49
Does not eat breakfast every day	503	46

Table 4.30: Proportion taking 20 minutes of vigorous activity 3+ times per week (Q27/27c), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	28
Positive view of general health	1,182	31
Positive view of mental / emotional well-being	1,564	30
Positive view of physical well-being	1,490	31
Positive view of quality of life	1,573	31
High GHQ-12 score	294	22
Limiting condition or illness	529	21
Exposed to passive smoking most of the time	635	29
Current smoker	728	27
Heavy smoker (20+/day)	349	27
Exceeds recommended alcohol consumption	306	27
Obese	248	24
Finds it difficult to access health services	543	31
Does not consume recommended levels of fruit / veg	1,408	24
Does not eat breakfast every day	503	28

4.5   Diet

4.5.1 Fruit & Vegetables

The Scottish Diet Action Plan target is for individuals to consume at least five portions of fruit and/or vegetables (excluding potatoes) per day. Overall, 30% say they do this on an average day. Across the full sample, the mean number of portions of fruit and vegetables consumed per day is 3.73. Six per cent say they consume no fruit or vegetables at all on an average day.

Table 4.31 and Chart 4.6 highlight the 'gender gap' among those aged under 45 (in these younger age groups, women are more likely than men to meet the recommendation, but in the 45+ age groups, the responses of men and women are similar).

Table 4.31: Consumes recommended levels of fruit/vegetables (Q18/19), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	30	27	31	24	40	32	33	30
Men	25	20	25	24	41	30	37	27
Women	36	33	36	25	39	33	31	33
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 4.6: Fruit/vegetable consumption (Q18/19), by age and gender
Base: All (see table below chart)
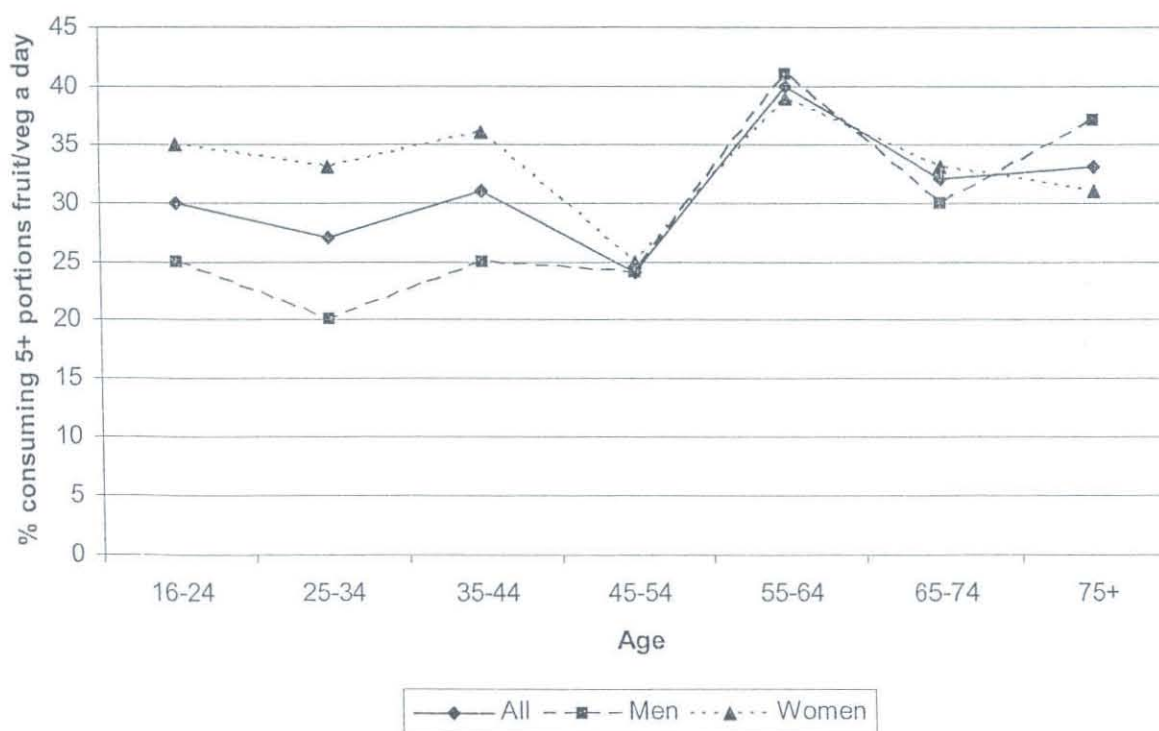
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

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Table 4.32 shows a clear link between deprivation and fruit/vegetable consumption. Those living in the least deprived DEPCATs 1/2 are twice as likely to say they consume 5+ portions per day than those in the most deprived DEPCATs 6/7 areas (48% and 24% respectively). Similarly, only 24% of those in the most deprived 15% datazones say they consume the recommended amount, compared with 34% of those living elsewhere, and Housing Association tenants are half as likely as owner-occupiers to do so (20% and 39% respectively).

Table 4.32 also highlights a strong link between socio-economic status and fruit/vegetable consumption. ABs are twice as likely as DEs to say they consume 5 or more portions per day (49% and 26% respectively), and those with qualifications are more likely than those with no qualifications to do so (34% and 25% respectively).

Table 4.32: Consumes recommended levels of fruit/vegetables (Q18/19), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Meets recommendation %	Socio-economic measure	Unweighted base: n	Meets recommendation %
Total	1,954	30	Qualifications	1,066	34
			No qualifications	889	25
DEPCAT 1/2	213	48			
DEPCAT 3/4/5	708	30	A	20	67
DEPCAT 6/7	1,033	24	B	153	47
			C1	391	32
Most deprived 15%	736	24	C2	521	28
Other datazones	1,218	34	D	448	25
			E	244	27
SIP	556	21			
Non-SIP	1,398	34	AB	173	49
			ABC1	564	38
Owner-occupier	851	39	C2DE	1,213	27
Housing Association	887	20	DE	692	26
			Economically active	648	30
			Economically inactive	706	25

Table 4.33 highlights a link between low fruit/vegetable consumption and some measures of social exclusion (just 19% of those in receipt of Income Support and 12% of those who do not feel in control of life decisions say they consume the recommended amount of fruit and vegetables).

Table 4.33: Consumes recommended levels of fruit/vegetables (Q18/19), by social exclusion measures

Base: All

	Unweighted base: N	Total %
Total	1,954	30
No-one to turn to for help with a problem	532	27
Isolated from family and friends	190	27
No control over life decisions	81	12
In receipt of Income Support	329	19

Table 4.34 shows that under-consumption of fruit and vegetables is associated with smoking, heavy drinking and poor mental health. On the other hand, obese residents are more likely than the average to claim they eat the recommended amount of fruit and vegetables (37%).

Table 4.34: Consumes recommended levels of fruit/vegetables (Q18/19), by health & well-being measures

Base: All

	Unweighted base: N	Total %
Total	1,954	30
Positive view of general health	1,182	30
Positive view of mental / emotional well-being	1,564	33
Positive view of physical well-being	1,490	33
Positive view of quality of life	1,573	33
High GHQ-12 score	294	25
Limiting condition or illness	529	29
Exposed to passive smoking most of the time	635	20
Current smoker	728	20
Heavy smoker (20+/day)	349	17
Exceeds recommended alcohol consumption	306	17
Obese	248	37
Finds it difficult to access health services	543	37
Does not meet recommended physical activity levels	852	27
Does not eat breakfast every day	503	26

4.5.2 Breakfast

Respondents were asked to state the number of days per week on which they usually eat breakfast. Overall, just under three-quarters (73%) say they eat breakfast every day. One in nine (11%), on the other hand, say they never do.

Table 4.35 shows that respondents in the older age groups (55+) are most likely to say they eat breakfast every day. It also shows that women are more likely than men to do so. This gender difference is almost entirely accounted for by the 45-64 age groups; in the other age groups there is little difference between men and women.

Table 4.35: Frequency of eating breakfast (Q23), by age and gender
Base: All

	Unweighted base: n	Every day %	Some days %	Never %
Total	1,954	73	16	11
All				
16-24	209	65	21	13
25-34	346	63	22	15
35-44	330	68	19	13
45-54	310	75	12	13
55-64	235	82	10	8
65-74	298	87	9	4
75+	222	90	9	2
Men				
16-24	83	65	24	11
25-34	155	63	21	17
35-44	136	66	23	12
45-54	147	72	15	13
55-64	91	78	18	4
65-74	126	86	10	4
75+	83	91	4	5
All men	822	71	19	11
Women				
16-24	126	66	19	15
25-34	191	64	23	13
35-44	194	71	15	14
45-54	163	79	9	13
55-64	144	85	3	12
65-74	172	87	8	5
75+	139	89	11	0
All women	1,131	75	24	11

Table **4.36** shows that those living in the most deprived 15 % datazones are less likely than residents of less deprived areas to say they eat breakfast every day (68%, compared with 76% not in these datazones).

Table 4.36: Frequency of eating breakfast (Q23), by deprivation measures
Base: All

	Unweighted base: n	Every day %	Some days %	Never %
Total	1,954	73	16	11
DEPCAT 1/2	213	77	14	9
DEPCAT 3/4/5	708	75	16	9
DEPCAT 6/7	1,033	71	16	13
Most deprived 15% datazones	736	68	18	14
Other datazones	1,218	76	14	10
SIP	556	72	15	13
Non-SIP	1,398	74	16	10

Table **4.37** shows a link between frequency of eating breakfast and socio-economic status. Eight in ten ABC1s (79%) say they eat breakfast every day, compared with seven in ten C2DEs (70%) and only 58% of Es. Owner-occupiers are more likely than Housing Association tenants to say they eat breakfast every day (80% and 66% respectively).

Table 4.37: Frequency of eating breakfast (Q23), by socio-economic measures
Base: All

	Unweighted base: n	Every day %	Some days %	Never %
Total	1,954	73	16	11
A	20	85	15	0
B	153	79	15	6
C1	391	79	12	9
C2	521	76	14	10
D	448	68	17	14
E	244	58	27	15
AB	173	80	15	5
ABC1	564	79	13	8
C2DE	1,213	70	18	12
DE	692	65	21	15
Owner-occupier	851	80	14	7
Housing Association	887	66	18	17
Economically active	648	72	17	11
Economically inactive	706	72	14	14
Qualifications	1,066	75	15	10
No qualifications	889	71	16	13

Table 4.38 highlights a link between frequency of eating breakfast and social exclusion, with those defined as 'socially excluded' being less likely than average to say they eat breakfast every day.

Table 4.38: Frequency of eating breakfast (Q23), by social exclusion measures
Base: All

	Unweighted base: n	Every day %	Some days %	Never %
Total	1,954	73	16	11
No-one to turn to for help with a problem	532	59	24	18
Isolated from family and friends	190	65	18	17
No control over life decisions	81	46	27	27
In receipt of Income Support	329	58	22	19

Table 4.39 shows that eating breakfast every day is less common among smokers, heavy drinkers and those with poor mental health.

Table 4.39: Frequency of eating breakfast (Q23), by health & well-being measures
Base: All

	Unweighted base: n	Every day %	Some days %	Never %
Total	1,954	73	16	11
Positive view of general health	1,182	74	17	9
Positive view of physical well-being	1,490	76	14	10
Positive view of mental / emotional well-being	1,564	76	15	9
Positive view of quality of life	1,573	76	15	10
High GHQ-12 score	294	57	19	24
Limiting condition or illness	529	70	14	16
Exposed to passive smoking most of the time	635	61	18	22
Current smoker	728	62	18	20
Heavy smoker (20+/day)	349	61	18	21
Exceeds recommended alcohol consumption	306	63	21	16
Obese	248	75	16	8
Finds it difficult to access health services	543	70	12	17
Does not meet recommended physical activity levels	852	71	18	12
Does not consume recommended levels of fruit / veg	1,408	71	16	12

Respondents were then asked to state what they had for breakfast *that morning*. Even if, in some cases, what respondents had for breakfast that morning does not reflect their usual behaviour, we can assume that for every respondent who did *not* eat a healthy breakfast this morning despite usually doing so, there will be another who *did* eat a healthy breakfast this morning even though (s)he does not normally do so. On aggregate, therefore, these data

should give us a good picture of a 'typical' day in terms of breakfast-eating behaviour across Greater Glasgow.

At this question, 15% say they had no breakfast, i.e. slightly more than the 11% who, at the previous question, said that they do not usually eat breakfast. Asking people to give an estimate of their usual behaviour can sometimes lead to slightly inaccurate results, due to poor recall or a desire to give what is perceived to be the 'right' answer. It therefore seems likely that 15% is closer to the 'real' proportion of residents who do not eat breakfast.

Chart 4.7 shows that cereal and toast are by far the most popular breakfast foods (41% and 39% respectively say they ate these that morning). One in nine (11%) say they had a meat product such as bacon, sausage or black pudding, and one in eleven (9%) say they had porridge. Relatively few (8%) say they ate fruit or drank fruit juice/smoothies.

Chart 4.7: Foods eaten for breakfast that morning (Q24)
Base: All (see table below chart)
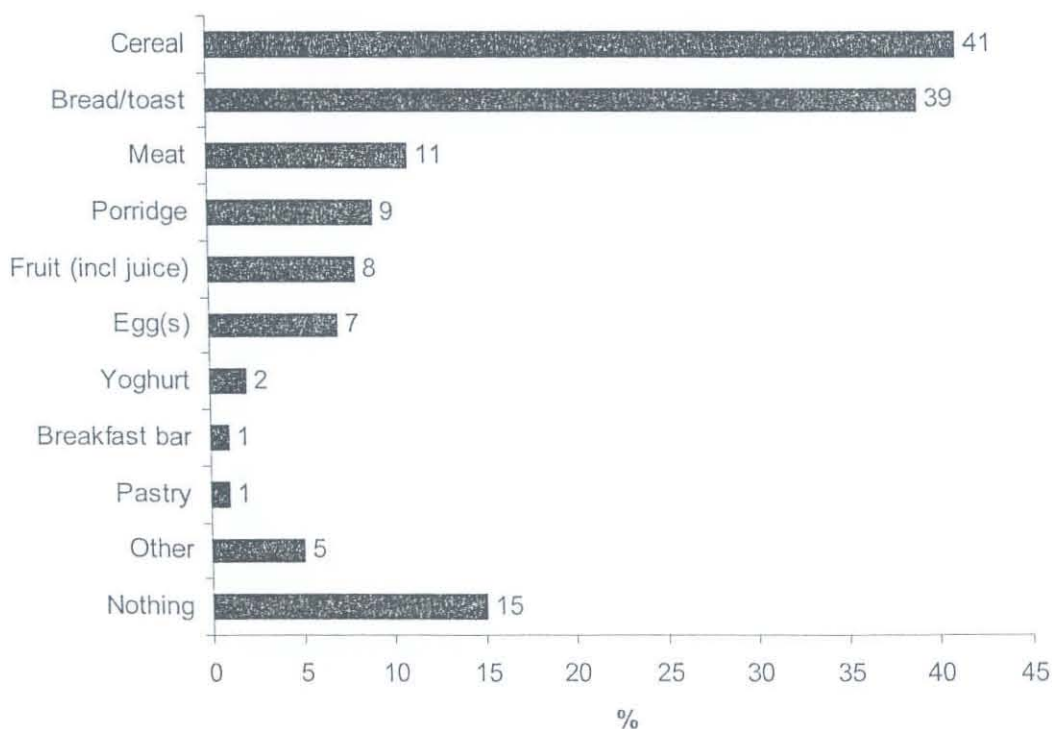
Backing up the results from the previous question, those aged under 55 are most likely to report having skipped breakfast that morning (20% of under-35s and 16% of those aged 35-4 say they did so, compared with only 7% of those aged 55+).

Porridge is far more popular with the older age groups (25% of those aged 65+ say they ate it that morning, compared with only 2% of those aged under 35). Yoghurt, on the other hand, is more popular with younger respondents (8% of under-25s say they ate it that morning, compared with virtually none of those aged 65+).

Men are more likely than women to say they ate meat for breakfast that morning (16% and 5% respectively do so).

Those in the most deprived DEPCATs 6/7 are most likely to admit to having skipped breakfast that morning (17%, compared with just 10% in the least deprived DEPCATs 1/2).

4.5.3 Oily Fish

The Scottish Diet Action Plan target is for individuals to consume at least two portions of oily fish per week. Overall, three in ten (30%) say they usually do this. Across Greater Glasgow as a whole, the mean number of portions of oily fish consumed per week is 1.09.

Table 4.40 and **Chart 4.9** show that the under-25 age group is least likely to claim to eat two or more portions of oily fish per week. It also shows that, in the under-35 age groups, women are more likely than men to say they meet the target, whereas in the 45-64 age groups, the opposite is true

Table 4.40: Consumes recommended levels of oily fish (Q22), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	20	31	27	31	36	34	34	30
Men	16	25	26	38	41	33	35	29
Women	23	37	29	24	31	34	33	30
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 4.9: Oily fish consumption (Q22), by age and gender
Base: All (see table below chart)
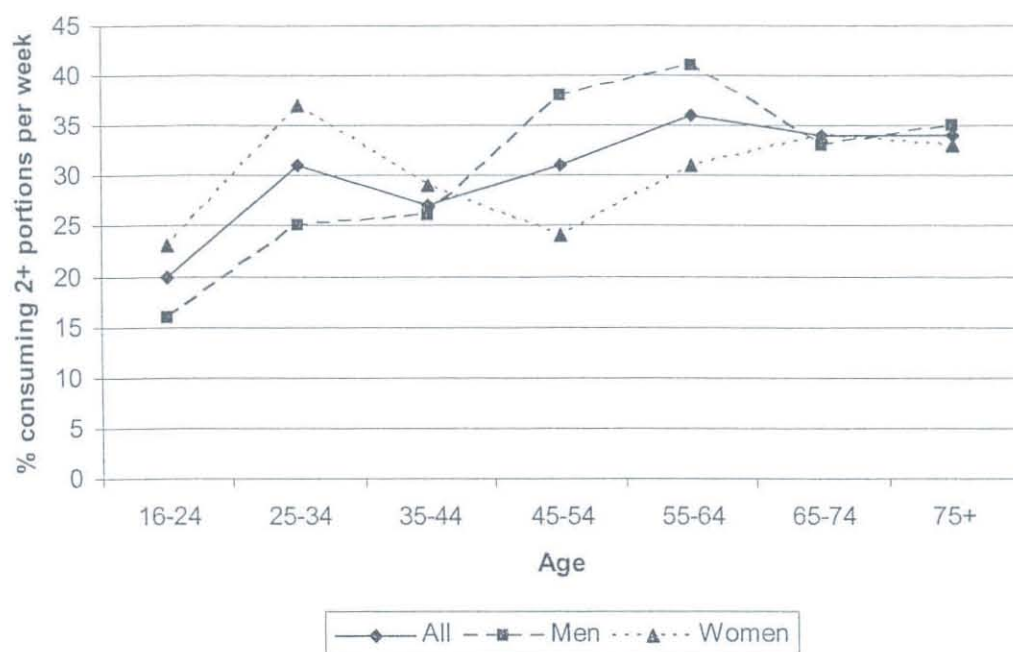
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 4.41 shows that those in the least deprived areas (DEPCATs 1/2) are most likely to say they eat the recommended amount of oily fish (36% say they do). In the most deprived areas (DEPCATs 6/7), oily fish consumption is similar to the average. Owner-occupiers are more likely than Housing Association tenants to say they consume the recommended amount of oily fish (33% and 26% respectively).

Table 4.41: Consumes recommended levels of oily fish (Q22), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Meets recommendation %	Socio-economic measure	Unweighted base: n	Meets recommendation %
Total	1,954	30	Qualifications	1,066	30
			No qualifications	889	29
DEPCAT 1/2	213	36			
DEPCAT 3/4/5	708	25	A	20	42
DEPCAT 6/7	1,033	30	B	153	31
			C1	391	32
Most deprived 15%	736	29	C2	521	29
Other datazones	1,218	30	D	448	24
			E	244	34
SIP	556	27			
Non-SIP	1,398	31	AB	173	32
			ABC1	564	32
Owner-occupier	851	33	C2DE	1,213	28
Housing Association	887	26	DE	692	27
			Economically active	648	29
			Economically inactive	706	30

Table 4.42 shows that under-consumption of oily fish is associated with other negative health behaviours, namely: smoking, heavy drinking, insufficient fruit/vegetable consumption and not eating breakfast every day.

Table 4.42: Consumes recommended levels of oily fish (Q22), by health & well-being measures

Base: All

|	Unweighted base: n	Total %
Total	1,954	30
Positive view of general health	1,182	29
Positive view of mental / emotional well-being	1,564	31
Positive view of physical well-being	1,490	30
Positive view of quality of life	1,573	30
High GHQ-12 score	294	30
Limiting condition or illness	529	33
Exposed to passive smoking most of the time	635	24
Current smoker	728	24
Heavy smoker (20+/day)	349	21
Exceeds recommended alcohol consumption	306	24
Obese	248	32
Finds it difficult to access health services	543	33
Does not meet recommended physical activity levels	852	30
Does not consume recommended levels of fruit / veg	1,408	23
Does not eat breakfast every day	503	23

4.5.4 High-fat Snacks

One in three (32%) say they eat two or more high-fat snacks (e.g. cakes, pastries, chocolate, biscuits, crisps) on a usual day. The mean number of such snacks consumed per day is 1.20.

Table 4.43 and Chart 4.10 show that those aged 25-34 are most likely to say they eat more than one high-fat snack a day (42%). Overall, there is no significant difference between men and women, but in the 16-24 and 35-44 age groups, men are more likely than women to say they eat more than one snack per day, and in the 55+ age groups, the opposite is true.

Table 4.43: Consumes two or more high-fat snacks per day (Q21), by age and gender
Base: All

	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	Total %
Total	38	42	32	28	24	24	29	32
Men	43	41	36	28	20	20	25	33
Women	33	43	27	27	28	27	32	32
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

(Age group header spans 16-24 through 75+ columns.)

Chart 4.10: High-fat snack consumption (Q21), by age and gender
Base: All (see table 4.43)
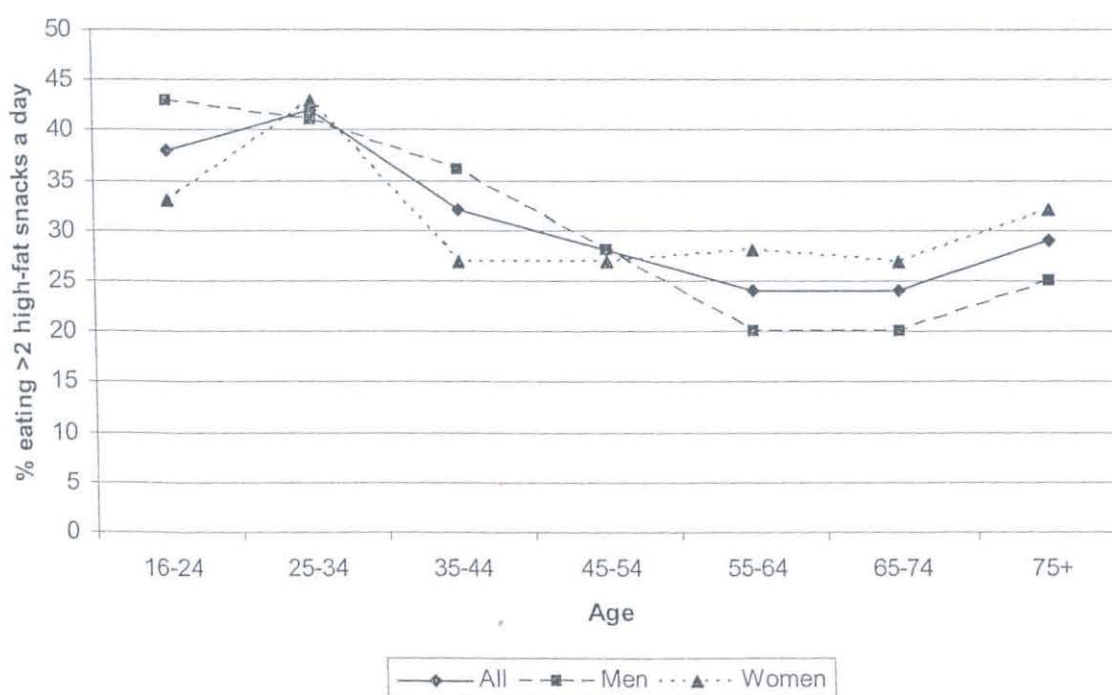
Table 4.44 shows a clear link between deprivation and consumption of high-fat snacks, with the likelihood of consuming more than one per day getting progressively higher in the more deprived areas (only 14% of those in the least deprived DEPCAT 1 areas say they do so, compared with 45% in DEPCAT 6). Interestingly, however, this trend is bucked by those in the most deprived areas (DEPCAT 7), of whom only 29% say they eat more than one per day. This is reinforced by the finding that those in the most deprived 15% datazones have a greater tendency to consume high-fat snacks (36% say they have more than one per day, compared with 31% in the other datazones). Similarly, Housing Association tenants are more likely than owner-occupiers to admit to consuming more than one per day (38% and 27% respectively do so).

Table 4.44 also shows a link between high-fat snack consumption and socio-economic status, with DEs being twice as likely as ABs to admit to eating more than one per day (40% and 19% respectively). Almost two in five of those with no qualifications (37%) admit this, compared with 30% of those with qualifications On the other hand, the economically active are *more* likely than the economically inactive to say they consume more than one high-fat snack per day (35% and 29% respectively).

Table 4.44: Consumes two or more high-fat snacks per day (Q21), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	2+ per day %	Socio-economic measure	Unweighted base: n	2+ per day %
Total	1,954	32	Qualifications	1,066	30
			No qualifications	889	37
DEPCAT 1/2	213	21			
DEPCAT 3/4/5	708	33	A	20	16
DEPCAT 6/7	1,033	36	B	153	20
			C1	391	29
Most deprived 15%	736	36	C2	521	32
Other datazones	1,218	31	D	448	39
			E	244	41
SIP	556	33			
Non-SIP	1,398	32	AB	173	19
			ABC1	564	26
Owner-occupier	851	27	C2DE	1,213	36
Housing Association	887	38	DE	692	40
			Economically active	648	35
			Economically inactive	706	29

Table **4.45** show that those with poor mental health, heavy smokers and those who do not eat breakfast every day are more likely to eat at least two high-fat snacks a day.

Table 4.45: Consumes two or more high-fat snacks per day (Q21), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	32
Positive view of general health	1,182	33
Positive view of mental / emotional well-being	1,564	31
Positive view of physical well-being	1,490	32
Positive view of quality of life	1,573	31
High GHQ-12 score	294	38
Limiting condition or illness	529	32
Exposed to passive smoking most of the time	635	37
Current smoker	728	35
Heavy smoker (20+/day)	349	38
Exceeds recommended alcohol consumption	306	43
Obese	248	35
Finds it difficult to access health services	543	34
Does not meet recommended physical activity levels	852	35
Does not consume recommended levels of fruit / veg	1,408	35
Does not eat breakfast every day	503	37

4.6   Body Mass Index (BMI)

Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated. Obviously, these figures would have been more reliable had we been able to weigh and measure the respondents rather than rely on their self-reported height and weight, but this is the best approximation available.

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
Extremely obese	BMI 40 or over

Thus, a BMI of 25 or over constitutes being above ideal weight, and 42% of respondents fit this description. A BMI of 30 or over constitutes being obese, and 12% of respondents fit this description.

Table 4.46 and Chart 4.11 show that residents' likelihood of being above ideal weight peaks in the 55-64 age group, especially for men, and that men are more likely than women to be over their ideal weight (49% and 36% respectively are). The 'gender gap' only exists in the 25-64 age group; in the youngest and oldest age groups, the BMIs of men and women are very similar.

Table 4.46: BMI (Q25), by age and gender
Base: All

	Un-weighted base: n	Under-weight %	Ideal %	Over-weight %	Obese %	Extremely obese %	Above ideal weight %	Obese/ extremely obese %
Total	1,954	3	53	30	11	1	42	12
Men								
16-24	209	6	76	13	3	*	16	3
25-34	346	4	61	29	5	1	35	6
35-44	330	1	53	33	12	*	45	12
45-54	310	3	43	40	13	*	54	13
55-64	235	2	36	43	17	1	61	18
65-74	298	2	45	31	22	1	53	22
75+	222	8	47	27	14	1	43	16
Men								
16-24	83	4	82	12	3	0	15	3
25-34	155	1	53	41	5	0	46	5
35-44	136	0	46	40	14	0	54	14
45-54	147	2	36	50	12	*	62	12
55-64	91	1	28	54	17	0	71	17
65-74	126	1	43	36	20	0	56	20
75+	83	3	51	26	14	4	43	17
All men	822	2	49	38	11	*	49	11
Women								
16-24	126	9	72	13	3	1	17	4
25-34	191	6	69	17	5	1	24	7
35-44	194	3	59	26	10	*	36	10
45-54	163	4	50	31	14	*	45	14
55-64	144	3	43	33	18	2	53	20
65-74	172	2	47	27	23	1	51	24
75+	139	10	46	27	14	1	42	15
All women	1,131	5	57	24	11	1	36	12

* denotes a value of less than 0.5% but greater than zero
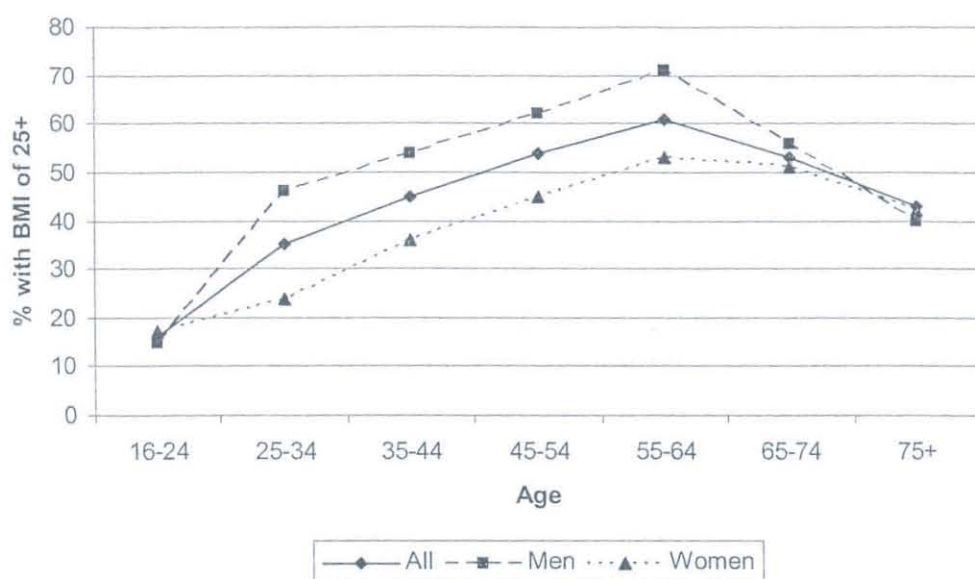
Unweighted bases:	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 4.46 also shows that residents' likelihood of being obese or extremely obese peaks in the 65-74 age group, then drops off in the 75+ age group. On this measure, there are no significant differences between men and women of comparable age.

Table 4.47 shows that those in the most deprived 15% datazones are less likely than those living elsewhere to be above their ideal weight (36% and 45% respectively), but not significantly less likely to be obese.

Table 4.47: BMI (Q25), by deprivation measures
Base: All

	Un-weighted base: n	Under-weight %	Ideal %	Over-weight %	Obese %	Extremely obese %	Above ideal weight %	Obese/ extremely obese %
Total	1,954	3	53	30	11	1	42	12
DEPCAT 1/2	213	6	47	32	13	*	45	13
DEPCAT 3/4/5	708	3	54	30	11	1	42	12
DEPCAT 6/7	1,033	3	56	30	11	1	41	11
Most deprived 15% datazones	736	2	61	27	9	1	36	10
Other datazones	1,218	4	50	32	13	*	45	13
SIP	556	2	59	27	10	1	38	11
Non-SIP	1,398	4	51	32	12	1	44	12

* denotes a value of less than 0.5% but greater than zero

Table 4.48 shows that there is no obvious pattern in terms of the relationship between BMI and socio-economic status. C1s and Ds are the two groups most likely to be above their ideal weight (49% and 48% respectively), and Es are least so (28%). Ds are also the group most likely to be obese/extremely obese (16% are). There is also a relationship between being overweight/obese and having qualifications, in that those with no qualifications have a greater tendency to be above ideal weight (47% are) and also to be obese/extremely obese (16% are).

Table 4.48: BMI (Q25), by socio-economic measures
Base: All

	Un-weighted base: n	Under-weight %	Ideal %	Over-weight %	Obese %	Extremely obese %	Above ideal weight %	Obese/ extremely obese %
Total	1,954	3	53	30	11	1	42	12
A	20	7	51	42	0	0	42	0
B	153	6	54	28	11	0	38	10
C1	391	4	47	37	12	*	49	12
C2	521	3	55	29	13	*	41	13
D	448	2	49	32	15	1	48	16
E	244	5	64	21	6	2	28	7
AB	173	6	54	30	9	0	39	9
ABC1	564	4	49	34	11	*	45	11
C2DE	1,213	3	55	28	12	1	41	13
DE	692	3	54	28	11	1	41	13
Owner-occupier	851	3	52	32	12	*	44	12
Housing Association	887	3	54	30	12	1	42	13
Economically active	648	1	50	38	10	*	48	10
Economically inactive	706	6	50	29	13	2	43	14
Qualifications	1,066	3	57	30	9	*	39	9
No qualifications	889	4	49	31	14	1	47	16

Table 4.49 shows that certain indicators of social exclusion are associated with a greater likelihood of being an ideal weight, i.e. those who feel they have no control over life decisions and those in receipt of Income Support are actually *less* likely to be overweight or obese than the sample as a whole.

Table 4.49: BMI (Q25), by social exclusion measures
Base: All

	Un-weighted base: n	Under-weight %	Ideal %	Over-weight %	Obese %	Extremely obese %	Above ideal weight %	Obese/ extremely obese %
Total	1,954	3	53	30	11	1	42	12
No-one to turn to or help with a problem	532	4	55	29	10	1	40	11
Isolated from family and friends	190	5	49	31	13	*	44	13
No control over life decisions	81	10	60	22	8	1	31	9
In receipt of Income Support	329	4	60	23	10	1	34	11

Table 4.50 shows that being overweight is associated with other negative health behaviours, namely: smoking more than 20 cigarettes per day (47% of heavy smokers are above their ideal weight) and physical inactivity (48% of those who do not meet the physical activity recommendations are above their ideal weight) These groups are not, however, significantly more likely than the average to be obese. Those with a high GHQ-12 score are also more likely to be obese. This table also highlights a link between BMI and the existence of a limiting condition or illness (49% of those with such a condition are overweight, and 20% are obese). Those who do not eat breakfast every day, on the other hand, are slightly less likely than average to be above their ideal weight.

Table 4.50: BMI (Q25), by health & well-being measures
Base: All

	Un-weighted base: n	Under-weight %	Ideal %	Over-weight %	Obese %	Extremely obese %	Above ideal weight %	Obese/ extremely obese %
Total	1,954	3	53	30	11	1	42	12
Positive view of general health	1,182	3	57	31	9	*	40	9
Positive view of physical well-being	1,490	2	57	30	9	1	40	10
Positive view of mental / emotional well-being	1,564	3	55	30	10	*	41	11
Positive view of quality of life	1,573	3	55	30	11	1	41	11
High GHQ-12 score	294	9	41	33	15	1	48	15
Limiting condition or illness	529	6	43	30	18	2	49	20
Current smoker	728	3	54	31	11	*	42	11
Heavy smoker (20+/day)	349	4	50	36	10	*	47	11
Exposed to passive smoking most of the time	635	5	49	34	11	1	46	12
Exceeds recommended alcohol consumption	306	3	56	33	8	1	42	9
Finds it difficult to access health services	543	5	43	35	15	*	50	16
Does not meet recommended physical activity levels	852	4	47	33	14	1	48	15
Does not consume recommended levels of fruit / veg	1,408	3	55	30	10	1	41	11
Does not eat breakfast every day	503	5	55	28	10	1	38	11

* denotes a figure of below 0.5% but greater than zero

4.7   An 'Unhealthy Behaviours' Index

This section looks at the extent to which those who exhibit one 'unhealthy behaviour' are likely to exhibit others.   In this analysis, we have looked at five 'unhealthy behaviours' and how they interact:

- Smoking
- Being above ideal weight (i.e. BMI of 25 or over)
- Not doing the recommended amount of physical activity
- Not eating the recommended quantity of fruit and vegetables
- Eating more than the recommended quantity of high-fat snacks

Chart 4.12 shows that nearly all residents (93%) admit to at least one of these behaviours, but only 2% admit to all five. The mean number of unhealthy behaviours is 2.23.

Chart 4.12: Number of unhealthy behaviours exhibited
Base: All (1,954)
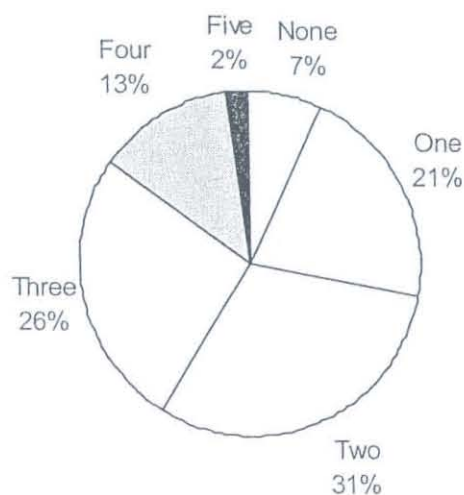
Tables **4.51** and **4.52** show that the following groups tend to exhibit a higher number of unhealthy behaviours:

- Those aged 45-54
- Men (specifically those aged 25-64)
- Those in more deprived areas
- C2s and (especially) DEs
- Those with no qualifications

Table 4.51: Mean number of 'unhealthy behaviours', by age and gender

Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	n	n	n	n	n	n	n	n
Total	1.79	2.28	2.29	2.51	2.35	2.25	2.15	2.23
Men	1.92	2.47	2.59	2.66	2.42	2.28	2.05	2.39
Women	1.66	2.09	1.99	2.35	2.28	2.24	2.20	2.09
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 4.52: Mean number of 'unhealthy behaviours', by deprivation measures and socio-economic measures

Base: All

| Deprivation measure | *Unweighted base:* | | Socio-economic measure | *Unweighted base:* | |
	n	n		*n*	n
Total	*1,954*	2.23	Qualifications	*1,066*	2.05
			No qualifications	*889*	2.51
DEPCAT 1/2	*213*	1.93			
DEPCAT 3/4/5	*708*	2.20	A	*20*	1.53
DEPCAT 6/7	*1,033*	2.36	B	*153*	1.82
			C1	*391*	2.17
Most deprived 15%	*736*	2.35	C2	*521*	2.20
Other datazones	*1,218*	2.17	D	*448*	2.47
			E	*244*	2.36
SIP	*556*	2.37			
Non-SIP	*1,398*	2.19	AB	*173*	1.79
			ABC1	*564*	2.04
Owner-occupier	*851*	1.97	C2DE	*1,213*	2.33
Housing Association	*887*	2.55	DE	*692*	2.43
			Economically active	*648*	2.31
			Economically inactive	*706*	2.39

SOCIAL HEALTH

5.1 Chapter Summary

Table 5.1 summarises the indicators relating to social health:

Table 5.1: Indicators for social health
Base: All (1,954)

Indicator	% of sample
Feel isolated from family & friends (Q59)	8.4
Belong to a club or association (Q33)	20.9
Feel I belong to this local area (Q42b)	72.1
Feel valued as a member of my community (Q42d)	52.9
People in my neighbourhood can influence decisions (Q42f)	60.3
Exchange small favours with people living nearby (Q42h)	55.4
Identify with a religion (Q66)	69.5
Consider self to be religious (Q67)	13.1
Consider self to be spiritual (Q68)	9.2
Attend religious/spiritual activities at least once a week (Q69)	18.7
Treated unfairly due to (lack of) religious beliefs (Q70)	6.2
Feel safe in my own home (Q46c)	92.1
Feel safe using public transport (Q46a)	75.3
Feel safe walking alone even after dark (Q46b)	58.4

One in twelve residents (8.4%) say they feel isolated from family and friends. The socially excluded, those with poor mental health, those with poor physical health, smokers, those who find it difficult to access health services, the physically inactive and those who do not eat breakfast every day are most likely to feel isolated.

One in five (20.9%) say they belong to a social club, association or similar, with the majority of these (81%) attending clubs locally. Women, older people, those in the most deprived areas, the socially excluded, those with poor mental health, passive smokers, current smokers, heavy drinkers and those who do not eat breakfast every day are least likely to belong to clubs etc.

Over seven in ten (72.1%) agree with the statement 'I feel I belong to this local area' while just over half (52.9%) agree with the statement 'I feel valued as a member of my community'. Those aged under 55, those in the most deprived areas, those who are socially excluded, those with poor mental health, passive smokers, current smokers, heavy drinkers and those who do not eat breakfast every day are least likely to agree with these statements.

Six in ten (60.3%) agree with the statement 'By working together, people in my neighbourhood can influence decisions that affect my neighbourhood'. Least likely to agree are: those aged under 55, those in the most deprived areas, the socially excluded, those with poor mental health, those who do not eat breakfast every day, heavy drinkers, those who find it difficult to access health services, smokers and passive smokers.

Just over half (55.4%) say they exchange small favours with people who live near them. Least likely to say this are: men, those aged under 55, and the socially excluded.

Seven in ten (69.5%) say they identify with a religion and 13.1% consider themselves to be 'very/fairly religious'. One in eleven (9.2%) consider themselves to be 'very/fairly spiritual'. Least likely to define themselves as either religious or spiritual are: men, younger people, those in the most deprived areas, smokers, heavy drinkers, passive smokers and those who do not eat breakfast every day.

Generally, the same people who class themselves as religious also class themselves as spiritual, although 8% of those who say they are very/fairly spiritual do *not* see themselves as very or fairly religious.

One in five (18.7%) say they attend religious or spiritual activities once a week or more. Among those who say they are very/fairly religious, this proportion is 73%.

One in sixteen (6.2%) say they have been treated unfairly due to their religious beliefs (or lack of them). Among those who consider themselves very or fairly religious, this proportion is one in six (16%).

Over nine in ten (92.1%) say they feel safe in their own home while three-quarters (75.3%) say they feel safe on public transport and six in ten (58.4%) feel safe walking around even after dark. Those with poor mental and/or physical health tend to feel less safe than average in all three scenarios.

In their own homes, groups that tend to feel less safe include: those in the most deprived areas, the socially excluded and those who do not eat breakfast every day.

On public transport, groups that tend to feel less safe include: older people, those in the *less deprived* areas and the physically inactive.

Walking around the local area, groups that tend to feel less safe include: women, older people, those in the most deprived areas, the socially excluded and those who find it difficult to access health services.

Respondents were asked about a range of social and environmental issues that may affect their local area. Unemployment, drug activity, young people hanging around and excessive drinking are seen as the main problems locally. Those aged 25-34 and those living in more deprived areas are more likely to have a negative perception of these social issues.

Areas of most concern environmentally are dog's dirt, unavailability of safe play spaces and rubbish lying about, with at least three in ten residents having a negative perception of these areas.

In terms of local services, public transport, local schools and food shops are given a positive rating by the majority. The services most likely to be rated negatively are activities for young people and leisure/sports facilities.

5.2   Social Connectedness

5.2.1 Isolation from Family/Friends

When asked if they ever feel isolated from family and friends, 8% say 'yes'.

Table 5.2 shows that C2DEs are slightly more likely to say they feel isolated (10%, compared with 6% of ABC1s). The difference is more marked at the extremes with 11% of DEs saying they feel isolated, compared with only 2% of ABs.

Table 5.2: Feels isolated from friends/family (Q59), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Total sample %	Socio-economic measure	Unweighted base: n	Total sample %
Total	1,954	8	Qualifications	1,064	11
			No qualifications	889	6
DEPCAT 1/2	213	6			
DEPCAT 3/4/5	708	10	A	20	0
DEPCAT 6/7	1,033	8	B	153	3
			C1	391	8
Most deprived 15%	736	8	C2	521	8
Other datazones	1,218	9	D	448	12
			E	244	10
SIP	556	9			
Non-SIP	1,398	8	AB	173	2
			ABC1	564	6
Owner-occupier	851	6	C2DE	1,213	10
Housing Association	887	11	DE	692	11
			Economically active	648	6
			Economically inactive	706	14

Table 5.3 shows that those who are socially excluded are more likely to feel isolated from friends and family (which is not surprising, given that this is in itself a measure of social exclusion).

Table 5.3: Feels isolated from friends/family (Q59), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	8
No-one to turn to for help with a problem	532	12
No control over life decisions	81	42
In receipt of Income Support	329	18

Table 5.4 shows that those with poor mental health are three times as likely as the average to feel isolated from family and friends. Those in poor physical health, smokers, those who find it difficult to access health services, the physically inactive and those who do not eat breakfast every day are also slightly more likely to feel isolated.

Table 5.4: Feels isolated from friends/family (Q59), by health & well-being measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	8
Positive view of general health	1,182	6
Positive view of mental / emotional well-being	1,564	6
Positive view of physical well-being	1,490	6
Positive view of quality of life	1,573	6
High GHQ-12 score	294	25
Limiting condition or illness	529	17
Exposed to passive smoking most of the time	635	11
Current smoker	728	11
Heavy smoker (20+/day)	349	12
Exceeds recommended alcohol consumption	306	7
Obese	248	10
Finds it difficult to access health services	543	12
Does not meet recommended physical activity levels	852	11
Does not consume recommended levels of fruit / veg	1,408	9
Does not eat breakfast every day	503	11

5.2.2 Club Membership

One in five residents (21%) say they belong to a social club, association or similar. Of those who say they do belong to such a club or association, four in five (81%) say they attend local clubs compared with 23% attending clubs elsewhere (some attend both locally and elsewhere, which is why this totals more than 100%).

Chart 5.1: Attending clubs
Base: All (1,954)

Older residents are more likely to attend locally while younger residents are more likely to travel further afield.

Table 5.5 shows that women are more likely than men to say they belong to a club, especially in the 55-64 and 75+ age groups.

Table 5.5: Belong to a social club, association or similar (Q33), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	9	19	15	24	24	35	37	21
Men	9	17	11	22	18	33	25	17
Women	8	21	19	25	30	37	43	24
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table **5.6** shows that those in the most deprived areas and C2DEs are less likely than those with 'higher' socio-economic status to belong to clubs.

Table 5.6: Belong to a social club, association or similar (Q33), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base:	Total sample	Socio-economic measure	Unweighted base:	Total sample
	n	%		n	%
Total	1,954	21	Qualifications	1,064	22
			No qualifications	889	19
DEPCAT 1/2	213	32			
DEPCAT 3/4/5	708	20	A	20	52
DEPCAT 6/7	1,033	18	B	153	30
			C1	391	25
Most deprived 15%	736	15	C2	521	18
Other datazones	1,218	24	D	448	20
			E	244	9
SIP	556	16			
Non-SIP	1,398	23	AB	173	33
			ABC1	564	27
Owner-occupier	851	28	C2DE	1,213	17
Housing Association	887	15	DE	692	16
			Economically active	648	18
			Economically inactive	706	22

Table **5.7** shows that those who are socially excluded are less likely to say they belong to a club or association.

Table 5.7: Belong to a social club, association or similar (Q33), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	21
No-one to turn to for help with a problem	532	14
Isolated from family and friends	190	19
No control over life decisions	81	7
In receipt of Income Support	329	8

Table 5.8 shows that those with poor physical health and those who find it difficult to access health services have a greater tendency to belong to social clubs. Those with poor mental health, passive smokers, active smokers, heavy drinkers and those who do not eat breakfast every day are among those least likely to belong to social clubs.

Table 5.8: Belong to a social club, association or similar (Q33), by health & well-being measures
Base: All

	Unweighted base: n	Total %
Total	1,954	21
Positive view of general health	1,182	19
Positive view of mental / emotional well-being	1,564	22
Positive view of physical well-being	1,490	21
Positive view of quality of life	1,573	22
High GHQ-12 score	294	15
Limiting condition or illness	529	27
Exposed to passive smoking most of the time	635	14
Current smoker	728	13
Heavy smoker (20+/day)	349	12
Exceeds recommended alcohol consumption	306	14
Obese	248	25
Finds it difficult to access health services	543	26
Does not meet recommended physical activity levels	852	16
Does not consume recommended levels of fruit / veg	1,408	18
Does not eat breakfast every day	503	14

5.2.3 Sense of Belonging to the Community

Over seven in ten residents agree with the statement 'I feel I belong to this local area' (59% agree and 13% strongly agree). One in twelve (8%) disagree.

Tables 5.9 and 5.10 shows that those aged 55+ are more likely to feel they belong, as are residents in the least deprived areas.

Table 5.9: Sense of belonging to the community (Q42b), by age and gender
Base: All

		Unweighted base:	Agree	Disagree	Neither/Nor
		n	%	%	%
Total		1,954	72	8	20
All					
	16-24	209	65	12	22
	25-34	346	55	14	31
	35-44	330	67	7	26
	45-54	310	78	3	19
	55-64	235	86	5	10
	65-74	298	88	5	6
	75+	222	87	3	10
Men					
	16-24	83	69	11	20
	25-34	155	53	11	36
	35-44	136	63	6	32
	45-54	147	77	2	21
	55-64	91	87	5	8
	65-74	126	87	6	7
	75+	83	92	0	8
	All men	822	70	7	23
Women					
	16-24	126	62	13	25
	25-34	191	58	16	26
	35-44	194	72	8	20
	45-54	163	79	4	17
	55-64	144	85	5	11
	65-74	172	89	5	6
	75+	139	85	4	11
	All women	1,131	74	9	18

Table 5.10: Sense of belonging to the community (Q42b), by deprivation measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	72	8	20
DEPCAT 1/2	213	81	3	16
DEPCAT 3/4/5	708	76	6	18
DEPCAT 6/7	1,033	66	11	23
Most deprived 15% datazones	736	64	12	24
Other datazones	1,218	76	6	18
SIP	556	65	12	22
Non-SIP	1,398	75	6	19

As **Table 5.11** shows there is less of a sense of belonging among DEs and Housing Association tenants, but more of sense of belonging among the economically inactive.

Table 5.11: Sense of belonging to the community (Q42b), by socio-economic measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	*1,954*	72	8	20
A	*20*	84	0	16
B	*153*	82	2	16
C1	*391*	75	6	20
C2	*521*	78	6	16
D	*448*	69	10	21
E	*244*	56	19	25
AB	*173*	82	2	16
ABC1	*564*	77	5	18
C2DE	*1,213*	71	10	20
DE	*692*	65	13	22
Owner-occupier	*851*	82	3	15
Housing Association	*887*	66	12	23
Economically active	*648*	65	9	26
Economically inactive	*706*	75	10	15
Qualifications	*1,064*	72	6	22
No qualifications	*889*	72	10	17

Table 5.12 shows that those who are socially excluded tend to feel less of a sense of belonging.

Table 5.12: Sense of belonging to the community (Q42b), by social exclusion measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	*1,954*	72	8	20
No-one to turn to for help with a problem	*532*	38	18	44
Isolated from family and friends	*190*	60	18	22
No control over life decisions	*81*	38	36	26
In receipt of Income Support	*329*	60	14	26

Table 5.13 shows that those with poor mental health tend to feel less of a sense of belonging, as do those exhibiting a number of 'negative' health behaviours, namely: passive smoking, active smoking, heavy drinking and not eating breakfast every day.

Table 5.13: Sense of belonging to the community (Q42b), by health & well-being measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	72	8	20
Positive view of general health	1,182	72	7	21
Positive view of physical well-being	1,490	74	6	20
Positive view of mental / emotional well-being	1,564	74	6	20
Positive view of quality of life	1,573	74	6	20
High GHQ-12 score	294	56	25	19
Limiting condition or illness	529	72	11	16
Exposed to passive smoking most of the time	635	63	15	22
Current smoker	728	64	13	24
Heavy smoker (20+/day)	349	63	11	26
Exceeds recommended alcohol consumption	306	66	13	21
Obese	248	76	8	16
Finds it difficult to access health services	543	68	14	18
Does not meet recommended physical activity levels	852	74	7	18
Does not consume recommended levels of fruit / veg	1,408	72	8	20
Does not eat breakfast every day	503	58	13	28

5.2.4 Feeling Valued as a Member of my Community

Just over half of residents (53%) agree with the statement 'I feel valued as a member of my community' (42% agree and 11% strongly agree). One in eight (13%) disagree (less than 1% strongly).

Table 5.14 shows that older residents are more likely to agree with this statement (69% of those aged 55 and over, compared with 46% of those aged under 55). From **Table 5.15** there is a variation across DEPCATs with six in ten of those in DEPCATs 1/2 saying they agree, compared with only 47% in 6/7. Again there is a difference between those living within the most deprived 15% datazones and those who are not (44% and 57% respectively).

Table 5.14: Feeling valued as a member of my community (Q42d), by age and gender
Base: All

		Unweighted base:	Agree	Disagree	Neither/Nor
		n	%	%	%
Total		1,954	53	13	34
All					
	16-24	209	42	14	44
	25-34	346	40	17	43
	35-44	330	48	12	40
	45-54	310	57	13	31
	55-64	235	66	15	19
	65-74	298	72	8	19
	75+	222	68	12	20
Men					
	16-24	83	44	15	41
	25-34	155	38	11	51
	35-44	136	45	11	44
	45-54	147	54	10	36
	55-64	91	64	13	23
	65-74	126	73	8	19
	75+	83	74	3	23
	All men	822	51	11	38
Women					
	16-24	126	40	14	46
	25-34	191	42	23	36
	35-44	194	51	13	36
	45-54	163	60	15	25
	55-64	144	68	16	15
	65-74	172	72	8	20
	75+	139	66	16	18
	All women	1,131	55	16	30

Table 5.15: Feeling valued as a member of my community (Q42d), by deprivation measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	53	13	34
DEPCAT 1/2	213	61	8	30
DEPCAT 3/4/5	708	57	10	33
DEPCAT 6/7	1,033	47	18	35
Most deprived 15% datazones	736	44	18	38
Other datazones	1,218	57	11	31
SIP	556	45	20	35
Non-SIP	1,398	56	11	33

Tables **5.16** and **5.17** show that DEs, Housing Association tenants and the socially excluded tend to feel less valued as a member of their community.

Table 5.16: Feeling valued as a member of my community (Q42d), by socio-economic measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	*1,954*	53	13	34
A	*20*	62	7	31
B	*153*	63	7	30
C1	*391*	52	14	34
C2	*521*	59	11	31
D	*448*	50	15	34
E	*244*	43	20	37
AB	*173*	63	7	30
ABC1	*564*	56	12	33
C2DE	*1,213*	53	14	33
DE	*692*	48	17	35
Owner-occupier	*851*	64	8	29
Housing Association	*887*	45	19	37
Economically active	*648*	48	14	38
Economically inactive	*706*	44	18	22
Qualifications	*1,064*	52	12	36
No qualifications	*889*	54	16	30

Table 5.17: Feeling valued as a member of my community (Q42d), by social exclusion measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	*1,954*	53	13	34
No-one to turn to for help with a problem	*532*	15	23	62
Isolated from family and friends	*190*	39	26	35
No control over life decisions	*81*	24	43	33
In receipt of Income Support	*329*	38	19	43

Table 5.18 shows that certain groups tend to feel less valued as a member of the community, namely: those with poor mental health, those who do not breakfast every day, smokers (particularly heavy smokers), heavy drinkers, passive smokers and those who find it difficult to access health services.

Table 5.18: Feeling valued as a member of my community (Q42d), by health & well-being measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	53	13	34
Positive view of general health	1,182	54	11	35
Positive view of physical well-being	1,490	55	11	34
Positive view of mental / emotional well-being	1,564	55	11	34
Positive view of quality of life	1,573	55	11	33
High GHQ-12 score	294	35	34	31
Limiting condition or illness	529	51	23	27
Exposed to passive smoking most of the time	635	44	21	35
Current smoker	728	45	19	36
Heavy smoker (20+/day)	349	40	18	41
Exceeds recommended alcohol consumption	306	40	18	42
Obese	248	49	17	34
Finds it difficult to access health services	543	45	26	29
Does not meet recommended physical activity levels	852	55	13	31
Does not consume recommended levels of fruit / veg	1,408	54	13	33
Does not eat breakfast every day	503	38	22	40

5.2.5 Influence within Neighbourhood

Six in ten residents (60%) agree with the statement 'By working together, people in my neighbourhood can influence decisions that affect my neighbourhood' (51% agree and 10% strongly agree). Only 8% disagree (1% strongly). Three in ten (31%) say 'neither/nor'.

Table 5.19 shows that those aged 55+ are more likely to agree with this statement. There is also a variation across DEPCATs (73% say they agree in 1/2, compared with 66% in 3/4/5 and only 52% in 6/7), as seen in **Table 5.20**. Again there is a difference between those living within the most deprived 15% datazones and those who are not. Two-thirds of those not within these datazones (66%) say they agree, compared with half of those who are (49%).

Table 5.19: Influence within neighbourhood (Q42f), by age and gender
Base: All

		Unweighted base:	Agree	Disagree	Neither/Nor
		n	%	%	%
Total		1,954	60	8	31
All					
	16-24	209	49	8	42
	25-34	346	47	16	37
	35-44	330	59	6	35
	45-54	310	65	7	28
	55-64	235	76	5	20
	65-74	298	72	5	22
	75+	222	73	6	21
Men					
	16-24	83	51	8	41
	25-34	155	45	10	45
	35-44	136	58	5	37
	45-54	147	68	3	29
	55-64	91	80	5	15
	65-74	126	71	26	3
	75+	83	80	3	17
	All men	822	61	6	34
Women					
	16-24	126	48	9	44
	25-34	191	48	22	29
	35-44	194	60	7	34
	45-54	163	63	10	27
	55-64	144	72	5	23
	65-74	172	74	7	20
	75+	139	70	8	23
	All women	1,131	60	10	29

Table 5.20: Influence within neighbourhood (Q42f), by deprivation measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	60	8	31
DEPCAT 1/2	213	73	5	22
DEPCAT 3/4/5	708	66	7	27
DEPCAT 6/7	1,033	52	10	38
Most deprived 15% datazones	736	49	10	41
Other datazones	1,218	66	7	27
SIP	556	52	11	37
Non-SIP	1,398	63	7	29

Similarly there is a difference across socio-economic group (67% of ABC1s feel they have an influence, compared with 58% of C2DEs), as seen in **Table 5.21**.

Table 5.21: Influence within neighbourhood (Q42f), by socio-economic measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	60	8	31
A	20	76	4	20
B	153	75	4	22
C1	391	62	9	29
C2	521	66	6	28
D	448	55	8	37
E	244	45	17	38
AB	173	75	4	22
ABC1	564	67	7	26
C2DE	1,213	58	9	33
DE	692	51	11	38
Owner-occupier	851	74	3	23
Housing Association	887	49	14	36
Economically active	648	57	8	35
Economically inactive	706	61	12	28
Qualifications	1,064	62	7	32
No qualifications	889	58	11	31

Table 5.22 shows that the socially excluded tend to feel they have less influence.

Table 5.22: Influence within neighbourhood (Q42f), by social exclusion measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	60	8	31
No-one to turn to for help with a problem	532	22	17	60
Isolated from family and friends	190	45	22	33
No control over life decisions	81	24	36	40
In receipt of Income Support	329	40	14	46

Table 5.23 shows that certain groups tend to feel they have less influence, namely: those with poor mental health, those who do not eat breakfast every day, heavy drinkers, those who find it difficult to access health services, smokers and passive smokers.

Table 5.23: Influence within neighbourhood (Q42f), by health & well-being measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	60	8	31
Positive view of general health	1,182	61	7	32
Positive view of physical well-being	1,490	64	6	32
Positive view of mental / emotional well-being	1,564	63	6	31
Positive view of quality of life	1,573	63	5	31
High GHQ-12 score	294	41	21	38
Limiting condition or illness	529	58	13	29
Exposed to passive smoking most of the time	635	52	11	37
Current smoker	728	52	12	36
Heavy smoker (20+/day)	349	50	12	38
Exceeds recommended alcohol consumption	306	49	13	38
Obese	248	57	9	34
Finds it difficult to access health services	543	51	16	33
Does not meet recommended physical activity levels	852	62	11	28
Does not consume recommended levels of fruit / veg	1,408	59	9	32
Does not eat breakfast every day	503	46	14	40

5.2.6 Exchanging Small Favours with People who Live Near You

Just over half of residents (55%) say they exchange small favours with people who live near them, while four in ten (41%) say they do not. One in five (21%) do so with one person, a quarter (24%) with between two and five people, and one in ten (10%) with six or more people.

Table 5.24 shows that women are more likely to say they exchange small favours (60% do, compared with 51% of men). This table also shows that those aged 55-74 are more likely to say they exchange small favours with at least one person.

Table 5.24: Exchange small favours with people who live near you (Q42h), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	46	49	51	58	67	70	61	55
Men	39	44	50	53	61	68	61	51
Women	52	55	51	62	73	73	61	60
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.25 shows that those in the most deprived areas and the 'lower' socio-economic groups are less likely to say they exchange small favours with their neighbours.

Table 5.25: Exchange small favours with people who live near you (Q42h), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	*Unweighted base:*	Total sample	Socio-economic measure	*Unweighted base:*	Total sample
	n	%		*n*	%
Total	*1,954*	55	Qualifications	*1,064*	55
			No qualifications	*889*	57
DEPCAT 1/2	*213*	60			
DEPCAT 3/4/5	*708*	56	A	*20*	68
DEPCAT 6/7	*1,033*	53	B	*153*	69
			C1	*391*	55
Most deprived 15%	*736*	53	C2	*521*	53
Other datazones	*1,218*	57	D	*448*	54
			E	*244*	54
SIP	*556*	48			
Non-SIP	*1,398*	58	AB	*173*	69
			ABC1	*564*	60
Owner-occupier	*851*	61	C2DE	*1,213*	54
Housing Association	*887*	52	DE	*692*	54
			Economically active	*648*	52
			Economically inactive	*706*	58

Table 5.26 shows that, on some measures, those who are socially excluded are less likely to exchange small favours with their neighbours.

Table 5.26: Exchange small favours with people who live near you (Q42h), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	55
No-one to turn to for help with a problem	532	37
Isolated from family and friends	190	49
No control over life decisions	81	30
In receipt of Income Support	329	51

5.2.7 Religious Identity

Seven in ten residents (70%) say they identify with a religion, predominantly Church of Scotland (34%) and Roman Catholic (30%). These figures are broadly in line with those yielded by the 2001 Census in Greater Glasgow (34% and 28% respectively).

Women are more likely to say they identify with a religion than men (75%, compared with 66% of men).

Older residents are also more likely to identify with a religion. Over eight in ten of those aged 55 and over (82%) say they do, compared with two-thirds of those aged under 55 (66%).

5.2.8 How Religious You Consider Yourself to Be

Residents were then asked how religious they consider themselves to be on a scale of 1 to 5. We define those scoring 5 or 4 as 'very/fairly religious' and those scoring 1 or 2 as 'a little/not at all religious'. On this basis 13% of residents consider themselves to be 'very/fairly religious' while two-thirds (68%) consider themselves to be 'a little/not at all religious'.

Following the pattern of identifying with religion, **Table 5.28** shows that women are more likely to say they consider themselves to be 'very/fairly religious' (16% do, compared with 10% of men). Also older residents are more likely to say they consider themselves to be religious.

Table 5.28: How religious you consider yourself to be (Q67), by age and gender
Base: All

		Unweighted base: n	Very/fairly %	A little/not at all %
Total		1,954	13	68
All				
	16-24	209	7	79
	25-34	346	11	73
	35-44	330	9	78
	45-54	310	15	66
	55-64	235	17	57
	65-74	298	23	53
	75+	222	22	53
Men				
	16-24	83	6	79
	25-34	155	8	80
	35-44	136	5	86
	45-54	147	13	67
	55-64	91	8	66
	65-74	126	21	56
	75+	83	25	53
	All men	822	10	74
Women				
	16-24	126	8	80
	25-34	191	13	66
	35-44	194	12	70
	45-54	163	17	66
	55-64	144	25	50
	65-74	172	24	52
	75+	139	20	53
	All women	1,131	16	64

From **Table 5.29**, those living within the most deprived 15% datazones are less likely to say they consider themselves to be religious. One in seven of those not within these datazones (15%) say they consider themselves to be 'very/fairly religious', compared with 9% of those who are. Those living in DEPCATs 1/2 are more likely to say they consider themselves to be very/fairly religious' (22% in 1/2 compared with 11% in 6/7).

Table 5.29: How religious you consider yourself to be (Q67), by deprivation measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	13	68
DEPCAT 1/2	213	22	55
DEPCAT 3/4/5	708	12	71
DEPCAT 6/7	1,033	11	72
Most deprived 15% datazones	736	9	77
Other datazones	1,218	15	64
SIP	556	9	76
Non-SIP	1,398	15	66

Table 5.30 shows that ABC1 and owner-occupiers are more likely than C2DEs and Housing Association tenants to consider themselves to be very/fairly religious.

Table 5.30: How religious you consider yourself to be (Q67), by socio-economic measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	13	68
A	20	29	54
B	153	21	57
C1	391	18	61
C2	521	14	66
D	448	8	72
E	244	8	81
AB	173	22	56
ABC1	564	19	59
C2DE	1,213	11	71
DE	692	8	75
Owner-occupier	851	17	61
Housing Association	887	10	76
Economically active	648	11	76
Economically inactive	706	15	67
Qualifications	1,064	14	68
No qualifications	889	12	70

Table 5.31 shows that those in receipt of Income Support are less likely than average to see themselves as religious.

Table 5.31: How religious you consider yourself to be (Q67), by social exclusion measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	13	68
No-one to turn to for help with a problem	532	9	76
Isolated from family and friends	190	15	70
No control over life decisions	81	9	81
In receipt of Income Support	329	5	84

Table 5.32 shows that those who are obese are more likely than the average to consider themselves as religious. On the other hand, the following groups are less likely than average to do so: smokers, heavy drinkers, passive smokers and those who do not eat breakfast every day.

Table 5.32: How religious you consider yourself to be (Q67), by health & well-being measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	13	68
Positive view of general health	1,182	13	68
Positive view of physical well-being	1,490	14	67
Positive view of mental / emotional well-being	1,564	14	68
Positive view of quality of life	1,573	14	68
High GHQ-12 score	294	14	68
Limiting condition or illness	529	14	69
Exposed to passive smoking most of the time	635	8	78
Current smoker	728	7	79
Heavy smoker (20+/day)	349	5	78
Exceeds recommended alcohol consumption	306	6	76
Obese	248	19	66
Finds it difficult to access health services	543	13	67
Does not meet recommended physical activity levels	852	16	62
Does not consume recommended levels of fruit / veg	1,408	11	72
Does not eat breakfast every day	503	8	76

5.2.9 How Spiritual You Consider Yourself to Be

Residents were then asked how spiritual they consider themselves to be on a scale of 1 to 5. We define those scoring 5 or 4 as 'very/fairly spiritual' and those scoring 1 or 2 as 'a little/not at all spiritual'. On this basis 9% of residents consider themselves to be 'very/fairly spiritual' while three-quarters (77%) consider themselves to be 'a little/not at all spiritual'.

Table 5.33 shows that women are more likely to say they consider themselves to be 'very/fairly spiritual' (12% do, compared with 6% of men). It also shows that older residents (aged 65+) are more likely to say they consider themselves to be spiritual.

Table 5.33: How spiritual you consider yourself to be (Q68), by age and gender
Base: All

		Unweighted base:	Very/fairly	A little/not at all
		n	%	%
Total		1,954	9	77
All				
	16-24	209	5	86
	25-34	346	9	80
	35-44	330	7	83
	45-54	310	10	76
	55-64	235	8	72
	65-74	298	17	64
	75+	222	12	63
Men				
	16-24	83	3	90
	25-34	155	6	89
	35-44	136	3	93
	45-54	147	7	78
	55-64	91	2	85
	65-74	126	15	68
	75+	83	9	73
	All men	822	6	85
Women				
	16-24	126	6	82
	25-34	191	13	71
	35-44	194	11	73
	45-54	163	13	75
	55-64	144	14	61
	65-74	172	18	60
	75+	139	14	58
	All women	1,131	12	70

From **Table 5.34** those living within the most deprived 15% datazones are less likely to say they consider themselves to be spiritual. One in seven of those not within these datazones (11%) say they consider themselves to be 'very/fairly spiritual', compared with 6% of those who are. Those living in DEPCATs 1/2 are more likely to say they consider themselves to be 'very/fairly religious' (14%, compared with 8% in 6/7).

Table 5.34: How spiritual you consider yourself to be (Q68), by deprivation measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	9	77
DEPCAT 1/2	213	14	75
DEPCAT 3/4/5	708	9	75
DEPCAT 6/7	1,033	8	78
Most deprived 15% datazones	736	6	82
Other datazones	1,218	11	74
SIP	556	6	83
Non-SIP	1,398	10	74

Similarly, 14% of those in socio-economic group ABC1 say they consider themselves to be 'very/fairly spiritual', compared with 7% of C2DEs, as in **Table 5.35**.

Table 5.35: How spiritual you consider yourself to be (Q68), by socio-economic measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	9	77
A	20	13	58
B	153	16	73
C1	391	14	71
C2	521	8	75
D	448	5	82
E	244	7	84
AB	173	16	71
ABC1	564	14	71
C2DE	1,213	7	79
DE	692	6	83
Owner-occupier	851	12	71
Housing Association	887	7	82
Economically active	648	7	85
Economically inactive	706	11	74
Qualifications	1,064	10	77
No qualifications	889	8	77

Table 5.36 shows that those who feel they have no control over life decisions and those who are receipt of Income Support are less likely than average to see themselves as spiritual.

Table 5.36: How spiritual you consider yourself to be (Q68), by social exclusion measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	9	77
No-one to turn to for help with a problem	532	7	81
Isolated from family and friends	190	10	73
No control over life decisions	81	4	84
In receipt of Income Support	329	3	87

Table 5.37 shows that smokers, passive smokers, heavy drinkers and those who do not eat breakfast every day are less likely to see themselves as spiritual.

Table 5.37: How spiritual you consider yourself to be (Q68), by health & well-being measures
Base: All

	Unweighted base:	Very/fairly	A little/not at all
	n	%	%
Total	1,954	9	77
Positive view of general health	1,182	9	78
Positive view of physical well-being	1,490	10	76
Positive view of mental / emotional well-being	1,564	10	77
Positive view of quality of life	1,573	10	76
High GHQ-12 score	294	9	75
Limiting condition or illness	529	9	74
Exposed to passive smoking most of the time	635	6	84
Current smoker	728	6	84
Heavy smoker (20+/day)	407	4	86
Exceeds recommended alcohol consumption	306	5	86
Obese	248	12	74
Finds it difficult to access health services	543	12	72
Does not meet recommended physical activity levels	852	10	74
Does not consume recommended levels of fruit / veg	1,408	7	80
Does not eat breakfast every day	503	6	84

Nearly all of those who consider themselves to be spiritual also consider themselves to be religious, although 8% of those who say they are very/fairly spiritual do *not* consider themselves to be very/fairly religious.

When the questionnaire was piloted, it was clear that some confusion exists regarding the difference between the two, with several pilot respondents asking for clarification on what we mean by 'spiritual' and how this differs from 'religious'. In the interviewer instructions for the main survey, a note of clarification was included for use when the respondent asked for it. This note read: *"These questions are not asking about activities, just how spiritual they consider themselves to be. This can often take the form of people involved in non-traditional spiritual activities (such as meditation, crystals, etc) but it's also worthwhile to note that some people who've been raised in a religious environment, but no longer participate in religious activities, may still feel they have a strong spiritual connection, although no longer consider themselves to be religious."*

5.2.10 Frequency of Attending Spiritual or Religious Activities

Six in ten (59%) say they never attend religious or spiritual activities. One in seven (14%) say they attend 'a few times a year', 12% 'about once a week' and 7% 'more than once a week'.

Three-quarters of those who say they consider themselves to be 'very/fairly religious' (73%) say they attend a religious or spiritual activity more than once a week or about once a week while three-quarters of those who say they consider themselves to be 'a little/not a lot religious' (77%) say they never attend a religious or spiritual activity.

5.2.11 Unfair Treatment Because of Religious Beliefs

Only 6% say they have been treated unfairly because of their religious beliefs (or lack of them). One in six of those who say they consider themselves to be 'very/fairly religious' (16%) say they have been treated unfairly because of their religious beliefs compared with one in twenty-five (4%) of those who say they consider themselves to be 'a little/not a lot religious'.

Those who identify with Roman Catholicism are slightly more likely than those who identify with Church of Scotland to say they have been treated unfairly (9% of Roman Catholics say this, compared with 5% of those in Church of Scotland). Those who identify with 'other' religions, however, are most likely to say they have been treated unfairly (14%).

5.3 Length of Residency – Neighbourhood and Current Home

Across Greater Glasgow, the mean length of residency in the neighbourhood is 21.7 years, with people living in their homes for a mean time of 12.1 years.

As would be expected, the length of residency in the neighbourhood and in the home generally increases as we go higher up the age groups. The anomaly is for age group 25-34, which has a slightly lower mean than age group 16-24. This may be due to people in this age range starting a career somewhere new and/or buying their first property.

Chart 5.2: Length of residency (within neighbourhood and home)
Base: All (1,954)
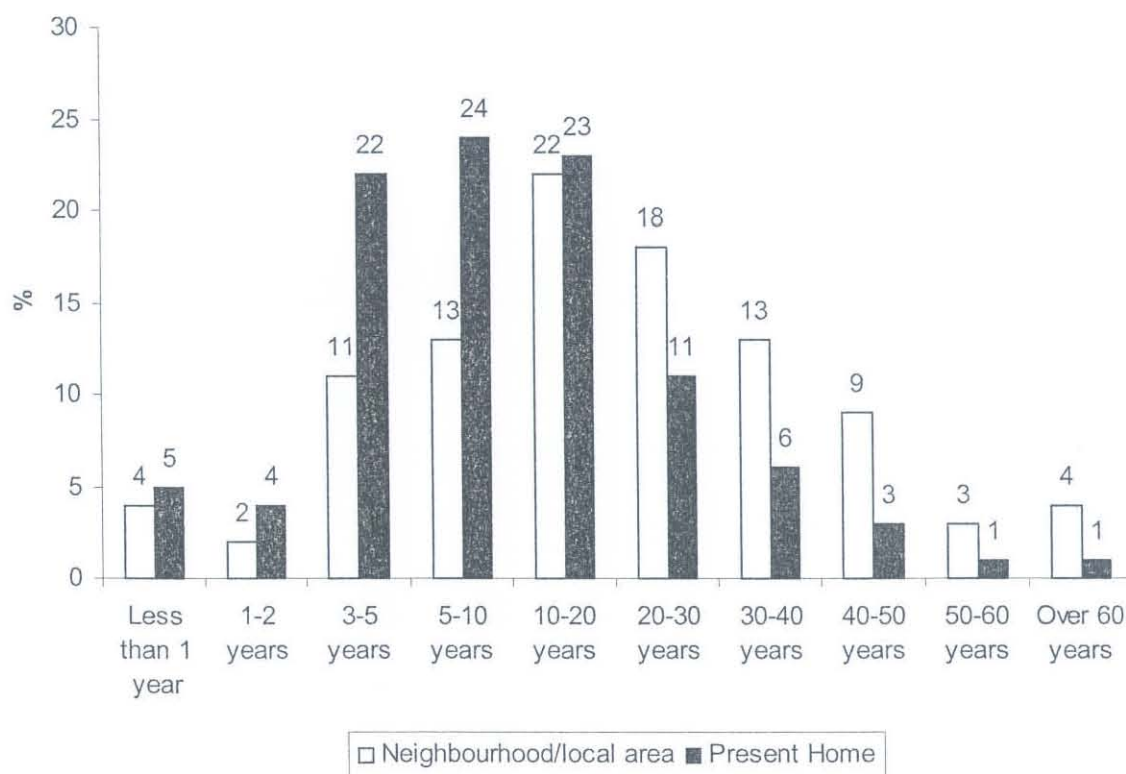
The mean length of residency in the neighbourhood is slightly lower among those living in the most deprived 15% datazones (20.3 years, compared with 22.4 in less deprived areas). Residency in the home is similar (13.0 years for those not living in the most deprived 15% datazones, compared with 10.4 for those who are).

5.4 Feelings of Safety

5.4.1 Feeling Safe in Own Home

Safety at home does not appear to be a concern for most residents. Over nine in ten (92%) agree with the statement 'I feel safe in my own home'. Only 3% disagree. **Table 5.38** shows that there is little variation by age and gender. Overall, those aged under 35 are slightly more likely to say they do not feel safe, and this is particularly true among women.

Table 5.38: Feel safe in own home (Q46c), by age and gender

Base: All

		Unweighted base:	Agree	Disagree	Neither/Nor
		n	%	%	%
Total		*1,954*	92	3	5
All					
	16-24	*209*	92	4	4
	25-34	*346*	89	5	6
	35-44	*330*	93	1	5
	45-54	*310*	92	1	6
	55-64	*235*	92	2	5
	65-74	*298*	93	2	5
	75+	*222*	95	1	4
Men					
	16-24	*83*	95	1	4
	25-34	*155*	88	4	8
	35-44	*136*	94	0	6
	45-54	*147*	93	1	5
	55-64	*91*	92	3	6
	65-74	*126*	92	3	4
	75+	*83*	92	0	8
	All men	*822*	92	2	6
Women					
	16-24	*126*	89	7	5
	25-34	*191*	90	7	3
	35-44	*194*	93	2	5
	45-54	*163*	91	1	8
	55-64	*144*	93	2	4
	65-74	*172*	93	1	5
	75+	*139*	97	1	2
	All women	*1,131*	92	3	5

As **Table 5.39** shows, those in the most deprived areas tend to feel less safe.

Table 5.39: Feel safe in own home (Q46c), by deprivation measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	92	3	5
DEPCAT 1/2	213	97	0	3
DEPCAT 3/4/5	708	94	2	4
DEPCAT 6/7	1,033	90	4	6
Most deprived 15% datazones	736	89	4	7
Other datazones	1,218	94	2	4
SIP	556	89	4	7
Non-SIP	1,398	93	2	4

Those in lower socio-economic groups are less likely to agree with this statement (90% of C2DEs, compared with 97% of ABC1s), as in **Table 5.40**.

Table 5.40: Feel safe in own home (Q46c), by socio-economic measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	92	3	5
A	20	100	0	0
B	153	97	0	3
C1	391	96	2	2
C2	521	95	1	4
D	448	90	3	7
E	244	80	9	11
AB	173	97	0	3
ABC1	564	97	1	2
C2DE	1,213	90	3	6
DE	692	86	5	8
Owner-occupier	851	96	1	3
Housing Association	887	86	5	8
Economically active	648	93	3	5
Economically inactive	706	89	4	6
Qualifications	1,064	94	2	4
No qualifications	889	89	4	7

Table 5.41 shows that those who are socially excluded tend to feel less safe in their own homes.

Table 5.41: Feel safe in own home (Q46c), by social exclusion measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	92	3	5
No-one to turn to for help with a problem	532	82	7	11
Isolated from family and friends	190	75	15	9
No control over life decisions	81	48	37	16
In receipt of Income Support	329	82	6	11

Table 5.42 shows that those with poor mental health tend to feel much less safe at home – they are five times as likely to say they do not feel safe than the sample as a whole (16%). Those in poor physical health and those who do not eat breakfast every day tend to feel slightly less safe than the average.

Table 5.42: Feel safe in own home (Q46c), by health & well-being measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	92	3	5
Positive view of general health	1,182	94	2	5
Positive view of physical well-being	1,490	94	1	5
Positive view of mental / emotional well-being	1,564	95	1	4
Positive view of quality of life	1,573	95	1	4
High GHQ-12 score	294	74	16	9
Limiting condition or illness	529	85	6	8
Exposed to passive smoking most of the time	635	88	4	7
Current smoker	728	89	4	6
Heavy smoker (20+/day)	407	88	5	7
Exceeds recommended alcohol consumption	306	89	5	6
Obese	248	92	4	3
Finds it difficult to access health services	543	90	6	4
Does not meet recommended physical activity levels	852	89	5	6
Does not consume recommended levels of fruit / veg	1,408	90	3	6
Does not eat breakfast every day	503	86	6	8

5.4.2 Feeling Safe using Public Transport

Three-quarters of residents (75%) say they agree with the statement 'I feel safe using public transport in this local area'. One in twenty (5%) say they disagree and 19% neither agree nor disagree.

Table 5.43 shows that generally older residents are less likely to say they feel safe on public transport, ranging from 88% of those aged 16-24 saying they agree to 63% of those aged 75 and over.

Table 5.43: Feel safe on public transport (Q46a), by age and gender
Base: All

		Unweighted base:	Agree	Disagree	Neither/Nor
		n	%	%	%
Total		1,954	75	5	19
Men					
	16-24	209	88	3	9
	25-34	346	77	6	17
	35-44	330	77	2	20
	45-54	310	69	4	26
	55-64	235	68	7	21
	65-74	298	75	7	18
	75+	222	63	5	23
Men					
	16-24	83	93	0	7
	25-34	155	75	6	19
	35-44	136	76	2	21
	45-54	147	66	5	28
	55-64	91	67	5	26
	65-74	126	69	9	20
	75+	83	68	7	24
	All men	822	75	4	20
Women					
	16-24	126	84	5	11
	25-34	191	79	5	16
	35-44	194	78	3	19
	45-54	163	71	4	25
	55-64	144	70	9	17
	65-74	172	79	5	17
	75+	139	61	4	23
	All women	1,131	76	5	18

Table 5.44 shows that those residents in the most deprived DEPCATs tend to feel *safer* on public transport.

Table 5.44: Feel safe on public transport (Q46a), by deprivation measures
Base: All

	Unweighted base: n	Agree %	Disagree %	Neither/Nor %
Total	1,954	75	5	19
DEPCAT 1/2	213	71	3	24
DEPCAT 3/4/5	708	73	5	21
DEPCAT 6/7	1,033	78	5	16
Most deprived 15% datazones	736	77	6	17
Other datazones	1,218	75	4	20
SIP	556	75	5	19
Non-SIP	1,398	76	4	19

Table 5.45 shows those who feel isolated from family and friends and those who feel they have no control over life decisions tend to feel less safe on public transport.

Table 5.45: Feel safe on public transport (Q46a), by social exclusion measures
Base: All

	Unweighted base: n	Agree %	Disagree %	Neither/Nor %
Total	1,954	75	5	19
No-one to turn to for help with a problem	532	72	5	22
Isolated from family and friends	190	62	17	21
No control over life decisions	81	41	31	26
In receipt of Income Support	329	78	7	15

Table 5.46 shows that those with poor mental health, those with poor physical health and those who are not physically active tend to feel less safe on public transport.

Table 5.46: Feel safe on public transport (Q46a), by health & well-being measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	75	5	19
Positive view of general health	1,182	78	3	19
Positive view of physical well-being	1,490	79	2	18
Positive view of mental / emotional well-being	1,564	78	3	18
Positive view of quality of life	1,573	78	3	18
High GHQ-12 score	294	56	17	23
Limiting condition or illness	529	61	12	23
Exposed to passive smoking most of the time	635	72	7	21
Current smoker	728	74	6	19
Heavy smoker (20+/day)	407	72	8	20
Exceeds recommended alcohol consumption	306	80	5	15
Obese	248	74	8	16
Finds it difficult to access health services	543	77	7	13
Does not meet recommended physical activity levels	852	68	7	23
Does not consume recommended levels of fruit / veg	1,408	75	5	19
Does not eat breakfast every day	503	71	7	21

5.4.3 Feeling Safe Walking Around the Local Area

Six in ten residents (58%) say they agree with the statement 'I feel safe walking around this local area even after dark'. One in five (22%) say they disagree and 17% neither agree nor disagree.

Table 5.47 and Chart 5.3 show that women are more likely to disagree with this statement (29% do so, compared with 14% of men). In fact less than half of women say they agree (47%, compared with 71% men). Younger residents tend to feel safer walking after dark than do older residents (76% of 16-24 year-olds agree that they feel safe, compared with only 22% of those aged 75 and over). Interestingly there is a slight dip in agreement levels for both men and women in the 25-34 age group.

Table 5.47: Feel safe walking around the local area (Q46b), by age and gender
Base: All

		Unweighted base:	Agree	Disagree	Neither/Nor
		n	%	%	%
Total		1,954	58	22	17
All					
	16-24	209	76	13	11
	25-34	346	59	21	20
	35-44	330	69	15	15
	45-54	310	62	18	18
	55-64	235	50	28	17
	65-74	298	44	37	14
	75+	222	22	37	21
Men					
	16-24	83	84	6	10
	25-34	155	66	15	19
	35-44	136	84	7	9
	45-54	147	73	11	14
	55-64	91	65	14	20
	65-74	126	55	26	16
	75+	83	36	38	21
All men		822	71	14	15
Women					
	16-24	126	68	20	12
	25-34	191	51	27	21
	35-44	194	55	23	21
	45-54	163	52	24	22
	55-64	144	37	41	15
	65-74	172	35	45	13
	75+	139	16	37	21
All women		1,131	47	29	18

Chart 5.3: Feel safe walking around the area (Q46b), by age and gender
Base: All (see table 5.47)
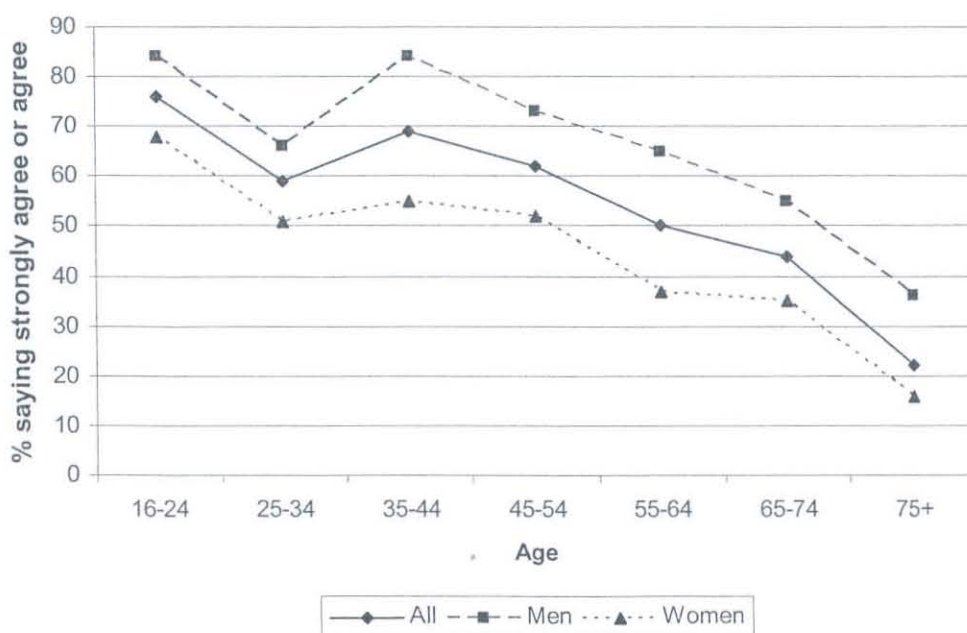
Those in the most deprived areas are less likely to feel safe walking round the local area, as in **Table 5.48**.

Table 5.48: Feel safe walking around the local area (Q46b), by deprivation measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	58	22	17
DEPCAT 1/2	213	68	15	16
DEPCAT 3/4/5	708	60	22	16
DEPCAT 6/7	1,033	54	25	18
Most deprived 15% datazones	736	51	28	18
Other datazones	1,218	62	19	16
SIP	556	55	26	17
Non-SIP	1,398	60	20	16

Table 5.49 shows that C2DEs tend to feel less safe walking around the local area.

Table 5.49: Feel safe walking around the local area (Q46b), by socio-economic measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	58	22	17
A	20	61	12	20
B	153	69	13	17
C1	391	62	20	14
C2	521	60	23	15
D	448	54	22	20
E	244	57	26	16
AB	173	68	13	18
ABC1	564	64	17	15
C2DE	1,213	57	23	17
DE	692	55	23	19
Owner-occupier	851	63	18	17
Housing Association	887	54	27	16
Economically active	648	75	13	12
Economically inactive	706	39	35	19
Qualifications	1,064	68	16	15
No qualifications	889	44	31	19

Table 5.50 shows that the socially excluded also tend to feel less safe.

Table 5.50: Feeling safe walking around the local area (Q42b), by social exclusion measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	58	22	17
No-one to turn to for help with a problem	532	52	26	22
Isolated from family and friends	190	37	51	12
No control over life decisions	81	16	61	20
In receipt of Income Support	329	48	34	17

Table 5.51 shows that those in poor mental health, those in poor physical health and those who find it difficult to access health services tend to feel less safe walking around the local area. Heavy drinkers, on the other hand, tend to feel much *more* safe than average.

Table 5.51: Feel safe walking around the local area (Q46b), by health & well-being measures
Base: All

	Unweighted base:	Agree	Disagree	Neither/Nor
	n	%	%	%
Total	1,954	58	22	17
Positive view of general health	1,182	66	16	17
Positive view of physical well-being	1,490	64	17	16
Positive view of mental / emotional well-being	1,564	63	18	17
Positive view of quality of life	1,573	63	17	17
High GHQ-12 score	294	28	47	16
Limiting condition or illness	529	34	40	16
Exposed to passive smoking most of the time	635	54	25	18
Current smoker	728	58	22	18
Heavy smoker (20+/day)	407	54	23	20
Exceeds recommended alcohol consumption	306	72	16	11
Obese	248	54	25	15
Finds it difficult to access health services	543	49	30	13
Does not meet recommended physical activity levels	852	53	26	17
Does not consume recommended levels of fruit / veg	1,408	57	23	17
Does not eat breakfast every day	503	58	21	18

5.5 Social Issues in the Local Area

5.5.1 Overview

Using the 'faces' scale (see section 2.2.2), residents were asked which face best describes how they feel about a range of perceived problems in their local area. Faces 1 to 3 are classed as positive perceptions and can be interpreted as respondents who are not especially worried or concerned about that issue.

Chart 5.4: Positive perceptions of social issues in local area (Q31a-h)
Base: All (1,954)
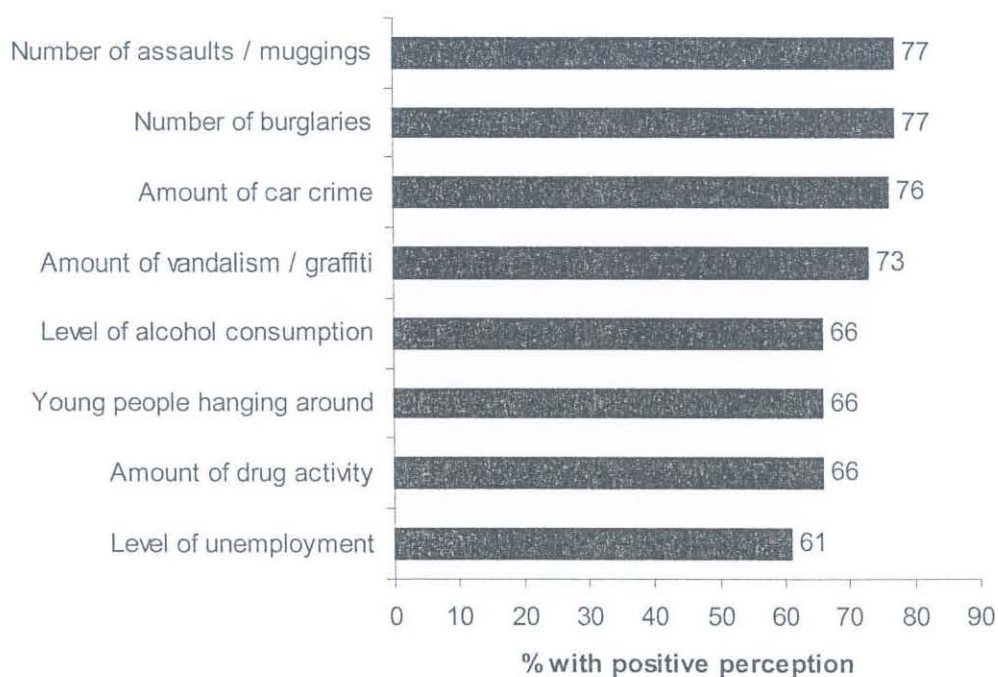
Most respondents say they are not especially concerned about all of the listed issues. Areas of most concern are: unemployment, drug activity, young people hanging around and excessive drinking.

5.5.2 Number of Assaults / Muggings

Over three-quarters of residents (77%) say they are not especially concerned about the number of assaults/muggings in their area.

Table 5.52 shows that age group 25-34 is least likely to be positive (66%, compared with 86% of those aged 75+), and that men in the 16-24 age group tend to be more positive than women in the same age group.

Table 5.52: Positive perception of number of assaults/muggings (Q31d), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	83	66	79	77	75	80	86	77
Men	91	67	82	77	73	77	85	78
Women	76	65	76	77	77	82	87	76
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.53 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (73% in the most deprived DEPCATs 6/7 compared with 93% in DEPCATs 1/2). Similarly, those living in the most deprived 15% datazones are less likely to say they are not particularly concerned (71%, compared with 80% of those not living in these areas). C2DEs are less likely to say they are not particularly concerned.

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Table 5.53: Positive perception of number of assaults/muggings (Q31d), by deprivation and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	77	Qualifications	1,064	80
			No qualifications	889	72
DEPCAT 1/2	213	93			
DEPCAT 3/4/5	708	73	A	20	86
DEPCAT 6/7	1,033	73	B	153	86
			C1	391	81
Most deprived 15%	736	71	C2	521	79
Other datazones	1,218	80	D	448	74
			E	244	74
SIP	556	74			
Non-SIP	1,398	78	AB	173	86
			ABC1	564	83
Owner-occupier	851	84	C2DE	1,213	76
Housing Association	887	67	DE	692	74
			Economically active	648	75
			Economically inactive	706	74

5.5.3 Number of Burglaries

Just over three-quarters of residents (77%) say they are not particularly concerned about the number of burglaries in their area.

Table 5.54 shows that age group 25-34 is least likely to say this (68%, compared with 82% of those aged 75+).

Table 5.54: Positive perception of number of burglaries (Q31b), by age and gender
Base: All

	Age group							Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Total	81	68	79	80	73	79	82	77
Men	83	66	79	77	70	75	81	75
Women	79	70	80	82	76	81	83	78
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 5.55 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (74% in DEPCATs 6/7, compared with 92% in DEPCATs 1/2). Similarly, those living in the most deprived 15% datazones are slightly less likely to say they are not particularly concerned (74%, compared with 78% of those not living in these areas). This table also shows that C2DEs tend to be less positive.

Table 5.55: Positive perception of number of burglaries (Q31b), by deprivation and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	77	Qualifications	1,064	79
			No qualifications	889	74
DEPCAT 1/2	213	92			
DEPCAT 3/4/5	708	71	A	20	86
DEPCAT 6/7	1,033	75	B	153	85
			C1	391	78
Most deprived 15%	736	74	C2	521	79
Other datazones	1,218	78	D	448	77
			E	244	72
SIP	556	76			
Non-SIP	1,398	77	AB	173	85
			ABC1	564	81
Owner-occupier	851	81	C2DE	1,213	77
Housing Association	887	70	DE	692	75
			Economically active	648	76
			Economically inactive	706	75

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5.5.4 Amount of Car Crime

Three-quarters of residents (76%) say they are not particularly concerned about the amount of car crime in their area.

Table 5.56 shows that age groups 25-34 and 55-64 are least likely to be positive (64% and 70% respectively, compared with 89% of those aged 75+). In the under-25 age group, men tend to be more positive than women.

Table 5.56: Positive perception of amount of car crime (Q31h), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	81	65	79	78	69	80	88	76
Men	86	62	80	77	66	78	82	75
Women	76	67	78	79	71	82	91	76
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.57 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (71% in DEPCATs 6/7, comapared with 93% in DEPCATs 1/2). Similarly, those living in the most deprived 15% datazones are less likely to say they are not particularly concerned (69%, compared with 79% of those not living in these areas). This table also shows that C2DEs are less likely to be positive (75%, compared with 81% of ABC1s).

Table 5.57: Positive perception of amount of car crime (Q31h), by deprivation measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	76	Qualifications	1,064	78
			No qualifications	889	71
DEPCAT 1/2	213	93			
DEPCAT 3/4/5	708	73	A	20	79
DEPCAT 6/7	1,033	71	B	153	84
			C1	391	80
Most deprived 15%	736	69	C2	521	80
Other datazones	1,218	79	D	448	74
			E	244	62
SIP	556	74			
Non-SIP	1,398	76	AB	173	83
			ABC1	564	81
Owner-occupier	851	82	C2DE	1,213	74
Housing Association	887	67	DE	692	70
			Economically active	648	74
			Economically inactive	706	73

5.5.5 Amount of Vandalism / Graffiti

Just over seven in ten residents (72%) say they are not particularly concerned about the amount of vandalism/graffiti in their area.

Table 5.58 shows that age group 25-34 is least likely to say this (61%, compared with 83% of those aged 75+).

Table 5.58: Positive perception of amount of vandalism (Q31c), by age and gender
Base: All

	Age group							Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Total	77	61	76	75	69	75	83	73
Men	80	61	78	73	67	75	79	73
Women	74	61	74	77	71	75	85	73
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 5.59 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (67% in DEPCATs 6/7, compared with 91% in DEPCATs 1/2). Similarly, those living in the most deprived 15% datazones are less likely to be positive (64%, compared with 77% of those not living in these areas). This table also shows that C2DEs are less likely to be positive.

Table 5.59: Positive perception of amount of vandalism (Q31c), by deprivation and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	73	Qualifications	1,064	76
			No qualifications	889	67
DEPCAT 1/2	213	91			
DEPCAT 3/4/5	708	70	A	20	79
DEPCAT 6/7	1,033	68	B	153	85
			C1	391	76
Most deprived 15%	736	64	C2	521	74
Other datazones	1,218	77	D	448	70
			E	244	65
SIP	556	70			
Non-SIP	1,398	73	AB	173	85
			ABC1	564	79
Owner-occupier	851	80	C2DE	1,213	71
Housing Association	887	62	DE	692	69
			Economically active	648	72
			Economically inactive	706	69

5.5.6 Level of Alcohol Consumption

Two-thirds of residents (66%) say they are not particularly concerned about the level of alcohol consumption in their area.

Table 5.60 shows that age group 25-34 is least likely to say this (54%, compared with 82% of those aged 75+).

Table 5.60: Positive perception of level of alcohol consumption (Q31f), by age and gender

Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	69	54	69	68	63	71	81	66
Men	70	55	70	69	62	69	80	65
Women	67	52	69	67	63	72	82	66
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.61 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (60% in DEPCATs 6/7, compared with 90% in DEPCATs 1/2). Similarly, those living in the most deprived 15% datazones are less likely to say they are not particularly concerned (55%, compared with 72% of those not living in these areas). This table also shows that C2DEs are less likely to have a positive perception.

Table 5.61: Positive perception of level of alcohol consumption (Q31f), by deprivation measures

Base: All

Deprivation measure	*Unweighted base:* n	Positive perception %	Socio-economic measure	*Unweighted base:* n	Positive perception %
Total	**1,954**	**66**	Qualifications	*1,064*	70
			No qualifications	*889*	59
DEPCAT 1/2	*213*	90			
DEPCAT 3/4/5	*708*	61	A	*20*	80
DEPCAT 6/7	*1,033*	61	B	*153*	83
			C1	*391*	73
Most deprived 15%	*736*	55	C2	*521*	68
Other datazones	*1,218*	72	D	*448*	64
			E	*244*	55
SIP	*556*	59			
Non-SIP	*1,398*	69	AB	*173*	82
			ABC1	*564*	76
Owner-occupier	*851*	77	C2DE	*1,213*	64
Housing Association	*887*	52	DE	*692*	61
			Economically active	*648*	66
			Economically inactive	*706*	63

5.5.7 Young People Hanging Around

Two-thirds of residents (66%) say they are not particularly concerned about young people hanging around in their area.

Table 5.62 shows that age group 25-34 is least likely to say this (55%, compared with 78% of those aged 75+). In the 75+ age group, women tend to be more positive than men.

Table 5.62: Positive perception of young people hanging around (Q31g), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	70	55	70	65	66	70	78	66
Men	71	56	72	66	64	71	68	66
Women	69	53	67	63	68	70	82	66
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.63 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (62% in DEPCATs 6/7, compared with 87% in DEPCATs 1/2). Similarly, those living in the most deprived 15% datazones are less likely to say they are not particularly concerned (55%, compared with 72% of those not living in these areas). This table also shows that C2DEs are less likely to have a positive perception.

Table 5.63: Positive perception of young people hanging around (Q31g), by deprivation and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	66	Qualifications	1,064	70
			No qualifications	889	60
DEPCAT 1/2	213	87			
DEPCAT 3/4/5	708	61	A	20	86
DEPCAT 6/7	1,033	62	B	153	78
			C1	391	76
Most deprived 15%	736	56	C2	521	69
Other datazones	1,218	72	D	448	62
			E	244	56
SIP	556	62			
Non-SIP	1,398	68	AB	173	79
			ABC1	564	77
Owner-occupier	851	76	C2DE	1,213	64
Housing Association	887	54	DE	692	60
			Economically active	648	65
			Economically inactive	706	61

5.5.8 Amount of Drug Activity

Two-thirds of residents (66%) say they are not particularly concerned about the amount of drug activity in their area.

Table 5.64 shows that age group 25-34 is least likely to say this (54%, compared with 72% of 65-74s and 82% of those aged 75+), and that in the 16-24 age group, men tend to be more positive than women.

Table 5.64: Positive perception of amount of drug activity (Q31e), by age and gender

Base: All

	Age group							Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Total	67	54	70	68	62	72	82	66
Men	72	56	73	70	63	72	77	68
Women	61	52	66	67	62	72	84	65
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 5.65 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (61% in DEPCATs 6/7, compared with 89% in DEPCATs 1/2). Those living in the most deprived 15% datazones are less likely to say they are not particularly concerned (57%, compared with 71% of those not living in these areas). This table also shows that C2s and (especially) DEs are less likely to be positive.

Table 5.65: Positive perception of amount of drug activity (Q31e), by deprivation and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	66	Qualifications	1,064	70
			No qualifications	889	60
DEPCAT 1/2	213	89			
DEPCAT 3/4/5	708	61	A	20	79
DEPCAT 6/7	1,033	61	B	153	81
			C1	391	72
Most deprived 15%	736	57	C2	521	70
Other datazones	1,218	71	D	448	60
			E	244	57
SIP	556	61			
Non-SIP	1,398	68	AB	173	81
			ABC1	564	75
Owner-occupier	851	77	C2DE	1,213	64
Housing Association	887	52	DE	692	59
			Economically active	648	67
			Economically inactive	706	62

5.5.9 Level of Unemployment

Six in ten (61%) say they are not particularly concerned about the level of unemployment in their area.

Table 5.66 shows that those of working age are less likely to say they are not particularly concerned, and that in the 16-24 age group, again men tend to be more positive than women.

Table 5.66: Positive perception of level of unemployment (Q31a), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	69	55	60	54	59	65	73	61
Men	75	53	62	54	64	65	71	62
Women	63	58	57	54	54	65	75	60
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.67 shows that there is a large difference in opinion across the DEPCATs with those living in the most deprived DEPCATs much less likely to say they are not particularly concerned (52% in DEPCATs 6/7, compared with 87% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say they are not particularly concerned (48%, compared with 68% of those not living in these areas). Similarly, C2DEs are less likely to hold a positive view.

Table 5.67: Positive perception of level of unemployment (Q31a), by deprivation and socio-economic measures
Base: All

Deprivation measure	*Unweighted base:* *n*	Positive perception %	Socio-economic measure	*Unweighted base:* *n*	Positive perception %
Total	*1,954*	61	Qualifications	*1,064*	48
			No qualifications	*889*	52
DEPCAT 1/2	*213*	87			
DEPCAT 3/4/5	*708*	59	A	*20*	77
DEPCAT 6/7	*1,033*	52	B	*153*	74
			C1	*391*	70
Most deprived 15%	*736*	48	C2	*521*	60
Other datazones	*1,218*	68	D	*448*	56
			E	*244*	55
SIP	*556*	47			
Non-SIP	*1,398*	66	AB	*173*	74
			ABC1	*564*	71
Owner-occupier	*851*	71	C2DE	*1,213*	58
Housing Association	*887*	49	DE	*692*	56
			Economically active	*648*	63
			Economically inactive	*706*	55

5.6 Environmental Issues in the Local Area

5.6.1 Overview

Again using the 'faces' scale (see section 2.2.2), residents were asked which face best describes how they feel about a range of environmental issues in their local area. Faces 1 to 3 are classed as positive perceptions, and can therefore be interpreted as respondents who are not particularly concerned about these issues.

Chart 5.5: Positive perceptions of environmental issues in local area (Q32i-u)
Base: All (1,954)

Environmental issue	% with a positive perception
Level of sewer smells	91
Standard of street lighting	88
Number of vacant/derelict buildings	88
Number of abandoned cars	88
Amount of vacant/derelict land	87
Amount of broken glass lying around	80
Amount of noise and disturbance	77
Amount of traffic	76
Number of uneven pavements	75
Availability of pleasant places to walk	73
Amount of rubbish lying about	70
Availability of safe play spaces	70
Amount of dog's dirt	69

% with a positive perception

All the problems areas in **Chart 5.5** are not perceived as major concerns by the majority. Areas of most concern are: dog's dirt, availability of safe play spaces and rubbish lying about. Areas of least concern are: sewer smells, street lighting, vacant/derelict buildings, abandoned cars and vacant/derelict land.

5.6.2 Level of Smells from Sewers

Nine in ten residents (91%) are not particularly concerned about the level of sewer smells in their local area. **Table 5.68** shows that those aged 25-34 are least likely to be positive (85%).

Table 5.68: Positive perception of level of smells from sewers (Q32q), by age and gender

Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	91	85	94	93	92	91	97	91
Men	93	86	93	91	92	88	96	91
Women	88	84	95	94	93	93	98	92
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.69 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned about sewer smells (88% in DEPCATs 6/7, compared with 97% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely be positive (86%, compared with 94% of those not living in these areas). Similarly, C2DEs are less likely to be positive.

Table 5.69: Positive perception of level of smells from sewers (Q32q), by deprivation and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	*1,954*	91	Qualifications	*1,064*	93
			No qualifications	*889*	89
DEPCAT 1/2	*213*	97			
DEPCAT 3/4/5	*708*	92	A	*20*	100
DEPCAT 6/7	*1,033*	88	B	*153*	98
			C1	*391*	96
Most deprived 15%	*736*	86	C2	*521*	93
Other datazones	*1,218*	94	D	*448*	93
			E	*244*	76
SIP	*556*	86			
Non-SIP	*1,398*	93	AB	*173*	98
			ABC1	*564*	97
Owner-occupier	*851*	95	C2DE	*1,213*	90
Housing Association	*887*	86	DE	*692*	87
			Economically active	*648*	90
			Economically inactive	*706*	92

5.6.3 Standard of Street Lighting

Almost nine in ten residents (88%) are not particularly concerned about the standard of street lighting in their local area. **Table 5.70** shows that those aged 25-34 are least likely to say they are not concerned (81%).

Table 5.70: Positive perception of standard of street lighting (Q32k), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	90	81	89	89	89	91	95	88
Men	93	85	88	86	87	91	92	88
Women	88	77	90	92	90	90	96	88
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.71 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (85% in DEPCATs 6/7, compared with 95% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say they are not concerned (84%, compared with 90% of those not living in these areas). Similarly, C2DEs are less likely to be positive.

Table 5.71: Positive perception of standard of street lighting (Q32k), by deprivation and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	*1,954*	88	Qualifications	*1,064*	90
			No qualifications	*889*	85
DEPCAT 1/2	*213*	95			
DEPCAT 3/4/5	*708*	88	A	*20*	94
DEPCAT 6/7	*1,033*	85	B	*153*	94
			C1	*391*	95
Most deprived 15%	*736*	83	C2	*521*	89
Other datazones	*1,218*	90	D	*448*	85
			E	*244*	80
SIP	*556*	82			
Non-SIP	*1,398*	90	AB	*173*	94
			ABC1	*564*	95
Owner-occupier	*851*	92	C2DE	*1,213*	86
Housing Association	*887*	83	DE	*692*	83
			Economically active	*648*	87
			Economically inactive	*706*	90

5.6.4 Number of Vacant/Derelict Buildings

Almost nine in ten residents (88%) say they are not particularly concerned about the number of vacant/derelict buildings in their area. **Table 5.72** shows that those aged 25-34 are least likely to say this.

Table 5.72: Positive perception of number of vacant/derelict buildings (Q32m), by age and gender

Base: All

| | Age group | | | | | | | Total |
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Total	90	82	88	88	89	92	94	88
Men	95	84	89	88	90	91	95	89
Women	86	80	88	89	89	92	93	87
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.73 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned(83% in DEPCATs 6/7, compared with 97% in DEPCATs 1/2). Those residents living in the most deprived 15% datazones are also less likely to be positive (82%, compared with 91% of those not living in these areas). Similarly, C2DEs are less likely to be positive.

Table 5.73: Positive perception of number of vacant/derelict buildings (Q32m), by deprivation and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	*1,954*	88	Qualifications	*1,064*	91
			No qualifications	*889*	84
DEPCAT 1/2	*213*	97			
DEPCAT 3/4/5	*708*	90	A	*20*	88
DEPCAT 6/7	*1,033*	83	B	*153*	96
			C1	*391*	95
Most deprived 15%	*736*	82	C2	*521*	89
Other datazones	*1,218*	91	D	*448*	87
			E	*244*	73
SIP	*556*	82			
Non-SIP	*1,398*	90	AB	*173*	95
			ABC1	*564*	95
Owner-occupier	*851*	93	C2DE	*1,213*	85
Housing Association	*887*	80	DE	*692*	82
			Economically active	*648*	87
			Economically inactive	*706*	88

5.6.5 Number of Abandoned Cars

Almost nine in ten residents (87%) say they are not particularly concerned about the number of abandoned cars in their local area. **Table 5.74** shows that those aged 25-34 are least likely to say this.

Table 5.74: Positive perception of number of abandoned cars (Q32o), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	90	79	89	90	89	87	95	88
Men	92	80	86	88	90	85	93	87
Women	89	77	91	91	89	89	96	88
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.75 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (82% in DEPCATs 6/7, compared with 96% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to be positive (81%, compared with 91% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.75: Positive perception of number of abandoned cars (Q32o), by deprivation and socio-economic measures
Base: All

Deprivation measure	*Unweighted base:* *n*	Positive perception %	Socio-economic measure	*Unweighted base:* *n*	Positive perception %
Total	*1,954*	88	Qualifications	*1,064*	90
			No qualifications	*889*	83
DEPCAT 1/2	*213*	96			
DEPCAT 3/4/5	*708*	91	A	*20*	100
DEPCAT 6/7	*1,033*	82	B	*153*	95
			C1	*391*	92
Most deprived 15%	*736*	81	C2	*521*	90
Other datazones	*1,218*	91	D	*448*	85
			E	*244*	76
SIP	*556*	82			
Non-SIP	*1,398*	89	AB	*173*	95
			ABC1	*564*	93
Owner-occupier	*851*	93	C2DE	*1,213*	85
Housing Association	*887*	81	DE	*692*	82
			Economically active	*648*	85
			Economically inactive	*706*	88

5.6.6 Amount of Vacant/Derelict Land

Nearly nine in ten residents (87%) say they are not particularly concerned about the amount of vacant/derelict land in their local area. **Table 5.76** shows that those aged 25-34 are least likely to say this.

Table 5.76: Positive perception of amount of vacant/derelict land (Q32I), by age and gender

Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	87	82	88	88	88	91	93	87
Men	90	87	87	86	88	93	95	88
Women	84	77	88	90	88	90	92	86
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 5.77 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (82% in DEPCATs 6/7, compared with 97% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to have a positive perception (81%, compared with 91% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.77: Positive perception of amount of vacant/derelict land (Q32I), by deprivation and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	87	Qualifications	1,064	90
			No qualifications	889	84
DEPCAT 1/2	213	97			
DEPCAT 3/4/5	708	90	A	20	88
DEPCAT 6/7	1,033	82	B	153	97
			C1	391	95
Most deprived 15%	736	81	C2	521	88
Other datazones	1,218	91	D	448	84
			E	244	73
SIP	556	80			
Non-SIP	1,398	90	AB	173	96
			ABC1	564	96
Owner-occupier	851	93	C2DE	1,213	84
Housing Association	887	79	DE	692	80
			Economically active	648	87
			Economically inactive	706	87

5.6.7 Amount of Broken Glass Lying Around

Four in five residents (79%) say they are not particularly concerned about the amount of broken glass lying around in their area. **Table 5.78** shows that those aged 25-34 are least likely to say this.

Table 5.78: Positive perception of amount of broken glass lying around (Q32r), by age and gender

Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	83	68	81	81	81	83	90	80
Men	89	70	78	84	83	83	88	80
Women	78	66	83	79	79	84	91	79
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.79 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (73% in DEPCATs 6/7, compared with 95% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say this (69%, compared with 85% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.79: Positive perception of amount of broken glass lying around (Q32r), by deprivation and socio-economic measures

Base: All

Deprivation measure	*Unweighted base:* *n*	Positive perception %	Socio-economic measure	*Unweighted base:* *n*	Positive perception %
Total	*1,954*	80	Qualifications	*1,064*	83
			No qualifications	*889*	73
DEPCAT 1/2	*213*	95			
DEPCAT 3/4/5	*708*	80	A	*20*	89
DEPCAT 6/7	*1,033*	73	B	*153*	91
			C1	*391*	87
Most deprived 15%	*736*	69	C2	*521*	83
Other datazones	*1,218*	85	D	*448*	74
			E	*244*	70
SIP	*556*	74			
Non-SIP	*1,398*	81	AB	*173*	91
			ABC1	*564*	88
Owner-occupier	*851*	90	C2DE	*1,213*	77
Housing Association	*887*	66	DE	*692*	73
			Economically active	*648*	78
			Economically inactive	*706*	77

5.6.8 Amount of Noise and Disturbance

Over three-quarters (77%) say they are not particularly concerned about the amount of noise and disturbance in their area. **Table 5.80** shows that those aged 25-34 are least likely to say this.

Table 5.80: Positive perception of amount of noise and disturbance (Q32j), by age and gender

Base: All

	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
	Age group							Total
	%	%	%	%	%	%	%	%
Total	81	65	81	79	78	81	85	77
Men	84	66	81	77	77	81	90	78
Women	79	64	80	81	78	81	82	77
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.81 shows that those living in the most deprived DEPCATs are less likely to say they are not particularly concerned (73% in DEPCATs 6/7, compared with 92% in DEPCATs 1/2). Those residents living in the most deprived 15% datazones are also less likely to say they are not concerned (70%, compared with 81% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.81: Positive perception of amount of noise and disturbance (Q32j), by socio-economic and deprivation measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	*1,954*	77	Qualifications	*1,064*	81
			No qualifications	*889*	72
DEPCAT 1/2	*213*	92			
DEPCAT 3/4/5	*708*	75	A	*20*	89
DEPCAT 6/7	*1,033*	73	B	*153*	89
			C1	*391*	84
Most deprived 15%	*736*	69	C2	*521*	80
Other datazones	*1,218*	81	D	*448*	74
			E	*244*	68
SIP	*556*	75			
Non-SIP	*1,398*	78	AB	*173*	89
			ABC1	*564*	85
Owner-occupier	*851*	86	C2DE	*1,213*	76
Housing Association	*887*	67	DE	*692*	72
			Economically active	*648*	75
			Economically inactive	*706*	76

5.6.9 Amount of Traffic

Three-quarters of residents (76%) say they are not particularly concerned about the amount of traffic in their local area. **Table 5.82** shows that those aged 25-34 are least likely to say this.

Table 5.82: Positive perception of amount of traffic (Q32p), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	75	68	79	77	76	76	85	76
Men	74	70	78	76	83	73	78	75
Women	75	66	81	77	71	79	88	76
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Table 5.83 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (73% in DEPCATs 6/7, compared with 92% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say this (70%, compared with 79% of those not living in these areas). It also shows that DEs tend to be less positive than ABs.

Table 5.83: Positive perception of amount of traffic (Q32p), by deprivation and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	76	Qualifications	1,064	77
			No qualifications	889	73
DEPCAT 1/2	213	92			
DEPCAT 3/4/5	708	70	A	20	79
DEPCAT 6/7	1,033	73	B	153	82
			C1	391	78
Most deprived 15%	736	70	C2	521	80
Other datazones	1,218	79	D	448	77
			E	244	70
SIP	556	73			
Non-SIP	1,398	77	AB	173	82
			ABC1	564	79
Owner-occupier	851	82	C2DE	1,213	77
Housing Association	887	68	DE	692	74
			Economically active	648	74
			Economically inactive	706	74

5.6.10 Number of Uneven Pavements

Three-quarters (75%) say they are not particularly concerned about the number of uneven pavements in their local area. **Table 5.84** shows that those aged 25-34 are least likely to say this.

Table 5.84: Positive perception of number of uneven pavements (Q32s), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	77	67	78	76	74	76	79	75
Men	78	69	78	76	77	75	73	75
Women	76	65	78	76	72	77	82	75
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.85 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (71% in DEPCATs 6/7, compared with 90% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say this (68%, compared with 78% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.85: Positive perception of number of uneven pavements (Q32s), by deprivation and socio-economic measures
Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	*1,954*	75	Qualifications	*1,064*	78
			No qualifications	*889*	69
DEPCAT 1/2	*213*	90			
DEPCAT 3/4/5	*708*	71	A	*20*	86
DEPCAT 6/7	*1,033*	71	B	*153*	88
			C1	*391*	81
Most deprived 15%	*736*	68	C2	*521*	76
Other datazones	*1,218*	78	D	*448*	71
			E	*244*	72
SIP	*556*	71			
Non-SIP	*1,398*	76	AB	*173*	88
			ABC1	*564*	83
Owner-occupier	*851*	83	C2DE	*1,213*	73
Housing Association	*887*	63	DE	*692*	72
			Economically active	*648*	75
			Economically inactive	*706*	71

5.6.11   Availability of Pleasant Places to Walk

Just under three-quarters (73%) say they are not particularly concerned about the availability of pleasant places to walk locally. **Table 5.86** shows that those aged 25-34 are least likely to say this.

Table 5.86: Positive perception of availability of pleasant places to walk (Q32u), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	78	62	74	71	73	76	83	73
Men	84	67	74	70	83	72	86	75
Women	72	58	74	71	65	79	82	71
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.87 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (67% in DEPCATs 6/7, compared with 93% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say this (60%, compared with 79% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.87: Positive perception of availability of pleasant places to walk (Q32u), by deprivation and socio-economic measures
Base: All

Deprivation measure	*Unweighted base:*	Positive perception	Socio-economic measure	*Unweighted base:*	Positive perception
	n	%		*n*	%
Total	*1,954*	73	Qualifications	*1,064*	78
			No qualifications	*889*	65
DEPCAT 1/2	*213*	93			
DEPCAT 3/4/5	*708*	70	A	*20*	89
DEPCAT 6/7	*1,033*	67	B	*153*	87
			C1	*391*	79
Most deprived 15%	*736*	60	C2	*521*	76
Other datazones	*1,218*	79	D	*448*	69
			E	*244*	62
SIP	*556*	66			
Non-SIP	*1,398*	75	AB	*173*	88
			ABC1	*564*	82
Owner-occupier	*851*	84	C2DE	*1,213*	71
Housing Association	*887*	57	DE	*692*	67
			Economically active	*648*	71
			Economically inactive	*706*	69

5.6.12   Amount of Rubbish Lying About

Seven in ten (70%) say they are not particularly concerned about the amount of rubbish lying about locally. **Table 5.88** shows that those aged 25-34 and 55-64 and women are least likely to say this.

Table 5.88: Positive perception of amount of rubbish lying about (Q32i), by age and gender

Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	75	62	71	73	65	73	75	70
Men	82	67	72	73	67	72	72	72
Women	69	57	70	72	63	73	76	68
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.89 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (65% in DEPCATs 6/7, compared with 90% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say this (63%, compared with 74% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.89: Positive perception of amount of rubbish lying about (Q32i), by deprivation and socio-economic measures

Base: All

Deprivation measure	*Unweighted base:*	Positive perception	Socio-economic measure	*Unweighted base:*	Positive perception
	n	%		*n*	%
Total	*1,954*	70	Qualifications	*1,064*	74
			No qualifications	*889*	63
DEPCAT 1/2	*213*	91			
DEPCAT 3/4/5	*708*	66	A	*20*	79
DEPCAT 6/7	*1,033*	65	B	*153*	79
			C1	*391*	77
Most deprived 15%	*736*	62	C2	*521*	71
Other datazones	*1,218*	74	D	*448*	67
			E	*244*	68
SIP	*556*	68			
Non-SIP	*1,398*	70	AB	*173*	79
			ABC1	*564*	78
Owner-occupier	*851*	79	C2DE	*1,213*	69
Housing Association	*887*	59	DE	*692*	67
			Economically active	*648*	69
			Economically inactive	*706*	66

5.6.13   Availability of Safe Play Spaces

Seven in ten residents (70%) say they are not particularly concerned about the availability of safe play spaces in their local area. **Table 5.90** shows that those aged 25-34 are least likely to say this.

Table 5.90: Positive perception of availability of safe play areas (Q32t), by age and gender

Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	74	59	72	69	73	74	81	70
Men	80	61	73	71	78	72	83	72
Women	69	57	71	66	68	75	80	68
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.91 shows that those living in the most deprived DEPCATs are less likely to say they are not concerned (66% in DEPCATs 6/7, compared with 87% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say this (60%, compared with 76% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.91: Positive perception of availability of safe play areas (Q32t), by deprivation measures

Base: All

Deprivation measure	*Unweighted base:* *n*	Positive perception %	Socio-economic measure	*Unweighted base:* *n*	Positive perception %
Total	*1,954*	**70**	Qualifications	*1,064*	27
			No qualifications	*889*	35
DEPCAT 1/2	*213*	87			
DEPCAT 3/4/5	*708*	67	A	*20*	84
DEPCAT 6/7	*1,033*	66	B	*153*	78
			C1	*391*	76
Most deprived 15%	*736*	60	C2	*521*	75
Other datazones	*1,218*	76	D	*448*	72
			E	*244*	58
SIP	*556*	64			
Non-SIP	*1,398*	73	AB	*173*	79
			ABC1	*564*	77
Owner-occupier	*851*	79	C2DE	*1,213*	70
Housing Association	*887*	58	DE	*692*	67
			Economically active	*648*	70
			Economically inactive	*706*	66

5.6.14 Dog's Dirt

Seven in ten residents (69%) are not particularly concerned about the amount of dog's dirt in their local area. **Table 5.92** shows that those aged 25-34 are least likely to say this.

Table 5.92: Positive perception of amount of dog's dirt (Q32n), by age and gender

Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	76	58	72	66	74	67	77	69
Men	81	55	73	64	73	65	71	68
Women	72	61	72	68	75	68	79	70
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 5.93 shows that those in the more deprived DEPCATs are less likely to say they are not concerned (63% of those in DEPCATs 6/7, compared with 87% in DEPCATs 1/2). Those living in the most deprived 15% datazones are also less likely to say this (60%, compared with 74% of those not living in these areas). Similarly, C2DEs are less likely to have a positive perception.

Table 5.93: Positive perception of amount of dog's dirt (Q32n), by deprivation and socio-economic measures

Base: All

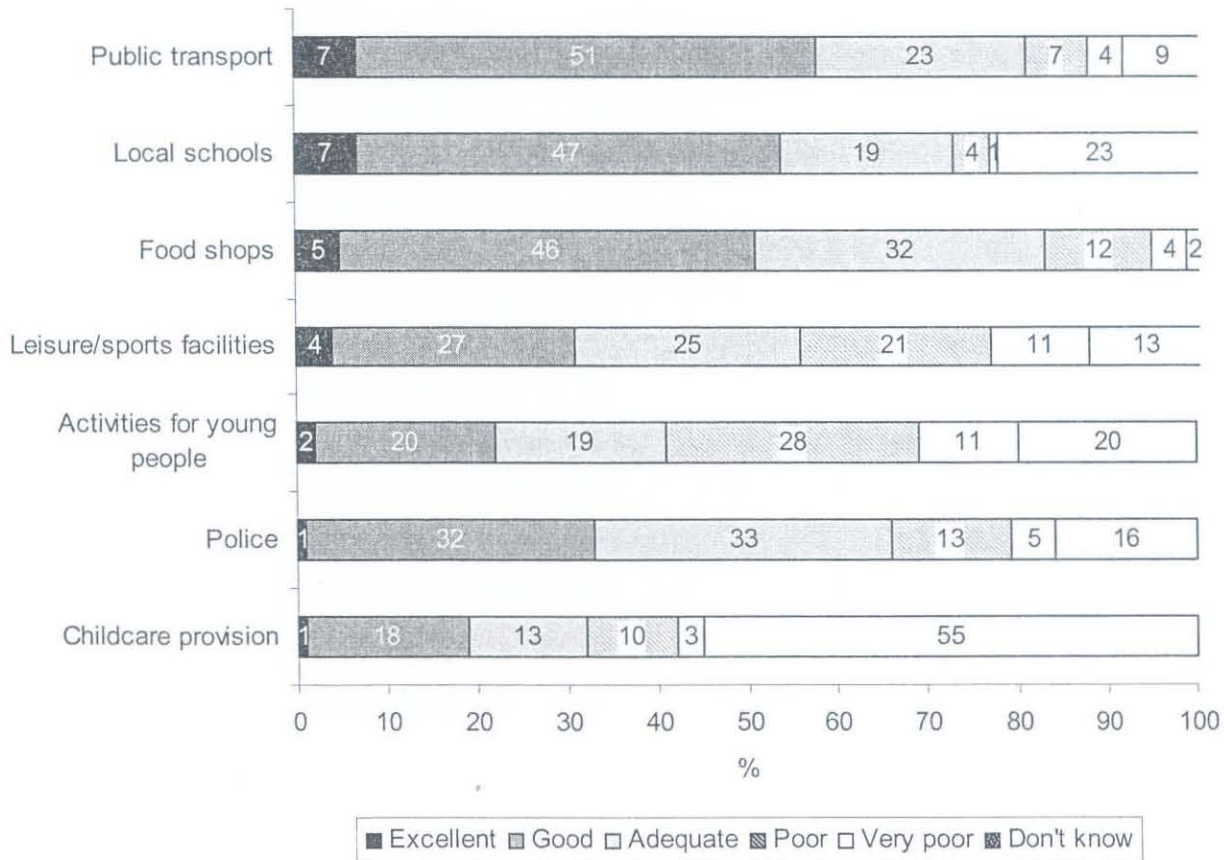| Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	*1,954*	69	Qualifications	*1,064*	72
			No qualifications	*889*	64
DEPCAT 1/2	*213*	87			
DEPCAT 3/4/5	*708*	68	A	*20*	86
DEPCAT 6/7	*1,033*	62	B	*153*	85
			C1	*391*	73
Most deprived 15%	*736*	60	C2	*521*	70
Other datazones	*1,218*	74	D	*448*	63
			E	*244*	64
SIP	*556*	65			
Non-SIP	*1,398*	70	AB	*173*	85
			ABC1	*564*	77
Owner-occupier	*851*	78	C2DE	*1,213*	66
Housing Association	*887*	58	DE	*692*	63
			Economically active	*648*	68
			Economically inactive	*706*	64

5.7   Perceived Quality of Services in the Area

Respondents were read a list of services in their local area, and asked to rate each on a five-point scale (very poor, poor, adequate, good, excellent).

Three services are given a positive rating by the majority: public transport, local schools and food shops. The services most likely to be given a negative rating are activities for young people and leisure/sports facilities. It is worth noting that the proportion saying 'don't know' varies significantly across the different services. It is likely that most of those saying 'don't know' do so because they have no experience of that service. However, we did not ask them this question, so we cannot assume that non-use is the reason for their not giving a definite opinion. Furthermore, some people who do not use the service are likely to have given a response based on what they have heard about it. For these reasons, we have left the 'don't knows' in the bases for these questions.

Chart 5.6: Perceived quality of services in the area (Q43a-g)
Base: All (1,954)

Service	Excellent	Good	Adequate	Poor	Very poor	Don't know
Public transport	7	51	23	7	4	9
Local schools	7	47	19	4	1	23
Food shops	5	46	32	12	4	2
Leisure/sports facilities	4	27	25	21	11	13
Activities for young people	2	20	19	28	11	20
Police	1	32	33	13	5	16
Childcare provision	1	18	13	10	3	55

■ Excellent ▨ Good □ Adequate ▨ Poor □ Very poor ▨ Don't know

5.7.1 Public Transport

Nearly six in ten residents (57%) rate public transport in the area as good or excellent (7% say excellent) and one in nine (11%) say it is poor or very poor (4% say very poor).

Table 5.94 shows that those aged 16-24 are more likely to rate public transport as good or excellent (71%) while those aged 25-34 are most likely to rate it negatively (15%). It also shows that women are more likely than men to rate it positive, and also to rate it negatively (i.e. men are more likely to hold a neutral view). Section 5.8.6 shows that women are heavier users of public transport than men, which explains their greater likelihood of coming down on one side of the fence or the other.

Table 5.94: Quality of Public transport (Q43c), by age and gender
Base: All

		Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
		n	%	%	%
Total		1,954	57	11	23
All					
	16-24	209	71	8	19
	25-34	346	49	15	28
	35-44	330	59	8	25
	45-54	310	59	9	23
	55-64	235	52	13	21
	65-74	298	57	15	21
	75+	222	51	10	22
Men					
	16-24	83	65	8	24
	25-34	155	47	10	33
	35-44	136	59	6	25
	45-54	147	56	7	25
	55-64	91	46	6	25
	65-74	126	50	16	26
	75+	83	60	6	20
	All men	822	55	8	27
Women					
	16-24	126	75	9	15
	25-34	191	52	20	23
	35-44	194	59	10	24
	45-54	163	62	11	20
	55-64	144	58	19	16
	65-74	172	62	15	17
	75+	139	47	12	24
	All women	1,131	59	14	20

Table 5.95 shows that those in the most deprived DEPCATs tend to be more positive about the quality of public transport (59% of those in DEPCATs 6 / 7, compared with 49% of those in DEPCATs 1 / 2). Those in the most deprived DEPCATs are also, however, slightly more likely to give a negative rating. In other words, those in the most deprived areas are more likely to give an opinion, presumably due to greater usage of public transport. Those in the most deprived 15% datazones are also slightly more likely to rate this service negatively (14% say poor or very poor, compared with 9% of those who don't live in these areas).

Table 5.95: Quality of Public transport (Q43c), by deprivation measures
Base: All

	Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
	n	%	%	%
Total	1,954	57	11	23
DEPCAT 1/2	213	49	10	19
DEPCAT 3/4/5	708	59	6	28
DEPCAT 6/7	1,033	59	14	22
Most deprived 15% datazones	736	57	14	26
Other datazones	1,218	58	9	22
SIP	556	59	10	21
Non-SIP	1,398	56	10	24

C2DEs are more likely to rate public transport negatively.

Table 5.96: Quality of Public transport (Q43c), by socio-economic measures
Base: All

	Unweighted base:	Excellent/Good	Very poor/Poor	Adequate
	n	%	%	%
Total	1,954	57	11	23
A	20	78	0	11
B	153	61	9	12
C1	391	59	10	21
C2	521	59	9	24
D	448	59	13	20
E	244	50	21	25
AB	173	63	8	12
ABC1	564	60	9	18
C2DE	1,213	57	13	23
DE	692	56	16	22
Owner-occupier	851	59	9	19
Housing Association	887	52	15	29
Economically active	648	55	10	26
Economically inactive	706	56	15	22
Qualifications	1,066	58	9	23
No qualifications	889	57	14	23

5.7.2 Local Schools

Just over half of residents (54%) rate local schools in the area as good or excellent (7% say excellent) and 4% say they are poor or very poor (1% say very poor).

Table 5.97 shows that those aged 45-54 are more likely to rate local schools as good or excellent (65% say this) while those in age group 25-34 are most likely to rate them negatively (7% say poor or very poor).

Table 5.97: Quality of Local schools (Q43b), by age and gender
Base: All

		Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
		n	%	%	%
Total		1,954	54	4	19
All					
	16-24	209	61	4	17
	25-34	346	51	7	23
	35-44	330	59	4	21
	45-54	310	65	4	17
	55-64	235	53	4	21
	65-74	298	47	3	15
	75+	222	27	0	9
Men					
	16-24	83	59	1	22
	25-34	155	49	6	25
	35-44	136	54	3	21
	45-54	147	63	5	14
	55-64	91	55	6	19
	65-74	126	44	5	17
	75+	83	32	0	9
	All men	822	53	4	20
Women					
	16-24	126	63	7	13
	25-34	191	53	8	21
	35-44	194	65	5	21
	45-54	163	67	3	19
	55-64	144	51	2	23
	65-74	172	50	1	13
	75+	139	25	0	9
	All women	1,131	55	4	18

Table 5.98 shows that those in the more deprived DEPCATs tend to have less positive views of local schools (51% are positive and 6% negative in DEPCATs 6/7, compared with 68% positive and just 1% negative in DEPCATs 1/2). Also, those living in the most deprived 15% datazones are less likely to rate this service positively (50% say good or excellent, compared with 56% of those who don't live in these areas).

Table 5.98: Quality of Local schools (Q43b), by deprivation measures
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	54	4	19
DEPCAT 1/2	213	68	1	8
DEPCAT 3/4/5	708	52	5	24
DEPCAT 6/7	1,033	51	6	19
Most deprived 15% datazones	736	50	4	22
Other datazones	1,218	56	4	17
SIP	556	51	5	22
Non-SIP	1,398	55	4	17

Similarly, C2DEs are slightly less likely to rate local schools positively (53% say excellent or good, compared with 59% of ABC1s), as in **Table 5.99**.

Table 5.99: Quality of Local schools (Q43b), by socio-economic measures
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	54	4	19
A	20	67	0	14
B	153	68	2	12
C1	391	55	4	16
C2	521	54	4	17
D	448	49	6	19
E	244	55	6	23
AB	173	68	2	12
ABC1	564	59	3	15
C2DE	1,213	53	5	19
DE	692	51	6	20
Owner-occupier	851	63	3	13
Housing Association	887	47	6	26
Economically active	648	54	5	22
Economically inactive	706	39	5	16
Qualifications	1,066	58	4	18
No qualifications	889	48	4	20

5.7.3 Food Shops

Half of residents (51%) rate food shops in the area as good or excellent (5% say excellent) and one in nine (16%) say they are poor or very poor (4% say very poor).

Table 5.100 shows that those aged 16-24 are more likely to rate food shops as good or excellent (58%) while those aged 55-64 are most likely to rate them negatively (25% rate them as poor or very poor).

Table 5.100: Quality of food shops (Q43a), by age and gender
Base: All

		Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total		1,954	51	16	32
All					
	16-24	209	58	10	26
	25-34	346	50	17	34
	35-44	330	51	12	37
	45-54	310	52	14	33
	55-64	235	47	25	27
	65-74	298	51	17	31
	75+	222	46	19	32
Men					
	16-24	83	53	13	30
	25-34	155	48	12	40
	35-44	136	50	8	42
	45-54	147	53	13	33
	55-64	91	48	22	30
	65-74	126	52	15	33
	75+	83	59	12	26
	All men	822	51	13	35
Women					
	16-24	126	64	8	23
	25-34	191	51	21	28
	35-44	194	52	16	33
	45-54	163	51	15	33
	55-64	144	46	27	25
	65-74	172	50	19	29
	75+	139	40	22	34
	All women	1,131	51	18	29

Table 5.101 shows that those in the more deprived DEPCATs are more likely to give a negative rating of food shops (17% are negative in DEPCATs 6/7, compared with 11% in DEPCATs 1/2). Those living in the most deprived 15% datazones are more likely to rate the service negatively (20%, compared with 13% of those who don't live in these areas).

Table 5.101: Quality of food shops (Q43a), by deprivation measures
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	51	16	32
DEPCAT 1/2	213	52	11	36
DEPCAT 3/4/5	708	51	15	33
DEPCAT 6/7	1,033	50	17	30
Most deprived 15% datazones	736	47	20	30
Other datazones	1,218	53	13	33
SIP	556	48	19	32
Non-SIP	1,398	52	14	32

Table 5.102 shows that C2DEs tend to rate their local food shops less positively.

Table 5.102: Quality of food shops (Q43a), by socio-economic measures
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	51	16	32
A	20	56	5	40
B	153	56	10	33
C1	391	51	16	31
C2	521	52	15	31
D	448	48	18	32
E	244	53	17	26
AB	173	56	10	34
ABC1	564	53	14	32
C2DE	1,213	51	17	31
DE	692	50	18	30
Owner-occupier	851	53	15	31
Housing Association	887	45	18	35
Economically active	648	48	14	38
Economically inactive	706	48	22	28
Qualifications	1,066	53	13	32
No qualifications	889	47	20	32

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5.7.4 Leisure/Sports Facilities

Three in ten residents (31%) rate leisure/sports facilities in the area as good or excellent (4% say excellent) and a third (32%) say they are poor or very poor (11% say very poor). A quarter (25%) say they are adequate.

Table 5.103 shows that those aged 16-24 are more likely to rate leisure/sports facilities as good or excellent (39% say this) while those in age group 35-44 are most likely to rate them negatively (38% rate them as poor or very poor).

Table 5.103: Quality of Leisure/sports facilities (Q43e), by age and gender
Base: All

		Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
		n	%	%	%
Total		1,954	31	32	25
All					
	16-24	209	39	34	25
	25-34	346	29	35	31
	35-44	330	33	38	25
	45-54	310	31	35	27
	55-64	235	32	31	23
	65-74	298	26	21	22
	75+	222	16	11	10
Men					
	16-24	83	34	38	26
	25-34	155	36	25	35
	35-44	136	30	37	28
	45-54	147	27	37	27
	55-64	91	37	30	23
	65-74	126	30	18	25
	75+	83	30	11	13
	All men	822	32	30	27
Women					
	16-24	126	43	31	23
	25-34	191	22	44	28
	35-44	194	35	39	22
	45-54	163	36	33	27
	55-64	144	27	33	23
	65-74	172	23	23	20
	75+	139	10	11	8
	All women	1,131	29	33	23

Table 5.104 shows that those in the more deprived DEPCATs tend to rate leisure/sports facilities less positively (28% are positive in DEPCATs 6/7, compared with 39% in DEPCATs 1/2). Also, those living in the most deprived 15% datazones are more likely to rate this service negatively (40% say poor or very poor, compared with 27% of those who don't live in these areas).

Table 5.104: Quality of Leisure/sports facilities (Q43e), by deprivation measures
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	31	32	25
DEPCAT 1/2	213	39	31	20
DEPCAT 3/4/5	708	30	27	30
DEPCAT 6/7	1,033	28	35	23
Most deprived 15% datazones	736	21	40	25
Other datazones	1,218	35	27	25
SIP	556	26	38	24
Non-SIP	1,398	32	29	25

Similarly, C2s and especially DEs are more likely to rate leisure/sports facilities negatively, as in **Table 5.105**.

Table 5.105: Quality of Leisure/sports facilities (Q43e), by socio-economic measures
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	31	32	25
A	20	49	21	19
B	153	53	19	24
C1	391	39	27	22
C2	521	30	29	25
D	448	23	37	24
E	244	20	47	21
AB	173	53	19	23
ABC1	564	44	24	23
C2DE	1,213	26	35	24
DE	692	22	40	23
Owner-occupier	851	39	26	25
Housing Association	887	19	41	26
Economically active	648	33	33	31
Economically inactive	706	20	30	18
Qualifications	1,066	38	30	25
No qualifications	889	19	34	25

5.7.5 Activities for Young People

One in five residents (22%) rate activities for young people in the area as good or excellent (2% say excellent) and four in ten (39%) say they are poor or very poor (11% say very poor).

Table 5.106 shows that those aged 65+ are less likely to give an opinion on this measure. In the 25-34 and 75+ age groups, men tend to be more positive than women.

Table 5.106: Quality of Activities for young people (Q43d), by age and gender
Base: All

		Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
		n	%	%	%
Total		1,954	22	39	19
All					
	16-24	209	27	47	19
	25-34	346	19	42	24
	35-44	330	25	46	20
	45-54	310	24	44	20
	55-64	235	23	37	20
	65-74	298	19	26	13
	75+	222	10	14	7
Men					
	16-24	83	25	51	19
	25-34	155	24	35	23
	35-44	136	24	44	23
	45-54	147	21	46	18
	55-64	91	27	37	22
	65-74	126	17	22	16
	75+	83	20	17	10
	All men	822	23	39	20
Women					
	16-24	126	29	44	20
	25-34	191	15	49	26
	35-44	194	26	48	27
	45-54	163	27	42	22
	55-64	144	18	37	18
	65-74	172	20	29	10
	75+	139	6	13	6
	All women	1,131	21	40	23

Table 5.107 shows that those in the most deprived DEPCATs tend to be less positive about activities for young people (20% are positive and 44% negative in DEPCATs 6/7, compared with 25% positive and 32% negative in DEPCATs 1/2). Also, those living in the most deprived 15% datazones are more likely to rate this service negatively (51% say poor or very poor, compared with 33% of those who don't live in these areas).

Table 5.107: Quality of Activities for young people (Q43d), by deprivation measures

Base: All

	Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
	n	%	%	%
Total	1,954	22	39	19
DEPCAT 1/2	213	25	32	23
DEPCAT 3/4/5	708	23	36	21
DEPCAT 6/7	1,033	20	44	16
Most deprived 15% datazones	736	16	51	17
Other datazones	1,218	25	33	20
SIP	556	20	48	18
Non-SIP	1,398	23	36	19

Similarly, C2DEs are more likely to rate activities for young people negatively, as in **Table 5.108**.

Table 5.108: Quality of Activities for young people (Q43d), by socio-economic measures

Base: All

	Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
	n	%	%	%
Total	1,954	22	39	19
A	20	41	27	0
B	153	34	25	25
C1	391	26	33	18
C2	521	21	38	18
D	448	19	49	14
E	244	17	50	18
AB	173	35	25	22
ABC1	564	29	30	19
C2DE	1,213	19	45	16
DE	692	18	49	15
Owner-occupier	851	29	30	22
Housing Association	887	15	51	17
Economically active	648	24	41	24
Economically inactive	706	14	36	10
Qualifications	1,066	26	37	22
No qualifications	889	15	42	15

5.7.6 Police

A third of residents (33%) rate the Police in the area as good or excellent (1% say excellent) and a third (18%) say they are poor or very poor (5% say very poor). A third (33%) say they are adequate.

Table 5.109 shows that age groups 55-64 and 65-74 are most likely to rate the police as good or excellent (38% and 39% respectively say this) while those in age group 25-34 are most likely to rate them negatively (25% rate them as poor or very poor).

Table 5.109: Quality of Police (Q43g), by age and gender
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	33	18	33
All				
16-24	209	35	17	25
25-34	346	28	25	35
35-44	330	34	18	35
45-54	310	33	18	32
55-64	235	38	14	34
65-74	298	39	14	35
75+	222	26	10	36
Men				
16-24	83	31	20	22
25-34	155	31	18	37
35-44	136	36	16	38
45-54	147	35	21	30
55-64	91	43	12	36
65-74	126	38	20	34
75+	83	33	7	37
All men	822	35	17	33
Women				
16-24	126	38	13	28
25-34	191	24	32	32
35-44	194	33	20	32
45-54	163	30	16	35
55-64	144	33	15	31
65-74	172	40	9	36
75+	139	22	11	36
All women	1,131	31	18	33

Table 5.110 shows that those living in the more deprived DEPCATs tend to rate the police more negatively (30% are positive and 22% negative in DEPCATs 6/7, compared with 39% positive and 10% negative in DEPCATs 1/2). Also, those living in the most deprived 15% datazones are more likely to rate this service negatively (24% say poor or very poor, compared with 15% of those who don't live in these areas).

Table 5.110: Quality of Police (Q43g), by deprivation measures
Base: All

	Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
	n	%	%	%
Total	1,954	33	18	33
DEPCAT 1/2	213	39	10	30
DEPCAT 3/4/5	708	35	15	36
DEPCAT 6/7	1,033	30	22	32
Most deprived 15% datazones	736	29	24	32
Other datazones	1,218	35	15	33
SIP	556	30	24	28
Non-SIP	1,398	34	16	35

Similarly, C2DEs are more likely to rate the police negatively, as in **Table 5.111**.

Table 5.111: Quality of Police (Q43g), by socio-economic measures
Base: All

	Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
	n	%	%	%
Total	1,954	33	18	33
A	20	29	3	30
B	153	44	8	35
C1	391	40	13	31
C2	521	36	15	34
D	448	28	21	31
E	244	26	34	23
AB	173	42	7	34
ABC1	564	41	11	32
C2DE	1,213	31	21	31
DE	692	27	25	29
Owner-occupier	851	42	13	30
Housing Association	887	24	24	37
Economically active	648	34	19	36
Economically inactive	706	28	20	34
Qualifications	1,066	37	16	31
No qualifications	889	26	21	36

5.7.7 Childcare Provision

One in five residents (20%) rate childcare provision in the area as good or excellent (1% say excellent) and one in eight (13%) say it is poor or very poor (3% say very poor).

Table 5.112 shows that age group 35-44 are more likely to rate childcare provision as good or excellent (26% say this) while those in age group 25-34 are most likely to rate it negatively (26% rate it as poor or very poor).

Table 5.112: Quality of Childcare provision (Q43f), by age and gender
Base: All

		Unweighted base:	Excellent/ Good	Very poor/ Poor	Adequate
		n	%	%	%
Total		1,954	20	13	13
All					
	16-24	209	20	12	14
	25-34	346	22	26	16
	35-44	330	26	13	16
	45-54	310	18	11	16
	55-64	235	18	6	9
	65-74	298	13	6	7
	75+	222	7	2	3
Men					
	16-24	83	21	6	12
	25-34	155	17	22	16
	35-44	136	23	14	14
	45-54	147	16	13	16
	55-64	91	19	6	10
	65-74	126	10	8	12
	75+	83	13	1	4
	All men	822	18	12	13
Women					
	16-24	126	19	17	15
	25-34	191	28	30	17
	35-44	194	29	13	19
	45-54	163	21	9	16
	55-64	144	17	7	7
	65-74	172	16	4	4
	75+	139	4	3	2
	All women	1,131	21	14	13

Table 5.113 shows that those in the more deprived DEPCATs tend to be less positive about childcare provision (18% are positive and 17% negative in DEPCATs 6/7, compared with 25% positive and 7% negative in DEPCATs 1/2). Also, those living in the most deprived 15% datazones are more likely to rate this service negatively (20% say poor or very poor, compared with 9% of those who don't live in these areas).

Table 5.113: Quality of Childcare provision (Q43f), by deprivation measures
Base: All

	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	20	13	13
DEPCAT 1/2	213	25	7	8
DEPCAT 3/4/5	708	20	10	18
DEPCAT 6/7	1,033	18	17	12
Most deprived 15% datazones	736	15	20	12
Other datazones	1,218	22	9	14
SIP	556	19	17	12
Non-SIP	1,398	20	11	13

Similarly, C2DEs are more likely to rate childcare provision negatively, as in **Table 5.114**.

Table 5.114: Quality of Childcare provision (Q43f), by socio-economic measures
Base: All

|	Unweighted base: n	Excellent/ Good %	Very poor/ Poor %	Adequate %
Total	1,954	20	13	13
A	20	13	6	12
B	153	34	3	5
C1	391	20	8	13
C2	521	19	10	13
D	448	19	10	9
E	244	15	36	15
AB	173	31	4	5
ABC1	564	24	6	11
C2DE	1,213	18	15	12
DE	692	18	19	11
Owner-occupier	851	26	5	12
Housing Association	887	14	22	15
Economically active	648	21	16	16
Economically inactive	706	10	11	8
Qualifications	1,066	23	11	14
No qualifications	889	14	15	12

5.8   *Individual Circumstances*

5.8.1 Household Size

One in five residents (20%) say they live alone. The full breakdown of household size is shown in Chart 5.7 below.

Chart 5.7: Household size (Q47)
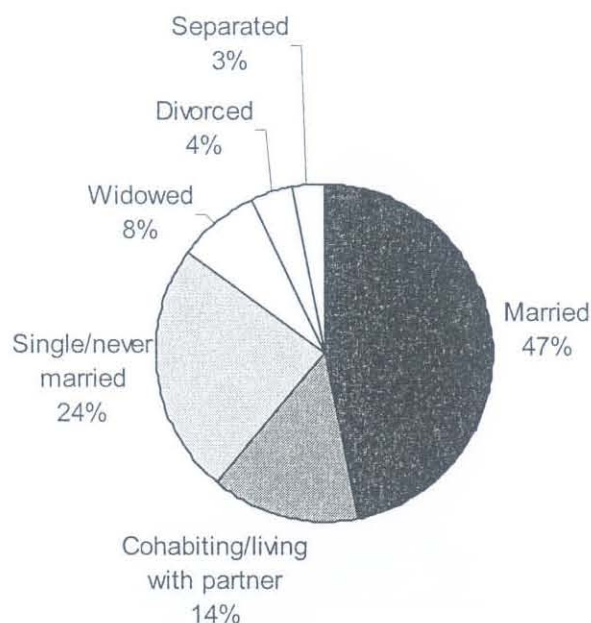Base: All (1,954)
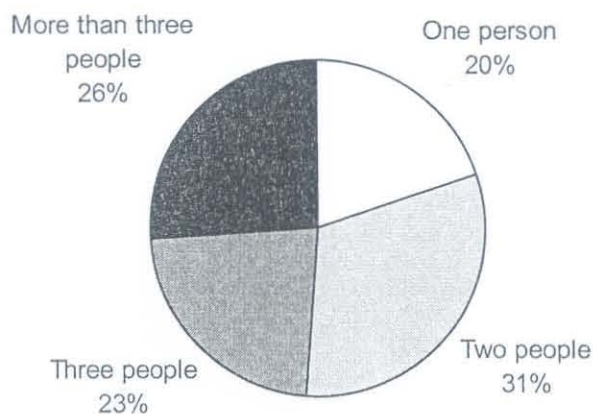
5.8.2 Ethnicity

Over nine in ten residents who completed the study class themselves as White (96%), 1.3% as Indian, 1.3% as Pakistani and 0.6% as Chinese.

5.8.3 Marital Status

Just under half of residents (47%) say they are married. The full breakdown of marital status is shown in Chart 5.7 below.

Chart 5.7: Marital status (Q64)
Base: All (1,954)

The proportion of married residents increases among the 35+ age groups (59% of 35-44s, 72% of 45-54s and 70% of 55-64s) and then declines among those aged 65+ (66% of 65-74s and 33% of those aged 75+) where the proportion of widowed residents increases (23% of 65-74s and 55% of those aged 75+).

Those in less deprived DEPCATs are more likely to be married (61% in 1/2, 47% in 3/4/5 and 43% in 6/7).

5.8.4 Internet Access

Half of residents (49%) say they have access to the Internet. More men than women say they have access (54% men, compared with 44% women). Proportions are fairly consistent through the age bands until age 55 where they drop to 43% for 55-64s, 17% for 65-74s and 4% of those aged 75+.

Internet access is lower in the more deprived DEPCATs (63% in DEPCATs 1/2 and 43% in DEPCATs 6/7). Only a third of those living in the most deprived 15% datazones (34%) say they have access to the Internet, compared with 52% of those not living in those areas.

Of those who do have Internet access, six in ten (63%) say they have access at home, 8% have access elsewhere and 30% have access both at home and elsewhere.

5.8.5 Car Ownership

Six in ten residents (60%) say they, or someone in their household, own a car. Ownership is higher among men (66%, compared with 54% women).

Car ownership is highest among age groups 35-64 (71%) and lowest among those aged 65 and over (43% of 65-74s and 24% of those aged 75+).

Car ownership is lower in the more deprived DEPCATs (83% in DEPCATs 1/2 and 47% in DEPCATs 6/7). Only a third of those living in the most deprived 15% datazones (37%) say they own a car, compared with 65% of those not living in those areas.

5.8.6 Main Form of Transport

Half of residents (49%) say their main form of transport is car, motorcycle or moped. Nearly four in ten (38%) say they use public transport and 8% walk.

Women are just as likely to use the car as public transport (43% each) whereas men tend to favour the car (56%) over public transport (32%). One in twelve (8%) of both sexes say their main form of transport is walking.

Those aged 35-54 are most likely to say their main form of transport is the car (63% of 35-44 year-olds and 65% of 45-54 year-olds, compared with just 27% of 16-24 year-olds and 23% of those aged 75+). Those aged 16-24 and those aged 65+ are most likely say their main form of transport is public transport (55% of 16-24 year-olds, 45% of those aged 65-74 and 48% of those aged 75+). Those aged 16-24 are twice as likely as those in other age groups to say that walking is their main form of transport (17%).

5.8.7 Caring Responsibilities

One in seventeen (6%) say they are responsible for caring for someone on a day-to-day basis. This proportion is higher among those aged 35-74.

Of those with caring responsibilities, 53% say they spend up to 8 hours per day looking after this/these person(s), and 45% say they spend more than 8 hours per day caring for others. This translates to 3% of the total sample who spend up to 8 hours per day caring, and 3% who spend more than 8 hours per day caring.

5.8.8 Level of Educational Qualifications Obtained

Four in ten residents (39%) say they have no educational qualifications. This proportion is higher among women (45%, compared with 33% of men). The proportion also increases through the age ranges from 23% for 16-24 year olds to 73% of those aged 75 and over.

5.8.9 Proportion of Household Income Coming from State Benefits

Half of residents (50%) say they receive some form of benefits, with a quarter (26%) saying that all their income comes from benefits. Women are more likely to say all of their household income comes from state benefits (32%, compared with 21% men). Those in more deprived DEPCATs are also more likely to say all of their income comes from state benefits (10% in 1/2, 20% in3/4/5 and 37% in 6/7).

5.8.10   Benefits Received

Three in ten respondents (29%) are in receipt of Income Support. Women are more likely to receive Income Support (32%, compared with 25% of men) as are those in the most deprived DEPCATs (14% in 1/2, 23% in 3/4/5 and 35% in 6/7). A third of respondents (34%) are receiving Housing Benefits and 37% are receiving their retirement pension.

5.8.11   Difficulty Meeting the Cost of Specified Household Items or Bills

Just over four in ten respondents (42%) say they have experienced difficulty meeting the cost of payments for bills, food, clothes and such like. A similar proportion (43%) say they have not experienced any payment difficulties. Those in more deprived DEPCATs are more likely to have experienced difficulties (23% in 1/2, 38% in 3/4/5 and 52% in 6/7).

5.8.12 Difficulty Finding Unexpected Sums

One in eleven (9%) say they would have a problem meeting an unexpected expense of £20, while a third (34%) say they would have a problem finding £100 and seven in ten (70%) would have a problem finding £1,000. Those in more deprived DEPCATs are more likely to have problems finding £1,000. Three in ten of those in DEPCATs 6/7 (30%) say it would be impossible for them to find such an amount, compared with 7% in DEPCATs 1/2.

5.8.13 Other Factors About the Home that Affect Health

Only 6% of respondents say there is something about their home that affects their health. Women are more likely to say there is a problem (7%, compared with 4% of men) as are those in more deprived DEPCATs (2% in 1/2, 5% in 3/4/5 and 8% in 6/7).

Of those who do give a response, 42% mention stairs (i.e 2% of the total sample), 21% mention damp (i.e. 1% of the total sample), 6% mention overcrowding, 5% noisy/difficult neighbours, and 5% the location of their home.

5.8.14 Employment Information

Six in ten respondents (59%) say they are economically active with men more likely to be such than women (70% men, compared with 44% women). Men are also more likely to work full-time (60%, compared with 32% women) as are those in less deprived DEPCATs (61% in 1/2, 58% in 3/4/5 and 38% in 6/7).

6 SOCIAL CAPITAL

6.1 Chapter Summary

Table 6.1 summarises the indicators relating to social capital:

Table 6.1: Indicators for social capital
Base: All (1,954)

Indicator	% of sample
Positive perception of local area as a place to live (Q29)	82.9
Positive perception of local area as a place to bring up children (Q30)	73.4
Responsibilities in clubs, associations, etc (Q34)	6.3
Local activists' (Q35)	9.0
Currently act as a volunteer (Q36)	5.1
Positive perception of reciprocity (Q42a)	72.1
Positive perception of trust (Q42e)	71.4
Belongs to social network(s) (Q33)	20.9
Values local friendships (Q42c)	69.2
Positive perception of social support (Q42g)	71.9

Just over eight in ten (82.9%) have a positive perception of their local area as a place to live, and just over seven in ten (73.4%) have a positive perception of it as a place to bring up children. Younger people, those in the more deprived areas, the socially excluded, those with poor physical health, those with poor mental health, smokers, passive smokers and those who do not eat breakfast every day tend to be less positive about their local area.

One in seventeen (6.3%) say they have responsibilities in clubs, associations etc. Those least likely to be so engaged are: the under-25s, men, those in the most deprived areas and the socially exluded.

One in eleven (9.0%) are can be described as 'local activists'. Those least likely to be activists are: the under-25s and those in the most deprived areas.

One in twenty (5.1%) say they currently act as a volunteer. Least likely to volunteer are: those aged under 55, those aged 75+ and those in the most deprived areas.

Seven in ten (72.1%) have a positive view of reciprocity in their neighbourhood, and virtually the same proportion (71.4%) have a positive view of the trustworthiness of the people in their local area. Those least likely to be positive are: younger people, men, those in the more deprived areas, the socially excluded, smokers, heavy drinkers and those who do not eat breakfast every day.

One in five (20.9%) say they belong to a social network. Least likely to say this are: younger people, men, those in the most deprived areas, smokers, heavy drinkers, those with poor mental health, those who do not eat breakfast every day and those who are not physically active.

Seven in ten (69.2%) value local friendships and associations. Least likely to do so are: younger people, those in the more deprived areas, the socially excluded, those with poor mental health, smokers and those who do not eat breakfast every day.

Seven in ten (71.9%) have a positive view about social support. Those least likely to do so are: younger people, men, those in the most deprived areas, the socially excluded, those who do not eat breakfast every day, those with poor mental health, smokers and passive smokers.

6.2   View of Local Area

Respondents were presented with a 7-point 'faces' scale (see section 2.2.2 for details), and asked to rate their local area: (a) as a place to live, and (b) as a place to bring up children. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception. Overall, 83% of residents have a positive perception of their area as a place to live, and 73% have a positive perception of it as a place to bring up children.

Tables **6.2** and **6.3** show that those aged 25-34 are the age group least likely to be positive (74% are positive about their area as a place to live, and 65% about it as a place to bring up children), and those aged 75+ are most likely to be positive (93% are positive about their area as a place to live, and 83% about it as a place to bring up children). Other than this, there is little variation by age or gender.

Table 6.2: Positive perception of local area as a place to live (Q29), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	83	74	84	84	87	84	93	83
Men	86	73	85	82	88	82	90	83
Women	81	76	82	86	86	85	95	83
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 6.3: Positive perception of local area as a place to bring up children (Q30), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	71	65	77	73	76	76	83	73
Men	72	64	79	73	72	75	82	73
Women	71	67	74	74	80	77	83	74
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

The link between deprivation and view of local area is highlighted in **Tables 6.4** and **6.5**. Those in the most deprived DEPCATs are least likely to hold a positive view. Similarly, those in the most deprived 15% datazones are less likely to be positive than those elsewhere, and the same pattern is evident in relation to housing tenure. **Tables 6.4** and **6.5** also show how view of the local area relates to socio-economic status. ABC1s are more likely to be positive than C2DEs, and those with qualifications are more likely than those without to be positive.

Table 6.4: Positive perception of local area as a place to live (Q29), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	83	Qualifications	1,064	86
			No qualifications	889	78
DEPCAT 1/2	213	90			
DEPCAT 3/4/5	708	88	A	20	93
DEPCAT 6/7	1,033	77	B	153	94
			C1	391	86
Most deprived 15%	736	75	C2	521	83
Other datazones	1,218	87	D	448	79
			E	244	75
SIP	556	75			
Non-SIP	1,398	86	AB	173	94
			ABC1	564	88
Owner-occupier	851	91	C2DE	1,213	80
Housing Association	887	72	DE	692	77
			Economically active	648	80
			Economically inactive	706	81

Table 6.5: Positive perception of local area as a place to bring up children (Q30), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base: n	Positive perception %	Socio-economic measure	Unweighted base: n	Positive perception %
Total	1,954	73	Qualifications	1,064	77
			No qualifications	889	68
DEPCAT 1/2	213	86			
DEPCAT 3/4/5	708	77	A	20	89
DEPCAT 6/7	1,033	67	B	153	83
			C1	391	78
Most deprived 15%	736	65	C2	521	75
Other datazones	1,218	78	D	448	69
			E	244	69
SIP	556	65			
Non-SIP	1,398	76	AB	173	84
			ABC1	564	80
Owner-occupier	851	84	C2DE	1,213	72
Housing Association	887	61	DE	692	69
			Economically active	648	71
			Economically inactive	706	70

Those who can be described as socially excluded are among those least likely to be positive about their area as a place to live and as a place to bring up children, as evidenced by **Tables 6.6** and **6.7**.

Table 6.6: Positive perception of local area as a place to live (Q29), by social exclusion measures

Base: All

	Unweighted base: n	Total %
Total	1,954	83
No-one to turn to for help with a problem	532	70
Isolated from family and friends	190	63
No control over life decisions	81	37
In receipt of Income Support	329	71

Table 6.7: Positive perception of local area as a place to bring up children (Q30), by social exclusion measures

Base: All

	Unweighted base: n	Total %
Total	1,954	73
No-one to turn to for help with a problem	532	63
Isolated from family and friends	190	56
No control over life decisions	81	34
In receipt of Income Support	329	62

Tables **6.8** and **6.9** show that those with a limiting condition/illness, those with a high GHQ-12 score, those who are exposed to tobacco smoke (actively or passively) and those who do not eat breakfast every day tend to have a less positive view of their local area as a place to live.

Table 6.8: Positive perception of local area as a place to live (Q29), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	83
Positive view of general health	1,182	84
Positive view of physical well-being	1,490	89
Positive view of mental / emotional well-being	1,564	89
Positive view of quality of life	1,573	90
High GHQ-12 score	294	60
Limiting condition or illness	529	74
Exposed to passive smoking most of the time	635	76
Current smoker	728	72
Heavy smoker (20+/day)	349	70
Exceeds recommended alcohol consumption	306	72
Obese	248	82
Finds it difficult to access health services	543	80
Does not meet recommended physical activity levels	852	80
Does not consume recommended levels of fruit / veg	1,408	79
Does not eat breakfast every day	503	76

Table 6.9: Positive perception of local area as a place to bring up children (Q30), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	73
Positive view of general health	1,182	74
Positive view of physical well-being	1,490	79
Positive view of mental / emotional well-being	1,564	79
Positive view of quality of life	1,573	80
High GHQ-12 score	294	54
Limiting condition or illness	529	65
Exposed to passive smoking most of the time	635	67
Current smoker	728	65
Heavy smoker (20+/day)	349	65
Exceeds recommended alcohol consumption	306	63
Obese	248	78
Finds it difficult to access health services	543	71
Does not meet recommended physical activity levels	852	72
Does not consume recommended levels of fruit / veg	1,408	69
Does not eat breakfast every day	503	68

6.3 Civic Engagement

6.3.1 Responsibilities in Clubs, Associations etc.

Those indicating that they belong to social clubs, associations, church groups or similar were asked if, in the last three years, they had had any responsibilities within that/those groups(s), e.g. committee member, fundraising, organising events or administrative work. Their responses have been re-percentaged so they are based on the whole sample (i.e. those who are not members of clubs, associations etc are classed as not having had responsibilities).

On this basis, 6% of all residents say they have had responsibilities in clubs, associations etc. **Table 6.10** shows that the likelihood of having such responsibilities increases in line with age, and peaks in the 65-74 age group before dropping off steeply in the 75+ age group.

Table 6.10: Proportion with responsibilities in clubs, associations etc (Q34), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	2	6	6	8	9	11	5	6
Men	3	4	4	7	7	9	6	5
Women	0	8	8	9	10	13	5	7
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 6.1 illustrates this pattern, and also highlights women's slightly greater likelihood of having responsibilities in the 25-74 age groups.

Chart 6.1: Responsibilities in clubs, associations etc (Q34), by age and gender
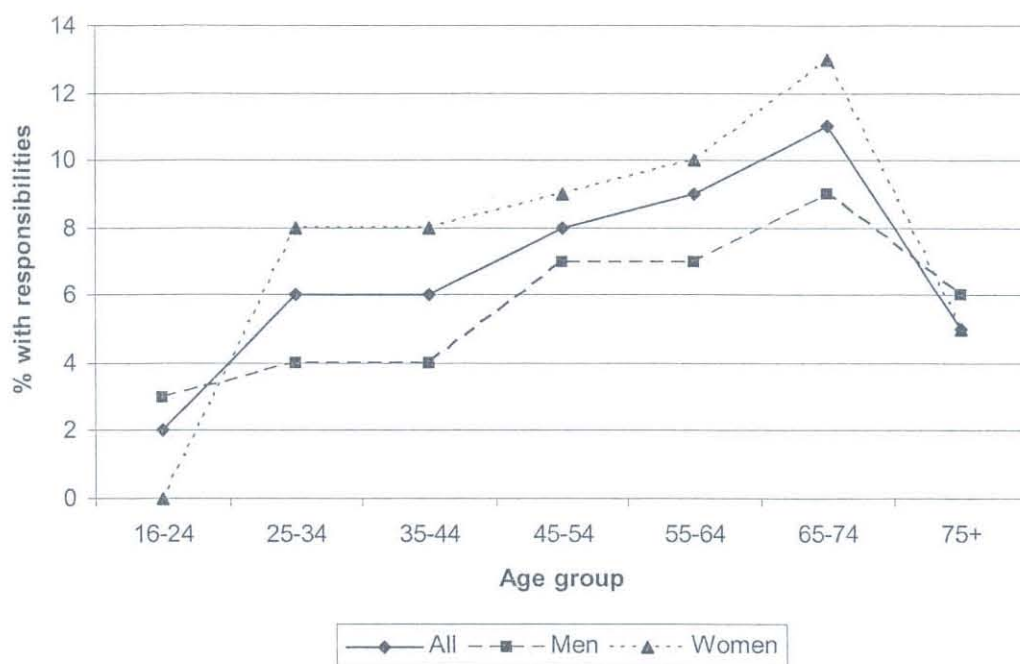Base: All (see table 6.10)

Table 6.11 shows that those in the most deprived areas are among those least likely to have responsibilities in clubs, associations etc (those in the least deprived DEPCATs 1/2 are almost three times as likely to do so as those in the most deprived DEPCATs 6/7). This table also shows that ABs are more than twice as likely as DEs to have such responsibilities.

Table 6.11: Proportion with responsibilities in clubs, associations etc (Q34), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base:		Socio-economic measure	Unweighted base:	
	n	%		*n*	%
Total	*1,954*	6	Qualifications	*1,066*	7
			No qualifications	*889*	5
DEPCAT 1/2	*213*	11			
DEPCAT 3/4/5	*708*	6	A	*20*	25
DEPCAT 6/7	*1,033*	4	B	*153*	11
			C1	*391*	8
Most deprived 15%	*736*	4	C2	*521*	6
Other datazones	*1,218*	8	D	*448*	5
			E	*244*	4
SIP	*556*	4			
Non-SIP	*1,398*	7	AB	*173*	12
			ABC1	*564*	9
Owner-occupier	*851*	8	C2DE	*1,213*	5
Housing Association	*887*	5	DE	*692*	5
			Economically active	*648*	5
			Economically inactive	*706*	6

Those who can be defined as socially excluded are less likely to have responsibilities, as evidenced by the data in **Table 6.12**. The exception is those who feel isolated from family and friends (7% have responsibilities).

Table 6.12: Proportion with responsibilities in clubs, associations etc (Q34), by social exclusion measures
Base: All

	Unweighted base: n	Total %
Total	1,954	6
No-one to turn to for help with a problem	532	4
Isolated from family and friends	190	7
No control over life decisions	81	1
In receipt of Income Support	329	3

6.3.2 'Activism'

Respondents were presented with a list of actions that could be taken in an attempt to improve things in the local area, and asked which they had personally done in the last three years. The list included actions such as: writing to a local newspaper, attending a protest meeting and joining a decision-making group such as a community council or school board. Those saying they have done at least one have been categorised as 'activists' in the remainder of this section. By this definition, one in eleven residents (8%) are activists.

Table 6.13 and **Chart 6.2** show that activism levels peak in the 45-74 age groups, and especially among those aged 45-54, and that levels are relatively low in the under-25 and 75+ age groups. The pattern for men and women is similar in the under-65 age groups, but that in the 65+ age groups, men are more likely than women to be 'activists'.

Table 6.13: 'Activism' (Q35), by age and gender
Base: All

	Age group							Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Total	3	7	6	14	9	10	6	8
Men	0	7	5	13	10	13	10	9
Women	5	7	8	15	9	8	4	9
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Chart 6.2: 'Activism' (Q35), by age and gender
Base: All (see table 6.13)
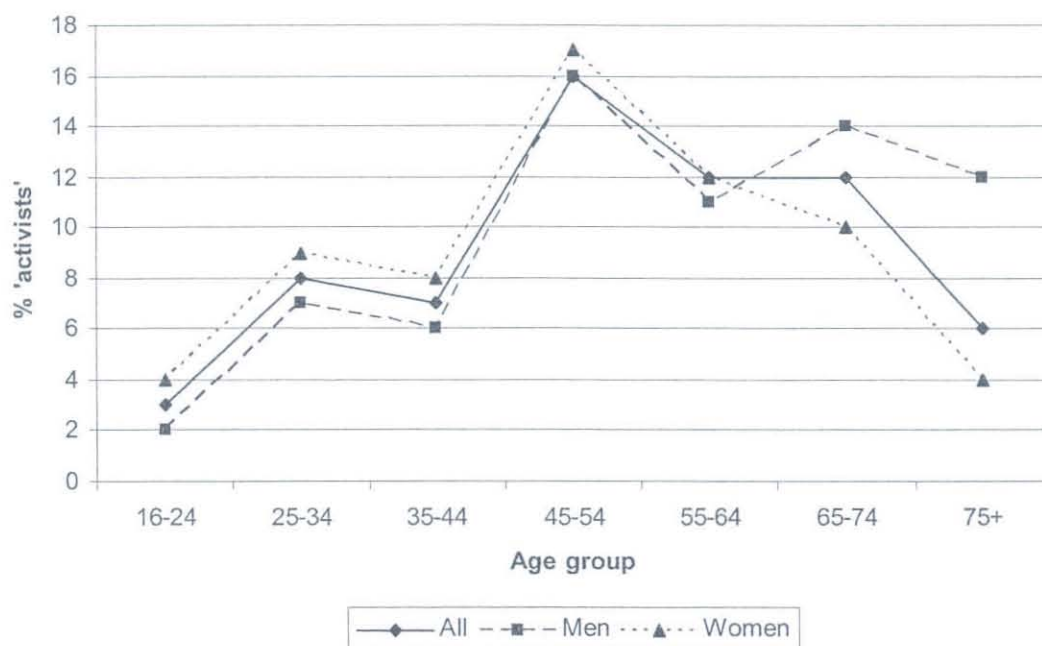
Table 6.14 shows that there is a relationship between deprivation and activism. The analysis by datazone and DEPCAT shows that activism levels are lower in the most deprived areas, but more detailed DEPCAT analysis reveals that activism levels are also relatively low in the least deprived areas, and that they peak in the middle DEPCATs 3, 4 and 5. Table 6.14 also shows that ABC1s and those with qualifications are among those most likely to be activists.

Table 6.14: 'Activism' (Q35), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base:		Socio-economic measure	Unweighted base:	
	n	%		n	%
Total	1,954	9	Qualifications	1,066	11
			No qualifications	889	6
DEPCAT 1/2	213	9			
DEPCAT 3/4/5	708	13	A	20	16
DEPCAT 6/7	1,033	6	B	153	15
			C1	391	9
Most deprived 15%	736	5	C2	521	9
Other datazones	1,218	11	D	448	4
			E	244	4
SIP	556	5			
Non-SIP	1,398	11	AB	173	15
			ABC1	564	11
Owner-occupier	851	11	C2DE	1,213	6
Housing Association	887	8	DE	692	4
			Economically active	648	9
			Economically inactive	706	8

The relationship between activism and social exclusion is not a straightforward one, as illustrated by the figures in **Table 6.15**. Those who feel isolated from friends and family and those who feel they have no control over life decisions are *more* likely than the population as a whole to be activists. On the other hand, those in receipt of Income Support are among those *least* likely to be activists.

Table 6.15: 'Activism' (Q35), by social exclusion measures
Base: All

	Unweighted base: n	Total %
Total	1,954	9
No-one to turn to for help with a problem	532	8
Isolated from family and friends	190	14
No control over life decisions	81	13
In receipt of Income Support	329	4

Perhaps the most striking result in **Table 6.16** is that those who find it difficult to access at least one health service are among those most likely to be activists, suggesting that difficulty in accessing health services does not go hand-in-hand with a feeling of 'there's nothing I can do about it'.

Table 6.16: 'Activism' (Q35), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	9
Positive view of general health	1,182	8
Positive view of physical well-being	1,490	10
Positive view of mental / emotional well-being	1,564	10
Positive view of quality of life	1,573	9
High GHQ-12 score	294	15
Limiting condition or illness	529	10
Exposed to passive smoking most of the time	635	7
Current smoker	728	7
Heavy smoker (20+/day)	349	6
Exceeds recommended alcohol consumption	306	6
Obese	248	10
Finds it difficult to access health services	543	15
Does not meet recommended physical activity levels	852	8
Does not consume recommended levels of fruit / veg	1,408	8
Does not eat breakfast every day	503	11

6.3.3 Volunteering

One in twenty (5%) say they currently act as a volunteer. **Table 6.17** shows that those in the 55-64 age group are most likely to say this (10%). **Chart 6.3** highlights a gender difference, in that among those aged 25-44, women are significantly more likely than men to say they volunteer.

Table 6.17: Volunteering (Q36), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	4	4	5	3	10	7	4	5
Men	6	2	2	3	8	5	4	4
Women	3	6	9	4	12	8	4	6
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Chart 6.3: Volunteering (Q36), by age and gender
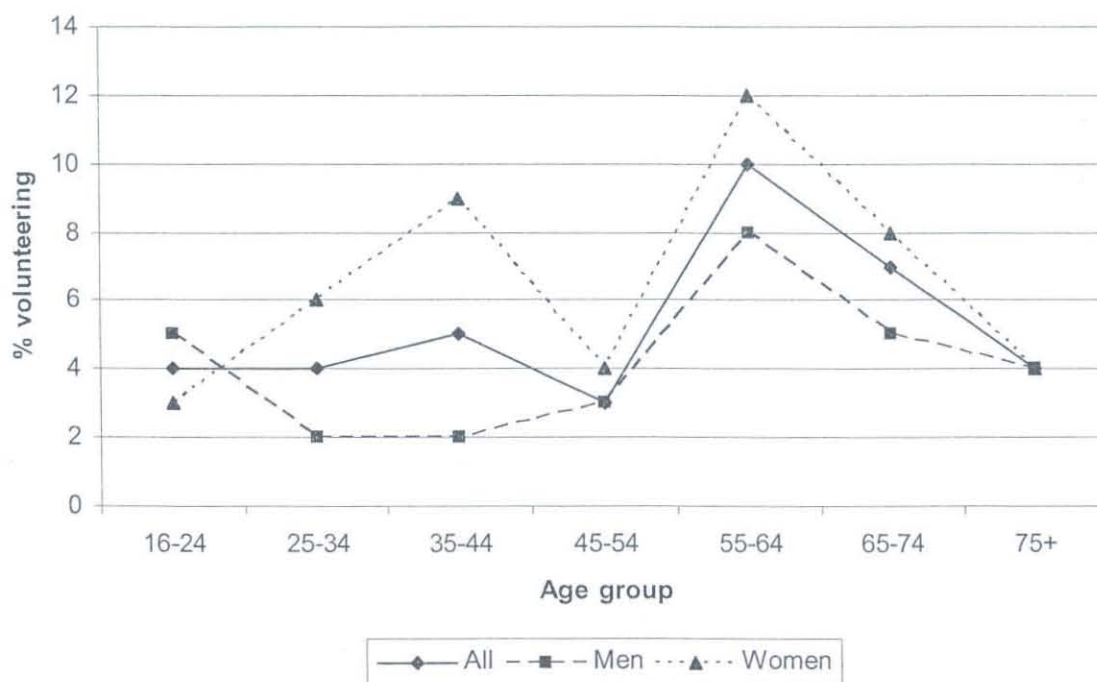Base: All (see table 6.17)

Table 6.18 shows that volunteering rates are slightly lower in the most deprived areas, and that ABC1s are twice as likely as C2DEs to say they act as a volunteer.

Table 6.18: Volunteering (Q36), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base:		Socio-economic measure	Unweighted base:	
	n	%		n	%
Total	1,954	5	Qualifications	1,064	6
			No qualifications	889	3
DEPCAT 1/2	213	7			
DEPCAT 3/4/5	708	6	A	20	23
DEPCAT 6/7	1,033	4	B	153	10
			C1	391	6
Most deprived 15%	736	3	C2	521	4
Other datazones	1,218	6	D	448	5
			E	244	3
SIP	556	2			
Non-SIP	1,398	6	AB	173	11
			ABC1	564	8
Owner-occupier	851	8	C2DE	1,213	4
Housing Association	887	3	DE	692	4
			Economically active	648	3
			Economically inactive	706	6

6.4 Reciprocity & Trust

Respondents were asked to indicate the extent to which they agree or disagree with the following statements:

1. "*This is a neighbourhood where neighbours look out for each other*", and
2. "*Generally speaking, you can trust people in my local area*".

Those agreeing with the first statement are categorised as having a positive view of reciprocity, and those agreeing with the second are categorised as having a positive view of trust. Overall, 72% are positive about reciprocity and 71% about trust.

There is a high degree of crossover on these two questions; 63% are positive about both reciprocity and trust. Just 3% are positive about one but negative about the other.

Tables **6.19** and **6.20** show that likelihood of holding a positive view of reciprocity and trust increases in line with age (the exception being that those aged 25-34 are less likely to be positive about trust than those aged 16-24). **Table 6.19** also shows that women tend to be more positive than men about reciprocity (75% and 69% respectively are). This difference is most striking in the 25-44 and 55-64 age groups. There is less gender variation in relation to trust, as shown in **Table 6.20**.

Table 6.19: Positive perception of reciprocity (Q42a), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	62	65	66	77	80	86	88	72
Men	61	61	61	79	72	84	91	69
Women	63	69	72	75	86	87	86	75
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 6.20: Positive perception of trust (Q42e), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	62	54	69	76	86	87	91	71
Men	64	55	66	72	85	84	96	70
Women	60	53	73	79	87	90	88	73
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

There is a relationship between deprivation and perceptions of reciprocity and trust, as shown in **Tables 6.21** and **6.22**. Those in the most deprived areas are significantly less likely to hold a positive view about each.

Table 6.21: Positive perception of reciprocity (Q42a), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base:		Socio-economic measure	Unweighted base:	
	n	%		n	%
Total	1,954	72	Qualifications	1,064	72
			No qualifications	889	72
DEPCAT 1/2	213	81			
DEPCAT 3/4/5	708	76	A	20	78
DEPCAT 6/7	1,033	66	B	153	77
			C1	391	75
Most deprived 15%	736	66	C2	521	74
Other datazones	1,218	76	D	448	73
			E	244	60
SIP	556	65			
Non-SIP	1,398	75	AB	173	77
			ABC1	564	76
Owner-occupier	851	79	C2DE	1,213	71
Housing Association	887	69	DE	692	68
			Economically active	648	65
			Economically inactive	706	78

Table 6.22: Positive perception of trust (Q42e), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base:		Socio-economic measure	Unweighted base:	
	n	%		n	%
Total	1,954	71	Qualifications	1,064	72
			No qualifications	889	70
DEPCAT 1/2	213	82			
DEPCAT 3/4/5	708	74	A	20	86
DEPCAT 6/7	1,033	66	B	153	83
			C1	391	77
Most deprived 15%	736	61	C2	521	75
Other datazones	1,218	77	D	448	68
			E	244	54
SIP	556	63			
Non-SIP	1,398	74	AB	173	83
			ABC1	564	79
Owner-occupier	851	86	C2DE	1,213	68
Housing Association	887	60	DE	692	63
			Economically active	648	66
			Economically inactive	706	74

Tables **6.23** and **6.24** show that those who can be defined as socially excluded tend to be significantly less positive about each of reciprocity and trust.

Table 6.23: Positive perception of reciprocity (Q42a), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	72
No-one to turn to for help with a problem	532	35
Isolated from family and friends	190	67
No control over life decisions	81	47
In receipt of Income Support	329	62

Table 6.24: Positive perception of trust (Q42e), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	71
No-one to turn to for help with a problem	532	39
Isolated from family and friends	190	56
No control over life decisions	81	28
In receipt of Income Support	329	51

Tables **6.25** and **6.26** show that a less positive attitude to reciprocity and trust is associated with smoking, with drinking more than the recommended amount of alcohol, and with not eating breakfast every day.

Table 6.25: Positive perception of reciprocity (Q42a), by health & well-being measures
Base: All

	Unweighted base:	Total
	N	%
Total	1,954	72
Positive view of general health	1,182	71
Positive view of physical well-being	1,490	73
Positive view of mental / emotional well-being	1,564	73
Positive view of quality of life	1,573	60
High GHQ-12 score	294	60
Limiting condition or illness	529	74
Exposed to passive smoking most of the time	635	64
Current smoker	728	66
Heavy smoker (20+/day)	349	63
Exceeds recommended alcohol consumption	306	63
Obese	248	72
Finds it difficult to access health services	543	70
Does not meet recommended physical activity levels	852	73
Does not consume recommended levels of fruit / veg	1,408	74
Does not eat breakfast every day	503	58

Table 6.26: Positive perception of trust (Q42e), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	71
Positive view of general health	1,182	71
Positive view of physical well-being	1,490	73
Positive view of mental / emotional well-being	1,564	74
Positive view of quality of life	1,573	75
High GHQ-12 score	294	54
Limiting condition or illness	529	73
Exposed to passive smoking most of the time	635	62
Current smoker	728	59
Heavy smoker (20+/day)	349	56
Exceeds recommended alcohol consumption	306	55
Obese	248	74
Finds it difficult to access health services	543	69
Does not meet recommended physical activity levels	852	74
Does not consume recommended levels of fruit / veg	1,408	71
Does not eat breakfast every day	503	54

6.5 Social Networks & Local Friendships

6.5.1 Social Networks

Respondents were asked if they belong to any social clubs, associations, church groups or similar, and those indicating that they do are categorised as belonging to a social network. According to this definition, one in five (21%) belong to a social network.

Table 6.27 shows that likelihood of belonging to a social network increases in line with age, and that women are more likely than men to belong to one. **Chart 6.4** illustrates these patterns, and shows that the 'gender gap' is widest in the 35-44, 55-64 and 75+ age groups.

Table 6.27: Proportion belonging to social network(s) (Q33), by age and gender
Base: All

	Age group							Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Total	9	19	15	24	25	35	37	21
Men	9	17	11	22	18	33	25	17
Women	8	21	19	25	30	37	43	24
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Chart 6.4: Proportion belonging to social network(s) (Q33), by age and gender
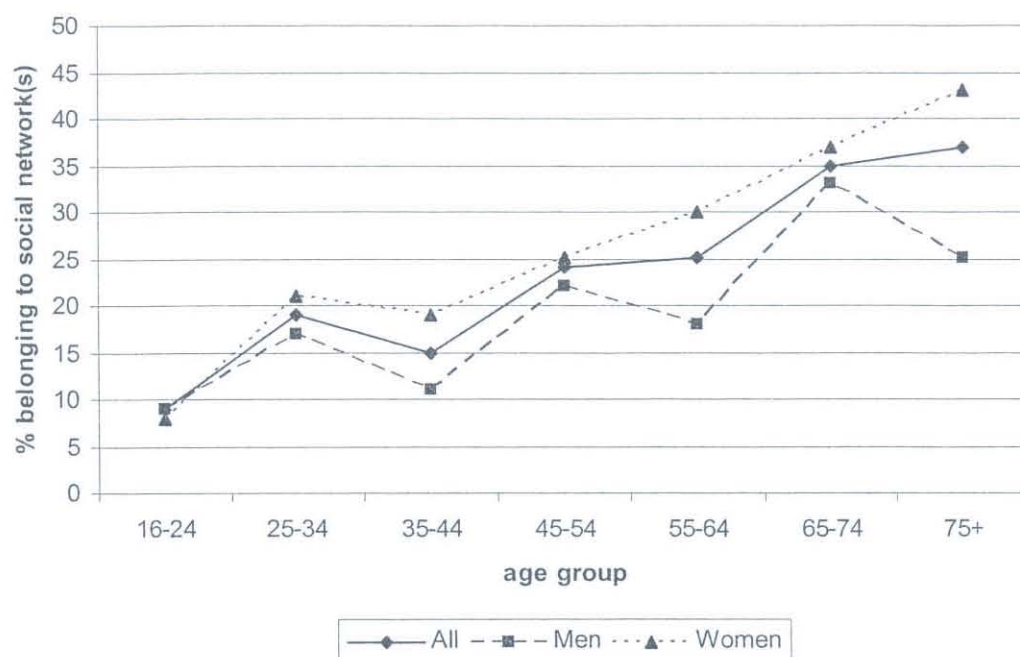
Base: All (see table 6.27)

Table 6.28 shows that those in the least deprived areas are most likely to belong to social networks. It also shows that ABC1s are more likely than C2DEs to do so. This pattern is not, however, replicated when we look at qualifications and economic activity – those with no qualifications are just as likely as those with qualifications to belong to a network, and the economically inactive are *more* likely than the economically active to do so.

Table 6.28: Proportion belonging to social network(s) (Q33), by deprivation measures and socio-economic measures

Base: All

Deprivation measure	Unweighted base:		Socio-economic measure	Unweighted base:	
	n	%		n	%
Total	1,954	21	Qualifications	1,064	22
			No qualifications	889	19
DEPCAT 1/2	213	32			
DEPCAT 3/4/5	708	20	A	20	52
DEPCAT 6/7	1,033	18	B	153	30
			C1	391	25
Most deprived 15%	736	15	C2	521	18
Other datazones	1,218	24	D	448	20
			E	244	9
SIP	556	`16			
Non-SIP	1,398	23	AB	173	33
			ABC1	564	27
Owner-occupier	851	28	C2DE	1,213	17
Housing Association	887	15	DE	692	16
			Economically active	648	18
			Economically inactive	706	23

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Table 6.29 highlights the link between social exclusion and belonging to a social network. On most measures of social exclusion, it is clear that socially excluded residents are less likely to belong to such a network. Perhaps surprisingly, however, this is not true of those who feel isolated from family and friends, who are just as likely as the sample as a whole to say they belong to a network. This would suggest that people see social clubs, associations, church groups and so on as being quite separate from their family and friends.

Table 6.29: Proportion belonging to social network(s) (Q33), by social exclusion measures
Base: All

	Unweighted base: n	Total %
Total	1,954	21
No-one to turn to for help with a problem	532	14
Isolated from family and friends	190	19
No control over life decisions	81	7
In receipt of Income Support	329	8

Smoking, drinking to excess, having a high GHQ-12 score, not eating breakfast every day and being physically inactive are all associated with a lower likelihood of belonging to a social network (see **Table 6.30**).

Table 6.30: Proportion belonging to social network(s) (Q33), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	21
Positive view of general health	1,182	19
Positive view of physical well-being	1,490	21
Positive view of mental / emotional well-being	1,564	22
Positive view of quality of life	1,573	22
High GHQ-12 score	294	15
Limiting condition or illness	529	27
Exposed to passive smoking most of the time	635	14
Current smoker	728	13
Heavy smoker (20+/day)	349	12
Exceeds recommended alcohol consumption	306	14
Obese	248	25
Finds it difficult to access health services	543	26
Does not meet recommended physical activity levels	852	16
Does not consume recommended levels of fruit / veg	1,408	18
Does not eat breakfast every day	503	14

6.5.2 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, seven in ten (69%) agree with this statement.

Table 6.31 shows that the older the resident, the more likely (s)he is to value local friendships. This table also shows that, in the 35-54 age groups, women are significantly more likely than men to do so. The opposite is true in the 75+ age group.

Table 6.31: Proportion valuing local friendships (Q42c), by age and gender
Base: All

| | Age group | | | | | | | Total |
| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ | |
	%	%	%	%	%	%	%	%
Total	61	60	60	74	83	83	84	69
Men	60	59	55	69	83	82	92	67
Women	62	62	66	78	82	85	79	72
Unweighted bases:								
All	*209*	*346*	*330*	*310*	*235*	*298*	*222*	*1,954*
Men	*83*	*155*	*136*	*147*	*91*	*126*	*83*	*822*
Women	*126*	*191*	*194*	*163*	*144*	*172*	*139*	*1,131*

Table 6.32 shows that those living in the most deprived areas tend to attach less value to local friendships.

Table 6.32: Proportion valuing local friendships (Q42c), by deprivation measures and socio-economic measures
Base: All

| Deprivation measure | *Unweighted base:* | | Socio-economic measure | *Unweighted base:* | |
	n	%		*n*	%
Total	*1,954*	69	Qualifications	*1,064*	69
			No qualifications	*889*	69
DEPCAT 1/2	*213*	73			
DEPCAT 3/4/5	*708*	74	A	*20*	84
DEPCAT 6/7	*1,033*	65	B	*153*	71
			C1	*391*	70
Most deprived 15%	*736*	64	C2	*521*	73
Other datazones	*1,218*	72	D	*448*	69
			E	*244*	60
SIP	*556*	65			
Non-SIP	*1,398*	71	AB	*173*	73
			ABC1	*564*	71
Owner-occupier	*851*	74	C2DE	*1,213*	69
Housing Association	*887*	67	DE	*692*	66
			Economically active	*648*	61
			Economically inactive	*706*	75

Those who can be defined as socially excluded are much less likely to value local friendships, as can be seen in **Table 6.33**.

Table 6.33: Proportion valuing local friendships (Q42c), by social exclusion measures
Base: All

	Unweighted base:	Total
	n	%
Total	1,954	69
No-one to turn to for help with a problem	532	30
Isolated from family and friends	190	58
No control over life decisions	81	50
In receipt of Income Support	329	63

Table 6.34 shows that those with poor mental health, smokers and those who do not eat breakfast every day tend to attach less value to local friendships.

Table 6.34: Proportion valuing local friendships (Q42c), by health & well-being measures
Base: All

	Unweighted base:	Total
	N	%
Total	1,954	69
Positive view of general health	1,182	69
Positive view of physical well-being	1,490	71
Positive view of mental / emotional well-being	1,564	71
Positive view of quality of life	1,573	71
High GHQ-12 score	294	57
Limiting condition or illness	529	71
Exposed to passive smoking most of the time	635	62
Current smoker	728	62
Heavy smoker (20+/day)	349	62
Exceeds recommended alcohol consumption	306	66
Obese	248	71
Finds it difficult to access health services	543	64
Does not meet recommended physical activity levels	852	72
Does not consume recommended levels of fruit / veg	1,408	70
Does not eat breakfast every day	503	58

6.6   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 his statement are categorised as having a positive view of social support. According to this definition, 72% overall are positive about social support.

Table 6.35 shows that the older the resident, the more likely (s)he is to be positive about social support. This table also shows that women are more likely than men to be positive, particularly in the 25-44 and 55-64 age groups.

Table 6.35: Proportion with positive view of social support (Q42g), by age and gender
Base: All

	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Total	66	61	65	77	81	84	89	72
Men	70	57	62	77	75	81	88	69
Women	62	65	69	77	87	86	90	74
Unweighted bases:								
All	209	346	330	310	235	298	222	1,954
Men	83	155	136	147	91	126	83	822
Women	126	191	194	163	144	172	139	1,131

Those in the most deprived areas and DEs tend to be less positive about social support, as evidenced by the figures in **Table 6.36**.

Table 6.36: Proportion with positive view of social support (Q42g), by deprivation measures and socio-economic measures
Base: All

Deprivation measure	Unweighted base:		Socio-economic measure	Unweighted base:	
	n	%		*n*	%
Total	1,954	72	Qualifications	1,064	71
			No qualifications	889	73
DEPCAT 1/2	213	79			
DEPCAT 3/4/5	708	76	A	20	86
DEPCAT 6/7	1,033	66	B	153	74
			C1	391	77
Most deprived 15%	736	63	C2	521	75
Other datazones	1,218	76	D	448	69
			E	244	60
SIP	556	65			
Non-SIP	1,398	74	AB	173	75
			ABC1	564	76
Owner-occupier	851	78	C2DE	1,213	70
Housing Association	887	68	DE	692	66
			Economically active	648	66
			Economically inactive	706	75

Perception of social support is one measure of social exclusion, so it is perhaps not surprising that **Table 6.37** shows that people who are socially excluded tend to have a less positive view of social support.

Table 6.37: Proportion with positive view of social support (Q42g), by social exclusion measures
Base: All

	Unweighted base: n	Total %
Total	1,954	72
Isolated from family and friends	190	60
No control over life decisions	81	46
In receipt of Income Support	329	63

Table 6.38 shows that a less positive view of social support is associated with: not eating breakfast every day, poor mental health and smoking (active and passive). Those who find it difficult to access health services, on the other hand, tend to be more positive than average about social support.

Table 6.38: Proportion with positive view of social support (Q42g), by health & well-being measures
Base: All

	Unweighted base: N	Total %
Total	1,954	72
Positive view of general health	1,182	70
Positive view of physical well-being	1,490	74
Positive view of mental / emotional well-being	1,564	74
Positive view of quality of life	1,573	74
High GHQ-12 score	294	60
Limiting condition or illness	529	75
Exposed to passive smoking most of the time	635	66
Current smoker	728	64
Heavy smoker (20+/day)	349	61
Exceeds recommended alcohol consumption	306	69
Obese	248	75
Finds it difficult to access health services	543	85
Does not meet recommended physical activity levels	852	72
Does not consume recommended levels of fruit / veg	1,408	71
Does not eat breakfast every day	503	57

7 TREND DATA

In this chapter, results from all indicator questions that represent a statistically significant change between 2005 and 2002, or 2005 and 1999 are shown. Detail on changes between 1999 and 2002 can be found in the 2002 report and is not repeated here, unless the 1999-2002 change is reinforced or contradicted by the 2002-2005 change.

The formula used to test for significant change is a hypothesis test for two proportions. The 'null hypothesis' is that there is no change since 1999 or since 2002. The following formula yields a 'test statistic' (z):

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}_p(1 - \hat{p}_p)}\sqrt{\left(\frac{1}{n_1}\right) + \left(\frac{1}{n_2}\right)}}$$

p_1 = proportion observed in 2005
p_2 = proportion observed in 1999/2002
n_1 = sample size in 2005
n_2 = sample size in 1999/2002

$$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}$$

If the value of z falls outside of the range (-1.96 to 1.96), we reject the null hypothesis and conclude that there has been significant change since 1999 (at the 95% confidence level).

For those results that show significant change, we have also calculated a confidence interval for the difference between any two sets of results.

$$\left(\hat{p}_1 - \hat{p}_2\right) \pm 1.96 \sqrt{\frac{\hat{p}_1\left(1 - \hat{p}_1\right)}{n_1} + \frac{\hat{p}_2\left(1 - \hat{p}_2\right)}{n_2}}$$

For example, the confidence interval for the first result shown in Table 7.1 is (5.6 – 17.2). This means that we can be 95% confident that, had we interviewed the entire population of Greater Glasgow in the surveys, the actual difference between the two sets of results would be between 5.6 and 17.2 percentage points.

The tables show the results, and also show *p* values. Where *p* is less than 0.05, the change is considered to be significant. *P* values are reported as one of three levels of significance: <0.05, <0.01 and <0.001. A *p* value of <0.05 means that we can be 95% confident that a 'real' change has taken place. A *p* value of <0.01 means that we can be 99% confident, and a *p* value of <0.001 means that we can be 99.9% confident.

Only significant changes over time have been mentioned in the text. Where a change is not significant, the size of the change is not shown in the table, and no *p* value is shown.

It should be noted that the formulae used in this chapter only strictly apply to simple random samples, whereas this survey uses a complex multi-stage sample design. For this reason, results of tests should be interpreted with caution, particularly if the result is on the margins of statistical significance.

7.1   People's Perceptions of Their Health & Illness

People's self-perceptions of their general health (rated as 'excellent' or 'good') in 2005 are not significantly different to the ratings in 1999. In 2002 there was a drop in the proportion of those in SIP areas saying excellent/good. However, this has now returned to slightly (but not significantly) above 1999 levels.

Table 7.1: Positive perceptions of general health
Base: All

	Total sample	SIP	Non-SIP
1999	69.3%	61.6%	72.0%
2002	66.9%	52.7%	72.2%
2005	68.2%	64.1%	69.7%
Change 2002-2005	n/a	11.4	n/a
P	n/a	<0.001	n/a
Confidence interval	n/a	5.6 to 17.2	n/a

In 2002 there was a significant drop in the proportion of those in SIP areas rating their physical well-being positively. In 2005 this has **increased significantly**, returning to slightly (but not significantly) above 1999 levels. The extent of the change has also influenced the overall proportion, which sees a **significant increase** on the 2002 figure.

Table 7.2: Positive perceptions of physical well-being
Base: All

	Total sample	SIP	Non-SIP
1999	78.9%	70.3%	81.8%
2002	77.0%	64.0%	81.8%
2005	80.3%	74.9%	82.3%
Change 2002-2005	3.3	10.9	n/a
P	<0.05	<0.001	n/a
Confidence interval	0.7 to 5.9	5.5 to 16.3	n/a

The proportions of residents giving a positive rating to their mental or emotional well-being have not changed significantly since 1999. In 2002, there was a drop in the proportion of those in SIP areas rating this positively; however this has now returned to 1999 levels.

Table 7.3: Positive perceptions of mental or emotional well-being
Base: All

	Total sample	SIP	Non-SIP
1999	85.1%	78.6%	87.3%
2002	81.9%	72.6%	85.4%
2005	83.7%	78.7%	85.6%
Change 2002-2005	n/a	6.1	n/a
P	n/a	<0.05	n/a
Confidence interval	n/a	1.0 to 11.2	n/a

Between 1999 and 2005 there has been a **significant drop** in the proportion of residents saying that they definitely feel in control of decisions that affect their life, across both SIP and non-SIP areas.

Table 7.4: Feeling definitely in control of decisions affecting life
Base: All

	Total sample	SIP	Non-SIP
1999	91.8%	84.5%	94.4%
2002	81.6%	73.6%	84.6%
2005	71.1%	65.1%	73.3%
Change 1999-2005	-20.7	-19.4	-21.1
P	<0.001	<0.001	<0.001
Confidence interval	-18.3 to -23.1	-14.2 to -24.6	-18.5 to -23.7

Between 1999 and 2005 there has been a **significant increase** in the proportion of those in SIP areas giving a positive rating for their overall quality of life, while between 2002 and 2005 there has been a **significant drop** in the proportion for those living in non-SIP areas.

Table 7.5: Positive perceptions of overall quality of life
Base: All

	Total sample	SIP	Non-SIP
1999	83.5%	70.4%	88.0%
2002	85.1%	74.5%	89.1%
2005	83.2%	78.8%	84.9%
Change 1999-2005	n/a	8.4	-4.2
P	n/a	<0.01	<0.01
Confidence interval	n/a	2.9 to 13.9	-1.7 to -6.7

There has been no significant change in the proportions reporting a long-term condition or illness over all three waves of the survey.

Table 7.6: Illness/condition affecting daily life
Base: All

	Total sample	SIP	Non-SIP
1999	21.9%	30.1%	19.0%
2002	23.4%	31.8%	20.2%
2005	21.5%	27.9%	19.2%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a

There has been a **significant drop** since 2002 in the proportion of those in SIP areas currently receiving treatment for one or more condition(s). This follows a significant rise between 1999 and 2002. The 2005 results take us back to those recorded in 1999.

Table 7.7: Receiving treatment for one or more condition(s)
Base: All

	Total sample	SIP	Non-SIP
1999	41.0%	44.7%	39.6%
2002	43.8%	53.5%	39.7%
2005	41.8%	44.4%	40.8%
Change 2002-2005	n/a	-9.1	n/a
P	n/a	<0.01	n/a
Confidence interval	n/a	-3.2 to -15.0	n/a

There has been a **significant increase** since 2002 in the proportion of those in SIP areas reporting having all or some of their own teeth.

Table 7.8: Proportion with some/all of their own teeth
Base: All

	Total sample	SIP	Non-SIP
1999	84.0%	80.1%	85.3%
2002	83.7%	80.2%	85.6%
2005	85.8%	85.8%	85.8%
Change 2002-2005	n/a	5.6	n/a
P	n/a	<0.05	n/a
Confidence interval	n/a	1.1 to 10.1	n/a

There has been a **significant drop** since 1999 in the proportion of those with at least some of their own teeth who say they brush their teeth at least twice a day. This applies in both SIP and non-SIP areas.

Table 7.9: Proportion brushing teeth at least twice a day
Base: All with at least some of their own teeth

	Total sample	SIP	Non-SIP
1999*	75.4%	68.5%	77.7%
2002*	73.2%	56.7%	78.9%
2005	66.9%	60.0%	69.4%
Change 1999-2005	-8.5	-8.5	-8.3
P	<0.001	<0.05	<0.001
Confidence interval	-5.2 to -11.8	-1.8 to -15.2	-4.6 to -12.0

* These figures differ slightly from those reported in the 1999 and 2002 reports. This is because in 2005 the question was only asked of those reporting having some or all of their own teeth. The 1999 and 2002 figures have been adjusted for the reduced base in order to be comparable.

7.2   The Use of Health Services

Since 1999 there has been a **significant drop** in the proportion who say they have seen their GP at least once in the past year, in both SIP and non-SIP areas. In non-SIP areas, there has also been a large decrease in the proportion saying that have used outpatient services, which has driven a drop overall. In SIP areas, there has been a significant **increase** in the proportion saying they have used A&E services in the last year.

Table 7.10: Use of specific health services
Base: All

	Total sample	SIP	Non-SIP
Proportion seen a GP at least once in last year			
1999	82.8%	87.9%	81.0%
2002	80.1%	87.8%	77.2%
2005	78.0%	82.1%	76.5%
Change 1999-2005	-4.8	-5.8	-4.5
P	<0.001	<0.05	<0.01
Confidence interval	-2.2 to -7.4	-1.4 to -10.2	-1.4 to -7.6
Proportion been to A&E at least once in last year			
1999*	14.2%	11.9%	15.1%
2002	14.9%	17.0%	14.1%
2005	14.5%	17.1%	13.5%
Change 1999-2005	n/a	5.2	n/a
P	n/a	<0.05	n/a
Confidence interval	n/a	0.8 to 9.6	n/a
Proportion been to hospital as out-patient to see a doctor at least once in last year			
1999	30.7%	28.6%	31.4%
2002	24.6%	27.5%	23.4%
2005	22.9%	23.2%	22.8%
Change 1999-2005	-7.8	n/a	-8.6
P	<0.001	n/a	<0.001
Confidence interval	-4.9 to -10.7	n/a	-5.2 to -12.0

* In 1999, the wording used for this question was slightly different to that used in 2002 and 2005, so change between 1999 and 2002/2005 should be interpreted with caution. However, the fact that the overall results from 1999 are similar to those recorded in 2002 and 2005 suggests that the change in wording has not had a major impact on the way in which respondents answer this question.

The proportion saying they are registered with a dentist has **increased significantly** since 2002, returning to the levels observed in 1999.

Table 7.11: Registered with a dentist
Base: All

	Total sample	SIP	Non-SIP
1999	79.9%	72.1%	82.6%
2002	73.4%	64.8%	76.8%
2005	79.4%	74.6%	81.2%
Change 2002-2005	6.0	9.8	4.4
P	<0.001	<0.001	<0.01
Confidence interval	3.3 to 8.7	4.4 to 15.2	1.3 to 7.5

There has been a **significant drop** in the proportion in non-SIP areas saying they have been to the dentist in the preceding six months, which has driven an overall drop.

Table 7.12: Been to dentist in last 6 months
Base: All

	Total sample	SIP	Non-SIP
1999		Not asked	
2002	49.6%	35.7%	54.7%
2005	45.2%	36.8%	48.3%
Change 2002-2005	-4.4	n/a	-6.4
P	<0.01	n/a	<0.01
Confidence interval	-1.2 to -7.6	n/a	-2.6 to -10.2

Since 2002 there has been a **significant drop** in the proportion of residents in both SIP and non-SIP areas saying they have difficulty getting a GP appointment and accessing health services in an emergency.

There has been a change to the scale used between 2002 and 2005 for the 'access to health services' question (Q10). This is almost certainly the main reason for the large change in ratings, so these results are not shown in this chapter. Future follow-ups of the survey will show whether any of it is due to a 'real' improvement in access to services.

7.3   Health Behaviours

Although there are some significant changes since 2002, none of the changes in behaviour point to particular positive changes that have occurred in the last three years. Sometimes the positive change reinforces the 2002 finding and sometimes the positive change simply restores positive behaviour levels to those observed in 1999. Details are as follows:

There has been a **significant increase** between 2002 and 2005 in the proportion currently smoking. This is driven exclusively by the increase reported by those in non-SIP areas. The proportions reported in 2005 reflect those measured in 1999 (i.e. in effect no change since 1999). There has been no change since 2002 in the proportion of residents who say they are exposed to the smoking of others some or most of the time.

Table 7.13: Smoking / passive smoking
Base: All

	Total sample	SIP	Non-SIP
Proportion currently smoking (some days / every day)			
1999	37.2%	50.3%	32.6%
2002	33.2%	48.6%	27.4%
2005	37.2%	49.7%	32.7%
Change 2002-2005	4.0	n/a	5.3
P	<0.05	n/a	<0.01
Confidence interval	0.9 to 7.1	n/a	1.8 to 8.8
Proportion exposed to smoke (some/most of time)			
1999	Not asked in comparable way		
2002	57.3%	65.8%	54.2%
2005	54.9%	62.4%	52.2%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a

The proportion exceeding the recommended weekly units of alcohol has **significantly increased** since 2002. The levels observed in 2005 are similar to those recorded in 1999. This change is evident across SIP and non-SIP areas.

Table 7.14: Proportion exceeding recommended alcohol limit in preceding week
Base: All

	Total sample	SIP	Non-SIP
1999	17.6%	21.0%	16.5%
2002	13.1%	11.0%	13.9%
2005	17.7%	18.6%	17.3%
Change 2002-2005	4.6	7.6	3.4
P	<0.001	<0.001	<0.05
Confidence interval	2.3 to 6.9	3.4 to 11.8	0.7 to 6.1

There has been **no significant change** between 2002 and 2005 in the proportion taking sufficient exercise on a weekly basis. However there are noteworthy points behind the headline finding:

- The significant increase between 1999 and 2002 in the proportion of those in SIP areas taking sufficient exercise is reinforced by the 2005 result. This is echoed looking exclusively at the proportions in SIP areas doing at least 30 minutes of exercise five or more times a week.

- Across both SIP and non-SIP areas there has been a significant increase in the proportions doing at least 20 minutes of vigorous exercise three or more times a week. Given the headline result this indicates that that is now a greater proportion of people fulfilling *both* minimum exercise criteria.

Table 7.15: Physical activity
Base: All

	Total sample	SIP	Non-SIP
Proportion taking sufficient moderate or vigorous exercise			
1999	54.7%	47.8%	57.2%
2002	54.9%	60.5%*	53.3%
2005	57.0%	62.5%*	55.0%
Change 1999-2005	n/a	14.7	n/a
P	n/a	<0.001	n/a
Confidence interval	n/a	8.5 to 20.9	n/a
Proportion taking at least 30 mins of moderate exercise 5+ times a week			
1999	48.0%	46.2%	48.5%
2002	50.2%	55.6%*	48.1%
2005	48.9%	56.2%*	46.2%
Change 1999-2005	n/a	10.0	n/a
P	n/a	<0.01	n/a
Confidence interval	n/a	3.8 to 16.2	n/a
Proportion taking at least 20 mins of vigorous exercise 3+ times a week			
1999	18.3%	8.8%	21.6%
2002	19.2%*	12.9%*	19.2%*
2005	28.1%*	29.0%*	27.8%*
Change 2002-2005	8.9	16.1	7.7
P	<0.001	<0.001	<0.001
Confidence interval	6.2 to 11.6	11.4 to 20.8	4.5 to 10.9

* These figures differ slightly from those reported in the main text of the report, because new prompts were added in 2002 to check that respondents were including all types of physical activity. The figures reported in this chapter are based on the questions asked before the prompt, i.e. in a way comparable to 1999. The figures in the main report are based on the full responses, so are a better reflection of current behaviour, including activity at work.

1999 to 2002 saw an enormous increase in the proportion of people eating five or more portions of fruit or vegetables a day. In 2005 this has **dropped significantly** although the proportion still remains significantly higher than that recorded in 1999. On both occasions the change was driven by those in non-SIP areas; the proportion in SIP areas has remained constant.

Table 7.16: Proportion eating recommended amount of fruit/vegetables
Base: All

	Total sample	SIP	Non-SIP
1999	24.5%	18.4%	26.6%
2002	34.1%	21.6%	38.7%
2005	30.2%	20.9%	33.7%
Change 2002-2005	-3.9	n/a	-5.0
P	<0.05	n/a	<0.01
Confidence interval	-0.9 to -6.9	n/a	-1.4 to -8.6

The proportion of those in SIP areas eating oily fish at least twice a week remains significantly higher than was the case in 1999. Across non-SIP areas and overall there has not been a significant change.

Table 7.17: Proportion eating recommended amount of oily fish
Base: All

	Total sample	SIP	Non-SIP
1999	27.2%	18.4%	30.2%
2002	29.4%	25.2%	31.0%
2005	29.6%	26.7%	30.7%
Change 1999-2005	n/a	8.3	n/a
P	n/a	<0.01	n/a
Confidence interval	n/a	3.1 to 13.5	n/a

The enormous drop in the proportion of people eating two or more high fat snacks a day seen in 2002 is sustained (but not significantly changed) in 2005.

Table 7.18: Proportion eating more than recommended amount of high-fat snacks
Base: All

	Total sample	SIP	Non-SIP
1999	54.0%	63.8%	50.6%
2002	32.3%	33.4%	32.2%
2005	32.4%	33.4%	32.0%
Change 1999-2005	-21.6	-30.4	-17.4
P	<0.001	<0.001	<0.001
Confidence interval	-18.4 to -24.8	-24.4 to -36.4	-14.9 to -22.3

There has been no significant change in the overall proportion of people with Body Mass Index (BMI) rated as overweight, obese or extremely obese. However, there are some noteworthy points:

- There has been a **significant drop** in the proportion of those in SIP areas with BMI of 25 and over (overweight and above) and a **significant increase** since 1999 for those in non-SIP areas

- Since 2002, the proportion of those in SIP areas who are 'obese' or 'extremely obese' has gone down, whereas in non-SIP areas it has gone up

- Since 2002, in non-SIP areas, the proportion of men with a BMI of 25 and over has **significantly increased** whereas for women it has stayed the same

- In SIP areas the proportion of those with a BMI of 25 and over has dropped similarly for men and women.

Table 7.19: BMI
Base: All

	Total sample	SIP	Non-SIP
Proportion having Body Mass Index of 25 or over			
1999	39.7%	41.0%	39.3%
2002	42.9%	45.7%	41.7%
2005	42.2%	37.6%	43.9%
Change 1999-2005	n/a	n/a	4.6
Change 2002-2005	n/a	-8.1	n/a
P	n/a	<0.01	<0.05
Confidence interval	n/a	-2.3 to -13.9	0.8 to 8.4
Proportion having Body Mass Index classified as 'obese'/'extremely obese'			
1999	10.5%	12.2%	9.9%
2002	11.2%	17.5%	8.7%
2005	11.7%	10.5%	12.2%
Change 2002-2005	n/a	-7.0	3.5
P	n/a	<0.01	<0.01
Confidence interval	n/a	-2.9 to -11.1	-1.2 to -5.8

7.5 Social Health

There has been a **significant drop** in the proportion of residents who feel isolated from friends and family from 1999 to 2005. The decrease is largest for those in SIP areas.

Table 7.20: Proportion feeling isolated from family and friends
Base: All

	Total sample	SIP	Non-SIP
1999	17.4%	26.2%	14.4%
2002	14.7%	20.9%	12.5%
2005	8.4%	8.6%	8.3%
Change 1999-2005	-9.0	-17.6	-6.1
P	<0.001	<0.001	<0.001
Confidence interval	-6.8 to -11.2	-12.9 to -22.3	-3.7 to -8.5

In non-SIP areas, there was a **significant drop** in the proportion of residents who belong to a club or association from 1999 to 2002, which has been reinforced (but unchanged) in 2005.

Table 7.21: Proportion belonging to a club/association/church group
Base: All

	Total sample	SIP	Non-SIP
1999	30.2%	18.6%	34.3%
2002	20.2%	13.8%	22.6%
2005	20.9%	15.6%	22.8%
Change 1999-2005	-9.3	n/a	-11.5
P	<0.001	n/a	<0.001
Confidence interval	-6.5 to -12.1	n/a	-8.1 to -14.9

There has been no significant change in the proportion who feel they belong to their local area.

Table 7.22: Proportion feeling they belong to local area
Base: All

	Total sample	SIP	Non-SIP
1999	73.0%	70.4%	73.9%
2002	72.2%	70.5%	72.7%
2005	72.0%	65.4%	74.5%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a

Since 2002 there has been a **significant drop** in the proportion of SIP residents who feel valued as members of the community.

Table 7.23: Proportion feeling valued as a member of the community
Base: All

	Total sample	SIP	Non-SIP
1999	Not asked in a comparable way		
2002	54.8%	51.9%	56.0%
2005	52.9%	45.2%	55.8%
Change 2002-2005	n/a	-6.7	n/a
P	n/a	<0.05	n/a
Confidence interval	n/a	-0.8 to -12.6	n/a

There has been no significant change in the proportion who feel that people in their neighbourhood can influence decisions.

Table 7.24: Proportion feeling local people can influence decisions
Base: All

	Total sample	SIP	Non-SIP
1999	Not asked		
2002	58.1%	53.0%	60.1%
2005	60.3%	51.8%	63.5%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a

Since 2002 there has been a **significant drop** in the proportion of SIP residents who feel safe in their own homes, and a **significant drop** in the proportion of non-SIP residents who feel safe using public transport or walking alone after dark in their local area.

Table 7.25: Feelings of safety
Base: All

	Total sample	SIP	Non-SIP
Proportion feeling safe in own home			
1999		Not asked	
2002	93.1%	92.8%	93.2%
2005	92.1%	88.5%	93.4%
Change 2002-2005	n/a	-4.3	n/a
P	n/a	<0.05	n/a
Confidence interval	n/a	-0.9 to -7.7	n/a
Proportion feeling safe using public transport			
1999		Not asked	
2002	79.2%	77.7%	79.7%
2005	75.3%	74.6%	75.5%
Change 2002-2005	-3.9	n/a	-4.2
P	<0.01	n/a	<0.05
Confidence interval	-1.2 to -6.6	n/a	-1.0 to -7.4
Proportion feeling safe walking alone after dark			
1999	52.6%	40.8%	56.7%
2002	62.1%	57.2%	64.1%
2005	58.4%	54.6%	59.7%
Change 1999-2005	5.8	13.8	n/a
Change 2002-2005	n/a	n/a	-4.4
P	<0.001	<0.001	<0.05
Confidence interval	2.6 to 9.0	7.6 to 20.0	0.7 to 8.1

7.6 Individual Circumstances

Since 2002 there has been a **significant increase** in the proportion of residents who are married, cohabiting or living with their partner, particularly among those living in SIP areas.

Table 7.26: Proportion married/cohabiting/living with partner
Base: All

	Total sample	SIP	Non-SIP
1999	54.2%	48.1%	56.4%
2002	54.1%	44.1%	58.0%
2005	61.0%	57.1%	62.4%
Change 2002-2005	6.9	13.0	4.4
P	<0.001	<0.001	<0.05
Confidence interval	3.7 to 10.1	7.1 to 18.9	0.7 to 8.1

There has been a **significant drop** in the proportion of residents with children under the age of 14 since 2002. However, levels are still higher than those in 1999.

Table 7.27: Proportion with children under 14
Base: All

	Total sample	SIP	Non-SIP
1999	28.1%	31.1%	27.1%
2002	36.3%	43.6%	33.6%
2005	32.3%	36.9%	30.6%
Change 1999-2005	n/a	n/a	3.5
Change 2002-2005	-4.0	-6.7	n/a
P	<0.05	<0.05	<0.05
Confidence interval	-1.0 to -7.0	-0.9 to -12.5	0.1 to 6.9

Since 2002, there has been a **significant increase** in the proportion who are lone parents.

Table 7.28: Proportion who are lone parents
Base: All

	Total sample	SIP	Non-SIP
1999	5.2%	10.3%	3.5%
2002	4.9%	10.4%	2.8%
2005	12.2%	17.9%	10.1%
Change 2002-2005	7.3	7.5	7.3
P	<0.001	<0.001	<0.001
Confidence interval	5.5 to 9.1	3.4 to 11.6	5.5 to 9.1

Internet access continues to rise with **significant increases** in both SIP and non-SIP areas.

Table 7.28: Proportion with Internet access
Base: All

	Total sample	SIP	Non-SIP
1999	20.6%	10.1%	24.3%
2002	36.9%	20.2%	43.1%
2005	48.5%	37.7%	52.5%
Change 1999-2005	27.9	27.6	28.2
P	<0.001	<0.001	<0.001
Confidence interval	25.0 to 30.8	22.7 to 32.5	24.7 to 31.7

Since 2002 there has been a **significant increase** in the proportion of residents who own a car in SIP areas, while there has been a **significant drop** in non-SIP areas.

Table 7.29: Proportion with car
Base: All

	Total sample	SIP	Non-SIP
1999	59.7%	37.0%	67.6%
2002	60.0%	35.0%	69.5%
2005	59.5%	44.9%	64.9%
Change 2002-2005	n/a	9.9	-4.6
P	n/a	<0.01	<0.05
Confidence interval	n/a	4.1 to 15.7	-1.0 to -8.2

Since 2002 there has been a **significant increase** in the proportion with no qualifications, with figures returning to 1999 levels.

Table 7.30: Proportion with no qualifications
Base: All

	Total sample	SIP	Non-SIP
1999	39.8%	54.8%	34.6%
2002	26.2%	39.1%	21.5%
2005	38.9%	52.7%	33.9%
Change 2002-2005	12.7	13.6	12.4
P	<0.001	<0.001	<0.001
Confidence interval	9.7 to 15.7	7.7 to 19.5	9.0 to 15.8

Since 2002 there has been a **significant drop** in the proportion of SIP residents who gain all their income from State Benefits. This corresponds with the **significant drop** in the proportion of those who are on Income Support in SIP areas. There has been a **significant increase** in the proportion of non-SIP residents who are on Income Support.

Table 7.31: State benefits
Base: All

	Total sample	SIP	Non-SIP
Proportion with all income from State Benefits			
1999	24.5%	45.0%	17.3%
2002	28.4%	54.8%	18.3%
2005	26.8%	40.9%	21.6%
Change 1999-2005	n/a	n/a	4.3
Change 2002-2005	n/a	-13.9	n/a
P	n/a	<0.001	<0.05
Confidence interval	n/a	-8.0 to -19.8	1.3 to 7.3
Proportion on Income Support			
1999	16.0%	32.5%	10.1%
2002	16.0%	36.5%	8.3%
2005	16.1%	30.4%	10.9%
Change 2002-2005	n/a	-6.1	2.6
P	n/a	<0.05	<0.05
Confidence interval	n/a	-0.5 to -11.7	0.4 to 4.8

There has been a **significant increase** in the proportion of residents who have a positive perception of their household income.

Table 7.32: Proportion with positive perception of household income
Base: All

	Total sample	SIP	Non-SIP
1999	61.1%	41.9%	68.0%
2002	64.8%	49.7%	70.2%
2005	72.1%	60.0%	76.5%
Change 1999-2005	11.0	n/a	8.5
Change 2002-2005	n/a	18.1	n/a
P	<0.001	<0.001	<0.001
Confidence interval	7.9 to 14.1	11.9 to 24.3	5.1 to 11.9

Following this trend, across both SIP and non-SIP areas, there has been a **significant drop** in the proportion who would have difficulty finding unexpected sums of £20, £100 and £1000.

Table 7.33: Difficulty meeting unexpected expenses
Base: All

	Total sample	SIP	Non-SIP
Proportion having difficulties finding unexpected expense of £20			
1999	5.9%	12.4%	3.6%
2002	3.8%	8.8%	2.0%
2005	1.3%	1.7%	1.1%
Change 1999-2005	-4.6	-10.7	-2.5
P	<0.001	<0.001	<0.001
Confidence interval	-3.4 to -5.8	-7.4 to -14.0	-1.3 to -3.7
Proportion having difficulties finding unexpected expense of £100			
1999	27.9%	44.1%	22.0%
2002	17.7%	40.7%	9.0%
2005	14.4%	25.2%	10.5%
Change 1999-2005	-13.5	-18.9	-11.5
P	<0.001	<0.001	<0.001
Confidence interval	-10.9 to -16.1	-13.0 to -24.8	-8.7 to -14.3
Proportion having difficulties finding unexpected expense of £1000			
1999	64.4%	86.6%	56.3%
2002	47.4%	36.3%	76.9%
2005	45.8%	61.3%	40.2%
Change 1999-2005	-18.6	-25.3	-16.1
P	<0.001	<0.001	<0.001
Confidence interval	-15.4 to -21.8	-20.1 to -30.5	-12.3 to -19.9

Since 2002 there has been a **significant drop** in the proportion of non-SIP residents who are employed full-time. In SIP areas there has been a **significant drop** in the proportion of residents who are not employed.

Table 7.34: Employment information
Base: All

	Total sample	SIP	Non-SIP
Proportion of respondents employed full-time			
1999	32.9%	23.6%	36.2%
2002	33.8%	19.9%	39.0%
2005	31.2%	23.4%	34.0%
Change 2002-2005	n/a	n/a	-5.0
P	n/a	n/a	<0.01
Confidence interval	n/a	n/a	-1.3 to -8.7
Proportion of main wage earners employed full-time			
1999	69.4%	54.0%	73.8%
2002	72.7%	60.0%	76.1%
2005	65.7%	59.8%	67.8%
Change 2002-2005	-7.0	n/a	-8.3
P	<0.001	n/a	<0.001
Confidence interval	-4.1 to -9.9	n/a	-4.9 to -11.7
Proportion of adults not employed			
1999	46.5	63.6	40.6
2002	40.5	57.0	34.3
2005	41.3	50.8	37.9
Change 1999-2005	-5.2	-12.8	n/a
P	<0.01	<0.001	n/a
Confidence interval	-2.0 to -8.4	-6.7 to -18.9	n/a

7.7 Social Capital

The proportion of residents in non-SIP areas having a positive perception of their local area as a place to live, and also as a place to bring up children, has **significantly increased** since 2002, returning to 1999 levels. In SIP areas the increase is much larger.

Table 7.35: Positive perception of local area
Base: All

	Total sample	SIP	Non-SIP
Proportion with positive perception of local area as a place to live			
1999	78.9%	54.4%	87.4%
2002	72.8%	54.0%	79.7%
2005	82.9%	74.7%	85.9%
Change 2002-2005	10.1	20.7	6.2
P	<0.001	<0.001	<0.001
Confidence interval	7.5 to 12.7	15.1 to 26.3	3.3 to 9.1
Proportion with positive perception of local area as a place to bring up children			
1999	63.7%	30.3%	75.3%
2002	64.4%	48.4%	70.4%
2005	73.4%	65.3%	76.4%
Change 1999-2005	9.7	35.0	n/a
Change 2002-2005	n/a	n/a	6.0
P	<0.001	<0.001	<0.001
Confidence interval	6.7 to 12.7	29.2 to 40.8	2.6 to 9.4

Since 2002 the proportion of residents in non-SIP areas having responsibilities in clubs or associations has **significantly dropped**. The proportion of activists has **significantly dropped** in SIP and non-SIP areas while the proportion of volunteers has **significantly dropped** in SIP areas, back to 1999 levels.

Table 7.36: Civic engagement
Base: All

	Total sample	SIP	Non-SIP
Proportion with responsibilities in clubs, associations etc			
1999		Not asked	
2002	35.9%	24.2%	38.5%
2005	30.4%	23.5%	32.1%
Change 2002-2005	-5.5	n/a	-6.4
P	<0.001	n/a	<0.001
Confidence interval	-2.5 to -8.5	n/a	-2.8 to -10.0
Proportion of activists			
1999		Not asked	
2002	17.2%	14.4%	17.0%
2005	7.7%	3.6%	9.2%
Change 2002-2005	-9.5	-10.8	-7.8
P	<0.001	<0.001	<0.001
Confidence interval	-7.4 to -11.6	-7.4 to -14.2	-5.2 to -10.4
Proportion currently acting as volunteers			
1999	8.8%	3.2%	10.8%
2002	7.3%	6.9%	7.3%
2005	5.1%	2.5%	6.1%
Change 1999-2005	-3.7	n/a	-4.7
Change 2002-2005	n/a	-4.4	n/a
P	<0.001	<0.01	<0.001
Confidence interval	-2.0 to -5.4	-1.9 to -6.9	-2.6 to -6.8

Since 2002 the proportion of residents in SIP and non-SIP areas with a positive perception of reciprocity has **significantly increased**, while the proportion with a positive perception of trust has **significantly increased** for those in SIP areas.

Table 7.37: Reciprocity and trust
Base: All

	Total sample	SIP	Non-SIP
Proportion with positive perception of reciprocity			
1999		Not asked	
2002	66.5%	58.7%	69.4%
2005	72.1%	65.1%	74.8%
Change 2002-2005	5.6	6.4	5.4
P	<0.001	<0.05	<0.01
Confidence interval	2.6 to 8.6	0.6 to 12.2	2.0 to 8.8
Proportion with positive perception of trust			
1999		Not asked	
2002	68.6%	57.7%	72.7%
2005	71.4%	63.6%	74.4%
Change 2002-2005	n/a	5.9	n/a
P	n/a	<0.05	n/a
Confidence interval	n/a	0.1 to 11.7	n/a

The proportion valuing local friendships has **significantly dropped** for those in SIP and non-SIP areas since 2002.

Table 7.38: Proportion valuing local friendships
Base: All

	Total sample	SIP	Non-SIP
1999	77.0%	76.2%	77.2%
2002	75.2%	74.4%	75.5%
2005	69.2%	64.9%	70.8%
Change 2002-2005	-6.0	-9.5	-4.7
P	<0.001	<0.01	<0.01
Confidence interval	-3.1 to -8.9	-4.1 to -14.9	-1.3 to -8.1

In SIP areas the proportion with a positive perception of social support has **significantly dropped** since 2002.

Table 7.39: Proportion with positive perception of social support
Base: All

	Total sample	SIP	Non-SIP
1999		Not asked	
2002	74.8%	76.8%	74.0%
2005	71.9%	65.4%	74.2%
Change 2002-2005	-2.9	-11.4	n/a
P	<0.05	<0.001	n/a
Confidence interval	-0.1 to -5.7	-6.1 to -16.7	n/a