NHS Greater Glasgow and Clyde
2011 Health and Wellbeing Survey

South West Glasgow Report

Final Report

Prepared for

NHS Greater Glasgow and Clyde

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Traci Leven Research

Contents

1 Introduction

1.1 Introduction

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

Background

The original aims of the study were:

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

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

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

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

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

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

Allan Boyd Senior Analyst

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

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

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

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

Objectives

The objectives of the study are:

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

Summary of Methodology

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

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

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

1.2 Sample Profile

The 1,206 completed interviews in South West Glasgow were weighted to account for under/over representation of groups within the sample to ensure the 2011 sample was as representative as possible of the adult population in South West Glasgow as a whole. A full explanation of the weighting method and the data sources used can be found in Appendix B. The breakdown of the final weighted dataset - and how this compares with the known population profile - is shown in Tables 1.1 - 1.2.

Table 1.1: Age and Gender Breakdown
Base: 1,204

Age	Men (% of sample)	Women (% of sample)	Total (% of sample)	South West Glasgow % of population (aged 16+)
16-24	7.5%	6.9%	14.5%	14.6%
25-34	9.7%	8.9%	18.6%	18.5%
35-44	9.1%	9.1%	18.2%	18.1%
45-54	8.9%	9.5%	18.4%	18.4%
55-64	6.9%	7.0%	13.9%	13.9%
65-74	4.2%	4.9%	9.1%	9.2%
75+	2.7%	4.6%	7.3%	7.3%

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

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

Table 1.2: Most Deprived 15% Datazones Versus Other Datazones
Base: All (1,206)

Group	% in sample	South West Glasgow % of population (aged 16+)
Most deprived 15% datazones	41.3%	41.3%
Other datazones	58.7%	58.7%

1.3 This Report

Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary. For each indicator, tables are presented showing the proportion of the sample which met the criteria, with comparisons with the NHS Greater Glasgow & Clyde (NHSGGC) area as a whole, and break-downs by demographic (independent) variables. Only comparisons with NHSGGC and independent variables which were found to be significantly different ($p<0.05$) are reported. The independent variables which were tested were:

- Gender;
- Age;
- Age and gender
- Most deprived 15% datazones versus other datazones;
- Whether all household income is from benefits;
- SIMD quintile;
- Whether feel isolated from family and friends;
- Whether have control over decisions affecting daily life;

- Self assessed general health;
- Self assessed physical wellbeing;
- Self assessed mental/emotional wellbeing;
- Self assessed quality of life;
- GHQ12 score (high/low);
- Whether has a limiting illness/condition;
- Whether exposed to second hand smoke (most/some of the time);
- Smoking status;
- Whether exceeds recommended weekly alcohol limits;
- Whether consumes 5+ portions of fruit/veg per day;
- BMI (obese/not obese);
- Whether has any educational qualifications.

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

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

2 People's Perceptions of Their Health & Illness

2.1 Chapter Summary

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

Table 2.1: Indicators for Perceptions of Health and Illness

Indicator	% of sample	Unweighted base (n)
Self-perceived health very good or good (Q1)	75%	1,206
Positive perception of general physical wellbeing (Q35b)	83%	1,204
Positive perception of general mental or emotional wellbeing (Q35c)	85%	1,203
Positive perception of happiness (Q44)	88%	1,206
Feel definitely in control of decisions affecting daily life (Q45)	73%	1,189
Positive perception of quality of life (Q35a)	88%	1,203
Has long term illness/condition that interferes with daily life (Q3)	22%	1,204
Receiving treatment for at least one condition (Q2)	39%	1,205
GHQ12 score of 4 or above (indicating poor mental health) (Q13)	14%	1,206
Have some/all of own teeth (Q10)	88%	1,204
Brushes teeth twice or more per day – based on those with some/all of own teeth (Q11)	77%	933

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

More than four in five (83%) respondents rated their physical wellbeing positively. Those less likely to rate their physical wellbeing positively included older respondents, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score (i.e. poor mental health), obese people, smokers, those exposed to second hand smoke and those consuming fewer than five portions of fruit/vegetables per day.

More than four in five (85%) respondents rated their mental or emotional wellbeing positively. Those less likely to rate their mental or emotional wellbeing positively included those aged 55-64, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers, obese people, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Nine in ten (88%) respondents gave a positive rating of their happiness. Those less likely to rate their happiness positively included those aged 55-64, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, obese people, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Three in four (73%) respondents felt 'definitely' in control over the decisions affecting their lives. Those less likely to feel definitely in control of decisions included those aged under

25, those in the most deprived areas, those without qualifications, those receiving all household income from benefits, those feeling isolated from family/friends, those with a High GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Nine in ten (88%) respondents gave a positive view of their overall quality of life. Those less likely to give a positive view included those aged 55-64, men, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers, obese people, those exposed to second hand smoke, those who exceeded the recommended weekly limit for alcohol consumption and those who consumed fewer than five portions of fruit/vegetables per day.

Just over one in five (22%) respondents said that they had a long-term illness or condition that interfered with their daily life. Those more likely to have a long-term limiting illness/condition included those in the older age groups, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, obese people, smokers and those who consumed fewer than five portions of fruit/vegetables per day.

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

One in seven (14%) respondents had a high GHQ12 score, indicating poor mental health. Those more likely to have a high GHQ12 score included those aged under 25, those who exhibited factors associated with social exclusion, those with a limiting illness or condition, obese people, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Nine in ten (88%) respondents had some or all of their own teeth. Those less likely to have any of their own teeth included older respondents, women, those in the most deprived areas, those without qualifications, those whose household income comes entirely from benefits, those who did not definitely feel in control of the decisions affecting their life and those with a limiting condition or illness.

Of those with at least some of their own teeth, 77% said they brushed their teeth twice or more per day. Those less likely to brush their teeth twice or more per day included those aged 65-74, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, smokers, those who exceeded the recommended weekly limit for alcohol consumption, those exposed to second hand smoke, obese people and those who consumed fewer than five portions of fruit/vegetables per day.

2.2 Self-Perceived Health and Wellbeing

General Health

Respondents were asked to describe their general health over the last year on a four point scale (excellent, good, fair or poor). Overall, three in four (75%) gave a positive view of their health, with 27% saying their health was very good and 47% saying their health was good. However, 25% gave a negative view of their health, with 18% saying their health was fair, 6% saying it was bad and 1% saying it was very bad.

As Table 2.2 shows, those aged 25-34 were the most likely to rate their general health positively and those aged 75 or over were the least likely to do so. Overall, men were

more likely than women to rate their general health positively. However, this was only apparent for those aged under 45.

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

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Age:								
16-24	40%	40%	12%	7%	0%	80%	20%	93
25-34	45%	49%	5%	1%	0%	94%	6%	196
35-44	33%	52%	11%	2%	1%	85%	15%	179
45-54	21%	51%	24%	3%	1%	72%	28%	190
55-64	12%	48%	23%	12%	4%	61%	39%	170
65-74	11%	42%	35%	11%	1%	53%	47%	202
75+	8%	39%	33%	16%	4%	48%	52%	174
Gender:								
Men	29%	49%	15%	5%	2%	78%	22%	507
Women	26%	45%	20%	7%	1%	72%	28%	699
Men 16-44	41%	51%	5%	2%	1%	92%	8%	198
Women 16-44	38%	44%	14%	4%	0%	82%	18%	270
Men 45-64	18%	48%	24%	6%	4%	67%	33%	163
Women 45-64	16%	52%	23%	8%	2%	68%	32%	197
Men 65+	7%	42%	37%	12%	1%	49%	51%	146
Women 65+	11%	39%	32%	14%	3%	51%	49%	230
All	27%	47%	18%	6%	1%	75%	25%	1,206

As shown in Table 2.3, those living in the most deprived areas were less likely to give a positive view of their general health and those in the least deprived areas were the most likely to give a positive view of their health. Also, 58% of those with no qualifications gave a positive view of their general health compared to 80% those with at least one qualification.

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

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Bottom 15% datazones	21%	50%	21%	6%	2%	71%	29%	688
Other datazones	32%	45%	15%	6%	1%	77%	23%	518
SIMD quintile								
1 (most deprived)	23%	49%	20%	6%	2%	72%	28%	799
2	30%	44%	15%	8%	3%	74%	26%	202
3	28%	47%	19%	5%	1%	75%	25%	112
4	35%	42%	19%	4%	0%	79%	21%	29
5 (least deprived)	44%	45%	8%	3%	0%	91%	9%	64
At least one qualification	31%	49%	15%	5%	1%	80%	20%	811
No qualifications	15%	42%	29%	11%	2%	58%	42%	392

Those who exhibited factors associated with social exclusion (receiving all household income from benefits, feeling isolated from family/friends and not definitely feeling in control over decisions affecting one's life) were less likely to have a positive view of their general health. This is shown in Table 2.4.

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

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
All income from benefits	16%	43%	27%	11%	3%	60%	40%	345
Feel isolated from family/friends	21%	29%	31%	18%	1%	50%	50%	94
Not in control of decisions affecting daily life, or only 'to some extent'	18%	40%	27%	12%	2%	58%	42%	820

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

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

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

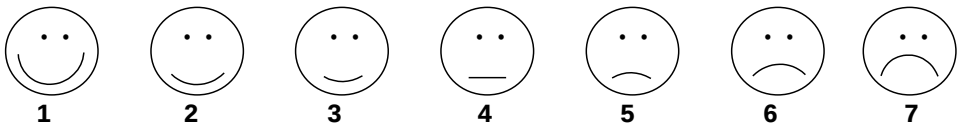
- Exceeding the recommended weekly limit for alcohol consumption;
- Having a positive view of physical wellbeing;
- Having a positive view of mental/emotional wellbeing; and
- Having a positive view of quality of life.

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

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Positive view of physical wellbeing	33%	53%	12%	2%	<1%	86%	14%	938
Positive view of mental/emotional wellbeing	31%	51%	14%	3%	1%	82%	18%	1,005
Positive view of quality of life	30%	50%	15%	4%	1%	80%	20%	1,030
High GHQ12 Score	9%	21%	41%	23%	6%	30%	70%	159
Limiting condition or illness	3%	20%	48%	23%	6%	23%	77%	342
Current smoker	21%	49%	19%	8%	3%	69%	31%	394
Exceeds weekly alcohol limit	35%	51%	11%	3%	<1%	86%	14%	208
Obese	8%	47%	32%	12%	2%	54%	46%	194
Consumes fewer than 5 portions of fruit/veg per day	25%	47%	20%	7%	2%	72%	28%	840

Physical Wellbeing

Respondents were presented with a 7-point 'faces' scale, with the expressions on the faces ranging from very happy to very unhappy:



Using this scale, they were asked to rate their general physical well-being and general mental or emotional well-being. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

Eight in ten (83%) respondents gave a positive view of their physical wellbeing, using this scale.

Comparison with NHS Greater Glasgow & Clyde

Compared to the NHS Greater Glasgow & Clyde area as a whole, those in South West Glasgow were more likely to have a positive perception of their physical wellbeing (83% South West Glasgow; 78% NHS Greater Glasgow & Clyde).

As Table 2.6 shows, those aged 25-34 were the most likely to have a positive view of their physical wellbeing and those aged 75 or over were the least likely.

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

	Positive Perception	Unweighted base (n)
Age:		
16-24	90%	92
25-34	95%	196
35-44	88%	179
45-54	79%	190
55-64	73%	170
65-74	71%	202
75+	69%	173
Men 16-44	91%	198
Women 16-44	91%	269
Men 45-64	78%	163
Women 45-64	75%	197
Men 65+	65%	146
Women 65+	74%	229
All	83%	1,204

Table 2.7 shows that those in the most deprived areas were the least likely to have a positive view of their physical wellbeing and those in the least deprived areas were more most likely to do so. Those with no qualifications were less likely than those with qualifications to have a positive perception of their physical wellbeing.

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

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	80%	687
Other datazones	85%	517
SIMD quintile		
1 (most deprived)	80%	798
2	86%	201
3	84%	112
4	84%	29
5 (least deprived)	94%	64
At least one qualification	86%	810
No qualifications	72%	391

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

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

	Positive Perception	Unweighted base (n)
All income from benefits	68%	344
Feel isolated from friends/family	48%	91
Not in control of decisions affecting daily life, or only 'to some extent'	66%	367

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

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

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

- Having a positive view of general health;
- Having a positive view of mental/emotional wellbeing; and
- Having a positive view of quality of life.

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

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	95%	834	Exposed to second hand smoke	77%	492
Positive view of mental health	91%	1,005	Current smoker	74%	393
Positive view of quality of life	90%	1,030	Obese	67%	194
High GHQ12 Score	50%	157	Consumes fewer than 5 portions of fruit/veg per day	80%	839
Limiting condition or illness	45%	341			

Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, 85% of respondents gave a positive view of their mental or emotional wellbeing.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their mental or emotional wellbeing (85% South West Glasgow; 82% NHS Greater Glasgow & Clyde).

Table 2.10 shows that perceptions of mental or emotional wellbeing varied for different age groups. Those aged 25-34 were the most likely to give a positive view (92% in this age group did so). Those aged 55-64 were the least likely to have a positive view of their mental/emotional wellbeing (76% did so).

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

	Positive Perception	Unweighted base (n)
Age:		
16-24	82%	92
25-34	92%	196
35-44	87%	179
45-54	81%	190
55-64	76%	170
65-74	88%	201
75+	87%	173
Men 16-44	88%	198
Women 16-44	88%	269
Men 45-64	81%	163
Women 45-64	77%	197
Men 65+	88%	145
Women 65+	87%	229
All	85%	1,203

Those in the least deprived areas and those with qualifications were more likely to have a positive perception of their mental/emotional wellbeing.

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

	Positive Perception	Unweighted base (n)
SIMD quintile		
1 (most deprived)	83%	797
2	84%	201
3	86%	112
4	96%	29
5 (least deprived)	97%	64
At least one qualification	88%	810
No qualifications	73%	390

As Table 2.12 shows, all three factors associated with social exclusion were associated with less positive perceptions of mental or emotional wellbeing. In particular, less than two in five (38%) of those who felt isolated from family or friends had a positive view of their mental/emotional wellbeing.

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

	Positive Perception	Unweighted base (n)
All income from benefits	68%	344
Feel isolated from friends/family	38%	92
Not in control of decisions affecting daily life, or only 'to some extent'	63%	366

Table 2.13 shows that more positive views of mental or emotional wellbeing were associated with those with a positive view of their general health, physical health and quality of life. Those least likely to give a positive view were respondents with a high GHQ12 score (indicating poor mental health) and those with a limiting condition or illness. Other factors associated with less positive views of mental or emotional wellbeing were smoking, being obese, being exposed to second hand smoke and consuming fewer than five portions of fruit/vegetables per day.

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

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	93%	833	Exposed to second hand smoke	78%	491
Positive view of physical health	94%	937	Current smoker	75%	393
Positive view of quality of life	93%	1,029	Obese	75%	194
High GHQ12 Score	32%	157	Consumes fewer than 5 portions of fruit/veg per day	82%	363
Limiting condition or illness	57%	341			

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Overall, 88% of respondents gave a positive view of their happiness.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their happiness (88% South West Glasgow; 85% NHS Greater Glasgow & Clyde).

Those aged 55-64 were the least likely to have a positive perception of their happiness and those aged 25-34 were the most likely.

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

	Positive Perception	Unweighted base (n)
Age:		
16-24	86%	93
25-34	96%	196
35-44	90%	179
45-54	86%	190
55-64	80%	170
65-74	90%	202
75+	91%	174
Men 16-44	90%	198
Women 16-44	91%	270
Men 45-64	83%	163
Women 45-64	84%	197
Men 65+	88%	146
Women 65+	91%	230
All	88%	1,206

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

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

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	83%	688
Other datazones	92%	518
SIMD quintile		
1 (most deprived)	85%	799
2	89%	202
3	93%	112
4	88%	29
5 (least deprived)	98%	64
At least one qualification	91%	811
No qualifications	80%	392

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

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

	Positive Perception	Unweighted base (n)
All income from benefits	74%	345
Feel isolated from friends/family	60%	94
Not in control of decisions affecting daily life, or only 'to some extent'	69%	369

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

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

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	95%	835	Limiting condition or illness	70%	342
Positive view of physical health	94%	938	Exposed to second hand smoke	83%	493
Positive view of mental/ emotional wellbeing	96%	1,005	Current smoker	82%	394
Positive view of quality of life	95%	1,030	Obese	81%	194
High GHQ12 Score	58%	159	Consumes fewer than 5 portions of fruit/veg per day	86%	840

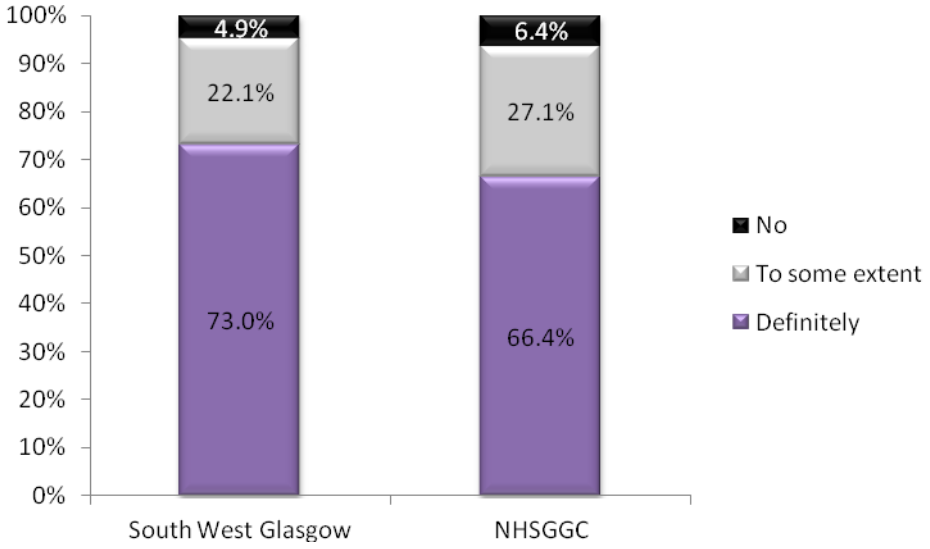
Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life, such as planning their budget, moving house or changing job. Three in four (73%) said that they 'definitely' feel in control of these decisions, while 22% said that they felt in control 'to some extent' and 5% did not feel in control of these decisions.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde as a whole to definitely feel in control of decisions that affect their life (73% South West Glasgow; 66% NHS Greater Glasgow & Clyde).

Figure 2.1: Extent Feel in Control of Decisions Affecting Life (Q45): South West Glasgow and NHS Greater Glasgow & Clyde



Those aged under 25 were the least likely to say that they definitely felt in control of the decisions affecting their lives. This is shown in Table 2.18.

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

	Definitely in Control	Unweighted base (n)
Age:		
16-24	64%	91
25-34	80%	194
35-44	76%	178
45-54	77%	188
55-64	68%	170
65-74	68%	197
75+	69%	169
All	73%	1,189

Those living in the 15% most deprived areas were more likely than those in other areas to say they definitely felt in control of their lives (66% and 78% respectively). Those with no qualifications were less likely than those with at least one qualification to say that they were definitely in control of decisions (60% and 77% respectively).

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

	Definitely in Control	Unweighted base (n)
Bottom 15% datazones	66%	683
Other datazones	78%	506
SIMD quintile		
1 (most deprived)	65%	793
2	79%	193
3	84%	112
4	83%	28
5 (least deprived)	87%	63
At least one qualification	77%	806
No qualifications	60%	380

Perceived lack of control over the decisions affecting one's life is used throughout this report as a measure of social exclusion. Respondents exhibiting either of the other two measures of social exclusion (all income from benefits and feelings of isolation) were associated with a lower likelihood of feeling 'definitely' in control over decisions affecting life. This is shown in Table 2.20.

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

	Definitely in Control	Unweighted base (n)
All income from benefits	52%	338
Feel isolated from friends/family	43%	92

Table 2.21 shows that positive views of general health, physical health, mental/emotional wellbeing and quality of life were associated with a higher likelihood of feeling definitely in control of the decisions affecting life. Those less likely to feel in control of decisions were those with a High GHQ12 score, those with a limiting condition or illness, smokers those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

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

	Definitely in Control	Unweighted base (n)		Definitely in Control	Unweighted base (n)
Positive view of general health	79%	825	Limiting condition or illness	56%	335
Positive view of physical health	78%	921	Exposed to second hand smoke	64%	486
Positive view of mental/ emotional wellbeing	80%	988	Current smoker	59%	389
Positive view of quality of life	79%	1,013	Consumes fewer than 5 portions of fruit/veg per day	68%	827
High GHQ12 Score	41%	157			

2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 88% of respondents gave a positive rating of their quality of life.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their quality of life (88% South West Glasgow; 84% NHS Greater Glasgow & Clyde).

Those aged 55-64 were the least likely to have a positive perception of their quality of life and those aged 25-34 were the most likely. Women were more likely than men to have a positive perception of their quality of life. This is shown in Table 2.22.

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

	Positive Perception	Unweighted base (n)
Age:		
16-24	83%	92
25-34	95%	196
35-44	90%	179
45-54	88%	189
55-64	80%	170
65-74	87%	202
75+	89%	173
Gender:		
Men	86%	507
Women	90%	696
Men 16-44	86%	198
Women 16-44	94%	269
Men 45-64	86%	163
Women 45-64	83%	196
Men 65+	83%	146
Women 65+	90%	229
All	88%	1,203

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

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

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	85%	687
Other datazones	90%	516
SIMD quintile		
1 (most deprived)	85%	798
2	88%	200
3	94%	112
4	88%	29
5 (least deprived)	98%	64
At least one qualification	91%	809
No qualifications	78%	391

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

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

	Positive Perception	Unweighted base (n)
All income from benefits	70%	344
Feel isolated from friends/family	59%	92
Not in control of decisions affecting daily life, or only 'to some extent'	69%	366

Respondents with a positive view of their general health, physical health or mental/emotional wellbeing were also more likely to have a positive view of their overall quality of life. Those less likely to have a positive view of their quality of life were:

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

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

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	94%	834	Exposed to second hand smoke	83%	492
Positive view of physical health	95%	938	Current smoker	80%	393
Positive view of mental/ emotional wellbeing	96%	1,005	Exceeds weekly alcohol limit	83%	207
High GHQ12 Score	53%	156	Obese	82%	194
Limiting condition or illness	67%	341	Consumes fewer than 5 portions of fruit/veg per day	86%	839

2.4 Illness

One in five (22%) respondents said that they had a long-term condition or illness that substantially interfered with their day to day activities.

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

- 47% said that they had a physical disability;
- 20% said they had a mental or emotional health problem; and
- 61% said they had a long-term illness.

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

- 84% said it interfered with taking up training;
- 84% said it interfered with holding down or obtaining a job;
- 88% said it interfered with taking exercise/physical activity; and
- 77% said it interfered with socialising.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a limiting long-term condition or illness (22% South West Glasgow; 19% NHS Greater Glasgow & Clyde).

Those aged 25-34 were the least likely to have a limiting long-term condition or illness and those aged 75 or over were the most likely. This is shown in Table 2.26.

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

	Long-Term Condition / Illness	Unweighted base (n)
Age:		
16-24	11%	93
25-34	4%	196
35-44	12%	179
45-54	22%	189
55-64	37%	169
65-74	43%	202
75+	56%	174
Men 16-44	7%	198
Women 16-44	11%	270
Men 45-64	28%	161
Women 45-64	29%	197
Men 65+	49%	146
Women 65+	48%	230
All	22%	1,204

Table 2.27 shows that, limiting conditions/illnesses were much more common among those with no qualifications than those with qualifications (40% and 17% respectively).

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

	Long-term condition / illness	Unweighted base (n)
At least one qualification	17%	811
No qualifications	40%	390

All three measures of social exclusion were associated with a higher likelihood of having a limiting long-term condition or illness.

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

	Long-term condition/ illness	Unweighted base (n)
All income from benefits	43%	343
Feel isolated from family/friends	48%	94
Not in control of decisions affecting daily life, or only 'to some extent'	36%	367

Table 2.29 shows that those less likely to have a limiting long-term condition or illness were:

- Those with a positive view of their general health;
- Those with a positive view of their physical health;
- Those with a positive view of their mental/emotional wellbeing;
- Those who exceed the recommended weekly limit for alcohol consumption; and
- Those with a positive view of their quality of life.

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

- Those with a high GHQ12 score;
- Obese people;
- Smokers; and
- Those who consume fewer than five portions of fruit/vegetables per day.

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

	Long-term condition/ illness	Unweighted base (n)		Long-term condition/ illness	Unweighted base (n)
Positive view of general health	7%	834	Current smoker	27%	393
Positive view of physical health	12%	936	Exceeds weekly alcohol limit	16%	207
Positive view of mental/ emotional wellbeing	15%	1,004	Obese	41%	194
Positive view of quality of life	17%	1,028	Consumes fewer than 5 portions of fruit/veg per day	24%	838
High GHQ12 Score	56%	158			

Illnesses/Conditions for Which Treatment is Being Received

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

The likelihood of being in receipt of treatment for at least one illness/condition rose with age – from 17% of those aged under 35 to 80% of those aged 75 or over.

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

	Being Treated for Condition/Illness	Unweighted base (n)
Age:		
16-24	18%	93
25-34	16%	196
35-44	21%	178
45-54	47%	190
55-64	62%	170
65-74	72%	202
75+	80%	174
Men 16-44	16%	197
Women 16-44	20%	270
Men 45-64	55%	163
Women 45-64	52%	197
Men 65+	80%	146
Women 65+	73%	230
All	39%	1,205

Those with no qualifications were much more likely than those with at least one qualification to be receiving treatment for an illness or condition. This is shown in Table 2.31.

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

	Being Treated for Condition/ Illness	Unweighted base (n)
At least one qualification	32%	811
No qualifications	63%	391

Table 2.32 shows that all three factors associated with social exclusion were associated with a higher likelihood of receiving treatment for at least one illness or condition.

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

	Being Treated for Condition/ Illness	Unweighted base (n)
All income from benefits	56%	344
Feel isolated from family/friends	62%	93
Not in control of decisions affecting daily life, or only 'to some extent'	51%	368

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

- Those with a positive view of their general health;

- Those with a positive view of their physical health;
- Those with a positive view of their mental/emotional wellbeing;
- Those with a positive view of their quality of life; and
- Those who exceed the recommended weekly limit for alcohol consumption.

As would be expected most (94%) of those who said they had a limiting illness or condition were currently being treated for an illness or condition. Having a high GHQ12 score (indicating poor mental health), being obese and consuming fewer than five portions of fruit/vegetables per day were also associated with a higher likelihood of receiving treatment.

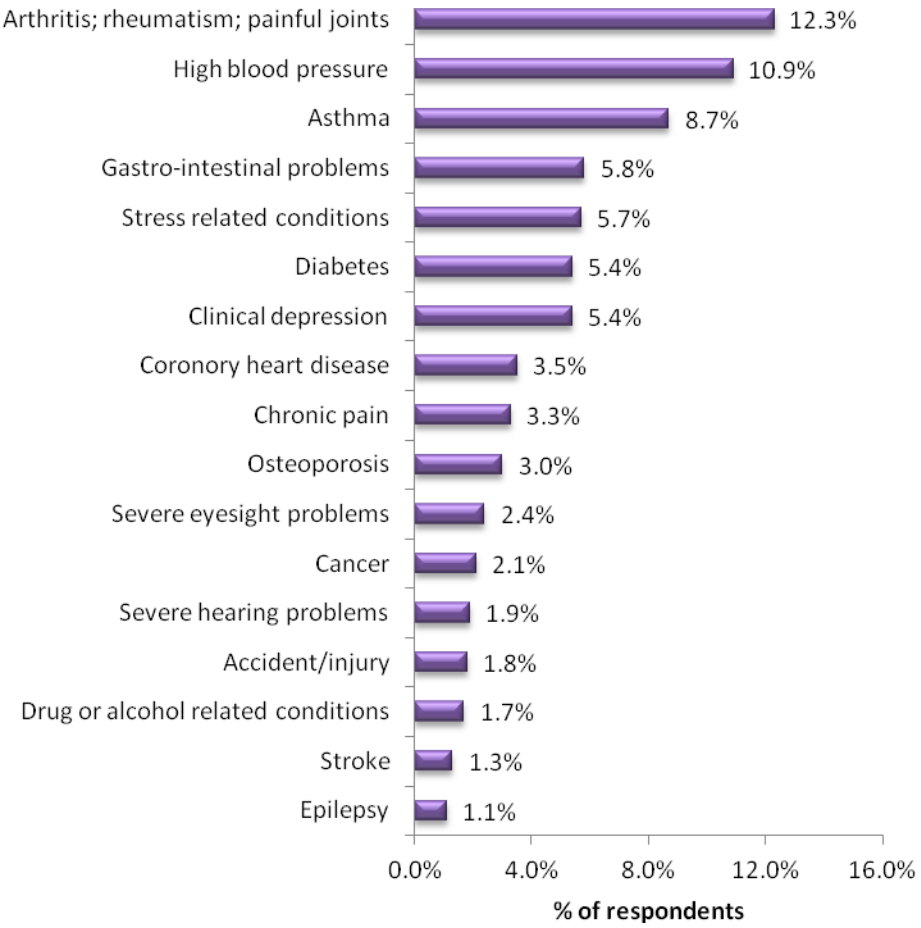
Table 2.33: At Least One Illness/Condition Being Treated (Q2) by Health and Wellbeing Measures

	Being Treated for Condition / Illness	Unweighted base (n)		Being Treated for Condition / Illness	Unweighted base (n)
Positive view of general health	24%	835	Limiting condition or illness	94%	341
Positive view of physical health	29%	938	Exceed weekly alcohol limit	27%	207
Positive view of mental/ emotional wellbeing	32%	1,005	Obese	63%	194
Positive view of quality of life	35%	1,030	Consumes fewer than 5 portions of fruit/veg per day	41%	839
High GHQ12 Score	66%	159			

Figure 2.2 below shows the proportion of respondents who were being treated for each type of illness/condition (for all those with a proportion of 0.5% or more).

The most common condition being treated was arthritis/rheumatism/painful joints, for which 12% of respondents were being treated. Also, 11% of respondents were being treated for high blood pressure.

Figure 2.2: Conditions / Illnesses for Which Treatment is Being Received (Q2)



2.5 Mental Health

GHQ12 Scores

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

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

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

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

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

Overall, 14% of respondents had a GHQ12 score of four or more, indicating poor mental health.

The likelihood of having a high GHQ12 score varied for different age groups, ranging from 4% of those aged 25-34 to 23% of those aged under 25. Women were more likely than men to have a high GHQ12 score.

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

	High GHQ12 Score	Unweighted base (n)
Age:		
16-24	23%	93
25-34	4%	196
35-44	11%	179
45-54	17%	190
55-64	17%	170
65-74	11%	202
75+	12%	174
Gender:		
Men	10%	507
Women	17%	699
Men 16-44	7%	198
Women 16-44	17%	270
Men 45-64	14%	163
Women 45-64	21%	197
Men 65+	13%	146
Women 65+	11%	230
All	14%	1,206

Table 2.35 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a high GHQ12 score. Half (48%) of those who felt isolated from friends/family had a GHQ12 score of four or more.

Table 2.35 High GHQ12 Score (Q13) by Factors Associated with Social Exclusion

	High GHQ12 Score	Unweighted base (n)
All income from benefits	24%	345
Feel isolated from friends/family	48%	94
Not in control of decisions affecting daily life, or only 'to some extent'	30%	369

Table 2.36 shows that those with a positive view of their general health, physical health, mental/emotional wellbeing or quality of life were less likely to have a high GHQ12 score. Those who exceeded the recommended weekly limit for alcohol consumption were also less likely to have a high GHQ12 score.

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

Table 2.36: High GHQ12 Score (Q13) by Health and Wellbeing Measures

	High GHQ12 Score	Unweighted base (n)		High GHQ12 Score	Unweighted base (n)
Positive view of general health	6%	835	Exposed to second hand smoke	17%	493
Positive view of physical health	8%	938	Current smoker	19%	394
Positive view of mental/ emotional wellbeing	5%	1,005	Exceeds weekly alcohol limit	9%	208
Positive view of quality of life	8%	1,030	Obese	20%	194
Limiting condition or illness	35%	342	Consumes fewer than 5 portions of fruit/veg per day	16%	840

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) Scores

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

The overall mean WEMWBS score for respondents was 52.8.

Mean WEMWBS scores indicate that mental wellbeing was highest among those aged 25-34.

Table 2.37: Mean WEMWBS Score (Q14) by Age and Gender

	Mean WEMWBS Score	Unweighted base (n)
Age:		
16-24	52.5	89
25-34	55.8	190
35-44	54.0	176
45-54	52.2	182
55-64	49.6	165
65-74	51.4	197
75+	51.3	167
Men 16-44	54.5	193
Women 16-44	54.0	262
Men 45-64	51.2	159
Women 45-64	51.0	188
Men 65+	50.3	137
Women 65+	52.0	224
All	52.8	1,165

Those who live in the least deprived areas and those with qualifications had higher mean WEMEBS scores, indicating better mental wellbeing. This is shown in Table 2.38.

Table 2.38: Mean WEMWBS Score (Q14) by Deprivation and Socio Economic Measures

	Mean WEMWBS Score	Unweighted base (n)
Bottom 15% datazones	51.5	669
Other datazones	53.7	496
SIMD quintile		
1 (most deprived)	52.1	771
2	52.2	194
3	52.7	109
4	55.4	
5 (least deprived)	58.2	29
		62
At least one qualification	53.7	796
No qualifications	49.6	366

Table 2.39 shows that all three factors associated with social exclusion were associated with lower WEMEBS scores, indicating poorer mental wellbeing.

Table 2.39: Mean WEMWBS Score (Q14) by Factors Associated with Social Exclusion

	Mean WEMWBS Score	Unweighted base (n)
All income from benefits	48.0	330
Feel isolated from friends/family	43.3	86
Not in control of decisions affecting daily life, or only 'to some extent'	46.4	347

Health and wellbeing factors associated with lower WEMWBS scores were:

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

Factors associated with a higher WEMWBS score were having a positive view of general health, physical health, mental/emotional wellbeing and quality of life.

Table 2.40 Mean WEMEBS Score (Q14) by Health and Wellbeing Measures

	Mean WEMWBS Score	Unweighted base (n)		Mean WEMWBS Score	Unweighted base (n)
Positive view of general health	55.2	812	Limiting condition or illness	44.9	326
Positive view of physical health	54.8	911	Exposed to second hand smoke	51.1	471
Positive view of mental/ emotional wellbeing	55.2	976	Current smoker	49.8	374
Positive view of quality of life	54.6	997	Obese	48.9	186
High GHQ12 Score	40.0	149	Consumes fewer than 5 portions of fruit/veg per day	51.7	813

2.6 Oral Health

Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Most (88%) respondents said that they had all (66%) or some (22%) of their own teeth, while 12% had none of their own teeth.

The proportion with all or some of their own teeth ranged from 31% among those aged 75 or over to 100% of those aged under 35. Men were more likely than women to have any of their natural teeth.

Table 2.41: Proportion of Own Teeth (Q10) by Age and Gender

	All	Some	None	All/some	Unweighted base (n)
Age:					
16-24	97%	3%	0%	100%	93
25-34	95%	5%	0%	100%	196
35-44	80%	19%	1%	99%	179
45-54	69%	29%	2%	98%	190
55-64	34%	49%	17%	83%	168
65-74	17%	34%	50%	50%	202
75+	7%	24%	69%	31%	174
Gender:					
Men	66%	24%	10%	90%	506
Women	66%	20%	14%	86%	698
Men 16-44	89%	11%	<1%	100%	198
Women 16-44	92%	8%	1%	99%	270
Men 45-64	52%	40%	8%	92%	162
Women 45-64	57%	35%	8%	92%	196
Men 65+	11%	35%	54%	46%	146
Women 65+	14%	25%	61%	39%	230
All	66%	22%	12%	88%	1,204

Those in the least deprived areas were more likely to have all or some of their own teeth. Also, those with no qualifications were much more likely than those with qualifications to say that they had no natural teeth. This is shown in Table 2.42.

Table 2.42: Proportion of Own Teeth (Q10) by Deprivation and Socio Economic Measures

	All	Some	None	All/some	Unweighted base (n)
Bottom 15% datazones	53%	32%	15%	85%	687
Other datazones	75%	15%	11%	89%	517
SIMD quintile					
1 (most deprived)	56%	29%	14%	86%	798
2	68%	18%	15%	85%	202
3	83%	11%	5%	95%	112
4	68%	16%	16%	83%	29
5 (least deprived)	76%	17%	6%	94%	63
At least one qualification	76%	19%	5%	95%	809
No qualifications	32%	31%	37%	63%	392

Those who received all household income from benefits and those who did not definitely feel in control of their lives were less likely to have all/some of their own teeth. This is shown in Table 2.43.

Table 2.43: Proportion of Own Teeth (Q10) by Factors Associated with Social Exclusion

	All	Some	None	All/some	Unweighted base (n)
All income from benefits	47%	34%	20%	80%	344
Not in control of decisions affecting daily life, or only 'to some extent'	51%	31%	18%	72%	368

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

- Exceeded the recommended weekly limit for alcohol consumption;
- Had a positive view of their general health;
- Had a positive view of their physical wellbeing;
- Were exposed to second hand smoke most or some of the time; and
- Had a positive view of their quality of life.

Those with a limiting condition or illness were less likely to have any of their own teeth.

Table 2.44: Proportion of Own Teeth (Q10) by Health and Wellbeing Measures

	All	Some	None	All/some	Unweighted base (n)
Positive view of general health	74%	18%	8%	92%	834
Positive view of physical wellbeing	70%	20%	10%	90%	936
Positive view of quality of life	68%	20%	12%	88%	1,029
Limiting condition or illness	38%	33%	29%	71%	341
Exposed to second hand smoke	65%	25%	10%	90%	492
Exceeds weekly alcohol limit	75%	22%	3%	97%	208

Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Three in four (77%) said they brushed their teeth at least twice a day.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to brush their teeth twice or more per day (77% South West Glasgow; 80% NHS Greater Glasgow & Clyde).

Those aged 25-34 and those aged 75 or over were the most likely to say that they brushed their teeth twice or more per day. Those aged 65-74 were the least likely to do so. Women were more likely than men to brush their teeth at least twice per day (82% of women and 71% of men did so).

Table 2.45: Brushes Teeth Twice or More Per Day (Q11) by Age and Gender

	Brushes Teeth 2x or more per day	Unweighted base (n)
Age:		
16-24	78%	93
25-34	85%	195
35-44	75%	176
45-54	77%	184
55-64	68%	139
65-74	62%	98
75+	85%	46
Men	71%	408
Women	82%	525
Men 16-44	73%	196
Women 16-44	86%	268
Men 45-64	68%	145
Women 45-64	80%	178
Men 65+	66%	67
Women 65+	72%	77
All	77%	933

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

Table 2.46: Brushes Teeth Twice or More Per Day (Q11) by Deprivation and Socio Economic Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)
Bottom 15% datazones	73%	544
Other datazones	79%	389
SIMD quintile		
1 (most deprived)	71%	625
2	74%	142
3	94%	94
4	95%	21
5 (least deprived)	80%	51
At least one qualification	81%	732
No qualifications	52%	198

Table 2.47 shows that all three factors associated with social exclusion were associated with a lower likelihood of brushing teeth twice or more per day.

Table 2.47: Brushes Teeth Twice or More Per Day (Q11) by Factors Associated with Social Exclusion

	Brushes Teeth 2x or more per day	Unweighted base (n)
All income from benefits	62%	254
Feel isolated from family/friends	59%	73
Not in control of decisions affecting daily life, or only 'to some extent'	56%	262

As Table 2.48 shows, health and wellbeing measures associated with a higher likelihood of brushing teeth at least twice per day were having a positive view of general health, physical health, mental/emotional health and quality of life.

Measures associated with a lower likelihood of brushing teeth twice per day were:

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

Table 2.48: Brushes Teeth Twice or More Per Day (Q11) by Health and Wellbeing Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)		Brushes Teeth 2x or more per day	Unweighted base (n)
Positive view of general health	80%	710	Exposed to second hand smoke	70%	409
Positive view of physical health	80%	759	Current smoker	65%	319
Positive view of mental/ emotional wellbeing	81%	783	Exceeds weekly alcohol limit	67%	197
Positive view of quality of life	81%	810	Obese	72%	146
High GHQ12 score	62%	118	Consumes fewer than 5 portions of fruit/veg per day	72%	653
Limiting condition or illness	64%	199			

3 The Use of Health Services

3.1 Chapter Summary

Table 3.1: Indicators for Use of Health Services

Indicator	% of sample	Unweighted base (n)
Seen a GP at least once in last year (Q6a)	75%	1,201
Outpatient to see doctor at least once in last year (Q7d)	22%	1,206
Accident and emergency at least once in last year (Q7c)	14%	1,206
Hospital stay in last year (q7e)	14%	1,206
Seen Pharmacist for health advice in last year (Q7a)	18%	1,202
Contacted NHS24 in last year (Q7b)	10%	1,206
Used GP out of hours service in last year (q7f)	3%	1,206
Been to the dentist within past six months (Q9)	54%	1,060
Difficulty reaching hospital for an appointment (Q12d)	7%	1,093
Difficulty getting GP appointment (Q12a)	13%	1,136
Difficulty getting hospital appointment (Q12c)	22%	901
Difficulty getting GP consultation within 48 hours (Q12f)	13%	1,008
Difficulty accessing health services in an emergency (Q12b)	2%	993
Difficulty getting dentist appointment (Q12e)	6%	949

Three in four (75%) respondents had seen a GP in the last year. Those more likely to have seen a GP were older respondents, women, those with no qualifications, those who felt isolated from family/friends, those with a limiting condition or illness, those with a high GHQ12 and obese people.

One in five (22%) respondents had visited hospital as an outpatient to see a doctor in the last year. Those most likely to have been outpatients were those aged 75 or over, those outside the most and least deprived areas, those who felt isolated from family/friends, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition or illness, those with a high GHQ12 score and obese people.

One in seven (14%) respondents had visited accident and emergency in the last year. Those most likely to have visited accident and emergency were 16-24 year olds, those in the second most deprived SIMD quintile, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition/illness, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

One in seven (14%) had been admitted to hospital in the last year. Those most likely to have been admitted to hospital were those outside the most and least deprived areas, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness and those exposed to second hand smoke.

Eighteen percent of respondents had seen a pharmacist for health advice in the last year. Those most likely to have consulted a pharmacist were women, those who felt isolated from family/friends and those with a high GHQ12 score.

One in ten (10%) had contacted NHS24 in the last year. Those most likely to have contacted NHS24 were women, those who felt isolated from family/friends, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those with a limiting condition or illness, obese people, those exposed to second hand smoke and smokers.

Three percent of respondents had used the GP out of hours service in the last year. Those more likely to have done so were women, those who felt isolated from family/friends, those who did not definitely feel in control of the decisions affecting their life, those with a limiting illness or condition, those with a high GHQ12 score and smokers.

Just over half (54%) of respondents had visited the dentist within the last six months. Those less likely to have visited the dentist in the last six months were those in the oldest age groups, men, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, smokers, those exposed to second hand smoke, those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption and those who consumed fewer than five portions of fruit/vegetables per day.

Seven percent of respondents said that it was difficult for them to reach hospital for an appointment. Those who were more likely to have difficulty reaching hospital were those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers and those exposed to second hand smoke.

One in eight (13%) said that they had difficulty getting a GP appointment. Those more likely to have difficulty getting a GP appointment were those outside the 4th and 5th (least deprived) SIMD quintiles.

One in five (22%) respondents said that it was difficult to get a hospital appointment. Those more likely to say this were those aged 35-44 and those with positive views of their general health and physical wellbeing.

One in eight (13%) said it was difficult to get a GP consultation within 48 hours when needed. Those aged 55-64 were more likely to find this difficult.

One in 50 (2%) felt that it was difficult to access health services in an emergency. Those who felt isolated from family and friends were more likely to say it was difficult to access health services in an emergency.

Six percent of respondents said that it was difficult to get an appointment to see the dentist. Those most likely to report difficulty getting a dentist appointment were those who felt isolated from family/friends.

3.2 Use of Specific Health Services

General Practitioners (GPs)

Three in four (75%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, 44% had visited the GP either once (20%) or twice (24%) in the last year, although the number of visits made in the last year ranged from 1 to 100. For all those who had visited their GP in the last year, the mean number of GP visits was 4.94.

The proportion of respondents who had seen a GP in the last year varied by age, ranging from 62% of 16-24 year olds to 90% of those aged 65 or over. Women were more likely than men to have visited a GP in the last year (82% of women compared to 67% of men).

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

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Age:			
16-24	62%	6.69	93
25-34	65%	4.24	196
35-44	71%	4.10	179
45-54	75%	5.11	188
55-64	88%	5.60	169
65-74	91%	4.24	202
75+	90%	4.80	172
Gender:			
Men	67%	4.89	505
Women	82%	4.97	696
Men 16-44	56%	5.14	198
Women 16-44	78%	4.61	270
Men 45-64	77%	4.84	161
Women 45-64	84%	5.78	196
Men 65+	90%	4.41	146
Women 65+	90%	4.53	228
All	75%	4.94	1,201

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

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

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
At least one qualification	73%	4.95	807
No qualifications	82%	4.94	391

Those who felt isolated from family or friends were more likely to have seen a GP at least once in the last year.

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

	% at least once	Mean number of visits	Unweighted base (n)
Feel isolated from family/friends	90%	8.30	94

The health and wellbeing measures associated with a higher likelihood of visiting a GP in the last year were having a limiting condition or illness, having a high GHQ12 score and being obese. Positive views of general health, physical wellbeing, mental/emotional wellbeing and quality of life were associated with a lower likelihood of having seen a GP in

the last year. Those who exceeded the recommended weekly limit for alcohol consumption were also less likely to have seen a GP in the last year. This is shown in Table 3.5.

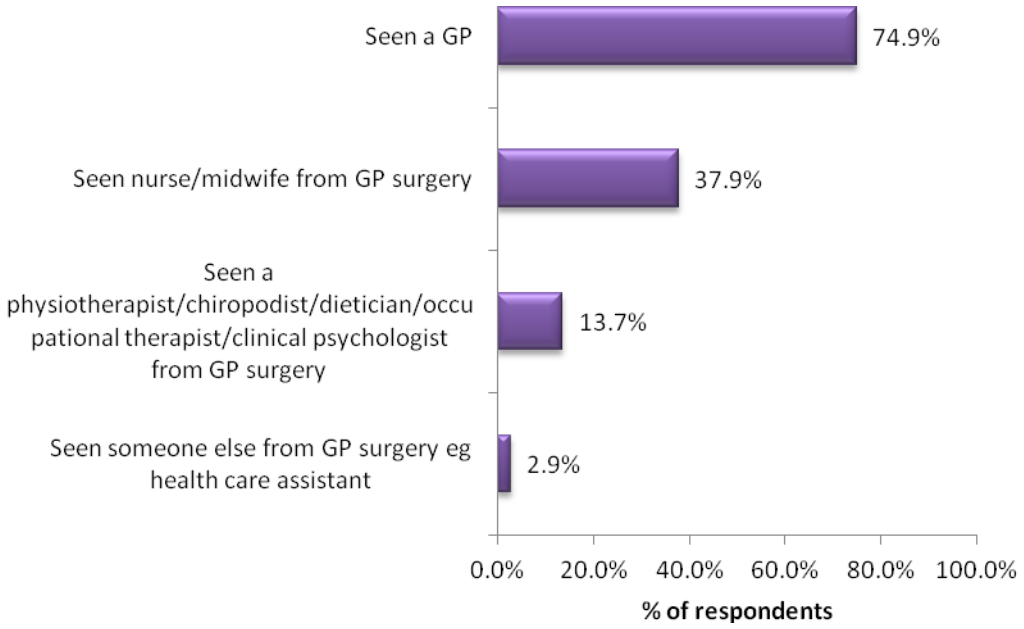
Table 3.5: Seen GP at Least Once and Mean Number of Visits (Q6a) by Health and Wellbeing Measures

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Positive view of general health	68%	3.30	833
Positive view of physical wellbeing	71%	4.06	936
Positive view of mental/emotional wellbeing	72%	4.04	1,002
Positive view of quality of life	73%	4.53	1,027
High GHQ12 Score	93%	7.84	159
Limiting condition or illness	97%	7.70	338
Exceeds weekly alcohol limit	67%	3.43	208
Obese	85%	7.42	194

Other Uses of GP Surgery

Figure 3.1 below shows the extent of other uses of GP surgeries in the last year. In addition to the 75% of respondents who had seen a GP in the last year, 38% had seen a nurse or midwife from the GP surgery (mean number of visits was 3.76). One in seven (14%) had seen staff such as physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 5.01). Also, 3% had seen some other type of staff at a GP surgery (mean number of visits was 5.12).

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



Outpatients

One in five (22%) respondents had visited a hospital outpatient department to see a doctor at least once in the last year. Of those who had made such a visit, half (52%) had done

so just once (28%) or twice (25%), although the number of visits ranged from 1 to 250. The average number of outpatient visits in the last year was 5.53.

Those aged under 45 were the least likely to have visited hospital as an outpatient, and those aged 75 and over were the most likely to have done so. This is shown in Table 3.6.

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

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	16%	6.78	93
25-34	19%	2.81	196
35-44	15%	4.22	179
45-54	24%	4.53	190
55-64	26%	13.22	170
65-74	30%	2.59	202
75+	42%	3.82	174
Men 16-44	14%	4.69	198
Women 16-44	19%	4.02	270
Men 45-64	24%	3.13	163
Women 45-64	26%	13.28	197
Men 65+	34%	3.81	146
Women 65+	36%	2.84	230
All	22%	5.53	1,206

Those in the most and least deprived areas less likely than others to have been a hospital outpatient in the previous year.

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

	% at least once	Mean number of visits	Unweighted base (n)
Bottom 15% datazones	18%	9.97	688
Other datazones	25%	3.26	518
SIMD Quintiles:			
1 (Most deprived)	19%	8.36	799
2	28%	3.08	202
3	29%	3.62	112
4	20%	2.11	29
5 (Least deprived)	16%	1.71	64

Those who felt isolated from family/friends and those who did not definitely feel in control of the decisions affecting their life were more likely to have been hospital outpatients.

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

	% at least once	Mean number of visits	Unweighted base (n)
Feel isolated from family/friends	33%	7.69	94
Not in control of decisions affecting daily life, or only 'to some extent'	27%	9.12	369

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

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

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	14%	3.07	835
Positive view of physical wellbeing	17%	2.99	938
Positive view of mental/emotional wellbeing	19%	3.64	1,005
Positive view of quality of life	20%	3.91	1,030
High GHQ12 Score	42%	9.90	159
Limiting condition or illness	51%	6.81	342
Exceeds weekly alcohol limit	9%	3.40	208
Obese	31%	11.89	194

Accident and Emergency

One in seven (14%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, half (52%) had been once in the last year, but the number of visits ranged from 1 to 52. The mean number of visits was 1.92.

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

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

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	22%	2.12	93
25-34	15%	2.16	196
35-44	9%	1.95	179
45-54	14%	1.73	190
55-64	14%	1.38	170
65-74	12%	2.84	202
75+	15%	1.21	174
All	14%	1.92	1,206

Those in the bottom 15% most deprived areas were less likely than those in other areas to have been to Accident & Emergency in the last year. However, those in the least deprived areas were the least likely to have visited A&E and those in the second most deprived quintile were the most likely. This is shown in Table 3.11.

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

	% at least once	Mean number of visits	Unweighted base (n)
Bottom 15% datazones	10%	2.03	688
Other datazones	17%	1.87	518
SIMD Quintiles:			
1 (Most deprived)	11%	1.90	799
2	22%	1.60	202
3	16%	2.59	112
4	16%	1.40	29
5 (Least deprived)	5%	1.39	64

All three measures of social exclusion were associated with a higher likelihood of having visited Accident & Emergency in the last year. In particular, 44% of those who felt isolated from family/friends had been to A&E in the last year.

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

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	18%	2.03	822
Feel isolated from family/friends	44%	2.55	94
Not in control of decisions affecting daily life, or only 'to some extent'	21%	1.96	369

Those with positive views of their general health, physical and mental/emotional wellbeing and quality of life were less likely to have been to Accident & Emergency in the last year. Those more likely to have been to A&E were:

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

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

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	9%	1.83	835
Positive view of physical wellbeing	10%	1.83	938
Positive view of mental/emotional wellbeing	10%	1.70	1,005
Positive view of quality of life	12%	1.84	1,030
High GHQ12 Score	36%	2.15	159
Limiting condition or illness	30%	2.32	342
Exposed to second hand smoke	20%	2.04	493
Current smoker	21%	2.00	394
Consumes fewer than 5 portions of fruit/veg per day	16%	1.92	840

Hospital Admissions

One in seven (14%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 63% had been admitted once in the last year, although the number of admissions ranged from 1 to 52. The mean number of admissions was 2.85.

Those in the most and least deprived areas were less likely than others to have been admitted to hospital.

Table 3.14: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e)) by Deprivation and Socio Economic Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Bottom 15% datazones	9%	2.37	688
Other datazones	18%	3.01	518
SIMD Quintiles:			
1 (Most deprived)	10%	1.95	799
2	18%	1.53	202
3	21%	1.65	112
4	20%	1.00	29
5 (Least deprived)	9%	1.44	64

All three measures associated with social exclusion were associated with a high likelihood of having been admitted to hospital in the last year.

Table 3.15: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Factors Associated with Social Exclusion

	% at least once	Mean number of admissions	Unweighted base (n)
All income from benefits	19%	2.17	345
Feel isolated from family/friends	29%	2.15	94
Not in control of decisions affecting daily life, or only 'to some extent'	19%	1.87	369

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

Those with a high GHQ12 score, those with a limiting condition or illness and those exposed to second hand smoke were more likely to have been admitted to hospital in the last year. This is shown in Table 3.16.

Table 3.16: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Health and Wellbeing Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Positive view of general health	10%	3.51	835
Positive view of physical wellbeing	10%	3.16	938
Positive view of mental/emotional wellbeing	12%	3.16	1,005
Positive view of quality of life	11%	2.96	1,030
High GHQ12 Score	32%	1.93	1,047
Limiting condition or illness	31%	2.11	342
Exposed to second hand smoke	17%	1.50	493
Exceeds weekly alcohol limit	8%	1.41	208

Use of Pharmacy for Health Advice

Eighteen percent of respondents had seen a pharmacist for health advice in the last year. Of those who had done so,44% had done so only once. The number of visits to the pharmacist for health advice ranged from 1 to 100, and the mean number of visits to the pharmacist was 3.12.

As Table 3.17 shows, women were more likely than men to have seen a pharmacist for health advice in the last year (20% of men and 15% of women had done so).

Table 3.17: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Gender:			
Men	15%	3.48	506
Women	20%	2.86	696
All	18%	3.12	1,202

Those who felt isolated from family or friends were more likely to have sought health advice from a pharmacist.

Table 3.18: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Factors Associated with Social Exclusion

	% at least once	Mean number of admissions	Unweighted base (n)
Feel isolated from family/friends	33%	8.02	94

Obese people and those with positive views of their physical and mental/emotional wellbeing were less likely to have seen a pharmacist for health advice. Those with a high GHQ12 score were more likely to have seen a pharmacist for health advice.

Table 3.19: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of physical wellbeing	16%	1.83	934
Positive view of mental/emotional wellbeing	16%	2.00	1,001
High GHQ12 Score	25%	3.06	159
Obese	13%	3.06	194

Contacting NHS24

One in 10 (10%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 63% had done so just once. The number of contacts ranged from 1 to 52 and the mean number of contacts was 1.86.

Women were more likely than men to have contacted NHS24 in the last year.

Table 3.20: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Age and Gender

	% at least once	Mean number of contacts	Unweighted base (n)
Gender:			
Men	8%	1.86	507
Women	12%	1.86	699
All	10%	1.86	1,206

Those who felt isolated from family or friends and those who did not definitely feel in control of the decisions affecting their life were more likely than others to have contacted NHS24 in the last year.

Table 3.21: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Factors Associated with Social Exclusion

	% at least once	Mean number of contacts	Unweighted base (n)
Feel isolated from family/friends	34%	1.79	94
Not in control of decisions affecting daily life, or only 'to some extent'	14%	2.06	369

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

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

Table 3.22: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Health and Wellbeing Measures

	% at least once	Mean number of contacts	Unweighted base (n)
Positive view of general health	7%	1.90	835
Positive view of physical wellbeing	8%	1.84	938
Positive view of mental/emotional wellbeing	8%	1.83	1,005
Positive view of quality of life	10%	1.79	1,030
High GHQ12 score	25%	2.13	159
Limiting condition or illness	21%	1.53	342
Exposed to second hand smoke	14%	1.94	493
Smoker	14%	1.70	394
Obese	16%	1.51	768

Use of GP Out of Hours Service

One in 32 (3%) respondents had used the GP out of hours service in the last year. Of those who had used the service, the number of uses of the service ranged from 1 to 6 and the mean number of uses was 1.84.

Women were more likely than men to have used the GP out of hours service.

Table 3.23: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Gender:			
Men	2%	1.71	507
Women	5%	1.87	699
All	3%	1.84	1,206

Those who felt isolated from family/friends and those who did not definitely feel in control of the decisions affecting their life were more likely to have used the GP out of hours service.

Table 3.24: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
Feel isolated from family/friends	11%	3.04	94
Not in control of decisions affecting daily life, or only 'to some extent'	6%	1.90	369

Those with a positive view of their general health, physical and mental/emotional wellbeing and quality of life were less likely to have used the GP out of hours service. Those with a limiting condition or illness, those with a high GHQ12 score and smokers were more likely to have used the GP out of hours service.

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

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	2%	1.22	835
Positive view of physical wellbeing	2%	1.47	938
Positive view of mental/emotional wellbeing	2%	1.41	1,005
Positive view of quality of life	3%	1.71	1,030
High GHQ12 Score	6%	2.75	159
Limiting condition or illness	8%	2.36	342
Current smoker	5%	1.27	394

3.3 Dental Services

Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, just over half (54%) said that they had visited the dentist within the last six months, 24% had visited the dentist between six and 15 months ago, and 22% had last visited the dentist over 15 months ago.

Those aged 25-44 were the most likely to have visited the dentist within the last six months and those aged 75 or over were the least likely to have done so. Women were more likely than men to have visited the dentist within the last six months.

Table 3.26: When Last Visited Dentist (Q9) by Age and Gender

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Age:				
16-24	55%	25%	21%	93
25-34	64%	23%	13%	183
35-44	67%	25%	8%	165
45-54	54%	29%	17%	182
55-64	46%	18%	36%	151
65-74	34%	24%	43%	162
75+	29%	14%	57%	122
Gender:				
Men	60%	21%	19%	436
Women	49%	27%	25%	624
Men 16-44	53%	30%	19%	181
Women 16-44	71%	21%	8%	260
Men 45-64	45%	26%	29%	144
Women 45-64	56%	23%	21%	189
Men 65+	36%	23%	41%	111
Women 65+	28%	17%	55%	173
All	54%	24%	22%	1,060

Table 3.27 shows that those living in the most deprived areas and those with no qualifications were less likely to have visited the dentist in the last six months.

Table 3.27: When Last Visited Dentist (Q9) by Deprivation and Socio Economic Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Bottom 15% datazones	47%	27%	27%	604
Other datazones	60%	22%	19%	456
SIMD quintile				
1 (most deprived)	46%	27%	26%	702
2	56%	23%	21%	169
3	73%	8%	19%	105
4	60%	16%	24%	29
5 (least deprived)	60%	37%	3%	55
At least one qualification	60%	23%	17%	766
No qualifications	30%	27%	43%	291

Table 3.28 shows that all three measures of social exclusion were associated with a lower likelihood of having visited the dentist in the last six months.

Table 3.28: When Last Visited Dentist (Q9) by Factors Associated with Social Exclusion

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
All income from benefits	35%	28%	37%	289
Feel isolated from family/friends	38%	33%	29%	76
Not in control of decisions affecting daily life, or only 'to some extent'	36%	28%	36%	316

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

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

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

Table 3.29: When Last Visited Dentist (Q9) by Health and Wellbeing Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Positive view of general health	58%	23%	19%	755
Positive view of physical wellbeing	58%	23%	19%	841
Positive view of mental/emotional wellbeing	57%	23%	20%	889
Positive view of quality of life	58%	23%	19%	922
High GHQ12 Score	44%	26%	31%	139
Limiting condition or illness	38%	27%	34%	260
Second hand smoke	43%	32%	25%	443
Smoker	41%	29%	30%	343
Exceeds weekly alcohol limit	45%	34%	21%	191
Consumes fewer than 5 portions of fruit/veg per day	49%	26%	26%	732

3.4 Involvement in Decisions Affecting Health Service Delivery

Information about Condition or Treatment

Of those who had accessed any health services over the last year, 49% felt that they had 'definitely' been given adequate information about their condition or treatment, 46% felt that they had 'to some extent', and 6% felt that they had not.

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

Table 3.30: Given adequate information about your condition or treatment (Q8a) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	44%	51%	5%	95%	616
Other datazones	52%	42%	7%	93%	463
SIMD quintile					
1 (most deprived)	48%	48%	4%	96%	709
2	55%	38%	6%	94%	181
3	33%	57%	9%	91%	107
4	62%	38%	0%	100%	29
5 (least deprived)	57%	35%	9%	91%	53
At least one qualification	46%	48%	6%	94%	706
No qualifications	56%	39%	5%	95%	371

Those who received all household income from benefits were less likely to feel that they were definitely given adequate information about their condition or treatment.

Table 3.31: Given adequate information about your condition or treatment (Q8a) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
All income from benefits	42%	49%	9%	91%	313

Obese people were more likely to say they were definitely given adequate information about their treatment/condition. Those with positive views of their general health were less likely to feel they were definitely given adequate information.

Table 3.32: Given adequate information about your condition or treatment (Q8a) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	46%	48%	6%	94%	716
Obese	56%	40%	4%	96%	182

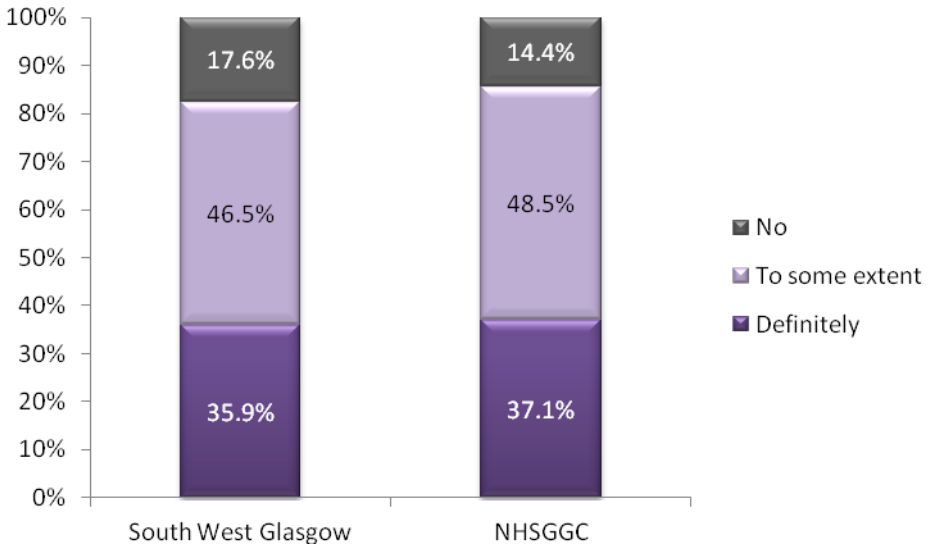
Encouragement to Participate in Decisions Affecting Health or Treatment

More than four in five (82%) of those who had used health services in the last year felt that they had been encouraged to participate in decisions affecting their health or treatment either definitely (36%) or to some extent (46%).

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde to feel they were encouraged to participate in decisions affecting their health or treatment to any extent (82% South West Glasgow; 86% NHSGGC).

Figure 3.2: Encouraged to participate in decisions affecting health or treatment (q8b) - South West Glasgow & NHS Greater Glasgow & Clyde



Those in the most deprived areas were less likely than those in other areas to feel that they were to any extent encouraged to participate in decisions affecting their health or treatment. Those with no qualifications were more likely than those with qualifications to feel they were definitely encouraged to participate in decisions affecting their health or treatment.

Table 3.33: Encouraged to participate in decisions affecting health or treatment (Q8b) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	33%	45%	22%	78%	590
Other datazones	38%	47%	14%	86%	445
At least one qualification	32%	49%	18%	82%	675
No qualifications	48%	37%	16%	84%	358

Those who felt isolated from family or friends were more likely to feel that they were to any extent encouraged to participate in decisions affecting their health or treatment. Those who did not feel in control of the decisions affecting their life were less likely to say that they definitely felt encouraged to participate in decisions affecting their health or treatment.

Table 3.34: Encouraged to participate in decisions affecting health or treatment (Q8b) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Feel isolated from family/friends	43%	49%	9%	91%	82
Not in control of decisions affecting daily life, or only 'to some extent'	32%	55%	13%	87%	308

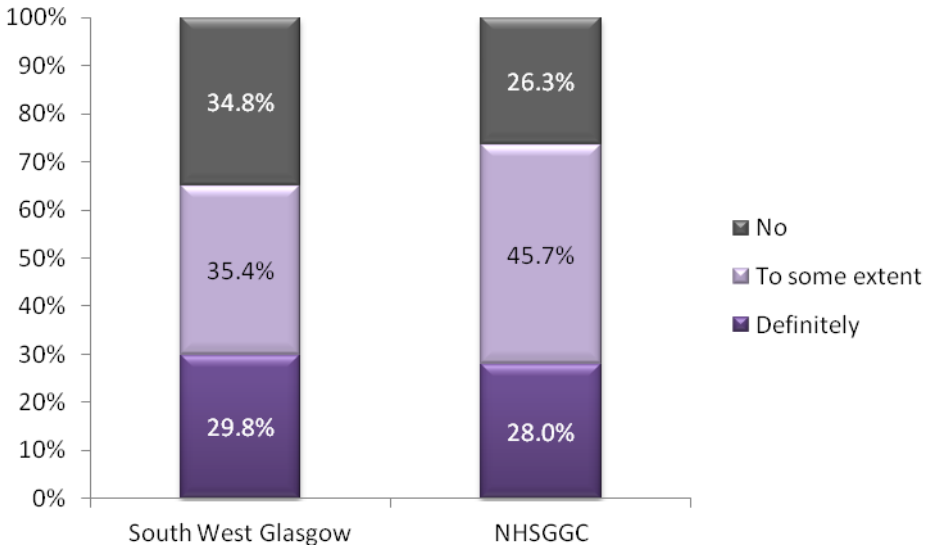
Having a Say in How Health Services are Delivered

Two in three (65%) of those who had used health services in the last year felt that they had had a say in how these services are delivered, either definitely (30%) or to some extent (35%).

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel that they had a say in how health services are delivered (65% South West Glasgow; 74% NHSGGC).

Figure 3.3: Have a say in how health services are delivered (Q8c) - South West Glasgow and NHS Greater Glasgow & Clyde



Those without qualifications were more likely than those with qualifications to feel that they definitely had a say in how health services are delivered.

Table 3.35: Have a say in how health services are delivered (Q8c) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
At least one qualification	26%	38%	36%	64%	668
No qualifications	41%	27%	31%	69%	352

Those who did not definitely feel in control of the decisions affecting their life were more likely than others to feel that they had a say in how health services are delivered to any extent, but less likely to feel that this was 'definitely' the case. This is shown in Table 3.36.

Table 3.36: Have a say in how health services are delivered (Q8c) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	22%	51%	27%	73%	303

For health and wellbeing measures, those less likely to say that they had a say in how health services were delivered (to any extent) were:

- Those who exceeded the recommended weekly limit for alcohol consumption;
- Those with a positive view of their general health;
- Those with a positive view of their mental/emotional wellbeing; and
- Those with a positive view of their physical wellbeing.

Those more likely to say that they had a say in how health services were delivered (to any extent) were:

- Obese people;
- Those with a high GHQ12 score;
- Those with a limiting condition or illness; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 3.37: Have a say in how health services are delivered (Q8c) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	28%	33%	40%	60%	673
Positive view of physical wellbeing	31%	33%	36%	64%	772
Positive view of mental/emotional wellbeing	30%	33%	37%	63%	839
High GHQ12 Score	31%	44%	25%	75%	148
Limiting condition or illness	29%	41%	29%	71%	323
Exceeds weekly alcohol limit	18%	32%	50%	50%	162
Obese	36%	40%	24%	76%	174
Consumes fewer than 5 portions of fruit/veg per day	31%	39%	30%	70%	694

Feel that Views and Circumstances are Understood and Valued

Nine in ten (88%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (37%) or to some extent (51%).

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel that they views and circumstances were understood and valued to any extent (88% South West Glasgow; 90% NHS Greater Glasgow & Clyde).

Figure 3.4: Feel that views and circumstances are understood and valued (Q8d) - South West Glasgow & NHS Greater Glasgow & Cyde

Those with no qualifications were more likely than those with qualifications to feel that their views and circumstances were definitely understood and valued.

Table 3.38: Feel that views and circumstances are understood and valued (Q8d) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
At least one qualification	33%	54%	13%	87%	678
No qualifications	49%	42%	9%	91%	354

3.5 Accessing Health Services

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

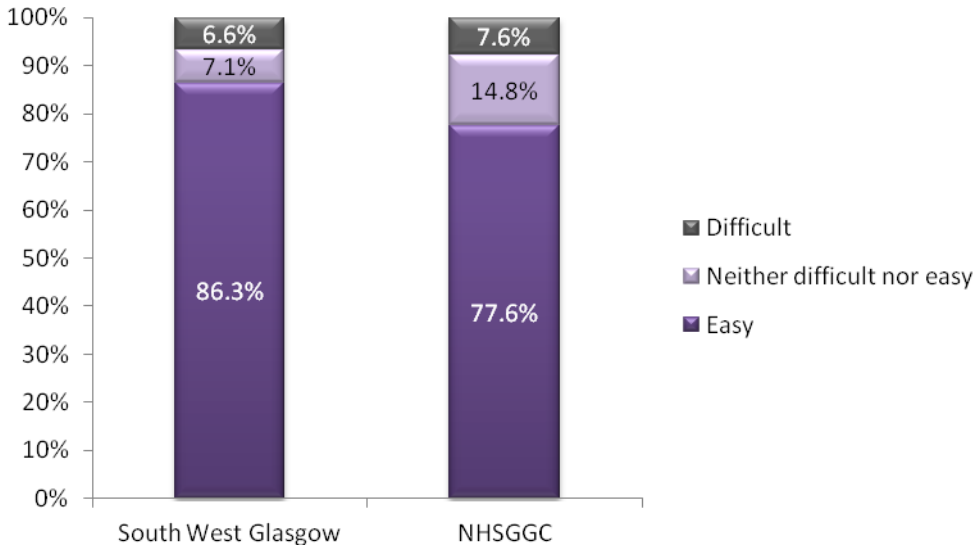
Travelling to Hospital for an Appointment

More than four in five (86%) respondents indicated that they found it easy to travel to hospital for an appointment, while 7% found it neither difficult nor easy and 7% found it difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say they found it easy to travel to hospital for an appointment (86% South West Glasgow; 78% NHSGGC).

Figure 3.5: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) - South West Glasgow and NHS Greater Glasgow & Clyde



Those in the most deprived areas were less likely than those in other areas to say it was easy to travel to hospital for an appointment.

Table 3.39: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	7%	11%	82%	623
Other datazones	7%	4%	89%	470
SIMD quintile				
1 (most deprived)	7%	11%	83%	711
2	8%	6%	86%	187
3	6%	1%	92%	109
4	4%	0%	96%	28
5 (least deprived)	6%	4%	91%	58

All three factors associated with social exclusion were associated with a lower likelihood of saying it was easy to travel to hospital for an appointment, as shown in Table 3.40.

Table 3.40: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
All income from benefits	13%	9%	77%	311
Feel isolated from family/friends	22%	5%	73%	86
Not in control of decisions affecting daily life, or only 'to some extent'	9%	14%	77%	321

Table 3.41 shows that the health and wellbeing measures associated with a higher likelihood of reporting difficulty travelling to hospital for an appointment were having a high GHQ12 score, having a limiting condition or illness, smoking and being exposed to second hand smoke.

Table 3.41: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	4%	7%	89%	739
Positive view of physical wellbeing	5%	7%	89%	837
Positive view of mental/emotional wellbeing	5%	7%	89%	904
Positive view of quality of life	5%	6%	88%	930
High GHQ12 Score	17%	10%	74%	149
Limiting condition or illness	12%	8%	80%	330
Exposed to second hand smoke	9%	9%	81%	429
Current smoker	10%	9%	81%	340

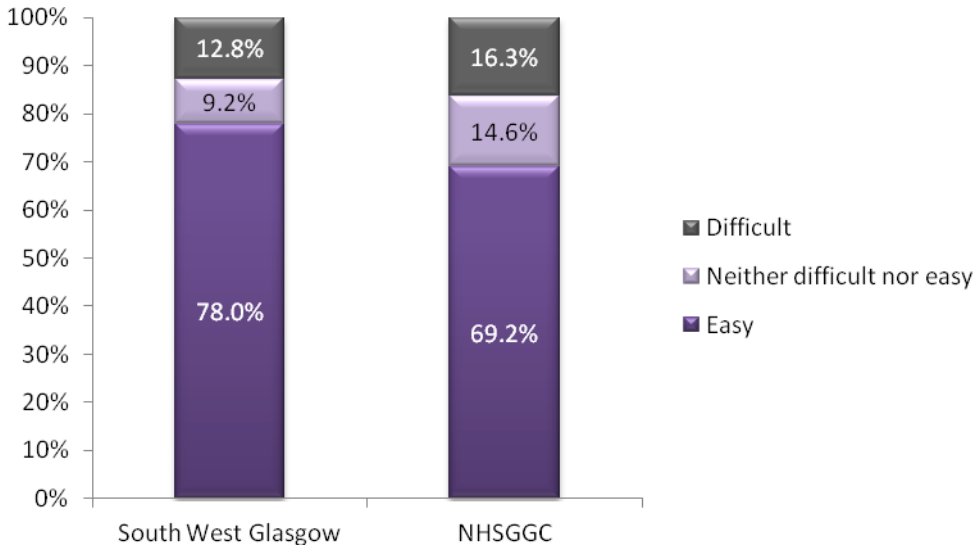
Getting a GP appointment

One in eight (13%) respondents said that it was difficult to obtain an appointment to see their GP, 9% said that it was neither easy nor difficult and 78% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was easy to get a GP appointment (78% South West Glasgow; 69% NHSGGC).

Figure 3.6: Difficulty/Ease of Getting Appointment to See GP (Q12a) - South West Glasgow & NHS Greater Glasgow & Clyde



Those in the least deprived areas were the most likely to say that it was easy to get a GP appointment.

Table 3.42: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	12%	13%	74%	646
Other datazones	13%	6%	81%	490
SIMD quintile				
1 (most deprived)	13%	12%	75%	746
2	16%	8%	76%	190
3	15%	7%	78%	111
4	4%	4%	92%	29
5 (least deprived)	4%	4%	93%	60

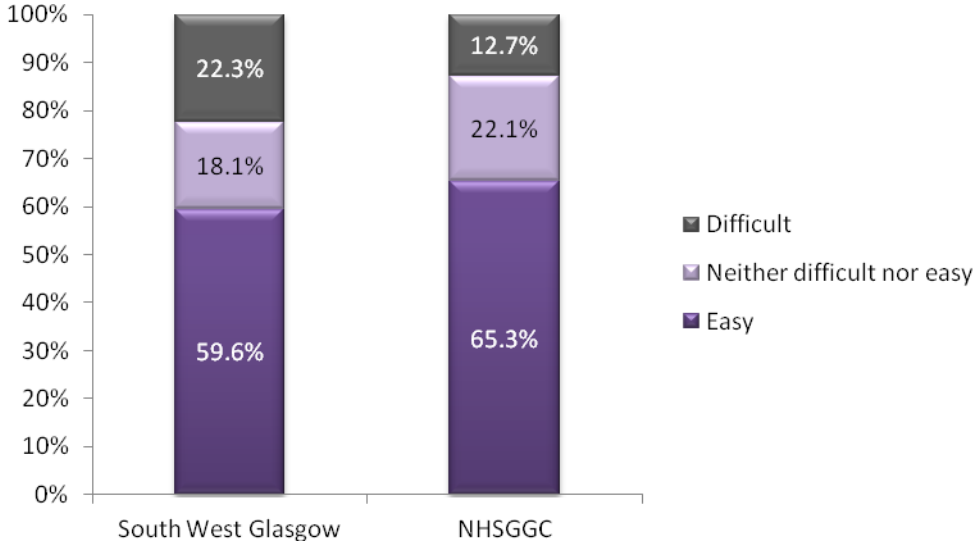
Obtaining an Appointment at the Hospital

One in five (22%) respondents said that it was difficult to obtain a hospital appointment, 18% said that it was neither easy nor difficult and 60% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was difficult to get an appointment at the hospital (22% South West Glasgow; 13% NHSGGC).

Figure 3.7: Difficulty/Ease of Obtaining Hospital Appointment - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged 35-44 were the age group most likely to say it was difficult to get a hospital appointment and those aged under 25 were the most likely to say it was easy.

Table 3.43: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-24	10%	17%	74%	53
25-34	27%	17%	56%	133
35-44	37%	14%	49%	127
45-54	21%	28%	51%	143
55-64	19%	12%	69%	122
65-74	18%	20%	62%	164
75+	13%	16%	71%	157
All	22%	18%	60%	901

Those in the least deprived areas were the most likely to say it was easy to get a hospital appointment. Those with no qualifications were more likely than those with qualifications to say it was easy to get a hospital appointment.

Table 3.44: Difficulty/ease of Obtaining Hospital Appointment (Q12c) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
SIMD quintile				
1 (most deprived)	21%	20%	59%	596
2	23%	22%	54%	150
3	38%	11%	52%	89
4	26%	5%	68%	21
5 (least deprived)	5%	19%	76%	45
At least one qualification	24%	20%	56%	588
No qualifications	17%	13%	70%	312

Those who did not definitely feel in control of the decisions affecting their life were more likely to say it was easy to obtain a hospital appointment.

Table 3.45: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	14%	22%	65%	279

Those with a limiting condition or illness were more likely to say it was easy to obtain a hospital appointment. Those with positive views of their general health and physical wellbeing were more likely to say it was difficult to obtain a hospital appointment.

Table 3.46: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	27%	19%	54%	577
Positive view of physical health	24%	17%	58%	668
Limiting condition or illness	16%	15%	68%	305

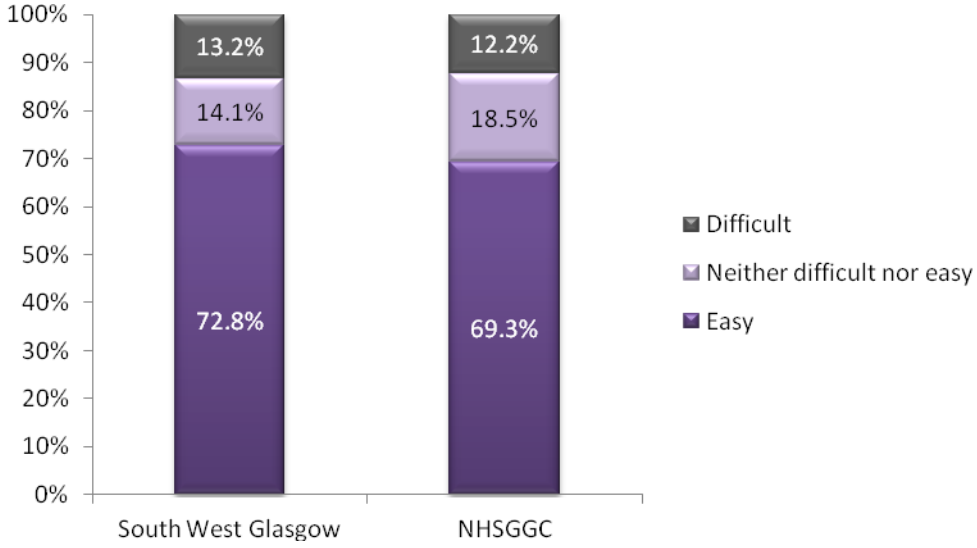
Getting a Consultation at GP Surgery within 48 Hours

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. Three in four (73%) said that it was easy, 14% said that it was neither easy nor difficult and 13% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was easy to get a GP consultation within 48 hours (73% South West Glasgow; 69% NHSGGC).

Figure 3.8: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) - South West Glasgow & NHS Greater Glasgow & Clyde



Those aged 55-64 were the most likely to say it was difficult to get a GP consultation within 48 hours and the least likely to say it was easy. Those aged 75 or over were the least likely to say it was difficult and the most likely to say it was easy.

Table 3.47: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-24	18%	5%	77%	66
25-34	15%	16%	69%	146
35-44	13%	17%	70%	148
45-54	10%	16%	74%	172
55-64	19%	13%	68%	140
65-74	8%	18%	74%	181
75+	8%	9%	83%	153
All	13%	14%	73%	1,008

Those in the most deprived areas were less likely than those in other areas to say that it was easy to obtain a GP consultation within 48 hours. However, those with no qualifications were more likely than those with qualifications to say it was easy to obtain a GP consultation within 48 hours. This is shown in Table 3.48.

Table 3.48: Difficulty/ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	14%	19%	67%	579
Other datazones	13%	11%	77%	429
At least one qualification	15%	15%	71%	669
No qualifications	9%	11%	80%	338

Those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day were more likely to say it was easy to get a GP consultation within 48 hours. Those with a positive view of their general health were less likely to say this was easy.

Table 3.49: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	14%	16%	70%	665
Limiting condition or illness	12%	10%	78%	316
Consumes fewer than 5 portions of fruit/veg per day	11%	14%	75%	693

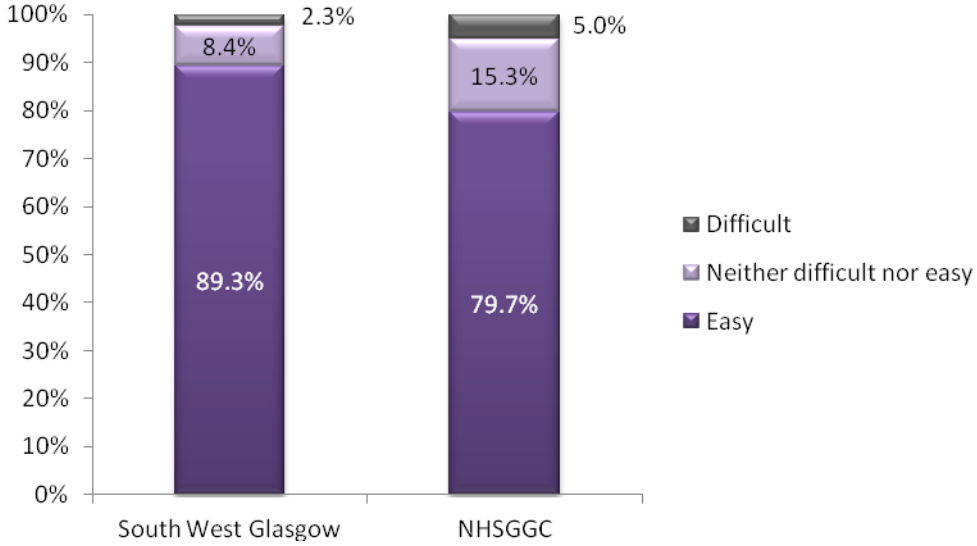
Accessing Health Services in an Emergency

Nine in ten (89%) respondents said that it was easy to access health services in an emergency, while 8% said that it was neither easy nor difficult and 2% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was easy to access health services in an emergency (89% South West Glasgow; 80% NHSGGC).

Figure 3.8: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) - South West Glasgow & NHSGGC



Those in the most deprived areas were less likely than those in other areas to say that it was easy to access health services in an emergency. However, those with no qualifications were more likely than those with qualifications to say it was easy to access health services in an emergency. This is shown in Table 3.50

Table 3.50: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% most datazones	3%	11%	86%	581
Other datazones	2%	6%	92%	412
At least one qualification	2%	10%	88%	654
No qualifications	2%	3%	95%	338

Those who felt isolated from family and friends and those who did not feel in control of the decisions affecting their life were less likely to feel it was easy to access health services in an emergency.

Table 3.51: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
Feel isolated from friends/family	7%	19%	73%	79
Not in control of decisions affecting daily life, or only 'to some extent'	3%	13%	84%	308

Table 3.52 shows that for health and wellbeing measures, those less likely to find it easy to access health services in an emergency were those with a high GHQ12 score, and those

exposed to second hand smoke. Those with a positive view of their mental/emotional wellbeing were more likely to feel it was easy to access health service in an emergency.

Table 3.52: Difficulty/Ease of Accessing Health Services in an Emergency (Q14b) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of mental/emotional wellbeing	2%	7%	91%	820
High GHQ12 Score	4%	14%	82%	135
Exposed to second hand smoke	3%	12%	86%	397

Getting an Appointment to See the Dentist

More than four in five (85%) respondents said that it was easy to get an appointment to see the dentist, while 9% said that it was neither easy nor difficult and 6% said that it was difficult.

Those who felt isolated from family and friends were more likely to find it difficult to get an appointment to see the dentist.

Table 3.53: Difficulty/ease of Getting an Appointment to See the Dentist (Q12e) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
Feel isolated from friends/family	14%	8%	78%	63

4 Health Behaviours

4.1 Chapter Summary

Table 4.1 shows the core indicators relating to health behaviours.

Table 4.1: Indicators for Health Behaviours

Indicator	% of sample	Unweighted base (n)
Exposed to second hand smoke most or some of the time (Q15)	41%	1,203
Current smoker (Q16)	31%	1,206
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers (Q17)	46%	394
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q23)	19%	1,206
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q23)	45%	447
Binge drinker in the past week (based on all respondents) (Q23)	27%	1,206
Binge drinker in the past week (based on all those who drank at all in the past week) (Q23)	65%	447
Takes at least 30 minutes of moderate exercise 5 or more times per week (Q31)	54%	1,197
Participated in at least one sport or activity in the last week (Q32)	93%	1,090
Consumes 5 or more portions of fruit/vegetables per day (Q24 & Q25)	30%	1,204
Consumes at least 2 portions of oily fish per week (Q27)	27%	1,205
Consumes at least 2 portions of high fat snacks per day (Q26)	37%	1,205
Body Mass Index of 25 or over(Q28 & Q29)	52%	962
More than 1 of the following 5 'unhealthy' behaviours: smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/veg consumption, binge drinking	70%	955
More than 1 of the following 5 'healthy' behaviours: non-smoker, within normal BMI range (18.5-24.99), meet the physical activity recommendations, eat 5 or more portions of fruit/veg per day, drink within safe limits/not at all	83%	955

Two in five (41%) respondents were exposed to second hand smoke most or some of the time. Those more likely to be exposed to second hand smoke were those aged under 25, men, those in the most deprived areas, those who exhibited factors associated with social exclusion, smokers, those who exceeded the recommended weekly limit for alcohol, those with a high GHQ12 score and those who consume fewer than five portions of fruit/vegetables per day.

Three in ten (31%) respondents were smokers, smoking on at least some days. Those more likely to be smokers were those aged under 25, men, those in the most deprived areas, those with no qualifications, those exhibiting factors associated with social exclusion, those exposed to second hand smoke, those who exceed the recommended weekly limit for alcohol consumption, those with a high GHQ12 score, those with a limiting condition/illness and those who consume fewer than five portions of fruit/vegetables per day.

Two in five (39%) respondents drank alcohol weekly. Those more likely to drink alcohol at least once a week were those aged under 65, men, those in the least deprived areas, smokers, those exposed to second hand smoke and those with positive views of their health.

One in five (19%) respondents had exceeded the recommended weekly limit for alcohol consumption in the previous week. This equates to 45% of those who had drunk alcohol in the last week. Those more likely to have exceeded weekly limits were men, those aged under 25, those who received all household income from benefits, those who felt isolated from family/friends, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

One in four (27%) respondents had been binge drinkers in the previous week. This equates to 65% of all those who had drunk alcohol in the last week. Those more likely to be binge drinkers were those aged under 25, men, those who received all household income from benefits, smokers, those exposed to second hand smoke, those who consumed fewer than five portions of fruit/vegetables per day and those with a positive view of their health.

Just over half (54%) of respondents met the target for physical activity (at least 30 minutes of moderate physical activity 5 times per week). Those less likely to meet this target were those aged 65 or over, men, those outside the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score, obese people and those consuming fewer than five portions of fruit/vegetables per day.

More than nine in ten (93%) respondents had participated in at least one sport or activity in the last week. Those less likely to have participated in sport/activity in the last week were those in the oldest age groups, men, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition/illness and those with a high GHQ12 score.

Three in ten (30%) respondents met the target of consuming five or more portions of fruit/vegetables per day. Those less likely to meet this target were men, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those who exceeded the recommended weekly limit for alcohol consumption, those with a high GHQ12 score, smokers, those exposed to second hand smoke and those with a limiting condition or illness.

Just over one in four (27%) respondents consumed two or more portions of oily fish per week. Those less likely to do so were those aged under 25, those who received all household income from benefits, those who exceeded the recommended weekly limit for alcohol consumption, smokers, those who consumed fewer than five portions of fruit/vegetables per day and those exposed to second hand smoke.

Just under two in five (37%) respondents exceeded the recommended limit of one high fat/ sugary snack per day. Those more likely to exceed this limit were those aged 16-24, those who received all household income from benefits, those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption, smokers and those who consumed fewer than five portions of fruit/vegetables per day.

Half (52%) of respondents were overweight or obese. Using the BMI of 29.2 as a definition of obesity, one in five (19%) were obese. Those more likely to be obese were those aged 55-64, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those with a limiting condition or illness and those with a high GHQ12 score.

Seven in ten (70%) respondents exhibited more than one of the following five 'unhealthy behaviours' - smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/vegetable consumption, binge drinking. The mean number of unhealthy behaviours was 2.24. Those tending to exhibit more unhealthy behaviours were those aged 45-64, men, those without qualifications and those exhibiting factors associated with social exclusion.

Four in five (83%) respondents exhibited more than one of the following five 'healthy behaviours' - non-smoker, within normal BMI range (18.5-24.99), meet the physical activity recommendations, eat 5 or more portions of fruit/vegetables per day, drink within safe limits/not at all. The mean number of healthy behaviours was 2.66. Those tending to exhibit fewer healthy behaviours were those aged 45-64, men, those without qualifications and those exhibiting factors associated with social exclusion.

4.2 Smoking

Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. Two in five (41%) said that this happened most of the time (23%) or some of the time (19%). A further 36% said that they were seldom exposed to second hand smoke and 23% said they were never exposed.

Those aged under 25 were the most likely to be exposed to second hand smoke, with 56% of respondents in that age group being exposed most or some of the time. Those aged 75 or over were the least likely to be exposed to second hand smoke, with 16% of those in that age group being exposed most or some of the time. Men were more likely than women to be exposed to others' smoke most or some of the time (45% and 38% respectively).

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

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Age:						
16-24	35%	21%	30%	13%	56%	93
25-34	22%	25%	34%	19%	47%	196
35-44	18%	21%	41%	21%	39%	179
45-54	24%	21%	35%	21%	44%	189
55-64	24%	12%	35%	29%	37%	170
65-74	21%	12%	38%	29%	33%	200
75+	8%	8%	41%	43%	16%	174
Men	25%	21%	35%	20%	45%	505
Women	21%	17%	36%	25%	38%	698
Men 16-44	25%	26%	33%	16%	51%	198
Women 16-44	24%	19%	37%	20%	43%	270
Men 45-64	27%	16%	34%	24%	42%	162
Women 45-64	22%	19%	35%	25%	40%	197
Men 65+	17%	12%	41%	29%	30%	145
Women 65+	13%	9%	37%	41%	22%	229
All	23%	19%	36%	23%	41%	1,203

Those in the most deprived areas were more likely to be exposed to second hand smoke most or some of the time. This is shown in Table 4.3.

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

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Bottom 15% datazones	28%	19%	35%	19%	47%	686
Other datazones	19%	19%	36%	26%	38%	517
SIMD quintile						
1 (most deprived)	29%	20%	33%	19%	48%	796
2	22%	22%	37%	19%	44%	202
3	6%	14%	44%	36%	20%	112
4	20%	12%	44%	24%	32%	29
5 (least deprived)	17%	12%	39%	31%	30%	64

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

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

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
All income from benefits	40%	19%	23%	18%	58%	345
Feel isolated from family/friends	47%	15%	19%	19%	62%	94
Not in control of decisions affecting daily life, or only 'to some extent'	34%	20%	25%	20%	55%	368

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

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

Those with a positive view of their physical wellbeing, mental/emotional wellbeing and quality of life were less likely to be exposed to second hand smoke.

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

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Positive view of physical wellbeing	20%	19%	38%	24%	39%	936
Positive view of mental/emotional wellbeing	19%	19%	38%	24%	38%	1,002
Positive view of quality of life	20%	19%	37%	24%	39%	1,028
High GHQ12 score	34%	17%	35%	14%	51%	159
Current smoker	66%	22%	9%	3%	88%	393
Exceeds weekly alcohol limit	40%	26%	26%	9%	65%	208
Consumes fewer than 5 portions of fruit/veg per day	27%	19%	33%	21%	46%	838

Smokers

Three in ten (31%) respondents were smokers, smoking either every day (28%) or some days (3%).

Those aged under 25 were the most likely to be current smokers and those aged 75 or over were the least likely. Men were more likely than women to be smokers (34% and 28% respectively).

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

	Current smoker	Unweighted base (n)
Age:		
16-24	37%	93
25-34	28%	196
35-44	33%	179
45-54	33%	190
55-64	35%	170
65-74	26%	202
75+	12%	174
Men	34%	507
Women	28%	699
Men 16-44	34%	198
Women 16-44	30%	270
Men 45-64	37%	163
Women 45-64	31%	197
Men 65+	26%	146
Women 65+	16%	230
All	31%	1,206

Table 4.7 shows that those in the most deprived areas were more likely to be smokers. Also, those with no qualifications were more likely to be smokers than those with qualifications.

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

	Current smoker	Unweighted base (n)
Bottom 15% datazones	37%	688
Other datazones	26%	518
SIMD quintile		
1 (most deprived)	38%	799
2	35%	202
3	9%	112
4	20%	29
5 (least deprived)	17%	64
At least one qualification	29%	811
No qualifications	36%	392

All three factors associated with social exclusion were associated with a higher likelihood of being a smoker.

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

	Current smoker	Unweighted base (n)
All income from benefits	53%	345
Feel isolated from family/friends	51%	94
Not in control of decisions affecting daily life, or only 'to some extent'	46%	369

Table 4.9 shows that positive views of health, physical and mental wellbeing and quality of life were associated with a lower likelihood of being a smoker. Those more likely to be smokers were:

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

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

	Current smoker	Unweighted base (n)		Current smoker	Unweighted base (n)
Positive view of general health	29%	835	Limiting condition or illness	38%	342
Positive view of physical wellbeing	27%	938	Second hand smoke	65%	493
Positive view of mental/emotional wellbeing	27%	1,005	Exceeds weekly alcohol limit	53%	208
Positive view of quality of life	28%	1,030	Consumes fewer than 5 portions of fruit/veg per day	35%	840
High GHQ12 Score	44%	159			

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 17.6. Just under half (46%) of smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

Intention to Stop Smoking

Just over a quarter (28%) of smokers said that they intend to stop smoking while 56% said they did not and 16% were unsure.

Comparison with NHS Greater Glasgow & Clyde

Smokers in South West Glasgow were more likely than smokers in the NHS Greater Glasgow & Clyde area as a whole to say they did not indend to stop smoking (56% South West Glasgow; 47% NHSGGC).

4.3 Drinking

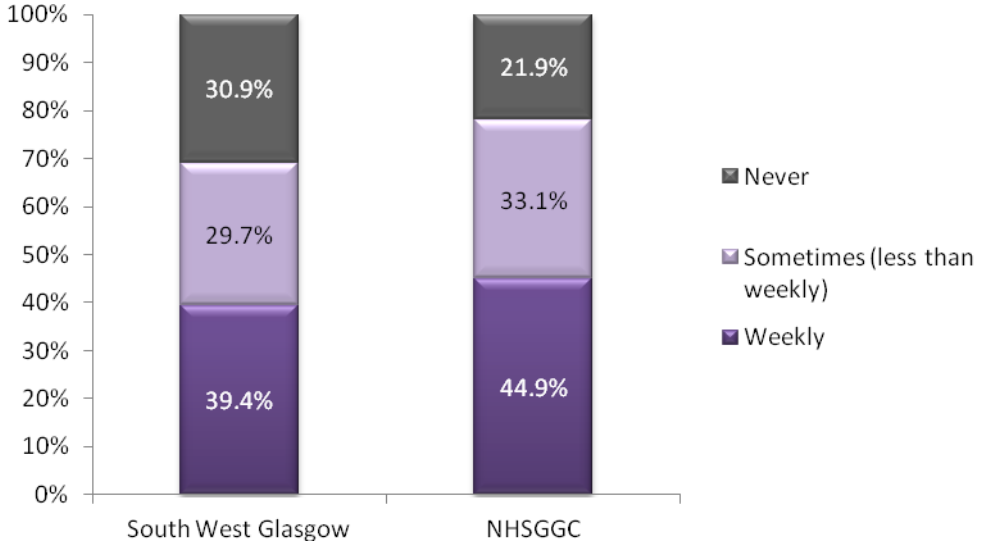
Frequency of Drinking Alcohol

Three in ten (31%) respondents said that they never drank alcohol, 30% drank alcohol sometimes, but less than weekly and two in five (39%) drank alcohol at least once a week (including 13% who drank alcohol on three or more days per week).

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to drink alcohol weekly (39% South West Glasgow; 45% NHSGGC) and more likely to say they never drank alcohol (31% South West Glasgow; 22% NHSGGC).

Figure 4.1: Frequency Drink Alcohol (Q19) - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged 75 or over were more likely than others to say that they never drank alcohol, and less likely to do so weekly. Men were more likely than women to drink weekly (52% men; 27% women).

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

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-24	26%	30%	43%	93
25-34	25%	31%	44%	196
35-44	31%	28%	41%	179
45-54	29%	29%	42%	190
55-64	30%	29%	40%	170
65-74	35%	37%	27%	202
75+	56%	22%	22%	174
Men	27%	21%	52%	507
Women	35%	38%	27%	699
Men 16-44	28%	17%	55%	198
Women 16-44	27%	43%	30%	270
Men 45-64	25%	22%	53%	163
Women 45-64	34%	35%	31%	197
Men 65+	28%	33%	40%	146
Women 65+	57%	30%	14%	230
All	31%	30%	39%	1,206

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

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

	Never	Less than weekly	At least once a week	Unweighted base (n)
SIMD quintile				
1 (most deprived)	30%	30%	40%	799
2	31%	28%	41%	202
3	47%	27%	25%	112
4	31%	38%	31%	29
5 (least deprived)	10%	32%	59%	64
At least one qualification	29%	31%	40%	811
No qualifications	37%	26%	36%	392

For health and wellbeing measures, those more likely to drink alcohol weekly were smokers, those exposed to second hand smoke and those with a positive view of their general health. Those with a high GHQ12 score, those with a limiting condition or illness and those who consume fewer than 5 portions of fruit/vegetables per day were less likely to drink alcohol weekly.

Table 4.12: Frequency Drink Alcohol (Q19) by Health and Wellbeing Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Positive view of general health	27%	29%	43%	835
High GHQ12 score	38%	35%	27%	159
Limiting condition/illness	39%	33%	29%	342
Exposed to second hand smoke	21%	27%	52%	710
Current smoker	17%	26%	57%	394
Consumes fewer than 5 portions of fruit/veg per day	38%	33%	29%	840

Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. Two in five (41%) of all respondents said they had drunk alcohol in the past week (therefore similar to the 39% who had said they drank alcohol weekly).

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

The recommended weekly limit for alcohol consumption is 21 units per week for men and 14 units per week for women. Using the new unit measures, 19% of all respondents exceeded their weekly limit. This equates to 45% of all those who had drunk alcohol in the last week.

Those aged under 25 were the most likely to have exceeded the recommended weekly alcohol limit in the last week and those aged 65 or over were the least likely to have done so. Men were much more likely than women to have exceeded the recommended weekly alcohol limit (28% men; 10% women).

Table 4.13: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Age and Gender

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Age:			
16-24	34%	33%	93
25-34	22%	18%	196
35-44	19%	15%	179
45-54	19%	16%	190
55-64	13%	10%	170
65-74	5%	5%	202
75+	5%	2%	174
Men	28%	23%	507
Women	10%	9%	699
Men 16-44	34%	29%	198
Women 16-44	15%	13%	270
Men 45-64	25%	20%	163
Women 45-64	9%	7%	197
Men 65+	11%	10%	146
Women 65+	0%	0%	230
All	19%	16%	1,206

Those who received all household income from benefits and those who felt isolated from family/friends were more likely to have exceeded the weekly alcohol limit in the last week.

Table 4.14: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Factors Associated with Social Exclusion

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
All income from benefits	24%	23%	345
Feel isolated from family/friends	27%	26%	94

Table 4.15 shows that smokers, those exposed to second hand smoke and those who consumed fewer than 5 portions of fruit/vegetables per day were more likely to exceed the weekly limit for alcohol consumption. Obese people and those with a limiting condition or illness were less likely to exceed the weekly alcohol limit.

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

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Limiting condition/illness	14%	12%	342
Exposed to second hand smoke	29%	26%	493
Current smoker	32%	30%	394
Obese	12%	9%	194
Consumes fewer than 5 portions of fruit/veg per day	23%	19%	840

Binge Drinking

Binge drinkers were defined as:

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

Using the new measures for calculating unit totals, 27% of all respondents had been binge drinkers during the previous week. This equates to 65% of all those who had consumed alcohol in the previous week.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those across the NHS Greater Glasgow & Clyde area to have been binge drinkers in the previous week (27% South West Glasgow; 31% NHSGGC).

Those aged under 25 were the most likely to have been binge drinkers in the previous week while those aged 75 and over were the least likely. Also, men were considerably more likely than women to be binge drinkers (38% men; 16% women). This is shown in Table 4.16.

Table 4.16: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Age and Gender

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Age:			
16-24	45%	45%	93
25-34	32%	28%	196
35-44	30%	27%	179
45-54	29%	21%	190
55-64	20%	16%	170
65-74	8%	8%	202
75+	2%	0%	174
Men	38%	34%	507
Women	16%	13%	699
Men 16-44	46%	44%	198
Women 16-44	23%	20%	270
Men 45-64	37%	30%	163
Women 45-64	13%	8%	197
Men 65+	11%	10%	146
Women 65+	2%	1%	230
All	27%	23%	1,206

Those who received all household income from benefits were more likely to be binge drinkers.

Table 4.17: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Factors Associated with Social Exclusion

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
All income from benefits	32%	31%	345

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

- Smokers;
- Those exposed to second hand smoke;
- Those consuming fewer than five portions of fruit/vegetables per day; and
- Those with a positive view of their general health.

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

Table 4.18: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Health and Wellbeing Measures

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Positive view of general health	31%	26%	835
High GHQ12 score	20%	19%	159
Limiting condition/illness	17%	16%	342
Exposed to second hand smoke	40%	35%	493
Current smoker	42%	38%	394
Consumes fewer than five portions of fruit/vegetables per day	32%	28%	840

Alcohol Free Days

Most (96%) respondents had two or more days in the previous week in which they did not consume alcohol. This equates to 90% of those who had drunk alcohol in the previous week.

Those aged 55 or over were less likely than younger respondents to have had two or more alcohol-free days in the last week. Women were more likely than men to have had two or more alcohol-free days.

Table 4.19: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Age and Gender

	Two or More Alcohol-Free Days	Unweighted base (n)
Age:		
16-24	97%	93
25-34	100%	196
35-44	95%	179
45-54	97%	190
55-64	93%	170
65-74	94%	202
75+	93%	174
Men	94%	507
Women	98%	699
Men 16-44	97%	198
Women 16-44	98%	270
Men 45-64	92%	163
Women 45-64	99%	197
Men 65+	88%	146
Women 65+	98%	230
All	96%	1,206

Those without qualifications were less likely than those with qualifications to have had at least one alcohol-free day per week.

Table 4.20: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Deprivation and Socio Economic Measures

	Two or More Alcohol-Free Days	Unweighted base (n)
At least one qualification	97%	811
No qualifications	93%	392

Those who received all household income from benefits and those who felt isolated from family or friends were less likely to have had two or more alcohol-free days in the last week.

Table 4.21: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Factors Associated with Social Exclusion

	Two or More Alcohol-Free Days	Unweighted base (n)
All household income from benefits	93%	345
Feel isolated from family/friends	89%	94

Those with a positive view of their quality of life were more likely to have had two or more alcohol-free days. Smokers were less likely to have had two or more alcohol-free days.

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

	Two or More Alcohol-Free Days	Unweighted base (n)
Positive view of quality of life	97%	1,030
Current Smoker	94%	394

4.4 Physical Activity[2]

Frequency of Physical Activity

Respondents were asked on how many days in the last week had they taken a total of 30 minutes or more of physical activity which was enough to raise their breathing rate. Just over half (52%) said that they had not done this on any day in the last week. One in eight (13%) had done so on five or more days in the last week. The mean number of days for all respondents was 1.62.

Respondents were also asked, including all types of physical activity, how many days in the last week had they taken at least 30 minutes of moderate physical activity. This would include housework and work-based activity where relevant. One in eight (12%) said that they had not done this on any day in the last week, and a third (34%) said they had done this every day in the last week. The mean number of days was 4.35.

The target for physical activity is to take 30 minutes or more of moderate physical activity on five or more days per week. Just over half (54%) of respondents met this target.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to meet the target for physical activity (54% South West Glasgow; 51% NHSGGC).

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

Those aged 25-34 were the most likely to meet the target for physical activity and those aged 65 or over were the least likely. Women were more likely than men to meet the target.

Table 4.23: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Age and Gender

	Meet Physical Activity Target	Unweighted base (n)
Age:		
16-24	57%	91
25-34	66%	196
35-44	58%	176
45-54	56%	188
55-64	50%	170
65-74	36%	200
75+	38%	174
Gender:		
Men	51%	501
Women	57%	696
Men 16-44	56%	195
Women 16-44	65%	268
Men 45-64	49%	161
Women 45-64	57%	197
Men 65+	36%	145
Women 65+	37%	229
All	54%	1,197

Those in the most deprived areas were more likely than others to meet the target for physical activity. However, those with no qualifications were less likely to meet the target for physical activity. This is shown in Table 4.24.

Table 4.24: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Deprivation and Socio Economic Measures

	Meet Physical Activity Target	Unweighted base (n)
Bottom 15% datazones	60%	685
Other datazones	51%	512
SIMD quintile		
1 (most deprived)	58%	794
2	41%	200
3	66%	112
4	54%	29
5 (least deprived)	52%	62
At least one qualification	59%	805
No qualifications	40%	389

All three factors associated with social exclusion were associated with a lower likelihood of meeting the target for physical activity, as shown in Table 4.25.

Table 4.25: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Factors Associated with Social Exclusion

	Meet Physical Activity Target	Unweighted base (n)
All income from benefits	47%	343
Feel isolated from friends/family	38%	94
Not in control of decisions affecting daily life, or only 'to some extent'	39%	364

For health and wellbeing measures, those less likely to meet the target for physical activity were:

- Those with a limiting condition or illness;
- Those with a high GHQ12 score;
- Obese people; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those more likely to meet the physical activity target were those with positive perceptions of their general health, physical and mental/emotional wellbeing and quality of life.

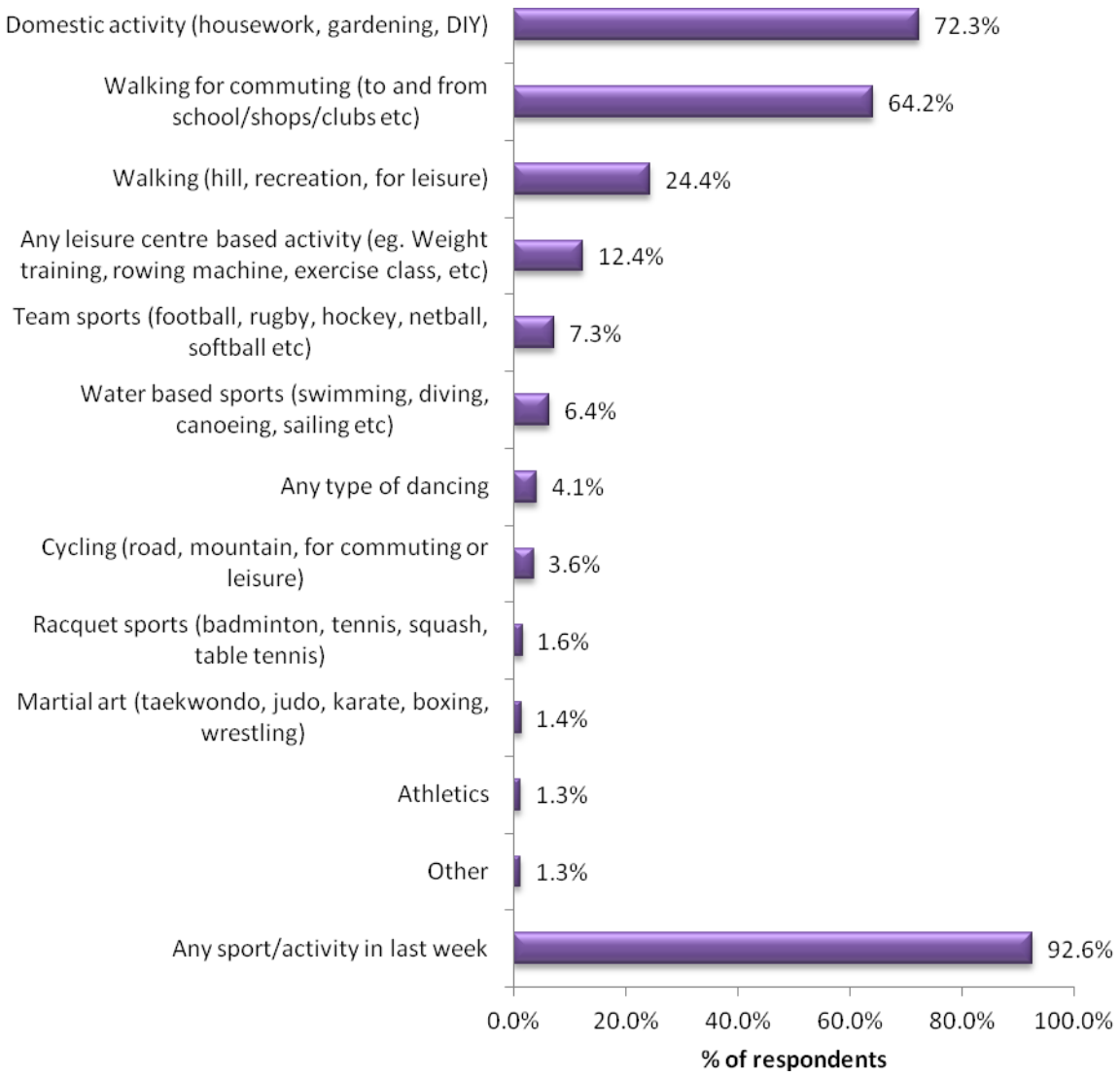
Table 4.26: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31)by Health and Wellbeing Measures

	Meet Physical Activity Target	Unweighted base (n)		Meet Physical Activity Target	Unweighted base (n)
Positive view of general health	60%	826	High GHQ12 Score	45%	159
Positive view of physical wellbeing	58%	929	Limiting condition or illness	37%	342
Positive view of mental/emotional wellbeing	57%	996	Obese	48%	194
Positive view of quality of life	58%	1,022	Consumes fewer than 5 portions of fruit/veg per day	52%	836

Participation in Sport and Activities in the Last Week

Respondents were asked whether they had participated in specific sports and activities in the last week. Responses are shown in Figure 4.2. Overall, 93% of respondents had participated in at least one sport or activity in the last week. The most common types of activity were domestic activity, walking for commuting and walking for recreation.

Figure 4.2: Proportion Participating in Sports in the Last Week



Comparison with NHS Greater Glasgow & Clyde

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, in the previous week those in South West Glasgow were less likely to have taken part in:

- Walking for leisure (24.4% South West Glasgow; 34.6% NHSGGC);
- Leisure centre based activity (12.4% South West Glasgow; 15.7% NHSGGC);
- Team sports (7.3% South West Glasgow; 10.4% NHSGGC);
- Cycling (3.6% South West Glasgow; 5.4% NHSGGC); and
- Racquet sports (1.6% South West Glasgow; 3.0% NHSGGC).

However, those in South West Glasgow were more likely than those in the NHSGGC area as a whole to have taken part in:

- Domestic activity (72% South West Glasgow; 66% NHSGGC); and
- Walking for commuting (64% South West Glasgow; 58% NHSGGC).

Those aged 65 or over were less likely to have done at least one sport or activity in the previous week. Women were more likely than men to have participated in sport/activity in the last week.

Table 4.27: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Age and Gender

	Participated in Sport/Activity	Unweighted base (n)
Age:		
16-24	96%	93
25-34	96%	196
35-44	95%	179
45-54	95%	190
55-64	93%	170
65-74	80%	202
75+	77%	174
Men	90%	507
Women	95%	699
Men 16-44	94%	198
Women 16-44	98%	270
Men 45-64	91%	163
Women 45-64	97%	197
Men 65+	73%	146
Women 65+	83%	230
All	93%	1,090

Those with no qualifications were less likely to have participated in sport or activity in the last week.

Table 4.28: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Deprivation and Socio Economic Measures

	Participated in Sport/Activity	Unweighted base (n)
At least one qualification	95%	811
No qualifications	85%	392

All three factors associated with social exclusion were associated with a lower likelihood of having participated in any sport or activity in the past week.

Table 4.29: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Factors Associated with Social Exclusion

	Participated in Sport/Activity	Unweighted base (n)
All income from benefits	88%	345
Feel isolated from family/friends	85%	94
Not in control of decisions affecting daily life, or only 'to some extent'	86%	369

For health and wellbeing measures, those less likely to have participated in sport or activity in the last week were those with a limiting condition or illness and those with a high GHQ12 score.

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

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

	Participated in Sport	Unweighted base (n)		Participated in Sport	Unweighted base (n)
Positive view of general health	97%	835	Positive view of quality of life	95%	1,030
Positive view of physical wellbeing	96%	938	High GHQ12 score	82%	159
Positive view of mental/emotional wellbeing	94%	1,005	Limiting condition or illness	81%	342

Travel to Work/Education

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

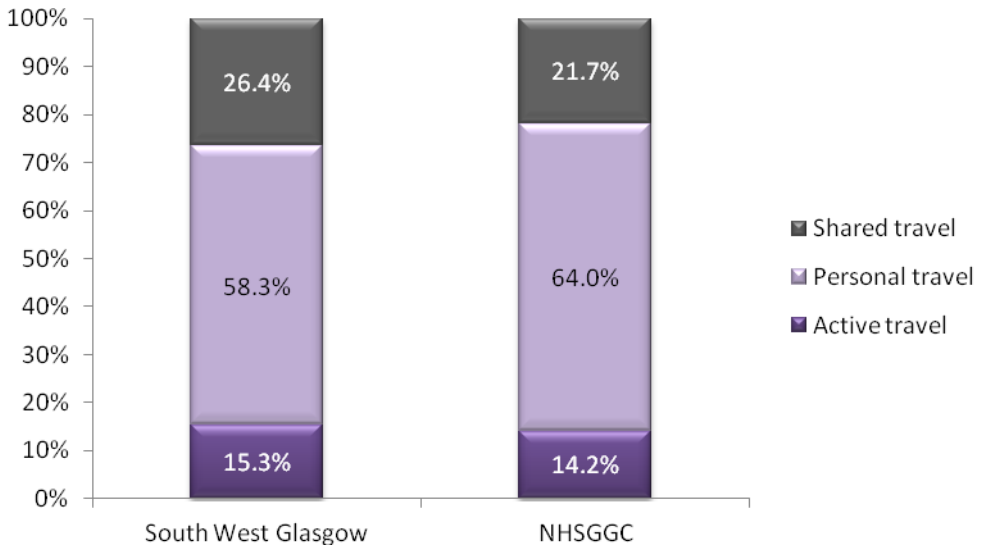
- Active travel (walking and cycling);
- Personal travel (car/van driver or other method);
- Shared travel (car/van passenger, bus or rail).

Of those who travelled to work or education, 15% used active travel, 58% used personal travel and 26% used shared travel.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area to use shared travel methods (26% South West Glasgow; 22% NHSGGC) and less likely to use personal travel (58% South West Glasgow; 64% NHSGGC).

Figure 4.3: Method of Travel to Work/Education - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged 25-34 and those aged 65 or over were the most likely to use active travel methods. Those aged 55-64 were the least likely to use active travel methods. Women were more likely than men to use active travel or shared travel methods.

Table 4.31: Method of Travel to Work/Education (Q34) by Age and Gender

	Active travel	Personal travel	Shared travel	Unweighted base (n)
Age:				
16-24	13%	29%	58%	56
25-34	22%	56%	22%	137
35-44	11%	73%	16%	104
45-54	17%	67%	17%	106
55-64	8%	70%	22%	53
65+	22%	44%	33%	24
Men	13%	66%	21%	227
Women	18%	49%	33%	254
Men 16-44	16%	60%	24%	137
Women 16-44	15%	49%	37%	160
Men 45-64	6%	81%	13%	80
Women 45-64	24%	52%	25%	79
Men 65+	0%	71%	29%	10
Women 65+	30%	30%	40%	14
All	15%	58%	26%	481

All three factors associated with social exclusion were associated with a high likelihood of using shared travel methods. Also, those who felt isolated from family/friends and those who did not feel definitely in control of the decisions affecting their life were more likely to use active travel methods.

Table 4.32: Method of Travel to Work/Education (Q34) by Factors Associated with Social Exclusion

	Active travel	Personal travel	Shared travel	Unweighted base (n)
All income from benefits	4%	30%	65%	24
Feel isolated from family/friends	22%	19%	59%	23
Not in control of decisions affecting daily life, or only 'to some extent'	18%	42%	40%	85

Those with positive views of their health, wellbeing and quality of life and those who consumed fewer than five portions of fruit/vegetables per day were more likely to use personal travel methods. Those with a limiting condition or illness and those with a high GHQ12 score were more likely to use shared travel methods.

Table 4.33 Method of Travel to Work/Education (Q34) by Health and Wellbeing Measures

	Active travel	Personal travel	Shared travel	Unweighted base (n)
Positive view of general health	15%	61%	24%	422
Positive view of physical wellbeing	15%	60%	24%	433
Positive view of mental wellbeing	14%	60%	25%	443
Positive view of quality of life	15%	60%	25%	453
High GHQ12 score	13%	33%	54%	37
Limiting condition/illness	14%	33%	53%	42
Consumes fewer than 5 portions of fruit/veg per day	12%	62%	26%	309

4.5 Diet

Fruit and Vegetables

The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Responses indicate that three in ten (30%) respondents met this target. Four percent had no fruit or vegetables in a day.

Women were more likely than men to meet the target for fruit/vegetable consumption.

Table 4.34: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Age and Gender

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
Men	27%	5%	507
Women	33%	3%	697
All	30%	4%	1,204

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

Table 4.35: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Deprivation and Socio Economic Measures

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
Bottom 15% datazones	27%	7%	687
Other datazones	32%	3%	517
SIMD quintile			
1 (most deprived)	27%	7%	797
2	39%	5%	202
3	25%	0%	112
4	48%	0%	29
5 (least deprived)	36%	0%	64
At least one qualification	32%	3%	810
No qualifications	25%	9%	391

Those who received all household income from benefits and those who did not feel in control of their lives were less likely to meet the target for fruit/vegetable consumption.

Table 4.36: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Factors Associated with Social Exclusion

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
All income from benefits	21%	15%	343
Not in control of decisions affecting daily life, or only 'to some extent'	18%	11%	367

Table 4.37 shows that for health and wellbeing measures those less likely to consume the target amount of fruit/vegetables were:

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

Those with positive views of their health, wellbeing or quality of life were more likely to meet the target for fruit/vegetable consumption.

Table 4.37: Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Health and Wellbeing Measures

	Meet Fruit/ Veg Target	No fruit/ veg	Un-weighted base (n)		Meet Fruit/ Veg Target	No fruit/ veg	Un-weighted base (n)
Positive view of general health	33%	3%	833	Limiting condition/ illness	24%	10%	342
Positive view of physical wellbeing	32%	3%	937	Exposed to second hand smoke	23%	8%	492
Positive view of mental/ emotional wellbeing	32%	2%	1,004	Current smoker	19%	10%	392
Positive view of quality of life	32%	3%	1,029	Exceeds weekly alcohol limit	16%	7%	208
High GHQ12 score	17%	12%	157				

Oily Fish

Just over one in four (27%) respondents ate two or more portions of oily fish per week.

Those aged under 25 were the least likely to eat two or more portions of oily fish per week and those aged 75 or over were the most likely. This is shown in Table 4.38.

Table 4.38: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Age and Gender

	2+ Portions Oily Fish Per Week	Unweighted base (n)
Age:		
16-24	18%	93
25-34	26%	196
35-44	31%	179
45-54	23%	190
55-64	29%	170
65-74	35%	201
75+	38%	174
All	27%	1,205

Those who received all household income from benefits were less likely to eat two or more portions of oily fish per week.

Table 4.39: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Factors Associated with Social Exclusion

	2+ Portions Oily Fish Per Week	Unweighted base (n)
All income from benefits	20%	345

Table 4.40 shows that for health and wellbeing measures, those less likely to eat two or more portions of oily fish per week were those who exceeded the recommended weekly limit for alcohol, smokers, those who consume fewer than five portions of fruit/vegetables per day and those exposed to second hand smoke.

Table 4.40: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Health and Wellbeing Measures

	2+ Portions Oily Fish Per Week	Unweighted base (n)		2+ Portions Oily Fish Per Week	Unweighted base (n)
Exposed to second hand smoke	22%	493	Exceeds weekly alcohol limit	17%	208
Current smoker	19%	394	Consumes fewer than 5 portions of fruit/veg per day	21%	839

High Fat and Sugary Snacks

Just under two in five (37%) respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps). Those aged 16-24 were more likely to exceed the recommended limit for high fat/sugary snacks.

Table 4.41: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Age and Gender

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Age:		
16-24	51%	93
25-34	34%	196
35-44	36%	179
45-54	33%	189
55-64	30%	170
65-74	43%	202
75+	40%	174
All	37%	1,205

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

Table 4.42: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Factors Associated with Social Exclusion

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
All income from benefits	45%	345

Table 4.43 shows that those more likely to consume two or more high fat and sugary snacks per day were those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption, smokers and those who consume fewer than five portions of fruit/vegetables per day.

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

Table 4.43: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Health and Wellbeing Measures

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)		Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Positive view of general health	35%	834	Current smoker	42%	394
Positive view of quality of life	36%	1,029	Exceeds weekly alcohol limit	47%	208
High GHQ12 score	49%	159	Consumes fewer than 5 portions of fruit/veg per day	42%	839

4.6 Body Mass Index (BMI)

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

BMI classification points are defined as follows:

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

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

Altogether, half (52%) of respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 19% of respondents were classified as obese.

Those aged 55-64 were the most likely to be overweight or obese. Men were more likely than women to be overweight, although a similar proportion of men and women were obese. This is shown in Table 4.44.

Table 4.44: Body Mass Index (Q28/Q29) by Age and Gender

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Age:							
16-24	11%	58%	21%	7%	4%	12%	73
25-34	2%	57%	35%	6%	1%	9%	172
35-44	1%	43%	42%	14%	1%	16%	146
45-54	0%	34%	46%	17%	3%	26%	153
55-64	1%	35%	37%	26%	2%	35%	132
65-74	1%	42%	38%	18%	1%	25%	160
75+	3%	48%	37%	11%	2%	15%	124
Gender:							
Men	<1%	44%	43%	11%	1%	18%	402
Women	5%	46%	31%	16%	2%	20%	560
Men 16-44	<1%	55%	37%	7%	1%	11%	168
Women 16-44	8%	51%	30%	10%	2%	14%	223
Men 45-64	0%	29%	52%	18%	1%	28%	127
Women 45-64	1%	40%	33%	23%	3%	31%	158
Men 65+	0%	40%	45%	13%	2%	21%	107
Women 65+	2%	48%	32%	17%	1%	20%	177
All	2%	36%	37%	14%	2%	19%	962

Those in the most deprived areas and those with no qualifications were more likely to be obese, as shown in Table 4.45.

Table 4.45: Body Mass Index (Q28/Q29) by Deprivation and Socio Economic Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Most deprived 15% datazones	2%	44%	35%	17%	2%	25%	566
Other datazones	3%	46%	38%	11%	1%	15%	396
SIMD quintile							
1 (most deprived)	1%	44%	35%	17%	2%	25%	645
2	3%	40%	46%	9%	3%	15%	148
3	8%	51%	31%	11%	0%	13%	95
4	0%	29%	62%	8%	0%	21%	26
5 (least deprived)	0%	60%	33%	6%	0%	8%	48
At least one qualification	3%	46%	37%	12%	1%	17%	686
No qualifications	1%	42%	35%	19%	3%	27%	274

Those who received all household income from benefits were more likely to be obese.

Table 4.46: Body Mass Index (Q28/Q42) by Factors Associated with Social Exclusion

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
All income from benefits	2%	45%	33%	18%	2%	27%	259

Those who exceeded the recommended weekly limit for alcohol consumption and those with positive views of their health, wellbeing or quality of life were less likely to be obese. Those with a limiting condition or illness and those with a high GHQ12 score were more likely to be obese.

Table 4.47: Body Mass Index (Q28/Q42) by Health and Wellbeing Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Positive view of general health	1%	50%	39%	9%	1%	14%	683
Positive view of physical wellbeing	3%	48%	38%	10%	1%	15%	754
Positive view of mental/emotional wellbeing	3%	47%	38%	12%	1%	17%	810
Positive view of quality of life	3%	46%	38%	12%	2%	18%	835
High GHQ12 score	11%	37%	26%	20%	6%	29%	123
Limiting condition/ illness	2%	34%	31%	28%	5%	39%	246
Exceeds weekly alcohol limit	0%	50%	43%	7%	1%	12%	167

4.7 Unhealthy and Healthy Behaviour Indices

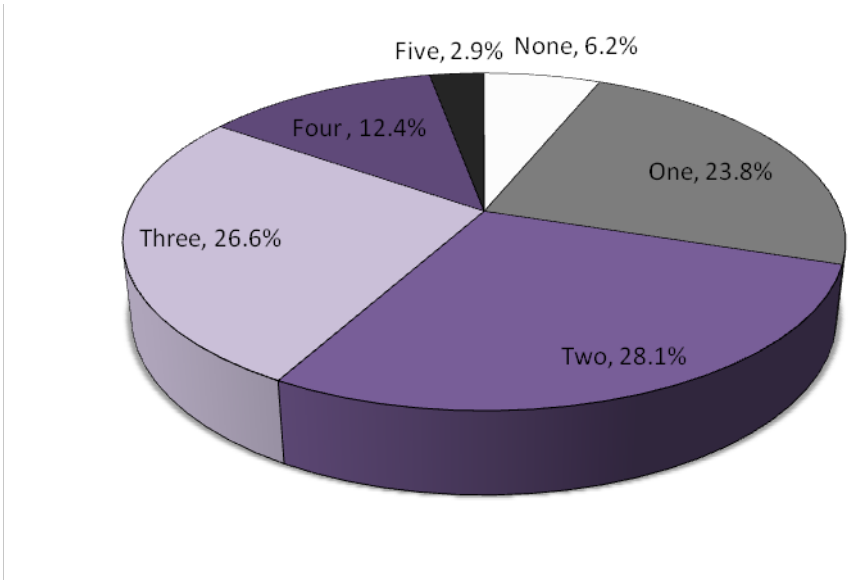
An Unhealthy Behaviour Index

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

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

Figure 4.4 shows that most respondents (94%) exhibited at least one of these behaviours, but just 3% exhibited all five. The mean number of unhealthy behaviours was 2.24.

Figure 4.4: Number of Unhealthy Behaviours Exhibited
Unweighted N=826



Those aged 75 or over tended to have the fewest number of unhealthy behaviours. Men tended to have more unhealthy behaviours than women (means of 2.47 and 2.03 respectively). The age/gender group with the highest mean number of unhealthy behaviours was men aged 45-64 (mean of 2.70 unhealthy behaviours). This is shown in Table 4.48 below.

Table 4.48: Mean Number of Unhealthy Behaviours by Age and Gender

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Age:		
16-24	2.28	71
25-34	2.03	172
35-44	2.34	144
45-54	2.35	151
55-64	2.50	132
65-74	2.15	159
75+	1.86	124
Men	2.47	397
Women	2.03	558
Men 16-44	2.39	165
Women 16-44	2.01	222
Men 45-64	2.70	126
Women 45-64	2.14	157
Men 65+	2.20	106
Women 65+	1.91	177
All	2.24	955

Those with no qualifications tended to exhibit more unhealthy behaviours.

Table 4.49: Mean Number of Unhealthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
At least one qualification	2.17	682
No qualifications	2.54	271

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

Table 4.50: Mean Number of Unhealthy Behaviours by Factors Associated with Social Exclusion

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
All income from benefits	2.67	257
Feel isolated from family/friends	2.59	61
Not in control of decisions affecting daily life, or only 'to some extent'	2.64	271

A Healthy Behaviour Index

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

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

Figure 4.5 shows that most (97%) exhibited at least one healthy behaviour, and 5% of respondents exhibited all five. The mean number of healthy behaviours was 2.66.

Figure 4.5: Number of Healthy Behaviours Exhibited
Unweighted base=955

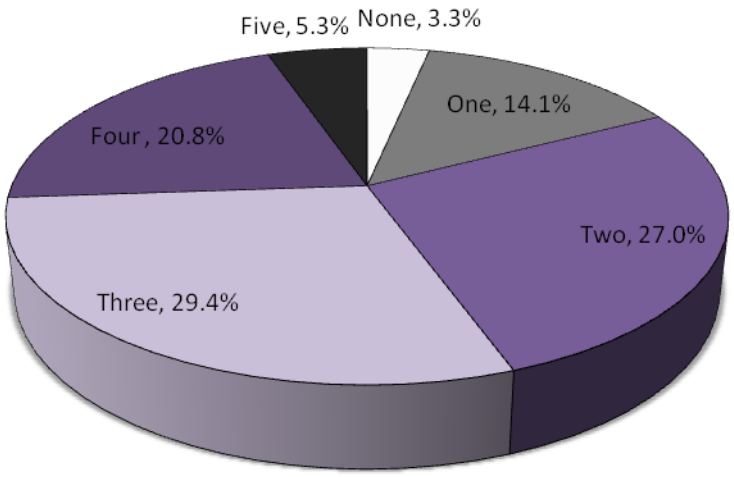


Table 4.51 shows that those with the highest mean number of healthy behaviours were those aged 75 or over. Women tended to exhibit more healthy behaviours than men.

Table 4.51: Mean Number of Healthy Behaviours by Age and Gender

	Mean No. of Healthy Behaviours	Unweighted base (n)
Age:		
16-24	2.58	71
25-34	2.87	172
35-44	2.60	144
45-54	2.55	151
55-64	2.42	132
65-74	2.77	159
75+	3.03	124
Men	2.47	397
Women	2.85	558
Men 16-44	2.56	165
Women 16-44	2.85	222
Men 45-64	2.24	126
Women 45-64	2.73	157
Men 65+	2.65	106
Women 65+	3.03	177
All	2.66	955

Those with no qualifications tended to exhibit fewer healthy behaviours.

Table 4.52: Mean Number of Healthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Healthy Behaviours	Unweighted base (n)
At least one qualification	2.72	682
No qualifications	2.42	271

Those who exhibited factors associated with social exclusion tended to have fewer healthy behaviours.

Table 4.53: Mean Number of Healthy Behaviours by Factors Associated with Social Exclusion

	Mean No. of Healthy Behaviours	Unweighted base (n)
All income from benefits	2.28	257
Feel isolated from family/friends	2.30	61
Not in control of decisions affecting daily life, or only 'to some extent'	2.28	271

5 Social Health

5.1 Chapter Summary

Table 5.1 summarises the indicators relating to social health.

Table 5.1: Indicators for Social Health

Indicator	% of sample	Unweighted base (n)
Feel isolated from family and friends (Q41)	7%	1,206
Feel I belong to the local area (Q40b)	78%	1,201
Feel valued as a member of the community (Q40d)	56%	1,188
People in my neighbourhood can influence decisions (Q40f)	65%	1,148
Identify with a religion (Q60)	64%	1,204
Treated offensively in last three months (Q61)	3%	1,206
Feel safe in own home (Q43c)	98%	1,205
Feel safe using public transport (Q43a)	92%	1,144
Feel safe walking alone even after dark (Q43b)	62%	1,174

One in 14 (7%) respondents felt isolated from family and friends. Those more likely to feel isolated from family and friends were those with no qualifications, those who received all income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those with a limiting condition or illness, smokers and those exposed to second hand smoke.

Four in five (78%) respondents agreed that they belonged to the local area. Those less likely to feel that they belonged to the local area were those aged under 25, those who felt isolated from family/friends, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score and those who were exposed to second hand smoke.

Just under three in five (56%) respondents felt they were valued as members of the community. Those less likely to feel valued members of the community were those aged under 25, those in the most deprived areas, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption, those exposed to second hand smoke and those with a limiting condition or illness.

Two in three (65%) respondents agreed that by working together local people could influence the decisions that affect their neighbourhood. Those less likely to agree with this were those aged under 25, those who felt isolated from family/friends, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those exposed to second hand smoke, smokers and those who consumed fewer than five portions of fruit/vegetables per day.

Two in three (64%) identified with a religion. Those less likely to identify with a religion were those aged under 45, those in the least deprived areas, those with qualifications, those who exceeded the recommended weekly limit for alcohol consumption, those exposed to second hand smoke, those with a positive view of their general health and those with a positive view of their physical wellbeing.

Three percent felt they had been treated offensively in the last three months. Those more likely to feel they had been treated offensively were those aged under 25, those exhibiting factors associated with social exclusion, those with a high GHQ12 score and those with a limiting condition or illness.

Most (98%) respondents felt safe in their own home. Those less likely to feel safe in their home were those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness and smokers.

More than nine in ten (92%) respondents felt safe using public transport in their local area. Those less likely to feel safe using public transport were those aged 75 or over, those who received all income from benefits, those who felt isolated from family/friends, those with a high GHQ12 score and those with a limiting condition or illness.

Three in five (62%) respondents felt safe walking alone in their local area even after dark. Those less likely to feel safe walking alone were older respondents, women, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness and those with a high GHQ12 score.

5.2 Social Connectedness

Isolation from Family and Friends

One in 15 (7%) said they ever felt isolated from family and friends.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel isolated from family and friends (7% South West Glasgow; 10% NHSGGC).

Those with no qualifications were more likely to feel isolated from family and friends.

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

	Feel Isolated	Unweighted base (n)
At least one qualification	5%	811
No qualifications	10%	392

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

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

	Feel Isolated	Unweighted base (n)
All income from benefits	14%	345
Not in control of decisions affecting daily life, or only 'to some extent'	14%	369

Those with positive views of their health, physical and mental wellbeing and quality of life were less likely to feel isolated from family and friends. Those more likely to feel isolated were those with a high GHQ12 score, those with a limiting condition or illness, smokers and those exposed to second hand smoke.

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

	Feel Isolated	Unweighted base (n)		Feel Isolated	Unweighted base (n)
Positive view of general health	4%	835	High GHQ12 Score	23%	159
Positive view of physical wellbeing	4%	938	Limiting condition or illness	14%	342
Positive view of mental/emotional wellbeing	3%	1,005	Exposed to second hand smoke	10%	493
Positive view of quality of life	4%	1,030	Current smoker	11%	394

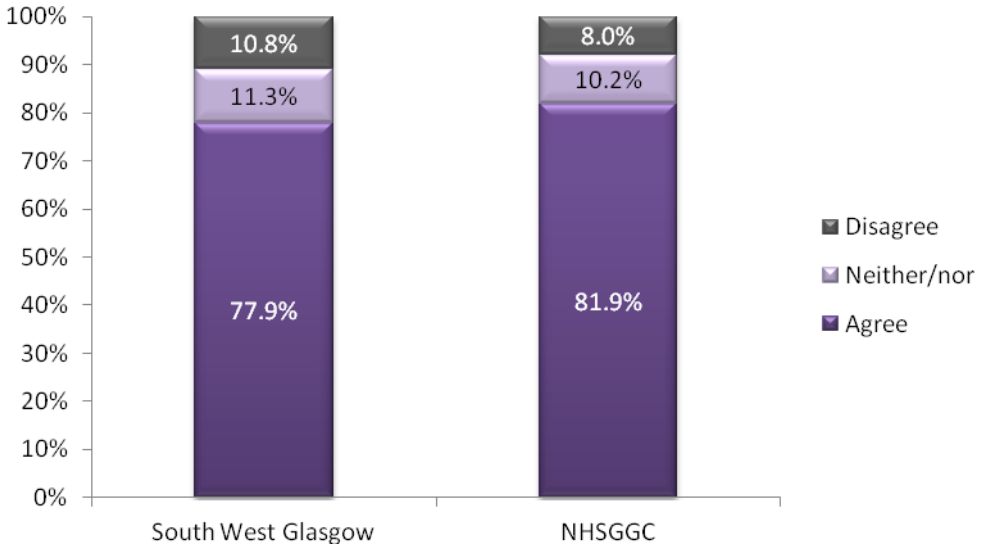
Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". Four in five (78%) respondents agreed with this statement (19% strongly agreed and 59% agreed), 11% disagreed and 11% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in South West Glasgow were less likely to agree that they felt they belonged to their local area (78% South West Glasgow; 82% NHSGGC).

Figure 5.1: Belong to the Local Area (Q40b) - South West Glasgow & NHS Greater Glasgow & Clyde



The likelihood of agreeing that they belonged to the local area increased with age - ranging from 61% of 16-24 year olds to 94% of those aged 75 or over. This is shown in Table 5.5.

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

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Age:				
16-24	61%	10%	29%	93
25-34	72%	13%	15%	193
35-44	78%	13%	10%	179
45-54	80%	13%	7%	189
55-64	85%	13%	2%	170
65-74	89%	5%	5%	202
75+	94%	5%	1%	173
Men 16-44	70%	15%	15%	196
Women 16-44	72%	9%	19%	269
Men 45-64	81%	14%	5%	163
Women 45-64	83%	13%	5%	196
Men 65+	90%	5%	5%	146
Women 65+	93%	4%	3%	229
All	78%	11%	11%	1,201

Those who felt isolated from family and friends and particularly those who did not definitely feel in control of the decisions affecting their life were less likely to feel that they belonged to their local area.

Table 5.6: Belong to the Local Area (Q40b) by Factors Associated with Social Exclusion

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Feel isolated from friends/family	49%	18%	33%	94
Not in control of decisions affecting daily life, or only 'to some extent'	73%	15%	12%	368

For health and wellbeing measures, those less likely to feel that they belonged to the local area were those with a high GHQ12 score and those exposed to second hand smoke.

Table 5.7: Belong to the Local Area (Q40b) by Health and Wellbeing Measures

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Positive view of mental/emotional wellbeing	80%	11%	10%	1,002
Positive view of quality of life	79%	11%	10%	1,026
High GHQ12 Score	63%	11%	26%	159
Second hand smoke	74%	14%	12%	491

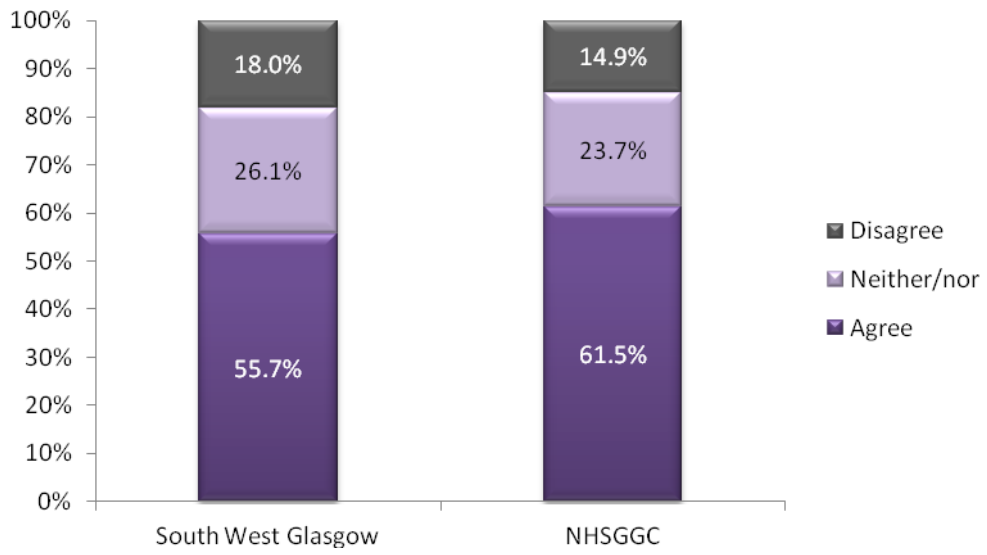
Feeling Valued as a Member of the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel valued as a member of my community". Just over half (56%) agreed with this statement (12% strongly agreed and 44% agreed); 18% disagreed and 26% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to agree that they felt valued as a member of their community (56% South West Glasgow; 61% NHSGGC).

Figure 5.2: Feel Valued as a Member of the Community (Q40d) - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged under 25 were the least likely to feel they were valued as a member of the community and those aged 75 or over were the most likely. Among those aged 45 or over, women were more likely than men to say they felt valued as a member of the community. This is shown in Table 5.8.

Table 5.8: Feel Valued as a Member of the Community (Q40d) by Age and Gender

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Age:				
16-24	35%	19%	46%	89
25-34	59%	27%	14%	192
35-44	53%	33%	14%	178
45-54	57%	26%	17%	187
55-64	60%	28%	12%	167
65-74	65%	24%	11%	201
75+	72%	20%	8%	175
Men 16-44	51%	26%	23%	192
Women 16-44	50%	28%	23%	267
Men 45-64	56%	32%	13%	161
Women 45-64	61%	23%	16%	193
Men 65+	62%	27%	11%	146
Women 65+	73%	18%	9%	227
All	56%	26%	18%	1,188

Those in the most deprived areas were less likely than those in other areas to agree that they felt valued as members of their community.

Table 5.9: Feel Valued as a Member of the Community (Q40d) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Most deprived 15% datazones	47%	28%	25%	677
Other datazones	62%	25%	13%	511
SIMD quintile				
1 (most deprived)	48%	29%	23%	786
2	54%	30%	17%	199
3	64%	21%	15%	111
4	72%	28%	0%	29
5 (least deprived)	94%	5%	2%	63

Those who exhibited factors associated with social exclusion were less likely to feel valued as a member of their community, as Table 5.10 shows.

Table 5.10: Feel Valued as a Member of the Community (Q40d) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	43%	27%	29%	342
Feel isolated from friends/family	24%	25%	51%	93
Not in control of decisions affecting daily life, or only 'to some extent'	51%	26%	23%	363

Table 5.11 shows that those less likely to feel valued as a member of their community were:

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

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

Table 5.11: Feel Valued as a Member of the Community (Q40d) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	57%	26%	16%	822
Positive view of physical wellbeing	58%	26%	16%	925
Positive view of mental/emotional wellbeing	59%	26%	15%	991
Positive view of quality of life	59%	26%	15%	1,016
High GHQ12 Score	39%	24%	36%	157
Limiting condition/illness	50%	26%	23%	337
Second hand smoke	47%	30%	22%	487
Current smoker	48%	29%	23%	388
Exceeds weekly alcohol limit	43%	31%	26%	204

Influence in the Neighbourhood

Respondents were asked the extent to which they agreed or disagreed with the statement, "By working together people in my neighbourhood can influence decisions that affect my neighbourhood". In total, two thirds (65%) agreed with this statement (10% strongly agreed and 56% agreed), while 10% disagreed and 25% neither agreed nor disagreed.

Those aged under 25 were the least likely to agree that people in their areas could influence local decisions, while those aged 75 and over were the most likely to agree with this. This is shown in Table 5.12.

Table 5.12: Can Influence Decisions that Affect Neighbourhood (Q40f) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	52%	35%	13%	85
25-34	63%	24%	12%	183
35-44	64%	26%	10%	171
45-54	71%	20%	9%	181
55-64	66%	26%	9%	166
65-74	70%	23%	7%	193
75+	77%	16%	7%	167
All	65%	25%	10%	1,148

Those who did not feel in control of the decisions affecting their life and particularly those who felt isolated from family and friends were less likely to agree that local people could influence local decisions.

Table 5.13: Can Influence Decisions that Affect Neighbourhood (Q40f) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Feel isolated from friends/family	36%	39%	25%	84
Not in control of decisions affecting daily life, or only 'to some extent'	61%	25%	14%	343

Table 5.14 shows that those less likely to agree that local people can influence local decisions were:

- Those with a high GHQ12 score;
- Those exposed to second hand smoke;
- Smokers; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 5.14: Can Influence Decisions that Affect Neighbourhood (Q40f) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of physical wellbeing	67%	24%	8%	891
Positive view of mental/emotional wellbeing	68%	24%	8%	961
Positive view of quality of life	67%	25%	8%	983
High GHQ12 Score	52%	34%	13%	147
Second hand smoke	58%	30%	11%	468
Current smoker	60%	29%	12%	374
Consumes fewer than 5 portions of fruit/veg per day	63%	27%	9%	796

Religious Identity

Just under two in three (64%) respondents identified with a religion.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to identify with a religion (64% South West Glasgow; 61% NHSGGC).

The likelihood of identifying with a religion generally increased with age, with those aged 75 or over being the most likely to identify with a religion. Those aged under 45 were less likely to have a religious identity. Among those aged 65 or over, women were more likely than men to have a religious identity. This is shown in Table 5.15.

Table 5.15: Religious Identity (Q60) by Age and Gender

	Have Religious Identity	Unweighted base (n)
Age:		
16-24	54%	93
25-34	61%	196
35-44	53%	179
45-54	62%	190
55-64	77%	170
65-74	79%	202
75+	88%	172
Men 16-44	59%	198
Women 16-44	53%	270
Men 45-64	65%	163
Women 45-64	71%	197
Men 65+	74%	145
Women 65+	89%	229
All	64%	1,204

Those in the least deprived areas and those with qualifications were less likely to identify with a religion. This is shown in Table 5.16.

Table 5.16: Religious Identity (Q60) by Deprivation and Socio Economic Measures

	Have Religious Identity	Unweighted base (n)
SIMD quintile		
1 (most deprived)	63%	799
2	67%	201
3	72%	112
4	84%	29
5 (least deprived)	42%	63
At least one qualification	62%	811
No qualifications	74%	390

Table 5.17 shows that those less likely to identify with a religion were:

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

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

Table 5.17: Religious Identity (Q60) by Health and Wellbeing Measures

	Have Religious Identity	Unweighted base (n)		Have Religious Identity	Unweighted base (n)
Positive view of general health	61%	834	Exposed to second hand smoke	60%	492
Positive perception of physical health	63%	936	Exceeds weekly alcohol limit	54%	208
Limiting condition or illness	73%	341	Obese	74%	194

Experience of Being Treated Offensively

Respondents were asked whether they had been treated in a way that they felt was offensive during the last three months. In total 3.4% of respondents felt they had been treated offensively.

Those aged under 25 were the most likely to say they had been treated offensively in the last three months.

Table 5.18: Experience of Being Treated Offensively in Last Three Months (Q61) by Age

	Treated Offensively	Unweighted base (n)
Age:		
16-24	8.6%	93
25-34	2.7%	196
35-44	3.6%	179
45-54	3.2%	190
55-64	1.2%	170
65-74	1.8%	202
75+	1.1%	174
All	3.4%	1,206

All three factors associated with social exclusion were associated with a higher likelihood of having been treated offensively in the last three months. In particular, 14% of those who felt isolated from family/friends felt they had been treated offensively.

Table 5.19: Experience of Being Treated Offensively in Last Three Months (Q61) by Factors Associated with Social Exclusion

	Treated Offensively	Unweighted base (n)
All income from benefits	4.7%	345
Feel isolated from family/friends	13.8%	94
Not in control of decisions affecting daily life, or only 'to some extent'	7.1%	369

Those with a high GHQ12 score and those with a limiting condition or illness were more likely to say they had been treated offensively in the last three months. Those with positive views of their mental/emotional wellbeing and quality of life were less likely to feel they had been treated offensively.

Table 5.20: Experience of Being Treated Offensively in Last Three Months (Q61) by Health and Wellbeing Measures

	Treated Offensively	Unweighted base (n)		Treated Offensively	Unweighted base (n)
Positive view of mental/emotional wellbeing	2.3%	1,005	High GHQ12 score	11.5%	159
Positive perception of quality of life	2.6%	1,030	Limiting condition or illness	6.1%	342

Of all those who felt they had been treated offensively (unweighted n=34), the most common types of people/agencies who had treated respondents offensively were:

- Unknown person in a public place (54%);
- Known person in a public place (32%); and
- Close relative (19%).

5.3 Feelings of Safety

Feeling Safe in Own Home

Most people (98%) agreed that they felt safe in their own home (41% strongly agreed and 57% agreed), while less than 1% disagreed and 2% neither agreed nor disagreed.

Table 5.21 shows that those who felt isolated from family and friends and those who did not definitely feel in control of the decisions affecting their life were less likely to feel safe at home.

Table 5.21: Feel Safe in Own Home (Q43c) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Feel isolated from friends/family	86%	10%	4%	94
Not in control of decisions affecting daily life, or only 'to some extent'	93%	5%	2%	369

Those with a positive view of their general health, physical or mental/emotional wellbeing and quality of life were more likely to feel safe at home. Those less likely to feel safe at home were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness; and
- Smokers.

Table 5.22: Feel Safe in Own Home (Q43c) by Health and Wellbeing Measures

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Positive view of general health	99%	1%	<1%	835
Positive view of physical wellbeing	98%	1%	<1%	938
Positive view of mental/emotional wellbeing	98%	1%	<1%	1,005
Positive view of quality of life	98%	1%	<1%	1,030
High GHQ12 score	92%	5%	2%	159
Limiting condition/illness	95%	3%	2%	341
Current smoker	96%	4%	1%	393

Feeling Safe Using Public Transport

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". More than nine in ten (92%) agreed with this (28% strongly agreed and 64% agreed), while 4% disagreed and 5% neither agreed nor disagreed.

Those aged 75 and over were the least likely to say that they felt safe using public transport in their local area.

Table 5.23: Feel Safe Using Public Transport (Q43a) by Age and Gender

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Age:				
16-24	92%	7%	1%	91
25-34	94%	3%	4%	182
35-44	92%	7%	1%	173
45-54	90%	4%	6%	176
55-64	94%	3%	3%	161
65-74	91%	8%	2%	197
75+	87%	4%	10%	162
Men 16-44	94%	4%	2%	186
Women 16-44	91%	7%	2%	260
Men 45-64	93%	5%	3%	152
Women 45-64	92%	1%	7%	185
Men 65+	91%	6%	3%	140
Women 65+	87%	5%	7%	219
All	92%	5%	4%	1,144

Table 5.24 shows that those who felt isolated from family and friends and those who received all income from benefits were less likely to feel safe on public transport.

Table 5.24: Feel Safe Using Public Transport (Q43a) by Factors Associated with Social Exclusion

	Agree	Neither / Nor	Disagree	Unweighted base (n)
All income from benefits	89%	4%	7%	331
Feel isolated from friends/family	79%	12%	9%	88

Table 5.25 shows that for health and wellbeing measures, those less likely to feel safe using public transport were those with a high GHQ12 score and those with a limiting condition or illness.

Those more likely to feel safe using public transport were those with a positive view of their general health, physical wellbeing and quality of life and those who exceeded the recommended weekly limit for alcohol consumption.

Table 5.25: Feel Safe Using Public Transport (Q43a) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	94%	4%	2%	
Positive view of physical wellbeing	94%	4%	3%	
Positive view of quality of life	93%	5%	3%	
High GHQ12 Score	82%	7%	11%	
Limiting condition/illness	87%	6%	7%	
Exceeds weekly alcohol limit	96%	2%	2%	

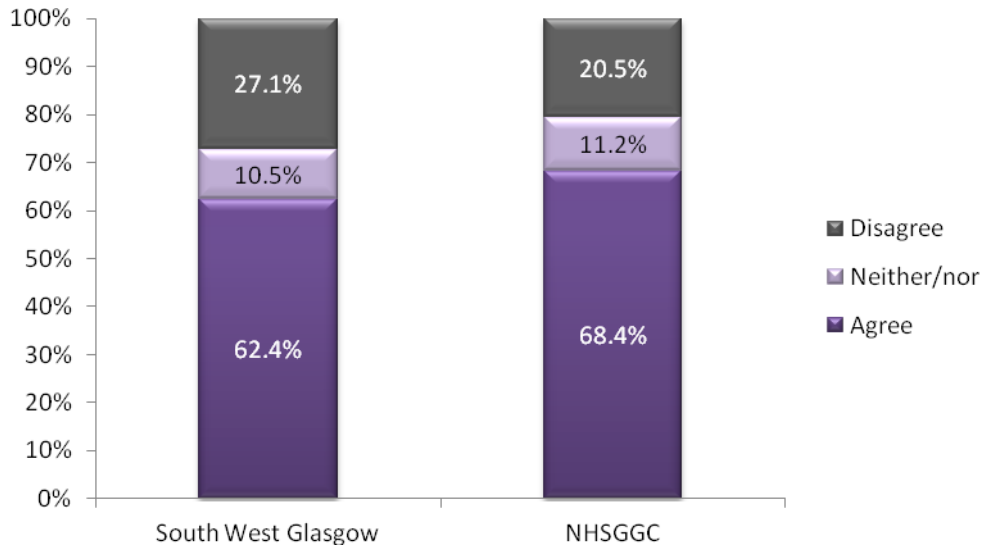
Feeling Safe Walking Alone in Local Area Even After Dark

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe walking alone around this local area even after dark". In total 62% agreed with this statement (17% strongly agreed and 45% agreed), 27% disagreed and 10% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel safe walking alone in their area even after dark (62% South West Glasgow; 68% NHS Greater Glasgow & Clyde).

Figure 5.3: Feel Safe Walking Alone Even After Dark (Q43b) - South West Glasgow & NHS Greater Glasgow & Clyde



Older respondents were less likely to feel safe walking alone in their neighbourhood after dark, and women were less likely than men to feel safe walking alone (74% of men compared to 51% of women felt safe). This is shown in Table 5.26.

Table 5.26: Feel Safe Walking Alone Even After Dark (Q43b) by Age and Gender

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Age:				
16-24	71%	11%	18%	93
25-34	75%	7%	19%	196
35-44	65%	13%	22%	179
45-54	64%	12%	25%	187
55-64	63%	7%	31%	163
65-74	37%	16%	47%	195
75+	32%	11%	57%	160
Men	74%	8%	18%	498
Women	51%	13%	36%	676
Men 16-44	77%	8%	15%	198
Women 16-44	63%	13%	24%	270
Men 45-64	78%	7%	15%	159
Women 45-64	49%	12%	39%	191
Men 65+	51%	12%	37%	141
Women 65+	22%	15%	63%	214
All	62%	10%	27%	1,174

Table 5.27 shows that those in the most deprived areas were less likely to feel safe walking alone in their area after. Also, those with no qualifications were less likely to feel safe walking alone after dark.

Table 5.27: Feel Safe Walking Alone Even After Dark (Q43b) by Deprivation and Socio Economic Measures

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	58%	12%	30%	673
Other datazones	65%	10%	25%	501
At least one qualification	67%	10%	22%	799
No qualifications	45%	11%	44%	372

Those who exhibited factors associated with social exclusion were less likely to say that they felt safe when walking alone in the local area even after dark.

Table 5.28: Feel Safe Walking Alone Even After Dark (Q43b) by Factors Associated with Social Exclusion

	Agree	Neither / Nor	Disagree	Unweighted base (n)
All income from benefits	53%	9%	38%	337
Feel isolated from family/friends	52%	6%	42%	92
Not in control of decisions affecting daily life, or only 'to some extent'	49%	14%	37%	358

Those who exceeded the recommended weekly alcohol limit and those exposed to second hand smoke were more likely to feel safe walking alone after dark. Positive views of health, wellbeing and quality or life were also associated with a higher likelihood of feeling safe walking alone after dark.

Those with a limiting condition or illness and those with a high GHQ12 score were less likely to feel safe walking alone even after dark.

Table 5.29: Feel Safe Walking Alone Even After Dark (Q43b) by Health and Wellbeing Measures

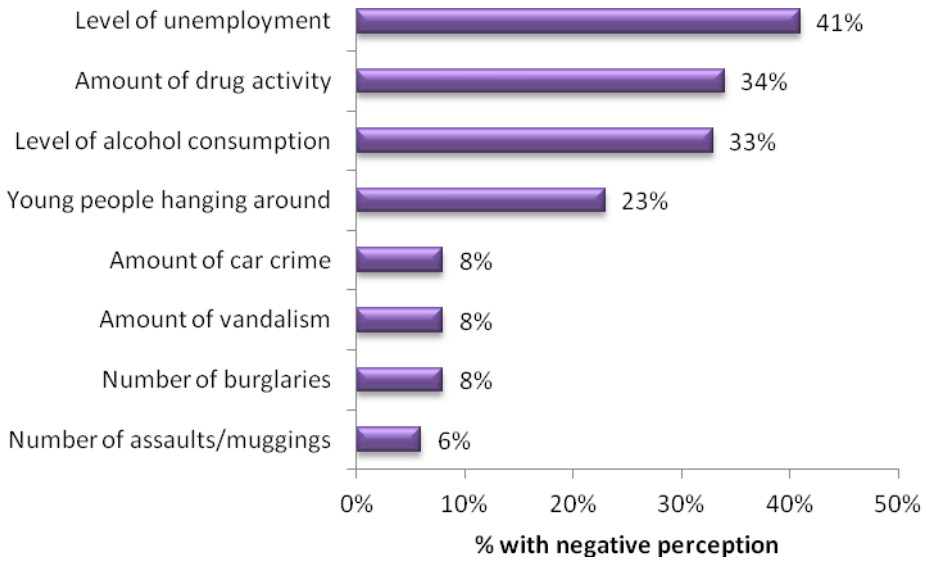
	Agree	Neither / Nor	Disagree	Unweighted base (n)
Positive view of general health	67%	11%	23%	822
Positive view of physical wellbeing	65%	11%	24%	920
Positive view of mental/emotional wellbeing	64%	11%	25%	980
Positive view of quality of life	64%	10%	25%	1,008
High GHQ12 Score	58%	5%	37%	151
Limiting condition/illness	51%	6%	43%	319
Exposed to second hand smoke	67%	10%	24%	487
Exceeds weekly alcohol limit	72%	13%	14%	207

5.4 Social Issues in the Local Area

Using the 'faces' scale (see Section 2.2 of this report for a full explanation of the scale), respondent were asked to indicate how they felt about a range of perceived social problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The social issues which most frequently caused concern were the level of unemployment, the amount of drug activity and the level of alcohol consumption.

Figure 5.4: Negative Perception of Social Issues in the Local Area (Q38a-h)



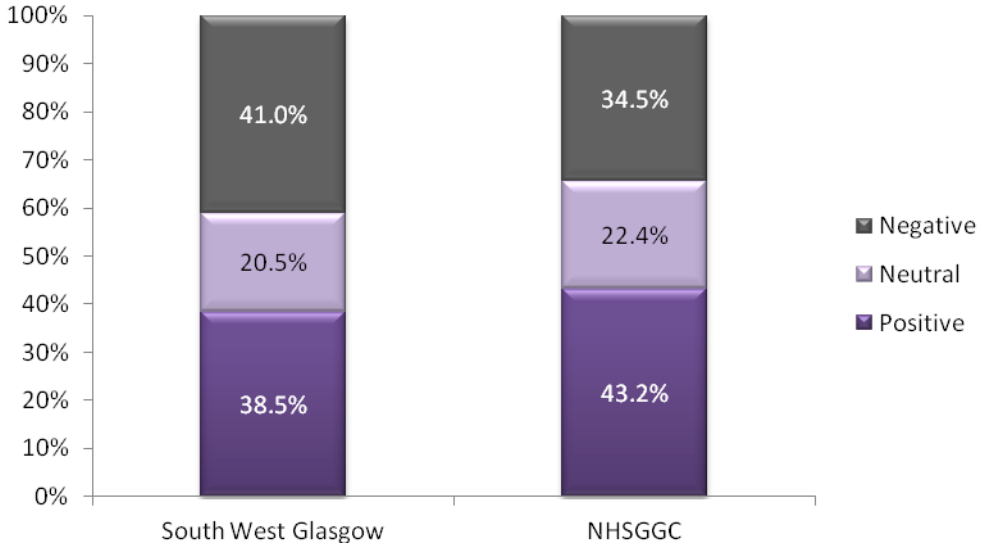
Level of Unemployment

Two in five (41%) respondents had a negative perception of the level of unemployment in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area to have a negative perception of the level of unemployment in their area (41% South West Glasgow; 34% NHS Greater Glasgow & Clyde).

Figure 5.5: Perception of Level of Unemployment (Q38a) - South West Glasgow and NHS Greater Glasgow & Clyde



Those in the most deprived areas were the most likely to have a negative perception of the level of unemployment while those in the least deprived areas were the least likely to have a negative perception. Those with no qualifications were more likely to have a negative perception of unemployment levels.

Table 5.30: Negative Perception of Level of Unemployment (Q38a) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	49%	614
Other datazones	34%	386
SIMD quintile		
1 (most deprived)	50%	703
2	30%	145
3	30%	86
4	17%	23
5 (least deprived)	12%	43
At least one qualification	37%	686
No qualifications	55%	313

Those who received all household income from benefits were more likely to have a negative perception of the level of unemployment in their area.

Table 5.31: Negative Perception of Level of Unemployment (Q38a) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	63%	280

For health and wellbeing measures, those more likely to be concerned about levels of unemployment were:

- Smokers; and
- Those exposed to second hand smoke.

Those with positive views of their physical or mental/emotional wellbeing or quality of life were less likely to be concerned about levels of unemployment.

Table 5.32: Negative Perception of Level of Unemployment (Q38a) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	39%	785	Second hand smoke	48%	435
Positive view of mental/emotional wellbeing	38%	839	Current smoker	48%	347
Positive view of quality of life	38%	857			

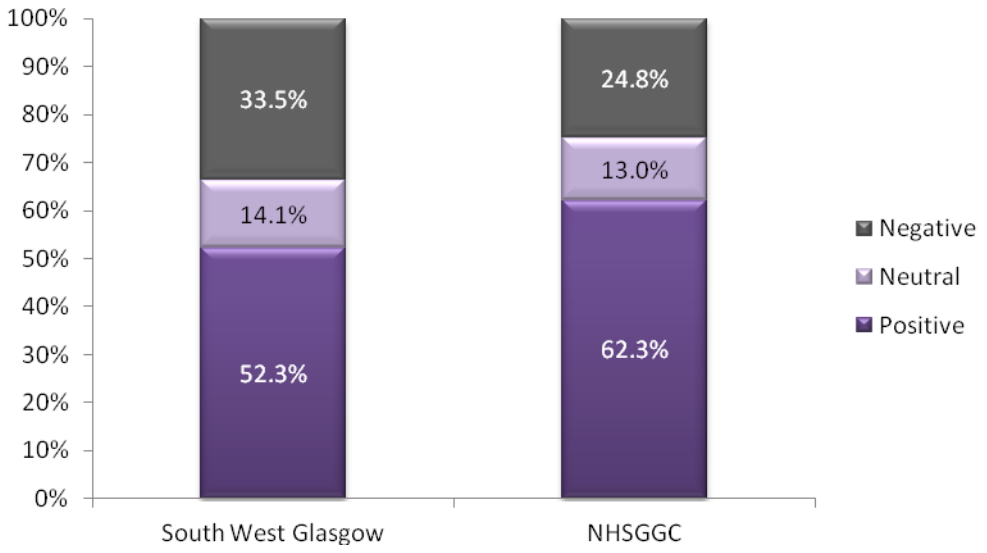
Amount of Drug Activity

One in three (34%) respondents gave a negative perception of the amount of drug activity in their local area.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the amount of drug activity in their area (34% South West Glasgow; 25% NHS Greater Glasgow & Clyde).

Figure 5.6 Perception of Amount of Drug Activity (Q38e) - South West Glasgow & NHS Greater Glasgow & Clyde



Those in the most deprived areas were much more likely than those in other areas to have a negative perception of the amount of drug activity in their area. Also, those with no qualifications were more likely to be concerned about drug activity.

Table 5.33: Negative Perception of Amount of Drug Activity (Q38e) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	44%	619
Other datazones	25%	408
SIMD quintile		
1 (most deprived)	44%	709
2	28%	159
3	23%	93
4	0%	19
5 (least deprived)	2%	47
At least one qualification	31%	700
No qualifications	41%	326

Those who received all household income from benefits and those who felt isolated from family and friends were more likely to be concerned about drug activity in their area.

Table 5.34: Negative Perception of Amount of Drug Activity (Q38e) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	50%	304
Feel isolated from family/friends	51%	82

Table 5.35 shows that for health and wellbeing measures, those more likely to be concerned about the amount of drug activity in their area were:

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

Those with positive views of their physical and mental/emotional wellbeing and quality of life were less likely to have a negative view of the amount of drug activity in their area.

Table 5.35: Negative Perception of Amount of Drug Activity (Q38e) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	32%	801	Limiting condition/illness	40%	283
Positive view of mental/emotional wellbeing	30%	855	Second hand smoke	38%	447
Positive view of quality of life	30%	871	Current smoker	41%	360
High GHQ12 score	41%	135	Exceeds weekly alcohol limit	41%	183

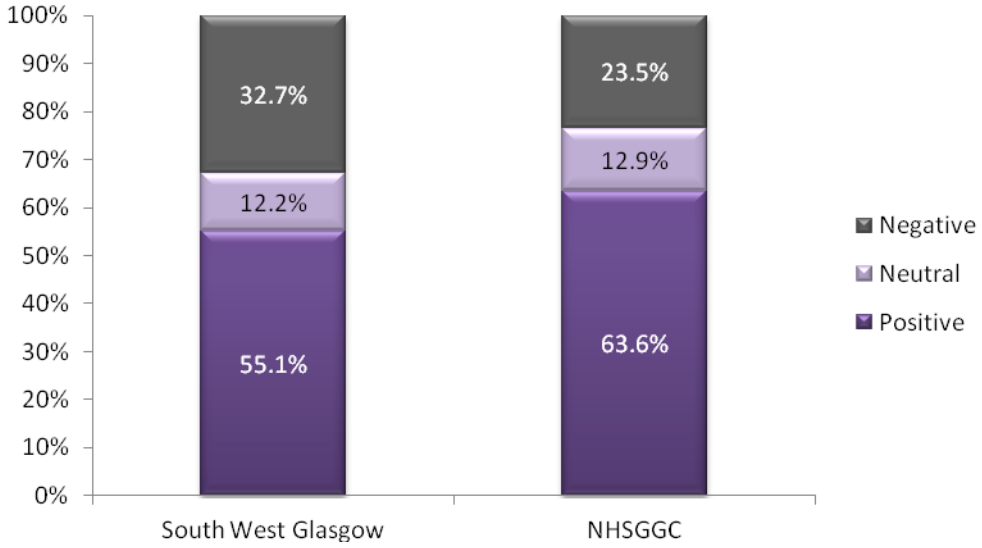
Level of Alcohol Consumption

One in three (33%) respondents gave a negative perception of the level of alcohol consumption in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area to be concerned about the amount of alcohol consumption in their area (33% South West Glasgow; 24% NHS Greater Glasgow & Clyde).

Figure 5.7: Perception of Level of Alcohol Consumption - South West Glasgow and NHS Greater Glasgow & Clyde



Those in the most deprived areas were much more likely than those in other areas to have a negative perception of the level of alcohol consumption in their area. Those with no qualifications were more likely to be concerned about alcohol consumption than those who had qualifications.

Table 5.36: Negative Perception of Level of Alcohol Consumption (Q38f) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	44%	625
Other datazones	24%	419
SIMD quintile		
1 (most deprived)	43%	719
2	28%	163
3	21%	92
4	6%	20
5 (least deprived)	2%	50
At least one qualification	31%	709
No qualifications	40%	333

Those who received all income from benefits and those who felt isolated were more likely to be concerned about the level of alcohol consumption in the local area.

Table 5.37: Negative Perception of Level of Alcohol Consumption (Q38f) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	50%	305
Feel isolated from family/friends	46%	84

Those with positive views of their physical and mental/emotional wellbeing and quality of life and those who consumed fewer than five portions of fruit/vegetables per day were less likely to be concerned about the level of alcohol consumption in their area. Smokers and those with a limiting condition/illness were more likely to be concerned about the level of alcohol consumption.

Table 5.38: Negative Perception of Level of Alcohol Consumption (Q38f) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	31%	817	Limiting condition/illness	38%	284
Positive view of mental/emotional wellbeing	30%	870	Current smoker	38%	452
Positive view of quality of life	29%	886	Consumes fewer than 5 portions of fruit/veg per day	30%	728

Young People Hanging Around

One in four (23%) respondents had a negative perception of young people hanging around in their local area.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of young people hanging around in their area (23% South West Glasgow; 17% NHS Greater Glasgow & Clyde).

Figure 5.8: Perception of Young People Hanging Around (Q38g) - South West Glasgow and NHS Greater Glasgow & Clyde

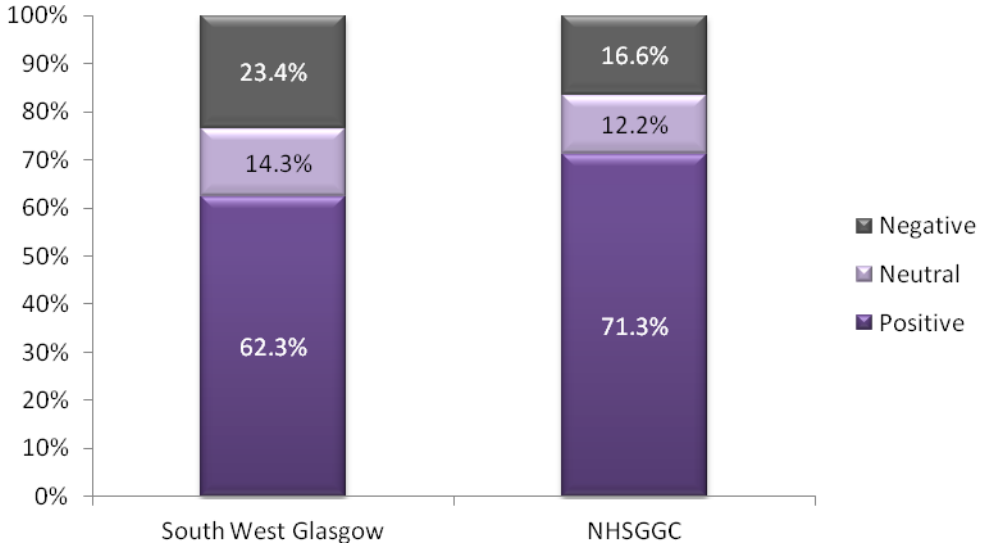


Table 5.39 shows that those in the most deprived areas were much more likely than others to have a negative perception of young people hanging around in their area.

Table 5.39: Negative Perception of Young People Hanging Around (Q38g) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	36%	674
Other datazones	14%	485
SIMD quintile		
1 (most deprived)	34%	781
2	14%	181
3	16%	107
4	10%	26
5 (least deprived)	2%	64

Table 5.40 shows that those who received all household income from benefits and those who felt isolated from family/friends were more likely to have a negative perception of young people hanging around in the local area.

Table 5.40: Negative Perception of Young People Hanging Around (Q38g) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	35%	329
Feel isolated from family/friends	35%	89

Smokers were more likely to be concerned about young people hanging around in their local area.

Those who had positive views of their mental/emotional wellbeing or quality of life were less likely to be concerned about young people hanging around.

Table 5.41: Negative Perception of Young People Hanging Around (Q38g) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of mental/emotional wellbeing	22%	973	Current smoker	27%	381
Positive view of quality of life	21%	993			

Amount of Car Crime

One in 12 (8%) respondents gave a negative perception of the amount of car crime in their area.

Those who felt isolated from family/friends and those who did not definitely feel in control of the decisions affecting their life were more likely to be concerned about their amount of car crime in their area.

Table 5.42: Negative Perception of Amount of Car Crime (Q38h) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
Feel isolated from family/friends	25%	66
Not in control of decisions affecting daily life, or only 'to some extent'	12%	293

For health and wellbeing measures, those who were more likely to be concerned about the amount of local car crime were those with a high GHQ12 score, those with a limiting condition or illness and smokers. Those with positive views of their health and wellbeing were less likely to be concerned about car crime.

Table 5.43: Negative Perception of Amount of Car Crime (Q38h) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	6%	720	High GHQ12 score	20%	116
Positive view of physical wellbeing	6%	815	Limiting condition/illness	14%	275
Positive view of mental/emotional wellbeing	6%	874	Current smoker	11%	428

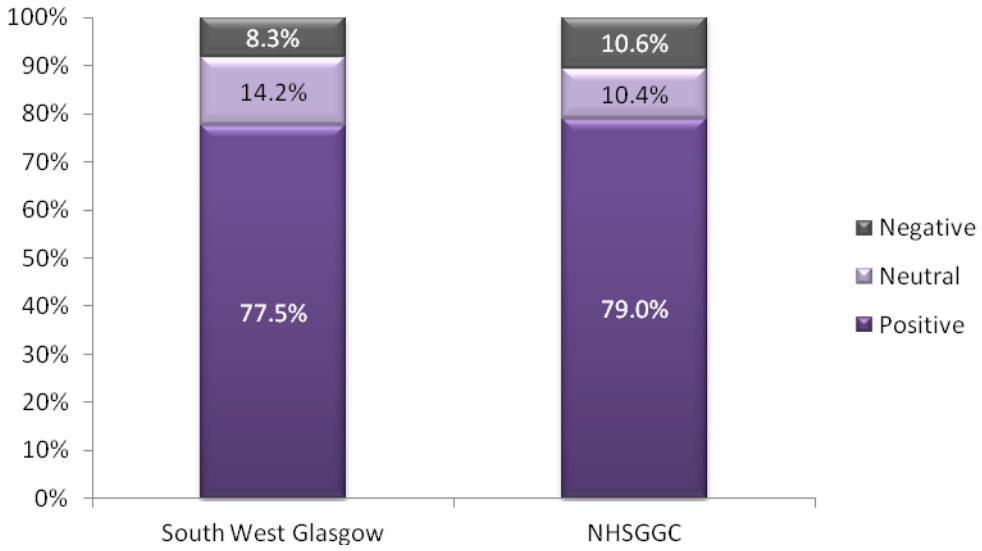
Amount of Vandalism

Eight percent of respondents gave a negative perception of the amount of vandalism in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of vandalism in their area (8% South West Glasgow; 11% NHS Greater Glasgow & Clyde).

Figure 5.9: Perception of Amount of Vandalism (Q38g) - South West Glasgow and NHS Greater Glasgow & Clyde



Those in the most deprived areas were more likely to have a negative perception of the amount of vandalism in their area. This is shown in Table 5.44.

Table 5.44: Negative Perception of Amount of Vandalism (Q38g) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	11%	666
Other datazones	6%	484
SIMD quintile		
1 (most deprived)	12%	771
2	4%	183
3	4%	106
4	0%	27
5 (least deprived)	2%	63

Table 5.45 shows that those who exhibited factors associated with social exclusion were more likely to have a negative perception of the amount of vandalism in their area.

Table 5.45: Negative Perception of Amount of Vandalism (Q38g) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	13%	322
Feel isolated from family/friends	24%	85
Not in control of decisions affecting daily life, or only 'to some extent'	14%	346

Those who exceeded the recommended weekly limit for alcohol consumption and those who were exposed to second hand smoke were more likely to have a negative perception of vandalism in their area. Those with positive views of their physical or mental/emotional wellbeing or quality of life were less likely to have a negative perception of vandalism in their area.

Table 5.46: Negative Perception of Amount of Vandalism (Q38g) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	7%	906	Exposed to second hand smoke	11%	476
Positive view of mental/emotional wellbeing	7%	970	Exceeds weekly alcohol limit	12%	201
Positive view of quality of life	7%	989			

Number of Burglaries

Eight percent of respondents expressed a negative perception of the number of burglaries in their area.

Overall, those in the most deprived areas were less likely to be concerned about the number of burglaries than those in other areas. However, those in the least deprived areas were the least likely to be concerned about burglaries and those in the third SIMD quintile were the most likely to be concerned about burglaries. This is shown in Table 5.47.

Table 5.47: Negative Perception of Number of Burglaries (Q38b) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	6%	624
Other datazones	10%	440
SIMD quintile		
1 (most deprived)	6%	720
2	11%	162
3	15%	101
4	5%	26
5 (least deprived)	2%	55

Those who felt isolated from family and friends were more likely to have a negative perception of burglaries in their area.

Table 5.48: Negative Perception of Number of Burglaries (Q38b) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
Feel isolated from friends/family	25%	74

For health and wellbeing measures, those more likely to be concerned about the number of burglaries in their area were:

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

Table 5.49: Negative Perception of Number of Burglaries (Q38b) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	6%	740	High GHQ12 score	17%	131
Positive view of physical wellbeing	6%	838	Limiting condition or illness	15%	294
Positive view of mental/emotional wellbeing	6%	896	Second hand smoke	10%	442
Positive view of quality of life	7%	918	Obese	14%	170

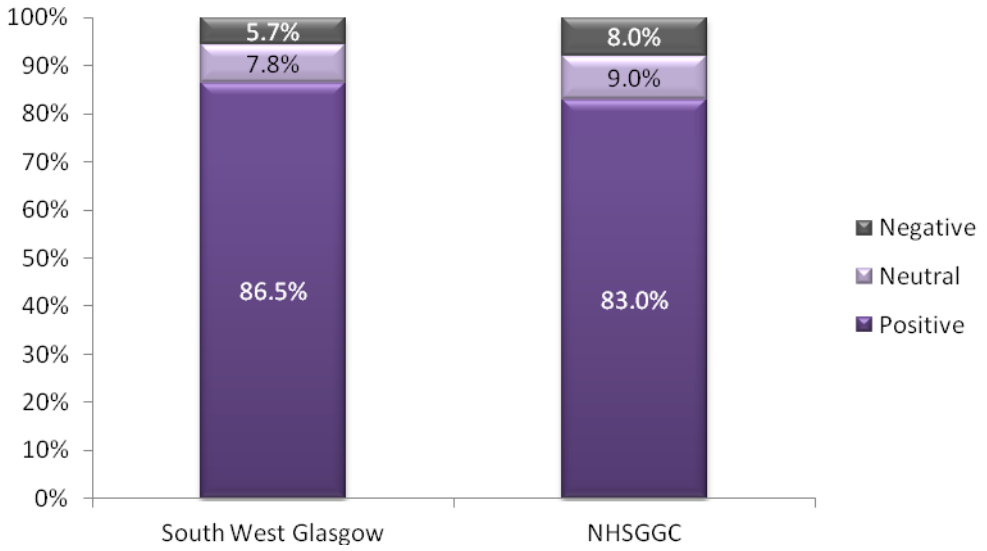
Number of Assaults / Muggings

Six percent of respondents had a negative perception of the number of assaults/muggings in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the number of assaults/muggings in their area (6% South West Glasgow; 8% NHSGGC).

Figure 5.10: Perception of Number of Assaults/Muggings (Q38d) - South West Glasgow and NHS Greater Glasgow & Clyde



Those in the most deprived areas and those with no qualifications were the most likely to have negative perception in the number of assaults/muggings in their local area. This is shown in Table 5.50.

Table 5.50: Negative Perception of Number of Assaults/Muggings (Q38d) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	8%	627
Other datazones	4%	461
SIMD quintile		
1 (most deprived)	9%	722
2	2%	177
3	4%	104
4	0%	25
5 (least deprived)	0%	60
At least one qualification	5%	733
No qualifications	9%	353

All three factors associated with social exclusion were associated with a higher likelihood of giving a negative perception of the number of assaults/muggings in the local area.

Table 5.51: Negative Perception of Number of Assaults/Muggings (Q38d) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	11%	301
Feel isolated from friends/family	16%	75
Not in control of decisions affecting daily life, or only 'to some extent'	10%	329

For health and wellbeing measures, those more likely to have a negative perception of the number of assaults/muggings in their area were:

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

Those with positive views of their health, wellbeing and quality of life were less likely to have negative views of the number of assaults/muggings in their area.

Table 5.52: Negative Perception of Number of Assaults/Muggings (Q38d) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	4%	753	Limiting condition or illness	8%	307
Positive view of physical wellbeing	4%	857	Exposed to second hand smoke	9%	452
Positive view of mental/emotional wellbeing	4%	917	Current smoker	8%	357
Positive view of quality of life	4%	936	Obese	10%	173

5.5 Environmental Issues in the Local Area

Again using the 'faces' scale (see Section 2.2 of this report for a full explanation of the scale), respondent were asked to indicate how they felt about a range of perceived environmental problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The environmental issues which most frequently caused concern were the availability of safe places to play (29%), the amount of dogs dirt (27%) and the availability of pleasant places to walk (27%).

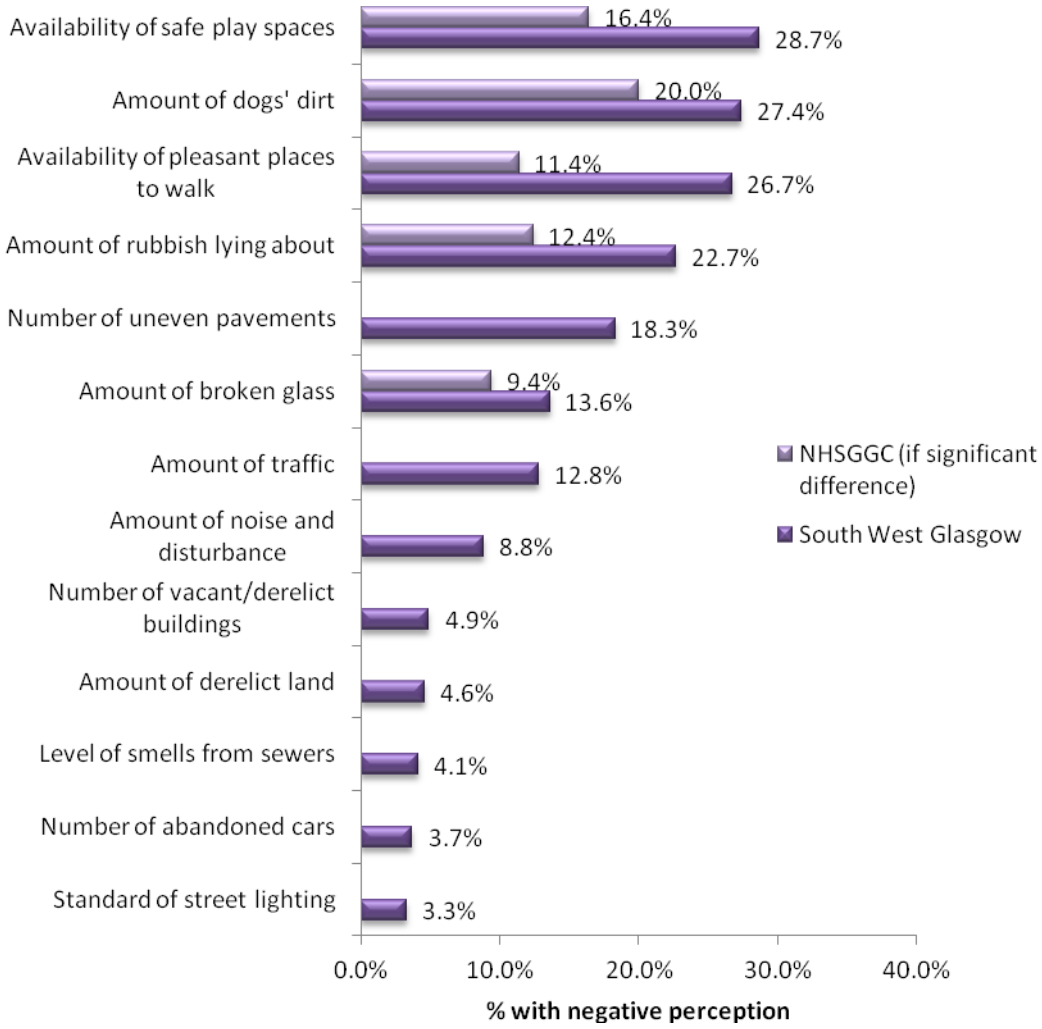
Comparison with NHS Greater Glasgow & Clyde

Figure 5.11 shows the proportion of respondents in South West Glasgow who gave a negative perception of each environmental issue and, where there is a significant

difference, the proportion in the NHS Greater Glasgow & Clyde area who gave a negative perception.
Compared to those in the NHSGGC area as a whole, those in South West Glasgow were more likely to give a negative perception of:

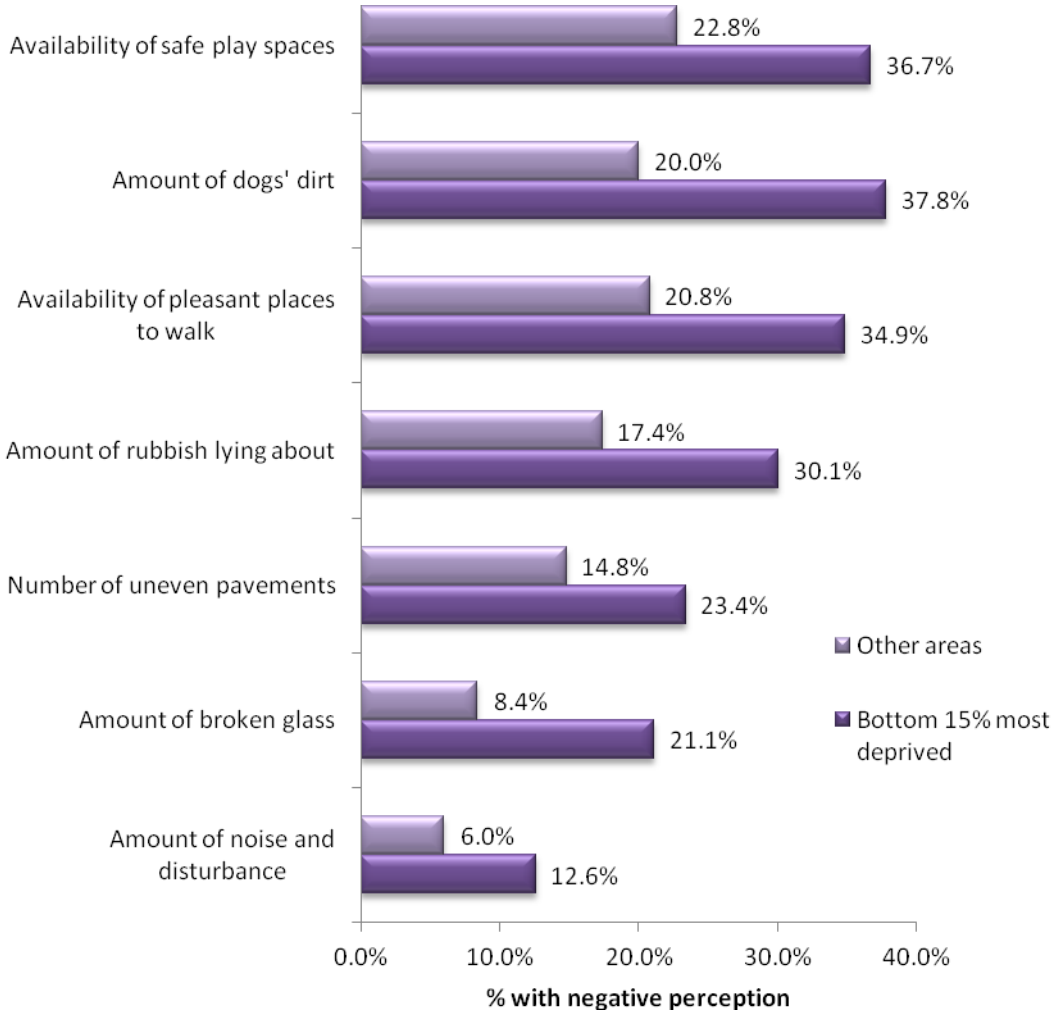
- The availability of safe play spaces;
- The amount of dogs' dirt;
- The availability of pleasant places to walk;
- The amount of rubbish lying about; and
- The amount of broken glass.

Figure 5.11: Negative Perception of Environmental Issues in the Local Area (Q39a-m) - South West Glasgow and NHS Greater Glasgow & Clyde



For seven of the thirteen environmental issue, those in the most deprived areas were more likely than those in other areas to have a negative perception. This is shown in Figure 5.12.

Figure 5.12: Negative Perception of Environmental Issues in the Local Area (Q39a-m) - Bottom 15% Most Deprived Areas and Other Areas

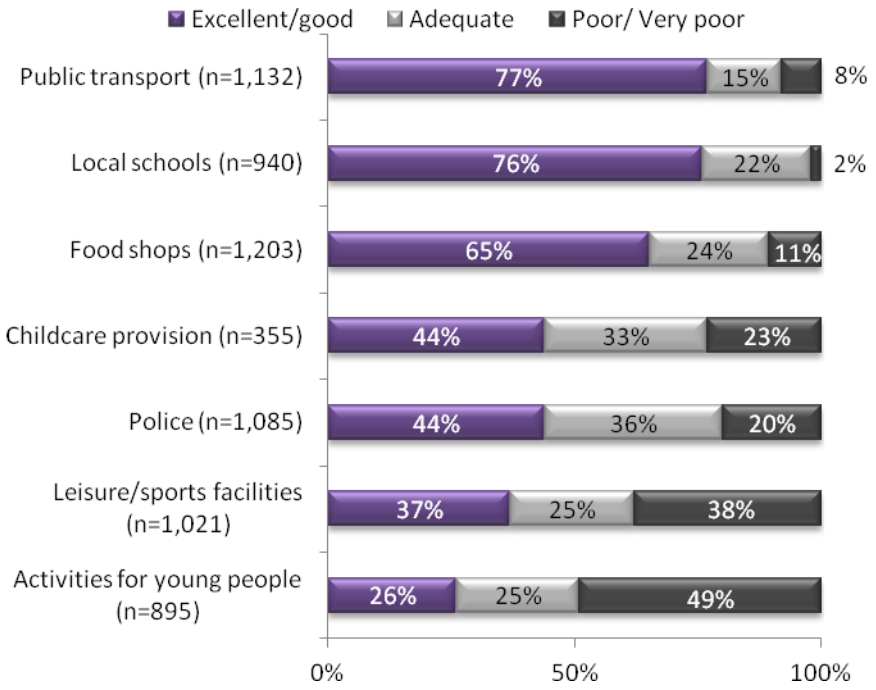


5.6 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.16 shows the responses to each type of service. The number of respondents answering 'don't know' varied for different types of service reflecting the level of use. 'Don't know' responses have been excluded from analysis, and Figure 5.13 shows the number of respondents who gave a rating response for each service.

The services for which the largest proportion of respondents gave a positive rating were public transport and local schools. Activities for young people had the fewest proportion of respondents giving a positive rating.

Figure 5.13: Perceived Quality of Local Services



Public Transport

Three in four (77%) respondents rated public transport positively, while 15% said it was adequate and 8% considered it poor.

Those aged 25-44 were the most likely to rate public transport positively. Women were more likely than men to say that local public transport was poor.

Table 5.53: Perceived Quality of Public Transport (Q42c) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	78%	17%	5%	90
25-34	82%	9%	10%	186
35-44	80%	14%	7%	169
45-54	74%	18%	8%	168
55-64	72%	22%	6%	162
65-74	78%	9%	12%	194
75+	74%	18%	7%	161
Gender:				
Men	78%	16%	6%	472
Women	76%	14%	10%	660
Men 16-44	82%	13%	6%	186
Women 16-45	79%	12%	9%	259
Men 45-64	75%	21%	4%	147
Women 45-64	72%	18%	11%	183
Men 65+	76%	15%	9%	139
Women 65+	76%	12%	12%	216
All	77%	15%	8%	1,132

Those in the third SIMD quintile were the least likely to rate local public transport positively and those in the least deprived quintile were the most likely to rate public transport positively. This is shown in Table 5.54.

Table 5.54: Perceived Quality of Public Transport (Q42c) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
SIMD quintile				
1 (most deprived)	79%	15%	6%	774
2	81%	9%	10%	183
3	63%	25%	12%	99
4	73%	19%	8%	24
5 (least deprived)	91%	6%	3%	52

Table 5.55 shows that those who felt isolated were less likely to rate public transport positively.

Table 5.55: Perceived Quality of Public Transport (Q42c) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Feel isolated from friends/family	64%	25%	12%	88

For health and wellbeing measures, those less likely to have a positive view of local public transport were those with a high GHQ12 score and those with a limiting condition or illness. Those with a positive view of their general health and physical wellbeing were more likely to rate local public transport positively.

Table 5.56: Perceived Quality of Public Transport (Q42c) by Health and Wellbeing Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Positive view of general health	80%	13%	7%	794
Positive view of mental/emotional wellbeing	79%	14%	7%	944
High GHQ12 score	65%	22%	13%	146
Limiting condition/illness	69%	22%	9%	313

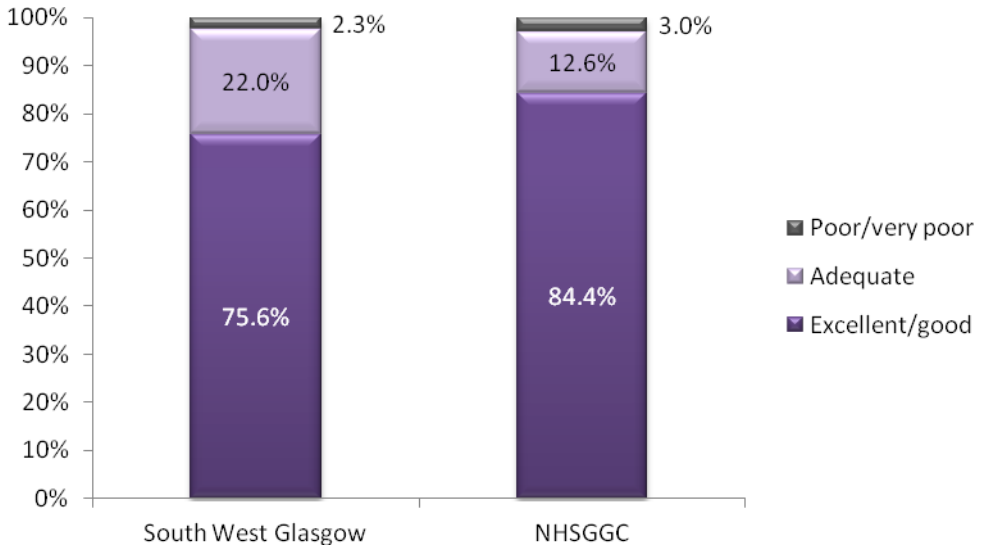
Local Schools

Three in four (76%) respondents rated local schools positively, with a further 22% saying they were adequate and 2% saying they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local schools positively (76% South West Glasgow; 84% NHSGGC).

Figure 5.14: Perceived Quality of Local Schools (Q42b) - South West Glasgow and NHS Greater Glasgow & Clyde



Those in the youngest age group were less likely to rate local schools positively.

Table 5.57: Perceived Quality of Local Schools (Q42b) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	56%	44%	1%	72
25-34	84%	15%	1%	159
35-44	79%	18%	3%	150
45-54	78%	20%	2%	161
55-64	78%	17%	5%	133
65-74	73%	24%	4%	155
75+	76%	20%	4%	108
All	76%	22%	2%	940

Those in the least deprived quintile were the most likely to rate local schools positively and those in the third quintile were the least likely.

Table 5.58: Perceived Quality of Local Schools (Q42b) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
SIMD quintile				
1 (most deprived)	75%	23%	2%	632
2	88%	10%	2%	144
3	61%	35%	4%	85
4	70%	22%	9%	26
5 (least deprived)	96%	4%	0%	53

Those who felt isolated from family and friends were less likely to rate local schools positively.

Table 5.59: Perceived Quality of Local Schools (Q42b) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Feel isolated from friends/family	54%	44%	2%	54

Those with a high GHQ12 score were less likely to rate local schools positively. Those with positive views of their health, physical wellbeing and quality of life were more likely to have positive views of local schools.

Table 5.60: Perceived Quality of Local Schools (Q42b) by Health and Wellbeing Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Positive view of general health	79%	19%	2%	667
Positive view of physical wellbeing	77%	21%	2%	753
Positive view of quality of life	77%	21%	2%	821
High GHQ12 score	62%	35%	3%	110

Food Shops

Two in three (65%) respondents had a positive view of local food shops while 24% said they were adequate and 11% said they were poor.

Table 5.61: Perceived Quality of Food Shops (Q42a) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	52%	34%	15%	92
25-34	73%	19%	8%	195
35-44	72%	21%	7%	179
45-54	62%	28%	10%	190
55-64	68%	21%	11%	170
65-74	61%	25%	15%	202
75+	66%	22%	13%	173
All	65%	24%	11%	1,203

Those in the 4th and 5th (least deprived) SIMD quintiles were more likely to rate local food shops positively.

Table 5.62: Perceived Quality of Food Shops (Q42a) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
SIMD quintile				
1 (most deprived)	63%	24%	13%	796
2	63%	26%	11%	202
3	65%	30%	5%	112
4	84%	16%	0%	29
5 (least deprived)	91%	9%	0%	64

Those who felt isolated from family and friends were less likely to rate local food shops positively.

Table 5.63: Perceived Quality of Food Shops (Q42a) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Feel isolated from family/friends	50%	39%	11%	94

Those with a high GHQ12 score and those with a limiting condition or illness were less likely to rate local food shops positively. Those with a positive view of their general health or physical wellbeing were more likely to rate local food shops positively.

Table 5.64: Perceived Quality of Food Shops (Q42a) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	68%	23%	9%	833
Positive view of physical wellbeing	67%	24%	9%	935
High GHQ12 score	51%	33%	16%	158
Limiting condition/illness	60%	25%	15%	341

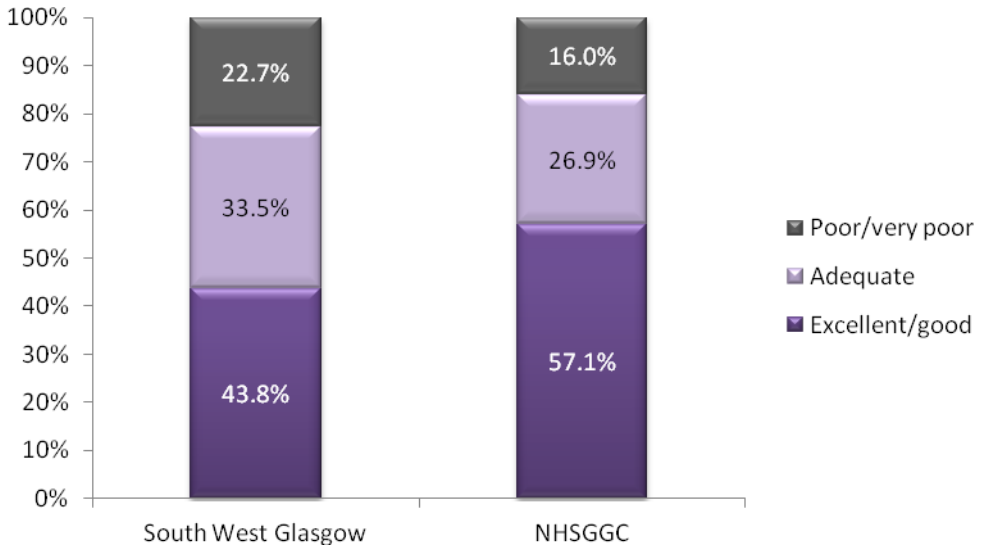
Childcare Provision

Just over two in five (44%) respondents rated local childcare provision positively while 33% said it was adequate and 23% said it was poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local childcare provision positively (44% South West Glasgow; 57% NHS Greater Glasgow & Clyde).

Figure 5.15: Perceived Quality of Childcare Provision (Q42f) - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged 25-34 were the most likely to rate local childcare positively and those aged under 25 were the least likely. This is shown in Table 5.65.

Table 5.65: Perceived Quality of Childcare (Q42f) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	20%	41%	39%	33
25-34	70%	17%	13%	83
35-44	51%	24%	24%	72
45-54	39%	46%	14%	63
55-64	35%	43%	22%	35
65-74	33%	33%	33%	45
75+	38%	46%	15%	23
Men 16-44	55%	20%	25%	56
Women 16-44	42%	32%	26%	132
Men 45-64	44%	46%	10%	35
Women 45-64	32%	46%	22%	63
Men 65+	31%	31%	38%	27
Women 65+	42%	42%	16%	41
All	44%	33%	23%	355

Those in the most deprived areas were less likely than others to rate local childcare positively. Those in the least deprived areas were the most likely to rate local childcare positively.

Table 5.66 Perceived Quality of Childcare (Q42f) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Bottom 15% datazones	37%	42%	21%	209
Other datazones	48%	28%	24%	146
SIMD quintile				
1 (most deprived)	36%	41%	23%	238
2	51%	31%	18%	51
3	31%	36%	33%	36
4	82%	9%	9%	11
5 (least deprived)	92%	8%	0%	19

Table 5.67 shows that those who felt isolated from family and friends were less likely to rate local childcare provision positively.

Table 5.67: Perceived Quality of Childcare Provision (Q42f) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Feel isolated from friends/family	31%	12%	58%	29

Table 5.68 shows that those less likely to rate local childcare provision positively were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those with positive views of their health, physical wellbeing and quality of life were more likely to have positive views of childcare provision in their area.

Table 5.68: Perceived Quality of Childcare Provision (Q42f) by Health and Wellbeing Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Positive view of general health	50%	30%	20%	250
Positive view of physical wellbeing	45%	36%	19%	271
Positive view of mental/emotional wellbeing	48%	34%	17%	282
High GHQ12 score	27%	38%	35%	61
Limiting condition/illness	32%	34%	33%	89
Consumes fewer than 5 portions of fruit/veg per day	39%	34%	27%	268

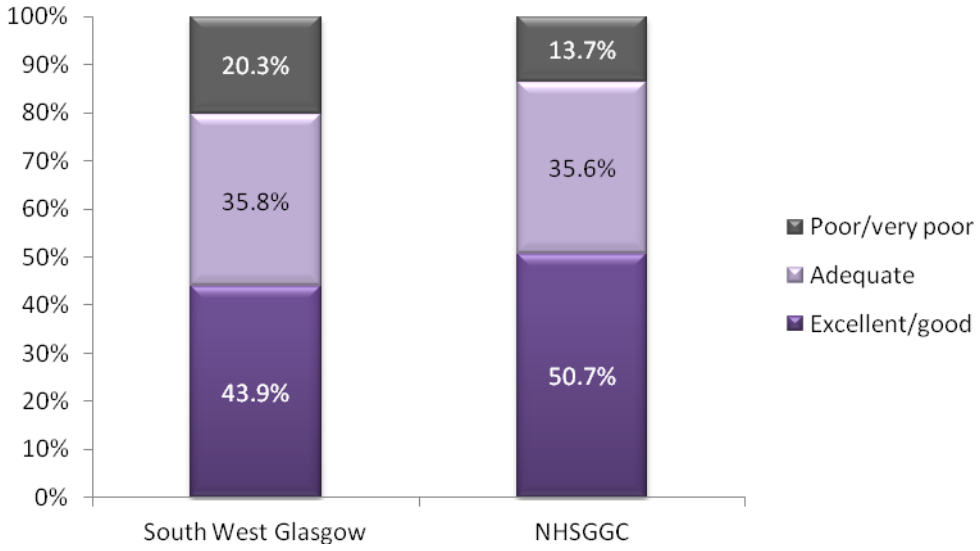
Police

Just over two in five (44%) respondents rated the local police service positively while 36% said it was adequate and 20% said it was poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate the police positively (44% South West Glasgow; 51% NHSGGC).

Figure 5.16: Perceived Quality of Police - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged 35-54 were less likely to rate the police positively.

Table 5.69: Perceived Quality of Police (Q42g) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	46%	31%	23%	82
25-34	54%	26%	20%	176
35-44	35%	44%	21%	162
45-54	35%	48%	18%	174
55-64	47%	31%	22%	153
65-74	45%	34%	21%	183
75+	52%	30%	18%	153
All	44%	36%	20%	1,085

Those in the least deprived areas were the most likely to rate the police positively.

Table 5.70: Perceived Quality of Police (Q42g) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
SIMD quintile				
1 (most deprived)	40%	37%	22%	737
2	52%	27%	21%	163
3	38%	42%	21%	110
4	58%	29%	12%	29
5 (least deprived)	78%	22%	0%	46

Those who did not definitely feel in control of the decisions affecting their life were more likely to have a positive view of their local police.

Table 5.71: Perceived Quality of Police (Q42g) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	52%	32%	15%	321

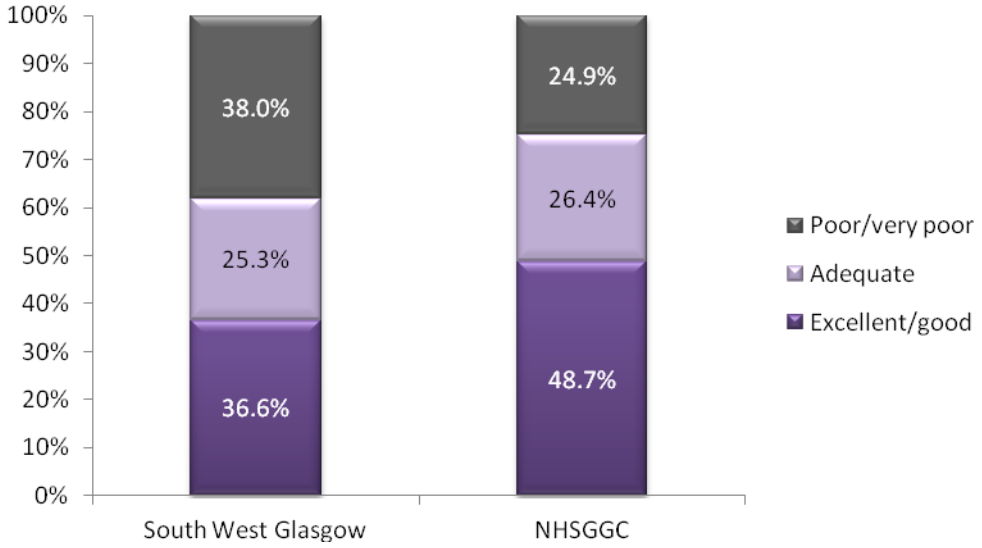
Leisure / Sports Facilities

Just under two in five (37%) respondents gave a positive rating of local leisure/sports facilities while 25% said they were adequate and 38% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local leisure/sports facilities positively (37% South West Glasgow; 49% NHSGGC).

Figure 5.17: Perceived Quality of Leisure / Sports Facilities (Q42e) - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged 25-34 were the most likely to give a positive rating of local leisure/sports facilities.

Table 5.72: Perceived Quality of Leisure/Sports Facilities (Q42e) by Age and Gender

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Age:				
16-24	34%	31%	34%	88
25-34	51%	18%	31%	185
35-44	31%	30%	40%	168
45-54	31%	29%	41%	183
55-64	36%	20%	45%	133
65-74	37%	22%	41%	153
75+	34%	27%	39%	109
All	37%	25%	38%	1,021

Those in the most deprived areas were less likely to rate local leisure/sports facilities positively.

Table 5.73: Perceived Quality of Leisure/Sports Facilities (Q42e) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	27%	29%	44%	588
Other datazones	44%	23%	34%	433
SIMD quintile				
1 (most deprived)	30%	29%	41%	680
2	55%	16%	28%	172
3	20%	23%	58%	98
4	40%	30%	30%	20
5 (least deprived)	61%	30%	9%	51

Table 5.74 shows that those who received all income from benefits and those who felt isolated from family and friends were less likely to rate local leisure/sports facilities positively. However, those who did not definitely feel in control of the decisions affecting their life were more likely to rate local leisure/sports facilities positively.

Table 5.74: Perceived Quality of Leisure/Sports Facilities (Q42e) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
All income from benefits	29%	24%	46%	273
Feel isolated from friends/family	22%	25%	53%	63
Not in control of decisions affecting daily life, or only 'to some extent'	39%	32%	29%	298

For health and wellbeing measures, those less likely to rate local leisure/sports facilities positively were those with a high GHQ12 score and those with a limiting condition or illness.

Those with a positive view of their general health and mental/emotional wellbeing were more likely to have a positive view of leisure/sports facilities.

Table 5.75: Perceived Quality of Leisure/Sports Facilities (Q42e) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	39%	23%	37%	742
Positive view of mental/emotional wellbeing	39%	25%	37%	864
High GHQ12 score	26%	35%	39%	124
Limiting condition/illness	27%	25%	48%	

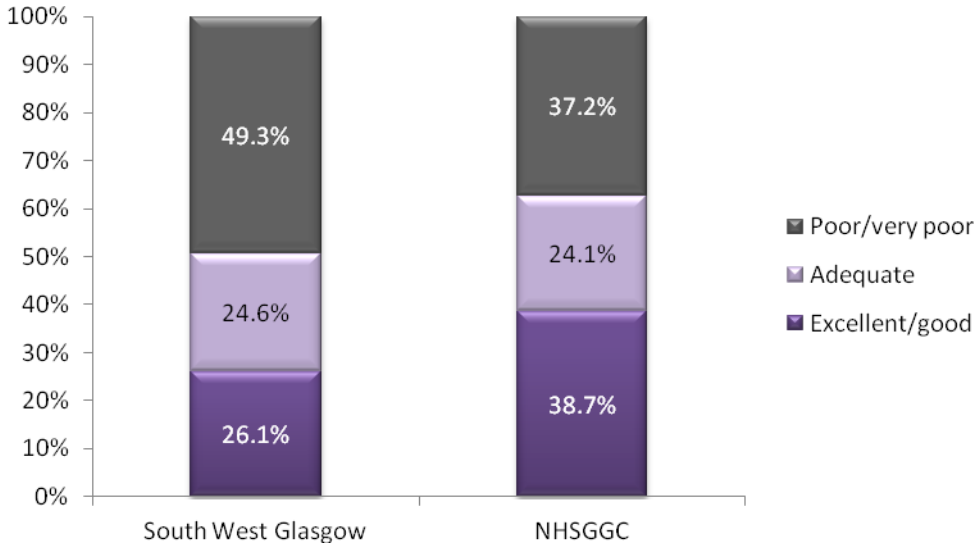
Activities for Young People

One in four (26%) respondents rated the quality of activities for young people positively, 25% said they were adequate and 49% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive rating of activities for young people in their area (26% South West Glasgow; 39% NHSGGC).

Figure 5.18: Perceived Quality of Activities for Young People (Q42d) - South West Glasgow and NHS Greater Glasgow & Clyde



Those aged 75 or over were the least likely to rate activities for young people positively and those aged 25-34 were the most likely. Men were more likely than women to give this a positive rating.

Table 5.76: Perceived Quality of Activities for Young People (Q42d) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	24%	26%	50%	77
25-34	43%	25%	33%	170
35-44	21%	28%	52%	159
45-54	20%	25%	55%	159
55-64	26%	19%	55%	116
65-74	23%	21%	56%	129
75+	14%	32%	55%	83
Gender:				
Men	30%	23%	47%	379
Women	22%	26%	52%	516
Men 16-44	33%	23%	44%	174
Women 16-44	25%	29%	46%	232
Men 45-64	29%	21%	51%	119
Women 45-64	17%	24%	59%	156
Men 65+	18%	30%	52%	86
Women 65+	22%	22%	57%	126
All	26%	25%	49%	895

Those in the most deprived areas were less likely than those in other areas to rate activities for young people positively. However, those in the third SIMD quintile were the least likely to rate activities for young people positively.

Table 5.77: Perceived Quality of Activities for Young People (Q42d) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Bottom 15% datazones	19%	24%	57%	540
Other datazones	32%	25%	44%	355
SIMD quintile				
1 (most deprived)	20%	23%	57%	610
2	44%	20%	36%	143
3	13%	32%	55%	82
4	33%	33%	33%	19
5 (least deprived)	57%	32%	11%	41
At least one qualification	26%	27%	48%	653
No qualifications	28%	14%	57%	240

Those who received all household income from benefits and those who felt isolated from family and friends were less likely to rate local activities for young people positively.

Table 5.78: Perceived Quality of Activities for Young People (Q42d) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
All income from benefits	19%	21%	60%	237
Feel isolated from friends/family	17%	10%	73%	52

For health and wellbeing measures, those less likely to rate local activities for young people positively were:

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

Those with positive views of their health and wellbeing were more likely to rate local activities for young people positively.

Table 5.79: Perceived Quality of Activities for Young People (Q42d) by Health and Wellbeing Measures

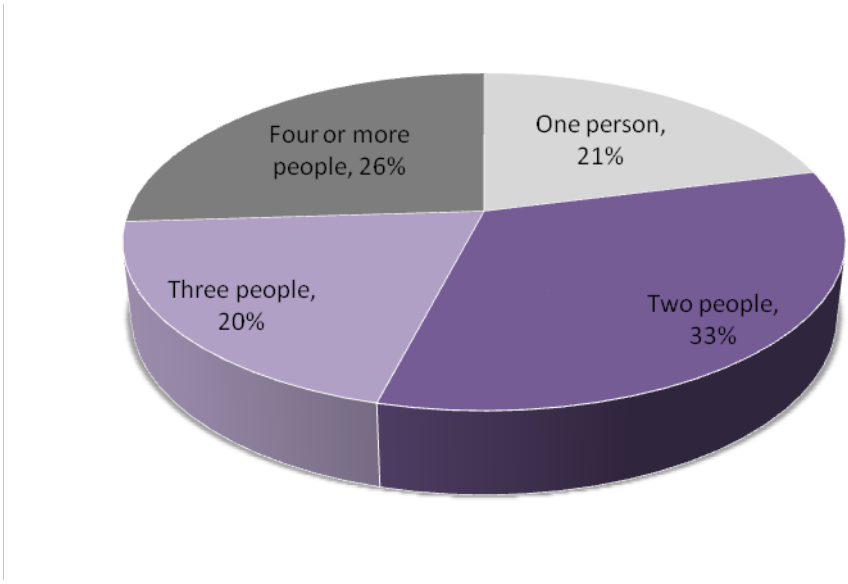
	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Positive view of general health	29%	23%	48%	657
Positive view of physical wellbeing	27%	26%	47%	723
Positive view of mental/emotional wellbeing	28%	24%	48%	765
High GHQ12 score	17%	33%	50%	101
Limiting condition/illness	17%	23%	60%	211
Obese	22%	19%	59%	151

5.7 Individual Circumstances

Household Size

One in five (21%) respondents lived alone. Figure 5.19 shows the breakdown of household size in South West Glasgow.

Figure 5.19: Household Size
(Base: 1,206)



Ethnicity

Respondents were asked their ethnicity. Just under nine in ten (88%) identified themselves as White. The next largest ethnic group was Asian (11%). The small number of minority ethnic groups prohibits detailed analysis of ethnicity.

Marital Status

Just over half (56%) of respondents were married, in a civil partnership or living with their partner.

The age group most likely to describe themselves as married or cohabiting was 35-44 year olds, of whom 71% were married, in a civil partnership or living with their partner. More than half (55%) of those aged 75 or over were widowed.

Those in the bottom 15% most deprived areas were less likely than those in other areas to be married, in a civil partnership or living with their partner (51% in the bottom 15% areas and 60% in other areas were married/in a civil partnership/cohabiting).

Caring Responsibilities

One in 16 (6%) respondents said that they were responsible for caring for someone on a day to day basis (excluding regular childcare). Those who cared for others were asked how many hours a day they spent caring. One in three (35%) said they spent 24 hours per day caring. The mean number of hours per day spent caring was 13.2.

Women were more likely than men to have caring responsibilities (8% and 4% respectively).

Educational Qualifications

Just under a quarter (23%) of respondents had no educational qualifications.

The likelihood of having no qualifications increased with age, ranging from 9% of those aged under 35 to 67% of those aged 75 or over.

Those in the most deprived 15% datazones were more likely than those in other areas to say they had no qualifications (28% and 19% respectively).

Proportion of Household Income from State Benefits

Half (48%) of respondents said that at least some of their household income came from state benefits, and 20% said that all their household income came from state benefits.

Three in ten (29%) of those in the bottom 15% most deprived areas received all household income from benefits compared with 14% of those in other areas.

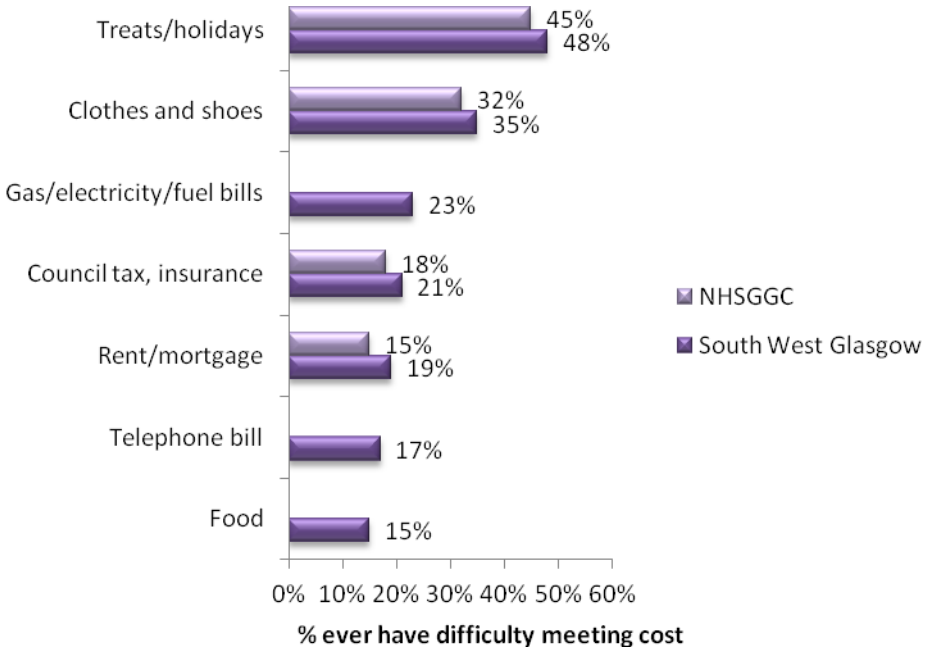
Two in five (43%) of those with no qualifications received all household income from benefits compared to 14% of those with qualifications.

Difficulty Meeting the Cost of Specific Expenses

Figure 5.20 shows the proportion of respondents in South West Glasgow who said they ever had difficulty meeting specific expenses. Where there is a significant difference, the proportion for the NHS Greater Glasgow & Clyde area as a whole is also shown. Those in South West Glasgow were more likely than those in the NHSGGC area to have difficulty meeting the cost of:

- Treats/holidays;
- Clothes and shoes;
- Council tax and insurance; and
- Rent/mortgage.

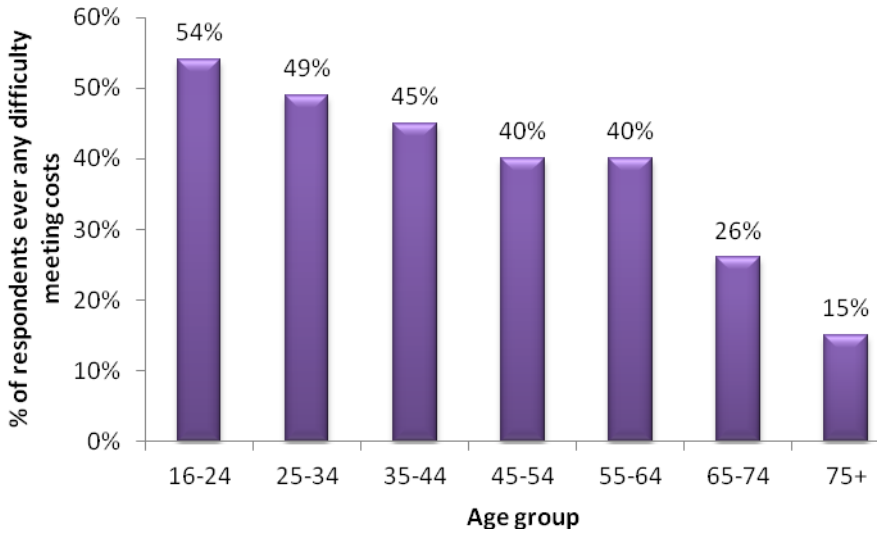
Figure 5.20: How Often Have Difficulty Meeting the Costs of Specific Expenses (Q51) - South West Glasgow and NHS Greater Glasgow & Clyde (where significant difference).



All together,41% said that they ever had difficulty meeting the costs rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes. This compares to 37% of those in the NHS Greater Glasgow & Clyde area as a whole.

Those aged under 25 were the most likely to have difficulty meeting these costs and those aged 75 or over were the least likely.

Figure 5.21: Whether Ever Have Difficulty Meeting the Costs of Rent/Mortgage, Fuel Bills, Telephone Bills, Council Tax/Insurance, Food or Clothes Shoes (Q51) by Age



More than one in four (26%) of those with no qualifications ever had difficulty meeting these expenses compared to 15% of those who had qualifications.

Difficulty Finding Unexpected Sums

One in seven (14%) said that they would have a problem meeting an unexpected expense of £20; 36% said they would have a problem meeting an unexpected expense of £100 and 79% would had a problem finding £1,000 for an unexpected expense.

Comparison with NHS Greater Glasgow & Clyde

Those South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde to have a problem finding unexpected sums of £20 (14% South West Glasgow; 11% NHSGGC) and £1,000 (79% South West Glasgow; 76% NHSGGC).

Those in the bottom 15% most deprived areas were more likely to have difficulty finding money for unexpected expenses. In these areas, 18% would have a problem finding £20, 45% would have a problem finding £100 and 88% would have a problem finding £1,000.

Economic Activity

Two thirds (68%) of respondents lived in households where the main wage earner was economically active (in or looking for work).

Sexual Orientation

The vast majority (99%) of respondents described their sexual orientation as heterosexual.

6 Social Capital

6.1 Chapter Summary

Table 6.1 summarises the indicator data for social capital.

Table 6.1: Indicators for Social Capital

Indicator	% of sample	Unweighted base (n)
Positive perception of local area as a place to live (Q36)	85%	1,206
Positive perception of local area as a place to bring up children (Q37)	81%	1,120
Positive perception of reciprocity (Q40a)	70%	1,187
Positive perception of trust (Q40e)	74%	1,188
Value local friendships (Q40c)	78%	1,197
Positive perception of social support (Q40g)	86%	1,191

In total 85% of respondents had a positive perception of their local area as a place to live and 81% had a positive perception of their local area as a place to bring up children. Those less likely to have positive views of their area as a place to live or to bring up children were those in the most deprived areas, those exhibiting factors associated with social exclusion, those with a high GHQ12 score and smokers.

Seven in ten (70%) had a positive view of reciprocity in their area and 74% had a positive view of trust in their area. Those less likely to have positive views of reciprocity or trust were those aged under 25, men, those in the most deprived areas, those who received all income from benefits, those who felt isolated, smokers and those exposed to second hand smoke.

Just under four in five (78%) respondents valued local friendships. Those less likely to value local friendships were those aged under 25, those outside the least deprived areas, those who felt isolated, those who did not definitely feel in control of their life, those with a high GHQ12 score and smokers.

More than four in five (86%) had a positive view of social support in their area. Those less likely to have a positive view of social support were those aged under 25, those who felt isolated from family and friends, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition or illness and those exposed to second hand smoke.

6.2 View of Local Area

Respondents were presented with the seven 'faces' scale (see Section 2.2 of this report for a full explanation of the scale) and asked to indicate how they felt about their area a) as a place to live; and b) as a place to bring up children. Those choosing any of the three 'smiley' faces (1-3) were categorised as having a positive perception. Overall, 85% had a positive view of their area as a place to live and 81% had a positive view of the area as a place to bring up children.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their area as a place to bring up children (81% South West Glasgow; 78% NHSGGC).

Those in the most deprived areas were less likely to have positive views of their area as a place to live or to bring up children.

Table 6.2: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Deprivation and Socio Economic Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Bottom 15% datazones	80%	76%	649
Other datazones	90%	85%	471
SIMD quintile			
1 (most deprived)	79%	74%	742
2	88%	87%	179
3	93%	88%	108
4	100%	100%	29
5 (least deprived)	99%	98%	62

All three factors associated with social exclusion were associated with a lower likelihood of expressing a positive view of the local area as a place to live or to bring up children.

Table 6.3: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Factors Associated with Social Exclusion

	Place to Live	Place to Bring Up Children	Unweighted base (n)
All income from benefits	76%	74%	313
Feel isolated from friends/family	65%	60%	82
Not in control of decisions affecting daily life, or only 'to some extent'	77%	72%	335

Table 6.4 shows that for health and wellbeing measures those less likely to have positive views of their area as a place to live or to bring up children were those with a high GHQ12 score and smokers. Also, those exposed to second hand smoke and obese people were less likely to have a positive view of their area as a place to live.

Those who had positive views of their health, wellbeing and quality of life were more likely to have positive views of their area as a place to live and to bring up children.

Table 6.4: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Health and Wellbeing Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Positive view of general health	88%	83%	775
Positive view of physical wellbeing	89%	84%	875
Positive view of mental/emotional wellbeing	89%	84%	940
Positive view of quality of life	89%	84%	961
High GHQ12 Score	70%	73%	138
Second hand smoke	80%	-	458
Current smoker	80%	77%	366
Obese	80%	-	187

6.3 Reciprocity and Trust

Respondents were asked to indicate the extent to which they agree or disagree with the following statements:

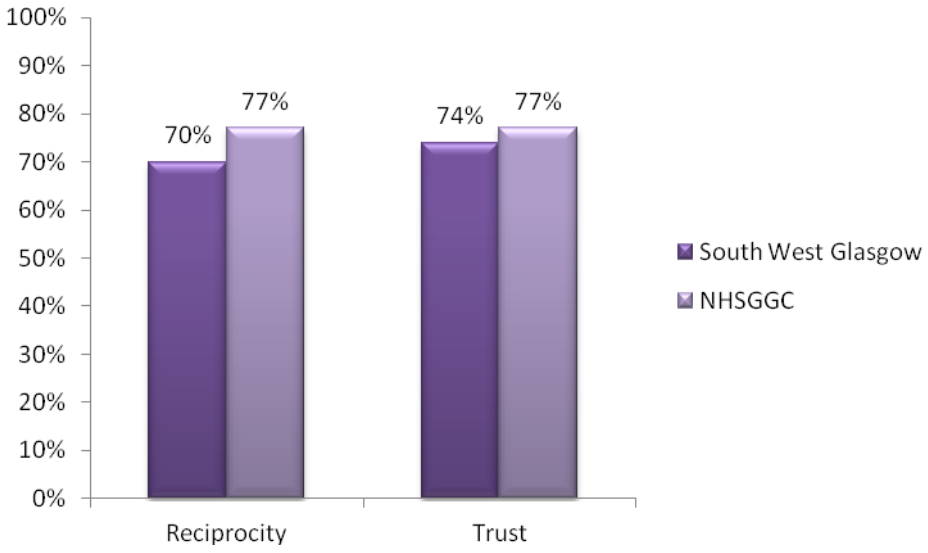
"This is a neighbourhood where neighbours look out for each other", and
"Generally speaking, you can trust people in my local area".

Those agreeing with the first statement were categorised as having a positive view of reciprocity, and those agreeing with the second were categorised as having a positive view of trust. Overall, 70% were positive about reciprocity and 74% were positive about trust.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have positive views of reciprocity (70% South West Glasgow; 77% NHSGGC) and trust (74% South West Glasgow; 77% NHSGGC).

Figure 6.1: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) - South West Glasgow & NHS Greater Glasgow & Clyde



Those aged under 25 were the least likely to have positive views of reciprocity and trust and those aged 75 or over were the most likely. Women were more likely than men to have positive views of reciprocity and trust.

Table 6.5: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Age and Gender

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Age:				
16-24	54%	91	57%	91
25-34	75%	188	78%	189
35-44	69%	178	74%	177
45-54	67%	187	74%	187
55-64	73%	167	76%	169
65-74	77%	201	80%	200
75+	84%	173	83%	173
Men	67%	497	71%	497
Women	73%	690	76%	691
Men 16-44	64%	192	67%	191
Women 16-44	70%	265	74%	266
Men 45-64	67%	160	75%	161
Women 45-64	71%	194	75%	195
Men 65+	78%	145	76%	145
Women 65+	81%	229	85%	228
All	70%	1,187	74%	1,188

Those in the most deprived areas were less likely to have positive perceptions of reciprocity and trust. Also, those with no qualifications were less likely to have a positive perception of trust.

Table 6.6: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Deprivation and Socio Economic Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Bottom 15% datazones	60%	681	64%	680
Other datazones	77%	506	81%	508
SIMD quintile				
1 (most deprived)	64%	791	66%	790
2	78%	194	74%	198
3	72%	111	87%	111
4	76%	29	82%	28
5 (least deprived)	84%	62	98%	61
At least one qualification	-	-	75%	798
No qualifications	-	-	68%	387

Table 6.7 shows that those who received all income from benefits and those who felt isolated from family/friends were less likely to have a positive perception of reciprocity or trust. Also, those who did not feel in control of the decisions affecting their life were less likely to have a positive perception of trust.

Table 6.7: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Factors Associated with Social Exclusion

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
All income from benefits	57%	341	57%	339
Feel isolated from friends/family	42%	92	47%	91
Not in control of decisions affecting daily life, or only 'to some extent'	-	-	62%	365

Table 6.8 shows that for health and wellbeing measures, those less likely to have a positive perception of both reciprocity or trust were smokers and those exposed to second hand smoke. Also, those with a high GHQ12 score were less likely to have a positive perception of reciprocity. Those who exceeded the recommended weekly limit for alcohol consumption and those with a limiting condition or illness were less likely to have a positive perception of trust.

Table 6.8: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Health and Wellbeing Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Positive view of mental/ emotional wellbeing	-	-	76%	991
Positive view of quality of life	72%	1,014	76%	1,015
High GHQ12 Score	63%	157	-	-
Limiting condition or illness	-	-	68%	338
Second hand smoke	67%	484	65%	487
Current smoker	66%	387	65%	390
Exceeds weekly alcohol limit	-	-	64%	207

6.4 Local Friendships

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "*The friendships and associations I have with other people in my local area mean a lot to me*". Overall, 78% agreed with this statement.

Those aged 75 and over were the most likely to value local friendships, while those aged under 25 were the least likely to do so. This is shown in Table 6.9.

Table 6.9 Proportion Value Local Friendships (Q40c) by Age and Gender

	Value Local Friendships	Unweighted base (n)
Age:		
16-24	67%	93
25-34	76%	191
35-44	77%	177
45-54	80%	189
55-64	84%	170
65-74	80%	202
75+	90%	173
Men 16-44	79%	194
Women 16-44	68%	267
Men 45-64	79%	163
Women 45-64	83%	196
Men 65+	80%	146
Women 65+	88%	229
All	78%	1,197

Those in the bottom 15% most deprived areas were more likely than others to value local friendships. However, those in the least deprived areas were the most likely to value local friendships. This is shown in Table 6.10.

Table 6.10: Proportion Value Local Friendships (Q40c) by Deprivation and Socio Economic Measures

	Value Local Friendships	Unweighted base (n)
Bottom 15% datazones	81%	682
Other datazones	75%	515
SIMD quintile		
1 (most deprived)	79%	793
2	73%	200
3	75%	112
4	76%	29
5 (least deprived)	94%	63

Those who did not definitely feel in control of their lives and particularly those who felt isolated were less likely to value local friendships.

Table 6.11: Proportion Value Local Friendships (Q40c) by Factors Associated with Social Exclusion

	Value Local Friendships	Unweighted base (n)
Feel isolated from family/friends	42%	93
Not in control of decisions affecting daily life, or only 'to some extent'	73%	816

Table 6.12 shows that those less likely to value local friendships were those with a high GHQ12 score and those exposed to second hand smoke. Those with positive views of their health, physical wellbeing, mental/emotional wellbeing and quality of life were more likely to value local friendships.

Table 6.12: Proportion Value Local Friendships (Q40c) by Health and Wellbeing Measures

	Value Local Friend-ships	Unweighted base (n)		Value Local Friend-ships	Unweighted base (n)
Positive view of general health	81%	828	Positive view of quality of life	79%	1,022
Positive view of physical wellbeing	80%	931	High GHQ12 score	59%	158
Positive view of mental/emotional wellbeing	80%	998	Exposed to second hand smoke	74%	488

6.5 Social Support

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "*If I have a problem, there is always someone to help me*". Those agreeing with this statement were categorised as having a positive view of social support. According to this definition, 86% overall were positive about social support.

Comparison with NHS Greater Glasgow & Clyde

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of social support (86% South West Glasgow; 84% NHSGGC).

Those aged under 25 were the least likely to have a positive view of social support.

Table 6.13: Positive View of Social Support (Q40g) by Age and Gender

	Positive view	Unweighted base (n)
Age:		
16-24	78%	89
25-34	86%	192
35-44	84%	179
45-54	88%	188
55-64	92%	167
65-74	86%	202
75+	94%	172
Men 16-44	83%	193
Women 16-44	83%	267
Men 45-64	90%	161
Women 45-64	89%	194
Men 65+	90%	145
Women 65+	90%	229
All	86%	1,191

Those who did not definitely feel in control of the decisions affecting their life and particularly those who felt isolated from family and friends were less likely to have a positive view of social support.

Table 6.14: Positive View of Social Support (Q40g) by Factors Associated with Social Exclusion

	Positive View	Unweighted base (n)
Feel isolated from family/friends	56%	92
Not in control of decisions affecting daily life, or only 'to some extent'	78%	363

Table 6.15 shows that for health and wellbeing measures those less likely to have a positive view of social support were those with a limiting condition or illness and those who were exposed to second hand smoke. Those with a positive view of their health, wellbeing or quality of life were more likely to have a positive view of social support.

Table 6.15: Positive View of Social Support (Q40g) by Health and Wellbeing Measures

	Positive View	Unweighted base (n)		Positive View	Unweighted base (n)
Positive view of general health	88%	826	Positive view of quality of life	88%	1,019
Positive view of physical wellbeing	88%	928	Limiting condition/illness	82%	336
Positive view of mental/emotional wellbeing	89%	996	Exposed to second hand smoke	82%	487

7 Summary of Comparisons with NHS Greater Glasgow & Clyde

7.1 Indicators Showing More Favourable Findings

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in South West Glasgow were:

- More likely to have a positive perception of their physical wellbeing;
- More likely to have a positive perception of their mental/emotional wellbeing;
- More likely to have a positive perception of their happiness;
- More likely to definitely feel in control of the decisions affecting their life;
- More likely to have a positive perception of their quality of life;
- More likely to find it easy to:
    - travel to hospital for an appointment;
    - get an appointment to see their GP;
    - get a GP consultation within 48 hours when needed;
    - access health services in an emergency;
- Less likely to drink alcohol weekly;
- Less likely to have been a binge drinker in the previous week;
- More likely to meet the target for physical activity;
- More likely to have taken part in domestic activity or walking for commuting;
- More likely to use shared travel methods and less likely to use private travel methods;
- Less likely to feel isolated from family and friends;
- More likely to identify with a religion;
- Less likely to have a negative perception of:
    - the amount of vandalism in their area;
    - the number of assaults/muggings in their area;
- More likely to have a positive view of their area as a place to bring up children; and
- More likely to have a positive perception of social support.

7.2 Indicators Showing Less Favourable Findings

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in South West Glasgow were:

- More likely to have a limiting condition or illness;
- Less likely to brush their teeth twice or more per day;
- Less likely to feel they were encouraged to participate in decisions affecting their health or treatment;
- Less likely to feel they had a say in how health services are delivered;
- Less likely to feel their views and circumstances were understood and valued;
- More likely to say it was difficult to get a hospital appointment;
- (Among smokers) less likely to intend to give up smoking;
- Less likely to have taken part in the following activities in the previous week:
    - walking for leisure;
    - leisure centre based activities;
    - team sports;
    - cycling;
    - racquet sports;
- Less likely to feel they belong to their local area;
- Less likely to feel valued as a member of their community;
- Less likely to feel safe walking in their area even after dark;
- More likely to have a negative perception of the following environmental issues in their area:
    - availability of safe play spaces;

    - amount of dogs' dirt;
    - availability of pleasant places to walk;
    - amount of rubbish lying about;
    - amount of broken glass;
- Less likely to have a positive perception of the following local services:
    - schools;
    - childcare;
    - police;
    - leisure/sports facilities;
    - activities for young people;
- More likely to have difficulty meeting the costs of:
    - treats/holidays;
    - clothes/shoes;
    - council tax/insurance;
    - rent/mortgage
- More likely to find it a problem to meet unexpected costs for £20 or £1,000
- Less likely to have a positive perception of reciprocity;
- Less likely to have a positive perception of trust.

8 Trend Data

In this chapter, results from all indicator questions that represent a statistically significant change between 2011 and 2008 are shown.

Data relating to the South West Glasgow area are presented for the 2008 and 2011 surveys. Data are also presented for bottom 15% (most deprived) areas and other areas. These are based on the **2006 SIMD classifications** of deprivation.

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 2008. The following formula yields a 'test statistic' (z):

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}_p(1-\hat{p}_p)}\sqrt{\left(\frac{1}{n_1}\right)+\left(\frac{1}{n_2}\right)}}$$

p_1 = proportion observed in 2011
p_2 = proportion observed in 2008
n_1 = sample size in 2011
n_2 = sample size in 2008

$$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}$$

If the value of z falls outside of the range (-1.96 to 1.96), we reject the null hypothesis and conclude that there has been significant change since 1999 (at the 95% confidence level).

For those results that show significant change, we have also calculated a confidence interval for the difference between any two sets of results.

$$\left(\hat{p}_1 - \hat{p}_2\right) \pm 1.96\sqrt{\frac{\hat{p}_1\left(1-\hat{p}_1\right)}{n_1} + \frac{\hat{p}_2\left(1-\hat{p}_2\right)}{n_2}}$$

For example, the confidence interval for the first result shown in Table 8.1 is (+5.8 to +12.4). This means that we can be 95% confident that, had we interviewed the entire population of South West Glasgow in the surveys, the actual difference between the two sets of results would be between 5.8 and 12.4 percentage points.

The tables show the results, and also show p values. Where p is less than 0.05, the change is considered to be significant. P values are reported as one of three levels of significance: <0.05, <0.01 and <0.001. A p value of <0.05 means that we can be 95% confident that a 'real' change has taken place. A p value of <0.01 means that we can be 99% confident, and a p value of <0.001 means that we can be 99.9% confident.

Only significant changes over time have been mentioned in the text. Where a change is not significant, the size of the change is not shown in the table, and no p value is shown.

It should be noted that the formulae used in this chapter only strictly apply to simple random samples, whereas this survey uses a complex multi-stage sample design. For this reason, results of tests should be interpreted with caution, particularly if the result is on the margins of statistical significance.

8.1 People's Perceptions of their Health and Illness

There was an increase between 2008 and 2011 in the proportion who had a positive view of their physical wellbeing.

Table 8.1: Positive Perceptions of Physical Wellbeing
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	73.7%	70.1%	77.1%
2011	82.8%	79.7%	85.7%
Change (2008-2011)	+9.1%	+9.6%	+8.6%
P	<0.001	<0.001	<0.001
Confidence Interval	+5.8 to +12.4	+4.9 to +14.3	+4.0 to +13.2

Among those in the most deprived areas, there was an increase in the proportion who had a positive view of their mental or emotional wellbeing, thus narrowing the gap between the most deprived and other areas for this measure.

Table 8.2: Positive Perceptions of Mental or Emotional Wellbeing
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	81.4%	74.9%	87.5%
2011	84.8%	82.8%	86.9%
Change (2008-2011)	+3.4%	+7.9%	n/a
P	<0.05	<0.001	n/a
Confidence Interval	+0.4 to +6.4	+3.5 to +12.3	n/a

For areas other than the most deprived, there was a rise in the proportion who felt definitely in control of the decisions affecting their life.

Table 8.3: Feeling Definitely in Control of Decisions Affecting Daily Life
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	67.1%	64.4%	69.6%
2011	73.0%	63.5%	82.1%
Change (2008-2011)	+5.9%	n/a	+12.5%
P	<0.01	n/a	<0.001
Confidence Interval	+2.3 to +9.5	n/a	+7.5 to +17.5

There was a rise in the proportion who felt positive about their overall quality of life.

Table 8.4: Positive Perception of Overall Quality of Life
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	80.3%	76.5%	84.1%
2011	87.8%	84.9%	90.6%
Change (2008-2011)	+7.5%	+8.4%	+6.5%
P	<0.001	<0.001	<0.01
Confidence Interval	+4.6 to +10.4	+4.1 to +12.7	+2.6 to +10.4

Among those in the most deprived areas there was a drop in the proportion who had an illness or condition affected their life. However, in other areas there was an increase. This means there was no longer a significant difference between the most deprived and other areas in 2011 for this measure.

Table 8.5: Illness/Condition Affecting Daily Life
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	22.0%	28.9%	15.2%
2011	21.9%	22.0%	21.7%
Change (2008-2011)	n/a	-6.9%	+6.5%
P	n/a	<0.01	<0.01
Confidence Interval	n/a	-11.6 to -2.2	+1.8 to +11.2

There was no significant change in the proportion who were receiving treatment for one or more conditions.

Table 8.6: Receiving Treatment for One or More Condition
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	39.3%	44.9%	34.0%
2011	39.0%	40.5%	37.6%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was no significant change in the proportion who had any natural teeth.

Table 8.7: Proportion with Some/All of their Own Teeth
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	88.2%	85.9%	90.3%
2011	87.6%	85.4%	89.8%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was a rise in the proportion who brushed their teeth at least twice a day, although this rise was only significant for areas other than the most deprived.

Table 8.8: Proportion Brushing Teeth at Least Twice a Day
Base: Those with at least some of their own teeth

	All South West Glasgow	Bottom 15% areas	Other areas
2008	69.5%	65.4%	73.1%
2011	76.7%	69.5%	83.2%
Change (2008-2011)	+7.2%	n/a	+10.1%
P	<0.001	n/a	<0.001
Confidence Interval	+3.7 to +10.7	n/a	+5.2 to +15.0

8.2 The Use of Health Services

In the most deprived areas there was a drop in the proportion who had seen their GP in the last year.

Table 8.9: Proportion Seen a GP in the Last Year
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	84.3%	88.4%	80.5%
2011	74.9%	73.3%	76.5%
Change (2008-2011)	-9.4%	-15.1%	n/a
P	<0.001	<0.001	n/a
Confidence Interval	-12.6 to -6.2	-19.2 to -11.0	n/a

For areas other than the most deprived there was a rise in the proportion who had been to Accident & Emergency in the last year.

Table 8.10: Proportion Been to A&E in the Last Year
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	7.5%	13.6%	1.7%
2011	14.2%	12.1%	16.4%
Change (2008-2011)	+6.7%	n/a	+14.7%
P	<0.001	n/a	<0.001
Confidence Interval	+4.2 to +9.2	n/a	+11.2 to +18.2

For areas other than the most deprived there was a rise in the proportion who had been a hospital outpatient in the last year.

Table 8.11: Proportion Been to Hospital as an Outpatient to see a Doctor in the Last Year
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	16.6%	19.7%	13.5%
2011	22.2%	18.3%	25.9%
Change (2008-2011)	+5.6%	n/a	+12.4%
P	<0.001	n/a	<0.001
Confidence Interval		n/a	

For areas other than the most deprived there was a considerable increase in the proportion who had visited the dentist within the last six months.

Table 8.12: Been to a Dentist in the Last Six Months
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	43.4%	41.6%	45.0%
2011	54.3%	45.7%	62.3%
Change (2008-2011)	+10.9%	n/a	+17.3%
P	<0.001	n/a	<0.001
Confidence Interval	+6.9 to +14.9	n/a	+11.4 to +23.2

8.3 Health Behaviours

There was a drop in the proportion who were current smokers, although this was only significant for those in areas other than the most deprived.

Table 8.13: Proportion Currently Smoking (On Some or Every Day)
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	36.1%	44.8%	28.2%
2011	30.7%	39.7%	22.2%
Change (2008-2011)	-5.4%	n/a	-6.0%
P	<0.001	n/a	<0.05
Confidence Interval	-9.2 to -1.6	n/a	-11.2 to -0.8

There was no significant change between 2008 and 2011 in the proportion who were exposed to second hand smoke.

Table 8.14: Proportion Exposed to Smoke (Some or All the Time)
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	39.9%	49.0%	31.2%
2011	41.5%	50.6%	32.9%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was an increase in the proportion who exceeded the recommended weekly limit for alcohol consumption.

Table 8.15: Proportion Exceeding Recommended Alcohol Limit in Preceding Week (Based on new estimates of units)
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	7.4%	6.4%	8.2%
2011	18.6%	20.4%	16.9%
Change (2008-2011)	+11.2%	+14.0%	+8.7%
P	<0.001	<0.001	<0.001
Confidence Interval	+8.6 to +13.8	+10.5 to +17.5	+4.7 to +12.7

There was a considerable increase in the proportion who met the target for taking 30 minutes or moderate physical activity on five or more days per week.

Table 8.16: Proportion Meeting the Physical Activity Target of 30 Minutes of Moderate Physical Activity on Five or More Days Per Week
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	35.3%	34.5%	36.1%
2011	54.4%	57.5%	51.4%
Change (2008-2011)	+19.1%	+23.0%	+15.3%
P	<0.001	<0.001	<0.001
Confidence Interval	+15.2 to +23.0	+17.8 to +28.2	+9.4 to +21.2

There was a drop in the proportion who met the target of consuming five or more portions of fruit or vegetables per week, although this was only significant for those in areas other than the most deprived.

Table 8.17: Proportion Meeting the Fruit and Vegetable Consumption Target
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	37.6%	29.4%	45.4%
2011	30.1%	25.5%	34.4%
Change (2008-2011)	-7.5%	n/a	-11.0%
P	<0.001	n/a	<0.001
Confidence Interval	-11.3 to -3.7	n/a	-16.8 to -5.2

There was no significant change in the proportion who ate two or more portions of oily fish per week.

Table 8.18: Proportion Eating Two or More Portions of Oily Fish Per Week
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	26.3%	28.9%	23.9%
2011	27.2%	28.2%	26.3%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was a drop in the proportion who exceeded the recommended limit of one high fat or sugary snack per day.

Table 8.19: Proportion Eating More than the Recommended Amount of High Fat and Sugary Snacks
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	45.3%	46.5%	44.1%
2011	37.4%	36.6%	38.1%
Change (2008-2011)	-7.9%	-9.9%	-6.0%
P	<0.001	<0.001	<0.05
Confidence Interval	-11.8 to -4.0	-15.2 to -4.6	-11.8 to -0.1

For those in the most deprived areas there was a rise in the proportion who were overweight or obese.

Table 8.20: Body Mass Index
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
BMI of 25 or over			
2008	43.1%	39.8%	46.1%
2011	52.1%	54.3%	50.0%
Change (2008-2011)	+9.0%	+14.5%	n/a
P	<0.001	<0.001	n/a
Confidence Interval	+5.0 to +13.0	+9.2 to +19.8	n/a
BMI indicting obese/extremely obese			
2008	12.6%	12.9%	12.4%
2011	15.2%	19.4%	11.2%
Change (2008-2011)	n/a	+6.5%	n/a
P	n/a	<0.01	n/a
Confidence Interval	n/a	+2.6 to +10.4	n/a

8.4 Social Health

Among the most deprived areas there was a drop in the proportion who felt isolated from family and friends.

Table 8.21: Proportion Isolated from Family and Friends
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	7.5%	9.5%	5.8%
2011	6.6%	6.3%	7.0%
Change (2008-2011)	n/a	-3.2%	n/a
P	n/a	<0.05	n/a
Confidence Interval	n/a	-6.1 to -0.3	n/a

There was a considerable increase in the proportion who felt they belonged to their local area.

Table 8.22: Proportion Feeling they Belong to Local Area
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	63.3%	59.3%	67.2%
2011	77.9%	75.3%	80.5%
Change (2008-2011)	+14.6%	+16.0%	+13.3%
P	<0.001	<0.001	<0.001
Confidence Interval	+11.0 to +18.2	+11.0 to +21.0	+8.2 to +18.4

There was also an increase in the proportion who felt valued as a member of their community.

Table 8.23: Proportion Feeling Valued as Member of their Community
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	43.0%	37.7%	48.0%
2011	55.9%	49.3%	62.0%
Change (2008-2011)	+12.9%	+11.6%	+14.0%
P	<0.001	<0.001	<0.001
Confidence Interval	+8.9 to +16.9	+6.3 to +16.9	+8.1 to +19.9

Among the most deprived areas there was an increase in the proportion who felt that local people could influence decisions.

Table 8.24: Proportion Feeling Local People Can Influence Decisions
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	62.7%	55.8%	68.8%
2011	65.3%	62.9%	67.5%
Change (2008-2011)	n/a	+7.1%	n/a
P	n/a	<0.01	n/a
Confidence Interval	n/a	+1.8 to +12.4	n/a

In areas other than the most deprived there was a drop in the proportion who felt safe in their own home.

Table 8.25: Proportion Feeling Safe in Their Own Home
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	99.0%	98.2%	100.0%
2011	97.6%	97.8%	97.2%
Change (2008-2011)	-1.4%	n/a	-2.8%
P	<0.01	n/a	<0.001
Confidence Interval	-2.4 to -0.4	n/a	-4.3 to -1.3

There was an increase between 2008 and 2011 in the proportion who felt safe using public transport.

Table 8.26: Proportion Feeling Safe Using Public Transport
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	83.1%	84.8%	81.4%
2011	91.8%	93.8%	89.8%
Change (2008-2011)	+8.7%	+9.0%	+8.4%
P	<0.001	<0.001	<0.001
Confidence Interval	+6.1 to +11.3	+5.6 to +12.4	+4.3 to +12.5

There was also an increase in the proportion who felt safe walking alone in their area even after dark.

Table 8.27: Proportion Feeling Safe Walking Alone After Dark
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	50.7%	48.3%	52.9%
2011	62.4%	57.9%	66.8%
Change (2008-2011)	+11.7%	+9.6%	+13.9%
P	<0.001	<0.001	<0.001
Confidence Interval	+7.8 to +15.6	+4.2 to +15.0	+8.1 to +19.7

8.5 Individual Circumstances

In the most deprived areas there was an increase in the proportion who were married or cohabiting.

Table 8.28: Proportion Cohabiting / Married etc
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	49.1%	40.4%	57.3%
2011	56.2%	52.2%	60.0%
Change (2008-2011)	+7.1%	+11.8%	n/a
P	<0.001	<0.001	n/a
Confidence Interval	+3.1 to +11.1	+6.4 to +17.2	n/a

In the most deprived areas there was a drop in the proportion who had children aged under 14.

Table 8.29: Proportion with Children Under 14
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	25.5%	26.0%	25.0%
2011	23.9%	20.9%	26.7%
Change (2008-2011)	n/a	-5.1%	n/a
P	n/a	<0.05	n/a
Confidence Interval	n/a	-9.7 to -0.5	n/a

There was also a drop in the most deprived areas in the proportion who were the only person aged over 16 living in a household with children aged under 14.

Table 8.30: Proportion who Are Lone Parents of Children Under 14
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	4.5%	6.6%	2.4%
2011	3.1%	3.9%	2.3%
Change (2008-2011)	n/a	-2.7%	n/a
P	n/a	<0.05	n/a
Confidence Interval	n/a	-5.1 to -0.3	n/a

There was no significant change in the proportion with no qualifications.

Table 8.31: Proportion with No Qualifications
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	24.1%	34.0%	14.7%
2011	22.7%	30.6%	15.2%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

In the most deprived areas there was a drop in the proportion who received all household income from benefits.

Table 8.32: Proportion with all Income from State Benefits
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	26.4%	39.8%	13.9%
2011	20.4%	27.9%	13.2%
Change (2008-2011)	-6.0%	-11.9%	n/a
P	<0.001	<0.001	n/a
Confidence Interval	-9.4 to -2.6	-17.0 to -6.8	n/a

Among those in areas other than the most deprived there was a rise in the proportion who had a positive view of their household income.

Table 8.33: Proportion with a Positive Perception of Household Income
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	56.6%	55.4%	57.6%
2011	63.4%	54.1%	72.3%
Change (2008-2011)	+6.8%	n/a	+14.7%
P	<0.001	n/a	<0.001
Confidence Interval	+2.9 to +10.7	n/a	+9.1 to +20.3

There was a considerable drop in the proportion who said they would find it difficult to find unexpected sums of £100 or £1,000.

Table 8.34: Proportion Having Difficulties Finding Unexpected Expenses

	All South West Glasgow	Bottom 15% areas	Other areas
Difficulty finding £20			
2008	1.8%	2.1%	1.5%
2011	3.0%	3.5%	2.5%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a
Difficulty finding £100			
2008	31.3%	41.4%	21.8%
2011	16.6%	20.0%	13.4%
Change (2008-2011)	-14.7%	-21.4%	-8.4%
P	<0.001	<0.001	<0.001
Confidence Interval	-18.1 to -11.3	-26.3 to -16.5	-12.9 to -3.9
Difficulty finding £1,000			
2008	74.6%	82.3%	67.3%
2011	50.5%	61.7%	40.0%
Change (2008-2011)	-24.1%	-20.6%	-27.3%
P	<0.001	<0.001	<0.001
Confidence Interval	-27.8 to -20.4	-25.3 to -15.9	-33.1 to -21.5

Among those in areas other than the most deprived there was a drop in the proportion of people living in households where the main wage earner was employed full time.

Table 8.35: Proportion of Main Wage Earners Employed Full Time
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	51.7%	52.7%	66.7%
2011	53.8%	49.7%	57.6%
Change (2008-2011)	n/a	n/a	-9.1%
P	n/a	n/a	<0.01
Confidence Interval	n/a	n/a	-13.0 to -5.2

Among those in the most deprived areas there was a drop in the proportion who lived in adults where no adult was in employment.

Table 8.36: Proportion of Respondents in Households with No Adults in Employment
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	40.1%	47.3%	33.3%
2011	34.4%	39.0%	30.0%
Change (2008-2011)	-5.7%	-8.3%	n/a
P	<0.01	<0.01	n/a
Confidence Interval	-9.6 to -1.8	-13.7 to -2.9	n/a

8.6 Social Capital

There was a rise in the proportion who had a positive perception of their area as a place to live.

Table 8.37: Proportion with a Positive Perception of Local Area as a Place to Live
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	76.6%	70.6%	82.4%
2011	85.5%	79.5%	91.1%
Change (2008-2011)	+8.9%	+8.9%	+8.7%
P	<0.001	<0.001	<0.001
Confidence Interval	+5.8 to +12.0	+4.2 to +13.6	+4.7 to +12.7

There was also a rise in the proportion who had a positive perception of their area as a place to bring up children.

Table 8.38: Proportion with Positive Perception of Local Area as a Place to Bring Up Children
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	71.7%	65.5%	77.8%
2011	81.4%	73.5%	89.0%
Change (2008-2011)	+9.7%	+8.0%	+11.2%
P	<0.001	<0.01	<0.001
Confidence Interval	+6.3 to +13.1	+3.0 to +13.0	+6.9 to +15.5

There was a rise in the proportion who had a positive perception of reciprocity in their area.

Table 8.39: Proportion with Positive Perception of Reciprocity
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	63.5%	57.8%	68.6%
2011	70.0%	64.0%	75.7%
Change (2008-2011)	+6.5%	+6.2%	+7.1%
P	<0.001	<0.05	<0.05
Confidence Interval	+2.7 to +10.3	+0.9 to +11.5	+1.8 to +12.4

There was also a rise in the proportion who had a positive perception of trust in their area.

Table 8.40: Proportion with Positive Perception of Trust
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	64.9%	59.2%	70.3%
2011	73.7%	65.5%	81.8%
Change (2008-2011)	+8.8%	+6.3%	+11.5%
P	<0.001	<0.05	<0.001
Confidence Interval	+5.1 to +12.5	+1.0 to +11.6	+6.5 to +16.5

There was a rise in the proportion who valued local friendships. The rise was particularly large in the most deprived areas.

Table 8.41: Proportion Valuing Local Friendships
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	59.8%	51.3%	67.8%
2011	77.9%	79.7%	76.1%
Change (2008-2011)	+18.1%	+28.4%	+8.3%
P	<0.001	<0.001	<0.01
Confidence Interval	+14.5 to +21.7	+23.4 to +33.4	+3.0 to +13.6

There was also a rise in the proportion who had a positive perception of social support. Again, the rise was greatest in the most deprived areas.

Table 8.42: Proportion with a Positive Perception of Social Support
Base: All

	All South West Glasgow	Bottom 15% areas	Other areas
2008	67.1%	62.5%	71.3%
2011	86.3%	87.4%	85.2%
Change (2008-2011)	+19.2%	+24.9%	+13.9%
P	<0.001	<0.001	<0.001
Confidence Interval	+15.9 to +22.5	+20.3 to +29.5	+9.1 to +18.7

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

Authorship

This appendix has been prepared by Progressive, who were responsible for the survey fieldwork.

Sampling

It was necessary to adopt a sampling system which would be:

- representative of the population of the Board's area as a whole in terms of age, sex, geographical distribution and index of deprivation;
- comparable with the system used in previous years, to allow results to be compared across all surveys;
- replicable, so that future surveys can track indicators over time.

The sample was stratified by local authority, sample type (main, boost, enhanced boost and by SIMD). The target sample was 6145.

To achieve this, 618 clusters were sampled in proportion to the population in each local authority, with a view to achieving an average of 10 random interviews per cluster.

The sampling itself was conducted and sourced by NHS Greater Glasgow and Clyde in agreement with Progressive and took the following approach. Allan Boyd, Senior Information Analyst, NHS GGC took on the key role of sourcing and designing the sample approach based on the approach taken in previous surveys.

Sample was based on:

- A Postcode Address File generated sample of 12,560 for the NHS GGC area split into constituent CH(C)P areas including addresses from Glasgow City, East Dunbartonshire, East Renfrewshire, Renfrewshire, Inverclyde, West Dunbartonshire, South and North Lanarkshire
- Postcode definitions were supplied by NHS GGC
- Each sample point was defined by an output area (data zone) and sample points were randomly generated.

The sample was split into several parts (see Table A1)

- a main sample of 2,400 interviews
- enhanced boost samples of 1,291 for Glasgow City South sector and 900 for East Dunbartonshire CH(C)P
- basic boosted sample of 1,554 for East Renfrewshire, Renfrewshire, Inverclyde and West Dunbartonshire CH(C)P areas
- there were no boosts required for Glasgow City North East, North West nor North and South Lanarkshire
- The main sample was representative of NHS GGC population in terms of CHCP and SIMD (15% most deprived areas) within each CHCP (definitions were supplied by NHS GGC)
- The basic boost samples were evenly spread across the CH(C)P areas

Table A1: Sample breakdown

Areas	Main Sample		Basic Boost	Enhanced Boosts				Total
	15%	Others	All	15%	Others	20%	Others	
NE Glasgow	190	174						**364**
NW Glasgow	135	261						**397**
South Glasgow	166	280		429	318			**1193**
South West Glasgow				302	242			**544**
East Dunbartonshire	6	205				509	391	**1111**
East Renfrewshire	6	166	424					**596**
Renfrewshire	60	282	256					**598**
Inverclyde	56	106	432					**595**
West Dunbartonshire	45	106	442					**593**
South Lanarkshire	31	85						**116**
North Lanarkshire	0	39						**39**
Total	**695**	**1705**	**1554**	**731**	**560**	**509**	**391**	**6145**
South Sample inc SW boost	**166**	**280**		**731**	**560**	**0**	**0**	**1737**
Total Sample inc SW boost	**695**	**1705**	**1554**	**731**	**560**	**509**	**391**	**6145**

NOTE: the figures above were estimates used prior to the actual sample being provided and hence the figures above are slightly different to those in Tables 2 (splitting the interviews by waves and by sample points).

The Glasgow South enhanced boost sample was multi-level; the South boost required over sampling in the 15% most deprived areas and within this there had to be enough interviews obtained from the former South West CHCP to allow analysis at 15% and other areas levels (see Table A1).

The East Dunbartonshire enhanced boost sample was also required for the 20% most deprived SIMD areas and other areas with substantial over sampling in the 20% most deprived areas.

The required outputs from the selected sampling agency (UK Changes) were:

- Full address (4 fields)
- Postcode
- Output area
- Local Authority name
- CH(C)P code (inc 3 sectors within new Glasgow City CHCP and a flag to identify those from the old South West CHCP)
- Datazone
- SIMD score
- SIMD rank
- PAFMOC (household number per dwelling)

Fieldwork

In terms of rolling out the fieldwork Progressive and NHS GGC decided that it would be beneficial for the randomness of the sampling for the project if the sample points could be distributed across the survey period in a random fashion (as compared to doing it by local authority or by CH(C)P, for example). This was felt to be the optimum approach that would ensure that each sample point was randomly allocated to a wave and as such that there was no bias in the results that could be related to when or where the interviews were conducted. This approach was taken to ensure that, for example, if there was a locally based issue in relation to health or crime (a sharp rise in crime or a murder, for example) that interviews for that area would not be conducted all at the same time but would be spread over the four waves. It was agreed that this suggested design made sense and was agreed as a way forward for all of the selected sample points. This also meant that the changing weather (and the possible impacts this might have on health and well being) would not have a locational impact as a result of sampling.

The four waves of the fieldwork and the random selection of sampling points was carried out using the approach noted below:

1. A single sample file was set up from the sample worksheets provided by UK Changes (these were split by CH(C)P area)
2. A unique ID was added for each address in the combined sample
3. A 'tag' was added to each of the 618 sample points so we knew which sample type each sample point had been sourced from
4. Using the rand() function in Excel each sample point (of which there were 618) was allocated a random number and these were then sorted numerically and then split into
    a. Wave 1 (approx. 25% of the total number of required interviews) – to be conducted August to mid September
    b. Wave 2 (approx. 33% of the total number of required interviews) – to be conducted mid September to mid October
    c. Wave 3 (approx. 33% of the total number of required interviews) – to be conducted mid October to mid November
    d. Wave 4 (approx. 9% of the total number of required interviews) – to be conducted mid November to mid December
5. The wave sample point selections were then checked using pivot tables in Microsoft Excel to detail the number of sample points per wave by CH(C)P and Local Authority

These tables are replicated below and were used as a guide to ensure that targets were met during the four waves of the fieldwork.

Table A2: Final interviewing numbers per CHP per wave

CHP	August-mid Sept Wave 1	Mid Sept-mid Oct Wave 2	Mid Oct-mid Nov Wave 3	Mid Nov-mid Dec Wave 4	Grand Total
East Dunbartonshire CHP	222	317	397	159	**1095**
East Renfrewshire CHCP	148	172	220	51	**591**
Glasgow North East	71	129	139	21	**360**
Glasgow North West	95	99	147	74	**415**
Glasgow South	440	539	504	232	**1715**
Inverclyde CHCP	170	202	146	64	**582**
North Lanarkshire CHP	10	20	0	11	**41**
Renfrewshire CHP	162	169	231	20	**582**
South Lanarkshire CHP	30	19	76	10	**135**
West Dunbartonshire CHCP	161	247	138	42	**588**
Grand Total	**1509**	**1913**	**1998**	**684**	**6104**

Questionnaire Design and Pilot

The survey questionnaire was based on the questionnaire used in 2008, but had been revised by NHS GGC to ensure that the questionnaire fitted with current policy and thinking. For example, the questionnaire had been shortened and several new questions had been added. There was also some minor updating of key demographic and characteristic questions and these were mostly relating to the harmonisation questions that had been issued by the Scottish Government.

Once a draft questionnaire had been agreed, a pilot survey was conducted. Three interviewers conducted ten interviews each and interviews were carried out to the following quotas:

Pilot Quota Sheet

Total	**10/interviewer**	
Male	Min 4	
Female	Min 4	
16 – 35	Min 3	
36 – 55	Min 3	
55+	Min 3	
AB	Min 2	
C1	Min 2	
C2	Min 2	
CE	Min 2	

Respondent:	Occupation/ industry sector (+ as much job detail to allow you to SEG) of CIE in household.	SEG:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

The pilot ensured that:

- the questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous;
- the routing of questions was complete;

- the questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of different levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 2008 for the vast majority of the questions asked. Near the end of the questionnaire design process the Scottish Government issued a set of guidance notes on key harmonisation and comparison questions and some of these changes were discussed and in the end were included in the final draft of the working questionnaire. The changes were not major and tended to cover socio-demographic questions only.

One important point of note is that guidance from the Market Research Society also pointed to a requirement to include some extra options for respondents, allowing them the opportunity not to answer questions – again this was also a critical aspect of utilising CAPI

interviewing for the project where the flow and full completion of the surveys requires that respondents can actually answer a question in a way that they would want – in many cases this included the inclusion of 'don't know', 'not applicable' or 'prefer not to say' responses. Again, these are highlighted when comparing the 2008 survey questionnaire with the 2011 final survey questionnaire – these options were often not visually included in show cards used (a normal and standard approach) but were included in the CAPI script if respondents could not provide an informed response to a question asked.

Fieldwork

A team of 21 interviewers attended a briefing session which was conducted by Progressive executive staff and the fieldwork supervisor and which was attended by NHS GGC staff. The briefing session involved full instructions in the conduct of the survey interview and these were based on the notes used during the pilot making changes and amendments where necessary. Written instructions were given to all interviewers. Additional fieldwork staff were briefed separately as the full team used could not attend the two half days sessions that were organised – these were conducted by fieldwork supervisors and executive staff from Progressive.

Interviewers were assigned a number of sample points. A list of 20 random addresses was issued per cluster, with interviewers being instructed to obtain at least 10 interviews from each sample point issued. Their instructions were to make at least four calls at an address at different times of the day and on different days of the week before classifying the address as a non-response. A contact sheet was completed by the interviewer for each address and this outcome was logged so that response rates could be fully monitored throughout the four waves of the fieldwork period. The same codes were used as had been used in previous surveys to ensure consistency in coding of, in particular, reasons for non-response.

Respondents were randomly selected within households using the 'next birthday rule'. The person aged 16 or over who would next have a birthday was chosen for interview. In cases where the next birthday was not known, a Kish grid was used to make a random selection. The kish grid was also used where an address included multiple households.

Each sampled address was sent an advance letter from NHS GGC explaining the purpose of the survey and requesting involvement. As a result of this letter, a number of residents (approx 3%) contacted NHS GGC and Progressive to 'opt out' of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by Progressive.

Each interviewer was also provided with a 'letter of authorisation' to show on the doorstep. Interviewers were also instructed to carry their MRS photo-identity card at all times and to display this to all potential respondents.

Response

Fieldwork began on August 8th 2011, and the target was to have four waves of interviews conducted between August and December 2011. The four waves were designed to ensure that each wave had a random selection of the available sampling points (a total of 618 sample points were developed through the sampling approach). To ensure that the selection of the sample points was random these were selected using a random number generator in Microsoft Excel and then placed in order – this ensures that each wave has a random selection of sample points and as such, the timing of the interviews was not focused in any one CHCP/geographic location.

The table overleaf shows the outcome of attempted contacts:

Table A3: Outcome of Attempts to Interview

Outcomes	2011 n	2011 % of in-scope	2011 % of all contacts
In-scope (interview possible)			
Interview obtained	6104	68.8%	48.6%
Office refusal (telephone/letter)	385	4.34%	3.07%
Number of people in household information refused	62	0.70%	0.49%
No household contact after 4+ calls	954	10.75%	7.60%
Household contact achieved but contact with selected person not achieved after 5+ visits	304	3.43%	2.42%
Personal refusal by selected person	961	10.83%	7.65%
Proxy refusal on behalf of selected person	42	0.47%	0.33%
Broken appointment, no recontact	8	0.09%	0.06%
Ill at home during survey period	4	0.05%	0.03%
Away/in hospital during survey period	19	0.21%	0.15%
Selected person has dementia	9	0.10%	0.07%
English not first language. Consent to use an interpretor was not achieved	23	0.26%	0.18%
Incomplete interview	0	0.00%	0.00%
Total in-scope	***8875***	***100.0%***	***70.66%***
Out of scope (no interview possible)			
Insufficient address	0		0.00%
Not traced	55		0.44%
Not yet built / not yet ready for occupation	0		0.00%
Derelict/demolished	133		1.06%
Empty/vacant	115		0.92%
Business/industrial only (not private)	56		0.45%
Institution only	7		0.06%
Other: Buzzer entry – no access (59); Gated entry – no access (23); Sample achieved (11); Security dogs (7); Parish church (1)	101		0.80%
Total out-of-scope	***467***		**3.72%**
Unresolved attempts (cluster quotas were achieved so the address was untried) – treated as 'out of scope'	3218		
Total contacts	**12560**		

Thus the response rate for the project was 68.8%

Data Coding and Input

A specially devised data entry programme was set up to allow data to be entered directly onto computer through the CAPI machine, as such there was no direct data inputting as this was part of the actual survey instrument. The CAPI programme included route, range and logic checks based on the final questionnaire.

APPENDIX B: DATA WEIGHTING

Introduction

Data were weighted to ensure that they were as representative as possible of the adult population in the NHSGGC area. This appendix describes the weighting processes.

Household Size Weighting

In this survey, households were selected at random and therefore had equal probability of selection. However within the household the probability of an individual's selection is not necessarily equal to that of others, since it is inversely proportional to the number of people available to be selected. For example, in a single-person household the probability of selection is exactly 1 whereas in a four-person household the probability of selection is 1/4. The logic of this implies that the respondent from the single-person household represents one person (him/herself) while the respondent from the four-person household is in fact representing four people. It is normal to allow for this bias by 'weighting' the sample to give the respondent from the four-person household four times the 'weight' of the respondent from the one-person household. It is usual to calculate this weighting in such a way that the sum of the weights matches the sample size.

The formula for calculating the household size weight was:

$$Wf = F \times \frac{T}{A}$$

Where:

Wf is the household size weighting factor for a respondent living in a household size F.

F is the household size

T is the total number of respondents

A is the total number of adults in all households where a successful interview took place.

Weighting by Age/Gender/Bottom 15%/CH(C)P

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts to which we applied the age/sex/bottom15%[3]/CH(C)P weighting frame to produce the final weighting factors. This ensured that the weighted data would reflect the overall Greater Glasgow and Clyde population in terms of age, gender, bottom 15%/other areas and CH(C)P areas. The formula for this stage of the weighting process was:

$$Wi = \frac{ci}{C} \times \frac{T}{ti}$$

Where:

W_i is the individual weighting factor for a respondent in age/gender/bottom15% versus other areas/CH(C)P area group i

c_i is the known population in age/gender/bottom15% versus other areas/CH(C)P area group i

[3] Bottom 20% in the case of East Dunbartonshire

C is the total adult population in the NHS Greater Glasgow and Clyde area

T is the total number of interviews

t_i is the number of interviews (weighted by the household size weighting factor) for age/gender/bottom15% versus other areas/CH(C)P area group i

APPENDIX C: INDEPENDENT VARIABLES

The table below lists the independent variables used for the analysis in this report, showing for each the number of categories and how these categories were formed.

Independent Variable	Number of categories	Categories
Gender	2	Men; Women
Age	7	16-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75+
Age/Gender	6	Men 16-44; Women 16-44; Men 45-64; Women 45-64; Men 65+; Women 65+
Bottom 20% vs the rest	2	15% most deprived datazones; Other datazones
SIMD quintile	5	1 (most deprived quintile), 2, 3, 4, 5 (least deprived quintile)
Educational Qualifications	2	No qualifications; At least one qualification
All income from benefits	2	All household income from benefits; Not all household income from benefits
Whether isolated from family and friends	2	Does ever feel isolated from family/ friends; Does not ever feel isolated from family/friends
Whether have control over decision affecting daily life	2	'Definitely' feel in control of decisions; Only feels in control of decisions 'to some extent' or not at all
Self assessed: general health	2	Q1='very good' or 'good; Q1='fair' 'bad' or 'very bad'
Self assessed: physical health	2	Positive perception (Q35b); Neutral or negative perception (Q35b)
Self assessed: mental health	2	Positive perception (Q35c); Neutral or negative perception (Q35c)
Quality of life	2	Positive perception (Q35a); Neutral or negative perception (Q35a)
GHQ12	2	High GHQ12 score (4+); Low GHQ12 score (less than 4)
Limiting illness/condition	2	Has long term condition (yes at Q3); Does not have long term condition (no at Q3)
Second Hand Smoke	2	In places with other smokers 'most of the time' or 'some of the time'; 'Seldom' or 'never' in places where others smoke
Current smoking	2	Current smoker; Not current smoker
Exceeds weekly alcohol limits (based on new units - See Appendix D)	2	Exceeds weekly (gender-specific) alcohol limits; Does not exceed weekly (gender specific) alcohol limits
Obese	2	Not obese (BMI of under 29.2); Obese (29.2 or over)
Fruit and veg consumption	2	Consumes 5+ portions of fruit/veg per day; Consumes fewer than 5 portions of fruit/veg per day

Appendix D: ASSUMPTIONS OF NUMBER OF UNITS OF ALCOHOL IN EACH TYPE OF DRINK (2005 and 2008/2011)

The table below shows the assumed number of units of alcohol in each type of drink that were used for the calculation of unit consumption in 2005, and the new assumptions that have been applied in 2008 and 2011

	UNIT ASSUMPTION USED FOR ANALYSIS 2005	UNIT ASSUMPTION USED FOR ANALYSIS 2008 and 2011
Normal strength beer - pints	2.30	2.80
Normal strength beer - cans	1.80	2.20
Normal strength beer bottles	1.00	1.70
Strong beer - pints	2.80	3.40
Strong beer - cans	2.25	2.60
Strong beer - bottles	1.80	2.00
Extra strong beer - pints	5.00	5.10
Extra strong beer - cans	4.00	4.00
Extra strong beer - bottles	3.00	3.00
Single measures spirits	1.00	1.00
Single measure martini/sherry/buckfast etc	1.00	1.00
Small glass wine	1.00	1.75
Large glass wine	2.00	3.50
1/2 bottle wine	4.50	5.25
Full bottle wine	8.75	10.50
Small bottle of alcopops	1.50	1.40
Large bottle of alcopops	n/a	5.45

APPENDIX E: ANNOTATED SURVEY QUESTIONNAIRE

The survey questionnaire is presented here. Where relevant, questions show:

- The number of respondents who answered the question (with "don't know", refused and missing responses removed). These are **unweighted** and shown as "(n=)" after the question;

- The percentage of respondents who gave each response. These are **weighted**.

In some cases, the mean response rather than the percentage giving individual responses is given. These are also weighted.