

Health & Well-being Survey 2002
(1999 baseline survey follow-up)

Report from research carried out on behalf of

Greater Glasgow NHS Board

August - December 2002



INVESTOR IN PEOPLE

british market research association



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SUMMARY

1 SUMMARY

Fieldwork on this survey began immediately after a briefing session on 13 August 2002 and ended on 20 December. The total number of completed interviews was 1,802. The response rate for all in-scope attempted contacts was 67%.

1.1 Perceptions of Health and Illness (Section 3)

Table 1.1: Core indicators relating to perceptions of health
(n=1802)

Indicator	%
Self-perceived health excellent or good	66.9
Positive perception of general physical well-being	77.0
Positive perception of general mental or emotional well-being	81.9
Positive perception of quality of life	85.1
Have illness or condition affecting daily life	23.4
Total number of conditions currently receiving treatment for:	
0	56.0
1	25.1
2	9.2
3 or more	9.7
Mean number of conditions for which currently receiving treatment for = 0.8	
HAD score of 11 or above (indicating depression)	5.4
Have some/all of own teeth	84.1
Registered with a dentist	73.6

Table 1.1 shows that in general, most people are positive about their general health, their physical well-being, their mental well-being and their quality of life. On all these measures, however, those in Social Inclusion Partnership (SIP) areas are significantly less likely than those in non-SIP areas to give a positive rating:

- Overall, two-thirds (67%) rate their general health as 'excellent' or 'good'. In SIP areas, this proportion falls to 53%, compared with 72% in non-SIP areas.
- Overall, just over three-quarters (77%) rate their general physical well-being positively. This figure is lower in SIP areas at 64%, compared with 82% in non-SIP areas.
- Overall, over four in five (82%) rate their general mental or emotional well-being positively. In SIP areas, the figure is 73%, compared with 85% in non-SIP areas.
- Overall, 85% rate their quality of life positively. In SIP areas, 75% are positive, compared with 89% in non-SIP areas.

Just under a quarter (23%) report having a long-term condition or illness that interferes with day-to-day activities. In SIP areas, this proportion rises to one in three (32%), compared with one in five (20%) in non-SIP areas. Most (61%) of those with such a condition say they have a physical disability, 37% a long-term illness and 18% a mental or emotional health problem.

Just over two-fifths (44%) say they are being treated for at least one illness or condition. The mean number of conditions currently receiving treatment is 0.8 across the whole sample. In SIP areas this is 1.05, compared with 0.71 in non-SIP areas.

One in twenty (5%) have a Hospital Anxiety and Depression (HAD) score of 11 or above, indicating clinical depression. Greater Glasgow has an overall mean score of 2.99, with a higher mean among SIP areas (3.92 compared with 2.65 in non-SIP areas).

Overall, 84% of residents say they have all (60%) or some (25%) of their own teeth. Of residents aged 50+, three out of ten (30%) say they have all their own teeth. Currently 8.6% of residents aged 45-54 say they have no natural teeth compared with the Towards Healthier Scotland target of 5% by 2010. A lower proportion of residents in SIP areas say they have all their own teeth (52% in SIP compared with 63% in non-SIP areas).

Overall, three-quarters (74%) of respondents say they are registered with a dentist; 65% in SIP areas and 77% in non-SIP areas.

Residents express mixed opinions regarding whether fluoride should be added to the water supply, 35% say it should, 28% say it should not, 25% don't know, 7% need more information before deciding, and 4% are broadly in favour but would have some concerns about it.

1.2 The Use of Health Services (Section 4)

1.2.1 Use of Specific Services

Eight out of ten (80%) say they have used some form of health service in the past year.

Table 1.2: Core indicators relating to use of specific health services
(n=1,802)

Indicator	% saying at least once	Mean frequency of visits (in the last year)
Seen a GP at least once	80.0	4.29
Out-patient to see a doctor	24.6	0.94
Accident & Emergency	14.9	0.26
Hospital stay of two nights or more	11.0	0.20
Day surgery or overnight stay	11.7	0.19

Eight in ten (80%) say they have seen a GP in the last year, with a mean of 4.29 visits over the year.

A quarter (25%) say they have seen a doctor at an out-patients clinic in the last year, with a mean of 0.94 such contacts.

One in seven (15%) say they have used A & E services in the last year.

One in nine (11%) say they have had a hospital stay of two nights or longer, and one in eight (12%) say they have had day surgery or an overnight stay in hospital.

The frequency of use of health services is higher among women, residents living within SIP areas and older residents (as indicated in Table 1.3).

Table 1.3 Usage of the health service

(n= for residence 1801, for gender 1800 and for age 1780)

Total Doctor Contact (last year)	Residence (%)		Gender (%)		Age (%)						
	SIP	Non-SIP	Male	Female	16-24	25-34	35-44	45-54	55-64	65-74	75+
None	12.2	21.2	26.5	11.9	23.6	24.4	19.9	23.6	7.6	10.8	11.8
1	8.6	14.6	15.2	11.0	17.1	13.0	14.2	14.7	13.3	4.9	8.3
2	17.8	15.3	15.6	16.4	22.9	16.3	15.0	15.1	15.2	13.0	11.1
3	9.4	10.5	10.5	10.0	10.2	7.2	11.8	9.7	12.3	12.4	9.7
4	7.8	7.7	5.0	10.2	7.3	5.5	10.7	4.3	5.7	11.9	11.1
5 or more	44.3	30.7	27.2	40.6	18.9	33.5	28.3	32.6	46.0	47.0	47.9

Half (50%) say they have been to a dentist within the past six months (36% in SIP areas and 55% in non-SIP areas). One in three (33%) say it has been over fifteen months since their last visit (43% in SIP areas, 29% in non-SIP areas).

1.2.2 Involvement in Decisions Affecting Health Service Delivery

The majority of respondents are positive about the extent to which they involved in decisions about health service delivery, in that they feel they have been involved at least to some extent. In each case, however, a minority feels they have 'definitely' been involved.

Table 1.4: Indicators of residents' involvement in decisions affecting health service delivery (n=1,802)

Indicator	% saying definitely or to some extent
Given adequate information about your condition or treatment	82.0%
Encouraged to participate in decisions affecting your health or treatment	71.5%
Have a say in how services are delivered	75.4%
Feel that your views and circumstances are understood and valued	75.4%

Residents from SIP areas have a lower perception of the information provided (14% say they have not been given adequate information compared with up to 8% of non-SIP residents). For the other aspects of involvement, however, there are no significant differences between respondents in SIP and non-SIP areas.

1.2.3 Accessing Health Services

Most respondents do not report difficulty physically accessing health services. Most difficulty is experienced in getting GP and hospital appointments. Arranging appointments seems to be more of a problem than physically accessing services.

Table 1.5: Indicators for access to Health Services

Indicator	% saying 'some' or 'great' difficulty
Getting an appointment to see your GP (n=1798)	36.0%
Obtaining an appointment at the hospital (n=1797)	28.3%
Arranging for a home visit from your GP (n=1798)	17.9%
Reaching the hospital for an appointment (n=1797)	11.8%
Getting to the GP's surgery / Health Centre (n=1798)	9.1%
Accessing health services in an emergency (n=1797)	8.8%
Visiting others in hospital (n=1797)	6.8%
Obtaining physiotherapy or chiropody (n=1795)	6.7%
Getting an appointment to see the dentist (n=1792)	6.4%
Getting a prescription made up (n=1794)	3.6%
Obtaining other health services such as optometry (optician), stress relief, addiction services, etc (n=1792)	3.6%

1.2.4 Accidents in the Home

One in sixteen respondents (6%) say they or someone living in the household have had an accident in the past 12 months that has required medical treatment; 5% report one person as being involved and 0.4% report two people as being involved in the accident(s).

Of the accidents that residents say they have had in the past 12 months, the main causes have been falls or sharp edges, with accidents being most likely to occur in the kitchen (25.9%, compared to 12.1% in the living room or bathroom, 11.2% in the hall, 10.3% in the garden, 9.5% in the bedroom or garden and 6% in the garage).

1.3 Health Behaviours (Section 5)

Table 1.6 shows the difference between SIP and non-SIP areas for several selected health measures.

Table 1.6: Core indicators for health behaviours

Indicator	% of sample		
	GGNHSB	SIP	Non-SIP
Currently smoking (n= GGNHSB=1793, S=484, NS=1309)	33.2	48.5	27.4
Exceeding recommended weekly units of alcohol – all (n= GGNHSB=1802, S=490, NS=1312)	13.1	11.00	13.9
Exceeding recommended weekly units of alcohol - those who drank in the past week (n= GGNHSB=1793, S=484, NS=1309)	27.4	27.3	27.4
Taking at least 30 minutes of moderate exercise 5+ times per week (n= GGNHSB=1799, S=488, NS=1311)	52.4	57.4	50.5
Taking at least 20 minutes of vigorous exercise 3+ times per week (n= GGNHSB=1784, S=481, NS=1784)	22.7	23.3	22.5
Taking at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (n= GGNHSB=1303, S=481, NS=1791)	58.0	62.7	56.2
Consume at least 5 portions of fruit and/or vegetables per day (n= GGNHSB=1802, S=491, NS=1311)	34.1	21.6	38.7
Consume at least 5 slices of bread per day (n= GGNHSB=1797, S=487, NS=1310)	12.2	14.6	11.4
Consume at least 5 portions of cereal per week (n= GGNHSB=1794, S=485, NS=1309)	46.1	40.0	48.4
Consume at least 7 portions of cereal per week (n= GGNHSB=1793, S=484, NS=1309)	40.4	35.7	42.2
Consume at least 2 portions of oily fish per week (n= GGNHSB=1787, S=484, NS=1302)	29.4	25.2	31.0
Consume at least 2 high-fat snacks per day (n= GGNHSB=1791, S=485, NS=1306)	32.3	33.4	32.2
Body Mass Index 25 or over (n= GGNHSB=1759, S=472, NS=1285)	42.9	45.5	41.8
Brush teeth twice or more per day (n= GGNHSB=1759, S=479, NS=1308)	66.8	51.4	72.5

For most of the above measures, those in SIP areas tend to report less positive behaviour. The exceptions are: reported drinking behaviour, exercise and bread consumption, where there is no significant difference between SIP and non-SIP areas.

1.4 Social Health (Section 6)

1.4.1 Social Connectedness

One in seven (15%) say they sometimes feel isolated from family and friends (21% in SIP areas and 13% in non-SIP areas).

One in five (20%) say they belong to a social club, association or something similar.

Just over seven out of ten (72%) agree with the statement 'I feel I belong to this local area' (57% agree and 16% strongly agree). Those in SIP areas are more likely than those in non-SIP areas to *disagree* (18% and 11% respectively).

Over half (55%) agree with the statement 'I feel valued as a member of my community' (44% agree and 11% strongly agree).

Six out of ten residents (58%) agree with the statement 'by working together, people in my neighbourhood can influence decisions that affect my neighbourhood' (48% agree and 10% strongly agree). Residents of SIP areas are more likely to disagree (24% do, compared with 13% of non-SIP residents).

1.4.2 The Social and Physical Environment

The majority of residents say they feel safe in their own homes, using public transport and walking around their local area even after dark. Significant minorities, however, express concern about the latter two scenarios.

Table 1.7: Residents' feelings of safety

Indicator	% agreeing
Feel safe in their own home (n=1,800)	93.1
Feel safe using public transport in their area (n=1,791)	79.2
Feel safe walking around their area even after dark (n=1,796)	62.2

Residents of SIP areas are slightly less likely than non-SIP residents to feel safe walking around their local area even after dark (57% and 64% respectively).

Women are more likely than men to feel safe in their own homes (95% and 91% respectively) and using public transport (82% and 76% respectively), but less likely than men to feel safe walking around outside (55% and 70% respectively).

When asked how common a problem a range of crime-related issues are in the area, young people hanging around, drug activity, excessive drinking, vandalism / graffiti are mentioned by at least half of residents as being very common / fairly common problems. All problems are more frequently mentioned by residents living within SIP areas.

Table 1.8: Perceived crime-related problems in local area by SIP / non-SIP

	% saying fairly / very common problem		
	SIP	Non-SIP	GGNHSB
Young people hanging around (n= GGNHSB=1800, S=488, NS= 1311)	79.3	56.0	62.3
Drug activity (n= GGNHSB=1798, S=488, NS= 1308)	74.2	45.4	53.2
Excessive drinking (n= GGNHSB=1800, S=489, NS=1307)	73.8	44.5	52.5
Vandalism / graffiti (n= GGNHSB=1800, S=489, NS= 1311)	72.2	40.2	48.9
Unemployment (n= GGNHSB=1798, S=488, NS= 1308)	71.9	33.3	43.8
Car crime (n= GGNHSB=1800, S=489, NS= 1310)	52.1	32.6	37.9
Burglaries (n= GGNHSB=1796, S=489, NS= 1307)	34.2	27.7	27.4
Assaults / muggings (n= GGNHSB=1794, S=488, NS= 1309)	40.0	17.2	23.4
Bullying in schools (n= GGNHSB=1794, S=488, NS= 1304)	30.3	16.8	20.5
Domestic violence (n= GGNHSB=1797, S=488, NS= 1309)	33.8	12.2	18.1

When asked how common a problem a range of environmental issues were in the local area, half of residents (49%) say dog dirt is a very / fairly common problem and over a third of the residents say traffic and rubbish lying about are very common / fairly common problems (42% and 34% respectively). A higher proportion of residents living within SIP areas say the problems are very common / fairly common compared with residents in non-SIP areas.

Table: 1.9: Perceptions of environmental problems by SIP / non-SIP

	% saying fairly common / very common problem		
	SIP	Non-SIP	GGNHSB
Dog dirt (n= GGNHSB=1797, S=489, NS= 1308)	58.3	45.3	48.9
Traffic (n= GGNHSB=1796, S=486, NS= 1310)	49.2	38.9	41.6
Rubbish lying about (n= GGNHSB=1799, S=488, NS= 1311)	45.3	29.8	34.0
Noise and disturbance (n= GGNHSB=1799, S=489, NS= 1310)	35.7	18.2	22.9
Air pollution (n= GGNHSB=1799, S=489, NS= 1310)	17.0	14.5	15.1
Contaminated drinking water (n= GGNHSB=1799, S=489, NS= 1799)	19.0	12.3	14.1
Vacant / derelict buildings (n= GGNHSB=1794, S=486, NS= 1308)	27.6	7.5	12.9
Vacant / derelict land (n= GGNHSB=1794, S=486, NS= 1308)	27.0	7.7	12.9
Abandoned cars (n= GGNHSB=1800, S=489, NS= 1311)	21.5	9.2	12.6
Poor street lighting (n= GGNHSB=1798, S=488, NS= 1311)	12.5	8.7	9.7

1.4.3 Perceptions of Local Services

Ratings of local services are generally poor; fewer than half of residents are positive about all the services in Table 1.10 except public transport and local schools. Ratings are particularly low for activities for young people, childcare provision and leisure services. Residents of SIP areas tend to give lower ratings than non-SIP residents, but the differences are small except for food shops and police.

Table 1.10: Perceptions of local services

	% saying excellent / good		
	SIP	Non-SIP	GGNHSB
Public transport (n= GGNHSB=1799, S=488, NS= 1311)	55.1	57.3	56.6
Local schools (n= GGNHSB=1799, S=488, NS= 1310)	48.2	51.8	50.8
Food shops (n= GGNHSB=1798, S=488, NS= 1310)	41.2	52.8	49.7
Police (n= GGNHSB=1798, S=488, NS= 1310)	21.3	31.6	28.8
Leisure/sports facilities (n= GGNHSB=1798, S=489, NS= 1309)	17.0	20.6	19.5
Childcare provision (n= GGNHSB=1799, S=490, NS= 1310)	13.9	18.3	17.2
Activities for young people (n= GGNHSB=1799, S=489, NS= 1311)	11.0	12.7	12.2

1.4.4 Individual Circumstances

The breakdown of household size is:

- 20% say they live alone
- 31% live with one other person
- 23% live with two other people
- 26% live with three or more people

Over nine out of ten residents who completed this study are white (95%), with 3% being Pakistani and less than 2% Indian, Black African or Chinese (0.5%, 0.4% and 0.3% respectively).

Just under half (47%) say they are married and 7% are cohabiting.

Just over one in three (36%) say they have children under fourteen in the household (44% in SIP areas and 34% in non-SIP areas). Of those that do have children under 14, just over a third (35%) say that they use childcare facilities. One in twenty of the sample (5%) is classified as being a 'lone parent'¹ (10% in SIP areas and 3% in non-SIP areas).

Nine out of ten residents (91%) say they have a telephone in their home (82% in SIP areas and 95% in non-SIP areas).

Just over four out of ten residents (43%) say they have access to the Internet (25% in SIP areas and 50% in non-SIP areas). Of those who do have access to the Internet, six out of ten say they have access at home (58%), 14% have access elsewhere and three out of ten (28%) have access both at home and elsewhere.

Six out of ten residents (60%) say they own a car (35% in SIP areas and 70% in non-SIP areas).

One in twenty respondents (5%) say they are responsible for caring for someone on a day-to-day basis (excluding children).

¹ A lone parent is identified as neither married, or co-habiting and have at least one child under the age of 14 for whom they are responsible

One in four (26%) say they have no educational qualifications, and this proportion increases among each subsequent age group (from 8% of those aged 16-24 to around a half of those age 65+). Table 1.11 shows that residents within non-SIP areas tend to have higher qualification levels compared with SIP area residents.

Table 1.11: Highest educational qualification by SIP / non-SIP

	%		
	SIP	Non-SIP	GGNHSB
	n=481	n=1300	n=1778
School leaving certificate	20.0	11.7	13.9
'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent	17.7	13.2	14.4
Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Certificate or equivalent	4.0	10.8	9.0
GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City & Guilds Craft, RSA or equivalent	2.5	2.3	2.4
GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City & Guilds Advanced Craft, RSA Advanced Diploma or equivalent	4.6	5.4	5.2
Apprenticeship / trade qualification	3.5	5.8	5.2
HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	4.0	8.0	6.9
First Degree, Higher Degree	3.5	17.6	13.8
Professional qualifications	1.2	3.7	3.0
None	39.1	21.5	26.2

Half of residents say they receive some form of state benefits (52%), with three out of ten (28%) saying that all their income comes from benefits.

A greater proportion of residents within SIP areas say they receive some form of benefits compared with non-SIP area residents (75% and 43% respectively, and 55% and 18% saying all their income comes from benefits).

Overall, almost two in three (65%) have a positive perception of the adequacy of their income. Those living in SIP areas are, however, far less likely to rate it positively (50% do, compared with 70% in non-SIP areas).

Respondents were asked how often they found it difficult to meet the payments for a number of scenarios. The proportion of residents saying they have some form of difficulty is higher within SIP areas (see Table 1.12). Treats / holidays and clothes / shoes are most likely to cause difficulty.

Table 1.12: Difficulty of meeting payments, by SIP / non-SIP

	% saying 'quite often' or 'very often' difficult to meet the cost		
	SIP	Non-SIP	GGNHSB
Treats/holidays (n= GGNHB=1774, S=487, NS= 1286)	26.1	10.5	14.8
Clothes and shoes (n= GGNHB=1776, S=487, NS= 1288)	19.1	6.6	10.0
Council tax, insurance (n= GGNHB=1776, S=488, NS= 1273)	9.0	4.3	5.6
Telephone bill (n= GGNHB=1773, S=486, NS= 1286)	7.4	3.4	4.5
Gas, electricity and other fuel bills (n= GGNHB=1772, S=486, NS= 1286)	6.8	3.0	4.0
Food (n= GGNHB=1772, S=487, NS= 1284)	6.0	2.5	3.4
Rent/mortgage (n= GGNHB=1772, S=486, NS= 1287)	3.9	2.6	3.0

Respondents were also asked how difficult it would be to find a sum of money to meet an unexpected expense. The proportion of residents saying they would have difficulty finding the sums is consistently higher within SIP areas.

Table 1.13: Difficulty of finding money for unexpected expenses by SIP / non-SIP

Amount	% saying impossible / a big problem to find...		
	SIP	Non-SIP	GG NHSB
£20 (n= GGNHB=1776, S=488, NS= 1289)	8.8	2.0	3.8
£100 (n= GGNHB=1775, S=487, NS= 1287)	40.7	9.0	17.7
£1,000 (n= GGNHB=1775, S=489, NS= 1288)	76.9	36.3	47.4

1.5 Social Capital (Section 8)

Most have a positive view of their local area, but less so in SIP areas:

- Overall, almost three-quarters (73%) have a positive perception of their area as a place to live. Those living in SIP areas are, however, far less likely to rate it positively (54% do, compared with 80% in non-SIP areas).
- Overall, almost two-thirds (64%) have a positive perception of their area as a place to bring up children. Once again, however, those living in SIP areas are far less likely to rate it positively (49%, compared with 70% in non-SIP areas).

Small minorities indicate a level of civic engagement:

- Overall, 7% of respondents say they have had responsibilities eg committee member, fundraising, organising events, administrative work within a social club, association, church groups or similar (6% in SIP areas and 8% in non-SIP areas).
- Respondents were presented with a list of actions that could be taken in an attempt to solve a problem, and asked which they had personally done in the last three years. One in nine (11%) say they have done at least one.

- One in fourteen (7%) say that they currently act as a volunteer.

Most have a positive view of reciprocity and trust, but again less so in SIP areas:

- Two-thirds (66%) are of the view that “*this is a neighbourhood where neighbours look out for each other*” (60% of those living in SIP compared with 69% of those in non-SIP areas).
- A similar proportion (69%) thinks that “*generally speaking, you can trust people in my local area*” (58% of those living in SIP compared with 73% of those in non-SIP areas).

With respect to social networks:

- Respondents were asked if they belong to any social clubs, associations, church groups or similar. One in five (20%) say they do, but those living in SIP areas are less likely than those in non-SIP areas to have such networks (14% and 23% respectively).
- Three-quarters (75%) are of the view that “*the friendships and associations I have with other people in my local area mean a lot to me*”.

In terms of social support, three-quarters (75%) are of the view that “*if I have a problem, there is always someone to help me*”, but only 15% agree strongly with this statement.

Social exclusion, health and fear of crime are strongly linked with nearly all of the social capital indicators. The few exceptions are those exhibiting characteristics of social exclusion, poor health and fear of crime who tend to report lower levels of social capital.

1.6 Trends (Section 9)

The only changes reported between 1999 and 2002 are those where the change is statistically significant.

1.6.1 People's Perception of Their Health and Illness

The only positive change in people's perception of their health and illness since 1999 is that those in SIP areas are slightly less likely to be depressed (ie have a HAD score of 11+).

There have, however, been several negative changes:

- Those in SIP areas are less likely to rate their general health positively than they were in 1999.
- Those in SIP areas are less likely to rate their general physical well-being positively than they were in 1999.
- There has been a drop in the proportion giving a positive rating to their general mental well-being (down from 85% in 1999 to 82% in 2002), due to a fall in ratings in SIP areas.

1.6.2 The Use of Health Services

In SIP areas, the proportion receiving treatment for at least one condition has gone up from 45% to 54%.

There has been a significant fall in the proportion saying they are registered with a dentist, in both SIP and non-SIP areas (down from 72% to 65% in SIP areas and from 83% to 77% in non-SIP areas). The fall is sharper in SIP areas than in non-SIP areas – in other words, the gap between SIP and non-SIP areas has widened on this measure since 1999.

1.6.3 Health Behaviours

There have been several positive changes in health behaviours since 1999:

- There has been a significant fall in the proportion of smokers (down from 37% to 33% overall).
- The proportion eating at least five portions of fruit/vegetables per day has increased from 24% to 34%.
- The proportion eating cereal at least seven times a week has increased from 36% to 40%.
- There has been a huge drop in the proportion eating two or more high-fat snacks per day (down from 54% to 32% overall).
- Those in SIP areas are more likely to eat oily fish at least twice a week (25%, compared with 18% in 1999).
- The proportion exceeding the recommended weekly alcohol limit has fallen from 18% to 13%.
- Those in SIP areas are slightly more likely to take 20 minutes of vigorous exercise on three or more occasions per week (13%, compared with 9% in 1999).
- Those in SIP areas are more likely to meet the minimum exercise standards (at least 30 minutes of moderate activity 5+ times per week, and/or at least 20 minutes of vigorous activity 3+ times per week) than they were in 1999 (60%, compared with 48% in 1999).

There have also been a few negative changes in health behaviours:

- The proportion eating at least five slices of bread per day has dropped from 17% in 1999 to 12% in 2002.
- Those in SIP areas are less likely to brush their teeth at least twice a day than they were in 1999 (down from 59% to 51%).
- In contrast to SIP areas, those in non-SIP areas are slightly *less* likely to meet the minimum exercise standards (at least 30 minutes of moderate activity 5+ times per week and/or at least 20 minutes of vigorous activity 3+ times per week) than they were in 1999 (53% do, compared with 57% in 1999).

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March 2003

INTRODUCTION & METHODOLOGY

2 INTRODUCTION & METHODOLOGY

This report contains the findings of a research study carried out in 2002 by RBA Research Ltd on behalf of Greater Glasgow NHS Board (GGNHSB).

2.1 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.

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

- a. *Towards a Healthier Scotland*, 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 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. The subsequent health plan *Our National Health: a plan for action, a plan for change* underlined the need to tackle poverty and the root causes of ill-health, with particular focus on SIP areas. The Scottish White Paper *Partnership for Care* (2003) and the associated Health Improvement Challenge restates the objective to improve health and tackle health inequalities, linking health with other areas of public policy.
- c. *Creating Tomorrow's Glasgow*, the strategy of the Glasgow Alliance of which GGNHSB is a partner, sets forward 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 are: children's health, mental health, tobacco, physical activity, and drug and alcohol misuse.

- d. Both *Better Communities in Scotland - Closing the Gap* (the Scottish Executive's community regeneration statement) and *Partnership for Care* identify community planning (and their associated Joint Health Improvement Plans) as the means by which all the relevant partners can become engaged in improving health. GGNHSB is a partner in the Glasgow Alliance and in the community planning partnerships in North and South Lanarkshire, East and West Dunbartonshire and East Renfrewshire.
- e. *Social Inclusion* has become a major strand of government policy, a key component of which is the creation of Social Inclusion Partnerships (SIPs). The Executive's strategy, *Social Justice: a Scotland where everyone matters* (1999), 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, a Small Areas SIP operating in the areas of Toryglen, Penilee and Dumbarton Road Corridor has been designated under the direction of Glasgow City Council. A further partnership Castlemilk, is managed by Glasgow Alliance and is in receipt of SIP funding.

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. A study was commissioned in 1999 to provide a baseline of 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 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 Action Plan' 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,
- % classified as 'cases' on the depression score of the Hospital Anxiety and Depression Scale.

The researcher contracted to carry out the baseline study was asked to identify baseline measures on the core indicators and to explore the relationship between different aspects of life and various measures of the physical and mental health and quality of life of the population. In addition, further statistical analysis was commissioned from the Information and Statistics Division to identify the relative influence of the different aspects of life on perceived physical health, perceived mental health and quality of life.

2.2 Objectives

The study reported here is the first follow-up of the 1999 baseline Health and Well-being Study. It provides the opportunity to monitor the core indicators and assess changes over time. (This will be the first of several follow-up studies to be conducted approximately 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, a Principal Health Promotion Officer, the Acting Director of Health Promotion, and a representative from both the Glasgow Alliance and the Public Health Institute of Scotland.

The identified objectives of the study are:

- To describe the health and well-being of the GGNHSB population in 2002,
- To explore the relationships between different aspects of life and health (measured as perceived physical health, perceived mental health and perceived quality of life),
- To explore the influence of the different components of social capital on health and quality of life,
- To monitor change in the health indicators over the three years since the baseline study in the total GGNHSB population, as well as changes among those living in SIP and non-SIP areas, and
- To compare changes in SIP and non-SIP areas.

2.3 Summary of Methodology

In total, 1,802 face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the GGNHSB area.

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

The fieldwork was conducted between 13 August and 20 December 2002. The response rate for all in-scope attempted contacts was 67%.

A full account of the sampling procedures, fieldwork and survey response can be found in Appendix A. The survey questionnaire together with the response frequencies (weighted) is in Appendix E.

2.4 Achieved Sample Profile

The 1,802 completed interviews were weighted to account for under / over representation of groups within the sample to ensure the 2002 sample was as representative as possible of the adult population in the Greater Glasgow Health 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 is shown in Tables 2.1-2.6

Table 2.1 Age and gender breakdown

(n=1,802)

Age	Men % of sample	Women % of sample	Total % of sample	GGNHSB % of population
16-24	7.4	7.8	15.3	15.5
25-34	10.1	9.9	20.0	20.2
35-44	9.6	9.7	19.2	19.5
45-54	7.1	7.3	14.4	14.5
55-64	5.5	6.2	11.7	11.9
65-74	4.4	5.8	10.2	10.4
75+	2.6	5.4	8.0	8.1
Not given			1.1	

Table 2.2 Local Authority breakdown

(n=1,802)

Local Authority	% of sample	GG NHSB % of population
Glasgow City	63.8	67.4
East Dunbartonshire	14.7	12.2
South Lanarkshire	7.3	6.3
West Dunbartonshire	6.2	5.1
East Renfrewshire	4.9	7.2
North Lanarkshire	3.1	1.8

Table 2.3 SIP / Non-SIP breakdown

(n=1,802)

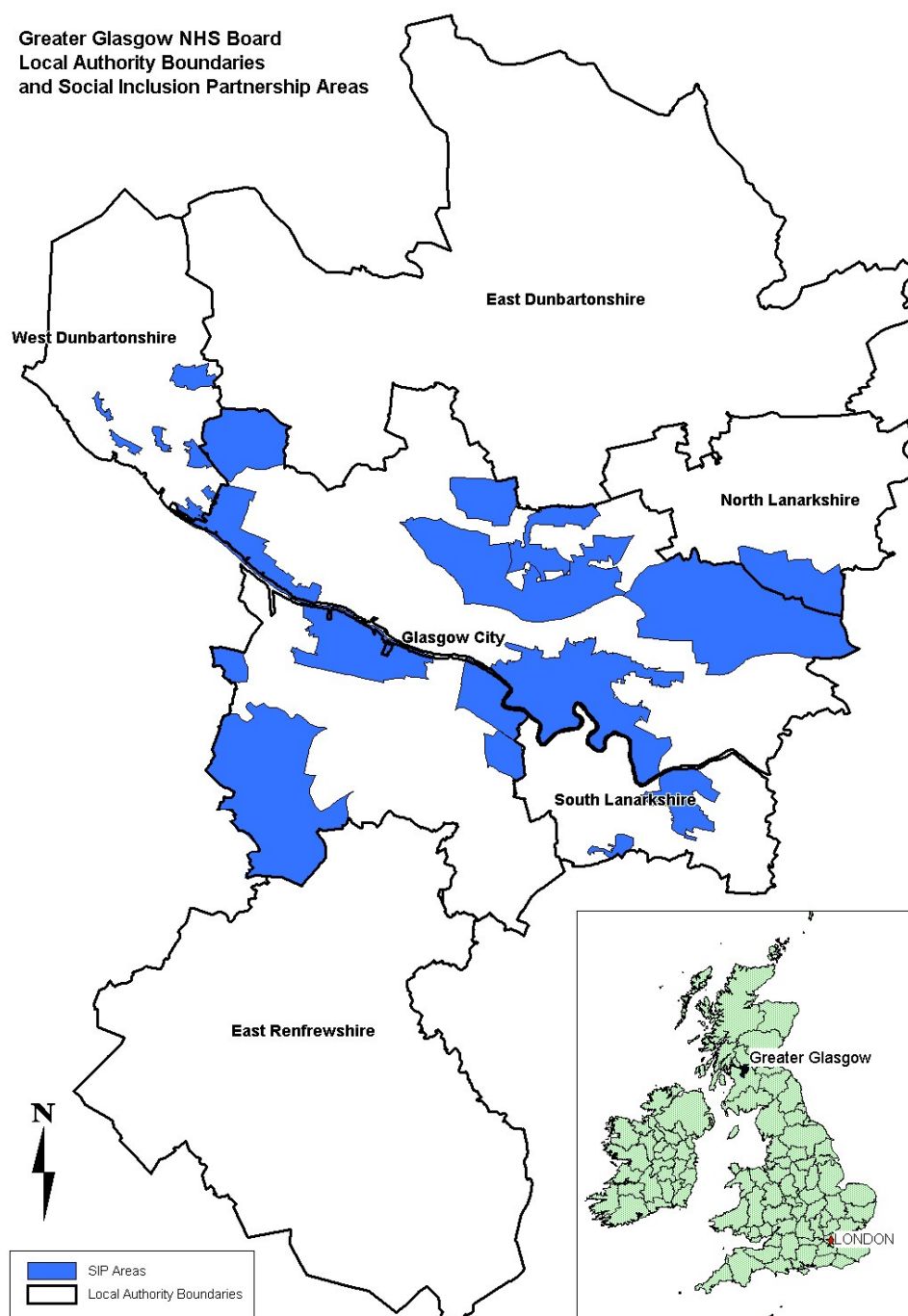
Group	% of sample	GG NHSB % of population
SIP	27.2	28.3
Non-SIP	72.8	71.7

Table 2.4 SIP area breakdown
(n=1,802)

SIP area	2002 definitions %
Cambuslang	1.1
Castlemilk	1.2
Drumchapel	0.7
Dumbarton Road Corridor	0.9
Glasgow East End	3.1
Glasgow Govan	2.3
Glasgow North	4.0
Gorbals	1.6
Greater Easterhouse	3.1
Greater Pollok	3.0
Milton	0.5
Penilee	0.4
Springburn / East Balornock	1.9
Toryglen	1.3
West Dunbartonshire	2.1
Total SIP	27.2

Geographical details of the SIP areas can be found in Map 1 (overleaf).

MAP 1: Local Authority Boundaries and Social Inclusion Partnership Areas.



The Carstairs Deprivation Index is a summary measure of relative deprivation or affluence applied to populations contained within small geographical localities². These small localities are ranked using a combination of socio-economic variables taken from Small Area Statistic Tables of the 1991 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 (most affluent) to DEPCAT 7 (most deprived). Geographical details of the DEPCAT areas can be found in Map 2 (see overleaf).

² Carstairs V and Morris R. *Deprivation and health in Scotland*.
Aberdeen: Aberdeen University Press, 1991.

Carstairs categories are used widely in Scotland to describe health inequalities in epidemiological studies and needs assessments.

MAP 2: DEPCAT areas by postcode sector within Greater Glasgow

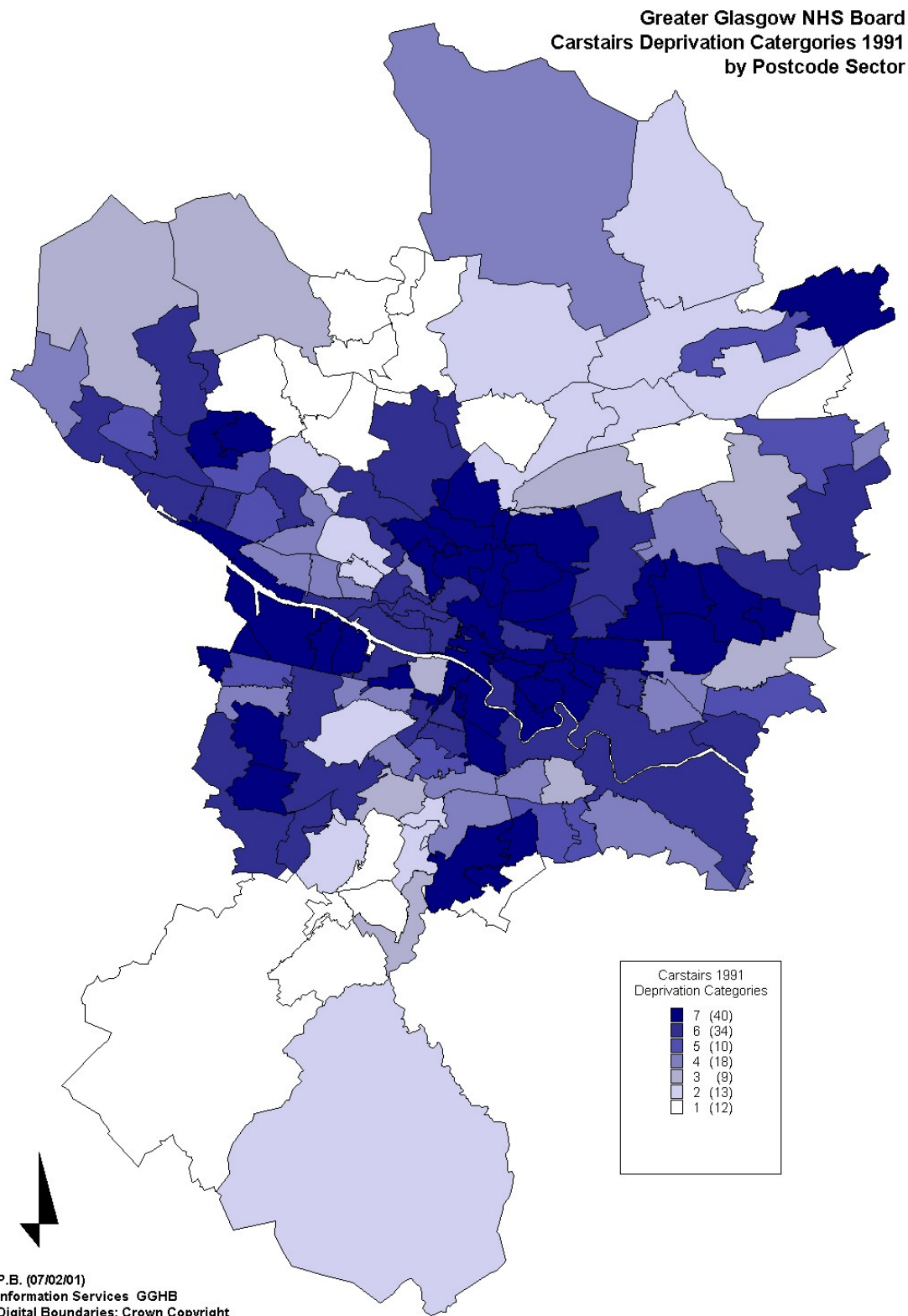


Chart 2.1 Percentage of Population living in DEPCAT area.

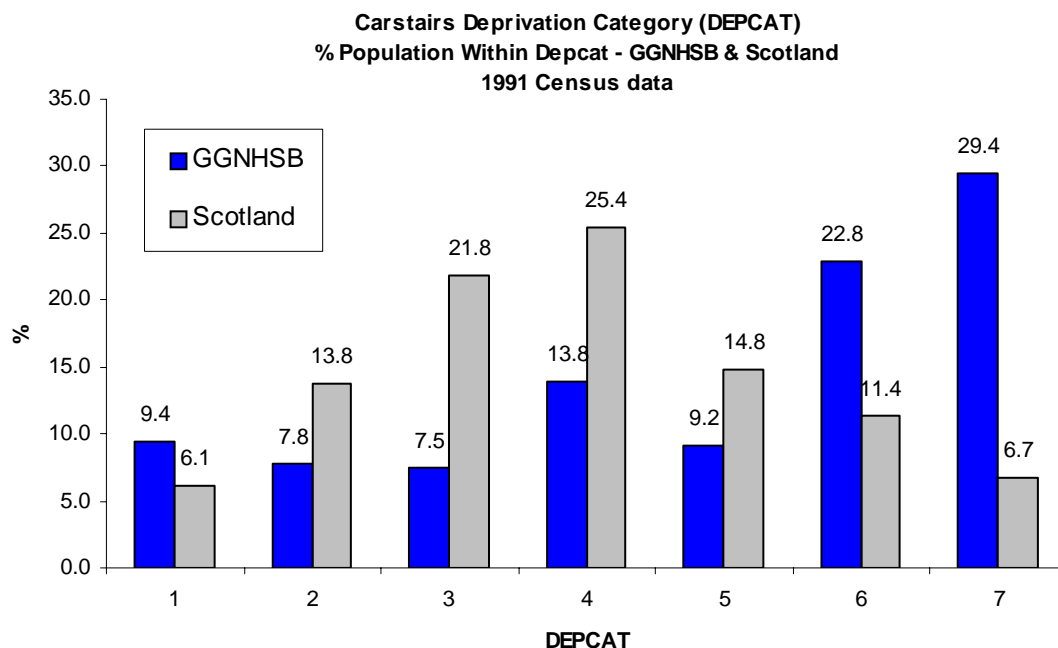


Table 2.5 Breakdown by Carstairs Deprivation Index (DEPCAT)
(n=1,802)

DEPCAT	% of sample	GGNHSB % of population 2000
1	8.6	9.2
2	9.4	9.0
3	6.7	8.2
4	15.7	14.5
5	8.6	8.9
6	24.0	22.8
7	25.7	27.4
Uncoded	1.3	-

Table 2.6 Breakdown by socio-economic group (SEG)
(n=1,802)

Group	% of sample	GGNHSB % of population
A	0.6	2001 Census data not available at time of writing this report.
B	10.3	
C1	31.8	
C2	23.1	
D	24.3	
E	7.7	
Unable to code	2.1	0.0

'Socio-economic Group' (SEG) 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). A summary of the types of occupations in each group is shown in Appendix C.

2.5 This Report

This report is in three further sections:

1. The first section reports on all the survey findings;
2. The second section focuses specifically on the five identified aspects of social capital, i.e. view of local area, civic engagement, reciprocity and trust, social networks, and social support;
3. The final section reports on significant change since the 1999 survey.

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

- gender;
- age;
- age and gender;
- social class;
- DEPCAT of residential area;
- whether in a SIP area;
- disability status;
- self-perceived adequacy of household income;
- whether on Income Support;
- whether would experience difficulty in finding £20/£100 for an unexpected expense;
- whether ever feel isolated from friends and family;
- whether have anyone to turn to for practical help in solving problems;
- whether have control over decisions affecting life;
- highest educational attainment;
- employment status;
- local authority.

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 their opinions, behaviour and cultural experiences do not necessarily have anything in common.

It was decided not to include household income in the above list, because 46% of the sample either refused or was unable to provide income information. It was therefore felt that restricting the analysis to those who did provide it may cause misleading conclusions to be drawn.

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.

MAIN FINDINGS

3 PEOPLE'S PERCEPTION OF THEIR HEALTH AND ILLNESS

3.1 Summary of Core Indicators

Table 3.1 shows all core indicators relating to perceptions of health and illness:

Table 3.1 Indicators for perceptions of health and illness
(n=1,802)

Indicator	% of sample
Self-perceived health excellent or good	66.9
Positive perception of general physical well-being	77.0
Positive perception of general mental well-being	81.9
Positive perception of quality of life	85.1
Have illness or condition affecting daily life	23.4
Total number of conditions currently receiving treatment for:	
0	56.0
1	25.1
2	9.2
3 or more	9.7
Mean number of conditions for which currently receiving treatment = 0.8	
HAD score of 11 or above (indicating depression)	5.4
Have some/all of own teeth	84.1
Registered with a dentist	73.6

3.2 Self-Perceived Health and Well-being

3.2.1 General Health

Respondents were asked to describe their general health using a four-point scale (excellent, good, fair or poor). Two-thirds (67%) have a positive view, with 24% saying 'excellent' and 43% 'good'. One in three (33%) describe their health as 'fair' (18%) or 'poor' (15%).

In SIP areas, 53% rate their health as 'excellent' or 'good', compared with 72% in non-SIP areas.

The younger the respondent, the more likely (s)he is to be positive (for example, 85% of 16-24 year-olds say 'excellent' or 'good', compared with only 36% of those aged 75+).

Men are more likely than women to rate their health positively (71% and 63% respectively). This does not, however, hold true for all age groups. Chart 3.1 illustrates that men aged 16-24 and 45-54 are more likely than women of the same age to be positive about their general health, whereas the difference is smaller or non-existent for other age groups.

Chart 3.1: Positive perception of general health by age and gender
(n=1,796)

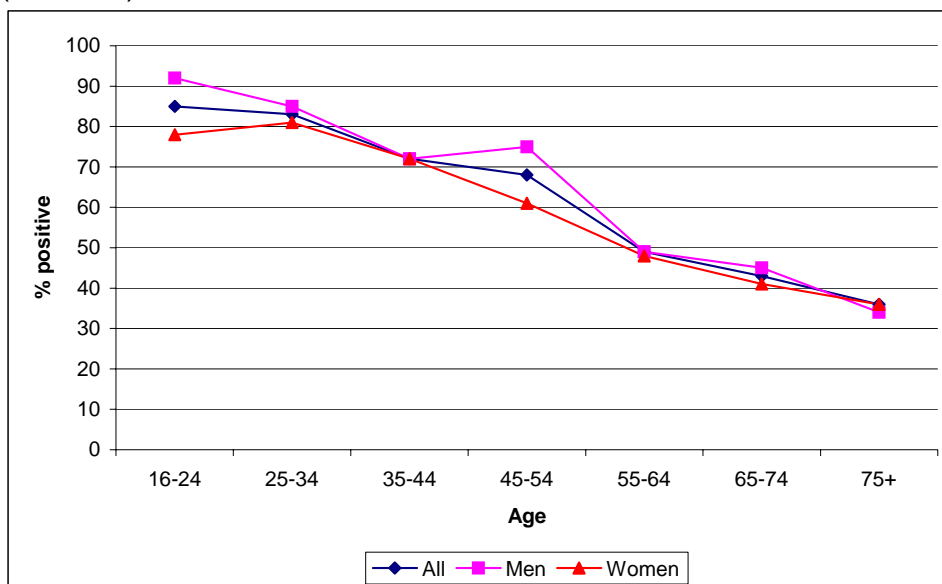
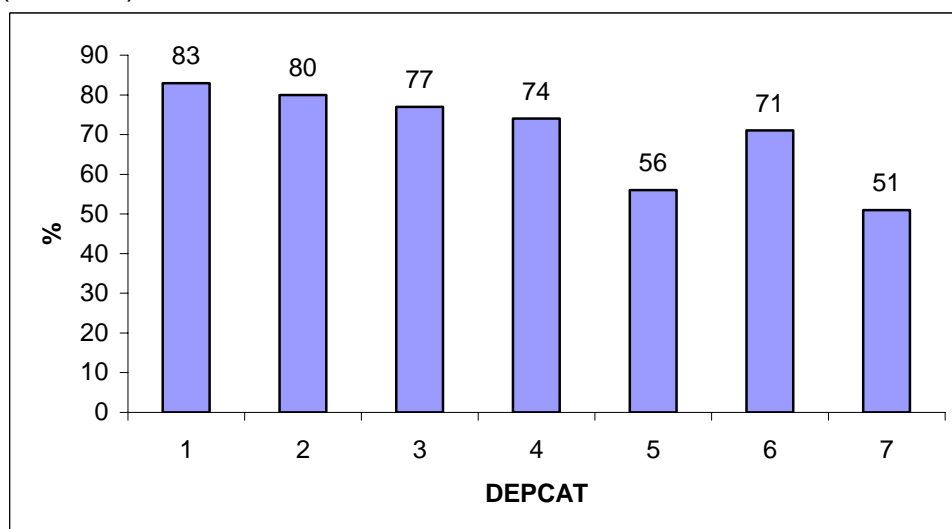


Chart 3.2 shows how perceptions of general health vary by DEPCAT. Those living in the more affluent DEPCATs tend to rate their health more positively than do those in the less affluent areas (81%+ of those in DEPCAT 1 and 2 are positive, compared with just over half in 5 and 7). DEPCAT 6 ‘bucks’ this trend, with residents being almost as positive as those living in DEPCATs 3 and 4.

Chart 3.2: Positive perception of general health by DEPCAT
(n=1,773)



Perceptions are less positive in DEPCAT 5 in other areas of the report as well as their perception of general health, shown in chart 3.2. As there are no obvious significant differences in the make-up sample for DEPCAT 5 compared with the other DEPCATs, other factors could account for this. These could include: changes in the area, out of date 1991 census information and other deprivation factors not fully accounted for in the Carstairs Deprivation Index.

Those from A, B and C1 socio-economic groups tend to be more positive than C2s, Ds and Es (80% of ABC1s rate their health positively, compared with 61% of C2s and 54% of DEs).

Those with Highers (or equivalent) or a degree are most likely to have a positive view of their health, especially in comparison to those whose highest qualification is a School Leaving Certificate or those with no qualifications at all (88% compared with 49% with a School Leaving Certificate and 46% of those with no qualifications). To some extent, this is likely to be age-related.

Those who are in employment are most likely to have a positive perception of their health (78% of those employed full time and 85% of those employed part time, compared with 49% of those who are retired, 62% of those seeking work, and 52% of those unable to work due to illness). Of those caring for someone else on a day to day basis 56% report a positive perception of their health.

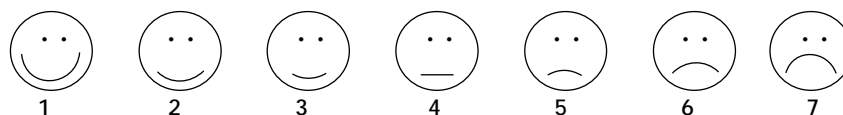
The analysis shows a strong link between measures of social exclusion and self-perceived health:

- Those who say they ever feel isolated from family and friends tend to have a less positive view of their health (53% compared with 69% of those who do not feel isolated).
- Those who say they do not feel in control of decisions that affect their life are less likely to be positive than those who feel that they have some degree of control (41% compared with 68% of those who feel they are in control).
- Those who say they would find it difficult to meet an unexpected expense tend to be less positive about their health, 41% of those who would find it difficult to find £20 are positive, compared with 70% of those who would not find it difficult. The comparable figures for £100 are 45% and 76%.
- Those with a positive view of the adequacy of their household income tend to be more positive about their own health (72% compared with 59% of those with a negative perception of their household income).

The full set of chi-squared analysis results can be found in Appendix D.

3.2.2 *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:



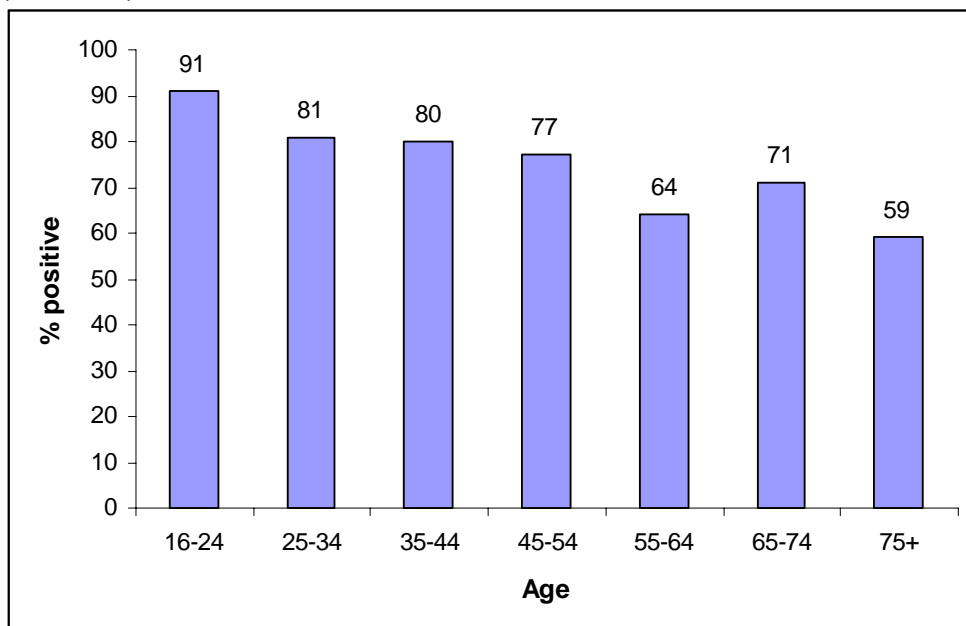
Using this scale, they were asked to rate their general physical well-being and their general mental or emotional well-being

Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

Overall, just over three-quarters (77%) rate their general physical well-being positively (64% in SIP areas and 82% in non-SIP areas). This translates into an overall 'mean score'³ of 5.24 for the total sample (4.89 in SIP areas and 5.37 in non-SIP areas).

Chart 3.3 illustrates how perceptions of physical well-being vary with age. The general pattern is that the younger the respondent, the more likely (s)he is to give a positive rating. There is, however, a 'blip', in that those aged 65-74 tend to be more positive than those aged 55-64. Residents aged 18-54 have a mean of 5.49 compared with 4.94 for residents aged 55+.

Chart 3.3: Positive view of physical well-being by age
(n=1,778)



Those living in the more affluent DEPCATs tend to rate their physical well-being more positively than do those in the less affluent areas (89% of those in DEPCATs 1 and 2 are positive, compared with 85% in DEPCATs 3 and 4, 75% in DEPCATs 5 and 6, and 65% in DEPCAT 7). Similarly, those from A, B and C1 socio-economic groups tend to be more positive than C2s, Ds and Es (87% of ABC1s rate their physical well-being positively, compared with 70% of C2DEs).

Those with higher-level qualifications tend to have a more positive view of their physical well-being (89% of those with degrees or HNCs or equivalent and 88% of those with Highers do, compared with 67% of those with a School Leaving Certificate and 65% of those with no qualifications).

Over four in five (82%) of those in full-time employment are positive about their physical well-being, compared with 67% of those not in employment.

³ The 'mean score' is derived by giving each respondent a number of points based on their response, ie those selecting face number 1 are given 7 points, those selecting face number 2 are given 6 points and so on. The total number of points is then divided by the total number of respondents, to give a mean score. Thus, the 'best' possible mean score would be 7 (all respondents select face number 1) and the 'worst' possible mean score would be 1 (all respondents select face number 7).

The analysis shows a strong link between measures of social exclusion and ratings of physical well-being:

- Those who say they ever feel isolated from family and friends tend to have a less positive view of their physical well-being (58% of the isolated are positive, compared with 80% of those who do not feel isolated).
- Those who say they do not feel in control of decisions that affect their life are less likely to be positive than those who feel that they have some degree of control (39% and 79% respectively).
- Those in households in which someone is in receipt of Income Support (IS) tend to be less positive (55% are, compared with 69% of those not in receipt of IS).
- Those who say they would find it difficult to meet an unexpected expense tend to be less positive (52% of those who would find it difficult to find £20 are positive, compared with 80% of those who would not find it difficult to find £20; and 60% of those who would find it difficult to find £100 are positive, compared with 85% of those who would not find it difficult to find £100).
- Those with a positive view of the adequacy of their household income tend to be more positive about their physical well-being (83% are, compared with 67% of those with a negative perception of their household income).

The full set of results for the t test analysis can be found in Appendix D.

3.2.3 *Mental or Emotional Well-being*

Over four in five (82%) rate their general mental or emotional well-being positively. This translates into an overall mean of 5.45. In SIP areas, 73% are positive (mean 5.14), compared with 85% in non-SIP areas (mean 5.57).

Those living in the more affluent DEPCATs tend to rate their mental or emotional well-being more positively than do those in the less affluent areas (92% of those in DEPCATs 1 and 2 are positive, compared with 89% in DEPCATs 3 and 4, 79% in DEPCATs 5 and 6, and 74% in DEPCAT 7). Similarly, those from A, B and C1 socio-economic groups tend to be more positive than C2s, Ds and Es (92% of ABs rate their physical well-being positively, compared with 88% of C1s, 79% of C2s, 75% of Ds and 72% of Es). Residents in socio-economic groups ABC1 have a mean of 5.76 compared with 5.20 for C2DE residents.

Those with higher-level qualifications (or equivalent) tend to have a more positive view of their mental or emotional well-being (93% compared with 78% of those with a school leavers certificate and 72% of those with no qualifications).

Nearly nine in ten (87%) of those in employment are positive about their mental or emotional well-being, compared with 53% of those not in employment but of working age.

The analysis shows a strong link between measures of social exclusion and ratings of mental or emotional well-being:

- Those who say they ever feel isolated from family and friends tend to have a less positive view of their mental/emotional well-being (58% are positive, compared with 86% of those who do not feel isolated).
- Those who say they do not feel in control of decisions that affect their life are less likely to be positive than those who feel that they have some degree of control (46% compared with 84% of those feel they are in control).
- Those in households in which someone is in receipt of Income Support tend to be less positive (60% are compared with 79% of those not in receipt of IS).
- Those who say they would find it difficult to meet an unexpected expense tend to be less positive (54% of those who would find it difficult to find £20 are positive, compared with 86% of those who would not find it difficult to find £20; and 65% of those who would find it difficult to find £100 are positive, compared with 89% of those who would not find it difficult to find £100).
- Those with a positive view of the adequacy of their household income tend to be more positive about their mental or emotional well-being (88% compared with 72% of those with a negative perception).

The full set of t test analysis can be found in Appendix D.

3.2.4 Feeling in Control of Decisions Affecting Life

Nearly all residents (95%) say they feel in control of decisions that affect their lives, such as planning their budget, moving house or changing job (82% say 'definitely' and 13% 'to some extent'). This leaves one in twenty (5%) who say they do not feel in control of such decisions.

There is little difference between SIP and non-SIP areas in terms of the proportion saying they have at least some control (94% and 95% respectively). Those living in SIP areas are, however, less likely to say they are 'definitely' in control (74% compared with 85% in non-SIP areas).

A slightly higher proportion of residents in the more affluent DEPCATs say they feel in control (96%, 100% and 99% respectively of those in DEPCATs 1, 2 and 3 compared with 97% 91%, 93% and 94% respectively of those in DEPCATs 4, 5, 6 and 7). The difference between those in DEPCAT 1-3 and those in DEPCAT 4-7 is significant (at the 5% level).

There is no obvious pattern with respect to socio-economic group in terms of the proportion saying they have at least some control. If we look at the proportion saying they are 'definitely' in control, however, we can see that feelings of being fully in control are more common among those in the 'higher' socio-economic groups – see Table 3.2 overleaf. (The figure for socio-economic group A has a base of only 12, so should be treated with caution).

Table 3.2: Feeling in control of 'life decisions' by socio-economic group

	%						
	Socio-economic group						GGNHSB
	A	B	C1	C2	D	E	
<i>n=</i>	12	185	574	415	439	139	1778
Definitely	83.3	93.0	87.1	80.7	75.1	69.8	81.6
To some extent	8.3	7.0	9.1	12.5	17.6	24.5	13.2
No	8.3	0.0	3.8	6.7	7.3	5.8	5.2
<i>Total</i>	100	100	100	100	100	100	100
Definitely / to some extent	90.9	100.0	96.2	93.3	93.3	94.2	94.8

3.3 Self Perceived Quality of Life

Using the same 'faces' scale as described in section 3.2.2, respondents were asked to rate their overall quality of life. Overall, a large majority (85%) rate their quality of life positively (ie select one of faces 1-3). This translates into an overall mean of 5.6. In SIP areas, 75% are positive (mean 5.18), compared with 89% in non-SIP areas (mean 5.70).

Quality of life ratings are high across all age groups, but particularly high among younger residents and relatively low among older residents (94% of those aged 16-24 are positive, compared with 76% of those aged 75+). Residents aged 18-54 have a mean of 5.71 compared with 5.38 for residents aged 55+.

The responses of men and women are very similar, except in the 16-24 age group, where a larger proportion of men than women are positive (99% and 89% respectively).

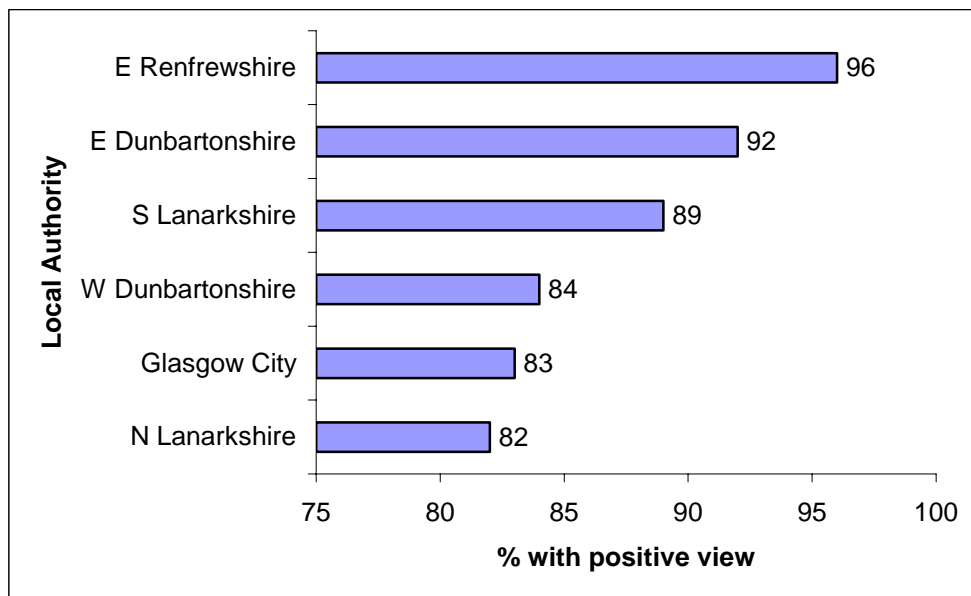
Those living in the more affluent DEPCATs tend to rate their quality of life more positively than do those in the less affluent areas (95% of those in DEPCATs 1 and 2 are positive, compared with 92% in DEPCATs 3 and 4, 83% in DEPCATs 5 and 6, and 76% in DEPCAT 7). Similarly, those from A, B and C1 socio-economic groups tend to be more positive than C2s, Ds and Es (96% of ABs rate their quality of life positively, compared with 93% of C1s, 82% of C2s and 77% of DEs). Residents in socio-economic groups ABC1 have a mean of 5.88 compared with 5.31 for C2DE residents.

Those with higher-level qualifications tend to have a more positive view of their overall quality of life (over 90% of those with Highers or equivalent, HNCs or equivalent, degrees or apprenticeships/trade qualifications do, compared with only 73% of those with no qualifications and 83% of those with solely a School Leaving Certificate).

Nine in ten (91%) of those in employment are positive about their quality of life, compared with 78% of those of working age not in employment

Chart 3.4 illustrates that those living in East Renfrewshire and East Dunbartonshire (with their affluent socio-economic profile) are most likely to have a positive view of their quality of life, and those in North Lanarkshire, Glasgow City and West Dunbartonshire are least so.

Chart 3.4 Positive view of quality of life by Local Authority
(n=1,790)



The analysis shows a strong link between measures of social exclusion and ratings of quality of life:

- Those who say they ever feel isolated from family and friends tend to have a less positive view of their quality of life (66% are positive, compared with 88% of those who do not feel isolated).
- Those who say they do not feel in control of decisions that affect their life are less likely to be positive than those who feel that they have some degree of control (53% and 87% respectively).
- Those in households in which someone is in receipt of Income Support tend to be less positive (64% compared with 81% of those not in receipt of IS).
- Those who say they would find it difficult to meet an unexpected expense tend to be less positive (58% of those who would find it difficult to find £20 are positive, compared with 86% of those who would not find it difficult to find £20; and 67% of those who would find it difficult to find £100 are positive, compared with 91% of those who would not find it difficult to find £100).
- Those with a positive view of the adequacy of their household income tend to be more positive about their quality of life (92% compared with 74% of those with a negative perception of their household income).

The full set of t-test analysis results can be found in Appendix D.

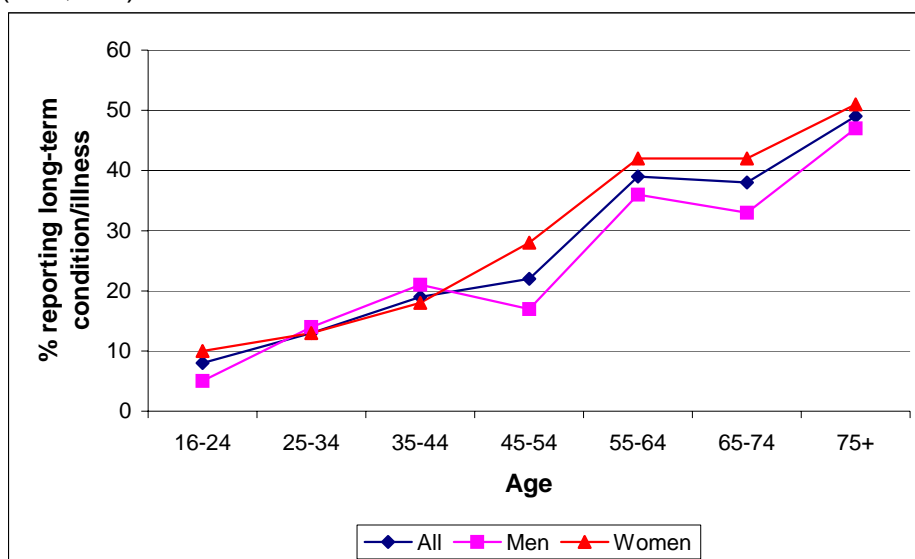
3.4 Illness

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

Just under a quarter (23%) report having a long-term condition or illness that interferes with day-to-day activities. In SIP areas, this proportion rises to one in three (32%), compared with one in five (20%) in non-SIP areas.

Chart 3.5 illustrates that, generally speaking, the older the respondent, the more likely (s)he is to report having a limiting long-term illness. It also shows that women aged 45+ are slightly more likely than men of the same age to report such an illness.

Chart 3.5 Limiting long-term condition or illness by age and gender
(n=1,779)



Those in the more affluent DEPCATs are least likely to report a limiting long-term illness (15% in 1, 12% in 2, 17% in 3, 22% in 4, 23% in 5, 25% in 6 and 31% in 7). Similarly, those from A, B and C1 socio-economic groups are less likely to report such an illness than are C2s, Ds and Es (15% of ABC1s do, compared with 29% of C2s and Ds, and 37% of Es).

Those with higher-level educational qualifications are least likely to report a limiting long-term illness (11% of those with degrees, 9% of those with Highers (or equivalent) and 10% of those with ONCs or equivalent compared with 32% with school leavers certificates and 38% with no qualification).

Not surprisingly, those who are retired or unable to work due to ill health are among those most likely to report a limiting long-term condition (59% of those unable to work due to illness and 37% of those who are retired).

The analysis shows a strong link between measures of social exclusion and reports of ill-health:

Those who say they have a limiting long-term condition are also more likely to report

- Feeling isolated from family and friends (43% compared to 20%)
- That they do not feel in control of decisions that affect their life (51% do, compared with 22%).
- That they would find it difficult to meet an unexpected expense (60% for an £20 expense, and 60% for a £100 expense)
- A negative view of the adequacy of their household income (31% compared with 19%).

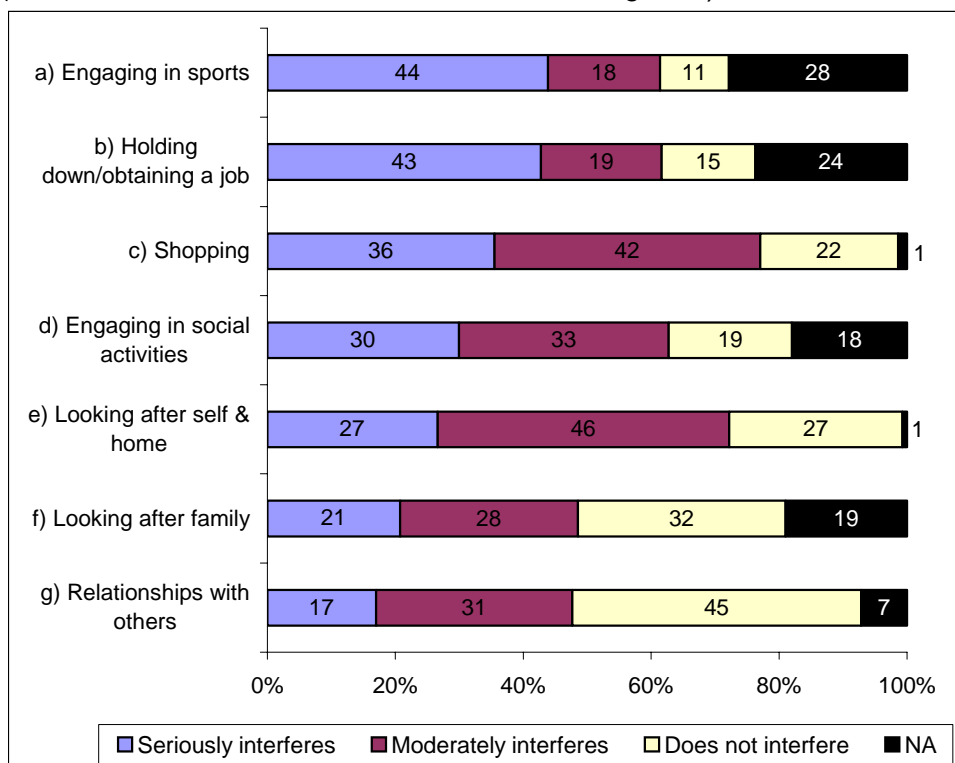
Those reporting a long-term condition or illness were asked to describe its general nature. Most (61%) say they have a physical disability (such as coronary heart disease, arthritis, high blood pressure, asthma and diabetes) 37% a long-term illness and 18% a mental or emotional health problem (e.g. clinical depression).

Those reporting a limiting long-term illness or condition were asked to indicate the extent to which it/they interfere(s) with certain activities. Responses are summarised in Chart 3.6 – for most of the activities, more than half of those with an illness say it interferes. Least likely to be affected are 'looking after family' and 'relationships with others', but even for these two, almost half say they are affected.

Sports and employment are hardest hit among those for whom these are relevant – (44% and 43% respectively say their illness/condition seriously interferes with these activities).

Chart 3.6 Effect of limiting long-term condition or illness

(n: a=408, b=410, c=409, d=408, e=409, f=407, g=408)



A condition that interferes with residents being able to look after themselves and home or with their shopping will impact on their ability to live independently.

For most of the listed activities, the responses of men and women are similar. Men are, however, more likely than women to say that their condition(s) interfere(s) with sporting activity (72% compared with 55%).

3.4.2 Illnesses / conditions for which treatment is being received

Over half (56%) say they are not being treated for any illness or condition. Table 3.3 shows that the most commonly-reported conditions are: arthritis/rheumatism/painful joints (15%) and high blood pressure (11%). Asthma/bronchitis/persistent cough and stress-related conditions are also relatively widespread (7% and 6% respectively mention these).

Table 3.3 Current Illnesses/Conditions
(n=1,802)

	%
Arthritis or rheumatism or painful joints	15.1
High blood pressure	10.9
Asthma, bronchitis, or persistent cough	7.5
Stress related conditions eg difficulty sleeping or concentrating	6.4
Coronary heart disease	5.3
Gastro-intestinal problems, eg peptic ulcer disease, irritable bowel syndrome	4.9
Clinical depression	4.4
Diabetes	4.0
Severe eyesight problems	3.1
Accident/injury	2.6
Stroke	1.8
Severe hearing problems	2.4
Cancer	1.5
Epilepsy	1.2
Drug or alcohol related conditions	1.3
Mental health problems	0.6
STD	0.4
Other signs, symptoms and unspecified diagnoses	5.1
None	56.2

Within the sample, fewer than 1% said they were being treated for a sexually transmitted disease (STD's), despite it being on the visual stimulus material for this question. This could be due to relatively short treatment times for most STD's and/or avoidance of the subject.

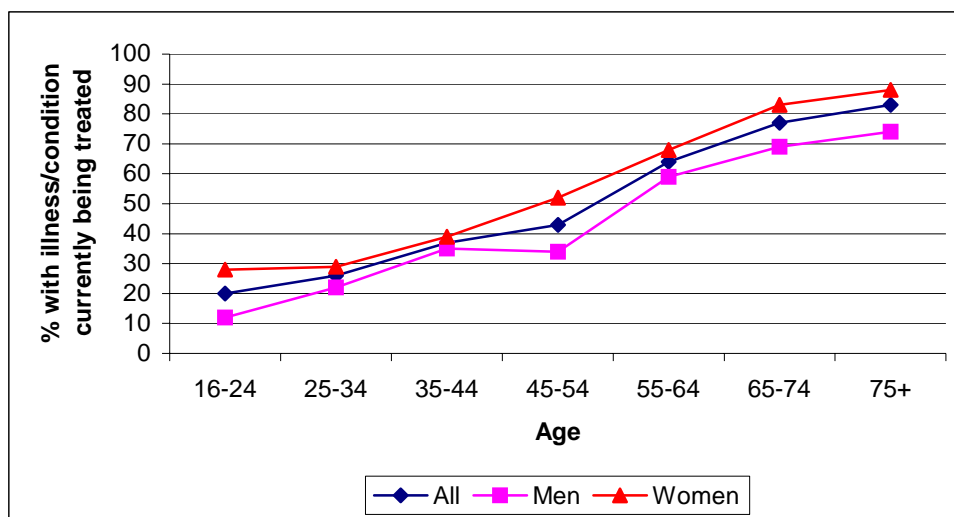
A quarter (25%) say they have one illness or condition, one in eleven (9%) say they have two, and a further 10% report three or more. The mean number of conditions for which respondents are currently receiving treatment is 0.8 across the whole sample.

Those in SIP areas are more likely than those in non-SIP areas to report having illnesses or conditions for which they are currently receiving treatment. In SIP areas, 45% say they have none, 29% mention one, 12% two and 14% three or more. In non-SIP areas, the comparable figures are: 60%, 23%, 8% and 8% respectively. The mean number of reported conditions for which treatment is currently being received is 1.05 in SIP areas and 0.71 in non-SIP areas.

One in ten (10%) say they have one or more mental health-related conditions (stress related conditions, clinical depression or mental health problems) for which they are currently receiving treatment (16% in SIP areas compared with 7% in non-SIP areas).

Chart 3.7 illustrates that, the older the respondent, the more likely (s)he is to say (s)he has an illness or condition (83% of those aged 75+ do, compared with 20% of those aged under 25). It also shows that, in most age groups, women are more likely than men to report having an illness/condition. This is particularly true in the 16-24, 45-54 and 65+ age groups. The mean number of conditions for which respondents are currently receiving treatment is 0.43 among those aged 16-54 and 1.25 among those aged 55+.

Chart 3.7 At least one illness/condition being treated by age and gender
(n=1,765)



Those in DEPCATs 5 and 7 are most likely to say they have condition(s)/illness(es) as shown in Table 3.4 below. Moreover, a higher proportion of residents in DEPCAT 7 say they have three or more condition(s)/illness(es).

Table 3.4 Number of current illnesses/conditions by DEPCAT
(n=1,761)

	DEPCAT							GGNHSB
	1	2	3	4	5	6	7	
None	64.7	69.4	65.8	62.4	43.8	58.9	44.2	56.3
Once	19.0	22.4	19.2	24.1	31.4	22.3	30.4	25.0
Twice	9.8	3.5	8.3	6.0	13.7	8.2	11.8	9.0
Three or more	6.5	4.7	6.7	7.4	11.1	10.6	13.6	9.7

Similarly, 56% of DEs say they have at least one illness/condition compared with 49% of C2s, 34% of C1s and only 19% of ABs.

Those with no educational qualifications and those whose highest qualification is a School Leaving Certificate are most likely to say they have illness(es)/condition(s); 62% do, compared with 19% of those whose highest qualification is a Higher or equivalent.

There are several links between number of illnesses/conditions and measures of social exclusion:

- Those who say they ever feel isolated from family and friends tend to report more condition(s)/illness(es) than those who do not feel isolated (60% compared with 41%).
- Those who say they do not feel in control of 'life decisions' tend to report more condition(s) or illness(es) than those who feel some degree of control (72% compared with 45% of those who say they do feel in control).
- Those who would find it difficult to meet an unexpected expense of £20 or £100 are more likely to report condition(s)/illness(es) than those who would not find it difficult (56% of those who would find it difficult to find £20 do, compared with 42% of those who would not find it difficult to find £20; and 58% of those who would find it difficult to find £100 do, compared with 32% of those who would not find it difficult to find £100).
- Those with a positive perception of their household income tend to report fewer condition(s)/illness(es) than those with a negative perception (40% compared with 51% of those with a negative perception).

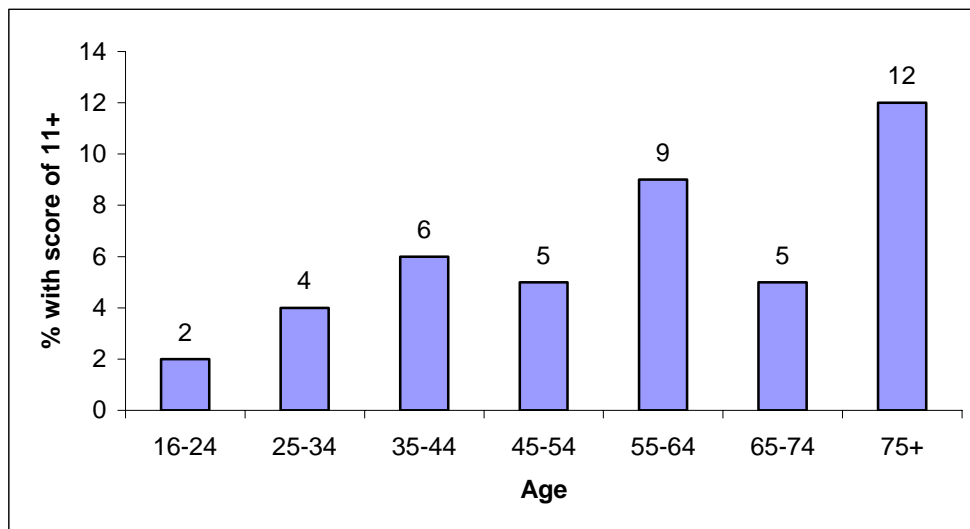
3.4.3 *Depression*

Using the Hospital Anxiety and Depression Scale (HAD), it is possible to identify the proportion of residents currently experiencing clinical depression. A HAD score of 11 or above indicates clinical depression.

One in twenty (5%) of those sampled have a HAD score of 11 or above. The mean score in Greater Glasgow is 2.99, this represents higher means in SIP areas (3.92, compared with 2.65 in non-SIP areas).

Chart 3.8 illustrates that likelihood of depression is highest among the 55-64 and 75+ age groups (residents aged 18-54 have a mean of 2.3 compared with 3.84 for residents aged 55+).

Chart 3.8 HAD score of 11+ by age
(n=1,780)



Depression appears less common among ABC1s (3% record a score of 11 or above, compared with 6% of C2s, 10% of Ds and 7% of Es). Residents in socio-economic groups ABC1 have a mean of 2.0 compared with 3.7 for C2DE residents.

One in nine (11%) of those with no qualifications are identified as depressed, more than twice the proportion of those with some qualifications.

The analysis shows a strong link between measures of social exclusion and depression:

- Those who do not feel there is someone to help them if they have a problem are more than twice as likely to indicate depression than are those who feel they have such help (12% and 5% respectively).
- Those who say they ever feel isolated from family and friends are four times as likely to indicate depression as those who do not feel isolated (16% and 4% respectively).
- Three in ten (29%) of those who say they do not feel in control of decisions that affect their life indicate depression, compared with only 4% of those who feel that they have some degree of control.
- Those who say they would find it difficult to meet an unexpected expense are more likely to indicate depression (12% of those who would find it difficult to find £20 do, compared with 5% of those who would not find it difficult to find £20; and 11% of those who would find it difficult to find £100 do, compared with 3% of those who would not find it difficult to find £100).
- Those with a negative view of the adequacy of their household income are twice as likely as those with a positive view to indicate depression (8% and 4% respectively).

3.5 Oral Health

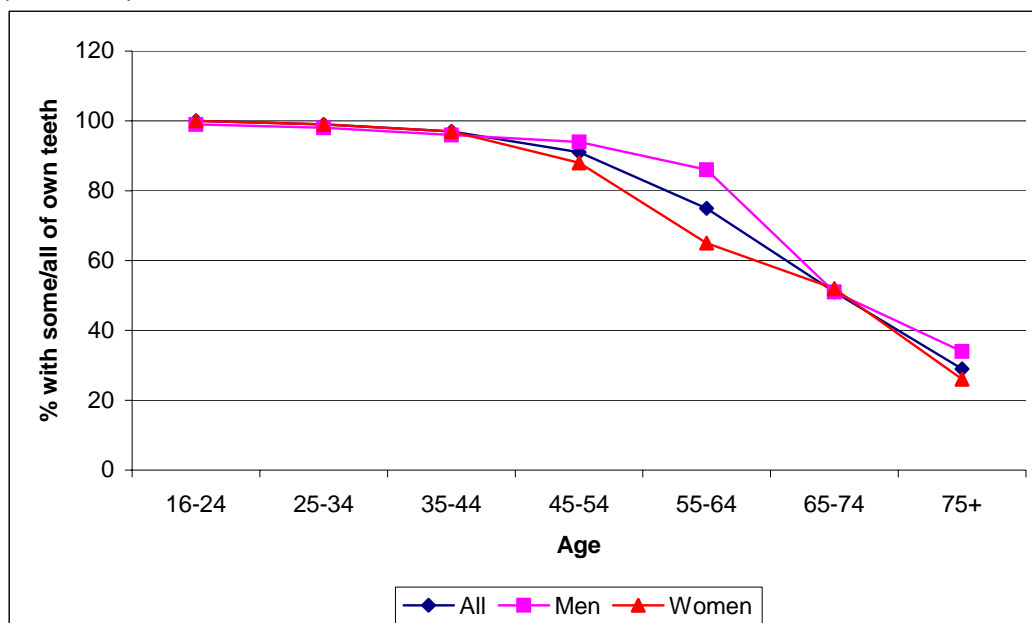
3.5.1 Proportion of Own Teeth

Overall, 84% of residents say they have all (60%) or some (24%) of their own teeth. This leaves 16% with none of their own teeth. Of residents aged 50+, three out of ten (30%) say they have all their own teeth. Currently 8.6% of residents aged 45-54 say they have no natural teeth compared with the Towards Healthier Scotland target of 5% by 2010.

There is no significant difference between SIP and non-SIP areas in terms of the proportion having at least some of their own teeth. There is, however, a significant difference in terms of the proportion with *all* of their own teeth (52% in SIP areas and 63% in non-SIP areas).

Chart 3.9 illustrates that nearly all of those aged under 45 have at least some of their own teeth, with the proportion dropping sharply after the age of 55. The responses of men and women are very similar, with the exception of the 55-64 age group, where men are more likely than women to say they have at least some of their own teeth.

Chart 3.9 Proportion with at least some of own teeth by age and gender
(n=1,774)



Those in the more affluent DEPCATs are slightly more likely to say they have at least some of their own teeth (89% of those in DEPCATs 1-3 say they do, compared with 82% of those in DEPCAT 4-7). Similarly, 91% of ABC1s say they have some or all of their own teeth, compared with 81% of C2s, 74% of Ds and 85% of Es.

Those with degrees or 'recent' qualifications such as SVQs are among those most likely to say they have all or some of their own teeth – this is almost certainly age-related (97% of those with highers, 91% of those with 'O'-grades, 88% with GSVQ/SVQ level 1 or 2 compared with 66% of those with school leavers certificates and 73% with no qualifications).

Another age-related finding is that 50% of those who are retired say they have at least some of their own teeth, compared with 95% of those in work.

Those living in West Dunbartonshire are significantly less likely than those in other local authorities to say they have at least some of their own teeth (66% do, compared with 84% for GGNHSB as a whole).

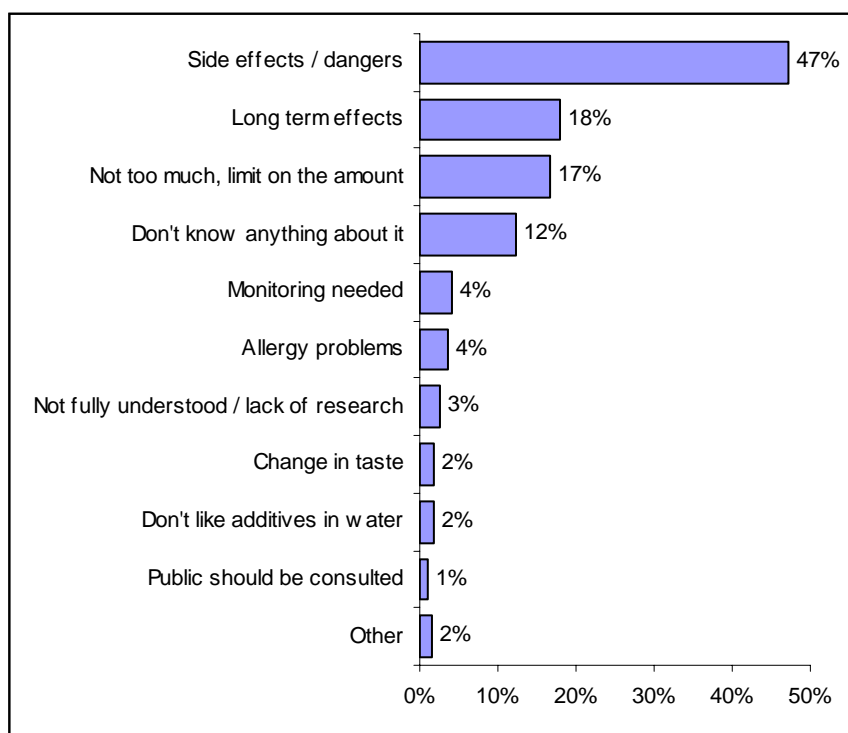
3.5.2 *Opinions on Fluoride in the Water Supply*

Residents express mixed opinions regarding whether fluoride should be added to the water supply, with one in three saying it should (35%) and almost three in ten saying it should not (28%). One in four residents did not feel able to answer this question (25%) and a further 7% say they would need more information before they could decide. A further 4% say 'yes' to the idea but would have some concerns about it.

Residents in SIP areas are more likely than those in non-SIP areas to say 'don't know' (33% do, compared with 22% of non-SIP residents).

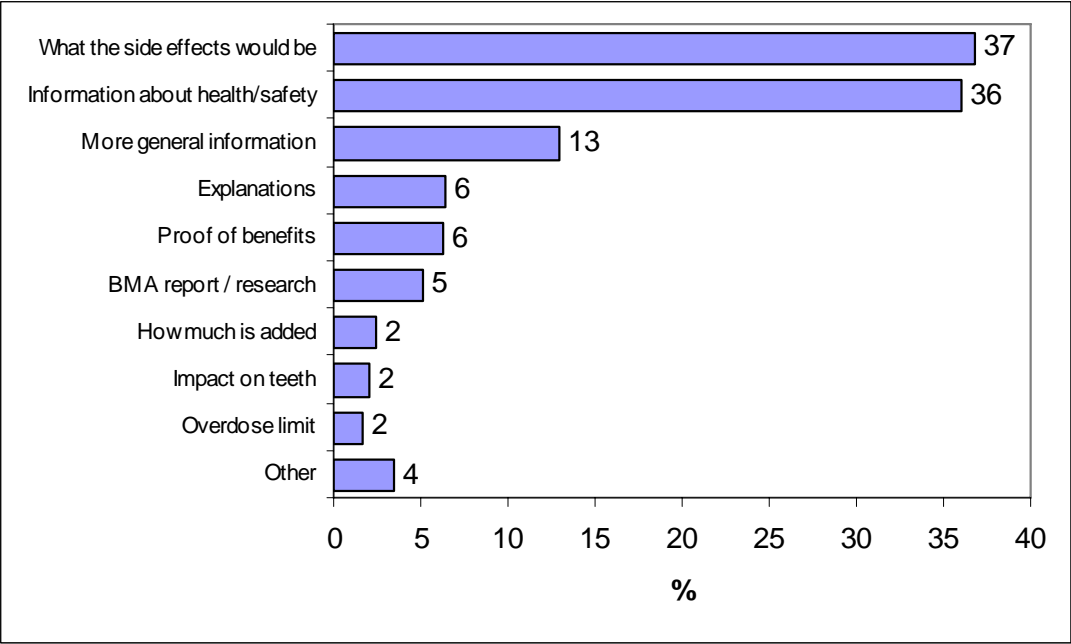
The frequently mentioned concerns are shown in Chart 3.10.

Chart 3.10 Frequently mentioned concerns of adding Fluoride to the drinking water
(n= 76)



The frequently mentioned information needs about fluoride are shown in chart 3.11.

Chart 3.11 Frequently mentioned information needs about fluoride
(n= 130)



4 THE USE OF HEALTH SERVICES

4.1 Use of Specific Health Services

4.1.1 Summary

Eight out of ten respondents (80%) say they have used some form of health service in the past year. The most frequently-used service is GPs (80%). Relatively few residents say they have been to accident & emergency or to hospital involving an overnight or longer stay (15%, 12% and 11% respectively).

Table 4.1 Use of specific health services
(n=1,802)

Indicator	% saying at least once	Mean frequency of visits
Seen a GP at least once	80.0	4.29
Out-patient to see a doctor	24.6	0.94
Accident & Emergency	14.9	0.26
Hospital stay of two nights or more	11.0	0.20
Day surgery or overnight stay	11.8	0.19

Overall, the frequency of use of health services is seen to be higher among women, residents living within SIP areas and older residents, as shown in table 4.2 below.

Table 4.2 Use of the health service by residence, gender and age.
(n= for residence 1801, for gender 1800 and for age 1780)

Total Doctor Contact (last year)	Residence (%)		Gender (%)		Age (%)						
	SIP	Non-SIP	Male	Female	16-24	25-34	35-44	45-54	55-64	65-74	75+
None	12.2	21.2	26.5	11.9	23.6	24.4	19.9	23.6	7.6	10.8	11.8
1	8.6	14.6	15.2	11.0	17.1	13.0	14.2	14.7	13.3	4.9	8.3
2	17.8	15.3	15.6	16.4	22.9	16.3	15.0	15.1	15.2	13.0	11.1
3	9.4	10.5	10.5	10.0	10.2	7.2	11.8	9.7	12.3	12.4	9.7
4	7.8	7.7	5.0	10.2	7.3	5.5	10.7	4.3	5.7	11.9	11.1
5 or more	44.3	30.7	27.2	40.6	18.9	33.5	28.3	32.6	46.0	47.0	47.9

4.1.2 Frequency of Seeing a GP

Eight out of ten respondents (80%) say they have visited a GP in the past twelve months. One in six respondents (17%) say they have visited on one occasion, but a larger proportion (63%) say they have visited more frequently. The mean frequency of visits to the GP over the past 12 months is 4.29.

The mean frequency is higher among older residents (4.76 among those aged 45+ compared with 3.92 for 16-44 year olds).

The mean frequency of contact is different between genders, with a lower frequency of contact among men (3.25 compared with 5.22 for women).

The mean frequency of visits is also higher among residents living within SIP areas (6.08 compared with 3.63 in non-SIP areas) the less affluent DEPCATs (4.69 in 4-7 compared with 3.17 in 1-3) and among residents within the lower socio-economic groups (3.14 among ABC1s compared with 5.14 among C2DEs).

4.1.3 Out-Patient to See a Doctor

One in four residents (25%) say that they have been to a hospital out-patient department to see a doctor at least once within the past twelve months. Most residents who have been to out-patients have done so on more than one occasion (8% say once compared with 16% saying more than once). The mean frequency of visits to out-patients to see a doctor over the past 12 months is 0.94.

The mean frequency is higher among older residents (1.31 among those aged 45+ compared with 0.64 for 16-44 year olds). The mean frequency is also higher among women (1.14 compared with 0.72 for men).

The mean frequency of visits is also higher among residents living within SIP areas (1.27 compared with 0.82 for non-SIP areas), the less affluent DEPCATs (1.05 in 4-7 compared with 0.64 in 1-3) and among residents within the lower socio-economic groups (0.59 among ABC1s compared with 1.16 among C2DEs).

4.1.4 Accident & Emergency (A&E)

One in seven respondents (15%) say that they have been to A&E at least once within the past twelve months. Only one in twenty respondents (5%) say that they have been to A&E on more than one occasion. The mean frequency of visits to A&E over the past 12 months is 0.26.

The mean frequency of visits is also higher among residents living within SIP areas (0.32 compared with 0.24 in non-SIP areas) and among residents within the lower socio-economic groups (0.19 among ABC1s compared with 0.32 among C2DEs).

4.1.5 Hospital Stay of Two Nights or More

One in nine respondents (11%) say they have been admitted to hospital for a stay of two nights or more on at least one occasion within the past 12 months. One in twenty-five respondents (4%) say they have been admitted on more than one occasion. The mean frequency of hospital stays of two nights or more in the past 12 months is 0.20.

The mean frequency is higher among older residents (0.24 among those aged 45+ compared with 0.17 for 16-44 year olds). The mean frequency is also higher among men (0.24 compared with 0.17 for women).

The mean frequency of visits is also higher among residents living within SIP areas (0.28 compared with 0.18 in non-SIP areas), the less affluent DEPCATs (0.21 in 4-7 compared with 0.15 in 1-3) and among residents within the lower socio-economic groups (0.16 among ABC1s compared with 0.24 among C2DEs).

4.1.6 Day surgery or Overnight Stay

One in eight respondents (12%) say that they have been admitted to hospital at least once within the past twelve months. One in twenty-five respondents (4%) say they have been admitted on more than one occasion. The mean frequency of day surgery or overnight hospital stays in the past 12 months is 0.19.

The mean frequency is higher among older residents (0.24 among those aged 45+ compared with 0.16 for 16-44 year olds).

The mean frequency of visits is also higher among residents living within SIP areas (0.23 compared with 0.18 in non-SIP areas), the less affluent DEPCATs (0.21 in 4-7 compared with 0.14 in 1-3) and among residents within the lower socio-economic groups (0.11 among ABC1s compared with 0.26 among C2DEs).

4.2 Dental Health

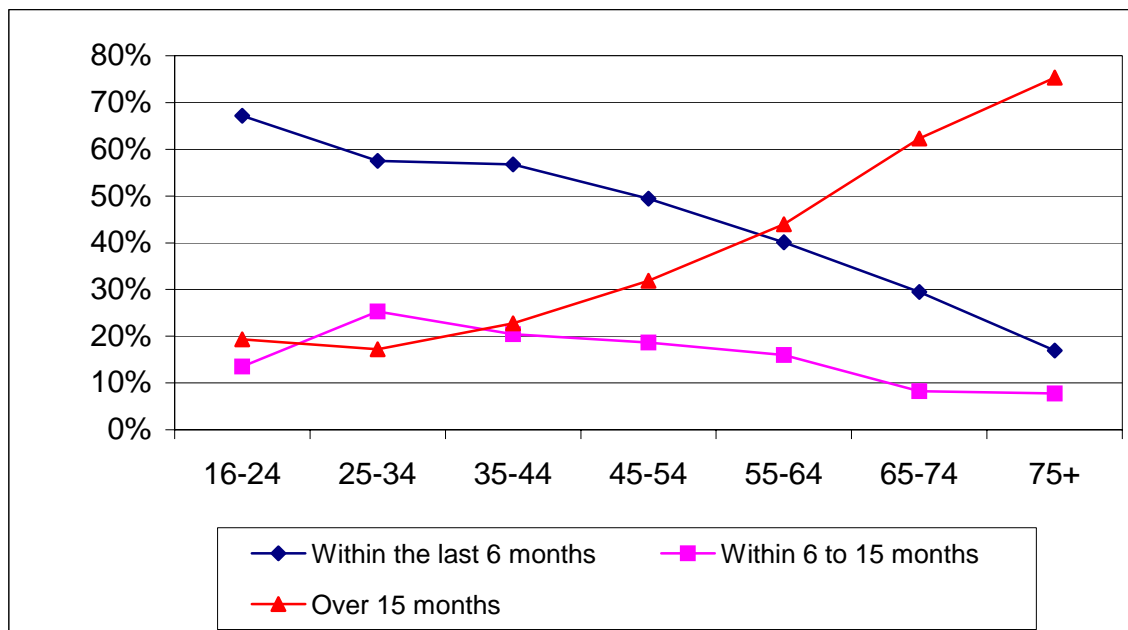
4.2.1 Frequency of visits to a dentist

Half of the respondents (50%) say they have been to a dentist within the past six months. A further one in six respondents (17%) say they have been within the past 6-15 months. One in three respondents (33%) say it has been over fifteen months since their last visit.

One in three residents (36%) living within SIP areas say they have been to a dentist within the past six months, compared with just over half (55%) of non-SIP residents. Correspondingly, four out of ten residents (43%) living in SIP areas say they their last visit was over fifteen months ago compared with three out of ten (29%) non-SIP residents.

The proportion of residents who say they have visited a dentist within the past six months is consistently less within each consecutive age group, with the proportion of residents saying it has been over fifteen months increasing in each age group (see chart 4.1).

Chart 4.1 Frequency of visits to the dentist by age
(n=1,770)



Women are more likely than men to say they have visited the dentist within the past six months (52% compared with 46%). This pattern is consistent across the age groups, with the exception of the 55-64 age group, in which 45% of men and 36% of women say they have been in the last six months.

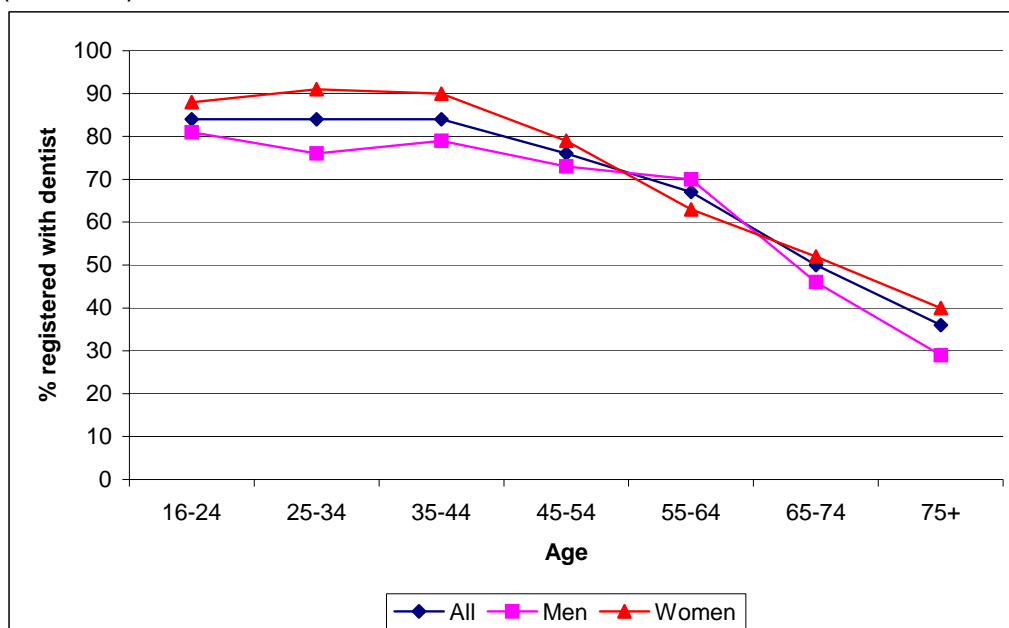
Residents living within the less affluent DEPCATs are less likely to say they have been to a dentist within the past six months (58% in 1, 72% in 2, 52% in 3, 55% in 4, 49% in 5, 46% in 6 and 38% in 7). Similarly, fewer residents from lower socio-economic groups say they have been to a dentist within the past six months (33% of Ds and 47% of Es compared with 66% of Bs and 60% of C1s, 100% of A's have been within the last 6 months).

4.2.2 Registration with a Dentist

Overall, three-quarters (74%) of respondents say they are registered with a dentist; 65% in SIP areas and 77% in non-SIP areas.

Chart 4.2 illustrates that registration rates are fairly constant up to the age of 45, and drop sharply after the age of 55 – a similar pattern to that seen in Chart 3.9. In all age groups except 55-64, women are slightly more likely than men to say they are registered.

Chart 4.2 Registration with a dentist by age and gender
(n=1,778)



The proportion of residents saying they are registered with a dentist is highest in the more affluent DEPCATs (85% in DEPCATs 1-3 compared with 72% in DEPCATs 4-6 and 65% in DEPCAT 7). Similarly, 84% of ABC1s say they are registered, compared with 70% of C2s, 59% of Ds and 69% of Es.

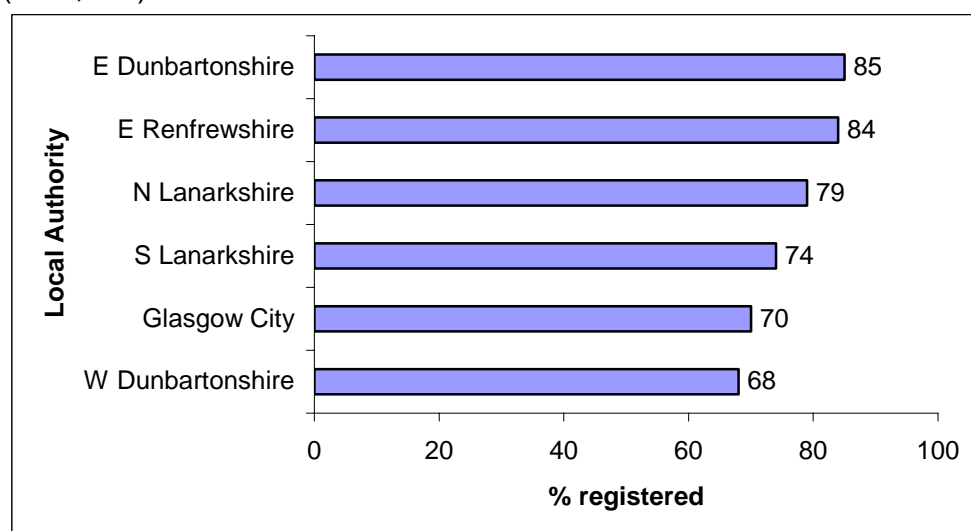
Registration rates are highest among those with Highers, degrees or 'recent' qualifications such as SVQs, suggesting that this relationship is strongly linked with age (83% of those with Highers, 83% of those with GSVQs/SVQs and 78% of those with 'O'-grades do, compared with 55% of those with School Leaving Certificates and 62% with no qualifications).

Those in work are most likely to be registered (86% compared with 72% of those who are not in work but are of working age).

Chart 4.3 shows that those living in East Dunbartonshire and East Renfrewshire are most likely to say they are registered, and those in West Dunbartonshire and Glasgow City are least so.

Chart 4.3 Registration with a dentist by Local Authority

(n= 1,798)



Among those who are registered, most (87%) say they are NHS patients, and 13% private. This translates to 63% of the total sample registered as NHS dental patients, and 9% registered as private dental patients.

In SIP areas, nearly all (96%) of those who are registered are NHS patients, compared with 85% in non-SIP areas. This means that, overall, 62% of those in SIP areas are registered as NHS patients and 2% as private patients. This compares to 63% in non-SIP areas who are registered as NHS patients and 12% who are registered as private patients.

A significant proportion of those who are not registered as NHS patients in non-SIP areas are registered as private patients, whereas those who are not registered as NHS patients in SIP areas tend not to be registered at all. This does bring into question the availability of dentistry services in both SIP and non-SIP areas⁴ and the willingness of private dentists to operate within SIP areas, possibly leading to more limited access in SIP areas.

Among those registered, those in DEPCATs 1 and 2 are most likely to be private patients (24% are, compared with 12% in 3/4/5 and 8% in 6/7). Similarly, 28% of registered ABs are private patients, compared with 15% of C1s and 7% of C2DEs.

4.3 Involvement in Decisions Affecting Health Service Delivery

4.3.1 Summary

Table 4.3 summarises responses to questions regarding respondents' perceptions of their own involvement in decisions affecting the delivery of health services.

⁴ This assumes that most people's preference is to be an NHS patient, which may or may not be the case – the questionnaire did not request this information, but it would be worth including on future questionnaires if this issue is to be 'unpicked' further.

Table 4.3 Residents' involvement in decisions affecting health service delivery
(n=1,802)

Indicator	% saying definitely or to some extent
Given adequate information about your condition or treatment (n=1796)	79.8
Encouraged to participate in decisions affecting your health or treatment (n=1795)	69.3
Have a say in how services are delivered (n=1795)	64.9
Feel that your views and circumstances are understood and valued (n=1794)	73.8

4.3.2 Information About Conditions or Treatment

Four out of ten residents (41%) feel they have 'definitely' been given adequate information about their condition or treatment. A similar proportion (39%) say they have been informed 'to some extent'. One in ten (10%) say they have not been given adequate information about their condition or treatment.

Residents from SIP areas tend to be more critical (14% say they have not been given adequate information compared with 8% of non-SIP residents).

The proportion of residents who say they have 'definitely' been given adequate information about their condition is consistent across all age groups. Older residents are, however, more likely to say they have been informed 'to some extent' (48% of 65-74s and 50% of those aged 75+ do, compared with 33% of 16-24s and 35% of 25-34s).

Women are slightly more likely than men to feel they have been given adequate information (43% say 'definitely' and 40% say 'to some extent', compared with 38% of men who say definitely and 38% who say 'to some extent').

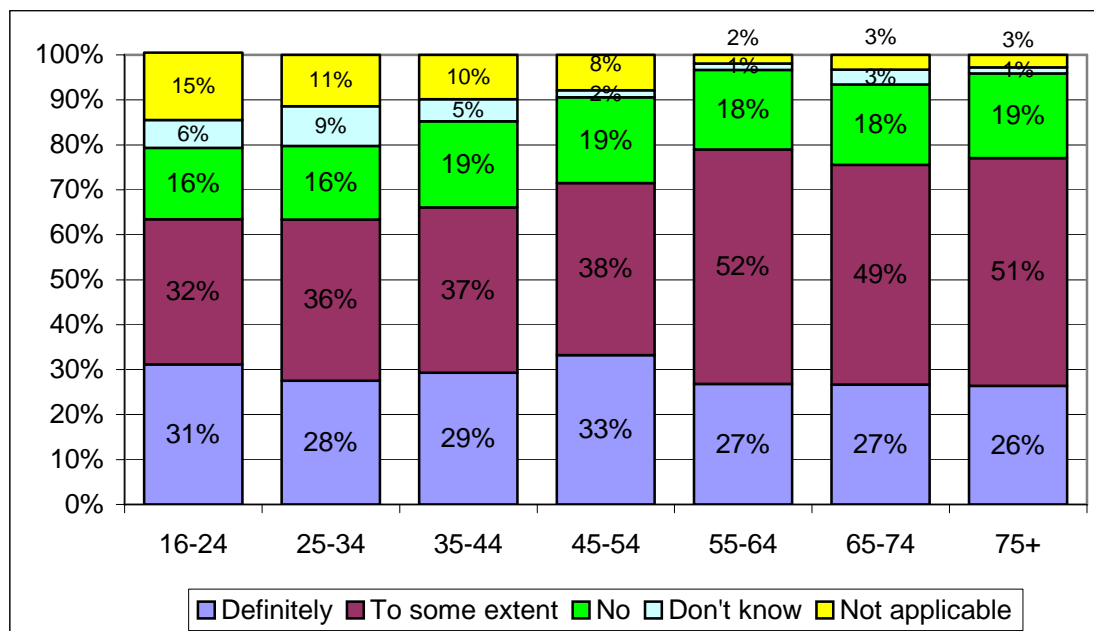
Residents living within the less affluent DEPCATs are slightly less likely to feel they have been given adequate information (over 12% of residents in DEPCATs 5-7 say they have *not*, compared with less than 6% in DEPCATs 1-4).

4.3.3 Participation in Decisions Affecting Health or Treatment

Three out of ten residents (29%) feel they have 'definitely' been encouraged to participate in decisions affecting their health or treatment. A higher proportion say they have been encouraged 'to some extent' (40%). Almost one in five (18%) say they have not been encouraged to participate in the decisions.

Chart 4.4 shows that those aged 55+ are most likely to feel they have been encouraged to participate in decisions, but that this is due to their being more likely to say ‘to some extent’ rather than ‘definitely’. Indeed, those aged under 55 are most likely to say they have ‘definitely’ been encouraged.

Chart 4.4 Encouraged to participate in decisions by age
(n=1,774)



A higher proportion of women say they are ‘definitely’ encouraged to participate in decisions affecting their health or treatment (34% compared with 24% of men).

A higher proportion of residents in the less affluent DEPCATs say they have *not* been encouraged to participate (14% in DEPCAT 1, 13% in 2, 15% in 3, 19% in 4, 21% in 5, 21% in 6 and 18% in 7).

Similarly, a higher proportion of residents in the lower socio-economic groups say they have *not* been encouraged to participate (7% of ABs, 20% of C1s, 21% of C2s and 17% of DEs).

4.3.4 Having a Say in Service Delivery

Almost one in four (23%) say they ‘definitely’ have a say in how services are delivered. A higher proportion say ‘to some extent’ (41%) and one in four say ‘no’ (24%).

The pattern of responses by age is very similar to that shown in Chart 4.2, ie the proportion answering ‘to some extent’ increases steadily across the age groups (35% of 24-34s to 50% of those aged 75+) with corresponding decreases in the proportion of NA / don’t know responses. The proportions saying ‘definitely’ and ‘no’ remain broadly consistent across the age groups.

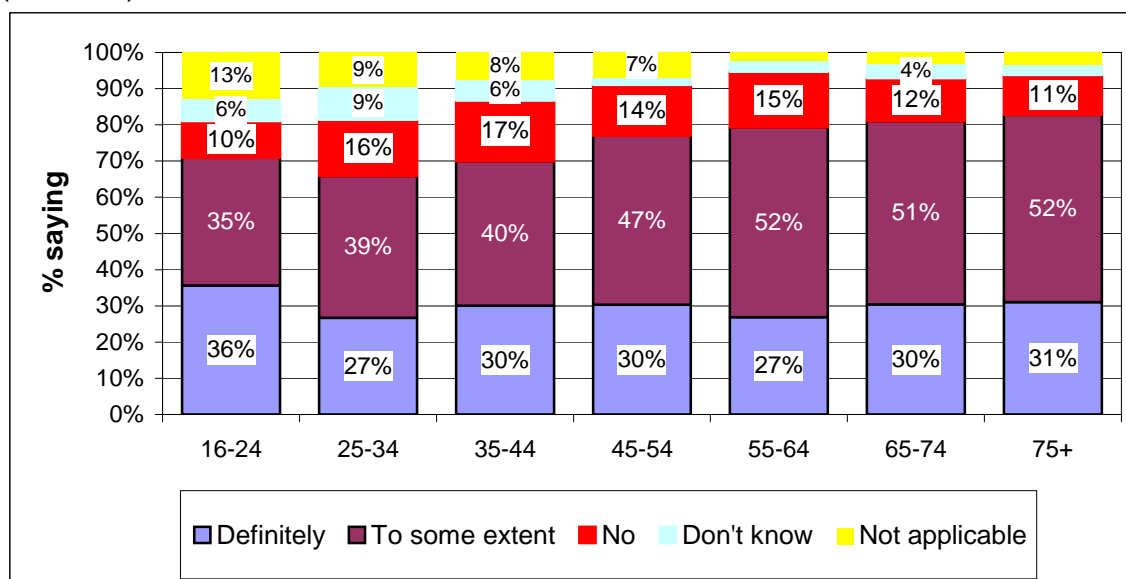
The proportion of residents who believe that they do *not* have a say is again higher in the less affluent DEPCATs (23% in 1, 19% in 2, 16% in 3, 21% in 4, 24% in 5, 27% in 6 and 24% in 7). A similar pattern is also evident when looking at the responses across the socio-economic classifications (9% of As, 15% of Bs, 24% of C1s, 18% of C2s, 24% of Ds and 20% of Es say they do not have a say).

4.3.5 Views and Circumstances Being Understood and Valued

Three out of ten respondents (30%) feel their views and circumstances are 'definitely' understood and valued. A larger proportion say 'to some extent' (44%). One in seven residents do not feel they have a say (14%).

Again, the older the resident, the more likely (s)he is to say 'to some extent', but other responses vary little by age (see Chart 4.5).

Chart 4.5 Views and circumstances understood/valued by age
(n=1,775)



Women have a slightly more positive view with regards to their views being 'definitely' understood and valued (33% compared with 27% of men).

4.4 Accessing Health Services

4.4.1 Summary

Table 4.4 shows that residents are more likely to experience difficulty arranging appointments with elements of the health service as compared with physically accessing the services.

Table 4.4 Indicators for access to Health Services
(n=1,802)

Indicator	% saying 'some' or 'great' difficulty
Getting an appointment to see your GP	36.0
Obtaining an appointment at the hospital	28.3
Arranging for a home visit from your GP	17.9
Reaching the hospital for an appointment	11.8
Getting to the GP's surgery / Health Centre	9.1
Accessing health services in an emergency	8.8
Visiting others in hospital	6.8
Obtaining physiotherapy or chiropody	6.7
Getting an appointment to see the dentist	6.4
Getting a prescription made up	3.6
Obtaining other health services such as optometry (optician), stress relief, addiction services, etc	3.6

4.4.2 Getting an Appointment to See Your GP

Six in ten residents (60%) say they have no difficulty getting an appointment to see their GP. However, over a quarter say they have some difficulty (27%) and one in eleven (9%) say they have great difficulty. A small proportion of residents did not feel able to answer this question (5% don't know and 2% not applicable).

Residents who are aged 25-54 appear to have the greatest difficulty getting a GP appointment possibly through work or family commitments (25% of those aged 75+ say they have difficulty compared with 28% of 16-24s, 38% of 25-34s, 42% of 35-44s and 38% of 45-54s). A higher proportion of younger residents did not feel able to answer this question and answered 'don't know' (12% of 16-24s and 6% of 25-34s compared with between 1% and 3% in the older age groups).

A higher proportion of women compared with men say that they have experienced some difficulty (40% of women and 31% of men).

The perceived difficulty varies across the DEPCAT areas (43% in 1, 32% in 2, 35% in 3, 26% in 4, 41% in 5, 32% in 6 and 43% in 7 say they have at least some difficulty).

Similarly, a higher proportion of C2s say they have some form of difficulty (38% of ABs, 34% of C1s, 41% of C2s, 36% of Ds and 32% of Es say they have at least some difficulty).

4.4.3 Obtaining an Appointment at the Hospital

Just under half (46%) say they have no difficulty obtaining an appointment at the hospital. However, almost one in three say they experience some degree of difficulty (18% say some difficulty and 11% great difficulty). One in four did not feel able to answer this question and responded with don't know (16%) or not applicable (9%).

Those aged 45-55 and 55-64 are most likely to say they have at least some difficulty (33% and 38% respectively compared with 18% of 16-24s, 29% of 25-34s, 28% of 65-74s and 25% of those aged 75+).

A higher proportion of women say they have some form of difficulty compared with men (31% compared with 26%). The perceived degree of difficulty is also more evident among women (12% say very difficult compared with 9% of men).

4.4.4 Arranging for a GP Home Visit

Just over four in ten (44%) say they have no difficulty arranging for a home visit from their GP. Almost one in five (18%) say they have some degree of difficulty (7% say great difficulty and 11% say some difficulty). The remaining residents did not feel able to answer this question and responded with don't know (29%) or not applicable (10%).

Residents living within non-SIP areas tend to experience less difficulty than residents living within SIP areas (42% and 49% respectively say they have 'no difficulty').

Fewer residents in the older age groups say they have difficulty arranging a home visit (9% of those aged 65+ compared with 13% of 16-24s and 23% of 25-34s).

A higher proportion of women compared with men say that they have experienced some form of difficulty (9% of women and 5% of men say they have had 'great difficulty' and 13% and 9% respectively say they have had 'some' difficulty).

A higher proportion of residents living in DEPCATs 1,3 and 5 say they have 'some' difficulty compared with residents in other DEPCATs (19% in 1, 16% in 2, 21% in 3, 13% in 4, 21% in 5, 18% in 6 and 17% in 7). A higher proportion of socio-economic group C2, D and E residents say they have 'no difficulty' (49%, 55% and 53% respectively, compared with 34% of ABs and 19% of C1s).

4.4.5 Reaching the Hospital for an Appointment

Almost three quarters (73%) say they have had no difficulty reaching the hospital for an appointment. One in eight say they experience some degree of difficulty (9% some difficulty and 3% great difficulty). One in seven did not feel able to answer this question and responded with don't know (8%) or not applicable (7%).

Higher levels of difficulty are seen among residents in the older age groups (5% of 16-24s 11% of 25-34s, 10% of 35-44s, 11% of 45-54s, say they have at least some of difficulty compared with 14% of 55-64s, 16% of 65-74s and 27% of those aged 75+). Correspondingly the proportion of residents answering don't know or not applicable declines with each consecutive age group.

A higher proportion of women say they have some form of difficulty reaching the hospital for an appointment compared with men (14% compared with 9% of men) and a higher proportion of men answer don't know / not applicable (19% compared with 11% of women).

A higher proportion of residents in the lower socio-economic groups say they have some form of difficulty reaching the hospital for an appointment (11% of ABs, 9% of C1s, 12% of C2s, 14% of Ds and 21% of Es).

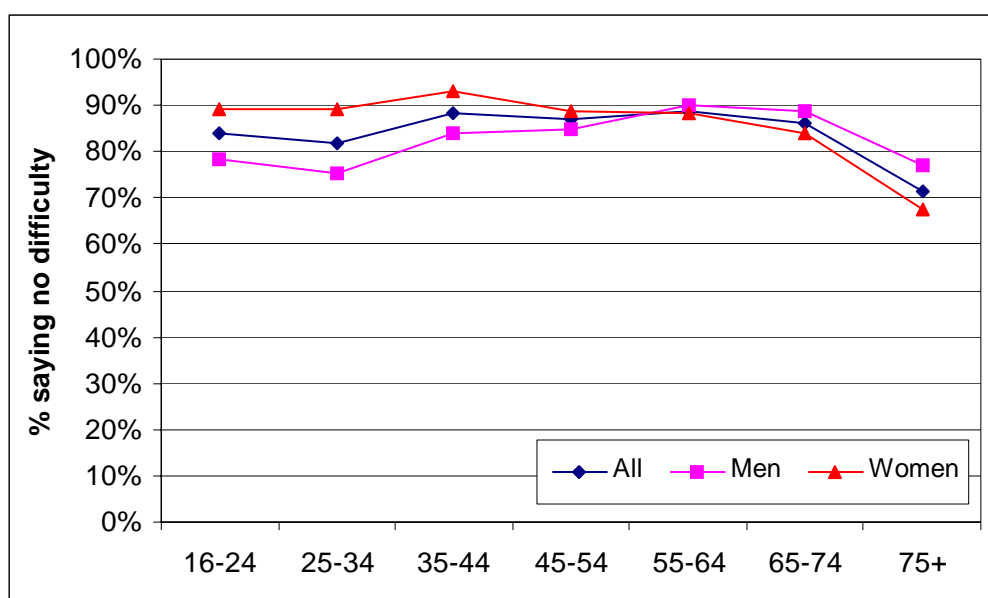
4.4.6 Getting to the GP's Surgery / Health Centre

More than eight out of ten respondents (85%) say they have no difficulty getting to the GP's surgery / Health Centre. Correspondingly, very few say they have difficulty (7% some difficulty and 2% great difficulty) and a few respondents did not feel able to answer this question (4% don't know and 2% not applicable).

Higher levels of difficulty are seen among residents in the older age groups (between 3% and 9% among those aged 16-54 compared with 10% of those aged 55-64, 11% of those aged 65-74 and 26% of those aged 75+).

As seen on Chart 4.6, women are more likely than men to say they have no difficulty getting to the GP's surgery / Health Centre (87% compared with 82% of men). Among residents aged 55+, however, this situation is reversed.

Chart 4.6 Ease of getting to the GP's surgery / health centre by age and gender
(n=1,779)



Those living within the least affluent DEPCATs are most likely to say they have at least some difficulty (4% in 1, 7% in 2, 6% in 3, 8% in 4, 12% in 5, 11% in 6 and 11% in 7).

4.4.7 Accessing Health Services in an Emergency

More than half (55%) say they have had no difficulty accessing health services in an emergency. One in ten (7%) say they have had some difficulty and only 2% say they have had great difficulty. As might be expected, a high proportion of residents did not feel able to answer this question and responded with don't know (29%) or not applicable (7%).

There is little variation by DEPCAT in terms of the proportion reporting any difficulty (5% in 1, 7% in 2, 8% in 3, 10% in 4, 8% in 5, 10% in 6 and 8% in 7).

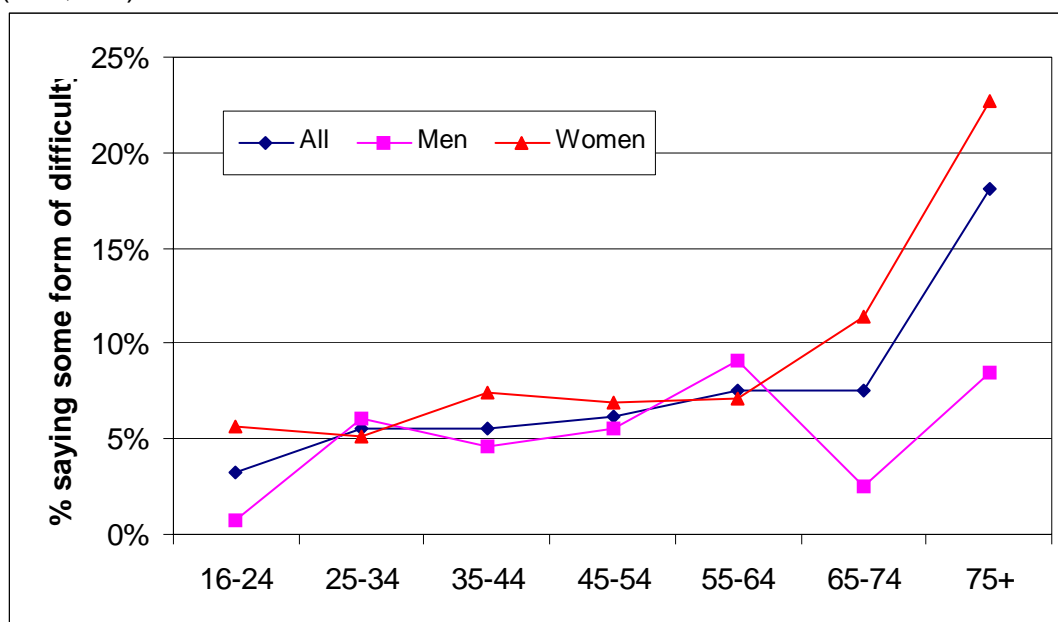
4.4.8 Visiting Others in Hospital

Eight out of ten (82%) say they have no difficulty visiting others in hospital. One in fourteen (7%) say they have at least some difficulty (5% say some difficulty and 2% say great difficulty). One in eight residents did not feel able to answer this question and responded with don't know / not applicable (12%).

As might be expected, the proportion of residents saying they have some form of difficulty is higher among those older age groups (3% of 16-24s, 6% 25-34s, 6% 35-44s, 8% of those aged 55-64 and 65-74 and 18% of those aged 75+).

A higher proportion of women say they have some form of difficulty (8% compared with 5% of men. This difference is mainly apparent among residents aged 65+ (see chart 4.7).

Chart 4.7 Difficulty visiting others in hospital by age and gender
(n=1,777)



4.4.9 Obtaining physiotherapy or chiropody

One in fourteen residents say they have any degree of difficulty in obtaining physiotherapy or chiropody (7%). A far greater proportion (32%) say they have no difficulty. A relatively high proportion of residents (61%) did not feel able to comment on this question and responded with don't know (38%) or not applicable (24%).

This proportion who answer don't know / not applicable declines with age from 74% of those aged 16-24 to 44% of those aged 75+. Corresponding with the higher use among older residents, those aged 45+ are more likely to say they have difficulty compared with younger residents (3% of 16-24s, 6% of 25-34s, 4% of 35-44s, 9% of those aged 45-54 and 55-64, 8% of 65-74s and 11% of those aged 75+).

4.4.10 Getting an Appointment to See the Dentist

Three-quarters (77%) say they have no difficulty getting an appointment to see the dentist. One in sixteen (6%) say they experience some degree of difficulty (5% say some difficulty and 1% say great difficulty).

Reflecting the earlier findings regarding frequency of visits to the dentist, one in seven residents did not feel able to answer this question and responded with don't know (7%) or not applicable (11%). This is particularly evident among older residents; over one in four residents aged 65+ answered not applicable (23% of 65-74s and 43% of those aged 75+).

A higher proportion of residents aged 25-34 say they have some form of difficulty getting an appointment (14%). However, relatively few say they have great difficulty getting an appointment (2%).

A higher proportion of residents in the lower socio-economic groups answer not applicable (5% of ABs, 7% of C1s, 10% of C2s, 17% of Ds and 14% of Es).

A higher proportion of residents living within non-SIP areas say they have at least some difficulty (8% compared with 3% of SIP residents).

4.4.11 Getting a Prescription Made Up

Nine out of ten residents (90%) say they have no difficulty getting a prescription made up. One in twenty five (4%) say they experience some degree of difficulty (3% say some difficulty and 1% say great difficulty).

The proportion of residents saying they have at least some difficulty is also higher among the less affluent DEPCATs (4% in 1, 1% in 2, 0% in 3, 4% in 4, 1% in 5, 5% in 6 and 5% in 7).

4.4.12 Obtaining Other Health Services, eg Optometry, Stress Relief, Addiction Services

Only one in twenty-five say they have any degree of difficulty in obtaining other health services such as optometry, stress relief, addiction services etc (4%). A far greater proportion (39%) say they have no difficulty. A high proportion of residents (57%) did not feel able to comment on this question and responded with don't know (38%) and not applicable (19%).

A higher proportion of residents in DEPCATs 4 and 5 say they have at least some difficulty (5% and 6% respectively compared with 4% for the whole of Greater Glasgow).

The proportion of residents stating they have at least some difficulty is consistent across the age groups (between 3-4%); however, the proportion of people answering don't know / not applicable is higher among the younger age groups (64% of 16-24s and 65% of 25-34s compared with 50% of 65-74 and 48% of those aged 75+).

4.4.13 Accidents in the Home

One in sixteen respondents (6%) say they or someone living in the household have had an accident in the past 12 months that has required medical treatment; 5% report one person as being involved and 0.4% report two people as being involved in the accident(s).

Of the accidents that residents say they have had in the past 12 months, the main causes have been falls or sharp edges (see Chart 4.8), with accidents being most likely to occur in the kitchen.

Chart 4.8 Main causes of accidents that have required treatment
(n=116)

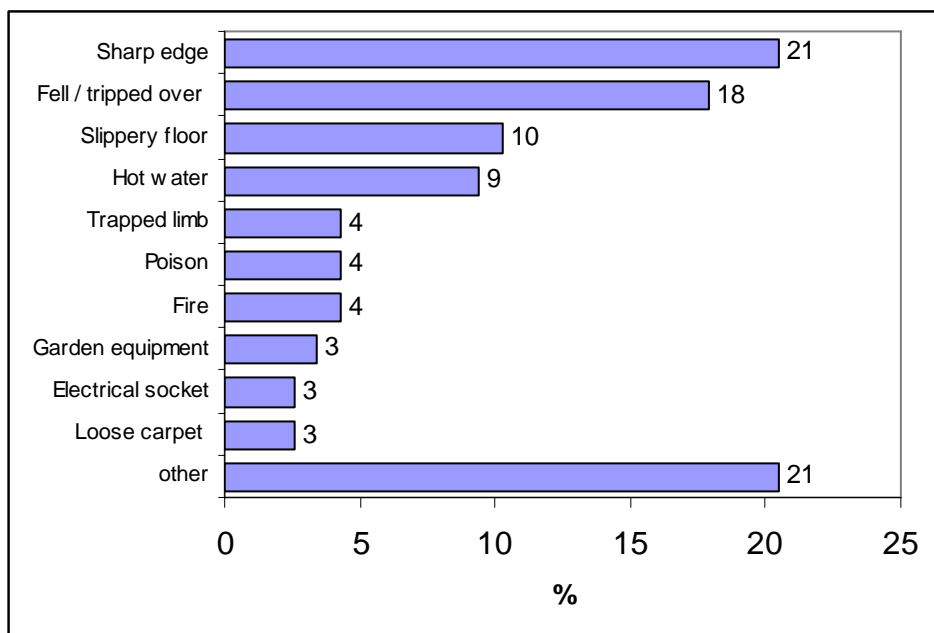
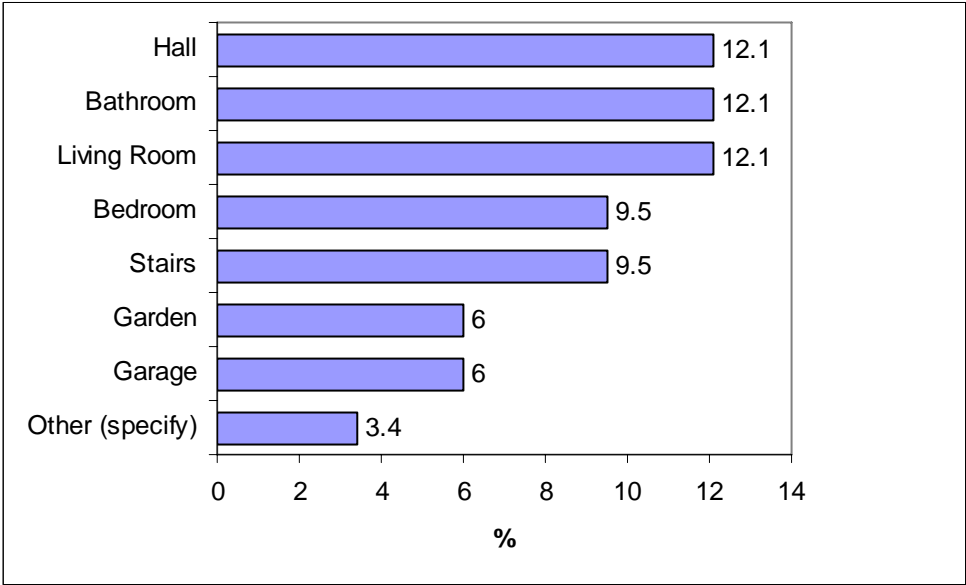


Chart 4.9 Main locations of accidents that have required treatment
(n=103)



5 HEALTH BEHAVIOURS

5.1 Summary of Core Indicators

Table 5.1 shows all core indicators relating to health behaviours:

Table 5.1 Core indicators for health behaviours
(n=1,802)

Indicator	% of sample
Currently smoking	33.2
Exceeding recommended weekly units of alcohol - all	13.1
Exceeding recommended weekly units of alcohol - those who drank in the past week (n=861)	27.4
Taking at least 30 minutes of moderate exercise 5+ times per week	52.4
Taking at least 20 minutes of vigorous exercise 3+ times per week	22.7
Taking at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week	58.0
Consume at least 5 portions of fruit and/or vegetables per day	34.1
Consume at least 5 slices of bread per day	12.2
Consume at least 5 portions of cereal per week	46.1
Consume at least 7 portions of cereal per week	40.4
Consume at least 2 portions of oily fish per week	29.4
Consume at least 2 high-fat snacks per day	32.3
Body Mass Index 25 or over	42.9
Brush teeth twice or more per day	66.8

5.2 Smoking

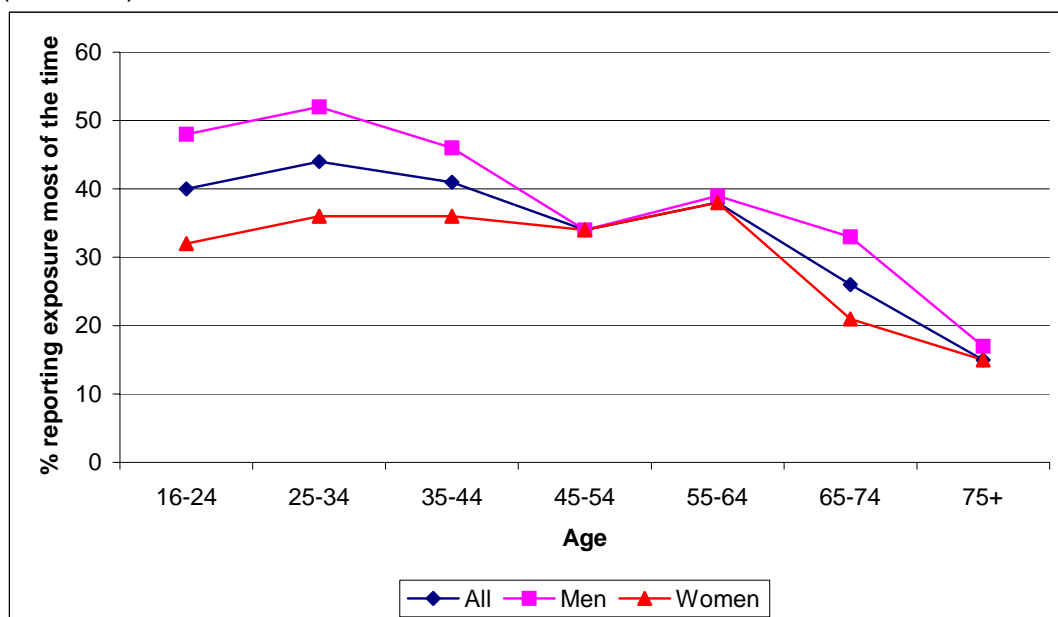
5.2.1 Passive Smoking

Over half (57%) report being exposed to other people's smoke some or most of the time. A further 32% say this happens seldom, leaving only 11% saying it never happens.

In SIP areas, half (51%) say they are exposed to others' smoke most of the time, compared with only 31% in non-SIP areas and 36% overall.

Chart 5.1 illustrates that exposure to passive smoking most of the time is noticeably less common among those aged 65+. It also shows that, in the under-45 and over-64 age groups, levels of passive smoking are higher among men than women.

Chart 5.1 Passive Smoking by age and gender
(n=1,796)



Those in the less affluent DEPCATs are most likely to report passive smoking (51% of those in DEPCAT 7 say they are exposed most of the time, compared with only 16% in DEPCAT 1). Similarly, 25% of ABC1s report being exposed most of the time, compared with 43% of C2s, 48% of Ds and 36% of Es.

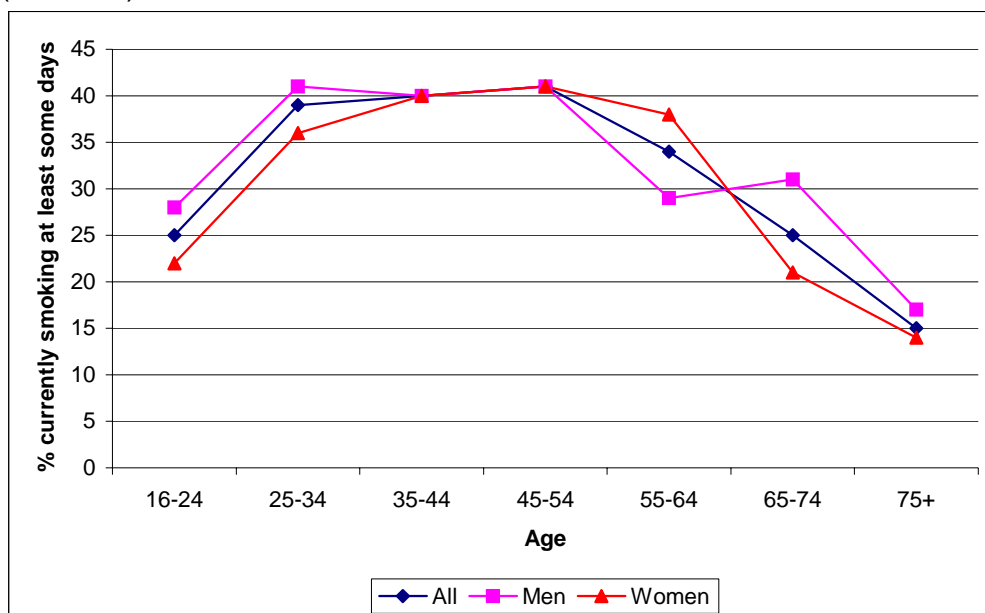
5.2.2 Active Smoking

Overall, 33% of respondents are 'smokers' (ie say they smoke at least some days). Those that say they smoke, smoke a mean of 116.39 cigarettes per week. In SIP areas, half (49%) are smokers, compared with just over a quarter (27%) in non-SIP areas. Among those who do smoke, however, the mean number of cigarettes smoked in SIP areas is comparable with the amount smoked in non-SIP areas (112.54 compared with 113.01 per week in non-SIP areas).

Chart 5.2 illustrates that smoking levels peak in the 25-55 age groups, and that reported levels are relatively low in the under-25 age group. This chart also reveals that reported smoking levels of men and women are similar in most age groups except 55-74. In the 55-64 age group, women are more likely than men to say they smoke, whereas the opposite is true in the 65-74 age group. Smokers aged 18-54 have the same mean number of cigarettes smoked per week of compared with for residents aged 55+ (116.53 compared with 116.10).

Chart 5.2 Active Smoking by age and gender

(n=1,773)



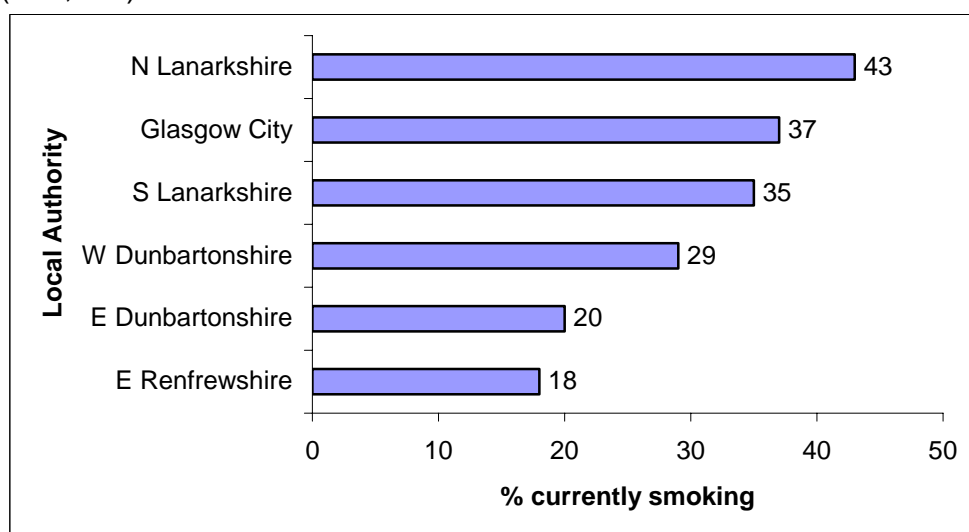
Smoking levels are highest in the less affluent DEPCATs (14% in 1, 21% in 2, 22% in 3, 28% in 4, 40% in 5, 34% in 6 and 47% of those in 7 say they smoke). Similarly, 36% of Es, 45% of Ds and 38% of C2s say they smoke, compared with only 22% of ABC1s). Furthermore, ABC1 smokers tend to smoke fewer cigarettes than C2DE smokers (weekly means of 105.20 and 118.72 respectively).

Those with Highers, degrees or professional qualifications are least likely to say they smoke (22%, 20% and 23% respectively compared with 34% of those with a school leavers certificate and 42% of those with no qualifications).

Chart 5.3 shows that smoking rates are highest in North Lanarkshire, and lowest in East Renfrewshire and East Dunbartonshire.

Chart 5.3 Active smoking by local authority

(n=1,794)



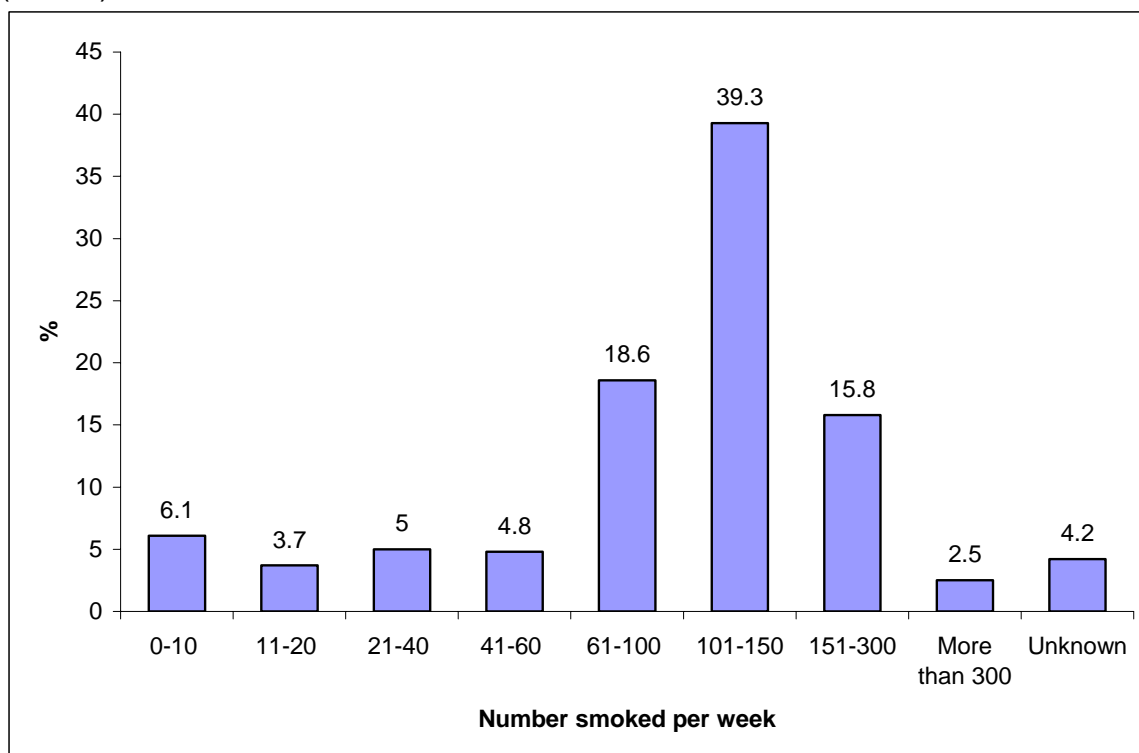
The analysis shows a strong link between measures of social exclusion and smoking:

- Those who say they ever feel isolated from family and friends are more likely to smoke than those who do not feel isolated (42% and 32% respectively).
- Those who say they do not feel in control of decisions that affect their life are more likely to smoke than those who feel that they have some degree of control (56% and 32% respectively).
- Over half (53%) of those with someone in the household on Income Support say they smoke, compared with 29% of those not on Income Support.
- Those who say they would find it difficult to meet an unexpected expense are more likely to smoke (59% of those who would find it difficult to find £20 smoke, compared with 30% of those who would not find it difficult to find £20; 55% of those who would find it difficult to find £100 smoke, compared with 26% of those who would not find it difficult to find £100).
- Those with a negative view of the adequacy of their household income are more likely to smoke than those with a positive view (43% compared with 28%).

Chart 5.4 illustrates that those who do smoke tend to smoke quite heavily, with over half (58%) admitting to smoking more than 100 cigarettes a week.

Chart 5.4 Cigarettes Smoked Per Week

(n=588)

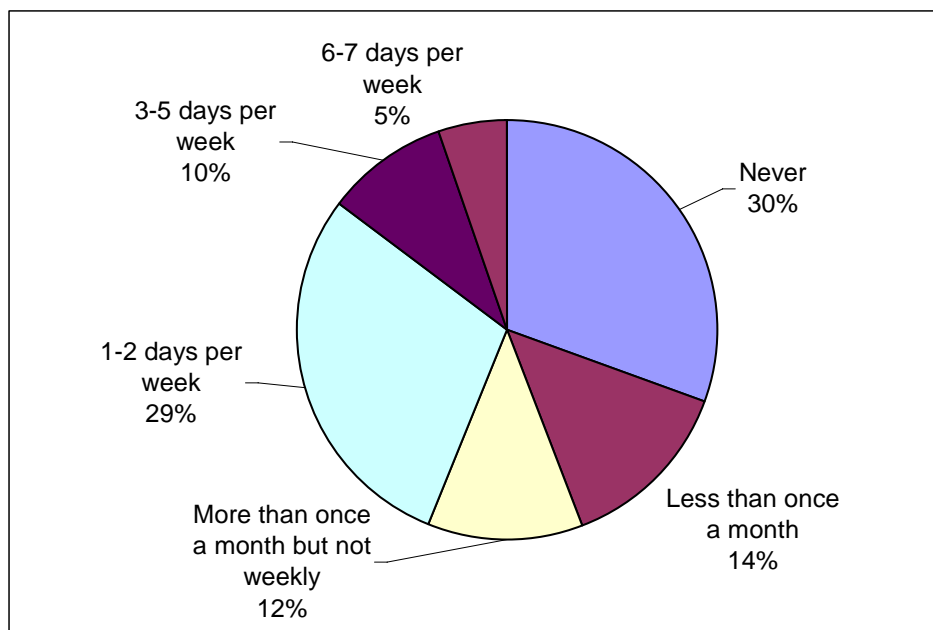


5.3 Drinking

5.3.1 Frequency of Drinking Alcohol

Chart 5.5 shows that most (70%) say they drink alcohol at least sometimes, but fewer than half (44%) say they do so at least once a week.

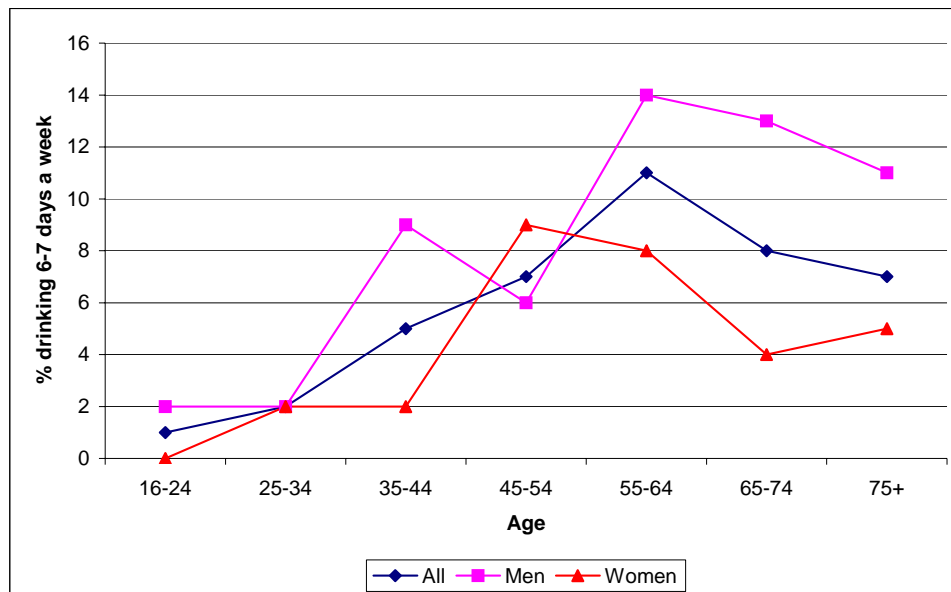
Chart 5.5 Frequency of drinking alcohol
(n=1,801)



Those living in SIP areas are less likely to say they drink than those in non-SIP areas (60% and 73% respectively say they drink alcohol at least sometimes). Similarly, a lower proportion of residents in non-SIP areas say they drink at least once a week (37% compared with 46% respectively).

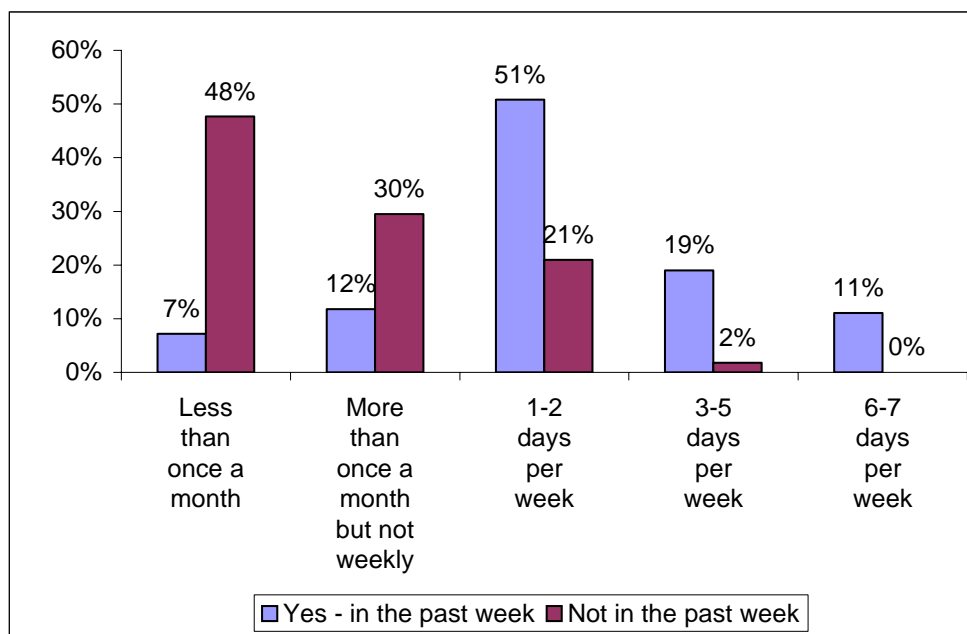
Overall, 5% say they drink 6-7 days a week (7% of men and 4% of women). Chart 5.6 illustrates that likelihood of drinking this frequently peaks in the 55-64 age group for men and the 45-64 age group for women. In most age groups, men are more likely than women to admit to drinking this frequently, the exceptions being 25-34 and 45-54.

Chart 5.6 Drinking 6-7 days a week by age and gender
(n=1,780)



Among residents who say they have had a drink in the past week, the frequency is higher than those who say they have not had a drink (see Chart 5.7 below).

Chart 5.7 Frequency of drinking alcohol by drinkers and non-drinkers in the preceding week
(n=861 had a drink in the past week, 385 not had a drink in the past week)



5.3.2 *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, and if so, what exactly they had drunk.

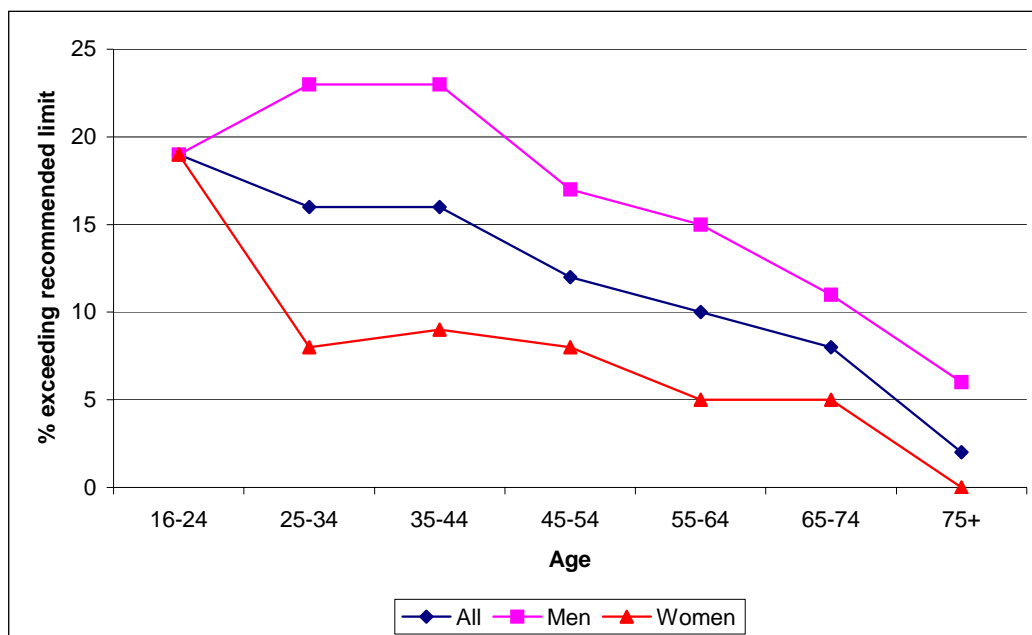
Seven in ten 'drinkers' (69%) say they have had an alcoholic drink in the last week. This translates to 48% of the total sample.

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 (using a diary method), and this data were converted to units. Overall, one in eight (13%) admit to exceeding the recommended limit in the week preceding the interview (18% of men say they drink over 21 units per week and 8% of women say they drink over 14 units per week).

Overall, there is no significant difference between SIP areas and non-SIP areas in terms of the proportion exceeding this limit. Among women, however, those in SIP areas are far less likely than those in non-SIP areas to say they did so (4% and 10% respectively).

Chart 5.8 illustrates that the older the respondent, the less likely (s)he is to drink more than the recommended amount. It also reveals a wide gender gap in all but the under-25 age group, with men being much more likely than women to admit to drinking more than the recommended amount. Among women, consumption levels are highest in the under-25 age group, whereas among men those aged 25-44 are most likely to exceed the recommended amount.

Chart 5.8 Exceeding recommended weekly units by age and gender
(n=1,781)



Among women, C1s are the socio-economic group most likely to say they exceeded the limit (11% compares to 9% of C2s and only 4% of Es).

Among women, those with higher educational qualifications are more likely to say they exceeded the recommended limit (24% of those with Highers and 11% of those with degrees do).

If the results are analysed based on only those who say they have had a drink in the past week, the findings show, there are some links between drinking above the recommended limits and measures of social exclusion:

- Those who say they do not feel in control of decisions that affect their lives are more than twice as likely as those who do feel in control to say they exceed the recommended limit (54% and 26% respectively). What the research cannot tell us is whether the drinking results from the feeling of not being in control, or vice versa.
- Those on Income Support are more likely than those who are not to say they exceeded the limit (38% and 26% respectively).
- Those who have a negative or neutral perception of the adequacy of their household income have a greater tendency to say they exceeded the recommended limit (35% and 23% respectively).
- 27% exceed the recommended limit
 - 34% of men compared with 20% of women
 - In SIP and non-SIP areas the proportions are identical (27% in each)

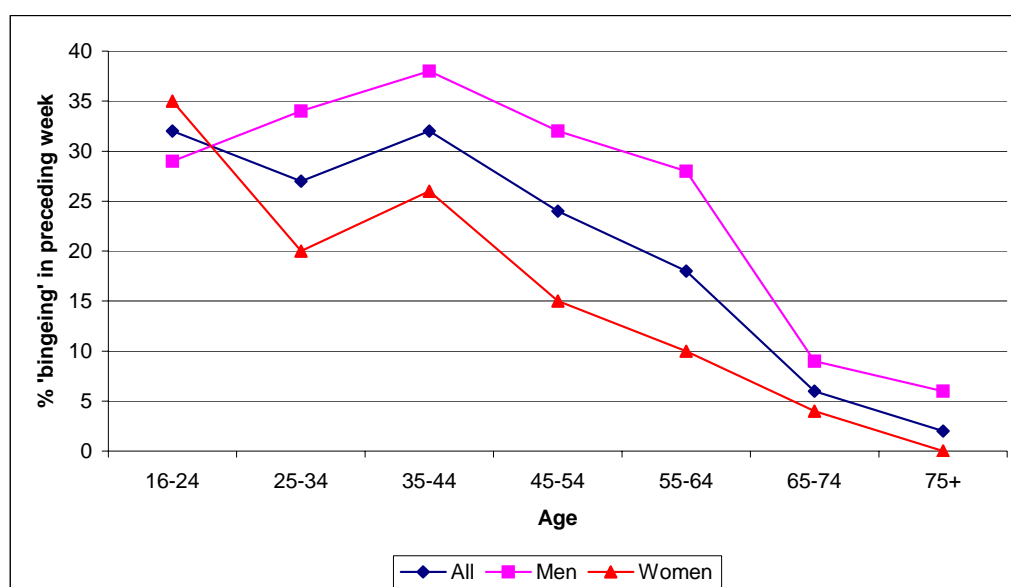
5.3.3 'Binge Drinking'

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 men and 18% of women admit to having 'binged' at least once in the week preceding interview, ie 23% overall.

There is no significant difference between SIP and non-SIP areas in terms of incidence of 'binge drinking'.

Chart 5.9 illustrates that, for men, incidence of 'binge drinking' peaks in the 35-44 age group, whereas for women it peaks in the 16-24 age group. Indeed, 16-24 is the only age group in which women are more likely than men of the same age to have 'binged' in the week preceding interview. For both men and women, incidence is much lower in the older age groups.

Chart 5.9 Incidence of 'binge drinking' by age and gender
(n=1,802)

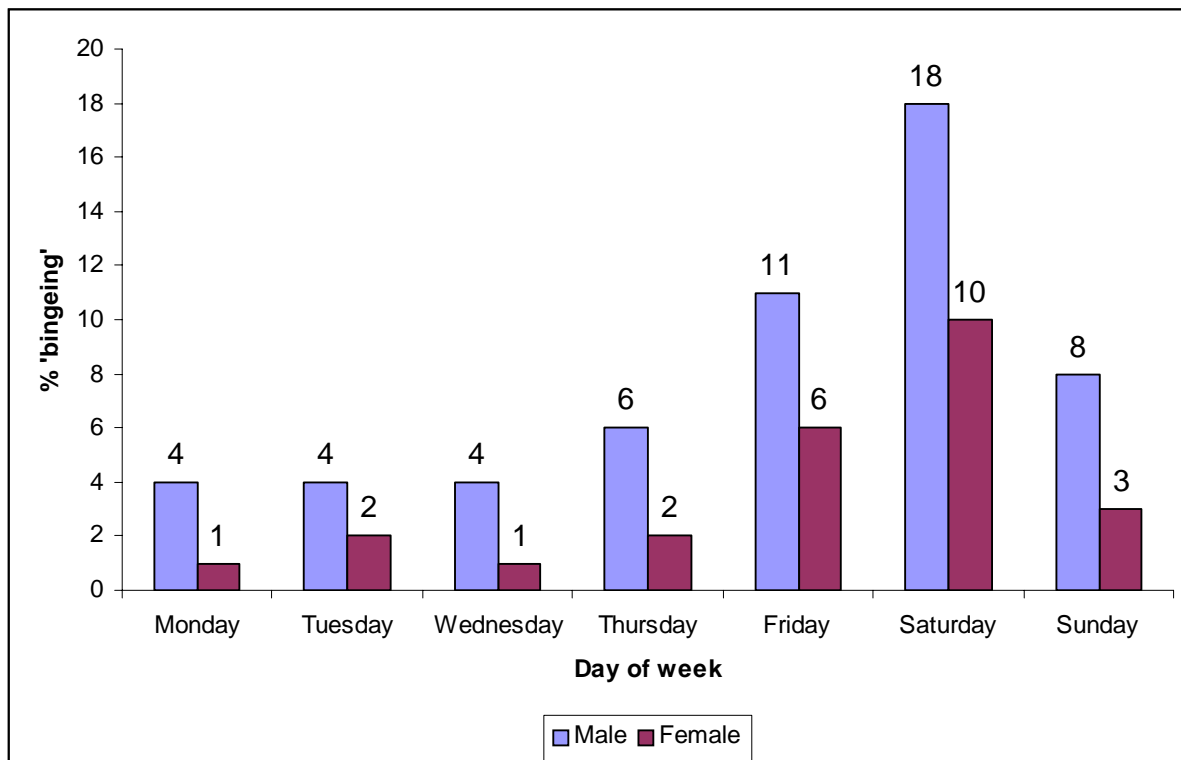


Of those who had a drink in the past week, those in the most affluent DEPCATs are least likely to have 'binged' (31% of those in DEPCAT 1 say they have done so, compared with 56% of those in DEPCATs 6 and 7). Similarly, 34% of ABs report having 'binged', compared with 57% of Ds, 50% of C2s and 47% of C1s. Those from socio-economic group E, however, are comparable with ABs on this measure (34%).

As might be expected, most 'bingeing' takes place at weekends, especially Fridays and Saturdays. Chart 5.10 shows that almost one in five men (18%) and one in ten women (10%) say they 'binged' on the Saturday preceding the interview, and 11% of men and 6% of women did so on the Friday.

Chart 5.10 Days on which 'bingeing' occurs by gender

(n=1,802)



If the results are analysed based on only those who say they have had a drink in the past week, the findings show:

- 48% have binged in the preceding week
 - 54% of men compared with 42% of women
 - 54% in SIP areas compared with 46% in non-SIP areas

5.4 Exercise

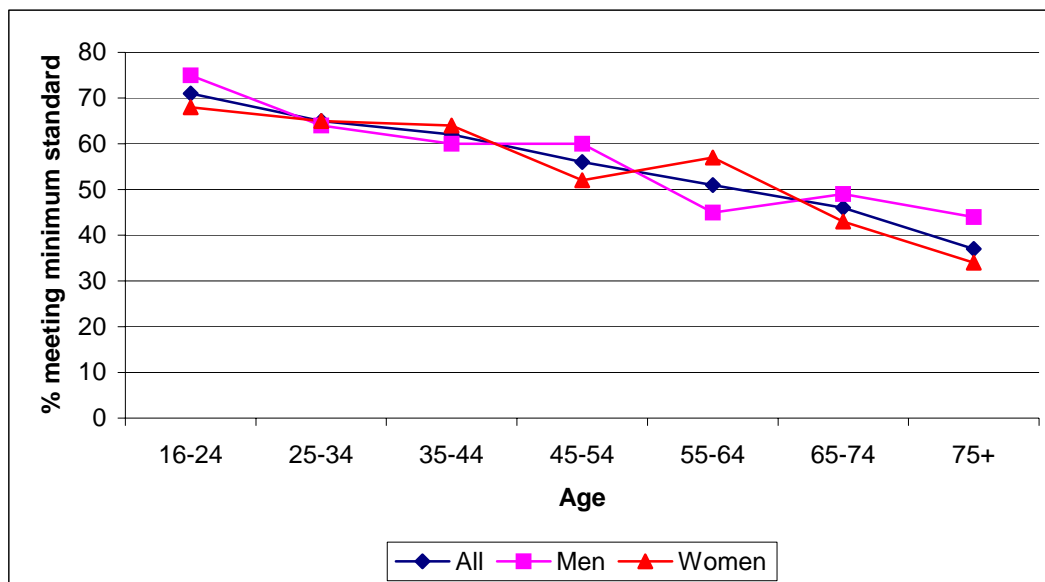
5.4.1 Moderate or Vigorous Activity

Respondents were asked to state the number of days on which they take at least 30 minutes of moderate physical exercise such as brisk walking in an average week. They were also asked to state the number of days on which they take at least 20 minutes of vigorous exercise (enough to make them sweaty and out of breath). They were prompted to include activity that they do in their job, housework, DIY and gardening.

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. Almost three in five (58%) say they meet this standard, and there is no significant difference between SIP and non-SIP areas on this measure.

Chart 5.11 shows that the older the respondent, the less likely (s)he is to achieve the target. In general, the responses of men and women are similar, but in the 45-54 and 75+ age groups, men are more likely than women to say they achieve the target. In the 55-64 age groups, however, the opposite is true.

Chart 5.11 At least 30 minutes of moderate exercise 5+ days a week and/or at least 20 minutes of vigorous exercise 3+ days a week by age & gender
(n=1,778)

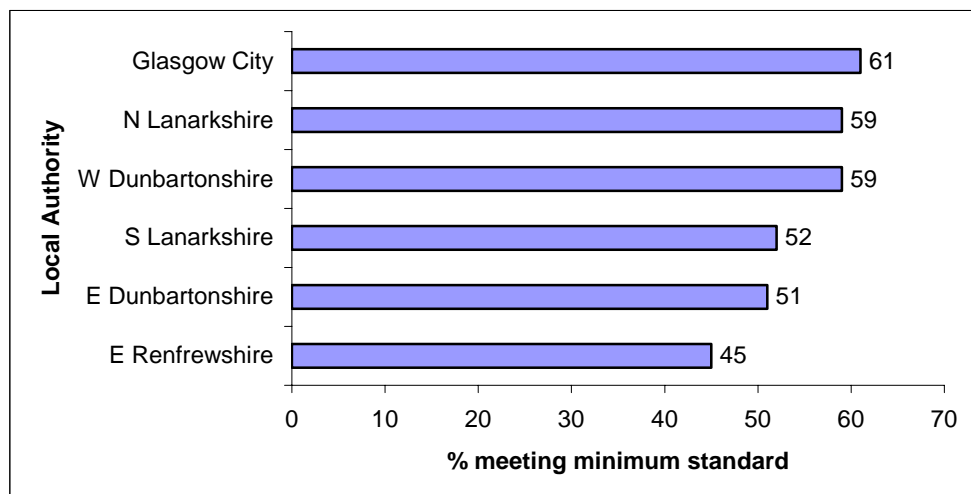


Those living in DEPCATs 2 and 7 are most likely to meet the standard (48% in 1, 64% in 2, 49% in 3, 53% in 4, 60% in 5, 58% in 6 and 64% in 7).

Those with Highers or vocational qualifications are most likely to meet the minimum standards for exercise (67% and 69% respectively), and those with no qualifications, a School Leaving Certificate or professional qualifications are least likely to do so (52%, 51% and 53% respectively).

Chart 5.12 shows that residents of Glasgow City, North Lanarkshire and West Dunbartonshire are most likely to meet the minimum standard for exercise, and those living in East Renfrewshire are least likely to do so.

Chart 5.12 Proportion meeting minimum exercise standard by Local Authority
(n=1,792)



In general, there are no significant links between exercise levels and measures of social exclusion, except that those who say they do not feel in control of decisions that affect their lives are less likely than those who do feel in control to say they meet the standard (42% compared with 59%).

5.4.2 Moderate Activity

Just over half (52%) say they meet the standard of at least 30 minutes of moderate activity five or more times per week. Almost one in five (18%) say that, in an average week, they never do any moderate activity lasting at least 30 minutes, including 42% of those aged 75+. The mean number of days on which at least 30 minutes of moderate activity is undertaken is 4.20.

Men have a higher mean number of days with at least 30 minutes of moderate activity (4.32 compared with 4.10 for women).

The patterns by age and gender, DEPCAT area, local authority and social exclusion on this measure are almost identical to those highlighted in the preceding section.

5.4.3 Vigorous Activity

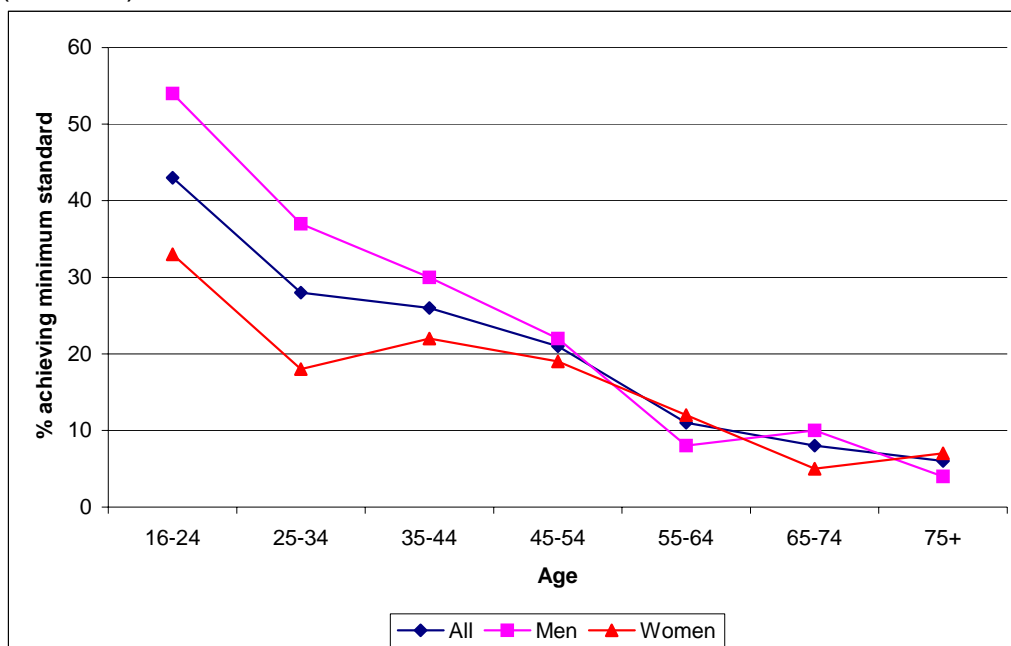
Just under a quarter (23%) say they meet the standard of at least 20 minutes of vigorous activity three or more times per week. There is no significant difference between SIP and non-SIP areas on this measure.

Over three in five (63%) say that, in an average week, they never do any vigorous activity lasting at least 20 minutes, including 82% of women and 94% of those aged 75+. The mean number of days that at least 20 minutes of vigorous activity is undertaken is 1.37.

Men have a higher mean number of days that at least 20 minutes of vigorous activity is undertaken (1.70 compared with 1.07 for women).

Chart 5.13 illustrates that, as with moderate activity, the older the respondent, the less likely (s)he is to meet the minimum standard. However, the rate of 'drop-off' is sharper for vigorous activity than it is for moderate activity. In the under-45 age groups, men are more likely than women to say they meet the minimum standard.

Chart 5.13 At least 20 minutes of vigorous exercise 3+ days a week by age & gender (n=1,777)

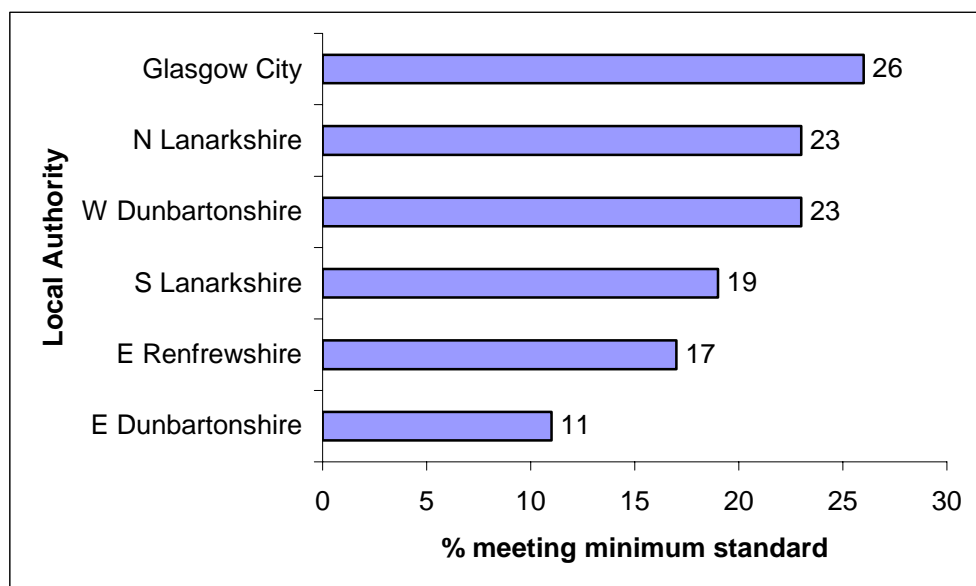


Those living in DEPCATs 1, 3 and 5 are least likely to meet the standard for vigorous activity (13%, 16% and 18% respectively say they do so, compared with around a quarter in the other DEPCATs).

Residents with higher-level vocational qualifications are most likely to meet the vigorous activity standards (38% of those with an OND (or equivalent) and 34% of those with an HNC (or equivalent) say they do so). This contrasts with only 10% of those with a School Leaving Certificate saying they meet the standard.

Chart 5.14 shows that those living in Glasgow City are most likely to meet the vigorous activity standard, and those in East Dunbartonshire are least so.

Chart 5.14 At least 20 minutes of vigorous exercise 3+ days/week by Local Authority
(n=1,785)



5.5 Diet

5.5.1 Fruit and 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, one in three (34%) say they do this on an average day; 22% in SIP areas and 39% in non-SIP areas. Across Greater Glasgow the mean number of portions of fruit and vegetables consumed per day is 3.83 (1.86 for fruit and 1.98 for vegetables and salads).

One in twelve (8%) say they consume no fruit or vegetables at all on an average day (16% in SIP areas and 6% in non-SIP areas).

Those in the most affluent DEPCATs are most likely to say they eat at least 5 portions per day (42% of those in DEPCATs 1 and 2 do so, compared with 38% in DEPCATs 3-5 and 29% in DEPCATs 6 and 7). Similarly, ABC1s are more likely than C2DEs to say they meet the standard (43% and 27% respectively).

Those with no qualifications and those whose highest qualification is an O-grade (or equivalent) are least likely to say they meet the target for fruit and vegetables (22% and 27% respectively compared with 49% with degrees, 42% with SVQs and 49% with GSVQs).

There is a link between fruit/vegetable consumption some income-related social exclusion measures:

- Only 17% of those with someone in the household on Income Support say they meet the target compared with 38% of those not on Income Support.

- Those who say they would find it difficult to meet an unexpected expense (22% of those who would find it difficult to find £20, compared with 37% of those who would not find it difficult to find £20; 21% of those who would find it difficult to find £100, compared with 43% of those who would not find it difficult to find £100).

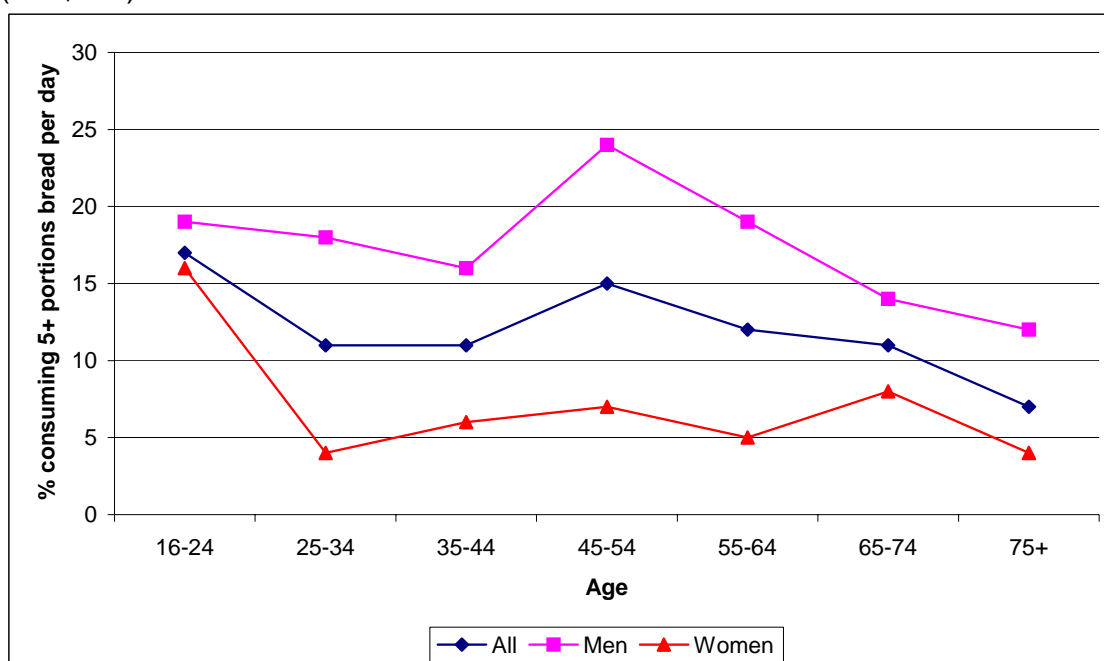
5.5.2 Bread

The Scottish Diet Action Plan target is five slices of bread or rolls per day. Overall, one in eight (12%) say they eat this on an average day. In contrast to fruit and vegetables, there is no significant difference between SIP areas and non-SIP areas on this measure. Across Greater Glasgow the mean number of portions of bread consumed per day is 2.87.

Men are more likely than women to say they meet this target (18% and 7% respectively). Chart 5.15 shows that, overall, those aged 75+ are least likely to do so, but among women all age groups except 16-24 are at a similarly low level. Among men, those aged 45-54 are most likely to say they meet the target.

Chart 5.15 Bread consumption by age & gender

(n=1,778)



A higher proportion of those in socio-economic groups C2DE say they meet the target for bread consumption compared with ABC1s (15% and 8% respectively).

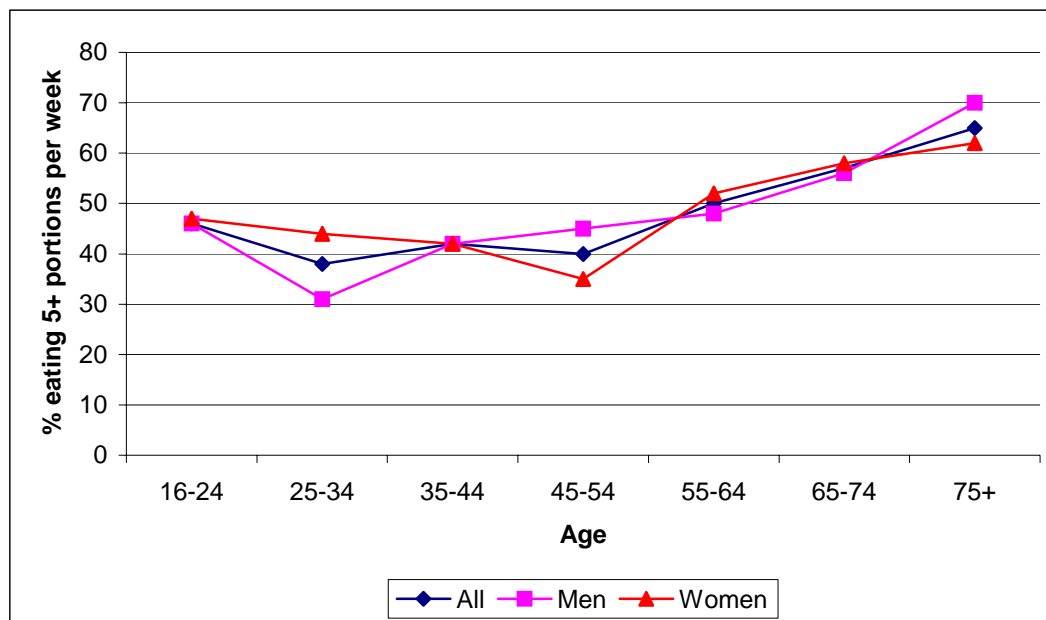
5.5.3 Cereal

Two indicators were calculated for cereal consumption – those eating five or more portions per week and those eating seven or more portions per week. Almost half (46%) say they usually eat cereal five or more times per week; 40% in SIP areas and 48% in non-SIP areas. Two in five (40%) say they usually eat cereal seven or more times per week.

Across Greater Glasgow the mean number of portions of cereal consumed per week is 3.69.

Chart 5.16 shows that likelihood of consuming cereal five or more times a week is highest among those aged 65+. It also shows that the responses of men and women are similar, except in the 25-34, 45-54 and 75+ age groups. In the 25-34 age group, women are more likely than men to meet the standard, whereas in the 45-54 and 75+ age groups the opposite is true. The pattern for consuming cereal seven or more times a week is the same.

Chart 5.16 Cereal consumption (5+ times per week) by age & gender
(n=1,771)



Those in the more affluent DEPCATs are most likely to say they eat cereal five or more times per week (56% of those in areas 1-3 do so, compared with 49% in areas 4/5 and 40% in areas 6/7). A similar, but less marked, pattern emerges when looking at the proportions eating cereal seven or more times per week. Correspondingly, 51% of ABC1s say they eat cereal five or more times per week, compared with 47% of C2s and 40% of DEs – but there is no significant difference by socio-economic group when looking at the proportion eating cereal 7+ times per week.

Those with no qualifications and those with lower-level vocational qualifications are least likely to say they eat cereal 5 or more times per week (46% of those with a School Leaving Certificate and 41% of those with no qualifications do, compared with 51% of those with Highers and 57% of those with an apprenticeship). There is no significant link between educational qualifications and likelihood of eating cereal 7+ times per week.

Those living in East Renfrewshire are most likely to say they eat cereal 5+ times per week (61%) and those in Glasgow City are least so (40%). The pattern is less marked when looking at the proportion eating cereal 7+ times per week, but Glasgow City still shows the lowest proportion at 35%.

There are some links between social exclusion measures and likelihood of meeting the target for cereal consumption (5 or more times per week):

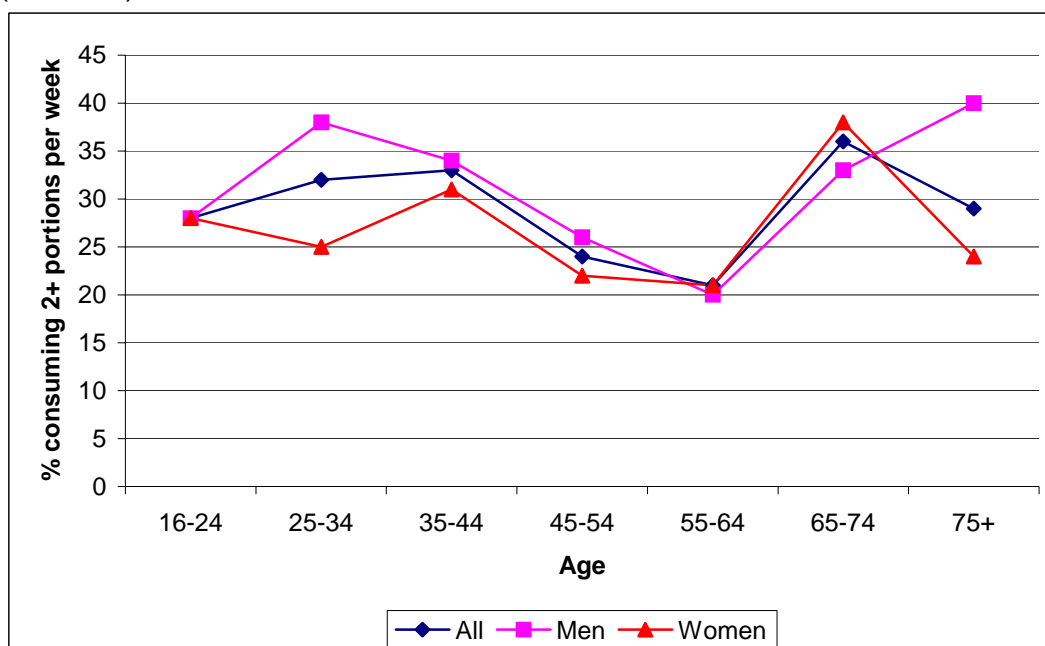
- Those who say they ever feel isolated from family and friends are less likely to meet the target than those who do not feel isolated (36% and 48% respectively).
- Those with someone in the household on Income Support are among those least likely to meet the target (36% compared with 50% of those not on Income Support).
- Those who say they would find it difficult to meet an unexpected expense are among those least likely to meet the target (32% of those who would find it difficult to find £20 do, compared with 48% of those who would not find it difficult to find £20; 38% of those who would find it difficult to find £100 do, compared with 51% of those who would not find it difficult to find £100).

5.5.4 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 (29%) say they usually do this. Four in ten (41%) say they do not usually consume oily fish at all. Across Greater Glasgow the mean number of portions of oily fish consumed per week is 1.08.

Chart 5.17 illustrates that oily fish consumption is lowest among those aged 55-64. The consumption levels of men and women are similar except in the 25-34 and 75+ age groups, in which men are more likely than women to say they meet the target.

Chart 5.17 Oily fish consumption by age & gender
(n=1,766)



A higher proportion of residents with a degree say they meet this target (43%, compared with 19% of those with lower-level vocational qualifications).

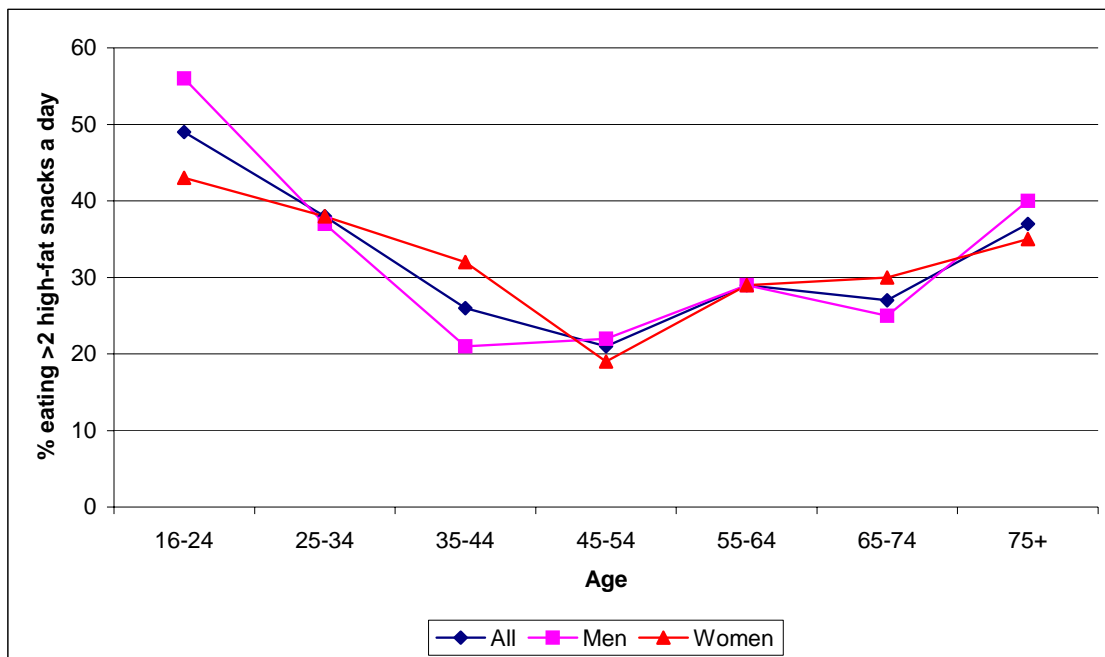
5.5.5 High-Fat Snacks

One in three (32%) say they eat two or more high-fat snacks (eg cakes, pastries, chocolate, biscuits, crisps) on a usual day.

Across Greater Glasgow the mean number of portions of high fat snacks consumed per day is 1.25.

Chart 5.18 shows that those aged under 35 and 75+ are most likely to consume more than two high-fat snacks per day. It also illustrates the overall similarity of the responses of men and women, with a couple of exceptions; in the under-25 age group, men are more likely than women to say they eat more than two high-fat snacks per day, whereas in the 35-44 age group the opposite is true.

Chart 5.18 High-fat snack consumption by age & gender
(n=1,772)



Fewer people in the AB socio-economic groups say they eat two or more high-fat snacks per day (18%, compared with 38% of C1s, 31% of C2s and Ds and 38% of Es).

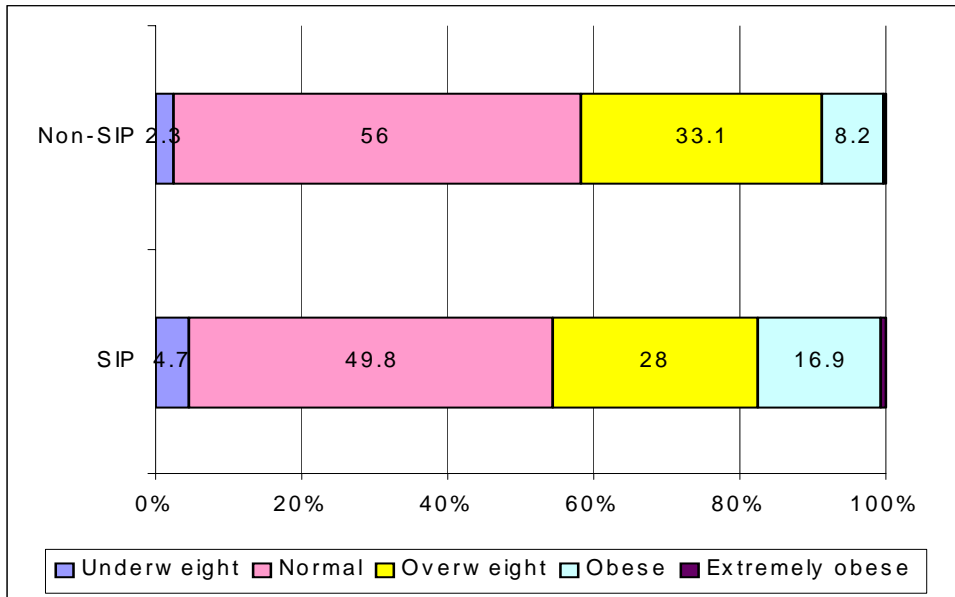
5.6 Body Mass Index

Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated. A BMI of 25 or over constitutes being above normal weight, and 43% of respondents fit this description.

Chart 5.19 shows that there is little difference between SIP and non-SIP areas in terms of the proportion of residents who are classed as above normal weight (44% and 42% respectively). Those living in SIP areas are, however, more likely than those in non-SIP areas to be classed as 'obese' (17% and 8% respectively). Those in SIP areas are also twice as likely as those in non-SIP areas to be underweight (5% and 2% respectively).

Chart 5.19 BMI scores by SIP/non-SIP area

(n=1,757)



BMI classification points are defined as:

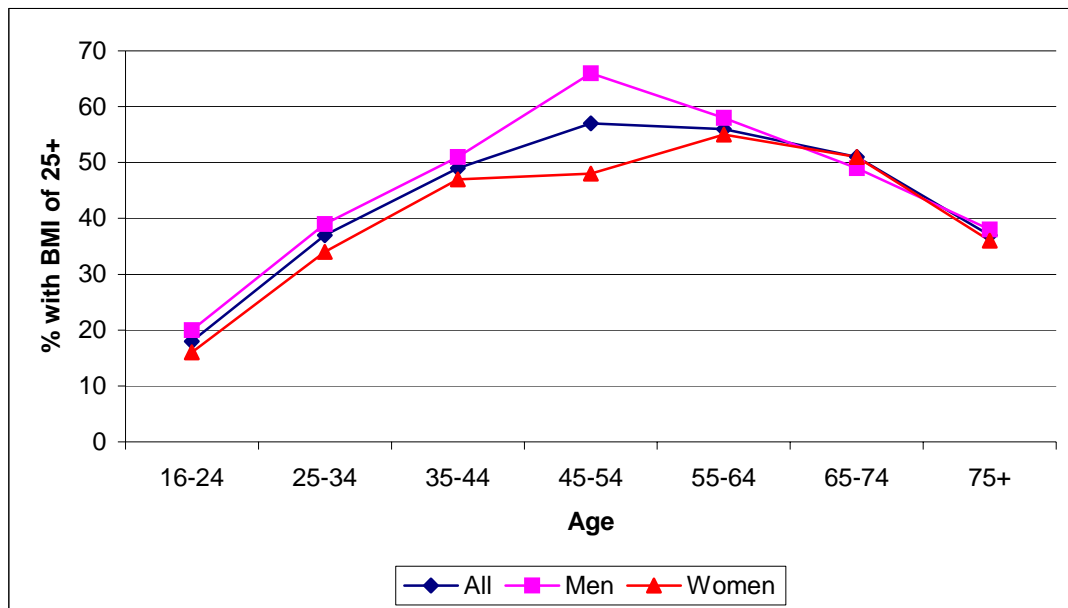
- Underweight up to 18.49
- Normal 18.5-24.99
- Overweight 25-29.99
- Obese 30-39.99
- Extremely obese 40 and over

Chart 5.20 shows the highest proportion of overweight residents is to be found in the 45-54 age group, and the lowest proportion in the under-25s.

Overall, men are more likely than women to have a BMI of 25 or over (46% and 40% respectively). As chart 5.20 illustrates, however, this is largely accounted for by the 45-54 age group, in which 65% of men are classed as overweight or obese, compared with 48% of women.

Chart 5.20 BMI score of 25+ by age and gender

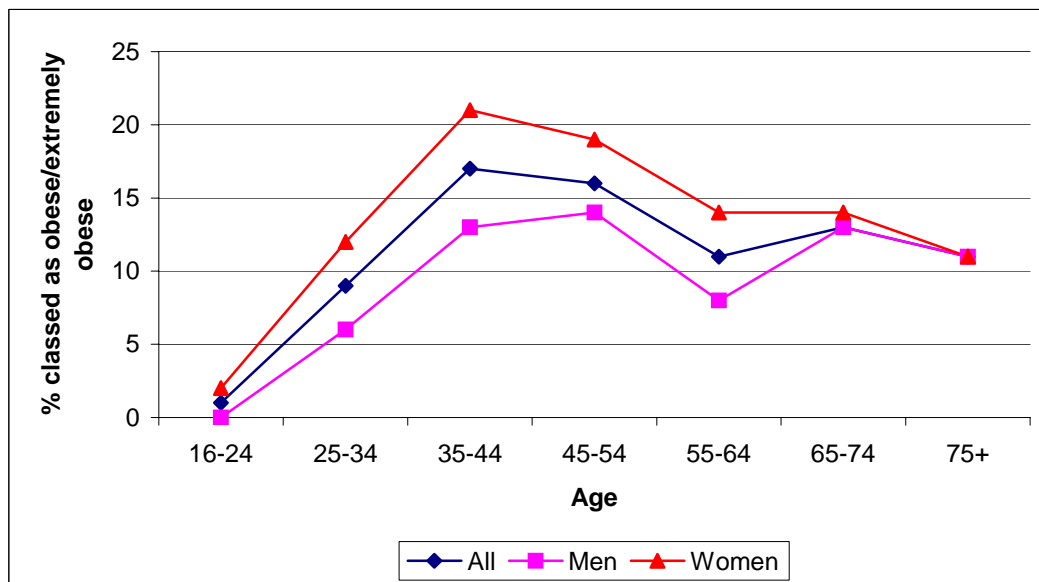
(n=1,741)



These figures do, however, disguise the fact that women are slightly more likely than men to be obese/extremely obese (13% and 9% respectively) – see Chart 5.21. On this measure, only in the 65+ age group does the gap between men and women disappear.

Chart 5.21 Classed as obese/extremely obese by age and gender

(n=1,738)

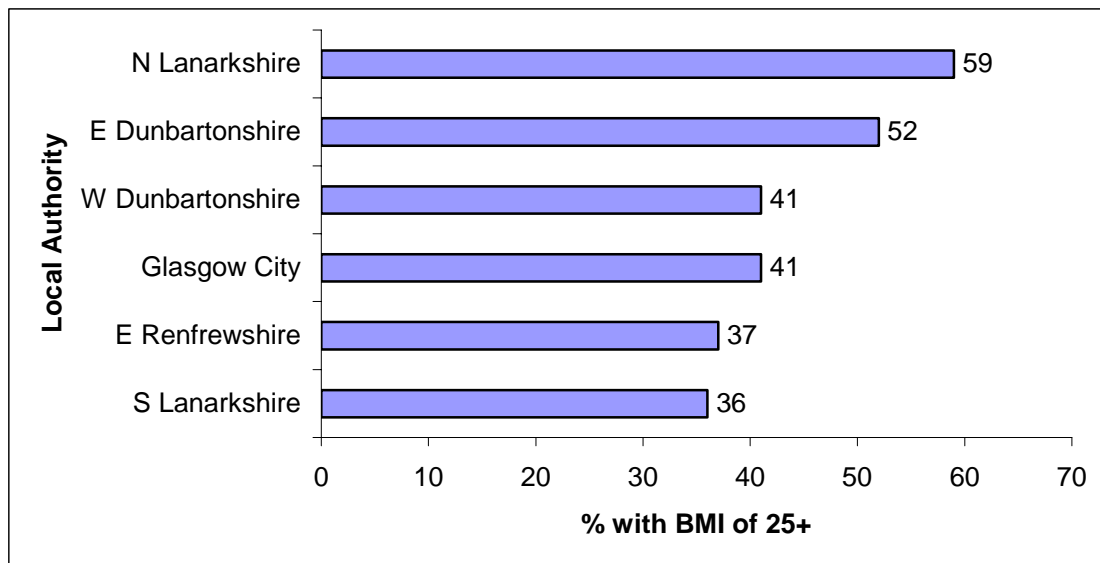


ABC1s are less likely than C2s, Ds and Es to have a BMI of 25 or over (36% do, compared with 51% of C2s, 48% of Ds and 41% of Es). Ds are most likely to be obese/extremely obese (16% are, compared with 13% of C2s and Es, and 7% of ABC1s).

Chart 5.22 shows that residents of North Lanarkshire are substantially more likely to be classified as overweight or obese, than those in South Lanarkshire or East Renfrewshire.

Chart 5.22 BMI of 25+ by Local Authority

(n=1,758)



5.7 Oral Health Behaviour

Two-thirds of respondents (67%) say they brush their teeth at least twice a day. Table 5.2 shows that frequency of brushing is consistently lower within SIP areas, where only 51% say they brush at least twice a day, compared with 73% in non-SIP areas.

Table 5.2 Frequency of brushing teeth by SIP / non-SIP

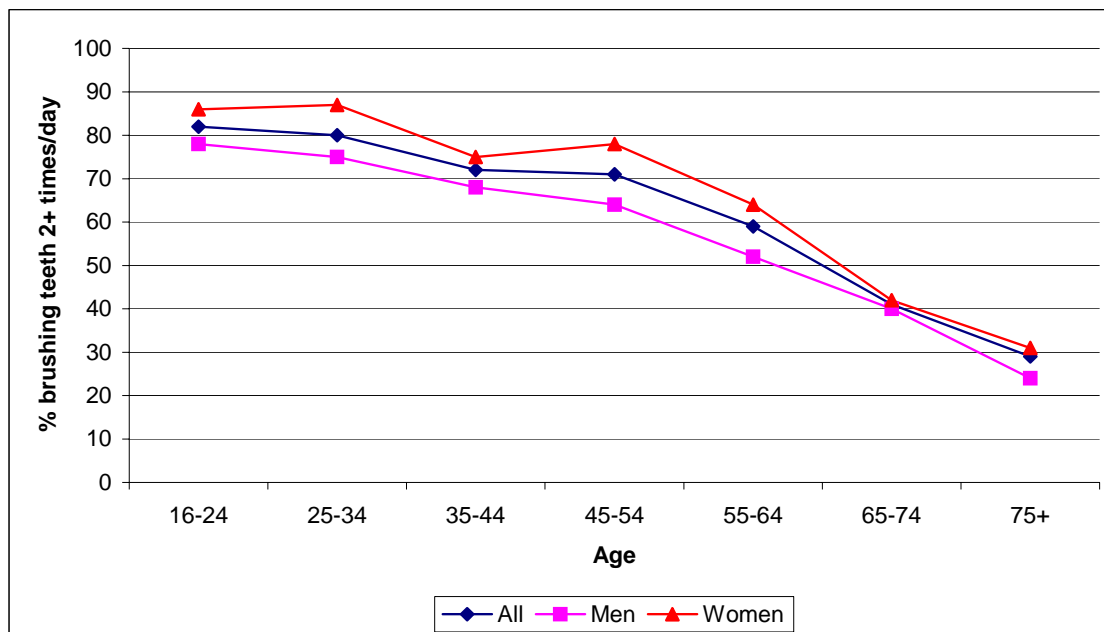
(n=1,759)

	SIP	Non-SIP	GG NHSB
Twice or more a day	51.4	72.5	66.8
About once a day	36.3	22.2	26.1
Less than once a day	5.0	1.3	2.3
Seldom or never	7.3	4.1	4.9

Chart 5.23 shows that, the older the respondent, the less likely (s)he is to say (s)he brushes at least twice a day. In all age groups except 65-74, women are more likely than men to say they brush at least twice a day.

Chart 5.23 Frequency of teeth brushing by age & gender

(n=1,737)



Over 70% of those in DEPCATs 1-3 say they brush at least twice a day, compared with only 53% in DEPCAT 7). ABC1s are more likely than C2DEs to say they do this (81% and 56% respectively).

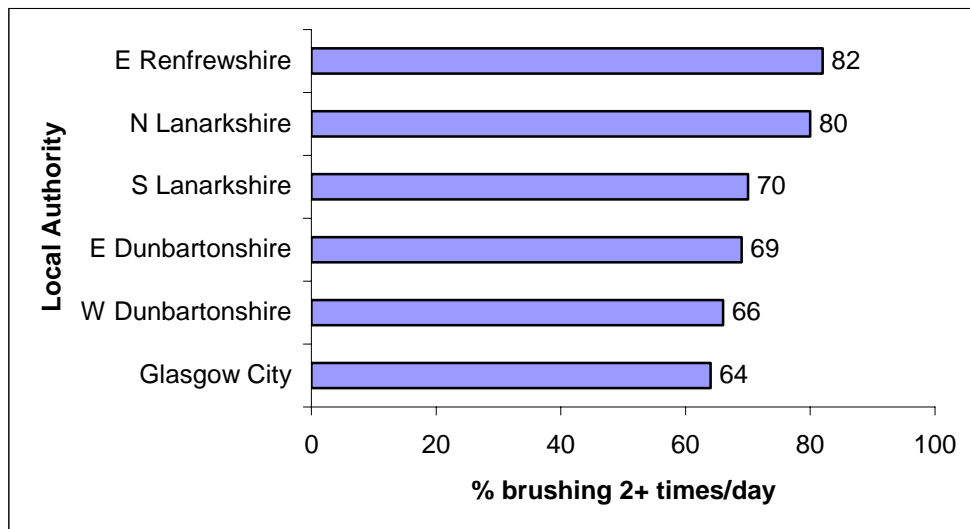
Those with higher-level educational qualifications are most likely to say they brush their teeth at least twice a day (87% of those with Highers, 88% of those with HNCs or equivalent, 84% of those with a degree and 87% of those with professional qualifications say they do, compared with 47% of those with no qualifications and 51% of those with solely a School Leaving Certificate).

Those in full-time work are most likely to say they brush at least twice a day (82% compared with 62% in part time work and unemployed and 52% of those who are retired).

Chart 5.24 shows that residents of East Renfrewshire and North Lanarkshire are most likely to say they brush at least twice a day, whereas those in Glasgow City and West Dunbartonshire are least so.

Chart 5.24 Brushing at least twice a day by local authority

(n=1,759)



There are strong links between social exclusion measures and likelihood of brushing at least twice a day:

- Those who say they ever feel isolated from family and friends are less likely to brush twice a day than those who do not feel isolated (59% compared with 68%).
- Those who do not feel in control of 'life decisions' are less likely to say they brush at least twice a day than those who feel a degree of control (57% compared with 67%).
- Those with someone in the household on Income Support are among those least likely to brush at least twice a day (49% compared with 71% of those with no-one on Income Support).
- Those that are capable of meeting an unexpected expense are more likely to brush their teeth twice a day.
 - 69% compared with 55% for an unexpected expense of £20
 - 74% compared to 57% for an unexpected expense of £100
- Those who perceive their household income as less than adequate are less likely to brush at least twice a day than those who are positive about their household income (62% compared with 70%).

6 SOCIAL HEALTH

6.1 Social Connectedness

6.1.1 Isolation from Family/Friends

When asked if residents ever feel isolated from family and friends, one in seven (15%) said yes. Those in SIP areas are significantly more likely than non-SIP residents to say this (21% and 13% respectively).

The proportion of residents who say they feel isolated is higher within the less affluent DEPCAT areas (10% in DEPCAT 1 compared with 17% in DEPCAT 6 and 19% in DEPCAT 7).

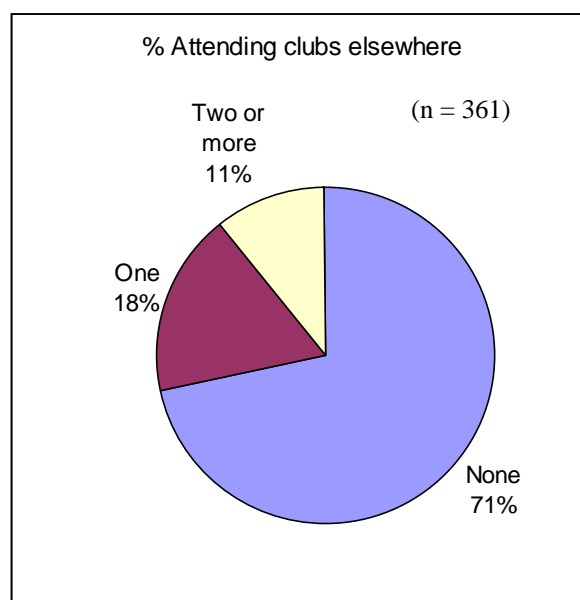
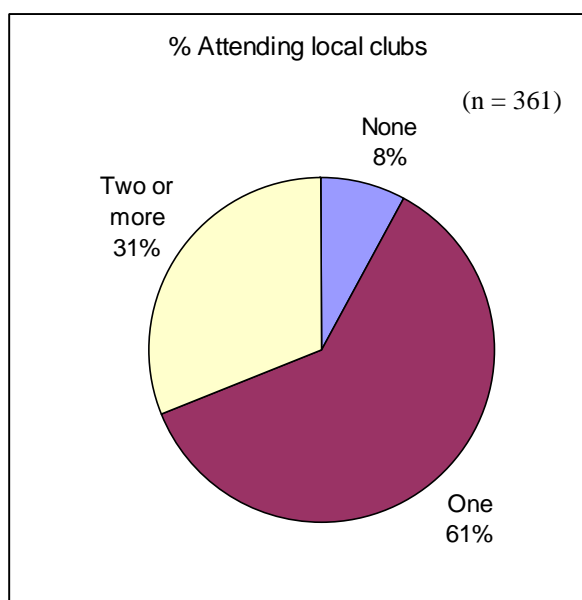
Similarly, higher proportions are evident within the lower socio-economic groups (12% of ABC1 residents feel isolated compared with 16% of C2DE residents). The differences are also most evident among the two lowest socio-economic groupings with 17% of Ds and 23% of Es saying they feel isolated from family and friends.

6.1.2 Club Membership

One in five residents (20%) say they belong to a social club, association or similar. A higher proportion of residents who say they belong to a social club attend *local* clubs (92% compared with 29% attending clubs elsewhere). The breakdown of attendance by location is shown in Charts 6.1 and 6.2 below.

Charts 6.1 and 6.2 Club membership

Base: Residents who say they belong to a social club, association or anything similar



A higher proportion of men say that they attend two or more clubs (36% compared with 25% of women).

Local club attendance does not appear to be related to factors such as age, DEPCAT area or SIP. Non-local club attendance however, is higher among AB residents (94% of ABs, 60% of Bs compared with 28% of C1s, 30% of C2s, 17% of Ds and 21% of Es).

6.1.3 Sense of Belonging to the Community

Just over seven out of ten (72%) agree with the statement 'I feel I belong to this local area' (57% agree and 16% strongly agree). One in eight (12%) disagree with this statement (10% say they disagree and 2% say they strongly disagree). One in seven (15%) do not express a view either way.

A higher proportion of women agree with this statement (76% compared with 68% of men) and a higher proportion of older residents say they feel they belong (the proportion saying they agree increases within each subsequent age group from 49% of 16-24s to 92% of those aged 75+).

A higher proportion of residents living within more affluent DEPCATs say they feel they belong (83% in 1, 74% in 2, 92% in 3, 72% in 4, 73% in 5, 65% in 6 and 70% in 7).

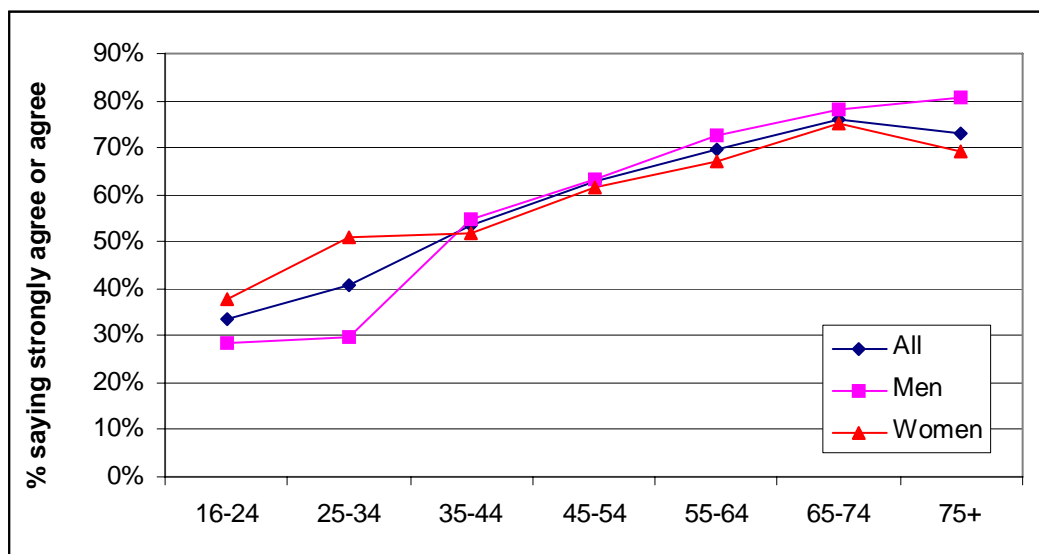
Although similar proportions of SIP and non-SIP residents agree with the statement (71% of SIP residents compared with 73% of non-SIP residents), those in SIP areas are more likely to disagree with this statement (18% of SIP residents compared with 11% of non-SIP residents).

6.1.4 Feeling Valued as a Member of my Community

Over half (55%) agree with the statement 'I feel valued as a member of my community' (44% agree and 11% strongly agree). One in five (19%) disagree with this statement (18% say they disagree and 2% say they strongly disagree). One in four do not express a view either way (26%).

There are no significant differences between the perceptions of men and women (52% of men agree they are valued compared with 57% of women), however, a higher proportion of older residents feel they are valued within their community.

Chart 6.3 Feeling valued as a member of the community by age and gender
(n = 1,777)



The degree to which the respondents feel valued as a member of their community increases with age. Significantly for those under the age of 35 females feel more valued, but of the respondents over 35 more males report feeling they are valued as a member of their community. The gap between the sexes is much greater for respondents under 35 years old.

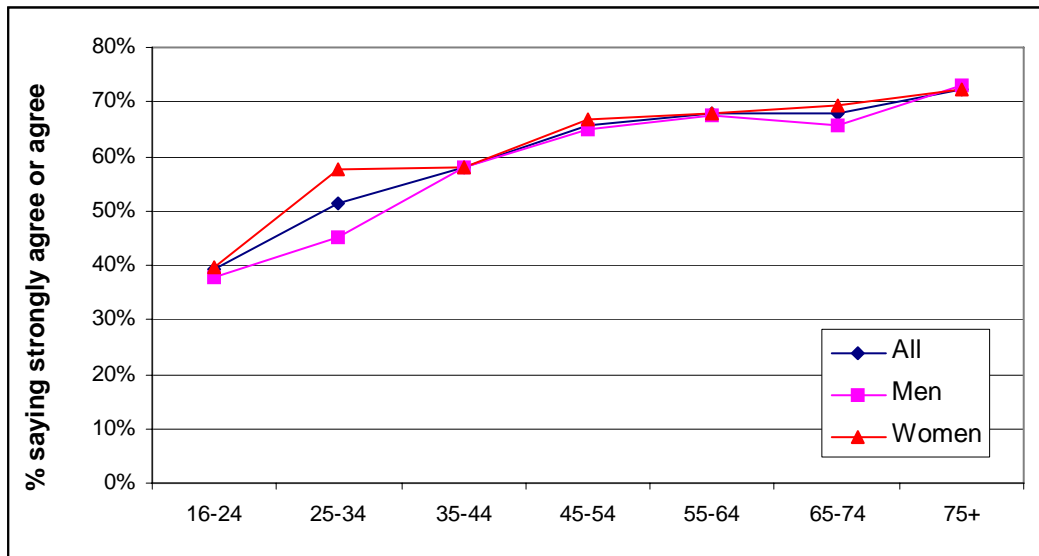
A higher proportion of residents living within the most affluent DEPCATs feel valued as members of their communities (67% in 1, 56% in 2, 67% in 3, 56% in 4, 58% in 5, 48% in 6 and 51% in 7).

6.1.5 Influence Within Neighbourhood

Six out of ten residents (58%) agree with the statement 'by working together, people in my neighbourhood can influence decisions that affect my neighbourhood' (48% agree and 10% strongly agree). One in seven (15%) of residents disagree with this statement (14% say they disagree and 1% say they strongly disagree). One in four residents do not express a view either way (26%).

The levels of agreement are increasingly positive among residents in each consecutive age group (see Chart 6.4).

Chart 6.4 Working together, people in my neighbourhood can influence decisions that affect my neighbourhood by age and gender
(n = 1,776)



A higher proportion of residents living within the most affluent DEPCAT areas feel their neighbourhood can be influenced (76% of residents within area 1 compared with 54% and 52% respectively in areas 6 and 7).

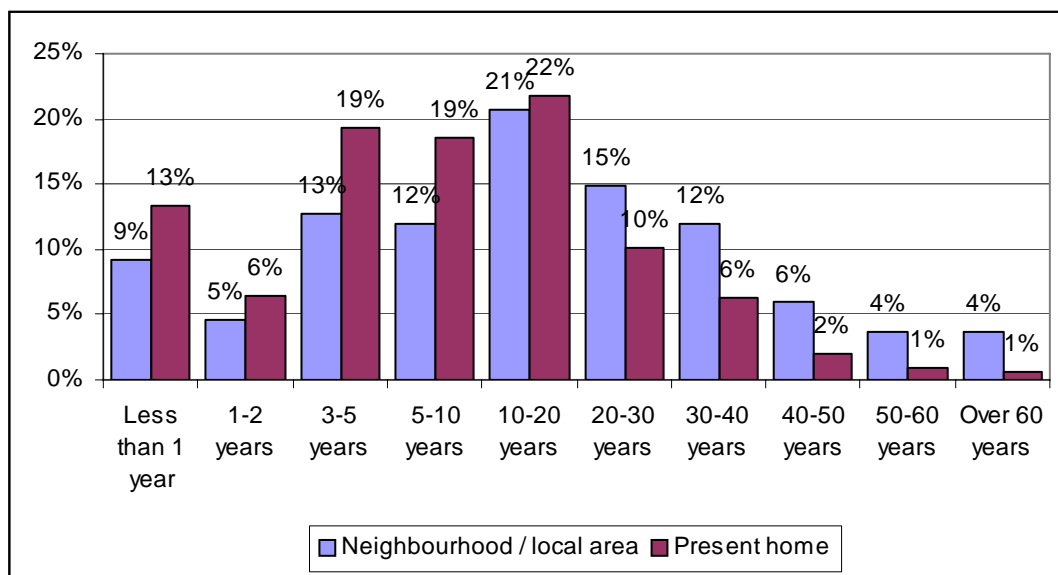
A higher proportion of residents living within non-SIP areas agree with the statement (60% compared with 53% of residents within SIP areas), in addition, residents within SIP areas express higher levels of disagreement (24% disagree compared with 13% of non-SIP residents).

6.2 Length of residency – neighbourhood and current home

Across Greater Glasgow, the mean length of residency is 18.8 years, with people living in their homes for a mean time of 11.1 years.

As would be expected, the length of residency in the local area is higher among the older age groups. Among residents aged 55+ the mean length of residency in the neighbourhood is 28.6 compared with 10.9 for residents aged 16-54. Similarly, among residents aged 55+, the mean length of residency in their present home is 17.9 compared with 5.6 for residents aged 16-54.

Chart 6.5 Length of residency (within neighbourhood and home)
(n=1,802)



The mean length of residency in the neighbourhood is higher among SIP areas (21.8 compared with 17.7 in non-SIP areas). Residency within the home is similar between SIP and non-SIP residents (10.0 and 11.5 respectively).

6.3 The Social and Physical Environment

6.3.1 Summary

When asked about how safe they feel in different scenarios, feeling safe when walking around in the local area appears to be the biggest concern for residents.

Table 6.1 Residents feelings of safety in local area

Indicator	% saying agree or strongly agree
Feel safe in their own home (n= 1800)	93.1
Feel safe using public transport in their area (n= 1791)	79.2
Feel safe walking around their area even after dark (n= 1776)	62.1

6.3.2 *Feeling Safe in Own Home*

Safety in the home does not appear to be a concern for the majority of residents. Over nine out of ten residents (93%) agree with the statement 'I feel safe in my own home'. Fewer than 2% of residents disagree with this statement.

More women residents say they feel safe (95%) compared with men (91%).

The proportions are similar between SIP and non-SIP areas (93% of residents in both areas strongly agree), however the strength of feeling does differ (29% of residents in SIP areas strongly agree compared with 40% of residents living within non-SIP areas). A lower proportion of residents in the least affluent DEPCAT areas say they feel safe in their own homes (99% in 1, 88% in 2, 98% in 3, 93% in 4, 88% in 5, 93% in 6 and 94% in 7).

6.3.3 *Feeling Safe on Public Transport*

Eight out of ten residents (79%) agree / strongly agree with the statement 'I feel safe using public transport in this local area'. Only one in twenty residents (5%) disagree / strongly disagree with this statement.

A higher proportion of women agree with this statement (82% compared with 76% of men). This difference in perceptions is also consistent across age ranges.

A lower proportion of residents in the least affluent DEPCATs say they feel safe on public transport (87% in 1, 70% in 2, 91% in 3, 83% in 4, 75% in 5, 76% in 6 and 80% in 7).

Similarly, a higher proportion of residents from the SIP areas do not agree with the statement (8% compared with 4% of non-SIP residents).

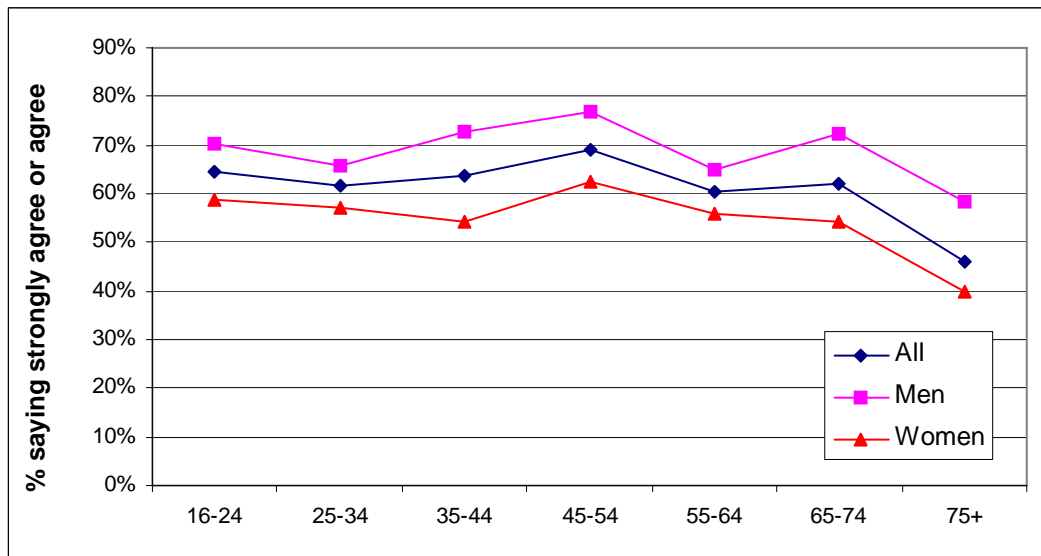
6.3.4 *Feeling Safe Walking Around the Local Area*

Six out of ten (62%) agree with the statement 'I feel safe walking around the area even after dark'. Opinions are more polarised on this measure, with one in five residents saying they disagree / strongly disagree with this statement (22%).

Residents in SIP areas are less likely to agree with the statement (57% compared with 64% of non-SIP residents). Similarly, a higher proportion of SIP area residents do not agree with the statement (30% compared with 18% of non-SIP residents).

As seen in Chart 6.6, a lower proportion of female residents say they feel safe (55% compared with 70% of men). The difference between genders is consistent across all age groups. A smaller proportion of residents aged 75+ say they feel safe (46% compared with at least 60% in all other age groups).

Chart 6.6 Feeling safe walking around the area by age and gender
(n =1,776)



Those in the least affluent DEPCATs are less likely to say they feel safe walking (81% in 1, 63% in 2, 73% in 3, 65% in 4, 57% in 5, 56% in 6 and 60% in 7).

6.4 Perceived Problems in the Local Area

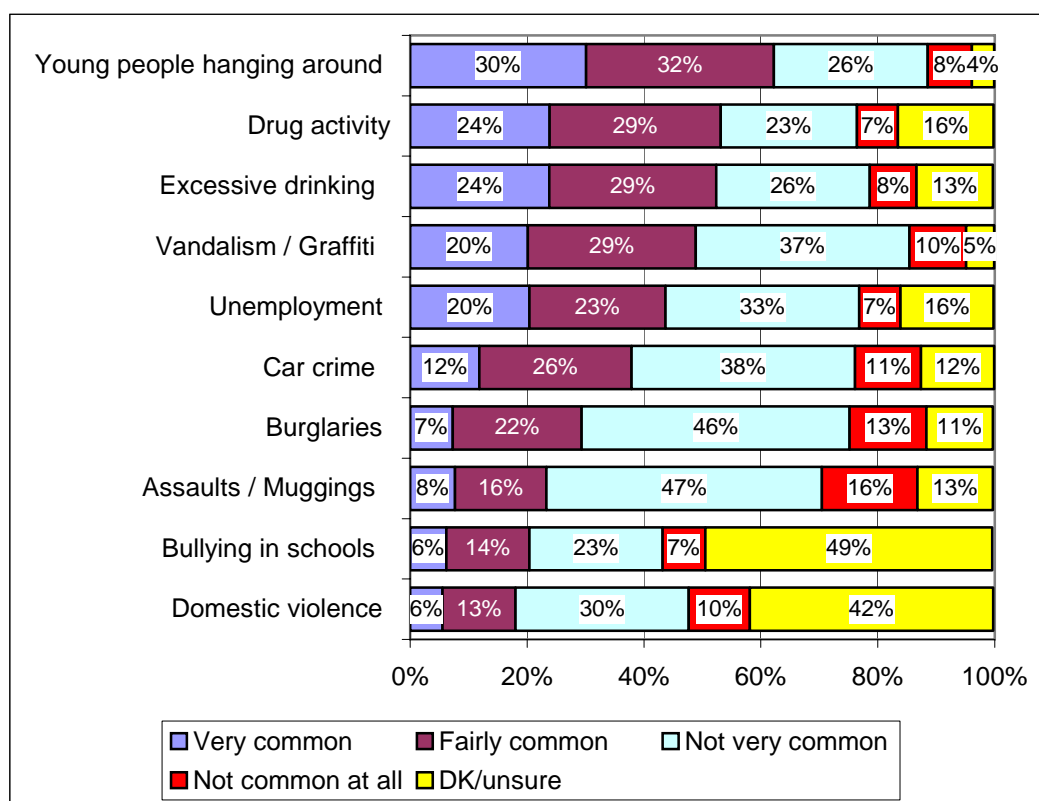
6.4.1 Summary

When asked how common a problem a range of issues are in the area, 'young people hanging around' is mentioned by six out of ten residents (62%) as being a very common / fairly common problem. Three out of ten residents (30%) say that this is a very common problem.

Drug activity, excessive drinking, vandalism / graffiti are mentioned by around half as being very common / fairly common problems (53%, 52% and 49% respectively). The problem areas are summarised in the chart below and explored in greater detail in the following section.

Chart 6.7 Perceived problems in the local area

(n=1,802)



All problem areas are more frequently mentioned by residents living within SIP areas.

Table 6.2 below highlights the frequency of problems mentioned by residents in SIP / non-SIP areas.

Table 6.2 Perceived problems in local area by SIP / non-SIP

	% saying fairly / very common problem		
	SIP	Non-SIP	GG NHSB
Young people hanging around (n= 1800)	79.3	56.0	62.2
Drug activity (n= 1798)	74.2	45.4	53.1
Excessive drinking (n= 1796)	73.8	44.5	52.3
Vandalism / graffiti (n= 1800)	72.2	40.2	48.8
Unemployment (n= 1798)	71.9	33.3	43.7
Car crime (n= 1800)	52.1	32.6	37.9
Burglaries (n= 1796)	34.2	27.7	29.3
Assaults / muggings (n= 1796)	40.0	17.2	23.3
Bullying in schools (n= 1794)	30.3	16.8	20.4
Domestic violence (n= 1797)	33.8	12.2	18.1

6.4.2 *Young People Hanging Around*

Six out of ten (62%) say 'young people hanging around' is a fairly common or very common problem, with three out of ten (30%) saying this is very common.

A higher proportion of residents in SIP areas say this is a fairly / very common problem (79% compared with 56% of non-SIP residents). Over half the residents living within SIP areas (55%) say that this is a very common problem compared with one in five (21%) non-SIP residents.

A higher proportion of younger residents say this is a fairly / very common problem and the proportions decline with each consecutive age group from 73% of 16-24s to 37% of those aged 75+.

A higher proportion of residents in the least affluent DEPCATs say this is a fairly / very common problem (39% in 1, 45% in 2, 42% in 3, 58% in 4, 59% in 5, 71% in 6 and 76% in 7).

6.4.3 *Drug Activity*

Over half (53%) say drug activity is a fairly / very common problem, with one in four (24%) saying it is very common.

A higher proportion of residents in SIP areas say this is a fairly / very common problem (74% compared with 45% of non-SIP residents). Half of those living within SIP areas (50%) say that this is a very common problem compared with 14% of non-SIP residents.

A lower proportion of residents aged 65+ say this is a fairly / very common problem (39% of 65-74s and 30% of those aged 75+), but this does appear to be a considerable area of concern for residents in the other age groups (mentioned by 59% of 16-24s, 61% of 25-34s, 54% of 35-44s, 57% of 45-54s and 52% of 55-64s).

A higher proportion of residents in the least affluent DEPCATs say this is a fairly / very common problem (37% in 1, 29% in 2, 23% in 3, 45% in 4, 51% in 5, 64% in 6 and 70% in 7).

6.4.4 *Excessive Drinking*

Half (52%) say excessive drinking is a fairly / very common problem, with one in four (24%) saying it is very common.

A higher proportion of residents in SIP areas say this is a fairly / very common problem (74% compared with 44% of non-SIP residents). Half of those living within SIP areas (51%) say that this is a very common problem compared with 14% of non-SIP residents.

Women tend to be less concerned about excessive drinking, (50% of women compared to 55% of men think this is a very/fairly common problem.)

Additionally those aged 55+ report a greater concern over excessive drinking, (51% of 55-64s, 36% of 65-74s and 28% of those aged 75+, compared with 60% of 16-24s, 63% of 25-34s, 53% of 35-44s and 55% of 45-54s).

A higher proportion of residents in the least affluent DEPCATs say this is a fairly / very common problem (31% in 1, 32% in 2, 32% in 3, 39% in 4, 48% in 5, 66% in 6 and 69% in 7).

6.4.5 Vandalism / Graffiti

Half (49%) say vandalism / graffiti is a fairly common or very common problem, with one in five residents (20%) saying it is very common. A higher proportion of residents aged 25-34 (56%) say it is a fairly/very common problem, compared with residents aged 65+ (40% of 65-74s and 32% of those aged 75+).

A higher proportion of residents in SIP areas say vandalism / graffiti is a fairly common / very common problem (72% compared with 40% of non-SIP residents). Four out of ten residents (41%) living within SIP areas say that this is a very common problem compared with just one in eight non-SIP residents (12%).

6.4.6 Unemployment

Almost one in four (23%) say that unemployment is a fairly common problem and a further one in five (21%) say it is a very common problem. One in three residents (33%) say it is not very common and a further one in fourteen (7%) say it is not a problem at all.

Those in SIP areas are more than twice as likely as non-SIP residents to say unemployment is a fairly common / very common problem (72% and 33% respectively).

A higher proportion of residents aged 25-34 say it is a fairly / very common problem (32%) compared with residents aged 65+ who are likely to be retired (41% of 16-24s, 51% of 25-34s, 45% of 35-44s, 48% of 45-54s, 50% of 55-64s, 34% of 65-74s and 26% of those aged 75+).

A higher proportion of residents living in least affluent DEPCATs say it is a fairly common / very common problem (6% in 1, 21% in 2 and 3, 35% in 4, 47% in 5, 54% in 6 and 64% in 7).

6.4.7 Car Crime

Four out of ten residents (38%) say car crime is a fairly / very common problem, with one in ten residents (12%) saying this is a very common problem. The proportion is greatest among the 25-34 age group (48%) and lowest among residents aged 65+ (28% of 65-74s and 13% of those aged 75+).

Table 6.3 Residents' perceptions of car crime by age and gender
(n=1,780)

	% saying fairly / very common problem							GGNHSB
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Men	45.2	46.4	38.2	44.9	37.4	22.8	14.6	39.2
Women	35.0	49.4	43.7	35.9	33.9	31.1	12.4	36.7

A higher proportion of residents in SIP areas say this is a fairly / very common problem (52% compared with 33% of non-SIP residents). One in five residents living within SIP areas (22%) say that this is a very common problem compared with 8% of non-SIP residents.

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (34% in 1, 22% in 2, 20% in 3, 29% in 4, 31% in 5, 48% in 6 and 7).

6.4.8 Burglaries

Burglaries are mentioned by three out of ten residents (29%) as being a fairly common or very common problem. Just under half of residents say that burglary is not a very common problem (46%). One in nine residents felt unable to answer this question (11%).

There is no significant difference in perceptions between genders (32% of men and 27% of women say it is a common / fairly common problem).

A higher proportion of residents in SIP areas say burglary is a fairly common / very common problem (34% compared with 28% of non-SIP residents). One in seven residents (15%) living within SIP areas say it is a very common problem compared with just one in twenty-five non-SIP residents (4%).

6.4.9 Assaults / Muggings

Almost one in four (23%) say assaults / muggings are a fairly common or very common problem, with 8% saying this is a very common problem. A higher proportion of men say fairly common or very common (26% compared with 21% of women). A higher proportion of residents aged 25-34 say it is a fairly / very common problem (32%) compared with residents aged 65+ (20% of 65-74s and 15% of those aged 75+).

A higher proportion of residents in SIP areas say assaults / muggings are a fairly common / very common problem (40% compared with 17% of non-SIP residents). One in five residents (20%) living within SIP areas say that this is a very common problem compared with just 3% of non-SIP residents.

A higher proportion of residents living in least affluent DEPCATs say it is a fairly common / very common problem (4% in 1, 6% in 2, 9% in 3, 19% in 4, 17% in 5, 32% in 6 and 37% in 7).

6.4.10 Bullying in Schools

One in five residents (21%) say bullying in schools is a fairly common / very common problem, with 6% of residents saying this is a very common problem.

A higher proportion of residents in SIP areas say bullying in school is a fairly common / very common problem (30% compared with 17% of non-SIP residents). One in eight residents (12%) living within SIP areas say that this is a very common problem compared with just 4% of non-SIP residents.

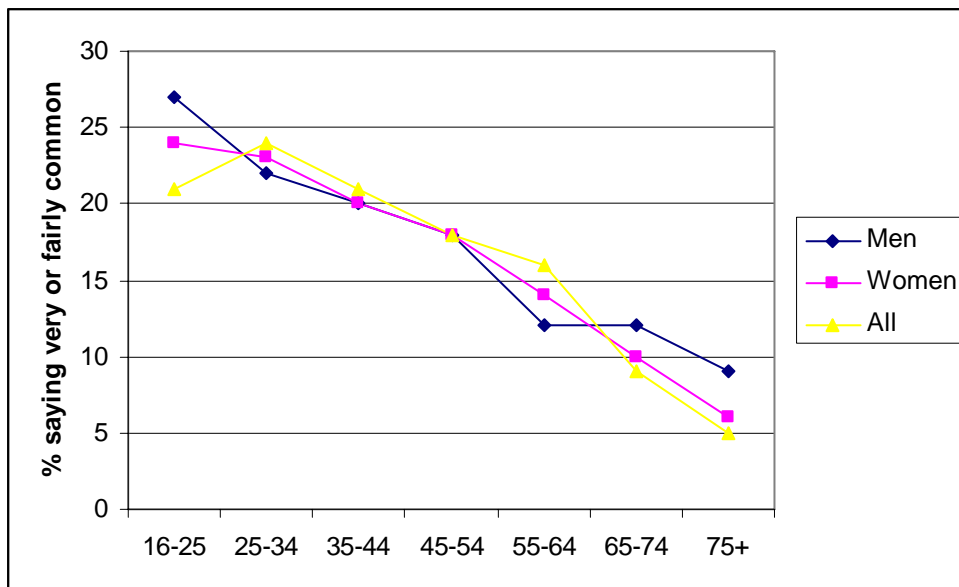
A higher proportion of residents aged 16-44 say it is a fairly / very common problem (25% of 16-24s, 27% of 25-34s and 26% of 35-44s do, compared with 22% of 45-54s, 17% of 55-64s, 8% of 65-74s and 3% of those aged 75+).

There is no clear pattern by DEPCAT on this measure (20% in 1, 19% in 2, 13% in 3, 15% in 4, 19% in 5, 23% in 6 and 24% in 7 say it is a very/fairly common problem).

6.4.11 Domestic Violence

Almost one in five (18%) say domestic violence is a fairly common / very common problem. There is very little difference in perceptions between genders (19% of men and 17% of women say it is a common / fairly common problem). A higher proportion of younger residents say it is a very / fairly common problem (shown in Chart 6.8).

Chart 6.8 Perceived problem of domestic violence by age and gender
(n=1,777)



A higher proportion of residents in SIP areas say domestic violence is a fairly common / very common problem (34% compared with 12% of non-SIP residents).

A higher proportion of residents living in least affluent DEPCATs say it is a fairly common / very common problem (3% in 1, 4% in 2, 10% in 3, 13% in 4, 17% in 5, 22% in 6 and 31% in 7).

6.5 Perceived Environmental Problems in the Local Area

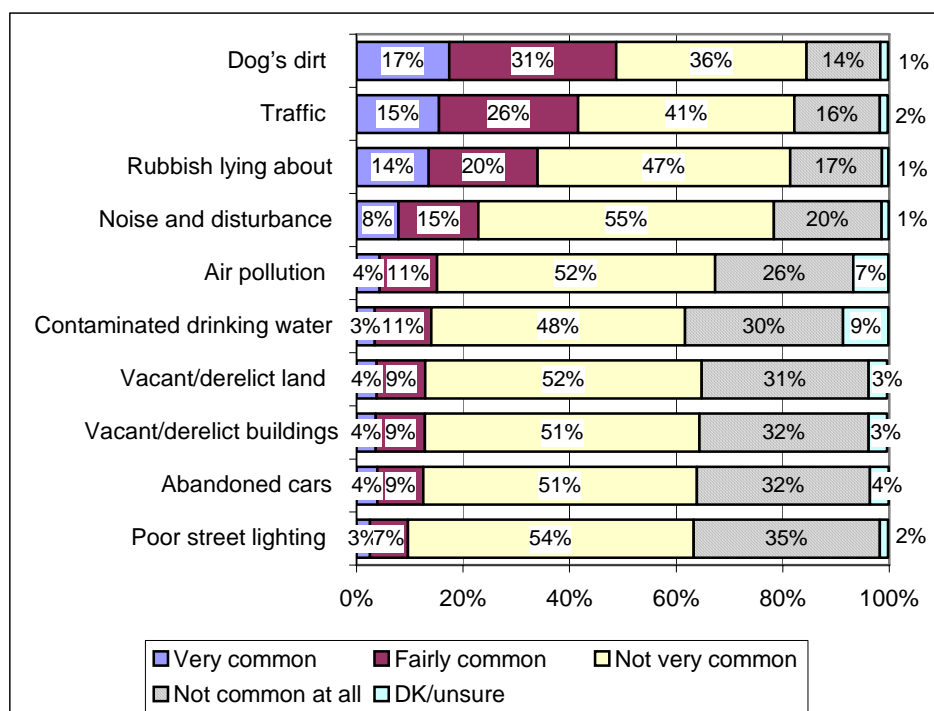
6.5.1 Summary

When asked how common a problem a range of environmental issues are in the local area, half (49%) say dog dirt is a very / fairly common problem.

Over a third of the residents say traffic and rubbish lying about are very common / fairly common problems (42% and 34% respectively). The perceived problem areas are shown

in the chart below and explored in greater detail in the following sections.

Chart 6.9 Perceived environmental problems in the local area
(n=1,802)



A higher proportion of residents living within SIP areas say the problems are very common / fairly common compared with residents in non-SIP areas (shown in Table 6.4 below).

Table: 6.4 Perceptions of environmental problems by SIP
(n=1,802)

	% saying fairly common / very common problem		
	SIP	Non-SIP	GGNHSB
Dog dirt	58.3	45.3	48.8
Traffic	49.2	38.9	41.6
Rubbish lying about	45.3	29.8	34.0
Noise and disturbance	35.6	18.2	22.8
Air pollution	17.0	14.5	15.1
Contaminated drinking water	19.0	12.3	14.1
Vacant / derelict buildings	27.6	7.5	12.9
Vacant / derelict land	27.0	7.7	12.9
Abandoned cars	21.5	9.2	12.6
Poor street lighting	12.5	8.7	9.7

6.5.2 Dog Dirt

Half (49%) say dog dirt is a fairly / very common problem, with 17% saying it is a very common problem.

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (58% compared with 45% of non-SIP residents). One in four residents living within SIP areas (27%) say that this is a very common problem compared with one in seven (14%) non-SIP residents.

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (34% in 1, 35% in 2, 32% in 3, 45% in 4, 51% in 5, 58% in 6 and 57% in 7).

6.5.3 Traffic

Four out of ten (15%) say traffic is a fairly common / very common problem, with one in six (16%) saying this is a very common problem. Four out of ten residents (41%) say that this is not a very common problem and one in six (16%) say this is not common at all.

A lower proportion of residents aged 65+ say this is a fairly / very common problem (43% of 16-24s, 46% of 25-34s, 40% of 35-44s, 46% of 45-54s, 44% of 55-64s and 35% of 65-74s and 31% of those aged 75+).

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (49% compared with 39% of non-SIP residents). One in five residents living within SIP areas (21%) say that this is a very common problem compared with 14% of residents in non-SIP areas.

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (32% in 1, 29% in 2, 32% in 3, 37% in 4, 39% in 5, 49% in 6 and 47% in 7).

6.5.4 Rubbish Lying About

One in three (34%) say rubbish lying about is a fairly / very common problem, with just 13% saying this is a very common problem.

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (45% compared with 30% of non-SIP residents). One in four residents living within SIP areas (25%) say that this is a very common problem compared with one in eleven non-SIP residents (9%).

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (9% in 1, 19% in 2, 27% in 3, 22% in 4, 32% in 5, 52% in 6 and 41% in 7).

6.5.5 Noise and Disturbance

Almost one in four (23%) say noise and disturbance is a fairly common / very common problem, with 8% saying this is a very common problem.

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (36% compared with 18% of non-SIP residents). One in four residents living within SIP areas (17%) say that this is a very common problem compared with one in twenty (5%) non-SIP residents.

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (6% in 1, 8% in 2, 13% in 3, 14% in 4, 16% in 5, 35% in 6 and 32% in 7).

6.5.6 Air Pollution

One in seven (15%) say air pollution is a fairly / very common problem, with 4% saying this is a very common problem. Half of residents (52%) say this is not common at all.

A similar proportion of residents in SIP and non-SIP areas say this is a fairly / very common problem (17% compared with 15% of non-SIP residents). However, a higher proportion of non-SIP residents say this is not at all common (28% compared with 20% of SIP residents).

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (5% in 1, 3% in 2, 9% in 3, 12% in 4, 13% in 5, 30% in 6 and 14% in 7).

6.5.7 Contaminated Drinking Water⁵

One in seven residents (14%) say contaminated drinking water is a fairly common / very common problem (with just 3% saying very common). Half of residents say this is not a very common problem (48%), and a further one in eleven residents did not feel able to answer this question (9%).

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (19% compared with 12% of non-SIP residents).

A higher proportion of residents in the 55-64 age group say this is a fairly common / very common problem (18% compared with 14% overall).

There is no clear pattern by DEPCAT on this measure (15% in 1, 4% in 2, 6% in 3, 12% in 4, 14% in 5, 22% in 6 and 14% in 7 say it is a very/fairly common problem).

⁵ It should be noted that there was an outbreak of cryptosporidium which affected Glasgow's water supply in August 2002 (ie just before fieldwork for this survey began). It is likely that this affected responses to this question.

6.5.8 *Vacant / Derelict Buildings*

One in seven residents (13%) say vacant / derelict buildings is a fairly common / very common problem (with just 4% saying very common).

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (28% compared with 7% of non-SIP residents). One in ten residents living within SIP areas (10%) say that this is a very common problem compared with just 1% of non-SIP residents.

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (1% in 1, 6% in 2, 3% in 3, 5% in 4, 7% in 5, 21% in 6 and 21% in 7).

6.5.9 *Vacant / Derelict Land*

One in eight (13%) say vacant / derelict land is a fairly common / very common problem (with just 8% saying very common).

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (27% compared with 8% of non-SIP residents). One in ten residents living within SIP areas (10%) say that this is a very common problem compared with just 1% of non-SIP residents.

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (1% in 1, 4% in 2, 4% in 3, 5% in 4, 6% in 5, 23% in 6 and 20% in 7).

6.5.10 *Abandoned Cars*

One in eight (13%) say abandoned cars are a fairly / very common problem, with just 4% saying this is a very common problem. Half say that this is not a very common problem (51%) and one in three (32%) say this is not common at all.

A similar proportion of men and women say this is a fairly / very common problem (14% and 12% respectively); with 5% of women saying this is a 'very common' problem compared with 2% of men.

A higher proportion of residents in SIP areas say this is a fairly common / very common problem (21% compared with 9% of non-SIP residents). One in eleven residents living within SIP areas (9%) say that this is a very common problem compared with just 2% of residents in non-SIP areas.

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (1% in 1, 2% in 2, 3% in 3, 6% in 4, 13% in 5, 22% in 6 and 17% in 7).

6.5.11 Poor Street Lighting

One in eleven (10%) say poor street lighting is a fairly common / very common problem, with only 3% saying this is a very common problem.

A slightly higher proportion of residents in SIP areas say this is a fairly common / very common problem (13% compared with 9% of non-SIP residents).

A higher proportion of residents living in the least affluent DEPCATs say it is a fairly common / very common problem (5% in 1, 4% in 2, 10% in 3, 6% in 4, 8% in 5, 13% in 6 and 13% in 7).

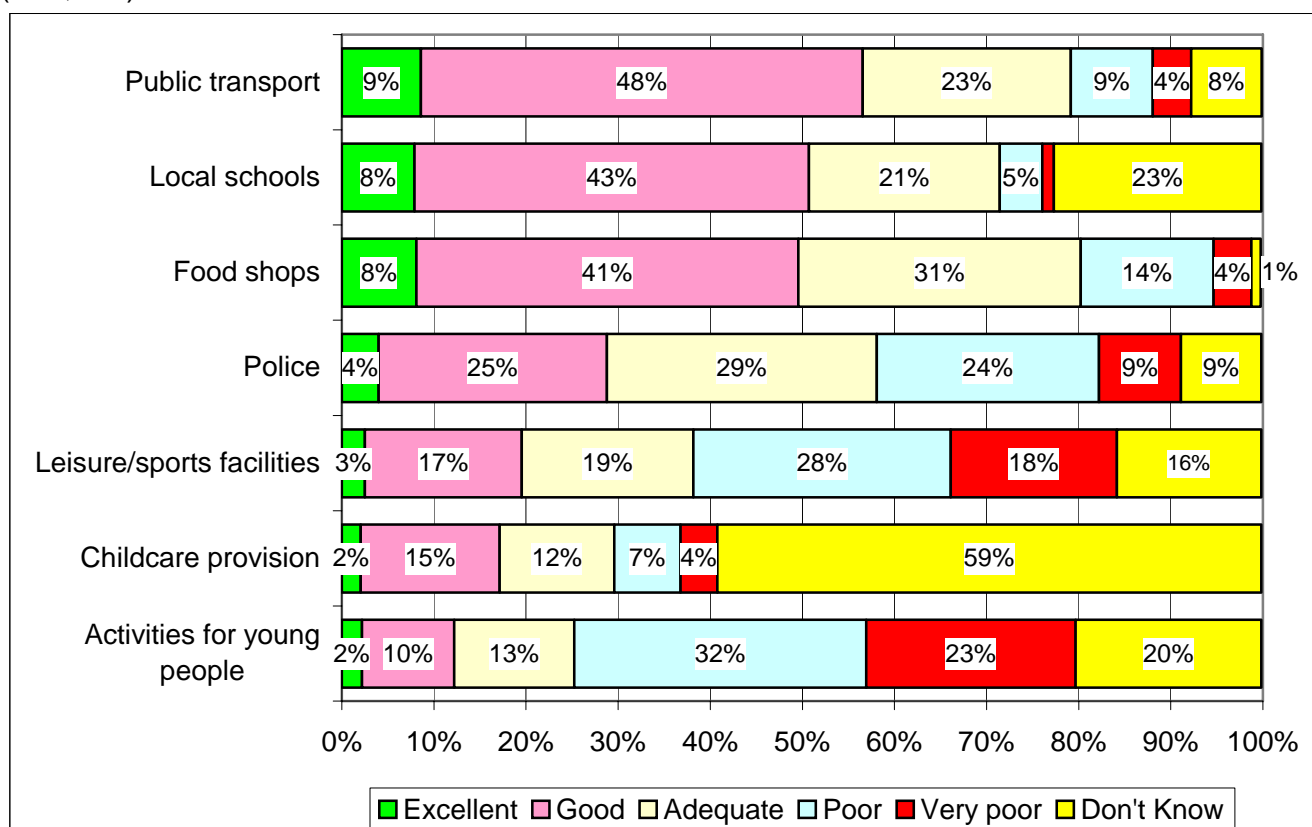
6.6 Perceived Quality of Services in the Area

6.6.1 Summary

Activities for young people and childcare provision are the two services with the poorest ratings. However a high proportion of residents answered don't know' to the rating for childcare provision (this could be a simple reflection of the number of parents in the sample).

Chart 6.10 Perceived quality of services in the area

(n=1,802)



Residents living within SIP areas tend to give lower ratings of all services (see Table 6.5).

Table 6.5 Perceived quality of services in the area by SIP / non-SIP
(n=1,802)

	% saying excellent / good		
	SIP	Non-SIP	GGNHSB
Public transport	55.1	57.3	56.6
Local schools	48.2	51.8	50.7
Food shops	41.2	52.8	49.6
Police	21.3	31.6	28.8
Leisure/sports facilities	17.0	20.6	19.5
Childcare provision	13.9	18.3	17.1
Activities for young people	11.0	12.7	12.2

6.6.2 Public Transport

Almost six out of ten (57%) rate the public transport in the area as good or excellent (9% say excellent) and one in eight (13%) say it is poor / very poor (4% say very poor).

Fewer residents in DEPCATs 1, 2 and 5 rate the public transport positively (51%, 51% and 47% respectively do, compared with 59% in 3, 65% in 4, 61% in 6 and 55% in 7).

However, there are a higher proportion of people who answer 'don't know' in DEPCATs 1 and 2 (14% and 12% respectively), which is probably an indication of less familiarity with public transport.

A similar proportion of residents across the socio-economic groups rate the public transport positively (58% of ABC1s compared with 56% of C2DEs); however, a slightly higher proportion of C2DEs rate the service as poor / very poor (15% of C2DEs compared with 11% of ABC1s).

A similar proportion of residents in SIP and non-SIP areas rate public transport positively (55% of SIP residents compared with 57% of non-SIP residents); however, there are differences in the strength of feelings shown (7% of SIP residents say it is very poor compared with 3% of non-SIP residents).

Public transport is equally rated by men and women (54% of men and 59% of women say it is good or excellent).

6.6.3 Local Schools

Half (51%) rate the local schools as good or excellent (8% say excellent) and only one in sixteen (6%) say they are poor / very poor (1% say very poor). A relatively high proportion of residents did not feel able to answer this question (13% of 35-44s, 18% of 45-54s and at least 20% in the other age groups).

The facilities are rated slightly more favourably by women (53% of women compared with 48% of men say they are good or excellent). In addition, more women rate the facilities as excellent (9% compared with 6% of men).

Fewer residents in the less affluent DEPCAT areas rate the facilities positively, around four out of ten residents (42%) rate the facilities as good or excellent in DEPCATs 5-7 compared with 57% of residents in DEPCATs 1-4.

Fewer residents in the less affluent socio-economic groups rate the facilities positively (48% of C2DEs compared with 54% of ABC1s).

6.6.4 Food Shops

Half (49%) rate food shops in the area as good or excellent (8% say excellent); 19% say they are poor and 4% say very poor.

The facilities are equally rated by men and women (51% of men and 49% of women say they are good or excellent). Fewer residents in the 65-74 age group rate them positively (43% saying good or excellent compared with between 47% and 58% in other age groups).

A higher proportion of residents in the less affluent DEPCATs rate the facilities as poor / very poor (26% of residents in DEPCAT 7 compared with 3% of residents in DEPCAT 1). In addition, there are more negative ratings of the facilities from residents in the less affluent DEPCATs (no residents in DEPCAT 1 say the facilities are very poor, rising in each consecutive DEPCAT to 8% in DEPCAT 7).

Fewer residents in the less affluent socio-economic groups rate the facilities positively (45% of C2DEs compared with 55% of ABC1s).

Fewer residents in SIP areas rate the facilities positively (41% of SIP residents say they are good or excellent, compared with 53% of non-SIP residents). In addition, the strength of negative perception also more evident among residents within SIP areas (8% of SIP residents say the facilities are very poor, compared with 3% of non-SIP residents).

6.6.5 Police

Three out of ten (29%) rate the police service in the area as good or excellent (4% say excellent), with a similar proportion (33%) saying it is poor / very poor (9% say very poor). One in eleven residents answer 'don't know' (9%).

Just under half of residents (47%) in DEPCAT 7 rate the facilities as poor or very poor with 17% saying very poor. This compares with between 17% and 34% rating the service as poor / very poor in other DEPCATs and between 3% and 6% saying very poor in other DEPCATs).

A higher proportion of residents in the less affluent socio-economic groups rate the police as poor / very poor (37% of C2DEs compared with 28% of ABC1s).

Residents in non-SIP areas rate the police considerably more positively (32% of non-SIP residents say they are good or excellent, compared with 21% of SIP residents). Similarly, stronger negative feelings are more evident among SIP residents (18% rate the police as very poor compared with 5% of non-SIP residents).

6.6.6 *Leisure/Sports Facilities*

One in five (19%) rate the leisure/sports facilities in the area as good or excellent (3% say excellent), with just under half (46%) saying they are poor / very poor (18% say very poor). An higher proportion of older residents answer 'don't know' (18% of 55-64s, 30% of 65-74s and 49% of those aged 75+), probably due to their making less use of these facilities.

A higher proportion of residents in DEPCATs 1, 3 and 4 rate the facilities positively (37%, 26% and 25% respectively compared with 12% in 2, 14% in 5, 18% in 6 and 16% in 7).

Similarly, stronger negative feelings are more evident in areas 2, 5, 6 and 7 (25%, 21% 17% and 26% respectively rating the facilities as very poor compared with 6% in 1, 11% in 3 and 8% in 4).

Fewer residents in the less affluent socio-economic groups rate the facilities positively (16% of C2DEs compared with 23% of ABC1s).

Residents in non-SIP areas rate the facilities similarly (21% of non-SIP residents say they are good or excellent, compared with 17% of SIP residents). Similarly, there are more negative ratings of the facilities by those living in SIP areas (28% rating the facilities as very poor compared with 14% of non-SIP residents).

6.6.7 *Childcare Provision*

One in six (17%) rate the childcare provision in the area as good or excellent (2% say excellent), with one in nine (11%) saying they are poor / very poor (4% say very poor). The majority of residents answer 'don't know' (59%).

A higher proportion of those aged between 25 and 54 rate the facilities as poor / very poor (18% of 25-34s, 17% of 35-44s and 11% of 45-54s compared with between 2% and 8% in the other age groups). Those aged 25-54 are the age groups most likely to make use of childcare and hence are more likely to offer an opinion on this measure.

Fewer residents in less affluent DEPCAT areas rate the facilities positively (28% in area 1 and 2 compared with 13% in areas 6 and 7).

Fewer residents in the less affluent socio-economic groups rate the facilities positively (14% of C2DEs compared with 20% of ABC1s).

Residents in SIP areas tend to rate the facilities similarly to non-SIP residents (14% replied 'good/excellent' compared with 18% of non-SIP residents). However, there are more negative ratings of the facilities from those respondents living in SIP areas (7% rate the facilities as very poor compared with 3% of non-SIP residents).

6.6.8 *Activities for Young People*

One in eight (12%) rate the activities for young people in the area as good or excellent (2% say excellent) and the majority (55%) say they are poor / very poor (23% say very poor). An increasingly higher proportion of older residents answer 'don't know' (21% of 55-64s, 34% of 65-74s and 51% of those aged 75+).

Men and women rate the activities equally (14% of men and 11% of women respectively say they are good or excellent).

Fewer residents in the less affluent DEPCAT areas rate the activities positively (6% in 5 and 11% in 6 and 7 compared with 19% in 1, 8% in 2, 17% in 3 and 18% in 4). Lower ratings are again seen in DEPCAT 2 (8%) compared with the other more affluent areas.

Fewer residents in the less affluent socio-economic groups rate the facilities positively (10% of C2DEs compared with 15% of ABC1s).

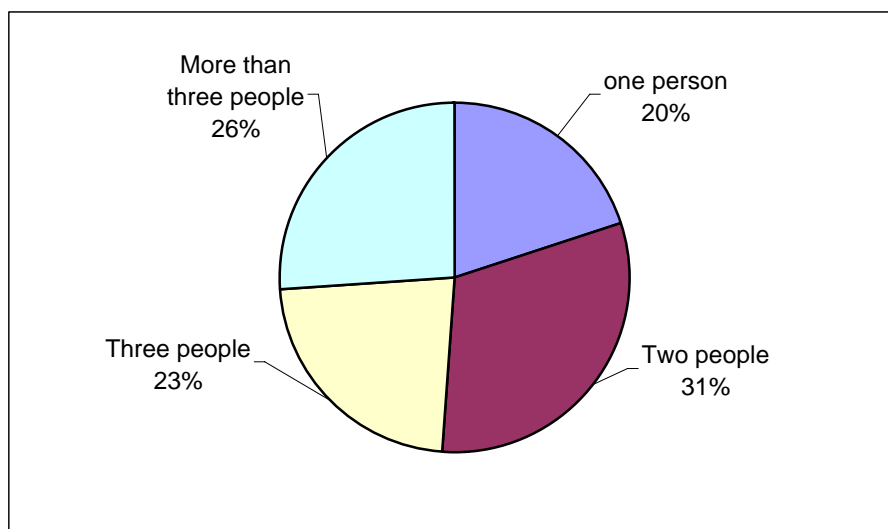
A similar proportion of residents in SIP and non-SIP areas rate the activities positively (11% of SIP residents say they are good or excellent, compared with 13% of non-SIP residents). However, there are differences in the number who rate the activities negatively, with those in SIP areas having a more negative view (39% of SIP residents rate them as very poor compared with 17% of non-SIP residents).

6.7 Individual Circumstances

6.7.1 Household Size

One in five residents (20%) say they live alone. The full breakdown of household size is shown in Chart 6.6 below.

Chart 6.6 Household size
(n=1,802)



6.7.2 Ethnicity

Over nine out of ten residents who completed this study are white (95%). Three percent are Pakistani, 0.5% are Indian, and there is a small representation of Black African or Chinese (0.4% and 0.3% respectively).

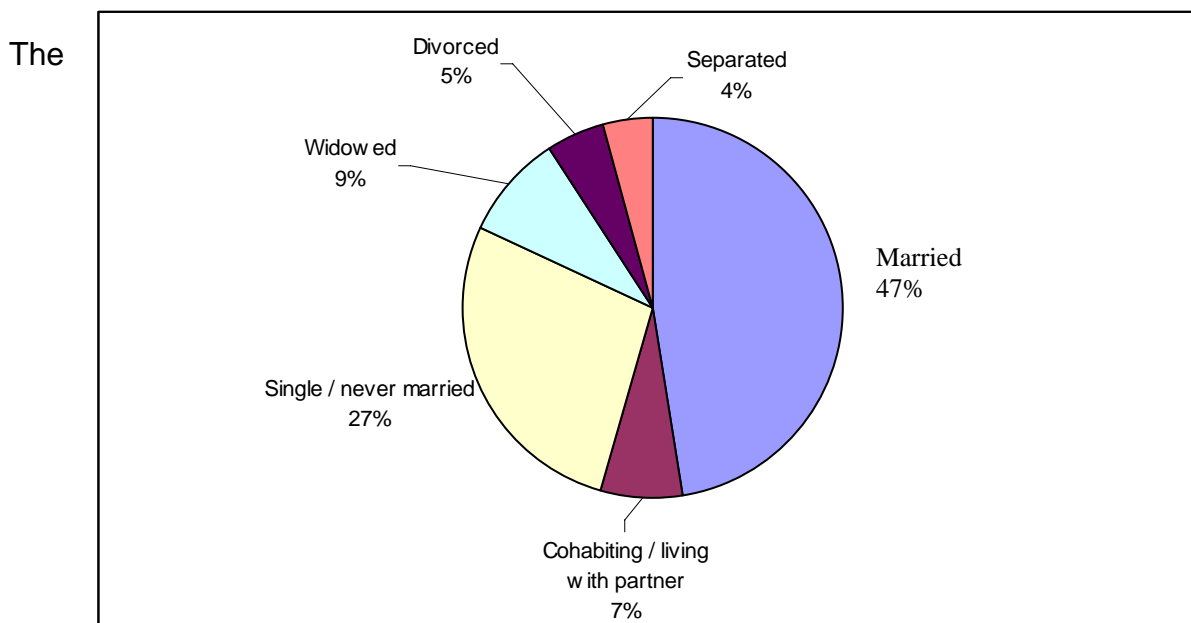
Among younger residents the proportion of ethnic minorities is slightly higher (90% are white among those aged 16-34 compared with 99% of those aged 55+). The survey was also completed by a higher proportion of Pakistani women (5% compared with 2% of Pakistani men), while there was a higher proportion of men within the other minority groups.

6.7.3 Marital Status

Just under half of residents say they are married (47%). The full breakdown of marital status is shown in Chart 6.7 below.

Chart 6.7: Marital Status

(n=1,802)



proportion of residents who say they are married increases considerably among the 35+ age groups (38% of 25-34s compared with 64% of 35-44s and 68% of 45-54s) and starts to decline among those aged 65+ (57% of 65-74s and 29% of those aged 75+), with a corresponding increase in the proportion of widowed residents (29% of 65-74s and 57% of those aged 75+).

The proportion of residents who are divorced or separated is higher among the less affluent DEPCAT areas (1-2% in DEPCATs 1 and 2 compared with 7% in 3, 8% in 4, 10% in 5 and 6 and 15% in area 7).

Fewer residents living within SIP areas say they are married (35% compared with 52% of non-SIP residents).

6.7.4 Households with Children Under 14 and Use of Childcare

Just over one in three households (36%) say they have children under fourteen. A greater proportion of women respondents say that they have children compared with men (43% and 28% respectively). The proportion is also higher among SIP areas (44% compared with 34% of non-SIP residents).

Of those that do have children under 14, one in three households (35%) say that they use childcare facilities. This proportion is higher among the upper socio-economic groups (54% of ABC1s compared with 20% of C2DEs). Similarly fewer residents living in SIP areas use childcare facilities (23% compared with 41% of non-SIP residents).

6.7.5 Having a Telephone in the Home

Nine out of ten residents (91%) say they have a telephone in their home. This proportion is lower among the 16-34 age groups (87% of 16-24s and 95% of 25-34s).

Telephone ownership is higher among the more affluent DEPCAT areas (98% in DEPCATs 1, 2, 3 and 4 compared with 95% in DEPCAT 5, 89% in DEPCAT 6 and 81% in DEPCAT 7).

A similar decrease in residents with a telephone is evident when looking across the socio-economic groups (99% of ABs compared with 93% of C1C2s and 84% of DEs).

Fewer residents living within SIP areas say they have a telephone (82% compared with 95% of non-SIP residents).

6.7.6 Internet Access

Just over four out of ten (43%) say they have access to the Internet. This proportion is consistent across genders (43% of both men and women) and is higher among the 16-54 age groups (67% of 16-24s and 51% of 25-54s compared with 29% of 55-64s, 12% of 65-74s and 4% of those aged 75+).

Internet access is higher in the more affluent DEPCAT areas (62% in DEPCATs 1, 2 and 3 compared with 42% in DEPCATs 4-6 and 24% in DEPCAT 7).

ABC1s are more than twice as likely as C2DEs to say they have access to the Internet (63% and 27% respectively).

Similarly, half as many residents living within SIP areas say they have access to the Internet compared with non-SIP residents (24% and 50% respectively).

Of those who do have access to the Internet, six out of ten say they have access at home (58%), 14% have access elsewhere and three out of ten (28%) have access both at home and elsewhere. Methods of access also differ between SIP and non-SIP areas (see Table 6.8).

Table 6.8: Methods of accessing the Internet

Base: All with Internet access (n= GGNHSB 766, SIP 117, non-SIP 649)

	SIP	Non-SIP	GGNHSB
Home	69.2	56.2	58.2
Elsewhere	16.2	13.1	13.6
Both	14.5	30.7	28.2

6.7.7 Car Ownership

Six out of ten residents (60%) say that someone in their household owns a car. This proportion is slightly higher among men (63% compared with 57% of women) and declines considerably among the 65+ age groups (45% of 65-74s and 19% of those aged 75+, compared with 62% of 16-24s, 65% of 25-34s). Car ownership is highest among those aged 35-44 and 45-54 (70% and 71% respectively).

Car ownership is higher in the more affluent DEPCATs (89% in 1, 91% in 2 and 83% in 3, compared with 66% in 4, 63% in 5, 53% in 6 and 34% in 7).

A similar decrease in car ownership is evident when looking across the socio-economic groups (82% of ABs compared with 67% of C1C2s and 38% of DEs).

Those living in non-SIP areas are twice as likely as SIP area residents to say they own a car (69% and 35% respectively).

6.7.8 Main Form of Transport

Overall, half of residents say they use a car/motorcycle/moped as their main form of transport (52%), with a further 37% saying they mainly use public transport.

Table 6.9: Main form of transport

(n=1,802)

	%
Car/motorcycle/moped	51.8
Public transport (buses and trains)	36.6
Cycling	1.2
Walking	6.8
Never go out	1.1
Other	2.4

Residents within SIP areas, have a greater reliance on public transport (50% compared with 32% of non-SIP residents) and a lower proportion use a car / motorcycle / moped (34% compared with 59% of non-SIP residents).

6.7.9 Caring Responsibilities

One in twenty (5%) say they are responsible for caring for someone on a day-to-day basis (excluding children). This proportion is higher among women (7% compared with 3% of men) and among those aged 35-74 (with the highest proportion seen among the 45-54s at 8%).

Of those who do care for someone, almost four out of ten (37%) say they are involved for up to eight hours a day, and half (51%) say they are involved for between nine and twenty four hours a day.

The hours spent caring are higher among women (44% of male carers say they are involved for between nine and twenty four hours a day hours compared with 64% of female carers, while 56% of male carers say they are involved for up to eight hours compared with 36% of female carers).

6.7.10 Level of Educational Qualifications Obtained

One in four (26%) say they have no educational qualifications, and this proportion increases among each subsequent age group (from 8% of those aged 16-24 to around a half of those age 65+). The educational attainment levels are shown in Table 6.10 below. This table also shows that residents within non-SIP areas tend to have higher education levels compared with SIP area residents.

Table 6.10 Highest educational qualification by SIP / non-SIP
(n=1,781)

	SIP	Non-SIP	GGNHBS
School leaving certificate	20.0	11.7	13.9
'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent	17.7	13.2	14.4
Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Certificate or equivalent	4.0	10.8	9.0
GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City & Guilds Craft, RSA or equivalent	2.5	2.3	2.4
GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City & Guilds Advanced Craft, RSA Advanced Diploma or equivalent	4.6	5.4	5.2
Apprenticeship / trade qualification	3.5	5.8	5.2
HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	4.0	8.0	6.9
First Degree, Higher Degree	3.5	17.6	13.8
Professional qualifications	1.2	3.7	3.0
None	39.1	21.5	26.2

A higher proportion of women say they their highest level of qualification is 'O' Grade or equivalent (18% compared with 10% of men). Very few women say they have an apprenticeship / trade qualification (0.4% compared with 11% of men).

6.7.11 Proportion of Household Income Coming from State Benefits

Half (51%) say they receive some form of benefits, with three out of ten (28%) saying that all their income comes from benefits.

A higher proportion of women say they receive some form of benefits (58% compared with 45% of men). The proportion of residents saying they receive some form of benefits is higher among older residents with over half of those aged 65+ saying all their income comes from benefits, this probably reflects the collection of the OAP pension.

A greater proportion of residents within SIP areas say they receive some form of benefits compared with non-SIP area residents (see Table 6.11).

Table 6.11 Proportion of income from state benefits by SIP / non-SIP
(n=1,764)

	SIP	Non-SIP	GGNHSB
None	22.5	51.3	43.3
Very little	7.6	13.3	11.7
About a quarter	2.2	3.1	2.8
About a half	6.1	4.5	4.9
About three quarters	3.9	3.8	3.9
All	54.8	18.3	28.4

6.7.12 Type of Benefits Received

Of those who say they receive some form of benefit, the largest proportion receive a retirement pension (38%) followed by Income Support (29%). One in four report receiving disability related benefits or housing benefits.

Table 6.12 Type of benefits received by SIP and non-SIP
(n=998)

Type of benefit (not mutually exclusive)	SIP	Non-SIP	GGNHSB
Retirement pension	30.5	42.8	38.1
Income Support	47.2	17.6	28.8
Disability-Related benefits	29.4	22.8	25.3
Housing Benefits	35.8	18.8	25.2
Other pension	9.2	16.8	13.9
Family Tax Credit	6.2	4.2	5.0
Attendance allowance	4.0	5.7	5.0
Jobseekers' Allowance	5.9	4.2	4.9
Disabled persons tax credit	1.2	0.5	0.8
Other	7.5	15.8	12.6
No reply	1.9	8.2	5.8

6.7.13 Household Income

Just under half of residents did not answer this question (46%), one in five say they do not know the monthly income (21%) and one in four (26%) refused to answer. Household income levels are lower within SIP areas (shown in Table 6.13).

Table 6.13 Monthly household income by SIP / non-SIP
(n=1,784)

	SIP	Non-SIP	GGNHSB
Less than £200	1.0	0.4	0.6
£200 up to £299	4.9	1.2	2.2
£300 up to £399	11.0	3.8	5.8
£400 up to £599	13.9	5.7	8.0
£600 up to £799	8.0	4.3	5.3
£800 up to £999	8.0	4.5	5.4
£1,000 up to £1199	4.9	3.6	4.0
£1,200 up to £1399	1.6	4.6	3.8
£1,400 up to £1999	4.9	6.6	6.2
£2,000 up to £2999	3.5	7.9	6.7
£3,000 and over	2.7	7.2	5.9
Don't know	19.2	21.1	20.6
Refused	16.4	29.1	25.6

6.7.14 Perceived Adequacy of Income

Respondents were presented with a 7-point 'faces' scale, with the expressions on the faces ranging from very happy to very sad (see section 3.2.2). Using this scale, they were asked to rate how they felt about the adequacy of their income. Those selecting any of the three 'smiling' faces were categorised as having a positive perception.

Overall, almost two in three (65%) have a positive perception of the adequacy of their income. Those living in SIP areas are, however, far less likely to rate it positively (50% do, compared with 70% in non-SIP areas).

Ratings are lower among those aged 25-34 (57% are positive) and higher among those aged 75+ (74% positive) and those aged 45-54 (70% positive).

Those in the more affluent DEPCATs tend to rate their income more positively (90% of those in area 1 are positive, compared with 53% in area 7). Correspondingly, ratings are higher among ABC1s than among C2DEs (76% and 56% respectively give a positive rating).

6.7.15 Difficulty Meeting the Cost of Specified Household Items or Bills

Respondents were asked how often they found it difficult to meet the payments for a number of scenarios. Treats / holidays and clothes / shoes have the highest proportion of residents saying they have difficulty very often or quite often (15% and 10% respectively).

The proportion of residents saying they have some form of difficulty is higher among within SIP areas (see Table 6.14).

Table 6.14 Difficulty of meeting payments by SIP / non-SIP
(n=1,802)

	% say very or quite often difficult to meet the cost		
	SIP	Non-SIP	GGNHSB
Treats/holidays (n= 1774)	26.1	10.5	14.8
Clothes and shoes (n= 1776)	19.1	6.6	10.0
Council tax, insurance (n= 1761)	9.0	4.3	5.6
Telephone bill (n= 1773)	7.4	3.4	4.5
Gas, electricity and other fuel bills (n= 1772)	6.8	3.0	4.0
Food (n= 1772)	5.9	2.6	3.5
Rent/mortgage (n= 1772)	3.9	2.7	3.0

6.7.16 Difficulty Finding Unexpected Sums

Respondents were also asked how difficult it would be to find a sum of money to meet an unexpected expense. One in twenty-five (4%) say it would be impossible / a big problem to find £20, almost one in five (18%) say it would be impossible / a big problem to find £100 and almost half (47%) say it would be impossible / a big problem to find £1,000.

The proportion of residents saying they would have difficulty finding the sums is consistently higher within SIP areas (see Table 6.15).

Table 6.15 Difficulty of finding money for unexpected expenses, by SIP / non-SIP
(n=1,802)

Amount	% saying impossible / a big problem to find...		
	SIP	Non-SIP	GG NHSB
£20	8.8	2.0	3.9
£100	40.7	9.0	17.7
£1,000	76.9	36.3	47.4

A greater proportion of residents in SIP areas say it would be 'impossible to find' the higher amounts:

- One in ten SIP residents (10%) say it would be impossible to find £100 compared with 2% of non-SIP residents
- Over half of SIP residents (54%) say it would be impossible to find £1,000 compared with one in five (20%) non-SIP residents.

6.7.17 Other Factors About the Home that Affect Health

When asked if there was anything about their home that affects residents' health 8% said that there is. This proportion is higher among SIP households (13% compared with 6% of non-SIP households). The most frequently mentioned factors are shown below:

Table 6.16 Aspects of residents homes that affect health by SIP / non-SIP
(n=145)

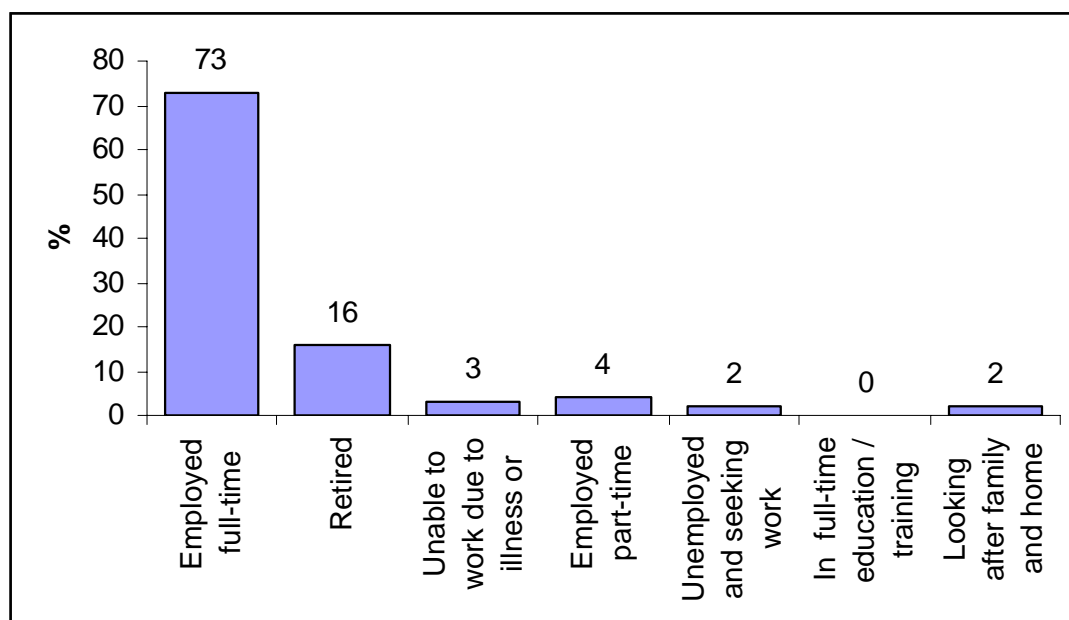
Area of Home	SIP	Non-SIP	GGNHSB
Stairs	15.0	23.1	21.0
Damp	23.6	16.0	20.6
Lack of central heating	6.3	8.52	8.1
Cold / Draught	9.9	4.5	7.3
Noisy / difficult neighbours	8.1	4.8	6.6
Passive smoking	0	6.8	4.2
Pollution (e.g. traffic)	2.3	4.5	3.8
Overcrowding	7.1	0.6	3.6

6.7.18 Employment Information

Within the sample of residents surveyed, six out of ten (61%) say that they are the main wage earner for the household. A higher proportion of main wage earners are men (78% compared with 48% of women).

The employment status of the main wage earner is shown in Chart 6.14 below.

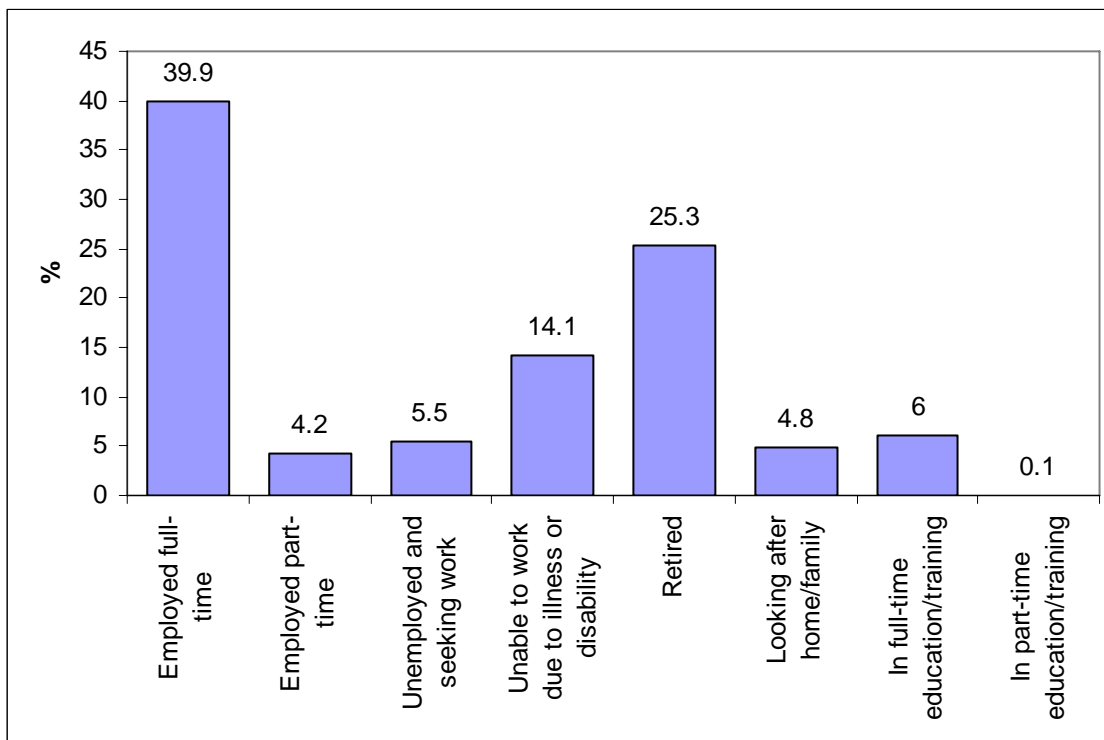
Chart 6.14: Employment Status of Main Wage Earner
(n=1,802)



Of the residents who are unemployed, just under half (44%) have been unemployed for up to six months, three out of ten (29%) for 7 months to a year, a quarter (24%) for between 1-5 years and 2% have been unemployed for over five years.

The employment status of the respondent is shown in Chart 6.15 below.

Chart 6.15: Employment Status of respondent
(n= 1094)



SOCIAL CAPITAL

7 SOCIAL CAPITAL

7.1 View of Local Area

Respondents were presented with a 7-point 'faces' scale, with the expressions on the faces ranging from very happy to very sad (see Section 3.2.2). Using this scale, they were asked to rate their local area: (a) as a place to live, and (b) as a place in which to bring up children. Those selecting any of the three 'smiling' faces were categorised as having a positive perception.

7.1.1 Area as a Place to Live

Overall, almost three-quarters (73%) have a positive perception of their area as a place to live. Those living in SIP areas are, however, far less likely to rate it positively (54%, compared with 80% in non-SIP areas).

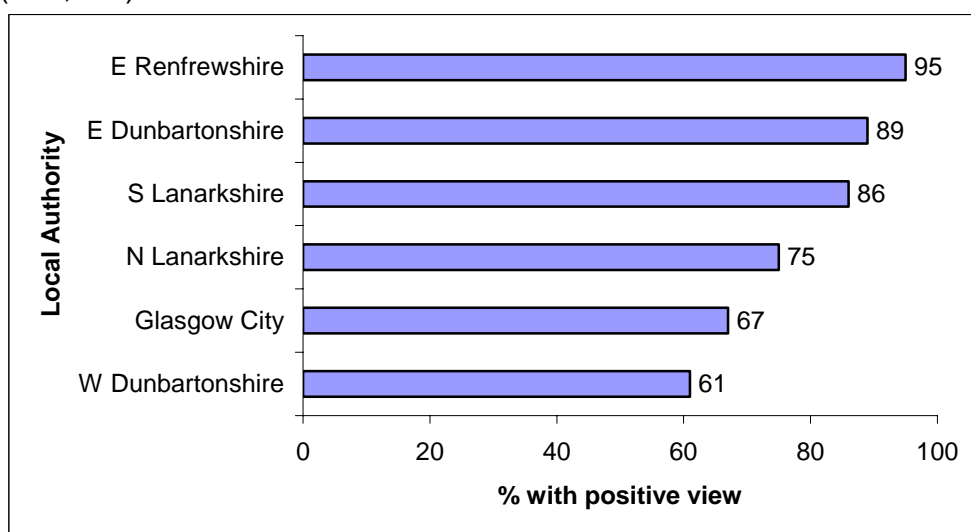
Ratings are high in all age groups, but particularly so among those aged 75+, of whom 83% give a positive rating.

Those in the more affluent DEPCATs tend to rate their local area more highly (96% of those in DEPCAT 1 are positive, compared with 58% in DEPCAT 7). Correspondingly, ratings are higher among ABC1s than among C2DEs (82% and 66% respectively give a positive rating).

Those with higher-level qualifications (Highers, HNCs, degrees and professional qualifications) are more likely than those without such qualifications to be positive about their local area as a place to live (85% of those with such qualifications, compared with 67% of those with other or no qualifications).

Chart 7.1 shows that those living in East Renfrewshire are most likely to give a positive rating and those in West Dunbartonshire are least likely to do so.

Chart 7.1: Positive view of local area as a place to live by Local Authority
(n=1,759)



There are very strong links between social exclusion measures and likelihood of rating the local area positively. Table 7.1 shows the social exclusion measures that have a statistically significant relationship with view of local area as a place to live:

Table 7.1 Social exclusion measures by view of area as a place to live
(base sizes are shown within in the table)

	% with a positive view
Total (n=1,802)	72.8
No-one to help with a problem (n=142)	50.0
Someone to help with a problem (n=1,342)	76.4
Ever feel isolated from family/friends (n=261)	56.3
Never feel isolated from family/friends (n=1,514)	75.5
No control over 'life decisions' (n=94)	50.0
At least some control over 'life decisions' (n=1,697)	74.0
Someone in household on Income Support (n=286)	52.4
No-one in household on Income Support (n=1504)	76.6
Problem meeting unexpected £20 expense (n=253)	54.2
No problem meeting unexpected £20 expense (n=1,449)	76.1
Problem meeting unexpected £100 expense (n=662)	59.2
No problem meeting unexpected £100 expense (n=1,042)	81.5
Not a positive perception of adequacy of household income (n=600)	56.8
Positive perception of adequacy of household income (n=1,105)	82.3

There are also strong links between fear of crime and rating of the area as a place to live. Table 7.2 shows that those who feel safe in the local area are significantly more likely than those who do not feel safe to give a positive rating of their area.

Table 7.2 Fear of crime by view of area as a place to live
(base sizes are shown within in the table)

	(n)	% with a positive view
Total	(1,802)	72.8
Do not feel safe using public transport	(92)	42.4
Feel safe using public transport	(1,416)	75.4
Do not feel safe walking around	(378)	51.9
Feel safe walking around	(1,114)	80.3
Do not feel safe in own home	(29) ⁶	20.7
Feel safe in own home	(1,669)	75.0

⁶ Note small base

There is a link between having a positive perception of the local area and most measures of health. Table 7.3 shows the health measures that have a statistically significant relationship with view of local area as a place to live:

Table 7.3 Health measures by view of area as a place to live
(base sizes are shown within in the table)

	(n)	% with a positive view
Total	(1,802)	72.8
Positive about general health	(1,195)	76.0
Not positive about general health	(591)	66.2
Positive about physical well-being	(1,375)	78.7
Not positive about physical well-being	(412)	52.9
Positive about quality of life	(1,519)	77.4
Not positive about quality of life	(266)	46.6
Positive about mental/emotional well-being	(1,464)	77.9
Not positive about mental/emotional well-being	(323)	49.5
HAD score <11	(1,693)	73.6
HAD score 11+ (ie depressed)	(97)	58.8
No long-standing illness	(1,370)	74.7
Long-standing illness	(418)	66.5
Doesn't smoke	(1,192)	77.3
Smokes	(591)	63.6
Not exposed to others' smoke most of the time	(1,138)	78.0
Exposed to others' smoke most of the time	(650)	63.2
Not underweight or extremely obese	(1,686)	73.4
Underweight or extremely obese	(61)	50.8
No difficulty arranging GP home visit	(783)	74.1
Difficulty arranging GP home visit	(322)	61.8
No difficulty accessing health services in an emergency	(976)	72.7
Difficulty accessing health services in an emergency	(157)	60.5
No difficulty getting prescription made up	(1,615)	73.5
Difficulty getting prescription made up	(63)	55.6

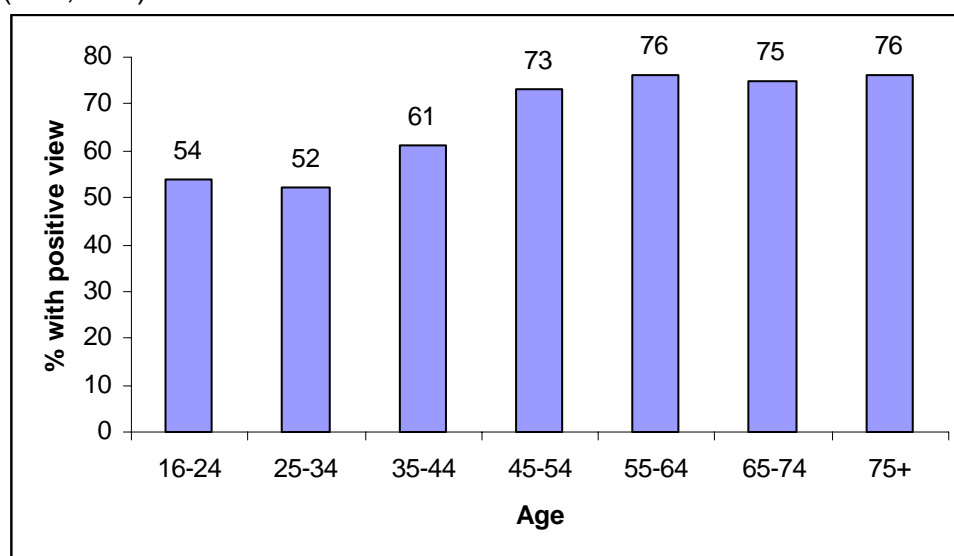
7.1.2 Area as a Place to Bring Up Children

Overall, almost two-thirds (64%) have a positive perception of their area as a place to bring up children. Once again, however, those living in SIP areas are far less likely to rate it positively (48% compared with 70% in non-SIP areas).

The age groups most likely to have young children in the household are least likely to be positive about their area as a place to bring up children. Three-quarters (75%) of those aged 45+ give a positive rating on this measure, compared with 61% of those aged 35-44 and only 53% of those aged under 35 (see Chart 7.2).

Chart 7.2 Positive view of local area as a place to bring up children by age

(n=1,759)

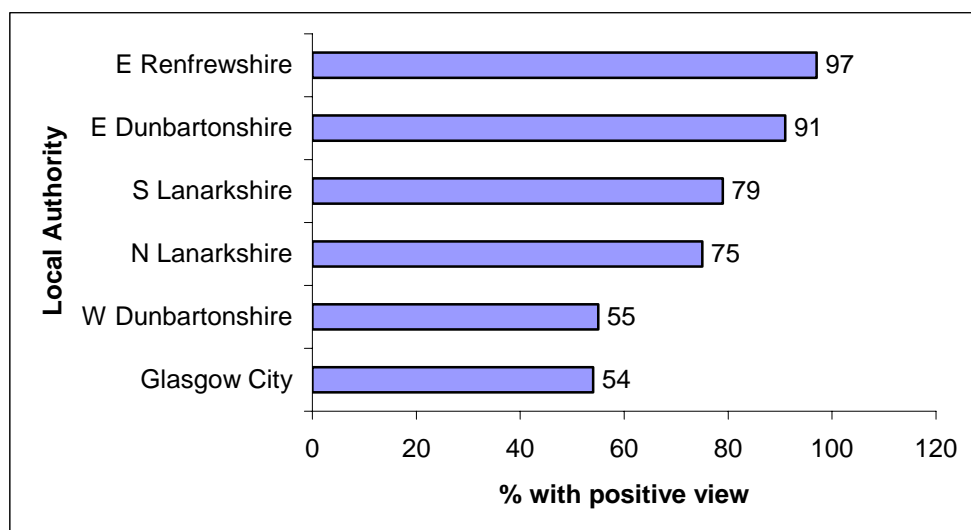


Again, those living in the more affluent DEPCATs are most likely to be positive (97% of those in DEPCAT 1 are, compared with 52% of those in DEPCAT 7). Similarly, ABC1s are most likely to give a positive rating on this measure (62%, compared with 60% of C2s and Es, and 57% of Ds).

Those with Highers, degrees, professional qualifications or trade qualifications are among those most likely to be positive on this measure (74%, 71%, 77% and 70% respectively), compared to those whose highest level of education is a school leaving certificate, GCSE, GNVQ level 1 or 2, GNVQ level 3 or equivalent or a HND (65%, 58%, 50%, 61%, 63% respectively).

Chart 7.3 shows that those resident in East Renfrewshire are most likely to be positive about their area as a place to bring up children, and those in Glasgow City and West Dunbartonshire are least so.

Chart 7.3 Positive about area as a place to bring up children by Local Authority
(n=1,759)



There are very strong links between social exclusion measures and likelihood of rating the local area positively as a place to bring up children, as shown in Table 7.4:

Table 7.4 Social exclusion measures by view of area as a place to bring up children
(base sizes are shown within in the table)

	(n)	% with a positive view
Total	(1,802)	64.4
No-one to help with a problem	(141)	43.3
Someone to help with a problem	(1,334)	69.0
Ever feel isolated from family/friends	(259)	45.2
Never feel isolated from family/friends	(1,508)	67.6
No control over 'life decisions'	(90)	42.2
At least some control over 'life decisions'	(1,691)	65.6
Someone in household on Income Support	(286)	45.5
No-one in household on Income Support	(1,495)	68.0
Problem meeting unexpected £20 expense	(251)	47.4
No problem meeting unexpected £20 expense	(1,442)	67.7
Problem meeting unexpected £100 expense	(659)	52.4
No problem meeting unexpected £100 expense	(1,036)	72.4
Not a positive perception of adequacy of household income	(597)	46.2
Positive perception of adequacy of household income	(1,099)	74.8

There are also strong links between fear of crime and rating of the area as a place to bring up children. Table 7.5 shows that those who feel safe in the local area are significantly more likely than those who do not feel safe to give a positive rating.

Table 7.5 Fear of crime by view of area as a place to bring up children
(base sizes are shown within in the table)

	(n)	% with a positive view
Total	(1,802)	64.3
Do not feel safe using public transport	(92)	39.1
Feel safe using public transport	(1,412)	67.0
Do not feel safe walking around	(377)	44.8
Feel safe walking around	(1,111)	71.6
Do not feel safe in own home	(28) ⁷	25.0
Feel safe in own home	(1,669)	66.5

As in the previous section, there is a link between having a positive perception of the area as a place to bring up children and most measures of health. Table 7.6 (overleaf) shows the groups that tend to be more positive about their area as a place to bring up children:

⁷ Note small base

Table 7.6 Health measures by view of area as a place to bring up children
(base sizes are shown within in the table)

	(n)	% with a positive view
Total	(1,802)	64.3
Positive about physical well-being	(1,368)	69.0
Not positive about physical well-being	(410)	48.8
Positive about quality of life	(1,510)	68.3
Not positive about quality of life	(266)	42.1
Positive about mental/emotional well-being	(1,459)	68.9
Not positive about mental/emotional well-being	(319)	43.9
HAD score <11	(1,684)	65.3
HAD score 11+ (ie depressed)	(97)	49.5
Doesn't smoke	(1,189)	68.8
Smokes	(585)	55.7
Not exposed to others' smoke most of the time	(1,130)	70.5
Exposed to others' smoke most of the time	(647)	53.6
BMI below 25	(997)	60.1
BMI 25 or over	(741)	70.3
No difficulty arranging GP home visit	(779)	70.2
Difficulty arranging GP home visit	(316)	54.1
No difficulty accessing health services in an emergency	(971)	66.6
Difficulty accessing health services in an emergency	(152)	48.7
Some/no difficulty getting GP appointment	(1,506)	66.9
Great difficulty getting GP appointment	(163)	54.0
Some/no difficulty getting hospital appointment	(1,132)	67.6
Great difficulty getting hospital appointment	(188)	61.2

Note that the shaded boxes show a unusual pattern, ie the group with the 'negative' health rating (those with a BMI of 25+) tend to be *more* positive about the area than those with a 'positive' health rating (ie BMI below 25). For all other measures, those with a 'negative' health rating tend to be *less* positive about the area.

7.2 Civic Engagement

7.2.1 Responsibilities in Clubs, Associations etc

Respondents who belong to social clubs, associations, church groups or similar were asked if, in the last three years, they have had any responsibilities within that group(s), eg committee member, fundraising, organising events, administrative work. Overall, 36% of respondents say they have had such responsibilities (24% in SIP areas and 39% in non-SIP areas).

Those living in DEPCATs 1, 3 and 5 are more likely than those in other DEPCAT areas to say they have such responsibilities (50%, 52% and 47% respectively do so compared with 7% in 2, 28% in 6 and 32% in 7).

ABC1s are almost three times as likely as C2DEs to say they have such responsibilities (58% and 25% respectively).

Those with degrees or higher-level vocational qualifications are among those most likely to have responsibilities in clubs etc (14% of those with degrees and 11% of those with HNCs or equivalent say they have).

Those living in East Renfrewshire are most likely to say they have responsibilities (19% do, compared with 9% or less in the other local authority areas).

There is a significant link between likelihood of having responsibilities in clubs etc and the certain income-related measures of social exclusion, as shown in Table 7.7:

Table 7.7 Income-related social exclusion measures by responsibilities in clubs
(base sizes are shown within in the table)

	(n)	% with responsibilities
Total	(1,802)	7.0
Someone in household on Income Support	(288)	3.1
No-one in household on Income Support	(1,514)	7.8
Problem meeting unexpected £20 expense	(256)	2.0
No problem meeting unexpected £20 expense	(1,456)	8.1
Problem meeting unexpected £100 expense	(666)	3.8
No problem meeting unexpected £100 expense	(1,047)	9.3
Not a positive perception of adequacy of household income	(603)	3.5
Positive perception of adequacy of household income	(1,109)	9.3

There is a link between having responsibilities in social clubs etc and a few of the health measures. Table 7.7 shows the health measures that have a statistically significant relationship with likelihood of having responsibilities in clubs etc:

Table 7.8 Health measures by view of area as a place to live
(base sizes are shown within in the table)

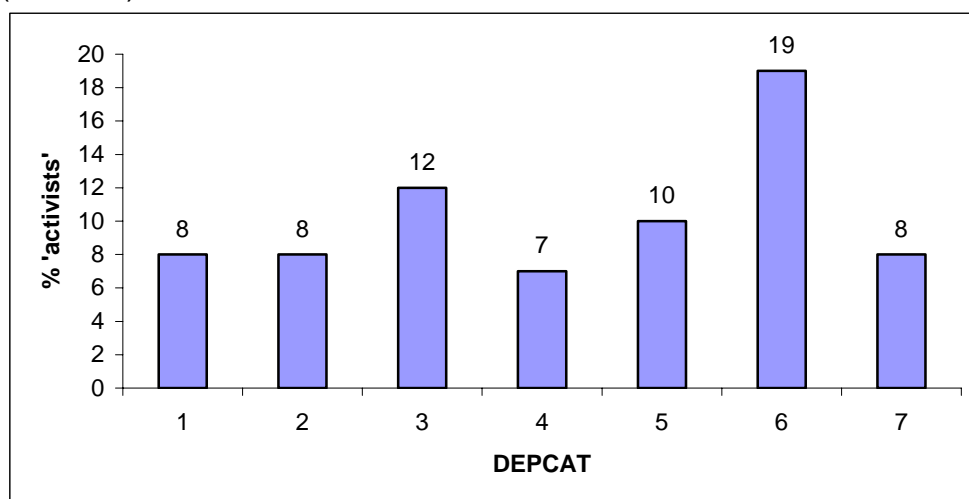
	<i>(Weighted base)</i>	% with a positive view
Total	(1,802)	72.8
Positive about physical well-being	(1,378)	78.7
Not positive about physical well-being	(412)	52.9
Positive about quality of life	(1,519)	77.4
Not positive about quality of life	(266)	46.6
Positive about mental/emotional well-being	(1,464)	77.9
Not positive about mental/emotional well-being	(323)	49.5
Doesn't smoke	(1,192)	77.3
Smokes	(591)	63.6

7.2.2 'Activism'

Respondents were presented with a list of actions that could be taken in an attempt to solve a problem, and asked which they had personally done in the last three years. One in nine (11%) say they have done at least one. These respondents are referred to as 'activists' in the remainder of this section.

Chart 7.4 shows that those in DEPCATs 3 and 6 are most likely to be classified as 'activists' (12% and 19% respectively).

Chart 7.4 'Activism' by DEPCAT
(n=1,769)



Those with higher-level vocational qualifications or degrees are most likely to be 'activists' (17% of those with ONCs or equivalent, 19% of those with HNCs or equivalent, 17% of those with degrees and 15% of those with professional qualifications are). This contrasts with 11% of those with Highers and fewer than 10% of those with other or no qualifications.

There are few links between social exclusion measures and likelihood of being an 'activist', except that those who feel that there would be someone to help them if they had a problem are less likely to be 'activists' than those who feel they are without such help (10% and 25% respectively).

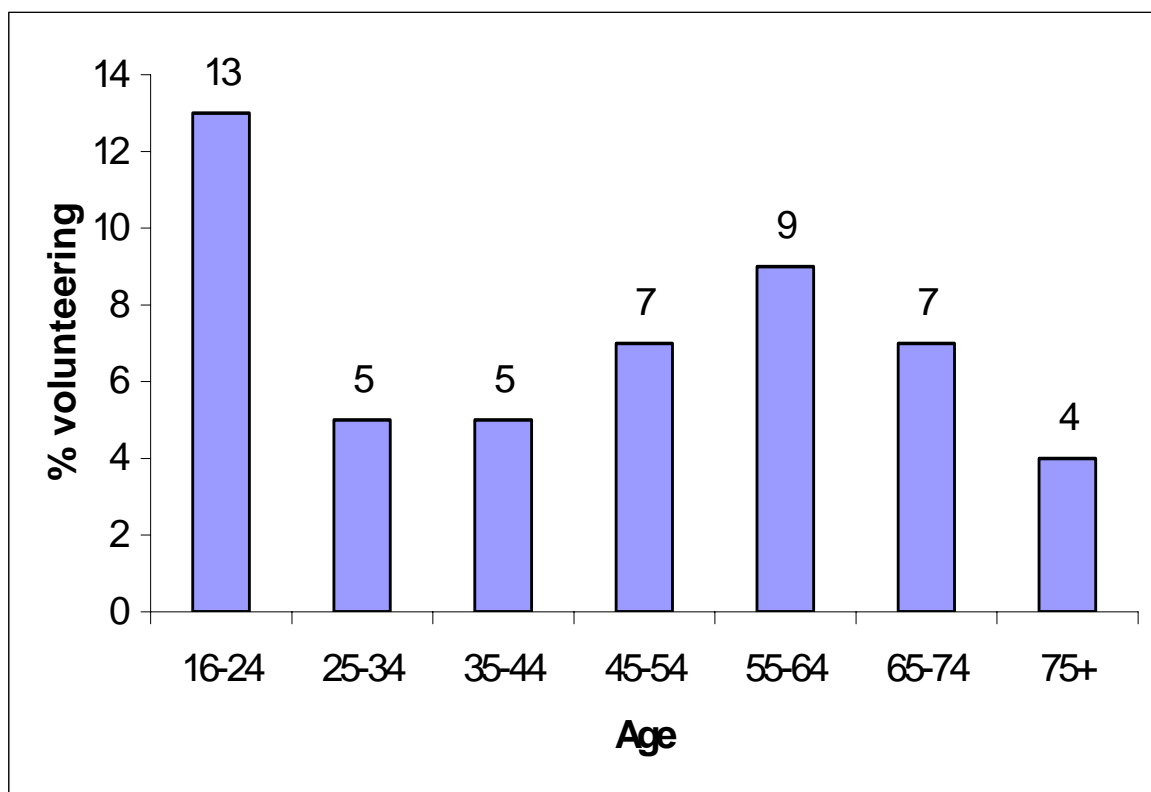
Those who do not feel safe using local public transport are more likely to be 'activists' than those who do feel safe (23% and 10% respectively). Within the other 'fear of crime' measures, however, there is no clear association with activism.

There are no significant links between 'activism' and measures of health.

7.2.3 Volunteering

One in fourteen (7%) say that they currently act as a volunteer. Chart 7.5 shows that those aged under 25 are most likely to say this.

Chart 7.5 Volunteering by age
(n=1,778)



Those from DEPCAT 1 are most likely to say they volunteer (17% compared with between 4% and 9% in the other DEPCATs.) Similarly, ABs are among those most likely to say they volunteer (24% compared with 8% of C1s, 6% of C2s and Ds, and 2% of Es).

Those with higher-level educational qualifications are most likely to say they volunteer, 11% of those with Highers, HNC or equivalent or a degree say they do; with compared with 5% of those with a School leaving certificate, level 1 or 2 GNVQ)

There are only two significant links between volunteering and social exclusion measures:

- Those who would find it a problem to find £100 for an unexpected expense are less likely to be volunteers than those who would not find it a problem (4% and 8% respectively).
- Those whose perception of the adequacy of their household income is not positive are less likely to be volunteers than those whose perception is positive (4% and 9% respectively).

As with 'activism', the only clear link between volunteering and fear of crime is that those who do not feel safe using local public transport are more likely to be volunteers than those who do feel safe (16% and 7% respectively).

There is some link between health measures and likelihood of volunteering. Table 7.9 shows the groups that are more likely to be volunteers:

Table 7.9 Health measures by volunteering
(base sizes are shown within in the table)

	(n)	% volunteering
Total	(1,802)	7.3
Positive about general health	(1,169)	9.5
Not positive about general health	(575)	2.8
Positive about physical well-being	(1,342)	8.6
Not positive about physical well-being	(398)	3.0
Positive about quality of life	(1,482)	8.2
Not positive about quality of life	(258)	2.3
Positive about mental/emotional well-being	(1,426)	8.2
Not positive about mental/emotional well-being	(315)	3.2
HAD score <11	(1,654)	7.6
HAD score 11+ (ie depressed)	(93)	1.1
Doesn't smoke	(1,166)	8.8
Smokes	(576)	4.0
No long-standing illness	(1,336)	8.2
Long-standing illness	(410)	4.4

7.3 Reciprocity & Trust

Two-thirds (66%) are of the view that “*this is a neighbourhood where neighbours look out for each other*” (ie have a positive view of reciprocity), but only one in eight (13%) agrees strongly with this statement. Relatively few (15%) disagree with it.

A similar proportion (69%) thinks that “*generally speaking, you can trust people in my local area*” (ie have a positive view of trust), but only one in nine (11%) agrees strongly. One in eight (12%) disagrees.

Agreement with both statements is lower in SIP areas than in non-SIP areas; 59% of those living in SIP areas have a positive view of reciprocity compared with 69% of those in non-SIP areas. The gap is wider for trust, with 58% and 73% respectively in agreement.

Table 7.10 shows that the older the respondent, the more likely (s)he is to hold a positive view of reciprocity (83% of those aged 75+ do, compared with only 49% of those aged 16-24). Women are slightly more likely than men to be positive (70% and 63% respectively).

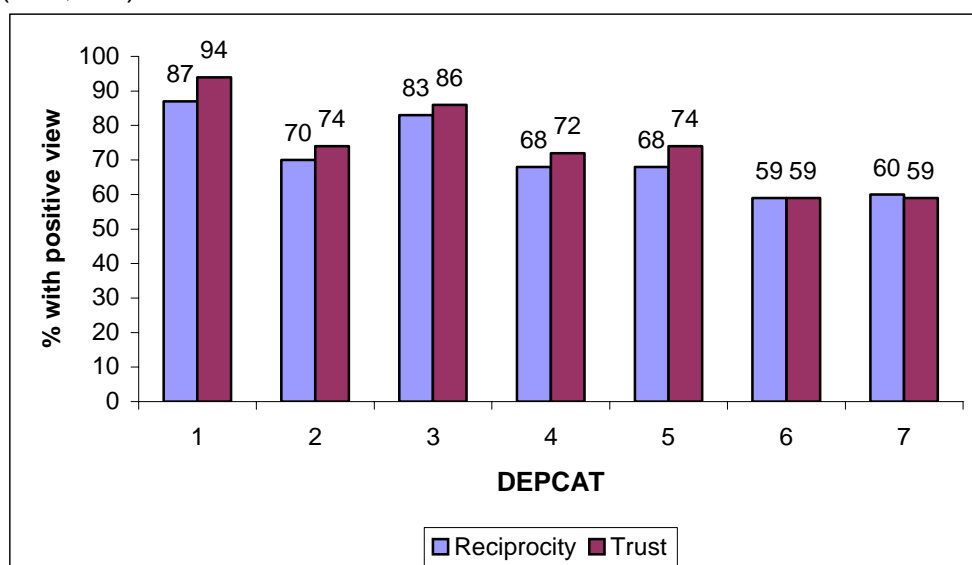
Table 7.10: Positive view of reciprocity by age and gender
(n=1,774)

	%		
	Men	Women	Total
16-24	47.0	51.1	49.1
25-34	54.9	60.7	57.8
35-44	62.4	72.4	67.4
45-54	67.7	76.1	71.9
55-64	73.0	78.4	75.7
65-74	73.4	80.0	76.7
75+	85.4	80.6	83.0

The same age pattern is observed for trust (90% of those aged 75+ are positive, compared with 50% of those aged 16-24). In the 25-34 and 45-54 age groups, women tend to be more positive than men.

Chart 7.6 shows that those in DEPCATs 1 and 3 are most likely to be positive about reciprocity (87% and 83% respectively). The same pattern is evident for trust (94% and 86% respectively). As in other areas of this report, those in DEPCAT 2 have a more similar result to the lower DEPCATS.

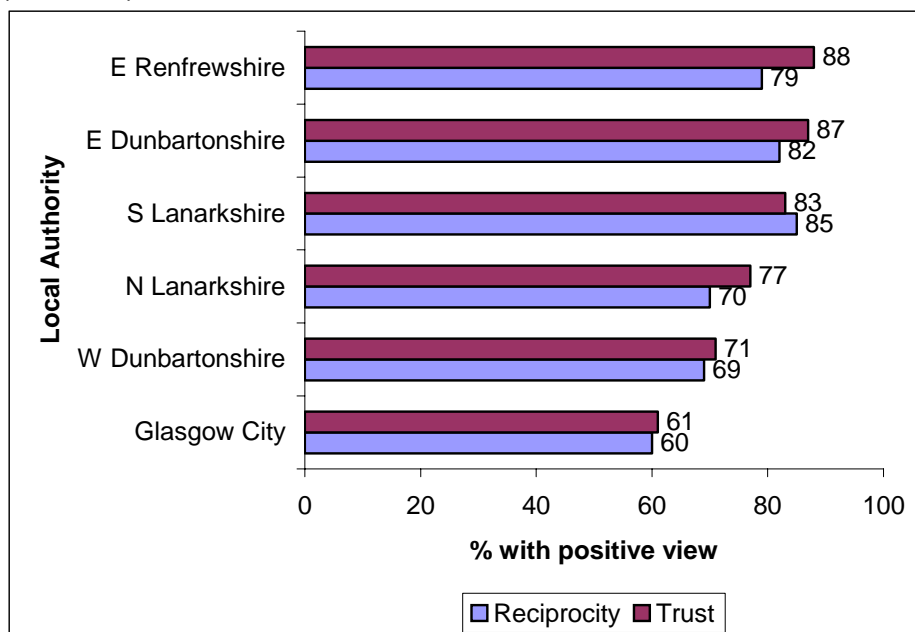
Chart 7.6: Reciprocity & trust by DEPCAT area
(n=1,772)



With respect to reciprocity, there is no significant variation by socio-economic group. With trust, however, Es are considerably less likely than other socio-economic groups to be positive (48% of E's compared with 68% of C1s, 69% of Ds, 74% of ABs and 75% of C2s).

Chart 7.7 shows that those living in East Renfrewshire, East Dunbartonshire and South Lanarkshire tend to be more positive about both reciprocity and trust than do those living elsewhere, particularly in Glasgow City.

Chart 7.7: Positive view of reciprocity/trust by local authority
(n=1,775)



Reciprocity and trust have significant links with several measures of social exclusion, as shown in Table 7.11:

Table 7.11: Social exclusion measures by view of reciprocity & trust
(base sizes are shown within in the table)

	(n)	% with a positive view of reciprocity	% with a positive view of trust
Total	(1,802)	66.5	68.6
No-one to help with a problem	(143)	23.1	32.2
Someone to help with a problem	(1,343/1,346)	80.1	82.5
Ever feel isolated from family/friends	(263)	52.1	49.4
Never feel isolated from family/friends	(1,518/1,521)	68.9	71.7
No control over 'life decisions'	(94)	60.2*	51.1
At least some control over 'life decisions'	(1,704)	66.9*	69.6
Someone in household on Income Support	(287)	59.6	53.7
No-one in household on Income Support	(652/653)	69.6	73.7
Problem meeting unexpected £20 expense	(255)	54.5	53.7
No problem meeting unexpected £20 expense	(1,452/1,454)	69.2	72.0
Problem meeting unexpected £100 expense	(665/667)	60.8	60.0
No problem meeting unexpected £100 expense	(1,042/1,045)	71.0	75.2
Not a positive perception of adequacy of h'hold income	(602)	56.6	58.0
Positive perception of adequacy of h'hold income	(1,105/1,107)	71.7	74.0

* = Not significant

There is a strong link between fear of crime and perceptions of reciprocity and trust. Table 7.12 shows that those who do not feel safe in their local area are much less likely to be positive about both reciprocity and trust.

Table 7.12 Fear of crime by view of reciprocity & trust
(base sizes are shown within in the table)

	(n)	% with a positive view of reciprocity	% with a positive view of trust
Total	(1,802)	66.5	68.6
Do not feel safe using public transport	(93)	57.0	57.0
Feel safe using public transport	(1,414/1,416)	69.9	72.0
Do not feel safe walking around	(386)	58.5	52.1
Feel safe walking around	(1,113/1,115)	71.2	76.7
Do not feel safe in own home	(31) ⁸	38.7	25.8
Feel safe in own home	(1,671/1,673)	68.9	71.7

There is a link between having a positive view of reciprocity and trust and several measures of health. Table 7.13 highlights the groups that tend to be more positive about reciprocity and/or trust:

⁸ Note small base

Table 7.13 Health measures by view of reciprocity & trust
(base sizes are shown within in the table)

	(n)	% with a positive view of reciprocity	% with a positive view of trust
Total	(1,802)	66.5	68.6
Positive about quality of life	(1,521)	68.1	70.8
Not positive about quality of life	(264/266)	58.0	56.4
Positive about mental/emotional well-being	(1,466)	68.1	70.7
Not positive about mental/emotional well-being	(322/324)	59.3	59.0
Doesn't smoke	(1,198)	67.9*	71.1
Smokes	(591)	63.8*	63.6
Exposed to others' smoke most/some of the time	(1,028)	62.1	53.7
Exposed to others' smoke seldom or never	(764/767)	72.4	46.7
HAD score <11	(1,699)	66.9*	69.3
HAD score 11+ (ie depressed)	(96/97)	61.5*	57.7
No difficulty arranging home visit from GP	(785)	71.5	73.6
Difficulty arranging home visit from GP	(320/321)	61.9	63.2
No great difficulty getting GP appointment	(1,518/1,521)	68.9	71.0
Great difficulty getting GP appointment	(164)	62.8	60.4
No great difficulty getting to GP surgery	(1,650)	68.7	70.3
Great difficulty getting to GP surgery	(36) ⁹	50.0	61.1
No difficulty accessing health services in emergency	(979)	69.3	70.5
Difficulty accessing health services in emergency	(158)	55.7	54.4
No great difficulty getting hospital appointment	(1,141)	70.1	71.6
Great difficulty getting hospital appointment	(191)	64.6	65.4

* = Not significant

7.4 Social Networks

Respondents were asked if they belong to any social clubs, associations, church groups or similar¹⁰. One in five (20%) say they do, but those living in SIP areas are less likely than those in non-SIP areas to have such networks (14% and 23% respectively).

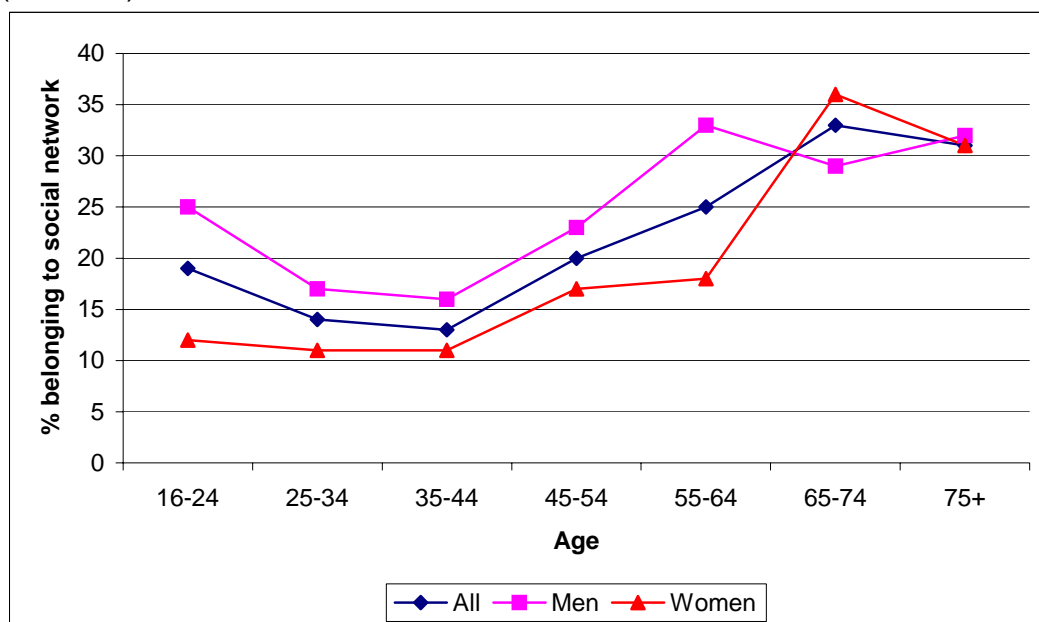
Chart 7.8 illustrates that those in the older age groups are most likely to say they belong to a social network (33% of those aged 65-74 and 31% of those aged 75+), although men aged 16-24 buck this trend to some extent (25% belong to a network, ie on a par with those aged 45-54). The chart also shows that in most age groups, men are more likely than women to belong to a network, except for in the 65-74 age group (29% of men and 36% of women).

⁹ Note small base

¹⁰ This question is used as a proxy indication of a social network in the remainder of this report.

Chart 7.8: Belonging to social networks by age & gender

(n=1,764)



The following groups are among those most likely to say they belong to a social network:

- Those in DEPCAT 1 (32%),
- Those in the C1 socio-economic group (27%),
- Those with a degree (29%), and
- Those who are retired or unable to work due to illness/disability (29%).

Residents of East Renfrewshire are most likely to say they belong to such networks (34% compared with 16% in North Lanarkshire and 17% in Glasgow City).

There is a significant link between likelihood of belonging to social networks and the following income-related measures of social exclusion:

- Someone in the household being in receipt of Income Support (only 12% belong to a social network, compared with 25% of households with no-one on income support), and
- The difficulty in meeting an unexpected expense of £20 or £100. With those who would find it difficult to meet the expense less likely to belong to a social network (9% of those who would find it difficult to find £20 and 14% of those who would find it difficult to find £100 belong to a network, compared with more than 20% of those who would not find it difficult).

Those with strongly positive views about fear of crime (i.e. those who *strongly* agree that they feel safe) are most likely to belong to a social network (29% of those who agree strong that they feel safe on public transport, 37% of those who agree strongly that they feel safe walking around the area and 29% of those who agree strongly that they feel safe in their own home say they belong to a social network).

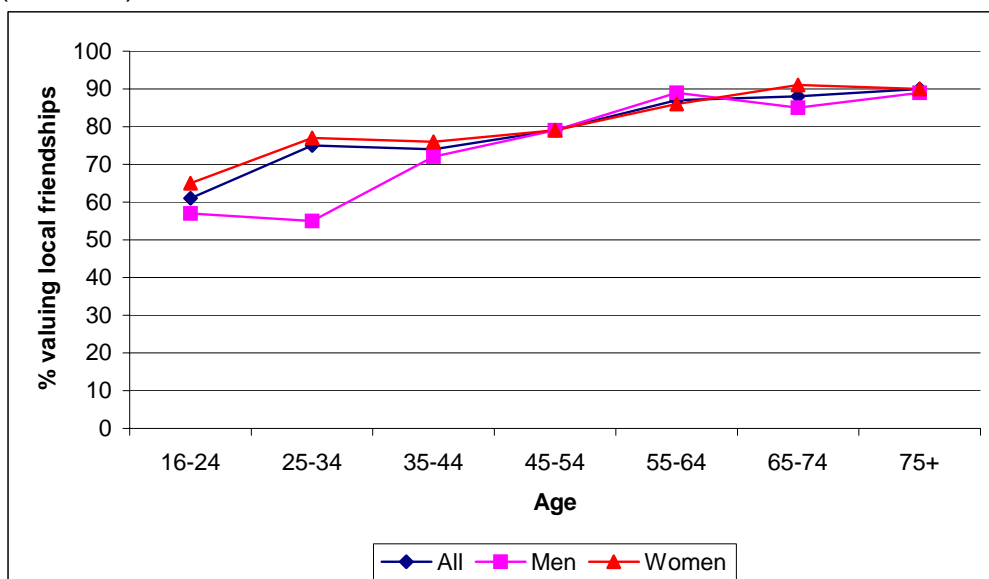
There is a link between belonging to social networks and several measures of health. The following groups are all more likely to be part of such networks:

- Those with a positive perception of their physical well-being (21%, compared to 16% of those who have a negative perception),
- Those with a positive perception of their quality of life (21%, compared to 13% of those who have a negative perception),
- Those with a positive perception of their mental or emotional well-being (21%, compared to 14% of those who have a negative perception),
- Those with a HAD score of less than 11, i.e. not depressed (21%, compared to 12% of those who have a HAD score of 11+),
- Non-smokers (24%, compared to 13% of smokers)
- Those who are never usually exposed to other people's smoke (27%, compared with 17% of those exposed to smoke most of the time), and
- Those who meet the recommended targets for physical activity (21%, compared with 19% of those who don't meet the recommended standard for exercise).

Three-quarters (75%) are of the view that *"the friendships and associations I have with other people in my local area mean a lot to me"*, but only one in six (16%) agrees strongly with this statement. Very few (8%) actively disagree with it.

Chart 7.9 shows that those in the 55+ age group are most likely to agree with the statement. Overall, women are more likely than men to say they value their local friendships (79% and 71% respectively). Chart 8.9 shows, however, that this is almost entirely due to women aged under 35. The responses of women aged 35+ are very similar to those of men of the same age.

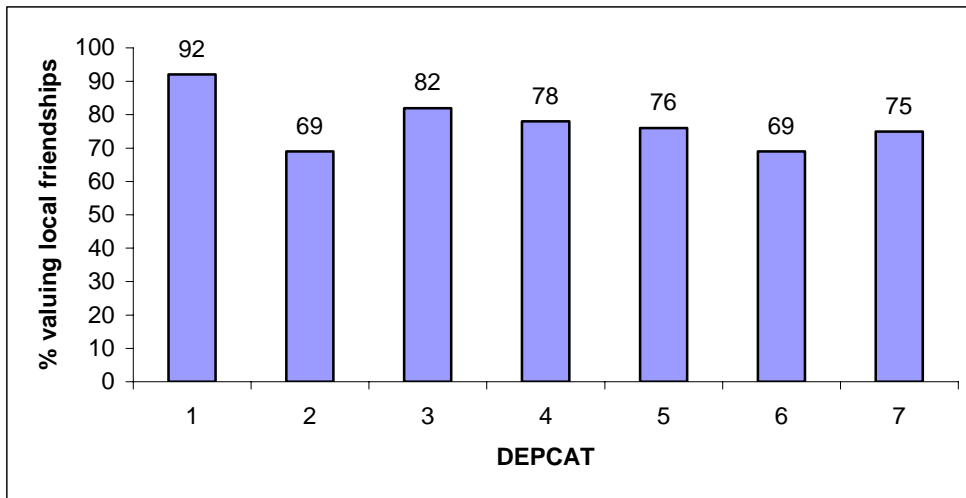
Chart 7.9: Valuing local friendships by age & gender
(n=1,777)



More than nine in ten (92%) of those living in DEPCAT 1 say they value their local friendships, which is the highest rating of all DEPCATs; in 2 and 6 only 69% say their friendships mean a lot to them.

Chart 7.10: Valuing local friendships by DEPCAT

(n=1,771)

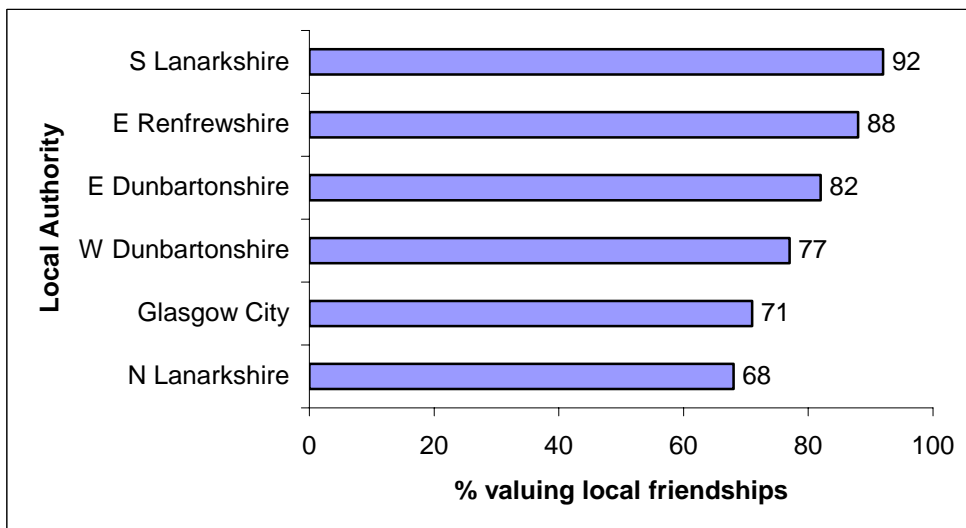


With respect to employment status, those who are retired are the most likely group to value local friendships (92%). This contrasts with 79% of those in full-time work and 59% of those neither in full-time work nor retired.

Chart 7.11 shows that those living in South Lanarkshire are most likely to attach value to local friendships, and those in North Lanarkshire and Glasgow City are least so.

Chart 7.11: Valuing local friendships by Local Authority

(n=1,797)



The value attached to local friendships has significant links to some measures of social exclusion. The following groups are among those *least* likely to value local friendships:

- Those with a perception of help not being available if needed (only 30% are positive about the value of local friendships, compared with 90% of those who feel help is available),
- Those with a perception of being isolated from family and friends (61%, compared with 78% of those who do not perceive themselves as isolated),
- Those who do not feel in control of 'life decisions' (61%, compared with 76% of those who do feel in control),
- Those with someone in the household on Income Support (70%, compared to 76% of those where no one is on income support),
- Those with a mental or emotional health problem (67%, compared to 75% of those without mental or emotional health problems), and
- Those with a perception that their household income is not adequate (67%, compares with 80% of those who perceive their household income as adequate).

There is a strong association between the value attached to local friendships and fear of crime. Table 7.14 shows that those who are *not* generally fearful of crime tend to attach more value to local friendships.

Table 7.14 Fear of crime by valuing local friendships
(base sizes are shown within in the table)

	(n)	% valuing local friendships
Total	(1,802)	75.2
Do not feel safe using public transport	(94)	60.6
Feel safe using public transport	(1,416)	80.2
Do not feel safe walking around	(386)	66.8
Feel safe walking around	(1,114)	81.1
Do not feel safe in own home	(31) ¹¹	35.5
Feel safe in own home	(1,673)	78.2

There is a link between the value attached to social networks and several measures of health. The following groups are *slightly* more likely to value social networks:

- Those with a positive perception of their general mental well-being (76% agree with the above statement, compared with 71% of those who have a negative perception of general mental health),
- Those with a positive perception of their quality of life (77%, compared with 69% of those with a negative perception of their quality of life),
- Those with a HAD score of less than 11, i.e. not depressed (76%, compared with 63% of those with a HAD score of more than 11),

¹¹ Note small base

- Non-smokers (69%, compared to 31% of smokers),
- Those who are seldom (80%) or never (76%) exposed to other people's smoke (compared with 71% of those who are exposed most of the time or 73% of those exposed some of the time),
- Those who do not exceed the recommended weekly alcohol limit (80%, compared with 70% of those who do exceed the recommended limit),
- Those with no difficulty arranging a home visit from the GP (78%, compared with 68% of those who do have difficulty),
- Those who do not have great difficulty getting to the GP surgery (77%, compared with 70% of those who do have difficulty),
- Those who do not have great difficulty getting to hospital (77%, compared with 73% of those who do have 'some' or 'great' difficulty),
- Those who have no difficulty getting a prescription made up (77%, compared with 59% of those who do have 'some' or 'great' difficulty),
- Those with a BMI of 25 or over, i.e. overweight or obese (80%, compared with 72% of those with a BMI of under 25)
- Those with a *negative* perception of their general health over the last year (78%, compared with 74% of those with a positive perception), and
- Those who do *not* achieve the minimum standards for physical activity (77%, compared with 74% of those who meet the minimum standard).

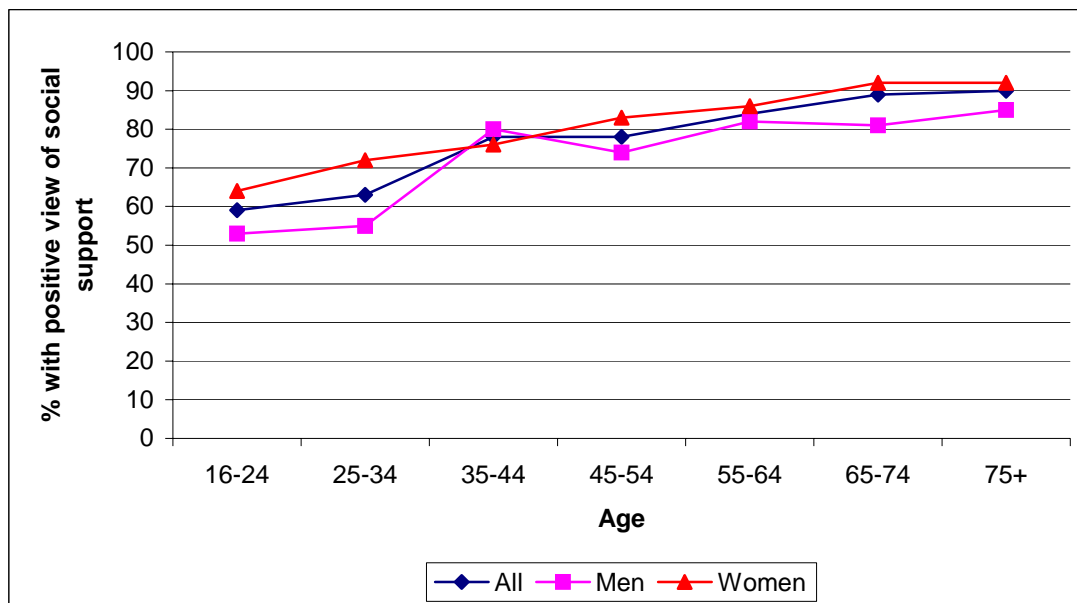
Note that the final three groups above are 'negative' health measures, but that people who score highly on them place a high value on local friendships.

7.5 Social Support

Three-quarters (75%) are of the view that "*if I have a problem, there is always someone to help me*", but only 15% agree strongly with this statement. Very few (8%) actively disagree with it.

Chart 7.12 illustrates that the older the resident, the more likely they are to hold a positive view of social support. It also shows that overall, women are more likely than men to be positive (79% and 70% respectively). Note, however, that this is not true in the 35-44 age group, in which 80% of men and 76% of women are positive.

Chart 7.12: Social support by age & gender
(n=1,777)



The following groups are among those most likely to hold a positive view of social support:

- Those living in DEPCATs 1 and 3 (85% and 84% respectively, compared with 67% from DEPCAT2, 70% from DEPCAT6, 72% from DEPCAT5, 74% from DEPCAT4 and 78% from DEPCAT7),
- Those with an apprenticeship (80%), no educational qualifications (81%) and those whose highest qualification is the School Leaving Certificate (83% compared with those with the following (or equivalent) GNVQ level 3 58%, GNVQ level 1 or 2 64%, first degree, 65%, Higher grade 72%, O' Grade, 73% or HND 75%), and
- Those who are retired (94%) or unable to work (82%, compared with those employed full-time 66%, part-time 70%, seeking work 64%).

Those in the C1 socio-economic group are *least* likely to be positive about this aspect of their local area (69% of C1's compared with 75% of ABs, 78% of C2s, 80% of Ds and 78% of Es).

Residents of South Lanarkshire are most likely to be positive about social support (88%), and those living in Glasgow City and West Dunbartonshire are least so (72% and 71% respectively).

A positive perception of social support has significant links with only two measures of social exclusion. The following groups are least likely to be positive about social support:

- Those with a perception of being isolated from family and friends (59% are positive, compared with 78% of those who don't feel isolated from family and friends), and
- Those with a perception that their household income is not adequate (69%, compared with 78% of those who feel it is adequate).

There is a strong association between ratings of social support and fear of crime. Table 7.15 shows that those who are *not* fearful of crime tend to be more positive about their social support.

Table 7.15: Fear of crime by perception of social support
(base sizes are shown within in the table)

	(n)	% with a positive view
Total	(1,802)	74.9
Do not feel safe using public transport	(93)	64.5
Feel safe using public transport	(1,417)	79.1
Do not feel safe walking around this local area even after dark	(386)	67.1
Feel safe walking around this local area even after dark	(1,114)	81.1
Do not feel safe in own home	(31) ¹²	32.3
Feel safe in own home	(1,674)	77.8

There is a link between having a positive perception of social support and several measures of health. Table 7.16 shows the groups that tend to have a more positive view of social support. What differentiates this measure of social capital from the others is that there appears to be a *negative* relationship with good health – i.e. those demonstrating ‘negative’ health attitudes/behaviours tend to be more positive about their social support – these instances are shown in the shaded boxes below.

¹² Note small base

Table 7.16: Health Measures by View of Social Support
(base sizes are shown within in the table)

	(n)	% with a positive view
Total	(1,802)	74.9
Positive about general health	(1,200)	72.2
Not positive about general health	(593)	80.1
Positive about physical well-being	(1,377)	73.9
Not positive about physical well-being	(412)	78.9
No long-standing illness	(1,374)	73.2
Long-standing illness	(420)	80.5
Not exposed to others' smoke most of the time	(1,147)	76.5
Exposed to others' smoke most of the time	(650)	71.8
BMI under 25	(1,003)	72.1
BMI 25 or over	(751)	78.3
No difficulty arranging GP home visit	(785)	77.3
Difficulty arranging GP home visit	(322)	67.1
No difficulty accessing health services in an emergency	(979)	74.9
Difficulty accessing health services in an emergency	(158)	58.9
No great difficulty getting a hospital appointment	(1,141)	75.9
Great difficulty getting a hospital appointment	(192)	84.4
Do not meet recommended consumption of fruit/veg	(1,697)	76.1
Meet recommended consumption of fruit/veg	(97)	54.6
Do not meet recommended physical activity levels	(1,036)	72.9
Meet recommended physical activity levels	(754)	77.2

TREND DATA

8 TREND DATA

In this chapter, only results from the core indicator questions that represent a statistically significant change since 1999 are shown.

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. The following formula yields a 'test statistic' (z):

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}_p(1 - \hat{p}_p) \left(\frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

\hat{p}_1 = proportion observed in 1999
 \hat{p}_2 = proportion observed in 2002
 n_1 = sample size in 1999
 n_2 = sample size in 2002

$$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 \hat{p}_1 + n_2 \hat{p}_2}{n_1 + n_2}$$

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 the 1999 and 2002 results.

$$\left(\hat{p}_1 - \hat{p}_2 \right) \pm 1.96 \sqrt{\frac{\hat{p}_1(1 - \hat{p}_1)}{n_1} + \frac{\hat{p}_2(1 - \hat{p}_2)}{n_2}}$$

For example, the confidence interval for the results shown in Table 8.1 is (0.0 – 7.2). This means that we can be 95% confident that, had we interviewed the entire population of Greater Glasgow in both surveys, the actual difference between the 1999 and 2002 results would be between 0.0 and 7.2 percentage points.

It should be noted that the formulae used in this chapter strictly only 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 value of z is close to 1.96 or –1.96.

8.1 People's Perception of Their Health and Illness

The only positive change since 1999 is that those in SIP areas are slightly less likely to be depressed (ie have a HAD score of 11+); in 1999 10% did, whereas in 2002 only 7% do. Table 8.1 shows that this change is on the margins of statistical significance. The proportion with depression remains virtually unchanged in non-SIP areas and overall.

Table 8.1 Proportion with HAD score of 11+ in SIP areas - trends

(n= all in SIP areas 438 in 1999, 532 in 2002)

1999	10.4%
2002	6.8%
Change	-3.6
Z	-2.01
Confidence interval	0.0 to -7.2

There have, however, been several negative changes:

- Those in SIP areas are less likely to rate their general health positively than they were in 1999. There has been no significant change in non-SIP areas or overall.
- Those in SIP areas are less likely to rate their general physical well-being positively than they were in 1999 (this change is on the margins of statistical significance). Again, there has been no significant change in non-SIP areas or overall.
- Despite no change in the overall proportion with depression (see above), there has been a small drop in the proportion giving a positive rating to their general mental well-being (down from 85% in 1999 to 82% in 2002). This is due almost solely to a fall in ratings in SIP areas (positive ratings down from 79% to 73%) – ratings in non-SIP areas have not changed since 1999.

These changes are detailed in Table 8.2 overleaf:

Table 8.2 Negative changes in perceptions of health

(n= SIP areas: 438 in 1999, 532 in 2002; non-SIP areas: 1,255 in 1999, 1,270 in 2002)

	SIP	Non-SIP	Total sample
<i>Positive rating of general health:</i>			
1999	61.6	N/a	N/a
2002	52.7	N/a	N/a
Change	-8.9	N/a	N/a
Z	-2.78	N/a	N/a
Confidence interval	-2.7 to -15.1	N/a	N/a
<i>Positive rating of general physical well-being:</i>			
1999	70.3	N/a	N/a
2002	64.0	N/a	N/a
Change	-6.3	N/a	N/a
Z	-2.07	N/a	N/a
Confidence interval	-0.4 to -12.2	N/a	N/a
<i>Positive rating of general mental well-being:</i>			
1999	78.6	N/a	85.1%
2002	72.6	N/a	81.9%
Change	-6.0	N/a	-3.2
Z	-2.16	N/a	-2.54
Confidence interval	-0.6 to -11.4	N/a	-0.7 to -5.7

8.2 The Use of Health Services

In SIP areas, the proportion receiving treatment for at least one condition has gone up from 45% to 54%. Overall and in non-SIP areas, there has been no significant change on this measure.

Table 8.3 Proportion receiving treatment for condition(s) in SIP areas - trends

(n= all in SIP areas 438 in 1999, 532 in 2002)

1999	44.7
2002	53.5
Change	+8.8
Z	+2.73
Confidence interval	2.5 to 15.1

There has been a significant fall in the proportion saying they are registered with a dentist, in both SIP and non-SIP areas. The fall is sharper in SIP areas than in non-SIP areas, as shown in Table 8.4 – in other words, the gap between SIP and non-SIP areas has widened on this measure:

Table 8.4 Proportion registered with a dentist - trends

(n= SIP: 438 in 1999, 532 in 2002; non-SIP: 1,255 in 1999, 1,270 in 2002)

	SIP	Non-SIP	Total sample
1999	72.1	82.6	79.9
2002	64.8	76.8	73.4
Change	-7.3	-5.8	-6.5
Z	-2.4	-3.62	-4.53
Confidence interval	-1.5 to -13.1	-2.7 to -8.9	-3.7 to -9.3

8.3 Health Behaviours

There have been several positive changes in health behaviours since 1999:

- There has been a significant fall in the proportion of smokers (down from 37% to 33% overall). There has, however, been no significant change within SIP areas – only in non-SIP areas is the drop significant (down from 33% to 27%). In other words, the gap between SIP and non-SIP areas has widened slightly on this measure.
- The proportion eating at least five portions of fruit/vegetables per day has increased from 24% to 34%. Again, however, this is due solely to improvements in non-SIP areas, where the proportion meeting this target has increased from 27% in 1999 to 39% in 2002. Therefore, the gap between SIP and non-SIP areas has widened.
- The proportion eating cereal at least seven times a week has increased from 36% to 40%. Again, however, this is due solely to improvements in non-SIP areas, where the proportion meeting this target has increased from 38% in 1999 to 42% in 2002. Thus, the gap between SIP and non-SIP areas has widened.
- There has been a huge drop in the proportion eating two or more high-fat snacks per day (down from 54% to 32% overall). The drop is particularly evident in SIP areas (down from 64% to 33%), but also evident in non-SIP areas (down from 51% to 32%). As a result, there is now no significant difference between SIP and non-SIP areas on this measure.
- Those in SIP areas are more likely to eat oily fish at least twice a week (25% do, compared with 18% in 1999). Overall and in non-SIP areas, however, there has been no significant change, ie the gap between SIP and non-SIP areas has narrowed.
- The proportion exceeding the recommended weekly alcohol limit has fallen from 18% to 13%. This change is almost solely due to residents of SIP areas being less likely to exceed the limit (down from 21% to 11%); in non-SIP areas there has been no significant change, ie the gap between SIP and non-SIP areas has narrowed.

- Those in SIP areas are *slightly* more likely to take 20 minutes of vigorous exercise on three or more occasions per week (13%* do, compared with 9% in 1999). Overall and in non-SIP areas, however, there has been no significant change. Therefore, the gap between SIP and non-SIP areas has narrowed.
- Those in SIP areas are more likely to meet the minimum exercise standards (at least 30 minutes of moderate activity 5+ times per week, and/or at least 20 minutes of vigorous activity 3+ times per week) than they were in 1999 (60%* do, compared with 48% in 1999).

These changes are detailed in Table 8.5 below and overleaf.

Table 8.5 Positive changes in health behaviours

(n= all SIP areas: 438 in 1999, 532 in 2002; non-SIP areas: 1,255 in 1999, 1,270 in 2002)

	SIP	Non-SIP	Total sample
<i>Currently smoking:</i>			
1999	N/a	32.6	37.2
2002	N/a	27.4	33.2
Change	N/a	-5.2	-4.0
Z	N/a	-2.85	-2.48
Confidence interval	N/a	-1.6 to -8.8	-0.8 to -7.2
<i>5+ portions fruit/veg per day:</i>			
1999	N/a	26.6	24.5
2002	N/a	38.7	34.1
Change	N/a	+12.1	+9.6
Z	N/a	6.48	6.22
Confidence interval	N/a	8.5 to 15.7	6.6 to 12.6
<i>Cereal 7+ times per week:</i>			
1999	N/a	37.5	35.9
2002	N/a	42.2	40.4
Change	N/a	+4.7	+4.5
Z	N/a	2.41	2.74
Confidence interval	N/a	0.9 to 8.5	1.3 to 7.7
<i>2+ high-fat snacks per day:</i>			
1999	63.8	50.6	54.0
2002	33.4	32.2	32.3
Change	-30.4	-18.4	-21.7
Z	-9.44	-9.39	-12.96
Confidence interval	-24.4 to -36.4	-14.6 to -22.2	-18.5 to -24.9
<i>Oily fish 2+ times per week:</i>			
1999	18.4	N/a	N/a
2002	25.2	N/a	N/a
Change	+6.8	N/a	N/a
Z	2.54	N/a	N/a
Confidence interval	1.6 to 12.0	N/a	N/a

<i>Exceeds weekly alcohol limit:</i>			
1999	21.0	N/a	17.6
2002	11.0	N/a	13.1
Change	-10.0	N/a	-4.5
Z	-4.28	N/a	-3.70
Confidence interval	-5.4 to -14.6	N/a	-2.1 to -6.9
<i>20 mins vigorous exercise 3+ times per week*:</i>			
1999	8.8	N/a	N/a
2002	12.9	N/a	N/a
Change	+4.1	N/a	N/a
Z	2.03	N/a	N/a
Confidence interval	0.2 to 8.0	N/a	N/a
<i>30 mins moderate exercise 5+ times per week*:</i>			
1999	46.2	N/a	N/a
2002	55.6	N/a	N/a
Change	+9.4	N/a	N/a
Z	2.91	N/a	N/a
Confidence interval	3.1 to 15.7	N/a	N/a
<i>20 mins vigorous 3+ times or 30 mins moderate 5+ times*:</i>			
1999	47.8	N/a	N/a
2002	60.5	N/a	N/a
Change	+12.7	N/a	N/a
Z	3.95	N/a	N/a
Confidence interval	6.4 to 19.0	N/a	N/a

There have also been a few negative changes in health behaviours:

- The proportion eating at least five slices of bread per day has dropped from 17% in 1999 to 12% in 2002. The proportion has fallen in both SIP and non-SIP areas, but only in non-SIP areas is the change significant (down from 16% to 11%).
- Those in SIP areas are less likely to brush their teeth at least twice a day than they were in 1999 (down from 59% to 51%), whereas there has been no significant change in non-SIP areas. In other words, the gap between SIP and non-SIP areas has widened on this measure.
- In contrast to SIP areas, those in non-SIP areas are slightly *less* likely to meet the minimum exercise standards (at least 30 minutes of moderate activity 5+ times per week and/or at least 20 minutes of vigorous activity 3+ times per week) than they were in 1999 (53%* do, compared with 57% in 1999). This is very much on the margins of statistical significance, however.

These changes are detailed in Table 8.6:

Table 8.6 Negative changes in health behaviours

(n= all SIP areas: 438 in 1999, 532 in 2002; non-SIP areas: 1,255 in 1999, 1,270 in 2002)

	SIP	Non-SIP	Total sample
<i>Five slices of bread per day:</i>			
1999	N/a	16.0	16.7
2002	N/a	11.4	12.2
Change	N/a	-4.6	-4.5
Z	N/a	-3.36	-3.79
Confidence interval	N/a	-1.9 to -7.3	-2.2 to -6.8
<i>Brush teeth 2+ times per day</i>			
1999	58.8	N/a	N/a
2002	51.4	N/a	N/a
Change	-7.4	N/a	N/a
Z	-2.30	N/a	N/a
Confidence interval	-1.1 to -13.1	N/a	N/a
<i>20 mins vigorous 3+ times or 30 mins moderate 5+ times*:</i>			
1999	N/a	57.2	N/a
2002	N/a	53.3	N/a
Change	N/a	-3.9	N/a
Z	N/a	-1.97	N/a
Confidence interval	N/a	0.0 to -7.8	N/a

* 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, ie in a way comparable to 1999. The figures in the main report are based on the full responses, so are a better reflection of 'reality'.

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

Sampling

It was necessary to adopt a sampling system which would be:

- representative of the population of the Board's area as a whole in terms of age, sex, geographical distribution and index of deprivation;
- comparable with the system used in 1999, to allow results to be compared across the two surveys;
- replicable, so that future surveys can track indicators over time.

The sample was stratified by local authority (six authorities) and by DEPCAT (seven categories, grouped into three – 1/2, 3/4/5 and 6/7). The sample size was set at 2000 individuals. To achieve this, 200 clusters were sampled in proportion to the population in each stratum, with a view to achieving an average of 10 interviews per cluster. The table below shows the number of clusters in each of the 13 strata.

Table A.1: Sample Stratification

Stratum	Local Authority	DEPCAT Group	Number of Clusters
1	West Dunbartonshire	3/4/5	4
2	West Dunbartonshire	6/7	6
3	East Dunbartonshire	1/2	17
4	East Dunbartonshire	3/4/5	7
5	East Dunbartonshire	6/7	1
6	East Renfrewshire	1/2	12
7	East Renfrewshire	3/4/5	1
8	Glasgow City	1/2	5
9	Glasgow City	3/4/5	36
10	Glasgow City	6/7	94
11	North Lanarkshire	3/4/5	4
12	South Lanarkshire	3/4/5	10
13	South Lanarkshire	6/7	3

The sample was drawn from the Postal Address File (PAF). The PAF was sorted into the 13 strata above. Within each stratum, the PAF was then sorted in alphanumeric order by postcode and house number/name. Interval samples of groups of 150 addresses were then taken, with the number of groups being the number of clusters required in the stratum. This was done as follows:

- the interval was calculated by taking the number of addresses in the stratum and dividing by the number of clusters required. Eg, if there were 1000 addresses in a stratum and four clusters were required, the interval x would be $1000/4=250$;
- a random number was selected between 1 and x and then the group of 150 addresses started at this point on the address list. Eg, if the random number between 1 and 250 was 50, the 150 addresses began at the 50th address in the stratum. The second group of 150 addresses started at address 300, and so on.

- Eighteen addresses were randomly sampled from each group of 150 addresses to form each cluster. Interviewers were required to obtain as many interviews as possible in each cluster, with the assumption that on average, 10 per cluster would be achieved.

Before the addresses were issued to interviewers, GGNHSB screened the sample to identify areas containing high levels of 'deadwood' (eg business addresses, derelict buildings). Where these were found, they were replaced with other addresses that were a match in terms of the sample strata.

Questionnaire Design and Pilot

The survey questionnaire was based on the questionnaire used in 1999, but had been revised by GGNHSB to counteract some of the problems encountered in 1999. For example, the questionnaire had been shortened, and the question order re-arranged so that the questions that did not obviously relate to health came later in the interview¹³.

Once a draft questionnaire had been agreed, a pilot survey was conducted. Three interviewers conducted ten interviews each. Pilot interviews were carried out to the following quotas:

Table A.2: Pilot Quotas

	Male		Female	
	Under 45 years	45+ years	Under 45 years	45+ years
DEPCAT 1,2	1	1	1	1
DEPCAT 3,4,5	3	2	3	3
DEPCAT 6,7	4	3	4	4

The pilot ensured that:

- the questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous;
- the routing of questions was complete;
- the questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of different levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 1999.

¹³ Changing question order can impact on the reliability of trend data. There is, however, no evidence to suggest that the changes made have invalidated any individual items of trend data in this case.

Fieldwork

A team of 22 interviewers attended a briefing session which was conducted by RBA professional staff and the fieldwork supervisor and which was attended by GGNHSB staff. The briefing session involved full instructions in the conduct of the survey interview. Written instructions were given to all interviewers. A copy of these can be found in Appendix F.

Interviewers were assigned a number of clusters. A list of 18 addresses was issued per cluster, with interviewers being instructed to obtain as many interviews as possible from each list. Their instructions were to make at least four calls at an address at different times of the day/days of the week before classifying the address as a non-response.

Respondents were randomly selected within households using the 'next birthday rule'. The person aged 16 or over who would next have a birthday was chosen for interview. In cases where the next birthday was not known, a Kish grid was used to make a random selection. An example grid can be found in Appendix G.

Each sampled address was sent an advance letter from GGNHSB explaining the purpose of the survey and requesting co-operation. As a result of this letter, a number of residents contacted GGNHSB to 'opt out' of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by RBA.

Each interviewer was also provided with a 'letter of authorisation' to show on the doorstep. Interviewers were also instructed to carry their RBA photo-identity card at all times and to display this to all potential respondents. Each interviewer also carried a stock of leaflets that explained more about the survey and why participation is important. A leaflet was left with every respondent. Copies of the letters and leaflet can be found in Appendix H.

Response

Fieldwork began immediately after the briefing session on 13 August, and the original target was to have all 2,000 interviews completed by the end of October. However, the fieldwork took longer than anticipated, so the fieldwork period was extended to 20 December. Despite this, total number of interviews completed was short of the target, at 1,802.

The main reason for the difficulty reaching the target 2,000 interviews was that we misjudged how long it would take interviewers to complete their allocation of work. Interviewers work for RBA on a freelance basis, and most were already 'booked up' for the period November-December, which reduced the number of interviewers available to work after the original fieldwork period ended. To help overcome this difficulty, during the last month of the survey period, a separate fieldwork company, which operated to RBA's quality standards, was sub-contracted to assist with the fieldwork.

The table below shows the outcome of attempted contacts:

Table A.3: Outcome of Attempts to Interview

Outcome	n	% of in-scope	% of all contacts
In-scope (interview possible)			
Interview obtained	1802	66.8	49.4
Office refusal (telephone/letter)	15	0.6	0.4
Number of people in household information refused	28	1.0	0.8
No contact after 4+ calls	330	12.2	9.0
No contact with selected person after 1+ visits	107	4.0	2.9
Personal refusal by selected person	336	12.5	9.2
Proxy refusal on behalf of selected person	26	1.0	0.7
Broken appointment, no recontact	18	0.7	0.5
Ill at home during survey period	10	0.4	0.3
Away/in hospital during survey period	12	0.4	0.3
Selected person has dementia	8	0.3	0.2
Inadequate English (not possible to use interpreter)	5	0.2	0.1
Incomplete interview	1	0.0	0.0
<i>Total in-scope</i>	<i>2698</i>	<i>100.0</i>	<i>73.9</i>
Out of scope (no interview possible)			
Insufficient address	11		0.3
Not traced	26		0.7
Not yet built / not yet ready for occupation	16		0.4
Derelect/demolished	67		1.8
Empty/vacant	62		1.7
Business/industrial only (not private)	41		1.1
Institution only	1		0.0
Other	11		0.3
<i>Total out-of-scope</i>	<i>235</i>		<i>6.4</i>
<i>Unresolved attempts (cluster quotas were achieved so the address was untried) – treated as ‘out of scope’</i>	<i>513</i>		
<i>Total contacts</i>	<i>3651</i>		

In a minority of cases, where batches of unusable addresses were identified within a cluster, additional contacts were released, hence a total base of 3,651 (3,600 originally selected).

Data Coding and Input

Data from open questions were coded using the same code frames as were used in 1999, for comparability. GGNHSB was involved in re-coding some of the lists of codes, which referred to medical conditions.

A specially devised data entry programme was set up to allow data to be entered directly onto computer. The programme included route, range and logic checks at the time of data entry to ensure that the data were valid.

A second-stage cleaning process was conducted after all the data had been entered. This involved examining frequency counts for all variables and checking extreme values.

Additional core indicator variables were computed and added to the data set. These were specified by GGNHSB.

Data were weighted before analysis. Appendix B details the weighting processes, which replicates that used in 1999 to aid comparability.

APPENDIX B: DATA WEIGHTING

Registrar General for Scotland (GRO(S)) 2000 Mid Year population estimates were used in the weighting process.

In order to ensure the weighting of the dataset is as accurate as possible, the population source chosen for this needed to be more current than the 1991 Census. However, several factors have had to be considered when selecting this source. On 30th September 2002 (GRO(S)) released population estimates for Scotland. These estimates were based on the 2001 Census and showed that previous estimates were too high. GRO(S) believes two factors have contributed to this; firstly emigration during the last 20 years have been underestimated and secondly, an undercount adjustment applied to the 1991 population estimates was too large. The GRO(S) plans to issue a revised set of estimates however they are not yet available by postcode sector which is required in order to attach deparcat for weighting. The decision was therefore taken to use the 2000 estimate, as it is more representative of the population in 2001 than the 1991 Census.

Introduction

Data were weighted to ensure that they were as representative as possible of the adult population in the Greater Glasgow Health Board area. This Appendix describes the weighting processes.

Household Size Weighting

In this survey, households were selected at random and therefore had equal probability of selection. However within the household the probability of an individual's selection is not necessarily equal to that of others, since it is inversely proportional to the number of people available to be selected. For example, in a single-person household the probability of selection is exactly 1 whereas in a four-person household the probability of selection is 1/4. The logic of this implies that the respondent from the single-person household represents one person (him/herself) while the respondent from the four-person household is in fact representing four people. It is normal to allow for this bias by 'weighting' the sample to give the respondent from the four-person household four times the 'weight' of the respondent from the one-person household. It is usual to calculate this weighting in such a way that the sum of the weights matches the sample size.

The formula for calculating the household size weight was:

$$Wf = F \times \frac{T}{A}$$

Where:

Wf is the household size weighting factor for a respondent living in a household size F.

F is the household size

T is the total number of respondents (1802)

A is the total number of adults in all households where a successful

interview took place (3,178).

Weighting by Age/Sex/DEPCAT

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts (column H in the table below) to which we applied the age/sex/DEPCAT weighting frame to produce the final weighting factors. Column W below shows the final weighted counts. All the results in this report are based on the combined weighting of household size, age, sex and DEPCAT.

	DEPCAT 1/2			DEPCAT 3/4/5			DEPCAT 6/7		
	A	H	W	A	H	W	A	H	W
Male:									
16-24	13	20	23	19	29	39	37	57	72
25-34	12	13	28	43	45	54	55	47	99
35-44	16	19	31	38	46	54	61	58	88
45-54	16	22	29	34	44	41	46	42	57
55-64	12	14	21	36	38	31	52	48	47
65-74	21	21	16	54	53	25	50	40	39
75+	19	18	10	27	23	16	37	26	22
Female:									
16-24	9	15	25	31	43	40	53	73	76
25-34	15	14	27	60	65	56	85	73	96
35-44	26	30	31	72	78	58	90	96	85
45-54	19	28	29	43	52	45	74	83	57
54-64	18	19	23	45	48	36	68	61	52
65-74	37	32	19	49	41	35	98	81	51
75+	36	26	18	72	49	33	83	55	46

A= Actual (unweighted)

H= Weighted by household size

W = Final weighted figures (by age/sex/DEPCAT and household size)

APPENDIX C: INDEPENDENT VARIABLES

1) Age

- The respondent's age was placed into one of the following bands for analysis purposes.
 - 16-24 years old
 - 25-34 years old
 - 35-44 years old
 - 45-54 years old
 - 55-64 years old
 - 65-74 years old
 - 75 years old or over

2) Gender

- Was defined as
 - Male
 - Female

3) Age and Gender

- These were each of the age and gender bands combined, a total of 14 classifications.

4) DEPCAT

- The Carstairs Deprivation Index represents a method of quantifying relative deprivation or affluence in different localities and is usually applied to postcode sectors. The scores are derived from four variables from the Census, namely car ownership, male unemployment, overcrowding, and the proportion of all persons in private households with an economically active head in social class 4 and 5 (semi- and unskilled-manual workers). They have been translated into seven categories or DEPCATS, from 1, the most affluent areas, to 6 and 7, the multiply deprived ones.

5) Social Class

- 'Social Class' is a household variable and is derived from the description of the occupation of the main wage earner (current or last job).
- Coders referred to the Dictionary of Occupational Groupings.

Social Class A:

- These are professional people, very senior managers in business or commerce or top level civil servants.

Social Class B:

- Middle management executives in large organisations, with appropriate qualifications.
- Principal officers in local government and civil service.
- Top management or owners of small business concerns, educational and service establishments.

Social Class C1:

- Junior management, owners of small establishments, and all others in non-manual positions.
- Jobs in this group have very varied responsibilities and educational requirements.

Social Class C2:

- All skilled manual workers and those manual workers with responsibility for other people.
- Retired people, previously grade C2, with pensions from their job.

Social Class D:

- All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers.

Social Class E

- All those entirely dependent on the state long term, through sickness, unemployment, old age or other reasons.
- Those unemployed for a period exceeding six months (otherwise classify on previous occupation).
- Casual workers and those without a regular income.

6) Ethnicity

- **The analysis was carried out on two classifications**
 - White
 - Other

7) Household Income

- There were 8 classifications based on earnings per week/ month

Week	Month
<£75	<£300
£75-£99	£300-£399
£100-£149	£400-£599
£150-£199	£600-£799
£200-£249	£800-£999
£250-£299	£1000-£1199
£300-£349	£1200-£1399
>£350	>£1400

8) SIP / NON SIP AREA

- SIP area
- Non-SIP area

t-TEST OUTCOMES –AGE

Statistics examining age					
(Age grouped by 44 or younger and 45 or older)					
Group Statistics					
Variable	Age	N	Mean	Std. Deviation	Std. Error Mean
No. of times seen a GP	< 45	795	4.76	5.982	0.212
	>= 45	974	3.92	7.576	0.243
No. of times been to A&E	< 45	781	0.23	0.775	0.028
	>= 45	961	0.29	1.060	0.034
No. of times visited doctor as out-patient	< 45	780	1.31	3.827	0.137
	>= 45	961	0.64	2.332	0.075
No. of times admitted to hospital for overnight stay	< 45	780	0.24	0.797	0.029
	>= 45	961	0.16	0.697	0.022
No. of times admitted to hospital for two nights or more	< 45	781	0.24	0.774	0.028
	>= 45	960	0.17	0.810	0.026
Total no. of times seen doctor	< 45	799	6.70	8.898	0.315
	>= 45	983	5.12	9.986	0.319

	t-Tests	Levene's Test for Equality of Variances		t-test for Equality of means		
		F	Sig.	t	df	Sig. (2-tailed)
No. of times seen a GP	Equal variances assumed	0.001	0.977	2.551	1767	0.011
	Equal variances not assumed			2.612	1765	0.009
No. of times been to A&E	Equal variances assumed	6.541	0.011	-1.481	1740	0.139
	Equal variances not assumed			-1.528	1721	0.127
No. of times visited doctor as out-patient	Equal variances assumed	36.290	0.000	4.475	1739	0.000
	Equal variances not assumed			4.266	1228	0.000
No. of times admitted to hospital for overnight stay	Equal variances assumed	15.617	0.000	2.248	1739	0.025
	Equal variances not assumed			2.217	1559	0.027
No. of times admitted to hospital for two nights or more	Equal variances assumed	7.742	0.005	1.694	1739	0.090
	Equal variances not assumed			1.702	1696	0.089
Total no. of times seen doctor	Equal variances assumed	3.619	0.057	3.480	1780	0.001
	Equal variances not assumed			3.522	1765	0.000

Statistics examining age					
(Age grouped by 44 or younger and 45 or older)					
Group Statistics					
Variable	Age	N	Mean	Std. Deviation	Std. Error Mean
HAD Score total	< 45	797	3.84	3.671	0.130
	>= 45	983	2.30	3.402	0.109
How many people had accidents?	< 45	41	1.06	0.247	0.039
	>= 45	59	1.13	0.522	0.068
How many cigarettes a week? total	< 45	244	116.10	90.532	5.795
	>= 45	344	116.53	89.655	4.834
Portions of fruit a day	< 45	798	1.83	1.661	0.059
	>= 45	979	1.85	1.518	0.048
Portions of veg/salad a day	< 45	798	1.87	1.345	0.048
	>= 45	982	2.07	1.512	0.048
Portions of fruit/veg/salad a day	< 45	799	3.69	2.535	0.090
	>= 45	983	3.91	2.630	0.084

		Levene's Test for Equality of Variances		t-test for Equality of means		
	t-Tests	F	Sig.	t	df	Sig. (2-tailed)
HAD Score total	Equal variances assumed	15.678	0.000	9.136	1778	0.000
	Equal variances not assumed			9.064	1644	0.000
How many people had accidents?	Equal variances assumed	2.549	0.114	-0.780	98	0.437
	Equal variances not assumed			-0.878	89	0.382
How many cigarettes a week? total	Equal variances assumed	3.406	0.065	-0.057	586	0.954
	Equal variances not assumed			-0.057	520	0.954
Portions of fruit a day	Equal variances assumed	0.931	0.335	-0.293	1775	0.770
	Equal variances not assumed			-0.290	1633	0.772
Portions of veg/salad a day	Equal variances assumed	19.770	0.000	-2.931	1778	0.003
	Equal variances not assumed			-2.967	1763	0.003
Portions of fruit/veg/salad a day	Equal variances assumed	4.194	0.041	-1.784	1780	0.075
	Equal variances not assumed			-1.791	1729	0.073

Statistics examining age					
(Age grouped by 44 or younger and 45 or older)					
Group Statistics					
Variable	Age	N	Mean	Std. Deviation	Std. Error Mean
Slices of bread a day	< 45	797	2.89	1.748	0.062
	>= 45	981	2.86	1.781	0.057
How often eat cakes/pastries a day	< 45	793	1.06	1.237	0.044
	>= 45	978	1.40	1.413	0.045
No. of times eat cereal a week	< 45	794	4.06	3.056	0.108
	>= 45	979	3.37	3.061	0.098
No. of times eat oily fish a week	< 45	791	1.03	1.085	0.039
	>= 45	976	1.12	1.447	0.046
Weight - kilograms	< 45	786	70.6981	14.30717	0.51025
	>= 45	956	71.0314	13.76263	0.44516
Height - centimetres	< 45	793	165.66	10.269	0.365
	>= 45	977	170.16	11.530	0.369

		Levene's Test for Equality of Variances		t-test for Equality of means		
	t-Tests	F	Sig.	t	df	Sig. (2-tailed)
Slices of bread a day	Equal variances assumed	2.040	0.153	0.316	1776	0.752
	Equal variances not assumed			0.317	1714	0.751
How often eat cakes/pastries a day	Equal variances assumed	21.537	0.000	-5.342	1769	0.000
	Equal variances not assumed			-5.416	1759	0.000
No. of times eat cereal a week	Equal variances assumed	0.049	0.826	4.695	1772	0.000
	Equal variances not assumed			4.695	1698	0.000
No. of times eat oily fish a week	Equal variances assumed	44.604	0.000	-1.506	1765	0.132
	Equal variances not assumed			-1.551	1755	0.121
Weight - kilograms	Equal variances assumed	0.345	0.557	-0.494	1740	0.621
	Equal variances not assumed			-0.492	1650	0.623
Height - centimetres	Equal variances assumed	1.079	0.299	-8.567	1768	0.000
	Equal variances not assumed			-8.671	1753	0.000

Statistics examining age					
(Age grouped by 44 or younger and 45 or older)					
Group Statistics					
Variable	Age	N	Mean	Std. Deviation	Std. Error Mean
How many days take 30 mins moderate physical exercise?	< 45	796	3.63	2.886	0.102
	>= 45	982	4.39	2.579	0.082
How many days take 20 mins vigorous physical exercise?	< 45	791	0.67	1.771	0.063
	>= 45	974	1.61	2.160	0.069
How many days take 30 mins moderate physical exercise? (in all)	< 45	101	3.86	2.796	0.278
	>= 45	117	4.80	2.597	0.240
How many days take 20 mins vigorous physical exercise? (in all)	< 45	101	1.24	2.070	0.206
	>= 45	119	2.78	2.508	0.230
Overall quality of life - score	< 45	794	5.38	1.241	0.044
	>= 45	978	5.71	1.118	0.036
General physical well being - score	< 45	794	4.94	1.456	0.052
	>= 45	978	5.49	1.205	0.039

		Levene's Test for Equality of Variances		t-test for Equality of means		
	t-Tests	F	Sig.	t	df	Sig. (2-tailed)
How many days take 30 mins moderate physical exercise?	Equal variances assumed	43.304	0.000	-5.868	1776	0.000
	Equal variances not assumed			-5.799	1610	0.000
How many days take 20 mins vigorous physical exercise?	Equal variances assumed	115.511	0.000	-9.839	1763	0.000
	Equal variances not assumed			-10.041	1763	0.000
How many days take 30 mins moderate physical exercise? (in all)	Equal variances assumed	3.204	0.075	-2.566	216	0.011
	Equal variances not assumed			-2.551	206	0.011
How many days take 20 mins vigorous physical exercise? (in all)	Equal variances assumed	12.872	0.000	-4.906	218	0.000
	Equal variances not assumed			-4.982	218	0.000
Overall quality of life - score	Equal variances assumed	11.988	0.001	-5.752	1770	0.000
	Equal variances not assumed			-5.690	1613	0.000
General physical well being - score	Equal variances assumed	16.219	0.000	-8.721	1770	0.000
	Equal variances not assumed			-8.553	1534	0.000

Statistics examining age					
(Age grouped by 44 or younger and 45 or older)					
Group Statistics					
Variable	Age	N	Mean	Std. Deviation	Std. Error Mean
General mental or emotional well being - score	< 45	794	5.28	1.311	0.047
	>= 45	980	5.59	1.265	0.040
Local area as place to live - score	< 45	791	5.31	1.540	0.055
	>= 45	981	4.91	1.702	0.054
Local area as place to bring up children - score	< 45	785	5.19	1.682	0.060
	>= 45	978	4.47	1.895	0.061
How long lived in local area? (total)	< 45	798	28.6467	19.17348	0.67860
	>= 45	982	10.8561	11.00788	0.35133
How long lived in present home? (total)	< 45	799	17.8751	13.71104	0.48515
	>= 45	983	5.6382	6.34178	0.20228
No. of people in household	< 45	799	2.19	1.162	0.041
	>= 45	983	3.11	1.379	0.044

	t-Tests	Levene's Test for Equality of Variances		t-test for Equality of means		
		F	Sig.	t	df	Sig. (2-tailed)
General mental or emotional well being - score	Equal variances assumed	1.733	0.188	-4.959	1772	0.000
	Equal variances not assumed			-4.940	1671	0.000
Local area as place to live - score	Equal variances assumed	8.110	0.004	5.121	1770	0.000
	Equal variances not assumed			5.176	1747	0.000
Local area as place to bring up children - score	Equal variances assumed	35.790	0.000	8.306	1761	0.000
	Equal variances not assumed			8.415	1743	0.000
How long lived in local area? (total)	Equal variances assumed	223.279	0.000	24.524	1778	0.000
	Equal variances not assumed			23.281	1211	0.000
How long lived in present home? (total)	Equal variances assumed	411.470	0.000	24.895	1780	0.000
	Equal variances not assumed			23.280	1073	0.000
No. of people in household	Equal variances assumed	26.690	0.000	-15.026	1780	0.000
	Equal variances not assumed			-15.292	1777	0.000

Statistics examining age					
(Age grouped by 44 or younger and 45 or older)					
Group Statistics					
Variable	Age	N	Mean	Std. Deviation	Std. Error Mean
How long since last in paid employment?	< 45	17	13.01	23.086	5.602
	>= 45	45	11.31	14.297	2.131
How feel about adequacy of household income	< 45	756	3.20	1.350	0.049
	>= 45	938	3.30	1.398	0.046
Age	< 45	799	62.39	11.899	0.421
	>= 45	983	30.34	8.221	0.262
Length of interview	< 45	781	28.75	5.353	0.192
	>= 45	975	28.33	5.157	0.165

		Levene's Test for Equality of Variances		t-test for Equality of means		
	t-Tests	F	Sig.	t	df	Sig. (2-tailed)
How long since last in paid employment?	Equal variances assumed	0.078	0.780	0.349	60	0.728
	Equal variances not assumed			0.284	21	0.780
How feel about adequacy of household income	Equal variances assumed	6.528	0.011	-1.424	1692	0.155
	Equal variances not assumed			-1.429	1639	0.153
Age	Equal variances assumed	135.103	0.000	67.035	1780	0.000
	Equal variances not assumed			64.625	1369	0.000
Length of interview	Equal variances assumed	0.059	0.809	1.659	1754	0.097
	Equal variances not assumed			1.652	1644	0.099

t-TEST OUTCOMES –GENDER

Statistics examining gender								Independent Samples t-tests				
							t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics												
	Gender	N	Mean	Std. Deviation	Std. Error Mean			F	Sig.	t	df	Sig. (2-tailed)
No. of times seen a GP	male	839	3.25	5.26	0.18	No. of times seen a GP	Equal variances assumed	21.315	0.000	-6.102	1785	0.000
	Female	948	5.22	7.95	0.26		Equal variances not assumed			-6.251	1657	0.000
No. of times been to A&E	Male	827	0.29	0.98	0.03	No. of times been to A&E	Equal variances assumed	2.787	0.095	1.076	1757	0.282
	Female	933	0.24	0.91	0.03		Equal variances not assumed			1.071	1690	0.284
No. of times visited doctor as out-patient	male	827	0.72	2.35	0.08	No. of times visited doctor as out-patient	Equal variances assumed	19.018	0.000	-2.865	1757	0.004
	Female	932	1.14	3.62	0.12		Equal variances not assumed			-2.936	1613	0.003
No. of times admitted to hospital for overnight stay	male	825	0.22	0.93	0.03	No. of times admitted to hospital for overnight stay	Equal variances assumed	11.524	0.001	1.600	1757	0.110
	Female	934	0.17	0.52	0.02		Equal variances not assumed			1.549	1263	0.122
No. of times admitted to hospital for two nights or more	male	826	0.24	0.99	0.03	No. of times admitted to hospital for two nights or more	Equal variances assumed	12.199	0.000	1.657	1757	0.098
	Female	934	0.17	0.58	0.02		Equal variances not assumed			1.608	1290	0.108
Total no. of times seen doctor	male	846	4.65	7.68	0.26	Total no. of times seen doctor	Equal variances assumed	14.014	0.000	-4.989	1797	0.000
	Female	953	6.87	10.77	0.35		Equal variances not assumed			-5.087	1719	0.000

Statistics examining gender								Independent Samples t-tests				
							t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics												
	Gender	N	Mean	Std. Deviation	Std. Error Mean			F	Sig.	t	df	Sig. (2-tailed)
HAD Score total	male	844	2.65	3.42	0.12	HAD Score total	Equal variances assumed	12.182	0.000	-3.802	1795	0.000
	Female	953	3.29	3.73	0.12		Equal variances not assumed			-3.822	1793	0.000
How many people had accidents?	male	46	1.06	0.24	0.03	How many people had accidents?	Equal variances assumed	4.591	0.035	-1.054	100	0.294
	Female	56	1.15	0.54	0.07		Equal variances not assumed			-1.122	78	0.265
How many cigarettes a week? total	male	298	112.16	95.70	5.55	How many cigarettes a week? total	Equal variances assumed	3.850	0.050	-1.063	591	0.288
	Female	295	120.01	83.61	4.87		Equal variances not assumed			-1.064	582	0.288
Portions of fruit a day	male	845	1.82	1.58	0.05	Portions of fruit a day	Equal variances assumed	0.016	0.901	-0.872	1791	0.383
	Female	948	1.89	1.62	0.05		Equal variances not assumed			-0.873	1777	0.383
Portions of veg/salad a day	male	845	2.05	1.48	0.05	Portions of veg/salad a day	Equal variances assumed	0.397	0.529	1.775	1795	0.076
	Female	952	1.93	1.43	0.05		Equal variances not assumed			1.771	1756	0.077
Portions of fruit/veg/salad a day	male	846	3.87	2.67	0.09	Portions of fruit/veg/salad a day	Equal variances assumed	0.432	0.511	0.524	1797	0.600
	Female	953	3.80	2.54	0.08		Equal variances not assumed			0.523	1749	0.601

Statistics examining gender								Independent Samples t-tests				
								Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics							t-tests					
	Gender	N	Mean	Std. Deviation	Std. Error Mean			F	Sig.	t	df	Sig. (2-tailed)
Slices of bread a day	male	845	3.23	1.99	0.07	Slices of bread a day	Equal variances assumed	48.344	0.000	8.311	1793	0.000
	Female	950	2.55	1.46	0.05		Equal variances not assumed			8.168	1537	0.000
How often eat cakes/pastries a day	male	840	1.24	1.37	0.05	How often eat cakes/pastries a day	Equal variances assumed	3.073	0.080	-0.185	1787	0.853
	Female	950	1.25	1.32	0.04		Equal variances not assumed			-0.184	1741	0.854
No. of times eat cereal a week	male	842	3.57	3.15	0.11	No. of times eat cereal a week	Equal variances assumed	9.525	0.002	-1.625	1790	0.104
	Female	950	3.81	3.04	0.10		Equal variances not assumed			-1.621	1746	0.105
No. of times eat oily fish a week	male	839	1.13	1.37	0.05	No. of times eat oily fish a week	Equal variances assumed	7.763	0.005	1.521	1783	0.129
	Female	946	1.03	1.22	0.04		Equal variances not assumed			1.510	1687	0.131
Weight - kilograms	male	826	77.27	12.75	0.44	Weight - kilograms	Equal variances assumed	1.534	0.216	20.175	1757	0.000
	Female	933	65.12	12.47	0.41		Equal variances not assumed			20.148	1722	0.000
Height - centimetres	male	839	175.79	9.74	0.34	Height - centimetres	Equal variances assumed	5.434	0.020	35.439	1785	0.000
	Female	949	161.37	7.42	0.24		Equal variances not assumed			34.864	1556	0.000

Statistics examining gender									Independent Samples t-tests				
								t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics													
	Gender	N	Mean	Std. Deviation	Std. Error Mean				F	Sig.	t	df	Sig. (2-tailed)
How many days take 30 mins moderate physical exercise?	male	845	4.25	2.67	0.09		How many days take 30 mins moderate physical exercise?	Equal variances assumed	7.579	0.006	2.956	1794	0.003
	Female	951	3.86	2.80	0.09			Equal variances not assumed			2.965	1785	0.003
How many days take 20 mins vigorous physical exercise?	male	837	1.54	2.22	0.08		How many days take 20 mins vigorous physical exercise?	Equal variances assumed	71.022	0.000	6.903	1781	0.000
	Female	946	0.88	1.82	0.06			Equal variances not assumed			6.820	1618	0.000
How many days take 30 mins moderate physical exercise? (in all)	male	88	4.17	2.70	0.29		How many days take 30 mins moderate physical exercise? (in all)	Equal variances assumed	0.026	0.873	-0.900	217	0.369
	Female	131	4.51	2.74	0.24			Equal variances not assumed			-0.903	190	0.368
How many days take 20 mins vigorous physical exercise? (in all)	male	91	2.33	2.34	0.25		How many days take 20 mins vigorous physical exercise? (in all)	Equal variances assumed	0.753	0.387	1.357	219	0.176
	Female	130	1.88	2.49	0.22			Equal variances not assumed			1.372	200	0.171
Overall quality of life - score	male	843	5.62	1.15	0.04		Overall quality of life - score	Equal variances assumed	1.697	0.193	1.941	1787	0.052
	Female	945	5.51	1.22	0.04			Equal variances not assumed			1.948	1782	0.052
General physical well being - score	male	843	5.30	1.34	0.05		General physical well being - score	Equal variances assumed	0.053	0.817	1.554	1786	0.120
	Female	945	5.20	1.35	0.04			Equal variances not assumed			1.555	1766	0.120

Statistics examining gender								Independent Samples t-tests				
								Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics							t-tests					
	Gender	N	Mean	Std. Deviation	Std. Error Mean			F	Sig.	t	df	Sig. (2-tailed)
General mental or emotional well being - score	male	843	5.57	1.25	0.04	General mental or emotional well being - score	Equal variances assumed	2.307	0.129	3.540	1789	0.000
	Female	947	5.35	1.32	0.04		Equal variances not assumed			3.550	1781	0.000
Local area as place to live - score	male	840	5.08	1.65	0.06	Local area as place to live - score	Equal variances assumed	0.631	0.427	-0.402	1787	0.688
	Female	948	5.11	1.64	0.05		Equal variances not assumed			-0.402	1758	0.688
Local area as place to bring up children - score	male	839	4.69	1.92	0.07	Local area as place to bring up children - score	Equal variances assumed	12.269	0.000	-2.324	1778	0.020
	Female	941	4.89	1.76	0.06		Equal variances not assumed			-2.313	1709	0.021
How long lived in local area? (total)	male	845	17.26	16.75	0.58	How long lived in local area? (total)	Equal variances assumed	4.319	0.038	-3.524	1796	0.000
	Female	953	20.18	18.15	0.59		Equal variances not assumed			-3.541	1793	0.000
How long lived in present home? (total)	male	846	10.43	11.61	0.40	How long lived in present home? (total)	Equal variances assumed	0.902	0.342	-2.321	1797	0.020
	Female	953	11.74	12.24	0.40		Equal variances not assumed			-2.329	1790	0.020
No. of people in household	male	846	2.59	1.27	0.04	No. of people in household	Equal variances assumed	6.482	0.011	-3.012	1797	0.003
	Female	953	2.79	1.44	0.05		Equal variances not assumed			-3.034	1797	0.002

Statistics examining gender								Independent Samples t-tests				
								Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics							t-tests					
	Gender	N	Mean	Std. Deviation	Std. Error Mean			F	Sig.	t	df	Sig. (2-tailed)
How long since last in paid employment?	male	46	8.95	7.88	1.17	How long since last in paid employment?	Equal variances assumed	14.239	0.000	-2.259	60	0.028
	Female	16	19.62	29.50	7.28		Equal variances not assumed			-1.448	16	0.167
How feel about adequacy of household income	male	803	3.24	1.37	0.05	How feel about adequacy of household income	Equal variances assumed	0.189	0.664	-0.258	1708	0.796
	Female	908	3.25	1.39	0.05		Equal variances not assumed			-0.258	1687	0.796
Age	male	841	43.25	18.02	0.62	Age	Equal variances assumed	10.081	0.002	-3.116	1779	0.002
	Female	940	46.03	19.46	0.63		Equal variances not assumed			-3.129	1777	0.002
Length of interview	male	838	28.18	5.13	0.18	Length of interview	Equal variances assumed	0.242	0.623	-2.811	1771	0.005
	Female	935	28.89	5.38	0.18		Equal variances not assumed			-2.819	1764	0.005

t-TEST OUTCOMES –SEG

Statistics Examining Social Class					
(social class divided by ABC1 and C2DE)					
Group Statistics					
Variable	Social Class	N	Mean	Std. Deviation	Std. Error Mean
No. of times seen a GP	C2/D/E	985	5.14	7.811	0.249
	A/B/C1	766	3.14	5.193	0.188
No. of times been to A&E	C2/D/E	964	0.32	1.125	0.036
	A/B/C1	760	0.19	0.649	0.024
No. of times visited doctor as out-patient	C2/D/E	964	1.16	3.483	0.112
	A/B/C1	760	0.59	2.114	0.077
No. of times admitted to hospital for overnight stay	C2/D/E	964	0.26	0.924	0.030
	A/B/C1	760	0.11	0.420	0.015
No. of times admitted to hospital for two nights or more	C2/D/E	962	0.24	0.894	0.029
	A/B/C1	763	0.16	0.667	0.024
Total no. of times seen doctor	C2/D/E	992	7.02	10.908	0.346
	A/B/C1	771	4.15	6.772	0.244

		Independent Samples t-test				
	t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
No. of times seen a GP	Equal variances assumed	43.812	0.000	6.125	1749	0.000
	Equal variances not assumed			6.429	1710	0.000
No. of times been to A&E	Equal variances assumed	26.727	0.000	2.858	1723	0.004
	Equal variances not assumed			3.033	1589	0.002
No. of times visited doctor as out-patient	Equal variances assumed	35.874	0.000	3.966	1722	0.000
	Equal variances not assumed			4.190	1624	0.000
No. of times admitted to hospital for overnight stay	Equal variances assumed	55.245	0.000	3.981	1722	0.000
	Equal variances not assumed			4.303	1411	0.000
No. of times admitted to hospital for two nights or more	Equal variances assumed	13.348	0.000	1.981	1722	0.048
	Equal variances not assumed			2.047	1716	0.041
Total no. of times seen doctor	Equal variances assumed	55.926	0.000	6.394	1761	0.000
	Equal variances not assumed			6.761	1685	0.000

Statistics Examining Social Class					
(social class divided by ABC1 and C2DE)					
Group Statistics					
Variable	Social Class	N	Mean	Std. Deviation	Std. Error Mean
HAD Score total	C2/D/E	991	3.73	3.979	0.126
	A/B/C1	771	1.97	2.710	0.098
How many people had accidents?	C2/D/E	57	1.13	0.527	0.070
	A/B/C1	42	1.09	0.283	0.043
How many cigarettes a week? total	C2/D/E	402	118.72	81.919	4.084
	A/B/C1	172	105.20	105.032	8.013
Portions of fruit a day	C2/D/E	986	1.56	1.533	0.049
	A/B/C1	771	2.26	1.578	0.057
Portions of veg/salad a day	C2/D/E	990	1.80	1.435	0.046
	A/B/C1	771	2.23	1.439	0.052
Portions of fruit/veg/salad a day	C2/D/E	992	3.35	2.496	0.079
	A/B/C1	771	4.49	2.563	0.092

		Independent Samples t-test				
	t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
HAD Score total	Equal variances assumed	139.068	0.000	10.498	1760	0.000
	Equal variances not assumed			10.989	1731	0.000
How many people had accidents?	Equal variances assumed	1.166	0.283	0.505	97	0.615
	Equal variances not assumed			0.547	89	0.585
How many cigarettes a week? total	Equal variances assumed	4.453	0.035	1.658	572	0.098
	Equal variances not assumed			1.503	264	0.134
Portions of fruit a day	Equal variances assumed	0.969	0.325	-9.376	1755	0.000
	Equal variances not assumed			-9.343	1631	0.000
Portions of veg/salad a day	Equal variances assumed	0.915	0.339	-6.190	1759	0.000
	Equal variances not assumed			-6.188	1653	0.000
Portions of fruit/veg/salad a day	Equal variances assumed	0.182	0.670	-9.416	1761	0.000
	Equal variances not assumed			-9.385	1634	0.000

Statistics Examining Social Class					
(social class divided by ABC1 and C2DE)					
Group Statistics					
Variable	Social Class	N	Mean	Std. Deviation	Std. Error Mean
Slices of bread a day	C2/D/E	989	3.05	1.943	0.062
	A/B/C1	770	2.66	1.468	0.053
How often eat cakes/pastries a day	C2/D/E	986	1.25	1.468	0.047
	A/B/C1	768	1.24	1.096	0.040
No. of times eat cereal a week	C2/D/E	985	3.54	3.090	0.098
	A/B/C1	770	3.95	3.086	0.111
No. of times eat oily fish a week	C2/D/E	983	0.98	1.258	0.040
	A/B/C1	766	1.22	1.339	0.048
Weight - kilograms	C2/D/E	967	70.8648	14.48770	0.46597
	A/B/C1	758	70.7438	13.41258	0.48715
Height - centimetres	C2/D/E	984	166.78	11.871	0.379
	A/B/C1	769	169.85	10.108	0.365

		Independent Samples t-test				
	t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Slices of bread a day	Equal variances assumed	32.842	0.000	4.611	1757	0.000
	Equal variances not assumed			4.771	1755	0.000
How often eat cakes/pastries a day	Equal variances assumed	26.886	0.000	0.156	1752	0.876
	Equal variances not assumed			0.162	1750	0.871
No. of times eat cereal a week	Equal variances assumed	0.552	0.457	-2.749	1754	0.006
	Equal variances not assumed			-2.749	1654	0.006
No. of times eat oily fish a week	Equal variances assumed	6.289	0.012	-3.879	1747	0.000
	Equal variances not assumed			-3.849	1592	0.000
Weight - kilograms	Equal variances assumed	7.610	0.006	0.178	1723	0.859
	Equal variances not assumed			0.180	1676	0.858
Height - centimetres	Equal variances assumed	3.631	0.057	-5.728	1751	0.000
	Equal variances not assumed			-5.841	1738	0.000

(social class divided by ABC1 and C2DE)					
Group Statistics					
Variable	Social Class	N	Mean	Std. Deviation	Std. Error Mean
How many days take 30 mins moderate physical exercise?	C2/D/E	990	3.94	2.885	0.092
	A/B/C1	770	4.18	2.531	0.091
How many days take 20 mins vigorous physical exercise?	C2/D/E	982	1.04	2.048	0.065
	A/B/C1	767	1.39	2.037	0.074
How many days take 30 mins moderate physical exercise? (in all)	C2/D/E	131	4.57	2.797	0.245
	A/B/C1	82	4.16	2.544	0.281
How many days take 20 mins vigorous physical exercise? (in all)	C2/D/E	131	2.37	2.590	0.227
	A/B/C1	84	1.73	2.170	0.237
Overall quality of life - score	C2/D/E	986	5.31	1.289	0.041
	A/B/C1	767	5.88	0.946	0.034
General physical well being - score	C2/D/E	984	4.97	1.448	0.046
	A/B/C1	769	5.57	1.116	0.040

	t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
How many days take 30 mins moderate physical exercise?	Equal variances assumed	49.668	0.000	-1.821	1758	0.069
	Equal variances not assumed			-1.851	1733	0.064
How many days take 20 mins vigorous physical exercise?	Equal variances assumed	5.288	0.022	-3.616	1746	0.000
	Equal variances not assumed			-3.619	1649	0.000
How many days take 30 mins moderate physical exercise? (in all)	Equal variances assumed	4.665	0.032	1.071	211	0.285
	Equal variances not assumed			1.095	184	0.275
How many days take 20 mins vigorous physical exercise? (in all)	Equal variances assumed	12.228	0.001	1.876	212	0.062
	Equal variances not assumed			1.950	197	0.053
Overall quality of life - score	Equal variances assumed	92.060	0.000	-10.342	1751	0.000
	Equal variances not assumed			-10.736	1745	0.000
General physical well being - score	Equal variances assumed	35.219	0.000	-9.504	1751	0.000
	Equal variances not assumed			-9.806	1750	0.000

(social class divided by ABC1 and C2DE)					
Group Statistics					
Variable	Social Class	N	Mean	Std. Deviation	Std. Error Mean
General mental or emotional well being - score	C2/D/E	987	5.20	1.410	0.045
	A/B/C1	768	5.76	1.047	0.038
Local area as place to live - score	C2/D/E	986	4.84	1.779	0.057
	A/B/C1	767	5.43	1.340	0.048
Local area as place to bring up children - score	C2/D/E	982	4.61	1.915	0.061
	A/B/C1	762	5.04	1.691	0.061
How long lived in local area? (total)	C2/D/E	991	20.8680	17.78299	0.56484
	A/B/C1	771	16.3501	16.91757	0.60945
How long lived in present home? (total)	C2/D/E	992	11.7135	12.00875	0.38120
	A/B/C1	771	10.5901	12.01529	0.43274
No. of people in household	C2/D/E	992	2.62	1.452	0.046
	A/B/C1	771	2.78	1.222	0.044

	t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
General mental or emotional well being - score	Equal variances assumed	57.557	0.000	-9.205	1753	0.000
	Equal variances not assumed			-9.543	1749	0.000
Local area as place to live - score	Equal variances assumed	71.761	0.000	-7.756	1751	0.000
	Equal variances not assumed			-8.029	1749	0.000
Local area as place to bring up children - score	Equal variances assumed	28.473	0.000	-4.890	1742	0.000
	Equal variances not assumed			-4.968	1713	0.000
How long lived in local area? (total)	Equal variances assumed	3.514	0.061	5.403	1760	0.000
	Equal variances not assumed			5.437	1690	0.000
How long lived in present home? (total)	Equal variances assumed	0.036	0.850	1.948	1761	0.052
	Equal variances not assumed			1.948	1655	0.052
No. of people in household	Equal variances assumed	27.461	0.000	-2.475	1761	0.013
	Equal variances not assumed			-2.529	1750	0.012

(social class divided by ABC1 and C2DE)					
Group Statistics					
Variable	Social Class	N	Mean	Std. Deviation	Std. Error Mean
How long since last in paid employment?	C2/D/E	50	11.91	18.184	2.562
	A/B/C1	12	11.19	10.715	3.141
How feel about adequacy of household income	C2/D/E	942	3.51	1.411	0.046
	A/B/C1	735	2.91	1.242	0.046
Age	C2/D/E	988	47.62	18.534	0.590
	A/B/C1	758	41.17	18.747	0.681
Length of interview	C2/D/E	978	28.50	5.270	0.168
	A/B/C1	759	28.54	5.285	0.192

	t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
How long since last in paid employment?	Equal variances assumed	0.124	0.726	0.129	60	0.898
	Equal variances not assumed			0.177	27	0.861
How feel about adequacy of household income	Equal variances assumed	27.793	0.000	8.972	1676	0.000
	Equal variances not assumed			9.114	1651	0.000
Age	Equal variances assumed	0.003	0.959	7.175	1744	0.000
	Equal variances not assumed			7.164	1619	0.000
Length of interview	Equal variances assumed	0.180	0.672	-0.183	1735	0.855
	Equal variances not assumed			-0.183	1626	0.855

t-TEST OUTCOMES –SIP / Non-SIP

Statistics examining SIP areas								t-test	Independent samples t-test				
									Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics													
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean				F	Sig.	t	df	Sig. (2-tailed)
No. of times seen a GP	SIP	482	6.08	9.07	0.41			Equal variances assumed	46.69	0.000	6.760	1787	0.000
	Non SIP	1307	3.63	5.75	0.16			Equal variances not assumed			5.536	629	0.000
No. of times been to A&E	SIP	476	0.32	0.90	0.04			Equal variances assumed	6.18	0.013	1.482	1760	0.139
	Non SIP	1286	0.24	0.96	0.03			Equal variances not assumed			1.523	896	0.128
No. of times visited doctor as out-patient	SIP	473	1.27	4.10	0.19			Equal variances assumed	18.14	0.000	2.680	1760	0.007
	Non SIP	1289	0.82	2.63	0.07			Equal variances not assumed			2.204	620	0.028
No. of times admitted to hospital for overnight stay	SIP	475	0.23	0.76	0.03			Equal variances assumed	5.61	0.018	1.275	1759	0.202
	Non SIP	1286	0.18	0.74	0.02			Equal variances not assumed			1.257	823	0.209
No. of times admitted to hospital for two nights or more	SIP	475	0.28	0.76	0.04			Equal variances assumed	15.78	0.000	2.405	1760	0.016
	Non SIP	1287	0.18	0.81	0.02			Equal variances not assumed			2.467	890	0.014
Total no. of times seen doctor	SIP	490	8.00	12.31	0.56			Equal variances assumed	42.23	0.000	5.993	1800	0.000
	Non SIP	1311	5.02	8.07	0.22			Equal variances not assumed			4.986	653	0.000

Statistics examining SIP areas									Independent samples t-test				
								t-test	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics									F	Sig.	t	df	Sig. (2-tailed)
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean								
HAD Score total	SIP	488	3.92	3.95	0.18			Equal variances assumed	26.42	0.000	6.709	1797	0.000
	Non SIP	1311	2.65	3.40	0.09			Equal variances not assumed			6.268	770	0.000
How many people had accidents?	SIP	27	1.22	0.72	0.14			Equal variances assumed	11.21	0.001	1.618	101	0.109
	Non SIP	76	1.07	0.25	0.03			Equal variances not assumed			1.095	29	0.283
How many cigarettes a week? total	SIP	235	121.54	89.85	5.86			Equal variances assumed	1.07	0.302	1.130	593	0.259
	Non SIP	359	113.01	90.17	4.76			Equal variances not assumed			1.131	502	0.259
Portions of fruit a day	SIP	486	1.40	1.45	0.07			Equal variances assumed	2.24	0.135	-7.607	1793	0.000
	Non SIP	1309	2.03	1.62	0.04			Equal variances not assumed			-8.004	963	0.000
Portions of veg/salad a day	SIP	487	1.58	1.37	0.06			Equal variances assumed	0.07	0.795	-7.366	1796	0.000
	Non SIP	1311	2.14	1.46	0.04			Equal variances not assumed			-7.587	923	0.000
Portions of fruit/veg/salad a day	SIP	490	2.95	2.41	0.11			Equal variances assumed	3.55	0.060	-9.011	1800	0.000
	Non SIP	1311	4.16	2.60	0.07			Equal variances not assumed			-9.327	941	0.000

Statistics examining SIP areas

Independent samples t-test

Group Statistics						t-test	Levene's Test for Equality of Variances		t-test for Equality of Means		
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean		F	Sig.	t	df	Sig. (2-tailed)
Slices of bread a day	SIP	487	2.95	1.94	0.09	Equal variances assumed	7.70	0.006	1.071	1795	0.284
	Non SIP	1310	2.85	1.69	0.05	Equal variances not assumed			1.005	775	0.315
How often eat cakes/pastries a day	SIP	485	1.30	1.58	0.07	Equal variances assumed	13.89	0.000	1.016	1789	0.310
	Non SIP	1306	1.23	1.24	0.03	Equal variances not assumed			0.911	717	0.363
No. of times eat cereal a week	SIP	485	3.31	3.08	0.14	Equal variances assumed	0.02	0.874	-3.195	1792	0.001
	Non SIP	1309	3.84	3.09	0.09	Equal variances not assumed			-3.197	865	0.001
No. of times eat oily fish a week	SIP	485	0.93	1.26	0.06	Equal variances assumed	2.56	0.110	-2.970	1785	0.003
	Non SIP	1301	1.13	1.30	0.04	Equal variances not assumed			-3.012	892	0.003
Weight - kilograms	SIP	475	69.95	15.27	0.70	Equal variances assumed	7.97	0.005	-1.586	1759	0.113
	Non SIP	1286	71.14	13.46	0.38	Equal variances not assumed			-1.496	762	0.135
Height - centimetres	SIP	480	165.76	11.77	0.54	Equal variances assumed	0.76	0.384	-5.496	1787	0.000
	Non SIP	1309	169.01	10.85	0.30	Equal variances not assumed			-5.295	797	0.000

Statistics examining SIP areas									Independent samples t-test				
								t-test	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics													
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean				F	Sig.	t	df	Sig. (2-tailed)
How many days take 30 mins moderate physical exercise?	SIP	488	4.28	2.89	0.13			Equal variances assumed	15.13	0.000	2.201	1796	0.028
	Non SIP	1310	3.96	2.68	0.07			Equal variances not assumed			2.128	818	0.034
How many days take 20 mins vigorous physical exercise?	SIP	481	1.14	2.25	0.10			Equal variances assumed	4.32	0.038	-0.640	1783	0.522
	Non SIP	1304	1.21	1.97	0.05			Equal variances not assumed			-0.603	770	0.547
How many days take 30 mins moderate physical exercise? (in all)	SIP	70	4.68	2.81	0.34			Equal variances assumed	0.97	0.326	1.153	217	0.250
	Non SIP	149	4.23	2.68	0.22			Equal variances not assumed			1.134	130	0.259
How many days take 20 mins vigorous physical exercise? (in all)	SIP	70	2.50	2.49	0.30			Equal variances assumed	2.21	0.139	1.842	219	0.067
	Non SIP	151	1.86	2.39	0.19			Equal variances not assumed			1.814	130	0.072
Overall quality of life - score	SIP	487	5.18	1.34	0.06			Equal variances assumed	29.84	0.000	-8.382	1788	0.000
	Non SIP	1303	5.70	1.09	0.03			Equal variances not assumed			-7.658	743	0.000
General physical well being - score	SIP	486	4.89	1.53	0.07			Equal variances assumed	38.07	0.000	-6.883	1788	0.000
	Non SIP	1304	5.37	1.25	0.03			Equal variances not assumed			-6.292	741	0.000

Statistics examining SIP areas									Independent samples t-test				
								t-test	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics									F	Sig.	t	df	Sig. (2-tailed)
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean								
General mental or emotional well being - score	SIP	485	5.14	1.48	0.07			Equal variances assumed	31.68	0.000	-6.354	1790	0.000
	Non SIP	1307	5.57	1.20	0.03			Equal variances not assumed			-5.769	732	0.000
Local area as place to live - score	SIP	486	4.29	1.88	0.09			Equal variances assumed	95.16	0.000	-13.152	1788	0.000
	Non SIP	1304	5.39	1.44	0.04			Equal variances not assumed			-11.641	705	0.000
Local area as place to bring up children - score	SIP	485	3.95	1.96	0.09			Equal variances assumed	47.45	0.000	-12.336	1779	0.000
	Non SIP	1296	5.11	1.69	0.05			Equal variances not assumed			-11.510	766	0.000
How long lived in local area? (total)	SIP	490	21.76	18.01	0.81			Equal variances assumed	2.48	0.115	4.418	1798	0.000
	Non SIP	1310	17.68	17.26	0.48			Equal variances not assumed			4.333	847	0.000
How long lived in present home? (total)	SIP	490	10.03	11.75	0.53			Equal variances assumed	4.59	0.032	-2.351	1800	0.019
	Non SIP	1311	11.52	12.01	0.33			Equal variances not assumed			-2.374	895	0.018
No. of people in household	SIP	490	2.58	1.43	0.06			Equal variances assumed	5.04	0.025	-2.129	1799	0.033
	Non SIP	1311	2.74	1.34	0.04			Equal variances not assumed			-2.068	830	0.039

Statistics examining SIP areas

Independent samples t-test

								t-test	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics													
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean				F	Sig.	t	df	Sig. (2-tailed)
How long since last in paid employment?	SIP	30	12.27	19.67	3.61			Equal variances assumed	0.23	0.634	0.192	61	0.849
	Non SIP	34	11.45	14.09	2.43			Equal variances not assumed			0.188	51	0.852
How feel about adequacy of household income	SIP	455	3.74	1.40	0.07			Equal variances assumed	9.15	0.003	9.170	1710	0.000
	Non SIP	1257	3.07	1.33	0.04			Equal variances not assumed			8.925	766	0.000
Age	SIP	487	45.36	18.07	0.82			Equal variances assumed	3.06	0.080	0.891	1780	0.373
	Non SIP	1294	44.46	19.12	0.53			Equal variances not assumed			0.914	922	0.361
Length of interview	SIP	485	29.15	5.03	0.23			Equal variances assumed	9.16	0.003	2.938	1772	0.003
	Non SIP	1290	28.33	5.35	0.15			Equal variances not assumed			3.021	920	0.003

t-TEST OUTCOMES – Well-being and Local area as a place to live

Statistical examination of 'well being' and 'view of area as a place to live'												
(examined by SIP residency)							t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
Group Statistics												
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean	Variable		F	Sig.	t	df	Sig. (2-tailed)
Overall Quality of Life	SIP	487	5.18	1.34	0.06	Overall Quality of Life	Equal variances assumed	29.84	0.000	-8.382	1788.35	0.000
	Non SIP	1303	5.70	1.09	0.03		Equal variances not assumed			-7.658	742.66	0.000
General Physical well-being	SIP	486	4.89	1.53	0.07	General Physical well-being	Equal variances assumed	38.07	0.000	-6.883	1788.09	0.000
	Non SIP	1304	5.37	1.25	0.03		Equal variances not assumed			-6.292	741.39	0.000
Mental / Emotional well-being	SIP	485	5.14	1.48	0.07	Mental / Emotional well-being	Equal variances assumed	31.68	0.000	-6.354	1790.33	0.000
	Non SIP	1307	5.57	1.20	0.03		Equal variances not assumed			-5.769	731.58	0.000
How do you feel about your local area as a place to live?	SIP	486	4.29	1.88	0.09	How do you feel about your local area as a place to live?	Equal variances assumed	95.16	0.000	-13.152	1788.40	0.000
	Non SIP	1304	5.39	1.44	0.04		Equal variances not assumed			-11.641	705.22	0.000

Statistical examination of 'well being' and 'view of area as a place to live'												
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(examined by SIP residency)					
Group Statistics					
Variable	SIP/NON-SIP	N	Mean	Std. Deviation	Std. Error Mean
How do you feel about this area as a place to bring up children?'	SIP	485	3.95	1.96	0.09
	Non SIP	1296	5.11	1.69	0.05
Use of medical facilities	SIP	490	8.00	12.31	0.56
	Non SIP	1311	5.02	8.07	0.22

Variable	t-tests	Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
How do you feel about this area as a place to bring up children?'	Equal variances assumed	47.45	0.000	-12.336	1779.45	0.000
	Equal variances not assumed			-11.510	766.11	0.000
Use of medical facilities	Equal variances assumed	42.23	0.000	5.993	1799.83	0.000
	Equal variances not assumed			4.986	652.95	0.000

APPENDIX E: 2002 SURVEY QUESTIONNAIRE WITH RESPONSE FREQUENCIES

GREATER GLASGOW NHS BOARD

FINAL RESULTS

Based on 1802 Self Completion surveys completed between 14th August 2002 and 30th December 2002

Q1 I'd like to start by asking you some questions about your health. How would you describe your health over the past year?
(read out and code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 488	Base = 1309
Excellent	24.2	14.3	27.8
Good	42.8	38.3	44.4
Fair	18.2	22.5	16.6
Poor	14.9	24.8	11.2

Q2 Can you tell me all the illnesses or conditions for which you are currently being treated, by indicating the numbers on the card.
(code all that apply)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1787	Base = 480	Base = 1307
Coronary heart disease	5.3	7.0	4.7
Stroke	1.8	1.8	1.8
Arthritis or rheumatism or painful joints	15.1	18.8	13.7
Clinical depression	4.4	6.9	3.4
Diabetes	4.0	7.2	2.8
Cancer	1.5	1.9	1.3
Asthma, bronchitis, or persistent cough	7.5	10.0	6.6
Epilepsy	1.2	1.9	1.0
Stress related conditions, eg difficulty sleeping or concentrating	6.4	10.7	4.8
Severe hearing problems	2.4	2.4	2.4
Severe eyesight problems	3.1	3.0	3.2
Accident / injury	2.6	2.7	2.6
Gastro-intestinal problems, eg peptic ulcer disease, irritable bowel syndrome	4.9	7.2	4.1
High blood pressure	10.9	12.1	10.4
Drug or alcohol related conditions	1.3	3.3	0.5
Sexually transmitted infections, eg. gonorrhea, syphilis, chlamydia	0.4	0.2	0.5
Disease of Nervous System (CNS)	0.4	0.5	0.4
Diseases of skin	0.2	0	0.3
Vascular Disease	0.1	0.4	0
Disease of Digestive System	0.3	0.7	0.1
Mental Health Problems	0.6	2.0	0.1
Respiratory	0.3	0.1	0.3
Genito-urinary	0.2	0	0.3
Other signs, symptoms and unspecified diagnoses	5.1	4.8	5.2
None	56.2	45.3	60.2

Q3 Do you have any long term condition or illness that substantially interferes with your day to day activities?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 490	Base = 1309
Yes	23.4	31.8	20.2
No	76.6	68.2	79.8

Q3a Thinking of these conditions and/or illnesses, would you describe yourself as having...?
(read out and code all that apply)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 413	Base = 152	Base = 261
A physical disability	61.3	59.8	62.1
A mental or emotional health problem	17.8	21.2	15.8
A long-term illness	37.0	39.6	35.5
Other/s (please specify)	3.3	3.2	3.4

Q3b How much does it (do they) interfere with the following activities (seriously, moderately, or doesn't)?
(read out and code one for each)

a) Looking after yourself and your home

	%		
	GGNHSB	SIP	Non-SIP
	Base = 409	Base = 149	Base = 258
Seriously interferes	26.6	24.2	27.9
Moderately interferes	45.6	51.0	42.6
Does not interfere	27.0	23.5	29.1
N/A	0.8	1.3	0.4

b) Looking after your family

	%		
	GGNHSB	SIP	Non-SIP
	Base = 407	Base = 151	Base = 256
Seriously interferes	20.8	20.5	21.1
Moderately interferes	27.8	32.5	25.0
Does not interfere	32.4	28.5	34.8
N/A	19.0	18.5	19.1

c) Shopping

	%		
	GGNHSB	SIP	Non-SIP
	Base = 409	Base = 151	Base = 257
Seriously interferes	35.5	38.4	33.9
Moderately interferes	41.5	42.4	40.9
Does not interfere	21.6	18.5	23.3
N/A	1.4	0.7	1.9

d) Holding down or obtaining a job

	%		
	GGNHSB	SIP	Non-SIP
	Base = 410	Base = 151	Base = 257
Seriously interferes	42.8	44.4	42
Moderately interferes	18.9	22.5	16.7
Does not interfere	14.6	12.6	15.6
N/A	23.7	20.5	25.7

e) Relationships with others

	%		
	GGNHSB	SIP	Non-SIP
	Base = 408	Base = 152	Base = 256
Seriously interferes	17.0	20.4	14.8
Moderately interferes	30.7	31.6	30.1
Does not interfere	45.2	39.5	48.4
N/A	7.2	8.6	6.6

f) Engaging in sports

	%		
	GGNHSB	SIP	Non-SIP
	Base = 408	Base = 152	Base = 256
Seriously interferes	44.1	41.4	45.7
Moderately interferes	17.6	18.4	17.2
Does not interfere	10.8	10.5	10.9
N/A	27.5	29.6	26.2

g) Engaging in social activities

	%		
	GGNHSB	SIP	Non-SIP
	Base = 408	Base = 152	Base = 257
Seriously interferes	29.9	27	31.5
Moderately interferes	32.8	34.2	31.9
Does not interfere	19.3	16.4	21.0
N/A	18.0	22.4	15.6

Q4

Thinking about the past year and your own health:

a) How many times have you seen a GP?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 482	Base = 1307
Never	19.9	12.2	22.8
One	17.2	10.6	19.7
2 – 5	39.5	44.4	37.7
6 – 10	12.4	14.9	11.5
11 – 20	8.5	13.5	6.7
20+	2.4	4.4	1.7

b) How many times have you been to accident and emergency?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1762	Base = 476	Base = 1285
Never	85.1	83.0	85.9
One	10.0	10.1	9.9
2 - 5	4.4	6.3	3.7
6 - 10	0.3	0.6	0.2
11 - 20	0.2	0	0.2
20+	0	0	0

c) How many times have you visited a hospital out-patient department to see a doctor? (Do not include visits for an X-ray or other tests)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1762	Base = 473	Base = 1286
Never	75.4	72.5	76.6
One	8.5	8.2	8.6
2 - 5	11.7	13.5	10.9
6 - 10	2.5	2.7	2.5
11 - 20	1.3	2.1	0.9
20+	0.6	0.8	0.5

d) How many times have you been admitted to hospital for either day surgery or an overnight stay?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1761	Base = 475	Base = 1286
Never	88.2	87.2	88.6
One	8.2	7.6	8.4
2 - 5	3.3	4.8	2.7
6 - 10	0.2	0.4	0.1
11 - 20	0.1	0	0.2
20+	0	0	0

e) How many times have you been admitted to hospital for a stay of two nights or more?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1762	Base = 474	Base = 1286
Never	88.9	84.4	90.7
One	7.0	8.2	6.5
2 - 5	3.5	7.4	2.1
6 - 10	0.4	0	0.5
11 - 20	0.1	0	0.2
20+	0	0	0

Q5

Thinking about your recent use and experience of the Health Services such as GP, dentist, or hospital:

(read out and code one for each)

a) Were you given adequate information about your condition or treatment?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1796	Base = 485	Base = 1311
Definitely	40.6	37.1	41.9
To some extent	39.2	40.6	38.7
No	9.7	14	8.1
Don't know	3.7	2.7	4.0
Not applicable	6.8	5.6	7.3

b) Have you been encouraged to participate in decisions affecting your health or treatment?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1795	Base = 485	Base = 1310
Definitely	29.2	28.9	29.3
To some extent	40.1	43.3	38.9
No	17.9	18.1	17.9
Don't know	4.5	3.3	5.0
Not applicable	8.2	6.4	8.9

c) Do you feel that you have a say in how these services are delivered?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1795	Base = 485	Base = 1311
Definitely	23.4	24.9	22.8
To some extent	40.8	40.2	41.0
No	23.6	26.0	22.7
Don't know	5.2	2.7	6.1
Not applicable	7.1	6.2	7.4

d) Do you feel that your views and circumstances are understood and valued?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 485	Base = 1308
Definitely	30.2	29.3	30.7
To some extent	43.5	43.7	43.4
No	13.9	16.7	12.8
Don't know	5.1	3.9	5.6
Not applicable	7.2	6.4	7.5

Q6 Are you registered with a dentist?
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 486	Base = 1312
Yes	73.6	64.8	76.8
No	26.4	35.2	23.2

Q6a Is this an NHS or private dentist?
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1297	Base = 312	Base = 985
NHS	87.3	96.2	84.5
Private	12.7	3.8	15.5

Q7 What proportion of your teeth are your own?
(crowns are regarded as 'own teeth'. read out. code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 485	Base = 1308
All of them	59.6	52.0	62.5
Some of them	24.5	28.2	23.1
None of them	15.9	19.8	14.4

Q8 When was the last time you went to the dentist?
(read out. code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1792	Base = 484	Base = 1308
Within the last 6 months	49.6	35.7	54.7
Within 6 months to 15 months	17.4	21.3	15.9
Over 15 months	33.0	43.0	29.4

Q9 Do you think that fluoride should be added to the water supply to reduce the level of tooth decay in the population?
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 487	Base = 1312
Yes	34.8	34.9	34.7
Yes, but with some concerns	4.2	1.4	5.3
I would want more information before I could decide	7.4	3.9	8.7
No	28.4	26.7	29
Don't know	25.2	33.1	22.3

Q9a *What are your concerns?*
(Write in. Probe fully)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 76	Base = 7	Base = 69
Change in taste	1.9	0	2.1
Not required, should have choice	0	0	0
Cost	0	0	0
Not too much, limit on amount	16.7	16.6	16.8
Side effects/dangers	47.2	26.5	49.4
Public should be consulted	1.1	0	1.2
Don't know anything about it	12.2	10.4	12.4
Long term effects	18.0	40.3	15.6
Not fully understood/lack of research	2.5	0	2.7
Allergy problems	3.5	0	3.9
Don't like additives in water	1.8	0	2
Discolouring of water	0	0	0
Monitoring needed	4.0	16.1	2.7
Other	1.6	0	1.8

Q9b *What kind of information would you want?*
(Write in. Probe fully)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 130	Base = 18	Base = 112
Proof of benefits	6.3	0	7.3
Explanations	6.4	15.0	5.0
Information about safety/health effects/side effects	36.0	65.9	31.2
What the side effects would be	36.8	23.8	38.9
Overdose limits	1.7	0	2.0
Impact on teeth	2.7	0	3.1
More information in general	12.9	0	15.0
How much is added	2.4	0	2.8
BMA report/sufficient research	5.1	0	5.9
Cost to tax payer	0	0	0
What chemicals are used	0	0	0
Other	3.5	0	4.0

Q10 **Would you say that you have great difficulty, some difficulty, or no difficulty in...**
(read out and code one for each)

a) Arranging for a home visit from your GP

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 486	Base = 1311
Great difficulty	6.7	7.0	6.6
Some difficulty	11.2	11.1	11.3
No difficulty	43.7	49.2	41.6
Don't know	28.8	28.2	29.1
Not applicable	9.6	4.5	11.4

b) Getting an appointment to see your GP

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 487	Base = 1311
Great difficulty	9.1	13.1	7.6
Some difficulty	26.9	27.5	26.6
No difficulty	57.8	55.6	58.7
Don't know	4.5	2.9	5.0
Not applicable	1.7	0.8	2.1

c) Getting to the GP's surgery/Health Centre

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 488	Base = 1311
Great difficulty	2.0	2.5	1.9
Some difficulty	7.1	6.1	7.4
No difficulty	84.8	87.3	83.8
Don't know	4.0	2.0	4.7
Not applicable	2.1	2.0	2.2

d) Accessing health services in an emergency

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 487	Base = 1309
Great difficulty	1.7	1.6	1.7
Some difficulty	7.1	5.7	7.6
No difficulty	54.6	52.2	55.5
Don't know	29.4	33.9	27.7
Not applicable	7.2	6.6	7.5

e) Obtaining an appointment at the hospital

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 386	Base = 1310
Great difficulty	10.6	13.8	9.5
Some difficulty	17.7	13.4	19.3
No difficulty	45.8	49.2	44.6
Don't know	16.4	16.5	16.3
Not applicable	9.4	7.2	10.3

f) Reaching the hospital for an appointment

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 487	Base = 1311
Great difficulty	2.6	3.1	2.4
Some difficulty	9.3	9.9	9.1
No difficulty	73.4	76	72.3
Don't know	7.9	5.1	8.9
Not applicable	6.9	6.0	7.3

g) Getting an appointment to see the dentist

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1792	Base = 483	Base = 1308
Great difficulty	1.0	0.6	1.1
Some difficulty	5.4	2.1	6.6
No difficulty	76.5	76.8	76.4
Don't know	6.7	8.1	6.2
Not applicable	10.5	12.4	9.7

h) Getting a prescription made up

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 487	Base = 1311
Great difficulty	0.8	1.4	0.6
Some difficulty	2.7	3.1	2.6
No difficulty	90.4	91.8	89.9
Don't know	3.6	2.3	4.1
Not applicable	2.4	1.4	2.8

i) Obtaining physiotherapy or chiropody

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1795	Base = 487	Base = 1310
Great difficulty	2.1	2.1	2.2
Some difficulty	4.6	2.3	5.5
No difficulty	32.1	29.4	33.1
Don't know	37.6	41.5	36
Not applicable	23.6	24.8	23.2

j) Obtaining other health services such as optometry (optician), stress relief, addiction services, etc

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1792	Base = 487	Base = 1306
Great difficulty	0.7	0.4	0.8
Some difficulty	2.9	2.3	3.1
No difficulty	39.3	38.2	39.7
Don't know	38.2	40.9	37.3
Not applicable	18.9	18.3	19.1

k) Visiting others in hospital

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 487	Base = 1309
Great difficulty	1.8	2.5	1.5
Some difficulty	5.0	6.0	4.7
No difficulty	81.6	82.1	81.4
Don't know	4.3	3.5	4.7
Not applicable	7.3	6.0	7.8

Q11

I am going to show you a series of statements that describe emotion and feelings. Please tick the box that applies to you.

a) I still enjoy the things I used to enjoy.

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 488	Base = 1311
Definitely as much (0)	66.4	56.1	70.2
Not quite so much (1)	24.3	31.6	21.6
Only a little (2)	5.1	6.1	4.7
Hardly at all (3)	4.2	6.1	3.5

b) I can laugh and see the funny side of things

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 487	Base = 1310
As much as I always could (0)	82.0	73.7	85
Not quite so much now (1)	14.4	22.2	11.5
Definitely not so much now (2)	2.9	2.5	3.1
Not at all (3)	0.8	1.6	0.5

c) I feel cheerful

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1793	Base = 485	Base = 1309
Not at all (3)	2.3	3.1	1.9
Not often (2)	4.3	7.2	3.2
Sometimes (1)	25.2	30.7	23.1
Most of the time (0)	68.3	59	71.7

d) I feel as if I am slowed down

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1793	Base = 481	Base = 1312
Nearly all the time (3)	9.3	12.3	8.2
Very often (2)	11.5	14.1	10.5
Sometimes (1)	41.2	44.5	40.0
Not at all (0)	38.0	29.1	41.3

e) I have lost interest in my appearance

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1795	Base = 485	Base = 1311
Definitely (3)	2.5	3.5	2.1
I don't take as much care as I should (2)	8.2	11.8	6.9
I may not take quite as much care (1)	15.0	18.4	13.7
I take just as much care as ever (0)	74.3	66.4	77.2

f) I look forward with enjoyment to things

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 487	Base = 1311
As much as I ever did (0)	76.5	66.9	80
Rather less than I used to (1)	15.6	23.7	12.7
Definitely less than I used to (2)	6.3	7.0	6.0
Hardly at all (3)	1.7	2.5	1.3

g) I can enjoy a good book or radio or TV programme

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 487	Base = 1311
Often (0)	80.7	73.9	83.2
Sometimes (1)	14.3	17.2	13.3
Not often (2)	3.5	5.3	2.7
Very seldom (3)	1.5	3.5	0.8

Q12 – Refer to datafile for in-depth breakdowns

Q13 **How often are you usually in places where there is smoke from other people smoking tobacco?
Would you say most of the time, some of the time, seldom or never?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 488	Base = 1309
Most of the time	36.2	51.0	30.7
Some of the time	21.1	14.8	23.5
Seldom	31.6	23.0	34.8
Never	11.1	11.3	11.0

Q14 **Which of the following statements best describes you at present?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1793	Base = 484	Base = 1309
I have never smoked tobacco	47.3	38.2	50.7
I have only tried smoking once or twice	4.4	2.3	5.2
I have given up smoking	15.1	11	16.7
I smoke some days	3.8	3.7	3.8
I smoke every day	29.4	44.8	23.6

Q14a

On average, how many cigarettes a week do you smoke? (write number of cigarettes in the box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 595	Base = 235	Base = 360
0-10 a week	6.1	4.7	7.2
11-20 a week	3.7	2.6	4.4
21-40 a week	5.0	3.8	5.8
41-60 a week	4.8	4.7	5.0
More than 60 a week	18.6	17.4	19.4
More than 100 a week	39.3	44.7	35.6
More than 150 a week	15.8	14.9	16.4
More than 300 a week	2.5	3.0	2.2
Unknown – smokes loose tobacco	4.2	4.3	3.9

Q15

How often do you drink alcohol?
(read out. code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1801	Base = 491	Base = 1312
Never	30.5	39.7	27.1
Less than once a month	13.6	13.2	13.8
More than once a month but not weekly	12.0	9.6	13
1-2 days per week	29.0	27.9	29.4
3-5 days per week	9.5	4.1	11.5
6-7 days per week	5.3	5.5	5.3

Q16

Have you had a drink containing alcohol in the past 7 days?
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1246	Base = 294	Base = 952
Yes	69.1	67.3	69.6
No	30.9	32.7	30.4

Q17

Using the card, please tell me how much you drank on each day in the past week. (base = those who have had a drink in the past week)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 862	Base = 198	Base = 664
Does not exceed recommended amount of alcohol	72.6	72.7	72.6
Exceeds recommended amount of alcohol	27.4	27.3	27.4

Q17

Using the card, please tell me how much you drank on each day in the past week. (males)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 462	Base = 103	Base = 359
Non binge drinkers	70.8	44.7	47.1
Binge drinkers	29.2	55.3	52.9

Q17 Using the card, please tell me how much you drank on each day in the past week. (females)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 398	Base = 95	Base = 303
Non binge drinkers	58.0	47.4	61.4
Binge drinkers	42.0	52.6	38.6

Q18/19 Now I'd like to ask you some questions about the food you eat. On average, how many portions of fruit do you eat each day? Examples of a portion are one apple, one tomato, 2 tablespoons canned fruit, one small glass fruit juice. (write number in box. if less than one, write '0')

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1802	Base = 491	Base = 1311
Doesn't meet minimum standard	65.9	78.4	61.3
Eats at least 5 portions fruit/veg daily	34.1	21.6	38.7

Q20 How many slices of bread or rolls do you usually eat per day? (Please include the bread taken in sandwiches) (write number in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 487	Base = 1310
Doesn't meet minimum standard	87.8	85.4	88.6
Eats at least 5 portions bread/rolls daily	12.2	14.6	11.4

Q21 How often per day do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps? (write number in box. If less than one, write '0')

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1791	Base = 485	Base = 1306
Eats less than 2 a day	67.5	66.6	67.8
Eats at least 2 high fat snacks a day	32.5	33.4	32.2

Q22 How many times per week do you usually eat breakfast cereal? (5 or more)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 485	Base = 1309
Doesn't meet minimum standard	53.9	60.0	51.6
Eats cereal 5 times or more weekly	46.1	40.0	48.4

Q22 How many times per week do you usually eat breakfast cereal? (7 or more)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1793	Base = 484	Base = 1309
Doesn't meet minimum standard	59.6	64.3	57.8
Eats cereal 7 times or more weekly	40.4	35.7	42.2

Q23 How many times per week do you usually eat oily fish, taken in sandwiches or as part of a meal? (5 or more)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1787	Base = 484	Base = 1302
Eats less than 2 portions a week	70.6	74.8	69.0
Eats at least 2 portions of oily fish per week	29.4	25.2	31.0

Q24 How often do you brush your teeth? (code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1759	Base = 479	Base = 1308
Twice or more a day	66.8	51.4	72.5
About once a day	26.1	36.3	22.2
Less than once a day	2.3	5.0	1.3
Seldom or never	4.9	7.3	4.1

Q25a/b Body Mass Index

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1759	Base = 472	Base = 1285
Underweight	2.9	4.7	2.3
Normal	54.3	49.8	56.0
Overweight	31.7	28.0	33.1
Obese	10.6	16.9	8.2
Extremely obese	0.6	0.6	0.5

Q26 Thinking now of the exercise you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1789	Base = 487	Base = 1310
None	20.6	22.4	20.0
1	4.0	4.5	3.7
2	8.9	5.3	10.2
3	8.3	5.5	9.3
4	8.1	6.6	8.7
5	9.8	7.0	10.8
6	5.9	5.7	6.0

7	34.5	42.9	31.3
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Q27 In an average week, on how many days do you take at least 20 minutes of vigorous physical exercise such as brisk walking? It doesn't have to be 20 minutes all at once.

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1785	Base = 480	Base = 1304
None	66.3	74.6	63.3
1	4.8	0.8	6.2
2	9.7	7.5	10.5
3	5.4	2.9	6.4
4	3.7	1.3	4.7
5	2.5	2.5	2.5
6	1.8	1.5	1.9
7	5.8	9.0	4.6

Q27a Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1774	Base = 483	Base = 1292
Yes - all activities have been included	86.7	83.9	87.7
No - there are more activities to add	13.3	16.1	12.3

Q27b Including all types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once. (write in the total number of days in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 218	Base = 70	Base = 148
None	13.2	12.9	13.5
1	10.0	10.0	10.1
2	8.5	8.6	8.1
3	8.1	4.3	9.5
4	5.8	2.9	7.4
5	4.3	2.9	5.4
6	9.0	7.1	10.1
7	41.0	51.4	35.8

Q27c And including all types of exercise and activity. In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)? (write number of days in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 221	Base = 70	Base = 151
None	48.7	42.9	51.7
1	6.6	4.3	7.9
2	6.3	4.3	6.6
3	7.0	4.3	8.6
4	9.7	17.1	6.0
5	10.8	17.1	7.9
6	3.1	2.9	3.3

7	7.9	7.1	7.9
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Q28

Looking at the faces on the card:

**a) Which face best rates your overall quality of life?
(write number in box)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1790	Base = 488	Base = 1303
1 - Very happy	20.6	14.3	23
2	39.3	33	41.7
3	25.2	27.3	24.4
4	8.4	13.1	6.6
5	4.3	8.4	2.8
6	1.4	2.5	1.0
7 - Very sad	0.8	1.4	0.5

b) Which face best rates your general physical well being? (write number in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1790	Base = 486	Base = 1305
1 - Very happy	14.2	11.5	15.2
2	36.6	31.7	38.4
3	26.2	20.8	28.1
4	12.1	17.3	10.2
5	6.1	10.3	4.5
6	2.8	5.3	1.9
7 - Very sad	2.0	3.1	1.6

c) Which face best rates your general mental or emotional well being? (write number in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1792	Base = 486	Base = 1307
1 - Very happy	18.9	15.4	20.1
2	39.0	34.2	40.9
3	24.0	23	24.4
4	10.0	12.8	9.0
5	4.3	7.8	3.0
6	2.2	4.1	1.5
7 - Very sad	1.7	2.7	1.2

Q29

Now I would like to ask you some questions regarding your local area and community. Please look at the card and could you tell me which face on the scale indicates how you feel about your local area as a place to live. (write number in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1790	Base = 487	Base = 1305
1 - Very happy	17.2	9	20.2
2	33.9	23.6	37.8
3	21.7	21.4	21.7
4	12.0	15.8	10.6
5	4.8	7.6	3.8
6	4.3	8.8	2.6
7 - Very sad	6.2	13.8	3.4

Q30

And how do you feel about this area as a place in which to bring up children?
(write number in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1781	Base = 486	Base = 1296
1 - Very happy	16.4	6.8	20.1
2	29.1	20.4	32.4
3	18.9	21.2	17.9
4	14.0	11.9	14.7
5	6.2	11.5	4.2
6	5.4	8.6	4.2
7 - Very sad	10.0	19.5	6.5

Q31

Please look at the card I have given you. How common a problem do you think.....is in your area? (read out (a) - (j) and code one for each)

a) Unemployment

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 488	Base = 1308
Very common	20.5	48	10.2
Fairly common	23.3	24	23.1
Not very common	33.2	12.7	40.9
Not common at all	7.1	1.8	9
DK/unsure	15.9	13.5	16.8

b) Domestic violence

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 488	Base = 1309
Very common	5.6	13.5	2.6
Fairly common	12.5	20.3	9.6
Not very common	29.7	23.8	31.9
Not common at all	10.5	8.6	11.2
DK/unsure	41.7	33.8	44.7

c) Burglaries

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 489	Base = 1307
Very common	7.3	15.3	4.3
Fairly common	22.2	18.8	23.4
Not very common	45.9	39.1	48.5
Not common at all	13.2	13.1	13.5
DK/unsure	11.4	13.7	10.6

d) Vandalism / Graffiti

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1800	Base = 489	Base = 1311
Very common	20.1	40.9	12.4
Fairly common	28.8	31.3	27.8
Not very common	36.6	18.6	43.3
Not common at all	9.7	4.3	11.7
DK/unsure	4.8	4.9	4.7

e) Assaults / Muggings

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1796	Base = 488	Base = 1309
Very common	7.7	20.3	3
Fairly common	15.7	19.7	14.2
Not very common	47.3	34	52.3
Not common at all	16.4	11.7	18.1
DK/unsure	12.9	14.3	12.5

f) Bullying in schools

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 488	Base = 1304
Very common	6.2	11.9	4.1
Fairly common	14.3	18.4	12.7
Not very common	22.9	14.8	25.9
Not common at all	7.4	6.6	7.7
DK/unsure	49.3	48.4	49.6

g) Drug activity

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 488	Base = 1308
Very common	23.9	50	14.1
Fairly common	29.3	24.2	31.3
Not very common	23.4	11.9	27.6
Not common at all	7.1	4.1	8.2
DK/unsure	16.4	9.8	18.8

h) Excessive drinking

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1796	Base = 489	Base = 1307
Very common	23.9	50.5	13.9
Fairly common	28.6	23.3	30.5
Not very common	26.3	13.7	31.1
Not common at all	8.1	3.3	9.9
DK/unsure	13.1	9.2	14.6

i) Young people hanging around

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1800	Base = 489	Base = 1311
Very common	30.1	55.5	20.7
Fairly common	32.2	23.8	35.3
Not very common	26.3	13.3	31.1
Not common at all	7.6	3.3	9.2
DK/unsure	3.8	4.1	3.7

j) Car crime

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1800	Base = 489	Base = 1310
Very common	11.8	21.9	8.1
Fairly common	26.1	30.3	24.5
Not very common	38.3	25.4	43.1
Not common at all	11.3	9.6	11.9
DK/unsure	12.5	12.9	12.4

Q32

Now I'd like to ask you about some environmental problems in your area. How common a problem do you think.....is in your area? (read out (k) - (t) and code one for each)

k) Contaminated drinking water

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 489	Base = 1311
Very common	3.4	4.7	3
Fairly common	10.7	14.3	9.3
Not very common	47.6	47.9	47.5
Not common at all	29.7	23.5	32
DK/unsure	8.6	9.6	8.2

l) Rubbish lying about

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 489	Base = 1311
Very common	13.6	24.6	9.5
Fairly common	20.4	20.7	20.4
Not very common	47.5	42.4	49.4
Not common at all	17.3	10.5	19.8
DK/unsure	1.2	1.8	1

m) Noise and disturbance

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 489	Base = 1310
Very common	7.9	16.6	4.7
Fairly common	15.0	19	13.5
Not very common	55.6	49.7	57.7
Not common at all	20.3	12.9	23.1
DK/unsure	1.3	1.8	1.1

n) Poor street lighting

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 488	Base = 1311
Very common	2.6	4.3	1.9
Fairly common	7.1	8.2	6.8
Not very common	53.7	53.9	53.6
Not common at all	35.0	30.3	36.8
DK/unsure	1.6	3.3	0.9

o) Air pollution

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 489	Base = 1310
Very common	4.3	6.3	3.6
Fairly common	10.8	10.6	10.9
Not very common	52.3	55.8	50.9
Not common at all	26.0	19.8	28.2
DK/unsure	6.6	7.4	6.3

p) Vacant / derelict land

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 486	Base = 1308
Very common	3.8	10.3	1.4
Fairly common	9.2	16.7	6.3
Not very common	52.1	51.4	52.4
Not common at all	31.5	18.5	36.2
DK/unsure	3.5	3.1	3.7

q) Vacant / derelict buildings

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 486	Base = 1308
Very common	3.6	10.5	1.1
Fairly common	9.3	17.1	6.4
Not very common	51.7	52.1	51.5
Not common at all	31.9	17.5	37.3
DK/unsure	3.5	2.9	3.7

r) Dog's dirt

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 489	Base = 1308
Very common	17.4	26.6	14
Fairly common	31.4	31.7	31.3
Not very common	35.8	26.8	39.2
Not common at all	13.9	12.5	14.4
DK/unsure	1.4	2.5	1.1

s) Abandoned cars

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1800	Base = 489	Base = 1311
Very common	3.9	8.8	2.1
Fairly common	8.7	12.7	7.2
Not very common	51.4	52.8	50.9
Not common at all	32.5	21.9	36.5
DK/unsure	3.6	3.9	3.4

t) Traffic

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1796	Base = 486	Base = 1310
Very common	15.5	20.6	13.7
Fairly common	26.2	28.6	25.3
Not very common	40.7	35.8	42.5
Not common at all	16.1	12.3	17.5
DK/unsure	1.5	2.7	1.1

Q33 Do you belong to any social clubs, associations, church groups or anything similar? (code one only)

	%		
	GGHSB	SIP	Non-SIP
	Base = 1787	Base = 487	Base = 1300
Yes	20.2	13.8	22.6
No	79.8	86.2	77.4

Q33a How many do you attend regularly in your local area? (write number in each box. If none write in '0')

	%		
	GGHSB	SIP	Non-SIP
	Base = 350	Base = 67	Base = 282
None	8.0	6.0	8.0
1	60.7	52.2	60.7
2	22.8	31.3	22.9
3	5.3	4.5	5.2
4+	3.1	6	3.2

How many do you attend regularly elsewhere? (write number in each box. if none write in '0')

	%		
	GGHSB	SIP	Non-SIP
	Base = 250	Base = 51	Base = 201
None	71.1	82.0	68.2
1	17.7	14.0	18.9
2	9.6	4.0	10.9
3	1.4	0	2.0
4+	0.2	0	0

- Q34** In the past 3 years, have you had any responsibilities in the groups you belong to, such as being a committee member, raising funds, organising events, or doing administrative or clerical work? (code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 353	Base = 50	Base = 201
Yes	35.9	24.2	38.5
No	64.1	75.8	61.5

- Q35** In the past 3 years, have you taken any of the following actions in an attempt to solve a particular problem or local problems in general? (code all that apply)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1794	Base = 66	Base = 286
Written to local newspaper	1.1	0.9	1.2
Contacted an organisation, eg the Council	5.5	5	5.6
Contacted a local councilor or MSP	3.8	3.1	4
Attended a protest meeting	2.9	1.9	3.2
Joined an action group	1.4	1.2	1.5
Joined a decision-making group, eg community council or school board	1.7	2.3	1.5
Thought about it, but did not do it	5.2	5.3	5.1
None of the above	84.3	84.9	83.5
Other action (specify)	0.8	1	0.7

- Q36** Do you act as a volunteer? (code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1748	Base = 475	Base = 1272
Yes	7.3	6.9	7.3
No	92.8	93.1	92.7

Q36a

How many hours (approximately) do you volunteer per week? (write number of hours in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 114	Base = 27	Base = 85
0	1.5	0.0	1.8
1	20.9	18.5	21.4
2	24.8	44.4	25.0
3	17.1	3.7	17.9
4	9.3	7.4	9.8
5	5.1	7.4	5.4
6	6.5	11.1	6.3
7	1.0	0.0	0.9
8	3.0	3.7	2.7
9	0.7	3.7	0.9
10	2.7	0	2.7
11-20	7.0	0	1.8
21 and over	0	0	0.9

Q37

How long have you lived in this neighbourhood/local area? (years)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1793	Base = 486	Base = 1308
Less than 1 year	9.3	6.8	120.2
1-2 years	4.7	3.5	5.0
3-5 years	12.7	9.7	13.8
5-10 years	12.1	11.9	12.2
10-20 years	20.9	16.7	22.4
20-30 years	15.0	17.9	13.9
30-40 years	12.0	17.7	9.8
40-50 years	6.0	6.8	5.7
50-60 years	3.8	4.9	3.4
Over 60 years	3.7	4.1	3.6

Q38

How long have you lived in your present home? (years)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1793	Base = 483	Base = 1307
Less than 1 year	13.5	11.8	14.1
1-2 years	6.5	5.8	6.7
3-5 years	19.5	23.8	17.9
5-10 years	18.6	24.8	16.3
10-20 years	21.8	16.8	23.7
20-30 years	10.2	7.0	11.3
30-40 years	6.3	6.4	6.4
40-50 years	2.0	1.7	2.1
50-60 years	1.0	1.2	0.9
Over 60 years	0.8	0.6	0.5

Q39 **Do you have a telephone in your home?**
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1796	Base = 488	Base = 1308
Yes	91.3	82.2	94.7
No	8.7	17.8	5.3

Q40 **Do you have access to the Internet?**
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1795	Base = 486	Base = 1309
Yes	43.1	24.5	50
No	56.9	75.5	50

Q40a **Is this at home, elsewhere, or both?**
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 766	Base = 117	Base = 649
Home	58.2	69.2	56.2
Elsewhere	13.6	16.2	13.1
Both	28.2	14.5	30.7

Q41 **Is there anything about your home that affects your health?**
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1786	Base = 483	Base = 1303
Yes	8.2	12.8	6.4
No	91.8	87.2	93.6

Q41a

	%		
	GGNHSB	SIP	Non-SIP
	Base = 136	Base = 60	Base = 76
Noisy/difficult neighbours	6.6	8.3	5.3
Damp	20.6	24.4	17.6
Overcrowding	3.6	7.3	0.6
Location	1.5	3.5	0
Physical access to the building	1.3	0	2.3
Difficult to move around my home	0	0	0
Lack of daylight	0	0	0
Dust	3.1	0	5.6
Pests/Vermin	2.2	0	4.0
Drugs/Alcohol	0.4	1.0	0
Roof	0	0	0
Stairs	21.0	15.5	25.3
Refuse collection	0	0	0
Cold/draughty	7.3	10.2	5.0
Lack of downstairs toilet	1.5	3.4	0
Lack of central heating	8.1	6.5	9.3
Water supply	1.6	3.7	0
Lead piping	0.4	0	0.6
Difficult to heat	1.5	2.1	1.0
Sewage/plumbing	1.8	2.5	1.2
Insecure tenure	0	0	0
Steep hill	1.3	1.4	1.3
Passive smoking	4.2	0	7.5
Lots of children in the garden	0	0	0
Lack of garden	0.6	0	1.0
Unsuitable for disabled	1.1	0	2.0
Central heating - allergy eg asthma	0.7	0.8	0.6
Windows (eg not double glazed)	2.9	5.9	0.5
Prefer not to be on ground floor	0	0	0
Too high up	1.2	0.8	1.5
Fear of burglary/insecurity	0.6	0	1.0
Allergic to animals (in close proximity)	1.8	0	3.2
Pollution (eg traffic)	3.8	2.4	4.9
No bath	0	0	0
Traffic	0	0	0
Disability - bath/shower	1.9	0.9	2.7
Damage knees/legs	0	0	0
Gangs in area	0.7	1.0	0.6
Messy common stair	0.6	0	1.0
Council do not conduct repairs	3.1	7.0	0
Causes asthma	0	0	0
Poor quality of building	1.3	3.0	0
Heating is too hot	5.0	4.3	5.6
Other	0.7	1.5	0

Q42

How much do you agree or disagree with the following statements about living in this local area?
(read out and code one for each)

a) This is a neighbourhood where neighbours look out for each other

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1795	Base = 490	Base = 1306
Strongly Agree	12.7	11.6	13.1
Agree	53.8	47.1	56.3
Neither / nor	18.0	15.5	19
Disagree	14.0	22.9	10.7
Strongly disagree	1.4	2.9	0.9

b) I feel I belong to this local area

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1795	Base = 489	Base = 1308
Strongly Agree	15.6	13.9	16.2
Agree	56.6	56.6	56.5
Neither / nor	15.3	11.5	16.7
Disagree	10.2	13.7	8.9
Strongly disagree	2.4	4.3	1.7

c) The friendships and associations I have with other people in my local area mean a lot to me

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 487	Base = 1309
Strongly Agree	15.6	14.2	16.1
Agree	59.6	60.2	59.4
Neither / nor	16.9	15.6	17.4
Disagree	6.5	8.2	5.9
Strongly disagree	1.4	1.8	1.1

d) I feel valued as a member of my community

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1797	Base = 489	Base = 1309
Strongly Agree	10.7	9.6	11.2
Agree	44.1	42.3	44.8
Neither / nor	25.5	18.2	28.1
Disagree	18.0	26.4	14.8
Strongly disagree	1.8	3.5	1.1

e) Generally speaking, you can trust people in my local area

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 489	Base = 1310
Strongly Agree	11.2	8.2	12.3
Agree	57.4	49.5	60.4
Neither / nor	19.5	16.6	20.5
Disagree	9.3	21.3	4.8
Strongly disagree	2.7	4.5	2.0

f) By working together, people in my neighbourhood can influence decisions that affect my neighbourhood

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1796	Base = 489	Base = 1308
Strongly Agree	10.4	12.9	9.5
Agree	47.7	40.1	50.6
Neither / nor	26.2	23.1	27.4
Disagree	14.3	21.9	11.4
Strongly disagree	1.4	2.0	1.1

g) If I have a problem, there is always someone to help me

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 489	Base = 1309
Strongly Agree	14.5	15.5	14.1
Agree	60.3	61.3	59.9
Neither / nor	17.2	13.1	18.8
Disagree	6.4	7.8	5.9
Strongly disagree	1.6	2.2	1.3

Q43 Please look at the card I've given you and tell me what you think of the quality of services in your area. (read out and code one for each)

a) Food shops

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 488	Base = 1310
Very Poor	4.1	8.4	2.5
Poor	14.5	20.3	12.3
Adequate	30.8	28.5	31.6
Good	41.6	37.3	43.1
Excellent	8.1	3.9	9.7
D/K	1.0	1.6	0.8

b) Local schools

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 488	Base = 1310
Very Poor	1.2	1.8	1.0
Poor	4.6	5.1	4.4
Adequate	20.8	21.3	20.5
Good	42.9	45.7	41.9
Excellent	7.9	2.5	9.9
D/K	22.6	23.6	22.2

c) Public transport

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 488	Base = 1311
Very Poor	4.2	7.0	3.1
Poor	8.9	8.2	9.2
Adequate	22.6	25.6	21.5
Good	48.1	48.6	47.9
Excellent	8.6	6.6	9.4
D/K	7.6	4.1	8.9

d) Activities for young people

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 489	Base = 1311
Very Poor	22.8	38.9	16.8
Poor	31.7	24.7	34.3
Adequate	13.1	11.2	13.7
Good	10.0	10	10.1
Excellent	2.2	1.0	2.6
D/K	20.2	14.1	22.5

e) Leisure / sports facilities

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 489	Base = 1309
Very Poor	18.1	28.2	14.3
Poor	28.0	22.5	30.1
Adequate	18.7	17.4	19.1
Good	17.0	15.5	17.6
Excellent	2.5	1.4	2.9
D/K	15.7	14.9	16

f) Childcare provision

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 490	Base = 1310
Very Poor	4.0	7.1	2.8
Poor	7.2	8.2	6.9
Adequate	12.5	11.0	13.1
Good	15.1	12.0	16.2
Excellent	2.0	1.8	2.1
D/K	59.2	59.8	58.9

g) Police

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 488	Base = 1310
Very Poor	8.9	18.2	5.5
Poor	24.1	28.5	22.5
Adequate	29.4	23.4	31.6
Good	24.8	19.7	26.7
Excellent	4.0	1.6	4.9
D/K	8.7	8.6	8.8

Q44 What is your main form of transport?
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1798	Base = 489	Base = 1311
Car/motorcycle/moped	51.8	33.5	58.7
Public transport (buses and trains)	36.6	49.7	31.7
Cycling	1.2	0.4	1.6
Walking	6.8	10.6	5.3
Never go out	1.1	1.2	1.1
Other (please specify)	2.4	4.5	1.6

Q45 Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job? (code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1800	Base = 489	Base = 1311
Definitely	81.6	73.6	84.6
To some extent	13.2	19.8	10.8
No	5.2	6.5	4.7

Q46 How much do you agree or disagree with the following statements about safety in this local area?
(read out and code one for each)

a) I feel safe using public transport in this local area

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1791	Base = 489	Base = 1303
Strongly Agree	13.0	11.0	13.8
Agree	66.2	66.7	65.9
Neither / nor	15.6	13.9	16.3
Disagree	3.6	5.5	2.8
Strongly Disagree	1.6	2.9	1.2

b) I feel safe walking alone around this local area even after dark

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1796	Base = 488	Base = 1309
Strongly Agree	10.1	6.6	11.5
Agree	52	50.6	52.6
Neither / nor	16.3	12.7	17.7
Disagree	14.9	18.9	13.4
Strongly Disagree	6.6	11.3	4.9

c) I feel safe in my own home

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1800	Base = 489	Base = 1311
Strongly Agree	36.8	28.8	39.7
Agree	56.3	64	53.5
Neither / nor	5.2	4.1	5.6
Disagree	1.3	2.0	1.0
Strongly Disagree	0.5	1.0	0.2

Q47 Total number of people in household (including respondent)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1801	Base = 490	Base = 1311
1	20.3	27.1	17.8
2	30.6	27.6	31.8
3	22.8	20.8	23.6
4	16.4	13.5	17.5
5	6.4	8.0	5.9
6	2.4	2.2	2.5
7	0.5	0.4	0.5
8	0.4	0.4	0.5

Refer to datafile for more in-depth breakdowns

**Q48 Are you responsible for the children under 14 in your household?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1173	Base = 314	Base = 860
Yes	36.3	43.6	33.6
No	63.7	56.4	66.4

**Q48a Do you use any form of childcare (paid or unpaid)?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1385	Base = 133	Base = 283
Yes	35.1	23.3	40.6
No	64.9	76.7	59.4

**Q49 What is the highest level of educational qualification you've obtained?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1778	Base = 481	Base = 1300
School leaving certificate	13.9	20	11.7
'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent	14.4	17.7	13.2
Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Cert or equivalent	9.0	4.0	10.8
GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City & Guilds Craft, RSA or equivalent	2.4	2.5	2.3
GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City & Guilds Advanced Craft, RSA Advanced Di	5.2	4.6	5.4
Apprenticeship / trade qualification	5.2	3.5	5.8
HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	6.9	4	8
First Degree, Higher Degree	13.8	3.5	17.6
None	26.2	39.1	21.5
Professional qualifications (specify)	3.0	1.2	3.7

Q50 I'd like to ask about the main wage earner in the household. If there is no wage earner, this could be the person who draws a pension or simply brings in most of the household's income. Are you the main wage earner in the household?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1776	Base = 486	Base = 1290
Yes	61.9	70.6	58.7
No	38.1	29.4	41.3

Q51 Which one of these describes you best?

a) Respondent

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1094	Base = 478	Base = 1272
Employed full-time	39.9	19.9	39.0
Employed part-time	4.2	7.7	8.6
Unemployed and seeking work	5.5	9.2	3.9
Unable to work due to illness or disability	14.1	23.4	7.6
Retired	25.3	23.2	23.0
Looking after home/family	4.8	12.6	5.4
In full-time education/training	6.0	3.8	12.2
In part-time education/training	0.1	0.2	0.2

b) Main Wage Earner

	%		
	GGNHSB	SIP	Non-SIP
	Base = 653	Base = 140	Base = 515
Employed full-time	72.9	60	76.1
Employed part-time	4.1	5.0	3.9
Unemployed and seeking work	2.0	2.1	1.9
Unable to work due to illness or disability	3.3	10	1.6
Retired	16.0	17.1	15.7
Looking after home/family	1.5.0	5.7	0.4
In full-time education/training	0.2	0	0.4

In part-time education/training	0	0	0
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What is or was your occupation?

c) Respondent

	%		
	GGNHSB	SIP	Non-SIP
	Base = 752	Base = 371	Base = 1110
Manufacturing and mining	9.8	14.3	11.3
Construction	7.5	14.3	7.4
Transport	4.0	4.0	5.1
Health service	9.1	11.3	11.0
Local or national government	8.6	12.7	9.8
Service industries (eg banking, insurance, travel, entertainment)	7.9	9.2	9.8
Retail services	8.9	9.7	11.3
Catering/food preparation	3.7	6.5	3.8
Professional services (eg teaching, legal, surveying services)	7.6	3.8	11.0
Voluntary or community sector	1.3	0.8	2.3
Other (please write in)	13.3	13.5	17.2

d) Main Wage Earner

	%		
	GGNHSB	SIP	Non-SIP
	Base = 617	Base = 127	Base = 490
Manufacturing and mining	11.4	14.2	10.6
Construction	12.4	17.3	11.2
Transport	10.2	10.2	10.2
Health service	9.1	10.2	8.8
Local or national government	12.7	11.8	12.9
Service industries (eg banking, insurance, travel, entertainment)	8.4	8.7	8.4
Retail services	10.8	12.6	10.4
Catering/food preparation	2.2	1.6	2.4
Professional services (eg teaching, legal, surveying services)	17.2	10.2	19
Voluntary or community sector	0.9	0	1.0
Other (please write in)	4.6	3.1	5.1

Socio-Economic Group

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1763	Base = 469	Base = 1293
A	0.6	0	0.9
B	10.6	5.1	12.5
C1	32.5	16.2	38.4
C2	23.6	25.4	23
D	24.8	41.2	18.9
E	7.9	12.2	6.3

Q53

How often do you find it difficult to meet the cost of: (read out and code one for each)

a) Rent/mortgage

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1772	Base = 486	Base = 1287
Very Often	1.1	1.0	1.1
Quite Often	1.9	2.9	1.6
Occasionally	8.3	11.3	7.1
Never	80.1	74.9	82.1
D/K	2.5	2.3	2.6
N/A	6.1	7.6	5.6

b) Gas, electricity and other fuel bills

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1772	Base = 486	Base = 1286
Very Often	1.2	1.2	1.2
Quite Often	2.8	5.6	1.8
Occasionally	10.5	17.7	7.8
Never	78.5	69.1	82
D/K	2.4	2.5	2.5
N/A	4.5	3.9	4.7

c) Telephone bill

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1773	Base = 486	Base = 1286
Very Often	1.2	1.2	1.2
Quite Often	3.3	6.2	2.2
Occasionally	10.7	17.3	8.2
Never	74.8	62.3	79.5
D/K	2.5	2.1	2.6
N/A	7.5	10.9	6.2

d) Council tax, insurance

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1761	Base = 488	Base = 1273
Very Often	1.5	1.6	1.5
Quite Often	4.1	7.4	2.8
Occasionally	11.1	16.4	9.0
Never	75.7	66.4	79.2
D/K	2.7	2.5	2.7
N/A	5.0	5.7	4.7

e) Food

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1772	Base = 487	Base = 1284
Very Often	0.9	1.0	0.8
Quite Often	2.6	4.9	1.8
Occasionally	8.2	14.8	5.7
Never	81.6	73.7	84.6
D/K	2.3	2.1	2.4
N/A	4.4	3.5	4.8

f) Treats/holidays

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1774	Base = 487	Base = 1286
Very Often	7.1	14.4	4.4
Quite Often	7.7	11.7	6.1
Occasionally	14.7	17.5	13.7
Never	61.9	44.1	68.7
D/K	2.8	3.1	2.6
N/A	5.8	9.2	4.5

g) Clothes and shoes

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1776	Base = 487	Base = 1288
Very Often	2.8	5.1	1.9
Quite Often	7.2	14.0	4.7
Occasionally	14.3	22.2	11.3
Never	70.8	54.6	76.9
D/K	2.4	2.1	2.5
N/A	2.5	2.1	2.7

Q54

How would your household be placed if you suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine? How much of a problem would it be if it was £20? or £100?..or £1000?

a) £20

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1776	Base = 488	Base = 1289
Impossible to find	0.8	1.6	0.5
A big problem	3.0	7.2	1.5
A bit of a problem	10.5	21.7	6.3
No problem	82.0	65.4	58.3
D/K	3.6	4.1	3.4

b) £100

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1775	Base = 487	Base = 1287
Impossible to find	4.4	10.5	2.1
A big problem	13.3	30.2	6.9
A bit of a problem	19.9	25.1	17.9
No problem	59	30.4	69.8
D/K	3.5	3.9	3.3

c) £1,000

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1775	Base = 487	Base = 1288
Impossible to find	29.3	54	20
A big problem	18.1	22.9	16.3
A bit of a problem	23.6	11.2	28.3
No problem	24.3	7.6	30.6
D/K	4.7	4.3	4.9

Q55

Could you tell me the number on this card for the group in which you would place your total household income from all sources after tax. Please include benefits as well as earnings.

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1783	Base = 489	Base = 1295
Less than £50...Less than £200	0.6	1.0	0.4
£50 up to £74...£200 up to £299	2.3	4.9	1.2
£75 up to £99...£300 up to £399	5.7	11	3.8
£100 up to £149...£400 up to £599	7.9	13.9	5.7
£150 up to £199...£600 up to £799	5.3	8.0	4.3
£200 up to £249...£800 up to £999	5.5	8.0	4.5
£250 up to £299...£1000 up to £1199	4.0	4.9	3.6
£300 up to £349...£1200 up to £1399	3.8	1.6	4.6
£350 up to £499...£1400 up to £1999	6.2	4.9	6.6
£500 up to £749...£2000 up to £2999	6.7	3.5	7.9
£750 and over...£3000 and over	5.9	2.7	7.2
Don't know	20.6	19.2	21.1
Refused	25.6	16.4	29.1

Q56

**What proportion of your household income comes from state benefits?
(read out. code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1763	Base = 489	Base = 1275
None	43.3	22.5	51.3
Very little	11.7	7.6	13.3
About a quarter	2.8	2.2	3.1
About a half	4.9	6.1	4.5
About three quarters	3.6	3.9	3.8
All	28.4	54.8	18.3
Don't know	4.9	2.9	5.7

Q57 Are you or any member of your household in receipt of the following?
(read out. code all that apply)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 940	Base = 372	Base = 569
Job seekers allowance (JSA)	4.9	6.0	4.6
Income support	28.8	48.2	19.2
Disability-related benefits	25.3	30.0	24.8
Housing benefits	25.2	36.5	20.5
Family tax credit	5.0	6.4	4.6
Disabled person's tax credit	0.8	1.2	0.6
Retirement pension	38.1	31.1	46.6
Attendance allowance	5.0	4.1	6.2
Other pension	13.9	9.4	18.3
Other (please write in)	12.7	7.6	17.2

Q58 Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income? (write number in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1712	Base = 456	Base = 1257
1 - Very happy	7.7	2.0	9.8
2	21.9	14.9	24.3
3	35.2	32.7	36.1
4	18.7	25.7	16.1
5	9.7	12.3	8.8
6	3.4	6.4	2.4
7 - Very sad	3.5	6.1	2.5

Q59 Do you ever feel isolated from family and friends?
(code one only)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1787	Base = 488	Base = 1299
Yes	14.7	20.9	12.5
No	85.3	79.1	87.5

Q60 Outwith work, are you responsible for caring for someone on a day to day basis? - eg a disabled child, elderly person, etc.
(do not include 'ordinary' childcare)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1729	Base = 474	Base = 1255
Yes	5.2	4.9	5.4
No	94.8	95.1	94.6

On average, how many hours per day do you spend looking after this person(s)? (write number of hours in box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1720	Base = 474	Base = 1245
No caring responsibilities	95.3	95.1	95.3
1-8 hours	2.0	1.7	2.1
9-24 hours	2.8	3.2	2.6

Q61 Do you, or any member of your household, own a car?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1769	Base = 488	Base = 1280
Yes	59.9	35.0	69.5
No	40.1	65.0	30.5

Q62 Can you tell me your age? (write age in the box)

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1782	Base = 488	Base = 1294
16-24	15.4	12.9	16.4
25-34	20.3	19.7	20.5
35-44	19.5	21.1	18.9
45-54	14.5	15.0	14.4
55-64	11.9	13.7	11.1
65-74	10.4	10.9	10.1
75+	8.1	6.8	8.7

Q63 Gender of respondent?

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 490	Base = 1310
Man	47.0	45.3	47.6
Woman	53.0	54.7	52.4

**Q64 Can you tell me which of these description applies to you?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1800	Base = 490	Base = 1310
Married	47.1	34.9	51.7
Cohabiting/living with partner	7.0	9.2	6.3
Single/never married	27.2	29	26.5
Widowed	9.3	11.6	8.5
Divorced	5.4	9.2	3.9
Separated	4.0	6.1	3.1

**Q65 Could you please tell me which of the groups on this card best describes you?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1799	Base = 490	Base = 1311
White	94.7	97.1	93.8
Chinese	0.3	0	0.5
Indian	0.5	0	0.8
Pakistani	3.4	1.2	4.3
Bangladeshi	0	0	0
Black - Caribbean	0.1	0	0.2
Black - African	0.4	0.8	0.3
Other ethnic group (please write in)	0.4	0.8	0.2

Q66

Length of Interview:

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1774	Base = 485	Base = 1291
10-20 minutes	8.9	7.6	9.5
21-25 minutes	31.0	22.7	34.1
26-30 minutes	48.2	57.9	44.5
31-35 minutes	6.0	4.7	6.5
36-40 minutes	3.7	5.2	3.2
41+ minutes	2.1	1.9	2.2

Q67

**Please record how Q11 was completed?
(code one only)**

	%		
	GGNHSB	SIP	Non-SIP
	Base = 1779	Base = 474	Base = 835
Self completion	61.2	53.6	64.0
Read out for the respondent	38.8	46.4	36.0

APPENDIX F: INTERVIEWER INSTRUCTIONS

Background and Objectives

Greater Glasgow NHS Board (GGNHSB) has commissioned RBA to do a survey of residents across the Greater Glasgow area.

GGNHSB, along with other partner organisations, are committed to improving the health and well-being of Greater Glasgow residents. They are also involved in Social Inclusion Partnerships (SIPs) that have been established in Greater Glasgow to develop initiatives which aim to remove social exclusion from selected areas.

The survey questions not only focus on health issues but on different issues related to people's health, eg the community they live in and their lifestyle.

The Health Board has various targets to meet in terms of improvements to the population's health and lifestyle. A similar survey was carried out in 1999, and the results of this survey will be compared to the 1999 results to see how much progress has been made towards these targets over the last three years. It is likely that the survey will be repeated again in the future.

When the Health Board knows which of its targets have been met and which have not, it will know how best to direct its resources over the coming years. We will also be analysing the results by area and by SIP, to see if there are differences according to where residents live.

Methodology

Face-to-face, in-home interviews with people living in the Greater Glasgow area. In total we will be doing 2,000 in-home interviews at pre-selected addresses.

In addition, there is a self-completion element to the questionnaire (Q11) that should be passed to the respondent to complete before proceeding with the interview. This sheet should be filled in by the person whom you have interviewed. If they need help from you to complete this question, please help by reading out the questions/answer categories and/or ticking the boxes for them as appropriate. Remember to code at Q67 whether you gave any help or not.

Registration with the Police

Please ensure that you check in at the local police station before you start work. Complete the Police Registration Form in your work Pack, then take it along to the police station and ask the Desk Sergeant to make a note of your visit in the log book. Ask them to put an official stamp on your copy for you to show to anyone who is concerned.

Your Address List

You have been allocated a number of 'clusters'. Each cluster contains 18 addresses, from which you must achieve *as many interviews as you can*. We expect at least 10 interviews per cluster, but if you can get more than 10, please do so. If you do not think you are going to be able to get 10 interviews in your cluster, please advise the office (or your supervisor) before returning your work.

For each address on your list, you have been given a **Contact Record**. You must complete and return a contact record sheet for every address that you have been given, whether or not you achieve an interview there.

The following information is already on the contact record:

- Your ID number

- Address number
- Address & postcode
- Expected number of dwellings
- Dwelling number at which to interview

You must complete the remainder of the sheet as follows:

Visit Record

Record the date and time of each visit you make to that address.

Actual Number of Dwellings

If there is more than one dwelling at the address, you must interview at a randomly-selected dwelling. For most addresses, as far as we know there is only one dwelling. For many addresses, we are aware that there is more than one dwelling, so we have selected one at random for you, and this is printed on the contact sheet. If you have an address that has more dwellings than expected, use the Kish Grid on the back of the contact record to select one at random – instructions are printed above the Grid.

Number of Adults in Household

Write in the number of people in the household aged 16 or over. If you are unable to establish this, use outcome code 13 or 14 as appropriate.

Respondent's Full Name

If you achieve an interview, write in the respondent's first name and surname in block capitals.

Interview Outcome

Circle an outcome code between 1 and 23 for every address in your allocation. Code 1 is for use if an interview is achieved. Otherwise, use a code in the first column if the address is not traceable/residential/occupied. Use a code in the second column if you are unable to gain an interview despite the address being traceable, residential and occupied.

If you are not able to conduct an interview at the selected address, *do not* substitute another address.

You must make at least three attempts to establish contact with someone at each address. Once you have made contact, you must make at least one call to try to interview the selected respondent.

It is vital that we receive a completed contact record sheet for every address in the sample, whatever the outcome.

Who To Interview

If there is only one adult (16+) resident at the address, try to interview that person. If there are 2 or more residents, try to interview the person **aged 16 or over** who will next have a birthday. In the unlikely event that it is not known who will next have a birthday, use the Kish Grid on the back of the Contact Record to select someone at random.

Only those people normally resident at that address are eligible for interview. If, however, someone is away on holiday, in hospital or away working, they *are* eligible. Students are also eligible as long as they live at that address during school/college/university holidays. If the selected respondent is away, try to arrange to return when they will be at home. Only if they are away for the full fieldwork period should you code them as non-contacts.

If the selected person does not speak very good English, try to find a friend or relative to act as an interpreter. If you cannot, please contact the office and we will try to provide an interpreter. Only code 'inadequate English' if it is not possible to find an interpreter.

If the selected person is senile or incapacitated, do not try to interview them – use outcome code 22.

If you are not able to conduct an interview with the selected person, *do not* substitute another household member.

Where to Interview

Interviews must be completed in the respondents' homes if possible. If, however, it is more appropriate to conduct the interview elsewhere (eg at the respondent's place of work or at their partner's house), this is permitted as long as there is somewhere private to do the interview.

Interview in private wherever possible. If another person is present, (s)he may try to put words into the respondent's mouth. An exception to this rule is in cases where a carer needs to be present to help the respondent, eg an elderly person with hearing problems or an interpreter for someone who does not speak very good English.

Preparation

Before you go out to interview, please ensure that you have studied the questionnaire and you understand all the questions and the routing.

The pilot showed that the questionnaire is quite straightforward but please be aware that there is quite a lot of routing. It is advisable therefore, that you have a run through the questionnaire with the Showcards before venturing out to work, and but please call RBA should you have any queries.

Introducing Yourself and the Survey

You will find in your Job Pack a new **RBA Research MRS Identity Card 2002** (where applicable). Please attach a recent photograph to the identification card and show it to all respondents that you speak to as a further way of authenticating the research.

Each selected address has been sent a letter from GGNHSB, informing them that the survey will be taking place and that you will be calling. You have also been given a letter to show to people when you knock on the door. The letter mentions your ID card, so make sure you show your card at every household.

Do your best to get the message across that RBA is an independent research agency and that you are not a representative of the Health Board!

If someone is concerned about why they have been selected, explain that the address was selected at random from Post Office address lists. We do not know anything about the people living at that address. Reassure them that nothing in the interview will identify them, and that we will be doing thousands of interviews, which will be grouped together for analysis.

If someone suggests you 'go next door' (or some other address), explain that you cannot do this because it is a random sample, and their address is the one that came up in the sample.

If you come across flats/tenement blocks with entryphones, avoid getting drawn into long explanations through the entryphone. Use a very short introduction, and ask if you can come up to explain more about the research. Call it a 'research study' rather than a 'survey' and you will probably have more success! Resist the temptation to 'sneak in' if someone comes out of the block and does not shut the door behind them.

Elderly people living alone are often concerned about letting strangers into their homes. If you encounter this situation, suggest that you return at a time when a friend or relative will be visiting.

Each respondent interviewed must be given a Thank you leaflet that details the MRS information telephone number (these have been enclosed in your work pack). They should also be given an NHS leaflet, which gives them a contact point if they have any queries about their health. You must never try to give advice about respondents' health – if they ask you any medical questions, refer them to the telephone number in the leaflet.

The Questionnaire

Please make sure when completing a questionnaire you obtain the correct name and address details of the respondent including postcode & telephone number. Please also check spellings where you are unsure.

The pilot showed that the interview lasts between 25 and 40 minutes, the average being about 30 minutes. Please note the following:

- Any text in ***bold italics*** should be read out. Do not read out any text that is not in bold italics.
- Q2: 'Treatment' includes things other than drugs, eg physiotherapy
- Q4: There is an out-of-hours GP service in the West End of Glasgow known as 'GEMS' (Glasgow Emergency Medical Service) – if the respondent has used this service, it should be counted as seeing a GP rather than as going to Accident & Emergency.
- Q11 is a self-completion element to be completed by the respondent unless they are unable to do so (see earlier).
- Q26: if the respondent asks you if they should include physical activity at work, gardening, DIY or housework, say 'yes', but do not prompt for this – a later question will do this.
- Q33: only include activities that involve some kind of social contact with other people.
- Q41: code 'yes' if there is anything good **or** bad that affects health.
- Q51: if the respondent is the main wage earner, you only need to code the first column. If the respondent is not the main wage earner, you must code **both** columns.
- Q54/55: if respondents are not sure why we want this information, explain that other research shows a strong link between income and health, and we are going to analyse the data to see how the two are related.

Pay Rates and Return of Work

We will pay £10.00 for each completed interview, plus 24p per mile expenses. Please note that we do not pay travel time (unless agreed prior to interviewing).

Please note that the above pay rates only apply if we receive all 18 completed contact records from each of your clusters.

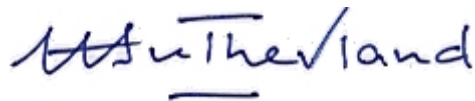
Please check that all questionnaires are fully completed before you return them to us. Please also check you have written your individual interviewer identification number in the box provided.

Please only return completed questionnaires by recorded delivery, which gives RBA a chance to track missing packs. ***The charge for postage is 63p per pack, please add this cost to your pay-claim and we will reimburse you. RBA cannot be held responsible for any packs lost in the post.***

Any Questions?

We hope this work will be enjoyable. If you have any questions or problems, please contact your Supervisor George White on 01890 818 234 or Iain Sutherland (or Lucy Winder in Iain's absence) on 0113 28 56 300. Thank you.

Good luck with this project.

A handwritten signature in blue ink that reads "Iain Sutherland". The signature is written in a cursive style with a checkmark at the end of the word "Sutherland".

Iain Sutherland
Field Controller

APPENDIX G: CONTACT SHEET AND KISH GRID

Issued with each sampled address and returned to RBA Research.

Interviewer ID:

[Address ID]

[Address details]

[]
[]
[]
[]
[]
[]

Visit Record & Appointments

	Date	Time
First visit	_____	_____
Second visit	_____	_____
Third visit	_____	_____
Fourth visit	_____	_____
Fifth visit	_____	_____
Sixth visit	_____	_____

Expected number of dwellings [] Interview to be completed with number []

If there are more dwellings than expected, please refer to the grid overleaf to identify which dwelling to interview

Actual number of dwellings [] Interview completed with number []

Number of people living in the house aged 16 and over

If only one person lives at the address, write their name in the space below. Where more than one resident lives at the address, please select the one who will be having their birthday next and write their name below. If the person who answers the door refuses to tell us how many adults live in the household, please write 'ref' in the box next to 'number of people aged 16+' and code as 15.

Respondents full name

Telno

Interview
Outcome

Fully Completed

1

Not completed

MUST BE CODED BELOW

Reason for not obtaining the interview

Address not traceable / non-residential
or unoccupied

Person Selection

Office refusal (telephone / letter)	3	No contact made with a responsible adult after 3 visits	14
Insufficient address	4	Number of people in household information refused	15
Not traced	5	No contact with selected person after 1+ visits	16
Not yet built/not yet ready for occupation	6	Personal refusal by selected person	17
Derelict/demolished	7	Proxy refusal on behalf of selected person	18
Empty/vacant	8	Broken appointment, no re-contact	19
Business/industrial only (not private)	9	Ill at home during survey period	20
Institution only (not private)	10	Away/in hospital during survey period	21
Weekend or holiday home	11	Selected person senile/incapacitated	22
Unable to establish the number of dwelling units	12	Inadequate English (not possible to use interpreter)	23
Other (specify below)	13	Interview incomplete	24

Other: Please specify

Completed contact sheets MUST be returned to RBA

The Kish grid was printed on the back of the contact sheet and used to randomly select households where appropriate.

Eligible Dwellings	Interview in the Cluster																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
4	2	4	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3
6	4	4	3	4	5	1	2	3	4	5	6	5	6	2	3	4	5	6
7	1	2	3	4	5	6	7	4	1	2	3	4	5	6	7	5	2	3
8	5	6	3	4	5	6	1	2	3	4	5	6	7	8	2	3	4	5
9	1	7	3	4	5	6	7	8	9	8	3	4	5	6	7	8	9	9
10+	3	8	3	4	5	6	7	8	9	9	4	5	6	7	8	9	10	10

APPENDIX H: LETTER OF AUTHORISATION AND NHS LEAFLET

Dalian House
PO Box 15329
350 St. Vincent Street
GLASGOW
G3 8YZ
Tel. 0141 201 4444
Fax. 0141 201 4401
Textphone: 0141 201 4479
www.show.scot.nhs.uk/ggnhsb



Date 6 August 2002

Enquiries to Evelyn Borland
Direct Line 0141 201 4606
E-mail evelyn.borland@gghb.scot.nhs.uk

Dear Resident

The Greater Glasgow Health & Well-Being Survey 2002

This letter is to confirm that RBA Research Limited has been commissioned by the Greater Glasgow NHS Board to carry out interviews among local residents. The bearer of this letter is an RBA Research Interviewer and will be carrying an identity card with a photograph.

This research will explore issues relating to health and well-being. You will play a valuable role in helping Greater Glasgow NHS Board gain an overall picture of the health of people in Greater Glasgow and the things which affect it. The interview should take between thirty and forty-five minutes to complete.

RBA Research will make sure the information you provide is treated in the strictest confidence and will only be used for statistical and research purposes. Information about you as an individual will always remain confidential to RBA Research and will not be passed to the Health Board or anyone else.

If you have any questions about this survey, please contact Russell Jones at Greater Glasgow NHS Board on 0141 201 4935 or Tina Dodds at RBA Research Limited on 0113 285 6300.

I do hope you are able to take part. The success of the study depends very heavily on the full co-operation of all those approached. Thank you in advance for your help.


Yours sincerely


A handwritten signature in black ink that reads 'Evelyn Borland'.

Evelyn Borland
Acting Director of Health Promotion

Greater Glasgow NHS Board is the common name of Greater Glasgow Health Board

NHS leaflet that was left with residents following the interview:





What will be done with the answers I gave?

They'll be brought together with the answers given by the other people taking part in the survey and a detailed statistical report will be drawn up. This will be forwarded throughout the NHS and other public agencies to help shape future services.

Will my personal details be kept private?


Yes. All your personal details will be confidential and will never be revealed in the survey reports.

Who do I speak to if I have any concerns?

If you are worried in any way at all about the person who asked you the questions, the questions you were asked or what will happen with the answers you gave, please call Russell Jones at Greater Glasgow NHS Board on 0141 201 4935.




If participating in this survey raised any concerns about your health, please phone the NHS in Scotland Helpline at 0800 22 44 88.

THANK YOU.


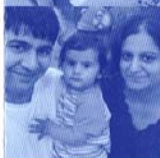




Photography kindly supplied by the Glasgow Healthy City Partnership.

IT'S YOUR VIEW

Greater Glasgow NHS Board Survey of the Health and Well-Being of Local People




Thank you – you've just helped improve health services in Greater Glasgow.

Greater Glasgow NHS Board is responsible for improving and protecting the health of local people. To do this we have to set out long-term plans for services provided by the NHS and our partner organisations. To help us we asked you to take part in our population survey. This leaflet explains how the survey will be used in our work.

What is the Population Survey?

The Greater Glasgow NHS Board routinely gathers statistics about illness and deaths – but this sort of information doesn't give us the full picture. So, every three years we commission a survey of around 2000 people who live in the area we serve. The survey allows us to find out what local people think of their own state of health, their quality of life and what sort of use they make of health services. There are number of reasons for doing this:

- We can find out what aspects of people's day to day lives influence their health
- We can find out if current health services and policies are the right ones
- We can find out if services need to be changed in some way
- By repeating the survey every few years we can see how the situation changes over time
- We can find out what effect our work and the work of our partners (like the local council) is having on local people

What has this got to do with me?

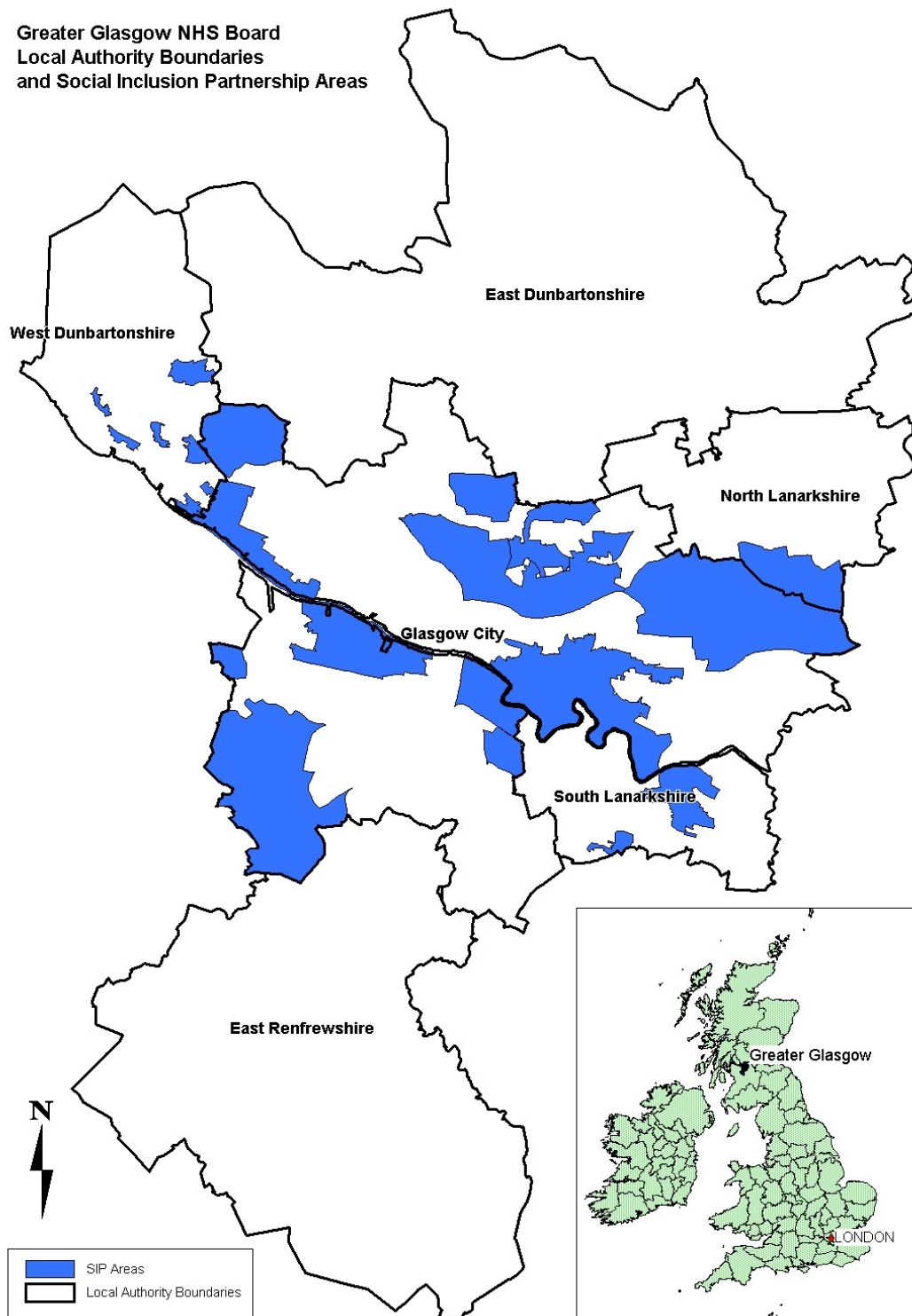
You've just taken part in the survey and you were one of 2000 people chosen to make up a representative sample of Greater Glasgow's population. With this number we can be sure that our survey results will be much the same as if we asked the same questions of everyone who lives in Greater Glasgow. What this means is that you are representing the views of those of your fellow citizens who are broadly similar to you in terms of their life circumstances.

Why were there so many different kinds of questions?

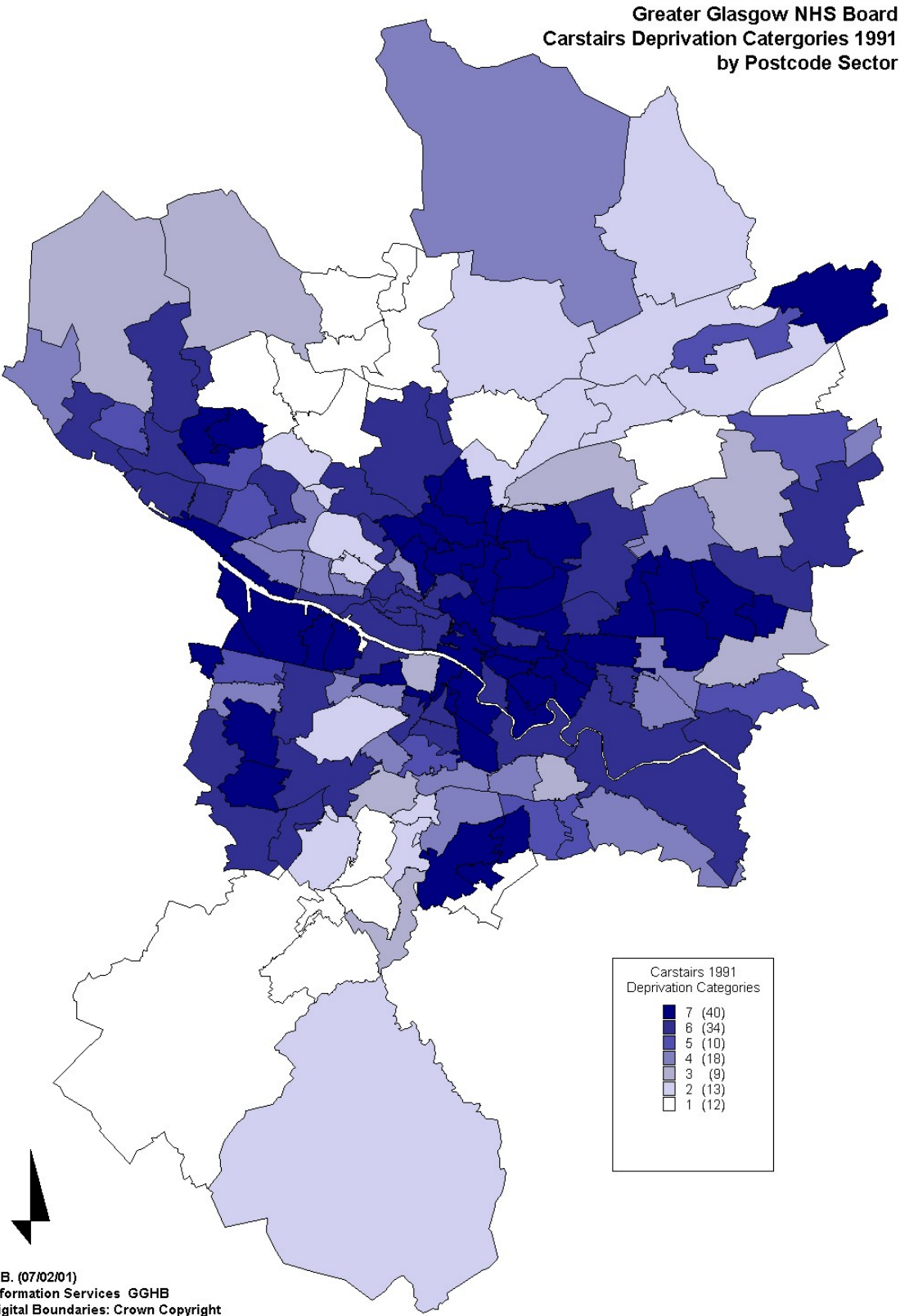
We are looking to see how different people in Greater Glasgow live their lives. Surveys like this one have shown that health is not just about hospitals and the NHS – where you live, your home, what you do for a living, your income and how you feel all have an effect on your health. We need to investigate this further and this is why we asked these questions.




MAP 1: LOCAL AUTHORITY BOUNDARIES AND SOCIAL INCLUSION PARTNERSHIP AREAS



MAP 2: DEPCAT areas by postcode sector within Greater Glasgow



MAP 3: 2002 SAMPLING POINTS

Distribution of postcodes which contain sampled addresses

